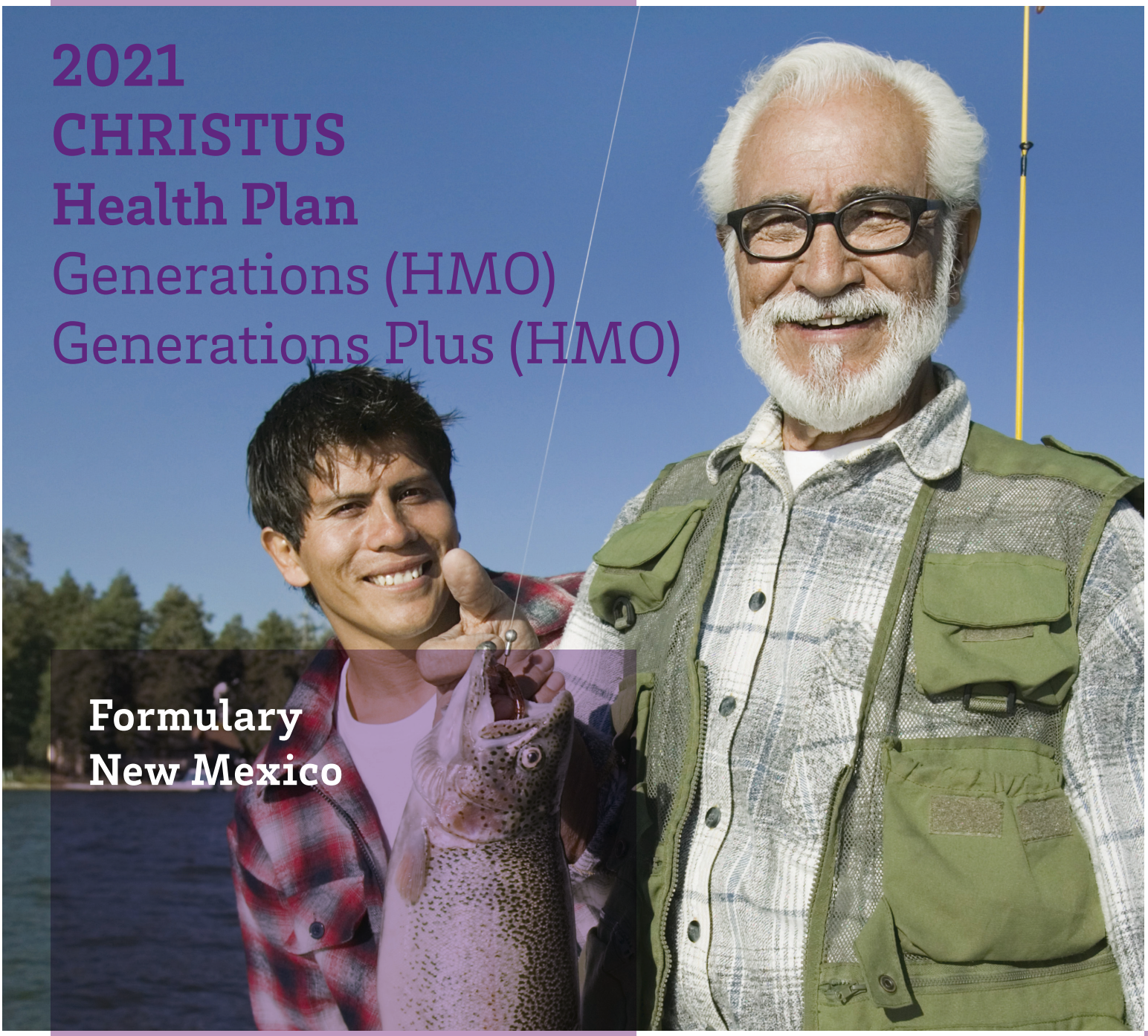
2021 CHRISTUS Health Plan Generations (HMO) Generations Plus (HMO)



Formulary New Mexico

CHRISTUS Health Plan Generations covers members in the following counties:

CHRISTUS Health Plan

Los Alamos
Rio Arriba
San Miguel
Santa Fe



CHRISTUS HEALTH PLAN
Generations (HMO) and
Generations Plus (HMO)

CHRISTUS® Health Plan

METHOD	MEMBER SERVICES – CONTACT INFORMATION
CALL	844.282.3026 - Calls to this number are free. The CHRISTUS Health Plan Member Services department is available to assist you seven days a week, 8 a.m. to 8 p.m., local time, from Oct. 1 – Mar. 31, and Mon. - Fri., 8 a.m. to 8 p.m., local time, from Apr. 1 – Sept. 30. A voice response system is available after hours. Messages left will be responded to within one business day. Member Services also has free language interpreter services available for non-English speakers.
TTY	711 Relay New Mexico This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free. Available to assist you seven days a week, 8 a.m. to 8 p.m., local time, from Oct. 1 – Mar. 31, and Mon. - Fri., 8 a.m. to 8 p.m., local time, from Apr. 1 – Sept. 30.
FAX	469.282.3013
WRITE	Christus Health Plan Generations, Attention: Member Services P.O. Box 169001 Irving | TX 75016
WEBSITE	ChristusHealthPlan.org

THE NEW MEXICO AGING AND LONG-TERM SERVICES DEPARTMENT

The New Mexico Aging and Long-Term Services Department is a state program that gets money from the federal government to give free local health insurance counseling to people with Medicare.

METHOD	CONTACT INFORMATION
CALL	866.451.2901 - Calls to this number are free.
TTY	711 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.
WRITE	New Mexico Aging and Long-Term Services Department P.O. Box 27118 Santa Fe | NM 87502-7118
WEBSITE	nmaging.state.nm.us

CHRISTUS Health Plan Generations (HMO)

CHRISTUS Health Plan Generations Plus (HMO)

2021 Formulary

List of Covered Drugs

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

HPMS Approved Formulary File Submission ID 00021211, Version Number 8.

This formulary was updated on 08/22/2020. This is not a complete list of drugs covered by our plan. For a complete listing or other questions, please contact CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations Plus (HMO) Member Services, at 1-844-282-3026 or, for TTY users, 711, 8 a.m. – 8 p.m. local time, seven days a week, from October 1 – March 31, and 8 a.m. – 8 p.m. local time, Monday – Friday, from April 1- September 30, or visit christushealthplan.org.

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 CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO). When it refers to "plan" or "our plan," it means CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO).

This document includes a list of the drugs (formulary) for our plan which is current as of 08/22/2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations Plus (HMO) Formulary?

A formulary is a list of covered drugs selected by CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations Plus (HMO) in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations Plus (HMO) 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 CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations Plus (HMO) 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 CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations Plus (HMO) 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 new generic drug to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug.
    - If we make 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 CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations Plus (HMO) Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

The enclosed formulary is current as of 08/22/2020. To get updated information about the drugs covered by CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations Plus (HMO), please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "antihypertensive therapy". If you know what your drug is used for, look for the category name in the list that begins on page number 8. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 87. 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?

CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations Plus (HMO) 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:** CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations Plus (HMO) requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations Plus (HMO) may not cover the drug.

- **Quantity Limits:** For certain drugs, CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations Plus (HMO) limits the amount of the drug that we will cover. For example, we provide 31 tablets per prescription for AFINITOR. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations Plus (HMO) 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.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line a document that explains our prior authorization or 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 CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations Plus (HMO) 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 CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations Plus (HMO) formulary?" on page 5 for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that we do not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations Plus (HMO). When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by us.

- You can ask CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations Plus (HMO) 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 CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations Plus (HMO) Formulary?

You can ask CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations Plus (HMO) 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 CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations Plus (HMO) 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, CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations Plus (HMO) will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover

the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply of medication. After your first 31-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 34-day emergency supply of that drug while you pursue a formulary exception.

Enrollees whose transition window has expired and are either being admitted to a LTC setting or being discharged from a long term care setting are provided an additional transition fill due to that level of care change. While the claim will initially reject as the member is no longer transition eligible according to plan enrollment dates, the pharmacist is instructed to enter an override code to allow the transition supply to process accordingly. Early refill edits are not applied in a long term care setting.

For more information

For more detailed information about your CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations Plus (HMO) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations Plus (HMO), 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.

CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations Plus (HMO) Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations Plus (HMO). If you have trouble finding your drug in the list, turn to the Index that begins on page 87.

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

The information in the Requirements/Limits column tells you if CHRISTUS Health Plan Generations (HMO) / CHRISTUS Health Plan Generations Plus (HMO) have any special requirements for coverage of your drug.

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

List of Abbreviations

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

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

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

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

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

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

Tier Number	Tier Name	Copay for a one-month supply filled at a network pharmacy with standard cost-sharing
1	Preferred Generic	$4
2	Generic	$10
3	Preferred Brand	$35
4	Non-Preferred Brand	26% or 30% of the total cost* *(check your specific plan)
5	Specialty Drug Tier	29% of the total cost

Drug Name	Drug Tier	Requirements /Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	4	B/D PA; MO
AMBISOME	5	B/D PA; MO
amphotericin b	4	B/D PA; MO
caspofungin	5	B/D PA
clotrimazole mucous membrane	2	MO
CRESEMBA INTRAVENOUS	5	PA
CRESEMBA ORAL	5	PA; MO
fluconazole	2	MO
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml	2	PA; MO
fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml	2	PA
flucytosine	5	MO
griseofulvin microsize	2	MO
griseofulvin ultramicrosize	2	MO
itraconazole oral capsule	4	MO; QL (120 per 30 days)
itraconazole oral solution	4	MO
ketoconazole oral	2	MO
micafungin	5	
NOXAFIL ORAL SUSPENSION	5	PA; MO
nystatin oral suspension	2	MO
nystatin oral tablet	2	MO
posaconazole oral tablet,delayed release (dr/ec)	5	PA; MO
terbinafine hcl oral	2	MO
voriconazole intravenous	5	PA; MO
voriconazole oral suspension for reconstitution	5	PA; MO
voriconazole oral tablet 200 mg	5	PA; MO
voriconazole oral tablet 50 mg	4	PA; MO
ANTIVIRALS		
abacavir	2	MO
abacavir-lamivudine	2	MO
abacavir-lamivudine-zidovudine	5	MO
acyclovir oral capsule	2	MO
acyclovir oral suspension 200 mg/5 ml	2	MO
acyclovir oral tablet	2	MO
acyclovir sodium intravenous solution	4	B/D PA; MO
adefovir	5	MO
amantadine hcl	2	MO
APTIVUS	5	MO

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

This drug list was last updated on 08/22/2020.

Drug Name	Drug Tier	Requirements /Limits
APTIVUS (WITH VITAMIN E)	5	
atazanavir oral capsule 150 mg, 200 mg	2	MO
atazanavir oral capsule 300 mg	4	MO
ATRIPLA	5	MO
BARACLUDE ORAL SOLUTION	5	MO
BIKTARVY	5	MO
cidofovir	5	B/D PA; MO
CIMDUO	5	MO
COMPLERA	5	MO
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	3	MO
DELSTRIGO	5	MO
DESCOVY	5	MO
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg	2	MO
DOVATO	5	MO
EDURANT	5	MO
efavirenz oral capsule 200 mg	5	MO
efavirenz oral capsule 50 mg	2	MO
efavirenz oral tablet	5	MO
EMTRIVA	3	MO
entecavir	2	MO
EPCLUSA	5	PA; MO; QL (28 per 28 days)
EPIVIR HBV ORAL SOLUTION	3	MO
EVOTAZ	5	MO
famciclovir	2	MO
fosamprenavir	5	MO
FUZEON SUBCUTANEOUS RECON SOLN	5	MO
ganciclovir sodium	2	B/D PA; MO
GENVOYA	5	MO
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; MO; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	5	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 90-400 MG	5	PA; MO; QL (28 per 28 days)
INTELENCE	5	MO
INVIRASE ORAL TABLET	5	MO
ISENTRESS HD	5	MO
ISENTRESS ORAL POWDER IN PACKET	5	MO
ISENTRESS ORAL TABLET	5	MO

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

This drug list was last updated on 08/22/2020.

Drug Name	Drug Tier	Requirements /Limits
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO
JULUCA	5	MO
KALETRA ORAL TABLET 100-25 MG	3	MO
KALETRA ORAL TABLET 200-50 MG	5	MO
lamivudine	2	MO
lamivudine-zidovudine	2	MO
LEXIVA ORAL SUSPENSION	4	MO
lopinavir-ritonavir	2	MO
nevirapine oral suspension	2	
nevirapine oral tablet	2	MO
nevirapine oral tablet extended release 24 hr	2	MO
NORVIR ORAL POWDER IN PACKET	3	MO
NORVIR ORAL SOLUTION	3	MO
ODEFSEY	5	MO
oseltamivir	2	MO
PIFELTRO	5	MO
PREVYMIS INTRAVENOUS	5	
PREVYMIS ORAL	5	MO; QL (30 per 30 days)
PREZCOBIX	5	MO
PREZISTA ORAL SUSPENSION	5	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	3	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	5	MO
RELENZA DISKHALER	3	MO
RETROVIR INTRAVENOUS	3	MO
REYATAZ ORAL POWDER IN PACKET	5	MO
ribavirin oral capsule	2	MO
ribavirin oral tablet 200 mg	2	MO
rimantadine	2	MO
ritonavir	2	MO
SELZENTRY ORAL SOLUTION	3	MO
SELZENTRY ORAL TABLET 150 MG, 300 MG	5	MO
SELZENTRY ORAL TABLET 25 MG, 75 MG	3	MO
stavudine oral capsule	2	MO
STRIBILD	5	MO
SYMFI	5	MO

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

This drug list was last updated on 08/22/2020.

Drug Name	Drug Tier	Requirements /Limits
SYMFI LO	5	MO
SYMTUZA	5	MO
SYNAGIS	5	MO; LA
TEMIXYS	5	MO
tenofovir disoproxil fumarate	2	MO
TIVICAY ORAL TABLET 10 MG	3	MO
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO
TIVICAY PD	5	MO
TRIUMEQ	5	MO
TROGARZO	5	MO; LA
TRUVADA	5	MO
valacyclovir oral tablet 1 gram	2	MO; QL (120 per 30 days)
valacyclovir oral tablet 500 mg	2	MO; QL (60 per 30 days)
valganciclovir	5	MO
VEMLIDY	5	MO
VIRACEPT ORAL TABLET	5	MO
VIREAD ORAL POWDER	5	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	MO
XOFLUZA	3	MO
zidovudine	2	MO
CEPHALOSPORINS		
cefaclor oral capsule	2	MO
cefaclor oral suspension for reconstitution 125 mg/5 ml	2	MO
cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml	2	
cefaclor oral tablet extended release 12 hr	4	MO
cefadroxil oral capsule	2	MO
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	2	MO
cefadroxil oral tablet	2	MO
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	2	MO
cefazolin injection recon soln 1 gram, 500 mg	2	MO
cefazolin injection recon soln 10 gram, 100 gram, 300 g	2	
cefazolin intravenous	2	
cefdinir	2	MO
cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 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 08/22/2020.

Drug Name	Drug Tier	Requirements /Limits
cefepime in dextrose,iso-osm intravenous piggyback 2 gram/100 ml	2	MO
cefepime injection	2	MO
cefixime	2	MO
cefoxitin in dextrose, iso-osm	2	PA
cefoxitin intravenous recon soln 1 gram, 2 gram	2	PA; MO
cefoxitin intravenous recon soln 10 gram	2	PA
cefpodoxime	2	MO
cefprozil	2	MO
ceftazidime injection recon soln 1 gram, 2 gram	2	PA; MO
ceftazidime injection recon soln 6 gram	2	PA
ceftriaxone in dextrose,iso-os	2	MO
ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg	2	MO
ceftriaxone injection recon soln 10 gram	2	
ceftriaxone intravenous	2	MO
cefuroxime axetil oral tablet	2	MO
cefuroxime sodium injection recon soln 750 mg	2	PA; MO
cefuroxime sodium intravenous recon soln 1.5 gram	2	PA; MO
cefuroxime sodium intravenous recon soln 7.5 gram	2	PA
cephalexin	2	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	4	
SUPRAX ORAL TABLET,CHEWABLE	4	MO
tazicef injection recon soln 1 gram	2	PA
tazicef injection recon soln 2 gram, 6 gram	2	PA; MO
tazicef intravenous	2	PA
TEFLARO	5	PA; MO
ERYTHROMYCINS / OTHER MACROLIDES		
azithromycin intravenous	2	PA; MO
azithromycin oral	2	MO
clarithromycin	2	MO
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	2	MO
erythrocin (as stearate) oral tablet 250 mg	4	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 08/22/2020.

