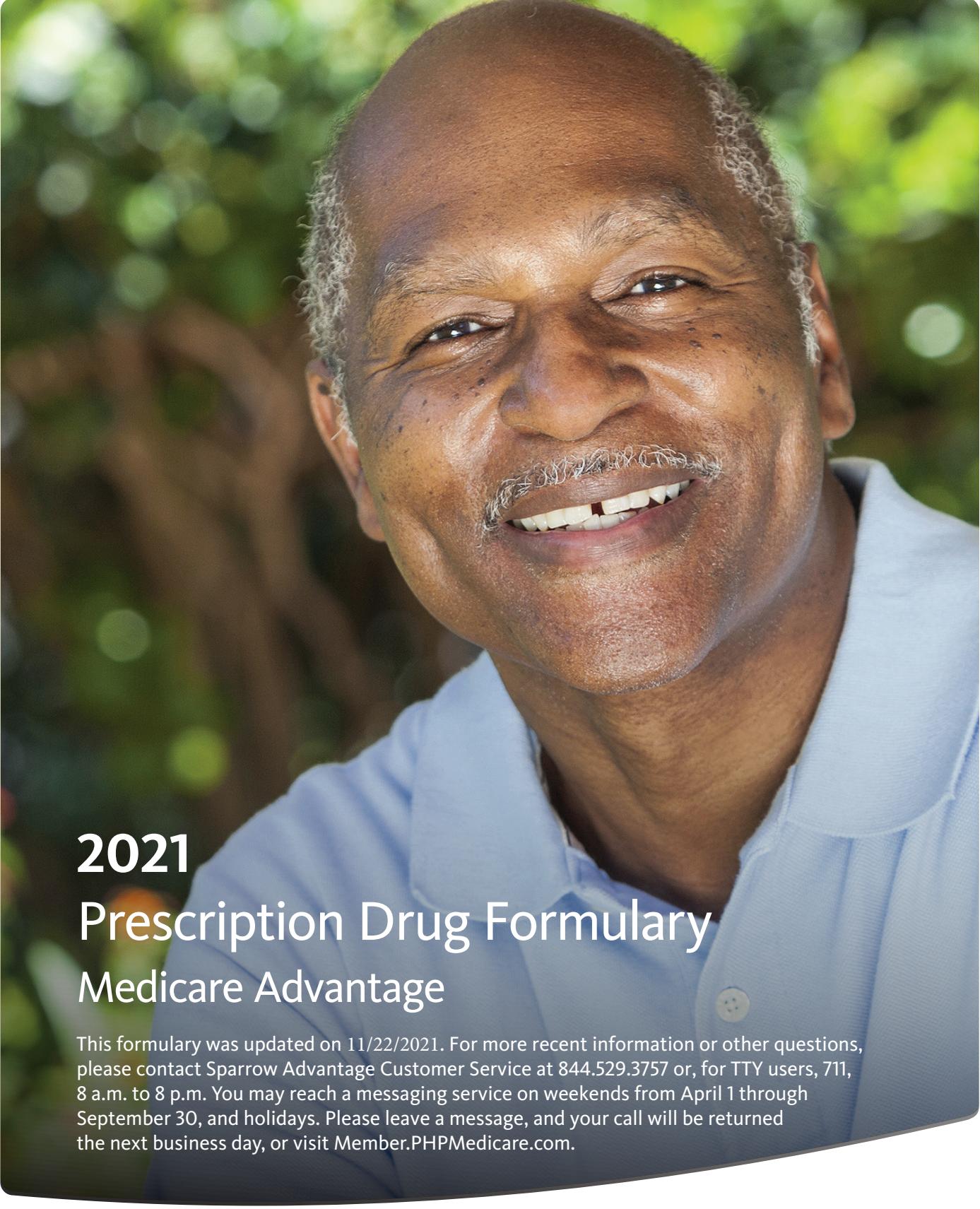


Serving Clinton, Eaton, Gratiot, Ingham, Ionia, Montcalm, and Shiawassee Counties



2021 Prescription Drug Formulary Medicare Advantage

This formulary was updated on 11/22/2021. For more recent information or other questions, please contact Sparrow Advantage Customer Service at 844.529.3757 or, for TTY users, 711, 8 a.m. to 8 p.m. You may reach a messaging service on weekends from April 1 through September 30, and holidays. Please leave a message, and your call will be returned the next business day, or visit Member.PHPMedicare.com.

Sparrow Advantage (HMO-POS)
Sparrow Advantage Plus (HMO-POS)

 **Sparrow**
ADVANTAGE
A PHP Medicare Plan

PHP Medicare (HMO-POS)

2021 Formulary

(List of Covered Drugs)

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

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means PHP Medicare. When it refers to “plan” or “our plan,” it means PHP Medicare (HMO-POS).

This document includes a list of the drugs (formulary) for our plan which is current as of December 2021. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2022, and from time to time during the year.

HPMS Approved Formulary File Submission ID 21081, Version Number 19

H7646_21-121_C

What is the PHP Medicare (HMO-POS) Formulary?

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

Can the Formulary (drug list) change?

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

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

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the PHP Medicare (HMO-POS) Formulary?"

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

The enclosed formulary is current as of December 2021. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. If we make other types of formulary changes than those listed above (non-maintenance changes), we will mail written notification to affected members in the form of Formulary Errata Sheets.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 2. 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”. If you know what your drug is used for, look for the category name in the list that begins on page number 2. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 89. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** We require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, we limit the amount of the drug that we will cover. For example, we provide eighteen per prescription for *sumatriptan oral*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, we require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What if my drug is not on the Formulary?

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

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

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

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

Generally, we will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

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

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

Members who have a change in level of care (setting) will be allowed up to a one-time 30-day transition supply per drug. Examples include beneficiaries who are entering a long-term care facility are discharged from a hospital to home, or are ending a long-term care stay and returning to the community.

For more information

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

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

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

PHP Medicare Formulary

The formulary below provides coverage information about the drugs covered by PHP Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on page 89.

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

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

List of Abbreviations

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

EX: Excluded Drug. This prescription drug is not normally covered in a Medicare prescription drug plan. The amount you pay when you fill a prescription for this drug does not count toward your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information consult your Provider Directory or call Customer Service at 844-529-3757 from 8 a.m. to 8 p.m. Central Time, seven days a week. TTY users should call 711 toll free. You may reach a messaging service on weekends and holidays from April 1 through September 30. Please leave a message, and your call will be returned the next business day.

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

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

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

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

For information regarding copayment amounts and/or coinsurance percentages, refer to Chapter 6, Section 5.2 and Section 5.4 in your Evidence of Coverage.

Drug Name	Drug Tier	Requirements /Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	4	B/D PA; MO
AMBISOME	5	B/D PA; MO
<i>amphotericin b</i>	4	B/D PA; MO
<i>caspofungin</i>	5	B/D PA
<i>clotrimazole mucous membrane</i>	2	MO
CRESEMBA	5	PA
<i>fluconazole</i>	2	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 400 mg/200 ml</i>	2	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	2	PA; MO
flucytosine	5	MO
griseofulvin microsize	2	MO
griseofulvin ultramicrosize	2	MO
<i>itraconazole oral capsule</i>	4	MO; QL (120 per 30 days)
<i>itraconazole oral solution</i>	4	MO
<i>ketoconazole oral</i>	2	MO
<i>micafungin</i>	5	MO
NOXAFIL ORAL SUSPENSION	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>nystatin oral</i>	2	MO
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	5	PA; MO
<i>terbinafine hcl oral</i>	2	MO
<i>voriconazole intravenous</i>	5	PA; MO
<i>voriconazole oral suspension for reconstitution</i>	5	PA; MO
<i>voriconazole oral tablet 200 mg</i>	5	PA; MO
<i>voriconazole oral tablet 50 mg</i>	4	PA; MO
ANTIVIRALS		
<i>abacavir</i>	2	MO
<i>abacavir-lamivudine</i>	2	MO
<i>abacavir-lamivudine-zidovudine</i>	5	MO
<i>acyclovir oral capsule</i>	2	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	2	MO
<i>acyclovir oral tablet</i>	2	MO
<i>acyclovir sodium intravenous solution</i>	4	B/D PA; MO
<i>adefovir</i>	5	MO
<i>amantadine hcl</i>	2	MO
APTIVUS	5	MO
<i>atazanavir oral capsule 150 mg, 200 mg</i>	2	MO

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

This drug list was last updated on 11/22/2021.

Drug Name	Drug Tier	Requirements /Limits
<i>atazanavir oral capsule 300 mg</i>	4	MO
ATRIPLA	5	MO
BARACLUDE ORAL SOLUTION	5	MO
BIKTARVY	5	MO
CABENUVA	5	MO
<i>cidofovir</i>	5	B/D PA; MO
CIMDUO	5	MO
COMPLERA	5	MO
DELSTRIGO	5	MO
DESCOVY	5	MO
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	2	MO
DOVATO	5	MO
EDURANT	5	MO
<i>efavirenz oral capsule 200 mg</i>	5	MO
<i>efavirenz oral capsule 50 mg</i>	2	MO
<i>efavirenz oral tablet</i>	5	MO
<i>efavirenz-emtricitab-in-tenofov</i>	5	MO
<i>efavirenz-lamivu-tenofov disop</i>	5	MO
<i>emtricitabine</i>	2	MO
<i>emtricitabine-tenofovir (tdf)</i>	5	MO
EMTRIVA	3	MO
<i>entecavir</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
EPCLUSA ORAL TABLET 200-50 MG	5	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	5	PA; MO; QL (28 per 28 days)
EPIVIR HBV ORAL SOLUTION	3	MO
<i>etravirine</i>	5	MO
EVOTAZ	5	MO
<i>famciclovir</i>	2	MO
<i>fosamprenavir</i>	5	MO
FUZEON SUBCUTANEOUS RECON SOLN	5	MO
<i>ganciclovir sodium</i>	2	B/D PA; MO
GENVOYA	5	MO
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; MO; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	5	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 90-400 MG	5	PA; MO; QL (28 per 28 days)
INTELENCE	5	MO
INVIRASE ORAL TABLET	5	MO
ISENTRESS HD	5	MO

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

This drug list was last updated on 11/22/2021.

Drug Name	Drug Tier	Requirements /Limits
ISENTRESS ORAL POWDER IN PACKET	5	MO
ISENTRESS ORAL TABLET	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO
JULUCA	5	MO
KALETRA ORAL TABLET 100-25 MG	3	MO
KALETRA ORAL TABLET 200-50 MG	5	MO
<i>lamivudine</i>	2	MO
<i>lamivudine-zidovudine</i>	2	MO
LEXIVA ORAL SUSPENSION	4	MO
<i>lopinavir-ritonavir oral solution</i>	2	MO
<i>lopinavir-ritonavir oral tablet</i>	3	MO
<i>nevirapine oral suspension</i>	2	
<i>nevirapine oral tablet</i>	2	MO
<i>nevirapine oral tablet extended release 24 hr</i>	2	MO
NORVIR ORAL POWDER IN PACKET	3	MO

Drug Name	Drug Tier	Requirements /Limits
NORVIR ORAL SOLUTION	3	MO
ODEFSEY	5	MO
<i>oseltamivir</i>	2	MO
PIFELTRO	5	MO
PREVYMIS INTRAVENOUS	5	
PREVYMIS ORAL	5	MO; QL (30 per 30 days)
PREZCOBIX	5	MO
PREZISTA ORAL SUSPENSION	5	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	3	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	5	MO
RELENZA DISKHALER	3	MO
RETROVIR INTRAVENOUS	3	MO
REYATAZ ORAL POWDER IN PACKET	5	MO
<i>ribavirin oral capsule</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	MO
<i>rimantadine</i>	2	MO
<i>ritonavir</i>	2	MO
RUKOBIA	5	MO
SELZENTRY ORAL SOLUTION	3	MO

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

This drug list was last updated on 11/22/2021.

Drug Name	Drug Tier	Requirements /Limits
SELZENTRY ORAL TABLET 150 MG, 300 MG	5	MO
SELZENTRY ORAL TABLET 25 MG, 75 MG	3	MO
<i>stavudine oral capsule</i>	2	MO
STRIBILD	5	MO
SYMFI	5	MO
SYMFI LO	5	MO
SYMTUZA	5	MO
SYNAGIS	5	MO; LA
TEMIXYS	5	MO
<i>tenofovir disoproxil fumarate</i>	2	MO
TIVICAY ORAL TABLET 10 MG	3	MO
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO
TIVICAY PD	5	MO
TRIUMEQ	5	MO
TROGARZO	5	MO; LA
TRUVADA	5	MO
<i>valacyclovir oral tablet 1 gram</i>	2	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	2	MO; QL (60 per 30 days)
<i>valganciclovir</i>	5	MO
VEMLIDY	5	MO
VIRACEPT ORAL TABLET	5	MO
VIREAD ORAL POWDER	5	MO

Drug Name	Drug Tier	Requirements /Limits
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	MO
VOSEVI	5	PA; MO; QL (28 per 28 days)
XOFLUZA	3	MO
<i>zidovudine</i>	2	MO
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	2	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	MO
<i>cefaclor oral suspension for reconstitution 375 mg/5 ml</i>	2	
<i>cefaclor oral tablet extended release 12 hr</i>	4	MO
<i>cefadroxil oral capsule</i>	2	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	MO
<i>cefadroxil oral tablet</i>	2	MO
<i>cefazin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	2	MO
<i>cefazin injection recon soln 1 gram, 500 mg</i>	2	MO

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

This drug list was last updated on 11/22/2021.

Drug Name	Drug Tier	Requirements /Limits
<i>cefazolin injection recon soln 10 gram, 100 gram, 300 g</i>	2	
<i>cefazolin intravenous</i>	2	
<i>cefdinir</i>	2	MO
<i>cefepime in dextrose,iso-osm</i>	2	
<i>cefepime injection</i>	2	MO
<i>cefixime</i>	2	MO
<i>cefoxitin in dextrose, iso-osm</i>	2	PA
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	2	PA; MO
<i>cefoxitin intravenous recon soln 10 gram</i>	2	PA
<i>cefpodoxime</i>	2	MO
<i>cefprozil</i>	2	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	2	PA; MO
<i>ceftazidime injection recon soln 6 gram</i>	2	PA
<i>ceftriaxone in dextrose,iso-os</i>	2	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	2	MO
<i>ceftriaxone injection recon soln 10 gram</i>	2	
<i>ceftriaxone intravenous</i>	2	MO
<i>cefuroxime axetil oral tablet</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	PA; MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	2	PA; MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	2	PA
<i>cephalexin</i>	2	MO
<i>SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML</i>	4	
<i>SUPRAX ORAL TABLET,CHEWABLE</i>	4	MO
<i>tazicef injection</i>	2	PA; MO
<i>tazicef intravenous</i>	2	PA
<i>TEFLARO</i>	5	PA; MO
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	2	PA; MO
<i>azithromycin oral packet</i>	2	MO
<i>azithromycin oral suspension for reconstitution</i>	2	MO
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	2	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	2	MO
<i>clarithromycin</i>	2	MO

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

This drug list was last updated on 11/22/2021.

Drug Name	Drug Tier	Requirements /Limits
e.e.s. 400 oral tablet	4	MO
ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg	2	MO
erythrocin (as stearate) oral tablet 250 mg	4	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	4	PA; MO
erythromycin ethylsuccinate oral suspension for reconstitution	4	MO
erythromycin ethylsuccinate oral tablet	4	
erythromycin oral capsule, delayed release(dr/ec)	4	MO
erythromycin oral tablet	4	MO
erythromycin oral tablet, delayed release (dr/ec)	2	MO
MISCELLANEOUS ANTIINFECTIVES		
albendazole	5	MO
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	2	PA; MO
ARIKAYCE	5	PA; LA
atovaquone	5	MO
atovaquone-proguanil	2	MO

Drug Name	Drug Tier	Requirements /Limits
aztreonam	2	PA; MO
bacitracin intramuscular	2	MO
BENZNIDAZOLE	3	MO
BETHKIS	5	B/D PA; MO; QL (224 per 28 days)
CAYSTON	5	PA; MO; LA; QL (84 per 28 days)
chloramphenicol sod succinate	2	
chloroquine phosphate	2	MO
clindamycin hcl	2	MO
clindamycin in 5 % dextrose	2	PA; MO
clindamycin pediatric	2	MO
clindamycin phosphate injection	2	PA; MO
clindamycin phosphate intravenous solution 600 mg/4 ml	2	PA; MO
COARTEM	4	MO
colistin (colistimethate na)	2	PA; MO
dapsone oral	2	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	5	MO
daptomycin intravenous recon soln 500 mg	5	MO

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

This drug list was last updated on 11/22/2021.

Drug Name	Drug Tier	Requirements /Limits
EMVERM	5	MO
<i>ertapenem</i>	2	MO
<i>ethambutol</i>	2	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	2	PA; MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	2	PA
<i>gentamicin injection solution 40 mg/ml</i>	2	PA; MO
<i>gentamicin sulfate (ped) (pf)</i>	2	PA; MO
<i>hydroxychloroquine oral tablet 200 mg</i>	2	MO
<i>imipenem-cilastatin</i>	2	PA; MO
IMPAVIDO	5	PA; MO
<i>isoniazid injection</i>	2	
<i>isoniazid oral</i>	2	MO
<i>ivermectin oral</i>	2	MO
<i>lincomycin</i>	2	PA
<i>linezolid in dextrose 5%</i>	5	PA
<i>linezolid oral suspension for reconstitution</i>	5	MO
<i>linezolid oral tablet</i>	2	MO
<i>linezolid-0.9% sodium chloride</i>	5	PA
<i>mefloquine</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>meropenem</i>	2	MO
<i>metro i.v.</i>	2	PA; MO
<i>metronidazole in nacl (iso-os)</i>	2	PA; MO
<i>metronidazole oral tablet</i>	2	MO
<i>neomycin</i>	2	MO
<i>nitazoxanide</i>	5	MO
<i>paromomycin</i>	4	MO
PASER	3	MO
<i>pentamidine inhalation</i>	2	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine injection</i>	2	MO
<i>praziquantel</i>	2	MO
PRIFTIN	3	MO
PRIMAQUINE	3	MO
<i>pyrazinamide</i>	2	MO
<i>pyrimethamine</i>	5	PA; MO
<i>quinine sulfate</i>	2	MO
<i>rifabutin</i>	2	MO
<i>rifampin</i>	2	MO
SIRTURO	5	PA; LA
STREPTOMYCIN	3	PA; MO
SYNERCID	5	PA
<i>tigecycline</i>	5	PA; MO
<i>tinidazole</i>	2	MO
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	5	MO; QL (224 per 28 days)

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This drug list was last updated on 11/22/2021.

Drug Name	Drug Tier	Requirements /Limits
<i>tobramycin in 0.225 % nacl</i>	5	B/D PA; MO; QL (280 per 28 days)
<i>tobramycin inhalation</i>	5	B/D PA; MO; QL (224 per 28 days)
<i>tobramycin sulfate injection recon soln</i>	2	PA
<i>tobramycin sulfate injection solution</i>	2	PA; MO
TRECATOR	4	MO
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	3	
VANCOMYCIN INJECTION	3	
<i>vancomycin intravenous recon soln 1,000 mg, 500 mg, 750 mg</i>	2	MO
<i>vancomycin intravenous recon soln 10 gram, 5 gram</i>	2	
<i>vancomycin oral capsule 125 mg</i>	2	PA; MO; QL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	5	PA; MO; QL (80 per 10 days)
VIBATIV INTRAVENOUS RECON SOLN 750 MG	5	PA
XIFAXAN ORAL TABLET 200 MG	5	MO; QL (9 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
XIFAXAN ORAL TABLET 550 MG	5	MO; QL (90 per 30 days)
PENICILLINS		
<i>amoxicillin oral capsule</i>	2	MO
<i>amoxicillin oral suspension for reconstitution</i>	2	MO
<i>amoxicillin oral tablet</i>	2	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	MO
<i>amoxicillin-pot clavulanate</i>	2	MO
<i>ampicillin oral capsule 500 mg</i>	2	MO
<i>ampicillin sodium injection</i>	2	PA; MO
<i>ampicillin sodium intravenous</i>	2	PA
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	2	PA; MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	2	PA
<i>ampicillin-sulbactam intravenous</i>	2	PA
BICILLIN C-R	3	PA; MO
BICILLIN L-A	4	PA; MO
<i>dicloxacillin</i>	2	MO
<i>nafcillin in dextrose iso-osm</i>	2	PA

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

Drug Name	Drug Tier	Requirements /Limits
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	4	PA
<i>penicillin g potassium</i>	2	PA; MO
<i>penicillin g procaine</i>	2	PA; MO
<i>penicillin g sodium</i>	2	PA; MO
<i>penicillin v potassium</i>	2	MO
<i>pfizerpen-g</i>	2	PA
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 40.5 gram</i>	2	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	2	MO
QUINOLONES		
CIPRO ORAL SUSPENSION,MIC ROCAPSULE RECON	4	
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	2	MO
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>ciprofloxacin in 5 % dextrose</i>	2	PA; MO
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	2	PA
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	2	PA; MO
<i>levofloxacin intravenous</i>	2	PA; MO
<i>levofloxacin oral</i>	2	MO
<i>moxifloxacin oral</i>	2	MO
<i>moxifloxacin-sod.chloride(iso)</i>	2	PA; MO
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	4	MO

SULFA'S / RELATED AGENTS

<i>sulfadiazine</i>	4	MO
<i>sulfamethoxazole-trimethoprim intravenous</i>	2	PA; MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	2	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO

TETRACYCLINES

<i>demeclocycline</i>	4	MO
<i>doxy-100</i>	2	PA; MO
<i>doxycycline hyclate intravenous</i>	2	PA

