

Optima Community Complete (HMO D-SNP)

2023 Formulary (List of Covered Drugs)

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

This formulary was updated on 06/22/2023. For more recent information or other questions, please contact Optima Community Complete Member Services at 1-800-927-6048 (TTY users should call 711), 8 a.m. – 8 p.m. 7 days a week from October 1 through March 31 and 8 a.m. – 8 p.m. Monday through Friday from April 1 through September 30, or visit optimahealth.com/community-complete

Important Message About What You Pay for Vaccines: Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

Important Message About What You Pay for Insulin:

You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

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 Optima Health Plan. When it refers to “plan” or “our plan,” it means Optima Community Complete.

This document includes list of the drugs (formulary) for our plan which is current as of **07/01/2023**. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2023, and from time to time during the year.

What is the Optima Community Complete Formulary?

A formulary is a list of covered drugs selected by Optima Community Complete 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. Optima Community Complete will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Optima Community Complete 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 Optima Community Complete 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 find information in the section below titled “How do I request an exception to the Optima Community Complete's 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 Optima Community Complete’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of **07/01/2023**. To get updated information about the drugs covered by Optima Community Complete please contact us. Our contact information appears on the front and back cover pages. In the event of any CMS-approved, mid-year non-maintenance formulary changes a revised printable Comprehensive formulary document will be posted on our website at optimahealth.com/community-complete. If you are impacted by the change, you will also be mailed a Negative Change letter 60 days prior to the change.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page **8**. 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 AGENTS “. If you know what your drug is used for, look for the category name in the list that begins on page **8**. 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 **137**. 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?

Optima Community Complete 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:** Optima Community Complete requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Optima Community Complete before you fill your prescriptions. If you don't get approval, Optima Community Complete may not cover the drug.
- **Quantity Limits:** For certain drugs, Optima Community Complete limits the amount of the drug that Optima Community Complete will cover. For example, Optima Community Complete provides **90 tablets** per prescription for **pregabalin oral capsule 100 mg**. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Optima Community Complete requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Optima Community Complete may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Optima Community Complete 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 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document 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 Optima Community Complete 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 Optima Community Complete's formulary?" on page 5 for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that Optima Community Complete does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Optima Community Complete. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Optima Community Complete.
- You can ask Optima Community Complete 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 Optima Community Complete's Formulary?

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

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

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

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need

a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

If you experience a level-of-care change, such as moving into or out of a hospital or long-term care facility, you will be allowed up to a 30-day refill if you are taking a drug on our formulary. You can get an emergency transition refill if you are taking a drug that is not on our formulary. A level-of-care change does not apply for short-term leaves of absences (such as holidays or vacations) from long-term care or hospital facilities.

For more information

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

If you have questions about Optima Community Complete, 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>.

Optima Community Complete Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Optima Community Complete. If you have trouble finding your drug in the list, turn to the Index that begins on page **137**.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) and generic drugs are listed in lower-case italics (e.g., *atorvastatin calcium oral tablet*).

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

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

List of Abbreviations

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

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

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

NDS: Non-Extended Day Supply Medication. This drug is only available as a 30-day supply or less.

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

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

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

Drug Name	Drug Tier	Requirements /Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	1	B/D PA; MO
<i>amphotericin b injection recon soln 50 mg</i>	1	B/D PA; MO
<i>casprofungin intravenous recon soln 50 mg</i>	1	NDS
<i>casprofungin intravenous recon soln 70 mg</i>	1	
<i>clotrimazole mucous membrane troche 10 mg</i>	1	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 400 mg/200 ml</i>	1	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	1	PA; MO
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	1	MO
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	MO; NDS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	MO
<i>griseofulvin microsize oral tablet 500 mg</i>	1	MO
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	MO
<i>itraconazole oral capsule 100 mg</i>	1	MO; QL (120 per 30 days)
<i>itraconazole oral solution 10 mg/ml</i>	1	MO
<i>ketoconazole oral tablet 200 mg</i>	1	MO
<i>micafungin intravenous recon soln 100 mg, 50 mg</i>	1	MO; NDS
<i>nystatin oral suspension 100,000 unit/ml</i>	1	MO
<i>nystatin oral tablet 500,000 unit</i>	1	MO
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	1	PA; MO; QL (96 per 30 days); NDS
<i>terbinafine hcl oral tablet 250 mg</i>	1	MO
<i>voriconazole intravenous recon soln 200 mg</i>	1	PA; MO; NDS

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 06/22/2023.

Drug Name	Drug Tier	Requirements /Limits
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	1	PA; MO; NDS
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	PA; MO
ANTIVIRALS		
<i>abacavir oral solution 20 mg/ml</i>	1	MO
<i>abacavir oral tablet 300 mg</i>	1	MO
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	1	MO
<i>acyclovir oral capsule 200 mg</i>	1	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	MO
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	MO
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	B/D PA; MO
<i>adefovir oral tablet 10 mg</i>	1	MO
<i>amantadine hcl oral capsule 100 mg</i>	1	MO
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	MO
<i>amantadine hcl oral tablet 100 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
APRETUDE INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	1	MO; NDS
APTIVUS ORAL CAPSULE 250 MG	1	MO; NDS
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	1	MO
BARACLUDGE ORAL SOLUTION 0.05 MG/ML	1	MO; NDS
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	1	MO; NDS
CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	1	MO; NDS
<i>cidofovir intravenous solution 75 mg/ml</i>	1	MO; NDS
CIMDUO ORAL TABLET 300-300 MG	1	MO; NDS
COMPLERA ORAL TABLET 200-25-300 MG	1	MO; NDS
DELSTRIGO ORAL TABLET 100-300-300 MG	1	MO; NDS

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
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	1	MO; NDS
DOVATO ORAL TABLET 50-300 MG	1	MO; NDS
EDURANT ORAL TABLET 25 MG	1	MO; NDS
<i>efavirenz oral capsule 200 mg, 50 mg</i>	1	MO
<i>efavirenz oral tablet 600 mg</i>	1	MO
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	1	MO; NDS
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i>	1	MO; NDS
<i>emtricitabine oral capsule 200 mg</i>	1	MO
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	1	MO; NDS
EMTRIVA ORAL SOLUTION 10 MG/ML	1	MO
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	MO
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	1	PA; MO; QL (28 per 28 days); NDS

Drug Name	Drug Tier	Requirements /Limits
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	1	PA; MO; QL (56 per 28 days); NDS
EPCLUSA ORAL TABLET 200-50 MG	1	PA; MO; QL (56 per 28 days); NDS
EPCLUSA ORAL TABLET 400-100 MG	1	PA; MO; QL (28 per 28 days); NDS
<i>etravirine oral tablet 100 mg, 200 mg</i>	1	MO; NDS
EVOTAZ ORAL TABLET 300-150 MG	1	MO; NDS
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	MO
<i>fosamprenavir oral tablet 700 mg</i>	1	MO; NDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	1	MO; NDS
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	1	MO
<i>ganciclovir sodium intravenous solution 50 mg/ml</i>	1	MO
GENVOYA ORAL TABLET 150-150-200-10 MG	1	MO; NDS
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	1	PA; MO; QL (28 per 28 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
HARVONI ORAL PELLETS IN PACKET 45-200 MG	1	PA; MO; QL (56 per 28 days); NDS
HARVONI ORAL TABLET 90-400 MG	1	PA; MO; QL (28 per 28 days); NDS
INTELENCE ORAL TABLET 25 MG	1	MO
ISENTRESS HD ORAL TABLET 600 MG	1	MO; NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	1	MO; NDS
ISENTRESS ORAL TABLET 400 MG	1	MO; NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	1	MO; NDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	1	MO
JULUCA ORAL TABLET 50-25 MG	1	MO; NDS
<i>lamivudine oral solution 10 mg/ml</i>	1	MO
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	1	MO
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	MO
LEXIVA ORAL SUSPENSION 50 MG/ML	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	1	MO
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	1	MO
<i>maraviroc oral tablet 150 mg, 300 mg</i>	1	MO; NDS
<i>nevirapine oral suspension 50 mg/5 ml</i>	1	
<i>nevirapine oral tablet 200 mg</i>	1	MO
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	1	MO
NORVIR ORAL POWDER IN PACKET 100 MG	1	MO
ODEFSEY ORAL TABLET 200-25-25 MG	1	MO; NDS
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	1	MO
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	1	MO
PIFELTRO ORAL TABLET 100 MG	1	MO; NDS
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML, 480 MG/24 ML	1	NDS

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Drug Name	Drug Tier	Requirements /Limits
PREVYMIS ORAL TABLET 240 MG, 480 MG	1	MO; QL (30 per 30 days); NDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	1	MO; NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	1	MO; NDS
PREZISTA ORAL TABLET 150 MG, 75 MG	1	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	1	MO; NDS
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	1	MO
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	1	MO
REYATAZ ORAL POWDER IN PACKET 50 MG	1	MO; NDS
<i>ribavirin oral capsule 200 mg</i>	1	MO
<i>ribavirin oral tablet 200 mg</i>	1	MO
<i>rimantadine oral tablet 100 mg</i>	1	MO
<i>ritonavir oral tablet 100 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	1	MO; NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	1	MO
SELZENTRY ORAL TABLET 25 MG, 75 MG	1	MO
STRIBILD ORAL TABLET 150-150-200-300 MG	1	MO; NDS
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK)	1	NDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	1	MO; NDS
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	1	MO; NDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	MO
TIVICAY ORAL TABLET 10 MG	1	MO
TIVICAY ORAL TABLET 25 MG, 50 MG	1	MO; NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	1	MO; NDS

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Drug Name	Drug Tier	Requirements /Limits
TRIUMEQ ORAL TABLET 600-50-300 MG	1	MO; NDS
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	1	MO; NDS
TRIZIVIR ORAL TABLET 300-150-300 MG	1	MO; NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	1	MO; NDS
<i>valacyclovir oral tablet 1 gram</i>	1	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	1	MO; QL (60 per 30 days)
<i>valganciclovir oral recon soln 50 mg/ml</i>	1	MO; NDS
<i>valganciclovir oral tablet 450 mg</i>	1	MO
VEKLURY INTRAVENOUS RECON SOLN 100 MG	1	NDS
VEMLIDY ORAL TABLET 25 MG	1	MO; NDS
VIRACEPT ORAL TABLET 250 MG, 625 MG	1	MO; NDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	1	MO; NDS

Drug Name	Drug Tier	Requirements /Limits
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	MO; NDS
VOSEVI ORAL TABLET 400-100-100 MG	1	PA; MO; QL (28 per 28 days); NDS
XOFLUZA ORAL TABLET 40 MG, 80 MG	1	MO
<i>zidovudine oral capsule 100 mg</i>	1	MO
<i>zidovudine oral syrup 10 mg/ml</i>	1	MO
<i>zidovudine oral tablet 300 mg</i>	1	MO
CEPHALOSPORINS		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml</i>	1	MO
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	1	MO
<i>cefadroxil oral capsule 500 mg</i>	1	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	MO

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

This drug list was last updated on 06/22/2023.

Drug Name	Drug Tier	Requirements /Limits
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	1	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 300 g</i>	1	
<i>cefazolin intravenous recon soln 1 gram</i>	1	
<i>cefdinir oral capsule 300 mg</i>	1	MO
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	MO
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	1	MO
<i>cefepime in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>	1	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	1	MO
<i>cefixime oral capsule 400 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	MO
<i>cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	1	MO
<i>cefoxitin intravenous recon soln 10 gram</i>	1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	MO
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	MO
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	MO
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	1	MO
<i>ceftazidime injection recon soln 6 gram</i>	1	
<i>ceftriaxone in dextrose, iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	1	MO
<i>ceftriaxone injection recon soln 10 gram</i>	1	
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	1	
<i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i>	1	MO
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	1	MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	MO
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	MO
<i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i>	1	MO
<i>tazicef intravenous recon soln 1 gram, 2 gram</i>	1	

Drug Name	Drug Tier	Requirements /Limits
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	1	MO; NDS
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous recon soln 500 mg</i>	1	MO
<i>azithromycin oral packet 1 gram</i>	1	MO
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	MO
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	MO
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	MO
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	MO
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1	MO
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	1	QL (136 per 10 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
DIFICID ORAL TABLET 200 MG	1	MO; QL (20 per 10 days); NDS
<i>e.e.s. 400 oral tablet 400 mg</i>	1	MO
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	MO
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	1	MO
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	MO
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	1	MO
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole oral tablet 200 mg</i>	1	MO; NDS
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	MO
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	1	PA; LA

Drug Name	Drug Tier	Requirements /Limits
<i>atovaquone oral suspension 750 mg/5 ml</i>	1	MO; NDS
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	1	MO
<i>aztreonam injection recon soln 1 gram</i>	1	MO
AZTREONAM INJECTION RECON SOLN 2 GRAM	1	MO
<i>bacitracin intramuscular recon soln 50,000 unit</i>	1	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	1	PA; MO; LA; QL (84 per 56 days); NDS
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	1	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	MO
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	MO
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML, 900 MG/50 ML	1	

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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>	1	MO
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	1	MO
<i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml), 150 mg/ml</i>	1	MO
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	1	MO
COARTEM ORAL TABLET 20-120 MG	1	MO
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	1	MO; QL (30 per 10 days)
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	1	MO; NDS
<i>daptomycin intravenous recon soln 500 mg</i>	1	MO; NDS
EMVERM ORAL TABLET,CHEWABLE 100 MG	1	MO; NDS
<i>ertapenem injection recon soln 1 gram</i>	1	MO; QL (14 per 14 days)

Drug Name	Drug Tier	Requirements /Limits
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	1	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	1	
<i>gentamicin injection solution 40 mg/ml</i>	1	MO
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	1	MO
<i>hydroxychloroquine oral tablet 200 mg</i>	1	MO
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	1	MO
<i>isoniazid injection solution 100 mg/ml</i>	1	
<i>isoniazid oral solution 50 mg/5 ml</i>	1	MO
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	MO
<i>ivermectin oral tablet 3 mg</i>	1	PA; MO; QL (20 per 30 days)
<i>lincomycin injection solution 300 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	1	MO
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	1	MO; NDS
<i>linezolid oral tablet 600 mg</i>	1	MO
<i>linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml</i>	1	
<i>mefloquine oral tablet 250 mg</i>	1	MO
<i>meropenem intravenous recon soln 1 gram</i>	1	MO; QL (30 per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	1	MO; QL (10 per 10 days)
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	1	QL (30 per 10 days)
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 500 MG/50 ML	1	QL (10 per 10 days)
<i>metro i.v. intravenous piggyback 500 mg/100 ml</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	1	MO
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	MO
<i>neomycin oral tablet 500 mg</i>	1	MO
<i>nitazoxanide oral tablet 500 mg</i>	1	MO; NDS
<i>paromomycin oral capsule 250 mg</i>	1	MO
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	1	MO
<i>pentamidine inhalation recon soln 300 mg</i>	1	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine injection recon soln 300 mg</i>	1	MO
<i>praziquantel oral tablet 600 mg</i>	1	MO
PRIFTIN ORAL TABLET 150 MG	1	MO
PRIMAQUINE ORAL TABLET 26.3 MG	1	MO
<i>pyrazinamide oral tablet 500 mg</i>	1	MO
<i>pyrimethamine oral tablet 25 mg</i>	1	PA; MO; NDS
<i>quinine sulfate oral capsule 324 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>rifabutin oral capsule 150 mg</i>	1	MO
<i>rifampin intravenous recon soln 600 mg</i>	1	MO
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	MO
SIRTURO ORAL TABLET 100 MG, 20 MG	1	PA; LA; NDS
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	1	MO; NDS
<i>tigecycline intravenous recon soln 50 mg</i>	1	MO; NDS
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	MO
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	1	MO; QL (224 per 56 days); NDS
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	1	PA; MO; QL (280 per 56 days); NDS
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	1	PA; MO; QL (224 per 56 days); NDS
<i>tobramycin sulfate injection recon soln 1.2 gram</i>	1	
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
TRECTOR ORAL TABLET 250 MG	1	MO
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	1	QL (4000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	1	QL (1000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	1	QL (3000 per 10 days)
VANCOMYCIN INJECTION RECON SOLN 100 GRAM	1	QL (2 per 10 days)
<i>vancomycin intravenous recon soln 1,000 mg</i>	1	MO; QL (20 per 10 days)
<i>vancomycin intravenous recon soln 10 gram</i>	1	QL (2 per 10 days)
<i>vancomycin intravenous recon soln 5 gram</i>	1	QL (4 per 10 days)
<i>vancomycin intravenous recon soln 500 mg</i>	1	MO; QL (10 per 10 days)
<i>vancomycin intravenous recon soln 750 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>vancomycin oral capsule 125 mg, 250 mg</i>	1	MO
VIBATIV INTRAVENOUS RECON SOLN 750 MG	1	NDS
XIFAXAN ORAL TABLET 200 MG	1	MO; QL (9 per 30 days); NDS
XIFAXAN ORAL TABLET 550 MG	1	MO; QL (90 per 30 days); NDS