Drug Name	Drug Tier	Requirements /Limits
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	4	PA; MO
erythromycin ethylsuccinate oral suspension for reconstitution	4	MO
erythromycin ethylsuccinate oral tablet	4	MO
erythromycin oral capsule,delayed release(dr/ec)	4	MO
erythromycin oral tablet	4	MO
erythromycin oral tablet,delayed release (dr/ec)	2	MO
MISCELLANEOUS ANTIINFECTIVES		
albendazole	5	MO
ALINIA	5	MO
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	2	PA; MO
ARIKAYCE	5	PA; MO; LA
atovaquone	5	MO
atovaquone-proguanil	2	MO
aztreonam	2	PA; MO
bacitracin intramuscular	2	MO
BENZNIDAZOLE	3	MO
BETHKIS	5	B/D PA; MO; QL (224 per 28 days)
CAPASTAT	4	
CAYSTON	5	PA; MO; LA; QL (84 per 28 days)
chloramphenicol sod succinate	2	
chloroquine phosphate	2	MO
clindamycin hcl	2	MO
clindamycin in 5 % dextrose	2	PA; MO
clindamycin palmitate hcl	2	MO
clindamycin pediatric	2	MO
clindamycin phosphate injection	2	PA; MO
clindamycin phosphate intravenous solution 600 mg/4 ml	2	PA; MO
COARTEM	4	MO
colistin (colistimethate na)	2	PA; MO
dapsone oral	2	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	5	MO
daptomycin intravenous recon soln 500 mg	5	MO
EMVERM	5	MO

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This drug list was last updated on 08/22/2020.

Drug Name	Drug Tier	Requirements /Limits
ertapenem	2	MO
ethambutol	2	MO
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml	2	PA; MO
gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml	2	PA
gentamicin injection solution 40 mg/ml	2	PA; MO
gentamicin sulfate (ped) (pf)	2	PA; MO
hydroxychloroquine	2	MO
imipenem-cilastatin	2	PA; MO
IMPAVIDO	5	PA; MO
isoniazid injection	2	
isoniazid oral	2	MO
ivermectin oral	2	MO
lincomycin	2	PA
linezolid in dextrose 5%	5	PA
linezolid oral suspension for reconstitution	5	MO
linezolid oral tablet	2	MO
linezolid-0.9% sodium chloride	5	PA
mefloquine	2	MO
meropenem	2	MO
metro i.v.	2	PA; MO
metronidazole in nacl (iso-os)	2	PA; MO
metronidazole oral tablet	2	MO
neomycin	2	MO
paromomycin	4	MO
PASER	3	MO
pentamidine inhalation	2	B/D PA; MO; QL (1 per 28 days)
pentamidine injection	2	MO
praziquantel	2	MO
PRIFTIN	3	MO
PRIMAQUINE	3	MO
pyrazinamide	2	MO
pyrimethamine	5	PA; MO
quinine sulfate	2	MO
rifabutin	2	MO
rifampin	2	MO
SIRTURO ORAL TABLET 100 MG	5	PA; MO; LA
SIRTURO ORAL TABLET 20 MG	5	PA; LA
STREPTOMYCIN	3	PA; MO
SYNERCID	5	PA
tigecycline	5	PA
tinidazole	2	MO
tobramycin in 0.225 % nacl	5	B/D PA; MO; QL (280 per 28 days)
tobramycin sulfate injection recon soln	2	PA

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This drug list was last updated on 08/22/2020.

Drug Name	Drug Tier	Requirements /Limits
tobramycin sulfate injection solution	2	PA; MO
TRECATOR	4	MO
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	3	
vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg	2	MO
vancomycin oral capsule 125 mg	2	PA; MO; QL (40 per 10 days)
vancomycin oral capsule 250 mg	5	PA; MO; QL (80 per 10 days)
XIFAXAN ORAL TABLET 200 MG	5	MO; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	MO; QL (90 per 30 days)
PENICILLINS		
amoxicillin oral capsule	2	MO
amoxicillin oral suspension for reconstitution	2	MO
amoxicillin oral tablet	2	MO
amoxicillin oral tablet,chewable 125 mg, 250 mg	2	MO
amoxicillin-pot clavulanate	2	MO
ampicillin oral capsule 500 mg	2	MO
ampicillin sodium injection	2	PA; MO
ampicillin sodium intravenous	2	PA
ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram	2	PA; MO
ampicillin-sulbactam injection recon soln 15 gram	2	PA
ampicillin-sulbactam intravenous recon soln 1.5 gram	2	PA
ampicillin-sulbactam intravenous recon soln 3 gram	2	PA; MO
BICILLIN C-R	3	PA; MO
BICILLIN L-A	4	PA; MO
dicloxacillin	2	MO
nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml	2	PA
nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml	2	PA; MO
nafcillin injection recon soln 1 gram, 2 gram	2	PA; MO
nafcillin injection recon soln 10 gram	5	PA; MO
nafcillin intravenous	2	PA; MO

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This drug list was last updated on 08/22/2020.

Drug Name	Drug Tier	Requirements /Limits
oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml	2	PA
oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml	2	PA; MO
oxacillin injection recon soln 1 gram	2	PA
oxacillin injection recon soln 10 gram	5	PA
oxacillin injection recon soln 2 gram	2	PA; MO
penicillin g potassium	2	PA; MO
penicillin g procaine	2	PA; MO
penicillin g sodium	2	PA; MO
penicillin v potassium	2	MO
pfizerpen-g	2	PA
piperacillin-tazobactam	2	MO
QUINOLONES		
ciprofloxacin hcl oral tablet 100 mg, 750 mg	2	MO
ciprofloxacin hcl oral tablet 250 mg, 500 mg	1	MO
ciprofloxacin in 5 % dextrose	2	PA; MO
levofloxacin in d5w intravenous piggyback 250 mg/50 ml	2	PA
levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml	2	PA; MO
levofloxacin intravenous	2	PA; MO
levofloxacin oral	2	MO
moxifloxacin oral	2	MO
moxifloxacin-sod.chloride(iso)	2	PA
ofloxacin oral tablet 300 mg	4	
ofloxacin oral tablet 400 mg	4	MO
SULFA'S / RELATED AGENTS		
sulfadiazine	4	MO
sulfamethoxazole-trimethoprim intravenous	2	PA; MO
sulfamethoxazole-trimethoprim oral suspension	2	MO
sulfamethoxazole-trimethoprim oral tablet	1	MO
TETRACYCLINES		
demeclocycline	4	MO
doxy-100	2	PA; MO
doxycycline hyclate intravenous	2	PA

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This drug list was last updated on 08/22/2020.

Drug Name	Drug Tier	Requirements /Limits
doxycycline hyclate oral capsule	2	MO
doxycycline hyclate oral tablet 20 mg, 50 mg	2	MO
doxycycline monohydrate oral capsule 100 mg, 50 mg	2	MO
doxycycline monohydrate oral suspension for reconstitution	4	MO
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	2	MO
minocycline oral capsule	2	MO
minocycline oral tablet	2	MO
mondoxyne nl oral capsule 100 mg	2	MO
morgidox oral capsule 100 mg	2	MO
tetracycline	2	MO
URINARY TRACT AGENTS		
methenamine hippurate	2	MO
methenamine mandelate	2	MO
nitrofurantoin	4	MO
nitrofurantoin macrocrystal	2	MO
nitrofurantoin monohyd/m-cryst	2	MO
trimethoprim	2	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
dexrazoxane hcl intravenous recon soln 250 mg	5	B/D PA
dexrazoxane hcl intravenous recon soln 500 mg	5	B/D PA; MO
ELITEK	5	MO
KEPIVANCE	5	MO
KHAPZORY	5	B/D PA
leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg	2	B/D PA; MO
leucovorin calcium injection recon soln 500 mg	2	B/D PA
leucovorin calcium oral	2	MO
levoleucovorin calcium intravenous recon soln 50 mg	5	B/D PA
levoleucovorin calcium intravenous solution	5	B/D PA
mesna	2	B/D PA; MO
MESNEX ORAL	5	MO
VISTOGARD	5	PA; MO
XGEVA	5	B/D PA; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		

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This drug list was last updated on 08/22/2020.

Drug Name	Drug Tier	Requirements /Limits
abiraterone	5	PA; MO; QL (120 per 30 days)
ABRAXANE	5	B/D PA; MO
ADCETRIS	5	B/D PA; MO
adriamycin intravenous recon soln 10 mg	2	B/D PA; MO
adriamycin intravenous solution	2	B/D PA
adrucil intravenous solution 2.5 gram/50 ml	2	B/D PA
AFINITOR DISPERZ	5	PA; MO
AFINITOR ORAL TABLET 10 MG	5	PA; MO; QL (30 per 30 days)
ALECENSA	5	PA; MO; QL (240 per 30 days)
ALIMTA	5	B/D PA; MO
ALIQOPA	5	B/D PA; MO; LA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; MO; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; MO; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; MO; QL (30 per 30 days)
anastrozole	2	MO
ARRANON	5	B/D PA
ARSENIC TRIOXIDE INTRAVENOUS SOLUTION 1 MG/ML	5	B/D PA
arsenic trioxide intravenous solution 2 mg/ml	5	B/D PA; MO
ARZERRA	5	B/D PA; MO
AVASTIN	5	B/D PA; MO
AYVAKIT	5	PA; MO; LA; QL (30 per 30 days)
azacitidine	5	B/D PA; MO
azathioprine	2	B/D PA; MO
azathioprine sodium	2	B/D PA
BALVERSA	5	PA; MO; LA
BAVENCIO	5	B/D PA; MO; LA
BELEODAQ	5	B/D PA; MO
BENDEKA	5	B/D PA; MO
BESPONSA	5	B/D PA; MO; LA
bexarotene	5	PA; MO
bicalutamide	2	MO
bleomycin	2	B/D PA; MO
BLINCYTO INTRAVENOUS KIT	5	B/D PA; MO
BORTEZOMIB	5	B/D PA; MO
BOSULIF ORAL TABLET 100 MG	5	PA; MO; QL (90 per 30 days)

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This drug list was last updated on 08/22/2020.

Drug Name	Drug Tier	Requirements /Limits
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; MO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; MO; LA; QL (180 per 30 days)
BRUKINSA	5	PA; MO; LA
busulfan	5	B/D PA
CABOMETYX	5	PA; MO; LA
CALQUENCE	5	PA; MO; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; MO; LA; QL (30 per 30 days)
carboplatin intravenous solution	2	B/D PA; MO
carmustine	5	B/D PA; MO
cisplatin intravenous solution	2	B/D PA; MO
cladribine	5	B/D PA; MO
clofarabine	5	B/D PA
COMETRIQ	5	PA; MO
COPIKTRA	5	PA; MO; LA; QL (60 per 30 days)
COSMEGEN	5	B/D PA; MO
COTELLIC	5	PA; MO; LA; QL (63 per 28 days)
cyclophosphamide intravenous recon soln	2	B/D PA; MO
cyclophosphamide oral capsule	2	B/D PA; MO
cyclosporine intravenous	2	B/D PA
cyclosporine modified	2	B/D PA; MO
cyclosporine oral capsule	2	B/D PA; MO
CYRAMZA	5	B/D PA; MO
cytarabine	2	B/D PA; MO
cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)	2	B/D PA; MO
cytarabine (pf) injection solution 20 mg/ml	2	B/D PA
dacarbazine	2	B/D PA; MO
dactinomycin	2	B/D PA
DARZALEX	5	B/D PA; MO; LA
daunorubicin intravenous solution	2	B/D PA
DAURISMO ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA; MO; QL (60 per 30 days)
decitabine	5	B/D PA; MO
docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml)	5	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)	5	B/D PA; MO
doxorubicin intravenous recon soln 50 mg	2	B/D PA; MO
doxorubicin intravenous solution	2	B/D PA; MO
doxorubicin, peg-liposomal	5	B/D PA; MO
DROXIA	3	MO
ELZONRIS	5	PA; MO; LA
EMCYT	5	MO
EMPLICITI	5	B/D PA; MO
epirubicin intravenous solution	2	B/D PA; MO
ERBITUX	5	B/D PA; MO
ERIVEDGE	5	PA; MO; QL (30 per 30 days)
ERLEADA	5	PA; MO; QL (120 per 30 days)
erlotinib oral tablet 100 mg, 150 mg	5	PA; MO; QL (30 per 30 days)
erlotinib oral tablet 25 mg	5	PA; MO; QL (60 per 30 days)
ERWINAZE	5	B/D PA; MO
ETOPOPHOS	4	B/D PA; MO
etoposide intravenous	2	B/D PA; MO
everolimus (antineoplastic)	5	PA; MO; QL (30 per 30 days)
everolimus (immunosuppressive)	5	B/D PA; MO
exemestane	4	MO
FARYDAK	5	PA; MO; QL (6 per 21 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	B/D PA; MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	B/D PA; MO
floxuridine	2	B/D PA
fludarabine intravenous recon soln	2	B/D PA; MO
fludarabine intravenous solution	2	B/D PA
fluorouracil intravenous	2	B/D PA; MO
flutamide	2	MO
FOLOTYN	5	B/D PA; MO
fulvestrant	5	B/D PA; MO
GAZYVA	5	B/D PA; MO

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This drug list was last updated on 08/22/2020.

