2022

Vermont Blue advantage

Vermont Blue Advantage Group PPO℠

Updated: 10/01/2021

Formulary 22145, Version 6

# Comprehensive Formulary

(List of Covered Drugs)

## Please read: this document contains information about the drugs we cover in this plan.

This formulary was updated on 10/01/2021. For more recent information or other questions, please contact us, Vermont Blue Advantage Group PPO Customer Service, at 1-877-710-3796 or, for TTY users, 711, Monday through Friday, 8 a.m. to 8 p.m. Eastern time. From October 1 through March 31, hours are 8 a.m. to 8 p.m. Eastern time, seven days a week, or visit www.VermontBlueAdvantage.com/formularies.

**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 Vermont Blue Advantage. When it refers to "plan" or "our plan," it means **Vermont Blue Advantage Group PPO**.

This document includes a list of the drugs (formulary) for our plan which is current as of October 1, 2021. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

## What is the Vermont Blue Advantage Group PPO Formulary?

A formulary is a list of covered drugs selected by **Vermont Blue Advantage Group PPO** 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. **Vermont Blue Advantage Group PPO** will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a **Vermont Blue Advantage Group PPO** network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

## Can the Formulary (drug list) change?

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

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

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

  – If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the **Vermont Blue Advantage Group PPO** 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 **Vermont Blue Advantage Group PPO** Formulary?"

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 coverage year except as described 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 October 1, 2021. To get updated information about the drugs

covered by **Vermont Blue Advantage Group PPO**, please contact us. Our contact information appears on the front and back cover pages. In the event of a mid-year non-maintenance formulary change, we will send out an errata sheet to notify you of this 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 2. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular, Hypertension / Lipids." If you know what your drug is used for, look for the category name in the list that begins on page 2. Then look under the category name for your drug.

### Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 177. 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?

**Vermont Blue Advantage Group PPO** 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: Vermont Blue Advantage Group PPO** requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from **Vermont Blue Advantage Group PPO** before you fill your prescriptions. If you don't get approval, **Vermont Blue Advantage Group PPO** may not cover the drug.
- **Quantity Limits:** For certain drugs, **Vermont Blue Advantage Group PPO** limits the amount of the drug that **Vermont Blue Advantage Group PPO** will cover. For example, **Vermont Blue Advantage Group PPO** provides thirty tablets per prescription for *simvastatin*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, **Vermont Blue Advantage Group PPO** 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, **Vermont Blue Advantage Group PPO** may not cover Drug B unless you try Drug A first. If Drug A does not work for you, **Vermont Blue Advantage Group PPO** will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explains 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 **Vermont Blue Advantage Group PPO** 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 **Vermont Blue Advantage Group PPO** formulary?" on page iii 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.

If you learn that **Vermont Blue Advantage Group PPO** does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by **Vermont Blue Advantage Group PPO**. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by **Vermont Blue Advantage Group PPO**.
- You can ask **Vermont Blue Advantage Group PPO** 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 Vermont Blue Advantage Group PPO Formulary?

You can ask **Vermont Blue Advantage Group PPO** to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, **Vermont Blue Advantage Group PPO** 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, **Vermont Blue Advantage Group PPO** 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, tier, or utilization restriction exception. **When you request a formulary , tier, 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 move into (or out of) a long-term care facility, a skilled nursing facility or if you are discharged from a hospital, you will continue to have access to your medications during the transition. If needed, limits on early prescription refills will be waived to assure that your medications are available through a new pharmacy provider when you are moving to or from a long-term care facility. Contact Customer Service if you require assistance in your transition. For more detailed information about our Transition Policy, refer to your *Evidence of Coverage* or visit our website at **www.VermontBlueAdvantage.com/transition**.

### For more information

For more detailed information about your **Vermont Blue Advantage Group PPO** prescription drug coverage, please review your ***Evidence of Coverage*** and other plan materials.

If you have questions about **Vermont Blue Advantage Group PPO**, 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**.

## Vermont Blue Advantage Group PPO Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by **Vermont Blue Advantage Group PPO**. If you have trouble finding your drug in the list, turn to the Index that begins on page 177.

The first column of the chart lists the drug name.

Brand-name drugs are capitalized (e.g., ENTRESTO®) and generic drugs are listed in lower-case italics (e.g., *simvastatin*).

The information in the Requirements/Limits column tells you if **Vermont Blue Advantage Group PPO** have any special requirements for coverage of your drug.

## Tier Descriptions

| Vermont Blue Advantage Group PPO Drug Tier Costs | | | | | | | |
|---|---|---|---|---|---|---|---|
| Tier | Drug Description | Up to a 30-day supply | | | | Up to a 90-day supply* | |
| | | Retail network pharmacy cost sharing | Mail-order cost sharing | Long-term care (LTC) cost sharing | Out-of-network cost sharing | Standard retail cost sharing | Mail-order cost sharing |
| Tier 1 | Generic *(includes specialty drugs limited to a 30-day supply)* | See your prescription benefits chart in your *Evidence of Coverage* for member cost share details. | | | | | |
| Tier 2 | Preferred brand name *(includes specialty drugs limited to a 30-day supply)* | | | | | | |
| Tier 3 | Non-preferred brand name *(includes specialty drugs limited to a 30-day supply)* | | | | | | |

*See your prescription benefits chart for member cost share details.

| Drug Notes Code Definition | |
|---|---|
| **Symbol** | **Definition** |
| B/D PA | This prescription drug may be covered under Medicare Part B or D depending on 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 drug may be available only at certain pharmacies. For more information, call **Vermont Blue Advantage Group PPO** Customer Service at 1-877-710-3796, Monday through Friday, 8 a.m. to 8 p.m. Eastern time. From October 1 through March 31, hours are from 8 a.m. to 8 p.m. Eastern time, seven days a week. TTY users should call 711. |
| MO | Mail-Order Drug. This prescription drug is available through our mail-order service, as well as through our retail network pharmacies. Consider using mail order for your long-term (maintenance) medications (such as high blood pressure medications). Retail network pharmacies may be more appropriate for short-term prescriptions (such as antibiotics). |
| PA | Prior Authorization. The plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescription. If you don't get approval, we may not cover the drug. |
| QL | Quantity Limit. For certain drugs, the plan limits the amount of the drug that we will cover. |
| ST | Step Therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B. |

Brand-name drugs are CAPITALIZED.

