

2021



**MEDICARE
SOLUTIONS**

HAP Medicare Part D Prescription Drug Formulary

List of covered drugs, cost tiers and how it all works

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THESE PLANS. This formulary was updated August 28, 2020. For more recent information or other questions, please contact our Health Alliance Plan Customer Service department at:

HAP Senior Plus (PPO) Options 1, 2, 3 and 4	(888) 658-2356
HAP Senior Plus (HMO)	(800) 801-1770
HAP Senior Henry Ford Tiered Access (HMO)	(800) 801-1770
HAP Senior Plus (HMO-POS) Options 1 and 2	(800) 801-1770
HAP Choice Medicare – West Michigan (HMO) Options 1 and 2	(800) 801-1770
HAP Primary Choice Medicare (HMO)	(866) 766-4714
HAP Empowered Duals (HMO D-SNP)	(800) 848-4844
TTD/TTY Users	711

Our business hours are:

Prescription drug benefit related calls:

Available 24 hours a day, seven days a week

For all other calls:

8 a.m. to 8 p.m., seven days a week (Oct. 1 – March 31)

8 a.m. to 8 p.m., Monday through Friday (April 1 - Sept. 30)

Or visit www.hap.org/medicare



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 Health Alliance Plan of Michigan. When it refers to “plan” or “our plan,” it means HAP Medicare Advantage.

This document includes a list of the drugs (formulary) for our plan which is current as of August 28, 2020. 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, premium and/or copayments/ coinsurance may change on January 1, 2021, and from time to time during the year.

Health Alliance Plan (HAP) has HMO, HMO-POS, PPO plans with Medicare contracts. Enrollment depends on contract renewal.

What is the HAP Medicare Advantage Formulary?

A formulary is a list of covered drugs selected by HAP Medicare Advantage 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:

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

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the HAP Medicare Advantage Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our Formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, 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 HAP Medicare Advantage 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 the 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 formulary is current as of August 28, 2020. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

Each month we will post an updated Comprehensive Medicare Formulary to our website at www.hap.org/medicare with maintenance changes. The monthly member EOB also contains notification of formulary changes that will occur throughout the plan year to the Medicare Formulary.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular, Hypertension/Lipids". If you know what your drug is used for, look for the category name in the list that begins on page 1. 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 106. 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?

HAP Medicare Advantage 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 the plan will cover. For example, we provide 30 tablets per prescription for aripiprazole. 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 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online 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 HAP Medicare Advantage Formulary?" on page VI 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 we do not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by the 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 the 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 HAP Medicare Advantage Formulary?

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

- You can ask us to cover your drug even if it is not on our formulary. If approved, 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.

An Emergency Supply is defined by CMS as a one-time fill of a non-formulary drug that is necessary with respect to current members in the LTC setting. Current members that are in need of a one-time Emergency Fill or that are prescribed a non-formulary drug as a result of a level of care change are placed in transition. We have authorized our claims processor to place a manual override at the point of sale to accommodate a one-time fill in this scenario. Level of care changes include the following changes from one treatment setting to another:

- Enter Long Term Care facility [LTC] from hospitals or other settings;
- Leave LTC facility and return to the community;
- Discharge from a hospital to a home;
- End a skilled nursing facility stay covered under Medicare Part A (including pharmacy

charges), and revert to coverage under Part D;

- Revert from hospice status to standard Medicare Part A and B benefits; and
- Discharge from a psychiatric hospital with medication regimens that are highly individualized.

For more information

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

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

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

HAP Medicare Advantage Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by HAP Medicare Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 106.

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

The second column of the Drug List represents the drug's cost-sharing level or "tier." Every drug on the Drug List is in one of six cost-sharing tiers. In general, the higher the cost-sharing tier, the higher your cost for the drug. However, certain vaccines in the Select Care Tier are available at \$0 (no cost) to you in the Initial Coverage phase.

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

If you purchase your benefits as an individual beneficiary, you are in a 6 Tier Plan. If your benefits are provided through an employer group, you may have 6, 5, 4 or 3 cost-sharing tiers. The table below will translate how the 6 tiers shown in the Drug List are applicable to your plan's prescription drug benefit.

Please refer to Chapter 6 in your Evidence of Coverage titled, "What you pay for your Part D prescription drugs." This Chapter explains the cost-sharing tiers for your plan and tells what you must pay for a drug in each cost-sharing tier in the various stages of drug coverage.

Medicare Part D is a phased benefit. Please consult your EOC for detailed information about your co-payment /co-insurance amounts for each phase.

FORMULARY

Description of Tier	6-Tier Plan	5-Tier Plan	4-Tier Plan	3-Tier Plan
Preferred Generic – This is the lowest cost-sharing tier.	1	1		
Generic – These are still “generic” drugs, but not the preferred generic tier. This tier may also include some preferred brand drugs.	2	2	1	1
Preferred Brand – This is the lowest cost non generic tier.	3	3	2	
Non-Preferred Drug – These are brand name drugs not in the Preferred Brand tier. This tier may also include some non-preferred generic drugs.	4	4	3	2
Specialty Tier – This is the highest cost-sharing tier.	5			
Select Care – Certain preventive care vaccines are covered in this tier for no cost-share during the Initial Coverage phase.	6	5	4	3

	HAP Senior Plus (HMO) HAP Senior Plus (HMO-POS) HAP Primary Choice (HMO)				HAP Senior Plus (PPO)			
	30-Day Preferred Pharmacy	90-Day Preferred Pharmacy	30-day Standard Pharmacy	90-day Standard Pharmacy	30-Day Preferred Pharmacy	90-Day Preferred Pharmacy	30-day Standard Pharmacy	90-day Standard Pharmacy
Tier 1 - Preferred Generics	\$0	\$0	\$6	\$15	\$0	\$0	\$7	\$17.50
Tier 2 - Generics	\$10	\$25	\$15	\$37.50	\$10	\$25	\$15	\$37.50
Tier 3 - Preferred Brand	\$42	\$105	\$47	\$117.50	\$42	\$105	\$47	\$117.50
Tier 4 - Non-Preferred Drug	48%		50%		48%		50%	
Tier 5 - Specialty Drugs	33%	NA	33%	NA	33%	NA	33%	NA
Tier 6 – Select Care	\$0	NA	\$0	NA	\$0	NA	\$0	NA

Coverage Notes Abbreviations

B/D – This prescription drug has a Part B versus D administrative prior authorization requirement. This 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.

ED – 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 towards 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. Please refer to our Evidence of Coverage for more information about this coverage.

LA – Limited access; This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service. Our contact information can be found on the front and back cover.

OP - Each new fill or refill for prescriptions for opioid medications are limited to a 30-day supply dispensed for members who received authorization for greater than a 7-day supply. Does not apply to members enrolled in **HAP Empowered Duals (HMO SNP)**.

PA – You (or your physician) are required to get prior authorization from HAP Medicare Advantage before you fill your prescription for this drug. Without prior approval, we may not cover this drug.

QL – We limit the amount of this drug that is covered per prescription. For example, if it is normally considered safe to take only one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day. EA refers to each (such as tablet or capsule), GM refers to gram, and ML refers to milliliter.

SSM – Senior Savings Model. For this select insulin drug, your copay will be the same in all stages until you reach the Catastrophic Coverage Stage. Please refer to Chapter 4 of our Evidence of Coverage for more information. If you receive Extra Help, you do not qualify for this program and your Low Income Subsidy (LIS) copay level will apply.

ST – Before we will provide coverage for this drug, you must first try another drug (or drugs) to treat your medical condition. This drug may only be covered if the other drug (or drugs) does not work for you.

Drug Name	Drug Tier	Requirements/Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	B/D
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	5	B/D
<i>amphotericin b injection recon soln 50 mg</i>	2	B/D
CANCIDAS INTRAVENOUS RECON SOLN 50 MG, 70 MG	5	
<i>caspofungin intravenous recon soln 50 mg, 70 mg</i>	2	
<i>clotrimazole mucous membrane troche 10 mg</i>	2	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG	3	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	2	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	2	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	5	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	2	
<i>griseofulvin microsize oral tablet 500 mg</i>	2	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	2	
<i>itraconazole oral capsule 100 mg</i>	2	
<i>itraconazole oral solution 10 mg/ml</i>	2	
<i>ketoconazole oral tablet 200 mg</i>	2	
<i>micafungin intravenous recon soln 100 mg, 50 mg</i>	5	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	5	PA
<i>nystatin oral suspension 100,000 unit/ml</i>	2	QL (700 per 28 days)
<i>nystatin oral tablet 500,000 unit</i>	2	
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	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 08/28/2020.

Drug Name	Drug Tier	Requirements/Limits
<i>terbinafine hcl oral tablet 250 mg</i>	2	
<i>voriconazole intravenous recon soln 200 mg</i>	4	
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	5	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	2	
ANTIVIRALS		
<i>abacavir oral solution 20 mg/ml</i>	2	
<i>abacavir oral tablet 300 mg</i>	2	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	2	
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	5	
<i>acyclovir oral capsule 200 mg</i>	2	
<i>acyclovir oral suspension 200 mg/5 ml</i>	2	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	2	B/D
<i>adefovir oral tablet 10 mg</i>	2	
<i>amantadine hcl oral capsule 100 mg</i>	2	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	2	
<i>amantadine hcl oral tablet 100 mg</i>	2	
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML	5	
APTIVUS ORAL CAPSULE 250 MG	5	
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	2	
ATRIPLA ORAL TABLET 600-200-300 MG	5	
BARACLUDGE ORAL SOLUTION 0.05 MG/ML	5	PA
BIKTARVY ORAL TABLET 50-200-25 MG	5	
CIMDUO ORAL TABLET 300-300 MG	4	
COMPLERA ORAL TABLET 200-25-300 MG	5	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	3	
DELSTRIGO ORAL TABLET 100-300-300 MG	5	
DESCOVY ORAL TABLET 200-25 MG	5	
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
DOVATO ORAL TABLET 50-300 MG	5	
EDURANT ORAL TABLET 25 MG	3	
<i>efavirenz oral capsule 200 mg, 50 mg</i>	2	
<i>efavirenz oral tablet 600 mg</i>	2	
EMTRIVA ORAL CAPSULE 200 MG	3	
EMTRIVA ORAL SOLUTION 10 MG/ML	3	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	2	PA
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	3	
EVOTAZ ORAL TABLET 300-150 MG	5	QL (30 per 30 days)
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	
<i>fosamprenavir oral tablet 700 mg</i>	2	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5	
GENVOYA ORAL TABLET 150-150-200-10 MG	3	
INTELENCE ORAL TABLET 100 MG, 200 MG	5	
INTELENCE ORAL TABLET 25 MG	4	
INVIRASE ORAL TABLET 500 MG	3	
ISENTRESS HD ORAL TABLET 600 MG	4	QL (60 per 30 days)
ISENTRESS ORAL POWDER IN PACKET 100 MG	5	
ISENTRESS ORAL TABLET 400 MG	5	QL (60 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	4	
JULUCA ORAL TABLET 50-25 MG	3	
KALETRA ORAL TABLET 100-25 MG	3	
KALETRA ORAL TABLET 200-50 MG	5	
<i>lamivudine oral solution 10 mg/ml</i>	2	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	2	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	2	
LEXIVA ORAL SUSPENSION 50 MG/ML	3	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	2	
MAVYRET ORAL TABLET 100-40 MG	5	PA
<i>nevirapine oral suspension 50 mg/5 ml</i>	2	
<i>nevirapine oral tablet 200 mg</i>	2	
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	2	
NORVIR ORAL POWDER IN PACKET 100 MG	3	
NORVIR ORAL SOLUTION 80 MG/ML	3	
ODEFSEY ORAL TABLET 200-25-25 MG	5	
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	2	
PIFELTRO ORAL TABLET 100 MG	5	
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	QL (30 per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	5	
PREZISTA ORAL TABLET 150 MG, 75 MG	4	
PREZISTA ORAL TABLET 600 MG, 800 MG	5	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	3	
REYATAZ ORAL POWDER IN PACKET 50 MG	5	
<i>ribavirin oral capsule 200 mg</i>	4	
<i>ribavirin oral tablet 200 mg</i>	2	
<i>rimantadine oral tablet 100 mg</i>	2	
<i>ritonavir oral tablet 100 mg</i>	2	
SELZENTRY ORAL SOLUTION 20 MG/ML	3	
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG	3	
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	2	
STRIBILD ORAL TABLET 150-150-200-300 MG	3	QL (30 per 30 days)
SYMFI LO ORAL TABLET 400-300-300 MG	3	
SYMFI ORAL TABLET 600-300-300 MG	3	
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	
TEMIXYS ORAL TABLET 300-300 MG	5	