PENICILLINS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	MO
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	MO
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	MO
<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>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	MO
<i>ampicillin oral capsule 500 mg</i>	1	MO
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	1	MO
<i>ampicillin sodium intravenous recon soln 1 gram, 2 gram</i>	1	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	1	MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	1	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram</i>	1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	1	MO

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Drug Name	Drug Tier	Requirements /Limits
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	1	MO
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	1	MO
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	MO
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>	1	
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	1	MO
<i>nafcillin injection recon soln 10 gram</i>	1	NDS
<i>nafcillin intravenous recon soln 2 gram</i>	1	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	1	
<i>oxacillin injection recon soln 2 gram</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML	1	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	1	
<i>penicillin g potassium injection recon soln 20 million unit, 5 million unit</i>	1	MO
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	1	MO
<i>penicillin g sodium injection recon soln 5 million unit</i>	1	MO
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	MO
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	MO
<i>pfizerpen-g injection recon soln 20 million unit, 5 million unit</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	1	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	1	MO
<i>piperacillin-tazobactam intravenous recon soln 40.5 gram</i>	1	
QUINOLONES		
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	1	MO
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	1	MO
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	1	MO
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	1	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	1	MO
<i>levofloxacin intravenous solution 25 mg/ml</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	MO
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	MO
<i>moxifloxacin oral tablet 400 mg</i>	1	MO
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK 400 MG/250 ML	1	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	1	MO
SULFA'S / RELATED AGENTS		
<i>sulfadiazine oral tablet 500 mg</i>	1	MO
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	1	MO
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	1	MO
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	MO
TETRACYCLINES		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>doxy-100 intravenous recon soln 100 mg</i>	1	MO
<i>doxycycline hyclate intravenous recon soln 100 mg</i>	1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	MO
<i>doxycycline hyclate oral tablet 20 mg, 50 mg</i>	1	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	MO
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	1	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	1	MO
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	MO
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	1	MO
<i>mondoxyne nl oral capsule 100 mg</i>	1	MO
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	MO
URINARY TRACT AGENTS		

Drug Name	Drug Tier	Requirements /Limits
<i>methenamine hippurate oral tablet 1 gram</i>	1	MO
<i>methenamine mandelate oral tablet 0.5 g, 1 gram</i>	1	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	MO
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	1	MO
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	MO
<i>trimethoprim oral tablet 100 mg</i>	1	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i>	1	B/D PA; MO; NDS
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	1	MO; NDS
KEPIVANCE INTRAVENOUS RECON SOLN 6.25 MG	1	NDS
KHAPZORY INTRAVENOUS RECON SOLN 175 MG, 300 MG	1	B/D PA; NDS

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Drug Name	Drug Tier	Requirements /Limits
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	MO
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	1	B/D PA; MO; NDS
<i>levoleucovorin calcium intravenous solution 10 mg/ml</i>	1	B/D PA; NDS
<i>mesna intravenous solution 100 mg/ml</i>	1	B/D PA; MO
MESNEX ORAL TABLET 400 MG	1	MO; NDS
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	1	PA; NDS
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	1	B/D PA; MO; NDS
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	1	PA; MO; QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i>	1	PA; MO; QL (60 per 30 days)
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	1	B/D PA; MO; NDS
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	1	B/D PA; MO; NDS

Drug Name	Drug Tier	Requirements /Limits
ALECENSA ORAL CAPSULE 150 MG	1	PA; MO; QL (240 per 30 days); NDS
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	1	B/D PA; MO; NDS
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	1	B/D PA; NDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	1	PA; QL (30 per 30 days); NDS
ALUNBRIG ORAL TABLET 30 MG	1	PA; QL (60 per 30 days); NDS
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23)	1	PA; QL (30 per 180 days); NDS
<i>anastrozole oral tablet 1 mg</i>	1	MO
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	1	B/D PA; NDS
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	1	B/D PA; MO; NDS
ARZERRA INTRAVENOUS SOLUTION 1,000 MG/50 ML, 100 MG/5 ML	1	MO; NDS
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML	1	B/D PA; NDS

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Drug Name	Drug Tier	Requirements /Limits
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	1	PA; LA; QL (30 per 30 days); NDS
<i>azacitidine injection recon soln 100 mg</i>	1	B/D PA; MO; NDS
<i>azathioprine oral tablet 50 mg</i>	1	B/D PA; MO
<i>azathioprine sodium injection recon soln 100 mg</i>	1	B/D PA; MO
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	1	PA; LA; NDS
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	1	B/D PA; NDS
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	1	B/D PA; NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	1	B/D PA; MO; NDS
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	1	B/D PA; MO; NDS
<i>bexarotene oral capsule 75 mg</i>	1	PA; MO; NDS
<i>bexarotene topical gel 1 %</i>	1	PA; MO; NDS
<i>bicalutamide oral tablet 50 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	1	MO
BLINCYTO INTRAVENOUS KIT 35 MCG	1	NDS
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	1	B/D PA; NDS
<i>bortezomib injection recon soln 3.5 mg</i>	1	B/D PA; MO; NDS
BORTEZOMIB INTRAVENOUS RECON SOLN 3.5 MG	1	B/D PA; NDS
BOSULIF ORAL TABLET 100 MG	1	PA; MO; QL (90 per 30 days); NDS
BOSULIF ORAL TABLET 400 MG, 500 MG	1	PA; MO; QL (30 per 30 days); NDS
BRAFTOVI ORAL CAPSULE 75 MG	1	PA; MO; LA; QL (180 per 30 days); NDS
BRUKINSA ORAL CAPSULE 80 MG	1	PA; LA; NDS
<i>busulfan intravenous solution 60 mg/10 ml</i>	1	B/D PA; NDS
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	1	PA; MO; LA; QL (30 per 30 days); NDS
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	1	PA; LA; QL (60 per 30 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
CALQUENCE ORAL CAPSULE 100 MG	1	PA; LA; QL (60 per 30 days); NDS
CAPRELSA ORAL TABLET 100 MG	1	PA; LA; QL (60 per 30 days); NDS
CAPRELSA ORAL TABLET 300 MG	1	PA; LA; QL (30 per 30 days); NDS
<i>carboplatin intravenous solution 10 mg/ml</i>	1	B/D PA; MO
<i>carmustine intravenous recon soln 100 mg</i>	1	B/D PA; MO; NDS
<i>cisplatin intravenous solution 1 mg/ml</i>	1	B/D PA; MO
<i>cladribine intravenous solution 10 mg/10 ml</i>	1	MO; NDS
<i>clofarabine intravenous solution 1 mg/ml</i>	1	B/D PA; NDS
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	1	PA; MO; QL (56 per 28 days); NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	1	PA; MO; QL (112 per 28 days); NDS
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	1	PA; MO; QL (84 per 28 days); NDS
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	1	PA; LA; QL (60 per 30 days); NDS

Drug Name	Drug Tier	Requirements /Limits
COSMEGEN INTRAVENOUS RECON SOLN 0.5 MG	1	B/D PA; MO; NDS
COTELLIC ORAL TABLET 20 MG	1	PA; MO; LA; QL (63 per 28 days); NDS
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	1	B/D PA; MO
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	B/D PA; MO
CYCLOPHOSPHA MIDE ORAL TABLET 25 MG, 50 MG	1	B/D PA; MO
<i>cyclosporine intravenous solution 250 mg/5 ml</i>	1	B/D PA
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	B/D PA; MO
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	B/D PA
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	B/D PA; MO
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	1	MO; NDS

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Drug Name	Drug Tier	Requirements /Limits
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	1	MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	1	
<i>cytarabine injection solution 20 mg/ml</i>	1	MO
<i>dacarbazine intravenous recon soln 100 mg, 200 mg</i>	1	B/D PA; MO
<i>dactinomycin intravenous recon soln 0.5 mg</i>	1	B/D PA; MO
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	1	B/D PA; NDS
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	1	B/D PA; MO; NDS
<i>daunorubicin intravenous solution 5 mg/ml</i>	1	B/D PA
DAURISMO ORAL TABLET 100 MG	1	PA; MO; QL (30 per 30 days); NDS
DAURISMO ORAL TABLET 25 MG	1	PA; MO; QL (60 per 30 days); NDS
<i>decitabine intravenous recon soln 50 mg</i>	1	B/D PA; MO; NDS

Drug Name	Drug Tier	Requirements /Limits
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	1	B/D PA; NDS
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	1	B/D PA; MO; NDS
<i>doxorubicin intravenous recon soln 10 mg</i>	1	B/D PA
<i>doxorubicin intravenous recon soln 50 mg</i>	1	B/D PA; MO
<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	1	B/D PA; MO
<i>doxorubicin intravenous solution 2 mg/ml</i>	1	B/D PA
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i>	1	B/D PA; MO; NDS
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	1	MO
ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML	1	B/D PA; NDS
EMCYT ORAL CAPSULE 140 MG	1	MO; NDS

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Drug Name	Drug Tier	Requirements /Limits
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	1	MO; NDS
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	1	B/D PA; MO
<i>epirubicin intravenous solution 200 mg/100 ml</i>	1	B/D PA
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	1	B/D PA; MO; NDS
ERIVEDGE ORAL CAPSULE 150 MG	1	PA; MO; QL (30 per 30 days); NDS
ERLEADA ORAL TABLET 240 MG	1	PA; MO; QL (30 per 30 days); NDS
ERLEADA ORAL TABLET 60 MG	1	PA; MO; QL (120 per 30 days); NDS
<i>erlotinib oral tablet 100 mg, 150 mg</i>	1	PA; MO; QL (30 per 30 days); NDS
<i>erlotinib oral tablet 25 mg</i>	1	PA; MO; QL (60 per 30 days); NDS
ERWINASE INJECTION RECON SOLN 10,000 UNIT	1	B/D PA; NDS

Drug Name	Drug Tier	Requirements /Limits
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	1	B/D PA; MO
<i>etoposide intravenous solution 20 mg/ml</i>	1	B/D PA; MO
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	PA; MO; QL (30 per 30 days); NDS
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	1	PA; MO; NDS
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	1	B/D PA; MO; NDS
<i>exemestane oral tablet 25 mg</i>	1	MO
EXKIVITY ORAL CAPSULE 40 MG	1	PA; LA; QL (120 per 30 days); NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	1	B/D PA; MO; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	1	B/D PA; MO
<i>floxuridine injection recon soln 0.5 gram</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>fludarabine intravenous recon soln 50 mg</i>	1	B/D PA; MO
<i>fludarabine intravenous solution 50 mg/2 ml</i>	1	B/D PA
<i>fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml</i>	1	MO
<i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i>	1	
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	1	B/D PA; MO; NDS
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	1	PA; LA; QL (21 per 28 days); NDS
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i>	1	B/D PA; MO; NDS
GAVRETO ORAL CAPSULE 100 MG	1	PA; MO; LA; QL (120 per 30 days); NDS
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	1	B/D PA; MO; NDS
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	1	B/D PA; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	1	B/D PA

Drug Name	Drug Tier	Requirements /Limits
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	1	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	1	B/D PA
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	B/D PA; MO
<i>gengraf oral solution 100 mg/ml</i>	1	B/D PA; MO
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	1	PA; MO; QL (30 per 30 days); NDS
<i>gleostine oral capsule 10 mg, 100 mg, 40 mg</i>	1	MO
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)	1	B/D PA; MO; NDS
<i>hydroxyurea oral capsule 500 mg</i>	1	MO
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	1	PA; MO; QL (21 per 28 days); NDS
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	1	PA; MO; QL (21 per 28 days); NDS
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	1	PA; QL (30 per 30 days); NDS
<i>idarubicin intravenous solution 1 mg/ml</i>	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
IDHIFA ORAL TABLET 100 MG, 50 MG	1	PA; MO; LA; QL (30 per 30 days); NDS
<i>ifosfamide intravenous recon soln 1 gram, 3 gram</i>	1	B/D PA; MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	1	B/D PA; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	1	B/D PA
<i>imatinib oral tablet 100 mg</i>	1	PA; MO; QL (180 per 30 days); NDS
<i>imatinib oral tablet 400 mg</i>	1	PA; MO; QL (60 per 30 days); NDS
IMBRUVICA ORAL CAPSULE 140 MG	1	PA; QL (120 per 30 days); NDS
IMBRUVICA ORAL CAPSULE 70 MG	1	PA; QL (30 per 30 days); NDS
IMBRUVICA ORAL SUSPENSION 70 MG/ML	1	PA; QL (324 per 30 days); NDS
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	1	PA; QL (30 per 30 days); NDS
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	1	B/D PA; MO; NDS
INLYTA ORAL TABLET 1 MG	1	PA; MO; QL (180 per 30 days); NDS

Drug Name	Drug Tier	Requirements /Limits
INLYTA ORAL TABLET 5 MG	1	PA; MO; QL (120 per 30 days); NDS
INQOVI ORAL TABLET 35-100 MG	1	PA; MO; QL (5 per 28 days); NDS
INREBIC ORAL CAPSULE 100 MG	1	PA; MO; LA; QL (120 per 30 days); NDS
IRESSA ORAL TABLET 250 MG	1	PA; MO; QL (30 per 30 days); NDS
<i>irinotecan intravenous solution 100 mg/5 ml</i>	1	B/D PA; MO
<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	1	B/D PA; NDS
<i>irinotecan intravenous solution 40 mg/2 ml</i>	1	B/D PA; MO; NDS
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML	1	B/D PA; MO; NDS
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	1	B/D PA; MO; NDS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	1	PA; MO; QL (60 per 30 days); NDS
JAYPIRCA ORAL TABLET 100 MG	1	PA; MO; QL (60 per 30 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
JAYPIRCA ORAL TABLET 50 MG	1	PA; MO; QL (30 per 30 days); NDS
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	1	B/D PA; MO; NDS
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION)	1	B/D PA; MO; NDS
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	1	B/D PA; MO; NDS
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	1	B/D PA; NDS
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	1	B/D PA; NDS
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	1	PA; MO; QL (49 per 28 days); NDS
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	1	PA; MO; QL (70 per 28 days); NDS
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	1	PA; MO; QL (91 per 28 days); NDS

Drug Name	Drug Tier	Requirements /Limits
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA; MO; QL (21 per 28 days); NDS
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	1	PA; MO; QL (42 per 28 days); NDS
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	1	PA; MO; QL (63 per 28 days); NDS
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	1	PA; QL (120 per 30 days); NDS
KRAZATI ORAL TABLET 200 MG	1	PA; QL (180 per 30 days); NDS
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	1	B/D PA; NDS
<i>lapatinib oral tablet 250 mg</i>	1	PA; MO; QL (180 per 30 days); NDS
LENALIDOMIDE ORAL CAPSULE 10 MG, 15 MG, 25 MG, 5 MG	1	PA; MO; QL (28 per 28 days); NDS
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	1	PA; QL (28 per 28 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
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)	1	PA; MO; NDS
<i>letrozole oral tablet 2.5 mg</i>	1	MO
LEUKERAN ORAL TABLET 2 MG	1	MO; NDS
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	1	PA; MO; NDS
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	1	B/D PA; NDS
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	1	PA; MO; NDS
LORBRENA ORAL TABLET 100 MG	1	PA; MO; QL (30 per 30 days); NDS
LORBRENA ORAL TABLET 25 MG	1	PA; MO; QL (90 per 30 days); NDS
LUMAKRAS ORAL TABLET 120 MG	1	PA; MO; NDS
LUMAKRAS ORAL TABLET 320 MG	1	PA; MO; QL (90 per 30 days); NDS

Drug Name	Drug Tier	Requirements /Limits
LUMOXITI INTRAVENOUS RECON SOLN 1 MG	1	B/D PA; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	1	PA; MO; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	1	PA; MO; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	1	PA; MO; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	1	PA; MO; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	1	PA; MO; NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	1	PA; MO; NDS
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	1	PA; MO; NDS

