



| Saver Plan |

Express Scripts Medicare (PDP) 2021 Formulary (List of Covered Drugs)

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

Formulary ID Number: 21096, Version 13

This formulary was updated on 12/1/2021. For more recent information or other questions, please contact **Express Scripts Medicare®** (PDP) Customer Service at **1.800.758.4574**; New York State residents: **1.800.758.4570** or, for TTY users, **1.800.716.3231**, 24 hours a day, 7 days a week, or visit **express-scripts.com**.

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 Medco Containment Life Insurance Company and Medco Containment Insurance Company of New York (for members located in New York State only). When it refers to “plan” or “our plan,” it means Express Scripts Medicare.

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

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

What is the Express Scripts Medicare Formulary?

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

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This drug list was updated in December 2021

Can the formulary (drug list) change?

Most changes in drug coverage happen on January 1, but Express Scripts Medicare 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 Medicare rules in making these changes.

Changes that can affect you this year: In the cases below, 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 Express Scripts Medicare Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary; or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Express Scripts Medicare Formulary?”

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

The enclosed formulary is current as of December 1, 2021. To get updated information about the drugs covered by Express Scripts Medicare, please contact us. Our contact information appears on the front and back cover pages. If there are additional changes made to the formulary that affect you and are not mentioned above, you will be notified in writing of these changes within a reasonable period of time from when the changes are made.

How do I use the formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 79. 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?

Express Scripts Medicare 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:** Express Scripts Medicare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Express Scripts Medicare before you fill your prescriptions. If you don't get approval, Express Scripts Medicare may not cover the drug.
- **Quantity Limits:** For certain drugs, Express Scripts Medicare limits the amount of the drug that Express Scripts Medicare will cover. For example, Express Scripts Medicare provides two inhalers (17 grams) for a 1-month supply per prescription for *albuterol HFA*. This may be in addition to a standard 1-month or 3-month supply.
- **Step Therapy:** In some cases, Express Scripts Medicare 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, Express Scripts Medicare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Express Scripts Medicare will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Express Scripts Medicare 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 Express Scripts Medicare Formulary?” below for information about how to request an exception.

What if my drug is not on the formulary?

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

If you learn that Express Scripts Medicare does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Express Scripts Medicare. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Express Scripts Medicare.
- You can ask Express Scripts Medicare 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 Express Scripts Medicare Formulary?

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

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you request a formulary, tiering or utilization restriction exception, you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber’s supporting statement. You can request an expedited (fast) exception if you or your doctor believes that your health could be seriously

harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

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

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

Other times when we will cover a temporary 30-day transition supply (or less, if you have a prescription written for fewer days) include:

- When you leave a long-term care facility
- When you are discharged from a hospital
- When you leave a skilled nursing facility
- When you cancel hospice care
- When you are discharged from a psychiatric hospital with a medication regimen that is highly individualized

If you are entering a long-term care facility, we will cover a 31-day transition supply.

The plan will send you a letter within 3 business days of your filling a temporary transition supply, notifying you that this was a temporary supply and explaining your options.

For more information

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

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

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week. TTY users should call 1.877.486.2048. Or, visit <http://www.medicare.gov>.

Express Scripts Medicare's Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Express Scripts Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on page 79.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., JANUMET®) and generic drugs are listed in lowercase italics (e.g., *omeprazole*).

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

B/D PA: Part B or Part D Prior Authorization. This drug may be covered under Medicare Part B or Part 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, consult your *Pharmacy Directory* or call Customer Service at **1.800.758.4574** (New York State residents: **1.800.758.4570**), 24 hours a day, 7 days a week. TTY users should call **1.800.716.3231**.

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

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

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

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

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

ST: Step Therapy. In some cases, the plan requires you to first try a certain drug 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.

Your costs

The amount you pay for a covered drug will depend on:

- **Your coverage stage.** Express Scripts Medicare has different stages of coverage. In each stage, the amount you pay for a drug may change. However, the Senior Savings Model program provides additional coverage for most insulin drugs on Tier 3. This means your copay for these drugs will be the same in all stages until you reach the Catastrophic Coverage Stage. If you receive Extra Help, you do not qualify for this program, and your Low-Income Subsidy (LIS) benefit will apply.

- **The drug tier for your drug.** Each covered drug is in one of five drug tiers. Each tier may have a different copayment or coinsurance amount. The “Drug Tiers” chart below explains what types of drugs are included in each tier and shows how costs may change with each tier.

The *Evidence of Coverage* has more information about the plan’s coverage stages and lists the copayment and coinsurance amounts for each tier.

If you qualify for Extra Help

If you qualify for Extra Help for your prescription drugs, your copayments and coinsurance may be lower. Please refer to the “*Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs (LIS Rider)*” to find out what your costs are or you may contact Customer Service for more information.