Drug Name	Drug Tier	Requirements /Limits
gemcitabine intravenous recon soln 1 gram, 200 mg	2	B/D PA; MO
gemcitabine intravenous recon soln 2 gram	2	B/D PA
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)	2	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	3	B/D PA
gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)	2	B/D PA
gengraf oral capsule 100 mg, 25 mg	2	B/D PA; MO
gengraf oral solution	2	B/D PA; MO
GILOTRIF	5	PA; MO; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	MO
HALAVEN	5	B/D PA; MO
hydroxyurea	2	MO
IBRANCE	5	PA; MO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	5	PA; QL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	5	PA; QL (30 per 30 days)
idarubicin	2	B/D PA
IDHIFA	5	PA; MO; LA; QL (30 per 30 days)
ifosfamide intravenous recon soln	2	B/D PA; MO
ifosfamide intravenous solution 1 gram/20 ml	2	B/D PA; MO
ifosfamide intravenous solution 3 gram/60 ml	2	B/D PA
imatinib oral tablet 100 mg	5	PA; MO; QL (180 per 30 days)
imatinib oral tablet 400 mg	5	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; MO; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; MO; QL (30 per 30 days)
IMBRUVICA ORAL TABLET	5	PA; MO; QL (30 per 30 days)
IMFINZI	5	B/D PA; MO; LA
INFUGEM	5	B/D PA
INLYTA ORAL TABLET 1 MG	5	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
INREBIC	5	PA; MO; LA; QL (120 per 30 days)
IRESSA	5	PA; MO; QL (30 per 30 days)
irinotecan intravenous solution 100 mg/5 ml	2	B/D PA; MO
irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml	5	B/D PA
irinotecan intravenous solution 40 mg/2 ml	5	B/D PA; MO
ISTODAX	5	B/D PA; MO
IXEMPRA	5	B/D PA; MO
JAKAFI	5	PA; MO; QL (60 per 30 days)
JEVTANA	5	B/D PA; MO
KADCYLA	5	PA; MO
KEYTRUDA INTRAVENOUS SOLUTION	5	PA; MO
KISQALI	5	PA; MO
KISQALI FEMARA CO-PACK	5	PA; MO
KYPROLIS	5	B/D PA; MO
LENVIMA	5	PA; MO
letrozole	2	MO
LEUKERAN	3	MO
leuprolide subcutaneous kit	5	PA; MO
LIBTAYO	5	PA; MO; LA
LONSURF	5	PA; MO
LORBRENA ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; MO; QL (90 per 30 days)
LUMOXITI	5	PA; MO; LA
LUPRON DEPOT	5	PA; MO
LUPRON DEPOT (3 MONTH)	5	PA; MO
LUPRON DEPOT (4 MONTH)	5	PA; MO
LUPRON DEPOT (6 MONTH)	5	PA; MO
LUPRON DEPOT-PED	5	PA; MO
LUPRON DEPOT-PED (3 MONTH)	5	PA; MO
LYNPARZA ORAL TABLET	5	PA; MO; QL (120 per 30 days)
LYSODREN	3	MO
MARQIBO	3	B/D PA; MO
MATULANE	5	MO
megestrol oral suspension 400 mg/10 ml (10 ml)	2	PA
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	2	PA; MO
megestrol oral tablet	2	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
MEKINIST ORAL TABLET 0.5 MG	5	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; MO; QL (30 per 30 days)
MEKTOVI	5	PA; MO; LA; QL (180 per 30 days)
melphalan	2	B/D PA; MO
melphalan hcl	5	B/D PA
mercaptopurine	2	MO
methotrexate sodium	2	B/D PA; MO
methotrexate sodium (pf) injection recon soln	2	B/D PA
methotrexate sodium (pf) injection solution	2	B/D PA; MO
mitomycin intravenous recon soln 20 mg, 5 mg	2	B/D PA; MO
mitomycin intravenous recon soln 40 mg	5	B/D PA; MO
mitoxantrone	2	B/D PA; MO
MVASI	5	B/D PA; MO
mycophenolate mofetil (hcl)	2	B/D PA
mycophenolate mofetil oral capsule	2	B/D PA; MO
mycophenolate mofetil oral suspension for reconstitution	5	B/D PA; MO
mycophenolate mofetil oral tablet	2	B/D PA; MO
mycophenolate sodium	2	B/D PA; MO
MYLOTARG	5	B/D PA; MO; LA
NERLYNX	5	PA; MO; LA
NEXAVAR	5	PA; MO; LA; QL (120 per 30 days)
nilutamide	5	PA; MO
NINLARO	5	PA; MO; QL (3 per 28 days)
NUBEQA	5	PA; MO; LA; QL (120 per 30 days)
NULOJIX	5	B/D PA; MO
octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml	5	PA; MO
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	2	PA; MO
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)	2	PA; MO
octreotide acetate injection syringe 500 mcg/ml (1 ml)	5	PA; MO
ODOMZO	5	PA; MO; LA; QL (30 per 30 days)
ONIVYDE	5	B/D PA; MO
OPDIVO	5	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
oxaliplatin intravenous recon soln 100 mg	2	B/D PA; MO
oxaliplatin intravenous recon soln 50 mg	2	B/D PA
oxaliplatin intravenous solution	2	B/D PA; MO
paclitaxel	2	B/D PA; MO
PADCEV	5	PA; MO
paraplatin	2	B/D PA
PEMAZYRE	5	PA; MO; LA; QL (14 per 21 days)
PERJETA	5	B/D PA; MO
PIQRAY	5	PA; MO
POLIVY	5	PA; MO
POMALYST	5	PA; MO; LA
PORTRAZZA	5	B/D PA; MO
POTELIGEO	5	PA; MO
PROGRAF INTRAVENOUS	3	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET	3	B/D PA; MO
PURIXAN	5	
QINLOCK	5	PA; MO; LA; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA; MO; LA; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA; MO; LA; QL (120 per 30 days)
REVLIMID	5	PA; MO; LA; QL (28 per 28 days)
RITUXAN	5	PA; MO
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; MO; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; MO; QL (90 per 30 days)
RUBRACA	5	PA; MO; LA; QL (120 per 30 days)
RUXIENCE	5	PA; MO
RYDAPT	5	PA; MO
SANDIMMUNE ORAL SOLUTION	3	B/D PA; MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	5	PA; MO
SARCLISA	5	PA; MO; LA
SIGNIFOR	5	PA; MO
SIMULECT INTRAVENOUS RECON SOLN 10 MG	3	B/D PA
SIMULECT INTRAVENOUS RECON SOLN 20 MG	3	B/D PA; MO
sirolimus oral solution	5	B/D PA; MO

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This drug list was last updated on 08/22/2020.

Drug Name	Drug Tier	Requirements /Limits
sirolimus oral tablet 0.5 mg, 1 mg	4	B/D PA; MO
sirolimus oral tablet 2 mg	5	B/D PA; MO
SOLTAMOX	5	MO
SOMATULINE DEPOT	5	PA; MO
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	5	PA; MO; QL (60 per 30 days)
STIVARGA	5	PA; MO; QL (84 per 28 days)
SUTENT	5	PA; MO; QL (30 per 30 days)
SYNRIBO	5	B/D PA; MO
TABLOID	4	MO
TABRECTA	5	PA; MO
tacrolimus oral	2	B/D PA; MO
TAFINLAR	5	PA; MO; QL (120 per 30 days)
TAGRISSO	5	PA; MO; LA; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; MO; QL (90 per 30 days)
TALZENNA ORAL CAPSULE 1 MG	5	PA; MO; QL (30 per 30 days)
tamoxifen	2	MO
TARGRETIN TOPICAL	5	PA; MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA; MO; QL (120 per 30 days)
TAZVERIK	5	PA; MO; LA
TECENTRIQ	5	B/D PA; MO; LA
TEMODAR INTRAVENOUS	5	B/D PA; MO
temsirolimus	5	B/D PA; MO
THALOMID	5	PA; MO
thiotepa injection recon soln 100 mg	5	B/D PA
thiotepa injection recon soln 15 mg	5	B/D PA; MO
TIBSOVO	5	PA; MO
toposar	2	B/D PA; MO
topotecan intravenous recon soln	5	B/D PA
topotecan intravenous solution 4 mg/4 ml (1 mg/ml)	5	B/D PA; MO
toremifene	5	MO
TRAZIMERA	5	B/D PA; MO
TREANDA INTRAVENOUS RECON SOLN	5	B/D PA; MO

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This drug list was last updated on 08/22/2020.

Drug Name	Drug Tier	Requirements /Limits
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	B/D PA; MO
tretinoin (antineoplastic)	5	MO
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	5	B/D PA; MO
TRODELVY	5	PA; MO; LA
TRUXIMA	5	PA; MO
TUKYSA ORAL TABLET 150 MG	5	PA; MO; LA; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA; MO; LA; QL (300 per 30 days)
TURALIO	5	PA; MO; LA; QL (120 per 30 days)
TYKERB	5	PA; MO; LA; QL (180 per 30 days)
UNITUXIN	5	B/D PA; MO
valrubicin	5	B/D PA; MO
VANTAS	4	PA; MO
VECTIBIX	5	B/D PA; MO
VELCADE	5	B/D PA; MO
VENCLEXTA ORAL TABLET 10 MG, 50 MG	3	PA; MO; LA
VENCLEXTA ORAL TABLET 100 MG	5	PA; MO; LA
VENCLEXTA STARTING PACK	5	PA; MO; LA; QL (42 per 30 days)
VERZENIO	5	PA; MO; LA; QL (60 per 30 days)
vinblastine intravenous solution	2	B/D PA; MO
vincasar pfs	2	B/D PA; MO
vincristine	2	B/D PA; MO
vinorelbine	2	B/D PA; MO
VITRAKVI ORAL CAPSULE 100 MG	5	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; MO; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	5	PA; MO; LA; QL (300 per 30 days)
VIZIMPRO	5	PA; MO; QL (30 per 30 days)
VOTRIENT	5	PA; MO; QL (120 per 30 days)
VYXEOS	5	B/D PA; MO
XALKORI	5	PA; MO; QL (60 per 30 days)
XATMEP	4	B/D PA; MO
XERMELO	5	PA; MO; LA; QL (90 per 30 days)
XOSPATA	5	PA; MO; LA
XPOVIO	5	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 08/22/2020.

Drug Name	Drug Tier	Requirements /Limits
XTANDI	5	PA; MO; QL (120 per 30 days)
YERVOY	5	B/D PA; MO
YONDELIS	5	B/D PA; MO
YONSA	5	PA; MO; QL (120 per 30 days)
ZALTRAP	5	B/D PA; MO
ZANOSAR	4	B/D PA; MO
ZEJULA	5	PA; MO; LA; QL (90 per 30 days)
ZELBORAF	5	PA; MO; QL (240 per 30 days)
ZIRABEV	5	B/D PA; MO
ZOLADEX	4	PA; MO
ZOLINZA	5	PA; MO
ZORTRESS ORAL TABLET 1 MG	5	B/D PA; MO
ZYDELIG	5	PA; MO; QL (60 per 30 days)
ZYKADIA ORAL TABLET	5	PA; MO; QL (90 per 30 days)
ZYTIGA ORAL TABLET 500 MG	5	PA; MO; QL (60 per 30 days)
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM	5	MO
BANZEL	5	PA; MO
BRIVIACT INTRAVENOUS	4	
BRIVIACT ORAL	5	MO
carbamazepine oral capsule, er multiphase 12 hr	2	MO
carbamazepine oral suspension 100 mg/5 ml	2	MO
carbamazepine oral tablet	2	MO
carbamazepine oral tablet extended release 12 hr	2	MO
carbamazepine oral tablet,chewable	2	MO
CELONTIN ORAL CAPSULE 300 MG	4	MO
clobazam oral suspension	4	PA; MO; QL (480 per 30 days)
clobazam oral tablet	4	PA; MO; QL (60 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	2	MO; QL (90 per 30 days)
clonazepam oral tablet 2 mg	2	MO; QL (300 per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	2	MO; QL (90 per 30 days)
clonazepam oral tablet,disintegrating 2 mg	2	MO; QL (300 per 30 days)
diazepam rectal	2	MO
DILANTIN 30 MG	3	MO

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This drug list was last updated on 08/22/2020.

Drug Name	Drug Tier	Requirements /Limits
divalproex	2	MO
EPIDIOLEX	5	PA; MO; LA
epitol	2	MO
ethosuximide	2	MO
felbamate oral suspension	5	MO
felbamate oral tablet	4	MO
fosphenytoin	2	MO
FYCOMPA ORAL SUSPENSION	5	MO
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5	MO
FYCOMPA ORAL TABLET 2 MG	4	MO
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	2	MO; QL (2160 per 30 days)
gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)	2	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)
lamotrigine oral tablet	1	MO
lamotrigine oral tablet disintegrating, dose pk	2	MO
lamotrigine oral tablet extended release 24hr	4	MO
lamotrigine oral tablet, chewable dispersible	2	MO
lamotrigine oral tablet,disintegrating	4	MO
lamotrigine oral tablets,dose pack	2	MO
levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml	2	
levetiracetam in nacl (iso-os) intravenous piggyback 500 mg/100 ml	2	MO
levetiracetam intravenous	2	MO
levetiracetam oral solution 100 mg/ml	2	MO
levetiracetam oral solution 500 mg/5 ml (5 ml)	2	
levetiracetam oral tablet	2	MO
levetiracetam oral tablet extended release 24 hr	2	MO
NAYZILAM	5	PA; MO; QL (10 per 30 days)
oxcarbazepine	2	MO
PEGANONE	4	MO
phenobarbital	2	PA; MO

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This drug list was last updated on 08/22/2020.

Drug Name	Drug Tier	Requirements /Limits
phenobarbital sodium injection solution 130 mg/ml	2	MO
phenobarbital sodium injection solution 65 mg/ml	2	
phenytoin oral suspension 100 mg/4 ml	2	
phenytoin oral suspension 125 mg/5 ml	2	MO
phenytoin oral tablet,chewable	2	MO
phenytoin sodium extended	2	MO
phenytoin sodium intravenous solution	2	MO
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	2	MO; QL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg	2	MO; QL (60 per 30 days)
pregabalin oral solution	2	MO; QL (900 per 30 days)
primidone	2	MO
roweepra	2	MO
roweepra xr	2	
SPRITAM	4	MO
subvenite	1	MO
subvenite starter (blue) kit	2	MO
subvenite starter (green) kit	2	MO
subvenite starter (orange) kit	2	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA; MO; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	PA; MO; QL (60 per 30 days)
tiagabine	4	MO
topiramate oral capsule, sprinkle	2	PA; MO
topiramate oral tablet	1	PA; MO
valproate sodium	2	MO
valproic acid	2	MO
valproic acid (as sodium salt) oral solution 250 mg/5 ml	2	MO
valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)	2	
VALTOCO	5	PA; MO; QL (10 per 30 days)
vigabatrin	5	MO; LA
vigadrone	5	MO; LA
VIMPAT INTRAVENOUS	3	MO
VIMPAT ORAL SOLUTION	3	MO
VIMPAT ORAL TABLET	3	MO

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This drug list was last updated on 08/22/2020.

Drug Name	Drug Tier	Requirements /Limits
XCOPRI MAINTENANCE PACK	5	MO; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG	4	MO; QL (120 per 30 days)
XCOPRI ORAL TABLET 150 MG	4	MO; QL (60 per 30 days)
XCOPRI ORAL TABLET 200 MG	5	MO; QL (60 per 30 days)
XCOPRI ORAL TABLET 50 MG	4	MO; QL (240 per 30 days)
XCOPRI TITRATION PACK	4	MO; QL (56 per 28 days)
zonisamide	2	PA; MO
ANTIPARKINSONISM AGENTS		
APOKYN	5	PA; MO; LA
benztropine injection	2	MO
benztropine oral	1	PA; MO
bromocriptine	4	MO
carbidopa	2	MO
carbidopa-levodopa	2	MO
carbidopa-levodopa-entacapone	4	MO
entacapone	2	MO
NEUPRO	4	MO
pramipexole oral tablet	2	MO
rasagiline	4	MO
ropinirole	2	MO
selegiline hcl	2	MO
tolcapone	5	PA; MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AJOVY AUTOINJECTOR	3	PA; MO; QL (1.5 per 30 days)
AJOVY SYRINGE	3	PA; MO; QL (1.5 per 30 days)
dihydroergotamine injection	2	MO
dihydroergotamine nasal	5	MO; QL (8 per 28 days)
eletriptan	4	MO; QL (18 per 28 days)
ergotamine-caffeine	2	MO
migergot	4	MO
naratriptan	2	MO; QL (18 per 28 days)
rizatriptan	2	MO; QL (36 per 28 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation	4	MO; QL (18 per 28 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	4	MO; QL (36 per 28 days)
sumatriptan succinate oral	2	MO; QL (18 per 28 days)
sumatriptan succinate subcutaneous cartridge	4	MO; QL (8 per 28 days)
sumatriptan succinate subcutaneous pen injector	4	MO; QL (8 per 28 days)

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This drug list was last updated on 08/22/2020.

Drug Name	Drug Tier	Requirements /Limits
sumatriptan succinate subcutaneous solution	4	MO; QL (8 per 28 days)
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml	4	MO; QL (8 per 28 days)
zolmitriptan	2	MO; QL (18 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
dalfampridine	5	PA; MO; QL (60 per 30 days)
donepezil oral tablet 10 mg, 5 mg	1	MO
donepezil oral tablet 23 mg	4	MO
donepezil oral tablet,disintegrating	1	MO
FIRDAPSE	5	PA; MO; LA
galantamine	2	MO
GILENYA ORAL CAPSULE 0.5 MG	5	PA; MO; QL (30 per 30 days)
glatiramer subcutaneous syringe 20 mg/ml	5	PA; MO; QL (30 per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	5	PA; MO; QL (12 per 28 days)
glatopa subcutaneous syringe 20 mg/ml	5	PA; MO; QL (30 per 30 days)
glatopa subcutaneous syringe 40 mg/ml	5	PA; MO; QL (12 per 28 days)
LEMTRADA	5	PA; MO
memantine oral capsule,sprinkle,er 24hr	2	PA; MO
memantine oral solution	2	PA; MO
memantine oral tablet	2	PA; MO
NAMZARIC	3	PA; MO
NUEDEXTA	5	PA; MO
OCREVUS	5	PA; MO; LA
RADICAVA	5	PA; MO
rivastigmine	2	MO
rivastigmine tartrate	2	MO
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG	5	PA; MO; LA; QL (14 per 30 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	5	PA; MO; LA; QL (120 per 180 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 240 MG	5	PA; MO; LA; QL (60 per 30 days)
tetrabenazine oral tablet 12.5 mg	5	PA; MO; QL (240 per 30 days)

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This drug list was last updated on 08/22/2020.