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Drug Name	Drug Tier	Requirements /Limits
LYNPARZA ORAL TABLET 100 MG, 150 MG	1	PA; MO; QL (120 per 30 days); NDS
LYSODREN ORAL TABLET 500 MG	1	NDS
LYTGOBI ORAL TABLET 4 MG, 4 MG (4X 4 MG TB), 4 MG (5X 4 MG TB)	1	PA; LA; NDS
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	1	B/D PA; NDS
MATULANE ORAL CAPSULE 50 MG	1	NDS
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	1	PA; MO
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	1	PA; MO
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	PA; MO
MEKINIST ORAL TABLET 0.5 MG	1	PA; MO; QL (90 per 30 days); NDS
MEKINIST ORAL TABLET 2 MG	1	PA; MO; QL (30 per 30 days); NDS
MEKTOVI ORAL TABLET 15 MG	1	PA; MO; LA; QL (180 per 30 days); NDS
<i>melphalan hcl intravenous recon soln 50 mg</i>	1	B/D PA; NDS

Drug Name	Drug Tier	Requirements /Limits
<i>melphalan oral tablet 2 mg</i>	1	B/D PA; MO
<i>mercaptopurine oral tablet 50 mg</i>	1	MO
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	1	B/D PA
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	B/D PA; MO
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	B/D PA; MO
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	B/D PA; MO
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	1	B/D PA; MO
<i>mitomycin intravenous recon soln 40 mg</i>	1	B/D PA; MO; NDS
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	1	B/D PA; MO
MONJUVI INTRAVENOUS RECON SOLN 200 MG	1	B/D PA; NDS
MYCAPSSA ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 20 MG	1	PA; QL (120 per 30 days); NDS
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i>	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	1	B/D PA; MO; NDS
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	B/D PA; MO
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	1	B/D PA; MO
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	1	B/D PA; MO; NDS
<i>nelarabine intravenous solution 250 mg/50 ml</i>	1	B/D PA; MO; NDS
NERLYNX ORAL TABLET 40 MG	1	PA; MO; LA; NDS
<i>nilutamide oral tablet 150 mg</i>	1	PA; MO; NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	1	PA; MO; QL (3 per 28 days); NDS
NUBEQA ORAL TABLET 300 MG	1	PA; MO; LA; QL (120 per 30 days); NDS
NULOJIX INTRAVENOUS RECON SOLN 250 MG	1	B/D PA; MO; NDS

Drug Name	Drug Tier	Requirements /Limits
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	1	PA; MO; NDS
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	1	PA; MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	1	PA; MO
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	1	PA; MO; NDS
ODOMZO ORAL CAPSULE 200 MG	1	PA; MO; LA; QL (30 per 30 days); NDS
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	1	B/D PA; NDS
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	1	B/D PA; NDS
ONUREG ORAL TABLET 200 MG, 300 MG	1	PA; MO; QL (14 per 28 days); NDS
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	1	B/D PA; MO; NDS
ORGOVYX ORAL TABLET 120 MG	1	PA; LA; QL (30 per 28 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
ORSERDU ORAL TABLET 345 MG	1	PA; QL (30 per 30 days); NDS
ORSERDU ORAL TABLET 86 MG	1	PA; QL (90 per 90 days); NDS
<i>oxaliplatin intravenous recon soln 100 mg</i>	1	B/D PA; MO
<i>oxaliplatin intravenous recon soln 50 mg</i>	1	B/D PA
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	1	B/D PA; MO
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	1	B/D PA
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	1	B/D PA; MO
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG	1	B/D PA; MO; NDS
<i>paraplatin intravenous solution 10 mg/ml</i>	1	B/D PA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	1	PA; LA; QL (14 per 21 days); NDS
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	1	B/D PA; MO; NDS

Drug Name	Drug Tier	Requirements /Limits
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)	1	PA; MO; NDS
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG	1	B/D PA; MO; NDS
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	1	PA; MO; LA; NDS
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	1	MO; NDS
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML	1	B/D PA; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	1	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	1	B/D PA; MO
PURIXAN ORAL SUSPENSION 20 MG/ML	1	NDS
QINLOCK ORAL TABLET 50 MG	1	PA; LA; QL (90 per 30 days); NDS
RETEVMO ORAL CAPSULE 40 MG	1	PA; MO; LA; QL (180 per 30 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
RETEVMO ORAL CAPSULE 80 MG	1	PA; MO; LA; QL (120 per 30 days); NDS
REVLIMID ORAL CAPSULE 2.5 MG, 20 MG	1	PA; MO; LA; QL (28 per 28 days); NDS
REZLIDHIA ORAL CAPSULE 150 MG	1	PA; QL (60 per 30 days); NDS
REZUROCK ORAL TABLET 200 MG	1	PA; QL (30 per 30 days); NDS
<i>romidepsin intravenous recon soln 10 mg/2 ml</i>	1	B/D PA; NDS
ROZLYTREK ORAL CAPSULE 100 MG	1	PA; MO; QL (150 per 30 days); NDS
ROZLYTREK ORAL CAPSULE 200 MG	1	PA; MO; QL (90 per 30 days); NDS
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	1	PA; MO; LA; QL (120 per 30 days); NDS
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	1	B/D PA; MO; NDS
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	1	B/D PA; MO; NDS
RYDAPT ORAL CAPSULE 25 MG	1	PA; MO; NDS
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML	1	B/D PA; NDS

Drug Name	Drug Tier	Requirements /Limits
SANDIMMUNE ORAL SOLUTION 100 MG/ML	1	B/D PA; MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON 10 MG, 20 MG, 30 MG	1	PA; MO; NDS
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	1	B/D PA; NDS
SCEMBLIX ORAL TABLET 20 MG	1	PA; MO; QL (600 per 30 days); NDS
SCEMBLIX ORAL TABLET 40 MG	1	PA; MO; QL (300 per 30 days); NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	1	PA; NDS
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG	1	B/D PA; MO
<i>sirolimus oral solution 1 mg/ml</i>	1	B/D PA; MO; NDS
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	B/D PA; MO
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	1	MO; NDS

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Drug Name	Drug Tier	Requirements /Limits
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	1	PA; MO; NDS
<i>sorafenib oral tablet 200 mg</i>	1	PA; MO; QL (120 per 30 days); NDS
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	1	PA; MO; QL (30 per 30 days); NDS
SPRYCEL ORAL TABLET 20 MG, 70 MG	1	PA; MO; QL (60 per 30 days); NDS
STIVARGA ORAL TABLET 40 MG	1	PA; MO; QL (84 per 28 days); NDS
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1	PA; MO; QL (30 per 30 days); NDS
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	1	B/D PA; NDS
TABLOID ORAL TABLET 40 MG	1	MO
TABRECTA ORAL TABLET 150 MG, 200 MG	1	PA; MO; NDS
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	B/D PA; MO
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	1	PA; MO; QL (120 per 30 days); NDS

Drug Name	Drug Tier	Requirements /Limits
TAGRISSO ORAL TABLET 40 MG, 80 MG	1	PA; MO; LA; QL (30 per 30 days); NDS
TALZENNA ORAL CAPSULE 0.25 MG	1	PA; MO; QL (90 per 30 days); NDS
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG, 1 MG	1	PA; MO; QL (30 per 30 days); NDS
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	1	PA; MO; QL (112 per 28 days); NDS
TASIGNA ORAL CAPSULE 50 MG	1	PA; MO; QL (120 per 30 days); NDS
TAZVERIK ORAL TABLET 200 MG	1	PA; LA; NDS
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	1	B/D PA; MO; NDS
TEMODAR INTRAVENOUS RECON SOLN 100 MG	1	B/D PA; MO; NDS
<i>temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)</i>	1	B/D PA; MO; NDS
TEPMETKO ORAL TABLET 225 MG	1	PA; LA; NDS
THALOMID ORAL CAPSULE 100 MG, 50 MG	1	PA; MO; QL (28 per 28 days); NDS

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This drug list was last updated on 06/22/2023.

Drug Name	Drug Tier	Requirements /Limits
THALOMID ORAL CAPSULE 150 MG, 200 MG	1	PA; MO; QL (56 per 28 days); NDS
<i>thiotepa injection recon soln 100 mg</i>	1	B/D PA; NDS
<i>thiotepa injection recon soln 15 mg</i>	1	B/D PA; MO; NDS
TIBSOVO ORAL TABLET 250 MG	1	PA; NDS
TIVDAK INTRAVENOUS RECON SOLN 40 MG	1	B/D PA; MO; NDS
<i>toposar intravenous solution 20 mg/ml</i>	1	B/D PA; MO
<i>topotecan intravenous recon soln 4 mg</i>	1	B/D PA; MO; NDS
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	1	B/D PA; MO; NDS
<i>toremifene oral tablet 60 mg</i>	1	MO; NDS
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	1	B/D PA; MO; NDS
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	1	B/D PA; MO; NDS
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	1	MO; NDS
TRODELVY INTRAVENOUS RECON SOLN 180 MG	1	B/D PA; NDS

Drug Name	Drug Tier	Requirements /Limits
TUKYSA ORAL TABLET 150 MG	1	PA; LA; QL (120 per 30 days); NDS
TUKYSA ORAL TABLET 50 MG	1	PA; LA; QL (300 per 30 days); NDS
TURALIO ORAL CAPSULE 125 MG	1	PA; LA; NDS
TURALIO ORAL CAPSULE 200 MG	1	PA; LA; QL (120 per 30 days); NDS
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	1	B/D PA; NDS
<i>valrubicin intravesical solution 40 mg/ml</i>	1	B/D PA; MO; NDS
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	1	MO; NDS
VENCLEXTA ORAL TABLET 10 MG	1	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	1	PA; LA; QL (120 per 30 days); NDS
VENCLEXTA ORAL TABLET 50 MG	1	PA; LA; QL (30 per 30 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	1	PA; LA; QL (42 per 180 days); NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	PA; MO; LA; QL (60 per 30 days); NDS
VIJOICE ORAL TABLET 125 MG, 50 MG	1	PA; QL (28 per 28 days); NDS
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	1	PA; QL (56 per 28 days); NDS
<i>vinblastine intravenous solution 1 mg/ml</i>	1	MO
<i>vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml</i>	1	MO
<i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i>	1	MO
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	1	B/D PA; MO
VITRAKVI ORAL CAPSULE 100 MG	1	PA; MO; LA; QL (60 per 30 days); NDS
VITRAKVI ORAL CAPSULE 25 MG	1	PA; MO; LA; QL (180 per 30 days); NDS
VITRAKVI ORAL SOLUTION 20 MG/ML	1	PA; MO; LA; QL (300 per 30 days); NDS

Drug Name	Drug Tier	Requirements /Limits
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	1	PA; MO; QL (30 per 30 days); NDS
VONJO ORAL CAPSULE 100 MG	1	PA; QL (120 per 30 days); NDS
VOTRIENT ORAL TABLET 200 MG	1	PA; MO; QL (120 per 30 days); NDS
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	1	NDS
WELIREG ORAL TABLET 40 MG	1	PA; LA; NDS
XALKORI ORAL CAPSULE 200 MG, 250 MG	1	PA; MO; QL (60 per 30 days); NDS
XATMEP ORAL SOLUTION 2.5 MG/ML	1	B/D PA; MO
XERMELO ORAL TABLET 250 MG	1	PA; LA; QL (90 per 30 days); NDS
XOSPATA ORAL TABLET 40 MG	1	PA; LA; NDS

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Drug Name	Drug Tier	Requirements /Limits
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	1	PA; LA; NDS
XTANDI ORAL CAPSULE 40 MG	1	PA; MO; QL (120 per 30 days); NDS
XTANDI ORAL TABLET 40 MG	1	PA; MO; QL (120 per 30 days); NDS
XTANDI ORAL TABLET 80 MG	1	PA; MO; QL (60 per 30 days); NDS
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	1	B/D PA; MO; NDS
YONDELIS INTRAVENOUS RECON SOLN 1 MG	1	B/D PA; NDS
YONSA ORAL TABLET 125 MG	1	PA; MO; QL (120 per 30 days); NDS

Drug Name	Drug Tier	Requirements /Limits
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)	1	B/D PA; MO; NDS
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM	1	B/D PA; MO
ZEJULA ORAL CAPSULE 100 MG	1	PA; MO; LA; QL (90 per 30 days); NDS
ZELBORAF ORAL TABLET 240 MG	1	PA; MO; QL (240 per 30 days); NDS
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG	1	B/D PA; NDS
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	1	B/D PA; MO; NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	1	B/D PA; MO
ZOLINZA ORAL CAPSULE 100 MG	1	PA; MO; NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	1	PA; MO; QL (60 per 30 days); NDS
ZYKADIA ORAL TABLET 150 MG	1	PA; MO; QL (90 per 30 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	1	B/D PA; NDS

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

APTIOM ORAL TABLET 200 MG	1	MO; QL (180 per 30 days); NDS
APTIOM ORAL TABLET 400 MG	1	MO; QL (90 per 30 days); NDS
APTIOM ORAL TABLET 600 MG, 800 MG	1	MO; QL (60 per 30 days); NDS
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	1	MO; QL (600 per 28 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	1	PA; MO; QL (600 per 30 days); NDS
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	1	PA; MO; QL (60 per 30 days); NDS
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	MO
<i>carbamazepine oral tablet 200 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1	MO
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	MO
CELONTIN ORAL CAPSULE 300 MG	1	MO
<i>clobazam oral suspension 2.5 mg/ml</i>	1	MO; QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	MO; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	MO; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	1	MO; QL (300 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	1	PA; LA; NDS
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	1	PA; LA; NDS
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1	MO
DILANTIN 30 MG ORAL CAPSULE 30 MG	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1	MO
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1	MO
EPIDIOLEX ORAL SOLUTION 100 MG/ML	1	PA; MO; LA; NDS
<i>epitol oral tablet 200 mg</i>	1	MO
EPRONTIA ORAL SOLUTION 25 MG/ML	1	MO
<i>ethosuximide oral capsule 250 mg</i>	1	MO
<i>ethosuximide oral solution 250 mg/5 ml</i>	1	MO
<i>felbamate oral suspension 600 mg/5 ml</i>	1	MO; NDS
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	MO
FINTEPLA ORAL SOLUTION 2.2 MG/ML	1	PA; LA; QL (360 per 30 days); NDS
<i>fosphephenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i>	1	MO
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	1	MO; QL (720 per 30 days); NDS

Drug Name	Drug Tier	Requirements /Limits
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	1	MO; QL (30 per 30 days); NDS
FYCOMPA ORAL TABLET 2 MG	1	MO; QL (60 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	1	MO; QL (60 per 30 days); NDS
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	MO; QL (270 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	MO; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	1	MO; QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	MO; QL (120 per 30 days)
<i>lacosamide intravenous solution 200 mg/20 ml</i>	1	MO; QL (1200 per 28 days)
<i>lacosamide oral solution 10 mg/ml</i>	1	MO; QL (1200 per 30 days); NDS
LACOSAMIDE ORAL TABLET 100 MG, 150 MG, 200 MG	1	MO; QL (60 per 30 days)
LACOSAMIDE ORAL TABLET 50 MG	1	MO; QL (120 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i>	1	MO
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	MO
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1	MO
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO
<i>lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	1	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	1	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i>	1	
<i>levetiracetam intravenous solution 500 mg/5 ml</i>	1	MO
<i>levetiracetam oral solution 100 mg/ml</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	1	MO
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	MO
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	1	PA; MO; QL (10 per 30 days); NDS
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	1	MO
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	MO
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	1	
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	1	MO
<i>phenobarbital sodium injection solution 130 mg/ml</i>	1	MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	MO
<i>phenytoin oral tablet, chewable 50 mg</i>	1	MO
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	MO
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	MO; QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	1	MO; QL (900 per 30 days)
PRIMIDONE ORAL TABLET 125 MG	1	MO
<i>primidone oral tablet 250 mg, 50 mg</i>	1	MO
<i>roweepira oral tablet 500 mg</i>	1	MO
<i>rufinamide oral suspension 40 mg/ml</i>	1	PA; MO; NDS
<i>rufinamide oral tablet 200 mg</i>	1	PA; MO
<i>rufinamide oral tablet 400 mg</i>	1	PA; MO; NDS