Generic drugs are *lower-case italics.*

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| **ANTI - INFECTIVES** | | |
| **ANTIFUNGAL AGENTS** | | |
| ABELCET INTRAVENOUS SUSPENSION 5 MG/ML | 3 | B/D PA; MO |
| AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG | 2 | B/D PA; MO |
| *amphotericin b injection recon soln 50 mg* | 1 | B/D PA; MO |
| ANCOBON ORAL CAPSULE 250 MG, 500 MG | 3 | MO |
| CANCIDAS INTRAVENOUS RECON SOLN 50 MG, 70 MG | 3 | B/D PA |
| *caspofungin intravenous recon soln 50 mg, 70 mg* | 1 | B/D PA |
| *clotrimazole mucous membrane troche 10 mg* | 1 | MO |
| CRESEMBA ORAL CAPSULE 186 MG | 2 | PA |
| DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML, 40 MG/ML | 3 | MO |
| DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | 3 | MO |
| ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG | 3 | MO |
| *fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml* | 1 | PA; MO |
| *fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml* | 1 | PA |
| *fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml* | 1 | MO |
| *fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg* | 1 | MO |
| *flucytosine oral capsule 250 mg, 500 mg* | 1 | MO |
| *griseofulvin microsize oral suspension 125 mg/5 ml* | 1 | MO |
| *griseofulvin microsize oral tablet 500 mg* | 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *griseofulvin ultramicrosize oral tablet 125 mg, 250 mg* | 1 | MO |
| *itraconazole oral capsule 100 mg* | 1 | MO; QL (120 per 30 days) |
| *itraconazole oral solution 10 mg/ml* | 1 | MO |
| *ketoconazole oral tablet 200 mg* | 1 | MO |
| *micafungin intravenous recon soln 100 mg, 50 mg* | 1 | MO |
| MYCAMINE INTRAVENOUS RECON SOLN 100 MG, 50 MG | 3 | MO |
| NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML) | 3 | PA; MO; QL (630 per 30 days) |
| NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG | 3 | PA; MO; QL (96 per 30 days) |
| *nystatin oral suspension 100,000 unit/ml* | 1 | MO |
| *nystatin oral tablet 500,000 unit* | 1 | MO |
| ORAVIG MUCO-ADHESIVE BUCCAL TABLET 50 MG | 3 | MO |
| *posaconazole oral tablet,delayed release (dr/ec) 100 mg* | 1 | PA; MO; QL (96 per 30 days) |
| SPORANOX ORAL CAPSULE 100 MG | 3 | MO; QL (120 per 30 days) |
| SPORANOX ORAL SOLUTION 10 MG/ML | 3 | MO |
| *terbinafine hcl oral tablet 250 mg* | 1 | MO |
| TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG | 3 | PA; MO; QL (120 per 30 days) |
| VFEND IV INTRAVENOUS RECON SOLN 200 MG | 3 | PA; MO |
| VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML) | 3 | PA; MO |
| VFEND ORAL TABLET 200 MG, 50 MG | 3 | PA; MO |
| *voriconazole intravenous recon soln 200 mg* | 1 | PA; MO |
| *voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)* | 1 | PA; MO |
| *voriconazole oral tablet 200 mg, 50 mg* | 1 | PA; MO |
| **ANTIVIRALS** | | |
| *abacavir oral solution 20 mg/ml* | 1 | MO |
| *abacavir oral tablet 300 mg* | 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *abacavir-lamivudine oral tablet 600-300 mg* | 1 | MO |
| *abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg* | 1 | MO |
| *acyclovir oral capsule 200 mg* | 1 | MO |
| *acyclovir oral suspension 200 mg/5 ml* | 1 | MO |
| *acyclovir oral tablet 400 mg, 800 mg* | 1 | MO |
| *acyclovir sodium intravenous solution 50 mg/ml* | 1 | B/D PA; MO |
| *adefovir oral tablet 10 mg* | 1 | MO |
| *amantadine hcl oral capsule 100 mg* | 1 | MO |
| *amantadine hcl oral solution 50 mg/5 ml* | 1 | MO |
| *amantadine hcl oral tablet 100 mg* | 1 | MO |
| APTIVUS ORAL CAPSULE 250 MG | 2 | MO |
| *atazanavir oral capsule 150 mg, 200 mg, 300 mg* | 1 | MO |
| ATRIPLA ORAL TABLET 600-200-300 MG | 3 | MO |
| BARACLUDE ORAL SOLUTION 0.05 MG/ML | 3 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| BARACLUDE ORAL TABLET 0.5 MG, 1 MG | 3 | MO |
| BIKTARVY ORAL TABLET 50-200-25 MG | 2 | MO |
| CIMDUO ORAL TABLET 300-300 MG | 3 | MO |
| COMBIVIR ORAL TABLET 150-300 MG | 3 | MO |
| COMPLERA ORAL TABLET 200-25-300 MG | 2 | MO |
| DELSTRIGO ORAL TABLET 100-300-300 MG | 3 | MO |
| DESCOVY ORAL TABLET 200-25 MG | 2 | MO |
| DOVATO ORAL TABLET 50-300 MG | 2 | MO |
| EDURANT ORAL TABLET 25 MG | 2 | MO |
| *efavirenz oral capsule 200 mg, 50 mg* | 1 | MO |
| *efavirenz oral tablet 600 mg* | 1 | MO |
| *efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg* | 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg* | 1 | MO |
| *emtricitabine oral capsule 200 mg* | 1 | MO |
| *emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg* | 1 | MO |
| EMTRIVA ORAL CAPSULE 200 MG | 3 | MO |
| EMTRIVA ORAL SOLUTION 10 MG/ML | 2 | MO |
| *entecavir oral tablet 0.5 mg, 1 mg* | 1 | MO |
| EPCLUSA ORAL TABLET 200-50 MG | 2 | PA; MO; QL (56 per 28 days) |
| EPCLUSA ORAL TABLET 400-100 MG | 2 | PA; MO; QL (28 per 28 days) |
| EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML) | 3 | MO |
| EPIVIR HBV ORAL TABLET 100 MG | 3 | MO |
| EPIVIR ORAL SOLUTION 10 MG/ML | 3 | MO |
| EPIVIR ORAL TABLET 150 MG, 300 MG | 3 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| EPZICOM ORAL TABLET 600-300 MG | 3 | MO |
| EVOTAZ ORAL TABLET 300-150 MG | 3 | MO |
| *famciclovir oral tablet 125 mg, 250 mg, 500 mg* | 1 | MO |
| *fosamprenavir oral tablet 700 mg* | 1 | MO |
| FUZEON SUBCUTANEOUS RECON SOLN 90 MG | 2 | MO |
| GENVOYA ORAL TABLET 150-150-200-10 MG | 2 | MO |
| HARVONI ORAL PELLETS IN PACKET 33.75-150 MG | 2 | PA; MO; QL (28 per 28 days) |
| HARVONI ORAL PELLETS IN PACKET 45-200 MG | 2 | PA; MO; QL (56 per 28 days) |
| HARVONI ORAL TABLET 90-400 MG | 2 | PA; MO; QL (28 per 28 days) |
| HEPSERA ORAL TABLET 10 MG | 3 | MO |
| INTELENCE ORAL TABLET 100 MG, 200 MG | 2 | MO |
| INTELENCE ORAL TABLET 25 MG | 3 | MO |
| INVIRASE ORAL TABLET 500 MG | 2 | MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ISENTRESS HD ORAL TABLET 600 MG | 3 | MO |
| ISENTRESS ORAL POWDER IN PACKET 100 MG | 2 | MO |
| ISENTRESS ORAL TABLET 400 MG | 2 | MO |
| ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG | 2 | MO |
| JULUCA ORAL TABLET 50-25 MG | 3 | MO |
| KALETRA ORAL SOLUTION 400-100 MG/5 ML | 3 | MO |
| KALETRA ORAL TABLET 100-25 MG, 200-50 MG | 3 | MO |
| *lamivudine oral solution 10 mg/ml* | 1 | MO |
| *lamivudine oral tablet 100 mg, 150 mg, 300 mg* | 1 | MO |
| *lamivudine-zidovudine oral tablet 150-300 mg* | 1 | MO |
| LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG | 3 | PA; MO; QL (28 per 28 days) |
| LEXIVA ORAL SUSPENSION 50 MG/ML | 3 | MO |
| LEXIVA ORAL TABLET 700 MG | 3 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *lopinavir-ritonavir oral solution 400-100 mg/5 ml* | 1 | MO |
| MAVYRET ORAL TABLET 100-40 MG | 3 | PA; MO; QL (84 per 28 days) |
| *nevirapine oral suspension 50 mg/5 ml* | 1 | |
| *nevirapine oral tablet 200 mg* | 1 | MO |
| *nevirapine oral tablet extended release 24 hr 100 mg, 400 mg* | 1 | MO |
| NORVIR ORAL POWDER IN PACKET 100 MG | 3 | MO |
| NORVIR ORAL SOLUTION 80 MG/ML | 3 | MO |
| NORVIR ORAL TABLET 100 MG | 3 | MO |
| ODEFSEY ORAL TABLET 200-25-25 MG | 2 | MO |
| *oseltamivir oral capsule 30 mg, 45 mg, 75 mg* | 1 | MO |
| *oseltamivir oral suspension for reconstitution 6 mg/ml* | 1 | MO |
| PIFELTRO ORAL TABLET 100 MG | 3 | MO |
| PREVYMIS ORAL TABLET 240 MG, 480 MG | 2 | MO; QL (30 per 30 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| PREZCOBIX ORAL TABLET 800-150 MG-MG | 3 | MO |
| PREZISTA ORAL SUSPENSION 100 MG/ML | 3 | MO |
| PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG | 3 | MO |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION | 3 | MO |
| RETROVIR ORAL CAPSULE 100 MG | 3 | MO |
| RETROVIR ORAL SYRUP 10 MG/ML | 3 | MO |
| REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG | 3 | MO |
| REYATAZ ORAL POWDER IN PACKET 50 MG | 2 | MO |
| *ribavirin oral capsule 200 mg* | 1 | |
| *ribavirin oral tablet 200 mg* | 1 | MO |
| *rimantadine oral tablet 100 mg* | 1 | MO |
| *ritonavir oral tablet 100 mg* | 1 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG | 3 | MO |
| SELZENTRY ORAL SOLUTION 20 MG/ML | 2 | MO |
| SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG | 2 | MO |
| SITAVIG MUCO-ADHESIVE BUCCAL TABLET 50 MG | 3 | MO |
| SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG | 3 | PA; MO; QL (28 per 28 days) |
| SOVALDI ORAL PELLETS IN PACKET 150 MG | 3 | PA; MO; QL (28 per 28 days) |
| SOVALDI ORAL PELLETS IN PACKET 200 MG | 3 | PA; MO; QL (56 per 28 days) |
| SOVALDI ORAL TABLET 400 MG | 3 | PA; MO; QL (28 per 28 days) |
| STRIBILD ORAL TABLET 150-150-200-300 MG | 2 | MO |
| SUSTIVA ORAL CAPSULE 200 MG, 50 MG | 3 | MO |
| SUSTIVA ORAL TABLET 600 MG | 3 | MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| SYMFI LO ORAL TABLET 400-300-300 MG | 3 | MO |
| SYMFI ORAL TABLET 600-300-300 MG | 3 | MO |
| SYMTUZA ORAL TABLET 800-150-200-10 MG | 3 | MO |
| TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG | 3 | MO |
| TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML | 3 | MO |
| TEMIXYS ORAL TABLET 300-300 MG | 2 | MO |
| *tenofovir disoproxil fumarate oral tablet 300 mg* | 1 | MO |
| TIVICAY ORAL TABLET 10 MG | 2 | MO |
| TIVICAY ORAL TABLET 25 MG, 50 MG | 3 | MO |
| TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG | 3 | MO |
| TRIUMEQ ORAL TABLET 600-50-300 MG | 2 | MO |
| TRIZIVIR ORAL TABLET 300-150-300 MG | 3 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG | 3 | MO |
| TYBOST ORAL TABLET 150 MG | 3 | MO |
| *valacyclovir oral tablet 1 gram* | 1 | MO; QL (120 per 30 days) |
| *valacyclovir oral tablet 500 mg* | 1 | MO; QL (60 per 30 days) |
| VALCYTE ORAL RECON SOLN 50 MG/ML | 3 | MO |
| VALCYTE ORAL TABLET 450 MG | 3 | MO |
| *valganciclovir oral recon soln 50 mg/ml* | 1 | MO |
| *valganciclovir oral tablet 450 mg* | 1 | MO |
| VALTREX ORAL TABLET 1 GRAM | 3 | MO; QL (120 per 30 days) |
| VALTREX ORAL TABLET 500 MG | 3 | MO; QL (60 per 30 days) |
| VEMLIDY ORAL TABLET 25 MG | 2 | MO |
| VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG | 3 | PA; MO; QL (112 per 28 days) |
| VIRACEPT ORAL TABLET 250 MG, 625 MG | 2 | MO |
| VIRAMUNE ORAL SUSPENSION 50 MG/5 ML | 3 | MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG | 3 | MO |
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) | 3 | MO |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG | 3 | MO |
| VOSEVI ORAL TABLET 400-100-100 MG | 2 | PA; MO; QL (28 per 28 days) |
| XOFLUZA ORAL TABLET 20 MG, 40 MG | 2 | MO |
| ZEPATIER ORAL TABLET 50-100 MG | 3 | PA; MO; QL (28 per 28 days) |
| ZIAGEN ORAL SOLUTION 20 MG/ML | 3 | MO |
| ZIAGEN ORAL TABLET 300 MG | 3 | MO |
| *zidovudine oral capsule 100 mg* | 1 | MO |
| *zidovudine oral syrup 10 mg/ml* | 1 | MO |
| *zidovudine oral tablet 300 mg* | 1 | MO |
| ZOVIRAX ORAL SUSPENSION 200 MG/5 ML | 3 | MO |
| **CEPHALOSPORINS** | | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| AVYCAZ INTRAVENOUS RECON SOLN 2.5 GRAM | 3 | PA; MO |
| *cefaclor oral capsule 250 mg, 500 mg* | 1 | MO |
| *cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml* | 1 | MO |
| *cefaclor oral suspension for reconstitution 375 mg/5 ml* | 1 | |
| *cefaclor oral tablet extended release 12 hr 500 mg* | 1 | MO |
| *cefadroxil oral capsule 500 mg* | 1 | MO |
| *cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml* | 1 | MO |
| *cefadroxil oral tablet 1 gram* | 1 | MO |
| *cefazolin injection recon soln 1 gram, 500 mg* | 1 | MO |
| *cefazolin injection recon soln 10 gram* | 1 | |
| *cefdinir oral capsule 300 mg* | 1 | MO |
| *cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml* | 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *cefepime injection recon soln 1 gram, 2 gram* | 1 | MO |
| *cefixime oral capsule 400 mg* | 1 | MO |
| *cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml* | 1 | MO |
| *cefotetan injection recon soln 1 gram, 2 gram* | 1 | PA |
| *cefoxitin intravenous recon soln 1 gram, 2 gram* | 1 | PA; MO |
| *cefoxitin intravenous recon soln 10 gram* | 1 | PA |
| *cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml* | 1 | MO |
| *cefpodoxime oral tablet 100 mg, 200 mg* | 1 | MO |
| *cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml* | 1 | MO |
| *cefprozil oral tablet 250 mg, 500 mg* | 1 | MO |
| *ceftazidime injection recon soln 1 gram, 2 gram* | 1 | PA; MO |
| *ceftazidime injection recon soln 6 gram* | 1 | PA |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg* | 1 | MO |
| *ceftriaxone injection recon soln 10 gram* | 1 | |
| *cefuroxime axetil oral tablet 250 mg, 500 mg* | 1 | MO |
| *cefuroxime sodium injection recon soln 750 mg* | 1 | PA; MO |
| *cefuroxime sodium intravenous recon soln 1.5 gram* | 1 | PA; MO |
| *cefuroxime sodium intravenous recon soln 7.5 gram* | 1 | PA |
| *cephalexin oral capsule 250 mg, 500 mg, 750 mg* | 1 | MO |
| *cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml* | 1 | MO |
| *cephalexin oral tablet 250 mg, 500 mg* | 1 | MO |
| SUPRAX ORAL CAPSULE 400 MG | 3 | MO |
| SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML | 3 | MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML | 3 | |
| SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG | 3 | MO |
| *tazicef injection recon soln 1 gram, 2 gram* | 1 | PA |
| *tazicef injection recon soln 6 gram* | 1 | PA; MO |
| TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG | 3 | PA; MO |
| ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM | 3 | PA |
| **ERYTHROMYCINS / OTHER MACROLIDES** | | |
| *azithromycin intravenous recon soln 500 mg* | 1 | PA; MO |
| *azithromycin oral packet 1 gram* | 1 | MO |
| *azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml* | 1 | MO |
| *azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)* | 1 | |
| *azithromycin oral tablet 250 mg, 500 mg, 600 mg* | 1 | MO |
| *clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml* | 1 | MO |
| *clarithromycin oral tablet 250 mg, 500 mg* | 1 | MO |
| *clarithromycin oral tablet extended release 24 hr 500 mg* | 1 | MO |
| DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML | 3 | QL (136 per 10 days) |
| DIFICID ORAL TABLET 200 MG | 3 | MO; QL (20 per 10 days) |
| E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML | 3 | MO |
| ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML | 3 | MO |
| ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML | 3 | MO |
| *ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg* | 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG | 3 | MO |
| *erythrocin (as stearate) oral tablet 250 mg* | 1 | MO |
| ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG | 3 | PA; MO |
| *erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml* | 1 | MO |
| *erythromycin ethylsuccinate oral tablet 400 mg* | 1 | |
| *erythromycin oral capsule,delayed release(dr/ec) 250 mg* | 1 | MO |
| *erythromycin oral tablet 250 mg, 500 mg* | 1 | MO |
| *erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg* | 1 | MO |
| ZITHROMAX INTRAVENOUS RECON SOLN 500 MG | 3 | PA; MO |
| ZITHROMAX ORAL PACKET 1 GRAM | 3 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML | 3 | MO |
| ZITHROMAX ORAL TABLET 250 MG, 500 MG | 3 | MO |
| ZITHROMAX TRI-PAK ORAL TABLET 500 MG | 3 | MO |
| ZITHROMAX Z-PAK ORAL TABLET 250 MG | 3 | MO |
| **MISCELLANEOUS ANTIINFECTIVES** | | |
| AEMCOLO ORAL TABLET,DELAYED RELEASE (DR/EC) 194 MG | 3 | MO; QL (12 per 30 days) |
| *albendazole oral tablet 200 mg* | 1 | MO |
| ALBENZA ORAL TABLET 200 MG | 3 | MO |
| *amikacin injection solution 500 mg/2 ml* | 1 | PA; MO |
| ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML | 2 | PA; LA |
| *atovaquone oral suspension 750 mg/5 ml* | 1 | MO |
| *atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg* | 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| AZACTAM INJECTION RECON SOLN 1 GRAM, 2 GRAM | 3 | PA; MO |
| *aztreonam injection recon soln 1 gram* | 1 | PA; MO |
| BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG | 2 | MO |
| BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML | 3 | B/D PA; MO; QL (224 per 28 days) |
| BILTRICIDE ORAL TABLET 600 MG | 3 | MO |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML | 2 | PA; MO; LA; QL (84 per 28 days) |
| *chloroquine phosphate oral tablet 250 mg, 500 mg* | 1 | MO |
| CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG | 3 | MO |
| CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML | 3 | MO |
| *clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg* | 1 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml* | 1 | PA; MO |
| *clindamycin pediatric oral recon soln 75 mg/5 ml* | 1 | MO |
| *clindamycin phosphate injection solution 150 (mg/ml) (6 ml), 150 mg/ml* | 1 | PA; MO |
| *clindamycin phosphate intravenous solution 600 mg/4 ml* | 1 | PA; MO |
| COARTEM ORAL TABLET 20-120 MG | 3 | MO |
| *colistin (colistimethate na) injection recon soln 150 mg* | 1 | PA; MO |
| CUBICIN INTRAVENOUS RECON SOLN 500 MG | 3 | MO |
| DALVANCE INTRAVENOUS SOLUTION 500 MG | 3 | PA; MO |
| *dapsone oral tablet 100 mg, 25 mg* | 1 | MO |
| DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG | 2 | MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *daptomycin intravenous recon soln 500 mg* | 1 | MO |
| DARAPRIM ORAL TABLET 25 MG | 3 | PA |
| EMVERM ORAL TABLET,CHEWABLE 100 MG | 2 | MO |
| *ertapenem injection recon soln 1 gram* | 1 | PA; MO; QL (14 per 14 days) |
| *ethambutol oral tablet 100 mg, 400 mg* | 1 | MO |
| FIRVANQ ORAL RECON SOLN 25 MG/ML | 3 | QL (400 per 10 days) |
| FIRVANQ ORAL RECON SOLN 50 MG/ML | 3 | QL (450 per 10 days) |
| FLAGYL ORAL CAPSULE 375 MG | 3 | MO |
| FLAGYL ORAL TABLET 500 MG | 3 | MO |
| *gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml* | 1 | PA; MO |
| *gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml* | 1 | PA |
| *gentamicin injection solution 40 mg/ml* | 1 | PA; MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| HUMATIN ORAL CAPSULE 250 MG | 3 | |
| *hydroxychloroquine oral tablet 200 mg* | 1 | MO |
| *imipenem-cilastatin intravenous recon soln 250 mg, 500 mg* | 1 | PA; MO |
| IMPAVIDO ORAL CAPSULE 50 MG | 2 | PA; MO |
| INVANZ INJECTION RECON SOLN 1 GRAM | 3 | PA; MO; QL (14 per 14 days) |
| *isoniazid oral solution 50 mg/5 ml* | 1 | MO |
| *isoniazid oral tablet 100 mg, 300 mg* | 1 | MO |
| *ivermectin oral tablet 3 mg* | 1 | MO |
| KRINTAFEL ORAL TABLET 150 MG | 3 | MO |
| LAMPIT ORAL TABLET 120 MG, 30 MG | 3 | |
| *linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml* | 1 | PA |
| *linezolid oral suspension for reconstitution 100 mg/5 ml* | 1 | MO |
| *linezolid oral tablet 600 mg* | 1 | MO |
| MALARONE ORAL TABLET 250-100 MG | 3 | MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG | 3 | MO |
| *mefloquine oral tablet 250 mg* | 1 | MO |
| MEPRON ORAL SUSPENSION 750 MG/5 ML | 3 | MO |
| *meropenem intravenous recon soln 1 gram* | 1 | PA; MO; QL (30 per 10 days) |
| *meropenem intravenous recon soln 500 mg* | 1 | PA; MO; QL (10 per 10 days) |
| MERREM INTRAVENOUS RECON SOLN 500 MG | 3 | PA; QL (10 per 10 days) |
| *metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml* | 1 | PA; MO |
| *metronidazole oral capsule 375 mg* | 1 | MO |
| *metronidazole oral tablet 250 mg, 500 mg* | 1 | MO |
| MYAMBUTOL ORAL TABLET 400 MG | 3 | MO |
| MYCOBUTIN ORAL CAPSULE 150 MG | 3 | MO |
| NEBUPENT INHALATION RECON SOLN 300 MG | 3 | B/D PA; MO; QL (1 per 28 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *neomycin oral tablet 500 mg* | 1 | MO |
| *nitazoxanide oral tablet 500 mg* | 1 | MO |
| *paromomycin oral capsule 250 mg* | 1 | MO |
| PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM | 2 | MO |
| PENTAM INJECTION RECON SOLN 300 MG | 3 | MO |
| *pentamidine inhalation recon soln 300 mg* | 1 | B/D PA; MO; QL (1 per 28 days) |
| *pentamidine injection recon soln 300 mg* | 1 | MO |
| PLAQUENIL ORAL TABLET 200 MG | 3 | MO |
| *polymyxin b sulfate injection recon soln 500,000 unit* | 1 | PA; MO |
| *praziquantel oral tablet 600 mg* | 1 | MO |
| PRETOMANID ORAL TABLET 200 MG | 3 | PA |
| PRIFTIN ORAL TABLET 150 MG | 2 | MO |
| PRIMAQUINE ORAL TABLET 26.3 MG | 2 | MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG | 3 | PA; MO |
| *pyrazinamide oral tablet 500 mg* | 1 | MO |
| *pyrimethamine oral tablet 25 mg* | 1 | PA; MO |
| QUALAQUIN ORAL CAPSULE 324 MG | 3 | MO |
| *quinine sulfate oral capsule 324 mg* | 1 | MO |
| *rifabutin oral capsule 150 mg* | 1 | MO |
| *rifampin intravenous recon soln 600 mg* | 1 | MO |
| *rifampin oral capsule 150 mg, 300 mg* | 1 | MO |
| SIRTURO ORAL TABLET 100 MG, 20 MG | 3 | PA; LA |
| SIVEXTRO INTRAVENOUS RECON SOLN 200 MG | 3 | PA |
| SIVEXTRO ORAL TABLET 200 MG | 3 | MO |
| SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM | 3 | MO |
| STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM | 2 | PA; MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| STROMECTOL ORAL TABLET 3 MG | 3 | MO |
| *tigecycline intravenous recon soln 50 mg* | 1 | PA; MO |
| *tinidazole oral tablet 250 mg, 500 mg* | 1 | MO |
| TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML | 3 | B/D PA; MO; QL (280 per 28 days) |
| TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG | 2 | MO; QL (224 per 28 days) |
| *tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml* | 1 | B/D PA; MO; QL (280 per 28 days) |
| *tobramycin inhalation solution for nebulization 300 mg/4 ml* | 1 | B/D PA; MO; QL (224 per 28 days) |
| *tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml* | 1 | PA; MO |
| TRECATOR ORAL TABLET 250 MG | 3 | MO |
| TYGACIL INTRAVENOUS RECON SOLN 50 MG | 3 | PA; MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| VABOMERE INTRAVENOUS RECON SOLN 2 GRAM | 3 | PA |
| VANCOCIN ORAL CAPSULE 125 MG | 3 | PA; QL (40 per 10 days) |
| VANCOCIN ORAL CAPSULE 250 MG | 3 | PA; MO; QL (80 per 10 days) |
| *vancomycin intravenous recon soln 1,000 mg, 750 mg* | 1 | PA; MO; QL (20 per 10 days) |
| *vancomycin intravenous recon soln 10 gram* | 1 | PA; QL (2 per 10 days) |
| VANCOMYCIN INTRAVENOUS RECON SOLN 250 MG | 3 | PA; QL (28 per 14 days) |
| *vancomycin intravenous recon soln 500 mg* | 1 | PA; MO; QL (10 per 10 days) |
| *vancomycin oral capsule 125 mg* | 1 | PA; MO; QL (40 per 10 days) |
| *vancomycin oral capsule 250 mg* | 1 | PA; MO; QL (80 per 10 days) |
| *vancomycin oral recon soln 50 mg/ml* | 1 | MO; QL (450 per 10 days) |
| XENLETA ORAL TABLET 600 MG | 3 | MO |
| XIFAXAN ORAL TABLET 200 MG | 2 | PA; MO; QL (9 per 30 days) |
| XIFAXAN ORAL TABLET 550 MG | 2 | PA; MO; QL (90 per 30 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ZEMDRI INTRAVENOUS SOLUTION 50 MG/ML | 3 | PA |
| ZYVOX INTRAVENOUS PIGGYBACK 600 MG/300 ML | 3 | PA; MO |
| ZYVOX ORAL SUSPENSION FOR RECONSTITUTIO N 100 MG/5 ML | 3 | MO |
| ZYVOX ORAL TABLET 600 MG | 3 | MO |
| **PENICILLINS** | | |
| *amoxicillin oral capsule 250 mg, 500 mg* | 1 | MO |
| *amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml* | 1 | MO |
| *amoxicillin oral tablet 500 mg, 875 mg* | 1 | MO |
| *amoxicillin oral tablet,chewable 125 mg, 250 mg* | 1 | MO |
| *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* | 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg* | 1 | MO |
| *amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg* | 1 | MO |
| *amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg* | 1 | MO |
| *ampicillin oral capsule 500 mg* | 1 | MO |
| *ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg* | 1 | PA; MO |
| *ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram* | 1 | PA; MO |
| *ampicillin-sulbactam injection recon soln 15 gram* | 1 | PA |
| BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K) | 2 | PA; MO |
| BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML | 3 | PA; MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *dicloxacillin oral capsule 250 mg, 500 mg* | 1 | MO |
| *nafcillin injection recon soln 1 gram, 2 gram* | 1 | PA; MO |
| *nafcillin injection recon soln 10 gram* | 1 | PA |
| *oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml* | 1 | PA |
| *oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml* | 1 | PA; MO |
| *oxacillin injection recon soln 1 gram, 10 gram* | 1 | PA |
| *oxacillin injection recon soln 2 gram* | 1 | PA; MO |
| PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML | 3 | PA |
| *penicillin g potassium injection recon soln 20 million unit* | 1 | PA; MO |
| *penicillin g procaine intramuscular syringe 1.2 million unit/2 ml* | 1 | PA; MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *penicillin g sodium injection recon soln 5 million unit* | 1 | PA; MO |
| *penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml* | 1 | MO |
| *penicillin v potassium oral tablet 250 mg, 500 mg* | 1 | MO |
| *piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram* | 1 | MO |
| *piperacillin-tazobactam intravenous recon soln 40.5 gram* | 1 | |
| UNASYN INJECTION RECON SOLN 15 GRAM | 3 | PA |
| UNASYN INJECTION RECON SOLN 3 GRAM | 3 | PA; MO |
| ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML | 3 | |
| **QUINOLONES** | | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| BAXDELA INTRAVENOUS RECON SOLN 300 MG | 3 | PA |
| BAXDELA ORAL TABLET 450 MG | 3 | MO |
| CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML | 3 | |
| CIPRO ORAL TABLET 250 MG, 500 MG | 3 | MO |
| *ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg* | 1 | MO |
| *ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml* | 1 | PA; MO |
| *levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml* | 1 | PA; MO |
| *levofloxacin intravenous solution 25 mg/ml* | 1 | PA; MO |
| *levofloxacin oral solution 250 mg/10 ml* | 1 | MO |
| *levofloxacin oral tablet 250 mg, 500 mg, 750 mg* | 1 | MO |
| *moxifloxacin oral tablet 400 mg* | 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml* | 1 | PA; MO |
| *ofloxacin oral tablet 300 mg, 400 mg* | 1 | MO |
| **SULFA'S / RELATED AGENTS** | | |
| BACTRIM DS ORAL TABLET 800-160 MG | 3 | MO |
| BACTRIM ORAL TABLET 400-80 MG | 3 | MO |
| *sulfadiazine oral tablet 500 mg* | 1 | MO |
| *sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml* | 1 | MO |
| *sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg* | 1 | MO |
| **TETRACYCLINES** | | |
| ACTICLATE ORAL TABLET 150 MG, 75 MG | 3 | ST; MO |
| *demeclocycline oral tablet 150 mg, 300 mg* | 1 | MO |
| DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC) 120 MG | 3 | ST; MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG, 50 MG | 3 | ST; MO |
| *doxy-100 intravenous recon soln 100 mg* | 1 | PA; MO |
| *doxycycline hyclate oral capsule 100 mg, 50 mg* | 1 | MO |
| *doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg* | 1 | MO |
| *doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg* | 1 | MO |
| DOXYCYCLINE HYCLATE ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG | 3 | ST; MO |
| *doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg* | 1 | MO |
| *doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml* | 1 | MO |
| *doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg* | 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *minocycline oral capsule 100 mg, 50 mg, 75 mg* | 1 | MO |
| *minocycline oral tablet 100 mg, 50 mg, 75 mg* | 1 | MO |
| *minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg* | 1 | MO |
| MINOLIRA ER ORAL TABLET, IR - ER, BIPHASIC 24HR 105 MG, 135 MG | 3 | ST; MO |
| *mondoxyne nl oral capsule 100 mg, 75 mg* | 1 | MO |
| NUZYRA INTRAVENOUS RECON SOLN 100 MG | 3 | PA |
| NUZYRA ORAL TABLET 150 MG | 3 | ST; MO |
| ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG | 3 | ST; MO |
| SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG | 3 | ST; MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG | 3 | ST; MO |
| TARGADOX ORAL TABLET 50 MG | 3 | ST; MO |
| *tetracycline oral capsule 250 mg, 500 mg* | 1 | MO |
| VIBRAMYCIN ORAL CAPSULE 100 MG | 3 | ST; MO |
| VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTIO N 25 MG/5 ML | 3 | MO |
| VIBRAMYCIN ORAL SYRUP 50 MG/5 ML | 2 | MO |
| **URINARY TRACT AGENTS** | | |
| *fosfomycin tromethamine oral packet 3 gram* | 1 | MO |
| HIPREX ORAL TABLET 1 GRAM | 3 | MO |
| MACROBID ORAL CAPSULE 100 MG | 3 | MO |
| MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG | 3 | MO |
| *methenamine hippurate oral tablet 1 gram* | 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| MONUROL ORAL PACKET 3 GRAM | 3 | MO |
| *nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg* | 1 | MO |
| *nitrofurantoin monohyd/m-cryst oral capsule 100 mg* | 1 | MO |
| *nitrofurantoin oral suspension 25 mg/5 ml* | 1 | MO |
| *trimethoprim oral tablet 100 mg* | 1 | MO |
| **ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS** | | |
| **ADJUNCTIVE AGENTS** | | |
| *leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg* | 1 | MO |
| MESNEX ORAL TABLET 400 MG | 2 | MO |
| XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) | 2 | B/D PA; MO |
| **ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS** | | |
| *abiraterone oral tablet 250 mg* | 1 | PA; MO; QL (120 per 30 days) |
| *abiraterone oral tablet 500 mg* | 1 | PA; MO; QL (60 per 30 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG | 3 | PA; MO |
| AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG | 3 | PA; MO; QL (30 per 30 days) |
| ALECENSA ORAL CAPSULE 150 MG | 2 | PA; MO; QL (240 per 30 days) |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG | 3 | PA; QL (30 per 30 days) |
| ALUNBRIG ORAL TABLET 30 MG | 3 | PA; QL (60 per 30 days) |
| ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23) | 3 | PA; QL (30 per 30 days) |
| *anastrozole oral tablet 1 mg* | 1 | MO |
| ARIMIDEX ORAL TABLET 1 MG | 3 | MO |
| AROMASIN ORAL TABLET 25 MG | 3 | MO |
| ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG | 3 | B/D PA; MO |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG | 3 | PA; LA; QL (30 per 30 days) |
| AZASAN ORAL TABLET 100 MG, 75 MG | 3 | B/D PA; MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *azathioprine oral tablet 50 mg* | 1 | B/D PA; MO |
| BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG | 2 | PA; LA |
| *bexarotene oral capsule 75 mg* | 1 | PA; MO |
| *bicalutamide oral tablet 50 mg* | 1 | MO |
| BOSULIF ORAL TABLET 100 MG | 2 | PA; MO; QL (90 per 30 days) |
| BOSULIF ORAL TABLET 400 MG, 500 MG | 2 | PA; MO; QL (30 per 30 days) |
| BRAFTOVI ORAL CAPSULE 75 MG | 2 | PA; MO; LA; QL (180 per 30 days) |
| BRUKINSA ORAL CAPSULE 80 MG | 3 | PA; LA |
| CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG | 2 | PA; MO; LA; QL (30 per 30 days) |
| CALQUENCE ORAL CAPSULE 100 MG | 3 | PA; LA; QL (60 per 30 days) |
| CAPRELSA ORAL TABLET 100 MG | 2 | PA; LA; QL (60 per 30 days) |
| CAPRELSA ORAL TABLET 300 MG | 2 | PA; LA; QL (30 per 30 days) |
| CASODEX ORAL TABLET 50 MG | 3 | MO |
| CELLCEPT ORAL CAPSULE 250 MG | 3 | B/D PA; MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| CELLCEPT ORAL SUSPENSION FOR RECONSTITUTIO N 200 MG/ML | 3 | B/D PA; MO |
| CELLCEPT ORAL TABLET 500 MG | 3 | B/D PA; MO |
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1) | 2 | PA; MO; QL (56 per 28 days) |
| COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3) | 2 | PA; MO; QL (112 per 28 days) |
| COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY) | 2 | PA; MO; QL (84 per 28 days) |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG | 3 | PA; LA; QL (60 per 30 days) |
| COTELLIC ORAL TABLET 20 MG | 2 | PA; MO; LA; QL (63 per 28 days) |
| *cyclophosphamide oral capsule 25 mg, 50 mg* | 1 | B/D PA; MO |
| CYCLOPHOSPHA MIDE ORAL TABLET 25 MG, 50 MG | 2 | B/D PA; MO |
| *cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg* | 1 | B/D PA; MO |
| *cyclosporine modified oral solution 100 mg/ml* | 1 | B/D PA |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *cyclosporine oral capsule 100 mg, 25 mg* | 1 | B/D PA; MO |
| DAURISMO ORAL TABLET 100 MG | 3 | PA; MO; QL (30 per 30 days) |
| DAURISMO ORAL TABLET 25 MG | 3 | PA; MO; QL (60 per 30 days) |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG | 2 | MO |
| ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG | 3 | PA; MO |
| ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG | 3 | PA; MO |
| ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG | 3 | PA; MO |
| ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) | 3 | PA; MO |
| EMCYT ORAL CAPSULE 140 MG | 3 | MO |
| ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML | 3 | PA; MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG | 3 | B/D PA; MO |
| ERIVEDGE ORAL CAPSULE 150 MG | 2 | PA; MO; QL (30 per 30 days) |
| ERLEADA ORAL TABLET 60 MG | 2 | PA; MO; QL (120 per 30 days) |
| *erlotinib oral tablet 100 mg, 150 mg* | 1 | PA; MO; QL (30 per 30 days) |
| *erlotinib oral tablet 25 mg* | 1 | PA; MO; QL (60 per 30 days) |
| *everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg* | 1 | PA; MO; QL (30 per 30 days) |
| *everolimus (immunosuppressive ) oral tablet 0.25 mg, 0.5 mg, 0.75 mg* | 1 | B/D PA; MO |
| *exemestane oral tablet 25 mg* | 1 | MO |
| FARESTON ORAL TABLET 60 MG | 3 | MO |
| FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG | 3 | PA; MO; QL (6 per 21 days) |
| FEMARA ORAL TABLET 2.5 MG | 3 | MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG | 2 | B/D PA; MO |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG | 3 | B/D PA; MO |
| *flutamide oral capsule 125 mg* | 1 | MO |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG | 3 | PA; LA; QL (21 per 28 days) |
| GAVRETO ORAL CAPSULE 100 MG | 3 | PA; MO; LA; QL (120 per 30 days) |
| *gengraf oral capsule 100 mg, 25 mg* | 1 | B/D PA; MO |
| *gengraf oral solution 100 mg/ml* | 1 | B/D PA; MO |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG | 2 | PA; MO; QL (30 per 30 days) |
| GLEEVEC ORAL TABLET 100 MG | 3 | PA; MO; QL (180 per 30 days) |
| GLEEVEC ORAL TABLET 400 MG | 3 | PA; MO; QL (60 per 30 days) |
| HYDREA ORAL CAPSULE 500 MG | 3 | MO |
| *hydroxyurea oral capsule 500 mg* | 1 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG | 2 | PA; MO; QL (21 per 28 days) |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG | 2 | PA; MO; QL (21 per 28 days) |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG | 3 | PA; QL (30 per 30 days) |
| IDHIFA ORAL TABLET 100 MG, 50 MG | 2 | PA; MO; LA; QL (30 per 30 days) |
| *imatinib oral tablet 100 mg* | 1 | PA; MO; QL (180 per 30 days) |
| *imatinib oral tablet 400 mg* | 1 | PA; MO; QL (60 per 30 days) |
| IMBRUVICA ORAL CAPSULE 140 MG | 2 | PA; QL (120 per 30 days) |
| IMBRUVICA ORAL CAPSULE 70 MG | 2 | PA; QL (30 per 30 days) |
| IMBRUVICA ORAL TABLET 140 MG | 3 | PA; QL (30 per 30 days) |
| IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG | 2 | PA; QL (30 per 30 days) |
| IMURAN ORAL TABLET 50 MG | 3 | B/D PA; MO |
| INLYTA ORAL TABLET 1 MG | 2 | PA; MO; QL (180 per 30 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| INLYTA ORAL TABLET 5 MG | 2 | PA; MO; QL (120 per 30 days) |
| INQOVI ORAL TABLET 35-100 MG | 3 | PA; MO; QL (5 per 28 days) |
| INREBIC ORAL CAPSULE 100 MG | 3 | PA; MO; LA; QL (120 per 30 days) |
| IRESSA ORAL TABLET 250 MG | 2 | PA; MO; QL (30 per 30 days) |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG | 2 | PA; MO; QL (60 per 30 days) |
| KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG | 3 | PA; MO; QL (49 per 28 days) |
| KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG | 3 | PA; MO; QL (70 per 28 days) |
| KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG | 3 | PA; MO; QL (91 per 28 days) |
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1) | 3 | PA; MO; QL (21 per 28 days) |
| KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2) | 3 | PA; MO; QL (42 per 28 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3) | 3 | PA; MO; QL (63 per 28 days) |
| KLISYRI TOPICAL OINTMENT IN PACKET 1 % | 3 | MO |
| KOSELUGO ORAL CAPSULE 10 MG, 25 MG | 3 | PA |
| *lapatinib oral tablet 250 mg* | 1 | PA; MO; QL (180 per 30 days) |
| 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 X2), 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) | 2 | PA; MO |
| *letrozole oral tablet 2.5 mg* | 1 | MO |
| LEUKERAN ORAL TABLET 2 MG | 2 | MO |
| *leuprolide subcutaneous kit 1 mg/0.2 ml* | 1 | PA; MO |
| LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG | 2 | PA; MO |
| LORBRENA ORAL TABLET 100 MG | 2 | PA; MO; QL (30 per 30 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| LORBRENA ORAL TABLET 25 MG | 2 | PA; MO; QL (90 per 30 days) |
| LUPKYNIS ORAL CAPSULE 7.9 MG | 3 | PA; LA |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG | 2 | PA; MO |
| LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG | 2 | PA; MO |
| LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG | 2 | PA; MO |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG | 2 | PA; MO |
| LYNPARZA ORAL TABLET 100 MG, 150 MG | 2 | PA; MO; QL (120 per 30 days) |
| LYSODREN ORAL TABLET 500 MG | 2 | |
| MATULANE ORAL CAPSULE 50 MG | 2 | |
| *megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)* | 1 | PA; MO |
| *megestrol oral tablet 20 mg, 40 mg* | 1 | PA; MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| MEKINIST ORAL TABLET 0.5 MG | 2 | PA; MO; QL (90 per 30 days) |
| MEKINIST ORAL TABLET 2 MG | 2 | PA; MO; QL (30 per 30 days) |
| MEKTOVI ORAL TABLET 15 MG | 2 | PA; MO; LA; QL (180 per 30 days) |
| *mercaptopurine oral tablet 50 mg* | 1 | MO |
| *methotrexate sodium (pf) injection solution 25 mg/ml* | 1 | B/D PA; MO |
| *methotrexate sodium injection solution 25 mg/ml* | 1 | B/D PA; MO |
| *methotrexate sodium oral tablet 2.5 mg* | 1 | B/D PA; MO |
| MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG | 3 | PA; LA |
| *mycophenolate mofetil oral capsule 250 mg* | 1 | B/D PA; MO |
| *mycophenolate mofetil oral suspension for reconstitution 200 mg/ml* | 1 | B/D PA; MO |
| *mycophenolate mofetil oral tablet 500 mg* | 1 | B/D PA; MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg* | 1 | B/D PA; MO |
| MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC) 180 MG, 360 MG | 3 | B/D PA; MO |
| NEORAL ORAL CAPSULE 100 MG, 25 MG | 3 | B/D PA; MO |
| NEORAL ORAL SOLUTION 100 MG/ML | 3 | B/D PA; MO |
| NERLYNX ORAL TABLET 40 MG | 2 | PA; MO; LA |
| NEXAVAR ORAL TABLET 200 MG | 2 | PA; MO; LA; QL (120 per 30 days) |
| NILANDRON ORAL TABLET 150 MG | 3 | PA; MO |
| *nilutamide oral tablet 150 mg* | 1 | PA; MO |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG | 2 | PA; MO; QL (3 per 28 days) |
| NUBEQA ORAL TABLET 300 MG | 2 | PA; MO; LA; QL (120 per 30 days) |
| *octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml* | 1 | PA; MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ODOMZO ORAL CAPSULE 200 MG | 3 | PA; MO; LA; QL (30 per 30 days) |
| ONUREG ORAL TABLET 200 MG, 300 MG | 3 | PA; MO; QL (14 per 14 days) |
| ORGOVYX ORAL TABLET 120 MG | 3 | PA; LA; QL (30 per 30 days) |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG | 3 | PA; LA; QL (14 per 21 days) |
| 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) | 2 | PA; MO |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG | 2 | PA; MO; LA |
| PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG | 3 | B/D PA; MO |
| PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG | 3 | B/D PA; MO |
| PURIXAN ORAL SUSPENSION 20 MG/ML | 3 | |
| QINLOCK ORAL TABLET 50 MG | 3 | PA; LA; QL (90 per 30 days) |
| RAPAMUNE ORAL SOLUTION 1 MG/ML | 3 | B/D PA; MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG | 3 | B/D PA; MO |
| RETEVMO ORAL CAPSULE 40 MG | 3 | PA; MO; LA; QL (180 per 30 days) |
| RETEVMO ORAL CAPSULE 80 MG | 3 | PA; MO; LA; QL (120 per 30 days) |
| REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG | 2 | PA; MO; LA; QL (28 per 28 days) |
| ROZLYTREK ORAL CAPSULE 100 MG | 3 | PA; MO; QL (150 per 30 days) |
| ROZLYTREK ORAL CAPSULE 200 MG | 3 | PA; MO; QL (90 per 30 days) |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG | 2 | PA; MO; LA; QL (120 per 30 days) |
| RYDAPT ORAL CAPSULE 25 MG | 2 | PA; MO |
| SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG | 3 | B/D PA; MO |
| SANDIMMUNE ORAL SOLUTION 100 MG/ML | 3 | B/D PA; MO |
| SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML | 3 | PA; MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) | 2 | PA |
| SIKLOS ORAL TABLET 1,000 MG, 100 MG | 3 | MO |
| *sirolimus oral solution 1 mg/ml* | 1 | B/D PA; MO |
| *sirolimus oral tablet 0.5 mg, 1 mg, 2 mg* | 1 | B/D PA; MO |
| SOLTAMOX ORAL SOLUTION 20 MG/10 ML | 3 | MO |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG | 2 | PA; MO; QL (30 per 30 days) |
| SPRYCEL ORAL TABLET 20 MG, 70 MG | 2 | PA; MO; QL (60 per 30 days) |
| STIVARGA ORAL TABLET 40 MG | 2 | PA; MO; QL (84 per 28 days) |
| SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG | 2 | PA; MO; QL (30 per 30 days) |
| SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG | 2 | B/D PA |
| TABLOID ORAL TABLET 40 MG | 3 | MO |
| TABRECTA ORAL TABLET 150 MG, 200 MG | 3 | PA; MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg* | 1 | B/D PA; MO |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG | 2 | PA; MO; QL (120 per 30 days) |
| TAGRISSO ORAL TABLET 40 MG, 80 MG | 2 | PA; MO; LA; QL (30 per 30 days) |
| TALZENNA ORAL CAPSULE 0.25 MG | 3 | PA; MO; QL (90 per 30 days) |
| TALZENNA ORAL CAPSULE 1 MG | 3 | PA; MO; QL (30 per 30 days) |
| *tamoxifen oral tablet 10 mg, 20 mg* | 1 | MO |
| TARCEVA ORAL TABLET 100 MG, 150 MG | 3 | PA; MO; QL (30 per 30 days) |
| TARCEVA ORAL TABLET 25 MG | 3 | PA; MO; QL (60 per 30 days) |
| TARGRETIN ORAL CAPSULE 75 MG | 3 | PA; MO |
| TARGRETIN TOPICAL GEL 1 % | 2 | PA; MO |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG | 2 | PA; MO; QL (112 per 28 days) |
| TASIGNA ORAL CAPSULE 50 MG | 2 | PA; MO; QL (120 per 30 days) |
| TAZVERIK ORAL TABLET 200 MG | 3 | PA; LA |
| TEPMETKO ORAL TABLET 225 MG | 3 | PA; LA |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG | 3 | PA; MO |
| TIBSOVO ORAL TABLET 250 MG | 2 | PA |
| *toremifene oral tablet 60 mg* | 1 | MO |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG | 2 | B/D PA; MO |
| *tretinoin (antineoplastic) oral capsule 10 mg* | 1 | MO |
| TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG | 3 | B/D PA; MO |
| TUKYSA ORAL TABLET 150 MG | 3 | PA; LA; QL (120 per 30 days) |
| TUKYSA ORAL TABLET 50 MG | 3 | PA; LA; QL (300 per 30 days) |
| TURALIO ORAL CAPSULE 200 MG | 3 | PA; LA; QL (120 per 30 days) |
| TYKERB ORAL TABLET 250 MG | 3 | PA; MO; LA; QL (180 per 30 days) |
| UKONIQ ORAL TABLET 200 MG | 3 | PA; LA; QL (120 per 30 days) |
| VENCLEXTA ORAL TABLET 10 MG | 2 | PA; LA; QL (60 per 30 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| VENCLEXTA ORAL TABLET 100 MG | 2 | PA; LA; QL (120 per 30 days) |
| VENCLEXTA ORAL TABLET 50 MG | 2 | PA; LA; QL (30 per 30 days) |
| VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG | 2 | PA; LA; QL (42 per 30 days) |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | 2 | PA; MO; LA; QL (60 per 30 days) |
| VITRAKVI ORAL CAPSULE 100 MG | 2 | PA; MO; LA; QL (60 per 30 days) |
| VITRAKVI ORAL CAPSULE 25 MG | 2 | PA; MO; LA; QL (180 per 30 days) |
| VITRAKVI ORAL SOLUTION 20 MG/ML | 2 | PA; MO; LA; QL (300 per 30 days) |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG | 3 | PA; MO; QL (30 per 30 days) |
| VOTRIENT ORAL TABLET 200 MG | 2 | PA; MO; QL (120 per 30 days) |
| XALKORI ORAL CAPSULE 200 MG, 250 MG | 2 | PA; MO; QL (60 per 30 days) |
| XATMEP ORAL SOLUTION 2.5 MG/ML | 3 | B/D PA; MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| XERMELO ORAL TABLET 250 MG | 2 | PA; LA; QL (90 per 30 days) |
| XOSPATA ORAL TABLET 40 MG | 2 | PA; LA |
| XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5), 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (20 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 40MG TWICE WEEK (80 MG/WEEK), 60 MG/WEEK (20 MG X 3), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (20 MG X 4), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK) | 3 | PA; LA |
| XTANDI ORAL CAPSULE 40 MG | 2 | PA; MO; QL (120 per 30 days) |
| XTANDI ORAL TABLET 40 MG | 2 | PA; MO; QL (120 per 30 days) |
| XTANDI ORAL TABLET 80 MG | 2 | PA; MO; QL (60 per 30 days) |
| YONSA ORAL TABLET 125 MG | 2 | PA; MO; QL (120 per 30 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ZEJULA ORAL CAPSULE 100 MG | 2 | PA; LA; QL (90 per 30 days) |
| ZELBORAF ORAL TABLET 240 MG | 2 | PA; MO; QL (240 per 30 days) |
| ZOLINZA ORAL CAPSULE 100 MG | 2 | PA; MO |
| ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG | 3 | B/D PA; MO |
| ZORTRESS ORAL TABLET 1 MG | 2 | B/D PA; MO |
| ZYDELIG ORAL TABLET 100 MG, 150 MG | 2 | PA; MO; QL (60 per 30 days) |
| ZYKADIA ORAL TABLET 150 MG | 2 | PA; MO; QL (90 per 30 days) |
| ZYTIGA ORAL TABLET 250 MG | 3 | PA; MO; QL (120 per 30 days) |
| ZYTIGA ORAL TABLET 500 MG | 3 | PA; MO; QL (60 per 30 days) |
| **AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH** | | |
| **ANTICONVULSANTS** | | |
| APTIOM ORAL TABLET 200 MG | 3 | MO; QL (180 per 30 days) |
| APTIOM ORAL TABLET 400 MG | 3 | MO; QL (90 per 30 days) |
| APTIOM ORAL TABLET 600 MG, 800 MG | 3 | MO; QL (60 per 30 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| BANZEL ORAL SUSPENSION 40 MG/ML | 3 | PA; MO |
| BANZEL ORAL TABLET 200 MG, 400 MG | 3 | PA; MO |
| BRIVIACT ORAL SOLUTION 10 MG/ML | 3 | MO; QL (600 per 30 days) |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG | 3 | MO; QL (60 per 30 days) |
| *carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg* | 1 | MO |
| *carbamazepine oral suspension 100 mg/5 ml* | 1 | MO |
| *carbamazepine oral tablet 200 mg* | 1 | MO |
| *carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg* | 1 | MO |
| *carbamazepine oral tablet,chewable 100 mg* | 1 | MO |
| CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG | 3 | MO |
| CELONTIN ORAL CAPSULE 300 MG | 3 | MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *clobazam oral suspension 2.5 mg/ml* | 1 | PA; MO; QL (480 per 30 days) |
| *clobazam oral tablet 10 mg, 20 mg* | 1 | PA; MO; QL (60 per 30 days) |
| *clonazepam oral tablet 0.5 mg, 1 mg* | 1 | MO; QL (90 per 30 days) |
| *clonazepam oral tablet 2 mg* | 1 | MO; QL (300 per 30 days) |
| *clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg* | 1 | MO; QL (90 per 30 days) |
| *clonazepam oral tablet,disintegrating 2 mg* | 1 | MO; QL (300 per 30 days) |
| DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG | 3 | MO |
| DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG | 3 | MO |
| DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG | 3 | MO |
| DIACOMIT ORAL CAPSULE 250 MG, 500 MG | 3 | PA; LA |
| DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG | 3 | PA; LA |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG | 3 | MO |
| DIASTAT RECTAL KIT 2.5 MG | 3 | MO |
| *diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg* | 1 | MO |
| DILANTIN 30 MG ORAL CAPSULE 30 MG | 2 | MO |
| DILANTIN EXTENDED 100 MG ORAL CAPSULE 100 MG | 3 | MO |
| DILANTIN INFATABS 50 MG ORAL TABLET,CHEWABLE 50 MG | 3 | MO |
| DILANTIN-125 125 MG/5 ML ORAL SUSPENSION 125 MG/5 ML | 3 | MO |
| *divalproex oral capsule, delayed rel sprinkle 125 mg* | 1 | |
| *divalproex oral tablet extended release 24 hr 250 mg, 500 mg* | 1 | MO |
| *divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg* | 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| EPIDIOLEX ORAL SOLUTION 100 MG/ML | 3 | PA; MO; LA |
| *epitol oral tablet 200 mg* | 1 | MO |
| EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG | 3 | MO |
| *ethosuximide oral capsule 250 mg* | 1 | MO |
| *ethosuximide oral solution 250 mg/5 ml* | 1 | MO |
| *felbamate oral suspension 600 mg/5 ml* | 1 | MO |
| *felbamate oral tablet 400 mg, 600 mg* | 1 | MO |
| FELBATOL ORAL SUSPENSION 600 MG/5 ML | 3 | MO |
| FELBATOL ORAL TABLET 400 MG, 600 MG | 3 | MO |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML | 3 | PA; LA; QL (360 per 30 days) |
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML | 3 | MO; QL (720 per 30 days) |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG | 3 | MO; QL (30 per 30 days) |
| FYCOMPA ORAL TABLET 2 MG, 4 MG, 6 MG | 3 | MO; QL (60 per 30 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *gabapentin oral capsule 100 mg, 400 mg* | 1 | MO; QL (270 per 30 days) |
| *gabapentin oral capsule 300 mg* | 1 | MO; QL (360 per 30 days) |
| *gabapentin oral solution 250 mg/5 ml* | 1 | MO; QL (2160 per 30 days) |
| *gabapentin oral tablet 600 mg* | 1 | MO; QL (180 per 30 days) |
| *gabapentin oral tablet 800 mg* | 1 | MO; QL (120 per 30 days) |
| GABITRIL ORAL TABLET 12 MG, 16 MG, 2 MG, 4 MG | 3 | MO |
| GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG | 2 | PA; MO; QL (30 per 30 days) |
| GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG | 2 | PA; MO; QL (90 per 30 days) |
| KEPPRA ORAL SOLUTION 100 MG/ML | 3 | MO |
| KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG | 3 | MO |
| KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG | 3 | MO |
| KLONOPIN ORAL TABLET 0.5 MG, 1 MG | 3 | MO; QL (90 per 30 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| KLONOPIN ORAL TABLET 2 MG | 3 | MO; QL (300 per 30 days) |
| LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG | 3 | MO |
| LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG | 3 | MO |
| LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG | 3 | MO |
| LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35) | 3 | MO |
| LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) - 100 MG (14) | 3 | MO |
| LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) - 100 MG (7) | 3 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG | 3 | MO |
| LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7) | 3 | MO |
| LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7) | 3 | MO |
| LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7) | 3 | MO |
| *lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg* | 1 | MO |
| *lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)* | 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg* | 1 | MO |
| *lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg* | 1 | MO |
| *lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg* | 1 | MO |
| *lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)* | 1 | MO |
| *levetiracetam oral solution 100 mg/ml* | 1 | MO |
| *levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg* | 1 | MO |
| *levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg* | 1 | MO |
| LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG | 3 | PA; MO; QL (30 per 30 days) |
| LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG | 3 | PA; MO; QL (60 per 30 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG | 3 | MO; QL (90 per 30 days) |
| LYRICA ORAL CAPSULE 225 MG, 300 MG | 3 | MO; QL (60 per 30 days) |
| LYRICA ORAL SOLUTION 20 MG/ML | 3 | MO; QL (900 per 30 days) |
| MYSOLINE ORAL TABLET 250 MG, 50 MG | 3 | MO |
| NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML) | 2 | PA; MO; QL (10 per 30 days) |
| NEURONTIN ORAL CAPSULE 100 MG, 400 MG | 3 | MO; QL (270 per 30 days) |
| NEURONTIN ORAL CAPSULE 300 MG | 3 | MO; QL (360 per 30 days) |
| NEURONTIN ORAL SOLUTION 250 MG/5 ML | 3 | MO; QL (2160 per 30 days) |
| NEURONTIN ORAL TABLET 600 MG | 3 | MO; QL (180 per 30 days) |
| NEURONTIN ORAL TABLET 800 MG | 3 | MO; QL (120 per 30 days) |
| ONFI ORAL SUSPENSION 2.5 MG/ML | 3 | PA; MO; QL (480 per 30 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ONFI ORAL TABLET 10 MG, 20 MG | 3 | PA; MO; QL (60 per 30 days) |
| *oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)* | 1 | MO |
| *oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg* | 1 | MO |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG | 3 | MO |
| *phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)* | 1 | PA; MO |
| *phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg* | 1 | PA |
| *phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg* | 1 | PA; MO |
| PHENYTEK ORAL CAPSULE 200 MG, 300 MG | 3 | MO |
| *phenytoin oral suspension 125 mg/5 ml* | 1 | MO |
| *phenytoin oral tablet,chewable 50 mg* | 1 | MO |
| *phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg* | 1 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg* | 1 | MO; QL (90 per 30 days) |
| *pregabalin oral capsule 225 mg, 300 mg* | 1 | MO; QL (60 per 30 days) |
| *pregabalin oral solution 20 mg/ml* | 1 | MO; QL (900 per 30 days) |
| *pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg* | 1 | PA; MO; QL (30 per 30 days) |
| *pregabalin oral tablet extended release 24 hr 330 mg* | 1 | PA; MO; QL (60 per 30 days) |
| *primidone oral tablet 250 mg, 50 mg* | 1 | MO |
| QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 150 MG, 200 MG, 25 MG, 50 MG | 3 | PA; MO |
| *roweepra oral tablet 500 mg* | 1 | MO |
| *rufinamide oral suspension 40 mg/ml* | 1 | PA; MO |
| *rufinamide oral tablet 200 mg, 400 mg* | 1 | PA; MO |
| SABRIL ORAL POWDER IN PACKET 500 MG | 3 | MO; LA |
| SABRIL ORAL TABLET 500 MG | 3 | MO; LA |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG | 3 | MO |
| SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG | 3 | PA; MO; QL (60 per 30 days) |
| TEGRETOL ORAL SUSPENSION 100 MG/5 ML | 3 | MO |
| TEGRETOL ORAL TABLET 200 MG | 3 | MO |
| TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG | 3 | MO |
| *tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg* | 1 | MO |
| TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG | 3 | PA; MO |
| TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG | 3 | PA; MO |
| *topiramate oral capsule, sprinkle 15 mg, 25 mg* | 1 | PA; MO |
| *topiramate oral capsule,sprinkle,er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg* | 1 | PA; MO |
| *topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg* | 1 | PA; MO |
| TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML) | 3 | MO |
| TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG | 3 | MO |
| TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG | 3 | PA; MO |
| *valproic acid (as sodium salt) oral solution 250 mg/5 ml* | 1 | MO |
| *valproic acid oral capsule 250 mg* | 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) | 3 | PA; MO; QL (10 per 30 days) |
| *vigabatrin oral powder in packet 500 mg* | 1 | MO; LA |
| *vigabatrin oral tablet 500 mg* | 1 | MO; LA |
| *vigadrone oral powder in packet 500 mg* | 1 | LA |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| VIMPAT ORAL SOLUTION 10 MG/ML | 2 | MO; QL (1200 per 30 days) |
| VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG | 2 | MO; QL (60 per 30 days) |
| VIMPAT ORAL TABLET 50 MG | 2 | MO; QL (120 per 30 days) |
| XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) | 3 | MO; QL (56 per 28 days) |
| XCOPRI ORAL TABLET 100 MG | 3 | MO; QL (120 per 30 days) |
| XCOPRI ORAL TABLET 150 MG, 200 MG | 3 | MO; QL (60 per 30 days) |
| XCOPRI ORAL TABLET 50 MG | 3 | MO; QL (240 per 30 days) |
| XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) | 3 | MO; QL (56 per 28 days) |
| ZARONTIN ORAL CAPSULE 250 MG | 3 | MO |
| ZARONTIN ORAL SOLUTION 250 MG/5 ML | 3 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ZONEGRAN ORAL CAPSULE 100 MG, 25 MG | 3 | PA; MO |
| *zonisamide oral capsule 100 mg, 25 mg, 50 mg* | 1 | PA; MO |
| **ANTIPARKINSONISM AGENTS** | | |
| APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML | 3 | PA; MO; LA; QL (90 per 30 days) |
| AZILECT ORAL TABLET 0.5 MG, 1 MG | 3 | MO |
| *benztropine oral tablet 0.5 mg, 1 mg, 2 mg* | 1 | PA; MO |
| *bromocriptine oral capsule 5 mg* | 1 | MO |
| *bromocriptine oral tablet 2.5 mg* | 1 | MO |
| *carbidopa oral tablet 25 mg* | 1 | MO |
| *carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg* | 1 | MO |
| *carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg* | 1 | MO |
| *carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg* | 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *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* | 1 | MO |
| COMTAN ORAL TABLET 200 MG | 3 | MO |
| DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML | 3 | B/D PA; MO |
| *entacapone oral tablet 200 mg* | 1 | MO |
| GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG | 3 | PA; QL (60 per 30 days) |
| GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 68.5 MG | 3 | PA; QL (30 per 30 days) |
| INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG | 3 | PA; QL (300 per 30 days) |
| KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | 2 | PA; MO; QL (150 per 30 days) |
| LODOSYN ORAL TABLET 25 MG | 3 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG | 3 | MO |
| 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 | 3 | MO |
| NOURIANZ ORAL TABLET 20 MG, 40 MG | 3 | PA; MO; LA; QL (30 per 30 days) |
| ONGENTYS ORAL CAPSULE 25 MG, 50 MG | 3 | PA; MO; QL (30 per 30 days) |
| OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG | 3 | PA; QL (30 per 30 days) |
| OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1) | 3 | PA; QL (60 per 30 days) |
| PARLODEL ORAL CAPSULE 5 MG | 3 | MO |
| PARLODEL ORAL TABLET 2.5 MG | 3 | MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg* | 1 | MO |
| *pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg* | 1 | MO |
| *rasagiline oral tablet 0.5 mg, 1 mg* | 1 | MO |
| *ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg* | 1 | MO |
| *ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg* | 1 | MO |
| RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG | 3 | MO |
| *selegiline hcl oral capsule 5 mg* | 1 | MO |
| *selegiline hcl oral tablet 5 mg* | 1 | MO |
| SINEMET ORAL TABLET 10-100 MG, 25-100 MG | 3 | MO |
| STALEVO 100 ORAL TABLET 25-100-200 MG | 3 | MO |
| STALEVO 125 ORAL TABLET 31.25-125-200 MG | 3 | MO |
| STALEVO 150 ORAL TABLET 37.5-150-200 MG | 3 | MO |
| STALEVO 200 ORAL TABLET 50-200-200 MG | 3 | MO |
| STALEVO 75 ORAL TABLET 18.75-75-200 MG | 3 | MO |