Drug Name	Drug Tier	Requirements /Limits
<i>doxycycline hyclate oral capsule</i>	2	MO
<i>doxycycline hyclate oral tablet 20 mg, 50 mg</i>	2	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	4	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	2	MO
<i>minocycline oral capsule</i>	2	MO
<i>minocycline oral tablet</i>	2	MO
<i>monodoxyne nl oral capsule 100 mg</i>	2	MO
<i>tetracycline</i>	2	MO
<i>VIBRAMYCIN ORAL SYRUP</i>	3	MO
URINARY TRACT AGENTS		
<i>methenamine hippurate</i>	2	MO
<i>methenamine mandelate</i>	2	MO
<i>nitrofurantoin</i>	4	MO
<i>nitrofurantoin macrocrystal</i>	2	MO
<i>nitrofurantoin monohyd/m-cryst</i>	2	MO
<i>trimethoprim</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>dexrazoxane hcl</i>	5	B/D PA; MO
ELITEK	5	MO
KEPIVANCE	5	
KHAPZORY	5	B/D PA
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	2	B/D PA; MO
<i>leucovorin calcium injection recon soln 500 mg</i>	2	B/D PA
<i>leucovorin calcium oral</i>	2	MO
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	5	B/D PA; MO
<i>levoleucovorin calcium intravenous solution</i>	5	B/D PA
<i>mesna</i>	2	B/D PA; MO
MESNEX ORAL	5	MO
VISTOGARD	5	PA
XGEVA	5	B/D PA; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	5	PA; MO; QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i>	5	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ABRAXANE	5	B/D PA; MO
ADCETRIS	5	B/D PA; MO
<i>adriamycin intravenous recon soln 10 mg</i>	2	B/D PA; MO
<i>adriamycin intravenous solution 10 mg/5 ml</i>	2	B/D PA; MO
<i>adriamycin intravenous solution 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	2	B/D PA
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	2	B/D PA
AFINITOR DISPERZ	5	PA; MO
AFINITOR ORAL TABLET 10 MG	5	PA; MO; QL (30 per 30 days)
ALECensa	5	PA; MO; QL (240 per 30 days)
ALIMTA	5	B/D PA; MO
ALIQOPA	5	B/D PA; LA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; QL (30 per 30 days)
<i>anastrozole</i>	2	MO
ARRANON	5	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	5	B/D PA
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	5	B/D PA; MO
ARZERRA	5	B/D PA; MO
ASPARLAS	5	PA
AVASTIN	5	B/D PA; MO
AYVAKIT	5	PA; LA; QL (30 per 30 days)
<i>azacitidine</i>	5	B/D PA; MO
<i>azathioprine oral tablet 50 mg</i>	2	B/D PA; MO
<i>azathioprine sodium</i>	2	B/D PA
BALVERSA	5	PA; LA
BAVENCIO	5	B/D PA; LA
BELEODAQ	5	B/D PA
BENDEKA	5	B/D PA; MO
BESPONSA	5	B/D PA; MO; LA
<i>bexarotene</i>	5	PA; MO
<i>bicalutamide</i>	2	MO
BLENREP	5	PA
<i>bleomycin</i>	2	B/D PA; MO
BLINCYTO INTRAVENOUS KIT	5	B/D PA
BORTEZOMIB	5	B/D PA
BOSULIF ORAL TABLET 100 MG	5	PA; MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; MO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; MO; LA; QL (180 per 30 days)
BRUKINSA	5	PA; LA
<i>busulfan</i>	5	B/D PA
CABOMETYX	5	PA; MO; LA
CALQUENCE	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; LA; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	2	B/D PA; MO
<i>carmustine</i>	5	B/D PA; MO
<i>cisplatin intravenous solution</i>	2	B/D PA; MO
<i>cladribine</i>	5	B/D PA; MO
<i>clofarabine</i>	5	B/D PA
COMETRIQ	5	PA; MO
COPIKTRA	5	PA; LA; QL (60 per 30 days)
COSMEGEN	5	B/D PA; MO
COTELLIC	5	PA; MO; LA; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln</i>	2	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
cyclophosphamide <i>oral capsule</i>	2	B/D PA; MO
CYCLOPHOSPHA MIDE ORAL TABLET	3	B/D PA; MO
cyclosporine <i>intravenous</i>	2	B/D PA
cyclosporine <i>modified oral capsule</i>	2	B/D PA; MO
cyclosporine <i>modified oral solution</i>	2	B/D PA
cyclosporine oral <i>capsule</i>	2	B/D PA; MO
CYRAMZA	5	B/D PA; MO
cytarabine	2	B/D PA; MO
cytarabine (pf) <i>injection solution</i> 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)	2	B/D PA; MO
cytarabine (pf) <i>injection solution</i> 20 mg/ml	2	B/D PA
dacarbazine	2	B/D PA; MO
dactinomycin	2	B/D PA
DANYELZA	5	PA
DARZALEX	5	B/D PA; MO; LA
daunorubicin <i>intravenous solution</i>	2	B/D PA
DAURISMO ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
DAURISMO ORAL TABLET 25 MG	5	PA; MO; QL (60 per 30 days)
decitabine	5	B/D PA; MO
docetaxel <i>intravenous solution</i> 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)	5	B/D PA
docetaxel <i>intravenous solution</i> 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)	5	B/D PA; MO
doxorubicin <i>intravenous recon soln</i> 10 mg	2	B/D PA
doxorubicin <i>intravenous recon soln</i> 50 mg	2	B/D PA; MO
doxorubicin <i>intravenous solution</i> 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml	2	B/D PA; MO
doxorubicin <i>intravenous solution</i> 2 mg/ml	2	B/D PA
doxorubicin, peg- <i>liposomal</i>	5	B/D PA; MO
DROXIA	3	MO
ELZONRIS	5	PA; LA
EMCYT	5	MO
EMPLICITI	5	B/D PA; MO
ENVARSUS XR	4	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>epirubicin intravenous solution</i>	2	B/D PA; MO
ERBITUX	5	B/D PA; MO
ERIVEDGE	5	PA; MO; QL (30 per 30 days)
ERLEADA	5	PA; MO; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; MO; QL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	5	PA; MO; QL (60 per 30 days)
ETOPOPHOS	4	B/D PA; MO
<i>etoposide intravenous</i>	2	B/D PA; MO
<i>everolimus (antineoplastic) oral tablet 10 mg</i>	5	PA; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	5	PA; MO; QL (30 per 30 days)
<i>everolimus (immunosuppressive)</i>	5	B/D PA; MO
<i>exemestane</i>	4	MO
FARYDAK	5	PA; MO; QL (6 per 21 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	B/D PA; MO
<i>flouxuridine</i>	2	B/D PA
<i>fludarabine intravenous recon soln</i>	2	B/D PA; MO
<i>fludarabine intravenous solution</i>	2	B/D PA
<i>fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml</i>	2	B/D PA; MO
<i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i>	2	B/D PA
<i>flutamide</i>	2	MO
FOLOTYN	5	B/D PA; MO
FOTIVDA	5	PA; LA; QL (21 per 28 days)
<i>fulvestrant</i>	5	B/D PA; MO
GAVRETO	5	PA; MO; LA
GAZYVA	5	B/D PA; MO
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	2	B/D PA; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	2	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
<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>	2	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	3	B/D PA
<i>genraf</i>	2	B/D PA; MO
GILOTrif	5	PA; MO; QL (30 per 30 days)
HALAVEN	5	B/D PA; MO
<i>hydroxyurea</i>	2	MO
IBRANCE	5	PA; MO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG	5	PA; QL (30 per 30 days)
ICLUSIG ORAL TABLET 15 MG	5	PA; QL (60 per 30 days)
<i>idarubicin</i>	2	B/D PA; MO
IDHIFA	5	PA; MO; LA; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln</i>	2	B/D PA; MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	2	B/D PA; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	2	B/D PA

Drug Name	Drug Tier	Requirements /Limits
<i>imatinib oral tablet 100 mg</i>	5	PA; MO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	5	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30 per 30 days)
IMBRUVICA ORAL TABLET	5	PA; QL (30 per 30 days)
IMFINZI	5	B/D PA; MO; LA
INFUGEM	5	B/D PA
INLYTA ORAL TABLET 1 MG	5	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (120 per 30 days)
INQOVI	5	PA; MO; QL (5 per 28 days)
INREBIC	5	PA; MO; LA; QL (120 per 30 days)
IRESSA	5	PA; MO; QL (30 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml</i>	2	B/D PA; MO
<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	5	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
<i>irinotecan intravenous solution 40 mg/2 ml</i>	5	B/D PA; MO
ISTODAX	5	B/D PA; MO
IXEMPRA	5	B/D PA; MO
JAKAFI	5	PA; MO; QL (60 per 30 days)
JEMPERLI	5	PA; MO
JEVTANA	5	B/D PA; MO
KADCYLA	5	PA; MO
KEYTRUDA	5	PA
KISQALI	5	PA; MO
KISQALI FEMARA CO-PACK	5	PA; MO
KYPROLIS	5	B/D PA
<i>lapatinib</i>	5	PA; MO; QL (180 per 30 days)
LENVIMA	5	PA; MO
<i>letrozole</i>	2	MO
LEUKERAN	3	MO
<i>leuprolide subcutaneous kit</i>	5	PA; MO
LIBTAYO	5	PA; LA
LONSURF	5	PA; MO
LORBRENA ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; MO; QL (90 per 30 days)
LUMAKRAS	5	PA; MO
LUMOXITI	5	PA; LA

Drug Name	Drug Tier	Requirements /Limits
LUPRON DEPOT	5	PA; MO
LUPRON DEPOT (3 MONTH)	5	PA; MO
LUPRON DEPOT (4 MONTH)	5	PA; MO
LUPRON DEPOT (6 MONTH)	5	PA; MO
LUPRON DEPOT-PED	5	PA; MO
LUPRON DEPOT-PED (3 MONTH)	5	PA; MO
LYNPARZA	5	PA; MO; QL (120 per 30 days)
LYSODREN	3	
MARQIBO	3	B/D PA
MATULANE	5	
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	2	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	2	PA; MO
<i>megestrol oral tablet</i>	2	PA; MO
MEKINIST ORAL TABLET 0.5 MG	5	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; MO; QL (30 per 30 days)
MEKTOVI	5	PA; MO; LA; QL (180 per 30 days)
<i>melphalan</i>	2	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>melphalan hcl</i>	5	B/D PA
<i>mercaptopurine</i>	2	MO
<i>methotrexate sodium</i>	2	B/D PA; MO
<i>methotrexate sodium (pf) injection recon soln</i>	2	B/D PA
<i>methotrexate sodium (pf) injection solution</i>	2	B/D PA; MO
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	2	B/D PA; MO
<i>mitomycin intravenous recon soln 40 mg</i>	5	B/D PA; MO
<i>mitoxantrone</i>	2	B/D PA; MO
MONJUVI	5	PA; LA
MVASI	5	B/D PA; MO
<i>mycophenolate mofetil (hcl)</i>	2	B/D PA
<i>mycophenolate mofetil oral capsule</i>	2	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; MO
<i>mycophenolate mofetil oral tablet</i>	2	B/D PA; MO
<i>mycophenolate sodium</i>	2	B/D PA; MO
MYLOTARG	5	B/D PA; MO; LA
NERLYNX	5	PA; MO; LA
NEXAVAR	5	PA; MO; LA; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>nilutamide</i>	5	PA; MO
NINLARO	5	PA; MO; QL (3 per 28 days)
NUBEQA	5	PA; MO; LA; QL (120 per 30 days)
NULOJIX	5	B/D PA; MO
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	2	MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	2	MO
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	5	MO
ODOMZO	5	PA; MO; LA; QL (30 per 30 days)
ONCASPAR	5	B/D PA
ONIVYDE	5	B/D PA
ONUREG	5	PA; MO
OPDIVO	5	PA; MO
ORGOVYX	5	PA; LA; QL (32 per 30 days)
<i>oxaliplatin intravenous recon soln 100 mg</i>	2	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>oxaliplatin</i> <i>intravenous recon</i> <i>soln 50 mg</i>	2	B/D PA
<i>oxaliplatin</i> <i>intravenous solution</i> <i>100 mg/20 ml, 50</i> <i>mg/10 ml (5 mg/ml)</i>	2	B/D PA; MO
<i>oxaliplatin</i> <i>intravenous solution</i> <i>200 mg/40 ml</i>	2	B/D PA
<i>paclitaxel</i>	2	B/D PA; MO
PADCEV	5	PA; MO
<i>paraplatin</i>	2	B/D PA
PEMAZYRE	5	PA; LA; QL (14 per 21 days)
PERJETA	5	B/D PA; MO
PIQRAY	5	PA; MO
POLIVY	5	PA; MO
POMALYST	5	PA; MO; LA
PORTRAZZA	5	B/D PA; MO
POTELIGEO	5	PA
PROGRAF INTRAVENOUS	3	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET	3	B/D PA; MO
PURIXAN	5	
QINLOCK	5	PA; LA; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA; MO; LA; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
RETEVMO ORAL CAPSULE 80 MG	5	PA; MO; LA; QL (120 per 30 days)
REVLIMID	5	PA; MO; LA; QL (28 per 28 days)
RITUXAN	5	PA; MO
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; MO; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; MO; QL (90 per 30 days)
RUBRACA	5	PA; MO; LA; QL (120 per 30 days)
RUXIENCE	5	PA; MO
RYBREVANT	5	PA; MO
RYDAPT	5	PA; MO
RYLAZE	5	PA
SANDIMMUNE ORAL SOLUTION	3	B/D PA; MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXT ENDED REL RECON	5	PA; MO
SARCLISA	5	PA; LA
SIGNIFOR	5	PA
SIMULECT INTRAVENOUS RECON SOLN 10 MG	3	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
SIMULECT INTRAVENOUS RECON SOLN 20 MG	3	B/D PA; MO
<i>sirolimus oral solution</i>	5	B/D PA; MO
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	4	B/D PA; MO
<i>sirolimus oral tablet 2 mg</i>	5	B/D PA; MO
SOLTAMOX	5	MO
SOMATULINE DEPOT	5	PA; MO
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	5	PA; MO; QL (60 per 30 days)
STIVARGA	5	PA; MO; QL (84 per 28 days)
<i>sunitinib</i>	5	PA; MO; QL (30 per 30 days)
SUTENT	5	PA; MO; QL (30 per 30 days)
SYNRIBO	5	B/D PA
TABLOID	4	MO
TABRECTA	5	PA; MO
<i>tacrolimus oral</i>	2	B/D PA; MO
TAFINLAR	5	PA; MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
TAGRISSO	5	PA; MO; LA; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; MO; QL (90 per 30 days)
TALZENNA ORAL CAPSULE 1 MG	5	PA; MO; QL (30 per 30 days)
<i>tamoxifen</i>	2	MO
TARGETIN TOPICAL	5	PA; MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA; MO; QL (120 per 30 days)
TAZVERIK	5	PA; LA
TECENTRIQ	5	B/D PA; MO; LA
TEMODAR INTRAVENOUS	5	B/D PA; MO
<i>temsirolimus</i>	5	B/D PA; MO
TEPMETKO	5	PA; LA
THALOMID	5	PA; MO
<i>thiotepa injection recon soln 100 mg</i>	5	B/D PA
<i>thiotepa injection recon soln 15 mg</i>	5	B/D PA; MO
TIBSOVO	5	PA
TIVDAK	5	PA; MO
<i>toposar</i>	2	B/D PA; MO
<i>topotecan intravenous recon soln</i>	5	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	5	B/D PA; MO
<i>toremifene</i>	5	MO
TRAZIMERA	5	B/D PA; MO
TREANDA	5	B/D PA; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	B/D PA; MO
<i>tretinoin (antineoplastic)</i>	5	MO
TRISENOX	5	B/D PA; MO
TRODELVY	5	PA; LA
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1)	5	PA; LA; QL (21 per 21 days)
TRUSELTIQ ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2)	5	PA; LA; QL (42 per 21 days)
TRUSELTIQ ORAL CAPSULE 75 MG/DAY (25 MG X 3)	5	PA; LA; QL (63 per 21 days)
TRUXIMA	5	PA; MO
TUKYSA ORAL TABLET 150 MG	5	PA; LA; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA; LA; QL (300 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
TURALIO	5	PA; LA; QL (120 per 30 days)
TYKERB	5	PA; MO; LA; QL (180 per 30 days)
UKONIQ	5	PA; LA; QL (120 per 30 days)
UNITUXIN	5	B/D PA
<i>valrubicin</i>	5	B/D PA; MO
VANTAS	4	PA; MO
VECTIBIX	5	B/D PA; MO
VELCADE	5	B/D PA; MO
VENCLEXTA ORAL TABLET 10 MG, 50 MG	3	PA; LA
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA
VENCLEXTA STARTING PACK	5	PA; LA; QL (42 per 30 days)
VERZENIO	5	PA; MO; LA; QL (60 per 30 days)
<i>vinblastine</i>	2	B/D PA; MO
<i>vincasar pfs</i>	2	B/D PA; MO
<i>vincristine</i>	2	B/D PA; MO
<i>vinorelbine</i>	2	B/D PA; MO
VITRAKVI ORAL CAPSULE 100 MG	5	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; MO; LA; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
VITRAKVI ORAL SOLUTION	5	PA; MO; LA; QL (300 per 30 days)
VIZIMPRO	5	PA; MO; QL (30 per 30 days)
VOTRIENT	5	PA; MO; QL (120 per 30 days)
VYXEOS	5	B/D PA
WELIREG	5	PA; LA
XALKORI	5	PA; MO; QL (60 per 30 days)
XATMEP	4	B/D PA; MO
XERMELO	5	PA; LA; QL (90 per 30 days)
XOSPATA	5	PA; LA
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	5	PA; LA
XTANDI ORAL CAPSULE	5	PA; MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
XTANDI ORAL TABLET 40 MG	5	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA; MO; QL (60 per 30 days)
YEROVY	5	B/D PA; MO
YONDELIS	5	B/D PA
YONSA	5	PA; MO; QL (120 per 30 days)
ZALTRAP	5	B/D PA; MO
ZANOSAR	4	B/D PA; MO
ZEJULA	5	PA; LA; QL (90 per 30 days)
ZELBORAF	5	PA; MO; QL (240 per 30 days)
ZEPZELCA	5	PA
ZIRABEV	5	B/D PA; MO
ZOLADEX	4	PA; MO
ZOLINZA	5	PA; MO
ZORTRESS ORAL TABLET 1 MG	5	B/D PA; MO
ZYDELIG	5	PA; MO; QL (60 per 30 days)
ZYKADIA ORAL TABLET	5	PA; MO; QL (90 per 30 days)
ZYNLONTA	5	PA; LA
ZYTIGA ORAL TABLET 500 MG	5	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM	5	MO
BANZEL	5	PA; MO
BRIVIACT INTRAVENOUS	4	
BRIVIACT ORAL	5	MO
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	2	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	MO
<i>carbamazepine oral suspension 200 mg/10 ml</i>	2	
<i>carbamazepine oral tablet</i>	2	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	2	MO
<i>carbamazepine oral tablet, chewable</i>	2	MO
CELONTIN ORAL CAPSULE 300 MG	4	MO
<i>clobazam oral suspension</i>	4	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet</i>	4	PA; MO; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	MO; QL (300 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
<i>clonazepam oral tablet,disintegrating 2 mg</i>	2	MO; QL (300 per 30 days)
DIACOMIT	5	
<i>diazepam rectal</i>	2	MO
DILANTIN 30 MG	3	MO
<i>divalproex oral capsule, delayed rel sprinkle</i>	2	
<i>divalproex oral tablet extended release 24 hr</i>	2	MO
<i>divalproex oral tablet,delayed release (dr/ec)</i>	2	MO
EPIDIOLEX	5	PA; MO; LA
<i>epitol</i>	2	MO
<i>ethosuximide</i>	2	MO
<i>felbamate oral suspension</i>	5	MO
<i>felbamate oral tablet</i>	4	MO
FINTEPLA	5	PA; LA
<i>fosphenytoin</i>	2	MO
FYCOMPA ORAL SUSPENSION	5	MO
<i>FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG</i>	5	MO
<i>FYCOMPA ORAL TABLET 2 MG</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	MO; QL (270 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	MO; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	2	MO; QL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	2	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	MO; QL (120 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	PA; MO; QL (30 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	3	PA; MO; QL (90 per 30 days)
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet disintegrating, dose pk</i>	2	MO
<i>lamotrigine oral tablet extended release 24hr</i>	4	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO
<i>lamotrigine oral tablet,disintegrating</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>lamotrigine oral tablets,dose pack</i>	2	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	2	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i>	2	
<i>levetiracetam intravenous</i>	2	MO
<i>levetiracetam oral solution 100 mg/ml</i>	2	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	2	
<i>levetiracetam oral tablet</i>	2	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	2	MO
NAYZILAM	5	PA; MO; QL (10 per 30 days)
<i>oxcarbazepine</i>	2	MO
<i>phenobarbital oral elixir</i>	2	PA; MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	2	PA
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	2	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>phenobarbital sodium injection solution 130 mg/ml</i>	2	MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	2	
<i>phenytoin oral suspension 100 mg/4 ml</i>	2	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MO
<i>phenytoin oral tablet, chewable</i>	2	MO
<i>phenytoin sodium extended</i>	2	MO
<i>phenytoin sodium intravenous solution</i>	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	2	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	2	MO; QL (900 per 30 days)
<i>primidone</i>	2	MO
<i>roweepra</i>	2	MO
<i>rufinamide</i>	5	PA; MO
<i>SPRITAM</i>	4	MO
<i>subvenite</i>	1	MO
<i>subvenite starter (blue) kit</i>	2	MO
<i>subvenite starter (green) kit</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>subvenite starter (orange) kit</i>	2	MO
<i>SYMPAZAN ORAL FILM 10 MG, 20 MG</i>	5	PA; MO; QL (60 per 30 days)
<i>SYMPAZAN ORAL FILM 5 MG</i>	4	PA; MO; QL (60 per 30 days)
<i>tiagabine</i>	4	MO
<i>topiramate oral capsule, sprinkle</i>	2	PA; MO
<i>topiramate oral tablet</i>	1	PA; MO
<i>valproate sodium</i>	2	MO
<i>valproic acid</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	2	
<i>VALTOCO</i>	5	PA; MO; QL (10 per 30 days)
<i>vigabatrin</i>	5	MO; LA
<i>vigadron</i>	5	LA
<i>VIMPAT INTRAVENOUS</i>	3	MO
<i>VIMPAT ORAL SOLUTION</i>	3	MO
<i>VIMPAT ORAL TABLET</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	5	MO; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG	4	MO; QL (120 per 30 days)
XCOPRI ORAL TABLET 150 MG	4	MO; QL (60 per 30 days)
XCOPRI ORAL TABLET 200 MG	5	MO; QL (60 per 30 days)
XCOPRI ORAL TABLET 50 MG	4	MO; QL (240 per 30 days)
XCOPRI TITRATION PACK	4	MO; QL (56 per 28 days)
<i>zonisamide</i>	2	PA; MO
ANTIPARKINSONISM AGENTS		
APOKYN	5	PA; MO; LA
<i>benztropine injection</i>	2	MO
<i>benztropine oral</i>	1	PA; MO
<i>bromocriptine</i>	4	MO
<i>carbidopa</i>	2	MO
<i>carbidopa-levodopa</i>	2	MO
<i>carbidopa-levodopa-entacapone</i>	4	MO
<i>entacapone</i>	2	MO
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; MO
NEUPRO	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>pramipexole oral tablet</i>	2	MO
<i>rasagiline</i>	4	MO
<i>ropinirole</i>	2	MO
<i>selegiline hcl</i>	2	MO
<i>tolcapone</i>	5	PA
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	3	PA; MO; QL (1 per 30 days)
AJOVY AUTOINJECTOR	3	PA; MO; QL (1.5 per 30 days)
AJOVY SYRINGE	3	PA; MO; QL (1.5 per 30 days)
<i>dihydroergotamine injection</i>	2	
<i>dihydroergotamine nasal</i>	5	QL (8 per 28 days)
<i>eletriptan</i>	4	MO; QL (18 per 28 days)
EMGALITY PEN	3	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	5	PA; MO; QL (3 per 30 days)
<i>ergotamine-caffeine</i>	2	MO
<i>migergot</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>naratriptan</i>	2	MO; QL (18 per 28 days)
NURTEC ODT	3	PA; QL (16 per 30 days)
<i>rizatriptan</i>	2	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	4	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	4	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	4	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	4	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	4	MO; QL (8 per 28 days)
UBRELVY	3	PA; QL (20 per 30 days)
<i>zolmitriptan oral</i>	2	MO; QL (18 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUBAGIO	5	PA; MO; QL (30 per 30 days)
BAFIERTAM	5	PA; MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PA; MO; QL (12 per 28 days)
<i>dalfampridine</i>	5	PA; MO; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	5	PA; MO; QL (14 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	5	PA; MO; QL (120 per 180 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	5	PA; MO; QL (60 per 30 days)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO
<i>donepezil oral tablet 23 mg</i>	4	MO
<i>donepezil oral tablet,disintegrating</i>	1	MO
FIRDAPSE	5	PA; LA
<i>galantamine</i>	2	MO
GILENYA ORAL CAPSULE 0.5 MG	5	PA; MO; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; QL (12 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days)
KESIMPTA PEN	5	PA; MO; QL (1.6 per 28 days)
LEMTRADA	5	PA; MO
<i>memantine oral capsule,sprinkle,er 24hr</i>	2	PA; MO
<i>memantine oral solution</i>	2	PA; MO
<i>memantine oral tablet</i>	2	PA; MO
NAMZARIC	3	PA; MO
NUEDEXTA	5	PA; MO
OCREVUS	5	PA; MO; LA
RADICAVA	5	PA
<i>rivastigmine</i>	2	MO
<i>rivastigmine tartrate</i>	2	MO
TECFIDERA ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 120 MG	5	PA; MO; LA; QL (14 per 30 days)
TECFIDERA ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	5	PA; MO; LA; QL (120 per 180 days)