Drug Name	Drug Tier	Requirements /Limits
tetrabenazine oral tablet 25 mg	5	PA; MO; QL (120 per 30 days)
TYSABRI	5	PA; MO; LA
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
baclofen oral tablet 10 mg, 20 mg	2	MO
cyclobenzaprine oral tablet	4	PA; MO
dantrolene intravenous	2	
dantrolene oral	2	MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	3	B/D PA; MO
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	3	B/D PA
neostigmine methylsulfate intravenous solution 0.5 mg/ml	2	MO
neostigmine methylsulfate intravenous solution 1 mg/ml	2	
pyridostigmine bromide oral syrup	5	MO
pyridostigmine bromide oral tablet 60 mg	2	MO
pyridostigmine bromide oral tablet extended release	2	MO
regonol	2	
revonto	2	
tizanidine	2	MO
NARCOTIC ANALGESICS		
acetaminophen-caff-dihydrocod oral capsule	2	MO; QL (300 per 30 days)
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml	2	QL (4500 per 30 days)
acetaminophen-codeine oral solution 120-12 mg/5 ml	2	MO; QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	2	MO; QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	2	MO; QL (180 per 30 days)
buprenorphine hcl injection syringe	2	
buprenorphine hcl sublingual	2	MO
buprenorphine transdermal patch	4	PA; MO; QL (4 per 28 days)
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	2	MO; QL (360 per 30 days)
fentanyl citrate (pf) injection solution	2	MO; QL (400 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)	2	QL (400 per 30 days)
fentanyl citrate buccal lozenge on a handle	5	PA; MO; QL (120 per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA; MO; QL (10 per 30 days)
hydrocodone bitartrate	2	PA; MO; QL (90 per 30 days)
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)	2	QL (5550 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	2	MO; QL (5550 per 30 days)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	2	MO; QL (390 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	2	MO; QL (360 per 30 days)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	2	MO; QL (50 per 30 days)
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml	2	MO; QL (240 per 30 days)
hydromorphone (pf) injection solution 2 mg/ml	2	QL (150 per 30 days)
hydromorphone injection solution 1 mg/ml	2	QL (300 per 30 days)
hydromorphone injection solution 2 mg/ml	2	MO; QL (150 per 30 days)
hydromorphone injection syringe 1 mg/ml	2	MO; QL (300 per 30 days)
hydromorphone injection syringe 2 mg/ml	2	QL (150 per 30 days)
hydromorphone injection syringe 4 mg/ml	2	MO; QL (75 per 30 days)
hydromorphone oral liquid	2	MO; QL (2400 per 30 days)
hydromorphone oral tablet	2	MO; QL (180 per 30 days)
hydromorphone oral tablet extended release 24 hr	4	PA; MO; QL (60 per 30 days)
ibuprofen-oxycodone	2	MO; QL (28 per 30 days)
levorphanol tartrate oral tablet 2 mg	5	MO; QL (120 per 30 days)
lorcet (hydrocodone)	2	MO; QL (360 per 30 days)
lorcet hd	2	MO; QL (360 per 30 days)
lorcet plus oral tablet 7.5-325 mg	2	MO; QL (360 per 30 days)
methadone injection solution	2	QL (150 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
methadone intensol	2	PA; MO; QL (90 per 30 days)
methadone oral concentrate	2	PA; MO; QL (90 per 30 days)
methadone oral solution 10 mg/5 ml	2	PA; MO; QL (600 per 30 days)
methadone oral solution 5 mg/5 ml	2	PA; MO; QL (1200 per 30 days)
methadone oral tablet 10 mg	2	PA; MO; QL (120 per 30 days)
methadone oral tablet 5 mg	2	PA; MO; QL (240 per 30 days)
methadose oral concentrate	2	PA; MO; QL (90 per 30 days)
morphine (pf) injection solution 0.5 mg/ml	2	QL (4000 per 30 days)
morphine (pf) injection solution 1 mg/ml	2	MO; QL (2000 per 30 days)
morphine concentrate oral solution	2	MO; QL (900 per 30 days)
morphine injection solution 8 mg/ml	2	QL (250 per 30 days)
morphine injection syringe 2 mg/ml	2	MO; QL (1000 per 30 days)
morphine injection syringe 4 mg/ml	2	MO; QL (500 per 30 days)
morphine injection syringe 5 mg/ml	2	QL (400 per 30 days)
morphine intravenous solution 10 mg/ml	2	MO; QL (200 per 30 days)
morphine intravenous solution 4 mg/ml	2	MO; QL (500 per 30 days)
morphine intravenous syringe 10 mg/ml	2	QL (200 per 30 days)
morphine intravenous syringe 2 mg/ml	2	QL (1000 per 30 days)
morphine intravenous syringe 4 mg/ml	2	QL (500 per 30 days)
morphine oral capsule, er multiphase 24 hr	2	PA; MO; QL (60 per 30 days)
morphine oral capsule,extend.release pellets	2	PA; MO; QL (90 per 30 days)
morphine oral solution	2	MO; QL (900 per 30 days)
morphine oral tablet	2	MO; QL (180 per 30 days)
morphine oral tablet extended release	2	PA; MO; QL (120 per 30 days)
oxycodone oral capsule	2	MO; QL (360 per 30 days)
oxycodone oral concentrate	4	MO; QL (180 per 30 days)
oxycodone oral solution	2	MO; QL (1200 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg	2	MO; QL (180 per 30 days)
oxycodone oral tablet 5 mg	2	MO; QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	2	MO; QL (360 per 30 days)
oxycodone-aspirin	2	MO; QL (360 per 30 days)
oxymorphone oral tablet 10 mg	2	MO; QL (360 per 30 days)
oxymorphone oral tablet 5 mg	2	MO; QL (180 per 30 days)
NON-NARCOTIC ANALGESICS		
buprenorphine-naloxone sublingual film 12-3 mg	2	MO; QL (60 per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg	2	MO; QL (360 per 30 days)
buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg	2	MO; QL (90 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg	2	MO; QL (360 per 30 days)
buprenorphine-naloxone sublingual tablet 8-2 mg	2	MO; QL (90 per 30 days)
butorphanol injection solution 1 mg/ml	2	MO; QL (857 per 30 days)
butorphanol injection solution 2 mg/ml	2	MO; QL (428 per 30 days)
butorphanol nasal	2	MO; QL (10 per 28 days)
celecoxib	2	MO
clonidine (pf) epidural solution 5,000 mcg/10 ml	2	
diclofenac potassium	2	MO
diclofenac sodium oral	2	MO
diclofenac sodium topical drops	2	MO; QL (300 per 28 days)
diclofenac sodium topical gel 1 %	2	MO; QL (1000 per 28 days)
diclofenac-misoprostol	2	MO
diflunisal	2	MO
ec-naproxen	2	MO
etodolac	2	MO
fenoprofen oral tablet	2	MO
flurbiprofen oral tablet 100 mg	2	MO
ibu	1	MO
ibuprofen oral suspension	2	MO
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	MO
ketoprofen oral capsule 25 mg, 75 mg	2	MO

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This drug list was last updated on 08/22/2020.

Drug Name	Drug Tier	Requirements /Limits
ketoprofen oral capsule 50 mg	2	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	4	MO
meclofenamate	4	MO
mefenamic acid	4	MO
meloxicam oral tablet 15 mg	1	MO
meloxicam oral tablet 7.5 mg	1	MO; QL (30 per 30 days)
nabumetone	2	MO
nalbuphine injection solution 10 mg/ml	2	MO; QL (200 per 30 days)
nalbuphine injection solution 20 mg/ml	2	MO; QL (100 per 30 days)
naloxone injection solution	2	MO
naloxone injection syringe	2	MO
naltrexone	2	MO
naproxen oral suspension	2	MO
naproxen oral tablet	1	MO
naproxen oral tablet,delayed release (dr/ec)	2	MO
naproxen sodium oral tablet 275 mg, 550 mg	2	MO
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	3	MO
oxaprozin	2	MO
piroxicam	2	MO
salsalate	1	MO
sulindac	1	MO
tolmetin oral capsule	2	MO
tolmetin oral tablet 600 mg	2	MO
tramadol oral tablet 50 mg	2	MO; QL (240 per 30 days)
tramadol-acetaminophen	2	MO; QL (240 per 30 days)
VIVITROL	5	MO
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	5	MO
ADASUVE	3	LA
amitriptyline	2	MO
amoxapine	2	MO
aripiprazole oral solution	5	MO
aripiprazole oral tablet	2	MO; QL (30 per 30 days)
aripiprazole oral tablet,disintegrating	5	MO; QL (60 per 30 days)
ARISTADA	5	MO
ARISTADA INITIO	5	MO
armodafinil	4	PA; MO; QL (30 per 30 days)
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	2	MO; QL (60 per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	2	MO; QL (30 per 30 days)

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This drug list was last updated on 08/22/2020.

Drug Name	Drug Tier	Requirements /Limits
bupropion hcl oral tablet	1	MO
bupropion hcl oral tablet extended release 24 hr 150 mg	2	MO; QL (90 per 30 days)
bupropion hcl oral tablet extended release 24 hr 300 mg	2	MO; QL (30 per 30 days)
bupropion hcl oral tablet sustained-release 12 hr	2	MO; QL (60 per 30 days)
buspirone	2	MO
CAPLYTA	5	MO; QL (30 per 30 days)
chlorpromazine	2	MO
citalopram oral solution	2	MO
citalopram oral tablet	1	MO; QL (30 per 30 days)
clomipramine	4	MO
clonidine hcl oral tablet extended release 12 hr	2	MO
clorazepate dipotassium oral tablet 15 mg	2	PA; MO; QL (180 per 30 days)
clorazepate dipotassium oral tablet 3.75 mg	2	PA; MO; QL (90 per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	2	PA; MO; QL (360 per 30 days)
clozapine oral tablet	2	MO
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg	2	
CLOZAPINE ORAL TABLET,DISINTEGRATING 150 MG, 200 MG	4	
desipramine	2	MO
desvenlafaxine succinate	2	MO; QL (30 per 30 days)
dextroamphetamine oral solution	2	MO
dextroamphetamine-amphetamine	2	MO
diazepam injection solution	2	PA
diazepam injection syringe	2	PA; MO
diazepam oral concentrate	2	PA; MO; QL (240 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)	2	PA; MO; QL (1200 per 30 days)
diazepam oral tablet	2	PA; MO; QL (120 per 30 days)
doxepin oral capsule	4	MO
doxepin oral concentrate	4	MO
doxepin oral tablet	2	MO; QL (30 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	MO; QL (60 per 30 days)

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This drug list was last updated on 08/22/2020.

Drug Name	Drug Tier	Requirements /Limits
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	MO; QL (90 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	2	MO; QL (60 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 40 mg	2	MO; QL (90 per 30 days)
EMSAM	5	MO
ergoloid	4	MO
escitalopram oxalate oral solution	2	MO
escitalopram oxalate oral tablet	1	MO; QL (30 per 30 days)
eszopiclone	4	MO; QL (30 per 30 days)
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	4	MO; QL (60 per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	5	MO; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	4	MO; QL (8 per 28 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	4	MO; QL (28 per 28 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	4	MO; QL (30 per 30 days)
flumazenil	2	MO
fluoxetine oral capsule 10 mg	1	MO; QL (30 per 30 days)
fluoxetine oral capsule 20 mg	1	MO
fluoxetine oral capsule 40 mg	1	MO; QL (60 per 30 days)
fluoxetine oral capsule,delayed release(dr/ec)	2	MO; QL (4 per 28 days)
fluoxetine oral solution	2	MO
fluoxetine oral tablet 10 mg	2	MO; QL (30 per 30 days)
fluoxetine oral tablet 20 mg, 60 mg	2	MO
fluphenazine decanoate	2	MO
fluphenazine hcl	2	MO
fluvoxamine oral capsule,extended release 24hr	4	MO; QL (60 per 30 days)
fluvoxamine oral tablet 100 mg	2	MO; QL (90 per 30 days)
fluvoxamine oral tablet 25 mg	2	MO; QL (30 per 30 days)
fluvoxamine oral tablet 50 mg	2	MO; QL (60 per 30 days)
GEODON INTRAMUSCULAR	4	MO
guanidine	2	MO
haloperidol	1	MO
haloperidol decanoate	2	MO
haloperidol lactate injection	2	MO

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Drug Name	Drug Tier	Requirements /Limits
haloperidol lactate oral	2	MO
HETLIOZ	5	PA; MO; QL (30 per 30 days)
imipramine hcl	4	MO
imipramine pamoate	4	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML	5	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	MO
INVEGA TRINZA	5	MO
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	5	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	5	MO; QL (60 per 30 days)
lithium carbonate	1	MO
lithium citrate oral solution 8 meq/5 ml	2	MO
lorazepam injection solution	2	PA; MO
lorazepam injection syringe 2 mg/ml	2	PA; MO
lorazepam injection syringe 4 mg/ml	2	PA
lorazepam intensol	2	PA; MO; QL (150 per 30 days)
lorazepam oral concentrate	2	PA; MO; QL (150 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	2	PA; MO; QL (90 per 30 days)
lorazepam oral tablet 2 mg	2	PA; MO; QL (150 per 30 days)
loxapine succinate	2	MO
maprotiline	2	MO
MARPLAN	4	MO
methylphenidate hcl oral capsule,er biphasic 50-50	2	MO
methylphenidate hcl oral solution	2	MO
methylphenidate hcl oral tablet	2	MO
methylphenidate hcl oral tablet extended release	2	MO
methylphenidate hcl oral tablet,chewable	2	MO
mirtazapine oral tablet	1	MO
mirtazapine oral tablet,disintegrating	2	MO
modafinil oral tablet 100 mg	2	PA; MO; QL (30 per 30 days)
modafinil oral tablet 200 mg	2	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
molindone	2	MO
nefazodone	2	MO
nortriptyline	2	MO
NUPLAZID ORAL CAPSULE	5	PA; MO; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA; MO; QL (30 per 30 days)
olanzapine intramuscular	2	MO
olanzapine oral	2	MO; QL (30 per 30 days)
olanzapine-fluoxetine	2	MO
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg	4	MO; QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	4	MO; QL (60 per 30 days)
paliperidone oral tablet extended release 24hr 9 mg	5	MO; QL (30 per 30 days)
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)
paroxetine hcl oral tablet extended release 24 hr	2	MO; QL (60 per 30 days)
PAXIL ORAL SUSPENSION	4	MO
perphenazine	2	MO
PERSERIS	5	MO
phenelzine	2	MO
pimozide	2	MO
procentra	2	MO
protriptyline	2	MO
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	2	MO; QL (90 per 30 days)
quetiapine oral tablet 300 mg, 400 mg	2	MO; QL (60 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	2	MO; QL (30 per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	2	MO; QL (60 per 30 days)
ramelteon	2	MO; QL (30 per 30 days)
REXULTI	5	MO; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	3	MO

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Drug Name	Drug Tier	Requirements /Limits
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	5	MO
risperidone oral solution	2	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	2	MO; QL (60 per 30 days)
risperidone oral tablet,disintegrating 4 mg	2	MO; QL (120 per 30 days)
SAPHRIS	5	MO; QL (60 per 30 days)
SECUADO	5	QL (30 per 30 days)
sertraline oral concentrate	2	MO
sertraline oral tablet 100 mg, 50 mg	1	MO; QL (60 per 30 days)
sertraline oral tablet 25 mg	1	MO; QL (30 per 30 days)
thioridazine	4	MO
thiothixene	2	MO
tranylcypromine	4	MO
trazodone	1	MO
trifluoperazine	2	MO
trimipramine	4	MO
TRINTELLIX	3	MO; QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg	2	MO; QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 75 mg	2	MO; QL (90 per 30 days)
venlafaxine oral tablet	2	MO; QL (90 per 30 days)
VERSACLOZ	5	
VIIBRYD ORAL TABLET	3	MO; QL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	3	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	5	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	4	MO; QL (7 per 30 days)
XYREM	5	PA; MO; LA; QL (540 per 30 days)
zaleplon oral capsule 10 mg	4	MO; QL (60 per 30 days)
zaleplon oral capsule 5 mg	4	MO; QL (30 per 30 days)
ziprasidone hcl	2	MO; QL (60 per 30 days)
ziprasidone mesylate	2	