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This drug list was last updated on 08/28/2020.

Drug Name	Drug Tier	Requirements/Limits
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	2	
TIVICAY ORAL TABLET 10 MG	4	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	
TRIUMEQ ORAL TABLET 600-50-300 MG	5	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	5	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	5	
TYBOST ORAL TABLET 150 MG	4	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	2	
<i>valganciclovir oral recon soln 50 mg/ml</i>	2	
<i>valganciclovir oral tablet 450 mg</i>	3	
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	
VIRAMUNE ORAL SUSPENSION 50 MG/5 ML	4	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	
XOFLUZA ORAL TABLET 20 MG, 40 MG	4	
ZEPATIER ORAL TABLET 50-100 MG	5	PA
<i>zidovudine oral capsule 100 mg</i>	2	
<i>zidovudine oral syrup 10 mg/ml</i>	2	
<i>zidovudine oral tablet 300 mg</i>	2	
CEPHALOSPORINS		
AVYCAZ INTRAVENOUS RECON SOLN 2.5 GRAM	5	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	2	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	2	
<i>cefadroxil oral capsule 500 mg</i>	2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	
<i>cefadroxil oral tablet 1 gram</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 08/28/2020.

Drug Name	Drug Tier	Requirements/Limits
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i>	2	
<i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 300 g, 500 mg</i>	2	
<i>cefazolin intravenous recon soln 1 gram</i>	2	
<i>cefdinir oral capsule 300 mg</i>	2	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	2	
<i>cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>	2	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	2	
<i>cefixime oral capsule 400 mg</i>	2	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	2	
CEFOTAN INJECTION RECON SOLN 1 GRAM, 2 GRAM	2	
CEFOTETAN IN DEXTROSE, ISO-OSM INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	2	
<i>cefotetan injection recon soln 1 gram, 2 gram</i>	2	
<i>cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	2	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	2	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	2	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	2	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	
CEFTAZIDIME IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	2	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	2	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	2	
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	2	
<i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i>	2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	2	
SUPRAX ORAL CAPSULE 400 MG	3	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	3	
TAZICEF INJECTION RECON SOLN 1 GRAM, 2 GRAM, 6 GRAM	2	
<i>tazicef intravenous recon soln 1 gram, 2 gram</i>	2	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	5	
ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM	5	
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous recon soln 500 mg</i>	2	
<i>azithromycin oral packet 1 gram</i>	2	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	2	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	2	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	2	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	2	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	2	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	2	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	2	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	2	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole oral tablet 200 mg</i>	5	
ALBENZA ORAL TABLET 200 MG	5	
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	4	
ALINIA ORAL TABLET 500 MG	4	
<i>amikacin injection solution 500 mg/2 ml</i>	2	
<i>atovaquone oral suspension 750 mg/5 ml</i>	2	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	2	
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	2	
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	4	
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	5	B/D
BILTRICIDE ORAL TABLET 600 MG	3	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	LA
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	2	
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML, 900 MG/50 ML	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	2	
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i>	2	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	2	
COARTEM ORAL TABLET 20-120 MG	3	
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	2	
CYCLOSERINE ORAL CAPSULE 250 MG	2	
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
<i>daptomycin intravenous recon soln 500 mg</i>	2	
EMVERM ORAL TABLET,CHEWABLE 100 MG	5	
<i>ertapenem injection recon soln 1 gram</i>	2	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	2	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	2	
<i>gentamicin injection solution 40 mg/ml</i>	2	
<i>hydroxychloroquine oral tablet 200 mg</i>	2	
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	2	
INVANZ INJECTION RECON SOLN 1 GRAM	3	
<i>isoniazid oral solution 50 mg/5 ml</i>	2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	2	
<i>ivermectin oral tablet 3 mg</i>	2	
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	2	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	2	QL (1680 per 28 days)
<i>linezolid oral tablet 600 mg</i>	2	QL (56 per 28 days)
<i>linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml</i>	2	
<i>mefloquine oral tablet 250 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	2	
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 500 MG/50 ML	2	
<i>metro i.v. intravenous piggyback 500 mg/100 ml</i>	2	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	2	
<i>metronidazole oral capsule 375 mg</i>	4	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	2	
<i>neomycin oral tablet 500 mg</i>	2	
<i>paromomycin oral capsule 250 mg</i>	2	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	3	
<i>pentamidine inhalation recon soln 300 mg</i>	2	B/D
<i>pentamidine injection recon soln 300 mg</i>	2	
<i>praziquantel oral tablet 600 mg</i>	2	
PRIFTIN ORAL TABLET 150 MG	3	
PRIMAQUINE ORAL TABLET 26.3 MG	2	
<i>pyrazinamide oral tablet 500 mg</i>	2	
<i>pyrimethamine oral tablet 25 mg</i>	5	
<i>quinine sulfate oral capsule 324 mg</i>	2	
RECARBRIO INTRAVENOUS RECON SOLN 1.25 GRAM	5	
<i>rifabutin oral capsule 150 mg</i>	2	
<i>rifampin intravenous recon soln 600 mg</i>	2	
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	
RIFATER ORAL TABLET 50-120-300 MG	3	
SIRTURO ORAL TABLET 100 MG	5	PA; LA
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	2	
<i>tigecycline intravenous recon soln 50 mg</i>	2	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	5	PA
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	2	B/D
<i>tobramycin sulfate injection recon soln 1.2 gram</i>	2	
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	2	
TRECTOR ORAL TABLET 250 MG	3	
TYGACIL INTRAVENOUS RECON SOLN 50 MG	3	
VABOMERE INTRAVENOUS RECON SOLN 2 GRAM	4	
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	2	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 500 MG/100 ML, 750 MG/150 ML	2	
VANCOMYCIN INJECTION RECON SOLN 100 GRAM	2	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	2	
<i>vancomycin oral capsule 125 mg</i>	2	PA; QL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	2	PA; QL (80 per 10 days)
XENLETA ORAL TABLET 600 MG	5	
XIFAXAN ORAL TABLET 200 MG	4	PA; QL (120 per 30 days)
XIFAXAN ORAL TABLET 550 MG	4	PA; QL (60 per 30 days)
PENICILLINS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	2	
<i>ampicillin oral capsule 500 mg</i>	2	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	2	
<i>ampicillin sodium intravenous recon soln 1 gram, 2 gram</i>	2	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	2	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram</i>	2	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	3	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	2	
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>	2	
<i>nafcillin injection recon soln 1 gram, 10 gram, 2 gram</i>	2	
<i>nafcillin intravenous recon soln 1 gram, 2 gram</i>	2	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	2	
<i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i>	2	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	2	
<i>penicillin g potassium injection recon soln 20 million unit, 5 million unit</i>	2	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	2	
<i>penicillin g sodium injection recon soln 5 million unit</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	2	
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	2	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	2	
QUINOLONES		
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	2	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	2	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	2	
<i>levofloxacin intravenous solution 25 mg/ml</i>	2	
<i>levofloxacin oral solution 250 mg/10 ml</i>	2	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	2	
<i>moxifloxacin oral tablet 400 mg</i>	2	
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK 400 MG/250 ML	2	
MOXIFLOXACIN-SOD.CHLORIDE(ISO) INTRAVENOUS PIGGYBACK 400 MG/250 ML	2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2	
SULFA'S / RELATED AGENTS		
<i>sulfadiazine oral tablet 500 mg</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
TETRACYCLINES		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	2	
<i>doxy-100 intravenous recon soln 100 mg</i>	2	
<i>doxycycline hyclate intravenous recon soln 100 mg</i>	2	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	2	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	2	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	2	
<i>minocycline oral tablet extended release 24 hr 105 mg, 80 mg</i>	4	
<i>minocycline oral tablet extended release 24 hr 135 mg, 45 mg, 90 mg</i>	2	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	2	
URINARY TRACT AGENTS		
<i>methenamine hippurate oral tablet 1 gram</i>	2	
MONUROL ORAL PACKET 3 GRAM	4	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	2	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	2	
<i>trimethoprim oral tablet 100 mg</i>	2	
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	
MESNEX ORAL TABLET 400 MG	5	
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	PA
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	5	PA; QL (120 per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	5	PA
AFINITOR ORAL TABLET 10 MG	5	PA
ALECENSA ORAL CAPSULE 150 MG	5	PA
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	5	PA
<i>anastrozole oral tablet 1 mg</i>	2	QL (30 per 30 days)
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	4	B/D
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA; LA; QL (30 per 30 days)
AZASAN ORAL TABLET 100 MG, 75 MG	4	B/D
<i>azathioprine oral tablet 50 mg</i>	2	B/D
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	5	PA; LA
<i>bexarotene oral capsule 75 mg</i>	5	
<i>bicalutamide oral tablet 50 mg</i>	2	
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	2	B/D
BOSULIF ORAL TABLET 100 MG	5	PA; QL (150 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; LA
BRUKINSA ORAL CAPSULE 80 MG	5	PA; LA; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5	PA; LA
CALQUENCE ORAL CAPSULE 100 MG	5	PA; LA
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)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	5	PA
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA; LA; QL (60 per 30 days)
COTELLIC ORAL TABLET 20 MG	5	PA; LA
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	2	B/D
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	2	B/D
<i>cyclosporine modified oral solution 100 mg/ml</i>	2	B/D
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	2	B/D
DAURISMO ORAL TABLET 100 MG	5	PA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
DAURISMO ORAL TABLET 25 MG	5	PA; QL (60 per 30 days)
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	3	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	3	
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	3	
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	3	
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	3	
EMCYT ORAL CAPSULE 140 MG	3	
ERIVEDGE ORAL CAPSULE 150 MG	5	PA; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg, 25 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
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	5	B/D
<i>exemestane oral tablet 25 mg</i>	2	
FARESTON ORAL TABLET 60 MG	5	
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5	PA
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	
<i>flutamide oral capsule 125 mg</i>	2	
<i>gengraf oral capsule 100 mg, 25 mg</i>	2	B/D
<i>gengraf oral solution 100 mg/ml</i>	2	B/D
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA; QL (30 per 30 days)
<i>hydroxyurea oral capsule 500 mg</i>	2	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA; QL (21 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG, 45 MG	5	PA
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA; LA
<i>imatinib oral tablet 100 mg</i>	5	PA; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	5	PA; 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 140 MG, 280 MG, 420 MG, 560 MG	5	PA; QL (30 per 30 days)
INLYTA ORAL TABLET 1 MG	5	PA; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; QL (120 per 30 days)
INREBIC ORAL CAPSULE 100 MG	5	PA; LA
IRESSA ORAL TABLET 250 MG	5	PA; QL (60 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; QL (60 per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	5	PA
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X 2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	5	PA
<i>letrozole oral tablet 2.5 mg</i>	2	
LEUKERAN ORAL TABLET 2 MG	3	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	2	
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	5	PA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA
LORBRENA ORAL TABLET 100 MG, 25 MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	5	
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	5	
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	4	
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	4	
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	5	
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA
LYSODREN ORAL TABLET 500 MG	3	
MATULANE ORAL CAPSULE 50 MG	5	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	2	
<i>megestrol oral tablet 20 mg, 40 mg</i>	2	
MEKINIST ORAL TABLET 0.5 MG	5	PA; QL (120 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA; LA
<i>mercaptopurine oral tablet 50 mg</i>	2	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	2	
<i>methotrexate sodium injection solution 25 mg/ml</i>	2	
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	
<i>mycophenolate mofetil oral capsule 250 mg</i>	2	B/D
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	2	B/D
<i>mycophenolate mofetil oral tablet 500 mg</i>	2	B/D