Drug Name	Drug Tier	Requirements /Limits
TECFIDERA ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 240 MG	5	PA; MO; LA; QL (60 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; MO; QL (120 per 30 days)
TYSABRI	5	PA; MO; LA
VUMERITY	5	PA; MO; QL (120 per 30 days)
ZEPOSIA	5	PA; MO; QL (30 per 30 days)
ZEPOSIA STARTER KIT	5	PA; MO; QL (37 per 30 days)
ZEPOSIA STARTER PACK	3	PA; MO; QL (7 per 30 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral</i>	2	MO
<i>cyclobenzaprine oral tablet</i>	4	PA; MO
<i>dantrolene intravenous</i>	2	
<i>dantrolene oral</i>	2	MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	3	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	3	B/D PA
<i>neostigmine methylsulfate intravenous solution</i>	2	
<i>pyridostigmine bromide oral syrup</i>	5	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	MO
<i>pyridostigmine bromide oral tablet extended release</i>	2	MO
<i>regonol</i>	2	
<i>revonto</i>	2	
<i>tizanidine</i>	2	MO
NARCOTIC ANALGESICS		
<i>acetaminophen-caff- dihydrocod oral capsule</i>	2	MO; QL (300 per 30 days)
<i>acetaminophen- codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml</i>	2	QL (4500 per 30 days)
<i>acetaminophen- codeine oral solution 120-12 mg/5 ml</i>	2	MO; QL (4500 per 30 days)
<i>acetaminophen- codeine oral tablet 300-15 mg, 300-30 mg</i>	2	MO; QL (360 per 30 days)
<i>acetaminophen- codeine oral tablet 300-60 mg</i>	2	MO; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
BELBUCA	3	PA; MO; QL (60 per 30 days)
<i>buprenorphine hcl injection syringe</i>	2	
<i>buprenorphine hcl sublingual</i>	2	MO
<i>buprenorphine transdermal patch</i>	4	PA; MO; QL (4 per 28 days)
<i>endocet</i>	2	MO; QL (360 per 30 days)
<i>fentanyl citrate (pf) injection solution</i>	2	QL (400 per 30 days)
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	2	QL (400 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle</i>	5	PA; MO; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	PA; MO; QL (10 per 30 days)
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr</i>	2	PA; MO; QL (90 per 30 days)
<i>hydrocodone- acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	MO; QL (5550 per 30 days)
<i>hydrocodone- acetaminophen oral tablet 10-300 mg, 5- 300 mg, 7.5-300 mg</i>	2	MO; QL (390 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
<i>hydrocodone-ibuprofen</i>	2	MO; QL (50 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	2	QL (240 per 30 days)
<i>hydromorphone (pf) injection solution 2 mg/ml</i>	2	QL (150 per 30 days)
<i>hydromorphone injection solution 1 mg/ml</i>	2	QL (300 per 30 days)
<i>hydromorphone injection solution 2 mg/ml</i>	2	MO; QL (150 per 30 days)
<i>hydromorphone injection syringe 1 mg/ml</i>	2	MO; QL (300 per 30 days)
<i>hydromorphone injection syringe 2 mg/ml</i>	2	QL (150 per 30 days)
<i>hydromorphone injection syringe 4 mg/ml</i>	2	MO; QL (75 per 30 days)
<i>hydromorphone oral liquid</i>	2	MO; QL (2400 per 30 days)
<i>hydromorphone oral tablet</i>	2	MO; QL (180 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr</i>	4	PA; MO; QL (60 per 30 days)
<i>levorphanol tartrate oral tablet 2 mg</i>	5	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>methadone injection solution</i>	2	QL (150 per 30 days)
<i>methadone intensol</i>	2	PA; MO; QL (90 per 30 days)
<i>methadone oral concentrate</i>	2	PA; QL (90 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	2	PA; MO; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	2	PA; MO; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	2	PA; MO; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	2	PA; MO; QL (240 per 30 days)
<i>methadose oral concentrate</i>	2	PA; MO; QL (90 per 30 days)
<i>morphine (pf) injection solution 0.5 mg/ml</i>	2	QL (4000 per 30 days)
<i>morphine (pf) injection solution 1 mg/ml</i>	2	MO; QL (2000 per 30 days)
<i>morphine concentrate oral solution</i>	2	MO; QL (900 per 30 days)
<i>morphine injection solution 8 mg/ml</i>	2	QL (250 per 30 days)
<i>morphine injection syringe 4 mg/ml</i>	2	MO; QL (500 per 30 days)
<i>morphine intravenous solution 10 mg/ml</i>	2	MO; QL (200 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>morphine intravenous solution 4 mg/ml</i>	2	MO; QL (500 per 30 days)
<i>morphine intravenous syringe 10 mg/ml</i>	2	QL (200 per 30 days)
<i>morphine intravenous syringe 2 mg/ml</i>	2	QL (1000 per 30 days)
<i>morphine intravenous syringe 4 mg/ml</i>	2	QL (500 per 30 days)
<i>morphine oral capsule, er multiphase 24 hr</i>	2	PA; MO; QL (60 per 30 days)
<i>morphine oral capsule, extend.release pellets</i>	2	PA; MO; QL (90 per 30 days)
<i>morphine oral solution</i>	2	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	2	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release</i>	2	PA; MO; QL (120 per 30 days)
<i>oxycodone oral capsule</i>	2	MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	4	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	2	MO; QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	2	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	2	MO; QL (360 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
<i>OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG</i>	3	PA; MO; QL (90 per 30 days)
<i>OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG</i>	5	PA; MO; QL (60 per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	2	MO; QL (360 per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	2	MO; QL (180 per 30 days)
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	2	MO; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	2	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	2	MO; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>butorphanol injection solution 1 mg/ml</i>	2	MO; QL (857 per 30 days)
<i>butorphanol injection solution 2 mg/ml</i>	2	MO; QL (428 per 30 days)
<i>butorphanol nasal</i>	2	MO; QL (10 per 28 days)
<i>cataflam</i>	2	
<i>celecoxib</i>	2	MO
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	2	
<i>diclofenac potassium oral tablet 50 mg</i>	2	MO
<i>diclofenac sodium oral</i>	2	MO
<i>diclofenac sodium topical drops</i>	2	MO; QL (300 per 28 days)
<i>diclofenac sodium topical gel 1 %</i>	2	MO; QL (1000 per 28 days)
<i>diclofenac-misoprostol</i>	2	MO
<i>diflunisal</i>	2	MO
<i>ec-naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	2	
<i>ec-naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	2	MO
<i>etodolac</i>	2	MO
<i>fenoprofen oral tablet</i>	2	MO
<i>flurbiprofen oral tablet 100 mg</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ibu</i>	1	MO
<i>ibuprofen oral suspension</i>	2	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>ketoprofen oral capsule 25 mg</i>	2	MO
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	2	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	4	MO
<i>KLOXXADO</i>	3	MO
<i>meclofenamate</i>	4	MO
<i>mefenamic acid</i>	4	MO
<i>meloxicam oral tablet 15 mg</i>	1	MO
<i>meloxicam oral tablet 7.5 mg</i>	1	MO; QL (30 per 30 days)
<i>nabumetone</i>	2	MO
<i>nalbuphine injection solution 10 mg/ml</i>	2	MO; QL (200 per 30 days)
<i>nalbuphine injection solution 20 mg/ml</i>	2	MO; QL (100 per 30 days)
<i>naloxone injection solution</i>	2	MO
<i>naloxone injection syringe</i>	2	MO
<i>naltrexone</i>	2	MO
<i>naproxen oral suspension</i>	2	MO
<i>naproxen oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>naproxen oral tablet,delayed release (dr/ec) 375 mg</i>	2	MO
<i>naproxen oral tablet,delayed release (dr/ec) 500 mg</i>	2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	MO
NARCAN	3	MO
<i>oxaprozin</i>	2	MO
<i>piroxicam</i>	2	MO
<i>salsalate</i>	1	MO
<i>sulindac</i>	1	MO
<i>tolmetin oral capsule</i>	2	MO
<i>tolmetin oral tablet 600 mg</i>	2	MO
<i>tramadol oral tablet 50 mg</i>	2	MO; QL (240 per 30 days)
<i>tramadol-acetaminophen</i>	2	MO; QL (240 per 30 days)
VIVITROL	5	MO
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	3	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	MO; QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		

Drug Name	Drug Tier	Requirements /Limits
ABILIFY MAINTENA	5	MO
ADASUVE	3	LA
<i>amitriptyline</i>	2	MO
<i>amoxapine</i>	2	MO
<i>aripiprazole oral solution</i>	5	MO
<i>aripiprazole oral tablet</i>	2	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet,disintegrating</i>	5	MO; QL (60 per 30 days)
ARISTADA	5	MO
ARISTADA INITIO	5	MO
<i>armodafinil</i>	4	PA; MO; QL (30 per 30 days)
<i>asenapine maleate</i>	5	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	2	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	2	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet</i>	1	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	2	MO; QL (60 per 30 days)
<i>buspirone</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
CAPLYTA	5	MO; QL (30 per 30 days)
<i>chlorpromazine injection</i>	2	MO
<i>chlorpromazine oral concentrate</i>	5	
<i>chlorpromazine oral tablet</i>	2	MO
<i>citalopram oral solution</i>	2	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clomipramine</i>	4	MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	2	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	2	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	2	PA; MO; QL (360 per 30 days)
<i>clozapine</i>	2	
<i>desipramine</i>	2	MO
<i>desvenlafaxine succinate</i>	2	MO; QL (30 per 30 days)
<i>dextroamphetamine oral solution</i>	2	MO
<i>dextroamphetamine-amphetamine</i>	2	MO
<i>diazepam injection</i>	2	PA

Drug Name	Drug Tier	Requirements /Limits
<i>diazepam oral concentrate</i>	2	PA; MO; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	PA; MO; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	2	PA; MO; QL (120 per 30 days)
<i>doxepin oral capsule</i>	4	MO
<i>doxepin oral concentrate</i>	4	MO
<i>doxepin oral tablet</i>	2	MO; QL (30 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	MO; QL (60 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	MO; QL (90 per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	MO; QL (60 per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 40 mg</i>	2	MO; QL (90 per 30 days)
EMSAM	5	MO
<i>ergoloid</i>	4	MO
<i>escitalopram oxalate oral solution</i>	2	MO
<i>escitalopram oxalate oral tablet</i>	1	MO; QL (30 per 30 days)
<i>eszopiclone</i>	4	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	4	MO; QL (60 per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	5	MO; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	4	MO; QL (8 per 28 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	3	MO; QL (28 per 28 days)
FETZIMA ORAL CAPSULE,EXTEN DED RELEASE 24 HR	3	MO; QL (30 per 30 days)
<i>flumazenil</i>	2	
<i>fluoxetine (pmdd) oral tablet 10 mg</i>	2	QL (30 per 30 days)
<i>fluoxetine (pmdd) oral tablet 20 mg</i>	2	
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	2	MO; QL (4 per 28 days)
<i>fluoxetine oral solution</i>	2	MO
<i>fluoxetine oral tablet 10 mg</i>	2	MO; QL (30 per 30 days)
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>fluphenazine decanoate</i>	2	MO
<i>fluphenazine hcl</i>	2	MO
<i>fluvoxamine oral capsule,extended release 24hr</i>	4	MO; QL (60 per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	2	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	2	MO; QL (60 per 30 days)
FORFIVO XL	4	MO; QL (30 per 30 days)
GEODON INTRAMUSCULAR	4	MO
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate</i>	2	MO
<i>haloperidol lactate injection</i>	2	MO
<i>haloperidol lactate intramuscular</i>	2	
<i>haloperidol lactate oral</i>	2	MO
HETLIOZ	5	PA; MO; QL (30 per 30 days)
<i>imipramine hcl</i>	4	MO
<i>imipramine pamoate</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
INVEGA SUSTENNA INTRAMUSCULA R SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML	5	MO	MARPLAN	4	MO
INVEGA SUSTENNA INTRAMUSCULA R SYRINGE 39 MG/0.25 ML	4	MO	<i>methylphenidate hcl</i> <i>oral capsule,er</i> <i>biphasic 50-50</i>	2	MO
INVEGA TRINZA	5	MO	<i>methylphenidate hcl</i> <i>oral solution</i>	2	MO
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	5	MO; QL (30 per 30 days)	<i>methylphenidate hcl</i> <i>oral tablet</i>	2	MO
LATUDA ORAL TABLET 80 MG	5	MO; QL (60 per 30 days)	<i>methylphenidate hcl</i> <i>oral tablet, chewable</i>	2	MO
<i>lithium carbonate</i>	1	MO	<i>mirtazapine oral</i> <i>tablet</i>	1	MO
<i>lorazepam injection</i> <i>solution</i>	2	PA; MO	<i>mirtazapine oral</i> <i>tablet,disintegrating</i>	2	MO
<i>lorazepam injection</i> <i>syringe 2 mg/ml</i>	2	PA; MO	<i>modafinil oral tablet</i>	2	PA; MO; QL (30 per 30 days)
<i>lorazepam intensol</i>	2	PA; QL (150 per 30 days)	<i>modafinil oral tablet</i>	2	PA; MO; QL (60 per 30 days)
<i>lorazepam oral</i> <i>concentrate</i>	2	PA; MO; QL (150 per 30 days)	<i>molindone</i>	2	MO
<i>lorazepam oral</i> <i>tablet 0.5 mg, 1 mg</i>	2	PA; MO; QL (90 per 30 days)	<i>nefazodone</i>	2	MO
<i>lorazepam oral</i> <i>tablet 2 mg</i>	2	PA; MO; QL (150 per 30 days)	<i>nortriptyline</i>	2	MO
<i>loxapine succinate</i>	2	MO	NUPLAZID ORAL CAPSULE	5	PA; MO; QL (30 per 30 days)
<i>maprotiline</i>	2	MO	NUPLAZID ORAL TABLET 10 MG	5	PA; MO; QL (30 per 30 days)
			<i>olanzapine</i> <i>intramuscular</i>	2	MO
			<i>olanzapine oral</i>	2	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>olanzapine-fluoxetine</i>	2	MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg</i>	4	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	4	MO; QL (60 per 30 days)
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	5	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	2	MO; QL (60 per 30 days)
PAXIL ORAL SUSPENSION	4	MO
<i>perphenazine</i>	2	MO
PERSERIS	5	MO
<i>phenelzine</i>	2	MO
<i>pimozide</i>	2	MO
<i>procentra</i>	2	MO
<i>protriptyline</i>	2	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	2	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	2	MO; QL (60 per 30 days)
<i>ramelteon</i>	2	MO; QL (30 per 30 days)
REXULTI	5	MO; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	3	MO
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	5	MO
<i>risperidone oral solution</i>	2	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>risperidone oral tablet,disintegrating 4 mg</i>	2	MO; QL (120 per 30 days)
SAPHRIS	5	MO; QL (60 per 30 days)
SECUADO	5	MO; QL (30 per 30 days)
<i>sertraline oral concentrate</i>	2	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
<i>thioridazine</i>	4	MO
<i>thiothixene</i>	2	MO
<i>tranylcypromine</i>	4	MO
<i>trazodone</i>	1	MO
<i>trifluoperazine</i>	2	MO
<i>trimipramine</i>	4	MO
TRINTELLIX	3	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	2	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	2	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	2	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet extended release 24hr</i>	2	MO; QL (30 per 30 days)
VERSACLOZ	5	
VIIBRYD ORAL TABLET	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	3	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	5	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	4	MO; QL (7 per 30 days)
XYREM	5	PA; LA; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	4	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	4	MO; QL (30 per 30 days)
<i>ziprasidone hcl</i>	2	MO; QL (60 per 30 days)
<i>ziprasidone mesylate</i>	2	
<i>zolpidem oral tablet</i>	2	MO; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	MO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG	5	MO

**CARDIOVASCULAR,
HYPERTENSION / LIPIDS
ANTIARRHYTHMIC AGENTS**

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Drug Name	Drug Tier	Requirements /Limits
<i>adenosine</i>	2	
<i>amiodarone intravenous solution</i>	2	B/D PA; MO
<i>amiodarone oral tablet 100 mg, 400 mg</i>	2	
<i>amiodarone oral tablet 200 mg</i>	2	MO
<i>dofetilide</i>	4	MO
<i>flecainide</i>	2	MO
<i>ibutilide fumarate</i>	2	
<i>lidocaine (pf) in d7.5w</i>	2	
<i>lidocaine (pf) intravenous</i>	2	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	2	
<i>mexiletine</i>	2	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	MO
<i>procainamide injection</i>	2	
<i>propafenone oral capsule, extended release 12 hr</i>	4	MO
<i>propafenone oral tablet</i>	2	MO
<i>quinidine gluconate oral</i>	2	MO
<i>quinidine sulfate oral tablet</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	2	MO
<i>sorine oral tablet 240 mg</i>	2	
<i>sotalol af</i>	2	
<i>sotalol oral</i>	2	MO
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol</i>	2	MO
<i>aliskiren</i>	2	MO
<i>amiloride</i>	2	MO
<i>amiloride-hydrochlorothiazide</i>	2	MO
<i>amlodipine</i>	1	MO
<i>amlodipine-benazepril</i>	1	MO
<i>amlodipine-olmesartan</i>	2	MO
<i>amlodipine-valsartan</i>	2	MO
<i>amlodipine-valsartan-hcthiazid</i>	2	MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	2	MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	2	MO
<i>betaxolol oral</i>	2	MO
<i>BIDIL</i>	3	MO
<i>bisoprolol fumarate</i>	2	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
BYSTOLIC	3	MO
candesartan	2	MO
candesartan- hydrochlorothiazide	2	MO
captopril	2	MO
captopril- hydrochlorothiazide	2	MO
cartia xt	2	MO
carvedilol	1	MO
chlorothiazide sodium	2	MO
chlorthalidone oral tablet 25 mg, 50 mg	2	MO
clonidine	4	MO; QL (4 per 28 days)
clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)	2	
clonidine hcl oral tablet	1	MO
DEM SER	5	PA; MO
diltiazem hcl intravenous	2	
diltiazem hcl oral capsule,ext.rel 24h degradable	2	MO
diltiazem hcl oral capsule,extended release 12 hr	2	MO
diltiazem hcl oral capsule,extended release 24 hr	2	MO
diltiazem hcl oral capsule,extended release 24hr	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>diltiazem hcl oral tablet</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr</i>	2	
<i>dilt-xr</i>	2	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	MO; QL (60 per 30 days)
EDARBI	3	MO
EDARBYCLOR	3	MO
<i>enalapril maleate oral tablet</i>	1	MO
<i>enalaprilat intravenous solution</i>	2	
<i>enalapril- hydrochlorothiazide</i>	1	MO
eplerenone	2	MO
<i>epoprostenol (glycine)</i>	2	B/D PA; MO
<i>esmolol intravenous solution</i>	2	
<i>ethacrynone sodium</i>	5	
<i>ethacrynic acid</i>	4	MO
<i>felodipine</i>	2	MO
<i>fosinopril</i>	1	MO
<i>fosinopril- hydrochlorothiazide</i>	2	MO
<i>furosemide injection</i>	2	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine</i>	2	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
<i>irbesartan</i>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO
<i>isradipine</i>	2	MO
<i>labetalol intravenous solution</i>	2	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	2	
<i>labetalol oral</i>	2	MO
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
<i>losartan</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO
<i>mannitol 20 % intravenous solution</i>	2	
<i>mannitol 25 % intravenous solution</i>	2	MO
<i>matzim la</i>	2	MO
<i>methyldopa</i>	2	MO
<i>metolazone</i>	2	MO
<i>metoprolol succinate</i>	1	MO
<i>metoprolol ta-hydrochlorothiaz</i>	2	MO
<i>metoprolol tartrate intravenous solution</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>metoprolol tartrate oral</i>	1	MO
<i>metyrosine</i>	5	PA; MO
<i>minoxidil oral</i>	2	MO
<i>moexipril</i>	1	MO
<i>nadolol</i>	2	MO
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	2	MO
<i>nebivolol</i>	2	
<i>nicardipine intravenous solution</i>	2	
<i>nicardipine oral</i>	2	MO
<i>nifedipine oral tablet extended release</i>	2	MO
<i>nifedipine oral tablet extended release 24hr</i>	2	MO
<i>nimodipine</i>	4	MO
<i>nisoldipine</i>	4	MO
<i>olmesartan</i>	1	MO
<i>olmesartan-amlodipin-hcthiazid</i>	2	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO
<i>osmitrol 15 %</i>	2	
<i>osmitrol 20 %</i>	2	
<i>perindopril erbumine</i>	1	MO
<i>phenoxybenzamine</i>	5	PA; MO
<i>phentolamine</i>	2	
<i>pindolol</i>	2	MO
<i>prazosin</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>propranolol intravenous</i>	2	
<i>propranolol oral capsule, extended release 24 hr</i>	2	MO
<i>propranolol oral solution</i>	2	MO
<i>propranolol oral tablet</i>	1	MO
<i>propranolol-hydrochlorothiazid</i>	2	MO
<i>quinapril</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	1	MO
<i>ramipril</i>	1	MO
<i>spironolactone</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	2	MO
<i>taztia xt</i>	2	MO
<i>TEKTURN HCT</i>	3	MO
<i>telmisartan</i>	2	MO
<i>telmisartan-amlodipine</i>	2	MO
<i>telmisartan-hydrochlorothiazid</i>	2	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>tiadylt er</i>	2	MO
<i>timolol maleate oral</i>	2	MO
<i>torsemide oral</i>	2	MO
<i>trandolapril</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>trandolapril-verapamil</i>	2	MO
<i>treprostinil sodium</i>	5	PA; MO; LA
<i>triamterene</i>	2	MO
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	MO
<i>UPTRAVI ORAL</i>	5	PA; MO; LA
<i>valsartan</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
<i>veletri</i>	2	B/D PA; MO
<i>verapamil intravenous</i>	2	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	MO
<i>verapamil oral capsule, ext rel. pellets 24 hr</i>	2	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	2	MO
COAGULATION THERAPY		
<i>aminocaproic acid intravenous</i>	2	MO
<i>aminocaproic acid oral</i>	5	MO
<i>aspirin-dipyridamole</i>	4	MO
<i>BRILINTA</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
CABLIVI INJECTION KIT	5	PA; LA
CEPROTIN (BLUE BAR)	3	PA; MO
CEPROTIN (GREEN BAR)	3	PA; MO
<i>cilostazol</i>	2	MO
<i>clopidogrel oral tablet 300 mg</i>	2	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>dipyridamole intravenous</i>	2	PA
<i>dipyridamole oral</i>	2	MO
DOPTELET (10 TAB PACK)	5	PA; MO; LA
DOPTELET (15 TAB PACK)	5	PA; MO; LA
DOPTELET (30 TAB PACK)	5	PA; MO; LA
ELIQUIS	3	MO
ELIQUIS DVT-PE TREAT 30D START	3	MO
<i>enoxaparin subcutaneous solution</i>	2	MO; QL (30 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	4	MO; QL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	4	MO; 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>	4	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	4	MO; 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>	5	MO
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	2	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	2	
<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>	2	MO
<i>heparin (porcine) in nacl (pf)</i>	2	
<i>heparin (porcine) injection cartridge</i>	2	MO
<i>heparin (porcine) injection solution</i>	2	MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	2	MO
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	2	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	2	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	3	MO
<i>jantoven</i>	1	MO
MULPLETA	5	PA; MO
NPLATE	5	MO
<i>pentoxifylline</i>	2	MO
<i>prasugrel</i>	2	MO
PROMACTA	5	PA; MO; LA
<i>protamine</i>	2	
<i>warfarin</i>	1	MO
XARELTO	3	MO