Drug Name	Drug Tier	Requirements /Limits
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	1	MO
<i>subvenite oral tablet 100 mg, 150 mg, 25 mg</i>	1	MO
<i>subvenite oral tablet 200 mg</i>	1	MO
<i>subvenite starter (blue) kit oral tablets, dose pack 25 mg (35)</i>	1	MO
<i>subvenite starter (green) kit oral tablets, dose pack 25 mg (84) -100 mg (14)</i>	1	MO
<i>subvenite starter (orange) kit oral tablets, dose pack 25 mg (42) -100 mg (7)</i>	1	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	1	PA; MO; QL (60 per 30 days); NDS
SYMPAZAN ORAL FILM 5 MG	1	PA; MO; QL (60 per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	MO
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	MO
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	MO
<i>valproic acid oral capsule 250 mg</i>	1	MO
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)	1	PA; MO; QL (10 per 30 days); NDS
<i>vigabatrin oral powder in packet 500 mg</i>	1	PA; MO; LA; NDS
<i>vigabatrin oral tablet 500 mg</i>	1	PA; MO; LA; NDS
<i>vigadrone oral powder in packet 500 mg</i>	1	PA; LA; NDS
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	1	MO; QL (56 per 28 days); NDS
XCOPRI ORAL TABLET 100 MG	1	MO; QL (120 per 30 days); NDS

Drug Name	Drug Tier	Requirements /Limits
XCOPRI ORAL TABLET 150 MG, 200 MG	1	MO; QL (60 per 30 days); NDS
XCOPRI ORAL TABLET 50 MG	1	MO; QL (240 per 30 days); NDS
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14)	1	MO; QL (28 per 180 days)
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	1	MO; QL (28 per 180 days); NDS
ZONISADE ORAL SUSPENSION 100 MG/5 ML	1	MO; NDS
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	MO
ZTALMY ORAL SUSPENSION 50 MG/ML	1	PA; LA; QL (1080 per 30 days); NDS
ANTIPARKINSONISM AGENTS		
<i>benztropine injection solution 1 mg/ml</i>	1	MO
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO
<i>bromocriptine oral capsule 5 mg</i>	1	MO
<i>bromocriptine oral tablet 2.5 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>carbidopa oral tablet 25 mg</i>	1	MO
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	MO
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	MO
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	MO
<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>	1	MO
<i>entacapone oral tablet 200 mg</i>	1	MO
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA; MO; QL (150 per 30 days); NDS
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	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	MO
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	1	MO
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	MO
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	MO
<i>selegiline hcl oral capsule 5 mg</i>	1	MO
<i>selegiline hcl oral tablet 5 mg</i>	1	MO
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	MO

MIGRAINE / CLUSTER HEADACHE THERAPY

AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	1	PA; MO; QL (1 per 30 days)
<i>dihydroergotamine injection solution 1 mg/ml</i>	1	NDS
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	1	QL (8 per 28 days); NDS
<i>eletriptan oral tablet 20 mg, 40 mg</i>	1	MO; QL (18 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	1	PA; MO; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	1	PA; MO; QL (2 per 30 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	MO
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	MO; QL (18 per 28 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	1	PA; QL (16 per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1	MO; QL (36 per 28 days)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	1	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	1	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	MO; QL (8 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1	MO; QL (8 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	1	PA; QL (20 per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1	MO; QL (18 per 28 days)
<i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i>	1	MO; QL (18 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUBAGIO ORAL TABLET 14 MG, 7 MG	1	PA; MO; QL (30 per 30 days); NDS
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg</i>	1	PA; MO; QL (14 per 30 days); NDS
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	1	PA; MO; QL (120 per 180 days); NDS
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg</i>	1	PA; MO; QL (60 per 30 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO
<i>donepezil oral tablet 23 mg</i>	1	MO
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	1	MO
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	1	PA; MO; NDS
<i>fingolimod oral capsule 0.5 mg</i>	1	PA; MO; QL (30 per 30 days); NDS
FIRDAPSE ORAL TABLET 10 MG	1	PA; LA; NDS
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1	MO
<i>galantamine oral solution 4 mg/ml</i>	1	MO
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	MO
GILENYA ORAL CAPSULE 0.25 MG	1	PA; QL (30 per 30 days); NDS
GILENYA ORAL CAPSULE 0.5 MG	1	PA; MO; QL (30 per 30 days); NDS
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	1	PA; QL (30 per 30 days); NDS
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	1	PA; QL (12 per 28 days); NDS

Drug Name	Drug Tier	Requirements /Limits
<i>glatopa subcutaneous syringe 20 mg/ml</i>	1	PA; MO; QL (30 per 30 days); NDS
<i>glatopa subcutaneous syringe 40 mg/ml</i>	1	PA; MO; QL (12 per 28 days); NDS
INGREZZA INITIATION PACK ORAL CAPSULE, DOSE PACK 40 MG (7)-80 MG (21)	1	PA; QL (30 per 30 days); NDS
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	1	PA; QL (30 per 30 days); NDS
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	1	PA; MO
<i>memantine oral solution 2 mg/ml</i>	1	PA; MO
<i>memantine oral tablet 10 mg, 5 mg</i>	1	PA; MO
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	1	PA; MO
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	1	PA; MO
NUEDEXTA ORAL CAPSULE 20-10 MG	1	PA; MO; NDS

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Drug Name	Drug Tier	Requirements /Limits
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	1	PA; MO; QL (20 per 180 days); NDS
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML	1	PA; NDS
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML	1	PA; MO; QL (70 per 28 days); NDS
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	1	PA; MO; QL (70 per 28 days); NDS
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	MO
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	1	MO
TERIFLUNOMIDE ORAL TABLET 14 MG, 7 MG	1	PA; MO; QL (30 per 30 days); NDS
<i>tetrabenazine oral tablet 12.5 mg</i>	1	PA; MO; QL (240 per 30 days); NDS
<i>tetrabenazine oral tablet 25 mg</i>	1	PA; MO; QL (120 per 30 days); NDS
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	1	PA; MO; QL (15 per 28 days); NDS

Drug Name	Drug Tier	Requirements /Limits
VUMERITY ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 231 MG	1	PA; MO; QL (120 per 30 days); NDS
ZEPOSIA ORAL CAPSULE 0.92 MG	1	PA; MO; QL (30 per 30 days); NDS
ZEPOSIA STARTER KIT (37-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (30)	1	PA; MO; QL (37 per 180 days); NDS
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)-0.46 MG (3)	1	PA; MO; QL (7 per 180 days); NDS
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO
<i>carisoprodol oral tablet 350 mg</i>	1	MO; QL (120 per 30 days)
<i>chlorzoxazone oral tablet 500 mg</i>	1	MO
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	MO
<i>dantrolene intravenous recon soln 20 mg</i>	1	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	MO
ORPHENADRINE CITRATE ORAL TABLET EXTENDED RELEASE 100 MG	1	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	MO
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1	MO
<i>revonto intravenous recon soln 20 mg</i>	1	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	MO
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	MO; QL (4500 per 30 days); NDS
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	MO; QL (360 per 30 days); NDS
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	MO; QL (180 per 30 days); NDS
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	1	PA; MO; QL (60 per 30 days); NDS
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	1	NDS

Drug Name	Drug Tier	Requirements /Limits
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	MO
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	1	PA; MO; QL (4 per 28 days); NDS
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	MO; QL (180 per 30 days)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days); NDS
<i>fentanyl citrate (pf) injection solution 50 mcg/ml</i>	1	NDS
FENTANYL CITRATE (PF) INTRAVENOUS SYRINGE 100 MCG/2 ML (50 MCG/ML)	1	NDS
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA; MO; QL (120 per 30 days); NDS
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	1	PA; MO; QL (120 per 30 days); NDS
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA; MO; QL (10 per 30 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	MO; QL (5550 per 30 days); NDS
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	1	MO; QL (390 per 30 days); NDS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days); NDS
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	MO; QL (50 per 30 days); NDS
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml)</i>	1	QL (240 per 30 days); NDS
<i>hydromorphone (pf) injection solution 10 mg/ml</i>	1	MO; QL (240 per 30 days); NDS
<i>hydromorphone (pf) injection solution 2 mg/ml</i>	1	NDS
<i>hydromorphone injection solution 1 mg/ml</i>	1	NDS
<i>hydromorphone injection solution 2 mg/ml</i>	1	MO; NDS
<i>hydromorphone injection syringe 1 mg/ml, 4 mg/ml</i>	1	MO; NDS
<i>hydromorphone injection syringe 2 mg/ml</i>	1	NDS

Drug Name	Drug Tier	Requirements /Limits
<i>hydromorphone oral liquid 1 mg/ml</i>	1	MO; QL (2400 per 30 days); NDS
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	1	MO; QL (180 per 30 days); NDS
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	1	PA; MO; QL (60 per 30 days); NDS
<i>methadone injection solution 10 mg/ml</i>	1	NDS
<i>methadone intensol oral concentrate 10 mg/ml</i>	1	PA; MO; QL (90 per 30 days); NDS
<i>methadone oral concentrate 10 mg/ml</i>	1	PA; QL (90 per 30 days); NDS
<i>methadone oral solution 10 mg/5 ml</i>	1	PA; MO; QL (600 per 30 days); NDS
<i>methadone oral solution 5 mg/5 ml</i>	1	PA; MO; QL (1200 per 30 days); NDS
<i>methadone oral tablet 10 mg</i>	1	PA; MO; QL (120 per 30 days); NDS
<i>methadone oral tablet 5 mg</i>	1	PA; MO; QL (240 per 30 days); NDS
<i>methadose oral concentrate 10 mg/ml</i>	1	PA; MO; QL (90 per 30 days); NDS
<i>morphine (pf) injection solution 0.5 mg/ml</i>	1	NDS

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Drug Name	Drug Tier	Requirements /Limits
<i>morphine (pf) injection solution 1 mg/ml</i>	1	MO; NDS
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	MO; QL (900 per 30 days); NDS
<i>morphine injection syringe 4 mg/ml</i>	1	MO; NDS
<i>morphine injection syringe 8 mg/ml</i>	1	NDS
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml</i>	1	MO; NDS
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	NDS
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	1	MO; QL (900 per 30 days); NDS
<i>morphine oral tablet 15 mg, 30 mg</i>	1	MO; QL (180 per 30 days); NDS
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	PA; MO; QL (120 per 30 days); NDS
<i>oxycodone oral capsule 5 mg</i>	1	MO; QL (360 per 30 days); NDS
<i>oxycodone oral concentrate 20 mg/ml</i>	1	MO; QL (180 per 30 days); NDS
<i>oxycodone oral solution 5 mg/5 ml</i>	1	MO; QL (1200 per 30 days); NDS

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

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Drug Name	Drug Tier	Requirements /Limits
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	MO; QL (90 per 30 days)
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	1	MO; NDS
<i>butorphanol nasal spray,non-aerosol 10 mg/ml</i>	1	MO; QL (10 per 28 days); NDS
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	MO
<i>diclofenac potassium oral tablet 50 mg</i>	1	MO
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	MO
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	1	MO
<i>diclofenac sodium topical gel 1 %</i>	1	MO; QL (1000 per 28 days)
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	1	MO
<i>diflunisal oral tablet 500 mg</i>	1	MO
<i>ec-naproxen oral tablet,delayed release (dr/ec) 375 mg</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>ec-naproxen oral tablet,delayed release (dr/ec) 500 mg</i>	1	MO
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	MO
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	MO
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	1	MO
<i>flurbiprofen oral tablet 100 mg</i>	1	MO
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>ibuprofen oral suspension 100 mg/5 ml</i>	1	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	MO
<i>ketorolac oral tablet 10 mg</i>	1	QL (20 per 30 days)
<i>meloxicam oral tablet 15 mg</i>	1	MO
<i>meloxicam oral tablet 7.5 mg</i>	1	MO; QL (30 per 30 days)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	MO
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	1	MO; NDS

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Drug Name	Drug Tier	Requirements /Limits
<i>naloxone injection solution 0.4 mg/ml</i>	1	MO
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	MO
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	1	MO
<i>naltrexone oral tablet 50 mg</i>	1	MO
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>oxaprozin oral tablet 600 mg</i>	1	MO
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	MO
<i>salsalate oral tablet 500 mg, 750 mg</i>	1	MO
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	MO
<i>tramadol oral tablet 50 mg</i>	1	MO; QL (240 per 30 days); NDS

Drug Name	Drug Tier	Requirements /Limits
TRAMADOL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	1	MO; NDS
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	MO; QL (240 per 30 days); NDS
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON 380 MG	1	MO; NDS
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	1	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	1	MO; QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENANCE INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON 300 MG, 400 MG	1	MO; QL (1 per 28 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 300 MG, 400 MG	1	MO; QL (1 per 28 days); NDS
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	1	MO; QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg</i>	1	MO; QL (150 per 30 days)
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	MO
<i>aripiprazole oral solution 1 mg/ml</i>	1	MO
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	1	MO; QL (60 per 30 days); NDS
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 675 MG/2.4 ML	1	MO; QL (4.8 per 365 days); NDS

Drug Name	Drug Tier	Requirements /Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 1,064 MG/3.9 ML	1	MO; QL (3.9 per 56 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 441 MG/1.6 ML	1	MO; QL (1.6 per 28 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 662 MG/2.4 ML	1	MO; QL (2.4 per 28 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 882 MG/3.2 ML	1	MO; QL (3.2 per 28 days); NDS
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	1	MO; QL (60 per 30 days); NDS
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	1	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	1	MO; QL (60 per 30 days)
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	MO
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	1	PA; MO; QL (30 per 30 days); NDS
<i>chlorpromazine injection solution 25 mg/ml</i>	1	MO
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	1	MO
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO
<i>citalopram oral solution 10 mg/5 ml</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	1	MO
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	1	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	1	MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	1	MO; QL (360 per 30 days)
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	MO
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	MO
<i>diazepam injection solution 5 mg/ml</i>	1	
<i>diazepam injection syringe 5 mg/ml</i>	1	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	MO; QL (240 per 30 days)
<i>diazepam oral concentrate 5 mg/ml</i>	1	QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	MO; QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	MO; QL (120 per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>doxepin oral concentrate 10 mg/ml</i>	1	MO
<i>doxepin oral tablet 3 mg, 6 mg</i>	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	1	MO; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	1	MO; QL (90 per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	MO; QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	1	MO; NDS
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	MO
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	MO; QL (30 per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	PA; MO; QL (60 per 30 days); NDS
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	1	PA; MO; QL (8 per 180 days)

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Drug Name	Drug Tier	Requirements /Limits
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	1	MO; QL (28 per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	1	MO; QL (30 per 30 days)
<i>flumazenil intravenous solution 0.1 mg/ml</i>	1	
<i>fluoxetine (pmd) oral tablet 10 mg</i>	1	QL (240 per 30 days)
<i>fluoxetine (pmd) oral tablet 20 mg</i>	1	QL (120 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO; QL (90 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>	1	MO; QL (4 per 28 days)
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	MO
<i>fluoxetine oral tablet 10 mg</i>	1	MO; QL (240 per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	1	MO; QL (120 per 30 days)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	MO
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	MO
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	MO
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	1	MO; QL (60 per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	1	MO; QL (60 per 30 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i>	1	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	MO
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	MO
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	MO
HETLIOZ ORAL CAPSULE 20 MG	1	PA; MO; QL (30 per 30 days); NDS
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	MO
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1	MO
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	1	MO; QL (3.5 per 180 days); NDS
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	1	MO; QL (5 per 180 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	1	MO; QL (0.75 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	1	MO; QL (1 per 28 days); NDS

Drug Name	Drug Tier	Requirements /Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	1	MO; QL (1.5 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	1	MO; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	1	MO; QL (0.5 per 28 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	1	MO; QL (0.88 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	1	MO; QL (1.32 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	1	MO; QL (1.75 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	1	MO; QL (2.63 per 90 days); NDS
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	1	MO; QL (30 per 30 days); NDS
LATUDA ORAL TABLET 80 MG	1	MO; QL (60 per 30 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	MO
<i>lithium carbonate oral tablet 300 mg</i>	1	MO
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1	MO
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	1	MO
<i>lorazepam injection syringe 2 mg/ml</i>	1	MO
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	QL (150 per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	1	MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	MO; QL (150 per 30 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	MO
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	1	MO; QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i>	1	MO; QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	1	PA; MO; QL (30 per 30 days); NDS
MARPLAN ORAL TABLET 10 MG	1	MO