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This drug list was last updated on 08/28/2020.

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	2	B/D
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC) 180 MG, 360 MG	3	B/D
NEORAL ORAL CAPSULE 100 MG, 25 MG	3	B/D
NEORAL ORAL SOLUTION 100 MG/ML	3	B/D
NERLYNX ORAL TABLET 40 MG	5	PA; LA
NEXAVAR ORAL TABLET 200 MG	5	PA; LA; QL (120 per 30 days)
<i>nilutamide oral tablet 150 mg</i>	5	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA
NUBEQA ORAL TABLET 300 MG	5	PA; LA
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	2	
ODOMZO ORAL CAPSULE 200 MG	5	PA; LA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA; LA
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	B/D
PURIXAN ORAL SUSPENSION 20 MG/ML	5	PA
QINLOCK ORAL TABLET 50 MG	5	PA; LA
RAPAMUNE ORAL SOLUTION 1 MG/ML	3	B/D
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	B/D
RETEVMO ORAL CAPSULE 40 MG, 80 MG	5	PA; LA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA; LA; QL (28 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA; LA
RYDAPT ORAL CAPSULE 25 MG	5	PA
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	3	B/D
SANDIMMUNE ORAL SOLUTION 100 MG/ML	3	B/D
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	PA
<i>sirolimus oral solution 1 mg/ml</i>	5	B/D
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	B/D
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	4	
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 90 MG/0.3 ML	5	
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	5	QL (0.2 per 28 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	5	PA
STIVARGA ORAL TABLET 40 MG	5	PA; QL (120 per 30 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	5	PA
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	PA
TABLOID ORAL TABLET 40 MG	3	
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	2	B/D
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA; QL (120 per 30 days)
TAGRISSE ORAL TABLET 40 MG, 80 MG	5	PA; LA
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	5	PA
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	2	
TARGRETIN TOPICAL GEL 1 %	5	PA; QL (60 per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; QL (120 per 30 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA
TAZVERIK ORAL TABLET 200 MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	
TIBSOVO ORAL TABLET 250 MG	5	PA
<i>toremifene oral tablet 60 mg</i>	5	
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	5	PA
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	5	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	3	
TUKYSA ORAL TABLET 150 MG, 50 MG	5	PA; LA
TURALIO ORAL CAPSULE 200 MG	5	PA; LA
TYKERB ORAL TABLET 250 MG	5	PA; LA; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 10 MG, 50 MG	3	PA; LA
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	5	PA; LA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA; LA
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	5	PA; LA
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA; LA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA
VOTRIENT ORAL TABLET 200 MG	5	PA; QL (120 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA; QL (60 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA
XERMELO ORAL TABLET 250 MG	5	PA; LA
XOSPATA ORAL TABLET 40 MG	5	PA; LA
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5), 60 MG/WEEK (20 MG X 3), 80 MG/WEEK (20 MG X 4), 80MG TWICE WEEK (160 MG/WEEK)	5	PA; LA
XPOVIO ORAL TABLET 40MG TWICE WEEK (80 MG/WEEK)	4	PA
XTANDI ORAL CAPSULE 40 MG	5	PA; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZEJULA ORAL CAPSULE 100 MG	5	PA; LA
ZELBORAF ORAL TABLET 240 MG	5	PA; QL (240 per 30 days)
ZOLINZA ORAL CAPSULE 100 MG	5	QL (120 per 30 days)
ZORTRESS ORAL TABLET 1 MG	5	B/D
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA
ZYKADIA ORAL TABLET 150 MG	5	PA

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	5	
BANZEL ORAL SUSPENSION 40 MG/ML	3	
BANZEL ORAL TABLET 200 MG, 400 MG	3	
BRIVIACT ORAL SOLUTION 10 MG/ML	5	PA
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	5	PA
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	2	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	
<i>carbamazepine oral tablet 200 mg</i>	2	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	2	
<i>carbamazepine oral tablet, chewable 100 mg</i>	2	
CELONTIN ORAL CAPSULE 300 MG	3	
<i>clobazam oral suspension 2.5 mg/ml</i>	2	QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	2	QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	2	
DILANTIN 30 MG ORAL CAPSULE 30 MG	3	
DILANTIN EXTENDED 100 MG ORAL CAPSULE 100 MG	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	2	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	2	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA; LA
<i>epitol oral tablet 200 mg</i>	2	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	4	
<i>ethosuximide oral capsule 250 mg</i>	2	
<i>ethosuximide oral solution 250 mg/5 ml</i>	2	
<i>felbamate oral suspension 600 mg/5 ml</i>	2	
<i>felbamate oral tablet 400 mg, 600 mg</i>	2	
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i>	2	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5	PA
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5	PA
FYCOMPA ORAL TABLET 2 MG	4	PA
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	2	
<i>gabapentin oral solution 250 mg/5 ml</i>	2	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	2	
GRALISE 30-DAY STARTER PACK ORAL TABLET EXTENDED RELEASE 24 HR 300 MG (9)- 600 MG (69)	4	PA
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 600 MG	4	PA
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	2	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	4	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	2	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i>	2	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	2	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	2	
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	5	PA; QL (10 per 30 days)
ONFI ORAL SUSPENSION 2.5 MG/ML	5	
ONFI ORAL TABLET 10 MG, 20 MG	5	
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	2	
PEGANONE ORAL TABLET 250 MG	3	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	2	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	
<i>phenytoin oral tablet,chewable 50 mg</i>	2	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	2	QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	2	QL (900 per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i>	2	
<i>roweepra oral tablet 1,000 mg, 500 mg, 750 mg</i>	2	
<i>roweepra xr oral tablet extended release 24 hr 500 mg, 750 mg</i>	2	
SABRIL ORAL TABLET 500 MG	5	LA
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	4	PA
SYMPAZAN ORAL FILM 10 MG	5	PA; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SYMPAZAN ORAL FILM 20 MG	5	PA; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	PA; QL (240 per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	2	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	2	PA
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	PA
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	
<i>valproic acid oral capsule 250 mg</i>	2	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	5	PA; QL (10 per 30 days)
<i>vigabatrin oral powder in packet 500 mg</i>	5	LA
<i>vigabatrin oral tablet 500 mg</i>	5	LA
<i>vigadrone oral powder in packet 500 mg</i>	5	LA
VIMPAT ORAL SOLUTION 10 MG/ML	4	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	QL (60 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 350 MG/DAY (200 MG X1-150MG X1)	5	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG	4	PA
XCOPRI ORAL TABLET 200 MG	5	PA
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	4	PA
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	PA
ANTIPARKINSONISM AGENTS		
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	5	PA; LA
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>bromocriptine oral capsule 5 mg</i>	2	
<i>bromocriptine oral tablet 2.5 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa oral tablet 25 mg</i>	2	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	2	
<i>entacapone oral tablet 200 mg</i>	2	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	5	PA; QL (300 per 30 days)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	4	PA
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	2	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	2	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	2	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	2	
<i>selegiline hcl oral capsule 5 mg</i>	2	
<i>selegiline hcl oral tablet 5 mg</i>	2	
<i>tolcapone oral tablet 100 mg</i>	5	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	2	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	2	
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	4	PA
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	2	QL (18 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	5	PA; QL (8 per 30 days)
ERGOMAR SUBLINGUAL TABLET 2 MG	4	
<i>migergot rectal suppository 2-100 mg</i>	2	
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	2	QL (18 per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	5	PA; QL (15 per 30 days)
REYVOW ORAL TABLET 100 MG, 50 MG	4	PA; QL (8 per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	2	QL (18 per 30 days)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	2	QL (18 per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i>	2	QL (12 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	2	QL (9 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	2	QL (9 per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	2	QL (9 per 30 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	2	QL (9 per 30 days)
TOSYMRA NASAL SPRAY,NON-AEROSOL 10 MG/ACTUATION	3	QL (12 per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUBAGIO ORAL TABLET 14 MG, 7 MG	5	PA
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	5	PA
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	2	
<i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>	2	
FIRDAPSE ORAL TABLET 10 MG	5	PA
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	2	
<i>galantamine oral solution 4 mg/ml</i>	2	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
GILENYA ORAL CAPSULE 0.5 MG	5	PA
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	5	PA
<i>glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	5	PA
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	5	PA; LA
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	5	PA; LA
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	5	PA; LA
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	5	PA; LA
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	5	PA; LA
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	5	PA; LA
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	5	PA; LA
MAYZENT ORAL TABLET 0.25 MG, 2 MG	5	PA
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	2	
<i>memantine oral solution 2 mg/ml</i>	2	
<i>memantine oral tablet 10 mg, 5 mg</i>	2	
MEMANTINE ORAL TABLETS, DOSE PACK 5-10 MG	2	
NUDEXTA ORAL CAPSULE 20-10 MG	4	PA
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	QL (60 per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr</i>	2	
RUZURGI ORAL TABLET 10 MG	5	PA
TECFIDERA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG	5	PA; LA
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	5	PA; LA
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	5	PA