Drug Name	Drug Tier	Requirements /Limits
XARELTO DVT-PE TREAT 30D START	3	MO
ZONTIVITY	3	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	2	MO; QL (30 per 30 days)
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
<i>cholestyramine (with sugar)</i>	2	MO
<i>cholestyramine light oral powder</i>	2	
<i>cholestyramine light oral powder in packet</i>	2	MO
<i>colesevelam</i>	4	MO
<i>colestipol</i>	2	MO
<i>ezetimibe</i>	2	MO
<i>ezetimibe-simvastatin</i>	2	MO; QL (30 per 30 days)
<i>fenofibrate</i>	2	MO
<i>micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>		
<i>fenofibrate</i>	2	MO
<i>nanocrystallized oral tablet 145 mg, 48 mg</i>		
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	MO
<i>fenofibric acid</i>	2	MO
<i>fenofibric acid (choline)</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>fluvastatin oral capsule 20 mg</i>	2	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	2	MO; QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr</i>	2	MO; QL (30 per 30 days)
<i>gemfibrozil</i>	1	MO
<i>icosapent ethyl</i>	2	MO
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	5	PA; MO; LA
JUXTAPID ORAL CAPSULE 40 MG, 60 MG	5	PA; MO
LIVALO	3	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
NEXLETOL	3	PA; MO
NEXLIZET	3	PA; MO
<i>niacin oral tablet 500 mg</i>	2	MO
<i>niacin oral tablet extended release 24 hr 1,000 mg</i>	2	MO
<i>niacin oral tablet extended release 24 hr 500 mg, 750 mg</i>	2	
<i>omega-3 acid ethyl esters</i>	2	MO
PRALUENT PEN	3	PA; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>pravastatin</i>	1	MO; QL (30 per 30 days)
<i>prevalite</i>	2	MO
REPATHA	3	PA; QL (3 per 28 days)
REPATHA PUSHTRONEX	3	PA; QL (3.5 per 28 days)
REPATHA SURECLICK	3	PA; QL (3 per 28 days)
<i>rosuvastatin</i>	1	MO; QL (30 per 30 days)
<i>simvastatin oral tablet</i>	1	MO; QL (30 per 30 days)
VASCEPA	3	MO
MISCELLANEOUS CARDIOVASCULAR AGENTS		
<i>cardioplegic soln</i>	2	
CORLANOR ORAL SOLUTION	3	
CORLANOR ORAL TABLET	3	MO
<i>digitek</i>	2	MO
<i>digox</i>	2	MO
<i>digoxin oral</i>	2	MO
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>	2	B/D PA
<i>dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)</i>	2	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	2	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	2	B/D PA; MO
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	2	B/D PA
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	2	B/D PA; MO
ENTRESTO	3	MO; QL (60 per 30 days)
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	3	MO
<i>milrinone</i>	2	B/D PA
<i>milrinone in 5 % dextrose</i>	2	B/D PA
<i>norepinephrine bitartrate</i>	2	
<i>ranolazine</i>	2	MO
<i>sodium nitroprusside</i>	2	B/D PA
VECAMYL	5	
VERQUVO	3	MO; QL (30 per 30 days)
VYNDAMAX	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
VYNDAQEL	5	PA; MO
NITRATES		
<i>isosorbide dinitrate oral tablet</i>	2	MO
<i>isosorbide mononitrate</i>	1	MO
<i>nitro-bid</i>	2	MO
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	2	B/D PA
<i>nitroglycerin intravenous</i>	2	B/D PA
<i>nitroglycerin sublingual</i>	2	MO
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual</i>	2	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule 10 mg, 25 mg</i>	4	MO
<i>acitretin oral capsule 17.5 mg</i>	5	MO
<i>calcipotriene scalp</i>	2	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	4	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>calcipotriene topical ointment</i>	2	MO; QL (120 per 30 days)
<i>calcipotriene-betamethasone</i>	4	MO; QL (400 per 30 days)
<i>calcitriol topical</i>	4	
<i>selenium sulfide topical lotion</i>	2	MO
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE KIT	5	PA; MO; QL (2 per 28 days)
STELARA INTRAVENOUS	5	PA; MO; QL (104 per 28 days)
STELARA SUBCUTANEOUS SOLUTION	5	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; MO; QL (1 per 28 days)
TALTZ AUTOINJECTOR	5	PA; MO; QL (1 per 28 days)
TALTZ AUTOINJECTOR (2 PACK)	5	PA; MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
TALTZ AUTOINJECTOR (3 PACK)	5	PA; MO; QL (3 per 28 days)
TALTZ SYRINGE	5	PA; MO; QL (1 per 28 days)
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate</i>	2	MO
<i>carbocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	2	
<i>chloroprocaine (pf)</i>	2	
CONDYLOX TOPICAL GEL	4	MO
<i>diclofenac sodium topical gel 3 %</i>	4	PA; MO; QL (100 per 28 days)
<i>doxepin topical</i>	3	MO; QL (45 per 30 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; MO; QL (8 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; MO; QL (8 per 28 days)
<i>fluorouracil topical cream 5 %</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>fluorouracil topical solution</i>	2	MO
<i>glydo</i>	2	MO; QL (60 per 30 days)
<i>imiquimod topical cream in packet 5 %</i>	2	MO
<i>lidocaine (pf) injection solution</i>	2	
<i>lidocaine hcl injection solution</i>	2	
<i>lidocaine hcl laryngotracheal</i>	2	MO
<i>lidocaine hcl mucous membrane jelly</i>	2	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator</i>	2	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	MO
<i>lidocaine topical adhesive patch, medicated 5 %</i>	2	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	4	MO; QL (36 per 30 days)
<i>lidocaine viscous</i>	2	MO
<i>lidocaine- epinephrine</i>	2	
<i>lidocaine- epinephrine (pf)</i>	2	
<i>lidocaine-prilocaine topical cream</i>	2	MO; QL (30 per 30 days)
<i>methoxsalen</i>	5	MO
<i>PANRETIN</i>	5	PA; MO
<i>PICATO</i>	5	MO

Drug Name	Drug Tier	Requirements /Limits
<i>pimecrolimus</i>	4	PA; MO; QL (100 per 30 days)
<i>podofilox</i>	2	MO
<i>polocaine injection solution 1 % (10 mg/ml)</i>	2	
<i>polocaine-mpf</i>	2	
<i>prodoxin</i>	3	MO; QL (45 per 30 days)
REGRANEX	5	MO
SANTYL	3	MO
<i>silver sulfadiazine</i>	2	MO
<i>ssd</i>	2	MO
<i>tacrolimus topical</i>	2	PA; MO; QL (100 per 30 days)
UVADEX	4	B/D PA
VALCHLOR	5	PA; MO
THERAPY FOR ACNE		
<i>avita topical cream</i>	2	PA; MO
<i>azelaic acid</i>	2	MO
<i>claravis oral capsule 10 mg, 20 mg, 30 mg</i>	4	
<i>clindamycin phosphate topical gel</i>	2	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical lotion</i>	2	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	2	MO; QL (120 per 30 days)
<i>dapsone topical gel</i>	4	MO
<i>ery pads</i>	2	MO

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This drug list was last updated on 11/22/2021.

Drug Name	Drug Tier	Requirements /Limits
<i>erythromycin with ethanol topical solution</i>	2	MO
<i>ivermectin topical cream</i>	2	MO
<i>metronidazole topical</i>	2	MO
<i>myorisan</i>	2	
<i>rosadan topical cream</i>	2	MO
<i>rosadan topical gel</i>	2	MO
<i>tazarotene topical cream</i>	4	PA; MO
TAZORAC TOPICAL CREAM 0.05 %	4	PA; MO
TAZORAC TOPICAL GEL	4	PA; MO
<i>tretinoin topical</i>	2	PA; MO
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical</i>	2	MO
<i>mafénide acetate</i>	2	MO
<i>mupirocin</i>	2	MO; QL (44 per 30 days)
<i>sulfacetamide sodium (acne)</i>	2	MO
SULFAMYLYON TOPICAL CREAM	3	MO
TOPICAL ANTIFUNGALS		
<i>ciclodan topical solution</i>	2	MO
<i>ciclopirox topical cream</i>	2	MO; QL (90 per 28 days)
<i>ciclopirox topical gel</i>	2	MO; QL (45 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>ciclopirox topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	2	MO
<i>ciclopirox topical suspension</i>	2	MO; QL (60 per 28 days)
<i>clotrimazole topical cream</i>	2	MO; QL (45 per 28 days)
<i>clotrimazole topical solution</i>	2	MO; QL (30 per 28 days)
<i>clotrimazole- betamethasone topical cream</i>	2	MO; QL (45 per 28 days)
<i>clotrimazole- betamethasone topical lotion</i>	2	MO; QL (60 per 28 days)
<i>econazole</i>	2	MO; QL (85 per 28 days)
KERYDIN	4	MO
<i>ketoconazole topical cream</i>	2	MO; QL (60 per 28 days)
<i>ketoconazole topical foam</i>	2	MO; QL (100 per 28 days)
<i>ketoconazole topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>ketodan</i>	2	MO; QL (100 per 28 days)
<i>naftifine</i>	4	MO; QL (60 per 28 days)
NAFTIN TOPICAL GEL 2 %	4	MO; QL (60 per 28 days)
<i>nyamyc</i>	2	MO
<i>nystatin topical cream</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	2	MO; QL (30 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>nystatin topical powder</i>	2	
<i>nystatin-triamcinolone</i>	2	MO; QL (60 per 28 days)
<i>nystop</i>	2	MO
<i>oxiconazole</i>	4	MO; QL (60 per 28 days)
<i>tavaborole</i>	4	MO
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream</i>	4	PA; MO; QL (5 per 30 days)
<i>acyclovir topical ointment</i>	4	PA; MO; QL (30 per 30 days)
<i>DENAVIR</i>	5	MO
<i>XERESE</i>	4	MO
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	2	MO
<i>ala-cort topical cream 2.5 %</i>	2	
<i>alclometasone</i>	2	MO
<i>betamethasone dipropionate</i>	2	MO
<i>betamethasone valerate</i>	2	MO
<i>betamethasone, augmented</i>	2	MO
<i>CAPEX</i>	4	MO
<i>clobetasol scalp</i>	2	MO; QL (100 per 28 days)
<i>clobetasol topical cream</i>	2	MO; QL (120 per 28 days)
<i>clobetasol topical foam</i>	2	MO; QL (100 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>clobetasol topical gel</i>	2	MO; QL (120 per 28 days)
<i>clobetasol topical lotion</i>	2	MO; QL (118 per 28 days)
<i>clobetasol topical ointment</i>	2	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	2	MO; QL (236 per 28 days)
<i>clobetasol topical spray,non-aerosol</i>	2	MO; QL (125 per 28 days)
<i>clobetasol-emollient topical cream</i>	2	MO; QL (120 per 28 days)
<i>clobetasol-emollient topical foam</i>	2	MO; QL (100 per 28 days)
<i>clodan</i>	2	MO; QL (236 per 28 days)
<i>desonide</i>	4	MO
<i>desrx</i>	4	
<i>fluocinolone</i>	2	MO
<i>fluocinolone and shower cap</i>	2	MO
<i>fluocinonide topical cream 0.05 %</i>	2	MO; QL (120 per 30 days)
<i>fluocinonide topical gel</i>	2	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment</i>	2	MO; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	2	MO; QL (120 per 30 days)
<i>fluocinonide-e</i>	2	QL (120 per 30 days)
<i>halobetasol propionate topical cream</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>halobetasol propionate topical ointment</i>	2	MO
<i>hydrocortisone butyrate topical lotion</i>	4	MO; QL (118 per 30 days)
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone topical lotion 2.5 %</i>	2	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	MO
<i>mometasone topical</i>	2	MO
<i>prednicarbate</i>	2	MO
<i>tovet emollient</i>	2	MO; QL (100 per 28 days)
<i>triamcinolone acetonide topical aerosol</i>	2	MO; QL (126 per 28 days)
<i>triamcinolone acetonide topical cream</i>	2	MO
<i>triamcinolone acetonide topical lotion</i>	2	MO
<i>triamcinolone acetonide topical ointment</i>	2	MO
<i>triderm topical cream</i>	2	MO
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	2	MO
<i>ivermectin topical lotion</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>lindane topical shampoo</i>	2	MO
<i>malathion</i>	2	MO
<i>permethrin</i>	2	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
<i>acetylcysteine intravenous</i>	2	
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</i>	2	MO
<i>neomycin-polymyxin b gu</i>	2	MO
<i>ringer's irrigation</i>	2	MO
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	4	MO
<i>acetic acid irrigation</i>	2	MO
<i>anagrelide</i>	2	MO
<i>ARALAST NP</i>	5	MO; LA
<i>caffeine citrate intravenous</i>	2	
<i>caffeine citrate oral</i>	2	MO
<i>CARBAGLU</i>	5	PA; MO; LA
<i>cevimeline</i>	2	MO
<i>CHEMET</i>	3	PA
<i>CLINIMIX 4.25%/D5W SULFIT FREE</i>	4	B/D PA
<i>d10 %-0.45 % sodium chloride</i>	2	
<i>d2.5 %-0.45 % sodium chloride</i>	2	

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Drug Name	Drug Tier	Requirements /Limits
<i>d5 % and 0.9 % sodium chloride</i>	2	MO
<i>d5 %-0.45 % sodium chloride</i>	2	MO
<i>deferasirox</i>	5	PA; MO
<i>deferiprone</i>	5	PA; MO
<i>deferoxamine</i>	2	B/D PA; MO
<i>dextrose 10 % and 0.2 % nacl</i>	2	
<i>dextrose 10 % in water (d10w)</i>	2	
<i>dextrose 25 % in water (d25w)</i>	2	
<i>dextrose 30 % in water (d30w)</i>	2	
<i>dextrose 5 % in water (d5w)</i>	2	MO
<i>dextrose 5 %-lactated ringers</i>	2	MO
<i>dextrose 5%-0.2 % sod chloride</i>	2	
<i>dextrose 5%-0.3 % sod.chloride</i>	2	
<i>dextrose 50 % in water (d50w)</i>	2	MO
<i>dextrose 70 % in water (d70w)</i>	2	
<i>disulfiram oral tablet 250 mg</i>	2	MO
<i>disulfiram oral tablet 500 mg</i>	2	
<i>droxidopa</i>	5	PA; MO
FERRIPROX	5	PA
FERRIPROX (2 TIMES A DAY)	5	PA

Drug Name	Drug Tier	Requirements /Limits
<i>INCRELEX</i>	5	MO; LA
<i>lanthanum</i>	4	MO
<i>levocarnitine (with sugar)</i>	2	MO
<i>levocarnitine oral solution 100 mg/ml</i>	2	MO
<i>levocarnitine oral tablet</i>	2	MO
LOKELMA	3	MO
<i>midodrine</i>	2	MO
<i>nitisinone</i>	5	PA; MO
NORTHERA	5	PA; MO
ORFADIN ORAL CAPSULE 20 MG	5	PA; LA
ORFADIN ORAL SUSPENSION	5	PA; LA
<i>pilocarpine hcl oral</i>	2	MO
PROLASTIN-C	5	LA
RAVICTI	5	PA; MO
REVCovi	5	PA; LA
<i>riluzole</i>	2	PA; MO
<i>risedronate oral tablet 30 mg</i>	2	MO; QL (30 per 30 days)
<i>sevelamer carbonate oral powder in packet</i>	5	MO
<i>sevelamer carbonate oral tablet</i>	2	MO
<i>sevelamer hcl oral tablet 400 mg</i>	2	MO
<i>sevelamer hcl oral tablet 800 mg</i>	2	
<i>sodium benzoate-sod phenylacet</i>	5	

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Drug Name	Drug Tier	Requirements /Limits
sodium chloride 0.9 % intravenous	2	MO
sodium chloride irrigation	2	MO
sodium phenylbutyrate oral powder	5	PA; MO
sodium phenylbutyrate oral tablet	5	PA
sodium polystyrene sulfonate oral powder	2	MO
sps (with sorbitol) oral	2	MO
sps (with sorbitol) rectal	2	
THIOLA	5	
THIOLA EC	5	
trientine	5	PA; MO
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML	5	PA; MO
VELTASSA	3	MO
water for irrigation, sterile	2	MO
XIAFLEX	5	PA
XURIDEN	5	PA
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	2	PA; MO

SMOKING DETERRENTS

Drug Name	Drug Tier	Requirements /Limits
bupropion hcl (smoking deter)	2	MO
CHANTIX	4	MO
CHANTIX CONTINUING MONTH BOX	4	MO
CHANTIX STARTING MONTH BOX	4	MO
NICOTROL	4	MO
NICOTROL NS	4	MO
VARENICLINE	4	MO

EAR, NOSE / THROAT MEDICATIONS

MISCELLANEOUS AGENTS

azelastine nasal	2	MO; QL (60 per 30 days)
chlorhexidine gluconate mucous membrane	1	MO
denta 5000 plus	2	MO
dentagel	2	MO
fluoride (sodium) dental cream	2	
fluoride (sodium) dental gel	2	MO
fluoride (sodium) dental paste	2	MO
ipratropium bromide nasal	2	MO; QL (30 per 30 days)
olopatadine nasal	2	MO; QL (30.5 per 30 days)
oralone	2	MO
paroex oral rinse	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>periogard</i>	1	MO
PREVIDENT 5000 BOOSTER PLUS	4	MO
<i>sf</i>	2	MO
<i>sf 5000 plus</i>	2	MO
<i>sodium fluoride 5000 dry mouth</i>	2	
<i>sodium fluoride 5000 plus</i>	2	
<i>sodium fluoride-pot nitrate</i>	2	MO
<i>triamcinolone acetonide dental</i>	2	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	2	MO
<i>ciprofloxacin hcl otic (ear)</i>	4	MO
<i>flac otic oil</i>	2	
<i>fluocinolone acetonide oil</i>	2	MO
<i>hydrocortisone- acetic acid</i>	2	MO
<i>ofloxacin otic (ear)</i>	2	MO
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin- dexamethasone</i>	2	MO
<i>neomycin- polymyxin-hc otic (ear)</i>	2	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>decadron oral tablet 0.5 mg</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>dexamethasone intensol</i>	2	MO
<i>dexamethasone oral elixir</i>	2	MO
<i>dexamethasone oral solution</i>	2	MO
<i>dexamethasone oral tablet</i>	1	MO
<i>dexamethasone oral tablets,dose pack</i>	4	MO
<i>dexamethasone sodium phos (pf) injection solution</i>	2	MO
<i>dexamethasone sodium phosphate injection</i>	2	MO
<i>fludrocortisone</i>	1	MO
<i>hydrocortisone oral</i>	2	MO
<i>methylprednisolone acetate</i>	2	MO
<i>methylprednisolone oral tablet</i>	2	B/D PA; MO
<i>methylprednisolone oral tablets,dose pack</i>	2	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	MO
<i>methylprednisolone sodium succ intravenous</i>	2	MO
<i>millipred oral tablet</i>	4	B/D PA; MO
<i>prednisolone oral solution</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>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), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>	2	
<i>prednisone intensol</i>	2	B/D PA; MO
<i>prednisone oral solution</i>	2	MO
<i>prednisone oral tablet</i>	1	B/D PA; MO
<i>prednisone oral tablets, dose pack</i>	1	MO
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	2	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil</i>	2	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)
<i>ALCOHOL PADS</i>	3	

Drug Name	Drug Tier	Requirements /Limits
<i>APIDRA SOLOSTAR U-100 INSULIN</i>	4	ST; MO
<i>APIDRA U-100 INSULIN</i>	4	ST; MO
<i>BAQSIMI</i>	3	MO
<i>BD AUTOSHIELD DUO PEN NEEDLE</i>	3	MO
<i>BD INSULIN SYRINGE (HALF UNIT)</i>	3	MO
<i>BD INSULIN SYRINGE U-500</i>	3	MO
<i>BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2"</i>	3	MO
<i>BD NANO 2ND GEN PEN NEEDLE</i>	3	MO
<i>BD ULTRA-FINE MICRO PEN NEEDLE</i>	3	MO
<i>BD ULTRA-FINE MINI PEN NEEDLE</i>	3	MO
<i>BD ULTRA-FINE NANO PEN NEEDLE</i>	3	MO
<i>BD ULTRA-FINE SHORT PEN NEEDLE</i>	3	MO
<i>BD VEO INSULIN SYR (HALF UNIT)</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
BD VEO INSULIN SYRINGE UF	3	MO	DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 1	3	
BYDUREON BCISE	3	PA; MO; QL (4 per 28 days)	ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1		
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	3	PA; MO; QL (2.4 per 30 days)	ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16", 1		
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	PA; MO; QL (1.2 per 30 days)	ML 31 GAUGE X 15/64"		
CYCLOSET	4	MO; QL (180 per 30 days)	DROPLET	3	MO
<i>diazoxide</i>	2	MO	INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 1		
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5ML 30 GAUGE X 15/64"	3		ML 31 GAUGE X 5/16		
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 31 GAUGE X 5/16"	3	MO	DROPLET MICRON PEN NEEDLE	3	MO
			DROPLET PEN NEEDLE 29	3	MO
			GAUGE X 1/2", 29		
			GAUGE X 3/8", 31		
			GAUGE X 1/4", 31		
			GAUGE X 3/16", 31		
			GAUGE X 5/16", 32		
			GAUGE X 1/4", 32		
			GAUGE X 3/16", 32		
			GAUGE X 5/16", 32		
			GAUGE X 5/32"		
			DROPSAFE PEN NEEDLE	3	MO

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Drug Name	Drug Tier	Requirements /Limits
FARXIGA ORAL TABLET 10 MG	3	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	3	MO; QL (60 per 30 days)
GAUZE PADS 2 X 2	3	
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 per 30 days)
<i>glucagon emergency kit (human)</i>	3	MO
GVOKE HYPOPEN 1-PACK	3	MO
GVOKE HYPOPEN 2-PACK	3	MO

Drug Name	Drug Tier	Requirements /Limits
GVOKE PFS 1-PACK SYRINGE	3	MO
GVOKE PFS 2-PACK SYRINGE	3	MO
HUMALOG JUNIOR KWIKPEN U-100	3	MO
HUMALOG KWIKPEN INSULIN	3	MO
HUMALOG MIX 50-50 INSULN U-100	3	MO
HUMALOG MIX 50-50 KWIKPEN	3	MO
HUMALOG MIX 75-25 KWIKPEN	3	MO
HUMALOG MIX 75-25(U-100)INSULN	3	MO
HUMALOG U-100 INSULIN	3	MO
HUMULIN 70/30 U-100 INSULIN	3	MO
HUMULIN 70/30 U-100 KWIKPEN	3	MO
HUMULIN N NPH INSULIN KWIKPEN	3	MO
HUMULIN N NPH U-100 INSULIN	3	MO
HUMULIN R REGULAR U-100 INSULN	3	MO
HUMULIN R U-500 (CONC) INSULIN	3	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
HUMULIN R U-500 (CONC) KWIKPEN	3	MO	JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	4	ST; MO; QL (60 per 30 days)
INSULIN PEN NEEDLE	3	MO	JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	4	ST; MO; QL (30 per 30 days)
INSULIN SYRINGE- NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1/2 ML 28 GAUGE	3		KAZANO	4	ST; MO; QL (60 per 30 days)
INSULIN SYRINGE- NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2"	3	MO	KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	3	MO; QL (60 per 30 days)
INVOKAMET	3	MO; QL (60 per 30 days)	KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	3	MO; QL (30 per 30 days)
INVOKAMET XR	3	MO; QL (60 per 30 days)	LANTUS SOLOSTAR U-100 INSULIN	3	MO
INVOKANA	3	MO; QL (30 per 30 days)	LANTUS U-100 INSULIN	3	MO
JANUMET	3	MO; QL (60 per 30 days)	LYUMJEV KWIKPEN U-100 INSULIN	3	MO
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	MO; QL (30 per 30 days)	LYUMJEV KWIKPEN U-200 INSULIN	3	MO
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	MO; QL (60 per 30 days)	LYUMJEV U-100 INSULIN	3	MO
JANUVIA	3	MO; QL (30 per 30 days)	<i>metformin oral solution</i>	2	MO; QL (765 per 30 days)
JENTADUETO	4	ST; MO; QL (60 per 30 days)	<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (60 per 30 days)
<i>miglitol oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>miglitol oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
<i>miglitol oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)
<i>nateglinide oral tablet 120 mg</i>	2	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	2	MO; QL (180 per 30 days)
NEEDLES, INSULIN DISP.,SAFETY	3	MO
NESINA	4	ST; MO; QL (30 per 30 days)
NOVOFINE 32	3	MO
NOVOFINE PLUS	3	MO
NOVOLOG FLEXPEN U-100 INSULIN	4	ST; MO
NOVOLOG MIX 70-30 U-100 INSULIN	4	ST; MO
NOVOLOG MIX 70-30FLEXPEN U-100	4	ST; MO

Drug Name	Drug Tier	Requirements /Limits
NOVOLOG	4	ST; MO
PENFILL U-100		
INSULIN		
NOVOLOG U-100	4	ST; MO
INSULIN ASPART		
NOVOTWIST	3	MO
OMNIPOD DASH 5	3	MO
PACK POD		
OMNIPOD	3	MO
INSULIN		
MANAGEMENT		
OMNIPOD	3	MO
INSULIN REFILL		
ONGLYZA	3	MO; QL (30 per 30 days)
OZEMPIC	3	PA; MO; QL (1.5 per 28 days)
SUBCUTANEOUS		
PEN INJECTOR		
0.25 MG OR 0.5		
MG(2 MG/1.5 ML)		
OZEMPIC	3	PA; QL (3 per 28 days)
SUBCUTANEOUS		
PEN INJECTOR 1		
MG/DOSE (2		
MG/1.5 ML)		
OZEMPIC	3	PA; MO; QL (3 per 28 days)
SUBCUTANEOUS		
PEN INJECTOR 1		
MG/DOSE (4 MG/3		
ML)		
pioglitazone	1	MO; QL (30 per 30 days)
pioglitazone-	2	MO; QL (30 per 30 days)
glimepiride		
pioglitazone-	2	MO; QL (90 per 30 days)
metformin		
QTERN	3	MO; QL (30 per 30 days)

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This drug list was last updated on 11/22/2021.

Drug Name	Drug Tier	Requirements /Limits
<i>repaglinide oral tablet 0.5 mg</i>	2	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	2	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	MO; QL (240 per 30 days)
RYBELSUS	3	PA; MO; QL (30 per 30 days)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	3	MO; QL (60 per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	3	MO; QL (120 per 30 days)
SOLIQUA 100/33	3	MO; QL (90 per 30 days)
STEGLATRO	3	MO; QL (30 per 30 days)
SYMLINPEN 120	5	PA; MO; QL (10.8 per 30 days)
SYMLINPEN 60	5	PA; MO; QL (6 per 30 days)
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2"	3	

Drug Name	Drug Tier	Requirements /Limits
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	3	MO
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	3	
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64"	3	MO
TECHLITE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	3	MO
TOUJEO MAX U-300 SOLOSTAR	3	MO
TOUJEO SOLOSTAR U-300 INSULIN	3	MO

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This drug list was last updated on 11/22/2021.