| TASMAR ORAL TABLET 100 MG | 3 | PA; MO |
| *tolcapone oral tablet 100 mg* | 1 | PA |
| ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG | 3 | PA; MO |
| **MIGRAINE / CLUSTER HEADACHE THERAPY** | | |
| AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML | 2 | PA; MO; QL (1 per 30 days) |
| AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML | 2 | PA; MO; QL (1.5 per 30 days) |
| AJOVY SUBCUTANEOUS SYRINGE 225 MG/1.5 ML | 2 | PA; MO; QL (1.5 per 30 days) |
| *almotriptan malate oral tablet 12.5 mg* | 1 | MO; QL (24 per 28 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *almotriptan malate oral tablet 6.25 mg* | 1 | MO; QL (18 per 28 days) |
| AMERGE ORAL TABLET 1 MG, 2.5 MG | 3 | MO; QL (18 per 28 days) |
| CAFERGOT ORAL TABLET 1-100 MG | 3 | MO |
| *dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)* | 1 | QL (8 per 28 days) |
| *eletriptan oral tablet 20 mg, 40 mg* | 1 | MO; QL (18 per 28 days) |
| EMGALITY SUBCUTANEOUS PEN INJECTOR 120 MG/ML | 2 | PA; MO; QL (2 per 30 days) |
| EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML | 2 | PA; MO; QL (2 per 30 days) |
| EMGALITY SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) | 3 | PA; MO; QL (3 per 30 days) |
| *ergotamine-caffeine oral tablet 1-100 mg* | 1 | MO |
| FROVA ORAL TABLET 2.5 MG | 3 | MO; QL (27 per 28 days) |
| *frovatriptan oral tablet 2.5 mg* | 1 | MO; QL (27 per 28 days) |
| IMITREX NASAL SPRAY,NON-AEROSOL 20 MG/ACTUATION | 3 | MO; QL (18 per 28 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| IMITREX NASAL SPRAY,NON-AEROSOL 5 MG/ACTUATION | 3 | MO; QL (36 per 28 days) |
| IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG | 3 | MO; QL (18 per 28 days) |
| IMITREX STATDOSE SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML | 3 | MO; QL (8 per 28 days) |
| IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 6 MG/0.5 ML | 3 | MO; QL (8 per 28 days) |
| IMITREX SUBCUTANEOUS SOLUTION 6 MG/0.5 ML | 3 | QL (8 per 28 days) |
| MAXALT ORAL TABLET 10 MG | 3 | MO; QL (36 per 28 days) |
| MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG | 3 | MO; QL (36 per 28 days) |
| *migergot rectal suppository 2-100 mg* | 1 | MO |
| MIGRANAL NASAL SPRAY,NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML) | 3 | QL (8 per 28 days) |
| *naratriptan oral tablet 1 mg, 2.5 mg* | 1 | MO; QL (18 per 28 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG | 2 | PA; QL (16 per 30 days) |
| ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG | 3 | MO; QL (32 per 28 days) |
| RELPAX ORAL TABLET 20 MG, 40 MG | 3 | MO; QL (18 per 28 days) |
| REYVOW ORAL TABLET 100 MG | 3 | PA; QL (16 per 30 days) |
| REYVOW ORAL TABLET 50 MG | 3 | PA; QL (8 per 30 days) |
| *rizatriptan oral tablet 10 mg, 5 mg* | 1 | MO; QL (36 per 28 days) |
| *rizatriptan oral tablet,disintegrating 10 mg, 5 mg* | 1 | MO; QL (36 per 28 days) |
| *sumatriptan nasal spray,non-aerosol 20 mg/actuation* | 1 | MO; QL (18 per 28 days) |
| *sumatriptan nasal spray,non-aerosol 5 mg/actuation* | 1 | MO; QL (36 per 28 days) |
| *sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg* | 1 | MO; QL (18 per 28 days) |
| *sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml* | 1 | MO; QL (8 per 28 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml* | 1 | MO; QL (8 per 28 days) |
| *sumatriptan succinate subcutaneous solution 6 mg/0.5 ml* | 1 | MO; QL (8 per 28 days) |
| *sumatriptan-naproxen oral tablet 85-500 mg* | 1 | MO; QL (18 per 28 days) |
| TOSYMRA NASAL SPRAY,NON-AEROSOL 10 MG/ACTUATION | 3 | MO; QL (24 per 28 days) |
| TREXIMET ORAL TABLET 85-500 MG | 3 | MO; QL (18 per 28 days) |
| UBRELVY ORAL TABLET 100 MG, 50 MG | 2 | PA; QL (20 per 30 days) |
| ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML | 3 | MO; QL (8 per 28 days) |
| *zolmitriptan oral tablet 2.5 mg, 5 mg* | 1 | MO; QL (18 per 28 days) |
| *zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg* | 1 | MO; QL (18 per 28 days) |
| ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG, 5 MG | 3 | MO; QL (18 per 28 days) |
| ZOMIG ORAL TABLET 2.5 MG, 5 MG | 3 | MO; QL (18 per 28 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ZOMIG ZMT ORAL TABLET,DISINTEGRATING 2.5 MG, 5 MG | 3 | MO; QL (18 per 28 days) |
| **MISCELLANEOUS NEUROLOGICAL THERAPY** | | |
| AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG | 3 | PA; MO; LA; QL (60 per 30 days) |
| ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG | 3 | MO |
| AUBAGIO ORAL TABLET 14 MG, 7 MG | 3 | PA; MO; QL (30 per 30 days) |
| AUSTEDO ORAL TABLET 12 MG, 9 MG | 3 | PA; MO; LA; QL (120 per 30 days) |
| AUSTEDO ORAL TABLET 6 MG | 3 | PA; MO; LA; QL (60 per 30 days) |
| BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG | 2 | PA; MO; QL (120 per 30 days) |
| COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML | 3 | PA; MO; QL (30 per 30 days) |
| COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML | 3 | PA; MO; QL (12 per 28 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *dalfampridine oral tablet extended release 12 hr 10 mg* | 1 | PA; MO; QL (60 per 30 days) |
| *dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg* | 1 | PA; MO; QL (14 per 30 days) |
| *dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)* | 1 | PA; MO; QL (120 per 180 days) |
| *dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg* | 1 | PA; MO; QL (60 per 30 days) |
| *donepezil oral tablet 10 mg, 23 mg, 5 mg* | 1 | MO |
| *donepezil oral tablet,disintegrating 10 mg, 5 mg* | 1 | MO |
| EVRYSDI ORAL RECON SOLN 0.75 MG/ML | 3 | PA; MO; LA; QL (240 per 30 days) |
| EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR | 3 | MO |
| FIRDAPSE ORAL TABLET 10 MG | 2 | PA; LA |
| *galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg* | 1 | MO |
| *galantamine oral solution 4 mg/ml* | 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *galantamine oral tablet 12 mg, 4 mg, 8 mg* | 1 | MO |
| GILENYA ORAL CAPSULE 0.5 MG | 2 | PA; MO; QL (30 per 30 days) |
| *glatiramer subcutaneous syringe 20 mg/ml* | 1 | PA; QL (30 per 30 days) |
| *glatiramer subcutaneous syringe 40 mg/ml* | 1 | PA; QL (12 per 28 days) |
| *glatopa subcutaneous syringe 20 mg/ml* | 1 | PA; MO; QL (30 per 30 days) |
| *glatopa subcutaneous syringe 40 mg/ml* | 1 | PA; MO; QL (12 per 28 days) |
| HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG | 3 | PA; MO; QL (30 per 30 days) |
| HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG | 3 | PA; MO; QL (60 per 30 days) |
| INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)-80 MG (21) | 3 | PA; LA; QL (28 per 28 days) |
| INGREZZA ORAL CAPSULE 40 MG, 80 MG | 3 | PA; LA; QL (30 per 30 days) |
| KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML | 3 | PA; MO; QL (1.6 per 28 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| KEVEYIS ORAL TABLET 50 MG | 3 | PA |
| MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG | 3 | PA; MO; LA; QL (10 per 28 days) |
| MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG | 3 | PA; MO; LA; QL (4 per 28 days) |
| MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG | 3 | PA; MO; LA; QL (5 per 28 days) |
| MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG | 3 | PA; MO; LA; QL (6 per 28 days) |
| MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG | 3 | PA; MO; LA; QL (7 per 28 days) |
| MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG | 3 | PA; MO; LA; QL (8 per 28 days) |
| MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG | 3 | PA; MO; LA; QL (9 per 28 days) |
| MAYZENT ORAL TABLET 0.25 MG | 3 | PA; MO; QL (120 per 30 days) |
| MAYZENT ORAL TABLET 2 MG | 3 | PA; MO; QL (30 per 30 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| MAYZENT STARTER PACK ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) | 3 | PA; MO; QL (12 per 180 days) |
| *memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg* | 1 | PA; MO |
| *memantine oral solution 2 mg/ml* | 1 | PA; MO |
| *memantine oral tablet 10 mg, 5 mg* | 1 | PA; MO |
| MEMANTINE ORAL TABLETS,DOSE PACK 5-10 MG | 3 | PA; MO |
| NAMENDA ORAL TABLET 10 MG, 5 MG | 3 | PA; MO |
| NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK 5-10 MG | 3 | PA; MO |
| NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 14 MG, 21 MG, 28 MG, 7 MG | 3 | PA; MO |
| NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG | 2 | PA; MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG | 2 | PA; MO |
| NUEDEXTA ORAL CAPSULE 20-10 MG | 2 | PA; MO |
| PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3) | 3 | PA; MO; QL (14 per 180 days) |
| PONVORY ORAL TABLET 20 MG | 3 | PA; MO; QL (30 per 30 days) |
| RAZADYNE ER ORAL CAPSULE,EXT REL. PELLETS 24 HR 16 MG, 24 MG, 8 MG | 3 | MO |
| *rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg* | 1 | MO |
| *rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour* | 1 | MO |
| RUZURGI ORAL TABLET 10 MG | 3 | PA |
| TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG | 3 | PA; MO; LA; QL (14 per 30 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46) | 3 | PA; MO; LA; QL (120 per 180 days) |
| TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 240 MG | 3 | PA; MO; LA; QL (60 per 30 days) |
| TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML | 3 | PA; MO; LA |
| *tetrabenazine oral tablet 12.5 mg* | 1 | PA; MO; QL (240 per 30 days) |
| *tetrabenazine oral tablet 25 mg* | 1 | PA; MO; QL (120 per 30 days) |
| VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG | 2 | PA; MO; QL (120 per 30 days) |
| XENAZINE ORAL TABLET 12.5 MG | 3 | PA; MO; LA; QL (240 per 30 days) |
| XENAZINE ORAL TABLET 25 MG | 3 | PA; MO; LA; QL (120 per 30 days) |
| ZEPOSIA ORAL CAPSULE 0.92 MG | 2 | PA; MO; QL (30 per 30 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK 0.23-0.46-0.92 MG | 2 | PA; MO; QL (37 per 30 days) |
| ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK 0.23 MG (4)-0.46 MG (3) | 2 | PA; MO; QL (7 per 30 days) |
| **MUSCLE RELAXANTS / ANTISPASMODIC THERAPY** | | |
| *baclofen oral tablet 10 mg, 20 mg, 5 mg* | 1 | MO |
| *cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg* | 1 | PA; MO |
| DANTRIUM ORAL CAPSULE 25 MG, 50 MG | 3 | MO |
| *dantrolene oral capsule 100 mg, 25 mg, 50 mg* | 1 | MO |
| FEXMID ORAL TABLET 7.5 MG | 3 | PA |
| MESTINON ORAL SYRUP 60 MG/5 ML | 3 | MO |
| MESTINON ORAL TABLET 60 MG | 3 | MO |
| MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG | 3 | MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *pyridostigmine bromide oral syrup 60 mg/5 ml* | 1 | MO |
| PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG | 3 | MO |
| *pyridostigmine bromide oral tablet 60 mg* | 1 | MO |
| *pyridostigmine bromide oral tablet extended release 180 mg* | 1 | MO |
| *tizanidine oral capsule 2 mg, 4 mg, 6 mg* | 1 | MO |
| *tizanidine oral tablet 2 mg, 4 mg* | 1 | MO |
| ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG | 3 | MO |
| ZANAFLEX ORAL TABLET 4 MG | 3 | MO |
| **NARCOTIC ANALGESICS** | | |
| *acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg* | 1 | MO; QL (300 per 30 days) |
| *acetaminophen-caff-dihydrocod oral tablet 325-30-16 mg* | 1 | MO; QL (300 per 30 days) |
| *acetaminophen-codeine oral solution 120-12 mg/5 ml* | 1 | MO; QL (4500 per 30 days) |
| *acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg* | 1 | MO; QL (360 per 30 days) |
| *acetaminophen-codeine oral tablet 300-60 mg* | 1 | MO; QL (180 per 30 days) |
| ACTIQ BUCCAL LOZENGE ON A HANDLE 1,200 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG | 3 | PA; MO; QL (120 per 30 days) |
| BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG | 2 | PA; MO; QL (60 per 30 days) |
| *buprenorphine hcl sublingual tablet 2 mg, 8 mg* | 1 | MO |
| *buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour* | 1 | PA; MO; QL (4 per 28 days) |
| BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR | 3 | PA; MO; QL (4 per 28 days) |
| *codeine sulfate oral tablet 15 mg, 30 mg, 60 mg* | 1 | MO; QL (180 per 30 days) |
| DILAUDID ORAL LIQUID 1 MG/ML | 3 | MO; QL (2400 per 30 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG | 3 | MO; QL (180 per 30 days) |
| *endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg* | 1 | MO; QL (360 per 30 days) |
| *fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg* | 1 | PA; MO; QL (120 per 30 days) |
| FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG | 3 | PA; QL (120 per 30 days) |
| *fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour* | 1 | PA; MO; QL (10 per 30 days) |
| FENTORA BUCCAL TABLET, EFFERVESCENT 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG | 3 | PA; MO; QL (120 per 30 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg* | 1 | PA; MO; QL (90 per 30 days) |
| *hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg* | 1 | PA; MO; QL (60 per 30 days) |
| *hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml* | 1 | MO; QL (5550 per 30 days) |
| *hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg* | 1 | MO; QL (390 per 30 days) |
| *hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg* | 1 | MO; QL (360 per 30 days) |
| *hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg* | 1 | MO; QL (50 per 30 days) |
| *hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml* | 1 | QL (240 per 30 days) |
| *hydromorphone oral liquid 1 mg/ml* | 1 | MO; QL (2400 per 30 days) |
| *hydromorphone oral tablet 2 mg, 4 mg, 8 mg* | 1 | MO; QL (180 per 30 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg* | 1 | PA; MO; QL (60 per 30 days) |
| HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG | 3 | PA; MO; QL (60 per 30 days) |
| LAZANDA NASAL SPRAY,NON-AEROSOL 100 MCG/SPRAY | 3 | PA; QL (45 per 30 days) |
| LAZANDA NASAL SPRAY,NON-AEROSOL 400 MCG/SPRAY | 3 | PA; MO; QL (30 per 30 days) |
| *levorphanol tartrate oral tablet 2 mg, 3 mg* | 1 | MO; QL (120 per 30 days) |
| *methadone oral solution 10 mg/5 ml* | 1 | PA; MO; QL (600 per 30 days) |
| *methadone oral solution 5 mg/5 ml* | 1 | PA; MO; QL (1200 per 30 days) |
| *methadone oral tablet 10 mg* | 1 | PA; MO; QL (120 per 30 days) |
| *methadone oral tablet 5 mg* | 1 | PA; MO; QL (240 per 30 days) |
| *morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)* | 1 | MO; QL (900 per 30 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg* | 1 | PA; MO; QL (60 per 30 days) |
| *morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg* | 1 | PA; MO; QL (90 per 30 days) |
| *morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)* | 1 | MO; QL (900 per 30 days) |
| *morphine oral tablet 15 mg, 30 mg* | 1 | MO; QL (180 per 30 days) |
| *morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg* | 1 | PA; MO; QL (120 per 30 days) |
| MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG | 3 | PA; MO; QL (120 per 30 days) |
| *oxycodone oral capsule 5 mg* | 1 | MO; QL (360 per 30 days) |
| *oxycodone oral concentrate 20 mg/ml* | 1 | MO; QL (180 per 30 days) |
| *oxycodone oral solution 5 mg/5 ml* | 1 | MO; QL (1200 per 30 days) |
| *oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg* | 1 | MO; QL (180 per 30 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *oxycodone oral tablet 5 mg* | 1 | MO; QL (360 per 30 days) |
| OXYCODONE, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG | 3 | PA; QL (90 per 30 days) |
| OXYCODONE, ORAL ONLY, EXT.REL.12 HR 80 MG | 3 | PA; QL (60 per 30 days) |
| *oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg* | 1 | MO; QL (360 per 30 days) |
| OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG | 2 | PA; MO; QL (90 per 30 days) |
| OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 80 MG | 2 | PA; MO; QL (60 per 30 days) |
| *oxymorphone oral tablet 10 mg* | 1 | MO; QL (360 per 30 days) |
| *oxymorphone oral tablet 5 mg* | 1 | MO; QL (180 per 30 days) |
| *oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg* | 1 | PA; MO; QL (90 per 30 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG | 3 | MO; QL (360 per 30 days) |
| *prolate oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg* | 1 | QL (390 per 30 days) |
| ROXICODONE ORAL TABLET 15 MG, 30 MG | 3 | MO; QL (180 per 30 days) |
| ROXICODONE ORAL TABLET 5 MG | 3 | QL (360 per 30 days) |
| SUBSYS SUBLINGUAL SPRAY,NON-AEROSOL 1,200 MCG (600 MCG/SPRAY X 2), 1,600 MCG (800 MCG/SPRAY X 2), 100 MCG/SPRAY, 200 MCG/SPRAY, 400 MCG/SPRAY, 600 MCG/SPRAY, 800 MCG/SPRAY | 3 | PA; MO; QL (120 per 30 days) |
| TREZIX ORAL CAPSULE 320.5-30-16 MG | 3 | MO; QL (300 per 30 days) |
| XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG | 3 | PA; MO; QL (90 per 30 days) |
| **NON-NARCOTIC ANALGESICS** | | |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC 50-200 MG-MCG | 3 | ST; MO |
| ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC 75-200 MG-MCG | 3 | ST; MO |
| *buprenorphine-naloxone sublingual film 12-3 mg* | 1 | MO; QL (60 per 30 days) |
| *buprenorphine-naloxone sublingual film 2-0.5 mg* | 1 | MO; QL (360 per 30 days) |
| *buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg* | 1 | MO; QL (90 per 30 days) |
| *buprenorphine-naloxone sublingual tablet 2-0.5 mg* | 1 | MO; QL (360 per 30 days) |
| *buprenorphine-naloxone sublingual tablet 8-2 mg* | 1 | MO; QL (90 per 30 days) |
| *butorphanol nasal spray,non-aerosol 10 mg/ml* | 1 | MO; QL (10 per 28 days) |
| CAMBIA ORAL POWDER IN PACKET 50 MG | 3 | ST; MO; QL (9 per 30 days) |
| CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG | 3 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg* | 1 | MO |
| CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 17-83 300 MG | 3 | PA; MO; QL (30 per 30 days) |
| CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG | 3 | PA; MO; QL (30 per 30 days) |
| DAYPRO ORAL TABLET 600 MG | 3 | ST; MO |
| DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR 1.3 % | 3 | PA; QL (60 per 30 days) |
| *diclofenac potassium oral tablet 50 mg* | 1 | MO |
| *diclofenac sodium oral tablet extended release 24 hr 100 mg* | 1 | MO |
| *diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg* | 1 | MO |
| *diclofenac sodium topical drops 1.5 %* | 1 | MO; QL (300 per 28 days) |
| *diclofenac sodium topical gel 1 %* | 1 | MO; QL (1000 per 28 days) |
| *diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg* | 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *diflunisal oral tablet 500 mg* | 1 | MO |
| DUEXIS ORAL TABLET 800-26.6 MG | 3 | ST; MO |
| *etodolac oral capsule 200 mg, 300 mg* | 1 | MO |
| *etodolac oral tablet 400 mg, 500 mg* | 1 | MO |
| *etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg* | 1 | MO |
| FELDENE ORAL CAPSULE 10 MG, 20 MG | 3 | ST; MO |
| FENOPROFEN ORAL CAPSULE 400 MG | 3 | ST; MO |
| *fenoprofen oral tablet 600 mg* | 1 | MO |
| FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 % | 3 | PA; MO; QL (60 per 30 days) |
| *flurbiprofen oral tablet 100 mg* | 1 | MO |
| *ibu oral tablet 600 mg, 800 mg* | 1 | MO |
| *ibuprofen oral suspension 100 mg/5 ml* | 1 | MO |
| *ibuprofen oral tablet 400 mg, 600 mg, 800 mg* | 1 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| INDOCIN RECTAL SUPPOSITORY 50 MG | 3 | MO |
| *ketoprofen oral capsule 25 mg* | 1 | MO |
| *ketoprofen oral capsule 50 mg, 75 mg* | 1 | |
| *ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg* | 1 | MO |
| KETOROLAC NASAL SPRAY,NON-AEROSOL 15.75 MG/SPRAY | 3 | ST |
| LICART TRANSDERMAL PATCH 24 HOUR 1.3 % | 3 | PA; MO; QL (30 per 30 days) |
| LODINE ORAL TABLET 400 MG | 3 | ST |
| LUCEMYRA ORAL TABLET 0.18 MG | 3 | PA; MO |
| *meclofenamate oral capsule 100 mg, 50 mg* | 1 | MO |
| *mefenamic acid oral capsule 250 mg* | 1 | MO |
| *meloxicam oral tablet 15 mg* | 1 | MO |
| *meloxicam oral tablet 7.5 mg* | 1 | MO; QL (30 per 30 days) |
| *meloxicam submicronized oral capsule 10 mg* | 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *meloxicam submicronized oral capsule 5 mg* | 1 | MO; QL (30 per 30 days) |
| MOBIC ORAL TABLET 15 MG | 3 | ST; MO |
| MOBIC ORAL TABLET 7.5 MG | 3 | ST; MO; QL (30 per 30 days) |
| *nabumetone oral tablet 500 mg, 750 mg* | 1 | MO |
| NALFON ORAL CAPSULE 400 MG | 3 | ST; MO |
| NALFON ORAL TABLET 600 MG | 3 | ST; MO |
| *naloxone injection solution 0.4 mg/ml* | 1 | MO |
| *naloxone injection syringe 0.4 mg/ml, 1 mg/ml* | 1 | MO |
| *naltrexone oral tablet 50 mg* | 1 | MO |
| NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG, 750 MG | 3 | ST; MO |
| *naproxen oral suspension 125 mg/5 ml* | 1 | MO |
| *naproxen oral tablet 250 mg, 375 mg, 500 mg* | 1 | MO |
| *naproxen oral tablet,delayed release (dr/ec) 375 mg* | 1 | MO |
| *naproxen oral tablet,delayed release (dr/ec) 500 mg* | 1 | |
| *naproxen sodium oral tablet 275 mg, 550 mg* | 1 | MO |
| *naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg* | 1 | MO |
| *naproxen-esomeprazole oral tablet,ir,delayed rel,biphasic 375-20 mg, 500-20 mg* | 1 | MO |
| NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION | 2 | MO |
| NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG | 3 | PA; MO; QL (60 per 30 days) |
| NUCYNTA ORAL TABLET 100 MG | 3 | MO; QL (181 per 30 days) |
| NUCYNTA ORAL TABLET 50 MG | 3 | MO; QL (362 per 30 days) |
| NUCYNTA ORAL TABLET 75 MG | 3 | MO; QL (242 per 30 days) |
| *oxaprozin oral tablet 600 mg* | 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %) | 3 | ST; MO; QL (224 per 28 days) |
| *piroxicam oral capsule 10 mg, 20 mg* | 1 | MO |
| RELAFEN DS ORAL TABLET 1,000 MG | 3 | ST; MO |
| SPRIX NASAL SPRAY,NON-AEROSOL 15.75 MG/SPRAY | 3 | ST |
| SUBOXONE SUBLINGUAL FILM 12-3 MG | 3 | MO; QL (60 per 30 days) |
| SUBOXONE SUBLINGUAL FILM 2-0.5 MG | 3 | MO; QL (360 per 30 days) |
| SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG | 3 | MO; QL (90 per 30 days) |
| *sulindac oral tablet 150 mg, 200 mg* | 1 | MO |
| TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83 300 MG | 3 | PA; MO; QL (30 per 30 days) |
| TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG | 3 | PA; MO; QL (30 per 30 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| TRAMADOL ORAL TABLET 100 MG | 3 | MO; QL (120 per 30 days) |
| *tramadol oral tablet 50 mg* | 1 | MO; QL (240 per 30 days) |
| *tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg* | 1 | PA; MO; QL (30 per 30 days) |
| *tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg* | 1 | PA; MO; QL (30 per 30 days) |
| *tramadol-acetaminophen oral tablet 37.5-325 mg* | 1 | MO; QL (240 per 30 days) |
| ULTRACET ORAL TABLET 37.5-325 MG | 3 | MO; QL (240 per 30 days) |
| ULTRAM ORAL TABLET 50 MG | 3 | MO; QL (240 per 30 days) |
| VIMOVO ORAL TABLET,IR,DELAYED REL,BIPHASIC 375-20 MG, 500-20 MG | 3 | ST; MO |
| VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG | 2 | MO |
| VIVLODEX ORAL CAPSULE 10 MG | 3 | ST; MO |
| VIVLODEX ORAL CAPSULE 5 MG | 3 | ST; MO; QL (30 per 30 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ZIPSOR ORAL CAPSULE 25 MG | 3 | ST; MO |
| ZORVOLEX ORAL CAPSULE 18 MG, 35 MG | 3 | ST; MO |
| ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG | 2 | MO; QL (30 per 30 days) |
| ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG | 2 | MO; QL (60 per 30 days) |
| **PSYCHOTHERAPEUTIC DRUGS** | | |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG | 2 | MO; QL (1 per 28 days) |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG | 2 | MO; QL (1 per 28 days) |
| ABILIFY MYCITE ORAL TABLET WITH SENSOR AND PATCH 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG | 3 | QL (30 per 30 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG | 3 | MO; QL (30 per 30 days) |
| ADDERALL ORAL TABLET 20 MG, 5 MG, 7.5 MG | 3 | MO |
| ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG | 3 | ST; MO |
| ADZENYS ER ORAL SUSPEN, IR - ER, BIPHASIC 24HR 1.25 MG/ML | 3 | ST; MO |
| ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG | 3 | ST; MO |
| AMBIEN CR ORAL TABLET,EXT RELEASE MULTIPHASE 12.5 MG, 6.25 MG | 3 | MO; QL (30 per 30 days) |
| AMBIEN ORAL TABLET 10 MG, 5 MG | 3 | MO; QL (30 per 30 days) |
| *amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg* | 1 | MO |
| AMPHETAMINE ORAL SUSPEN, IR - ER, BIPHASIC 24HR 1.25 MG/ML | 3 | ST |
| *amphetamine sulfate oral tablet 10 mg, 5 mg* | 1 | PA; MO |
| ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG | 3 | MO |
| APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG | 3 | MO; QL (30 per 30 days) |
| APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG | 3 | ST; MO |
| *aripiprazole oral solution 1 mg/ml* | 1 | MO |
| *aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg* | 1 | MO; QL (30 per 30 days) |
| *aripiprazole oral tablet,disintegrating 10 mg, 15 mg* | 1 | MO; QL (60 per 30 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML | 2 | MO; QL (4.8 per 365 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML | 2 | MO; QL (3.9 per 56 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML | 2 | MO; QL (1.6 per 28 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML | 2 | MO; QL (2.4 per 28 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML | 2 | MO; QL (3.2 per 28 days) |
| *armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg* | 1 | PA; MO; QL (30 per 30 days) |
| *asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg* | 1 | MO; QL (60 per 30 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ATIVAN ORAL TABLET 0.5 MG, 1 MG | 3 | PA; MO; QL (90 per 30 days) |
| ATIVAN ORAL TABLET 2 MG | 3 | PA; MO; QL (150 per 30 days) |
| *atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg* | 1 | MO; QL (60 per 30 days) |
| *atomoxetine oral capsule 100 mg, 60 mg, 80 mg* | 1 | MO; QL (30 per 30 days) |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG | 3 | MO; QL (30 per 30 days) |
| BRISDELLE ORAL CAPSULE 7.5 MG | 3 | MO; QL (30 per 30 days) |
| *bupropion hcl oral tablet 100 mg, 75 mg* | 1 | MO |
| *bupropion hcl oral tablet extended release 24 hr 150 mg* | 1 | MO; QL (90 per 30 days) |
| *bupropion hcl oral tablet extended release 24 hr 300 mg* | 1 | MO; QL (30 per 30 days) |
| BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG | 3 | MO; QL (30 per 30 days) |
| *bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg* | 1 | MO; QL (60 per 30 days) |
| *buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg* | 1 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| CAPLYTA ORAL CAPSULE 42 MG | 3 | MO; QL (30 per 30 days) |
| CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG | 3 | MO; QL (30 per 30 days) |
| *chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg* | 1 | MO |
| *citalopram oral solution 10 mg/5 ml* | 1 | MO |
| *citalopram oral tablet 10 mg, 20 mg, 40 mg* | 1 | MO; QL (30 per 30 days) |
| *clomipramine oral capsule 25 mg, 50 mg, 75 mg* | 1 | MO |
| *clonidine hcl oral tablet extended release 12 hr 0.1 mg* | 1 | MO |
| *clorazepate dipotassium oral tablet 15 mg* | 1 | PA; MO; QL (180 per 30 days) |
| *clorazepate dipotassium oral tablet 3.75 mg* | 1 | PA; MO; QL (90 per 30 days) |
| *clorazepate dipotassium oral tablet 7.5 mg* | 1 | PA; MO; QL (360 per 30 days) |
| *clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg* | 1 | |
| *clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg* | 1 | |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| CLOZARIL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG | 3 | |
| CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG | 3 | ST; MO |
| COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 25.9 MG, 8.6 MG | 3 | ST; MO |
| CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG, 30 MG, 60 MG | 3 | MO; QL (60 per 30 days) |
| DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR | 3 | ST; MO |
| DAYVIGO ORAL TABLET 10 MG, 5 MG | 3 | MO; QL (30 per 30 days) |
| *desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | 1 | MO |
| DESOXYN ORAL TABLET 5 MG | 3 | PA; MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG | 3 | MO; QL (120 per 30 days) |
| DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG | 3 | MO; QL (30 per 30 days) |
| *desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg* | 1 | MO; QL (30 per 30 days) |
| DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG, 5 MG | 3 | ST; MO |
| *dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg* | 1 | MO |
| *dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg* | 1 | MO |
| *dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg* | 1 | MO |
| *dextroamphetamine oral solution 5 mg/5 ml* | 1 | MO |
| *dextroamphetamine oral tablet 10 mg, 5 mg* | 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg* | 1 | MO |
| *dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg* | 1 | MO |
| *diazepam oral concentrate 5 mg/ml* | 1 | PA; MO; QL (240 per 30 days) |
| *diazepam oral solution 5 mg/5 ml (1 mg/ml)* | 1 | PA; MO; QL (1200 per 30 days) |
| *diazepam oral tablet 10 mg, 2 mg, 5 mg* | 1 | PA; MO; QL (120 per 30 days) |
| *doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | 1 | MO |
| *doxepin oral concentrate 10 mg/ml* | 1 | MO |
| *doxepin oral tablet 3 mg, 6 mg* | 1 | MO; QL (30 per 30 days) |
| DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG | 3 | MO; QL (60 per 30 days) |
| DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG | 3 | MO; QL (90 per 30 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg* | 1 | MO; QL (60 per 30 days) |
| *duloxetine oral capsule,delayed release(dr/ec) 40 mg* | 1 | MO; QL (90 per 30 days) |
| DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML | 3 | ST; MO |
| EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 37.5 MG | 3 | MO; QL (30 per 30 days) |
| EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 75 MG | 3 | MO; QL (90 per 30 days) |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR | 2 | MO |
| *ergoloid oral tablet 1 mg* | 1 | MO |
| *escitalopram oxalate oral solution 5 mg/5 ml* | 1 | MO |
| *escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg* | 1 | MO; QL (30 per 30 days) |
| *eszopiclone oral tablet 1 mg, 2 mg, 3 mg* | 1 | MO; QL (30 per 30 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| EVEKEO ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG | 3 | PA; MO |
| EVEKEO ORAL TABLET 10 MG, 5 MG | 3 | PA; MO |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | 3 | MO; QL (60 per 30 days) |
| FANAPT ORAL TABLETS,DOSE PACK 1MG(2)- 2MG(2)- 4MG(2)- 6MG(2) | 3 | MO; QL (8 per 28 days) |
| FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26) | 2 | MO; QL (28 per 28 days) |
| FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG | 2 | MO; QL (30 per 30 days) |
| *fluoxetine (pmdd) oral tablet 10 mg* | 1 | QL (240 per 30 days) |
| *fluoxetine (pmdd) oral tablet 20 mg* | 1 | QL (120 per 30 days) |
| *fluoxetine oral capsule 10 mg, 20 mg* | 1 | MO; QL (30 per 30 days) |
| *fluoxetine oral capsule 40 mg* | 1 | MO; QL (60 per 30 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *fluoxetine oral capsule,delayed release(dr/ec) 90 mg* | 1 | MO; QL (4 per 28 days) |
| *fluoxetine oral solution 20 mg/5 ml (4 mg/ml)* | 1 | MO |
| *fluoxetine oral tablet 10 mg* | 1 | MO; QL (240 per 30 days) |
| *fluoxetine oral tablet 20 mg* | 1 | MO; QL (120 per 30 days) |
| *fluoxetine oral tablet 60 mg* | 1 | MO; QL (30 per 30 days) |
| *fluphenazine decanoate injection solution 25 mg/ml* | 1 | MO |
| *fluphenazine hcl injection solution 2.5 mg/ml* | 1 | MO |
| *fluphenazine hcl oral concentrate 5 mg/ml* | 1 | MO |
| *fluphenazine hcl oral elixir 2.5 mg/5 ml* | 1 | MO |
| *fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg* | 1 | MO |
| *fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg* | 1 | MO; QL (60 per 30 days) |
| *fluvoxamine oral tablet 100 mg* | 1 | MO; QL (90 per 30 days) |
| *fluvoxamine oral tablet 25 mg* | 1 | MO; QL (30 per 30 days) |
| *fluvoxamine oral tablet 50 mg* | 1 | MO; QL (60 per 30 days) |
| FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG | 3 | MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG | 3 | ST; MO |
| FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG | 3 | MO; QL (30 per 30 days) |
| GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.) | 3 | MO |
| GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG | 3 | MO; QL (60 per 30 days) |
| HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML | 3 | MO |
| HALDOL INJECTION SOLUTION 5 MG/ML | 3 | MO |
| *haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml* | 1 | MO |
| *haloperidol decanoate intramuscular solution 50 mg/ml(1ml)* | 1 | |
| *haloperidol lactate injection solution 5 mg/ml* | 1 | MO |
| *haloperidol lactate oral concentrate 2 mg/ml* | 1 | MO |
| *haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg* | 1 | MO |
| HETLIOZ LQ ORAL SUSPENSION 4 MG/ML | 3 | PA; MO; QL (158 per 30 days) |
| HETLIOZ ORAL CAPSULE 20 MG | 3 | PA; MO; QL (30 per 30 days) |
| *imipramine hcl oral tablet 10 mg, 25 mg, 50 mg* | 1 | MO |
| *imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg* | 1 | MO |
| INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG, 3 MG, 9 MG | 3 | MO; QL (30 per 30 days) |
| INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG | 3 | MO; QL (60 per 30 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML | 2 | MO; QL (0.75 per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML | 2 | MO; QL (1 per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML | 2 | MO; QL (1.5 per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML | 2 | MO; QL (0.25 per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML | 2 | MO; QL (0.5 per 28 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML | 2 | MO; QL (0.88 per 90 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML | 2 | MO; QL (1.32 per 90 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML | 2 | MO; QL (1.75 per 90 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML | 2 | MO; QL (2.63 per 90 days) |
| JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG | 3 | ST; MO |
| KAPVAY ORAL TABLET EXTENDED RELEASE 12 HR 0.1 MG | 3 | MO |
| LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG | 3 | MO; QL (30 per 30 days) |
| LATUDA ORAL TABLET 80 MG | 3 | MO; QL (60 per 30 days) |
| LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG | 3 | MO; QL (30 per 30 days) |
| *lithium carbonate oral capsule 150 mg, 300 mg, 600 mg* | 1 | MO |
| *lithium carbonate oral tablet 300 mg* | 1 | MO |
| *lithium carbonate oral tablet extended release 300 mg, 450 mg* | 1 | MO |
| *lithium citrate oral solution 8 meq/5 ml* | 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG | 3 | MO |
| *lorazepam intensol oral concentrate 2 mg/ml* | 1 | PA; QL (150 per 30 days) |
| *lorazepam oral tablet 0.5 mg, 1 mg* | 1 | PA; MO; QL (90 per 30 days) |
| *lorazepam oral tablet 2 mg* | 1 | PA; MO; QL (150 per 30 days) |
| *loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg* | 1 | MO |
| LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG | 3 | MO; QL (30 per 30 days) |
| MARPLAN ORAL TABLET 10 MG | 3 | MO |
| *methamphetamine oral tablet 5 mg* | 1 | PA; MO |
| METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML | 3 | MO |
| *methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg* | 1 | MO |
| *methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg* | 1 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg* | 1 | MO |
| *methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml* | 1 | MO |
| *methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg* | 1 | MO |
| *methylphenidate hcl oral tablet extended release 10 mg, 20 mg* | 1 | MO |
| *methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 36 mg (bx rating), 54 mg (bx rating)* | 1 | |
| *methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg* | 1 | MO |
| METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG | 3 | ST; MO |
| *methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg* | 1 | MO |
| *mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg* | 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg* | 1 | MO |
| *modafinil oral tablet 100 mg* | 1 | PA; MO; QL (30 per 30 days) |
| *modafinil oral tablet 200 mg* | 1 | PA; MO; QL (60 per 30 days) |
| *molindone oral tablet 10 mg, 25 mg, 5 mg* | 1 | MO |
| MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG | 3 | ST; MO |
| NARDIL ORAL TABLET 15 MG | 3 | MO |
| *nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg* | 1 | MO |
| NORPRAMIN ORAL TABLET 10 MG, 25 MG | 3 | MO |
| *nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg* | 1 | MO |
| *nortriptyline oral solution 10 mg/5 ml* | 1 | MO |
| NUPLAZID ORAL CAPSULE 34 MG | 3 | PA; MO; QL (30 per 30 days) |
| NUPLAZID ORAL TABLET 10 MG | 3 | PA; MO; QL (30 per 30 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG | 3 | PA; MO; QL (30 per 30 days) |
| *olanzapine intramuscular recon soln 10 mg* | 1 | MO |
| *olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg* | 1 | MO; QL (30 per 30 days) |
| *olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg* | 1 | MO; QL (30 per 30 days) |
| *olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg* | 1 | MO |
| *paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg* | 1 | MO; QL (30 per 30 days) |
| *paliperidone oral tablet extended release 24hr 6 mg* | 1 | MO; QL (60 per 30 days) |
| PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG | 3 | MO |
| PARNATE ORAL TABLET 10 MG | 3 | MO |
| *paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg* | 1 | MO; QL (30 per 30 days) |
| *paroxetine hcl oral tablet 30 mg* | 1 | MO; QL (60 per 30 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg* | 1 | MO; QL (60 per 30 days) |
| *paroxetine mesylate(menop.sym ) oral capsule 7.5 mg* | 1 | MO; QL (30 per 30 days) |
| PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG | 3 | MO; QL (60 per 30 days) |
| PAXIL ORAL SUSPENSION 10 MG/5 ML | 3 | MO |
| PAXIL ORAL TABLET 10 MG, 20 MG, 40 MG | 3 | MO; QL (30 per 30 days) |
| PAXIL ORAL TABLET 30 MG | 3 | MO; QL (60 per 30 days) |
| *perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg* | 1 | MO |
| PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 120 MG, 90 MG | 2 | MO; QL (1 per 30 days) |
| PEXEVA ORAL TABLET 10 MG, 20 MG, 40 MG | 3 | MO; QL (30 per 30 days) |
| PEXEVA ORAL TABLET 30 MG | 3 | MO; QL (60 per 30 days) |
| *phenelzine oral tablet 15 mg* | 1 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *pimozide oral tablet 1 mg, 2 mg* | 1 | MO |
| PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG | 3 | MO; QL (30 per 30 days) |
| *procentra oral solution 5 mg/5 ml* | 1 | MO |
| *protriptyline oral tablet 10 mg, 5 mg* | 1 | MO |
| PROVIGIL ORAL TABLET 100 MG | 3 | PA; MO; QL (30 per 30 days) |
| PROVIGIL ORAL TABLET 200 MG | 3 | PA; MO; QL (60 per 30 days) |
| PROZAC ORAL CAPSULE 10 MG, 20 MG | 3 | MO; QL (30 per 30 days) |
| PROZAC ORAL CAPSULE 40 MG | 3 | MO; QL (60 per 30 days) |
| QELBREE ORAL CAPSULE,EXTEN DED RELEASE 24HR 100 MG, 150 MG | 3 | ST; MO; QL (30 per 30 days) |
| QELBREE ORAL CAPSULE,EXTEN DED RELEASE 24HR 200 MG | 3 | ST; MO; QL (60 per 30 days) |
| *quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg* | 1 | MO; QL (90 per 30 days) |
| *quetiapine oral tablet 300 mg, 400 mg* | 1 | MO; QL (60 per 30 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *quetiapine oral tablet extended release 24 hr 150 mg, 200 mg* | 1 | MO; QL (30 per 30 days) |
| *quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg* | 1 | MO; QL (60 per 30 days) |
| QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 30 MG, 40 MG | 3 | ST; MO |
| QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML) | 3 | ST; MO |
| *ramelteon oral tablet 8 mg* | 1 | MO; QL (30 per 30 days) |
| RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 72 MG | 3 | ST; MO |
| REMERON ORAL TABLET 15 MG, 30 MG | 3 | MO |
| REMERON SOLTAB ORAL TABLET,DISINTEGRATING 15 MG, 30 MG, 45 MG | 3 | MO |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG | 3 | MO; QL (30 per 30 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML | 2 | MO; QL (2 per 28 days) |
| RISPERDAL ORAL SOLUTION 1 MG/ML | 3 | MO |
| RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG | 3 | MO; QL (60 per 30 days) |
| RISPERDAL ORAL TABLET 4 MG | 3 | MO; QL (120 per 30 days) |
| *risperidone oral solution 1 mg/ml* | 1 | MO |
| *risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg* | 1 | MO; QL (60 per 30 days) |
| *risperidone oral tablet 4 mg* | 1 | MO; QL (120 per 30 days) |
| *risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg* | 1 | MO; QL (60 per 30 days) |
| *risperidone oral tablet,disintegrating 4 mg* | 1 | MO; QL (120 per 30 days) |
| RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG | 3 | ST; 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG | 3 | MO |
| ROZEREM ORAL TABLET 8 MG | 3 | MO; QL (30 per 30 days) |
| SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG | 3 | MO; QL (60 per 30 days) |
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR | 3 | MO; QL (30 per 30 days) |
| SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG | 3 | MO; QL (90 per 30 days) |
| SEROQUEL ORAL TABLET 300 MG, 400 MG | 3 | MO; QL (60 per 30 days) |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG | 3 | MO; QL (30 per 30 days) |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 400 MG, 50 MG | 3 | MO; QL (60 per 30 days) |
| *sertraline oral concentrate 20 mg/ml* | 1 | MO |
| *sertraline oral tablet 100 mg, 50 mg* | 1 | MO; QL (60 per 30 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *sertraline oral tablet 25 mg* | 1 | MO; QL (30 per 30 days) |
| SILENOR ORAL TABLET 3 MG, 6 MG | 3 | MO; QL (30 per 30 days) |
| STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG | 3 | MO; QL (60 per 30 days) |
| STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG | 3 | MO; QL (30 per 30 days) |
| SUNOSI ORAL TABLET 150 MG, 75 MG | 3 | PA; MO; QL (30 per 30 days) |
| SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG | 3 | MO |
| *thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg* | 1 | MO |
| *thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg* | 1 | MO |
| TRANXENE T-TAB ORAL TABLET 7.5 MG | 3 | PA; MO; QL (360 per 30 days) |
| *tranylcypromine oral tablet 10 mg* | 1 | MO |
| *trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg* | 1 | MO |
| *trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg* | 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *trimipramine oral capsule 100 mg, 25 mg, 50 mg* | 1 | MO |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG | 2 | MO; QL (30 per 30 days) |
| VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG | 3 | PA; MO; QL (120 per 30 days) |
| *venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg* | 1 | MO; QL (30 per 30 days) |
| *venlafaxine oral capsule,extended release 24hr 75 mg* | 1 | MO; QL (90 per 30 days) |
| *venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg* | 1 | MO; QL (90 per 30 days) |
| *venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg* | 1 | MO; QL (30 per 30 days) |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML | 2 | |
| VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG | 2 | MO; QL (30 per 30 days) |
| VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23) | 2 | MO; QL (30 per 30 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG | 3 | MO; QL (30 per 30 days) |
| VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)-3 MG (6) | 3 | MO; QL (7 per 30 days) |
| VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG | 3 | ST; MO |
| VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG | 3 | ST; MO |
| WAKIX ORAL TABLET 17.8 MG, 4.45 MG | 3 | PA; MO; LA; QL (60 per 30 days) |
| WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG, 150 MG, 200 MG | 3 | MO; QL (60 per 30 days) |
| WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG | 3 | MO; QL (90 per 30 days) |
| WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG | 3 | MO; QL (30 per 30 days) |
| XYREM ORAL SOLUTION 500 MG/ML | 2 | PA; LA; QL (540 per 30 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| XYWAV ORAL SOLUTION 0.5 GRAM/ML | 3 | PA; LA; QL (540 per 30 days) |
| *zaleplon oral capsule 10 mg* | 1 | MO; QL (60 per 30 days) |
| *zaleplon oral capsule 5 mg* | 1 | MO; QL (30 per 30 days) |
| *zenzedi oral tablet 10 mg, 5 mg* | 1 | MO |
| ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG | 3 | MO |
| *ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg* | 1 | MO; QL (60 per 30 days) |
| *ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)* | 1 | |
| ZOLOFT ORAL CONCENTRATE 20 MG/ML | 3 | MO |
| ZOLOFT ORAL TABLET 100 MG, 50 MG | 3 | MO; QL (60 per 30 days) |
| ZOLOFT ORAL TABLET 25 MG | 3 | MO; QL (30 per 30 days) |
| *zolpidem oral tablet 10 mg, 5 mg* | 1 | MO; QL (30 per 30 days) |
| *zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg* | 1 | MO; QL (30 per 30 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ZOLPIMIST ORAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML) | 3 | MO; QL (7.7 per 30 days) |
| ZYPREXA INTRAMUSCULAR RECON SOLN 10 MG | 3 | MO |
| ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG | 3 | MO; QL (30 per 30 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG | 2 | MO; QL (2 per 28 days) |
| ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG | 3 | MO; QL (30 per 30 days) |
| **CARDIOVASCULAR, HYPERTENSION / LIPIDS** | | |
| **ANTIARRHYTHMIC AGENTS** | | |
| *amiodarone oral tablet 100 mg, 400 mg* | 1 | |
| *amiodarone oral tablet 200 mg* | 1 | MO |
| BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG | 3 | MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg* | 1 | MO |
| *flecainide oral tablet 100 mg, 150 mg, 50 mg* | 1 | MO |
| *mexiletine oral capsule 150 mg, 200 mg, 250 mg* | 1 | MO |
| MULTAQ ORAL TABLET 400 MG | 3 | MO |
| *pacerone oral tablet 100 mg, 200 mg, 400 mg* | 1 | MO |
| *propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg* | 1 | MO |
| *propafenone oral tablet 150 mg, 225 mg, 300 mg* | 1 | MO |
| *quinidine gluconate oral tablet extended release 324 mg* | 1 | MO |
| *quinidine sulfate oral tablet 200 mg, 300 mg* | 1 | MO |
| RYTHMOL SR ORAL CAPSULE,EXTENDED RELEASE 12 HR 225 MG, 325 MG, 425 MG | 3 | MO |
| *sorine oral tablet 120 mg, 160 mg, 80 mg* | 1 | MO |
| *sorine oral tablet 240 mg* | 1 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *sotalol af oral tablet 120 mg, 160 mg, 80 mg* | 1 | |
| *sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg* | 1 | MO |
| SOTYLIZE ORAL SOLUTION 5 MG/ML | 3 | MO |
| TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG | 3 | MO |
| **ANTIHYPERTENSIVE THERAPY** | | |
| ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG | 3 | MO |
| ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG | 3 | MO |
| *acebutolol oral capsule 200 mg, 400 mg* | 1 | MO |
| ALDACTAZIDE ORAL TABLET 25-25 MG, 50-50 MG | 3 | MO |
| ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG | 3 | MO |
| *aliskiren oral tablet 150 mg, 300 mg* | 1 | MO |
| ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG | 3 | MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *amiloride oral tablet 5 mg* | 1 | MO |
| *amiloride-hydrochlorothiazide oral tablet 5-50 mg* | 1 | MO |
| *amlodipine oral tablet 10 mg, 2.5 mg, 5 mg* | 1 | MO |
| *amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg* | 1 | MO |
| *amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg* | 1 | MO |
| *amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg* | 1 | MO |
| *amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg* | 1 | MO |
| ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG | 3 | ST; MO |
| ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG | 3 | ST; MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *atenolol oral tablet 100 mg, 25 mg, 50 mg* | 1 | MO |
| *atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg* | 1 | MO |
| AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG | 3 | ST; MO |
| AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG | 3 | ST; MO |
| AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG | 3 | ST; MO |
| *benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | 1 | MO |
| *benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg* | 1 | MO |
| BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG | 3 | ST; MO |
| BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG | 3 | ST; MO |
| *betaxolol oral tablet 10 mg, 20 mg* | 1 | MO |
| BIDIL ORAL TABLET 20-37.5 MG | 2 | MO; QL (180 per 30 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *bisoprolol fumarate oral tablet 10 mg, 5 mg* | 1 | MO |
| *bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg* | 1 | MO |
| *bumetanide injection solution 0.25 mg/ml* | 1 | MO |
| *bumetanide oral tablet 0.5 mg, 1 mg, 2 mg* | 1 | MO |
| BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG | 2 | MO |
| CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG | 3 | MO |
| *candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg* | 1 | MO |
| *candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg* | 1 | MO |
| *captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg* | 1 | MO |
| CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG | 3 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG | 3 | MO |
| CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG | 3 | MO |
| CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG | 3 | ST; MO; QL (30 per 30 days) |
| CARDURA ORAL TABLET 8 MG | 3 | ST; MO; QL (60 per 30 days) |
| CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG | 3 | ST; MO; QL (30 per 30 days) |
| CAROSPIR ORAL SUSPENSION 25 MG/5 ML | 3 | MO |
| *cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg* | 1 | MO |
| *carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg* | 1 | MO |
| *carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg* | 1 | |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR | 3 | MO; QL (4 per 28 days) |
| *chlorthalidone oral tablet 25 mg, 50 mg* | 1 | MO |
| *clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg* | 1 | MO |
| *clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr* | 1 | MO; QL (4 per 28 days) |
| COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG | 3 | MO |
| COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG | 3 | MO |
| CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG | 3 | MO |
| COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG | 3 | ST; MO |
| DEMSER ORAL CAPSULE 250 MG | 3 | PA; MO |
| DIBENZYLINE ORAL CAPSULE 10 MG | 3 | PA; MO |
| *diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg* | 1 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg* | 1 | MO |
| *diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg* | 1 | |
| *diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg* | 1 | MO |
| *diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg* | 1 | |
| *dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg* | 1 | MO |
| DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG | 3 | ST; MO |
| DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG | 3 | ST; MO |
| DIURIL ORAL SUSPENSION 250 MG/5 ML | 3 | MO |
| *doxazosin oral tablet 1 mg, 2 mg, 4 mg* | 1 | MO; QL (30 per 30 days) |
| *doxazosin oral tablet 8 mg* | 1 | MO; QL (60 per 30 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HR 100-12.5 MG, 25-12.5 MG, 50-12.5 MG | 3 | MO |
| DYRENIUM ORAL CAPSULE 100 MG, 50 MG | 3 | MO |
| EDARBI ORAL TABLET 40 MG, 80 MG | 2 | MO |
| EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG | 2 | MO |
| EDECRIN ORAL TABLET 25 MG | 3 | MO |
| *enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg* | 1 | MO |
| *enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg* | 1 | MO |
| *eplerenone oral tablet 25 mg, 50 mg* | 1 | MO |
| *ethacrynic acid oral tablet 25 mg* | 1 | MO |
| EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG | 3 | ST; MO |
| EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG | 3 | ST; MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg* | 1 | MO |
| *fosinopril oral tablet 10 mg, 20 mg, 40 mg* | 1 | MO |
| *fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg* | 1 | MO |
| *furosemide injection solution 10 mg/ml* | 1 | MO |
| *furosemide injection syringe 10 mg/ml* | 1 | MO |
| *furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)* | 1 | MO |
| *furosemide oral tablet 20 mg, 40 mg, 80 mg* | 1 | MO |
| *hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg* | 1 | MO |
| *hydrochlorothiazide oral capsule 12.5 mg* | 1 | MO |
| *hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg* | 1 | MO |
| HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG | 3 | ST; MO |
| *indapamide oral tablet 1.25 mg, 2.5 mg* | 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| INDERAL LA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG | 3 | MO |
| INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG | 3 | MO |
| INSPRA ORAL TABLET 25 MG, 50 MG | 3 | MO |
| *irbesartan oral tablet 150 mg, 300 mg, 75 mg* | 1 | MO |
| *irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg* | 1 | MO |
| *isradipine oral capsule 2.5 mg, 5 mg* | 1 | MO |
| KATERZIA ORAL SUSPENSION 1 MG/ML | 3 | MO |
| *labetalol oral tablet 100 mg, 200 mg, 300 mg* | 1 | MO |
| LASIX ORAL TABLET 20 MG, 40 MG, 80 MG | 3 | MO |
| *lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg* | 1 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg* | 1 | MO |
| LOPRESSOR ORAL TABLET 100 MG, 50 MG | 3 | MO |
| *losartan oral tablet 100 mg, 25 mg, 50 mg* | 1 | MO |
| *losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg* | 1 | MO |
| LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG | 3 | MO |
| LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG | 3 | MO |
| *matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg* | 1 | MO |
| MAXZIDE ORAL TABLET 75-50 MG | 3 | MO |
| MAXZIDE-25MG ORAL TABLET 37.5-25 MG | 3 | MO |
| *methyldopa oral tablet 250 mg, 500 mg* | 1 | MO |
| *metolazone oral tablet 10 mg, 2.5 mg, 5 mg* | 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg* | 1 | MO |
| *metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg* | 1 | MO |
| *metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg* | 1 | MO |
| *metyrosine oral capsule 250 mg* | 1 | PA; MO |
| MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG | 3 | ST; MO |
| MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG | 3 | ST; MO |
| MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG | 3 | MO |
| *minoxidil oral tablet 10 mg, 2.5 mg* | 1 | MO |
| *moexipril oral tablet 15 mg, 7.5 mg* | 1 | MO |
| *nadolol oral tablet 20 mg, 40 mg, 80 mg* | 1 | MO |
| *nicardipine oral capsule 20 mg, 30 mg* | 1 | MO |
| *nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg* | 1 | MO |
| *nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg* | 1 | MO |
| *nimodipine oral capsule 30 mg* | 1 | MO |
| *nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg* | 1 | MO |
| NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG | 3 | MO |
| NYMALIZE ORAL SYRINGE 60 MG/10 ML | 3 | |
| *olmesartan oral tablet 20 mg, 40 mg, 5 mg* | 1 | MO |
| *olmesartan-amlodipin-hcthiazid 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* | 1 | MO |
| *olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg* | 1 | MO |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG | 3 | PA; MO |
| *perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg* | 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *phenoxybenzamine oral capsule 10 mg* | 1 | PA; MO |
| *pindolol oral tablet 10 mg, 5 mg* | 1 | MO |
| *prazosin oral capsule 1 mg, 2 mg, 5 mg* | 1 | MO |
| PRINIVIL ORAL TABLET 20 MG | 3 | MO |
| PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG, 90 MG | 3 | MO |
| *propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg* | 1 | MO |
| *propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)* | 1 | MO |
| *propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg* | 1 | MO |
| QBRELIS ORAL SOLUTION 1 MG/ML | 3 | MO |
| *quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | 1 | MO |
| *quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg* | 1 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg* | 1 | MO |
| *spironolactone oral tablet 100 mg, 25 mg, 50 mg* | 1 | MO |
| *spironolacton-hydrochlorothiaz oral tablet 25-25 mg* | 1 | MO |
| SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG | 3 | MO |
| *taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg* | 1 | MO |
| TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG | 2 | MO |
| TEKTURNA ORAL TABLET 150 MG, 300 MG | 3 | MO |
| *telmisartan oral tablet 20 mg, 40 mg, 80 mg* | 1 | MO |
| *telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg* | 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg* | 1 | MO |
| TENORETIC 100 ORAL TABLET 100-25 MG | 3 | MO |
| TENORETIC 50 ORAL TABLET 50-25 MG | 3 | MO |
| TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG | 3 | MO |
| *terazosin oral capsule 1 mg, 2 mg, 5 mg* | 1 | MO; QL (30 per 30 days) |
| *terazosin oral capsule 10 mg* | 1 | MO; QL (60 per 30 days) |
| *tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg* | 1 | MO |
| TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG | 3 | MO |
| *timolol maleate oral tablet 10 mg, 20 mg, 5 mg* | 1 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG | 3 | MO |
| *torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg* | 1 | MO |
| *trandolapril oral tablet 1 mg, 2 mg, 4 mg* | 1 | MO |
| *trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg* | 1 | MO |
| *triamterene oral capsule 100 mg, 50 mg* | 1 | MO |
| *triamterene-hydrochlorothiazid oral capsule 37.5-25 mg* | 1 | MO |
| *triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg* | 1 | MO |
| TRIBENZOR 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 | 3 | ST; 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 08/17/2021.