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Drug Name	Drug Tier	Requirements/Limits
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	
BACLOFEN ORAL TABLET 5 MG	2	
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	2	QL (120 per 30 days)
<i>chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg</i>	2	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg</i>	2	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	2	
MESTINON ORAL SYRUP 60 MG/5 ML	3	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	4	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	2	
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	2	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	2	
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	2	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	2	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	2	
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	2	QL (240 per 30 days); OP
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	2	QL (400 per 30 days); OP
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	2	QL (180 per 30 days)
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	2	
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour</i>	2	QL (4 per 28 days); OP
BUPRENORPHINE TRANSDERMAL PATCH WEEKLY 7.5 MCG/HOUR	3	QL (4 per 28 days); OP
<i>butalbital compound w/codeine oral capsule 30-50-325-40 mg</i>	2	QL (180 per 30 days)
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	2	QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	2	QL (180 per 30 days)
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	2	QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	2	QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	2	QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	2	QL (180 per 30 days)
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	2	OP
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	2	
<i>duramorph (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	2	OP
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL (360 per 30 days); OP
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	2	PA; QL (120 per 30 days); OP
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	2	QL (10 per 30 days); OP
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	QL (5520 per 30 days); OP
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL (240 per 30 days); OP
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	QL (150 per 30 days); OP
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	2	QL (240 per 30 days); OP
<i>hydromorphone injection syringe 2 mg/ml</i>	2	OP
<i>hydromorphone oral liquid 1 mg/ml</i>	2	QL (2400 per 30 days); OP
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	2	QL (180 per 30 days); OP
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	2	QL (30 per 30 days); OP
<i>ibuprofen-oxycodone oral tablet 400-5 mg</i>	2	QL (300 per 30 days); OP
<i>levorphanol tartrate oral tablet 2 mg</i>	2	OP

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This drug list was last updated on 08/28/2020.

Drug Name	Drug Tier	Requirements/Limits
<i>lorcet (hydrocodone) oral tablet 5-325 mg</i>	2	QL (240 per 30 days); OP
<i>lorcet hd oral tablet 10-325 mg</i>	2	QL (240 per 30 days); OP
<i>lorcet plus oral tablet 7.5-325 mg</i>	2	QL (240 per 30 days); OP
<i>meperidine oral tablet 100 mg, 50 mg</i>	2	OP
<i>methadone oral solution 10 mg/5 ml</i>	2	QL (1200 per 30 days); OP
<i>methadone oral solution 5 mg/5 ml</i>	2	QL (600 per 30 days); OP
<i>methadone oral tablet 10 mg</i>	2	QL (240 per 30 days); OP
<i>methadone oral tablet 5 mg</i>	2	QL (120 per 30 days); OP
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	2	OP
<i>morphine injection syringe 2 mg/ml, 4 mg/ml</i>	2	OP
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML, 8 MG/ML	2	OP
<i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i>	2	OP
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	2	QL (90 per 30 days); OP
<i>morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg</i>	2	QL (90 per 30 days); OP
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	2	OP
<i>morphine oral tablet 15 mg, 30 mg</i>	2	QL (120 per 30 days); OP
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	2	QL (90 per 30 days); OP
<i>oxycodone oral solution 5 mg/5 ml</i>	2	QL (2400 per 30 days); OP
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	2	QL (180 per 30 days); OP
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL (360 per 30 days); OP
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	2	QL (180 per 30 days); OP
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	2	QL (60 per 30 days); OP
<i>prolate oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	2	QL (360 per 30 days); OP
<i>tencon oral tablet 50-325 mg</i>	2	QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>zebutal oral capsule 50-325-40 mg</i>	2	QL (180 per 30 days)
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	2	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	QL (120 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	QL (90 per 30 days)
<i>butorphanol nasal spray,non-aerosol 10 mg/ml</i>	2	QL (5 per 28 days); OP
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	2	QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	2	
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	2	
<i>diclofenac sodium topical drops 1.5 %</i>	2	QL (300 per 28 days)
<i>diclofenac sodium topical gel 1 %</i>	2	QL (1000 per 28 days)
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	2	
<i>diflunisal oral tablet 500 mg</i>	2	
<i>ec-naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg</i>	2	
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	
<i>etodolac oral tablet 400 mg, 500 mg</i>	2	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	2	
<i>fenoprofen oral tablet 600 mg</i>	2	
<i>flurbiprofen oral tablet 100 mg</i>	2	
<i>ibu oral tablet 600 mg, 800 mg</i>	2	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	2	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	2	
<i>indomethacin oral capsule, extended release 75 mg</i>	2	
<i>ketorolac oral tablet 10 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	2	
<i>mefenamic acid oral capsule 250 mg</i>	4	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	2	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	
<i>naloxone injection solution 0.4 mg/ml</i>	2	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	2	
<i>naltrexone oral tablet 50 mg</i>	2	
<i>naproxen oral suspension 125 mg/5 ml</i>	2	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	
<i>oxaprozin oral tablet 600 mg</i>	2	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	2	
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	
<i>tolmetin oral capsule 400 mg</i>	2	
<i>tolmetin oral tablet 600 mg</i>	2	
<i>tramadol oral capsule, er biphase 24 hr 17-83 300 mg</i>	2	QL (90 per 30 days); OP
<i>tramadol oral capsule, er biphase 24 hr 25-75 100 mg, 200 mg</i>	2	QL (90 per 30 days); OP
<i>tramadol oral tablet 50 mg</i>	2	QL (240 per 30 days); OP
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	2	QL (90 per 30 days); OP
<i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	2	QL (90 per 30 days); OP
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	QL (240 per 30 days); OP
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 400 MG	4	PA
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	5	PA
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	
<i>alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	2	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	2	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	5	
<i>aripiprazole oral solution 1 mg/ml</i>	2	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	5	
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	5	PA
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	5	PA
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	2	PA; QL (30 per 30 days)
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	2	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	2	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	2	
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	2	
CAPLYTA ORAL CAPSULE 42 MG	5	PA
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	2	
<i>chlorpromazine injection solution 25 mg/ml</i>	2	PA
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>citalopram oral solution 10 mg/5 ml</i>	2	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	4	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	2	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	2	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	2	QL (270 per 30 days)
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG, 200 MG	2	QL (270 per 30 days)
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	2	
<i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>dextroamphetamine oral capsule, extended release 10 mg</i>	2	QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine oral capsule, extended release 15 mg, 5 mg</i>	2	QL (120 per 30 days)
<i>dextroamphetamine oral solution 5 mg/5 ml</i>	2	QL (1800 per 30 days)
<i>dextroamphetamine oral tablet 10 mg</i>	2	QL (180 per 30 days)
<i>dextroamphetamine oral tablet 5 mg</i>	2	QL (120 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	2	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	2	QL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	2	QL (60 per 30 days)
<i>diazepam injection solution 5 mg/ml</i>	2	
<i>diazepam injection syringe 5 mg/ml</i>	2	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	2	
<i>diazepam oral concentrate 5 mg/ml</i>	2	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	2	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>doxepin oral concentrate 10 mg/ml</i>	2	
<i>doxepin oral tablet 3 mg, 6 mg</i>	2	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	PA; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	PA; QL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	2	QL (90 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	5	
<i>ergoloid oral tablet 1 mg</i>	2	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>estazolam oral tablet 1 mg, 2 mg</i>	2	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	2	
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	4	PA
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	5	PA
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	4	PA
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	PA
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	PA
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>	2	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	
<i>fluoxetine oral tablet 10 mg, 20 mg, 60 mg</i>	1	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	2	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	4	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	2	
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	4	QL (60 per 30 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	2	
<i>guanidine oral tablet 125 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)</i>	2	
<i>haloperidol lactate injection solution 5 mg/ml</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	
HETLIOZ ORAL CAPSULE 20 MG	5	PA
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	2	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 234 MG/1.5 ML, 78 MG/0.5 ML	5	PA
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML, 39 MG/0.25 ML	4	PA
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML, 410 MG/1.315 ML, 546 MG/1.75 ML, 819 MG/2.625 ML	5	PA
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	5	PA; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	5	PA; QL (60 per 30 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	2	
<i>lithium carbonate oral tablet 300 mg</i>	2	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	2	
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	2	
MARPLAN ORAL TABLET 10 MG	4	
<i>methamphetamine oral tablet 5 mg</i>	2	PA
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	2	
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	2	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	2	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 36 mg, 36 mg (bx rating), 54 mg, 54 mg (bx rating)</i>	2	
<i>methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg</i>	2	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	2	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>	2	
<i>modafinil oral tablet 100 mg, 200 mg</i>	2	PA; QL (30 per 30 days)
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	2	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	2	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>nortriptyline oral solution 10 mg/5 ml</i>	2	
NUPLAZID ORAL CAPSULE 34 MG	5	PA
NUPLAZID ORAL TABLET 10 MG	5	PA
<i>olanzapine intramuscular recon soln 10 mg</i>	2	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	2	QL (30 per 30 days)
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	2	QL (30 per 30 days)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	2	
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	2	QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>paliperidone oral tablet extended release 24hr 3 mg</i>	2	QL (120 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	2	QL (60 per 30 days)
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	2	QL (30 per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	2	
PAXIL ORAL SUSPENSION 10 MG/5 ML	3	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	2	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTEND REL SYR KIT 120 MG, 90 MG	5	
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	4	
<i>phenelzine oral tablet 15 mg</i>	2	
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	
<i>procentra oral solution 5 mg/5 ml</i>	2	QL (1800 per 30 days)
<i>protriptyline oral tablet 10 mg, 5 mg</i>	2	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	QL (90 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	2	QL (60 per 30 days)
<i>ramelteon oral tablet 8 mg</i>	2	QL (30 per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5	PA
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	4	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	5	
<i>risperidone oral solution 1 mg/ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	4	PA
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	5	PA; QL (30 per 30 days)
<i>sertraline oral concentrate 20 mg/ml</i>	2	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	2	
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>tranylcypromine oral tablet 10 mg</i>	2	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	2	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	2	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	PA
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	2	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	
<i>venlafaxine oral tablet extended release 24hr 225 mg</i>	2	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	PA
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	4	PA; QL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	4	PA; QL (30 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 08/28/2020.