Drug Name	Drug Tier	Requirements /Limits
TRADJENTA	4	ST; MO; QL (30 per 30 days)
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	3	
TRUEPLUS INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	3	MO
TRUEPLUS PEN NEEDLE	3	MO
TRULICITY	3	PA; MO; QL (2 per 28 days)
V-GO 20	3	MO
V-GO 30	3	MO
V-GO 40	3	MO
VICTOZA 2-PAK	3	PA; MO; QL (9 per 30 days)
VICTOZA 3-PAK	3	PA; MO; QL (9 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5- 500 MG	3	MO; QL (60 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME	5	PA; MO
ANDRODERM	3	PA; MO; QL (30 per 30 days)
<i>cabergoline</i>	2	MO
<i>calcitonin (salmon) injection</i>	5	MO
<i>calcitonin (salmon) nasal</i>	2	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	
<i>calcitriol oral capsule</i>	2	MO
<i>calcitriol oral solution</i>	2	
CERDELGA	5	PA; MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PA; MO
<i>cinacalcet oral tablet 30 mg</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>cinacalcet oral tablet 60 mg, 90 mg</i>	5	MO
<i>clomiphene citrate</i>	2	PA; MO
CRYSVITA	5	PA; MO; LA
<i>danazol</i>	4	MO
DDAVP NASAL SOLUTION	3	MO
<i>desmopressin injection</i>	2	MO
<i>desmopressin nasal spray with pump</i>	2	MO
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	2	
<i>desmopressin oral</i>	2	MO
<i>doxercalciferol intravenous</i>	2	
<i>doxercalciferol oral</i>	2	MO
ELAPRASE	5	PA; MO
FABRAZYME	5	PA; MO
KANUMA	5	PA; MO
KORLYM	5	PA
KUVAN	5	PA; MO
LUMIZYME	5	PA; MO
MEPSEVII	5	PA; MO
<i>methyltestosterone oral capsule</i>	5	MO
MIACALCIN INJECTION	5	MO
<i>miglustat</i>	5	PA; MO; LA
MYALEPT	5	PA; MO; LA
NAGLAZYME	5	PA; MO; LA
NATPARA	5	PA; MO; LA

Drug Name	Drug Tier	Requirements /Limits
<i>oxandrolone oral tablet 10 mg</i>	5	PA; MO
<i>oxandrolone oral tablet 2.5 mg</i>	2	PA; MO
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	5	PA; MO; LA; QL (15 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	5	PA; MO; LA; QL (4 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; MO; LA; QL (60 per 30 days)
<i>pamidronate intravenous solution</i>	2	MO
<i>paricalcitol intravenous solution 2 mcg/ml</i>	2	
<i>paricalcitol intravenous solution 5 mcg/ml</i>	2	MO
<i>paricalcitol oral</i>	4	MO
SAMSCA ORAL TABLET 15 MG	5	PA; MO
<i>sapropterin</i>	5	PA; MO
SOMAVERT	5	PA; MO
STRENSIQ	5	PA; LA
SYNAREL	5	MO
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	2	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	2	PA
<i>testosterone enanthate</i>	2	PA; MO
<i>testosterone transdermal gel</i>	2	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	2	PA; MO; QL (120 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	2	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	2	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	2	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	2	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	2	PA; MO; QL (180 per 30 days)
<i>tolvaptan oral tablet 30 mg</i>	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>VIMIZIM</i>	5	PA; MO; LA
<i>zoledronic acid intravenous solution</i>	2	B/D PA; MO
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	2	B/D PA; MO
THYROID HORMONES		
<i>euthyrox</i>	1	MO
<i>levo-t</i>	1	
<i>levothyroxine intravenous recon soln</i>	2	MO
<i>levothyroxine oral tablet</i>	1	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
<i>liothyronine</i>	2	MO
<i>unithroid</i>	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>atropine injection solution 0.4 mg/ml</i>	2	
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	2	
<i>dicyclomine intramuscular</i>	2	MO
<i>dicyclomine oral capsule</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>dicyclomine oral solution</i>	2	MO
<i>dicyclomine oral tablet</i>	2	MO
<i>diphenoxylate-atropine</i>	2	MO
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	2	
<i>glycopyrrolate injection</i>	2	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	MO
<i>loperamide oral capsule</i>	2	MO
<i>opium tincture</i>	2	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron</i>	5	MO
<i>aprepitant</i>	4	B/D PA; MO
<i>balsalazide</i>	2	MO
<i>budesonide oral capsule,delayed,extnd.release</i>	4	MO
<i>budesonide oral tablet,delayed and ext.release</i>	5	
<i>CHENODAL</i>	5	PA; LA
<i>CHOLBAM ORAL CAPSULE 250 MG</i>	5	PA
<i>CHOLBAM ORAL CAPSULE 50 MG</i>	5	PA; QL (120 per 30 days)
<i>CIMZIA</i>	5	PA; MO; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>CIMZIA POWDER FOR RECONST</i>	5	PA; MO; QL (2 per 28 days)
<i>CIMZIA STARTER KIT</i>	5	PA; MO; QL (3 per 28 days)
<i>CINVANTI</i>	3	MO
<i>compro</i>	2	MO
<i>constulose</i>	2	MO
<i>CORTIFOAM</i>	3	MO
<i>CREON</i>	3	MO
<i>cromolyn oral</i>	4	MO
<i>CYSTADANE</i>	5	
<i>dimenhydrinate injection solution</i>	2	MO
<i>DIPENTUM</i>	5	MO
<i>doxylamine-pyridoxine (vit b6)</i>	4	MO
<i>dronabinol oral capsule 10 mg</i>	2	B/D PA; MO
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	4	B/D PA; MO
<i>droperidol injection solution</i>	2	MO
<i>EMEND ORAL SUSPENSION FOR RECONSTITUTION</i>	4	B/D PA
<i>ENTYVIO</i>	5	PA; MO; QL (2 per 28 days)
<i>enulose</i>	2	MO
<i>fosaprepitant</i>	2	MO
<i>GATTEX 30-VIAL</i>	5	PA; MO
<i>GATTEX ONE-VIAL</i>	5	PA; MO
<i>gavilyte-c</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>gavilyte-g</i>	2	MO
<i>gavilyte-n</i>	2	MO
<i>generlac</i>	2	MO
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	2	MO
<i>granisetron hcl intravenous</i>	2	MO
<i>granisetron hcl oral</i>	2	B/D PA; MO
<i>hydrocortisone rectal</i>	2	MO
<i>hydrocortisone topical cream with perineal applicator</i>	2	MO
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	4	MO
<i>lactulose oral solution 10 gram/15 ml</i>	2	MO
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	2	
<i>LINZESS</i>	3	MO; QL (30 per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO
<i>mesalamine oral capsule (with del rel tablets)</i>	2	MO
<i>mesalamine oral capsule,extended release 24hr</i>	2	MO
<i>mesalamine oral tablet,delayed release (dr/ec)</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>mesalamine rectal enema</i>	2	MO
<i>mesalamine rectal suppository</i>	4	MO
<i>mesalamine with cleansing wipe</i>	2	MO
<i>metoclopramide hcl injection solution</i>	2	MO
<i>metoclopramide hcl injection syringe</i>	2	
<i>metoclopramide hcl oral solution</i>	2	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
<i>metoclopramide hcl oral tablet,disintegrating</i>	4	MO
<i>MOTEGRITY</i>	4	ST; MO; QL (30 per 30 days)
<i>MOVANTIK</i>	3	MO; QL (30 per 30 days)
<i>OCALIVA</i>	5	PA; MO; LA; QL (30 per 30 days)
<i>ondansetron</i>	2	B/D PA; MO
<i>ondansetron hcl (pf)</i>	2	MO
<i>ondansetron hcl intravenous</i>	2	MO
<i>ondansetron hcl oral solution</i>	2	B/D PA; MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA; MO
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>palonosetron intravenous syringe</i>	2	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	MO
<i>peg3350-sod sulf-nacl-kcl-asb-c</i>	4	MO
<i>peg-electrolyte</i>	2	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	5	MO
<i>polyethylene glycol 3350 oral powder</i>	2	MO
<i>prochlorperazine</i>	2	MO
<i>prochlorperazine edisylate</i>	2	MO
<i>prochlorperazine maleate oral</i>	1	MO
<i>procto-med hc</i>	2	MO
<i>procto-pak</i>	2	MO
<i>proctosol hc topical</i>	2	MO
<i>proctozone-hc</i>	2	MO
RECTIV	3	MO
RELISTOR SUBCUTANEOUS SOLUTION	5	MO
RELISTOR SUBCUTANEOUS SYRINGE	5	MO

Drug Name	Drug Tier	Requirements /Limits
REMICADE	5	PA; MO; QL (20 per 28 days)
SANCUSO	5	MO
<i>scopolamine base</i>	2	MO
SUCRAID	5	PA
<i>sulfasalazine</i>	2	MO
SUPREP BOWEL PREP KIT	3	MO
SYMPROIC	3	MO
TRULANCE	3	MO
<i>ursodiol oral capsule 300 mg</i>	2	MO
<i>ursodiol oral tablet</i>	2	MO
VARUBI ORAL	3	B/D PA
VIBERZI	5	MO; QL (60 per 30 days)
VIOKACE	3	MO
ZENPEP ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	3	MO
ULCER THERAPY		

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Drug Name	Drug Tier	Requirements /Limits
cimetidine	2	MO
cimetidine hcl oral	2	MO
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEASE 30 MG	4	MO; QL (30 per 30 days)
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEASE 60 MG	4	MO
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	2	MO; QL (30 per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	2	MO
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg	2	MO; QL (30 per 30 days)
esomeprazole magnesium oral granules dr for susp in packet 40 mg	2	MO
esomeprazole sodium intravenous recon soln 40 mg	2	MO
famotidine (pf)	2	MO
famotidine (pf)-nacl (iso-os)	2	MO
famotidine intravenous solution	2	MO
famotidine oral suspension	2	MO

Drug Name	Drug Tier	Requirements /Limits
famotidine oral tablet 20 mg, 40 mg	1	MO
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	2	MO; QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	2	MO
misoprostol	2	MO
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	3	MO; QL (30 per 30 days)
nizatidine oral capsule	2	
nizatidine oral solution	4	MO
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg	1	MO; QL (30 per 30 days)
omeprazole oral capsule,delayed release(dr/ec) 40 mg	1	MO
pantoprazole intravenous	2	MO
pantoprazole oral granules dr for susp in packet	4	MO
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1	MO; QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1	MO

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Drug Name	Drug Tier	Requirements /Limits
sucralfate	2	MO
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	5	B/D PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML, 60 MCG/ML	5	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	4	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML	4	PA; MO
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	5	PA; MO
ARCALYST	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; MO; QL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; MO; QL (4 per 28 days)
BETASERON SUBCUTANEOUS KIT	5	PA; MO; QL (14 per 28 days)
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA; MO
EPOGEN INJECTION SOLUTION 20,000 UNIT/ML	5	PA; MO
ILARIS (PF)	5	PA; MO; LA; QL (2 per 28 days)
INTRON A INJECTION	5	B/D PA; MO
LEUKINE INJECTION RECON SOLN	5	PA; MO
MOZOBIL	5	B/D PA; MO
NIVESTYM	5	PA; MO
NYVEPRIA	5	PA; MO
OMNITROPE	5	PA; MO
PEGASYS SUBCUTANEOUS SOLUTION	5	MO; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
PEGASYS SUBCUTANEOUS SYRINGE	5	MO; QL (2 per 28 days)
PLEGRIDY INTRAMUSCULAR	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO
REBIF (WITH ALBUMIN)	5	PA; MO; QL (6 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; MO; QL (4.2 per 180 days)
REBIF TITRATION PACK	5	PA; MO; QL (4.2 per 180 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
RETACRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO
ZARXIO	5	PA; MO
ZIEXTENZO	5	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	3	MO
ADACEL(TDAP ADOLESN/ADULT (PF)	3	MO
BCG VACCINE, LIVE (PF)	3	MO
BEXSERO	3	MO
BOOSTRIX TDAP	3	MO

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This drug list was last updated on 11/22/2021.

Drug Name	Drug Tier	Requirements /Limits
BOTOX	3	PA; MO
DAPTACEL (DTAP PEDIATRIC) (PF)	3	MO
ENGERIX-B (PF)	3	B/D PA; MO
ENGERIX-B PEDIATRIC (PF)	3	B/D PA; MO
<i>fomepizole</i>	2	
GAMASTAN	3	MO
GAMASTAN S/D	3	
GARDASIL 9 (PF)	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
HIBERIX (PF)	3	MO
HIZENTRA	5	B/D PA; MO
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML	3	
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML (5 ML)	3	MO
HYPERHEP B INTRAMUSCULAR SYRINGE	3	
HYPERHEP B NEONATAL	3	
HYQVIA	5	B/D PA; MO
IMOVAR RABIES VACCINE (PF)	3	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3	MO
IPOL	3	

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

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Drug Name	Drug Tier	Requirements /Limits
ROTATEQ VACCINE	3	MO
SHINGRIX (PF)	3	MO
STAMARIL (PF)	3	
TDVAX	3	MO
TENIVAC (PF)	3	MO
TETANUS,DIPHTHERIA TOX PED(PF)	3	MO
TICE BCG	3	B/D PA; MO
TRUMENBA	3	MO
TWINRIX (PF)	3	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SYRINGE	3	MO
VAQTA (PF)	3	MO
VARIVAX (PF)	3	
VARIZIG	3	MO
YF-VAX (PF)	3	
ZOSTAVAX (PF)	3	
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
allopurinol	1	MO
allopurinol sodium	2	
aloprim	2	
colchicine oral tablet	2	MO
febuxostat	2	MO
KRYSTEXXA	5	MO

Drug Name	Drug Tier	Requirements /Limits
MITIGARE	3	MO
<i>probencid</i>	2	MO
<i>probencid-colchicine</i>	2	MO
OSTEOPOROSIS THERAPY		
<i>alendronate oral solution</i>	2	MO; QL (1286 per 30 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
FOSAMAX PLUS D	4	ST; MO; QL (4 per 28 days)
<i>ibandronate intravenous</i>	2	PA; MO
<i>ibandronate oral</i>	2	MO; QL (1 per 30 days)
PROLIA	3	PA; MO; QL (1 per 180 days)
<i>raloxifene</i>	2	MO
<i>risedronate oral tablet 150 mg</i>	2	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg (4 pack)</i>	2	QL (4 per 28 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack)</i>	2	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	2	MO; QL (30 per 30 days)
<i>risedronate oral tablet,delayed release (dr/ec)</i>	2	MO; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
TERIPARATIDE	5	PA; MO; QL (2.48 per 28 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA	5	PA; MO; QL (3.6 per 28 days)
ACTPEN		
ACTEMRA INTRAVENOUS	5	PA; MO; QL (160 per 28 days)
ACTEMRA SUBCUTANEOUS	5	PA; MO; QL (3.6 per 28 days)
BENLYSTA	5	PA; MO
ENBREL MINI	5	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	5	PA; MO; QL (16 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	5	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	5	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK	5	PA; MO; QL (8 per 28 days)
HUMIRA PEN	5	PA; MO; QL (4 per 28 days)
HUMIRA PEN CROHNS-UC-HS START	5	PA; MO; QL (6 per 180 days)
HUMIRA PEN PSOR-UVEITS- ADOL HS	5	PA; MO; QL (4 per 180 days)

Drug Name	Drug Tier	Requirements /Limits
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; MO; QL (2 per 180 days)
HUMIRA(CF) PEN CROHNS-UC-HS	5	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEN PEDIATRIC UC	5	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA; MO; QL (3 per 180 days)
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; MO; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PA; MO; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)
<i>leflunomide</i>	2	MO; QL (30 per 30 days)
ORENCIA (WITH MALTOSA)	5	PA; MO; QL (12 per 28 days)
ORENCIA CLICKJECT	5	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; MO; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; MO; QL (2.8 per 28 days)
OTEZLA	5	PA; MO; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (4)-30 MG (47)	5	PA; MO; QL (55 per 28 days)
<i>penicillamine</i>	5	PA; MO
RIDAURA	5	MO
RINVOQ	5	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
SAVELLA ORAL TABLET	3	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	3	MO; QL (55 per 30 days)
SIMPONI ARIA	5	PA; MO; QL (64 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	5	PA; MO; QL (3 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	5	PA; MO; QL (0.5 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; MO; QL (3 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	5	PA; MO; QL (0.5 per 28 days)
XELJANZ ORAL SOLUTION	5	PA; MO; QL (300 per 30 days)
XELJANZ ORAL TABLET	5	PA; MO; QL (60 per 30 days)
XELJANZ XR	5	PA; MO; QL (30 per 30 days)

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

<i>amabelz</i>	2	PA; MO
<i>camila</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
CRINONE VAGINAL GEL 4 %	4	MO
CRINONE VAGINAL GEL 8 %	4	PA; MO
<i>deblitane</i>	2	MO
DEPO-SUBQ PROVERA 104	4	MO
<i>dotti</i>	2	PA; MO; QL (8 per 28 days)
DUAVEE	3	MO
<i>errin</i>	2	MO
<i>estradiol oral</i>	4	PA; MO
<i>estradiol transdermal patch semiweekly</i>	2	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	2	PA; QL (4 per 28 days)
<i>estradiol vaginal</i>	2	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	MO
<i>estradiol-norethindrone acet</i>	2	PA; MO
ESTRING	3	MO
<i>fyavolv</i>	4	PA; MO
<i>heather</i>	2	MO
<i>hydroxyprogesterone caproate</i>	5	
<i>incassia</i>	2	MO
<i>jencycla</i>	2	MO
<i>jinteli</i>	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>lyllana</i>	2	PA; MO; QL (8 per 28 days)
<i>lyza</i>	2	
<i>medroxyprogesterone</i>	2	MO
MENEST	3	PA; MO
<i>mimvey</i>	2	PA; MO
<i>nora-be</i>	2	MO
<i>norethindrone (contraceptive)</i>	2	
<i>norethindrone acetate</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	4	PA
<i>norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg</i>	4	PA; MO
<i>norlyda</i>	2	MO
PREMARIN ORAL	3	MO
PREMARIN VAGINAL	3	MO
PREMPHASE	3	MO
PREMPRO	3	MO
<i>progesterone</i>	2	MO
<i>progesterone micronized</i>	2	MO
<i>sharobel</i>	2	MO
<i>tulana</i>	2	MO
<i>yuvafem</i>	2	MO
MISCELLANEOUS OB/GYN		
CLEOCIN VAGINAL SUPPOSITORY	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>clindamycin phosphate vaginal</i>	2	MO
<i>eluryng</i>	2	MO
<i>etonogestrel-ethinyl estradiol</i>	2	
<i>metronidazole vaginal</i>	2	MO
<i>mifepristone</i>	2	LA
MIRENA	3	LA
NEXPLANON	4	
<i>terconazole</i>	2	MO
<i>tranexamic acid oral</i>	2	MO
<i>vandazole</i>	2	MO
<i>xulane</i>	2	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>altavera (28)</i>	2	MO
<i>alyacen 1/35 (28)</i>	2	MO
<i>alyacen 7/7/7 (28)</i>	2	MO
<i>amethyst (28)</i>	2	MO
<i>apri</i>	2	MO
<i>aranelle (28)</i>	2	MO
<i>aubra</i>	2	
<i>aubra eq</i>	2	MO
<i>aviane</i>	2	MO
<i>azurette (28)</i>	2	MO
<i>camrese</i>	2	MO
<i>caziant (28)</i>	2	MO
<i>cryselle (28)</i>	2	MO
<i>cyclafem 1/35 (28)</i>	2	MO
<i>cyclafem 7/7/7 (28)</i>	2	MO
<i>cyred</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>cyred eq</i>	2	MO
<i>dasetta 1/35 (28)</i>	2	MO
<i>dasetta 7/7/7 (28)</i>	2	MO
<i>daysee</i>	2	MO
<i>desog-e.estriadiol/e.estriadol</i>	2	
<i>desogestrel-ethinyl estradiol</i>	2	
<i>drospirenone-e.estriadiol-lm,fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	4	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	2	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	2	
<i>elinest</i>	2	MO
<i>emoquette</i>	2	MO
<i>enpresse</i>	2	MO
<i>enskyce</i>	2	MO
<i>estarrylla</i>	2	MO
<i>ethynodiol diac-eth estradiol</i>	2	
<i>falmina (28)</i>	2	MO
<i>femynor</i>	2	MO
<i>introvale</i>	2	MO
<i>isibloom</i>	2	MO
<i>jasmiel (28)</i>	2	MO
<i>jolessa</i>	2	MO
<i>juleber</i>	2	MO
<i>kalliga</i>	2	

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Drug Name	Drug Tier	Requirements /Limits
<i>kariva (28)</i>	2	MO
<i>kelnor 1/35 (28)</i>	2	MO
<i>kelnor 1-50 (28)</i>	2	MO
<i>kurvelo (28)</i>	2	MO
<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>	2	
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	2	MO
<i>larin 1.5/30 (21)</i>	2	MO
<i>larin 1/20 (21)</i>	2	MO
<i>larin 24 fe</i>	2	MO
<i>larin fe 1.5/30 (28)</i>	2	MO
<i>larin fe 1/20 (28)</i>	2	MO
<i>larissa</i>	2	MO
<i>lessina</i>	2	MO
<i>levonest (28)</i>	2	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	2	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg, 90-20 mcg (28)</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>levonorg-eth estrad triphasic</i>	2	
<i>levora-28</i>	2	MO
<i>lillow (28)</i>	2	MO
<i>loryna (28)</i>	2	MO
<i>low-ogestrel (28)</i>	2	MO
<i>lo-zumandimine (28)</i>	2	MO
<i>lutera (28)</i>	2	MO
<i>marlissa (28)</i>	2	MO
<i>microgestin 1.5/30 (21)</i>	2	MO
<i>microgestin 1/20 (21)</i>	2	MO
<i>microgestin fe 1.5/30 (28)</i>	2	MO
<i>microgestin fe 1/20 (28)</i>	2	MO
<i>mili</i>	2	MO
<i>mono-linyah</i>	2	MO
<i>nikki (28)</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	2	MO
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg</i>	2	

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Drug Name	Drug Tier	Requirements /Limits
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	MO
<i>nortrel 0.5/35 (28)</i>	2	MO
<i>nortrel 1/35 (21)</i>	2	MO
<i>nortrel 1/35 (28)</i>	2	MO
<i>nortrel 7/7/7 (28)</i>	2	MO
<i>orsythia</i>	2	MO
<i>philith</i>	2	MO
<i>pimtrea (28)</i>	2	MO
<i>pirmella</i>	2	MO
<i>portia 28</i>	2	MO
<i>previfem</i>	2	MO
<i>reclipsen (28)</i>	2	MO
<i>setlakin</i>	2	MO
<i>sprintec (28)</i>	2	MO
<i>sronyx</i>	2	MO
<i>syeda</i>	2	MO
<i>tarina 24 fe</i>	2	MO
<i>tarina fe 1/20 (28)</i>	2	
<i>tarina fe 1-20 eq (28)</i>	2	MO
<i>tilia fe</i>	2	MO
<i>tri-femynor</i>	2	MO
<i>tri-estarrylla</i>	2	MO
<i>tri-legest fe</i>	2	MO
<i>tri-linyah</i>	2	MO
<i>tri-lo-estarrylla</i>	2	MO
<i>tri-lo-marzia</i>	2	MO
<i>tri-lo-sprintec</i>	2	MO
<i>tri-previfem (28)</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>tri-sprintec (28)</i>	2	MO
<i>trivora (28)</i>	2	MO
<i>velivet triphasic regimen (28)</i>	2	MO
<i>vestura (28)</i>	2	MO
<i>vienna</i>	2	MO
<i>viorele (28)</i>	2	MO
<i>wera (28)</i>	2	MO
<i>zarah</i>	2	MO
<i>zovia 1/35e (28)</i>	2	
<i>zovia 1-35 (28)</i>	2	MO
<i>zumandimine (28)</i>	2	MO
OXYTOCICS		
<i>methergine</i>	4	PA
<i>methylergonovine oral</i>	4	PA
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>ak-poly-bac</i>	2	MO
<i>AZASITE</i>	3	MO
<i>bacitracin ophthalmic (eye)</i>	2	MO
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	2	MO
<i>BESIVANCE</i>	3	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	MO
<i>erythromycin ophthalmic (eye)</i>	2	MO
<i>gatifloxacin</i>	2	MO
<i>gentak ophthalmic (eye) ointment</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>gentamicin ophthalmic (eye) drops</i>	2	MO; QL (15 per 30 days)
<i>levofloxacin ophthalmic (eye)</i>	2	MO
<i>moxifloxacin ophthalmic (eye) drops</i>	2	MO
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	2	
NATACYN	3	
<i>neomycin-bacitracin-polymyxin</i>	2	MO
<i>neomycin-polymyxin-gramicidin</i>	2	MO
<i>neo-polycin</i>	2	MO
<i>ofloxacin ophthalmic (eye)</i>	2	MO
<i>polycin</i>	2	MO
<i>polymyxin b sulf-trimethoprim</i>	2	MO
<i>tobramycin ophthalmic (eye)</i>	2	MO
ANTIVIRALS		
<i>trifluridine</i>	2	MO
ZIRGAN	4	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	2	MO
<i>carteolol</i>	2	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	MO

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

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Drug Name	Drug Tier	Requirements /Limits
RESTASIS	3	MO; QL (60 per 30 days)
RESTASIS MULTIDOSE	3	MO; QL (5.5 per 30 days)
<i>sulfacetamide sodium ophthalmic (eye)</i>	2	MO
<i>sulfacetamide-prednisolone</i>	2	MO
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
bromfenac	2	MO
BROMSITE	3	MO
<i>diclofenac sodium ophthalmic (eye)</i>	2	MO
<i>flurbiprofen sodium</i>	2	MO
ILEVRO	3	MO
<i>ketorolac ophthalmic (eye)</i>	2	MO
PROLENSA	3	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	2	MO
<i>acetazolamide sodium</i>	2	MO
<i>methazolamide</i>	2	MO
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye)</i>	2	MO
COMBIGAN	3	MO
<i>dorzolamide</i>	2	MO
<i>dorzolamide-timolol</i>	2	MO
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>latanoprost</i>	2	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	MO
<i>miostat</i>	2	
RHOPRESSA	3	MO
ROCKLATAN	3	MO
SIMBRINZA	4	MO
<i>travoprost</i>	2	MO
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	2	MO
<i>neomycin-polymyxin b-dexameth</i>	2	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	2	MO
<i>neo-polycin hc</i>	2	MO
TOBRADEX OPHTHALMIC (EYE) OINTMENT	3	MO
<i>tobramycin-dexamethasone</i>	2	MO
STEROIDS		
ALREX	3	MO
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	MO
EYSUVIS	3	PA; MO; QL (8.3 per 14 days)
<i>fluorometholone</i>	2	MO
INVELTYS	4	MO

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This drug list was last updated on 11/22/2021.