| 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 | 2 | PA; MO; LA |
| UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60) | 2 | PA; MO; LA |
| *valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg* | 1 | MO |
| *valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg* | 1 | MO |
| VASERETIC ORAL TABLET 10-25 MG | 3 | MO |
| VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG | 3 | MO |
| *verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg* | 1 | MO |
| *verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg* | 1 | MO |
| *verapamil oral tablet 120 mg, 40 mg, 80 mg* | 1 | MO |
| *verapamil oral tablet extended release 120 mg, 180 mg, 240 mg* | 1 | MO |
| VERELAN ORAL CAPSULE,EXT REL. PELLETS 24 HR 120 MG, 180 MG, 240 MG, 360 MG | 3 | MO |
| VERELAN PM ORAL CAPSULE, 24 HR ER PELLET CT 100 MG, 200 MG, 300 MG | 3 | MO |
| ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG | 3 | MO |
| ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG | 3 | MO |
| ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG | 3 | MO |
| **COAGULATION THERAPY** | | |
| ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 2.5 MG/0.5 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML | 3 | MO |
| *aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg* | 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| BRILINTA ORAL TABLET 60 MG, 90 MG | 2 | MO |
| CABLIVI INJECTION KIT 11 MG | 2 | PA; LA |
| *cilostazol oral tablet 100 mg, 50 mg* | 1 | MO |
| *clopidogrel oral tablet 75 mg* | 1 | MO; QL (30 per 30 days) |
| *dipyridamole oral tablet 25 mg, 50 mg, 75 mg* | 1 | MO |
| DOPTELET (10 TAB PACK) ORAL TABLET 20 MG | 2 | PA; MO; LA |
| DOPTELET (15 TAB PACK) ORAL TABLET 20 MG | 2 | PA; MO; LA |
| DOPTELET (30 TAB PACK) ORAL TABLET 20 MG | 2 | PA; MO; LA |
| ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS) | 2 | MO |
| ELIQUIS ORAL TABLET 2.5 MG, 5 MG | 2 | MO |
| *enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml* | 1 | MO; QL (28 per 28 days) |
| *enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml* | 1 | MO; QL (22.4 per 28 days) |
| *enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml* | 1 | MO; QL (16.8 per 28 days) |
| *enoxaparin subcutaneous syringe 40 mg/0.4 ml* | 1 | MO; QL (11.2 per 28 days) |
| *fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml* | 1 | MO |
| FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML | 3 | MO |
| FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML | 3 | MO |
| *heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml* | 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg* | 1 | MO |
| LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 150 MG/ML | 3 | MO; QL (28 per 28 days) |
| LOVENOX SUBCUTANEOUS SYRINGE 120 MG/0.8 ML, 80 MG/0.8 ML | 3 | MO; QL (22.4 per 28 days) |
| LOVENOX SUBCUTANEOUS SYRINGE 30 MG/0.3 ML, 60 MG/0.6 ML | 3 | MO; QL (16.8 per 28 days) |
| LOVENOX SUBCUTANEOUS SYRINGE 40 MG/0.4 ML | 3 | MO; QL (11.2 per 28 days) |
| MULPLETA ORAL TABLET 3 MG | 2 | PA; MO |
| *pentoxifylline oral tablet extended release 400 mg* | 1 | MO |
| PLAVIX ORAL TABLET 75 MG | 3 | MO; QL (30 per 30 days) |
| PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG | 3 | PA; MO |
| *prasugrel oral tablet 10 mg, 5 mg* | 1 | MO |
| PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG | 3 | PA; MO; LA |
| PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG | 3 | PA; MO; LA |
| SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG | 3 | PA; MO |
| TAVALISSE ORAL TABLET 100 MG, 150 MG | 3 | PA; LA; QL (60 per 30 days) |
| *warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg* | 1 | MO |
| XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)-20 MG (9) | 2 | MO |
| XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG | 2 | MO |
| ZONTIVITY ORAL TABLET 2.08 MG | 3 | MO |
| **LIPID/CHOLESTEROL LOWERING AGENTS** | | |
| ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG | 3 | ST; MO; QL (30 per 30 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *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* | 1 | MO; QL (30 per 30 days) |
| ANTARA ORAL CAPSULE 30 MG, 90 MG | 3 | MO |
| *atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg* | 1 | MO; QL (30 per 30 days) |
| CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG | 3 | ST; MO; QL (30 per 30 days) |
| *cholestyramine (with sugar) oral powder in packet 4 gram* | 1 | MO |
| *cholestyramine light oral powder in packet 4 gram* | 1 | |
| *colesevelam oral powder in packet 3.75 gram* | 1 | MO |
| *colesevelam oral tablet 625 mg* | 1 | MO |
| COLESTID ORAL PACKET 5 GRAM | 3 | MO |
| COLESTID ORAL TABLET 1 GRAM | 3 | MO |
| *colestipol oral packet 5 gram* | 1 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *colestipol oral tablet 1 gram* | 1 | MO |
| CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG | 3 | ST; MO; QL (30 per 30 days) |
| EZALLOR ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG | 3 | ST; MO; QL (30 per 30 days) |
| *ezetimibe oral tablet 10 mg* | 1 | MO |
| *ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg* | 1 | MO; QL (30 per 30 days) |
| *fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg* | 1 | MO |
| *fenofibrate nanocrystallized oral tablet 145 mg, 48 mg* | 1 | MO |
| FENOFIBRATE ORAL CAPSULE 150 MG, 50 MG | 3 | MO |
| *fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg* | 1 | MO |
| *fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg* | 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| FENOGLIDE ORAL TABLET 120 MG, 40 MG | 3 | MO |
| FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML) | 3 | ST; MO; QL (300 per 30 days) |
| *fluvastatin oral capsule 20 mg* | 1 | MO; QL (30 per 30 days) |
| *fluvastatin oral capsule 40 mg* | 1 | MO; QL (60 per 30 days) |
| *fluvastatin oral tablet extended release 24 hr 80 mg* | 1 | MO; QL (30 per 30 days) |
| *gemfibrozil oral tablet 600 mg* | 1 | MO |
| *icosapent ethyl oral capsule 1 gram* | 1 | MO |
| JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG | 2 | PA; MO; LA |
| LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR 80 MG | 3 | ST; MO; QL (30 per 30 days) |
| LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG | 3 | ST; MO; QL (30 per 30 days) |
| LIPOFEN ORAL CAPSULE 150 MG, 50 MG | 3 | MO |
| LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG | 2 | MO; QL (30 per 30 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| LOPID ORAL TABLET 600 MG | 3 | MO |
| *lovastatin oral tablet 10 mg* | 1 | MO; QL (30 per 30 days) |
| *lovastatin oral tablet 20 mg, 40 mg* | 1 | MO; QL (60 per 30 days) |
| LOVAZA ORAL CAPSULE 1 GRAM | 3 | ST; MO |
| NEXLETOL ORAL TABLET 180 MG | 2 | PA; MO |
| NEXLIZET ORAL TABLET 180-10 MG | 2 | PA; MO |
| *niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg* | 1 | |
| NIACOR ORAL TABLET 500 MG | 3 | MO |
| NIASPAN EXTENDED-RELEASE ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG, 500 MG, 750 MG | 3 | MO |
| *omega-3 acid ethyl esters oral capsule 1 gram* | 1 | MO |
| PRALUENT SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML | 3 | PA; QL (2 per 28 days) |
| *pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg* | 1 | MO; QL (30 per 30 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *prevalite oral powder in packet 4 gram* | 1 | MO |
| QUESTRAN LIGHT ORAL POWDER 4 GRAM | 3 | MO |
| QUESTRAN ORAL POWDER 4 GRAM | 3 | MO |
| REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML | 2 | PA; QL (3.5 per 28 days) |
| REPATHA SUBCUTANEOUS SYRINGE 140 MG/ML | 2 | PA; QL (3 per 28 days) |
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML | 2 | PA; QL (3 per 28 days) |
| *rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | 1 | MO; QL (30 per 30 days) |
| ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG | 3 | ST; MO; QL (30 per 30 days) |
| *simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg* | 1 | MO; QL (30 per 30 days) |
| TRICOR ORAL TABLET 145 MG, 48 MG | 3 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| TRILIPIX ORAL CAPSULE,DELAYED RELEASE(DR/EC) 135 MG, 45 MG | 3 | MO |
| VASCEPA ORAL CAPSULE 0.5 GRAM | 2 | ST; MO |
| VASCEPA ORAL CAPSULE 1 GRAM | 3 | ST; MO |
| VYTORIN 10-10 ORAL TABLET 10-10 MG | 3 | ST; MO; QL (30 per 30 days) |
| VYTORIN 10-20 ORAL TABLET 10-20 MG | 3 | ST; MO; QL (30 per 30 days) |
| VYTORIN 10-40 ORAL TABLET 10-40 MG | 3 | ST; MO; QL (30 per 30 days) |
| VYTORIN 10-80 ORAL TABLET 10-80 MG | 3 | ST; MO; QL (30 per 30 days) |
| WELCHOL ORAL POWDER IN PACKET 3.75 GRAM | 3 | MO |
| WELCHOL ORAL TABLET 625 MG | 3 | MO |
| ZETIA ORAL TABLET 10 MG | 3 | MO |
| ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG | 3 | ST; MO; QL (30 per 30 days) |
| ZYPITAMAG ORAL TABLET 2 MG, 4 MG | 3 | ST; MO; QL (30 per 30 days) |
| **MISCELLANEOUS CARDIOVASCULAR AGENTS** | | |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| CORLANOR ORAL SOLUTION 5 MG/5 ML | 2 | QL (450 per 30 days) |
| CORLANOR ORAL TABLET 5 MG, 7.5 MG | 2 | MO; QL (60 per 30 days) |
| *digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)* | 1 | MO |
| *digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)* | 1 | MO |
| *digoxin oral solution 50 mcg/ml (0.05 mg/ml)* | 1 | MO |
| *digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)* | 1 | MO |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG | 2 | MO; QL (60 per 30 days) |
| LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) | 3 | MO |
| LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG) | 2 | MO |
| RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG, 500 MG | 3 | MO |
| *ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg* | 1 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| VECAMYL ORAL TABLET 2.5 MG | 3 | |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG | 2 | MO; QL (30 per 30 days) |
| VYNDAMAX ORAL CAPSULE 61 MG | 2 | PA; MO |
| VYNDAQEL ORAL CAPSULE 20 MG | 2 | PA; MO |
| **NITRATES** | | |
| GONITRO SUBLINGUAL POWDER IN PACKET 400 MCG | 3 | MO |
| ISORDIL ORAL TABLET 40 MG | 3 | MO |
| ISORDIL TITRADOSE ORAL TABLET 5 MG | 3 | MO |
| *isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg* | 1 | MO |
| *isosorbide mononitrate oral tablet 10 mg, 20 mg* | 1 | MO |
| *isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg* | 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| MINITRAN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR | 3 | MO |
| *nitro-bid transdermal ointment 2 %* | 1 | MO |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR | 3 | MO |
| *nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg* | 1 | MO |
| *nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr* | 1 | MO |
| *nitroglycerin translingual spray,non-aerosol 400 mcg/spray* | 1 | MO |
| NITROLINGUAL TRANSLINGUAL SPRAY,NON-AEROSOL 400 MCG/SPRAY | 3 | MO |
| NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG | 3 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| **DERMATOLOGICALS/TOPICAL THERAPY** | | |
| **ANTIPSORIATIC / ANTISEBORRHEIC** | | |
| *acitretin oral capsule 10 mg, 17.5 mg, 25 mg* | 1 | MO |
| *calcipotriene scalp solution 0.005 %* | 1 | MO; QL (120 per 30 days) |
| *calcipotriene topical cream 0.005 %* | 1 | MO; QL (120 per 30 days) |
| CALCIPOTRIENE TOPICAL FOAM 0.005 % | 3 | QL (120 per 30 days) |
| *calcipotriene topical ointment 0.005 %* | 1 | MO; QL (120 per 30 days) |
| *calcipotriene-betamethasone topical ointment 0.005-0.064 %* | 1 | MO; QL (400 per 30 days) |
| *calcipotriene-betamethasone topical suspension 0.005-0.064 %* | 1 | MO; QL (400 per 30 days) |
| *calcitriol topical ointment 3 mcg/gram* | 1 | |
| COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML | 3 | PA; MO; QL (10 per 28 days) |
| COSENTYX (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML | 3 | PA; MO; QL (10 per 28 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| DOVONEX TOPICAL CREAM 0.005 % | 3 | MO; QL (120 per 30 days) |
| ENSTILAR TOPICAL FOAM 0.005-0.064 % | 3 | MO; QL (400 per 30 days) |
| ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML | 3 | PA; MO; QL (2 per 28 days) |
| *selenium sulfide topical lotion 2.5 %* | 1 | MO |
| SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML | 3 | PA; MO; QL (6 per 28 days) |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML | 2 | PA; QL (2 per 28 days) |
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML | 2 | PA; QL (2 per 28 days) |
| SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2) | 2 | PA; MO; QL (1 per 28 days) |
| SORIATANE ORAL CAPSULE 10 MG, 25 MG | 3 | MO |
| SORILUX TOPICAL FOAM 0.005 % | 3 | MO; QL (120 per 30 days) |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML | 2 | PA; MO; QL (0.5 per 28 days) |
| STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML | 2 | PA; MO; QL (0.5 per 28 days) |
| STELARA SUBCUTANEOUS SYRINGE 90 MG/ML | 2 | PA; MO; QL (1 per 28 days) |
| TACLONEX TOPICAL OINTMENT 0.005-0.064 % | 3 | MO; QL (400 per 30 days) |
| TACLONEX TOPICAL SUSPENSION 0.005-0.064 % | 3 | MO; QL (400 per 30 days) |
| TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML | 2 | PA; MO; QL (1 per 28 days) |
| TALTZ SUBCUTANEOUS SYRINGE 80 MG/ML | 2 | PA; MO; QL (1 per 28 days) |
| TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML | 3 | PA; MO; QL (2 per 28 days) |
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML | 3 | PA; MO; QL (2 per 28 days) |
| VECTICAL TOPICAL OINTMENT 3 MCG/GRAM | 3 | |
| **MISCELLANEOUS DERMATOLOGICALS** | | |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ALDARA TOPICAL CREAM IN PACKET 5 % | 3 | MO |
| *ammonium lactate topical cream 12 %* | 1 | MO |
| *ammonium lactate topical lotion 12 %* | 1 | MO |
| CARAC TOPICAL CREAM 0.5 % | 3 | MO |
| CONDYLOX TOPICAL GEL 0.5 % | 3 | MO |
| *diclofenac sodium topical gel 3 %* | 1 | PA; MO; QL (100 per 28 days) |
| *doxepin topical cream 5 %* | 1 | MO; QL (45 per 30 days) |
| DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML | 2 | PA; MO; QL (8 per 28 days) |
| DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML | 2 | PA; MO; QL (4.56 per 28 days) |
| DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML | 2 | PA; MO; QL (8 per 28 days) |
| EFUDEX TOPICAL CREAM 5 % | 3 | MO |
| ELIDEL TOPICAL CREAM 1 % | 3 | PA; MO; QL (100 per 30 days) |
| EUCRISA TOPICAL OINTMENT 2 % | 3 | PA; MO; QL (120 per 30 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| FLUOROPLEX TOPICAL CREAM 1 % | 3 | MO |
| FLUOROURACIL TOPICAL CREAM 0.5 % | 3 | MO |
| *fluorouracil topical cream 5 %* | 1 | MO |
| *fluorouracil topical solution 2 %, 5 %* | 1 | MO |
| *imiquimod topical cream in packet 3.75 %, 5 %* | 1 | MO |
| *lidocaine hcl mucous membrane solution 4 % (40 mg/ml)* | 1 | MO |
| *lidocaine topical adhesive patch,medicated 5 %* | 1 | PA; MO; QL (90 per 30 days) |
| *lidocaine topical ointment 5 %* | 1 | MO; QL (36 per 30 days) |
| *lidocaine viscous mucous membrane solution 2 %* | 1 | MO |
| *lidocaine-prilocaine topical cream 2.5-2.5 %* | 1 | MO; QL (30 per 30 days) |
| LIDODERM TOPICAL ADHESIVE PATCH,MEDICATED 5 % | 3 | PA; MO; QL (90 per 30 days) |
| *methoxsalen oral capsule,liqd-filled,rapid rel 10 mg* | 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *pimecrolimus topical cream 1 %* | 1 | PA; MO; QL (100 per 30 days) |
| PLIAGLIS TOPICAL CREAM 7-7 % | 3 | PA; QL (30 per 30 days) |
| *podofilox topical solution 0.5 %* | 1 | MO |
| PROTOPIC TOPICAL OINTMENT 0.03 %, 0.1 % | 3 | PA; MO; QL (100 per 30 days) |
| *prudoxin topical cream 5 %* | 1 | MO; QL (45 per 30 days) |
| QBREXZA TOPICAL TOWELETTE 2.4 % | 3 | MO |
| REGRANEX TOPICAL GEL 0.01 % | 2 | MO |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM | 2 | MO |
| SILVADENE TOPICAL CREAM 1 % | 3 | MO |
| *silver sulfadiazine topical cream 1 %* | 1 | MO |
| *ssd topical cream 1 %* | 1 | MO |
| *tacrolimus topical ointment 0.03 %, 0.1 %* | 1 | PA; MO; QL (100 per 30 days) |
| VALCHLOR TOPICAL GEL 0.016 % | 2 | PA; MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| VEREGEN TOPICAL OINTMENT 15 % | 3 | MO; QL (30 per 30 days) |
| ZONALON TOPICAL CREAM 5 % | 3 | MO; QL (45 per 30 days) |
| ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 % | 3 | PA; MO; QL (90 per 30 days) |
| ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 % | 3 | MO |
| ZYCLARA TOPICAL CREAM IN PACKET 3.75 % | 3 | MO |
| **THERAPY FOR ACNE** | | |
| ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG | 3 | |
| ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG | 3 | |
| ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 % | 3 | MO |
| *accutane oral capsule 20 mg, 30 mg, 40 mg* | 1 | |
| ACZONE TOPICAL GEL 5 % | 3 | MO |
| ACZONE TOPICAL GEL WITH PUMP 7.5 % | 3 | MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *adapalene topical cream 0.1 %* | 1 | PA; MO |
| *adapalene topical gel 0.1 %, 0.3 %* | 1 | PA; MO |
| *adapalene topical solution 0.1 %* | 1 | PA |
| *adapalene topical swab 0.1 %* | 1 | PA |
| *adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %* | 1 | PA; MO |
| AKLIEF TOPICAL CREAM 0.005 % | 3 | PA; MO |
| ALTRENO TOPICAL LOTION 0.05 % | 3 | PA; MO |
| *amnesteem oral capsule 10 mg, 20 mg, 40 mg* | 1 | |
| AMZEEQ TOPICAL FOAM 4 % | 3 | MO |
| ARAZLO TOPICAL LOTION 0.045 % | 3 | PA; MO |
| ATRALIN TOPICAL GEL 0.05 % | 3 | PA; MO |
| *avita topical cream 0.025 %* | 1 | PA; MO |
| AVITA TOPICAL GEL 0.025 % | 3 | PA; MO |
| *azelaic acid topical gel 15 %* | 1 | MO |
| AZELEX TOPICAL CREAM 20 % | 3 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| BENZACLIN TOPICAL GEL WITH PUMP 1-5 % | 3 | MO |
| BENZAMYCIN TOPICAL GEL 3-5 % | 3 | MO |
| *claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg* | 1 | |
| CLEOCIN T TOPICAL LOTION 1 % | 3 | MO; QL (120 per 30 days) |
| *clindacin p topical swab 1 %* | 1 | MO; QL (69 per 30 days) |
| CLINDAGEL TOPICAL GEL, ONCE DAILY 1 % | 3 | MO; QL (150 per 30 days) |
| *clindamycin phosphate topical foam 1 %* | 1 | QL (100 per 30 days) |
| *clindamycin phosphate topical gel 1 %* | 1 | MO; QL (120 per 30 days) |
| *clindamycin phosphate topical lotion 1 %* | 1 | MO; QL (120 per 30 days) |
| *clindamycin phosphate topical solution 1 %* | 1 | MO; QL (120 per 30 days) |
| *clindamycin phosphate topical swab 1 %* | 1 | MO; QL (60 per 30 days) |
| *clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %* | 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %* | 1 | MO |
| *clindamycin-tretinoin topical gel 1.2-0.025 %* | 1 | PA; MO |
| *dapsone topical gel 5 %* | 1 | MO |
| DAPSONE TOPICAL GEL WITH PUMP 7.5 % | 3 | MO |
| DIFFERIN TOPICAL CREAM 0.1 % | 3 | PA; MO |
| DIFFERIN TOPICAL GEL WITH PUMP 0.3 % | 3 | PA; MO |
| DIFFERIN TOPICAL LOTION 0.1 % | 3 | PA; MO |
| EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 % | 3 | PA; MO |
| EPIDUO TOPICAL GEL WITH PUMP 0.1-2.5 % | 3 | PA |
| *ery pads topical swab 2 %* | 1 | MO |
| *erygel topical gel 2 %* | 1 | MO |
| *erythromycin with ethanol topical gel 2 %* | 1 | MO |
| *erythromycin with ethanol topical solution 2 %* | 1 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *erythromycin-benzoyl peroxide topical gel 3-5 %* | 1 | MO |
| EVOCLIN TOPICAL FOAM 1 % | 3 | QL (100 per 30 days) |
| FABIOR TOPICAL FOAM 0.1 % | 3 | PA; MO |
| FINACEA TOPICAL FOAM 15 % | 3 | ST; MO |
| FINACEA TOPICAL GEL 15 % | 3 | ST; MO |
| *isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg* | 1 | |
| METROCREAM TOPICAL CREAM 0.75 % | 3 | ST; MO |
| METROGEL TOPICAL GEL 1 % | 3 | ST; MO |
| METROLOTION TOPICAL LOTION 0.75 % | 3 | ST |
| *metronidazole topical cream 0.75 %* | 1 | MO |
| *metronidazole topical gel 0.75 %, 1 %* | 1 | MO |
| *metronidazole topical lotion 0.75 %* | 1 | MO |
| MIRVASO TOPICAL GEL WITH PUMP 0.33 % | 3 | PA; MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg* | 1 | |
| *neuac topical gel 1.2 %(1 % base) -5 %* | 1 | MO |
| NORITATE TOPICAL CREAM 1 % | 3 | ST; MO |
| ONEXTON TOPICAL GEL WITH PUMP 1.2 %(1 % BASE) -3.75 % | 3 | MO |
| RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 % | 3 | PA; MO |
| RETIN-A MICRO TOPICAL GEL WITH PUMP 0.06 %, 0.08 % | 3 | PA; MO |
| RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 % | 3 | PA; MO |
| RETIN-A TOPICAL GEL 0.01 %, 0.025 % | 3 | PA; MO |
| RHOFADE TOPICAL CREAM 1 % | 3 | PA; MO |
| SOOLANTRA TOPICAL CREAM 1 % | 3 | ST; MO |
| *tazarotene topical cream 0.1 %* | 1 | PA; MO |
| TAZAROTENE TOPICAL FOAM 0.1 % | 3 | PA |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| TAZORAC TOPICAL CREAM 0.05 %, 0.1 % | 3 | PA; MO |
| TAZORAC TOPICAL GEL 0.05 %, 0.1 % | 3 | PA; MO |
| *tretinoin microspheres topical gel 0.04 %, 0.1 %* | 1 | PA; MO |
| *tretinoin topical cream 0.025 %, 0.05 %, 0.1 %* | 1 | PA; MO |
| *tretinoin topical gel 0.01 %, 0.025 %, 0.05 %* | 1 | PA; MO |
| VELTIN TOPICAL GEL 1.2-0.025 % | 3 | PA |
| *zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg* | 1 | |
| ZIANA TOPICAL GEL 1.2-0.025 % | 3 | PA |
| ZILXI TOPICAL FOAM 1.5 % | 3 | ST; MO |
| **TOPICAL ANTIBACTERIALS** | | |
| ALTABAX TOPICAL OINTMENT 1 % | 3 | MO; QL (30 per 30 days) |
| *gentamicin topical cream 0.1 %* | 1 | MO; QL (60 per 30 days) |
| *gentamicin topical ointment 0.1 %* | 1 | MO; QL (60 per 30 days) |
| KLARON TOPICAL SUSPENSION 10 % | 3 | MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *mafenide acetate topical packet 50 gram* | 1 | MO |
| *mupirocin calcium topical cream 2 %* | 1 | MO; QL (30 per 30 days) |
| *mupirocin topical ointment 2 %* | 1 | MO; QL (44 per 30 days) |
| NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % | 3 | MO |
| *sulfacetamide sodium (acne) topical suspension 10 %* | 1 | MO |
| SULFAMYLON TOPICAL CREAM 85 MG/G | 2 | MO |
| SULFAMYLON TOPICAL PACKET 50 GRAM | 3 | MO |
| XEPI TOPICAL CREAM 1 % | 3 | QL (30 per 30 days) |
| **TOPICAL ANTIFUNGALS** | | |
| *ciclopirox topical cream 0.77 %* | 1 | MO; QL (90 per 28 days) |
| *ciclopirox topical gel 0.77 %* | 1 | MO; QL (45 per 28 days) |
| *ciclopirox topical shampoo 1 %* | 1 | MO; QL (120 per 28 days) |
| *ciclopirox topical solution 8 %* | 1 | MO |
| *ciclopirox topical suspension 0.77 %* | 1 | MO; QL (60 per 28 days) |
| *clotrimazole topical cream 1 %* | 1 | MO; QL (45 per 28 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *clotrimazole topical solution 1 %* | 1 | MO; QL (30 per 28 days) |
| *clotrimazole-betamethasone topical cream 1-0.05 %* | 1 | MO; QL (45 per 28 days) |
| *clotrimazole-betamethasone topical lotion 1-0.05 %* | 1 | MO; QL (60 per 28 days) |
| *econazole topical cream 1 %* | 1 | MO; QL (85 per 28 days) |
| ERTACZO TOPICAL CREAM 2 % | 3 | MO; QL (60 per 28 days) |
| EXTINA TOPICAL FOAM 2 % | 3 | QL (100 per 28 days) |
| JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 % | 3 | MO |
| KERYDIN TOPICAL SOLUTION WITH APPLICATOR 5 % | 3 | MO |
| *ketoconazole topical cream 2 %* | 1 | MO; QL (60 per 28 days) |
| *ketoconazole topical foam 2 %* | 1 | MO; QL (100 per 28 days) |
| *ketoconazole topical shampoo 2 %* | 1 | MO; QL (120 per 28 days) |
| *ketodan topical foam 2 %* | 1 | MO; QL (100 per 28 days) |
| LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 % | 3 | MO; QL (90 per 28 days) |
| LOPROX TOPICAL SHAMPOO 1 % | 3 | MO; QL (120 per 28 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| LULICONAZOLE TOPICAL CREAM 1 % | 3 | MO; QL (60 per 28 days) |
| LUZU TOPICAL CREAM 1 % | 3 | MO; QL (60 per 28 days) |
| MENTAX TOPICAL CREAM 1 % | 3 | MO; QL (30 per 28 days) |
| *naftifine topical cream 1 %, 2 %* | 1 | MO; QL (60 per 28 days) |
| NAFTIN TOPICAL GEL 1 %, 2 % | 3 | MO; QL (60 per 28 days) |
| *nyamyc topical powder 100,000 unit/gram* | 1 | MO; QL (180 per 30 days) |
| *nystatin topical cream 100,000 unit/gram* | 1 | MO; QL (30 per 28 days) |
| *nystatin topical ointment 100,000 unit/gram* | 1 | MO; QL (30 per 28 days) |
| *nystatin topical powder 100,000 unit/gram* | 1 | QL (180 per 30 days) |
| *nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%* | 1 | MO; QL (60 per 28 days) |
| *nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%* | 1 | MO; QL (60 per 28 days) |
| *nystop topical powder 100,000 unit/gram* | 1 | MO; QL (180 per 30 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *oxiconazole topical cream 1 %* | 1 | MO; QL (60 per 28 days) |
| OXISTAT TOPICAL CREAM 1 % | 3 | MO; QL (60 per 28 days) |
| OXISTAT TOPICAL LOTION 1 % | 3 | MO; QL (60 per 28 days) |
| *tavaborole topical solution with applicator 5 %* | 1 | MO |
| XOLEGEL TOPICAL GEL 2 % | 3 | MO; QL (45 per 28 days) |
| **TOPICAL ANTIVIRALS** | | |
| *acyclovir topical cream 5 %* | 1 | PA; MO; QL (5 per 30 days) |
| *acyclovir topical ointment 5 %* | 1 | PA; MO; QL (30 per 30 days) |
| DENAVIR TOPICAL CREAM 1 % | 3 | MO; QL (5 per 30 days) |
| XERESE TOPICAL CREAM 5-1 % | 3 | MO |
| ZOVIRAX TOPICAL CREAM 5 % | 3 | PA; MO; QL (5 per 30 days) |
| ZOVIRAX TOPICAL OINTMENT 5 % | 3 | PA; MO; QL (30 per 30 days) |
| **TOPICAL CORTICOSTEROIDS** | | |
| *ala-cort topical cream 1 %* | 1 | MO |
| *ala-cort topical cream 2.5 %* | 1 | |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ALA-SCALP TOPICAL LOTION 2 % | 3 | MO |
| *alclometasone topical cream 0.05 %* | 1 | MO |
| *alclometasone topical ointment 0.05 %* | 1 | MO |
| *amcinonide topical cream 0.1 %* | 1 | MO |
| *amcinonide topical lotion 0.1 %* | 1 | MO |
| *apexicon e topical cream 0.05 %* | 1 | MO; QL (120 per 30 days) |
| *beser topical lotion 0.05 %* | 1 | MO |
| *betamethasone dipropionate topical cream 0.05 %* | 1 | MO |
| *betamethasone dipropionate topical lotion 0.05 %* | 1 | MO |
| *betamethasone dipropionate topical ointment 0.05 %* | 1 | MO |
| *betamethasone valerate topical cream 0.1 %* | 1 | MO |
| *betamethasone valerate topical foam 0.12 %* | 1 | MO |
| *betamethasone valerate topical lotion 0.1 %* | 1 | MO |
| *betamethasone valerate topical ointment 0.1 %* | 1 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *betamethasone, augmented topical cream 0.05 %* | 1 | MO |
| *betamethasone, augmented topical gel 0.05 %* | 1 | MO |
| *betamethasone, augmented topical lotion 0.05 %* | 1 | MO |
| *betamethasone, augmented topical ointment 0.05 %* | 1 | MO |
| BRYHALI TOPICAL LOTION 0.01 % | 3 | MO |
| CAPEX TOPICAL SHAMPOO 0.01 % | 3 | MO |
| *clobetasol scalp solution 0.05 %* | 1 | MO; QL (100 per 28 days) |
| *clobetasol topical cream 0.05 %* | 1 | MO; QL (120 per 28 days) |
| *clobetasol topical foam 0.05 %* | 1 | MO; QL (100 per 28 days) |
| *clobetasol topical gel 0.05 %* | 1 | MO; QL (120 per 28 days) |
| *clobetasol topical lotion 0.05 %* | 1 | MO; QL (118 per 28 days) |
| *clobetasol topical ointment 0.05 %* | 1 | MO; QL (120 per 28 days) |
| *clobetasol topical shampoo 0.05 %* | 1 | MO; QL (236 per 28 days) |
| *clobetasol topical spray,non-aerosol 0.05 %* | 1 | MO; QL (125 per 28 days) |
| *clobetasol-emollient topical cream 0.05 %* | 1 | MO; QL (120 per 28 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *clobetasol-emollient topical foam 0.05 %* | 1 | MO; QL (100 per 28 days) |
| CLOBEX TOPICAL LOTION 0.05 % | 3 | QL (118 per 28 days) |
| CLOBEX TOPICAL SHAMPOO 0.05 % | 3 | MO; QL (236 per 28 days) |
| CLOBEX TOPICAL SPRAY,NON-AEROSOL 0.05 % | 3 | MO; QL (125 per 28 days) |
| CLOCORTOLONE PIVALATE TOPICAL CREAM 0.1 % | 3 | MO |
| *clodan topical shampoo 0.05 %* | 1 | MO; QL (236 per 28 days) |
| CLODERM TOPICAL CREAM 0.1 % | 3 | MO |
| CORDRAN LARGE ROLL TOPICAL TAPE 4 MCG/CM2 | 3 | MO |
| CORDRAN TOPICAL CREAM 0.025 %, 0.05 % | 3 | MO; QL (120 per 30 days) |
| CORDRAN TOPICAL LOTION 0.05 % | 3 | MO; QL (120 per 30 days) |
| CORDRAN TOPICAL OINTMENT 0.05 % | 3 | MO; QL (120 per 30 days) |
| CUTIVATE TOPICAL LOTION 0.05 % | 3 | MO |
| DERMA-SMOOTHE/FS SCALP OIL 0.01 % | 3 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| DESONATE TOPICAL GEL 0.05 % | 3 | MO |
| *desonide topical cream 0.05 %* | 1 | MO |
| *desonide topical gel 0.05 %* | 1 | MO |
| *desonide topical lotion 0.05 %* | 1 | MO |
| *desonide topical ointment 0.05 %* | 1 | MO |
| DESOWEN TOPICAL CREAM 0.05 % | 3 | |
| *desoximetasone topical cream 0.05 %, 0.25 %* | 1 | MO |
| *desoximetasone topical gel 0.05 %* | 1 | MO |
| *desoximetasone topical ointment 0.05 %, 0.25 %* | 1 | MO |
| *desoximetasone topical spray,non-aerosol 0.25 %* | 1 | MO |
| *diflorasone topical cream 0.05 %* | 1 | MO; QL (120 per 30 days) |
| *diflorasone topical ointment 0.05 %* | 1 | MO; QL (120 per 30 days) |
| DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 % | 3 | MO |
| DUOBRII TOPICAL LOTION 0.01-0.045 % | 3 | MO; QL (200 per 30 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *fluocinolone and shower cap scalp oil 0.01 %* | 1 | MO |
| *fluocinolone topical cream 0.01 %, 0.025 %* | 1 | MO |
| *fluocinolone topical ointment 0.025 %* | 1 | MO |
| *fluocinolone topical solution 0.01 %* | 1 | MO |
| *fluocinonide topical cream 0.05 %, 0.1 %* | 1 | MO; QL (120 per 30 days) |
| *fluocinonide topical gel 0.05 %* | 1 | MO; QL (120 per 30 days) |
| *fluocinonide topical ointment 0.05 %* | 1 | MO; QL (120 per 30 days) |
| *fluocinonide topical solution 0.05 %* | 1 | MO; QL (120 per 30 days) |
| *fluocinonide-e topical cream 0.05 %* | 1 | MO; QL (120 per 30 days) |
| *flurandrenolide topical cream 0.05 %* | 1 | MO; QL (120 per 30 days) |
| *flurandrenolide topical lotion 0.05 %* | 1 | MO; QL (120 per 30 days) |
| *flurandrenolide topical ointment 0.05 %* | 1 | MO; QL (120 per 30 days) |
| *fluticasone propionate topical cream 0.05 %* | 1 | MO |
| *fluticasone propionate topical lotion 0.05 %* | 1 | MO |
| *fluticasone propionate topical ointment 0.005 %* | 1 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *halcinonide topical cream 0.1 %* | 1 | MO |
| *halobetasol propionate topical cream 0.05 %* | 1 | MO |
| HALOBETASOL PROPIONATE TOPICAL FOAM 0.05 % | 3 | MO |
| *halobetasol propionate topical ointment 0.05 %* | 1 | MO |
| HALOG TOPICAL CREAM 0.1 % | 3 | MO |
| HALOG TOPICAL OINTMENT 0.1 % | 3 | MO |
| HALOG TOPICAL SOLUTION 0.1 % | 3 | MO |
| *hydrocortisone butyrate topical cream 0.1 %* | 1 | MO; QL (120 per 30 days) |
| *hydrocortisone butyrate topical lotion 0.1 %* | 1 | MO; QL (118 per 30 days) |
| *hydrocortisone butyrate topical ointment 0.1 %* | 1 | MO; QL (120 per 30 days) |
| *hydrocortisone butyrate topical solution 0.1 %* | 1 | MO; QL (120 per 30 days) |
| *hydrocortisone topical cream 1 %* | 1 | MO |
| *hydrocortisone topical lotion 2.5 %* | 1 | MO |
| *hydrocortisone topical ointment 1 %, 2.5 %* | 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *hydrocortisone valerate topical cream 0.2 %* | 1 | MO |
| *hydrocortisone valerate topical ointment 0.2 %* | 1 | MO |
| IMPEKLO TOPICAL LOTION IN METERED-DOSE PUMP 0.05 % | 3 | MO; QL (136 per 28 days) |
| KENALOG TOPICAL AEROSOL 0.147 MG/GRAM | 3 | MO; QL (126 per 28 days) |
| LEXETTE TOPICAL FOAM 0.05 % | 3 | MO |
| LOCOID LIPOCREAM TOPICAL CREAM 0.1 % | 3 | MO; QL (120 per 30 days) |
| LOCOID TOPICAL LOTION 0.1 % | 3 | MO; QL (118 per 30 days) |
| LUXIQ TOPICAL FOAM 0.12 % | 3 | MO |
| *mometasone topical cream 0.1 %* | 1 | MO |
| *mometasone topical ointment 0.1 %* | 1 | MO |
| *mometasone topical solution 0.1 %* | 1 | MO |
| *nolix topical cream 0.05 %* | 1 | MO; QL (120 per 30 days) |
| *nolix topical lotion 0.05 %* | 1 | MO; QL (120 per 30 days) |
| OLUX TOPICAL FOAM 0.05 % | 3 | MO; QL (100 per 28 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| OLUX-E TOPICAL FOAM 0.05 % | 3 | MO; QL (100 per 28 days) |
| PANDEL TOPICAL CREAM 0.1 % | 3 | MO |
| *prednicarbate topical ointment 0.1 %* | 1 | MO |
| PSORCON TOPICAL CREAM 0.05 % | 3 | QL (120 per 30 days) |
| SYNALAR TOPICAL CREAM 0.025 % | 3 | MO |
| TEMOVATE TOPICAL CREAM 0.05 % | 3 | MO; QL (120 per 28 days) |
| TEXACORT TOPICAL SOLUTION 2.5 % | 3 | MO |
| TOPICORT TOPICAL CREAM 0.05 %, 0.25 % | 3 | MO |
| TOPICORT TOPICAL GEL 0.05 % | 3 | MO |
| TOPICORT TOPICAL OINTMENT 0.05 %, 0.25 % | 3 | MO |
| TOPICORT TOPICAL SPRAY,NON-AEROSOL 0.25 % | 3 | MO |
| *tovet emollient topical foam 0.05 %* | 1 | MO; QL (100 per 28 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *triamcinolone acetonide topical aerosol 0.147 mg/gram* | 1 | MO; QL (126 per 28 days) |
| *triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %* | 1 | MO |
| *triamcinolone acetonide topical lotion 0.025 %, 0.1 %* | 1 | MO |
| *triamcinolone acetonide topical ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %* | 1 | MO |
| *trianex topical ointment 0.05 %* | 1 | MO |
| *triderm topical cream 0.1 %, 0.5 %* | 1 | MO |
| ULTRAVATE TOPICAL LOTION 0.05 % | 3 | MO |
| VANOS TOPICAL CREAM 0.1 % | 3 | MO; QL (120 per 30 days) |
| VERDESO TOPICAL FOAM 0.05 % | 3 | MO |
| **TOPICAL SCABICIDES / PEDICULICIDES** | | |
| *ivermectin topical lotion 0.5 %* | 1 | MO |
| *lindane topical shampoo 1 %* | 1 | MO |
| *malathion topical lotion 0.5 %* | 1 | MO |
| NATROBA TOPICAL SUSPENSION 0.9 % | 3 | MO |
| OVIDE TOPICAL LOTION 0.5 % | 3 | MO |
| *permethrin topical cream 5 %* | 1 | MO |
| *spinosad topical suspension 0.9 %* | 1 | MO |
| **DIAGNOSTICS / MISCELLANEOUS AGENTS** | | |
| **MISCELLANEOUS AGENTS** | | |
| *acamprosate oral tablet,delayed release (dr/ec) 333 mg* | 1 | MO |
| AGRYLIN ORAL CAPSULE 0.5 MG | 3 | MO |
| *anagrelide oral capsule 0.5 mg, 1 mg* | 1 | MO |
| ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG | 3 | PA; MO; LA |
| AURYXIA ORAL TABLET 210 MG IRON | 3 | PA; MO |
| BUPHENYL ORAL POWDER 0.94 GRAM/GRAM | 3 | PA |
| BUPHENYL ORAL TABLET 500 MG | 3 | PA |
| CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG | 2 | PA; MO; LA |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| CARNITOR ORAL SOLUTION 100 MG/ML | 3 | MO |
| CARNITOR ORAL TABLET 330 MG | 3 | MO |
| *cevimeline oral capsule 30 mg* | 1 | MO |
| CHEMET ORAL CAPSULE 100 MG | 2 | PA |
| CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | 3 | B/D PA |
| CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 % | 3 | B/D PA |
| *clovique oral capsule 250 mg* | 1 | PA; MO |
| *d10 %-0.45 % sodium chloride intravenous parenteral solution* | 1 | |
| *d2.5 %-0.45 % sodium chloride intravenous parenteral solution* | 1 | |
| *d5 % and 0.9 % sodium chloride intravenous parenteral solution* | 1 | MO |
| *d5 %-0.45 % sodium chloride intravenous parenteral solution* | 1 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *deferasirox oral granules in packet 180 mg, 360 mg, 90 mg* | 1 | PA; MO |
| *deferasirox oral tablet 180 mg, 360 mg, 90 mg* | 1 | PA; MO |
| *deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg* | 1 | PA; MO |
| *deferiprone oral tablet 500 mg* | 1 | PA; MO |
| *dextrose 10 % and 0.2 % nacl intravenous parenteral solution* | 1 | |
| *dextrose 10 % in water (d10w) intravenous parenteral solution 10 %* | 1 | |
| *dextrose 5 % in water (d5w) intravenous piggyback 5 %* | 1 | MO |
| *dextrose 5%-0.2 % sod chloride intravenous parenteral solution* | 1 | |
| *disulfiram oral tablet 250 mg, 500 mg* | 1 | MO |
| *droxidopa oral capsule 100 mg, 200 mg, 300 mg* | 1 | PA; MO |
| ENDARI ORAL POWDER IN PACKET 5 GRAM | 3 | PA; MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| EVOXAC ORAL CAPSULE 30 MG | 3 | MO |
| EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG | 3 | PA; MO; LA |
| FERRIPROX ORAL SOLUTION 100 MG/ML | 2 | PA |
| FERRIPROX ORAL TABLET 1,000 MG, 500 MG | 2 | PA |
| FOSRENOL ORAL POWDER IN PACKET 1,000 MG | 3 | MO; QL (135 per 30 days) |
| FOSRENOL ORAL POWDER IN PACKET 750 MG | 3 | MO; QL (180 per 30 days) |
| FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG | 3 | MO; QL (135 per 30 days) |
| FOSRENOL ORAL TABLET,CHEWABLE 500 MG | 3 | MO; QL (270 per 30 days) |
| FOSRENOL ORAL TABLET,CHEWABLE 750 MG | 3 | MO; QL (180 per 30 days) |
| GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %) | 3 | PA; MO; LA |
| INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML | 2 | MO; LA |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| JADENU ORAL TABLET 180 MG, 360 MG, 90 MG | 3 | PA; MO |
| JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG | 3 | PA; MO |
| *lanthanum oral tablet,chewable 1,000 mg* | 1 | MO; QL (135 per 30 days) |
| *lanthanum oral tablet,chewable 500 mg* | 1 | MO; QL (270 per 30 days) |
| *lanthanum oral tablet,chewable 750 mg* | 1 | MO; QL (180 per 30 days) |
| *levocarnitine (with sugar) oral solution 100 mg/ml* | 1 | MO |
| *levocarnitine oral tablet 330 mg* | 1 | MO |
| LITHOSTAT ORAL TABLET 250 MG | 3 | |
| LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM | 2 | MO |
| *midodrine oral tablet 10 mg, 2.5 mg, 5 mg* | 1 | MO |
| *nitisinone oral capsule 10 mg, 2 mg, 5 mg* | 1 | PA; MO |
| NITYR ORAL TABLET 10 MG, 2 MG, 5 MG | 3 | PA; MO; LA |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG | 3 | PA; MO |
| ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG | 3 | PA; LA |
| ORFADIN ORAL SUSPENSION 4 MG/ML | 3 | PA; LA |
| OXBRYTA ORAL TABLET 500 MG | 3 | PA; MO; LA; QL (90 per 30 days) |
| *pilocarpine hcl oral tablet 5 mg, 7.5 mg* | 1 | MO |
| PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG | 2 | PA; LA |
| RAVICTI ORAL LIQUID 1.1 GRAM/ML | 2 | PA; MO |
| RENAGEL ORAL TABLET 800 MG | 3 | MO |
| RENVELA ORAL POWDER IN PACKET 0.8 GRAM | 3 | MO; QL (180 per 30 days) |
| RENVELA ORAL POWDER IN PACKET 2.4 GRAM | 3 | MO; QL (90 per 30 days) |
| RENVELA ORAL TABLET 800 MG | 3 | MO; QL (270 per 30 days) |
| RILUTEK ORAL TABLET 50 MG | 3 | PA; MO |
| *riluzole oral tablet 50 mg* | 1 | PA; MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *risedronate oral tablet 30 mg* | 1 | MO; QL (30 per 30 days) |
| SALAGEN (PILOCARPINE) ORAL TABLET 5 MG, 7.5 MG | 3 | MO |
| *sevelamer carbonate oral powder in packet 0.8 gram* | 1 | MO; QL (180 per 30 days) |
| *sevelamer carbonate oral powder in packet 2.4 gram* | 1 | MO; QL (90 per 30 days) |
| *sevelamer carbonate oral tablet 800 mg* | 1 | MO; QL (270 per 30 days) |
| *sevelamer hcl oral tablet 400 mg* | 1 | MO |
| *sevelamer hcl oral tablet 800 mg* | 1 | |
| *sodium chloride 0.9 % intravenous piggyback* | 1 | MO |
| *sodium chloride irrigation solution 0.9 %* | 1 | MO |
| *sodium phenylbutyrate oral powder 0.94 gram/gram* | 1 | PA; MO |
| *sodium phenylbutyrate oral tablet 500 mg* | 1 | PA |
| *sodium polystyrene sulfonate oral powder* | 1 | MO |
| *sps (with sorbitol) oral suspension 15-20 gram/60 ml* | 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| SYPRINE ORAL CAPSULE 250 MG | 3 | PA; MO |
| THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG | 3 | |
| THIOLA ORAL TABLET 100 MG | 3 | |
| TIGLUTIK ORAL SUSPENSION 50 MG/10 ML | 3 | PA |
| *tiopronin oral tablet 100 mg* | 1 | MO |
| *trientine oral capsule 250 mg* | 1 | PA; MO |
| VELPHORO ORAL TABLET,CHEWABLE 500 MG | 3 | MO; QL (180 per 30 days) |
| VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM | 2 | MO |
| XURIDEN ORAL GRANULES IN PACKET 2 GRAM | 2 | PA |
| ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG | 3 | PA; MO; LA |
| **SMOKING DETERRENTS** | | |
| *bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg* | 1 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG | 3 | MO |
| CHANTIX ORAL TABLET 0.5 MG, 1 MG | 3 | MO |
| CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)-1 MG (42) | 3 | MO |
| NICOTROL INHALATION CARTRIDGE 10 MG | 3 | MO |
| NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML | 3 | MO |
| **EAR, NOSE / THROAT MEDICATIONS** | | |
| **MISCELLANEOUS AGENTS** | | |
| *azelastine nasal aerosol,spray 137 mcg (0.1 %)* | 1 | MO; QL (60 per 30 days) |
| *azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)* | 1 | MO; QL (60 per 30 days) |
| *chlorhexidine gluconate mucous membrane mouthwash 0.12 %* | 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)* | 1 | MO; QL (30 per 30 days) |
| *olopatadine nasal spray,non-aerosol 0.6 %* | 1 | MO; QL (30.5 per 30 days) |
| PATANASE NASAL SPRAY,NON-AEROSOL 0.6 % | 3 | MO; QL (30.5 per 30 days) |
| *periogard mucous membrane mouthwash 0.12 %* | 1 | MO |
| *triamcinolone acetonide dental paste 0.1 %* | 1 | MO |
| **MISCELLANEOUS OTIC PREPARATIONS** | | |
| *acetic acid otic (ear) solution 2 %* | 1 | MO |
| *ciprofloxacin hcl otic (ear) dropperette 0.2 %* | 1 | MO |
| DERMOTIC OIL OTIC (EAR) DROPS 0.01 % | 3 | MO |
| *flac oil otic (ear) drops 0.01 %* | 1 | |
| *fluocinolone acetonide oil otic (ear) drops 0.01 %* | 1 | MO |
| *hydrocortisone-acetic acid otic (ear) drops 1-2 %* | 1 | MO |
| *ofloxacin otic (ear) drops 0.3 %* | 1 | MO |
| **OTIC STEROID / ANTIBIOTIC** | | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 % | 3 | MO |
| CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 % | 3 | MO |
| *ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %* | 1 | MO |
| CIPROFLOXACIN-FLUOCINOLONE OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML) | 3 | MO |
| *neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%* | 1 | MO |
| *neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%* | 1 | MO |
| OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML) | 3 | MO |
| **ENDOCRINE/DIABETES** | | |
| **ADRENAL HORMONES** | | |
| ACTHAR INJECTION GEL 80 UNIT/ML | 3 | PA; MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG | 3 | |
| CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG | 3 | MO |
| *dexabliss oral tablets,dose pack 1.5 mg (39 tabs)* | 1 | |
| *dexamethasone oral elixir 0.5 mg/5 ml* | 1 | MO |
| *dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg* | 1 | MO |
| *dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs)* | 1 | MO |
| EMFLAZA ORAL SUSPENSION 22.75 MG/ML | 3 | PA; MO; LA |
| EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG | 3 | PA; MO; LA |
| *fludrocortisone oral tablet 0.1 mg* | 1 | MO |
| HEMADY ORAL TABLET 20 MG | 3 | MO |
| *hydrocortisone oral tablet 10 mg, 20 mg, 5 mg* | 1 | MO |
| MEDROL (PAK) ORAL TABLETS,DOSE PACK 4 MG | 3 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| MEDROL ORAL TABLET 16 MG, 2 MG, 32 MG, 4 MG, 8 MG | 3 | B/D PA; MO |
| *methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg* | 1 | B/D PA; MO |
| *methylprednisolone oral tablets,dose pack 4 mg* | 1 | MO |
| *millipred oral tablet 5 mg* | 1 | B/D PA; MO |
| ORAPRED ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 30 MG | 3 | B/D PA; MO |
| *prednisolone oral solution 15 mg/5 ml* | 1 | MO |
| *prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)* | 1 | MO |
| *prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg* | 1 | B/D PA; MO |
| *prednisone intensol oral concentrate 5 mg/ml* | 1 | MO |
| *prednisone oral solution 5 mg/5 ml* | 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg* | 1 | MO |
| *prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)* | 1 | MO |
| RAYOS ORAL TABLET,DELAYED RELEASE (DR/EC) 1 MG, 2 MG, 5 MG | 3 | MO |
| TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS), 1.5 MG (49 TABS) | 3 | MO |
| TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (27 TABS) | 3 | |
| **ANTITHYROID AGENTS** | | |
| *methimazole oral tablet 10 mg, 5 mg* | 1 | MO |
| *propylthiouracil oral tablet 50 mg* | 1 | MO |
| TAPAZOLE ORAL TABLET 10 MG, 5 MG | 3 | MO |
| **DIABETES THERAPY** | | |
| *acarbose oral tablet 100 mg* | 1 | MO; QL (90 per 30 days) |
| *acarbose oral tablet 25 mg* | 1 | MO; QL (360 per 30 days) |
| *acarbose oral tablet 50 mg* | 1 | MO; QL (180 per 30 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ACTOPLUS MET ORAL TABLET 15-500 MG, 15-850 MG | 3 | MO; QL (90 per 30 days) |
| ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG | 3 | MO; QL (30 per 30 days) |
| ADLYXIN SUBCUTANEOUS PEN INJECTOR 10 MCG/0.2 ML- 20 MCG/0.2 ML | 3 | PA; MO; QL (6 per 180 days) |
| ADLYXIN SUBCUTANEOUS PEN INJECTOR 20 MCG/0.2 ML | 3 | PA; MO; QL (6 per 30 days) |
| ADMELOG SOLOSTAR U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML | 3 | ST; MO |
| ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML | 3 | ST; MO |
| AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90) | 3 | MO |
| ALCOHOL PADS TOPICAL PADS, MEDICATED | 2 | |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ALOGLIPTIN ORAL TABLET 12.5 MG, 25 MG, 6.25 MG | 3 | ST; MO; QL (30 per 30 days) |
| ALOGLIPTIN-METFORMIN ORAL TABLET 12.5-1,000 MG, 12.5-500 MG | 3 | ST; MO; QL (60 per 30 days) |
| ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG | 3 | MO; QL (30 per 30 days) |
| AMARYL ORAL TABLET 1 MG | 3 | MO; QL (240 per 30 days) |
| AMARYL ORAL TABLET 2 MG | 3 | MO; QL (120 per 30 days) |
| AMARYL ORAL TABLET 4 MG | 3 | MO; QL (60 per 30 days) |
| APIDRA SOLOSTAR U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML | 3 | ST; MO |
| APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | 3 | ST; MO |
| BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION | 2 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| BASAGLAR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 3 | ST; MO |
| BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML | 2 | PA; MO; QL (4 per 28 days) |
| BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML | 2 | PA; MO; QL (2.4 per 30 days) |
| BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML | 2 | PA; MO; QL (1.2 per 30 days) |
| CYCLOSET ORAL TABLET 0.8 MG | 3 | MO; QL (180 per 30 days) |
| *diazoxide oral suspension 50 mg/ml* | 1 | MO |
| DUETACT ORAL TABLET 30-2 MG, 30-4 MG | 3 | MO; QL (30 per 30 days) |
| FARXIGA ORAL TABLET 10 MG | 2 | MO; QL (30 per 30 days) |
| FARXIGA ORAL TABLET 5 MG | 2 | MO; QL (60 per 30 days) |
| FIASP FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 3 | ST; 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML) | 3 | ST; MO |
| FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | 3 | ST; MO |
| FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 1,000 MG | 3 | ST; MO; QL (60 per 30 days) |
| FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 500 MG | 3 | ST; MO; QL (150 per 30 days) |
| *glimepiride oral tablet 1 mg* | 1 | MO; QL (240 per 30 days) |
| *glimepiride oral tablet 2 mg* | 1 | MO; QL (120 per 30 days) |
| *glimepiride oral tablet 4 mg* | 1 | MO; QL (60 per 30 days) |
| *glipizide oral tablet 10 mg* | 1 | MO; QL (120 per 30 days) |
| *glipizide oral tablet 5 mg* | 1 | MO; QL (240 per 30 days) |
| *glipizide oral tablet extended release 24hr 10 mg* | 1 | MO; QL (60 per 30 days) |
| *glipizide oral tablet extended release 24hr 2.5 mg* | 1 | MO; QL (240 per 30 days) |
| *glipizide oral tablet extended release 24hr 5 mg* | 1 | MO; QL (120 per 30 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *glipizide-metformin oral tablet 2.5-250 mg* | 1 | MO; QL (240 per 30 days) |
| *glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg* | 1 | MO; QL (120 per 30 days) |
| GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG | 3 | ST; MO |
| GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG | 3 | ST; MO |
| GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG | 3 | MO; QL (60 per 30 days) |
| GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 2.5 MG | 3 | MO; QL (240 per 30 days) |
| GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG | 3 | MO; QL (120 per 30 days) |
| GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG | 3 | ST; MO; QL (60 per 30 days) |
| GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG | 3 | ST; MO; QL (120 per 30 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG | 2 | MO; QL (30 per 30 days) |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML | 2 | MO |
| GVOKE PFS 1-PACK SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML | 2 | MO |
| HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML | 2 | MO |
| HUMALOG KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML) | 2 | MO |
| HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50) | 2 | MO |
| HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) | 2 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25) | 2 | MO |
| HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) | 2 | MO |
| HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML | 2 | MO |
| HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | 2 | MO |
| HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) | 2 | MO |
| HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) | 2 | MO |
| HUMULIN N NPH KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 2 | MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML | 2 | MO |
| HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML | 2 | MO |
| HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML | 2 | MO |
| HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) | 2 | MO |
| INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) | 3 | ST; MO |
| INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30) | 3 | ST; MO |
| INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE 100 UNIT/ML | 3 | ST; MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 3 | ST; MO |
| INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION 100 UNIT/ML | 3 | ST; MO |
| INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS PEN 100 UNIT/ML (75-25) | 3 | ST; MO |
| INSULIN LISPRO SUBCUTANEOUS PEN 100 UNIT/ML | 3 | ST; MO |
| INSULIN LISPRO SUBCUTANEOUS PEN, HALF-UNIT 100 UNIT/ML | 3 | ST; MO |
| INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML | 3 | ST; MO |
| INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG | 3 | ST; MO; QL (60 per 30 days) |
| INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG | 3 | ST; MO; QL (60 per 30 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| INVOKANA ORAL TABLET 100 MG, 300 MG | 3 | ST; MO; QL (30 per 30 days) |
| JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG | 2 | MO; QL (60 per 30 days) |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG | 2 | MO; QL (30 per 30 days) |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG | 2 | MO; QL (60 per 30 days) |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG | 2 | MO; QL (30 per 30 days) |
| JARDIANCE ORAL TABLET 10 MG, 25 MG | 2 | MO; QL (30 per 30 days) |
| JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG | 3 | ST; MO; QL (60 per 30 days) |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG | 3 | ST; MO; QL (60 per 30 days) |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG | 3 | ST; MO; QL (30 per 30 days) |
| KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG | 3 | ST; MO; QL (60 per 30 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG | 2 | MO; QL (60 per 30 days) |
| KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG | 2 | MO; QL (30 per 30 days) |
| LANTUS SOLOSTAR U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 2 | MO |
| LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | 2 | MO |
| LEVEMIR FLEXTOUCH U-100 INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 3 | ST; MO |
| LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | 3 | ST; MO |
| LYUMJEV KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML | 2 | MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| LYUMJEV KWIKPEN U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) | 2 | MO |
| LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | 2 | MO |
| *metformin oral solution 500 mg/5 ml* | 1 | MO; QL (765 per 30 days) |
| *metformin oral tablet 1,000 mg* | 1 | MO; QL (75 per 30 days) |
| *metformin oral tablet 500 mg* | 1 | MO; QL (150 per 30 days) |
| *metformin oral tablet 850 mg* | 1 | MO; QL (90 per 30 days) |
| *metformin oral tablet extended release 24 hr 500 mg* | 1 | MO; QL (120 per 30 days) |
| *metformin oral tablet extended release 24 hr 750 mg* | 1 | MO; QL (60 per 30 days) |
| *metformin oral tablet extended release (osm) 24 hr 1,000 mg* | 1 | ST; MO; QL (60 per 30 days) |
| *metformin oral tablet extended release (osm) 24 hr 500 mg* | 1 | ST; MO; QL (150 per 30 days) |
| *metformin oral tablet,er gast.retention 24 hr 1,000 mg* | 1 | ST; MO; QL (60 per 30 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *metformin oral tablet,er gast.retention 24 hr 500 mg* | 1 | ST; MO; QL (120 per 30 days) |
| *miglitol oral tablet 100 mg* | 1 | MO; QL (90 per 30 days) |
| *miglitol oral tablet 25 mg* | 1 | MO; QL (360 per 30 days) |
| *miglitol oral tablet 50 mg* | 1 | MO; QL (180 per 30 days) |
| *nateglinide oral tablet 120 mg* | 1 | MO; QL (90 per 30 days) |
| *nateglinide oral tablet 60 mg* | 1 | MO; QL (180 per 30 days) |
| NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG | 3 | ST; MO; QL (30 per 30 days) |
| NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) | 3 | ST; MO |
| NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) | 3 | ST; MO |
| NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 3 | ST; MO |
| NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML | 3 | ST; 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 08/17/2021.