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Drug Name	Drug Tier	Requirements /Limits
zolpidem oral tablet	2	MO; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	MO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG	5	MO
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
adenosine	2	
amiodarone intravenous solution	2	B/D PA; MO
amiodarone oral	2	MO
dofetilide	4	MO
flecainide	2	MO
ibutilide fumarate	2	MO
lidocaine (pf) in d7.5w	2	MO
lidocaine (pf) intravenous solution	2	MO
lidocaine (pf) intravenous syringe	2	
lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)	2	
mexiletine	2	MO
pacerone oral tablet 100 mg, 200 mg, 400 mg	2	MO
procainamide injection solution 100 mg/ml	2	MO
procainamide injection solution 500 mg/ml	2	
propafenone oral capsule,extended release 12 hr	4	MO
propafenone oral tablet	2	MO
quinidine gluconate oral	2	MO
quinidine sulfate oral tablet	2	MO
sorine oral tablet 120 mg, 160 mg, 80 mg	2	MO
sorine oral tablet 240 mg	2	
sotalol af	2	MO
sotalol oral	2	MO
ANTIHYPERTENSIVE THERAPY		
acebutolol	2	MO
aliskiren	2	MO
amiloride	2	MO

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Drug Name	Drug Tier	Requirements /Limits
amiloride-hydrochlorothiazide	2	MO
amlodipine	1	MO
amlodipine-benazepril	1	MO
amlodipine-olmesartan	2	MO
amlodipine-valsartan	2	MO
amlodipine-valsartan-hcthiazid	2	MO
atenolol	1	MO
atenolol-chlorthalidone	2	MO
benazepril	1	MO
benazepril-hydrochlorothiazide	2	MO
betaxolol oral	2	MO
bisoprolol fumarate	2	MO
bisoprolol-hydrochlorothiazide	1	MO
bumetanide	2	MO
candesartan	2	MO
candesartan-hydrochlorothiazid	2	MO
captopril	2	MO
captopril-hydrochlorothiazide	2	MO
cartia xt	2	MO
carvedilol	1	MO
chlorothiazide sodium	2	MO
chlorthalidone oral tablet 25 mg, 50 mg	2	MO
clonidine	4	MO; QL (4 per 28 days)
clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)	2	
clonidine hcl oral tablet	1	MO
DEMSER	5	PA; MO
diltiazem hcl intravenous	2	
diltiazem hcl oral capsule,extended release 12 hr	2	MO
diltiazem hcl oral capsule,extended release 24 hr	2	MO
diltiazem hcl oral capsule,extended release 24hr	2	MO
diltiazem hcl oral tablet	1	MO
diltiazem hcl oral tablet extended release 24 hr	2	MO
dilt-xr	2	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)
enalapril maleate	1	MO
enalaprilat intravenous solution	2	
enalapril-hydrochlorothiazide	1	MO
eplerenone	2	MO

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Drug Name	Drug Tier	Requirements /Limits
epoprostenol (glycine)	2	B/D PA; MO
esmolol intravenous solution	2	
ethacrynate sodium	5	MO
ethacrynic acid	4	MO
felodipine	2	MO
fosinopril	1	MO
fosinopril-hydrochlorothiazide	2	MO
furosemide injection	2	MO
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	2	MO
furosemide oral tablet	1	MO
hydralazine	2	MO
hydrochlorothiazide	1	MO
indapamide	1	MO
irbesartan	1	MO
irbesartan-hydrochlorothiazide	1	MO
isradipine	2	MO
labetalol intravenous solution	2	MO
labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)	2	
labetalol oral	2	MO
lisinopril	1	MO
lisinopril-hydrochlorothiazide	1	MO
losartan	1	MO
losartan-hydrochlorothiazide	1	MO
mannitol 20 %	2	
mannitol 25 % intravenous solution	2	MO
matzim la	2	MO
methyldopa	2	MO
metolazone	2	MO
metoprolol succinate	1	MO
metoprolol ta-hydrochlorothiaz	2	MO
metoprolol tartrate intravenous solution	2	MO
metoprolol tartrate intravenous syringe	2	
metoprolol tartrate oral	1	MO
minoxidil oral	2	MO
moexipril	1	MO
nadolol	2	MO
nadolol-bendroflumethiazide oral tablet 80-5 mg	2	MO
nicardipine intravenous solution	2	MO
nicardipine oral	2	MO
nifedipine oral tablet extended release	2	MO
nifedipine oral tablet extended release 24hr	2	MO
nimodipine	4	MO
nisoldipine	4	MO

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Drug Name	Drug Tier	Requirements /Limits
olmesartan	1	MO
olmesartan-amlodipin-hcthiazid	2	MO
olmesartan-hydrochlorothiazide	1	MO
osmitrol 15 %	2	
osmitrol 20 %	2	
perindopril erbumine	1	MO
phenoxybenzamine	5	PA; MO
phentolamine injection recon soln	2	
pindolol	2	MO
prazosin	2	MO
propranolol intravenous	2	
propranolol oral capsule,extended release 24 hr	2	MO
propranolol oral solution	2	MO
propranolol oral tablet	1	MO
propranolol-hydrochlorothiazid	2	MO
quinapril	1	MO
quinapril-hydrochlorothiazide	1	MO
ramipril	1	MO
spironolactone	1	MO
spironolacton-hydrochlorothiaz	2	MO
taztia xt	2	MO
TEKTURNA HCT	3	MO

Drug Name	Drug Tier	Requirements /Limits
telmisartan	2	MO
telmisartan-amlodipine	2	MO
telmisartan-hydrochlorothiazid	2	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	2	MO
timolol maleate oral	2	MO
torsemide oral	2	MO
trandolapril	1	MO
trandolapril-verapamil	2	MO
treprostinil sodium	5	PA; MO; LA
triamterene	2	MO
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	MO
triamterene-hydrochlorothiazid oral tablet	1	MO
UPTRAVI	5	PA; MO; LA
valsartan	1	MO
valsartan-hydrochlorothiazide	1	MO
veletri	2	B/D PA; MO
verapamil intravenous solution	2	MO
verapamil intravenous syringe	2	

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Drug Name	Drug Tier	Requirements /Limits
verapamil oral capsule, 24 hr er pellet ct	2	MO
verapamil oral capsule,ext rel. pellets 24 hr	2	MO
verapamil oral tablet	1	MO
verapamil oral tablet extended release	2	MO
COAGULATION THERAPY		
aminocaproic acid intravenous	2	MO
aminocaproic acid oral	5	MO
aspirin-dipyridamole	4	MO
BRILINTA	3	MO
CABLIVI INJECTION KIT	5	PA; MO; LA
CEPROTIN (BLUE BAR)	3	PA; MO
CEPROTIN (GREEN BAR)	3	PA; MO
cilostazol	2	MO
clopidogrel oral tablet 300 mg	2	MO
clopidogrel oral tablet 75 mg	1	MO; QL (30 per 30 days)
dipyridamole intravenous	2	PA
dipyridamole oral	2	MO
DOPTELET (10 TAB PACK)	5	PA; MO; LA
DOPTELET (15 TAB PACK)	5	PA; MO; LA
DOPTELET (30 TAB PACK)	5	PA; MO; LA
ELIQUIS	3	MO
ELIQUIS DVT-PE TREAT 30D START	3	MO
enoxaparin subcutaneous solution	2	MO; QL (30 per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	4	MO; QL (28 per 28 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	4	MO; QL (22.4 per 28 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml	4	MO; QL (16.8 per 28 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	4	MO; QL (11.2 per 28 days)
fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	5	MO
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	2	MO
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)	2	

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Drug Name	Drug Tier	Requirements /Limits
heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	2	MO
heparin (porcine) in nacl (pf)	2	
heparin (porcine) injection cartridge	2	MO
heparin (porcine) injection solution	2	MO
heparin (porcine) injection syringe 5,000 unit/ml	2	MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	2	MO
heparin, porcine (pf) injection solution	2	MO
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml	2	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	3	
jantoven	1	MO
MULPLETA	5	PA; MO
NPLATE	5	MO
pentoxifylline	2	MO
prasugrel	2	MO
PROMACTA	5	PA; MO; LA
protamine	2	
warfarin	1	MO
XARELTO	3	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
amlodipine-atorvastatin	2	MO; QL (30 per 30 days)
atorvastatin	1	MO; QL (30 per 30 days)
cholestyramine (with sugar)	2	MO
cholestyramine light	2	MO
colesevelam	4	MO
colestipol	2	MO
ezetimibe	2	MO
ezetimibe-simvastatin	2	MO; QL (30 per 30 days)
fenofibrate micronized	2	MO
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	2	MO
fenofibrate oral tablet 160 mg, 54 mg	2	MO

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Drug Name	Drug Tier	Requirements /Limits
fenofibric acid	2	MO
fenofibric acid (choline)	2	MO
fluvastatin oral capsule 20 mg	2	MO; QL (30 per 30 days)
fluvastatin oral capsule 40 mg	2	MO; QL (60 per 30 days)
fluvastatin oral tablet extended release 24 hr	2	MO; QL (30 per 30 days)
gemfibrozil	1	MO
JUXTAPID	5	PA; MO; LA
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)
niacin oral tablet 500 mg	2	MO
niacin oral tablet extended release 24 hr	2	MO
PRALUENT PEN	3	PA; MO; QL (2 per 28 days)
pravastatin	1	MO; QL (30 per 30 days)
prevalite	2	MO
REPATHA	3	PA; MO; QL (3 per 28 days)
REPATHA PUSHTRONEX	3	PA; MO; QL (3.5 per 28 days)
REPATHA SURECLICK	3	PA; MO; QL (3 per 28 days)
rosuvastatin	1	MO; QL (30 per 30 days)
simvastatin oral tablet	1	MO; QL (30 per 30 days)
VASCEPA	3	MO
MISCELLANEOUS CARDIOVASCULAR AGENTS		
cardioplegic soln	2	
CORLANOR ORAL SOLUTION	3	PA
CORLANOR ORAL TABLET	3	PA; MO
digitek	2	MO
digox	2	MO
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	2	MO
digoxin oral tablet	2	MO
dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml)	2	B/D PA; MO
dobutamine in d5w intravenous parenteral solution 500 mg/250 ml (2,000 mcg/ml)	2	B/D PA
dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)	2	B/D PA

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

Drug Name	Drug Tier	Requirements /Limits
NITRATES		
isosorbide dinitrate oral tablet	2	MO
isosorbide mononitrate	1	MO
nitro-bid	2	MO
nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 50 mg/250 ml (200 mcg/ml)	2	B/D PA
nitroglycerin in 5 % dextrose intravenous solution 25 mg/250 ml (100 mcg/ml)	2	B/D PA; MO
nitroglycerin intravenous	2	B/D PA
nitroglycerin sublingual	2	MO
nitroglycerin transdermal patch 24 hour	2	MO
nitroglycerin translingual spray,non-aerosol	2	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin oral capsule 10 mg, 25 mg	4	MO
acitretin oral capsule 17.5 mg	5	MO

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Drug Name	Drug Tier	Requirements /Limits
calcipotriene scalp	2	MO; QL (120 per 30 days)
calcipotriene topical cream	4	MO; QL (120 per 30 days)
calcipotriene topical ointment	2	MO; QL (120 per 30 days)
calcipotriene-betamethasone	4	MO; QL (400 per 30 days)
calcitriol topical	4	MO
selenium sulfide topical lotion	2	MO
SKYRIZI SUBCUTANEOUS SYRINGE KIT	5	PA; MO; QL (1 per 28 days)
STELARA INTRAVENOUS	5	PA; MO; QL (4 per 28 days)
STELARA SUBCUTANEOUS SOLUTION	5	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; MO; QL (1 per 28 days)
TALTZ AUTOINJECTOR	5	PA; MO; QL (1 per 28 days)
TALTZ AUTOINJECTOR (2 PACK)	5	PA; MO; QL (2 per 28 days)
TALTZ AUTOINJECTOR (3 PACK)	5	PA; MO; QL (3 per 28 days)
TALTZ SYRINGE	5	PA; MO; QL (1 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
MISCELLANEOUS DERMATOLOGICALS		
ammonium lactate	2	MO
carbocaine (pf) injection solution 15 mg/ml (1.5 %)	2	
chloroprocaine (pf)	2	
diclofenac sodium topical gel 3 %	4	PA; MO; QL (100 per 28 days)
doxepin topical	5	MO; QL (45 per 30 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; MO; QL (8 per 28 days)
fluorouracil topical cream 5 %	2	MO
fluorouracil topical solution	2	MO
glydo	2	MO; QL (60 per 30 days)
imiquimod topical cream in packet	2	MO
lidocaine (pf) injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)	2	MO
lidocaine (pf) injection solution 15 mg/ml (1.5 %)	2	

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This drug list was last updated on 08/22/2020.

Drug Name	Drug Tier	Requirements /Limits
lidocaine hcl injection solution	2	MO
lidocaine hcl laryngotracheal	2	MO
lidocaine hcl mucous membrane jelly	2	MO; QL (60 per 30 days)
lidocaine hcl mucous membrane jelly in applicator	2	MO; QL (60 per 30 days)
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	2	MO
lidocaine topical adhesive patch,medicated 5 %	2	PA; MO; QL (90 per 30 days)
lidocaine topical ointment	4	MO; QL (36 per 30 days)
lidocaine viscous	2	MO
lidocaine-epinephrine injection solution 0.5 %-1:200,000, 1.5 %-1:200,000, 2 %-1:200,000	2	
lidocaine-epinephrine injection solution 1 %-1:100,000, 2 %-1:100,000	2	MO
lidocaine-prilocaine topical cream	2	MO; QL (30 per 30 days)
methoxsalen	5	MO
PANRETIN	5	PA; MO
pimecrolimus	4	PA; MO; QL (100 per 30 days)
podofilox	2	MO
polocaine injection solution 1 % (10 mg/ml)	2	
polocaine-mpf	2	
prudoxin	4	MO; QL (45 per 30 days)
REGRANEX	5	MO
SANTYL	3	MO
silver sulfadiazine	2	MO
ssd	2	MO
tacrolimus topical	2	PA; MO; QL (100 per 30 days)
UVADEX	4	B/D PA
VALCHLOR	5	PA; MO
THERAPY FOR ACNE		
avita topical cream	2	PA; MO
azelaic acid	2	MO
claravis oral capsule 10 mg, 20 mg, 30 mg	4	MO
clindamycin phosphate topical gel	2	MO; QL (120 per 30 days)
clindamycin phosphate topical lotion	2	MO; QL (120 per 30 days)
clindamycin phosphate topical solution	2	MO; QL (120 per 30 days)
dapsone topical gel	4	MO
erythromycin with ethanol topical solution	2	MO
metronidazole topical	2	MO

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This drug list was last updated on 08/22/2020.

Drug Name	Drug Tier	Requirements /Limits
myorisan	2	MO
rosadan topical cream	2	MO
rosadan topical gel	2	MO
tazarotene	4	PA; MO
TAZORAC TOPICAL CREAM 0.05 %	4	PA; MO
TAZORAC TOPICAL GEL	4	PA; MO
tretinoin topical	2	PA; MO
TOPICAL ANTIBACTERIALS		
gentamicin topical	2	MO
mafenide acetate	2	MO
mupirocin	2	MO; QL (30 per 30 days)
sulfacetamide sodium (acne)	2	MO
SULFAMYLON TOPICAL CREAM	3	MO
TOPICAL ANTIFUNGALS		
ciclodan topical solution	2	MO
ciclopirox topical cream	2	MO; QL (90 per 28 days)
ciclopirox topical gel	2	MO; QL (45 per 28 days)
ciclopirox topical shampoo	2	MO; QL (120 per 28 days)
ciclopirox topical solution	2	MO
ciclopirox topical suspension	2	MO; QL (60 per 28 days)
clotrimazole topical cream	2	MO; QL (45 per 28 days)
clotrimazole topical solution	2	MO; QL (30 per 28 days)
clotrimazole-betamethasone topical cream	2	MO; QL (45 per 28 days)
clotrimazole-betamethasone topical lotion	2	MO; QL (60 per 28 days)
econazole	2	MO; QL (85 per 28 days)
ketoconazole topical cream	2	MO; QL (60 per 28 days)
ketoconazole topical foam	2	MO; QL (100 per 28 days)
ketoconazole topical shampoo	2	MO; QL (120 per 28 days)
ketodan	2	MO; QL (100 per 28 days)
naftifine	4	MO; QL (60 per 28 days)
nyamyc	2	MO
nystatin topical cream	2	MO; QL (30 per 28 days)
nystatin topical ointment	2	MO; QL (30 per 28 days)
nystatin topical powder	2	MO
nystatin-triamcinolone	2	MO; QL (60 per 28 days)
nystop	2	MO
oxiconazole	4	PA; MO; QL (60 per 28 days)
TOPICAL ANTIVIRALS		

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This drug list was last updated on 08/22/2020.