Drug Name	Drug Tier	Requirements /Limits
LOTEMAX OPHTHALMIC (EYE) DROPS, GEL	3	MO
LOTEMAX OPHTHALMIC (EYE) OINTMENT	3	MO
LOTEMAX SM	3	MO
<i>loteprednol etabonate ophthalmic (eye) drops, gel</i>	3	MO
<i>loteprednol etabonate ophthalmic (eye) drops, suspension</i>	2	MO
OZURDEX	5	MO
<i>prednisolone acetate</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	MO
<i>apraclonidine</i>	2	MO
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	2	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	MO
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	4	MO

Drug Name	Drug Tier	Requirements /Limits
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
<i>adrenalin injection solution 1 mg/ml</i>	2	
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	2	MO
<i>cetirizine oral solution 1 mg/ml</i>	2	MO
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	MO
<i>diphenhydramine hcl injection syringe</i>	2	MO
<i>diphenhydramine hcl oral elixir</i>	2	PA
<i>epinephrine injection auto- injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	2	MO; QL (2 per 30 days)
<i>epinephrine injection solution 1 mg/ml</i>	2	
<i>hydroxyzine hcl oral tablet</i>	2	PA; MO
<i>levocetirizine oral solution</i>	2	MO
<i>levocetirizine oral tablet</i>	2	MO; QL (30 per 30 days)
<i>promethazine injection solution</i>	4	MO
<i>promethazine oral</i>	4	PA; MO

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

This drug list was last updated on 11/22/2021.

Drug Name	Drug Tier	Requirements /Limits
SYMJEPI	4	MO; QL (2 per 30 days)
PULMONARY AGENTS		
<i>acetylcysteine</i>	2	B/D PA; MO
ADEMPAS	5	PA; MO; LA
ADVAIR DISKUS	3	MO; QL (60 per 30 days)
ADVAIR HFA	3	MO; QL (12 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	2	QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm</i>	2	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization</i>	2	B/D PA; MO
<i>albuterol sulfate oral syrup</i>	2	MO
<i>albuterol sulfate oral tablet</i>	4	MO
<i>albuterol sulfate oral tablet extended release 12 hr</i>	4	MO
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	3	MO; QL (12.2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	3	MO; QL (6.1 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>alyq</i>	5	PA; QL (60 per 30 days)
<i>ambrisentan</i>	5	PA; MO; LA
ANORO ELLIPTA	3	MO; QL (60 per 30 days)
<i>arformoterol</i>	3	B/D PA; MO
ARNUITY ELLIPTA	3	MO; QL (30 per 30 days)
ASMANEX HFA	3	MO; QL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	MO; QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	3	MO; QL (2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	3	QL (2 per 28 days)
ATROVENT HFA	3	MO; QL (25.8 per 30 days)

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This drug list was last updated on 11/22/2021.

Drug Name	Drug Tier	Requirements /Limits
<i>azelastine-fluticasone</i>	2	MO; QL (23 per 30 days)
<i>bosentan</i>	5	PA; MO; LA
BREO ELLIPTA	3	MO; QL (60 per 30 days)
BREZTRI AEROSPHERE	3	MO; QL (10.7 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	4	B/D PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	4	B/D PA; MO; QL (60 per 30 days)
CINRYZE	5	PA; MO
COMBIVENT RESPIMAT	3	MO; QL (8 per 30 days)
<i>cromolyn inhalation</i>	2	B/D PA; MO
DALIRESP ORAL TABLET 250 MCG	4	PA; MO; QL (30 per 30 days)
DALIRESP ORAL TABLET 500 MCG	4	PA; MO
DULERA	3	MO; QL (13 per 30 days)
ELIXOPHYLLIN	4	MO
ESBRIET ORAL CAPSULE	5	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	5	PA; MO; QL (270 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ESBRIET ORAL TABLET 801 MG	5	PA; MO; QL (90 per 30 days)
FASENRA	5	PA; MO; QL (1 per 28 days)
FASENRA PEN	5	PA; MO; QL (1 per 28 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 50 MCG/ACTUATION	3	MO; QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	MO; QL (240 per 30 days)
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION	3	MO; QL (12 per 30 days)
FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION	3	MO; QL (24 per 30 days)
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)
flunisolide	2	MO; QL (50 per 30 days)
<i>fluticasone propionate nasal</i>	2	MO; QL (16 per 30 days)
<i>formoterol fumarate</i>	3	B/D PA; MO
HAEGARDA	5	PA; MO; LA
<i>icatibant</i>	5	PA; MO

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This drug list was last updated on 11/22/2021.

Drug Name	Drug Tier	Requirements /Limits
INCRUSE ELLIPTA	3	MO; QL (30 per 30 days)
<i>ipratropium bromide inhalation</i>	2	B/D PA; MO
<i>ipratropium-albuterol</i>	2	B/D PA; MO
KALYDECO ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)
KALYDECO ORAL TABLET	5	PA; MO; QL (60 per 30 days)
<i>levalbuterol hcl</i>	2	B/D PA; MO
<i>metaproterenol oral syrup</i>	2	MO
<i>mometasone nasal</i>	2	MO; QL (34 per 30 days)
<i>montelukast</i>	2	MO
NUCALA	5	PA; MO; LA; QL (3 per 28 days)
OFEV	5	PA; MO; QL (60 per 30 days)
OPSUMIT	5	PA; MO; LA
ORKAMBI ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	5	PA; MO; QL (112 per 28 days)
ORLADEYO	5	PA; LA
PERFOROMIST	3	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	3	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	MO; QL (1 per 30 days)
PULMOZYME	5	B/D PA; MO
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	3	MO; QL (4.9 per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	3	MO; QL (8.7 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	3	MO; QL (21.2 per 30 days)
sajazir	5	PA
SEREVENT DISKUS	3	MO; QL (60 per 30 days)

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

This drug list was last updated on 11/22/2021.

Drug Name	Drug Tier	Requirements /Limits
<i>sildenafil</i> <i>(pulmonary arterial hypertension)</i> <i>intravenous solution</i> <i>10 mg/12.5 ml</i>	5	PA
<i>sildenafil</i> <i>(pulmonary arterial hypertension) oral suspension for reconstitution</i> <i>10 mg/ml</i>	5	PA; MO; QL (224 per 30 days)
<i>sildenafil</i> <i>(pulmonary arterial hypertension) oral tablet</i> <i>20 mg</i>	2	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT	3	MO; QL (4 per 30 days)
SPIRIVA WITH HAN迪HALER	3	MO; QL (90 per 90 days)
STIOLTO RESPIMAT	3	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	3	MO; QL (4 per 30 days)
SYMBICORT	3	MO; QL (10.2 per 30 days)
SYMDEKO	5	PA; MO; QL (56 per 28 days)
<i>tadalafil (pulmonary arterial hypertension) oral tablet</i> <i>20 mg</i>	5	PA; QL (60 per 30 days)
terbutaline	2	MO
THEO-24	3	MO
<i>theophylline oral elixir</i>	2	
<i>theophylline oral solution</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>theophylline oral tablet extended release</i> <i>12 hr 300 mg, 450 mg</i>	2	MO
<i>theophylline oral tablet extended release</i> <i>24 hr</i>	2	MO
TRELEGY ELLIPTA	3	MO; QL (60 per 30 days)
TRIKAFTA	5	PA; MO
TYVASO	5	B/D PA; MO
TYVASO INSTITUTIONAL START KIT	5	B/D PA
TYVASO REFILL KIT	5	B/D PA; MO
TYVASO STARTER KIT	5	B/D PA; MO
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; LA; QL (1 per 28 days)
zafirlukast	2	MO
ZYFLO	5	MO
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
<i>flavoxate</i>	2	MO

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This drug list was last updated on 11/22/2021.

Drug Name	Drug Tier	Requirements /Limits
MYRBETRIQ ORAL SUSPENSION,EXT ENDED REL RECON	3	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	MO
<i>oxybutynin chloride</i>	2	MO
<i>tolterodine</i>	2	MO
TOVIAZ	3	MO
<i>trospium</i>	2	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin</i>	2	MO
<i>dutasteride</i>	2	MO
<i>dutasteride-tamsulosin</i>	2	MO
<i>finasteride oral tablet 5 mg</i>	2	MO
<i>silodosin</i>	2	MO
<i>tamsulosin</i>	1	MO
MISCELLANEOUS UROLOGICALS		
<i>alprostadiol</i>	2	
<i>bethanechol chloride</i>	2	MO
CYSTAGON	4	PA; LA
ELMIRON	3	MO
<i>glycine urologic</i>	2	
<i>glycine urologic solution</i>	2	
K-PHOS NO 2	3	MO
K-PHOS ORIGINAL	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>potassium citrate</i>	2	MO
RENACIDIN	3	MO
<i>sildenafil</i>	2	MO; EX; QL (8 per 30 days)
<i>tadalafil oral tablet 10 mg, 20 mg</i>	2	MO; EX; QL (8 per 30 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	4	PA; MO; QL (30 per 30 days)
<i>vardenafil</i>	2	MO; EX; QL (8 per 30 days)
VITAMINS, HEMATINICS / ELECTROLYTES		
BLOOD DERIVATIVES		
<i>albumin, human 25 %</i>	2	
<i>albuminar 25 %</i>	2	
<i>alburx (human) 25 %</i>	2	
<i>alburx (human) 5 %</i>	2	
<i>albutein 25 %</i>	2	
<i>albutein 5 %</i>	2	
<i>plasbumin 25 %</i>	2	
<i>plasbumin 5 %</i>	2	
ELECTROLYTES		
<i>calcium acetate(phosphat bind)</i>	2	MO
<i>calcium chloride</i>	2	
<i>calcium gluconate intravenous</i>	2	
<i>effer-k oral tablet, effervescent 25 meq</i>	2	MO
<i>klor-con 10</i>	1	MO

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This drug list was last updated on 11/22/2021.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>klor-con 8</i>	1	MO	<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	2	
<i>klor-con m10</i>	1	MO	<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	2	
<i>klor-con m15</i>	2	MO	<i>potassium chloride in water intravenous piggyback</i>	2	
<i>klor-con m20</i>	1	MO	<i>potassium chloride intravenous</i>	2	
<i>klor-con oral packet 20</i>	2	MO	<i>potassium chloride oral capsule, extended release</i>	1	MO
<i>klor-con/ef</i>	2	MO	<i>potassium chloride oral liquid</i>	2	MO
<i>k-tab oral tablet extended release 8 meq</i>	1	MO	<i>potassium chloride oral packet</i>	2	MO
<i>lactated ringers intravenous</i>	2	MO	<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	1	MO
<i>magnesium chloride injection</i>	2		<i>potassium chloride oral tablet extended release 20 meq</i>	1	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	3		<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	1	MO
<i>magnesium sulfate in water</i>	2		<i>potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq</i>	1	
<i>magnesium sulfate injection solution</i>	2	MO	<i>potassium chloride- 0.45 % nacl</i>	2	
<i>magnesium sulfate injection syringe</i>	2				
<i>potassium acetate</i>	2				
<i>potassium chlorid- d5-0.45%nacl</i>	2				
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2				

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This drug list was last updated on 11/22/2021.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	2		AMINOSYN-PF 7 % (SULFITE-FREE)	4	B/D PA
<i>potassium chloride-d5-0.9%nacl</i>	2		CLINIMIX 5%/D15W SULFITE FREE	4	B/D PA
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	2		CLINIMIX 4.25%/D10W SULFITE FREE	4	B/D PA
<i>ringer's intravenous</i>	2		CLINIMIX 5%-D20W(SULFITE-FREE)	4	B/D PA
<i>sodium acetate</i>	2		CLINIMIX 6%-D5W (SULFITE-FREE)	4	B/D PA
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)</i>	2		CLINIMIX 8%-D10W(SULFITE-FREE)	4	B/D PA
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml), 8.4 % (1 meq/ml)</i>	2		CLINIMIX 8%-D14W(SULFITE-FREE)	4	B/D PA
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	2	MO	<i>electrolyte-48 in d5w</i>	2	
<i>sodium chloride 3 %</i>	2		<i>intralipid intravenous emulsion 20 %</i>	2	B/D PA
<i>sodium chloride 5 %</i>	2	MO	IONOSOL-MB IN D5W	4	
<i>sodium chloride intravenous</i>	2		ISOLYTE S PH 7.4	4	
<i>sodium phosphate</i>	2	MO	ISOLYTE-P IN 5 % DEXTROSE	4	
MISCELLANEOUS NUTRITION PRODUCTS			ISOLYTE-S	4	
AMINOSYN II 15 %	4	B/D PA	PLASMA-LYTE 148	3	
			PLASMA-LYTE A	3	
			<i>plasmanate</i>	2	
			<i>plenamine</i>	2	B/D PA

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

This drug list was last updated on 11/22/2021.

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

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

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

This drug list was last updated on 11/22/2021.

Index

A

abacavir	2
abacavir-lamivudine	2
abacavir-lamivudine-zidovudine	2
ABELCET	2
ABILIFY MAINTENA.....	33
abiraterone	12
ABRAXANE.....	12
acamprosate.....	51
acarbose	55
acebutolol	39
acetaminophen-caff-dihydrocod.....	29
acetaminophen-codeine.....	29
acetazolamide	79
acetazolamide sodium	79
acetic acid.....	51, 54
acetylcysteine	51, 81
acitretin.....	46
ACTEMRA	72
ACTEMRA ACTPEN.....	72
ACTHIB (PF).....	69
ACTIMMUNE	68
acyclovir	2, 50
acyclovir sodium	2
ADACEL(TDAP ADOLESN/ADULT)(PF)	69
ADASUVE.....	33
ADCETRIS	12
adefovir.....	2
ADEMPAS.....	81
adenosine.....	39
adrenalin.....	80
adriamycin.....	12
adrucil.....	12
ADVAIR DISKUS.....	81
ADVAIR HFA	81
AFINITOR	12
AFINITOR DISPERZ	12
AIMOVIG AUTOINJECTOR	26
AJOVY AUTOINJECTOR..	26

AJOVY SYRINGE.....	26
ak-poly-bac.....	77
ala-cort.....	50
albendazole	7
albumin, human 25 %.....	85
albuminar 25 %	85
alburx (human) 25 %.....	85
alburx (human) 5 %.....	85
albutein 25 %.....	85
albutein 5 %.....	85
albuterol sulfate	81
alclometasone	50
ALCOHOL PADS.....	55
ALDURAZYME	61
ALECENSA	12
alendronate	71
alfuzosin	85
ALIMTA	12
ALIQOPA	12
aliskiren	39
allopurinol	71
allopurinol sodium.....	71
aloprim.....	71
alosetron	64
ALPHAGAN P	80
alprostadiol	85
ALREX.....	79
altavera (28).....	75
ALUNBRIG	12
ALVESCO.....	81
alyacen 1/35 (28).....	75
alyacen 7/7/7 (28).....	75
alyq	81
amabelz.....	73
amantadine hcl.....	2
AMBISOME	2
ambrisentan	81
amethyst (28).....	75
amikacin	7
amiloride.....	39
amiloride-hydrochlorothiazide	39
aminocaproic acid.....	42

AMINOSYN II 15 %.....	87
AMINOSYN-PF 7 % (SULFITE-FREE)	87
amiodarone	39
amitriptyline	33
amlodipine	39
amlodipine-atorvastatin	44
amlodipine-benazepril	39
amlodipine-olmesartan	39
amlodipine-valsartan	39
amlodipine-valsartan-hcthiazid	39
ammonium lactate	47
amoxapine.....	33
amoxicillin	9
amoxicillin-pot clavulanate ...	9
amphotericin b	2
ampicillin	9
ampicillin sodium	9
ampicillin-sulbactam	9
anagrelide	51
anastrozole	12
ANDRODERM	61
ANORO ELLIPTA.....	81
APIDRA SOLOSTAR U-100 INSULIN	55
APIDRA U-100 INSULIN....	55
APOKYN	26
apraclonidine	80
aprepitant	64
apri.....	75
APTIOM	23
APTIVUS	2
ARALAST NP.....	51
aranelle (28).....	75
ARANESP (IN POLYSORBATE)	68
ARCALYST	68
arformoterol	81
ARIKAYCE	7
aripiprazole	33
ARISTADA	33
ARISTADA INITIO.....	33

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

This drug list was last updated on 11/22/2021.

armodafinil	33	BANZEL	23	BETHKIS	7
ARNUITY ELLIPTA.....	81	BAQSIMI	55	bexarotene.....	13
ARRANON	12	BARACLUDE.....	3	BEXSERO	69
arsenic trioxide	13	BAVENCIO	13	bicalutamide	13
ARZERRA	13	BCG VACCINE, LIVE (PF)	69	BICILLIN C-R	9
asenapine maleate.....	33	BD AUTOSHIELD DUO PEN NEEDLE	55	BICILLIN L-A	9
ASMANEX HFA	81	BD INSULIN SYRINGE (HALF UNIT)	55	BIDIL	39
ASMANEX TWISTHALER	81	BD INSULIN SYRINGE U- 500	55	BIKTARVY	3
ASPARLAS	13	BD INSULIN SYRINGE ULTRA-FINE	55	bimatoprost	79
aspirin-dipyridamole	42	BD NANO 2ND GEN PEN NEEDLE	55	bisoprolol fumarate.....	39
atazanavir	2, 3	BD ULTRA-FINE MICRO PEN NEEDLE	55	bisoprolol-hydrochlorothiazide	39
atenolol.....	39	BD ULTRA-FINE MINI PEN NEEDLE	55	BLENREP	13
atenolol-chlorthalidone.....	39	BD ULTRA-FINE NANO PEN NEEDLE	55	bleomycin	13
atomoxetine	33	BD ULTRA-FINE SHORT PEN NEEDLE	55	BLEPHAMIDE	78
atorvastatin	44	BD VEO INSULIN SYR (HALF UNIT)	55	BLEPHAMIDE S.O.P.....	78
atovaquone	7	BD VEO INSULIN SYRNGE UF	56	BLINCYTO	13
atovaquone-proguanil.....	7	BELBUCA	29	BOOSTRIX TDAP	69
ATRIPLA	3	BELEODAQ	13	BORTEZOMIB	13
atropine.....	63, 78	benazepril	39	bosentan.....	82
ATROVENT HFA	81	benazepril-hydrochlorothiazide	39	BOSULIF	13
AUBAGIO	27	BENDEKA	13	BOTOX	70
aubra	75	BENLYSTA	72	BRAFTOVI	13
aubra eq	75	BENZNIDAZOLE	7	BREO ELLIPTA	82
AVASTIN	13	benztropine	26	BREZTRI AEROSPHERE..	82
aviane	75	bepotastine besilate.....	78	BRILINTA	42
avita	48	BEPREVE	78	brimonidine.....	80
AVONEX	68	BESIVANCE.....	77	BRIVIACT	23
AYVAKIT	13	BESPONSA.....	13	bromfenac	79
azacitidine.....	13	betamethasone dipropionate	50	bromocriptine	26
AZASITE	77	betamethasone valerate.....	50	BROMSITE	79
azathioprine	13	betamethasone, augmented...	50	BRUKINSA.....	13
azathioprine sodium	13	BETASERON	68	bss	78
azelaic acid	48	betaxolol	39, 78	budesonide	64, 82
azelastine	53, 78	bethanechol chloride.....	85	bumetanide	39
azelastine-fluticasone	82			buprenorphine hcl	29
azithromycin.....	6			buprenorphine transdermal patch	29
aztreonam	7			buprenorphine-naloxone.....	31
azurette (28).....	75			bupropion hcl	33
B				bupropion hcl (smoking deter)	53
bacitracin	7, 77			buspirone	33
bacitracin-polymyxin b	77			busulfan	13
baclofen	28			butorphanol.....	32
BAFIERTAM.....	27			BYDUREON BCISE.....	56
balanced salt	78				
balsalazide	64				
BALVERSA.....	13				

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

This drug list was last updated on 11/22/2021.