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

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ONGLYZA ORAL TABLET 2.5 MG, 5 MG | 2 | MO; QL (30 per 30 days) |
| OSENI ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG | 3 | MO; QL (30 per 30 days) |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML) | 2 | PA; MO; QL (1.5 per 28 days) |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML) | 2 | PA; QL (3 per 28 days) |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML) | 2 | PA; MO; QL (3 per 28 days) |
| *pioglitazone oral tablet 15 mg, 30 mg, 45 mg* | 1 | MO; QL (30 per 30 days) |
| *pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg* | 1 | MO; QL (30 per 30 days) |
| *pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg* | 1 | MO; QL (90 per 30 days) |
| PROGLYCEM ORAL SUSPENSION 50 MG/ML | 3 | MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| QTERN ORAL TABLET 10-5 MG, 5-5 MG | 2 | MO; QL (30 per 30 days) |
| *repaglinide oral tablet 0.5 mg* | 1 | MO; QL (960 per 30 days) |
| *repaglinide oral tablet 1 mg* | 1 | MO; QL (480 per 30 days) |
| *repaglinide oral tablet 2 mg* | 1 | MO; QL (240 per 30 days) |
| RIOMET ORAL SOLUTION 500 MG/5 ML | 3 | MO; QL (765 per 30 days) |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG | 2 | PA; MO; QL (30 per 30 days) |
| SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG | 2 | MO; QL (60 per 30 days) |
| SEGLUROMET ORAL TABLET 2.5-500 MG | 2 | MO; QL (120 per 30 days) |
| SEMGLEE PEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 3 | ST |
| SEMGLEE U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | 3 | ST |
| SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML | 2 | MO; QL (90 per 30 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| STEGLATRO ORAL TABLET 15 MG, 5 MG | 2 | MO; QL (30 per 30 days) |
| STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG | 3 | ST; MO; QL (30 per 30 days) |
| SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML | 2 | PA; MO; QL (10.8 per 30 days) |
| SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML | 2 | PA; MO; QL (6 per 30 days) |
| SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG | 2 | 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 | 2 | MO; QL (60 per 30 days) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG | 2 | MO; QL (30 per 30 days) |
| TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) | 2 | MO |
| TOUJEO SOLOSTAR U-300 SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) | 2 | MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| TRADJENTA ORAL TABLET 5 MG | 3 | ST; MO; QL (30 per 30 days) |
| TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 3 | ST; MO |
| TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) | 3 | ST; MO |
| TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | 3 | ST; MO |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG | 2 | 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 | 2 | MO; QL (60 per 30 days) |
| 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 | 2 | PA; MO; QL (2 per 28 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) | 2 | PA; MO; QL (9 per 30 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG | 2 | 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 | 2 | MO; QL (60 per 30 days) |
| XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML) | 2 | MO; QL (15 per 30 days) |
| **MISCELLANEOUS HORMONES** | | |
| ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR | 2 | PA; MO; QL (30 per 30 days) |
| ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %) | 3 | PA; MO; QL (150 per 30 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM) | 3 | PA; MO; QL (300 per 30 days) |
| ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM) | 3 | PA; MO; QL (37.5 per 30 days) |
| ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM) | 3 | PA; MO; QL (150 per 30 days) |
| AVEED INTRAMUSCULAR SOLUTION 750 MG/3 ML (250 MG/ML) | 3 | PA; LA |
| *cabergoline oral tablet 0.5 mg* | 1 | MO |
| *calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation* | 1 | MO |
| *calcitriol oral capsule 0.25 mcg, 0.5 mcg* | 1 | MO |
| *calcitriol oral solution 1 mcg/ml* | 1 | |
| CERDELGA ORAL CAPSULE 84 MG | 2 | PA; MO |
| *cinacalcet oral tablet 30 mg, 60 mg, 90 mg* | 1 | PA; MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *danazol oral capsule 100 mg, 200 mg, 50 mg* | 1 | MO |
| DDAVP ORAL TABLET 0.1 MG, 0.2 MG | 3 | MO |
| DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML | 3 | PA; MO |
| *desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)* | 1 | MO |
| *desmopressin oral tablet 0.1 mg, 0.2 mg* | 1 | MO |
| *doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg* | 1 | MO |
| FORTESTA TRANSDERMAL GEL IN METERED-DOSE PUMP 10 MG/0.5 GRAM /ACTUATION | 3 | PA; MO; QL (120 per 30 days) |
| GALAFOLD ORAL CAPSULE 123 MG | 3 | PA; MO; LA; QL (15 per 30 days) |
| ISTURISA ORAL TABLET 1 MG | 3 | PA; LA; QL (240 per 30 days) |
| ISTURISA ORAL TABLET 10 MG | 3 | PA; LA; QL (180 per 30 days) |
| ISTURISA ORAL TABLET 5 MG | 3 | PA; LA; QL (60 per 30 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| JATENZO ORAL CAPSULE 158 MG, 198 MG | 3 | PA; MO; QL (120 per 30 days) |
| JATENZO ORAL CAPSULE 237 MG | 3 | PA; MO; QL (60 per 30 days) |
| JYNARQUE ORAL TABLET 15 MG, 30 MG | 3 | PA; LA |
| JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM) | 3 | PA; LA |
| KORLYM ORAL TABLET 300 MG | 3 | PA |
| KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG | 3 | PA; MO |
| KUVAN ORAL TABLET,SOLUBLE 100 MG | 3 | PA; MO |
| METHITEST ORAL TABLET 10 MG | 3 | MO |
| *methyltestosterone oral capsule 10 mg* | 1 | MO |
| *miglustat oral capsule 100 mg* | 1 | PA; MO; LA |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.) | 2 | PA; MO; LA |
| NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION | 3 | PA; MO; QL (21.96 per 30 days) |
| NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE | 2 | PA; MO; LA |
| NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG | 3 | PA; MO; QL (30 per 30 days) |
| NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG | 3 | PA; MO; QL (30 per 30 days) |
| ORILISSA ORAL TABLET 150 MG, 200 MG | 3 | MO |
| *oxandrolone oral tablet 10 mg, 2.5 mg* | 1 | PA; MO |
| PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML | 2 | PA; MO; LA; QL (15 per 30 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML | 2 | PA; MO; LA; QL (4 per 30 days) |
| PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML | 2 | PA; MO; LA; QL (60 per 30 days) |
| *paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg* | 1 | MO |
| RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG | 3 | MO |
| ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG | 3 | MO |
| ROCALTROL ORAL SOLUTION 1 MCG/ML | 3 | |
| SAMSCA ORAL TABLET 15 MG | 2 | PA; MO |
| SAMSCA ORAL TABLET 30 MG | 3 | PA; MO |
| *sapropterin oral powder in packet 100 mg, 500 mg* | 1 | PA; MO |
| *sapropterin oral tablet,soluble 100 mg* | 1 | PA; MO |
| SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG | 3 | PA; MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | 2 | PA; MO |
| SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML | 2 | PA; MO |
| TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %) | 3 | PA; MO; QL (300 per 30 days) |
| *testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)* | 1 | PA; MO |
| *testosterone enanthate intramuscular oil 200 mg/ml* | 1 | PA; MO |
| *testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation* | 1 | PA; MO; QL (120 per 30 days) |
| *testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)* | 1 | PA; MO; QL (300 per 30 days) |
| *testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)* | 1 | PA; MO; QL (150 per 30 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)* | 1 | PA; MO; QL (300 per 30 days) |
| *testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)* | 1 | PA; MO; QL (37.5 per 30 days) |
| *testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)* | 1 | PA; MO; QL (150 per 30 days) |
| *testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)* | 1 | PA; MO; QL (180 per 30 days) |
| TOLVAPTAN ORAL TABLET 15 MG | 3 | PA; MO |
| *tolvaptan oral tablet 30 mg* | 1 | PA; MO |
| VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %) | 3 | PA; MO; QL (300 per 30 days) |
| VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %) | 3 | PA; MO; QL (300 per 30 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML | 3 | PA; MO; QL (2 per 28 days) |
| ZAVESCA ORAL CAPSULE 100 MG | 3 | PA; MO; LA |
| ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG | 3 | MO |
| **THYROID HORMONES** | | |
| CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG | 3 | MO |
| *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* | 1 | MO |
| *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* | 1 | |
| LEVOTHYROXINE ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG | 3 | MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *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* | 1 | |
| *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* | 1 | MO |
| *liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg* | 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 | 3 | MO |
| THYQUIDITY ORAL SOLUTION 20 MCG/ML | 3 | MO |
| TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG | 3 | MO |
| TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 50 MCG/ML, 75 MCG/ML, 88 MCG/ML | 3 | MO |
| *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* | 1 | MO |
| **GASTROENTEROLOGY** | | |
| **ANTIDIARRHEALS / ANTISPASMODICS** | | |
| CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML) | 3 | MO |
| *dicyclomine oral capsule 10 mg* | 1 | MO |
| *dicyclomine oral solution 10 mg/5 ml* | 1 | MO |
| *dicyclomine oral tablet 20 mg* | 1 | MO |
| *diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml* | 1 | MO |
| *diphenoxylate-atropine oral tablet 2.5-0.025 mg* | 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *glycopyrrolate oral tablet 1 mg, 2 mg* | 1 | MO |
| LOMOTIL ORAL TABLET 2.5-0.025 MG | 3 | MO |
| *loperamide oral capsule 2 mg* | 1 | MO |
| *methscopolamine oral tablet 2.5 mg, 5 mg* | 1 | MO |
| MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG | 3 | MO |
| **MISCELLANEOUS GASTROINTESTINAL AGENTS** | | |
| *alosetron oral tablet 0.5 mg, 1 mg* | 1 | PA; MO |
| AMITIZA ORAL CAPSULE 24 MCG, 8 MCG | 3 | ST; MO; QL (60 per 30 days) |
| ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % | 3 | MO |
| *aprepitant oral capsule 125 mg, 40 mg, 80 mg* | 1 | B/D PA; MO |
| *aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)* | 1 | B/D PA; MO |
| APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM | 3 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ASACOL HD ORAL TABLET,DELAYED RELEASE (DR/EC) 800 MG | 3 | MO |
| AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG | 3 | MO |
| AZULFIDINE ORAL TABLET 500 MG | 3 | MO |
| *balsalazide oral capsule 750 mg* | 1 | MO |
| BONJESTA ORAL TABLET,IR,DELAYED REL,BIPHASIC 20-20 MG | 3 | MO |
| *budesonide oral capsule,delayed,extend.release 3 mg* | 1 | MO |
| *budesonide oral tablet,delayed and ext.release 9 mg* | 1 | |
| CANASA RECTAL SUPPOSITORY 1,000 MG | 3 | MO |
| CHENODAL ORAL TABLET 250 MG | 2 | PA; LA |
| CHOLBAM ORAL CAPSULE 250 MG | 2 | PA |
| CHOLBAM ORAL CAPSULE 50 MG | 2 | PA; QL (120 per 30 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) | 3 | PA; MO; QL (2 per 28 days) |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) | 3 | PA; MO; QL (2 per 28 days) |
| CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML | 3 | ST; MO |
| COLAZAL ORAL CAPSULE 750 MG | 3 | MO |
| *compro rectal suppository 25 mg* | 1 | MO |
| *constulose oral solution 10 gram/15 ml* | 1 | MO |
| CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT | 2 | MO |
| *cromolyn oral concentrate 100 mg/5 ml* | 1 | MO |
| CYSTADANE ORAL POWDER 1 GRAM/1.7 ML | 2 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG | 3 | MO |
| DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC) 10-10 MG | 3 | MO |
| DIPENTUM ORAL CAPSULE 250 MG | 3 | MO |
| *doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg* | 1 | MO |
| *dronabinol oral capsule 10 mg, 2.5 mg, 5 mg* | 1 | B/D PA; MO |
| EMEND ORAL CAPSULE 80 MG | 3 | B/D PA; MO |
| EMEND ORAL CAPSULE,DOSE PACK 125 MG (1)-80 MG (2) | 3 | B/D PA; MO |
| EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.) | 3 | B/D PA |
| *enulose oral solution 10 gram/15 ml* | 1 | MO |
| GASTROCROM ORAL CONCENTRATE 100 MG/5 ML | 3 | MO |
| GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG | 3 | PA; MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram* | 1 | MO |
| *gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram* | 1 | MO |
| *gavilyte-n oral recon soln 420 gram* | 1 | MO |
| *generlac oral solution 10 gram/15 ml* | 1 | MO |
| GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY | 3 | |
| GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM | 3 | ST; MO |
| *granisetron hcl oral tablet 1 mg* | 1 | B/D PA; MO |
| *hydrocortisone rectal enema 100 mg/60 ml* | 1 | MO |
| *hydrocortisone topical cream with perineal applicator 2.5 %* | 1 | MO |
| *hydrocortisone-pramoxine rectal cream 1-1 %* | 1 | MO |
| KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM | 3 | MO |
| *lactulose oral packet 10 gram* | 1 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *lactulose oral solution 10 gram/15 ml* | 1 | MO |
| LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC) 1.2 GRAM | 3 | MO |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG | 2 | MO; QL (30 per 30 days) |
| LOTRONEX ORAL TABLET 0.5 MG, 1 MG | 3 | PA; MO |
| LUBIPROSTONE ORAL CAPSULE 24 MCG, 8 MCG | 3 | ST; MO; QL (60 per 30 days) |
| MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG | 3 | B/D PA; MO |
| *meclizine oral tablet 12.5 mg, 25 mg* | 1 | MO |
| *mesalamine oral capsule (with del rel tablets) 400 mg* | 1 | MO |
| *mesalamine oral capsule,extended release 24hr 0.375 gram* | 1 | |
| *mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg* | 1 | MO |
| *mesalamine rectal enema 4 gram/60 ml* | 1 | MO |
| *mesalamine rectal suppository 1,000 mg* | 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *metoclopramide hcl oral solution 5 mg/5 ml* | 1 | MO |
| *metoclopramide hcl oral tablet 10 mg, 5 mg* | 1 | MO |
| *metoclopramide hcl oral tablet,disintegrating 10 mg, 5 mg* | 1 | MO |
| MOTEGRITY ORAL TABLET 1 MG, 2 MG | 3 | ST; MO; QL (30 per 30 days) |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG | 2 | MO; QL (30 per 30 days) |
| MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM | 3 | ST; MO |
| NULYTELY LEMON-LIME ORAL RECON SOLN 420 GRAM | 3 | ST; MO |
| OCALIVA ORAL TABLET 10 MG, 5 MG | 2 | PA; MO; LA; QL (30 per 30 days) |
| *ondansetron hcl oral solution 4 mg/5 ml* | 1 | B/D PA; MO |
| *ondansetron hcl oral tablet 4 mg, 8 mg* | 1 | B/D PA; MO |
| *ondansetron oral tablet,disintegrating 4 mg, 8 mg* | 1 | B/D PA; MO |
| ORTIKOS ORAL CAPSULE, EXTENDED RELEASE 6 MG, 9 MG | 3 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| OSMOPREP ORAL TABLET 1.5 GRAM | 3 | ST; MO |
| PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800-98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700-83,900 UNIT, 4,200-14,200- 24,600 UNIT | 3 | ST; MO |
| *peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram* | 1 | MO |
| *peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram* | 1 | MO |
| *peg-electrolyte oral recon soln 420 gram* | 1 | MO |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG | 2 | MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500-60,500 UNIT, 24,000-86,250-90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT | 3 | ST; MO |
| PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM | 3 | ST; MO |
| *prochlorperazine maleate oral tablet 10 mg, 5 mg* | 1 | MO |
| *prochlorperazine rectal suppository 25 mg* | 1 | MO |
| *procto-med hc topical cream with perineal applicator 2.5 %* | 1 | MO |
| *procto-pak topical cream with perineal applicator 1 %* | 1 | MO |
| *proctosol hc topical cream with perineal applicator 2.5 %* | 1 | MO |
| *proctozone-hc topical cream with perineal applicator 2.5 %* | 1 | MO |
| RECTIV RECTAL OINTMENT 0.4 % (W/W) | 2 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| REGLAN ORAL TABLET 10 MG, 5 MG | 3 | MO |
| RELISTOR ORAL TABLET 150 MG | 3 | MO; QL (90 per 30 days) |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML | 3 | MO; QL (18 per 30 days) |
| RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML | 3 | MO; QL (18 per 30 days) |
| RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML | 3 | MO; QL (12 per 30 days) |
| RELTONE ORAL CAPSULE 200 MG, 400 MG | 3 | |
| ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML | 3 | MO |
| SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR | 2 | MO |
| *scopolamine base transdermal patch 3 day 1 mg over 3 days* | 1 | MO |
| SUCRAID ORAL SOLUTION 8,500 UNIT/ML | 2 | PA |
| *sulfasalazine oral tablet 500 mg* | 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *sulfasalazine oral tablet,delayed release (dr/ec) 500 mg* | 1 | MO |
| SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM | 3 | ST; MO |
| SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM | 3 | ST; MO |
| SYMPROIC ORAL TABLET 0.2 MG | 3 | MO; QL (30 per 30 days) |
| SYNDROS ORAL SOLUTION 5 MG/ML | 3 | B/D PA; MO |
| TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS | 3 | MO |
| *trilyte with flavor packets oral recon soln 420 gram* | 1 | MO |
| TRULANCE ORAL TABLET 3 MG | 2 | MO |
| UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE 9 MG | 3 | MO |
| UCERIS RECTAL FOAM 2 MG/ACTUATION | 3 | MO |
| URSO 250 ORAL TABLET 250 MG | 3 | MO |
| URSO FORTE ORAL TABLET 500 MG | 3 | MO |
| *ursodiol oral capsule 300 mg* | 1 | MO |
| *ursodiol oral tablet 250 mg, 500 mg* | 1 | MO |
| VARUBI ORAL TABLET 90 MG | 2 | B/D PA |
| VIBERZI ORAL TABLET 100 MG, 75 MG | 3 | PA; MO; QL (60 per 30 days) |
| VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT | 2 | MO |
| ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT | 2 | MO |
| ZUPLENZ ORAL FILM 4 MG, 8 MG | 3 | B/D PA; MO |
| **ULCER THERAPY** | | |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ACIPHEX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG | 3 | MO |
| *amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg* | 1 | MO; QL (112 per 30 days) |
| CARAFATE ORAL SUSPENSION 100 MG/ML | 3 | MO |
| CARAFATE ORAL TABLET 1 GRAM | 3 | MO |
| *cimetidine hcl oral solution 300 mg/5 ml* | 1 | MO |
| *cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg* | 1 | MO |
| CYTOTEC ORAL TABLET 100 MCG, 200 MCG | 3 | MO |
| DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG | 3 | MO; QL (30 per 30 days) |
| DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 60 MG | 3 | MO |
| *esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg* | 1 | MO; QL (30 per 30 days) |
| *esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg* | 1 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg* | 1 | MO; QL (30 per 30 days) |
| *esomeprazole magnesium oral granules dr for susp in packet 40 mg* | 1 | MO |
| *famotidine oral suspension 40 mg/5 ml (8 mg/ml)* | 1 | MO |
| *famotidine oral tablet 20 mg, 40 mg* | 1 | MO |
| *lansoprazole oral capsule,delayed release(dr/ec) 15 mg* | 1 | MO; QL (30 per 30 days) |
| *lansoprazole oral capsule,delayed release(dr/ec) 30 mg* | 1 | MO |
| *lansoprazole oral tablet,disintegrat, delay rel 15 mg* | 1 | MO; QL (30 per 30 days) |
| *lansoprazole oral tablet,disintegrat, delay rel 30 mg* | 1 | MO |
| *misoprostol oral tablet 100 mcg, 200 mcg* | 1 | MO |
| NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG | 3 | MO; QL (30 per 30 days) |
| NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG | 3 | MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG | 3 | MO; QL (30 per 30 days) |
| NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 40 MG | 3 | MO |
| *nizatidine oral capsule 150 mg, 300 mg* | 1 | |
| *nizatidine oral solution 150 mg/10 ml* | 1 | MO |
| OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40) | 3 | MO; QL (80 per 28 days) |
| *omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg* | 1 | MO; QL (30 per 30 days) |
| *omeprazole oral capsule,delayed release(dr/ec) 40 mg* | 1 | MO |
| *omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram* | 1 | MO; QL (30 per 30 days) |
| *omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram* | 1 | MO |
| *omeprazole-sodium bicarbonate oral packet 20-1,680 mg* | 1 | MO; QL (30 per 30 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *omeprazole-sodium bicarbonate oral packet 40-1,680 mg* | 1 | MO |
| *pantoprazole oral granules dr for susp in packet 40 mg* | 1 | MO |
| *pantoprazole oral tablet,delayed release (dr/ec) 20 mg* | 1 | MO; QL (30 per 30 days) |
| *pantoprazole oral tablet,delayed release (dr/ec) 40 mg* | 1 | MO |
| PEPCID ORAL TABLET 20 MG, 40 MG | 3 | MO |
| PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 15 MG | 3 | QL (30 per 30 days) |
| PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG | 3 | MO |
| PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 15 MG | 3 | MO; QL (30 per 30 days) |
| PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 30 MG | 3 | MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG | 3 | MO; QL (120 per 30 days) |
| PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 2.5 MG | 3 | MO; QL (480 per 30 days) |
| PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG | 3 | MO |
| PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG | 3 | MO; QL (30 per 30 days) |
| PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 40 MG | 3 | MO |
| PYLERA ORAL CAPSULE 140-125-125 MG | 3 | MO; QL (120 per 30 days) |
| *rabeprazole oral tablet,delayed release (dr/ec) 20 mg* | 1 | MO |
| *sucralfate oral suspension 100 mg/ml* | 1 | MO |
| *sucralfate oral tablet 1 gram* | 1 | MO |
| TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG | 3 | MO; QL (168 per 28 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM | 3 | MO; QL (30 per 30 days) |
| ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM | 3 | MO |
| ZEGERID ORAL PACKET 20-1,680 MG | 3 | MO; QL (30 per 30 days) |
| ZEGERID ORAL PACKET 40-1,680 MG | 3 | MO |
| **IMMUNOLOGY, VACCINES / BIOTECHNOLOGY** | | |
| **BIOTECHNOLOGY DRUGS** | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML | 2 | B/D PA; MO |
| ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML | 3 | PA; MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML | 3 | PA; MO |
| ARCALYST SUBCUTANEOUS RECON SOLN 220 MG | 2 | PA; MO |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML | 2 | PA; MO; QL (1 per 28 days) |
| AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML | 2 | PA; MO; QL (1 per 28 days) |
| BETASERON SUBCUTANEOUS KIT 0.3 MG | 2 | PA; MO; QL (14 per 28 days) |
| EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG | 3 | PA; MO |
| EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML | 3 | PA; MO |
| EXTAVIA SUBCUTANEOUS KIT 0.3 MG | 3 | PA; MO; QL (15 per 28 days) |
| FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 3 | PA; MO |
| GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML | 3 | PA; MO |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) | 3 | PA; MO |
| GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML | 3 | PA; MO |
| GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | 3 | PA; MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT) | 3 | PA; MO |
| INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML) | 2 | B/D PA; MO |
| INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML | 2 | B/D PA; MO |
| LEUKINE INJECTION RECON SOLN 250 MCG | 2 | PA; MO |
| NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 3 | PA; MO |
| NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML | 3 | PA; MO |
| NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | 3 | PA; MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML | 2 | PA; MO |
| NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | 2 | PA; MO |
| NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) | 3 | PA; MO |
| NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML) | 3 | PA; MO |
| NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 2 | PA; MO |
| OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) | 2 | PA; MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG | 2 | PA; MO |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | 2 | MO; QL (4 per 28 days) |
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML | 2 | MO; QL (2 per 28 days) |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML | 2 | PA; MO; QL (1 per 28 days) |
| PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML | 2 | PA; MO; QL (1 per 28 days) |
| PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML | 2 | PA; MO |
| REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML | 3 | PA; MO; QL (6 per 28 days) |
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML | 3 | PA; MO; QL (6 per 28 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6) | 3 | PA; MO; QL (4.2 per 180 days) |
| REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6) | 3 | PA; MO; QL (4.2 per 180 days) |
| RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML | 2 | PA; MO |
| SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.) | 3 | PA; MO |
| SAIZEN SUBCUTANEOUS RECON SOLN 5 MG, 8.8 MG | 3 | PA; MO |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG | 3 | PA; MO |
| UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 3 | PA; MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | 2 | PA; MO |
| ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 2 | PA; MO |
| ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG | 3 | PA; MO |
| ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG | 3 | PA; MO |
| **VACCINES / MISCELLANEOUS IMMUNOLOGICALS** | | |
| ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML | 2 | MO |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML | 2 | MO |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML | 2 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG | 2 | MO |
| BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML | 2 | MO |
| BIVIGAM INTRAVENOUS SOLUTION 10 % | 3 | PA; MO |
| BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML | 2 | MO |
| BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML | 2 | MO |
| DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML | 2 | MO |
| ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML | 2 | B/D PA; MO |
| ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML | 2 | B/D PA; MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 % | 3 | PA |
| GAMMAGARD LIQUID INJECTION SOLUTION 10 % | 3 | PA; MO |
| GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM | 3 | PA; MO |
| GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %) | 3 | PA; MO |
| GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 % | 3 | PA; MO |
| GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML) | 3 | PA; MO |
| GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %) | 3 | PA; MO |
| GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML | 2 | MO |
| GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML | 2 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| GRASTEK SUBLINGUAL TABLET 2,800 BAU | 3 | PA; MO |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML | 2 | MO |
| HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML | 2 | MO |
| IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT | 2 | |
| INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML | 2 | MO |
| IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML | 2 | |
| IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML | 2 | |
| KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML | 2 | |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML | 2 | MO |
| MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML | 2 | MO |
| MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML | 2 | MO |
| MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML | 2 | MO |
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML | 2 | MO |
| OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 % | 3 | PA; MO |
| ODACTRA SUBLINGUAL TABLET 12 SQ-HDM | 3 | PA; MO |
| ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY | 3 | PA |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| PANZYGA INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML), 10 % (25 ML), 10 % (300 ML), 10 % (50 ML) | 3 | PA; MO |
| PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML | 2 | MO |
| PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML | 2 | |
| PRIVIGEN INTRAVENOUS SOLUTION 10 % | 2 | PA; MO |
| PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5 | 2 | |
| QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML | 2 | |
| RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT | 2 | MO |

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

This drug list was last updated on 08/17/2021.