Drug Name	Drug Tier	Requirements /Limits
acyclovir topical cream	4	PA; MO; QL (5 per 30 days)
acyclovir topical ointment	4	PA; MO; QL (30 per 30 days)
DENAVIR	5	MO
TOPICAL CORTICOSTEROIDS		
ala-cort topical cream 1 %	2	MO
alclometasone	2	MO
betamethasone dipropionate	2	MO
betamethasone valerate	2	MO
betamethasone, augmented	2	MO
clobetasol scalp	2	MO; QL (100 per 28 days)
clobetasol topical cream	2	MO; QL (120 per 28 days)
clobetasol topical foam	2	MO; QL (100 per 28 days)
clobetasol topical gel	2	MO; QL (120 per 28 days)
clobetasol topical lotion	2	MO; QL (118 per 28 days)
clobetasol topical ointment	2	MO; QL (120 per 28 days)
clobetasol topical shampoo	2	MO; QL (236 per 28 days)
clobetasol topical spray,non-aerosol	2	MO; QL (125 per 28 days)
clobetasol-emollient topical cream	2	MO; QL (120 per 28 days)
clobetasol-emollient topical foam	2	MO; QL (100 per 28 days)
clodan	2	MO; QL (236 per 28 days)
desonide	4	MO
fluocinolone	2	MO
fluocinolone and shower cap	2	MO
fluocinonide topical cream 0.05 %	2	MO; QL (120 per 30 days)
fluocinonide topical gel	2	MO; QL (120 per 30 days)
fluocinonide topical ointment	2	MO; QL (120 per 30 days)
fluocinonide topical solution	2	MO; QL (120 per 30 days)
fluocinonide-e	2	MO; QL (120 per 30 days)
halobetasol propionate topical cream	2	MO
halobetasol propionate topical ointment	2	MO
hydrocortisone butyrate topical lotion	4	MO; QL (118 per 30 days)
hydrocortisone topical cream 1 %, 2.5 %	2	MO
hydrocortisone topical lotion 2.5 %	2	MO
hydrocortisone topical ointment 1 %, 2.5 %	2	MO
mometasone topical	2	MO

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Drug Name	Drug Tier	Requirements /Limits
prednicarbate	2	MO
tovet emollient	2	MO; QL (100 per 28 days)
triamcinolone acetonide topical aerosol	2	MO; QL (126 per 28 days)
triamcinolone acetonide topical cream	2	MO
triamcinolone acetonide topical lotion	2	MO
triamcinolone acetonide topical ointment	2	MO
triderm topical cream 0.1 %	2	MO
TOPICAL SCABICIDES / PEDICULICIDES		
crotan	2	MO
lindane topical shampoo	2	MO
malathion	2	MO
permethrin topical cream	2	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
acetylcysteine intravenous	2	MO
IRRIGATING SOLUTIONS		
lactated ringers irrigation	2	MO
neomycin-polymyxin b gu	2	MO
ringer's irrigation	2	MO
MISCELLANEOUS AGENTS		
acamprosate	4	MO
acetic acid irrigation	2	MO
anagrelide	2	MO
ARALAST NP	5	MO; LA
caffeine citrate intravenous	2	
caffeine citrate oral	2	MO
CARBAGLU	5	PA; MO; LA
cevimeline	2	MO
CHEMET	3	PA; MO
CLINIMIX 4.25%/D5W SULFIT FREE	4	B/D PA
clovique	5	PA
d10 %-0.45 % sodium chloride	2	
d2.5 %-0.45 % sodium chloride	2	
d5 % and 0.9 % sodium chloride	2	MO
d5 %-0.45 % sodium chloride	2	MO
deferasirox oral tablet	5	PA; MO
deferasirox oral tablet, dispersible	5	PA; MO
deferoxamine	2	B/D PA; MO
dextrose 10 % and 0.2 % nacl	2	
dextrose 10 % in water (d10w)	2	MO

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Drug Name	Drug Tier	Requirements /Limits
dextrose 25 % in water (d25w)	2	
dextrose 30 % in water (d30w)	2	
dextrose 40 % in water (d40w)	2	
dextrose 5 % in water (d5w)	2	MO
dextrose 5 %-lactated ringers	2	MO
dextrose 5%-0.2 % sod chloride	2	
dextrose 5%-0.3 % sod.chloride	2	
dextrose 50 % in water (d50w)	2	MO
dextrose 70 % in water (d70w)	2	MO
dextrose with sodium chloride	2	
disulfiram	2	MO
FERRIPROX	5	PA; MO
FERRIPROX (2 TIMES A DAY)	5	PA
INCRELEX	5	MO; LA
kionex (with sorbitol)	2	MO
lanthanum	4	MO
levocarnitine (with sugar)	2	MO
levocarnitine oral solution 100 mg/ml	2	MO
levocarnitine oral tablet	2	MO
LOKELMA	3	MO
midodrine	2	MO
nitisinone	5	PA; MO
NORTHERA	5	PA; MO
ORFADIN ORAL CAPSULE 20 MG	5	PA; MO; LA
ORFADIN ORAL SUSPENSION	5	PA; MO; LA
pilocarpine hcl oral	2	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	5	LA
PROLASTIN-C INTRAVENOUS SOLUTION	5	MO; LA
RAVICTI	5	PA; MO
REVCOVI	5	PA; MO; LA
riluzole	2	PA; MO
risedronate oral tablet 30 mg	2	MO; QL (30 per 30 days)
sevelamer carbonate oral powder in packet	5	MO
sevelamer carbonate oral tablet	2	MO
sevelamer hcl	2	MO
sodium benzoate-sod phenylacet	5	
sodium chloride 0.9 % intravenous	2	MO
sodium chloride irrigation	2	MO
sodium phenylbutyrate	5	PA; MO
sodium polystyrene (sorb free)	2	MO

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Drug Name	Drug Tier	Requirements /Limits
sodium polystyrene sulfonate oral powder	2	MO
sps (with sorbitol) oral	2	MO
sps (with sorbitol) rectal	2	
THIOLA	5	MO
THIOLA EC	5	MO
trientine	5	PA; MO
ULTOMIRIS	5	PA; MO
water for irrigation, sterile	2	MO
XIAFLEX	5	PA; MO
XURIDEN	5	PA; MO
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	2	PA; MO
SMOKING DETERRENTS		
bupropion hcl (smoking deter)	2	MO
CHANTIX	4	MO
CHANTIX CONTINUING MONTH BOX	4	MO
CHANTIX STARTING MONTH BOX	4	MO
NICOTROL	4	MO
NICOTROL NS	4	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal	2	MO; QL (60 per 30 days)
chlorhexidine gluconate mucous membrane	1	MO
denta 5000 plus	2	MO
dentagel	2	MO
fluoride (sodium) dental cream	2	
fluoride (sodium) dental gel	2	
fluoride (sodium) dental paste	2	MO
ipratropium bromide nasal	2	MO; QL (30 per 30 days)
olopatadine nasal	2	MO; QL (30.5 per 30 days)
oralone	2	MO
paroex oral rinse	1	MO
periogard	1	MO
sf	2	MO
sf 5000 plus	2	MO
sodium fluoride 5000 plus	2	
sodium fluoride-pot nitrate	2	MO
triamcinolone acetonide dental	2	MO
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear)	2	MO
ciprofloxacin hcl otic (ear)	4	MO

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Drug Name	Drug Tier	Requirements /Limits
flac otic oil	2	
fluocinolone acetonide oil	2	MO
hydrocortisone-acetic acid	2	MO
ofloxacin otic (ear)	2	MO
OTIC STEROID / ANTIBIOTIC		
CIPRODEX	3	MO
neomycin-polymyxin-hc otic (ear)	2	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
cortisone	2	MO
decadron oral tablet	1	
dexamethasone intensol	2	MO
dexamethasone oral elixir	2	MO
dexamethasone oral solution	2	MO
dexamethasone oral tablet	1	MO
dexamethasone oral tablets,dose pack	4	MO
dexamethasone sodium phos (pf) injection solution	2	MO
dexamethasone sodium phosphate injection	2	MO
fludrocortisone	1	MO
hydrocortisone oral	2	MO
methylprednisolone acetate	2	MO
methylprednisolone oral tablet	2	B/D PA; MO
methylprednisolone oral tablets,dose pack	2	MO
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	2	MO
methylprednisolone sodium succ intravenous recon soln 1,000 mg	2	MO
methylprednisolone sodium succ intravenous recon soln 500 mg	2	
millipred oral tablet	4	B/D PA; MO
prednisolone oral solution 15 mg/5 ml	2	MO
prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	2	MO
prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)	2	
prednisone intensol	2	B/D PA; MO
prednisone oral solution	2	MO

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Drug Name	Drug Tier	Requirements /Limits
prednisone oral tablet	1	B/D PA; MO
prednisone oral tablets,dose pack	1	MO
triamcinolone acetonide injection suspension 40 mg/ml	2	MO
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	1	MO
propylthiouracil	2	MO
DIABETES THERAPY		
acarbose oral tablet 100 mg	2	MO; QL (90 per 30 days)
acarbose oral tablet 25 mg	2	MO; QL (360 per 30 days)
acarbose oral tablet 50 mg	2	MO; QL (180 per 30 days)
ALCOHOL PADS	3	MO
BD AUTOSHIELD DUO PEN NEEDLE	3	MO
BD INSULIN SYRINGE HALF UNIT 0.3 ML 31 GAUGE X 5/16"	3	MO
BD INSULIN SYRINGE U-500	3	MO
BD INSULIN ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2"	3	MO
BD NANO 2ND GEN PEN NEEDLE	3	MO
BD ULTRA-FINE MICRO PEN NEEDLE	3	MO
BD ULTRA-FINE MINI PEN NEEDLE	3	MO
BD ULTRA-FINE NANO PEN NEEDLE	3	MO
BD ULTRA-FINE SHORT PEN NEEDLE	3	MO
BD VEO INSULIN SYR HALF UNIT	3	MO
BD VEO INSULIN SYRINGE UF	3	MO
BYDUREON BCISE	3	PA; MO; QL (4 per 28 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	3	PA; MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	PA; MO; QL (1.2 per 30 days)
CYCLOSET	4	MO; QL (180 per 30 days)
diazoxide	2	MO

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Drug Name	Drug Tier	Requirements /Limits
DROPLET INSULIN SYR HALF UNIT	3	
DROPLET INSULIN SYRINGE	3	
DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	3	MO
FARXIGA ORAL TABLET 10 MG	3	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	3	MO; QL (60 per 30 days)
FREESTYLE FREEDOM	3	
FREESTYLE FREEDOM LITE	3	MO
FREESTYLE INSULINX	3	MO
FREESTYLE INSULINX TEST STRIPS	3	MO
FREESTYLE LITE METER	3	MO
FREESTYLE LITE STRIPS	3	MO
FREESTYLE PRECISION NEO STRIPS	3	MO
FREESTYLE TEST	3	MO
GAUZE PADS 2 X 2	3	MO
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)
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)
GVOKE HYPOPEN 1-PACK	3	MO
GVOKE HYPOPEN 2-PACK	3	MO
GVOKE PFS 1-PACK SYRINGE	3	MO
GVOKE PFS 2-PACK SYRINGE	3	MO

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Drug Name	Drug Tier	Requirements /Limits
HUMALOG JUNIOR KWIKPEN U-100	3	MO
HUMALOG KWIKPEN INSULIN	3	MO
HUMALOG MIX 50-50 INSULN U-100	3	MO
HUMALOG MIX 50-50 KWIKPEN	3	MO
HUMALOG MIX 75-25 KWIKPEN	3	MO
HUMALOG MIX 75-25(U-100)INSULN	3	MO
HUMALOG U-100 INSULIN	3	MO
HUMULIN 70/30 U-100 INSULIN	3	MO
HUMULIN 70/30 U-100 KWIKPEN	3	MO
HUMULIN N NPH INSULIN KWIKPEN	3	MO
HUMULIN N NPH U-100 INSULIN	3	MO
HUMULIN R REGULAR U-100 INSULN	3	MO
HUMULIN R U-500 (CONC) INSULIN	3	MO
HUMULIN R U-500 (CONC) KWIKPEN	3	MO
INSULIN PEN NEEDLE	3	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	3	MO
INVOKAMET	3	MO; QL (60 per 30 days)
INVOKAMET XR	3	MO; QL (60 per 30 days)
INVOKANA	3	MO; QL (30 per 30 days)
JANUMET	3	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	MO; QL (60 per 30 days)
JANUVIA	3	MO; QL (30 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	3	MO; QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	3	MO; QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	3	MO

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This drug list was last updated on 08/22/2020.

Drug Name	Drug Tier	Requirements /Limits
LANTUS U-100 INSULIN	3	MO
LYUMJEV KWIKPEN U-100 INSULIN	3	MO
LYUMJEV KWIKPEN U-200 INSULIN	3	MO
LYUMJEV U-100 INSULIN	3	MO
metformin oral solution	2	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)
miglitol oral tablet 100 mg	2	MO; QL (90 per 30 days)
miglitol oral tablet 25 mg	2	MO; QL (360 per 30 days)
miglitol oral tablet 50 mg	2	MO; QL (180 per 30 days)
nateglinide oral tablet 120 mg	2	MO; QL (90 per 30 days)
nateglinide oral tablet 60 mg	2	MO; QL (180 per 30 days)
NEEDLES, INSULIN DISP.,SAFETY	3	MO
NOVOFINE 32	3	MO
NOVOFINE PLUS	3	MO
NOVOTWIST NEEDLE 32 GAUGE X 1/5"	3	MO
OMNIPOD DASH 5 PACK POD	3	MO
OMNIPOD INSULIN MANAGEMENT	3	MO
OMNIPOD INSULIN REFILL	3	MO
ONETOUCH ULTRA BLUE TEST STRIP	3	MO
ONETOUCH ULTRA2 METER	3	MO
ONETOUCH ULTRAMINI	3	MO
ONETOUCH VERIO IQ METER	3	MO
ONETOUCH VERIO METER	3	MO
ONETOUCH VERIO TEST STRIPS	3	MO
ONGLYZA	3	MO; QL (30 per 30 days)
pioglitazone	1	MO; QL (30 per 30 days)
pioglitazone-glimepiride	2	MO; QL (30 per 30 days)
pioglitazone-metformin	2	MO; QL (90 per 30 days)
PRECISION PCX PLUS TEST	3	

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This drug list was last updated on 08/22/2020.