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>	1	MO
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	MO
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	1	MO
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	MO
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	1	MO
<i>modafinil oral tablet 100 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	1	MO
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	MO
NUPLAZID ORAL CAPSULE 34 MG	1	PA; MO; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	1	PA; MO; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i>	1	MO
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	MO; QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	1	MO; 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>	1	MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	1	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	1	MO; QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	MO
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	1	MO; QL (1 per 30 days); NDS
<i>phenelzine oral tablet 15 mg</i>	1	MO
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	MO
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 150 mg</i>	1	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>ramelteon oral tablet 8 mg</i>	1	MO; QL (30 per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	1	PA; MO; QL (30 per 30 days); NDS
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	1	MO; QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	1	MO; QL (2 per 28 days); NDS
<i>risperidone oral solution 1 mg/ml</i>	1	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>risperidone oral tablet, disintegrating 4 mg</i>	1	MO; QL (120 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	1	MO; QL (30 per 30 days); NDS
<i>sertraline oral concentrate 20 mg/ml</i>	1	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	1	PA; LA; QL (540 per 30 days); NDS
<i>tasimelteon oral capsule 20 mg</i>	1	PA; QL (30 per 30 days); NDS
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	MO; QL (60 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	MO
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	MO
<i>tranylcypromine oral tablet 10 mg</i>	1	MO
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	MO
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1	MO
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	1	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	1	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	MO; QL (90 per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	1	NDS
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	1	MO; QL (30 per 180 days)
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	1	PA; MO; QL (30 per 30 days); NDS
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)-3 MG (6)	1	PA; MO; QL (7 per 180 days)

Drug Name	Drug Tier	Requirements /Limits
XYREM ORAL SOLUTION 500 MG/ML	1	PA; LA; QL (540 per 30 days); NDS
<i>zaleplon oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	1	MO; QL (30 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	MO; QL (60 per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	1	MO
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	1	MO; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	1	MO; QL (2 per 28 days)

**CARDIOVASCULAR,
HYPERTENSION / LIPIDS
ANTIARRHYTHMIC AGENTS**

<i>adenosine intravenous solution 3 mg/ml</i>	1	
<i>adenosine intravenous syringe 3 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>amiodarone intravenous solution 50 mg/ml</i>	1	MO
<i>amiodarone intravenous syringe 150 mg/3 ml</i>	1	
<i>amiodarone oral tablet 100 mg, 400 mg</i>	1	
<i>amiodarone oral tablet 200 mg</i>	1	MO
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	MO
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	MO
<i>ibutilide fumarate intravenous solution 0.1 mg/ml</i>	1	
<i>lidocaine (pf) intravenous solution 20 mg/ml (2 %)</i>	1	
<i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %), 50 mg/5 ml (1 %)</i>	1	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	MO
MULTAQ ORAL TABLET 400 MG	1	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	MO
<i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>	1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1	MO
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	MO
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	MO
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	1	MO
<i>sorine oral tablet 240 mg</i>	1	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	MO
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	MO
<i>aliskiren oral tablet 150 mg, 300 mg</i>	1	MO
<i>amiloride oral tablet 5 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	MO
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO
<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	MO
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	MO
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	MO
<i>amlodipine-valsartan-hcthiiazid 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>	1	MO
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	MO
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	MO
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	MO
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	MO
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	MO
<i>bumetanide injection solution 0.25 mg/ml</i>	1	MO
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	MO
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	MO
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	MO
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	MO
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>chlorothiazide sodium intravenous recon soln 500 mg</i>	1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	MO
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	1	MO; QL (4 per 28 days)
<i>diltiazem hcl intravenous recon soln 100 mg</i>	1	
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	1	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	MO; QL (60 per 30 days)
EDARBI ORAL TABLET 40 MG, 80 MG	1	MO
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	1	MO
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	MO
<i>enalaprilat intravenous solution 1.25 mg/ml</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	MO
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>epoprostenol (glycine) intravenous recon soln 0.5 mg, 1.5 mg</i>	1	MO
<i>esmolol intravenous solution 100 mg/10 ml (10 mg/ml)</i>	1	
<i>ethacrynate sodium intravenous recon soln 50 mg</i>	1	NDS
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	MO
<i>furosemide injection solution 10 mg/ml</i>	1	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	MO
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	MO
<i>hydralazine injection solution 20 mg/ml</i>	1	MO
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	MO
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	MO
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	MO
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	MO
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	MO
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	MO
KERENDIA ORAL TABLET 10 MG, 20 MG	1	PA; QL (30 per 30 days)
<i>labetalol intravenous solution 5 mg/ml</i>	1	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	MO
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	MO
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	MO
<i>mannitol 20 % intravenous parenteral solution 20 %</i>	1	
<i>mannitol 25 % intravenous solution 25 %</i>	1	MO
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	MO
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	MO
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>metyrosine oral capsule 250 mg</i>	1	PA; MO; NDS
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	MO
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	MO
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	MO
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	MO
<i>nicardipine intravenous solution 25 mg/10 ml</i>	1	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1	MO
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1	MO
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	MO
<i>nimodipine oral capsule 30 mg</i>	1	MO
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1	MO
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1	MO

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This drug list was last updated on 06/22/2023.

Drug Name	Drug Tier	Requirements /Limits
<i>olmesartan-amlodipin-hcthiamid 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>	1	MO
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	MO
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)-0.25 MG (42)	1	PA; MO; NDS
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)-0.25 MG (210)	1	PA; MO; NDS
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)-0.25 MG(42)-1MG	1	PA; MO; NDS
<i>orenitram oral tablet extended release 0.125 mg</i>	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>orenitram oral tablet extended release 0.25 mg, 1 mg, 2.5 mg, 5 mg</i>	1	PA; MO; NDS
<i>osmitrol 20 % intravenous parenteral solution 20 %</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	MO
<i>phentolamine injection recon soln 5 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	MO
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO
<i>propranolol intravenous solution 1 mg/ml</i>	1	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1	MO
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	MO
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	MO
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	MO
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	MO
TEKTRNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG	1	MO
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	MO
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	MO
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	MO
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	MO
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	MO
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	1	B/D PA; MO; NDS
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	1	PA; MO; LA; NDS
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	1	PA; MO; LA; NDS
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	MO
<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	MO
<i>veletri intravenous recon soln 0.5 mg, 1.5 mg</i>	1	MO
<i>verapamil intravenous solution 2.5 mg/ml</i>	1	
<i>verapamil intravenous syringe 2.5 mg/ml</i>	1	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	MO
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	MO
COAGULATION THERAPY		
<i>aminocaproic acid intravenous solution 250 mg/ml</i>	1	MO
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	1	MO; NDS
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1	MO
BRILINTA ORAL TABLET 60 MG, 90 MG	1	MO
CABLIVI INJECTION KIT 11 MG	1	PA; LA; NDS
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT	1	PA; MO
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT	1	PA; MO
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>dabigatran etexilate oral capsule 150 mg, 75 mg</i>	1	MO
<i>dipyridamole intravenous solution 5 mg/ml</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	MO
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	1	PA; MO; LA; NDS
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	1	PA; MO; LA; NDS
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	1	PA; MO; LA; NDS
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	1	MO
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	1	MO
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	1	MO; QL (30 per 28 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	1	MO; QL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	1	MO; QL (22.4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	1	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	1	MO; QL (11.2 per 28 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	1	MO; NDS
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	1	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	1	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	1	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	1	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml</i>	1	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	1	MO

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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</i>	1	MO
<i>heparin (porcine) injection solution 5,000 unit/ml</i>	1	MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	1	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	MO
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	1	
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	1	MO
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	1	

Drug Name	Drug Tier	Requirements /Limits
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE 5,000 UNIT/0.5 ML	1	MO
<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	MO
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	MO
<i>prasugrel oral tablet 10 mg, 5 mg</i>	1	MO
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	1	PA; MO; LA; NDS
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	1	PA; MO; LA; NDS
<i>protamine intravenous solution 10 mg/ml</i>	1	
TAVALISSE ORAL TABLET 100 MG, 150 MG	1	PA; QL (60 per 30 days); NDS
<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	MO
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)-20 MG (9)	1	MO

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Drug Name	Drug Tier	Requirements /Limits
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	1	MO
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	1	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
<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>	1	MO; QL (30 per 30 days)
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	MO; QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder 4 gram</i>	1	MO
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	1	MO
<i>cholestyramine light oral powder 4 gram</i>	1	
<i>cholestyramine light oral powder in packet 4 gram</i>	1	
<i>cholestyramine-aspartame oral powder in packet 4 gram</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>colesevelam oral powder in packet 3.75 gram</i>	1	MO
<i>colesevelam oral tablet 625 mg</i>	1	MO
<i>colestipol oral granules 5 gram</i>	1	MO
<i>colestipol oral packet 5 gram</i>	1	MO
<i>colestipol oral tablet 1 gram</i>	1	MO
<i>ezetimibe oral tablet 10 mg</i>	1	MO
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	MO
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	MO
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	1	MO
<i>fenofibric acid oral tablet 35 mg</i>	1	MO
<i>fluvastatin oral capsule 20 mg</i>	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>fluvastatin oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>gemfibrozil oral tablet 600 mg</i>	1	MO
<i>icosapent ethyl oral capsule 0.5 gram</i>	1	MO
<i>icosapent ethyl oral capsule 1 gram</i>	1	PA; MO
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	1	PA; MO; LA; NDS
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	1	ST; MO; QL (30 per 30 days)
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
NEXLETOL ORAL TABLET 180 MG	1	PA; MO
NEXLIZET ORAL TABLET 180-10 MG	1	PA; MO
<i>niacin oral tablet 500 mg</i>	1	MO
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1	MO
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	1	MO
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	MO; QL (30 per 30 days)
<i>prevalite oral powder 4 gram</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>prevalite oral powder in packet 4 gram</i>	1	MO
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	1	PA; QL (3.5 per 28 days)
REPATHA SUBCUTANEOUS SYRINGE 140 MG/ML	1	PA; QL (3 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	1	PA; QL (3 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	MO; QL (30 per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM	1	MO
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	1	PA; MO; QL (30 per 30 days); NDS
CORLANOR ORAL SOLUTION 5 MG/5 ML	1	PA; QL (450 per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	1	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1	MO
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	MO
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	1	MO
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>	1	
<i>dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)</i>	1	
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	1	
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	1	MO
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	1	MO
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	1	MO; QL (60 per 30 days)
<i>milrinone in 5 % dextrose intravenous piggyback 20 mg/100 ml (200 mcg/ml), 40 mg/200 ml (200 mcg/ml)</i>	1	
<i>milrinone intravenous solution 1 mg/ml</i>	1	
<i>norepinephrine bitartrate intravenous solution 1 mg/ml</i>	1	
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	1	MO
<i>sodium nitroprusside intravenous solution 25 mg/ml</i>	1	
VECAMYL ORAL TABLET 2.5 MG	1	NDS
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	1	MO; QL (30 per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG	1	PA; MO
NITRATES		

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Drug Name	Drug Tier	Requirements /Limits
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	MO
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	MO
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	MO
<i>nitro-bid transdermal ointment 2 %</i>	1	MO
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	1	
<i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	1	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	1	MO
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	MO
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	1	MO

DERMATOLOGICALS/TOPICAL THERAPY

Drug Name	Drug Tier	Requirements /Limits
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	MO
<i>calcipotriene scalp solution 0.005 %</i>	1	MO; QL (120 per 30 days)
<i>calcipotriene topical cream 0.005 %</i>	1	MO; QL (120 per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	1	MO; QL (120 per 30 days)
<i>calcitriol topical ointment 3 mcg/gram</i>	1	
<i>selenium sulfide topical lotion 2.5 %</i>	1	MO
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	1	PA; MO; QL (2 per 28 days); NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; QL (2 per 28 days); NDS
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	1	PA; MO; QL (104 per 180 days); NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days); NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; MO; QL (1 per 28 days); NDS
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	1	PA; MO; QL (1 per 28 days); NDS
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	1	PA; MO; QL (1 per 28 days); NDS
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	1	PA; MO; QL (1 per 28 days); NDS
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	1	PA; MO; QL (1 per 28 days); NDS
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate topical cream 12 %</i>	1	MO
<i>ammonium lactate topical lotion 12 %</i>	1	MO
<i>chloroprocaine (pf) injection solution 20 mg/ml (2 %), 30 mg/ml (3 %)</i>	1	
<i>diclofenac sodium topical gel 3 %</i>	1	PA; MO; QL (100 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	1	PA; MO; QL (4.56 per 28 days); NDS
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	1	PA; MO; QL (8 per 28 days); NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	1	PA; MO; QL (1.34 per 28 days); NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	1	PA; MO; QL (4.56 per 28 days); NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	1	PA; MO; QL (8 per 28 days); NDS
<i>fluorouracil topical cream 5 %</i>	1	MO
<i>fluorouracil topical solution 2 %, 5 %</i>	1	MO
<i>glydo mucous membrane jelly in applicator 2 %</i>	1	MO; QL (60 per 30 days)
<i>imiquimod topical cream in packet 5 %</i>	1	MO
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i>	1	
<i>lidocaine hcl laryngotracheal solution 4 %</i>	1	MO
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	1	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane solution 2 %</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	MO
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment 5 %</i>	1	MO; QL (36 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	1	MO
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000</i>	1	
<i>lidocaine-epinephrine injection solution 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000</i>	1	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	1	MO; NDS
PANRETIN TOPICAL GEL 0.1 %	1	PA; MO; NDS
<i>pimecrolimus topical cream 1 %</i>	1	PA; MO; QL (100 per 30 days)
<i>podofilox topical solution 0.5 %</i>	1	MO
<i>polocaine injection solution 1 % (10 mg/ml)</i>	1	
<i>polocaine-mpf injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %)</i>	1	
REGRANEX TOPICAL GEL 0.01 %	1	MO; NDS
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	1	MO; QL (180 per 30 days)
<i>silver sulfadiazine topical cream 1 %</i>	1	MO
<i>ssd topical cream 1 %</i>	1	MO
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	PA; MO; QL (100 per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	1	PA; MO; NDS

THErapy for ACNE

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 06/22/2023.

Drug Name	Drug Tier	Requirements /Limits
<i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>amneesteem oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>avita topical cream 0.025 %</i>	1	PA; MO
<i>azelaic acid topical gel 15 %</i>	1	MO
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>clindacin etz topical swab 1 %</i>	1	MO
<i>clindacin p topical swab 1 %</i>	1	MO
<i>clindamycin phosphate topical gel 1 %</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical gel, once daily 1 %</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical lotion 1 %</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution 1 %</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical swab 1 %</i>	1	MO
<i>ery pads topical swab 2 %</i>	1	MO
<i>erythromycin with ethanol topical solution 2 %</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	1	
<i>ivermectin topical cream 1 %</i>	1	MO; QL (60 per 30 days)
<i>metronidazole topical cream 0.75 %</i>	1	MO
<i>metronidazole topical gel 0.75 %, 1 %</i>	1	MO
<i>metronidazole topical gel with pump 1 %</i>	1	MO
<i>metronidazole topical lotion 0.75 %</i>	1	MO
<i>tazarotene topical cream 0.1 %</i>	1	PA; MO
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	1	PA; MO
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	1	PA; MO
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	1	PA; MO
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical cream 0.1 %</i>	1	MO; QL (60 per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	1	MO; QL (60 per 30 days)
<i>mupirocin topical ointment 2 %</i>	1	MO; QL (44 per 30 days)

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This drug list was last updated on 06/22/2023.