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

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML | 2 | MO |
| TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML | 2 | MO |
| TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML | 2 | MO |
| TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML | 2 | |
| TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML | 2 | MO |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML | 2 | MO |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML | 2 | MO |
| VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML | 2 | |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML | 2 | MO |
| YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML | 2 | |
| **MISCELLANEOUS SUPPLIES** | | |
| **MISCELLANEOUS SUPPLIES** | | |
| GAUZE PADS 2 X 2 | 2 | |
| INSULIN PEN NEEDLE | 2 | MO |
| INSULIN SYRINGE (DISP) U-100 0.3 ML, 1/2 ML | 2 | |
| INSULIN SYRINGE (DISP) U-100 1 ML | 2 | MO |
| NEEDLES, INSULIN DISP.,SAFETY | 2 | MO |
| **MUSCULOSKELETAL / RHEUMATOLOGY** | | |
| **GOUT THERAPY** | | |
| *allopurinol oral tablet 100 mg, 300 mg* | 1 | MO |
| COLCHICINE ORAL CAPSULE 0.6 MG | 3 | ST; MO |
| *colchicine oral tablet 0.6 mg* | 1 | MO |
| COLCRYS ORAL TABLET 0.6 MG | 3 | ST; MO |
| *febuxostat oral tablet 40 mg, 80 mg* | 1 | MO |
| GLOPERBA ORAL SOLUTION 0.6 MG/5 ML | 3 | ST; MO |
| MITIGARE ORAL CAPSULE 0.6 MG | 3 | ST; MO |
| *probenecid oral tablet 500 mg* | 1 | MO |
| *probenecid-colchicine oral tablet 500-0.5 mg* | 1 | MO |
| ULORIC ORAL TABLET 40 MG, 80 MG | 3 | MO |
| ZYLOPRIM ORAL TABLET 100 MG, 300 MG | 3 | MO |
| **OSTEOPOROSIS THERAPY** | | |
| ACTONEL ORAL TABLET 150 MG | 3 | ST; MO; QL (1 per 30 days) |
| ACTONEL ORAL TABLET 35 MG | 3 | ST; MO; QL (4 per 28 days) |
| *alendronate oral solution 70 mg/75 ml* | 1 | MO; QL (300 per 28 days) |
| *alendronate oral tablet 10 mg* | 1 | MO; QL (30 per 30 days) |
| *alendronate oral tablet 35 mg, 70 mg* | 1 | MO; QL (4 per 28 days) |
| ATELVIA ORAL TABLET,DELAYED RELEASE (DR/EC) 35 MG | 3 | ST; MO; QL (4 per 28 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| BINOSTO ORAL TABLET, EFFERVESCENT 70 MG | 3 | ST; MO; QL (4 per 28 days) |
| BONIVA ORAL TABLET 150 MG | 3 | ST; MO; QL (1 per 30 days) |
| EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML ( 105MG/1.17MLX2) | 3 | PA; MO; QL (2.34 per 30 days) |
| EVISTA ORAL TABLET 60 MG | 3 | MO |
| FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML) | 3 | PA; MO; QL (2.4 per 28 days) |
| FOSAMAX ORAL TABLET 70 MG | 3 | ST; MO; QL (4 per 28 days) |
| FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT | 3 | ST; MO; QL (4 per 28 days) |
| *ibandronate oral tablet 150 mg* | 1 | MO; QL (1 per 30 days) |
| PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML | 2 | PA; MO; QL (1 per 180 days) |
| *raloxifene oral tablet 60 mg* | 1 | MO |
| *risedronate oral tablet 150 mg* | 1 | MO; QL (1 per 30 days) |
| *risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)* | 1 | MO; QL (4 per 28 days) |
| *risedronate oral tablet 5 mg* | 1 | MO; QL (30 per 30 days) |
| *risedronate oral tablet,delayed release (dr/ec) 35 mg* | 1 | MO; QL (4 per 28 days) |
| TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML) | 2 | PA; MO; QL (2.48 per 28 days) |
| TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) | 3 | PA; MO; QL (1.56 per 30 days) |
| **OTHER RHEUMATOLOGICALS** | | |
| ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML | 3 | PA; MO; QL (3.6 per 28 days) |
| ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML | 3 | PA; MO; QL (3.6 per 28 days) |
| ARAVA ORAL TABLET 10 MG, 20 MG | 3 | MO; QL (30 per 30 days) |
| BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML | 2 | PA; MO |
| BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML | 2 | PA; MO |
| CUPRIMINE ORAL CAPSULE 250 MG | 3 | PA; MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| DEPEN TITRATABS ORAL TABLET 250 MG | 3 | PA; MO |
| ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) | 2 | PA; MO; QL (8 per 28 days) |
| ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) | 2 | PA; MO; QL (16 per 28 days) |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML | 2 | PA; MO; QL (8 per 28 days) |
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) | 2 | PA; MO; QL (8 per 28 days) |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) | 2 | PA; MO; QL (8 per 28 days) |
| HUMIRA CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 2 | PA; MO; QL (6 per 180 days) |
| HUMIRA PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 2 | PA; MO; QL (4 per 180 days) |
| HUMIRA SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 2 | PA; MO; QL (4 per 28 days) |

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

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | 2 | PA; MO; QL (2 per 28 days) |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML | 2 | PA; MO; QL (2 per 28 days) |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML | 2 | PA; MO; QL (4 per 28 days) |
| KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML | 3 | PA; MO; QL (2.28 per 28 days) |
| KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML | 3 | PA; MO; QL (2.28 per 28 days) |
| KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML | 3 | PA; QL (20.1 per 30 days) |
| *leflunomide oral tablet 10 mg, 20 mg* | 1 | MO; QL (30 per 30 days) |
| OLUMIANT ORAL TABLET 1 MG, 2 MG | 3 | PA; MO; QL (30 per 30 days) |
| ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML | 2 | PA; MO; QL (4 per 28 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML | 2 | PA; MO; QL (4 per 28 days) |
| ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML | 2 | PA; MO; QL (1.6 per 28 days) |
| ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML | 2 | PA; MO; QL (2.8 per 28 days) |
| OTEZLA ORAL TABLET 30 MG | 2 | PA; MO; QL (60 per 30 days) |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47) | 2 | PA; MO; QL (55 per 28 days) |
| OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML | 3 | MO |
| *penicillamine oral capsule 250 mg* | 1 | PA; MO |
| *penicillamine oral tablet 250 mg* | 1 | PA; MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML | 3 | MO |
| REDITREX (PF) SUBCUTANEOUS SYRINGE 10 MG/0.4 ML, 12.5 MG/0.5 ML, 15 MG/0.6 ML, 17.5 MG/0.7 ML, 20 MG/0.8 ML, 22.5 MG/0.9 ML, 25 MG/ML, 7.5 MG/0.3 ML | 3 | MO |
| RIDAURA ORAL CAPSULE 3 MG | 3 | MO |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG | 2 | PA; MO; QL (30 per 30 days) |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG | 2 | MO; QL (60 per 30 days) |
| SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) | 2 | MO; QL (55 per 30 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML | 3 | PA; MO; QL (3 per 28 days) |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML | 3 | PA; MO; QL (0.5 per 28 days) |
| SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML | 3 | PA; MO; QL (3 per 28 days) |
| SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML | 3 | PA; MO; QL (0.5 per 28 days) |
| XELJANZ ORAL SOLUTION 1 MG/ML | 2 | PA; MO; QL (300 per 30 days) |
| XELJANZ ORAL TABLET 10 MG, 5 MG | 2 | PA; MO; QL (60 per 30 days) |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG | 2 | PA; MO; QL (30 per 30 days) |
| **OBSTETRICS / GYNECOLOGY** | | |
| **ESTROGENS / PROGESTINS** | | |
| ACTIVELLA ORAL TABLET 1-0.5 MG | 3 | PA; MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ALORA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR | 3 | PA; MO; QL (8 per 28 days) |
| *amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg* | 1 | PA; MO |
| ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG | 3 | PA; MO |
| AYGESTIN ORAL TABLET 5 MG | 3 | MO |
| BIJUVA ORAL CAPSULE 1-100 MG | 3 | PA; MO |
| *camila oral tablet 0.35 mg* | 1 | MO |
| CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR | 3 | PA; MO |
| CLIMARA 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 | 3 | PA; MO; QL (4 per 28 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR | 3 | PA; MO |
| CRINONE VAGINAL GEL 4 % | 3 | MO |
| CRINONE VAGINAL GEL 8 % | 3 | PA; MO |
| *deblitane oral tablet 0.35 mg* | 1 | MO |
| DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML | 3 | MO |
| DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML | 3 | MO |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML | 3 | MO |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML | 3 | MO |
| DIVIGEL TRANSDERMAL GEL IN PACKET 0.5 MG/0.5 GRAM (0.1 %) | 3 | PA; MO; QL (30 per 30 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *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* | 1 | PA; MO; QL (8 per 28 days) |
| DUAVEE ORAL TABLET 0.45-20 MG | 2 | MO |
| ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION | 3 | PA; MO; QL (52 per 30 days) |
| *errin oral tablet 0.35 mg* | 1 | MO |
| ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG | 3 | PA; MO |
| ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM) | 3 | ST; MO |
| *estradiol oral tablet 0.5 mg, 1 mg, 2 mg* | 1 | PA; MO |
| *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* | 1 | PA; MO; QL (8 per 28 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *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* | 1 | PA; QL (4 per 28 days) |
| *estradiol vaginal cream 0.01 % (0.1 mg/gram)* | 1 | MO |
| *estradiol vaginal tablet 10 mcg* | 1 | MO |
| *estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml* | 1 | MO |
| *estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg* | 1 | PA; MO |
| ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR) | 2 | MO |
| ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION | 3 | MO; QL (50 per 30 days) |
| EVAMIST TRANSDERMAL SPRAY,NON-AEROSOL 1.53 MG/SPRAY (1.7%) | 3 | PA; MO; QL (16.2 per 30 days) |
| FEMHRT LOW DOSE ORAL TABLET 0.5-2.5 MG-MCG | 3 | PA; MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR | 3 | ST; MO |
| *fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg* | 1 | PA; MO |
| IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG | 3 | ST; MO |
| IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG | 3 | ST; MO |
| *incassia oral tablet 0.35 mg* | 1 | MO |
| *jinteli oral tablet 1-5 mg-mcg* | 1 | PA; MO |
| *lyleq oral tablet 0.35 mg* | 1 | MO |
| *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* | 1 | PA; MO; QL (8 per 28 days) |
| *lyza oral tablet 0.35 mg* | 1 | |
| *medroxyprogesterone intramuscular suspension 150 mg/ml* | 1 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *medroxyprogesterone intramuscular syringe 150 mg/ml* | 1 | MO |
| *medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg* | 1 | MO |
| MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG | 2 | PA; MO |
| MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR | 3 | PA; MO; QL (4 per 28 days) |
| *mimvey oral tablet 1-0.5 mg* | 1 | PA; MO |
| MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR | 3 | PA; MO; QL (8 per 28 days) |
| *nora-be oral tablet 0.35 mg* | 1 | MO |
| *norethindrone (contraceptive) oral tablet 0.35 mg* | 1 | |
| *norethindrone acetate oral tablet 5 mg* | 1 | MO |
| *norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg* | 1 | PA |
| *norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg* | 1 | PA; MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| PREFEST ORAL TABLET 1 MG (15)/1 MG- 0.09 MG (15) | 3 | PA; MO |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG | 2 | MO |
| PREMARIN VAGINAL CREAM 0.625 MG/GRAM | 2 | MO |
| PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) | 2 | MO |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG | 2 | MO |
| *progesterone micronized oral capsule 100 mg, 200 mg* | 1 | MO |
| PROMETRIUM ORAL CAPSULE 100 MG, 200 MG | 3 | MO |
| PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG | 3 | MO |
| *sharobel oral tablet 0.35 mg* | 1 | MO |
| VAGIFEM VAGINAL TABLET 10 MCG | 3 | ST; MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR | 3 | PA; MO; QL (8 per 28 days) |
| *yuvafem vaginal tablet 10 mcg* | 1 | MO |
| **MISCELLANEOUS OB/GYN** | | |
| ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR | 3 | MO |
| CLEOCIN VAGINAL CREAM 2 % | 3 | MO |
| CLEOCIN VAGINAL SUPPOSITORY 100 MG | 3 | MO |
| *clindamycin phosphate vaginal cream 2 %* | 1 | MO |
| CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 % | 3 | MO |
| *eluryng vaginal ring 0.12-0.015 mg/24 hr* | 1 | MO |
| *etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr* | 1 | |
| GYNAZOLE-1 VAGINAL CREAM 2 % | 3 | MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| INTRAROSA VAGINAL INSERT 6.5 MG | 3 | MO |
| LUPANETA PACK (1 MONTH) KIT. SYRINGE AND TABLET 3.75 MG - 5 MG (30) | 3 | PA; MO |
| LUPANETA PACK (3 MONTH) KIT. SYRINGE AND TABLET 11.25 MG -5 MG (90) | 3 | PA; MO |
| LYSTEDA ORAL TABLET 650 MG | 3 | MO |
| *metronidazole vaginal gel 0.75 %* | 1 | MO |
| *miconazole-3 vaginal suppository 200 mg* | 1 | MO |
| NUVARING VAGINAL RING 0.12-0.015 MG/24 HR | 3 | MO |
| ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM) | 3 | PA; MO |
| OSPHENA ORAL TABLET 60 MG | 3 | MO |
| *terconazole vaginal cream 0.4 %, 0.8 %* | 1 | MO |
| *terconazole vaginal suppository 80 mg* | 1 | MO |
| *tranexamic acid oral tablet 650 mg* | 1 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *vandazole vaginal gel 0.75 %* | 1 | MO |
| *xulane transdermal patch weekly 150-35 mcg/24 hr* | 1 | MO |
| *zafemy transdermal patch weekly 150-35 mcg/24 hr* | 1 | MO |
| **ORAL CONTRACEPTIVES / RELATED AGENTS** | | |
| *altavera (28) oral tablet 0.15-0.03 mg* | 1 | MO |
| *alyacen 1/35 (28) oral tablet 1-35 mg-mcg* | 1 | MO |
| *amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)* | 1 | MO |
| *apri oral tablet 0.15-0.03 mg* | 1 | MO |
| *aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg* | 1 | MO |
| *ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)* | 1 | MO |
| *aubra eq oral tablet 0.1-20 mg-mcg* | 1 | MO |
| *aviane oral tablet 0.1-20 mg-mcg* | 1 | MO |
| BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/36.5 MG(7) | 3 | MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *balziva (28) oral tablet 0.4-35 mg-mcg* | 1 | MO |
| BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4) | 3 | MO |
| *blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | 1 | MO |
| *blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | 1 | MO |
| *briellyn oral tablet 0.4-35 mg-mcg* | 1 | MO |
| *camrese lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)* | 1 | MO |
| *caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg* | 1 | MO |
| *cryselle (28) oral tablet 0.3-30 mg-mcg* | 1 | MO |
| *cyclafem 1/35 (28) oral tablet 1-35 mg-mcg* | 1 | MO |
| *cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg* | 1 | MO |
| *cyred eq oral tablet 0.15-0.03 mg* | 1 | MO |
| *desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | 1 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg* | 1 | |
| *dolishale oral tablet 90-20 mcg (28)* | 1 | |
| *drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)* | 1 | |
| *drospirenone-ethinyl estradiol oral tablet 3-0.02 mg* | 1 | MO |
| *drospirenone-ethinyl estradiol oral tablet 3-0.03 mg* | 1 | |
| *emoquette oral tablet 0.15-0.03 mg* | 1 | MO |
| *enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)* | 1 | MO |
| *enskyce oral tablet 0.15-0.03 mg* | 1 | MO |
| *estarylla oral tablet 0.25-35 mg-mcg* | 1 | MO |
| *ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg* | 1 | |
| *falmina (28) oral tablet 0.1-20 mg-mcg* | 1 | MO |
| *fayosim oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg* | 1 | MO |
| *femynor oral tablet 0.25-35 mg-mcg* | 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)* | 1 | MO |
| GENERESS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4) | 3 | MO |
| *hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | 1 | MO |
| *iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | 1 | |
| *introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | 1 | MO |
| *isibloom oral tablet 0.15-0.03 mg* | 1 | MO |
| *jasmiel (28) oral tablet 3-0.02 mg* | 1 | MO |
| *juleber oral tablet 0.15-0.03 mg* | 1 | MO |
| *junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg* | 1 | MO |
| *junel 1/20 (21) oral tablet 1-20 mg-mcg* | 1 | MO |
| *junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | 1 | MO |
| *junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | 1 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)* | 1 | MO |
| *kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)* | 1 | MO |
| *kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | 1 | MO |
| *kelnor 1/35 (28) oral tablet 1-35 mg-mcg* | 1 | MO |
| *kelnor 1-50 (28) oral tablet 1-50 mg-mcg* | 1 | MO |
| *kurvelo (28) oral tablet 0.15-0.03 mg* | 1 | MO |
| *l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)* | 1 | |
| *l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg* | 1 | MO |
| *larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg* | 1 | MO |
| *larin 1/20 (21) oral tablet 1-20 mg-mcg* | 1 | MO |
| *larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | 1 | MO |
| *larissia oral tablet 0.1-20 mg-mcg* | 1 | MO |
| *layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)* | 1 | MO |
| *leena 28 oral tablet 0.5/1/0.5-35 mg-mcg* | 1 | MO |
| *lessina oral tablet 0.1-20 mg-mcg* | 1 | MO |
| *levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)* | 1 | MO |
| *levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg* | 1 | MO |
| *levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg, 90-20 mcg (28)* | 1 | |
| *levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | 1 | MO |
| *levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)* | 1 | MO |
| *levora-28 oral tablet 0.15-0.03 mg* | 1 | MO |
| LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2) | 3 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG | 3 | MO |
| LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG | 3 | MO |
| LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) | 3 | MO |
| LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) | 3 | MO |
| *loryna (28) oral tablet 3-0.02 mg* | 1 | MO |
| LOSEASONIQUE ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7) | 3 | MO |
| *low-ogestrel (28) oral tablet 0.3-30 mg-mcg* | 1 | MO |
| *lutera (28) oral tablet 0.1-20 mg-mcg* | 1 | MO |
| *marlissa (28) oral tablet 0.15-0.03 mg* | 1 | MO |
| *mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)* | 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg* | 1 | MO |
| *microgestin 1/20 (21) oral tablet 1-20 mg-mcg* | 1 | MO |
| *microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | 1 | MO |
| *microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | 1 | MO |
| *mili oral tablet 0.25-35 mg-mcg* | 1 | MO |
| MINASTRIN 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4) | 3 | MO |
| NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG | 3 | MO |
| *necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg* | 1 | MO |
| NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28) | 3 | MO |
| *nikki (28) oral tablet 3-0.02 mg* | 1 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)* | 1 | |
| *norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg* | 1 | MO |
| *norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)* | 1 | |
| *norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)* | 1 | |
| *norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg* | 1 | |
| *norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)* | 1 | MO |
| *nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg* | 1 | MO |
| *nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)* | 1 | MO |
| *nortrel 1/35 (28) oral tablet 1-35 mg-mcg* | 1 | MO |
| *nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg* | 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg* | 1 | |
| *nymyo oral tablet 0.25-35 mg-mcg* | 1 | MO |
| *ocella oral tablet 3-0.03 mg* | 1 | MO |
| *orsythia oral tablet 0.1-20 mg-mcg* | 1 | MO |
| *pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | 1 | MO |
| *pirmella oral tablet 1-35 mg-mcg* | 1 | MO |
| *portia 28 oral tablet 0.15-0.03 mg* | 1 | MO |
| *previfem oral tablet 0.25-35 mg-mcg* | 1 | MO |
| QUARTETTE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG | 3 | MO |
| *reclipsen (28) oral tablet 0.15-0.03 mg* | 1 | MO |
| *rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg* | 1 | MO |
| SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7) | 3 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| SEASONIQUE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) | 3 | MO |
| *setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)* | 1 | MO |
| SLYND ORAL TABLET 4 MG (28) | 3 | MO |
| *sprintec (28) oral tablet 0.25-35 mg-mcg* | 1 | MO |
| *sronyx oral tablet 0.1-20 mg-mcg* | 1 | MO |
| *syeda oral tablet 3-0.03 mg* | 1 | MO |
| *tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | 1 | MO |
| *tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | 1 | MO |
| *tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)* | 1 | MO |
| *tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)* | 1 | MO |
| *tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)* | 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg* | 1 | MO |
| *tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg* | 1 | MO |
| *tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)* | 1 | MO |
| *tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)* | 1 | |
| *tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)* | 1 | MO |
| *tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)* | 1 | MO |
| *trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)* | 1 | MO |
| *tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg* | 1 | MO |
| *tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)* | 1 | MO |
| *tydemy oral tablet 3-0.03-0.451 mg (21) (7)* | 1 | MO |
| *velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg* | 1 | MO |
| *vestura (28) oral tablet 3-0.02 mg* | 1 | |
| *vienva oral tablet 0.1-20 mg-mcg* | 1 | MO |
| *vyfemla (28) oral tablet 0.4-35 mg-mcg* | 1 | MO |
| *vylibra oral tablet 0.25-35 mg-mcg* | 1 | MO |
| *wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)* | 1 | MO |
| YASMIN (28) ORAL TABLET 3-0.03 MG | 3 | MO |
| YAZ (28) ORAL TABLET 3-0.02 MG | 3 | MO |
| *zarah oral tablet 3-0.03 mg* | 1 | MO |
| *zovia 1-35 (28) oral tablet 1-35 mg-mcg* | 1 | |
| **OPHTHALMOLOGY** | | |
| **ANTIBIOTICS** | | |
| AZASITE OPHTHALMIC (EYE) DROPS 1 % | 2 | MO |
| *bacitracin ophthalmic (eye) ointment 500 unit/gram* | 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram* | 1 | MO |
| BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 % | 2 | MO |
| CILOXAN OPHTHALMIC (EYE) DROPS 0.3 % | 3 | MO |
| CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 % | 3 | MO |
| *ciprofloxacin hcl ophthalmic (eye) drops 0.3 %* | 1 | MO |
| *erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)* | 1 | MO; QL (3.5 per 14 days) |
| *gatifloxacin ophthalmic (eye) drops 0.5 %* | 1 | MO |
| *gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)* | 1 | MO; QL (3.5 per 30 days) |
| *gentamicin ophthalmic (eye) drops 0.3 %* | 1 | MO; QL (70 per 30 days) |
| *levofloxacin ophthalmic (eye) drops 0.5 %* | 1 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| MOXEZA OPHTHALMIC (EYE) DROPS, VISCOUS 0.5 % | 3 | MO |
| *moxifloxacin ophthalmic (eye) drops 0.5 %* | 1 | MO |
| NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % | 3 | |
| *neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g* | 1 | MO |
| *neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml* | 1 | MO |
| OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 % | 3 | MO |
| *ofloxacin ophthalmic (eye) drops 0.3 %* | 1 | MO |
| *polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml* | 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| POLYTRIM OPHTHALMIC (EYE) DROPS 10,000 UNIT- 1 MG/ML | 3 | MO |
| *tobramycin ophthalmic (eye) drops 0.3 %* | 1 | MO; QL (10 per 14 days) |
| TOBREX OPHTHALMIC (EYE) DROPS 0.3 % | 3 | MO; QL (10 per 14 days) |
| TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 % | 3 | MO; QL (3.5 per 14 days) |
| VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 % | 3 | MO |
| ZYMAXID OPHTHALMIC (EYE) DROPS 0.5 % | 3 | MO |
| **ANTIVIRALS** | | |
| *trifluridine ophthalmic (eye) drops 1 %* | 1 | MO |
| ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % | 3 | MO |
| **BETA-BLOCKERS** | | |
| *betaxolol ophthalmic (eye) drops 0.5 %* | 1 | MO |
| BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 % | 3 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % | 3 | MO |
| *carteolol ophthalmic (eye) drops 1 %* | 1 | MO |
| ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY 0.5 % | 3 | MO |
| *levobunolol ophthalmic (eye) drops 0.5 %* | 1 | MO |
| *timolol maleate (pf) ophthalmic (eye) dropperette 0.5 %* | 1 | MO |
| *timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %* | 1 | MO |
| *timolol maleate ophthalmic (eye) drops, once daily 0.5 %* | 1 | MO |
| *timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %* | 1 | MO |
| TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %, 0.5 % | 3 | MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| TIMOPTIC-XE OPHTHALMIC (EYE) GEL FORMING SOLUTION 0.25 %, 0.5 % | 3 | MO |
| **MISCELLANEOUS OPHTHALMOLOGICS** | | |
| ALOCRIL OPHTHALMIC (EYE) DROPS 2 % | 3 | MO |
| ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 % | 3 | MO |
| *atropine ophthalmic (eye) drops 1 %* | 1 | MO |
| *azelastine ophthalmic (eye) drops 0.05 %* | 1 | MO |
| *bepotastine besilate ophthalmic (eye) drops 1.5 %* | 1 | MO |
| BEPREVE OPHTHALMIC (EYE) DROPS 1.5 % | 3 | MO |
| BLEPH-10 OPHTHALMIC (EYE) DROPS 10 % | 3 | MO |
| BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION 10-0.2 % | 3 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 % | 3 | MO |
| CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 % | 3 | ST; MO; QL (60 per 30 days) |
| *cromolyn ophthalmic (eye) drops 4 %* | 1 | MO |
| CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 % | 3 | PA |
| CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 % | 2 | PA |
| *epinastine ophthalmic (eye) drops 0.05 %* | 1 | MO |
| ISOPTO CARPINE OPHTHALMIC (EYE) DROPS 1 %, 2 %, 4 % | 3 | MO |
| LACRISERT OPHTHALMIC (EYE) INSERT 5 MG | 3 | PA; MO |
| LASTACAFT OPHTHALMIC (EYE) DROPS 0.25 % | 3 | MO |
| *olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %* | 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| OXERVATE OPHTHALMIC (EYE) DROPS 0.002 % | 2 | PA; MO |
| *pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %* | 1 | MO |
| RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % | 2 | MO; QL (60 per 30 days) |
| *sulfacetamide sodium ophthalmic (eye) drops 10 %* | 1 | MO |
| *sulfacetamide sodium ophthalmic (eye) ointment 10 %* | 1 | MO |
| *sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)* | 1 | MO |
| XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % | 3 | ST; MO; QL (60 per 30 days) |
| ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 % | 3 | MO |
| **NON-STEROIDAL ANTI-INFLAMMATORY AGENTS** | | |
| ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 % | 3 | ST; MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ACULAR OPHTHALMIC (EYE) DROPS 0.5 % | 3 | ST; MO |
| ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 % | 3 | ST; MO |
| *bromfenac ophthalmic (eye) drops 0.09 %* | 1 | MO |
| BROMSITE OPHTHALMIC (EYE) DROPS 0.075 % | 2 | MO |
| *diclofenac sodium ophthalmic (eye) drops 0.1 %* | 1 | MO |
| *flurbiprofen sodium ophthalmic (eye) drops 0.03 %* | 1 | MO |
| ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % | 3 | ST; MO |
| *ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %* | 1 | MO |
| NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % | 3 | ST; MO |
| PROLENSA OPHTHALMIC (EYE) DROPS 0.07 % | 2 | MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| **ORAL DRUGS FOR GLAUCOMA** | | |
| *acetazolamide oral capsule, extended release 500 mg* | 1 | MO |
| *acetazolamide oral tablet 125 mg, 250 mg* | 1 | MO |
| *methazolamide oral tablet 25 mg, 50 mg* | 1 | MO |
| **OTHER GLAUCOMA DRUGS** | | |
| AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % | 3 | MO |
| *bimatoprost ophthalmic (eye) drops 0.03 %* | 1 | MO |
| *brinzolamide ophthalmic (eye) drops,suspension 1 %* | 1 | MO |
| COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 % | 2 | MO |
| COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 % | 3 | MO |
| COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML | 3 | MO |
| *dorzolamide ophthalmic (eye) drops 2 %* | 1 | MO |
| *dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %* | 1 | MO |
| *dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml* | 1 | MO |
| *latanoprost ophthalmic (eye) drops 0.005 %* | 1 | MO |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % | 2 | MO |
| RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % | 2 | MO |
| ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 % | 2 | MO |
| SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 % | 3 | MO |
| TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 % | 3 | ST; MO |
| *travoprost ophthalmic (eye) drops 0.004 %* | 1 | MO |
| TRUSOPT OPHTHALMIC (EYE) DROPS 2 % | 3 | MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| VYZULTA OPHTHALMIC (EYE) DROPS 0.024 % | 3 | ST; MO |
| XALATAN OPHTHALMIC (EYE) DROPS 0.005 % | 3 | ST; MO |
| XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 % | 3 | ST |
| ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 % | 3 | ST; MO |
| **STEROID-ANTIBIOTIC COMBINATIONS** | | |
| MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 % | 3 | MO |
| MAXITROL OPHTHALMIC (EYE) OINTMENT 3.5 MG/G-10,000 UNIT/G-0.1 % | 3 | MO |
| *neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%* | 1 | MO |
| *neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %* | 1 | MO |
| *neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %* | 1 | MO |
| *neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml* | 1 | MO |
| PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-1 % | 3 | MO |
| PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 % | 3 | MO |
| TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.1 % | 3 | MO; QL (10 per 14 days) |
| TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % | 2 | MO; QL (3.5 per 14 days) |
| TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 % | 3 | MO; QL (10 per 14 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %* | 1 | MO; QL (10 per 14 days) |
| ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 % | 3 | MO; QL (10 per 14 days) |
| **STEROIDS** | | |
| ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 % | 2 | MO |
| *dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %* | 1 | MO |
| DUREZOL OPHTHALMIC (EYE) DROPS 0.05 % | 3 | MO |
| EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % | 2 | PA; MO; QL (8.3 per 14 days) |
| FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % | 3 | MO |
| *fluorometholone ophthalmic (eye) drops,suspension 0.1 %* | 1 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % | 3 | MO |
| FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % | 3 | MO |
| FML S.O.P. OPHTHALMIC (EYE) OINTMENT 0.1 % | 3 | MO |
| INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % | 2 | MO |
| LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 % | 3 | MO |
| LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 % | 3 | MO |
| LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 % | 3 | MO |
| LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 % | 3 | MO |
| *loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %* | 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 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %* | 1 | MO |
| MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % | 3 | MO |
| PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % | 3 | MO |
| PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 % | 3 | MO |
| *prednisolone acetate ophthalmic (eye) drops,suspension 1 %* | 1 | MO |
| *prednisolone sodium phosphate ophthalmic (eye) drops 1 %* | 1 | MO |
| **SYMPATHOMIMETICS** | | |
| ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 % | 2 | MO |
| ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 % | 3 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *apraclonidine ophthalmic (eye) drops 0.5 %* | 1 | MO |
| *brimonidine ophthalmic (eye) drops 0.15 %* | 1 | |
| *brimonidine ophthalmic (eye) drops 0.2 %* | 1 | MO |
| IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 % | 3 | MO |
| **RESPIRATORY AND ALLERGY** | | |
| **ANTIHISTAMINE / ANTIALLERGENIC AGENTS** | | |
| AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML | 3 | QL (2 per 30 days) |
| *cetirizine oral solution 1 mg/ml* | 1 | MO |
| CLARINEX ORAL TABLET 5 MG | 3 | MO; QL (30 per 30 days) |
| CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG | 3 | MO; QL (60 per 30 days) |
| *desloratadine oral tablet 5 mg* | 1 | MO; QL (30 per 30 days) |
| *desloratadine oral tablet,disintegrating 2.5 mg, 5 mg* | 1 | MO; QL (30 per 30 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML | 3 | MO; QL (2 per 30 days) |
| *epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)* | 1 | MO; QL (2 per 30 days) |
| EPINEPHRINE INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML (MANUFACTURED BY MYLAN SPECIALTY) | 3 | QL (2 per 30 days) |
| EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML | 3 | MO; QL (2 per 30 days) |
| EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML | 3 | MO; QL (2 per 30 days) |
| *hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg* | 1 | PA; MO |
| *levocetirizine oral solution 2.5 mg/5 ml* | 1 | MO |
| *levocetirizine oral tablet 5 mg* | 1 | MO; QL (30 per 30 days) |
| *promethazine oral syrup 6.25 mg/5 ml* | 1 | PA; MO |
| *promethazine oral tablet 12.5 mg, 25 mg, 50 mg* | 1 | PA; MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML | 3 | MO; QL (2 per 30 days) |
| **PULMONARY AGENTS** | | |
| ACCOLATE ORAL TABLET 10 MG, 20 MG | 3 | MO |
| *acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)* | 1 | B/D PA; MO |
| ADCIRCA ORAL TABLET 20 MG | 3 | PA; MO; QL (60 per 30 days) |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG | 2 | PA; MO; LA |
| ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE | 2 | MO; QL (60 per 30 days) |
| ADVAIR HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION | 2 | MO; QL (12 per 30 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION | 3 | ST; MO; QL (1 per 30 days) |
| AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION | 3 | ST; MO; QL (1 per 30 days) |
| *albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation* | 1 | QL (17 per 30 days) |
| *albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm* | 1 | QL (13.4 per 30 days) |
| ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020983) | 3 | ST; QL (36 per 30 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *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* | 1 | B/D PA; MO |
| *albuterol sulfate oral syrup 2 mg/5 ml* | 1 | MO |
| *albuterol sulfate oral tablet 2 mg, 4 mg* | 1 | MO |
| ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION | 2 | MO; QL (12.2 per 30 days) |
| ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION | 2 | MO; QL (6.1 per 30 days) |
| *alyq oral tablet 20 mg* | 1 | PA; QL (60 per 30 days) |
| *ambrisentan oral tablet 10 mg, 5 mg* | 1 | PA; MO; LA |
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION | 3 | ST; MO; QL (60 per 30 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG/ACTUATION, 232 MCG/ACTUATION, 55 MCG/ACTUATION | 3 | MO; QL (1 per 30 days) |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION | 2 | MO; QL (30 per 30 days) |
| ASMANEX HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION | 2 | 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) | 2 | MO; QL (1 per 30 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120) | 2 | MO; QL (2 per 30 days) |
| ATROVENT HFA AEROSOL INHALER 17 MCG/ACTUATION | 2 | MO; QL (25.8 per 30 days) |
| *azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray* | 1 | MO; QL (23 per 30 days) |
| BECONASE AQ NASAL SPRAY,NON-AEROSOL 42 MCG (0.042 %) | 3 | ST; MO; QL (50 per 30 days) |
| BERINERT INTRAVENOUS KIT 500 UNIT (10 ML) | 3 | PA; MO |
| BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG | 3 | ST; MO; QL (10.7 per 30 days) |
| *bosentan oral tablet 125 mg, 62.5 mg* | 1 | PA; MO; LA |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE | 2 | MO; QL (60 per 30 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION | 2 | MO; QL (10.7 per 30 days) |
| BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG | 3 | PA; MO |
| BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML | 3 | B/D PA; MO |
| *budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml* | 1 | B/D PA; MO; QL (120 per 30 days) |
| *budesonide inhalation suspension for nebulization 1 mg/2 ml* | 1 | B/D PA; MO; QL (60 per 30 days) |
| BUDESONIDE-FORMOTEROL INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION | 3 | ST; MO; QL (10.2 per 30 days) |
| CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML) | 2 | PA; MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION | 2 | MO; QL (8 per 30 days) |
| *cromolyn inhalation solution for nebulization 20 mg/2 ml* | 1 | B/D PA; MO |
| DALIRESP ORAL TABLET 250 MCG, 500 MCG | 3 | PA; MO; QL (30 per 30 days) |
| DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION | 3 | ST; MO; QL (1 per 30 days) |
| DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION | 2 | MO; QL (13 per 30 days) |
| DYMISTA NASAL SPRAY,NON-AEROSOL 137-50 MCG/SPRAY | 3 | MO; QL (23 per 30 days) |
| ESBRIET ORAL CAPSULE 267 MG | 2 | PA; MO; QL (270 per 30 days) |
| ESBRIET ORAL TABLET 267 MG | 2 | PA; MO; QL (270 per 30 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ESBRIET ORAL TABLET 801 MG | 2 | PA; MO; QL (90 per 30 days) |
| FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML | 2 | PA; MO; QL (1 per 28 days) |
| FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML | 2 | PA; MO; QL (1 per 28 days) |
| FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML | 3 | PA; MO |
| FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION | 2 | MO; QL (60 per 30 days) |
| FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION | 2 | MO; QL (240 per 30 days) |
| FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION | 2 | MO; QL (12 per 30 days) |
| FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION | 2 | MO; QL (24 per 30 days) |
| FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION | 2 | MO; QL (10.6 per 30 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)* | 1 | MO; QL (50 per 30 days) |
| *fluticasone propionate nasal spray,suspension 50 mcg/actuation* | 1 | MO; QL (16 per 30 days) |
| FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION | 3 | ST; MO; QL (1 per 30 days) |
| *fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose* | 1 | ST; QL (60 per 30 days) |
| HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT | 3 | PA; MO; LA |
| *icatibant subcutaneous syringe 30 mg/3 ml* | 1 | PA; MO |
| INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION | 3 | ST; MO; QL (30 per 30 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *ipratropium bromide inhalation solution 0.02 %* | 1 | B/D PA; MO |
| *ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml* | 1 | B/D PA; MO |
| KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG | 3 | PA; MO; QL (56 per 28 days) |
| KALYDECO ORAL TABLET 150 MG | 3 | PA; MO; QL (60 per 30 days) |
| LETAIRIS ORAL TABLET 10 MG, 5 MG | 3 | PA; MO; LA |
| *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* | 1 | B/D PA; MO |
| LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION | 3 | ST; MO; QL (30 per 30 days) |
| LONHALA MAGNAIR REFILL INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML | 3 | MO; QL (60 per 30 days) |
| *mometasone nasal spray,non-aerosol 50 mcg/actuation* | 1 | MO; QL (34 per 30 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *montelukast oral granules in packet 4 mg* | 1 | MO |
| *montelukast oral tablet 10 mg* | 1 | MO |
| *montelukast oral tablet,chewable 4 mg, 5 mg* | 1 | MO |
| NASONEX NASAL SPRAY,NON-AEROSOL 50 MCG/ACTUATION | 3 | ST; MO; QL (34 per 30 days) |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML | 2 | PA; MO; LA; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS RECON SOLN 100 MG | 2 | PA; MO; LA; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML | 2 | PA; MO; LA; QL (3 per 28 days) |
| OFEV ORAL CAPSULE 100 MG, 150 MG | 2 | PA; MO; QL (60 per 30 days) |
| OMNARIS NASAL SPRAY,NON-AEROSOL 50 MCG | 3 | ST; MO; QL (12.5 per 30 days) |
| OPSUMIT ORAL TABLET 10 MG | 2 | PA; MO; LA |
| ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG | 3 | PA; MO; QL (56 per 28 days) |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG | 3 | PA; MO; QL (112 per 28 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ORLADEYO ORAL CAPSULE 110 MG, 150 MG | 3 | PA; LA |
| PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML | 2 | B/D PA; MO |
| PROAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 90 MCG/ACTUATION | 3 | ST; MO; QL (2 per 30 days) |
| PROAIR HFA AEROSOL INHALER 90 MCG/ACTUATION | 3 | ST; MO; QL (17 per 30 days) |
| PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION | 3 | ST; MO; QL (2 per 30 days) |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION | 2 | MO; QL (2 per 30 days) |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION | 2 | MO; QL (1 per 30 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML | 3 | B/D PA; MO; QL (120 per 30 days) |
| PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML | 3 | B/D PA; MO; QL (60 per 30 days) |
| PULMOZYME INHALATION SOLUTION 1 MG/ML | 2 | B/D PA; MO |
| QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION | 3 | ST; MO; QL (4.9 per 30 days) |
| QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION | 3 | ST; MO; QL (8.7 per 30 days) |
| QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION | 2 | MO; QL (10.6 per 30 days) |
| QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION | 2 | MO; QL (21.2 per 30 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| REVATIO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML | 3 | PA; MO; QL (224 per 30 days) |
| REVATIO ORAL TABLET 20 MG | 3 | PA; MO; QL (90 per 30 days) |
| RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT | 3 | PA; MO |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE | 3 | ST; MO; QL (60 per 30 days) |
| *sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml* | 1 | PA; MO; QL (224 per 30 days) |
| *sildenafil (pulmonary arterial hypertension) oral tablet 20 mg* | 1 | PA; MO; QL (90 per 30 days) |
| SINGULAIR ORAL GRANULES IN PACKET 4 MG | 3 | MO |
| SINGULAIR ORAL TABLET 10 MG | 3 | MO |
| SINGULAIR ORAL TABLET,CHEWABLE 4 MG, 5 MG | 3 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION | 2 | MO; QL (4 per 30 days) |
| SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG | 2 | MO; QL (90 per 90 days) |
| STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION | 2 | MO; QL (4 per 30 days) |
| STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION | 2 | MO; QL (4 per 30 days) |
| SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION | 2 | 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) | 3 | PA; MO; QL (56 per 28 days) |
| *tadalafil (pulm. hypertension) oral tablet 20 mg* | 1 | PA; QL (60 per 30 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML) | 3 | PA; MO; LA |
| *terbutaline oral tablet 2.5 mg, 5 mg* | 1 | MO |
| THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG | 2 | MO |
| *theophylline oral solution 80 mg/15 ml* | 1 | MO |
| *theophylline oral tablet extended release 12 hr 300 mg* | 1 | MO |
| *theophylline oral tablet extended release 24 hr 400 mg, 600 mg* | 1 | MO |
| TRACLEER ORAL TABLET 125 MG, 62.5 MG | 3 | PA; MO; LA |
| TRACLEER ORAL TABLET FOR SUSPENSION 32 MG | 3 | PA; MO; LA |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG | 2 | MO; QL (60 per 30 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N) | 3 | PA; MO; QL (84 per 28 days) |
| TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION | 3 | ST; MO; QL (1 per 30 days) |
| TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION (30 ACTUAT) | 3 | ST; QL (1 per 30 days) |
| VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML | 3 | B/D PA; MO |
| VENTOLIN HFA AEROSOL INHALER 90 MCG/ACTUATION | 3 | ST; MO; QL (36 per 30 days) |
| *wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose* | 1 | ST; QL (60 per 30 days) |
| XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION | 3 | ST; MO; QL (32 per 30 days) |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| XOLAIR SUBCUTANEOUS RECON SOLN 150 MG | 3 | PA; MO; LA; QL (8 per 28 days) |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML | 3 | PA; MO; LA; QL (8 per 28 days) |
| XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML | 3 | PA; MO; LA; QL (1 per 28 days) |
| XOPENEX CONCENTRATE INHALATION SOLUTION FOR NEBULIZATION 1.25 MG/0.5 ML | 3 | B/D PA; MO |
| XOPENEX HFA AEROSOL INHALER 45 MCG/ACTUATION | 3 | ST; MO; QL (30 per 30 days) |
| XOPENEX INHALATION SOLUTION FOR NEBULIZATION 0.31 MG/3 ML, 0.63 MG/3 ML, 1.25 MG/3 ML | 3 | B/D PA; MO |
| YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML | 3 | B/D PA; MO; QL (90 per 30 days) |
| *zafirlukast oral tablet 10 mg, 20 mg* | 1 | MO |
| ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION | 3 | ST; MO; QL (6.1 per 30 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *zileuton oral tablet, er multiphase 12 hr 600 mg* | 1 | MO |
| ZYFLO ORAL TABLET 600 MG | 3 | MO |
| **UROLOGICALS** | | |
| **ANTICHOLINERGICS / ANTISPASMODICS** | | |
| *darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg* | 1 | MO |
| DETROL LA ORAL CAPSULE,EXTENDED RELEASE 24HR 2 MG, 4 MG | 3 | MO |
| DETROL ORAL TABLET 1 MG, 2 MG | 3 | MO |
| DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG | 3 | MO |
| *flavoxate oral tablet 100 mg* | 1 | MO |
| GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM) | 3 | MO; QL (30 per 30 days) |
| GEMTESA ORAL TABLET 75 MG | 3 | MO |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG | 2 | MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *oxybutynin chloride oral syrup 5 mg/5 ml* | 1 | MO |
| *oxybutynin chloride oral tablet 5 mg* | 1 | MO |
| *oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg* | 1 | MO |
| OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR | 3 | MO; QL (8 per 28 days) |
| *solifenacin oral tablet 10 mg, 5 mg* | 1 | MO |
| *tolterodine oral capsule,extended release 24hr 2 mg, 4 mg* | 1 | MO |
| *tolterodine oral tablet 1 mg, 2 mg* | 1 | MO |
| TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG | 2 | MO |
| *trospium oral capsule,extended release 24hr 60 mg* | 1 | MO |
| *trospium oral tablet 20 mg* | 1 | MO |
| VESICARE LS ORAL SUSPENSION 1 MG/ML | 3 | MO |
| VESICARE ORAL TABLET 10 MG, 5 MG | 3 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| **BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY** | | |
| *alfuzosin oral tablet extended release 24 hr 10 mg* | 1 | MO |
| AVODART ORAL CAPSULE 0.5 MG | 3 | MO |
| *dutasteride oral capsule 0.5 mg* | 1 | MO |
| *dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg* | 1 | MO |
| *finasteride oral tablet 5 mg* | 1 | MO |
| FLOMAX ORAL CAPSULE 0.4 MG | 3 | ST; MO |
| JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG | 3 | MO |
| PROSCAR ORAL TABLET 5 MG | 3 | MO |
| RAPAFLO ORAL CAPSULE 4 MG, 8 MG | 3 | ST; MO |
| *silodosin oral capsule 4 mg, 8 mg* | 1 | MO |
| *tamsulosin oral capsule 0.4 mg* | 1 | MO |
| UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG | 3 | ST; MO |
| **MISCELLANEOUS UROLOGICALS** | | |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg* | 1 | MO |
| CIALIS ORAL TABLET 2.5 MG, 5 MG | 3 | PA; MO; QL (30 per 30 days) |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG | 3 | PA; LA |
| ELMIRON ORAL CAPSULE 100 MG | 2 | MO |
| *potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)* | 1 | MO |
| PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG | 3 | PA; MO |
| *tadalafil oral tablet 2.5 mg, 5 mg* | 1 | PA; MO; QL (30 per 30 days) |
| UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG) | 3 | MO |
| UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ | 3 | MO |
| UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG) | 3 | MO |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| **VITAMINS, HEMATINICS / ELECTROLYTES** | | |
| **ELECTROLYTES** | | |
| *calcium acetate(phosphat bind) oral capsule 667 mg* | 1 | MO; QL (360 per 30 days) |
| *calcium acetate(phosphat bind) oral tablet 667 mg* | 1 | MO; QL (360 per 30 days) |
| *klor-con 10 oral tablet extended release 10 meq* | 1 | MO |
| *klor-con 8 oral tablet extended release 8 meq* | 1 | MO |
| *klor-con m10 oral tablet,er particles/crystals 10 meq* | 1 | MO |
| *klor-con m15 oral tablet,er particles/crystals 15 meq* | 1 | MO |
| *klor-con m20 oral tablet,er particles/crystals 20 meq* | 1 | MO |
| *klor-con oral packet 20 meq* | 1 | MO |
| K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ | 3 | MO |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *k-tab oral tablet extended release 8 meq* | 1 | MO |
| *magnesium sulfate injection solution 4 meq/ml (50 %)* | 1 | MO |
| *magnesium sulfate injection syringe 4 meq/ml* | 1 | |
| PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML | 3 | MO; QL (1800 per 30 days) |
| *potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l* | 1 | |
| *potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l* | 1 | |
| *potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l* | 1 | |
| *potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l* | 1 | |
| *potassium chloride in water intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml* | 1 | |

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

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l* | 1 | |
| *sodium chloride 0.45 % intravenous parenteral solution 0.45 %* | 1 | MO |
| *sodium chloride 3 % intravenous parenteral solution 3 %* | 1 | |
| *sodium chloride 5 % intravenous parenteral solution 5 %* | 1 | MO |
| TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML | 3 | |
| **MISCELLANEOUS NUTRITION PRODUCTS** | | |
| AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 % | 3 | B/D PA |
| AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 % | 3 | B/D PA |
| CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 % | 3 | B/D PA |
| CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | 3 | B/D PA |
| CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 % | 3 | B/D PA |
| CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | 3 | B/D PA |
| CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | 3 | B/D PA |
| CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 % | 3 | B/D PA |
| CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 % | 3 | B/D PA |
| CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 % | 3 | B/D PA |

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

This drug list was last updated on 08/17/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| DOJOLVI ORAL LIQUID 8.3 KCAL/ML | 3 | PA; MO; LA |
| HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 % | 2 | B/D PA |
| *intralipid intravenous emulsion 20 %* | 1 | B/D PA |
| INTRALIPID INTRAVENOUS EMULSION 30 % | 3 | B/D PA |
| ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION | 3 | |
| ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 % | 3 | |
| NUTRILIPID INTRAVENOUS EMULSION 20 % | 3 | B/D PA |
| PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION | 2 | |
| PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION | 2 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 % | 3 | B/D PA |
| *premasol 10 % intravenous parenteral solution 10 %* | 1 | B/D PA |
| PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 % | 3 | B/D PA |
| PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION | 3 | B/D PA |
| *travasol 10 % intravenous parenteral solution 10 %* | 1 | B/D PA |
| TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 % | 3 | B/D PA |
| **VITAMINS / HEMATINICS** | | |
| *fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)* | 1 | |
| *prenatal vitamin oral tablet 27 mg iron- 1 mg* | 1 | |

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

This drug list was last updated on 08/17/2021.