Drug Name	Drug Tier	Requirements /Limits
PRECISION PCX TEST	3	MO
PRECISION POINT OF CARE TEST	3	MO
PRECISION Q-I-D TEST	3	MO
PRECISION XTRA MONITOR	3	MO
repaglinide oral tablet 0.5 mg	2	MO; QL (960 per 30 days)
repaglinide oral tablet 1 mg	2	MO; QL (480 per 30 days)
repaglinide oral tablet 2 mg	2	MO; QL (240 per 30 days)
TECHLITE INSULIN SYR HALF UNIT	3	
TECHLITE INSULIN SYRINGE	3	
TECHLITE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	3	MO
TECHLITE PEN NEEDLE 29 GAUGE X 3/8"	3	
TOUJEO MAX U-300 SOLOSTAR	3	MO
TOUJEO SOLOSTAR U-300 INSULIN	3	MO
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	3	
TRUEPLUS INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	3	MO
TRUEPLUS PEN NEEDLE	3	MO
TRULICITY	3	PA; MO; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	MO; QL (60 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME	5	PA; MO
cabergoline	2	MO

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Drug Name	Drug Tier	Requirements /Limits
calcitonin (salmon)	2	MO
calcitriol intravenous solution 1 mcg/ml	2	MO
calcitriol oral	2	MO
CERDELGA	5	PA; MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PA; MO
cinacalcet oral tablet 30 mg	4	MO
cinacalcet oral tablet 60 mg, 90 mg	5	MO
clomiphene citrate	2	PA; MO
CRYSVITA	5	PA; MO; LA
danazol	4	MO
DDAVP NASAL SOLUTION	3	MO
desmopressin injection	2	MO
desmopressin nasal spray with pump	2	MO
desmopressin nasal spray,non-aerosol	2	MO
desmopressin oral	2	MO
doxercalciferol intravenous	2	
doxercalciferol oral	2	MO
ELAPRASE	5	PA; MO
FABRAZYME	5	PA; MO
KANUMA	5	PA; MO
KORLYM	5	PA; MO
KUVAN	5	PA; MO
LUMIZYME	5	PA; MO
MEPSEVII	5	PA; MO
methyltestosterone oral capsule	5	MO
MIACALCIN INJECTION	5	MO
miglustat	5	PA; MO; LA
MYALEPT	5	PA; MO; LA
NAGLAZYME	5	PA; MO; LA
NATPARA	5	PA; MO; LA
oxandrolone oral tablet 10 mg	5	PA; MO
oxandrolone oral tablet 2.5 mg	2	PA; MO
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	5	PA; MO; LA; QL (15 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	5	PA; MO; LA; QL (4 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; MO; LA; QL (60 per 30 days)
pamidronate	2	MO
paricalcitol intravenous solution 2 mcg/ml	2	
paricalcitol intravenous solution 5 mcg/ml	2	MO
paricalcitol oral	4	MO
SAMSCA	5	PA; MO

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This drug list was last updated on 08/22/2020.

Drug Name	Drug Tier	Requirements /Limits
SOMAVERT	5	PA; MO
STIMATE	5	MO
STRENSIQ	5	PA; MO; LA
SYNAREL	5	MO
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	2	PA; MO
testosterone enanthate	2	PA; MO
testosterone transdermal gel	2	PA; MO; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	2	PA; MO; QL (120 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	2	PA; MO; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	2	PA; MO; QL (300 per 30 days)
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)	2	PA; MO; QL (37.5 per 30 days)
testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)	2	PA; MO; QL (150 per 30 days)
testosterone transdermal solution in metered pump w/app	2	PA; MO; QL (180 per 30 days)
tolvaptan	5	PA; MO; LA
VIMIZIM	5	PA; MO; LA
zoledronic acid intravenous solution	2	B/D PA; MO
zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml	2	B/D PA; MO
THYROID HORMONES		
euthyrox	1	MO
levo-t	1	
levothyroxine intravenous recon soln	2	MO
levothyroxine oral	1	MO
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	2	MO
unithroid	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		

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This drug list was last updated on 08/22/2020.

Drug Name	Drug Tier	Requirements /Limits
atropine injection solution 0.4 mg/ml	2	MO
atropine injection syringe 0.05 mg/ml	2	
atropine injection syringe 0.1 mg/ml	2	MO
dicyclomine intramuscular	2	MO
dicyclomine oral capsule	2	MO
dicyclomine oral solution	2	MO
dicyclomine oral tablet	2	MO
diphenoxylate-atropine	2	MO
glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)	2	
glycopyrrolate injection	2	MO
glycopyrrolate oral tablet 1 mg, 2 mg	2	MO
glycopyrrolate oral tablet 1.5 mg	2	
loperamide oral capsule	2	MO
opium tincture	2	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
alosetron	5	MO
aprepitant	4	B/D PA; MO
balsalazide	2	MO
budesonide oral capsule,delayed,extend.release	4	MO
budesonide oral tablet,delayed and ext.release	5	MO
CHENODAL	5	PA; MO; LA
CHOLBAM ORAL CAPSULE 250 MG	5	PA; MO
CHOLBAM ORAL CAPSULE 50 MG	5	PA; MO; QL (120 per 30 days)
CINVANTI	3	MO
compro	2	MO
constulose	2	MO
CORTIFOAM	3	MO
CREON	3	MO
cromolyn oral	4	MO
CYSTADANE	5	MO
dimenhydrinate injection solution	2	MO
DIPENTUM	5	MO
doxylamine-pyridoxine (vit b6)	4	MO
dronabinol oral capsule 10 mg	2	B/D PA; MO
dronabinol oral capsule 2.5 mg, 5 mg	4	B/D PA; MO
droperidol injection solution	2	MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	4	B/D PA; MO

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This drug list was last updated on 08/22/2020.

Drug Name	Drug Tier	Requirements /Limits
ENTYVIO	5	PA; MO; QL (2 per 28 days)
enulose	2	MO
fosaprepitant	2	MO
GATTEX 30-VIAL	5	PA; MO
GATTEX ONE-VIAL	5	PA; MO
gavilyte-c	2	MO
gavilyte-g	2	MO
gavilyte-n	2	MO
generlac	2	MO
granisetron (pf) intravenous solution 1 mg/ml (1 ml)	2	MO
granisetron hcl intravenous	2	MO
granisetron hcl oral	2	B/D PA; MO
hydrocortisone rectal	2	MO
hydrocortisone topical cream with perineal applicator	2	MO
hydrocortisone-pramoxine rectal cream 1-1 %	4	MO
lactulose oral solution	2	MO
meclizine oral tablet 12.5 mg, 25 mg	2	MO
mesalamine oral capsule (with del rel tablets)	2	MO
mesalamine oral capsule,extended release 24hr	2	MO
mesalamine oral tablet,delayed release (dr/ec)	4	MO
mesalamine rectal enema	2	MO
mesalamine rectal suppository	4	MO
mesalamine with cleansing wipe	2	MO
metoclopramide hcl injection solution	2	MO
metoclopramide hcl injection syringe	2	
metoclopramide hcl oral solution	2	MO
metoclopramide hcl oral tablet	1	MO
metoclopramide hcl oral tablet,disintegrating	4	MO
MOVANTIK	3	MO; QL (30 per 30 days)
OCALIVA	5	PA; MO; LA; QL (30 per 30 days)
ondansetron	2	B/D PA; MO
ondansetron hcl (pf)	2	MO
ondansetron hcl intravenous	2	MO
ondansetron hcl oral solution	2	B/D PA; MO
ondansetron hcl oral tablet 4 mg, 8 mg	2	B/D PA; MO
palonosetron intravenous solution 0.25 mg/5 ml	2	MO

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Drug Name	Drug Tier	Requirements /Limits
palonosetron intravenous syringe	2	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	2	MO
peg-electrolyte	2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	5	MO
polyethylene glycol 3350 oral powder	2	MO
prochlorperazine	2	MO
prochlorperazine edisylate	2	MO
prochlorperazine maleate oral	1	MO
procto-med hc	2	MO
procto-pak	2	MO
proctosol hc topical	2	MO
proctozone-hc	2	MO
RECTIV	3	MO
RELISTOR SUBCUTANEOUS SOLUTION	5	MO
RELISTOR SUBCUTANEOUS SYRINGE	5	MO
REMICADE	5	PA; MO; QL (20 per 28 days)
scopolamine base	2	MO
SUCRAID	5	PA; MO
sulfasalazine	2	MO
trilyte with flavor packets	2	MO
TRULANCE	3	MO
ursodiol	2	MO
VARUBI ORAL	3	B/D PA; MO
VIBERZI	5	MO; QL (60 per 30 days)
VIOKACE	3	MO
ULCER THERAPY		
cimetidine	2	MO
cimetidine hcl oral	2	MO
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	2	MO; QL (30 per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	2	MO
esomeprazole sodium intravenous recon soln 40 mg	2	
famotidine (pf)	2	MO
famotidine (pf)-nacl (iso-os)	2	MO
famotidine intravenous solution	2	MO
famotidine oral suspension	2	MO

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Drug Name	Drug Tier	Requirements /Limits
famotidine oral tablet 20 mg, 40 mg	1	MO
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	2	MO; QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	2	MO
misoprostol	2	MO
nizatidine oral capsule	2	MO
nizatidine oral solution	4	MO
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg	1	MO; QL (30 per 30 days)
omeprazole oral capsule,delayed release(dr/ec) 40 mg	1	MO
pantoprazole intravenous	2	MO
pantoprazole oral 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
sucralfate	2	MO
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	5	B/D PA; MO
ARCALYST	5	PA; MO
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; MO; QL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; MO; QL (4 per 28 days)
ILARIS (PF) SUBCUTANEOUS SOLUTION	5	PA; MO; LA; QL (2 per 28 days)
INTRON A INJECTION	5	B/D PA; MO
LEUKINE INJECTION RECON SOLN	5	PA; MO
MOZOBIL	5	B/D PA; MO
NIVESTYM	5	PA; MO
OMNITROPE	5	PA; MO
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	5	QL (2 per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION	5	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	5	MO; QL (2 per 28 days)
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	5	MO; QL (4 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)

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This drug list was last updated on 08/22/2020.

Drug Name	Drug Tier	Requirements /Limits
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO
PROLEUKIN	5	B/D PA; MO
REBIF (WITH ALBUMIN)	5	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; MO; QL (4.2 per 180 days)
REBIF TITRATION PACK	5	PA; MO; QL (4.2 per 180 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; MO
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	5	PA; MO
ZIEXTENZO	5	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	3	MO
ADACEL(TDAP ADOLESN/ADULT)(PF)	3	MO
BCG VACCINE, LIVE (PF)	3	MO
BEXSERO	3	MO
BOOSTRIX TDAP	3	MO
BOTOX	3	PA; MO
DAPTACEL (DTAP PEDIATRIC) (PF)	3	MO
ENGERIX-B (PF)	3	B/D PA; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	3	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
fomepizole	2	
GAMASTAN	3	MO
GAMASTAN S/D	3	
GARDASIL 9 (PF)	3	MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
HIBERIX (PF)	3	MO
HIZENTRA	5	B/D PA; MO
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML	3	
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML (5 ML)	3	MO
HYPERHEP B S/D INTRAMUSCULAR SYRINGE	3	
HYPERHEP B S-D NEONATAL	3	
HYQVIA	5	B/D PA; MO
IMOVAX RABIES VACCINE (PF)	3	MO
INFANRIX (DTAP) (PF)	3	MO
IPOL	3	MO
IXIARO (PF)	3	MO
KINRIX (PF) INTRAMUSCULAR SUSPENSION	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	MO
MENVEO A-C-Y-W-135-DIP (PF)	3	MO
M-M-R II (PF)	3	MO
ODACTRA	3	PA; MO
PEDIARIX (PF)	3	MO
PEDVAX HIB (PF)	3	MO
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	3	MO
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	3	
PRIVIGEN	5	PA; MO
PROQUAD (PF)	3	MO
QUADRACEL (PF)	3	MO
RABAVERT (PF)	3	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	3	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	3	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	3	B/D PA
ROTARIX	3	
ROTATEQ VACCINE	3	MO
SHINGRIX (PF)	3	MO
STAMARIL (PF)	3	
TDVAX	3	MO
TENIVAC (PF)	3	MO
TETANUS,DIPHTHERIA TOX PED(PF)	3	MO
TICE BCG	3	B/D PA; MO
TRUMENBA	3	MO
TWINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SYRINGE	3	MO
VAQTA (PF)	3	MO
VARIVAX (PF)	3	MO
VARIZIG INTRAMUSCULAR SOLUTION	3	MO
YF-VAX (PF)	3	MO
ZOSTAVAX (PF)	3	MO
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
allopurinol	1	MO
allopurinol sodium	2	
aloprim	2	
colchicine oral tablet	2	MO
febuxostat	2	MO
KRYSTEXXA	5	MO
MITIGARE	3	MO
probenecid	2	MO
probenecid-colchicine	2	MO
OSTEOPOROSIS THERAPY		
alendronate oral solution	2	MO; QL (1286 per 30 days)
alendronate oral tablet 10 mg, 5 mg	1	MO; QL (30 per 30 days)
alendronate oral tablet 35 mg, 70 mg	1	MO; QL (4 per 28 days)
ibandronate intravenous	2	PA; MO
ibandronate oral	2	MO; QL (1 per 30 days)
PROLIA	3	PA; MO; QL (1 per 180 days)
raloxifene	2	MO
risedronate oral tablet 150 mg	2	MO; QL (1 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	2	MO; QL (4 per 28 days)
risedronate oral tablet 5 mg	2	MO; QL (30 per 30 days)
risedronate oral tablet,delayed release (dr/ec)	2	MO; QL (4 per 28 days)
TERIPARATIDE	5	PA; MO; QL (2.48 per 28 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN	5	PA; MO; QL (3.6 per 28 days)
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML)	5	PA; MO; QL (16 per 28 days)
ACTEMRA INTRAVENOUS SOLUTION 400 MG/20 ML (20 MG/ML)	5	PA; MO; QL (8 per 28 days)
ACTEMRA INTRAVENOUS SOLUTION 80 MG/4 ML (20 MG/ML)	5	PA; MO; QL (40 per 28 days)
ACTEMRA SUBCUTANEOUS	5	PA; MO; QL (3.6 per 28 days)
BENLYSTA	5	PA; MO
ENBREL MINI	5	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	5	PA; MO; QL (16 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	5	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK	5	PA; MO; QL (8 per 28 days)
HUMIRA PEN	5	PA; MO; QL (4 per 28 days)
HUMIRA PEN CROHNS-UC-HS START	5	PA; MO; QL (6 per 180 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS	5	PA; MO; QL (4 per 180 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA; MO; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; MO; QL (2 per 180 days)

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Drug Name	Drug Tier	Requirements /Limits
HUMIRA(CF) PEN CROHNS-UC-HS	5	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA; MO; QL (3 per 180 days)
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PA; MO; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)
leflunomide	2	MO; QL (30 per 30 days)
ORENCIA (WITH MALTOSE)	5	PA; MO; QL (12 per 28 days)
ORENCIA CLICKJECT	5	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; MO; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; MO; QL (2.8 per 28 days)
OTEZLA	5	PA; MO; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; MO; QL (55 per 28 days)
penicillamine	5	PA; MO
RIDAURA	5	MO
RINVOQ	5	PA; MO; QL (30 per 30 days)
XELJANZ	5	PA; MO; QL (60 per 30 days)
XELJANZ XR	5	PA; MO; QL (30 per 30 days)
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
camila	2	MO
deblitane	2	MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	4	MO
dotti	2	PA; MO; QL (8 per 28 days)
errin	2	MO
estradiol oral	4	PA; MO
estradiol transdermal patch semiweekly	2	PA; MO; QL (8 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
estradiol transdermal patch weekly	2	PA; MO; QL (4 per 28 days)
estradiol vaginal	2	MO
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	2	MO
estradiol-norethindrone acet	2	PA; MO
fyavolv	4	PA; MO
heather	2	MO
hydroxyprogesterone caproate	5	MO
incassia	2	MO
jencycla	2	MO
jinteli	4	PA; MO
lyza	2	MO
medroxyprogesterone	2	MO
MENEST	3	PA; MO
nora-be	2	MO
norethindrone (contraceptive)	2	MO
norethindrone acetate	2	MO
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	4	PA; MO
norlyda	2	MO
PREMARIN VAGINAL	3	MO
progesterone	2	MO
progesterone micronized	2	MO
sharobel	2	MO
tulana	2	MO
yuvafem	2	MO
MISCELLANEOUS OB/GYN		
clindamycin phosphate vaginal	2	MO
eluryng	2	MO
etonogestrel-ethinyl estradiol	2	MO
metronidazole vaginal	2	MO
mifepristone	2	LA
MIRENA	3	MO; LA
terconazole	2	MO
tranexamic acid oral	2	MO
vandazole	2	MO
xulane	2	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
altavera (28)	2	MO
alyacen 1/35 (28)	2	MO
alyacen 7/7/7 (28)	2	MO
amethyst (28)	2	MO
apri	2	MO
aranelle (28)	2	MO
aubra	2	MO
aubra eq	2	MO
aviane	2	MO
azurette (28)	2	MO