Drug Name	Drug Tier	Requirements/Limits
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	4	PA; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	4	PA; QL (7 per 30 days)
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	5	PA; QL (60 per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	5	PA; LA
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	
<i>zenzedi oral tablet 10 mg</i>	2	QL (180 per 30 days)
<i>zenzedi oral tablet 5 mg</i>	2	QL (120 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 60 mg</i>	2	QL (60 per 30 days)
<i>ziprasidone hcl oral capsule 40 mg, 80 mg</i>	2	QL (120 per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	2	QL (60 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	2	
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	2	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	4	

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	2	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	2	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	2	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	2	
MULTAQ ORAL TABLET 400 MG	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	
<i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i>	2	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	2	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	2	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	

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This drug list was last updated on 08/28/2020.

Drug Name	Drug Tier	Requirements/Limits
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	2	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	2	
<i>aliskiren oral tablet 150 mg, 300 mg</i>	2	
<i>amiloride oral tablet 5 mg</i>	2	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	2	
<i>amlodipine-valsartan oral tablet 10-320 mg, 5-160 mg</i>	2	
<i>amlodipine-valsartan-hcthiazyd oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	2	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	2	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>bumetanide injection solution 0.25 mg/ml</i>	2	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	2	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	

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This drug list was last updated on 08/28/2020.

Drug Name	Drug Tier	Requirements/Limits
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	2	
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	2	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	2	
DEMSER ORAL CAPSULE 250 MG	5	PA
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	2	
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>diltiazem hcl oral capsule,extended release 24hr 300 mg, 360 mg</i>	2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	2	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	2	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	2	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	
<i>ethacrynic acid oral tablet 25 mg</i>	4	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	2	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	2	
<i>furosemide injection solution 10 mg/ml</i>	2	

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This drug list was last updated on 08/28/2020.

Drug Name	Drug Tier	Requirements/Limits
<i>furosemide injection syringe 10 mg/ml</i>	2	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	2	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	2	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	2	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine oral capsule 10 mg, 20 mg</i>	2	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	2	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	2	
<i>nimodipine oral capsule 30 mg</i>	4	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	2	
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	2	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	2	
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	2	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	2	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	2	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	2	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	2	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	2	
<i>taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	

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This drug list was last updated on 08/28/2020.

Drug Name	Drug Tier	Requirements/Limits
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	4	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	2	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	2	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>torse mide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	2	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	2	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; LA
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	5	PA; LA
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	QL (30 per 30 days)
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	2	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	2	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	2	
COAGULATION THERAPY		

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This drug list was last updated on 08/28/2020.

Drug Name	Drug Tier	Requirements/Limits
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	4	QL (60 per 30 days)
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
<i>clopidogrel oral tablet 75 mg</i>	2	QL (30 per 30 days)
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	5	PA; LA
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	5	PA; LA
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	5	PA; LA
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	3	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	2	QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	2	QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	2	QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	2	QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	2	QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	4	QL (24 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	4	QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	4	QL (18 per 30 days)
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	2	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml</i>	2	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	2	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	2	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	2	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	2	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml</i>	2	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	2	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
MULPLETA ORAL TABLET 3 MG	5	PA; QL (7 per 30 days)
<i>pentoxifylline oral tablet extended release 400 mg</i>	2	
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	1	ED
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	ED
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	4	
<i>prasugrel oral tablet 10 mg, 5 mg</i>	2	
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	5	PA; LA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	5	PA; LA
TAVALISSE ORAL TABLET 100 MG, 150 MG	5	PA; LA
<i>vitamin k injection solution 1 mg/0.5 ml</i>	1	ED
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	3	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	3	

LIPID/CHOLESTEROL LOWERING AGENTS

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 08/28/2020.

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	2	
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>cholestyramine (with sugar) oral powder 4 gram</i>	2	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	2	
<i>cholestyramine light oral powder 4 gram</i>	2	
<i>cholestyramine light oral powder in packet 4 gram</i>	2	
<i>colesevelam oral powder in packet 3.75 gram</i>	2	
<i>colesevelam oral tablet 625 mg</i>	2	
<i>colestipol oral granules 5 gram</i>	2	
<i>colestipol oral packet 5 gram</i>	2	
<i>colestipol oral tablet 1 gram</i>	2	
<i>ezetimibe oral tablet 10 mg</i>	2	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	2	
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	2	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	2	
FENOFIBRATE ORAL CAPSULE 150 MG, 50 MG	2	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg</i>	2	
<i>fenofibric acid oral tablet 35 mg</i>	2	
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	2	ST
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	2	ST
<i>gemfibrozil oral tablet 600 mg</i>	2	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	5	PA; LA
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	

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This drug list was last updated on 08/28/2020.

Drug Name	Drug Tier	Requirements/Limits
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	2	
NIACOR ORAL TABLET 500 MG	2	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	2	
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>prevalite oral powder 4 gram</i>	2	
<i>prevalite oral powder in packet 4 gram</i>	2	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	3	PA; QL (3.5 per 28 days)
REPATHA SUBCUTANEOUS SYRINGE 140 MG/ML	3	PA; QL (3 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	3	PA; QL (3 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	4	PA; QL (120 per 30 days)
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	4	
WELCHOL ORAL TABLET 625 MG	4	
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL SOLUTION 5 MG/5 ML	4	PA
CORLANOR ORAL TABLET 5 MG, 7.5 MG	4	PA
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	
<i>digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	3	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	QL (60 per 30 days)

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This drug list was last updated on 08/28/2020.

Drug Name	Drug Tier	Requirements/Limits
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	3	
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	2	QL (60 per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG	5	PA
VYNDAQEL ORAL CAPSULE 20 MG	5	PA
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	2	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	2	
MINITRAN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	2	
<i>nitro-bid transdermal ointment 2 %</i>	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	3	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	2	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	2	
<i>calcipotriene scalp solution 0.005 %</i>	2	QL (120 per 30 days)
<i>calcipotriene topical cream 0.005 %</i>	2	QL (120 per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	2	QL (120 per 30 days)
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	4	QL (400 per 30 days)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; QL (5 per 28 days)
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; QL (5 per 28 days)

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This drug list was last updated on 08/28/2020.