Drug Name	Drug Tier	Requirements /Limits
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1	MO
TOPICAL ANTIFUNGALS		
<i>ciclopirox topical cream 0.77 %</i>	1	MO; QL (90 per 28 days)
<i>ciclopirox topical gel 0.77 %</i>	1	MO; QL (45 per 28 days)
<i>ciclopirox topical shampoo 1 %</i>	1	MO; QL (120 per 28 days)
<i>ciclopirox topical solution 8 %</i>	1	MO; QL (6.6 per 28 days)
<i>ciclopirox topical suspension 0.77 %</i>	1	MO; QL (60 per 28 days)
<i>clotrimazole topical cream 1 %</i>	1	MO; QL (45 per 28 days)
<i>clotrimazole topical solution 1 %</i>	1	MO; QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1	MO; QL (60 per 28 days)
<i>econazole topical cream 1 %</i>	1	MO; QL (85 per 28 days)
<i>ketoconazole topical cream 2 %</i>	1	MO; QL (60 per 28 days)
<i>ketoconazole topical shampoo 2 %</i>	1	MO; QL (120 per 28 days)
<i>naftifine topical cream 1 %, 2 %</i>	1	MO; QL (60 per 28 days)
<i>naftifine topical gel 2 %</i>	1	MO; QL (60 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
NAFTIN TOPICAL GEL 2 %	1	MO; QL (60 per 28 days)
<i>nyamyc topical powder 100,000 unit/gram</i>	1	MO; QL (180 per 30 days)
<i>nystatin topical cream 100,000 unit/gram</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical powder 100,000 unit/gram</i>	1	QL (180 per 30 days)
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	MO; QL (60 per 28 days)
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	MO; QL (60 per 28 days)
<i>nystop topical powder 100,000 unit/gram</i>	1	MO; QL (180 per 30 days)
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment 5 %</i>	1	MO; QL (30 per 30 days)
DENAVIR TOPICAL CREAM 1 %	1	MO; QL (5 per 30 days)
<i>peniclovir topical cream 1 %</i>	1	MO; QL (5 per 30 days)
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1	MO

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This drug list was last updated on 06/22/2023.

Drug Name	Drug Tier	Requirements /Limits
<i>ala-cort topical cream 2.5 %</i>	1	
<i>alclometasone topical cream 0.05 %</i>	1	MO
<i>alclometasone topical ointment 0.05 %</i>	1	MO
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	MO
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	MO
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	MO
<i>betamethasone valerate topical cream 0.1 %</i>	1	MO
<i>betamethasone valerate topical lotion 0.1 %</i>	1	MO
<i>betamethasone valerate topical ointment 0.1 %</i>	1	MO
<i>betamethasone, augmented topical cream 0.05 %</i>	1	MO
<i>betamethasone, augmented topical gel 0.05 %</i>	1	MO
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	MO
<i>betamethasone, augmented topical ointment 0.05 %</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>clobetasol scalp solution 0.05 %</i>	1	MO; QL (100 per 28 days)
<i>clobetasol topical cream 0.05 %</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical foam 0.05 %</i>	1	MO; QL (100 per 28 days)
<i>clobetasol topical gel 0.05 %</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical lotion 0.05 %</i>	1	MO; QL (118 per 28 days)
<i>clobetasol topical ointment 0.05 %</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo 0.05 %</i>	1	MO; QL (236 per 28 days)
<i>clobetasol-emollient topical cream 0.05 %</i>	1	MO; QL (120 per 28 days)
<i>clodan topical shampoo 0.05 %</i>	1	MO; QL (236 per 28 days)
<i>desonide topical cream 0.05 %</i>	1	MO
<i>desonide topical gel 0.05 %</i>	1	MO
<i>desonide topical lotion 0.05 %</i>	1	MO
<i>desonide topical ointment 0.05 %</i>	1	MO
<i>desrx topical gel 0.05 %</i>	1	MO
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	1	MO
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1	MO
<i>fluocinolone topical oil 0.01 %</i>	1	MO

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This drug list was last updated on 06/22/2023.

Drug Name	Drug Tier	Requirements /Limits
<i>fluocinolone topical ointment 0.025 %</i>	1	MO
<i>fluocinolone topical solution 0.01 %</i>	1	MO
<i>fluocinonide topical cream 0.05 %</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical gel 0.05 %</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment 0.05 %</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical solution 0.05 %</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide-e topical cream 0.05 %</i>	1	QL (120 per 30 days)
<i>fluocinonide-emollient topical cream 0.05 %</i>	1	MO; QL (120 per 30 days)
<i>halobetasol propionate topical cream 0.05 %</i>	1	MO
<i>halobetasol propionate topical ointment 0.05 %</i>	1	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone topical lotion 2.5 %</i>	1	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	MO
<i>mometasone topical cream 0.1 %</i>	1	MO
<i>mometasone topical ointment 0.1 %</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>mometasone topical solution 0.1 %</i>	1	MO
<i>prednicarbate topical ointment 0.1 %</i>	1	MO
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	1	MO
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	MO
<i>triderm topical cream 0.1 %, 0.5 %</i>	1	MO

TOPICAL SCABICIDES / PEDICULICIDES

<i>CROTAN TOPICAL LOTION 10 %</i>	1	MO
<i>lindane topical shampoo 1 %</i>	1	MO
<i>malathion topical lotion 0.5 %</i>	1	MO
<i>permethrin topical cream 5 %</i>	1	MO

DIAGNOSTICS / MISCELLANEOUS AGENTS

ANTIDOTES

<i>acetylcysteine intravenous solution 200 mg/ml (20 %)</i>	1	
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MISCELLANEOUS AGENTS

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This drug list was last updated on 06/22/2023.

Drug Name	Drug Tier	Requirements /Limits
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	1	MO
<i>acetic acid irrigation solution 0.25 %</i>	1	MO
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1	MO
<i>caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)</i>	1	
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	1	MO
<i>carglumic acid oral tablet, dispersible 200 mg</i>	1	PA; NDS
<i>cevimeline oral capsule 30 mg</i>	1	MO
CHEMET ORAL CAPSULE 100 MG	1	PA
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	B/D PA
CUVRIOR ORAL TABLET 300 MG	1	PA; QL (300 per 30 days); NDS
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	MO
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	1	MO
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	MO
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	1	PA; MO; NDS
<i>deferasirox oral tablet 180 mg, 360 mg</i>	1	PA; MO; NDS
<i>deferasirox oral tablet 90 mg</i>	1	PA; MO
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	1	PA; MO; NDS
DEFERIPRONE ORAL TABLET 1,000 MG	1	PA; MO; NDS
<i>deferiprone oral tablet 500 mg</i>	1	PA; MO; NDS
<i>deferoxamine injection recon soln 2 gram, 500 mg</i>	1	B/D PA; MO
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	1	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	1	

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This drug list was last updated on 06/22/2023.

Drug Name	Drug Tier	Requirements /Limits
<i>dextrose 25 % in water (d25w) intravenous syringe</i>	1	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	1	MO
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	1	MO
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	1	MO
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	1	
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	1	
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	1	MO
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	1	MO
<i>dextrose 70 % in water (d70w) intravenous parenteral solution</i>	1	
<i>disulfiram oral tablet 250 mg</i>	1	MO
<i>disulfiram oral tablet 500 mg</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	1	PA; MO; NDS
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	1	PA; MO; LA; NDS
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	1	MO
<i>levocarnitine oral solution 100 mg/ml</i>	1	MO
<i>levocarnitine oral tablet 330 mg</i>	1	MO
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	1	MO
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	1	PA; MO; NDS
<i>nitisinone oral capsule 20 mg</i>	1	PA; NDS
OXBRYTA ORAL TABLET 300 MG	1	PA; MO; QL (150 per 30 days); NDS
OXBRYTA ORAL TABLET 500 MG	1	PA; MO; QL (90 per 30 days); NDS
OXBRYTA ORAL TABLET FOR SUSPENSION 300 MG	1	PA; MO; QL (150 per 30 days); NDS

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This drug list was last updated on 06/22/2023.

Drug Name	Drug Tier	Requirements /Limits
PHEBURANE ORAL GRANULES 483 MG/GRAM	1	PA; MO; NDS
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	MO
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	1	PA; LA; NDS
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+-)/20 ML	1	PA; LA; NDS
RAVICTI ORAL LIQUID 1.1 GRAM/ML	1	PA; MO; NDS
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	1	PA; NDS
<i>riluzole oral tablet 50 mg</i>	1	PA; MO
<i>risedronate oral tablet 30 mg</i>	1	MO; QL (30 per 30 days)
<i>sevelamer carbonate oral tablet 800 mg</i>	1	MO; QL (270 per 30 days)
<i>sodium benzoate-sodium phenylacet intravenous solution 10-10 %</i>	1	NDS
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	MO
<i>sodium chloride 0.9 % intravenous piggyback</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>sodium chloride irrigation solution 0.9 %</i>	1	MO
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	1	PA; MO; NDS
<i>sodium phenylbutyrate oral tablet 500 mg</i>	1	PA; NDS
<i>sodium polystyrene sulfonate oral powder</i>	1	MO
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	MO
<i>sps (with sorbitol) rectal enema 30-40 gram/120 ml</i>	1	
TAVNEOS ORAL CAPSULE 10 MG	1	PA; QL (180 per 30 days); NDS
<i>trientine oral capsule 250 mg</i>	1	PA; MO; NDS
VELPHORO ORAL TABLET,CHEWABLE 500 MG	1	MO; NDS
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	1	MO
XIAFLEX INJECTION RECON SOLN 0.9 MG	1	PA; NDS

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This drug list was last updated on 06/22/2023.

Drug Name	Drug Tier	Requirements /Limits
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	1	PA; MO

SMOKING DETERRENTS

<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	MO
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NICOTROL INHALATION CARTRIDGE 10 MG	1	MO
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NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	1	MO
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<i>varenicline oral tablet 0.5 mg, 1 mg</i>	1	MO
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EAR, NOSE / THROAT MEDICATIONS

MISCELLANEOUS AGENTS

<i>azelastine nasal aerosol, spray 137 mcg (0.1 %)</i>	1	MO; QL (60 per 30 days)
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<i>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)</i>	1	MO; QL (60 per 30 days)
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<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	MO
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<i>denta 5000 plus dental cream 1.1 %</i>	1	MO
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<i>dentagel dental gel 1.1 %</i>	1	MO
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Drug Name	Drug Tier	Requirements /Limits
<i>fluoride (sodium) dental cream 1.1 %</i>	1	

<i>fluoride (sodium) dental gel 1.1 %</i>	1	
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<i>fluoride (sodium) dental paste 1.1 %</i>	1	MO
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<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	1	MO; QL (30 per 30 days)
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<i>periogard mucous membrane mouthwash 0.12 %</i>	1	MO
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PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	1	MO
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PREVIDENT 5000 DRY MOUTH DENTAL PASTE 1.1 %	1	MO
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<i>sf 5000 plus dental cream 1.1 %</i>	1	MO
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<i>sf dental gel 1.1 %</i>	1	MO
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<i>sodium fluoride 5000 dry mouth dental paste 1.1 %</i>	1	MO
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<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	1	
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<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	1	MO
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<i>triamcinolone acetonide dental paste 0.1 %</i>	1	MO
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MISCELLANEOUS OTIC PREPARATIONS

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This drug list was last updated on 06/22/2023.

Drug Name	Drug Tier	Requirements /Limits
<i>acetic acid otic (ear) solution 2 %</i>	1	MO
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	1	MO
<i>flac otic oil otic (ear) drops 0.01 %</i>	1	MO
<i>fluocinolone acetamide oil otic (ear) drops 0.01 %</i>	1	MO
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1	MO
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	MO
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	1	MO
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	MO
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>dexamethasone intensol oral drops 1 mg/ml</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1	MO
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	MO
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	MO
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	MO
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	1	MO
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	1	MO
<i>fludrocortisone oral tablet 0.1 mg</i>	1	MO
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	1	MO
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	B/D PA; MO
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	1	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg</i>	1	MO
<i>prednisolone oral solution 15 mg/5 ml</i>	1	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	MO
<i>prednisone intensol oral concentrate 5 mg/ml</i>	1	MO
<i>prednisone oral solution 5 mg/5 ml</i>	1	MO
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	MO
<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	1	MO
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil oral tablet 50 mg</i>	1	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>acarbose oral tablet 25 mg</i>	1	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	1	MO; QL (180 per 30 days)
<i>alcohol pads topical pads, medicated</i>	1	MO
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	1	MO
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	1	MO; QL (4 per 28 days)
<i>diazoxide oral suspension 50 mg/ml</i>	1	MO
FARXIGA ORAL TABLET 10 MG	1	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	1	MO; QL (60 per 30 days)
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	1	MO; QL (30 per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	1	MO
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	1	MO
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	1	MO
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	1	MO
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	1	MO

Drug Name	Drug Tier	Requirements /Limits
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	1	MO
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	1	MO
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	1	MO
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	1	MO
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	1	MO
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	1	MO
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	1	MO

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Drug Name	Drug Tier	Requirements /Limits
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	1	MO
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	MO
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	MO
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	MO
HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	1	MO
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	1	MO

Drug Name	Drug Tier	Requirements /Limits
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	1	MO
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	MO
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	1	MO
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	1	MO
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	MO
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	1	MO
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	1	MO

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Drug Name	Drug Tier	Requirements /Limits
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	1	MO
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	1	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	1	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	1	MO; QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	1	MO; QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	1	MO; QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	1	MO
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	1	MO

Drug Name	Drug Tier	Requirements /Limits
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	MO
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	1	MO
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	1	MO
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	1	MO; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg</i>	1	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	1	MO; QL (180 per 30 days)
NOVOLIN 70/30 U- 100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	1	MO
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	MO
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	MO
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	MO
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	MO

Drug Name	Drug Tier	Requirements /Limits
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	1	MO
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	MO
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	1	MO
NOVOLOG MIX 70-30FLEXPEN U- 100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	MO
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	1	MO
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO

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Drug Name	Drug Tier	Requirements /Limits
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	1	MO; QL (3 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	MO; QL (30 per 30 days)
QTERN ORAL TABLET 10-5 MG, 5-5 MG	1	MO; QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	1	MO; QL (30 per 30 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	1	MO; QL (90 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	1	PA; MO; QL (10.8 per 30 days); NDS
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	1	PA; MO; QL (6 per 30 days); NDS

Drug Name	Drug Tier	Requirements /Limits
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	1	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	1	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	1	MO; QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	1	MO
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	1	MO
TRADJENTA ORAL TABLET 5 MG	1	MO
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	1	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	1	MO; QL (2 per 28 days)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	1	MO; QL (9 per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	1	MO; QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	1	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	1	MO; QL (60 per 30 days)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	1	MO
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	1	MO
MISCELLANEOUS HORMONES		

Drug Name	Drug Tier	Requirements /Limits
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	1	PA; MO; NDS
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	1	PA; MO; QL (30 per 30 days)
<i>cabergoline oral tablet 0.5 mg</i>	1	MO
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	1	MO; NDS
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	1	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	MO
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	MO
<i>calcitriol oral solution 1 mcg/ml</i>	1	
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	1	MO
<i>cinacalcet oral tablet 90 mg</i>	1	MO; NDS
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	1	PA; MO; NDS
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>desmopressin injection solution 4 mcg/ml</i>	1	MO
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	1	MO
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1	MO
<i>doxercalciferol intravenous solution 4 mcg/2 ml</i>	1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	MO
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	1	PA; MO; NDS
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	1	PA; MO; NDS
GALAFOLD ORAL CAPSULE 123 MG	1	PA; MO; NDS
ISTURISA ORAL TABLET 1 MG, 5 MG	1	PA; QL (120 per 30 days); NDS
ISTURISA ORAL TABLET 10 MG	1	PA; QL (180 per 30 days); NDS
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	1	PA; MO; NDS

Drug Name	Drug Tier	Requirements /Limits
KORLYM ORAL TABLET 300 MG	1	PA; NDS
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	1	PA; MO; NDS
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	1	PA; MO; NDS
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	1	PA; MO; LA; NDS
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	1	PA; MO; NDS
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	1	PA; LA; NDS
ORILISSA ORAL TABLET 150 MG	1	PA; MO; QL (730 per 730 days); NDS
ORILISSA ORAL TABLET 200 MG	1	PA; MO; QL (360 per 180 days); NDS
<i>oxandrolone oral tablet 10 mg</i>	1	PA; MO
<i>oxandrolone oral tablet 2.5 mg</i>	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	1	MO
<i>paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml</i>	1	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	MO
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	1	PA; MO; NDS
<i>sapropterin oral tablet, soluble 100 mg</i>	1	PA; MO; NDS
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA; MO; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	1	PA; NDS
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	1	PA; MO; NDS
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	1	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	PA; MO
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	1	PA; MO; QL (300 per 28 days)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	1	PA; MO; QL (120 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	1	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5 gram), 1 % (50 mg/5 gram)</i>	1	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	1	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	1	PA; MO; QL (150 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	1	PA; MO; QL (180 per 30 days)
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	1	PA; MO; NDS
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	1	PA; MO; NDS
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	1	B/D PA; MO
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	1	B/D PA; MO
THYROID HORMONES		
<i>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</i>	1	MO
<i>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</i>	1	
<i>levothyroxine intravenous recon soln 100 mcg, 200 mcg, 500 mcg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<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	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
<i>liothyronine intravenous solution 10 mcg/ml</i>	1	MO
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	MO
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	1	MO
<i>unithroid 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	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>atropine injection solution 0.4 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	1	
<i>dicyclomine oral capsule 10 mg</i>	1	MO
<i>dicyclomine oral solution 10 mg/5 ml</i>	1	MO
<i>dicyclomine oral tablet 20 mg</i>	1	MO
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	MO
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	MO
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	1	MO
<i>glycopyrrolate injection solution 0.2 mg/ml</i>	1	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	MO
GLYCOPYRROLATE ORAL TABLET 1.5 MG	1	
<i>loperamide oral capsule 2 mg</i>	1	MO
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	1	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	1	PA; MO; NDS