BYETTA	56
BYSTOLIC	40
C	
CABENUVA.....	3
cabergoline	61
CABLIVI.....	43
CABOMETYX	13
caffeine citrate.....	51
calcipotriene	46, 47
calcipotriene-betamethasone	47
calcitonin (salmon).....	61
calcitriol.....	47, 61
calcium acetate(phosphat bind)	
.....	85
calcium chloride	85
calcium gluconate.....	85
CALQUENCE.....	13
camila	73
camrese.....	75
candesartan	40
candesartan-hydrochlorothiazid	
.....	40
CAPEX.....	50
CAPLYTA	34
CAPRELSA	13
captopril.....	40
captopril-hydrochlorothiazide	
.....	40
CARBAGLU.....	51
carbamazepine.....	23
carbidopa	26
carbidopa-levodopa	26
carbidopa-levodopa-	
entacapone	26
carbocaine (pf).....	47
carboplatin	13
cardioplegic soln	45
carmustine	13
carteolol	78
cartia xt.....	40
carvedilol.....	40
caspofungin	2
cataflam	32
CAYSTON	7
caziant (28).....	75
cefaclor	5
cefadroxil.....	5
cefazolin	5, 6
cefazolin in dextrose (iso-os)	.5
cefdinir.....	6
cefepime	6
cefepime in dextrose,iso-osm	.6
cefixime	6
cefoxitin.....	6
cefoxitin in dextrose, iso-osm	6
cefpodoxime	6
cefprozil.....	6
ceftazidime	6
ceftriaxone	6
ceftriaxone in dextrose,iso-os.	.6
cefuroxime axetil	6
cefuroxime sodium	6
celecoxib.....	32
CELONTIN	23
cephalexin.....	6
CEPROTIN (BLUE BAR) ...	43
CEPROTIN (GREEN BAR)	43
CERDELGA.....	61
CEREZYME	61
cetirizine	80
cevimeline	51
CHANTIX	53
CHANTIX CONTINUING	
MONTH BOX.....	53
CHANTIX STARTING	
MONTH BOX.....	53
CHEMET.....	51
CHENODAL	64
chloramphenicol sod succinate	
.....	7
chlorhexidine gluconate	53
chlorprocaine (pf).....	47
chloroquine phosphate.....	7
chlorothiazide sodium	40
chlorpromazine	34
chlorthalidone	40
CHOLBAM	64
cholestyramine (with sugar) ..	44
cholestyramine light	44
cyclordan	49
ciclopirox	49
cidofovir	3
cilostazol.....	43
CIMDUO	3
cimetidine	67
cimetidine hcl	67
CIMZIA	64
CIMZIA POWDER FOR	
RECONST	64
CIMZIA STARTER KIT	64
cinacalcet	61, 62
CINRYZE	82
CINVANTI.....	64
CIPRO	10
ciprofloxacin hcl.....	10, 54, 77
ciprofloxacin in 5 % dextrose	
.....	11
ciprofloxacin-dexamethasone	
.....	54
cisplatin.....	13
citalopram	34
cladribine	13
claravis.....	48
clarithromycin.....	6
CLEOCIN	74
clindamycin hcl	7
clindamycin in 5 % dextrose ..	7
clindamycin pediatric	7
clindamycin phosphate	7, 48,
75	
CLINIMIX 5%/D15W	
SULFITE FREE	87
CLINIMIX 4.25%/D10W	
SULF FREE.....	87
CLINIMIX 4.25%/D5W	
SULFIT FREE.....	51
CLINIMIX 5%-	
D20W(SULFITE-FREE)..	87
CLINIMIX 6%-D5W	
(SULFITE-FREE)	87
CLINIMIX 8%-	
D10W(SULFITE-FREE)..	87
CLINIMIX 8%-	
D14W(SULFITE-FREE)..	87
clobazam	23
clobetasol	50
clobetasol-emollient	50
clodan	50

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

This drug list was last updated on 11/22/2021.

clofarabine	13	cyred	75	dentagel	53
clomiphene citrate	62	cyred eq	75	DEPO-SUBQ PROVERA	104
clomipramine	34	CYSTADANE	64		74
clonazepam	23	CYSTAGON	85	DESCOVERY	3
clonidine	40	CYSTARAN	78	desipramine	34
clonidine (pf)	32, 40	cytarabine	14	desmopressin	62
clonidine hcl	34, 40	cytarabine (pf)	14	desog-e.estradol/e.estradol	.75
clopидогрел	43	D		desogestrel-ethinyl estradiol	.75
клоразепат дипотассиум	34	d10 %-0.45 % sodium chloride	51	desonide	50
клотrimazole	2, 49	d2.5 %-0.45 % sodium	51	desrx	50
клотrimazole-бетаметазон	49	chloride	51	desvenlafaxine succinate	34
clozapine	34	d5 % and 0.9 % sodium	52	dexamethasone	54
COARTEM	7	chloride	52	dexamethasone intensol	54
colchicine	71	d5 %-0.45 % sodium chloride	52	dexamethasone sodium phos	
colesevelam	44			(pf)	54
colestipol	44	dacarbazine	14	dexamethasone sodium	
colistin (colistimethate na)	7	dactinomycin	14	phosphate	54, 79
COMBIGAN	79	dalfampridine	27	DEXILANT	67
COMBIVENT RESPIMAT	.82	DALIRESP	82	dexrazoxane hcl	12
COMETRIQ	13	danazol	62	dextroamphetamine	34
COMPLERA	3	dantrolene	28	dextroamphetamine-	
compro	64	DANYELZA	14	amphetamine	34
CONDYLOX	47	dapsone	7, 48	dextrose 10 % and 0.2 % nacl	
constulose	64	DAPTACEL (DTAP)			52
COPAXONE	27	PEDIATRIC) (PF)	70	dextrose 10 % in water (d10w)	
COPIKTRA	13	daptomycin	7		52
CORLANOR	45	DAPTO MYCIN	7	dextrose 25 % in water (d25w)	
CORTIFOAM	64	DARZALEX	14		52
COSMEGEN	13	dasetta 1/35 (28)	75	dextrose 30 % in water (d30w)	
COTELLIC	13	dasetta 7/7/7 (28)	75		52
CREON	64	daunorubicin	14	dextrose 5 % in water (d5w)	.52
CRESEMBA	2	DAURISMO	14	dextrose 5 %-lactated ringers	52
CRINONE	74	daysee	75	dextrose 5%-0.2 % sod	
cromolyn	64, 78, 82	DDAVP	62	chloride	52
crotan	51	deblitane	74	dextrose 5%-0.3 %	
cryselle (28)	75	decadron	54	sod.chloride	52
CRYSVITA	62	decitabine	14	dextrose 50 % in water (d50w)	
cyclafem 1/35 (28)	75	deferasirox	52		52
cyclafem 7/7/7 (28)	75	deferiprone	52	dextrose 70 % in water (d70w)	
cyclobenzaprine	28	deferoxamine	52		52
cyclophosphamide	13, 14	DELSTRIGO	3	DIACOMIT	23
CYCLOPHOSPHAMIDE	14	demeclacycline	11	diazepam	23, 34
CYCLOSET	56	DEM SER	40	diazoxide	56
cyclosporine	14	DENAVIR	50	diclofenac potassium	32
cyclosporine modified	14	denta 5000 plus	53	diclofenac sodium	32, 47, 79
CYRAMZA	14			diclofenac-misoprostol	.32

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

This drug list was last updated on 11/22/2021.

dicloxacillin.....	9
dicyclomine	63, 64
didanosine.....	3
diflunisal.....	32
digitek.....	45
digox.....	45
digoxin.....	45
dihydroergotamine	26
DILANTIN 30 MG	23
diltiazem hcl	40
dilt-xr.....	40
dimenhydrinate.....	64
dimethyl fumarate	27
DIPENTUM	64
diphenhydramine hcl.....	80
diphenoxylate-atropine.....	64
dipyridamole	43
disulfiram	52
divalproex.....	23
dobutamine	45
dobutamine in d5w	45
docetaxel.....	14
dofetilide.....	39
donepezil	27
dopamine	46
dopamine in 5 % dextrose	46
DOPTELET (10 TAB PACK)	43
DOPTELET (15 TAB PACK)	43
DOPTELET (30 TAB PACK)	43
dorzolamide.....	79
dorzolamide-timolol	79
dorzolamide-timolol (pf).....	79
dotti	74
DOVATO	3
doxazosin.....	40
doxepin	34, 47
doxercalciferol.....	62
doxorubicin.....	14
doxorubicin, peg-liposomal..	14
doxy-100	11
doxycycline hyclate.....	11
doxycycline monohydrate	11
doxylamine-pyridoxine (vit b6)	64
DRIZALMA SPRINKLE	34
dronabinol.....	64
droperidol	64
DROPLET INSULIN SYR(HALF UNIT).....	56
DROPLET INSULIN SYRINGE.....	56
DROPLET MICRON PEN NEEDLE	56
DROPLET PEN NEEDLE	56
DROPSAFE PEN NEEDLE	56
drospirenone-e.estriadiol-lm.fa	75
drospirenone-ethinyl estradiol	75
DROXIA	14
droxidopa.....	52
DUAVEE.....	74
DULERA.....	82
duloxetine	34
DUPIXENT PEN	47
DUPIXENT SYRINGE.....	47
dutasteride	85
dutasteride-tamsulosin.....	85
E	
e.e.s. 400.....	7
ec-naproxen	32
econazole	49
EDARBI	40
EDARBYCLOR	40
EDURANT	3
efavirenz	3
efavirenz-emtricitabin-tenofov	3
efavirenz-lamivu-tenofov disop	3
effer-k	85
ELAPRASE	62
electrolyte-48 in d5w	87
eletriptan.....	26
elinest.....	75
ELIQUIS	43
ELIQUIS DVT-PE TREAT 30D START	43
ELITEK	12
ELIXOPHYLLIN	82
ELMIRON	85
eluryng	75
ELZONRIS	14
EMCYT	14
EMEND	64
EMGALITY PEN	26
EMGALITY SYRINGE	26
emoquette	75
EMPLICITI	14
EMSAM	34
emtricitabine	3
emtricitabine-tenofovir (tdf) ..	3
EMTRIVA	3
EMVERM	8
enalapril maleate	40
enalaprilat	40
enalapril-hydrochlorothiazide	40
ENBREL	72
ENBREL MINI	72
ENBREL SURECLICK	72
endocet	29
ENGERIX-B (PF)	70
ENGERIX-B PEDIATRIC (PF)	70
enoxaparin	43
enpresse	75
enskyce	75
entacapone	26
entecavir	3
ENTRESTO	46
ENTYVIO	64
enulose	64
ENVARSUS XR	14
EPCLUSUSA	3
EPIDIOLEX	23
epinastine	78
epinephrine	80
epirubicin	15
epitol	23
EPIVIR HBV	3
eplerenone	40
EPOGEN	68
epoprostenol (glycine)	40

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

This drug list was last updated on 11/22/2021.

ERBITUX	15
ergoloid.....	34
ergotamine-caffeine.....	26
ERIVEDGE.....	15
ERLEADA	15
erlotinib	15
errin	74
ertapenem	8
ery pads	48
ery-tab.....	7
ERYTHROCIN	7
erythrocin (as stearate)	7
erythromycin	7, 77
erythromycin ethylsuccinate ..	7
erythromycin with ethanol ...	49
ESBRIET.....	82
escitalopram oxalate	34
esmolol	40
esomeprazole magnesium	67
esomeprazole sodium	67
estarrylla	75
estradiol	74
estradiol valerate	74
estradiol-norethindrone acet.	74
ESTRING	74
eszopiclone	34
ethacrynat e sodium.....	40
ethacrynic acid.....	40
ethambutol.....	8
ethosuximide	23
ethynodiol diac-eth estradiol	75
etodolac	32
etonogestrel-ethinyl estradiol	75
ETOPOPHOS.....	15
etoposide.....	15
etravirine.....	3
euthyrox.....	63
everolimus (antineoplastic) ..	15
everolimus (immunosuppressive)	15
EVOTAZ.....	3
exemestane	15
EYLEA.....	78
EYSUVIS	79
ezetimibe	44
ezetimibe-simvastatin.....	44

F	
FABRAZYME	62
falmina (28)	75
famciclovir.....	3
famotidine.....	67
famotidine (pf).....	67
famotidine (pf)-nacl (iso-os)	67
FANAPT	35
FARXIGA	57
FARYDAK.....	15
FASENRA.....	82
FASENRA PEN	82
febuxostat	71
felbamate	23
felodipine.....	40
femynor	75
fenofibrate	44
fenofibrate micronized	44
fenofibrate nanocrystallized	.44
fenofibric acid.....	44
fenofibric acid (choline)	44
fenoprofen	32
fentanyl	29
fentanyl citrate.....	29
fentanyl citrate (pf).....	29
FERRIPROX	52
FERRIPROX (2 TIMES A DAY)	52
FETZIMA.....	35
finasteride	85
FINTEPLA	23
FIRDAPSE	27
FIRMAGON KIT W DILUENT SYRINGE	15
flac otic oil.....	54
flavoxate	84
flecainide	39
FLOVENT DISKUS	82
FLOVENT HFA.....	82
flouxuridine	15
fluconazole	2
fluconazole in nacl (iso-osm) .	2
flucytosine	2
fludarabine.....	15
fludrocortisone.....	54
flumazenil	35

flunisolide	82
fluocinolone	50
fluocinolone acetonide oil ..	54
fluocinolone and shower cap	50
fluocinonide	50
fluocinonide-e	50
fluoride (sodium)	53, 88
fluorometholone	79
fluorouracil	15, 47, 48
fluoxetine	35
fluoxetine (pmdd)	35
fluphenazine decanoate	35
fluphenazine hcl.....	35
flurbiprofen	32
flurbiprofen sodium	79
flutamide	15
fluticasone propionate	82
fluvastatin	45
fluvoxamine	35
FOLOTYN	15
fomepizole	70
fondaparinux	43
FORFIVO XL.....	35
formoterol fumarate	82
FOSAMAX PLUS D	71
fosamprenavir	3
fosaprepitant	64
fosinopril	40
fosinopril-hydrochlorothiazide	40
fosphenytoin	23
FOTIVDA.....	15
fulvestrant	15
furosemide	40, 41
FUZEON	3
fyavolv	74
FYCOMPRA.....	23
G	
gabapentin.....	24
galantamine	27
GAMASTAN	70
GAMASTAN S/D	70
ganciclovir sodium	3
GARDASIL 9 (PF).....	70
gatifloxacin	77
GATTEX 30-VIAL	64

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

This drug list was last updated on 11/22/2021.

GATTEX ONE-VIAL.....	64
GAUZE PAD	57
gavilyte-c	64
gavilyte-g	65
gavilyte-n	65
GAVRETO	15
GAZYVA	15
gemcitabine	15, 16
GEMCITABINE	16
gemfibrozil	45
generlac	65
gengraf	16
gentak	77
gentamicin	8, 49, 78
gentamicin in nacl (iso-osm) ..	8
gentamicin sulfate (ped) (pf) ..	8
GENVOYA	3
GEODON	35
GILENYA	27
GILOTrif	16
glatiramer	27
glatopa	28
glimepiride	57
glipizide	57
glipizide-metformin	57
glucagon emergency kit (human)	57
glycine urologic	85
glycine urologic solution	85
glycopyrrolate	64
glycopyrrolate (pf) in water..	64
glydo	48
GRALISE	24
gransetron (pf)	65
gransetron hcl	65
griseofulvin microsize	2
griseofulvin ultramicrosize	2
GVOKE HYPOPEN 1-PACK	57
GVOKE HYPOPEN 2-PACK	57
GVOKE PFS 1-PACK SYRINGE	57
GVOKE PFS 2-PACK SYRINGE	57
H	
HAEGARDA	82
HALAVEN	16
halobetasol propionate....	50, 51
haloperidol	35
haloperidol decanoate	35
haloperidol lactate	35
HARVONI	3
HAVRIX (PF)	70
heather	74
heparin (porcine)	43
heparin (porcine) in 5 % dex	43
heparin (porcine) in nacl (pf)	43
heparin(porcine) in 0.45% nacl	44
HEPARIN(PORCINE) IN 0.45% NACL	44
heparin, porcine (pf)	44
HEPARIN, PORCINE (PF) .	44
HETLIOZ	35
HIBERIX (PF)	70
HIZENTRA	70
HUMALOG JUNIOR KWIKPEN U-100	57
HUMALOG KWIKPEN INSULIN	57
HUMALOG MIX 50-50 INSULN U-100	57
HUMALOG MIX 50-50 KWIKPEN	57
HUMALOG MIX 75-25 KWIKPEN	57
HUMALOG MIX 75-25(U- 100)INSULN	57
HUMALOG U-100 INSULIN	57
HUMIRA	72
HUMIRA PEN	72
HUMIRA PEN CROHNS-UC- HS START	72
HUMIRA PEN PSOR- UVEITS-ADOL HS	72
HUMIRA(CF)	72, 73
HUMIRA(CF) PEDI CROHNS STARTER	72
HUMIRA(CF) PEN	72
HUMIRA(CF) PEN	
CROHNS-UC-HS.....	72
HUMIRA(CF) PEN PEDIATRIC UC	72
HUMIRA(CF) PEN PSOR- UV-ADOL HS	72
HUMULIN 70/30 U-100 INSULIN	57
HUMULIN 70/30 U-100 KWIKPEN	57
HUMULIN N NPH INSULIN KWIKPEN	57
HUMULIN N NPH U-100 INSULIN	57
HUMULIN R REGULAR U- 100 INSULN	57
HUMULIN R U-500 (CONC) INSULIN	57
HUMULIN R U-500 (CONC) KWIKPEN	58
hydralazine	41
hydrochlorothiazide	41
hydrocodone bitartrate	29
hydrocodone-acetaminophen	29, 30
hydrocodone-ibuprofen	30
hydrocortisone	51, 54, 65
hydrocortisone butyrate	51
hydrocortisone-acetic acid	54
hydrocortisone-pramoxine	65
hydromorphone	30
hydromorphone (pf)	30
hydroxychloroquine	8
hydroxyprogesterone caproate	74
hydroxyurea	16
hydroxyzine hcl	80
HYPERHEP B	70
HYPERHEP B NEONATAL	70
HYQVIA	70
I	
ibandronate	71
IBRANCE	16
ibu	32
ibuprofen	32

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

This drug list was last updated on 11/22/2021.

ibutilide fumarate	39	ipratropium-albuterol.....	83	KAZANO	58
icatibant.....	82	irbesartan	41	kelnor 1/35 (28)	76
ICLUSIG	16	irbesartan-hydrochlorothiazide	41	kelnor 1-50 (28)	76
icosapent ethyl.....	45	IRESSA	16	KEPIVANCE	12
idarubicin.....	16	irinotecan	16, 17	KERYDIN	49
IDHIFA	16	ISENTRESS	4	KESIMPTA PEN.....	28
ifosfamide.....	16	ISENTRESS HD	3	ketoconazole	2, 49
ILARIS (PF).....	68	isibloom.....	75	ketodan	49
ILEVRO	79	ISOLYTE S PH 7.4.....	87	ketoprofen.....	32
imatinib	16	ISOLYTE-P IN 5 %	87	ketorolac	79
IMBRUVICA	16	DEXTROSE	87	KEYTRUDA	17
IMFINZI.....	16	ISOLYTE-S.....	87	KHAPZORY	12
imipenem-cilastatin	8	isoniazid.....	8	KINRIX (PF)	70
imipramine hcl.....	35	isosorbide dinitrate	46	KISQALI	17
imipramine pamoate.....	35	isosorbide mononitrate	46	KISQALI FEMARA CO- PACK	17
imiquimod	48	isradipine	41	klor-con 10.....	85
IMOVAZ RABIES VACCINE (PF).....	70	ISTODAX	17	klor-con 8.....	86
IMPAVIDO.....	8	itraconazole	2	klor-con m10	86
incassia	74	ivermectin	8, 49, 51	klor-con m15	86
INCRELEX	52	IXEMPRA	17	klor-con m20	86
INCRUSE ELLIPTA	83	IXIARO (PF)	70	klor-con oral packet 20.....	86
indapamide	41	J		klor-con/ef	86
INFANRIX (DTAP) (PF)	70	JAKAFI	17	KLOXXADO	32
INFUGEM.....	16	jantoven	44	KOMBIGLYZE XR	58
INLYTA	16	JANUMET	58	KORLYM.....	62
INQOVI.....	16	JANUMET XR	58	K-PHOS NO 2	85
INREBIC	16	JANUVIA.....	58	K-PHOS ORIGINAL	85
INSULIN PEN NEEDLE....	58	jasmiel (28).....	75	KRYSTEXXA	71
INSULIN SYRINGE- NEEDLE U-100	58	JEMPERLI	17	k-tab	86
INTELENCE.....	3	jencycla.....	74	kurvelo (28)	76
intralipid	87	JENTADUETO	58	KUVAN.....	62
INTRON A	68	JENTADUETO XR.....	58	KYNMOBI	26
introvale.....	75	JEVTANA	17	KYPROLIS.....	17
INVEGA SUSTENNA.....	36	jinteli.....	74	L	
INVEGA TRINZA.....	36	jolessa	75	1 norgest/e.estradiol-e.estrad.	76
INVELTYS	79	juleber	75	labetalol	41
INVIRASE	3	JULUCA.....	4	lactated ringers.....	51, 86
INVOKAMET	58	JUXTAPID	45	lactulose	65
INVOKAMET XR	58	K		lamivudine	4
INVOKANA	58	KADCYLA	17	lamivudine-zidovudine	4
IONOSOL-MB IN D5W	87	KALETRA	4	lamotrigine	24
IOPIDINE.....	80	kalliga	75	LANOXIN	46
IPOL	70	KALYDECO	83	lansoprazole	67
ipratropium bromide.....	53, 83	KANUMA	62	lanthanum	52
		kariva (28)	76		

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

This drug list was last updated on 11/22/2021.

LANTUS SOLOSTAR U-100	
INSULIN.....	58
LANTUS U-100 INSULIN..	58
lapatinib.....	17
larin 1.5/30 (21).....	76
larin 1/20 (21).....	76
larin 24 fe	76
larin fe 1.5/30 (28).....	76
larin fe 1/20 (28).....	76
larissia.....	76
latanoprost.....	79
LATUDA	36
leflunomide.....	73
LEMTRADA.....	28
LENVIMA	17
lessina.....	76
letrozole.....	17
leucovorin calcium.....	12
LEUKERAN	17
LEUKINE.....	68
leuprolide.....	17
levalbuterol hcl.....	83
levetiracetam	24
levetiracetam in nacl (iso-os)24	
levobunolol.....	78
levocarnitine	52
levocarnitine (with sugar)....	52
levocetirizine	80
levofloxacin.....	11, 78
levofloxacin in d5w.....	11
levoleucovorin calcium	12
levonest (28).....	76
levonorgestrel-ethinyl estrad	76
levonorg-eth estrad triphasic	76
levora-28.....	76
levorphanol tartrate	30
levo-t.....	63
levothyroxine.....	63
levoxyl.....	63
LEXIVA	4
LIBTAYO	17
lidocaine	48
lidocaine (pf) in d7.5w	39
lidocaine (pf)	39, 48
lidocaine hcl	48
lidocaine in 5 % dextrose (pf)	
.....	39
lidocaine viscous	48
lidocaine-epinephrine	48
lidocaine-epinephrine (pf)	48
lidocaine-prilocaine	48
lillow (28).....	76
lincomycin.....	8
lindane	51
linezolid	8
linezolid in dextrose 5%	8
linezolid-0.9% sodium chloride	
.....	8
LINZESS	65
LOIORESAL.....	28, 29
liothyronine	63
lisinopril.....	41
lisinopril-hydrochlorothiazide	
.....	41
lithium carbonate	36
LIVALO	45
LOKELMA	52
LONSURF.....	17
loperamide	64
lopinavir-ritonavir	4
lorazepam	36
lorazepam intensol.....	36
LORBRENA	17
loryna (28).....	76
losartan	41
losartan-hydrochlorothiazide	41
LOTEMAX	80
LOTEMAX SM.....	80
loteprednol etabonate	80
lovastatin	45
low-ogestrel (28)	76
loxapine succinate	36
lo-zumandimine (28)	76
LUCENTIS.....	78
LUMAKRAS.....	17
LUMIGAN	79
LUMIZYME	62
LUMOXITI	17
LUPRON DEPOT	17
LUPRON DEPOT (3	
MONTH).....	17
LUPRON DEPOT (4	
MONTH).....	17
LUPRON DEPOT (6	
MONTH).....	17
LUPRON DEPOT-PED	17
LUPRON DEPOT-PED (3	
MONTH).....	17
lutera (28)	76
lyllana	74
LYNPARZA	17
LYSODREN	17
LYUMJEV KWIKPEN U-100	
INSULIN	58
LYUMJEV KWIKPEN U-200	
INSULIN	58
LYUMJEV U-100 INSULIN	
.....	58
lyza	74
M	
mafенide acetate	49
magnesium chloride.....	86
magnesium sulfate	86
MAGNESIUM SULFATE IN	
D5W	86
magnesium sulfate in water ..	86
malathion	51
mannitol 20 %.....	41
mannitol 25 %.....	41
maprotiline	36
marlissa (28)	76
MARPLAN.....	36
MARQIBO	17
MATULANE.....	17
matzim la	41
meclizine	65
meclofenamate.....	32
medroxyprogesterone	74
mefenamic acid.....	32
mefloquine	8
megestrol	17
MEKINIST	17
MEKTOVI.....	17
meloxicam	32
melphalan	17
melphalan hcl.....	18
memantine	28

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

This drug list was last updated on 11/22/2021.