Drug Name	Drug Tier	Requirements/Limits
COSENTYX SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA
<i>selenium sulfide topical lotion 2.5 %</i>	2	
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	5	PA; QL (1 per 28 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	5	PA; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (1 per 28 days)
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate topical cream 12 %</i>	2	
<i>ammonium lactate topical lotion 12 %</i>	2	
<i>diclofenac sodium topical gel 3 %</i>	2	PA; QL (100 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; QL (3.42 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; QL (6 per 28 days)
<i>fluorouracil topical cream 5 %</i>	2	
<i>fluorouracil topical solution 2 %, 5 %</i>	2	
<i>imiquimod topical cream in packet 5 %</i>	2	
<i>lidocaine hcl laryngotracheal solution 4 %</i>	2	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	2	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	2	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	2	PA
<i>lidocaine topical ointment 5 %</i>	4	PA; QL (60 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	2	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	2	
PICATO TOPICAL GEL 0.015 %, 0.05 %	5	
<i>pimecrolimus topical cream 1 %</i>	2	QL (30 per 30 days)
<i>podofilox topical solution 0.5 %</i>	2	
QBREXZA TOPICAL TOWELETTE 2.4 %	3	QL (30 per 30 days)
REGRANEX TOPICAL GEL 0.01 %	5	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	3	
<i>silver sulfadiazine topical cream 1 %</i>	2	
<i>ssd topical cream 1 %</i>	2	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	2	QL (30 per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	5	PA
THERAPY FOR ACNE		
<i>adapalene topical cream 0.1 %</i>	2	PA
<i>adapalene topical gel 0.1 %, 0.3 %</i>	2	PA
<i>adapalene topical solution 0.1 %</i>	2	PA
<i>adapalene topical swab 0.1 %</i>	2	PA
<i>amnesteem oral capsule 10 mg, 20 mg, 40 mg</i>	2	
<i>avita topical cream 0.025 %</i>	2	PA
AVITA TOPICAL GEL 0.025 %	2	PA
<i>azelaic acid topical gel 15 %</i>	2	
AZELEX TOPICAL CREAM 20 %	3	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
<i>clindacin p topical swab 1 %</i>	2	
<i>clindamycin phosphate topical gel 1 %</i>	2	QL (120 per 30 days)
CLINDAMYCIN PHOSPHATE TOPICAL GEL, ONCE DAILY 1 %	2	
<i>clindamycin phosphate topical lotion 1 %</i>	2	QL (120 per 30 days)
<i>clindamycin phosphate topical solution 1 %</i>	2	QL (120 per 30 days)
<i>clindamycin phosphate topical swab 1 %</i>	2	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	2	
<i>ery pads topical swab 2 %</i>	2	
<i>erythromycin with ethanol topical gel 2 %</i>	2	
<i>erythromycin with ethanol topical solution 2 %</i>	2	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	2	
FINACEA TOPICAL FOAM 15 %	3	
<i>metronidazole topical cream 0.75 %</i>	2	
<i>metronidazole topical gel 0.75 %, 1 %</i>	2	
<i>metronidazole topical gel with pump 1 %</i>	2	
<i>metronidazole topical lotion 0.75 %</i>	2	
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	4	PA
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
<i>neuac topical gel 1.2 %(1 % base) -5 %</i>	2	
<i>rosadan topical cream 0.75 %</i>	2	
<i>rosadan topical gel 0.75 %</i>	2	
<i>tazarotene topical cream 0.1 %</i>	2	PA
TAZORAC TOPICAL CREAM 0.05 %	4	PA
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	4	PA
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	2	PA
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	2	PA
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
TOPICAL ANTIBACTERIALS		
CORTISPORIN TOPICAL OINTMENT 1 %	3	
<i>gentamicin topical cream 0.1 %</i>	2	
<i>gentamicin topical ointment 0.1 %</i>	2	
<i>mupirocin calcium topical cream 2 %</i>	2	QL (30 per 30 days)
<i>mupirocin topical ointment 2 %</i>	2	QL (30 per 30 days)
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	2	
TOPICAL ANTIFUNGALS		
<i>ciclodan topical solution 8 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox topical cream 0.77 %</i>	2	QL (90 per 30 days)
<i>ciclopirox topical gel 0.77 %</i>	2	QL (100 per 30 days)
<i>ciclopirox topical shampoo 1 %</i>	2	QL (120 per 30 days)
<i>ciclopirox topical solution 8 %</i>	2	QL (6.6 per 30 days)
<i>ciclopirox topical suspension 0.77 %</i>	2	QL (60 per 30 days)
<i>clotrimazole topical cream 1 %</i>	2	
<i>clotrimazole topical solution 1 %</i>	2	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	2	QL (45 per 30 days)
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	2	
<i>econazole topical cream 1 %</i>	2	
EXELDERM TOPICAL CREAM 1 %	4	
EXELDERM TOPICAL SOLUTION 1 %	4	
<i>ketoconazole topical cream 2 %</i>	2	QL (60 per 28 days)
<i>ketoconazole topical foam 2 %</i>	2	QL (100 per 28 days)
<i>ketoconazole topical shampoo 2 %</i>	2	QL (120 per 28 days)
MENTAX TOPICAL CREAM 1 %	3	
<i>naftifine topical cream 1 %, 2 %</i>	2	
NAFTIN TOPICAL GEL 1 %, 2 %	4	
<i>nyamyc topical powder 100,000 unit/gram</i>	2	
<i>nystatin topical cream 100,000 unit/gram</i>	2	QL (30 per 28 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	2	QL (30 per 28 days)
<i>nystatin topical powder 100,000 unit/gram</i>	2	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	2	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	2	
<i>nystop topical powder 100,000 unit/gram</i>	2	
<i>oxiconazole topical cream 1 %</i>	2	QL (60 per 28 days)
OXISTAT TOPICAL LOTION 1 %	4	
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment 5 %</i>	2	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
DENAVIR TOPICAL CREAM 1 %	4	
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	2	
<i>alclometasone topical cream 0.05 %</i>	2	
<i>alclometasone topical ointment 0.05 %</i>	2	
<i>amcinonide topical cream 0.1 %</i>	2	
<i>amcinonide topical lotion 0.1 %</i>	2	
<i>amcinonide topical ointment 0.1 %</i>	2	
<i>beser topical lotion 0.05 %</i>	2	
<i>betamethasone dipropionate topical cream 0.05 %</i>	2	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	2	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	2	
<i>betamethasone valerate topical cream 0.1 %</i>	2	
<i>betamethasone valerate topical foam 0.12 %</i>	2	
<i>betamethasone valerate topical lotion 0.1 %</i>	2	
<i>betamethasone valerate topical ointment 0.1 %</i>	2	
<i>betamethasone, augmented topical cream 0.05 %</i>	2	
<i>betamethasone, augmented topical gel 0.05 %</i>	2	
<i>betamethasone, augmented topical lotion 0.05 %</i>	2	
<i>betamethasone, augmented topical ointment 0.05 %</i>	2	
<i>clobetasol scalp solution 0.05 %</i>	2	
<i>clobetasol topical cream 0.05 %</i>	2	
<i>clobetasol topical foam 0.05 %</i>	2	
<i>clobetasol topical gel 0.05 %</i>	2	
<i>clobetasol topical lotion 0.05 %</i>	2	
<i>clobetasol topical ointment 0.05 %</i>	2	
<i>clobetasol topical shampoo 0.05 %</i>	2	
<i>clobetasol topical spray,non-aerosol 0.05 %</i>	2	
<i>clobetasol-emollient topical cream 0.05 %</i>	2	
<i>clodan topical shampoo 0.05 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
CORDRAN LARGE ROLL TOPICAL TAPE 4 MCG/CM2	4	
<i>desonide topical cream 0.05 %</i>	2	
<i>desonide topical lotion 0.05 %</i>	2	
<i>desonide topical ointment 0.05 %</i>	2	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	2	
<i>desoximetasone topical gel 0.05 %</i>	2	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	2	
<i>desoximetasone topical spray,non-aerosol 0.25 %</i>	2	
<i>diflorasone topical cream 0.05 %</i>	2	
<i>diflorasone topical ointment 0.05 %</i>	2	
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	2	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	2	
<i>fluocinolone topical oil 0.01 %</i>	2	
<i>fluocinolone topical ointment 0.025 %</i>	2	
<i>fluocinolone topical solution 0.01 %</i>	2	
<i>fluocinonide topical cream 0.05 %, 0.1 %</i>	2	
<i>fluocinonide topical gel 0.05 %</i>	2	
<i>fluocinonide topical ointment 0.05 %</i>	2	
<i>fluocinonide topical solution 0.05 %</i>	2	
<i>fluocinonide-e topical cream 0.05 %</i>	2	
<i>fluocinonide-emollient topical cream 0.05 %</i>	2	
<i>fluticasone propionate topical cream 0.05 %</i>	2	
<i>fluticasone propionate topical ointment 0.005 %</i>	2	
<i>halobetasol propionate topical cream 0.05 %</i>	2	
<i>halobetasol propionate topical ointment 0.05 %</i>	2	
HALOG TOPICAL CREAM 0.1 %	3	
HALOG TOPICAL OINTMENT 0.1 %	3	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	
<i>hydrocortisone topical lotion 2.5 %</i>	2	
<i>hydrocortisone topical ointment 2.5 %</i>	2	
<i>mometasone topical cream 0.1 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>mometasone topical ointment 0.1 %</i>	2	
<i>mometasone topical solution 0.1 %</i>	2	
<i>prednicarbate topical cream 0.1 %</i>	2	
<i>prednicarbate topical ointment 0.1 %</i>	2	
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	2	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>	2	
<i>triderm topical cream 0.1 %</i>	2	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>lindane topical shampoo 1 %</i>	2	
<i>malathion topical lotion 0.5 %</i>	2	
<i>permethrin topical cream 5 %</i>	2	
DIAGNOSTICS / MISCELLANEOUS AGENTS		
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	2	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	2	
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	5	PA
AURYXIA ORAL TABLET 210 MG IRON	5	PA
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	5	LA
<i>cevimeline oral capsule 30 mg</i>	2	
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	B/D
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	3	B/D
<i>clovique oral capsule 250 mg</i>	5	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	2	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	5	PA
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	2	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	2	
<i>dextrose 20 % in water (d20w) intravenous parenteral solution 20 %</i>	2	
<i>dextrose 25 % in water (d25w) intravenous syringe</i>	2	
<i>dextrose 30 % in water (d30w) intravenous parenteral solution</i>	2	
<i>dextrose 40 % in water (d40w) intravenous parenteral solution 40 %</i>	2	
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	2	
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	2	
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	2	
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	2	
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	2	
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	2	
<i>dextrose 70 % in water (d70w) intravenous parenteral solution</i>	2	
<i>dextrose with sodium chloride intravenous parenteral solution 5-0.2 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	5	PA; LA
FERRIPROX (2 TIMES A DAY) ORAL TABLET 1,000 MG	5	PA
FERRIPROX ORAL TABLET 1,000 MG, 500 MG	5	PA
GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %)	5	PA; LA
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	PA; LA
<i>kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml</i>	2	
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	2	ST
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	2	
<i>levocarnitine oral solution 100 mg/ml</i>	2	
<i>levocarnitine oral tablet 330 mg</i>	2	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	4	PA
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	5	PA
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	5	
ORFADIN ORAL CAPSULE 20 MG	5	PA; LA
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA; LA
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	2	
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	5	PA; LA
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	5	PA
RAVICTI ORAL LIQUID 1.1 GRAM/ML	5	PA
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	5	PA
<i>riluzole oral tablet 50 mg</i>	2	
<i>risedronate oral tablet 30 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>sevelamer carbonate oral tablet 800 mg</i>	2	ST; QL (540 per 30 days)
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	2	ST
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	
<i>sodium chloride 0.9 % intravenous piggyback</i>	2	
<i>sodium chloride irrigation solution 0.9 %</i>	2	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	5	PA
<i>sodium polystyrene sulfonate oral powder</i>	2	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	2	
<i>sps (with sorbitol) rectal enema 30-40 gram/120 ml</i>	2	
<i>trientine oral capsule 250 mg</i>	5	PA
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	4	PA
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	5	PA
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	5	PA; LA
SMOKING DETERRENENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	2	
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	3	
CHANTIX ORAL TABLET 0.5 MG, 1 MG	3	
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	3	
NICOTROL INHALATION CARTRIDGE 10 MG	3	
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	3	
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal aerosol, spray 137 mcg (0.1 %)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>azelastine nasal spray,non-aerosol 0.15 % (205.5 mcg)</i>	2	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	2	
<i>fluoride (sodium) dental cream 1.1 %</i>	2	
<i>fluoride (sodium) dental gel 1.1 %</i>	2	
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %, 42 mcg (0.06 %)</i>	2	
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	2	
<i>oralone dental paste 0.1 %</i>	2	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	2	
<i>periogard mucous membrane mouthwash 0.12 %</i>	2	
<i>sf 5000 plus dental cream 1.1 %</i>	2	
<i>sf dental gel 1.1 %</i>	2	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	2	
<i>triamcinolone acetonide dental paste 0.1 %</i>	2	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution 2 %</i>	2	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	2	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	2	
<i>ofloxacin otic (ear) drops 0.3 %</i>	2	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	3	
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	3	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	2	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
ENDOCRINE/DIABETES		

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Drug Name	Drug Tier	Requirements/Limits
ADRENAL HORMONES		
<i>cortisone oral tablet 25 mg</i>	2	
<i>dexamethasone intensol oral drops 1 mg/ml</i>	3	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	2	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	2	B/D
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	2	
<i>dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs)</i>	2	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	2	B/D
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	2	B/D
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	2	B/D
<i>fludrocortisone oral tablet 0.1 mg</i>	2	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	2	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	B/D
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	2	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i>	2	
<i>millipred oral tablet 5 mg</i>	2	B/D
<i>prednisolone oral solution 15 mg/5 ml</i>	2	B/D
<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	B/D
<i>prednisone intensol oral concentrate 5 mg/ml</i>	3	B/D
<i>prednisone oral solution 5 mg/5 ml</i>	2	B/D
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	2	B/D

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This drug list was last updated on 08/28/2020.

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	2	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML	3	
SOLU-CORTEF INJECTION RECON SOLN 100 MG	3	
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	
<i>propylthiouracil oral tablet 50 mg</i>	2	
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>alcohol pads topical pads, medicated</i>	2	
AVANDIA ORAL TABLET 2 MG, 4 MG	4	
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	4	
<i>diazoxide oral suspension 50 mg/ml</i>	2	
GAUZE PADS 2 X 2	2	
<i>glimepiride oral tablet 1 mg</i>	1	QL (30 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	QL (90 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	3	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	3	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	3	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	SSM

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This drug list was last updated on 08/28/2020.