Drug Name	Drug Tier	Requirements /Limits
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	1	B/D PA; MO
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	1	B/D PA; MO
<i>balsalazide oral capsule 750 mg</i>	1	MO
BETAINE ORAL POWDER 1 GRAM/SCOOP	1	MO; NDS
<i>budesonide oral capsule, delayed, extended release 3 mg</i>	1	MO
<i>budesonide oral tablet, delayed and extended release 9 mg</i>	1	MO; NDS
CHENODAL ORAL TABLET 250 MG	1	PA; LA; NDS
CHOLBAM ORAL CAPSULE 250 MG	1	PA; NDS
CHOLBAM ORAL CAPSULE 50 MG	1	PA; QL (120 per 30 days); NDS
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	1	PA; MO; QL (2 per 28 days); NDS
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	1	PA; MO; QL (3 per 28 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	1	PA; MO; QL (2 per 28 days); NDS
CINVANTI INTRAVENOUS EMULSION 7.2 MG/ML	1	MO
CLENPIQ ORAL SOLUTION 10 MG- 3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML	1	MO
<i>compro rectal suppository 25 mg</i>	1	MO
<i>constulose oral solution 10 gram/15 ml</i>	1	MO
CORTIFOAM RECTAL FOAM 10 % (80 MG)	1	MO
CREON ORAL CAPSULE,DELAY ED 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	1	MO
<i>cromolyn oral concentrate 100 mg/5 ml</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>dimenhydrinate injection solution 50 mg/ml</i>	1	MO
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	B/D PA; MO
<i>droperidol injection solution 2.5 mg/ml</i>	1	MO
EMEND ORAL SUSPENSION FOR RECONSTITUTIO N 125 MG (25 MG/ ML FINAL CONC.)	1	B/D PA
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	1	PA; MO; QL (2 per 28 days); NDS
<i>enulose oral solution 10 gram/15 ml</i>	1	MO
<i>fosaprepitant intravenous recon soln 150 mg</i>	1	MO
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	1	PA; MO; NDS
GATTEX ONE- VIAL SUBCUTANEOUS KIT 5 MG	1	PA; MO; NDS
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	MO
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	MO
<i>generlac oral solution 10 gram/15 ml</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	1	MO
<i>granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)</i>	1	MO
<i>granisetron hcl oral tablet 1 mg</i>	1	B/D PA; MO
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	1	MO
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	1	MO
<i>lactulose oral solution 10 gram/15 ml</i>	1	MO
<i>lactulose oral solution 10 gram/15 ml (15 ml)</i>	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	1	MO; QL (30 per 30 days)
LIVMARLI ORAL SOLUTION 9.5 MG/ML	1	PA; QL (90 per 30 days); NDS
LUBIPROSTONE ORAL CAPSULE 24 MCG, 8 MCG	1	MO; QL (60 per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>mesalamine oral capsule, extended release 500 mg</i>	1	NDS
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	1	MO
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram, 800 mg</i>	1	MO
<i>mesalamine rectal enema 4 gram/60 ml</i>	1	MO
<i>mesalamine rectal suppository 1,000 mg</i>	1	MO
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	1	MO
<i>metoclopramide hcl injection solution 5 mg/ml</i>	1	MO
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	MO
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	MO
MOTEGRITY ORAL TABLET 1 MG, 2 MG	1	ST; MO; QL (30 per 30 days)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	1	MO; QL (30 per 30 days)
OCALIVA ORAL TABLET 10 MG, 5 MG	1	PA; MO; LA; QL (30 per 30 days)

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This drug list was last updated on 06/22/2023.

Drug Name	Drug Tier	Requirements /Limits
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	1	MO
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	1	MO
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	1	MO
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	B/D PA; MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D PA; MO
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	B/D PA; MO
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	1	MO
<i>palonosetron intravenous syringe 0.25 mg/5 ml</i>	1	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	MO
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	1	MO
<i>peg-electrolyte oral recon soln 420 gram</i>	1	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	1	MO

Drug Name	Drug Tier	Requirements /Limits
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	1	MO; NDS
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	1	MO
<i>prochlorperazine maleate oral oral tablet 10 mg, 5 mg</i>	1	MO
<i>prochlorperazine rectal suppository 25 mg</i>	1	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	1	MO
<i>procto-pak topical cream with perineal applicator 1 %</i>	1	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	1	MO
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	1	MO
RECTIV RECTAL OINTMENT 0.4 % (W/W)	1	MO
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	1	MO; QL (18 per 30 days); NDS
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	1	MO; QL (18 per 30 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	1	MO; QL (12 per 30 days); NDS
REMICADE INTRAVENOUS RECON SOLN 100 MG	1	PA; MO; QL (20 per 28 days); NDS
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	1	MO; NDS
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	1	MO
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	1	PA; MO; QL (1.2 per 56 days); NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	1	PA; MO; QL (2.4 per 56 days); NDS
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	1	PA; NDS
<i>sulfasalazine oral tablet 500 mg</i>	1	MO
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	1	MO
TRULANCE ORAL TABLET 3 MG	1	MO
<i>ursodiol oral capsule 300 mg</i>	1	MO
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	MO
VARUBI ORAL TABLET 90 MG	1	B/D PA
VIBERZI ORAL TABLET 100 MG, 75 MG	1	MO; QL (60 per 30 days); NDS
VIOKACE ORAL TABLET 10,440- 39,150- 39,150 UNIT, 20,880- 78,300- 78,300 UNIT	1	MO
ZENPEP ORAL CAPSULE, DELAY ED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	1	MO

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Drug Name	Drug Tier	Requirements /Limits
ULCER THERAPY		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	1	MO
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1	MO
DEXLANSOPRAZOLE ORAL CAPSULE,BIPHAS E DELAYED RELEAS 30 MG, 60 MG	1	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	1	MO
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	1	
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	1	MO
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>	1	MO
<i>famotidine intravenous solution 10 mg/ml</i>	1	MO
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	1	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	1	MO
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	MO
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	MO
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>omeprazole oral capsule,delayed release(dr/ec) 40 mg</i>	1	MO
<i>pantoprazole intravenous recon soln 40 mg</i>	1	MO
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i>	1	MO
<i>rabeprazole oral tablet,delayed release (dr/ec) 20 mg</i>	1	MO; QL (60 per 30 days)
<i>sucralfate oral suspension 100 mg/ml</i>	1	MO
<i>sucralfate oral tablet 1 gram</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	1	B/D PA; MO; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	1	PA; MO; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	1	PA; MO; QL (1 per 28 days); NDS
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	1	PA; MO; QL (1 per 28 days); NDS
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	1	PA; LA; NDS
BETASERON SUBCUTANEOUS KIT 0.3 MG	1	PA; MO; QL (14 per 28 days); NDS
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	1	PA; MO; QL (2 per 28 days); NDS
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	1	B/D PA; MO; NDS

Drug Name	Drug Tier	Requirements /Limits
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	1	PA; MO; NDS
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	1	PA; MO; NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	1	MO; QL (4 per 28 days); NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	1	MO; QL (2 per 28 days); NDS
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	1	PA; MO; QL (1 per 28 days); NDS
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	1	PA; MO; QL (1 per 28 days); NDS
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA; MO; QL (1 per 180 days); NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	1	PA; MO; QL (1 per 28 days); NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA; MO; QL (1 per 180 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	1	PA; MO; NDS
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA; MO
RETACRIT INJECTION SOLUTION 20,000 UNIT/ML	1	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	1	PA; MO; NDS
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	1	PA; MO; NDS
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	PA; MO; NDS

Drug Name	Drug Tier	Requirements /Limits
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	1	PA; MO; NDS
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	1	MO
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	MO
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	MO
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	1	MO
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	1	MO
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	1	MO

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Drug Name	Drug Tier	Requirements /Limits
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	1	MO
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	1	PA; MO
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	1	MO
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	1	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	1	MO
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	1	B/D PA; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	1	B/D PA; MO
<i>fomepizole intravenous solution 1 gram/ml</i>	1	
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	1	MO

Drug Name	Drug Tier	Requirements /Limits
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE	1	
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	1	MO
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	1	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	1	MO
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	1	B/D PA; MO
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	1	MO
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	1	B/D PA; MO; NDS

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Drug Name	Drug Tier	Requirements /Limits
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	1	B/D PA; MO; NDS
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 %)	1	B/D PA; MO; NDS
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	1	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	1	MO
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	1	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	1	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	1	MO

Drug Name	Drug Tier	Requirements /Limits
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	1	MO
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	1	MO
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	1	MO
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	1	MO
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	1	MO
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	1	MO
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	1	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	1	

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Drug Name	Drug Tier	Requirements /Limits
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	1	B/D PA; MO
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	1	
PRIVIGEN INTRAVENOUS SOLUTION 10 %	1	PA; MO; NDS
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	1	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 5 LF UNIT/0.5ML (58 UNT/ML)	1	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF- 48 MCG- 5 LF UNIT/0.5ML	1	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	1	MO

Drug Name	Drug Tier	Requirements /Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	1	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	1	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	1	B/D PA; MO
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	1	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	1	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	1	MO
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	1	MO

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Drug Name	Drug Tier	Requirements /Limits
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTIO N 1,000 UNIT/0.5 ML	1	
TDVAX INTRAMUSCULA R SUSPENSION 2- 2 LF UNIT/0.5 ML	1	MO
TENIVAC (PF) INTRAMUSCULA R SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	1	MO
TENIVAC (PF) INTRAMUSCULA R SYRINGE 5-2 LF UNIT/0.5 ML	1	MO
TETANUS,DIPHTH ERIA TOX PED(PF) INTRAMUSCULA R SUSPENSION 5- 25 LF UNIT/0.5 ML	1	MO
TICE BCG INTRA VESICAL SUSPENSION FOR RECONSTITUTIO N 50 MG	1	B/D PA; MO
TICOVAC INTRAMUSCULA R SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	1	MO
TRUMENBA INTRAMUSCULA R SYRINGE 120 MCG/0.5 ML	1	MO

Drug Name	Drug Tier	Requirements /Limits
TWINRIX (PF) INTRAMUSCULA R SYRINGE 720 ELISA UNIT- 20 MCG/ML	1	MO
TYPHIM VI INTRAMUSCULA R SOLUTION 25 MCG/0.5 ML	1	
TYPHIM VI INTRAMUSCULA R SYRINGE 25 MCG/0.5 ML	1	MO
VAQTA (PF) INTRAMUSCULA R SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	1	MO
VAQTA (PF) INTRAMUSCULA R SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	1	MO
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTIO N 1,350 UNIT/0.5 ML	1	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTIO N 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	1	

MISCELLANEOUS SUPPLIES

MISCELLANEOUS SUPPLIES

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Drug Name	Drug Tier	Requirements /Limits
GAUZE PADS 2 X 2	1	MO
INSULIN PEN NEEDLE	1	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	1	MO
NEEDLES, INSULIN DISP.,SAFETY	1	MO

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<i>allopurinol sodium intravenous recon soln 500 mg</i>	1	
<i>aloprim intravenous recon soln 500 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	1	MO
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	MO
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	1	MO; NDS
<i>probenecid oral tablet 500 mg</i>	1	MO
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	MO

OSTEOPOROSIS THERAPY

Drug Name	Drug Tier	Requirements /Limits
<i>alendronate oral solution 70 mg/75 ml</i>	1	MO; QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	1	ST; MO; QL (4 per 28 days)
<i>ibandronate intravenous solution 3 mg/3 ml</i>	1	PA; MO
<i>ibandronate intravenous syringe 3 mg/3 ml</i>	1	PA; MO
<i>ibandronate oral tablet 150 mg</i>	1	MO; QL (1 per 30 days)
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	1	PA; MO; QL (1 per 180 days)
<i>raloxifene oral tablet 60 mg</i>	1	MO
<i>risedronate oral tablet 150 mg</i>	1	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	1	MO; QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	1	MO; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	1	PA; MO; QL (2.48 per 28 days); NDS
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	1	PA; MO; QL (3.6 per 28 days); NDS
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	1	PA; MO; QL (160 per 28 days); NDS
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	1	PA; MO; QL (3.6 per 28 days); NDS
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	1	PA; MO; NDS
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	1	PA; MO; NDS
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	1	PA; MO; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	1	PA; MO; QL (8 per 28 days); NDS

Drug Name	Drug Tier	Requirements /Limits
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	1	PA; MO; QL (8 per 28 days); NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	1	PA; MO; QL (8 per 28 days); NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	1	PA; MO; QL (8 per 28 days); NDS
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; MO; QL (6 per 180 days); NDS
HUMIRA PEN PSOR-UEVITS- ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; MO; QL (4 per 180 days); NDS
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; MO; QL (4 per 28 days); NDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; MO; QL (4 per 28 days); NDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	1	PA; MO; QL (3 per 180 days); NDS

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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	1	PA; MO; QL (2 per 180 days); NDS
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA; MO; QL (3 per 180 days); NDS
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA; MO; QL (4 per 180 days); NDS
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	1	PA; MO; QL (3 per 180 days); NDS
HUMIRA(CF) PEN SUBCUTANEOUS INJECTOR KIT 40 MG/0.4 ML	1	PA; MO; QL (4 per 28 days); NDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA; MO; QL (2 per 28 days); NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	1	PA; MO; QL (2 per 28 days); NDS

Drug Name	Drug Tier	Requirements /Limits
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; MO; QL (4 per 28 days); NDS
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	1	PA; MO; QL (12 per 28 days); NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	1	PA; MO; QL (4 per 28 days); NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	1	PA; MO; QL (4 per 28 days); NDS
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	1	PA; MO; QL (1.6 per 28 days); NDS
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	1	PA; MO; QL (2.8 per 28 days); NDS
OTEZLA ORAL TABLET 30 MG	1	PA; MO; QL (60 per 30 days); NDS
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	1	PA; MO; QL (55 per 180 days); NDS
<i>penicillamine oral tablet 250 mg</i>	1	PA; MO; NDS

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Drug Name	Drug Tier	Requirements /Limits
RIDAURA ORAL CAPSULE 3 MG	1	MO; NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	1	PA; MO; QL (30 per 30 days); NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	1	PA; MO; QL (56 per 180 days); NDS
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	1	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	1	MO; QL (55 per 180 days)
XELJANZ ORAL SOLUTION 1 MG/ML	1	PA; MO; QL (300 per 30 days); NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	1	PA; MO; QL (60 per 30 days); NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	1	PA; MO; QL (30 per 30 days); NDS

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	MO
<i>camila oral tablet 0.35 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>deblitane oral tablet 0.35 mg</i>	1	MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	1	MO
<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>	1	MO; QL (8 per 28 days)
DUAVEE ORAL TABLET 0.45-20 MG	1	MO
<i>errin oral tablet 0.35 mg</i>	1	MO
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO
<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>	1	MO; QL (8 per 28 days)
<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>	1	QL (4 per 28 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>estradiol vaginal tablet 10 mcg</i>	1	MO
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	1	MO
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	MO
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	1	MO
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	MO
<i>heather oral tablet 0.35 mg</i>	1	MO
<i>incassia oral tablet 0.35 mg</i>	1	MO
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	MO
<i>lyleq oral tablet 0.35 mg</i>	1	MO
<i>lyllana 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>	1	MO; QL (8 per 28 days)
<i>lyza oral tablet 0.35 mg</i>	1	
<i>medroxyprogesteron e intramuscular suspension 150 mg/ml</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>medroxyprogesteron e intramuscular syringe 150 mg/ml</i>	1	MO
<i>medroxyprogesteron e oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	1	MO
<i>mimvey oral tablet 1-0.5 mg</i>	1	MO
<i>nora-be oral tablet 0.35 mg</i>	1	MO
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	1	
<i>norethindrone acetate oral tablet 5 mg</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg</i>	1	MO
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	1	MO
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	1	MO
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	1	MO