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Drug Name	Drug Tier	Requirements /Limits
bekyree (28)	2	MO
camrese	2	MO
caziant (28)	2	MO
cryselle (28)	2	MO
cyclafem 1/35 (28)	2	MO
cyclafem 7/7/7 (28)	2	MO
cyred	2	MO
cyred eq	2	MO
dasetta 1/35 (28)	2	MO
dasetta 7/7/7 (28)	2	MO
daysee	2	MO
desog-e.estradiol/e.estradiol	2	MO
drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)	4	MO
drospirenone-ethinyl estradiol	2	MO
elinest	2	MO
emoquette	2	MO
enpresse	2	MO
enskyce	2	MO
estarylla	2	MO
ethynodiol diac-eth estradiol	2	
falmina (28)	2	MO
fayosim	2	MO
femynor	2	MO
gianvi (28)	2	MO
introvale	2	MO

Drug Name	Drug Tier	Requirements /Limits
isibloom	2	MO
jasmiel (28)	2	MO
jolessa	2	MO
juleber	2	MO
kalliga	2	
kariva (28)	2	MO
kelnor 1/35 (28)	2	MO
kelnor 1-50	2	MO
kurvelo (28)	2	MO
l norgest/e.estradiol-e.estrad	2	MO
larin 1.5/30 (21)	2	MO
larin 1/20 (21)	2	MO
larin 24 fe	2	MO
larin fe 1.5/30 (28)	2	MO
larin fe 1/20 (28)	2	MO
larissia	2	MO
lessina	2	MO
levonest (28)	2	MO
levonorgestrel-ethinyl estrad	2	MO
levonorg-eth estrad triphasic	2	MO
levora-28	2	MO
lillow (28)	2	MO
loryna (28)	2	MO
low-ogestrel (28)	2	MO
lo-zumandimine (28)	2	MO
lutera (28)	2	MO
marlissa (28)	2	MO

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microgestin 1.5/30 (21)	2	MO
microgestin 1/20 (21)	2	MO
microgestin fe 1.5/30 (28)	2	MO
microgestin fe 1/20 (28)	2	MO
mili	2	MO
mono-linyah	2	MO
nikki (28)	2	MO
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg	2	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	2	MO
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	2	MO
norgestimate-ethinyl estradiol	2	MO
nortrel 0.5/35 (28)	2	MO
nortrel 1/35 (21)	2	MO
nortrel 1/35 (28)	2	MO
nortrel 7/7/7 (28)	2	MO
orsythia	2	MO
philith	2	MO
pimtrea (28)	2	MO
pirmella	2	MO
portia 28	2	MO
previfem	2	MO
reclipsen (28)	2	MO
setlakin	2	MO
sprintec (28)	2	MO
sronyx	2	MO
syeda	2	MO
tarina 24 fe	2	MO
tarina fe 1/20 (28)	2	MO
tarina fe 1-20 eq (28)	2	MO
tilia fe	2	MO
tri femynor	2	MO
tri-estarylla	2	MO
tri-legest fe	2	MO
tri-linyah	2	MO
tri-lo-estarylla	2	MO
tri-lo-marzia	2	MO
tri-lo-sprintec	2	MO
tri-previfem (28)	2	MO
tri-sprintec (28)	2	MO
trivora (28)	2	MO
velivet triphasic regimen (28)	2	MO
vienva	2	MO
viorele (28)	2	MO
wera (28)	2	MO
zarah	2	MO
zovia 1/35e (28)	2	MO
zumandimine (28)	2	MO
OXYTOCICS		
methergine	4	PA
methylergonovine oral	4	PA; MO

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OPHTHALMOLOGY		
ANTIBIOTICS		
ak-poly-bac	2	MO
bacitracin ophthalmic (eye)	2	MO
bacitracin-polymyxin b ophthalmic (eye)	2	MO
ciprofloxacin hcl ophthalmic (eye)	2	MO
erythromycin ophthalmic (eye)	2	MO
gatifloxacin	2	MO
gentak ophthalmic (eye) ointment	2	MO
gentamicin ophthalmic (eye) drops	2	MO; QL (15 per 30 days)
levofloxacin ophthalmic (eye)	2	MO
moxifloxacin ophthalmic (eye)	2	MO
NATACYN	3	MO
neomycin-bacitracin-polymyxin	2	MO
neomycin-polymyxin-gramicidin	2	MO
neo-polycin	2	MO
ofloxacin ophthalmic (eye)	2	MO
polycin	2	MO
polymyxin b sulf-trimethoprim	2	MO
tobramycin	2	MO
ANTIVIRALS		
trifluridine	2	MO
ZIRGAN	4	MO
BETA-BLOCKERS		
betaxolol ophthalmic (eye)	2	MO
carteolol	2	MO
levobunolol ophthalmic (eye) drops 0.5 %	2	MO
timolol maleate ophthalmic (eye) drops	1	MO
timolol maleate ophthalmic (eye) drops, once daily	2	MO
timolol maleate ophthalmic (eye) gel forming solution	2	MO
MISCELLANEOUS OPHTHALMOLOGICS		
atropine ophthalmic (eye) drops	2	MO
azelastine ophthalmic (eye)	2	MO
balanced salt	2	
BLEPHAMIDE	4	MO
BLEPHAMIDE S.O.P.	4	MO
bss	2	MO
cromolyn ophthalmic (eye)	2	MO
CYSTARAN	5	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
epinastine	2	MO
EYLEA	5	PA; MO
LUCENTIS	5	PA; MO
olopatadine ophthalmic (eye)	2	MO
OXERVATE	5	PA; MO
PHOSPHOLINE IODIDE	4	MO
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	2	MO
sulfacetamide sodium ophthalmic (eye)	2	MO
sulfacetamide-prednisolone	2	MO
XIIDRA	3	MO; QL (60 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
bromfenac	2	MO
diclofenac sodium ophthalmic (eye)	2	MO
flurbiprofen sodium	2	MO
ketorolac ophthalmic (eye)	2	MO
ORAL DRUGS FOR GLAUCOMA		
acetazolamide	2	MO
acetazolamide sodium	2	MO
methazolamide	2	MO
OTHER GLAUCOMA DRUGS		
bimatoprost ophthalmic (eye)	2	MO
dorzolamide	2	MO
dorzolamide-timolol	2	MO
dorzolamide-timolol (pf) ophthalmic (eye) dropperette	2	MO
latanoprost	2	MO
miostat	2	
travoprost	2	MO
STEROID-ANTIBIOTIC COMBINATIONS		
neomycin-bacitracin-poly-hc	2	MO
neomycin-polymyxin b-dexameth	2	MO
neomycin-polymyxin-hc ophthalmic (eye)	2	MO
neo-polycin hc	2	MO
tobramycin-dexamethasone	2	MO
STEROIDS		
dexamethasone sodium phosphate ophthalmic (eye)	2	MO
fluorometholone	2	MO
loteprednol etabonate	2	MO
OZURDEX	5	MO
prednisolone acetate	2	MO
prednisolone sodium phosphate ophthalmic (eye)	2	MO
SYMPATHOMIMETICS		

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Drug Name	Drug Tier	Requirements /Limits
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	MO
apraclonidine	2	MO
brimonidine	2	MO
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
adrenalin injection	2	MO
cetirizine oral solution 1 mg/ml	2	MO
diphenhydramine hcl injection solution 50 mg/ml	2	MO
diphenhydramine hcl injection syringe	2	MO
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)	2	MO; QL (2 per 30 days)
hydroxyzine hcl oral tablet	2	PA; MO
levocetirizine oral solution	2	MO
levocetirizine oral tablet	2	MO; QL (30 per 30 days)
promethazine injection solution	4	MO
promethazine oral	4	PA; MO
SYMJEPI	4	MO; QL (2 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
PULMONARY AGENTS		
acetylcysteine	2	B/D PA; MO
ADEMPAS	5	PA; MO; LA
ADVAIR DISKUS	3	MO; QL (60 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	2	MO; QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)	2	MO; QL (13.4 per 30 days)
albuterol sulfate inhalation solution for nebulization	2	B/D PA; MO
albuterol sulfate oral syrup	2	MO
albuterol sulfate oral tablet	4	MO
albuterol sulfate oral tablet extended release 12 hr	4	MO
alyq	5	PA; MO; QL (60 per 30 days)
ambrisentan	5	PA; MO; LA
ASMANEX HFA	3	MO; QL (13 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	MO; QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	3	MO; QL (2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	3	QL (2 per 28 days)
ATROVENT HFA	3	MO; QL (25.8 per 30 days)
bosentan	5	PA; MO; LA
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	4	B/D PA; MO; QL (120 per 30 days)
budesonide inhalation suspension for nebulization 1 mg/2 ml	4	B/D PA; MO; QL (60 per 30 days)
CINRYZE	5	PA; MO
COMBIVENT RESPIMAT	3	MO; QL (8 per 30 days)
cromolyn inhalation	2	B/D PA; MO
DALIRESP ORAL TABLET 250 MCG	4	PA; MO; QL (30 per 30 days)
DALIRESP ORAL TABLET 500 MCG	4	PA; MO
DULERA	3	MO; QL (13 per 30 days)
ESBRIET ORAL CAPSULE	5	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	5	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	5	PA; MO; QL (90 per 30 days)
FASENRA	5	PA; MO; QL (1 per 28 days)
FASENRA PEN	5	PA; MO; QL (1 per 28 days)
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	2	MO; QL (50 per 30 days)
fluticasone propionate nasal	2	MO; QL (16 per 30 days)
HAEGARDA	5	PA; MO; LA
icatibant	5	PA; MO
INCRUSE ELLIPTA	3	MO; QL (30 per 30 days)
ipratropium bromide inhalation	2	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
ipratropium-albuterol	2	B/D PA; MO
KALYDECO ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)
KALYDECO ORAL TABLET	5	PA; MO; QL (60 per 30 days)
levalbuterol hcl	2	B/D PA; MO
metaproterenol oral syrup	2	MO
mometasone nasal	2	MO; QL (34 per 30 days)
montelukast	2	MO
OFEV	5	PA; MO; QL (60 per 30 days)
OPSUMIT	5	PA; MO; LA
ORKAMBI ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	5	PA; MO; QL (112 per 28 days)
PERFOROMIST	3	B/D PA; MO
PULMOZYME	5	B/D PA; MO
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	3	MO; QL (21.2 per 30 days)
sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml	5	PA
sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml	5	PA; MO; QL (224 per 30 days)
sildenafil (pulmonary arterial hypertension) oral tablet 20 mg	2	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT	3	MO; QL (4 per 30 days)
SPIRIVA WITH HANDIHALER	3	MO; QL (90 per 90 days)
STIOLTO RESPIMAT	3	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	3	MO; QL (4 per 30 days)
SYMBICORT	3	MO; QL (10.2 per 30 days)
SYMDEKO	5	PA; MO; QL (56 per 28 days)
tadalafil (pulmonary arterial hypertension) oral tablet 20 mg	5	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
terbutaline	2	MO
THEO-24	3	MO
theophylline oral elixir	2	
theophylline oral solution	2	MO
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	2	MO
theophylline oral tablet extended release 24 hr	2	MO
TRIKAFTA	5	PA; MO
TYVASO	5	B/D PA; MO
TYVASO INSTITUTIONAL START KIT	5	B/D PA
TYVASO REFILL KIT	5	B/D PA; MO
TYVASO STARTER KIT	5	B/D PA; MO
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (6 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; LA; QL (4 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; LA; QL (1 per 28 days)
zafirlukast	2	MO
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
flavoxate	2	MO
MYRBETRIQ	3	MO
oxybutynin chloride	2	MO
tolterodine	2	MO
trospium	2	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
alfuzosin	2	MO
dutasteride	2	MO
dutasteride-tamsulosin	2	MO
finasteride oral tablet 5 mg	2	MO
silodosin	2	MO
tamsulosin	1	MO
MISCELLANEOUS UROLOGICALS		
alprostadil	2	MO
bethanechol chloride	2	MO
CYSTAGON	4	PA; MO; LA
ELMIRON	3	MO
glycine urologic	2	
glycine urologic solution	2	
K-PHOS NO 2	3	MO
K-PHOS ORIGINAL	3	MO
potassium citrate	2	MO

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Drug Name	Drug Tier	Requirements /Limits
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	3	MO
tadalafil oral tablet 2.5 mg, 5 mg	4	PA; MO; QL (30 per 30 days)
VITAMINS, HEMATINICS / ELECTROLYTES		
BLOOD DERIVATIVES		
albumin, human 25 %	2	
albuminar 25 %	2	MO
alburx (human) 25 %	2	MO
alburx (human) 5 %	2	
albutein 25 %	2	
albutein 5 %	2	
plasbumin 25 %	2	MO
plasbumin 5 %	2	
ELECTROLYTES		
calcium acetate(phosphat bind)	2	MO
calcium chloride	2	
calcium gluconate intravenous	2	MO
effer-k oral tablet, effervescent 25 meq	2	MO
klor-con 10	1	MO
klor-con 8	1	MO
klor-con m10	1	MO
klor-con m15	2	MO
klor-con m20	1	MO
klor-con oral packet 20	2	MO
klor-con/ef	2	MO
k-tab oral tablet extended release 8 meq	1	MO
lactated ringers intravenous	2	MO
magnesium chloride injection	2	MO
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	3	
magnesium sulfate in water intravenous parenteral solution	2	
magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %)	2	
magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)	2	MO
magnesium sulfate injection solution	2	MO
magnesium sulfate injection syringe	2	
NORMOSOL-R	4	MO
NORMOSOL-R IN 5 % DEXTROSE	3	

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Drug Name	Drug Tier	Requirements /Limits
potassium acetate intravenous solution 2 meq/ml	2	
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l	2	
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l	2	MO
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	2	
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l	2	
potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l	2	MO
potassium chloride in water intravenous piggyback 10 meq/100 ml	2	MO
potassium chloride in water intravenous piggyback 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml	2	
potassium chloride intravenous	2	MO
potassium chloride oral capsule, extended release	1	MO
potassium chloride oral liquid	2	MO
potassium chloride oral packet	2	MO
potassium chloride oral tablet extended release	1	MO
potassium chloride oral tablet,er particles/crystals	1	MO
potassium chloride-0.45 % nacl	2	
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l	2	MO
potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l	2	

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Drug Name	Drug Tier	Requirements /Limits
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l	2	MO
potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l	2	
potassium phosphate m-/d-basic intravenous solution 3 mmol/ml	2	
ringer's intravenous	2	
sodium acetate	2	
sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)	2	MO
sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml)	2	MO
sodium bicarbonate intravenous syringe 8.4 % (1 meq/ml)	2	
sodium chloride 0.45 % intravenous parenteral solution	2	MO
sodium chloride 3 %	2	MO
sodium chloride 5 %	2	MO
sodium chloride intravenous	2	MO
sodium phosphate	2	MO
MISCELLANEOUS NUTRITION PRODUCTS		
AMINOSYN II 10 %	4	B/D PA
AMINOSYN II 15 %	4	B/D PA
AMINOSYN-PF 7 % (SULFITE-FREE)	4	B/D PA
CLINIMIX 5%/D15W SULFITE FREE	4	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	4	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	4	B/D PA
electrolyte-48 in d5w	2	
freamine iii 10 %	2	B/D PA
HEPATAMINE 8%	3	B/D PA
intralipid intravenous emulsion 20 %	2	B/D PA
IONOSOL-MB IN D5W	4	
ISOLYTE S PH 7.4	4	
ISOLYTE-P IN 5 % DEXTROSE	4	
ISOLYTE-S	4	
NEPHRAMINE 5.4 %	4	B/D PA
NORMOSOL-R PH 7.4	4	
PLASMA-LYTE 148	3	
PLASMA-LYTE A	3	

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Drug Name	Drug Tier	Requirements /Limits
plasmanate	2	
plenamine	2	B/D PA
premasol 10 %	2	B/D PA; MO
travasol 10 %	4	B/D PA; MO
TROPHAMINE 10 %	4	B/D PA; MO
VITAMINS / HEMATINICS		
fluoride (sodium) oral tablet	2	MO
fluoride (sodium) oral tablet,chewable 1 mg (2.2 mg sod. fluoride)	2	MO
prenatal vitamin oral tablet	2	MO

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