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	SSM
INSULIN PEN NEEDLE	2	QL (200 per 30 days)
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	2	QL (200 per 30 days)
INVOKANA ORAL TABLET 100 MG, 300 MG	3	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	3	
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	3	
LANTUS SOLOSTAR U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	SSM
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	SSM
<i>metformin oral solution 500 mg/5 ml</i>	2	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	QL (150 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	QL (90 per 30 days)
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	2	
NEEDLES, INSULIN DISP.,SAFETY	2	QL (200 per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	SSM

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Drug Name	Drug Tier	Requirements/Limits
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	SSM
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	SSM
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	SSM
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	SSM
NOVOLIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	2	SSM
NOVOLOG FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	SSM
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	2	SSM
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	SSM
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	SSM
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	SSM
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML)	3	ST
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	2	QL (30 per 30 days)
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	4	
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	4	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	ST
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	3	PA

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Drug Name	Drug Tier	Requirements/Limits
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	3	PA
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG	3	
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	3	SSM
TOUJEO SOLOSTAR U-300 SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	3	SSM
TRADJENTA ORAL TABLET 5 MG	3	QL (30 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	3	ST
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	ST
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	ST
MISCELLANEOUS HORMONES		
ANADROL-50 ORAL TABLET 50 MG	5	
<i>cabergoline oral tablet 0.5 mg</i>	2	
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	2	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	2	
<i>calcitriol oral solution 1 mcg/ml</i>	2	
CERDELGA ORAL CAPSULE 84 MG	5	PA
<i>cinacalcet oral tablet 30 mg</i>	2	PA; QL (360 per 30 days)
<i>cinacalcet oral tablet 60 mg</i>	2	PA; QL (180 per 30 days)
<i>cinacalcet oral tablet 90 mg</i>	2	PA; QL (120 per 30 days)
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	2	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	2	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	2	
GALAFOLD ORAL CAPSULE 123 MG	5	PA; LA
JYNARQUE ORAL TABLETS, SEQUENTIAL 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	5	PA; LA
KORLYM ORAL TABLET 300 MG	5	PA
KUVAN ORAL POWDER IN PACKET 100 MG	5	PA
KUVAN ORAL TABLET,SOLUBLE 100 MG	5	PA
<i>methyltestosterone oral capsule 10 mg</i>	2	
MIGLUSTAT ORAL CAPSULE 100 MG	5	PA; LA
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	5	PA; LA
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	5	PA; LA
ORILISSA ORAL TABLET 150 MG, 200 MG	5	PA
<i>oxandrolone oral tablet 10 mg</i>	5	
<i>oxandrolone oral tablet 2.5 mg</i>	2	
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	5	PA; LA
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	2	
SAMSCA ORAL TABLET 15 MG, 30 MG	5	PA
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	5	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	2	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	2	
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	2	PA
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)</i>	2	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	2	PA
ZAVESCA ORAL CAPSULE 100 MG	5	PA; LA
THYROID HORMONES		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<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>	3	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	2	
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	2	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	3	
<i>unithroid oral tablet 137 mcg</i>	2	
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>dicyclomine oral capsule 10 mg</i>	2	
<i>dicyclomine oral solution 10 mg/5 ml</i>	2	
<i>dicyclomine oral tablet 20 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>loperamide oral capsule 2 mg</i>	2	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	2	
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG	4	PA
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	5	
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	3	
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	2	PA; QL (6 per 30 days)
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	2	PA; QL (6 per 30 days)
<i>balsalazide oral capsule 750 mg</i>	2	
<i>budesonide oral capsule,delayed,extend.release 3 mg</i>	2	
<i>budesonide oral tablet,delayed and ext.release 9 mg</i>	2	PA
CANASA RECTAL SUPPOSITORY 1,000 MG	3	
CHENODAL ORAL TABLET 250 MG	3	LA
<i>constulose oral solution 10 gram/15 ml</i>	2	
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500-15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	3	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	2	
DIPENTUM ORAL CAPSULE 250 MG	5	
<i>doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg</i>	2	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	2	PA
<i>enulose oral solution 10 gram/15 ml</i>	2	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	5	PA
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	2	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	
<i>gavilyte-n oral recon soln 420 gram</i>	2	
<i>generlac oral solution 10 gram/15 ml</i>	2	
<i>granisetron hcl oral tablet 1 mg</i>	2	B/D
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	2	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	2	
<i>lactulose oral packet 10 gram</i>	2	
<i>lactulose oral solution 10 gram/15 ml</i>	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	4	ST
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	2	
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i>	2	
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram</i>	2	
MESALAMINE ORAL TABLET,DELAYED RELEASE (DR/EC) 800 MG	2	
<i>mesalamine rectal enema 4 gram/60 ml</i>	2	
<i>mesalamine rectal suppository 1,000 mg</i>	2	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	2	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	2	
MOVANTI ^K ORAL TABLET 12.5 MG, 25 MG	3	PA
OCALIVA ORAL TABLET 10 MG, 5 MG	5	PA; LA
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	2	B/D
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	2	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	2	B/D
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	
<i>peg-electrolyte oral recon soln 420 gram</i>	2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	4	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	5	
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i>	2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	2	
<i>prochlorperazine rectal suppository 25 mg</i>	2	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	2	
<i>procto-pak topical cream with perineal applicator 1 %</i>	2	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	2	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	2	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	3	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	2	
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	5	
<i>sulfasalazine oral tablet 500 mg</i>	2	
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i>	2	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	3	
SYMPROIC ORAL TABLET 0.2 MG	3	PA
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	3	
<i>trilyte with flavor packets oral recon soln 420 gram</i>	2	
<i>trimethobenzamide oral capsule 300 mg</i>	2	
UCERIS RECTAL FOAM 2 MG/ACTUATION	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	2	
ULCER THERAPY		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	2	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	2	
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg, 40 mg</i>	2	
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg, 40 mg</i>	4	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	2	
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg, 30 mg</i>	2	
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg, 30 mg</i>	2	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	2	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	2	
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	2	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	2	
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	2	
<i>ranitidine hcl oral syrup 15 mg/ml</i>	2	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	2	
<i>sucralfate oral suspension 100 mg/ml</i>	2	
<i>sucralfate oral tablet 1 gram</i>	2	
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML, 60 MCG/ML	5	PA

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Drug Name	Drug Tier	Requirements/Limits
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	3	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML	3	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML, 60 MCG/0.3 ML	5	PA
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	4	PA
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	5	PA
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML	3	PA
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	5	PA
LEUKINE INJECTION RECON SOLN 250 MCG	5	PA
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	
NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	5	

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Drug Name	Drug Tier	Requirements/Limits
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	
NORDITROPIN FLEXPPO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	5	PA
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	5	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	PA
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	5	PA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	3	PA
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	5	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	

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This drug list was last updated on 08/28/2020.

Drug Name	Drug Tier	Requirements/Limits
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	3	
BEXSERO INTRAMUSCULAR SYRINGE 50- 50-50-25 MCG/0.5 ML	3	
BIVIGAM INTRAVENOUS SOLUTION 10 %	5	PA
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	3	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	3	
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)	5	PA
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF- MCG-LF/0.5ML	3	
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	6	B/D
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	B/D
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	5	PA
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	5	PA
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	5	PA
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	5	PA
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	5	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	5	PA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	3	PA

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Drug Name	Drug Tier	Requirements/Limits
GAMUNEX-C INJECTION SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	5	PA
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	3	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	6	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	6	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	5	PA
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	5	PA
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	3	B/D
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	3	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	3	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	3	
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	6	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	6	

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Drug Name	Drug Tier	Requirements/Limits
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	6	
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	5	PA
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	3	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	3	
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF-48MCG-62DU -10 MCG/0.5ML	3	
PRIVIGEN INTRAVENOUS SOLUTION 10 %	5	PA
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	3	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	3	B/D
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	3	B/D
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	3	B/D
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	6	QL (2 per 999 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	3	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	3	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	3	

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Drug Name	Drug Tier	Requirements/Limits
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	3	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	6	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	6	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	6	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	3	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	5	B/D
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	3	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	6	QL (1 per 999 days)

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	2	
COLCHICINE ORAL CAPSULE 0.6 MG	2	
COLCHICINE ORAL TABLET 0.6 MG	2	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	2	ST
<i>probenecid oral tablet 500 mg</i>	2	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	2	

OSTEOPOROSIS THERAPY

<i>alendronate oral tablet 10 mg, 5 mg</i>	2	QL (30 per 30 days)
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This drug list was last updated on 08/28/2020.

Drug Name	Drug Tier	Requirements/Limits
<i>alendronate oral tablet 35 mg, 70 mg</i>	2	QL (4 per 28 days)
<i>ibandronate oral tablet 150 mg</i>	2	QL (1 per 30 days)
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	3	PA
<i>raloxifene oral tablet 60 mg</i>	2	
<i>risedronate oral tablet 150 mg</i>	2	QL (1 per 28 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	2	QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	2	QL (30 per 30 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	3	PA
OTHER RHEUMATOLOGICALS		
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5	PA; QL (8 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	5	PA; QL (16 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	5	PA; QL (8 per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	PA; QL (8 per 28 days)
HUMIRA CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; QL (6 per 180 days)
HUMIRA PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; QL (4 per 180 days)
HUMIRA SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; QL (4 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; QL (4 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; QL (3 per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; QL (2 per 180 days)
HUMIRA(CF) CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; QL (3 per 180 days)
HUMIRA(CF) PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; QL (3 per 180 days)
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; QL (4 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PA; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; QL (4 per 28 days)
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA
<i>leflunomide oral tablet 10 mg, 20 mg</i>	2	QL (30 per 30 days)
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	5	PA; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; QL (2.8 per 28 days)
OTEZLA ORAL TABLET 30 MG	5	PA; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	PA
<i>penicillamine oral capsule 250 mg</i>	5	
<i>penicillamine oral tablet 250 mg</i>	5	
RIDAURA ORAL CAPSULE 3 MG	3	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	5	PA; QL (30 per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	PA; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	PA

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Drug Name	Drug Tier	Requirements/Limits
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	5	PA; QL (30 per 30 days)
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	4	
<i>camila oral tablet 0.35 mg</i>	2	
<i>deblitane oral tablet 0.35 mg</i>	2	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	4	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	3	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	3	
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	
DUAVEE ORAL TABLET 0.45-20 MG	4	
<i>errin oral tablet 0.35 mg</i>	2	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	2	
<i>estradiol vaginal tablet 10 mcg</i>	2	QL (18 per 28 days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	3	