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Drug Name	Drug Tier	Requirements /Limits
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	1	MO
<i>progesterone intramuscular oil 50 mg/ml</i>	1	MO
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	MO
<i>sharobel oral tablet 0.35 mg</i>	1	MO
<i>yuvafem vaginal tablet 10 mcg</i>	1	MO
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal cream 2 %</i>	1	MO
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	1	MO
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	1	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	MO
NEXPLANON SUBDERMAL IMPLANT 68 MG	1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	MO
<i>terconazole vaginal suppository 80 mg</i>	1	MO
<i>tranexamic acid oral tablet 650 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>vandazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	MO
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	1	MO
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	1	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	1	MO
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	MO
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	MO
<i>amethyst (28) oral tablet 90-20 mcg (28)</i>	1	MO
<i>apri oral tablet 0.15-0.03 mg</i>	1	MO
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	MO
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	MO
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	MO
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	MO
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	1	MO
<i>cyred eq oral tablet 0.15-0.03 mg</i>	1	MO
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	MO
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	MO
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	MO
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	1	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	1	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	1	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	1	MO
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>enskyce oral tablet 0.15-0.03 mg</i>	1	MO
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	1	MO
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	1	MO
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	MO
<i>isibloom oral tablet 0.15-0.03 mg</i>	1	MO
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	1	MO
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	MO
<i>juleber oral tablet 0.15-0.03 mg</i>	1	MO
<i>kalliga oral tablet 0.15-0.03 mg</i>	1	MO
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	MO
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	MO
<i>kelnor 1-50 (28) oral tablet 1-50 mg-mcg</i>	1	MO
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	MO
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	MO
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	MO
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	MO
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	MO
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	MO
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	MO
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg, 90-20 mcg (28)</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	MO
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	1	MO
<i>loryna (28) oral tablet 3-0.02 mg</i>	1	MO
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	1	MO
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	1	MO
<i>lutra (28) oral tablet 0.1-20 mg-mcg</i>	1	MO
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	1	MO
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	MO
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	MO
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	MO
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	MO
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	1	MO
<i>nikki (28) oral tablet 3-0.02 mg</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	1	MO
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg</i>	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	MO
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	MO
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	MO
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	MO
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	MO
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	MO
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg</i>	1	MO
<i>portia 28 oral tablet 0.15-0.03 mg</i>	1	MO
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	1	MO
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	MO
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	1	MO
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	MO
<i>syeda oral tablet 3-0.03 mg</i>	1	MO
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	MO
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	MO
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	MO
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	MO
<i>tri-lynyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	MO
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	MO
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	MO
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	MO
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	MO
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	MO
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	MO
<i>vestura (28) oral tablet 3-0.02 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	MO
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	MO
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	1	MO
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	1	MO
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	1	MO
OXYTOCICS		
<i>methylergonovine oral tablet 0.2 mg</i>	1	PA
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>AZASITE OPHTHALMIC (EYE) DROPS 1 %</i>	1	MO
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	MO
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	MO
<i>BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %</i>	1	MO
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	MO; QL (3.5 per 14 days)
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	MO; QL (70 per 30 days)
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	1	
NATACYN OPTHALMIC (EYE) DROPS,SUSPENSION 5 %	1	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	MO
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	MO
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	1	MO
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	MO
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	MO
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	MO; QL (10 per 14 days)
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	MO
ZIRGAN OPTHALMIC (EYE) GEL 0.15 %	1	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	MO
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	1	MO
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	1	MO
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	MO
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	1	MO
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	MO
CYCLOSPORINE OPHTHALMIC (EYE) DROPPERETTE 0.05 %	1	MO; QL (60 per 30 days)
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	1	PA; NDS
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1	MO
<i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	1	PA; MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	MO
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	MO
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1	MO
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	MO
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	1	MO
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	1	MO
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	MO
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	MO
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	1	MO
PROLENSA OPTHALMIC (EYE) DROPS 0.07 %	1	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	MO
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	MO
<i>acetazolamide sodium injection recon soln 500 mg</i>	1	MO
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	MO
OTHER GLAUCOMA DRUGS		
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	1	MO
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	1	MO
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	MO
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	MO
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	1	MO
RHOPRESSA OPTHALMIC (EYE) DROPS 0.02 %	1	MO
ROCKLATAN OPTHALMIC (EYE) DROPS 0.02-0.005 %	1	MO
SIMBRINZA OPTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	1	MO
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	1	MO
VYZULTA OPTHALMIC (EYE) DROPS 0.024 %	1	MO
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	MO
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1	MO
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	MO
TOBRADEX OPTHALMIC (EYE) OINTMENT 0.3-0.1 %	1	MO; QL (3.5 per 14 days)
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1	MO; QL (10 per 14 days)
STEROIDS		
ALREX OPTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	1	MO
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	MO
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
INVELTYS OPTHALMIC (EYE) DROPS,SUSPENSION 1 %	1	MO
LOTEMAX SM OPTHALMIC (EYE) DROPS,GEL 0.38 %	1	MO
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	1	MO
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	1	MO
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.1 %	1	MO
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	MO
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS		
<i>adrenalin injection solution 1 mg/ml</i>	1	
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	1	MO
<i>cetirizine oral solution 1 mg/ml</i>	1	MO
<i>cyproheptadine oral tablet 4 mg</i>	1	MO
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	MO
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	1	MO
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	MO; QL (2 per 30 days)
<i>epinephrine injection solution 1 mg/ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	MO
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	1	MO
<i>levocetirizine oral tablet 5 mg</i>	1	MO; QL (30 per 30 days)
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	1	MO
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	MO
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	MO
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	1	MO; QL (2 per 30 days)
PULMONARY AGENTS		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1	B/D PA; MO
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	1	PA; MO; LA; NDS
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	1	MO; QL (12 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	MO; QL (17 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	1	QL (13.4 per 30 days)
<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>	1	B/D PA; MO
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	MO
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	MO
<i>alyq oral tablet 20 mg</i>	1	PA; QL (60 per 30 days); NDS
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	1	PA; MO; LA; NDS
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	1	MO; QL (60 per 30 days)
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	1	B/D PA; MO; NDS
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 200 MCG/ACTUATION , 50 MCG/ACTUATION	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION , 200 MCG/ACTUATION , 50 MCG/ACTUATION	1	MO; QL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ACTUATION (30), 220 MCG/ACTUATION (30), 220 MCG/ACTUATION (60)	1	MO; QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ACTUATION (120)	1	MO; QL (2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ACTUATION (14)	1	QL (2 per 28 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	1	MO; QL (25.8 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	1	PA; MO; LA; NDS
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	1	MO; QL (60 per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	1	MO; QL (10.7 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	1	B/D PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	B/D PA; MO; QL (60 per 30 days)
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	1	PA; MO; NDS
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	1	MO; QL (8 per 30 days)
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	B/D PA; MO; NDS

Drug Name	Drug Tier	Requirements /Limits
DALIRESP ORAL TABLET 250 MCG, 500 MCG	1	PA; MO; QL (30 per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	1	MO; QL (13 per 30 days)
ESBRIET ORAL CAPSULE 267 MG	1	PA; MO; QL (270 per 30 days); NDS
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	1	PA; MO; QL (1 per 28 days); NDS
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	1	PA; MO; QL (1 per 28 days); NDS
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	1	MO; QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	1	MO; QL (240 per 30 days)
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION	1	MO; QL (12 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION	1	MO; QL (24 per 30 days)
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	1	MO; QL (10.6 per 30 days)
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	1	MO; QL (50 per 30 days)
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i>	1	MO; QL (16 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	MO; QL (60 per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	1	B/D PA; MO; NDS
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	1	PA; MO; NDS
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	B/D PA; MO
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
KALYDECO ORAL GRANULES IN PACKET 13.4 MG	1	PA; MO; NDS
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	1	PA; MO; QL (56 per 28 days); NDS
KALYDECO ORAL TABLET 150 MG	1	PA; MO; QL (60 per 30 days); NDS
<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>	1	B/D PA; MO
<i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i>	1	MO; QL (34 per 30 days)
<i>montelukast oral granules in packet 4 mg</i>	1	MO
<i>montelukast oral tablet 10 mg</i>	1	MO
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	1	MO
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	1	PA; MO; LA; QL (3 per 28 days); NDS
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	1	PA; MO; LA; QL (3 per 28 days); NDS
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA; MO; LA; QL (3 per 28 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	1	PA; MO; LA; QL (0.4 per 28 days); NDS
OFEV ORAL CAPSULE 100 MG, 150 MG	1	PA; MO; QL (60 per 30 days); NDS
OPSUMIT ORAL TABLET 10 MG	1	PA; MO; LA; NDS
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	1	PA; MO; QL (56 per 28 days); NDS
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	1	PA; MO; QL (112 per 28 days); NDS
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	1	PA; LA; NDS
<i>pirfenidone oral capsule 267 mg</i>	1	PA; MO; QL (270 per 30 days); NDS
<i>pirfenidone oral tablet 267 mg</i>	1	PA; MO; QL (270 per 30 days); NDS
<i>pirfenidone oral tablet 801 mg</i>	1	PA; MO; QL (90 per 30 days); NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	1	B/D PA; MO; NDS

Drug Name	Drug Tier	Requirements /Limits
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	1	MO; QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	1	MO; QL (21.2 per 30 days)
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	1	PA; MO; QL (30 per 30 days)
<i>sajazir subcutaneous syringe 30 mg/3 ml</i>	1	PA; MO; NDS
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	1	PA; NDS
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION , 2.5 MCG/ACTUATION	1	MO; 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	1	MO; QL (90 per 90 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	1	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	1	MO; QL (4 per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION , 80-4.5 MCG/ACTUATION	1	MO; QL (10.2 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	1	PA; MO; QL (56 per 28 days); NDS
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA; QL (60 per 30 days); NDS
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	MO
<i>terbutaline subcutaneous solution 1 mg/ml</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	1	MO
<i>theophylline oral elixir 80 mg/15 ml</i>	1	MO
<i>theophylline oral solution 80 mg/15 ml</i>	1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	MO
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	MO
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	1	MO; QL (60 per 30 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	1	PA; MO; QL (84 per 28 days); NDS
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG (112)- 32 MCG (84)	1	PA; MO; QL (252 per 63 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 32 MCG, 48 MCG, 64 MCG	1	PA; MO; QL (112 per 28 days); NDS
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16(112)-32(112) - 48(28) MCG	1	PA; MO; QL (196 per 49 days); NDS
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 32-48 MCG	1	PA; MO; NDS
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL (60 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	1	PA; MO; LA; QL (8 per 28 days); NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; LA; QL (8 per 28 days); NDS
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; MO; LA; QL (1 per 28 days); NDS
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	1	B/D PA; MO; QL (90 per 30 days); NDS

Drug Name	Drug Tier	Requirements /Limits
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	MO
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	1	MO
<i>flavoxate oral tablet 100 mg</i>	1	MO
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON 8 MG/ML	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	1	MO
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	1	MO
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	MO
<i>solifenacin oral tablet 10 mg, 5 mg</i>	1	MO
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	1	MO
<i>tolterodine oral tablet 1 mg, 2 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>trosipium oral capsule,extended release 24hr 60 mg</i>	1	MO
<i>trosipium oral tablet 20 mg</i>	1	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	MO
<i>dutasteride oral capsule 0.5 mg</i>	1	MO
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	1	MO
<i>finasteride oral tablet 5 mg</i>	1	MO
<i>silodosin oral capsule 4 mg, 8 mg</i>	1	MO
<i>tamsulosin oral capsule 0.4 mg</i>	1	MO
MISCELLANEOUS UROLOGICALS		
<i>alprostadil injection solution 500 mcg/ml</i>	1	
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	MO
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	1	PA; LA
ELMIRON ORAL CAPSULE 100 MG	1	MO

Drug Name	Drug Tier	Requirements /Limits
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	1	MO
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	1	MO
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	1	MO
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PA; MO; QL (30 per 30 days)
VITAMINS, HEMATINICS / ELECTROLYTES		
BLOOD DERIVATIVES		
<i>albumin, human 25 % intravenous parenteral solution 25 %</i>	1	
<i>alburx (human) 25 % intravenous parenteral solution 25 %</i>	1	
<i>alburx (human) 5 % intravenous parenteral solution 5 %</i>	1	
<i>albutein 25 % intravenous parenteral solution 25 %</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>albutein 5 % intravenous parenteral solution 5 %</i>	1	
<i>plasbumin 25 % intravenous parenteral solution 25 %</i>	1	
<i>plasbumin 5 % intravenous parenteral solution 5 %</i>	1	
ELECTROLYTES		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	1	MO; QL (360 per 30 days)
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	1	MO; QL (360 per 30 days)
<i>calcium chloride intravenous solution 100 mg/ml (10 %)</i>	1	
<i>calcium chloride intravenous syringe 100 mg/ml (10 %)</i>	1	
<i>calcium gluconate intravenous solution 100 mg/ml (10%)</i>	1	
<i>effer-k oral tablet, effervescent 25 meq</i>	1	MO
<i>klor-con 10 oral tablet extended release 10 meq</i>	1	MO
<i>klor-con 8 oral tablet extended release 8 meq</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	1	MO
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	1	MO
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	1	MO
<i>klor-con oral packet 20 meq</i>	1	MO
<i>klor-con/ef oral tablet, effervescent 25 meq</i>	1	MO
<i>lactated ringers intravenous parenteral solution</i>	1	MO
<i>magnesium chloride injection solution 200 mg/ml (20 %)</i>	1	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	1	
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>	1	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>magnesium sulfate injection solution 4 meq/ml (50 %)</i>	1	MO
<i>magnesium sulfate injection syringe 4 meq/ml</i>	1	
<i>potassium acetate intravenous solution 2 meq/ml</i>	1	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i>	1	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	1	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	MO
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	MO
<i>potassium chloride oral packet 20 meq</i>	1	MO
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	1	MO
<i>potassium chloride oral tablet extended release 20 meq</i>	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	1	MO
<i>potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq</i>	1	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	1	
<i>ringer's intravenous parenteral solution</i>	1	
<i>sodium acetate intravenous solution 2 meq/ml, 4 meq/ml</i>	1	
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %), 4.2 %</i>	1	
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 4.2 % (0.5 meq/ml), 7.5 % (0.9 meq/ml), 8.4 % (1 meq/ml)</i>	1	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	1	MO
<i>sodium chloride 3 % hypertonic intravenous parenteral solution 3 %</i>	1	
<i>sodium chloride 5 % hypertonic intravenous parenteral solution 5 %</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml, 4 meq/ml</i>	1	
<i>sodium phosphate intravenous solution 3 mmol/ml</i>	1	MO
MISCELLANEOUS NUTRITION PRODUCTS		
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	B/D PA
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	1	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	1	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	1	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	1	B/D PA
<i>electrolyte-48 in d5w intravenous parenteral solution</i>	1	
<i>intralipid intravenous emulsion 20 %</i>	1	B/D PA
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	1	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	1	
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	1	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	1	

Drug Name	Drug Tier	Requirements /Limits
<i>plasmanate intravenous parenteral solution 5 %</i>	1	
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	1	B/D PA
<i>premasol 10 % intravenous parenteral solution 10 %</i>	1	B/D PA
<i>travasol 10 % intravenous parenteral solution 10 %</i>	1	B/D PA
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	B/D PA
VITAMINS / HEMATINICS		
<i>fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)</i>	1	MO
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	MO
<i>prenatal vitamin oral tablet oral tablet 27 mg iron- 1 mg</i>	1	MO

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telmisartan-hydrochlorothiazid		tobramycin-dexamethasone	124	tri-lo-sprintec	120
.....	70	tolterodine	131	trimethoprim	23
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1-800-927-6048 (TTY: 711)
October 1–March 31 | 7 days a week | 8 a.m.–8 p.m.
April 1–September 30 | Monday–Friday | 8 a.m.–8 p.m.

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Optima Health Appeals Department
P.O. Box 62876
Virginia Beach, VA 23466-2876
Fax: 1-866-472-3920, 757-687-6232

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U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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**Multi-Language Insert
Multi-Language Interpreter Services**

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