# Index


**A**
abacavir ..... 3
abacavir-lamivudine ..... 4
abacavir-lamivudine-zidovudine ..... 4
ABELCET ..... 2
ABILIFY ..... 56
ABILIFY MAINTENA ..... 56
ABILIFY MYCITE ..... 56
abiraterone ..... 22
ABSORICA ..... 90
ABSORICA LD ..... 90
acamprosate ..... 100
ACANYA ..... 90
acarbose ..... 107
ACCOLATE ..... 162
ACCUPRIL ..... 71
ACCURETIC ..... 71
accutane ..... 90
acebutolol ..... 71
acetaminophen-caff-dihydrocod ..... 48
acetaminophen-codeine ..... 48
acetazolamide ..... 158
acetic acid ..... 105
acetylcysteine ..... 162
ACIPHEX ..... 128
acitretin ..... 87
ACTEMRA ..... 139
ACTEMRA ACTPEN ..... 139
ACTHAR ..... 105
ACTHIB (PF) ..... 134
ACTICLATE ..... 20
ACTIMMUNE ..... 130
ACTIQ ..... 48
ACTIVELLA ..... 142
ACTONEL ..... 138
ACTOPLUS MET ..... 107
ACTOS ..... 107
ACULAR ..... 157
ACULAR LS ..... 157
ACUVAIL (PF) ..... 157
acyclovir ..... 4, 95
acyclovir sodium ..... 4
ACZONE ..... 90
ADACEL(TDAP ADOLESN/ADULT)(PF) ..... 134
adapalene ..... 91
adapalene-benzoyl peroxide ..... 91
ADCIRCA ..... 162
ADDERALL ..... 56
ADDERALL XR ..... 56
adefovir ..... 4
ADEMPAS ..... 162
ADLYXIN ..... 107
ADMELOG SOLOSTAR U-100 INSULIN ..... 107
ADMELOG U-100 INSULIN LISPRO ..... 107
ADVAIR DISKUS ..... 162
ADVAIR HFA ..... 162
ADZENYS ER ..... 56
ADZENYS XR-ODT ..... 56
AEMCOLO ..... 12
AFINITOR ..... 22
AFINITOR DISPERZ ..... 22
AFREZZA ..... 107
AGRYLIN ..... 100
AIMOVIG AUTOINJECTOR ..... 41
AIRDUO DIGIHALER ..... 163
AIRDUO RESPICLICK ..... 163
AJOVY AUTOINJECTOR ..... 41
AJOVY SYRINGE ..... 41
AKLIEF ..... 91
ala-cort ..... 95
ALA-SCALP ..... 96
albendazole ..... 12
ALBENZA ..... 12
albuterol sulfate ..... 163
ALBUTEROL SULFATE ..... 163
alclometasone ..... 96
ALCOHOL PADS ..... 107
ALDACTAZIDE ..... 71
ALDACTONE ..... 71
ALDARA ..... 89
ALECENSA ..... 22
alendronate ..... 138
alfuzosin ..... 172
aliskiren ..... 71
ALKINDI SPRINKLE ..... 106
allopurinol ..... 138
almotriptan malate ..... 41, 42
ALOCRIL ..... 156
ALOGLIPTIN ..... 108
ALOGLIPTIN-METFORMIN ..... 108
ALOGLIPTIN-PIOGLITAZONE ..... 108
ALOMIDE ..... 156
ALORA ..... 143
alosetron ..... 122
ALPHAGAN P ..... 161
ALREX ..... 160
ALTABAX ..... 93
ALTACE ..... 71
altavera (28) ..... 147
ALTOPREV ..... 82
ALTRENO ..... 91
ALUNBRIG ..... 22
ALVESCO ..... 163
alyacen 1/35 (28) ..... 147
alyq ..... 163
amabelz ..... 143
amantadine hcl ..... 4
AMARYL ..... 108
AMBIEN ..... 56
AMBIEN CR ..... 56
AMBISOME ..... 2
ambrisentan ..... 163
amcinonide ..... 96
AMERGE ..... 42
amethia ..... 147
amikacin ..... 12
amiloride ..... 72
amiloride-hydrochlorothiazide ..... 72
AMINOSYN II 15 % ..... 175
AMINOSYN-PF 7 % (SULFITE-FREE) ..... 175
amiodarone ..... 70
AMITIZA ..... 122
amitriptyline ..... 56
amlodipine ..... 72
amlodipine-atorvastatin ..... 83
amlodipine-benazepril ..... 72

amlodipine-olmesartan ..... 72
amlodipine-valsartan ..... 72
amlodipine-valsartan-hcthiazid ..... 72
ammonium lactate ..... 89
amnesteem ..... 91
amoxapine ..... 57
amoxicil-clarithromy-lansopraz ..... 128
amoxicillin ..... 17
amoxicillin-pot clavulanate . 17, 18
AMPHETAMINE ..... 57
amphetamine sulfate ..... 57
amphotericin b ..... 2
ampicillin ..... 18
ampicillin sodium ..... 18
ampicillin-sulbactam ..... 18
AMPYRA ..... 44
AMZEEQ ..... 91
ANAFRANIL ..... 57
anagrelide ..... 100
anastrozole ..... 22
ANCOBON ..... 2
ANDRODERM ..... 116
ANDROGEL ..... 116, 117
ANGELIQ ..... 143
ANNOVERA ..... 146
ANORO ELLIPTA ..... 163
ANTARA ..... 83
ANUSOL-HC ..... 122
apexicon e ..... 96
APIDRA SOLOSTAR U-100 INSULIN ..... 108
APIDRA U-100 INSULIN . 108
APLENZIN ..... 57
APOKYN ..... 39
apraclonidine ..... 161
aprepitant ..... 122
apri ..... 147
APRISO ..... 122
APTENSIO XR ..... 57
APTIOM ..... 32
APTIVUS ..... 4
ARALAST NP ..... 100
aranelle (28) ..... 147
ARANESP (IN POLYSORBATE) .. 130, 131
ARAVA ..... 139
ARAZLO ..... 91
ARCALYST ..... 131
ARICEPT ..... 44
ARIKAYCE ..... 12
ARIMIDEX ..... 22
aripiprazole ..... 57
ARISTADA ..... 57
ARISTADA INITIO ..... 57
ARIXTRA ..... 80
armodafinil ..... 57
ARMONAIR DIGIHALER 164
ARNUITY ELLIPTA ..... 164
AROMASIN ..... 22
ARTHROTEC 50 ..... 52
ARTHROTEC 75 ..... 52
ASACOL HD ..... 122
asenapine maleate ..... 57
ashlyna ..... 147
ASMANEX HFA ..... 164
ASMANEX TWISTHALER ..... 164
aspirin-dipyridamole ..... 80
ASTAGRAF XL ..... 22
ATACAND ..... 72
ATACAND HCT ..... 72
atazanavir ..... 4
ATELVIA ..... 138
atenolol ..... 72
atenolol-chlorthalidone ..... 72
ATIVAN ..... 58
atomoxetine ..... 58
atorvastatin ..... 83
atovaquone ..... 12
atovaquone-proguanil ..... 12
ATRALIN ..... 91
ATRIPLA ..... 4
atropine ..... 156
ATROVENT HFA ..... 164
AUBAGIO ..... 44
aubra eq ..... 147
AURYXIA ..... 100
AUSTEDO ..... 44
AUVI-Q ..... 161
AVALIDE ..... 72
AVAPRO ..... 72
AVEED ..... 117
aviane ..... 147
avita ..... 91
AVITA ..... 91
AVODART ..... 172
AVONEX ..... 131
AVYCAZ ..... 9
AYGESTIN ..... 143
AYVAKIT ..... 22
AZACTAM ..... 13
AZASAN ..... 22
AZASITE ..... 153
azathioprine ..... 23
azelaic acid ..... 91
azelastine ..... 104, 156
azelastine-fluticasone ..... 164
AZELEX ..... 91
AZILECT ..... 39
azithromycin ..... 11
AZOPT ..... 158
AZOR ..... 72
aztreonam ..... 13
AZULFIDINE ..... 122
AZULFIDINE EN-TABS .. 122

**B**

bacitracin ..... 153
bacitracin-polymyxin b ..... 154
baclofen ..... 47
BACTRIM ..... 20
BACTRIM DS ..... 20
BAFIERTAM ..... 44
BALCOLTRA ..... 147
balsalazide ..... 122
BALVERSA ..... 23
balziva (28) ..... 148
BANZEL ..... 32
BAQSIMI ..... 108
BARACLUDE ..... 4
BASAGLAR KWIKPEN U-100 INSULIN ..... 108
BAXDELA ..... 19
BCG VACCINE, LIVE (PF) ..... 134
BECONASE AQ ..... 164
BELBUCA ..... 48
BELSOMRA ..... 58
benazepril ..... 72
benazepril-hydrochlorothiazide ..... 72
BENICAR ..... 72
BENICAR HCT ..... 72
BENLYSTA ..... 139
BENZACLIN PUMP ..... 91

BENZAMYCIN ..... 91
BENZNIDAZOLE ..... 13
benztropine ..... 39
bepotastine besilate ..... 156
BEPREVE ..... 156
BERINERT ..... 164
beser ..... 96
BESIVANCE ..... 154
betamethasone dipropionate . 96
betamethasone valerate ..... 96
betamethasone, augmented... 96
BETAPACE AF ..... 70
BETASERON ..... 131
betaxolol ..... 72, 155
bethanechol chloride ..... 173
BETHKIS ..... 13
BETIMOL ..... 155
BETOPTIC S ..... 155
BEVESPI AEROSPHERE . 164
bexarotene ..... 23
BEXSERO ..... 134
BEYAZ ..... 148
bicalutamide ..... 23
BICILLIN C-R ..... 18
BICILLIN L-A ..... 18
BIDIL ..... 72
BIJUVA ..... 143
BIKTARVY ..... 4
BILTRICIDE ..... 13
bimatoprost ..... 158
BINOSTO ..... 139
bisoprolol fumarate ..... 73
bisoprolol-hydrochlorothiazide ..... 73
BIVIGAM ..... 134
BLEPH-10 ..... 156
BLEPHAMIDE ..... 156
BLEPHAMIDE S.O.P. ..... 156
blisovi 24 fe ..... 148
blisovi fe 1.5/30 (28) ..... 148
BONIVA ..... 139
BONJESTA ..... 122
BOOSTRIX TDAP ..... 134
bosentan ..... 164
BOSULIF ..... 23
BRAFTOVI ..... 23
BREO ELLIPTA ..... 164
BREZTRI AEROSPHERE 165
briellyn ..... 148
BRILINTA ..... 81
brimonidine ..... 161
brinzolamide ..... 158
BRISDELLE ..... 58
BRIVIACT ..... 32
bromfenac ..... 157
bromocriptine ..... 39
BROMSITE ..... 157
BRONCHITOL ..... 165
BROVANA ..... 165
BRUKINSA ..... 23
BRYHALI ..... 96
budesonide ..... 122, 165
BUDESONIDE-FORMOTEROL ..... 165
bumetanide ..... 73
BUPHENYL ..... 100
buprenorphine hcl ..... 48
buprenorphine transdermal patch ..... 48
buprenorphine-naloxone ..... 52
bupropion hcl ..... 58
BUPROPION HCL ..... 58
bupropion hcl (smoking deter) ..... 104
buspirone ..... 58
butorphanol ..... 52
BUTRANS ..... 48
BYDUREON BCISE ..... 108
BYETTA ..... 108
BYSTOLIC ..... 73
**C**
cabergoline ..... 117
CABLIVI ..... 81
CABOMETYX ..... 23
CADUET ..... 83
CAFERGOT ..... 42
CALAN SR ..... 73
calcipotriene ..... 87
CALCIPOTRIENE ..... 87
calcipotriene-betamethasone 87
calcitonin (salmon) ..... 117
calcitriol ..... 87, 117
calcium acetate(phosphat bind) ..... 173
CALQUENCE ..... 23
CAMBIA ..... 52
camila ..... 143
camrese lo ..... 148
CANASA ..... 122
CANCIDAS ..... 2
candesartan ..... 73
candesartan-hydrochlorothiazid ..... 73
CAPEX ..... 96
CAPLYTA ..... 58
CAPRELSA ..... 23
captopril ..... 73
CARAC ..... 89
CARAFATE ..... 128
CARBAGLU ..... 100
carbamazepine ..... 32
CARBATROL ..... 32
carbidopa ..... 39
carbidopa-levodopa ..... 39
carbidopa-levodopa-entacapone ..... 40
CARDIZEM ..... 73
CARDIZEM CD ..... 73
CARDIZEM LA ..... 73
CARDURA ..... 73
CARDURA XL ..... 73
CARNITOR ..... 101
CAROSPIR ..... 73
carteolol ..... 155
cartia xt ..... 73
carvedilol ..... 73
carvedilol phosphate ..... 73
CASODEX ..... 23
caspofungin ..... 2
CATAPRES-TTS-1 ..... 74
CAYSTON ..... 13
caziant (28) ..... 148
cefaclor ..... 9
cefadroxil ..... 9
cefazolin ..... 9
cefdinir ..... 9
cefepime ..... 10
cefixime ..... 10
cefotetan ..... 10
cefoxitin ..... 10
cefpodoxime ..... 10
cefprozil ..... 10
ceftazidime ..... 10
ceftriaxone ..... 10
cefuroxime axetil ..... 10
cefuroxime sodium ..... 10
CELEBREX ..... 52

celecoxib....52
CELEXA....58
CELLCEPT....23
CELONTIN....32
cephalexin....10
CEQUA....156
CERDELGA....117
cetirizine....161
cevimeline....101
CHANTIX....104
CHANTIX CONTINUING MONTH BOX....104
CHANTIX STARTING MONTH BOX....104
CHEMET....101
CHENODAL....122
chlorhexidine gluconate....104
chloroquine phosphate....13
chlorpromazine....58
chlorthalidone....74
CHOLBAM....122
cholestyramine (with sugar)....83
cholestyramine light....83
CIALIS....173
ciclopirox....94
cilostazol....81
CILOXAN....154
CIMDUO....4
cimetidine....128
cimetidine hcl....128
CIMZIA....123
CIMZIA POWDER FOR RECONST....123
cinacalcet....117
CINRYZE....165
CIPRO....19
CIPRO HC....105
CIPRODEX....105
ciprofloxacin hcl....19, 105, 154
ciprofloxacin in 5 % dextrose....19
ciprofloxacin-dexamethasone....105
CIPROFLOXACIN-FLUOCINOLONE....105
citalopram....58
claravis....91
CLARINEX....161
CLARINEX-D 12 HOUR....161
clarithromycin....11
CLENPIQ....123
CLEOCIN....146
CLEOCIN HCL....13
CLEOCIN PEDIATRIC....13
CLEOCIN T....91
CLIMARA....143
CLIMARA PRO....143
clindacin p....91
CLINDAGEL....91
clindamycin hcl....13
clindamycin in 5 % dextrose 13
clindamycin pediatric....13
clindamycin phosphate....13, 91, 146
clindamycin-benzoyl peroxide....91, 92
clindamycin-tretinoin....92
CLINDESSE....146
CLINIMIX 5%/D15W SULFITE FREE....175
CLINIMIX 4.25%/D10W SULF FREE....175
CLINIMIX 4.25%/D5W SULFIT FREE....101
CLINIMIX 5%-D20W(SULFITE-FREE)175
CLINIMIX E 2.75%/D5W SULF FREE....101
CLINIMIX E 4.25%/D10W SUL FREE....175
CLINIMIX E 4.25%/D5W SULF FREE....175
CLINIMIX E 5%/D15W SULFIT FREE....175
CLINIMIX E 5%/D20W SULFIT FREE....175
CLINISOL SF 15 %....175
clobazam....33
clobetasol....96
clobetasol-emollient....96, 97
CLOBEX....97
CLOCORTOLONE PIVALATE....97
clodan....97
CLODERM....97
clomipramine....58
clonazepam....33
clonidine....74
clonidine hcl....58, 74
clopidogrel....81
clorazepate dipotassium....58
clotrimazole....2, 94
clotrimazole-betamethasone....94
clovique....101
clozapine....58
CLOZARIL....59
COARTEM....13
codeine sulfate....48
COLAZAL....123
colchicine....138
COLCHICINE....138
COLCRYS....138
colesevelam....83
COLESTID....83
colestipol....83
colistin (colistimethate na)....13
COMBIGAN....158
COMBIPATCH....143
COMBIVENT RESPIMAT165
COMBIVIR....4
COMETRIQ....23
COMPLERA....4
compro....123
COMTAN....40
CONCERTA....59
CONDYLOX....89
constulose....123
CONZIP....52
COPAXONE....44
COPIKTRA....23
CORDRAN....97
CORDRAN TAPE LARGE ROLL....97
COREG....74
COREG CR....74
CORGARD....74
CORLANOR....86
CORTEF....106
COSENTYX (2 SYRINGES)....87
COSENTYX PEN (2 PENS)87
COSOPT....158
COSOPT (PF)....158
COTELLIC....23
COTEMPLA XR-ODT....59
COZAAR....74
CREON....123

CRESEMBA ..... 2
CRESTOR ..... 83
CRINONE ..... 143
cromolyn..... 123, 156, 165
cryselle (28)..... 148
CUBICIN ..... 13
CUPRIMINE..... 139
CUTIVATE..... 97
CUVPOSA ..... 121
cyclafem 1/35 (28) ..... 148
cyclafem 7/7/7 (28) ..... 148
cyclobenzaprine..... 47
cyclophosphamide..... 23
CYCLOPHOSPHAMIDE.... 23
CYCLOSET ..... 108
cyclosporine ..... 24
cyclosporine modified..... 23
CYMBALTA ..... 59
cyred eq ..... 148
CYSTADANE..... 123
CYSTADROPS..... 156
CYSTAGON ..... 173
CYSTARAN ..... 156
CYTOMEL ..... 120
CYTOTEC ..... 128
**D**
d10 %-0.45 % sodium chloride ..... 101
d2.5 %-0.45 % sodium chloride..... 101
d5 % and 0.9 % sodium chloride..... 101
d5 %-0.45 % sodium chloride ..... 101
dalfampridine ..... 44
DALIRESP..... 165
DALVANCE..... 13
danazol ..... 117
DANTRIUM ..... 47
dantrolene..... 47
dapsone..... 13, 92
DAPSONE ..... 92
DAPTACEL (DTAP PEDIATRIC) (PF) ..... 134
daptomycin..... 14
DAPTOMYCIN ..... 13
DARAPRIM..... 14
darifenacin..... 171
DAURISMO..... 24
DAYPRO..... 52
DAYTRANA..... 59
DAYVIGO ..... 59
DDAVP ..... 117
deblitane ..... 143
deferasirox ..... 101
deferiprone..... 101
DELESTROGEN ..... 143
DELSTRIGO..... 4
DELZICOL ..... 123
demeclocycline..... 20
DEMSER..... 74
DENAVIR..... 95
DEPAKOTE..... 33
DEPAKOTE ER..... 33
DEPAKOTE SPRINKLES... 33
DEPEN TITRATABS ..... 140
DEPO-ESTRADIOL ..... 143
DEPO-PROVERA..... 143
DEPO-SUBQ PROVERA 104 ..... 143
DEPO-TESTOSTERONE.. 117
DERMA-SMOOTHE/FS SCALP OIL..... 97
DERMOTIC OIL ..... 105
DESCOVY ..... 4
desipramine ..... 59
desloratadine..... 161
desmopressin ..... 117
desog-e.estradiol/e.estradiol ..... 148
desogestrel-ethinyl estradiol ..... 148
DESONATE..... 97
desonide..... 97
DESOWEN ..... 97
desoximetasone ..... 97
DESOXYN..... 59
DESVENLAFAXINE ..... 59
desvenlafaxine succinate ..... 59
DETROL ..... 171
DETROL LA..... 171
dexabliss ..... 106
dexamethasone ..... 106
dexamethasone sodium phosphate..... 160
DEXEDRINE SPANSULE.. 59
DEXILANT..... 128
dexmethylphenidate..... 59
dextroamphetamine ..... 59
dextroamphetamine-amphetamine..... 60
dextrose 10 % and 0.2 % nacl ..... 101
dextrose 10 % in water (d10w) ..... 101
dextrose 5 % in water (d5w) ..... 101
dextrose 5%-0.2 % sod chloride..... 101
DIACOMIT ..... 33
DIASTAT ..... 33
DIASTAT ACUDIAL ..... 33
diazepam..... 33, 60
diazoxide..... 108
DIBENZYLINE ..... 74
DICLEGIS..... 123
DICLOFENAC EPOLAMINE ..... 52
diclofenac potassium ..... 52
diclofenac sodium... 52, 89, 157
diclofenac-misoprostol ..... 52
dicloxacillin ..... 18
dicyclomine ..... 121
DIFFERIN ..... 92
DIFICID ..... 11
diflorasone ..... 97
DIFLUCAN ..... 2
diflunisal ..... 53
digitek ..... 86
digox ..... 86
digoxin..... 86
dihydroergotamine..... 42
DILANTIN 30 MG..... 33
DILANTIN EXTENDED 100 MG..... 33
DILANTIN INFATABS 50 MG..... 33
DILANTIN-125 125 MG/5 ML ..... 33
DILAUDID..... 48, 49
diltiazem hcl ..... 74
dilt-xr ..... 74
dimethyl fumarate..... 44
DIOVAN ..... 74
DIOVAN HCT ..... 74
DIPENTUM ..... 123
diphenoxylate-atropine..... 121

DIPROLENE (AUGMENTED) 97
dipyridamole 81
disulfiram 101
DITROPAN XL 171
DIURIL 74
divalproex 33
DIVIGEL 143
dofetilide 71
DOJOLVI 176
dolishale 148
donepezil 44
DOPTELET (10 TAB PACK) 81
DOPTELET (15 TAB PACK) 81
DOPTELET (30 TAB PACK) 81
DORYX 20
DORYX MPC 20
dorzolamide 158
dorzolamide-timolol 158
dorzolamide-timolol (pf) 158
dotti 144
DOVATO 4
DOVONEX 88
doxazosin 74
doxepin 60, 89
doxercalciferol 117
doxy-100 20
doxycycline hyclate 20
DOXYCYCLINE HYCLATE 20
doxycycline monohydrate 20
doxylamine-pyridoxine (vit b6) 123
DRIZALMA SPRINKLE 60
dronabinol 123
drospirenone-e.estradiol-lm.fa 148
drospirenone-ethinyl estradiol 148
DROXIA 24
droxidopa 101
DUAKLIR PRESSAIR 165
DUAVEE 144
DUETACT 108
DUEXIS 53
DULERA 165
duloxetine 60
DUOBRII 97
DUOPA 40
DUPIXENT PEN 89
DUPIXENT SYRINGE 89
DUREZOL 160
dutasteride 172
dutasteride-tamsulosin 172
DUTOPROL 75
DYANAVEL XR 60
DYMISTA 165
DYRENIUM 75
**E**
E.E.S. GRANULES 11
econazole 94
EDARBI 75
EDARBYCLOR 75
EDECRIN 75
EDURANT 4
efavirenz 4
efavirenz-emtricitabin-tenofov 4
efavirenz-lamivu-tenofov disop 5
EFFEXOR XR 60
EFUDEX 89
EGRIFTA SV 131
ELESTRIN 144
eletriptan 42
ELIDEL 89
ELIGARD 24
ELIGARD (3 MONTH) 24
ELIGARD (4 MONTH) 24
ELIGARD (6 MONTH) 24
ELIQUIS 81
ELIQUIS DVT-PE TREAT 30D START 81
ELMIRON 173
eluryng 146
EMCYT 24
EMEND 123
EMFLAZA 106
EMGALITY PEN 42
EMGALITY SYRINGE 42
emoquette 148
EMSAM 60
emtricitabine 5
emtricitabine-tenofovir (tdf) 5
EMTRIVA 5
EMVERM 14
enalapril maleate 75
enalapril-hydrochlorothiazide 75
ENBREL 140
ENBREL MINI 140
ENBREL SURECLICK 140
ENDARI 101
endocet 49
ENGERIX-B (PF) 134
ENGERIX-B PEDIATRIC (PF) 134
enoxaparin 81
enpresse 148
enskyce 148
ENSPRYNG 24
ENSTILAR 88
entacapone 40
entecavir 5
ENTRESTO 86
enulose 123
ENVARSUS XR 24
EPCLUSA 5
EPIDIOLEX 34
EPIDUO 92
EPIDUO FORTE 92
epinastine 156
epinephrine 162
EPINEPHRINE 162
EPIPEN 2-PAK 162
EPIPEN JR 2-PAK 162
epitol 34
EPIVIR 5
EPIVIR HBV 5
eplerenone 75
EPOGEN 131
EPZICOM 5
EQUETRO 34
ERAXIS(WATER DILUENT) 2
ergoloid 60
ergotamine-caffeine 42
ERIVEDGE 24
ERLEADA 24
erlotinib 24
errin 144
ERTACZO 94
ertapenem 14
ery pads 92

erygel....92
ERYPED 200....11
ERYPED 400....11
ery-tab....11
ERY-TAB....12
ERYTHROCIN....12
erythrocin (as stearate)....12
erythromycin....12, 154
erythromycin ethylsuccinate 12
erythromycin with ethanol...92
erythromycin-benzoyl peroxide....92
ESBRIET....165, 166
escitalopram oxalate....60
esomeprazole magnesium..128
estarylla....148
ESTRACE....144
estradiol....144
estradiol valerate....144
estradiol-norethindrone acet....144
ESTRING....144
ESTROGEL....144
eszopiclone....60
ethacrynic acid....75
ethambutol....14
ethosuximide....34
ethynodiol diac-eth estradiol....148
etodolac....53
etonogestrel-ethinyl estradiol....146
EUCRISA....89
euthyrox....120
EVAMIST....144
EVEKEO....61
EVEKEO ODT....61
EVENITY....139
everolimus (antineoplastic)..24
everolimus (immunosuppressive)....24
EVISTA....139
EVOCLIN....92
EVOTAZ....5
EVOXAC....102
EVRYSDI....44
EXELON PATCH....44
exemestane....24
EXFORGE....75
EXFORGE HCT....75
EXJADE....102
EXTAVIA....131
EXTINA....94
EYSUVIS....160
EZALLOR SPRINKLE....83
ezetimibe....83
ezetimibe-simvastatin....83
**F**
FABIOR....92
falmina (28)....148
famciclovir....5
famotidine....128
FANAPT....61
FARESTON....24
FARXIGA....108
FARYDAK....24
FASENRA....166
FASENRA PEN....166
fayosim....148
febuxostat....138
felbamate....34
FELBATOL....34
FELDENE....53
felodipine....75
FEMARA....24
FEMHRT LOW DOSE....144
FEMRING....145
femynor....148
fenofibrate....83
FENOFIBRATE....83
fenofibrate micronized....83
fenofibrate nanocrystallized.83
fenofibric acid (choline)....83
FENOGLIDE....84
fenoprofen....53
FENOPROFEN....53
fentanyl....49
fentanyl citrate....49
FENTANYL CITRATE....49
FENTORA....49
FERRIPROX....102
FETZIMA....61
FEXMID....47
FIASP FLEXTOUCH U-100 INSULIN....108
FIASP PENFILL U-100 INSULIN....109
FIASP U-100 INSULIN....109
FINACEA....92
finasteride....172
FINTEPLA....34
FIRAZYR....166
FIRDAPSE....44
FIRMAGON KIT W DILUENT SYRINGE....25
FIRVANQ....14
flac otic oil....105
FLAGYL....14
FLAREX....160
flavoxate....171
FLEBOGAMMA DIF....135
flecainide....71
FLECTOR....53
FLOLIPID....84
FLOMAX....172
FLOVENT DISKUS....166
FLOVENT HFA....166
fluconazole....2
fluconazole in nacl (iso-osm).2
flucytosine....2
fludrocortisone....106
flunisolide....166
fluocinolone....98
fluocinolone acetonide oil..105
fluocinolone and shower cap 98
fluocinonide....98
fluocinonide-e....98
fluoride (sodium)....176
fluorometholone....160
FLUOROPLEX....89
fluorouracil....89
FLUOROURACIL....89
fluoxetine....61
fluoxetine (pmdd)....61
fluphenazine decanoate....61
fluphenazine hcl....61
flurandrenolide....98
flurbiprofen....53
flurbiprofen sodium....157
flutamide....25
fluticasone propionate..98, 166
fluticasone propion-salmeterol....166
FLUTICASONE PROPION-SALMETEROL....166
fluvastatin....84
fluvoxamine....61

FML FORTE ..... 160
FML LIQUIFILM ..... 160
FML S.O.P. ..... 160
FOCALIN ..... 61
FOCALIN XR ..... 62
fondaparinux..... 81
FORFIVO XL ..... 62
FORTAMET ..... 109
FORTEO ..... 139
FORTESTA..... 117
FOSAMAX ..... 139
FOSAMAX PLUS D..... 139
fosamprenavir..... 5
fosfomycin tromethamine .... 21
fosinopril ..... 75
fosinopril-hydrochlorothiazide ..... 75
FOSRENOL ..... 102
FOTIVDA ..... 25
FRAGMIN ..... 81
FROVA ..... 42
frovatriptan ..... 42
FULPHILA ..... 131
furosemide ..... 75
FUZEON ..... 5
fyavolv..... 145
FYCOMPA ..... 34
**G**
gabapentin ..... 34
GABITRIL ..... 34
GALAFOLD ..... 117
galantamine ..... 44, 45
GAMMAGARD LIQUID .. 135
GAMMAGARD S-D (IGA < 1 MCG/ML) ..... 135
GAMMAKED ..... 135
GAMMAPLEX ..... 135
GAMMAPLEX (WITH SORBITOL) ..... 135
GAMUNEX-C ..... 135
GARDASIL 9 (PF) ..... 135
GASTROCROM ..... 123
gatifloxacin..... 154
GATTEX 30-VIAL ..... 123
GAUZE PAD ..... 138
gavilyte-c ..... 124
gavilyte-g..... 124
gavilyte-n..... 124
GAVRETO..... 25
GELNIQUE..... 171
gemfibrozil ..... 84
gemmily..... 149
GEMTESA ..... 171
GENERESS FE ..... 149
generlac ..... 124
gengraf..... 25
GENOTROPIN ..... 131
GENOTROPIN MINIQUICK ..... 131
gentak ..... 154
gentamicin ..... 14, 93, 154
gentamicin in nacl (iso-osm) 14
GENVOYA ..... 5
GEODON ..... 62
GILENYA ..... 45
GILOTRIF..... 25
GIMOTI..... 124
GLASSIA ..... 102
glatiramer..... 45
glatopa ..... 45
GLEEVEC..... 25
glimepiride..... 109
glipizide ..... 109
glipizide-metformin..... 109
GLOPERBA..... 138
GLUCAGEN HYPOKIT ... 109
GLUCAGON EMERGENCY KIT (HUMAN)..... 109
GLUCOTROL XL ..... 109
GLUMETZA ..... 109
glycopyrrolate..... 122
GLYXAMBI ..... 110
GOCOVRI..... 40
GOLYTELY..... 124
GONITRO ..... 86
GRALISE ..... 34
granisetron hcl ..... 124
GRANIX ..... 131
GRASTEK..... 135
griseofulvin microsize ..... 2
griseofulvin ultramicrosize..... 3
GVOKE HYPOPEN 2-PACK ..... 110
GVOKE PFS 1-PACK SYRINGE..... 110
GYNAZOLE-1 ..... 146
**H**
HAEGARDA..... 166
hailey 24 fe ..... 149
halcinonide ..... 98
HALDOL..... 62
HALDOL DECANOATE .... 62
halobetasol propionate..... 98
HALOBETASOL PROPIONATE ..... 98
HALOG ..... 98
haloperidol ..... 62
haloperidol decanoate ..... 62
haloperidol lactate ..... 62
HARVONI..... 5
HAVRIX (PF) ..... 135
HEMADY..... 106
heparin (porcine) ..... 81
HEPATAMINE 8%..... 176
HEPSERA ..... 5
HETLIOZ ..... 62
HETLIOZ LQ ..... 62
HIBERIX (PF)..... 135
HIPREX..... 21
HORIZANT..... 45
HUMALOG JUNIOR KWIKPEN U-100 ..... 110
HUMALOG KWIKPEN INSULIN ..... 110
HUMALOG MIX 50-50 INSULN U-100 ..... 110
HUMALOG MIX 50-50 KWIKPEN..... 110
HUMALOG MIX 75-25 KWIKPEN..... 110
HUMALOG MIX 75-25(U-100)INSULN ..... 110
HUMALOG U-100 INSULIN ..... 110
HUMATIN ..... 14
HUMATROPE ..... 132
HUMIRA ..... 140
HUMIRA PEN ..... 140
HUMIRA PEN CROHNS-UC-HS START ..... 140
HUMIRA PEN PSOR-UVEITS-ADOL HS ..... 140
HUMIRA(CF) ..... 141
HUMIRA(CF) PEDI CROHNS STARTER ..... 140
HUMIRA(CF) PEN.... 140, 141

HUMIRA(CF) PEN CROHNS-UC-HS ..... 140
HUMIRA(CF) PEN PEDIATRIC UC ..... 140
HUMIRA(CF) PEN PSOR-UV-ADOL HS ..... 140
HUMULIN 70/30 U-100 INSULIN ..... 110
HUMULIN 70/30 U-100 KWIKPEN ..... 110
HUMULIN N NPH INSULIN KWIKPEN ..... 110
HUMULIN N NPH U-100 INSULIN ..... 111
HUMULIN R REGULAR U-100 INSULN ..... 111
HUMULIN R U-500 (CONC) INSULIN ..... 111
HUMULIN R U-500 (CONC) KWIKPEN ..... 111
hydralazine ..... 75
HYDREA ..... 25
hydrochlorothiazide ..... 75
hydrocodone bitartrate ..... 49
hydrocodone-acetaminophen 49
hydrocodone-ibuprofen ..... 49
hydrocortisone ..... 98, 106, 124
hydrocortisone butyrate ..... 98
hydrocortisone valerate ..... 99
hydrocortisone-acetic acid .. 105
hydrocortisone-pramoxine . 124
hydromorphone ..... 49, 50
hydromorphone (pf) ..... 49
hydroxychloroquine ..... 14
hydroxyurea ..... 25
hydroxyzine hcl ..... 162
HYSINGLA ER ..... 50
HYZAAR ..... 75
**I**
ibandronate ..... 139
IBRANCE ..... 25
ibu ..... 53
ibuprofen ..... 53
icatibant ..... 166
iclevia ..... 149
ICLUSIG ..... 25
icosapent ethyl ..... 84
IDHIFA ..... 25
ILEVRO ..... 157
ILUMYA ..... 88
imatinib ..... 25
IMBRUVICA ..... 25
imipenem-cilastatin ..... 14
imipramine hcl ..... 62
imipramine pamoate ..... 62
imiquimod ..... 89
IMITREX ..... 42
IMITREX STATDOSE PEN 42
IMITREX STATDOSE REFILL ..... 42
IMOVAX RABIES VACCINE (PF) ..... 135
IMPAVIDO ..... 14
IMPEKLO ..... 99
IMURAN ..... 25
IMVEXXY MAINTENANCE PACK ..... 145
IMVEXXY STARTER PACK ..... 145
INBRIJA ..... 40
incassia ..... 145
INCRELEX ..... 102
INCRUSE ELLIPTA ..... 166
indapamide ..... 75
INDERAL LA ..... 76
INDOCIN ..... 53
INFANRIX (DTAP) (PF) ... 135
INGREZZA ..... 45
INGREZZA INITIATION PACK ..... 45
INLYTA ..... 25, 26
INNOPRAN XL ..... 76
INQOVI ..... 26
INREBIC ..... 26
INSPRA ..... 76
INSULIN ASP PRT-INSULIN ASPART ..... 111
INSULIN ASPART U-100 111
INSULIN LISPRO ..... 111
INSULIN LISPRO PROTAMIN-LISPRO .... 111
INSULIN PEN NEEDLE ... 138
INSULIN SYRINGE-NEEDLE U-100 ..... 138
INTELENCE ..... 5
intralipid ..... 176
INTRALIPID ..... 176
INTRAROSA ..... 147
INTRON A ..... 132
introvale ..... 149
INVANZ ..... 14
INVEGA ..... 62
INVEGA SUSTENNA ..... 63
INVEGA TRINZA ..... 63
INVELTYS ..... 160
INVIRASE ..... 5
INVOKAMET ..... 111
INVOKAMET XR ..... 111
INVOKANA ..... 112
IOPIDINE ..... 161
IPOL ..... 135
ipratropium bromide ... 105, 167
ipratropium-albuterol ..... 167
irbesartan ..... 76
irbesartan-hydrochlorothiazide ..... 76
IRESSA ..... 26
ISENTRESS ..... 6
ISENTRESS HD ..... 6
isibloom ..... 149
ISOLYTE S PH 7.4 ..... 176
ISOLYTE-P IN 5 % DEXTROSE ..... 176
isoniazid ..... 14
ISOPTO CARPINE ..... 156
ISORDIL ..... 86
ISORDIL TITRADOSE ..... 86
isosorbide dinitrate ..... 86
isosorbide mononitrate ..... 86
isotretinoin ..... 92
isradipine ..... 76
ISTALOL ..... 155
ISTURISA ..... 117
itraconazole ..... 3
ivermectin ..... 14, 100
IXIARO (PF) ..... 135
**J**
JADENU ..... 102
JADENU SPRINKLE ..... 102
JAKAFI ..... 26
JALYN ..... 172
jantoven ..... 82
JANUMET ..... 112
JANUMET XR ..... 112
JANUVIA ..... 112
JARDIANCE ..... 112
jasmiel (28) ..... 149