MENACTRA (PF)	70	micafungin.....	2	mycophenolate mofetil	18
MENEST	74	microgestin 1.5/30 (21)	76	mycophenolate mofetil (hcl).18	
MENQUADFI (PF).....	70	microgestin 1/20 (21)	76	mycophenolate sodium.....	18
MENVEO A-C-Y-W-135-DIP (PF).....	70	microgestin fe 1.5/30 (28)	76	MYLOTARG	18
MEPSEVII	62	microgestin fe 1/20 (28)	76	myorisan	49
mercaptopurine.....	18	midodrine.....	52	MYRBETRIQ.....	85
meropenem	8	mifepristone.....	75	N	
mesalamine.....	65	migergot.....	26	nabumetone.....	32
mesalamine with cleansing wipe	65	miglitol	59	nadolol	41
mesna.....	12	miglustat	62	nadolol-bendroflumethiazide	41
MESNEX	12	mini.....	76	nafcillin.....	10
metaproterenol.....	83	millipred	54	nafcillin in dextrose iso-osm ..	9
metformin	58, 59	milrinone	46	naftifine.....	49
methadone	30	milrinone in 5 % dextrose ..	46	NAFTIN	49
methadone intensol.....	30	mimvey	74	NAGLAZYME.....	62
methadose.....	30	minocycline	11	nalbuphine	32
methazolamide	79	minoxidil	41	naloxone	32
methenamine hippurate	11	miostat	79	naltrexone	32
methenamine mandelate.....	11	MIRENA	75	NAMZARIC.....	28
methergine.....	77	mirtazapine	36	naproxen	32, 33
methimazole	55	misoprostol	67	naproxen sodium	33
methotrexate sodium	18	MITIGARE	71	naratriptan.....	27
methotrexate sodium (pf)	18	mitomycin.....	18	NARCAN	33
methoxsalen.....	48	mitoxantrone.....	18	NATACYN.....	78
methyldopa	41	M-M-R II (PF).....	70	nateglinide	59
methylergonovine.....	77	modafinil	36	NATPARA	62
methylphenidate hcl	36	moexipril	41	NAYZILAM.....	24
methylprednisolone	54	molindone.....	36	nebivolol	41
methylprednisolone acetate..	54	mometasone.....	51, 83	NEEDLES, INSULIN	
methylprednisolone sodium succ.....	54	mondoxyne nl	11	DISP.,SAFETY	59
methyltestosterone.....	62	MONJUVI.....	18	nefazodone.....	36
metoclopramide hcl	65	mono-linyah.....	76	neomycin	8
metolazone	41	montelukast	83	neomycin-bacitracin-poly-hc	79
metoprolol succinate	41	morphine.....	30, 31	neomycin-bacitracin-	
metoprolol ta-hydrochlorothiaz	41	morphine (pf).....	30	polymyxin.....	78
metoprolol tartrate	41	morphine concentrate	30	neomycin-polymyxin b gu....	51
metro i.v.	8	MOTEGRITY	65	neomycin-polymyxin b-	
metronidazole	8, 49, 75	MOVANTIK	65	dexameth.....	79
metronidazole in nacl (iso-os)	8	moxifloxacin.....	11, 78	neomycin-polymyxin-	
metyrosine	41	moxifloxacin-sod.chloride(iso)	11	gramicidin.....	78
mexiletine.....	39	MOZOBIL.....	68	neomycin-polymyxin-hc.	54, 79
MIACALCIN	62	MULPLETA.....	44	neo-polycin	78
		mupirocin.....	49	neo-polycin hc	79
		MVASI	18	neostigmine methylsulfate....	29
		MYALEPT	62	NERLYNX	18
				NESINA	59

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

This drug list was last updated on 11/22/2021.

NEUPRO	26
nevirapine	4
NEXAVAR	18
NEXIUM PACKET	67
NEXLETOL	45
NEXLIZET.....	45
NEXPLANON	75
niacin	45
nicardipine	41
NICOTROL.....	53
NICOTROL NS	53
nifedipine.....	41
nikki (28).....	76
nilutamide.....	18
nimodipine	41
NINLARO	18
nisoldipine	41
nitazoxanide	8
nitisinone	52
nitro-bid.....	46
nitrofurantoin.....	11
nitrofurantoin macrocrystal ..	11
nitrofurantoin monohyd/m-	
cryst	11
nitroglycerin	46
nitroglycerin in 5 % dextrose	46
NIVESTYM	68
nizatidine	67
nora-be.....	74
norepinephrine bitartrate	46
norethindrone (contraceptive)	
.....	74
norethindrone acetate	74
norethindrone ac-eth estradiol	
.....	74, 76
norethindrone-e.estriadiol-iron	
.....	76
norgestimate-ethynodiol estradiol	
.....	76, 77
norlyda.....	74
NORTHERA	52
nortrel 0.5/35 (28)	77
nortrel 1/35 (21)	77
nortrel 1/35 (28)	77
nortrel 7/7/7 (28)	77
nortriptyline	36
NORVIR.....	4
NOVOFINE 32.....	59
NOVOFINE PLUS.....	59
NOVOLOG FLEXPEN U-100	
INSULIN	59
NOVOLOG MIX 70-30 U-100	
INSULN	59
NOVOLOG MIX 70-	
30FLEXPEN U-100	59
NOVOLOG PENFILL U-100	
INSULIN	59
NOVOLOG U-100 INSULIN	
ASPART.....	59
NOVOTWIST	59
NOXAFILE.....	2
NPLATE.....	44
NUBEQA	18
NUCALA	83
NUEDEXTA	28
NULOJIX	18
NUPLAZID	36
NURTEC ODT	27
nyamyc	49
nystatin	2, 49, 50
nystatin-triamcinolone.....	50
nystop	50
NYVEPRIA	68
O	
OCALIVA	65
OCREVUS	28
octreotide acetate.....	18
ODACTRA.....	70
ODEFSEY	4
ODOMZO	18
OFEV	83
ofloxacin	11, 54, 78
olanzapine.....	36
olanzapine-fluoxetine	37
olmesartan	41
olmesartan-aclidipin-	
-hctiazid	41
olmesartan-	
hydrochlorothiazide.....	41
olopatadine	53, 78
omega-3 acid ethyl esters	45
omeprazole	67
OMNIPOD DASH 5 PACK	
POD	59
OMNIPOD INSULIN	
MANAGEMENT	59
OMNIPOD INSULIN REFILL	
.....	59
OMNITROPE.....	68
ONCASPAR.....	18
ondansetron.....	65
ondansetron hcl.....	65
ondansetron hcl (pf).....	65
ONGLYZA.....	59
ONIVYDE	18
ONUREG	18
OPDIVO	18
opium tincture.....	64
OPSUMIT	83
oralone	53
ORENCIA	73
ORENCIA (WITH	
MALTOSA).....	73
ORENCIA CLICKJECT	73
ORFADIN	52
ORGOVYX	18
ORKAMBI	83
ORLADEYO	83
orsythia	77
oseltamivir	4
osmitrol 15 %	41
osmitrol 20 %	41
OTEZLA.....	73
OTEZLA STARTER	73
oxacillin	10
oxacillin in dextrose(iso-osm)	
.....	10
oxaliplatin	18, 19
oxandrolone	62
oxaprozin	33
oxcarbazepine	24
OXERVATE	78
oxiconazole	50
oxybutynin chloride	85
oxycodone	31
oxycodone-acetaminophen ..	31
OXYCONTIN	31
oxymorphone	31

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

This drug list was last updated on 11/22/2021.

OZEMPIC	59	phenelzine.....	37	potassium chloride in 0.9%nacl	86
OZURDEX.....	80	phenobarbital.....	24	potassium chloride in 5 % dex	86
P		phenobarbital sodium	25	potassium chloride in lr-d5...86	
pacerone	39	phenoxybenzamine.....	41	potassium chloride in water..86	
paclitaxel	19	phentolamine	41	potassium chloride-0.45 % nacl	86
PADCEV	19	phenytoin	25	potassium chloride-d5-	
paliperidone.....	37	phenytoin sodium	25	0.2%nacl	87
palonosetron	65, 66	phenytoin sodium extended..25		potassium chloride-d5-	
PALYNZIQ.....	62	philith.....	77	0.9%nacl	87
pamidronate.....	62	PICATO.....	48	potassium citrate.....	85
PANRETIN	48	PIFELTRO	4	potassium phosphate m-/d-	
pantoprazole	67	pilocarpine hcl	52, 78	basic	87
paraplatin.....	19	pimecrolimus	48	POTELIGEO	19
paricalcitol.....	62	pimozide	37	PRALUENT PEN.....	45
paroex oral rinse.....	53	pimtrea (28).....	77	pramipexole	26
paromomycin.....	8	pindolol.....	41	prasugrel	44
paroxetine hcl	37	pioglitazone	59	pravastatin.....	45
PASER	8	pioglitazone-glimepiride	59	praziquantel	8
PAXIL	37	pioglitazone-metformin	59	prazosin.....	41
PEDIARIX (PF)	70	piperacillin-tazobactam	10	prednicarbate	51
PEDVAX HIB (PF).....	70	PIQRAY	19	prednisolone	54
peg 3350-electrolytes	66	pirmella.....	77	prednisolone acetate	80
peg3350-sod sul-nacl-kcl-asb-c	66	piroxicam.....	33	prednisolone sodium phosphate	55, 80
PEGASYS	68, 69	plasbumin 25 %.....	85	prednisone.....	55
peg-electrolyte.....	66	plasbumin 5 %.....	85	prednisone intensol.....	55
PEMAZYRE	19	PLASMA-LYTE 148	87	pregabalin	25
penicillamine	73	PLASMA-LYTE A	87	PREMARIN	74
PENICILLIN G POT IN DEXTROSE	10	plasmanate	87	premasol 10 %	88
penicillin g potassium.....	10	PLEGRIDY	69	PREMPHASE.....	74
penicillin g procaine	10	plenamine	87	PREMPRO	74
penicillin g sodium	10	podofilox	48	prenatal vitamin oral tablet...88	
penicillin v potassium.....	10	POLIVY	19	prevalite	45
PENTACEL (PF)	70	polocaine	48	PREVIDENT 5000 BOOSTER	
pentamidine	8	polocaine-mpf.....	48	PLUS	54
PENTASA.....	66	polycin	78	previfem.....	77
pentoxifylline	44	polyethylene glycol 3350	66	PREVYMIS	4
PERFOROMIST	83	polymyxin b sulf-trimethoprim	78	PREZCOBIX.....	4
perindopril erbumine	41	POMALYST	19	PREZISTA	4
periogard.....	54	portia 28.....	77	PRIFTIN	8
PERJETA	19	PORTRAZZA	19	PRIMAQUINE	8
permethrin	51	posaconazole	2	primidone.....	25
perphenazine.....	37	potassium acetate.....	86	PRIVIGEN	70
PERSERIS.....	37	potassium chlorid-d5-0.45%nacl	86		
pfizerpen-g	10	potassium chloride.....	86		

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

This drug list was last updated on 11/22/2021.

probenecid	71	quinidine gluconate	39	rimantadine	4
probenecid-colchicine	71	quinidine sulfate	39	ringer's	51, 87
procainamide	39	quinine sulfate	8	RINVOQ	73
procenutra.....	37	QVAR REDIHALER	83	risedronate	52, 71
prochlorperazine.....	66	R		RISPERDAL CONSTA	37
prochlorperazine edisylate....	66	RABAVERT (PF)	70	risperidone	37, 38
prochlorperazine maleate oral	66	RADICAVA	28	ritonavir	4
PROCERIT	69	RAGWITEK.....	70	RITUXAN	19
procto-med hc.....	66	raloxifene.....	71	rivastigmine	28
procto-pak.....	66	ramelteon	37	rivastigmine tartrate.....	28
proctosol hc	66	ramipril	42	rizatriptan.....	27
protozozone-hc	66	ranolazine	46	ROCKLATAN	79
progesterone	74	rasagiline	26	ropinirole	26
progesterone micronized	74	RAVICTI.....	52	rosadan.....	49
PROGRAF	19	REBIF (WITH ALBUMIN).69		rosuvastatin.....	45
PROLASTIN-C.....	52	REBIF REBIDOSE	69	ROTARIX	70
PROLENSA	79	REBIF TITRATION PACK.69		ROTATEQ VACCINE.....	71
PROLIA	71	reclipsen (28).....	77	roweepra	25
PROMACTA.....	44	RECOMBIVAX HB (PF)	70	ROZLYTREK	19
promethazine	80	RECTIV.....	66	RUBRACA	19
propafenone	39	regionol.....	29	rufinamide.....	25
propranolol	42	REGRANEX	48	RUKOBIA	4
propranolol-hydrochlorothiazid	42	RELENZA DISKHALER	4	RUXIENCE	19
propylthiouracil	55	RELISTOR.....	66	RYBELSUS	60
PROQUAD (PF)	70	REMICADE	66	RYBREVANT.....	19
protamine.....	44	RENACIDIN	85	RYDAPT	19
protriptyline.....	37	repaglinide	60	RYLAZE	19
prudoxin	48	REPATHA.....	45	S	
PULMICORT FLEXHALER	83	REPATHA PUSHTRONEX	45	sajazir.....	83
PULMOZYME	83	REPATHA SURECLICK	45	salsalate.....	33
PURIXAN	19	RESTASIS.....	79	SAMSCA	62
pyrazinamide	8	RESTASIS MULTIDOSE	79	SANCUSO	66
pyridostigmine bromide	29	RETACRIT	69	SANDIMMUNE.....	19
pyrimethamine.....	8	RETEVMO.....	19	SANDOSTATIN LAR	
Q		RETROVIR	4	DEPOT	19
QINLOCK	19	REVCovi	52	SANTYL	48
QNDSL	83	REVLIMID	19	SAPHRIS	38
QTERN	59	revonto.....	29	sapropterin	62
QUADRACEL (PF)	70	REXULTI.....	37	SARCLISA	19
quetiapine	37	REYATAZ	4	SAVELLA	73
quinapril	42	RHOPRESSA	79	scopolamine base.....	66
quinapril-hydrochlorothiazide	42	ribavirin	4	SECUADO	38
		RIDAURA.....	73	SEGLUROMET	60
		rifabutin	8	selegiline hcl.....	26
		rifampin	8	selenium sulfide.....	47
		riluzole.....	52	SELZENTRY	4, 5

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

This drug list was last updated on 11/22/2021.

SEREVENT DISKUS	83	sotalol	39	syeda	77
sertraline	38	sotalol af	39	SYMBICORT	84
setlakin	77	SPIRIVA RESPIMAT	84	SYMDEKO	84
sevelamer carbonate	52	SPIRIVA WITH		SYMFI	5
sevelamer hcl.....	52	HANDIHALER	84	SYMFI LO	5
sf 54		spironolactone	42	SYMJEPI	81
sf 5000 plus	54	spironolacton-hydrochlorothiaz		SYMLINPEN 120	60
sharobel	74	..... .....	42	SYMLINPEN 60	60
SHINGRIX (PF).....	71	sprintec (28).....	77	SYMPAZAN	25
SIGNIFOR	19	SPRITAM.....	25	SYMPROIC	66
sildenafil.....	85	SPRYCEL	20	SYMTUZA	5
sildenafil (pulmonary arterial		sps (with sorbitol).....	53	SYNAGIS	5
hypertension).....	84	sronyx	77	SYNAREL	62
silodosin	85	ssd	48	SYNERCID	8
silver sulfadiazine.....	48	STAMARIL (PF)	71	SYNRIBO	20
SIMBRINZA.....	79	stavudine.....	5	T	
SIMPONI	73	STEGLATRO	60	TABLOID	20
SIMPONI ARIA.....	73	STELARA	47	TABRECTA	20
SIMULECT	19, 20	STIOLTO RESPIMAT	84	tacrolimus	20, 48
simvastatin.....	45	STIVARGA	20	tadalafil	85
sirolimus	20	STRENSIQ	62	tadalafil (pulmonary arterial	
SIRTURO.....	8	STREPTOMYCIN	8	hypertension) oral tablet	20
SKYRIZI	47	STRIBILD	5	mg	84
sodium acetate.....	87	STRIVERDI RESPIMAT	84	TAFINLAR	20
sodium benzoate-sod		subvenite	25	TAGRISSO	20
phenylacet.....	52	subvenite starter (blue) kit....	25	TALTZ AUTOINJECTOR ..	47
sodium bicarbonate	87	subvenite starter (green) kit..	25	TALTZ AUTOINJECTOR (2	
sodium chloride	53, 87	subvenite starter (orange) kit	25	PACK)	47
sodium chloride 0.45 %.....	87	SUCRAID	66	TALTZ AUTOINJECTOR (3	
sodium chloride 0.9 %.....	53	sucralfate	68	PACK)	47
sodium chloride 3 %.....	87	sulfacetamide sodium	79	TALTZ SYRINGE	47
sodium chloride 5 %.....	87	sulfacetamide sodium (acne)	49	TALZENNA	20
sodium fluoride 5000 dry		sulfacetamide-prednisolone..	79	tamoxifen	20
mouth.....	54	sulfadiazine.....	11	tamsulosin	85
sodium fluoride 5000 plus....	54	sulfamethoxazole-trimethoprim		TARGETIN	20
sodium fluoride-pot nitrate...54		..... .....	11	tarina 24 fe	77
sodium nitroprusside	46	SULFAMYLYON	49	tarina fe 1/20 (28)	77
sodium phenylbutyrate	53	sulfasalazine	66	tarina fe 1-20 eq (28)	77
sodium phosphate.....	87	sulindac.....	33	TASIGNA	20
sodium polystyrene sulfonate		sumatriptan	27	tavaborole	50
.....	53	sumatriptan succinate	27	tazarotene	49
SOLIQUA 100/33	60	sunitinib	20	tazicef	6
SOLTAMOX.....	20	SUPRAX	6	TAZORAC	49
SOMATULINE DEPOT	20	SUPREP BOWEL PREP KIT		taztia xt	42
SOMAVERT	62	..... .....	66	TAZVERIK	20
sorine	39	SUTENT.....	20	TDVAX	71

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

This drug list was last updated on 11/22/2021.

TECENTRIQ	20	tinidazole	8	triamcinolone acetonide	51, 54, 55
TECFIDERA	28	TIVDAK	20	triamterene	42
TECHLITE INSULIN SYRINGE	60	TIVICAY	5	triamterene-hydrochlorothiazid	42
TECHLITE INSULN SYR(HALF UNIT)	60	TIVICAY PD	5	triderm	51
TECHLITE PEN NEEDLE	60	tizanidine	29	trientine	53
TEFLARO	6	TOBI PODHALER	8	tri-estarrylla	77
TEKTURNA HCT	42	TOBRADEX	79	trifluoperazine	38
telmisartan	42	tobramycin	9, 78	trifluridine	78
telmisartan-amlodipine	42	tobramycin in 0.225 % nacl	9	TRIKAFTA	84
telmisartan-hydrochlorothiazid	42	tobramycin sulfate	9	tri-legest fe	77
TEMIXYS	5	tobramycin-dexamethasone	79	tri-linyah	77
TEMODAR	20	tolcapone	26	tri-lo-estarrylla	77
temsirolimus	20	tolmetin	33	tri-lo-marzia	77
TENIVAC (PF)	71	tolterodine	85	tri-lo-sprintec	77
tenofovir disoproxil fumarate	5	tolvaptan	63	trimethoprim	11
TEPMETKO	20	topiramate	25	trimipramine	38
terazosin	42	toposar	20	TRINTELLIX	38
terbinafine hcl	2	topotecan	20, 21	tri-previfem (28)	77
terbutaline	84	toremifene	21	TRISENOX	21
terconazole	75	torsemide	42	tri-sprintec (28)	77
TERIPARATIDE	72	TOUJE MAX U-300		TRIUMEQ	5
testosterone	63	SOLOSTAR	60	trivora (28)	77
testosterone cypionate	62, 63	TOUJE SOLOSTAR U-300		TRODELVY	21
testosterone enanthate	63	INSULIN	60	TROGARZO	5
TETANUS,DIPHTHERIA TOX PED(PF)	71	tovet emollient	51	TROPHAMINE 10 %	88
tetrabenazine	28	TOVIAZ	85	trospium	85
tetracycline	11	TRADJENTA	61	TRUEPLUS INSULIN	61
THALOMID	20	tramadol	33	TRUEPLUS PEN NEEDLE	61
THEO-24	84	tramadol-acetaminophen	33	TRULANCE	66
theophylline	84	trandolapril	42	TRULICITY	61
THIOLA	53	trandolapril-verapamil	42	TRUMENBA	71
THIOLA EC	53	tranexamic acid	75	TRUSELTIQ	21
thioridazine	38	tranylcypromine	38	TRUVADA	5
thiotepa	20	travasol 10 %	88	TRUXIMA	21
thiothixene	38	travoprost	79	TUKYSA	21
tiadylt er	42	TRAZIMERA	21	tulana	74
tiagabine	25	trazodone	38	TURALIO	21
TIBSOVO	20	TREANDA	21	TWINRIX (PF)	71
TICE BCG	71	TRECATOR	9	TYKERB	21
tigecycline	8	TRELEGY ELLIPTA	84	TYPHIM VI	71
tilia fe	77	TRELSTAR	21	TYSABRI	28
timolol maleate	42, 78	treprostinil sodium	42	TYVASO	84
		tretinoin (antineoplastic)	21	TYVASO INSTITUTIONAL	
		tretinoin topical	49	START KIT	84
		tri femynor	77		

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

This drug list was last updated on 11/22/2021.

TYVASO REFILL KIT	84	VENCLEXTA STARTING PACK	21	wera (28).....	77
TYVASO STARTER KIT ...	84	venlafaxine	38	X	
U		verapamil	42	XALKORI	22
UBRELVY	27	VERQUVO	46	XARELTO	44
UKONIQ	21	VERSACLOZ	38	XARELTO DVT-PE TREAT 30D START.....	44
ULTOMIRIS	53	VERZENIO	21	XATMEP	22
unithroid	63	vestura (28).....	77	XCOPRI	26
UNITUXIN	21	V-GO 20	61	XCOPRI MAINTENANCE PACK	26
UPTRAVI	42	V-GO 30	61	XCOPRI TITRATION PACK	26
ursodiol.....	66	V-GO 40	61	XELJANZ.....	73
UVADEX	48	VIBATIV.....	9	XELJANZ XR	73
V		VIBERZI	66	XERESE	50
valacyclovir	5	VIBRAMYCIN	11	XERMELO.....	22
VALCHLOR	48	VICTOZA 2-PAK	61	XGEVA	12
valganciclovir	5	VICTOZA 3-PAK	61	XIAFLEX	53
valproate sodium	25	vienna	77	XIFAXAN	9
valproic acid	25	vigabatrin.....	25	XIGDUO XR.....	61
valproic acid (as sodium salt)	25	vigadrone	25	XOFLUZA	5
valrubicin.....	21	VIIBRYD	38	XOLAIR.....	84
valsartan	42	VIMIZIM.....	63	XOSPATA.....	22
valsartan-hydrochlorothiazide	42	VIMPAT.....	25	XPOVIO	22
VALTOCO.....	25	vinblastine	21	XTANDI	22
vancomycin	9	vincasar pfs.....	21	xulane	75
VANCOMYCIN	9	vincristine	21	XULTOPHY 100/3.6	61
VANCOMYCIN IN 0.9 % SODIUM CHL	9	vinorelbine.....	21	XURIDEN	53
vandazole.....	75	VIOKACE	66	XYREM.....	38
VANTAS.....	21	viorele (28)	77	Y	
VAQTA (PF).....	71	VIRACEPT	5	YERVOY	22
vardenafil.....	85	VIREAD	5	YF-VAX (PF).....	71
VARENICLINE	53	VISTOGARD	12	YONDELIS	22
VARIVAX (PF)	71	VITRAKVI.....	21, 22	YONSA	22
VARIZIG	71	VIVITROL	33	yuvafem	74
VARUBI	66	VIZIMPRO.....	22	Z	
VASCEPA.....	45	voriconazole	2	zafirlukast	84
VECAMYL	46	VOSEVI	5	zaleplon.....	38
VECTIBIX	21	VOTRIENT	22	ZALTRAP	22
VELCADE	21	VRAYLAR.....	38	ZANOSAR	22
veletri.....	42	VUMERTY	28	zarah	77
velivet triphasic regimen (28)	77	VYNDAMAX	46	ZARXIO	69
VELTASSA	53	VYNDAQEL.....	46	ZEJULA	22
VEMLIDY	5	VYXEOS.....	22	ZELBORA <small>F</small>	22
VENCLEXTA.....	21	W		ZENPEP	66
		warfarin	44	ZEPOSIA.....	28
		water for irrigation, sterile....	53		
		WELIREG	22		

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

This drug list was last updated on 11/22/2021.

ZEPOSIA STARTER KIT	28	zoledronic acid	63	zovia 1-35 (28)	77
ZEPOSIA STARTER PACK		zoledronic acid-mannitol-water	53, 63	ZUBSOLV	33
.....	28	ZOLINZA	22	zumandimine (28)	77
ZEPZELCA	22	zolmitriptan	27	ZYDELIG	22
zidovudine	5	zolpidem	38	ZYFLO	84
ZIEXTENZO	69	zonisamide	26	ZYKADIA	22
ziprasidone hcl	38	ZONTIVITY	44	ZYNLONTA	22
ziprasidone mesylate	38	ZORTRESS	22	ZYPREXA RELPREVV	38
ZIRABEV	22	ZOSTAVAX (PF)	71	ZYTIGA	22
ZIRGAN	78	zovia 1/35e (28)	77		
ZOLADEX	22				

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

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