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Drug Name	Drug Tier	Requirements/Limits
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	3	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
<i>heather oral tablet 0.35 mg</i>	2	
<i>jencycla oral tablet 0.35 mg</i>	2	
<i>jinteli oral tablet 1-5 mg-mcg</i>	2	
<i>lopreeza oral tablet 1-0.5 mg</i>	2	
<i>lyza oral tablet 0.35 mg</i>	2	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	2	
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	2	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	3	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	3	
<i>mimvey oral tablet 1-0.5 mg</i>	2	
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	
<i>nora-be oral tablet 0.35 mg</i>	2	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	2	
<i>norethindrone acetate oral tablet 5 mg</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	2	
<i>sharobel oral tablet 0.35 mg</i>	2	
<i>yuvafem vaginal tablet 10 mcg</i>	4	QL (18 per 28 days)
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal cream 2 %</i>	2	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	2	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	2	
<i>metronidazole vaginal gel 0.75 %</i>	2	
<i>miconazole-3 vaginal suppository 200 mg</i>	2	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	
<i>terconazole vaginal suppository 80 mg</i>	2	
<i>tranexamic acid oral tablet 650 mg</i>	2	
<i>vandazole vaginal gel 0.75 %</i>	2	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	2	
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	
<i>apri oral tablet 0.15-0.03 mg</i>	2	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	2	
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	2	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	2	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	2	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	2	
<i>camrese lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	2	
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	2	
<i>chateal (28) oral tablet 0.15-0.03 mg</i>	2	
<i>cryselles (28) oral tablet 0.3-30 mg-mcg</i>	2	
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>cyred eq oral tablet 0.15-0.03 mg</i>	2	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	2	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	2	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	2	
ELLA ORAL TABLET 30 MG	3	
<i>emoquette oral tablet 0.15-0.03 mg</i>	2	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	
<i>enskyce oral tablet 0.15-0.03 mg</i>	2	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	2	
<i>fayosim oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	2	
<i>femynor oral tablet 0.25-35 mg-mcg</i>	2	
<i>gianvi (28) oral tablet 3-0.02 mg</i>	2	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	
<i>isibloom oral tablet 0.15-0.03 mg</i>	2	
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	2	
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	
<i>juleber oral tablet 0.15-0.03 mg</i>	2	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	2	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>kelnor 1-50 oral tablet 1-50 mg-mcg</i>	2	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	2	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	

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This drug list was last updated on 08/28/2020.

Drug Name	Drug Tier	Requirements/Limits
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>larissia oral tablet 0.1-20 mg-mcg</i>	2	
<i>layolis fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	2	
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	2	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	2	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	2	
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	2	
<i>loryna (28) oral tablet 3-0.02 mg</i>	2	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	2	
<i>lutra (28) oral tablet 0.1-20 mg-mcg</i>	2	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	2	
<i>melodetta 24 fe oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	2	
<i>mibelas 24 fe oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	2	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>mili oral tablet 0.25-35 mg-mcg</i>	2	
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	2	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>nikki (28) oral tablet 3-0.02 mg</i>	2	
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	2	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	2	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	2	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>ocella oral tablet 3-0.03 mg</i>	2	
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	2	
<i>philith oral tablet 0.4-35 mg-mcg</i>	2	
<i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg</i>	2	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	2	
<i>previfem oral tablet 0.25-35 mg-mcg</i>	2	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	2	
<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	2	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	2	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	2	
<i>syeda oral tablet 3-0.03 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	2	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	2	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i>	2	
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	2	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	2	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	2	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	2	
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	2	
<i>wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	2	
<i>zarah oral tablet 3-0.03 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>zovia 1/35e (28) oral tablet 1-35 mg-mcg</i>	2	
OXYTOCICS		
<i>methergine oral tablet 0.2 mg</i>	2	
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>ak-poly-bac ophthalmic (eye) ointment 500-10,000 unit/gram</i>	2	
AZASITE OPHTHALMIC (EYE) DROPS 1 %	3	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	2	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	2	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	2	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	2	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	2	
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	2	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	2	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	2	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	2	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	3	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	2	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	2	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	2	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	2	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	2	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	3	
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	2	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	2	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	4	
<i>carteolol ophthalmic (eye) drops 1 %</i>	2	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	2	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	2	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	2	
MISCELLANEOUS OPHTHALMOLOGICS		
ALOCRILOPHTHALMIC (EYE) DROPS 2 %	4	
<i>atropine ophthalmic (eye) drops 1 %</i>	2	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	2	
BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION 10-0.2 %	3	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	3	
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	3	QL (60 per 30 days)
<i>cromolyn ophthalmic (eye) drops 4 %</i>	2	
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	5	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	2	
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	3	
<i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	5	PA
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	3	
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	3	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	2	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	2	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	4	PA
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	2	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	2	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	2	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	4	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	2	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	4	
OTHER GLAUCOMA DRUGS		
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	3	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	2	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	2	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	2	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	2	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	4	
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	2	
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	2	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	2	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	2	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	3	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	2	
STERIODS		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	3	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	2	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	3	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	2	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	

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Drug Name	Drug Tier	Requirements/Limits
FML S.O.P. OPHTHALMIC (EYE) OINTMENT 0.1 %	3	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	3	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 %	3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	2	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	3	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	2	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	2	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	2	
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	2	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	3	
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	2	ED; QL (90 per 30 days)
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	2	
<i>carbinoxamine maleate oral tablet 4 mg</i>	2	
<i>cetirizine oral solution 1 mg/ml</i>	2	
<i>clemastine oral tablet 2.68 mg</i>	2	
<i>cyproheptadine oral tablet 4 mg</i>	2	
<i>desloratadine oral tablet 5 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	2	
<i>dexchlorpheniramine maleate oral solution 2 mg/5 ml</i>	2	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	2	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	2	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	2	
<i>levocetirizine oral tablet 5 mg</i>	2	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	2	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	2	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	2	
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	2	ED; QL (360 per 30 days)
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	2	
PULMONARY AGENTS		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	2	B/D
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; LA
ADVAIR HFA INHALATION AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	2	B/D
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	2	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	2	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	2	
<i>alyq oral tablet 20 mg</i>	2	PA; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	5	PA; LA
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	
ARCAPTA NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 75 MCG	3	
ATROVENT HFA INHALATION AEROSOL INHALER 17 MCG/ACTUATION	4	
<i>azelastine-fluticasone nasal spray, non-aerosol 137-50 mcg/spray</i>	2	
BECONASE AQ NASAL SPRAY, NON-AEROSOL 42 MCG (0.042 %)	3	
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	5	PA; LA
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	4	B/D
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	2	B/D
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	5	PA
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	5	PA
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	2	B/D
DALIRESP ORAL TABLET 250 MCG, 500 MCG	4	PA; QL (30 per 30 days)
ESBRIET ORAL CAPSULE 267 MG	5	PA; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	5	PA; QL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	5	PA; QL (90 per 30 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	5	PA
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	5	PA

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Drug Name	Drug Tier	Requirements/Limits
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION	3	
FLOVENT HFA INHALATION AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION	3	
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	2	
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i>	2	
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	2	
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	2	
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	5	PA; LA
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	5	PA
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	3	
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	B/D
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	2	B/D
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	5	PA; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; QL (60 per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	2	B/D
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	2	
<i>metaproterenol oral syrup 10 mg/5 ml</i>	2	
<i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>montelukast oral granules in packet 4 mg</i>	2	
<i>montelukast oral tablet 10 mg</i>	2	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	2	
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; LA
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; LA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; LA
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA
OPSUMIT ORAL TABLET 10 MG	5	PA; LA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	5	PA; QL (56 per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; QL (112 per 28 days)
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	3	B/D
PROAIR HFA INHALATION AEROSOL INHALER 90 MCG/ACTUATION	2	
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	3	
PULMOZYME INHALATION SOLUTION 1 MG/ML	3	B/D
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	3	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	
<i>sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml</i>	2	PA; QL (224 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	2	PA; QL (90 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	QL (4 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	3	QL (90 per 90 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	QL (4 per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	3	
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	5	PA; QL (56 per 28 days)
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	2	PA; QL (60 per 30 days)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	5	PA; LA
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	2	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	4	
<i>theophylline oral elixir 80 mg/15 ml</i>	2	
<i>theophylline oral solution 80 mg/15 ml</i>	2	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	2	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	5	PA; LA
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	4	
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	5	PA
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	5	PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	5	PA

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Drug Name	Drug Tier	Requirements/Limits
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	5	PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	5	PA
VENTOLIN HFA INHALATION AEROSOL INHALER 90 MCG/ACTUATION	4	
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	2	
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; LA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	5	PA; LA
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	4	B/D
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	2	
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
<i>flavoxate oral tablet 100 mg</i>	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	3	QL (30 per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	2	
<i>solifenacin oral tablet 10 mg, 5 mg</i>	2	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	2	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	2	
<i>tropium oral capsule, extended release 24hr 60 mg</i>	4	
<i>tropium oral tablet 20 mg</i>	2	
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	2	
<i>dutasteride oral capsule 0.5 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>finasteride oral tablet 5 mg</i>	2	
<i>silodosin oral capsule 4 mg, 8 mg</i>	2	
<i>tamsulosin oral capsule 0.4 mg</i>	2	
MISCELLANEOUS UROLOGICALS		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	LA
ELMIRON ORAL CAPSULE 100 MG	3	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	2	
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	2	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	2	
<i>klor-con 10 oral tablet extended release 10 meq</i>	2	
<i>klor-con 8 oral tablet extended release 8 meq</i>	2	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	2	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	2	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	2	
<i>klor-con oral packet 20 meq</i>	2	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	2	
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>	2	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i>	2	
<i>magnesium sulfate injection solution 4 meq/ml (50 %)</i>	2	
<i>magnesium sulfate injection syringe 4 meq/ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	2	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml</i>	2	
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	2	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	2	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	2	
<i>potassium chloride oral packet 20 meq</i>	2	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	2	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	2	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	2	
<i>sodium chloride 3 % intravenous parenteral solution 3 %</i>	2	
<i>sodium chloride 5 % intravenous parenteral solution 5 %</i>	2	
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml, 4 meq/ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS NUTRITION PRODUCTS		
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	3	B/D
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	3	B/D
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	3	B/D
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	B/D
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	B/D
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	3	B/D
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	B/D
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	B/D
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	B/D
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	B/D
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	2	B/D
<i>electrolyte-48 in d5w intravenous parenteral solution</i>	2	
FREAMINE HBC 6.9 % INTRAVENOUS PARENTERAL SOLUTION 6.9 %	3	B/D
<i>freamine iii 10 % intravenous parenteral solution 10 %</i>	2	
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %	3	B/D

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Drug Name	Drug Tier	Requirements/Limits
INTRALIPID INTRAVENOUS EMULSION 30 %	4	B/D
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %	3	B/D
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	3	
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	3	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	3	
<i>plenamine intravenous parenteral solution 15 %</i>	2	B/D
<i>premasol 10 % intravenous parenteral solution 10 %</i>	3	B/D
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	3	B/D
<i>travasol 10 % intravenous parenteral solution 10 %</i>	3	B/D
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	3	B/D
VITAMINS / HEMATINICS		
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	ED
<i>fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)</i>	2	
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	2	
<i>folic acid oral tablet 1 mg</i>	1	ED
NASCOBAL NASAL SPRAY, NON-AEROSOL 500 MCG/SPRAY	3	ED
<i>prenatal vitamin oral tablet</i>	3	

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