JATENZO ..... 118
JENTADUETO ..... 112
JENTADUETO XR..... 112
jinteli ..... 145
JORNAY PM ..... 63
JUBLIA ..... 94
juleber..... 149
JULUCA ..... 6
junel 1.5/30 (21) ..... 149
junel 1/20 (21) ..... 149
junel fe 1.5/30 (28) ..... 149
junel fe 1/20 (28) ..... 149
junel fe 24..... 149
JUXTAPID..... 84
JYNARQUE..... 118
**K**
kaitlib fe..... 149
KALETRA ..... 6
KALYDECO..... 167
KAPVAY ..... 63
kariva (28) ..... 149
KATERZIA..... 76
KAZANO ..... 112
kelnor 1/35 (28)..... 149
kelnor 1-50 (28)..... 149
KENALOG..... 99
KEPPRA ..... 34
KEPPRA XR..... 34
KERYDIN..... 94
KESIMPTA PEN ..... 45
ketoconazole..... 3, 94
ketodan ..... 94
ketoprofen..... 53
ketorolac ..... 157
KETOROLAC..... 53
KEVEYIS..... 45
KEVZARA..... 141
KINERET..... 141
KINRIX (PF)..... 135, 136
KISQALI..... 26
KISQALI FEMARA CO-PACK ..... 26
KLARON ..... 93
KLISYRI ..... 26
KLONOPIN ..... 34, 35
klor-con 10 ..... 173
klor-con 8 ..... 173
klor-con m10 ..... 173
klor-con m15 ..... 173
klor-con m20 ..... 173
klor-con oral packet 20..... 173
KOMBIGLYZE XR ..... 112
KORLYM..... 118
KOSELUGO ..... 26
KRINTAFEL..... 14
KRISTALOSE..... 124
k-tab..... 174
K-TAB..... 173
kurvelo (28) ..... 149
KUVAN..... 118
KYNMOBI ..... 40
**L**
l norgest/e.estradiol-e.estrad ..... 149
labetalol ..... 76
LACRISERT ..... 156
lactulose..... 124
LAMICTAL ..... 35
LAMICTAL ODT ..... 35
LAMICTAL STARTER (BLUE) KIT ..... 35
LAMICTAL STARTER (GREEN) KIT ..... 35
LAMICTAL STARTER (ORANGE) KIT ..... 35
LAMICTAL XR..... 35
LAMICTAL XR STARTER (BLUE)..... 35
LAMICTAL XR STARTER (GREEN)..... 35
LAMICTAL XR STARTER (ORANGE)..... 35
lamivudine ..... 6
lamivudine-zidovudine ..... 6
lamotrigine..... 35, 36
LAMPIT ..... 14
LANOXIN..... 86
lansoprazole..... 128
lanthanum ..... 102
LANTUS SOLOSTAR U-100 INSULIN ..... 112
LANTUS U-100 INSULIN 112
lapatinib ..... 26
larin 1.5/30 (21)..... 149
larin 1/20 (21)..... 149
larin fe 1.5/30 (28)..... 149
larin fe 1/20 (28)..... 150
larissia..... 150
LASIX ..... 76
LASTACAFT ..... 156
latanoprost ..... 158
LATUDA..... 63
layolis fe ..... 150
LAZANDA..... 50
LEDIPASVIR-SOFOSBUVIR ..... 6
leena 28..... 150
leflunomide..... 141
LENVIMA..... 26
LESCOL XL..... 84
lessina ..... 150
LETAIRIS ..... 167
letrozole ..... 26
leucovorin calcium ..... 22
LEUKERAN..... 26
LEUKINE..... 132
leuprolide..... 26
levalbuterol hcl ..... 167
LEVALBUTEROL TARTRATE ..... 167
LEVEMIR FLEXTOUCH U-100 INSULN ..... 112
LEVEMIR U-100 INSULIN ..... 112
levetiracetam..... 36
levobunolol ..... 155
levocarnitine ..... 102
levocarnitine (with sugar)... 102
levocetirizine ..... 162
levofloxacin ..... 19, 154
levofloxacin in d5w ..... 19
levonest (28) ..... 150
levonorgestrel-ethinyl estrad ..... 150
levonorg-eth estrad triphasic ..... 150
levora-28..... 150
levorphanol tartrate..... 50
levo-t..... 120
levothyroxine..... 121
LEVOTHYROXINE ..... 120
levoxyl ..... 121
LEXAPRO..... 63
LEXETTE..... 99
LEXIVA ..... 6
LIALDA ..... 124
LICART..... 53

lidocaine ..... 89
lidocaine hcl ..... 89
lidocaine viscous ..... 89
lidocaine-prilocaine ..... 89
LIDODERM ..... 89
lindane ..... 100
linezolid ..... 14
linezolid in dextrose 5% ..... 14
LINZESS ..... 124
liothyronine ..... 121
LIPITOR ..... 84
LIPOFEN ..... 84
lisinopril ..... 76
lisinopril-hydrochlorothiazide ..... 76
lithium carbonate ..... 63
lithium citrate ..... 63
LITHOBID ..... 64
LITHOSTAT ..... 102
LIVALO ..... 84
LO LOESTRIN FE ..... 150
LOCOID ..... 99
LOCOID LIPOCREAM ..... 99
LODINE ..... 53
LODOSYN ..... 40
LOESTRIN 1.5/30 (21) ..... 150
LOESTRIN 1/20 (21) ..... 150
LOESTRIN FE 1.5/30 (28-DAY) ..... 150
LOESTRIN FE 1/20 (28-DAY) ..... 150
LOKELMA ..... 102
LOMOTIL ..... 122
LONHALA MAGNAIR REFILL ..... 167
LONSURF ..... 26
loperamide ..... 122
LOPID ..... 84
lopinavir-ritonavir ..... 6
LOPRESSOR ..... 76
LOPROX ..... 94
LOPROX (AS OLAMINE) .. 94
lorazepam ..... 64
lorazepam intensol ..... 64
LORBRENA ..... 26, 27
loryna (28) ..... 150
losartan ..... 76
losartan-hydrochlorothiazide 76
LOSEASONIQUE ..... 150
LOTEMAX ..... 160
LOTEMAX SM ..... 160
LOTENSIN ..... 76
loteprednol etabonate . 160, 161
LOTREL ..... 76
LOTRONEX ..... 124
lovastatin ..... 84
LOVAZA ..... 84
LOVENOX ..... 82
low-ogestrel (28) ..... 150
loxapine succinate ..... 64
LUBIPROSTONE ..... 124
LUCEMYRA ..... 53
LULICONAZOLE ..... 95
LUMIGAN ..... 158
LUNESTA ..... 64
LUPANETA PACK (1 MONTH) ..... 147
LUPANETA PACK (3 MONTH) ..... 147
LUPKYNIS ..... 27
LUPRON DEPOT ..... 27
LUPRON DEPOT (3 MONTH) ..... 27
LUPRON DEPOT (4 MONTH) ..... 27
LUPRON DEPOT (6 MONTH) ..... 27
lutera (28) ..... 150
LUXIQ ..... 99
LUZU ..... 95
lyleq ..... 145
lyllana ..... 145
LYNPARZA ..... 27
LYRICA ..... 36
LYRICA CR ..... 36
LYSODREN ..... 27
LYSTEDA ..... 147
LYUMJEV KWIKPEN U-100 INSULIN ..... 112
LYUMJEV KWIKPEN U-200 INSULIN ..... 113
LYUMJEV U-100 INSULIN ..... 113
lyza ..... 145

**M**

MACROBID ..... 21
MACRODANTIN ..... 21
mafenide acetate ..... 94
magnesium sulfate ..... 174
MALARONE ..... 14
MALARONE PEDIATRIC .. 15
malathion ..... 100
MARINOL ..... 124
marlissa (28) ..... 150
MARPLAN ..... 64
MATULANE ..... 27
matzim la ..... 76
MAVENCLAD (10 TABLET PACK) ..... 45
MAVENCLAD (4 TABLET PACK) ..... 45
MAVENCLAD (5 TABLET PACK) ..... 45
MAVENCLAD (6 TABLET PACK) ..... 45
MAVENCLAD (7 TABLET PACK) ..... 45
MAVENCLAD (8 TABLET PACK) ..... 45
MAVENCLAD (9 TABLET PACK) ..... 45
MAVYRET ..... 6
MAXALT ..... 42
MAXALT-MLT ..... 42
MAXIDEX ..... 161
MAXITROL ..... 159
MAXZIDE ..... 76
MAXZIDE-25MG ..... 76
MAYZENT ..... 45
MAYZENT STARTER PACK ..... 46
meclizine ..... 124
meclofenamate ..... 53
MEDROL ..... 106
MEDROL (PAK) ..... 106
medroxyprogesterone ..... 145
mefenamic acid ..... 53
mefloquine ..... 15
megestrol ..... 27
MEKINIST ..... 27
MEKTOVI ..... 27
meloxicam ..... 53
meloxicam submicronized ... 53, 54
memantine ..... 46
MEMANTINE ..... 46
MENACTRA (PF) ..... 136

MENEST ..... 145
MENOSTAR ..... 145
MENQUADFI (PF) ..... 136
MENTAX ..... 95
MENVEO A-C-Y-W-135-DIP (PF) ..... 136
MEPRON ..... 15
mercaptopurine ..... 27
meropenem ..... 15
MERREM ..... 15
mesalamine ..... 124
MESNEX ..... 22
MESTINON ..... 47
MESTINON TIMESPAN .... 47
metformin ..... 113
methadone ..... 50
methamphetamine ..... 64
methazolamide ..... 158
methenamine hippurate ..... 21
methimazole ..... 107
METHITEST ..... 118
methotrexate sodium ..... 27
methotrexate sodium (pf) ..... 27
methoxsalen ..... 89
methscopolamine ..... 122
methyldopa ..... 76
METHYLIN ..... 64
methylphenidate hcl ..... 64
METHYLPHENIDATE HCL ..... 64
methylprednisolone ..... 106
methyltestosterone ..... 118
metoclopramide hcl ..... 125
metolazone ..... 76
metoprolol succinate ..... 77
metoprolol ta-hydrochlorothiaz ..... 77
metoprolol tartrate ..... 77
METROCREAM ..... 92
METROGEL ..... 92
METROLOTION ..... 92
metronidazole ..... 15, 92, 147
metronidazole in nacl (iso-os) ..... 15
metyrosine ..... 77
mexiletine ..... 71
mibelas 24 fe ..... 150
micafungin ..... 3
MICARDIS ..... 77
MICARDIS HCT ..... 77
miconazole-3 ..... 147
microgestin 1.5/30 (21) ..... 151
microgestin 1/20 (21) ..... 151
microgestin fe 1.5/30 (28) .. 151
microgestin fe 1/20 (28) ..... 151
midodrine ..... 102
migergot ..... 42
miglitol ..... 113
miglustat ..... 118
MIGRANAL ..... 42
mili ..... 151
millipred ..... 106
mimvey ..... 145
MINASTRIN 24 FE ..... 151
MINIPRESS ..... 77
MINITRAN ..... 87
MINIVELLE ..... 145
minocycline ..... 21
MINOLIRA ER ..... 21
minoxidil ..... 77
MIRAPEX ER ..... 40
mirtazapine ..... 64, 65
MIRVASO ..... 92
misoprostol ..... 128
MITIGARE ..... 138
M-M-R II (PF) ..... 136
MOBIC ..... 54
modafinil ..... 65
moexipril ..... 77
molindone ..... 65
mometasone ..... 99, 167
mondoxyne nl ..... 21
montelukast ..... 167
MONUROL ..... 22
morphine ..... 50
morphine concentrate ..... 50
MOTEGRITY ..... 125
MOVANTIK ..... 125
MOVIPREP ..... 125
MOXEZA ..... 154
moxifloxacin ..... 19, 154
moxifloxacin-sod.chloride(iso) ..... 20
MS CONTIN ..... 50
MULPLETA ..... 82
MULTAQ ..... 71
mupirocin ..... 94
mupirocin calcium ..... 94
MYALEPT ..... 118
MYAMBUTOL ..... 15
MYCAMINE ..... 3
MYCAPSSA ..... 27
MYCOBUTIN ..... 15
mycophenolate mofetil ..... 27
mycophenolate sodium ..... 28
MYDAYIS ..... 65
MYFORTIC ..... 28
myorisan ..... 93
MYRBETRIQ ..... 171
MYSOLINE ..... 36
MYTESI ..... 122

**N**

nabumetone ..... 54
nadolol ..... 77
nafcillin ..... 18
naftifine ..... 95
NAFTIN ..... 95
NALFON ..... 54
naloxone ..... 54
naltrexone ..... 54
NAMENDA ..... 46
NAMENDA TITRATION PAK ..... 46
NAMENDA XR ..... 46
NAMZARIC ..... 46
NAPRELAN CR ..... 54
naproxen ..... 54
naproxen sodium ..... 54
naproxen-esomeprazole ..... 54
naratriptan ..... 42
NARCAN ..... 54
NARDIL ..... 65
NASONEX ..... 167
NATACYN ..... 154
NATAZIA ..... 151
nateglinide ..... 113
NATESTO ..... 118
NATPARA ..... 118
NATROBA ..... 100
NAYZILAM ..... 36
NEBUPENT ..... 15
necon 0.5/35 (28) ..... 151
NEEDLES, INSULIN DISP.,SAFETY ..... 138
nefazodone ..... 65
neomycin ..... 15

neomycin-bacitracin-poly-hc ..... 159
neomycin-bacitracin-polymyxin ..... 154
neomycin-polymyxin b-dexameth ..... 159
neomycin-polymyxin-gramicidin..... 154
neomycin-polymyxin-hc ... 105, 159
NEORAL..... 28
NEO-SYNALAR ..... 94
NERLYNX..... 28
NESINA ..... 113
neuac..... 93
NEULASTA..... 132
NEUPOGEN ..... 132
NEUPRO..... 40
NEURONTIN..... 36
NEVANAC ..... 157
nevirapine..... 6
NEXAVAR ..... 28
NEXIUM..... 128
NEXIUM PACKET ..... 129
NEXLETOL..... 84
NEXLIZET..... 84
NEXTSTELLIS..... 151
niacin..... 84
NIACOR ..... 84
NIASPAN EXTENDED-RELEASE ..... 84
nicardipine..... 77
NICOTROL..... 104
NICOTROL NS ..... 104
nifedipine..... 77
nikki (28)..... 151
NILANDRON ..... 28
nilutamide..... 28
nimodipine..... 77
NINLARO..... 28
nisoldipine ..... 77
nitazoxanide ..... 15
nitisinone ..... 102
nitro-bid..... 87
NITRO-DUR..... 87
nitrofurantoin..... 22
nitrofurantoin macrocrystal .. 22
nitrofurantoin monohyd/m-cryst ..... 22
nitroglycerin ..... 87
NITROLINGUAL ..... 87
NITROSTAT..... 87
NITYR..... 102
NIVESTYM ..... 132
nizatidine ..... 129
NOCDURNA (MEN)..... 118
NOCDURNA (WOMEN) .. 118
nolix..... 99
nora-be..... 145
NORDITROPIN FLEXPRO ..... 132
noreth-ethinyl estradiol-iron ..... 151
norethindrone (contraceptive) ..... 145
norethindrone acetate ..... 145
norethindrone ac-eth estradiol ..... 145, 151
norethindrone-e.estradiol-iron ..... 151
norgestimate-ethinyl estradiol ..... 151
NORITATE ..... 93
NORPRAMIN ..... 65
NORTHERA ..... 103
nortrel 0.5/35 (28)..... 151
nortrel 1/35 (21)..... 151
nortrel 1/35 (28)..... 151
nortrel 7/7/7 (28) ..... 151
nortriptyline ..... 65
NORVASC ..... 77
NORVIR..... 6
NOURIANZ ..... 40
NOVOLIN 70/30 U-100 INSULIN ..... 113
NOVOLIN 70-30 FLEXPEN U-100..... 113
NOVOLIN N FLEXPEN ... 113
NOVOLIN N NPH U-100 INSULIN ..... 113
NOVOLIN R FLEXPEN.... 114
NOVOLIN R REGULAR U-100 INSULN ..... 114
NOVOLOG FLEXPEN U-100 INSULIN ..... 114
NOVOLOG MIX 70-30 U-100 INSULN ..... 114
NOVOLOG MIX 70-30FLEXPEN U-100 ..... 114
NOVOLOG PENFILL U-100 INSULIN ..... 114
NOVOLOG U-100 INSULIN ASPART ..... 114
NOXAFIL..... 3
NUBEQA ..... 28
NUCALA ..... 167
NUCYNTA..... 54
NUCYNTA ER ..... 54
NUEDEXTA ..... 46
NULYTELY LEMON-LIME ..... 125
NUPLAZID ..... 65
NURTEC ODT ..... 43
NUTRILIPID..... 176
NUTROPIN AQ NUSPIN.. 132
NUVARING..... 147
NUVIGIL ..... 65
NUZYRA ..... 21
nyamyc ..... 95
nylia 7/7/7 (28) ..... 152
NYMALIZE ..... 77
nymyo ..... 152
nystatin ..... 3, 95
nystatin-triamcinolone..... 95
nystop ..... 95
NYVEPRIA..... 132

**O**

OCALIVA ..... 125
ocella..... 152
OCTAGAM..... 136
octreotide acetate ..... 28
OCUFLOX ..... 154
ODACTRA..... 136
ODEFSEY ..... 6
ODOMZO..... 28
OFEV..... 167
ofloxacin ..... 20, 105, 154
olanzapine..... 65
olanzapine-fluoxetine ..... 65
olmesartan..... 77
olmesartan-amlodipin-hcthiazid ..... 77
olmesartan-hydrochlorothiazide..... 77
olopatadine ..... 105, 156
OLUMIANT..... 141

OLUX....99
OLUX-E....99
OMECLAMOX-PAK....129
omega-3 acid ethyl esters....84
omeprazole....129
omeprazole-sodium bicarbonate....129
OMNARIS....167
OMNITROPE....132, 133
ondansetron....125
ondansetron hcl....125
ONEXTON....93
ONFI....36, 37
ONGENTYS....40
ONGLYZA....114
ONUREG....28
ONZETRA XSAIL....43
OPSUMIT....167
ORACEA....21
ORALAIR....136
ORAPRED ODT....106
ORAVIG....3
ORENCIA....141
ORENCIA CLICKJECT....141
ORENITRAM....77
ORFADIN....103
ORGOVYX....28
ORIAHNN....147
ORILISSA....118
ORKAMBI....167
ORLADEYO....168
orsythia....152
ORTIKOS....125
oseltamivir....6
OSENI....114
OSMOLEX ER....40
OSMOPREP....125
OSPHENA....147
OTEZLA....141
OTEZLA STARTER....141
OTOVEL....105
OTREXUP (PF)....141
OVIDE....100
oxacillin....18
oxacillin in dextrose(iso-osm)....18
oxandrolone....118
oxaprozin....54
OXBRYTA....103
oxcarbazepine....37
OXERVATE....157
oxiconazole....95
OXISTAT....95
OXTELLAR XR....37
oxybutynin chloride....172
oxycodone....50, 51
OXYCODONE....51
oxycodone-acetaminophen....51
OXYCONTIN....51
oxymorphone....51
OXYTROL....172
OZEMPIC....114
**P**
pacerone....71
paliperidone....65
PALYNZIQ....118, 119
PAMELOR....65
PANCREAZE....125
PANDEL....99
pantoprazole....129
PANZYGA....136
paricalcitol....119
PARLODEL....40
PARNATE....65
paromomycin....15
paroxetine hcl....65, 66
paroxetine mesylate(menop.sym)....66
PASER....15
PATANASE....105
PAXIL....66
PAXIL CR....66
PEDIARIX (PF)....136
PEDVAX HIB (PF)....136
peg 3350-electrolytes....125
peg3350-sod sul-nacl-kcl-asb-c....125
PEGASYS....133
peg-electrolyte....125
PEMAZYRE....28
penicillamine....141
PENICILLIN G POT IN DEXTROSE....18
penicillin g potassium....18
penicillin g procaine....18
penicillin g sodium....19
penicillin v potassium....19
PENNSAID....55
PENTAM....15
pentamidine....15
PENTASA....125
pentoxifylline....82
PEPCID....129
PERCOCET....51
PERFOROMIST....168
perindopril erbumine....77
periogard....105
permethrin....100
perphenazine....66
PERSERIS....66
PERTZYE....126
PEXEVA....66
phenelzine....66
phenobarbital....37
phenoxybenzamine....78
PHENYTEK....37
phenytoin....37
phenytoin sodium extended....37
PHOSLYRA....174
PIFELTRO....6
pilocarpine hcl....103, 157
pimecrolimus....90
pimozide....66
pimtrea (28)....152
pindolol....78
pioglitazone....114
pioglitazone-glimepiride....114
pioglitazone-metformin....114
piperacillin-tazobactam....19
PIQRAY....28
pirmella....152
piroxicam....55
PLAQUENIL....15
PLASMA-LYTE 148....176
PLASMA-LYTE A....176
PLAVIX....82
PLEGRIDY....133
PLENAMINE....176
PLENVU....126
PLIAGLIS....90
podofilox....90
polymyxin b sulfate....15
polymyxin b sulf-trimethoprim....154
POLYTRIM....155
POMALYST....28
PONVORY....46

PONVORY 14-DAY STARTER PACK ..... 46
portia 28..... 152
posaconazole ..... 3
potassium chlorid-d5-0.45%nacl..... 174
potassium chloride..... 174
potassium chloride in 0.9%nacl ..... 174
potassium chloride in 5 % dex ..... 174
potassium chloride in lr-d5. 174
potassium chloride in water 174
potassium chloride-0.45 % nacl ..... 174
potassium chloride-d5-0.2%nacl..... 174
potassium chloride-d5-0.9%nacl..... 175
potassium citrate..... 173
PRADAXA ..... 82
PRALUENT PEN ..... 84
pramipexole..... 41
prasugrel..... 82
pravastatin ..... 84
praziquantel ..... 15
prazosin ..... 78
PRED FORTE..... 161
PRED MILD ..... 161
PRED-G ..... 159
PRED-G S.O.P. ..... 159
prednicarbate ..... 99
prednisolone ..... 106
prednisolone acetate ..... 161
prednisolone sodium phosphate ..... 106, 161
prednisone ..... 106, 107
prednisone intensol..... 106
PREFEST ..... 146
pregabalin..... 37
PREMARIN ..... 146
premasol 10 %..... 176
PREMPHASE ..... 146
PREMPRO ..... 146
prenatal vitamin oral tablet. 176
PRETOMANID..... 15
PREVACID..... 129
PREVACID SOLUTAB .... 129
prevalite..... 85
previfem..... 152
PREVYMIS..... 6
PREZCOBIX..... 7
PREZISTA ..... 7
PRIFTIN..... 15
PRILOSEC ..... 130
PRIMAQUINE..... 15
PRIMAXIN IV ..... 16
primidone..... 37
PRINIVIL..... 78
PRISTIQ..... 66
PRIVIGEN ..... 136
PROAIR DIGIHALER..... 168
PROAIR HFA ..... 168
PROAIR RESPICLICK ..... 168
probenecid ..... 138
probenecid-colchicine ..... 138
PROCALAMINE 3%..... 176
PROCARDIA XL..... 78
procentra..... 66
prochlorperazine..... 126
prochlorperazine maleate oral ..... 126
PROCRIT ..... 133
procto-med hc..... 126
procto-pak..... 126
proctosol hc ..... 126
proctozone-hc ..... 126
PROCYSBI ..... 173
progesterone micronized .... 146
PROGLYCEM ..... 114
PROGRAF..... 28
PROLASTIN-C ..... 103
prolate..... 51
PROLENSA ..... 157
PROLIA..... 139
PROMACTA..... 82
promethazine ..... 162
PROMETRIUM ..... 146
propafenone..... 71
propranolol ..... 78
propylthiouracil ..... 107
PROQUAD (PF)..... 136
PROSCAR..... 172
PROSOL 20 % ..... 176
PROTONIX..... 130
PROTOPIC..... 90
protriptyline..... 66
PROVERA ..... 146
PROVIGIL ..... 66
PROZAC ..... 66
prudoxin..... 90
PSORCON..... 99
PULMICORT ..... 168
PULMICORT FLEXHALER ..... 168
PULMOZYME..... 168
PURIXAN ..... 28
PYLERA..... 130
pyrazinamide ..... 16
pyridostigmine bromide..... 48
PYRIDOSTIGMINE BROMIDE..... 48
pyrimethamine..... 16

**Q**

QBRELIS ..... 78
QBREXZA ..... 90
QELBREE ..... 66
QINLOCK ..... 28
QNASL..... 168
QTERN..... 115
QUADRACEL (PF) ..... 136
QUALAQUIN ..... 16
QUARTETTE..... 152
QUDEXY XR..... 37
QUESTRAN..... 85
QUESTRAN LIGHT..... 85
quetiapine ..... 66, 67
QUILLICHEW ER..... 67
QUILLIVANT XR ..... 67
quinapril..... 78
quinapril-hydrochlorothiazide ..... 78
quinidine gluconate ..... 71
quinidine sulfate ..... 71
quinine sulfate ..... 16
QVAR REDIHALER ..... 168

**R**

RABAVERT (PF) ..... 136
rabeprazole ..... 130
raloxifene..... 139
ramelteon ..... 67
ramipril ..... 78
RANEXA ..... 86
ranolazine ..... 86
RAPAFLO..... 172
RAPAMUNE..... 28, 29
rasagiline..... 41

RASUVO (PF) ..... 142
RAVICTI..... 103
RAYALDEE ..... 119
RAYOS ..... 107
RAZADYNE ER..... 46
REBIF (WITH ALBUMIN) ..... 133
REBIF REBIDOSE..... 133
REBIF TITRATION PACK ..... 133
reclipsen (28)..... 152
RECOMBIVAX HB (PF) .. 137
RECTIV ..... 126
REDITREX (PF)..... 142
REGLAN..... 126
REGRANEX ..... 90
RELAFEN DS..... 55
RELENZA DISKHALER..... 7
RELEXXII ..... 67
RELISTOR..... 126
RELPAX ..... 43
RELTONE..... 126
REMERON ..... 67
REMERON SOLTAB..... 67
RENAGEL ..... 103
RENVELA ..... 103
repaglinide..... 115
REPATHA ..... 85
REPATHA PUSHTRONEX 85
REPATHA SURECLICK .... 85
RESTASIS ..... 157
RETACRIT ..... 133
RETEVMO ..... 29
RETIN-A..... 93
RETIN-A MICRO..... 93
RETROVIR..... 7
REVATIO ..... 169
REVLIMID ..... 29
REXULTI..... 67
REYATAZ ..... 7
REYVOW ..... 43
RHOFADE ..... 93
RHOPRESSA..... 158
ribavirin ..... 7
RIDAURA..... 142
rifabutin ..... 16
rifampin ..... 16
RILUTEK..... 103
riluzole..... 103
rimantadine..... 7
RINVOQ ..... 142
RIOMET..... 115
risedronate ..... 103, 139
RISPERDAL ..... 67
RISPERDAL CONSTA ..... 67
risperidone ..... 67
RITALIN ..... 68
RITALIN LA..... 67
ritonavir ..... 7
rivastigmine ..... 46
rivastigmine tartrate..... 46
rivelsa ..... 152
rizatriptan..... 43
ROCALTROL ..... 119
ROCKLATAN ..... 158
ropinirole ..... 41
rosuvastatin..... 85
ROSZET..... 85
ROTARIX ..... 137
ROTATEQ VACCINE..... 137
ROWASA..... 126
roweepra ..... 37
ROXICODONE..... 51
ROZEREM..... 68
ROZLYTREK ..... 29
RUBRACA..... 29
RUCONEST..... 169
rufinamide ..... 37
RUKOBIA..... 7
RUZURGI ..... 46
RYBELSUS..... 115
RYDAPT ..... 29
RYTARY..... 41
RYTHMOL SR ..... 71

**S**

SABRIL..... 37
SAFYRAL..... 152
SAIZEN..... 133
SAIZEN SAIZENPREP ..... 133
SALAGEN (PILOCARPINE) ..... 103
SAMSCA..... 119
SANCUSO ..... 126
SANDIMMUNE ..... 29
SANDOSTATIN ..... 29
SANTYL ..... 90
SAPHRIS..... 68
sapropterin ..... 119
SAVAYSA ..... 82
SAVELLA..... 142
scopolamine base..... 126
SEASONIQUE ..... 152
SECUADO ..... 68
SEGLUROMET ..... 115
selegiline hcl ..... 41
selenium sulfide..... 88
SELZENTRY ..... 7
SEMGLEE PEN U-100 INSULIN ..... 115
SEMGLEE U-100 INSULIN ..... 115
SENSIPAR ..... 119
SEREVENT DISKUS ..... 169
SEROQUEL ..... 68
SEROQUEL XR..... 68
SEROSTIM ..... 133
sertraline ..... 68
setlakin..... 152
sevelamer carbonate ..... 103
sevelamer hcl ..... 103
SEYSARA ..... 21
sharobel..... 146
SHINGRIX (PF)..... 137
SIGNIFOR..... 29
SIKLOS ..... 29
sildenafil (pulmonary arterial hypertension) ..... 169
SILENOR ..... 68
SILIQ..... 88
silodosin..... 172
SILVADENE..... 90
silver sulfadiazine..... 90
SIMBRINZA ..... 158
SIMPONI..... 142
simvastatin..... 85
SINEMET..... 41
SINGULAIR..... 169
sirolimus ..... 29
SIRTURO ..... 16
SITAVIG ..... 7
SIVEXTRO ..... 16
SKYRIZI ..... 88
SLYND..... 152
sodium chloride ..... 103
sodium chloride 0.45 %..... 175
sodium chloride 0.9 %..... 103
sodium chloride 3 %..... 175

sodium chloride 5 %.....175
sodium phenylbutyrate.....103
sodium polystyrene sulfonate .....103
SOFOSBUVIR-VELPATASVIR.....7
solifenacin .....172
SOLIQUA 100/33 .....115
SOLODYN.....21
SOLOSEC .....16
SOLTAMOX.....29
SOMAVERT.....119
SOOLANTRA.....93
SORIATANE .....88
SORILUX .....88
sorine .....71
sotalol .....71
sotalol af.....71
SOTYLIZE.....71
SOVALDI .....7
spinosad.....100
SPIRIVA RESPIMAT .....169
SPIRIVA WITH HANDIHALER.....169
spironolactone .....78
spironolacton-hydrochlorothiaz .....78
SPORANOX .....3
sprintec (28).....152
SPRITAM .....38
SPRIX .....55
SPRYCEL .....29
sps (with sorbitol).....103
sronyx.....152
ssd.....90
STALEVO 100.....41
STALEVO 125.....41
STALEVO 150.....41
STALEVO 200.....41
STALEVO 75.....41
STEGLATRO.....115
STEGLUJAN .....115
STELARA.....88
STIOLTO RESPIMAT .....169
STIVARGA.....29
STRATTERA.....68
STREPTOMYCIN .....16
STRIBILD.....7
STRIVERDI RESPIMAT ..169
STROMECTOL .....16
SUBOXONE .....55
SUBSYS.....51
SUCRAID .....126
sucralfate .....130
SULAR.....78
sulfacetamide sodium.....157
sulfacetamide sodium (acne) 94
sulfacetamide-prednisolone 157
sulfadiazine.....20
sulfamethoxazole-trimethoprim .....20
SULFAMYLON.....94
sulfasalazine .....126, 127
sulindac.....55
sumatriptan .....43
sumatriptan succinate .....43
sumatriptan-naproxen.....43
SUNOSI.....68
SUPRAX .....10, 11
SUPREP BOWEL PREP KIT .....127
SUSTIVA .....7
SUTAB.....127
SUTENT.....29
syeda.....152
SYMBICORT.....169
SYMBYAX.....68
SYMDEKO .....169
SYMFI.....8
SYMFI LO .....8
SYMJEPI.....162
SYMLINPEN 120.....115
SYMLINPEN 60.....115
SYMPAZAN.....38
SYMPROIC.....127
SYMTUZA.....8
SYNALAR .....99
SYNAREL.....119
SYNDROS .....127
SYNJARDY .....115
SYNJARDY XR.....115
SYNRIBO .....29
SYNTHROID.....121
SYPRINE .....104
**T**
TABLOID .....29
TABRECTA.....29
TACLONEX .....88
tacrolimus .....30, 90
tadalafil.....173
tadalafil (pulmonary arterial hypertension) oral tablet 20 mg .....169
TAFINLAR .....30
TAGRISSO.....30
TAKHZYRO .....170
TALICIA .....130
TALTZ AUTOINJECTOR ..88
TALTZ SYRINGE .....88
TALZENNA.....30
TAMIFLU .....8
tamoxifen.....30
tamsulosin.....172
TAPAZOLE .....107
TAPERDEX .....107
TARCEVA .....30
TARGADOX.....21
TARGRETIN .....30
tarina 24 fe.....152
tarina fe 1-20 eq (28) .....152
TASIGNA.....30
TASMAR .....41
tavaborole .....95
TAVALISSE .....82
tazarotene.....93
TAZAROTENE.....93
tazicef .....11
TAZORAC .....93
taztia xt .....78
TAZVERIK .....30
TDVAX .....137
TECFIDERA .....46, 47
TEFLARO .....11
TEGRETOL .....38
TEGRETOL XR.....38
TEGSEDI .....47
TEKTURNA.....78
TEKTURNA HCT.....78
telmisartan .....78
telmisartan-amlodipine.....78
telmisartan-hydrochlorothiazid .....79
TEMIXYS .....8
TEMOVATE .....99
TENIVAC (PF) .....137
tenofovir disoproxil fumarate .8
TENORETIC 100.....79

TENORETIC 50 ..... 79
TENORMIN ..... 79
TEPMETKO ..... 30
terazosin ..... 79
terbinafine hcl ..... 3
terbutaline ..... 170
terconazole ..... 147
TERIPARATIDE ..... 139
TESTIM ..... 119
testosterone ..... 119, 120
testosterone cypionate ..... 119
testosterone enanthate ..... 119
TETANUS,DIPHTHERIA TOX PED(PF) ..... 137
tetrabenazine ..... 47
tetracycline ..... 21
TEXACORT ..... 99
THALOMID ..... 30
THEO-24 ..... 170
theophylline ..... 170
THIOLA ..... 104
THIOLA EC ..... 104
thioridazine ..... 68
thiothixene ..... 68
THYQUIDITY ..... 121
tiadylt er ..... 79
tiagabine ..... 38
TIAZAC ..... 79
TIBSOVO ..... 30
tigecycline ..... 16
TIGLUTIK ..... 104
TIKOSYN ..... 71
tilia fe ..... 152
timolol maleate ..... 79, 155
timolol maleate (pf) ..... 155
TIMOPTIC OCUDOSE (PF) ..... 155
TIMOPTIC-XE ..... 156
tinidazole ..... 16
tiopronin ..... 104
TIROSINT ..... 121
TIROSINT-SOL ..... 121
TIVICAY ..... 8
TIVICAY PD ..... 8
tizanidine ..... 48
TOBI ..... 16
TOBI PODHALER ..... 16
TOBRADEX ..... 159
TOBRADEX ST ..... 159
tobramycin ..... 16, 155
tobramycin in 0.225 % nacl ..... 16
tobramycin sulfate ..... 16
tobramycin-dexamethasone ..... 160
TOBREX ..... 155
tolcapone ..... 41
TOLSURA ..... 3
tolterodine ..... 172
tolvaptan ..... 120
TOLVAPTAN ..... 120
TOPAMAX ..... 38
TOPICORT ..... 99
topiramate ..... 38
TOPROL XL ..... 79
toremifene ..... 30
torsemide ..... 79
TOSYMRA ..... 43
TOUJEO MAX U-300 SOLOSTAR ..... 115
TOUJEO SOLOSTAR U-300 INSULIN ..... 115
tovet emollient ..... 99
TOVIAZ ..... 172
TPN ELECTROLYTES ..... 175
TRACLEER ..... 170
TRADJENTA ..... 116
tramadol ..... 55
TRAMADOL ..... 55
tramadol-acetaminophen ..... 55
trandolapril ..... 79
trandolapril-verapamil ..... 79
tranexamic acid ..... 147
TRANSDERM-SCOP ..... 127
TRANXENE T-TAB ..... 68
tranylcypromine ..... 68
travasol 10 % ..... 176
TRAVATAN Z ..... 158
travoprost ..... 158
trazodone ..... 68
TRECATOR ..... 16
TRELEGY ELLIPTA ..... 170
TRELSTAR ..... 30
TREMFYA ..... 88
TRESIBA FLEXTOUCH U-100 ..... 116
TRESIBA FLEXTOUCH U-200 ..... 116
TRESIBA U-100 INSULIN ..... 116
tretinoin (antineoplastic) ..... 30
tretinoin microspheres ..... 93
tretinoin topical ..... 93
TREXALL ..... 30
TREXIMET ..... 43
TREZIX ..... 51
triamcinolone acetonide ..... 100, 105
triamterene ..... 79
triamterene-hydrochlorothiazid ..... 79
trianex ..... 100
TRIBENZOR ..... 79
TRICOR ..... 85
triderm ..... 100
trientine ..... 104
tri-estarylla ..... 152
trifluoperazine ..... 68
trifluridine ..... 155
TRIJARDY XR ..... 116
TRIKAFTA ..... 170
tri-legest fe ..... 152
TRILEPTAL ..... 38
TRILIPIX ..... 85
tri-lo-estarylla ..... 153
tri-lo-sprintec ..... 153
trilyte with flavor packets ..... 127
trimethoprim ..... 22
tri-mili ..... 153
trimipramine ..... 69
TRINTELLIX ..... 69
tri-nymyo ..... 153
tri-previfem (28) ..... 153
tri-sprintec (28) ..... 153
TRIUMEQ ..... 8
trivora (28) ..... 153
tri-vylibra ..... 153
tri-vylibra lo ..... 153
TRIZIVIR ..... 8
TROKENDI XR ..... 38
TROPHAMINE 10 % ..... 176
trospium ..... 172
TRULANCE ..... 127
TRULICITY ..... 116
TRUMENBA ..... 137
TRUSOPT ..... 158
TRUVADA ..... 8
TUDORZA PRESSAIR ..... 170
TUKYSA ..... 30

TURALIO ..... 30
TWINRIX (PF) ..... 137
TYBOST ..... 8
tydemy ..... 153
TYGACIL ..... 16
TYKERB ..... 30
TYMLOS ..... 139
TYPHIM VI ..... 137
**U**
UBRELVY ..... 43
UCERIS ..... 127
UDENYCA ..... 133
UKONIQ ..... 30
ULORIC ..... 138
ULTRACET ..... 55
ULTRAM ..... 55
ULTRAVATE ..... 100
UNASYN ..... 19
unithroid ..... 121
UPTRAVI ..... 80
UROCIT-K 10 ..... 173
UROCIT-K 15 ..... 173
UROCIT-K 5 ..... 173
UROXATRAL ..... 172
URSO 250 ..... 127
URSO FORTE ..... 127
ursodiol ..... 127
**V**
VABOMERE ..... 17
VAGIFEM ..... 146
valacyclovir ..... 8
VALCHLOR ..... 90
VALCYTE ..... 8
valganciclovir ..... 8
VALIUM ..... 69
valproic acid ..... 38
valproic acid (as sodium salt) ..... 38
valsartan ..... 80
valsartan-hydrochlorothiazide ..... 80
VALTOCO ..... 38
VALTREX ..... 8
VANCOCIN ..... 17
vancomycin ..... 17
VANCOMYCIN ..... 17
vandazole ..... 147
VANOS ..... 100
VAQTA (PF) ..... 137
VARIVAX (PF) ..... 137
VARIZIG ..... 138
VARUBI ..... 127
VASCEPA ..... 85
VASERETIC ..... 80
VASOTEC ..... 80
VECAMYL ..... 86
VECTICAL ..... 88
velivet triphasic regimen (28) ..... 153
VELPHORO ..... 104
VELTASSA ..... 104
VELTIN ..... 93
VEMLIDY ..... 8
VENCLEXTA ..... 30, 31
VENCLEXTA STARTING PACK ..... 31
venlafaxine ..... 69
VENTAVIS ..... 170
VENTOLIN HFA ..... 170
verapamil ..... 80
VERDESO ..... 100
VEREGEN ..... 90
VERELAN ..... 80
VERELAN PM ..... 80
VERQUVO ..... 86
VERSACLOZ ..... 69
VERZENIO ..... 31
VESICARE ..... 172
VESICARE LS ..... 172
vestura (28) ..... 153
VFEND ..... 3
VFEND IV ..... 3
VIBERZI ..... 127
VIBRAMYCIN ..... 21
VICTOZA 3-PAK ..... 116
VIEKIRA PAK ..... 8
vienva ..... 153
vigabatrin ..... 38
vigadrone ..... 38
VIGAMOX ..... 155
VIIBRYD ..... 69
VIMOVO ..... 55
VIMPAT ..... 39
VIOKACE ..... 127
VIRACEPT ..... 8
VIRAMUNE ..... 8
VIRAMUNE XR ..... 9
VIREAD ..... 9
VITRAKVI ..... 31
VIVELLE-DOT ..... 146
VIVITROL ..... 55
VIVLODEX ..... 55
VIZIMPRO ..... 31
VOGELXO ..... 120
voriconazole ..... 3
VOSEVI ..... 9
VOTRIENT ..... 31
VRAYLAR ..... 69
VUMERITY ..... 47
vyfemla (28) ..... 153
vylibra ..... 153
VYNDAMAX ..... 86
VYNDAQEL ..... 86
VYTORIN 10-10 ..... 85
VYTORIN 10-20 ..... 85
VYTORIN 10-40 ..... 85
VYTORIN 10-80 ..... 85
VYVANSE ..... 69
VYZULTA ..... 159
**W**
WAKIX ..... 69
warfarin ..... 82
WELCHOL ..... 85
WELLBUTRIN SR ..... 69
WELLBUTRIN XL ..... 69
wixela inhub ..... 170
wymzya fe ..... 153
**X**
XALATAN ..... 159
XALKORI ..... 31
XARELTO ..... 82
XARELTO DVT-PE TREAT 30D START ..... 82
XATMEP ..... 31
XCOPRI ..... 39
XCOPRI MAINTENANCE PACK ..... 39
XCOPRI TITRATION PACK ..... 39
XELJANZ ..... 142
XELJANZ XR ..... 142
XELPROS ..... 159
XENAZINE ..... 47
XENLETA ..... 17
XEPI ..... 94
XERESE ..... 95
XERMELO ..... 31

XGEVA ..... 22
XHANCE ..... 170
XIFAXAN ..... 17
XIGDUO XR ..... 116
XIIDRA ..... 157
XOFLUZA ..... 9
XOLAIR ..... 171
XOLEGEL ..... 95
XOPENEX ..... 171
XOPENEX CONCENTRATE ..... 171
XOPENEX HFA ..... 171
XOSPATA ..... 31
XPOVIO ..... 31
XTAMPZA ER ..... 51
XTANDI ..... 31
xulane ..... 147
XULTOPHY 100/3.6 ..... 116
XURIDEN ..... 104
XYOSTED ..... 120
XYREM ..... 69
XYWAV ..... 70
**Y**
YASMIN (28) ..... 153
YAZ (28) ..... 153
YF-VAX (PF) ..... 138
YONSA ..... 31
YUPELRI ..... 171
yuvafem ..... 146
**Z**
zafemy ..... 147
zafirlukast ..... 171
zaleplon ..... 70
ZANAFLEX ..... 48
zarah ..... 153
ZARONTIN ..... 39
ZARXIO ..... 134
ZAVESCA ..... 120
ZEGERID ..... 130
ZEJULA ..... 32
ZELAPAR ..... 41
ZELBORAF ..... 32
ZEMAIRA ..... 104
ZEMBRACE SYMTOUCH. 43
ZEMDRI ..... 17
ZEMPLAR ..... 120
zenatane ..... 93
ZENPEP ..... 127
zenzedi ..... 70
ZENZEDI ..... 70
ZEPATIER ..... 9
ZEPOSIA ..... 47
ZEPOSIA STARTER KIT ... 47
ZEPOSIA STARTER PACK ..... 47
ZERBAXA ..... 11
ZERVIATE ..... 157
ZESTORETIC ..... 80
ZESTRIL ..... 80
ZETIA ..... 85
ZETONNA ..... 171
ZIAC ..... 80
ZIAGEN ..... 9
ZIANA ..... 93
zidovudine ..... 9
ZIEXTENZO ..... 134
zileuton ..... 171
ZILXI ..... 93
ZIOPTAN (PF) ..... 159
ziprasidone hcl ..... 70
ziprasidone mesylate ..... 70
ZIPSOR ..... 56
ZIRGAN ..... 155
ZITHROMAX ..... 12
ZITHROMAX TRI-PAK ..... 12
ZITHROMAX Z-PAK ..... 12
ZOCOR ..... 85
ZOLINZA ..... 32
zolmitriptan ..... 43
ZOLOFT ..... 70
zolpidem ..... 70
ZOLPIMIST ..... 70
ZOMACTON ..... 134
ZOMIG ..... 43
ZOMIG ZMT ..... 44
ZONALON ..... 90
ZONEGRAN ..... 39
zonisamide ..... 39
ZONTIVITY ..... 82
ZORBTIVE ..... 134
ZORTRESS ..... 32
ZORVOLEX ..... 56
ZOSYN IN DEXTROSE (ISO-OSM) ..... 19
zovia 1-35 (28) ..... 153
ZOVIRAX ..... 9, 95
ZTLIDO ..... 90
ZUBSOLV ..... 56
ZUPLENZ ..... 127
ZYCLARA ..... 90
ZYDELIG ..... 32
ZYFLO ..... 171
ZYKADIA ..... 32
ZYLET ..... 160
ZYLOPRIM ..... 138
ZYMAXID ..... 155
ZYPITAMAG ..... 85
ZYPREXA ..... 70
ZYPREXA RELPREVV ..... 70
ZYPREXA ZYDIS ..... 70
ZYTIGA ..... 32
ZYVOX ..... 17

Vermont Blue advantage

# Vermont Blue Advantage Group PPO

This formulary was updated on 10/01/2021. For more recent information or other questions, please contact **Vermont Blue Advantage Group PPO** Customer Service at **1-877-710-3796** or, for TTY users, 711, Monday through Friday, 8 a.m. to 8 p.m. Eastern time. From October 1 through March 31, hours are 8 a.m. to 8 p.m. Eastern time, seven days a week, or visit **www.VermontBlueAdvantage.com/formularies**.

Vermont Blue Advantage® is an independent licensee of the Blue Cross and Blue Shield Association.