Drug Tiers

Tier	Description
Tier 1: Preferred Generic Drugs	This tier includes commonly prescribed generic drugs. Use Tier 1 drugs for the lowest copayments.
Tier 2: Generic Drugs	This tier includes generic drugs. Use Tier 2 drugs to keep your copayments low.
Tier 3: Preferred Brand Drugs	This tier includes most of the plan’s covered insulins, preferred brand-name drugs as well as generic drugs. Drugs in this tier will generally have lower copayments than non-preferred drugs.
Tier 4: Non-Preferred Drugs	This tier includes non-preferred brand-name drugs as well as generic drugs. There may be lower-cost alternatives for you. Ask your doctor if switching to a lower-cost generic or preferred brand drug may be right for you.
Tier 5: Specialty Tier Drugs	This tier includes very high-cost brand-name and generic drugs. To learn more about medications in this tier, you may contact a pharmacist at the numbers listed on the front and back covers of this document. Drugs in this tier are limited to up to a 30-day supply from either your local retail network pharmacy or from our network home delivery service.

Key

The abbreviations listed below 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. You can find information on what the symbols and abbreviations on these tables mean by going to page v.

B/D PA: Part B or Part D Prior Authorization
LA: Limited Availability
MO: Mail-Order Drug
NDS: Non-Extended Day Supply Medication
PA: Prior Authorization
QL: Quantity Limit
SSM: Senior Savings Model
ST: Step Therapy

Drug Name	Drug Tier	Requirements/Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	4	B/D PA; MO
AMBISOME	5	B/D PA; MO
<i>amphotericin b</i>	4	B/D PA; MO
<i>caspofungin</i>	5	B/D PA
<i>clotrimazole mucous membrane</i>	3	MO
CRESEMBA ORAL	4	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 400 mg/200 ml</i>	4	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	4	PA; MO
<i>fluconazole oral suspension for reconstitution</i>	3	MO
<i>fluconazole oral tablet</i>	2	MO
<i>flucytosine</i>	5	MO
<i>griseofulvin microsize</i>	4	MO
<i>griseofulvin ultramicrosize</i>	4	MO
<i>itraconazole oral capsule</i>	3	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>itraconazole oral solution</i>	3	MO
<i>ketoconazole oral</i>	2	MO
<i>micafungin</i>	5	MO
<i>nystatin oral</i>	2	MO
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	5	MO; QL (96 per 30 days)
<i>terbinafine hcl oral</i>	2	MO
<i>voriconazole intravenous</i>	4	PA; MO
<i>voriconazole oral suspension for reconstitution</i>	5	MO
<i>voriconazole oral tablet 200 mg</i>	5	MO
<i>voriconazole oral tablet 50 mg</i>	4	MO
ANTIVIRALS		
<i>abacavir oral solution</i>	3	MO; QL (960 per 30 days)
<i>abacavir oral tablet</i>	4	MO; QL (60 per 30 days)
<i>abacavir-lamivudine</i>	3	MO; QL (30 per 30 days)
<i>abacavir-lamivudine-zidovudine</i>	5	MO; QL (60 per 30 days)
<i>acyclovir oral capsule</i>	2	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	3	MO
<i>acyclovir oral tablet</i>	2	MO
<i>acyclovir sodium intravenous solution</i>	4	B/D PA; MO

You can find information on what the symbols and abbreviations on this table mean by going to page v. This drug list was updated in December 2021.

Drug Name	Drug Tier	Requirements/Limits
<i>amantadine hcl oral capsule</i>	4	MO
<i>amantadine hcl oral solution</i>	2	MO
<i>amantadine hcl oral tablet</i>	4	MO
APTIVUS	4	MO; QL (120 per 30 days)
<i>atazanavir oral capsule 150 mg, 300 mg</i>	4	MO; QL (30 per 30 days)
<i>atazanavir oral capsule 200 mg</i>	4	MO; QL (60 per 30 days)
ATRIPLA	5	MO; QL (30 per 30 days)
BARACLUDGE ORAL SOLUTION	5	MO; QL (630 per 30 days)
BIKTARVY	5	MO
CABENUVA	5	MO
<i>cidofovir</i>	4	B/D PA; MO
CIMDUO	4	MO
COMPLERA	4	MO; QL (30 per 30 days)
DELSTRIGO	4	MO
DESCOVY	5	MO; QL (30 per 30 days)
<i>didanosine oral capsule, delayed release(drlec) 250 mg, 400 mg</i>	4	MO; QL (30 per 30 days)
DOVATO	5	MO

Drug Name	Drug Tier	Requirements/Limits
EDURANT	4	MO; QL (30 per 30 days)
<i>efavirenz oral capsule 200 mg</i>	5	MO; QL (120 per 30 days)
<i>efavirenz oral capsule 50 mg</i>	4	MO; QL (180 per 30 days)
<i>efavirenz oral tablet</i>	5	MO; QL (30 per 30 days)
<i>efavirenz-emtricitabin-tenofovir</i>	5	MO; QL (30 per 30 days)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg</i>	4	MO; QL (30 per 30 days)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 600-300-300 mg</i>	4	MO
<i>emtricitabine</i>	3	MO; QL (30 per 30 days)
<i>emtricitabine-tenofovir (tdf)</i>	5	MO; QL (30 per 30 days)
EMTRIVA ORAL CAPSULE	3	MO; QL (30 per 30 days)
EMTRIVA ORAL SOLUTION	3	MO; QL (680 per 28 days)
<i>entecavir</i>	4	MO; QL (30 per 30 days)
EPCLUSA ORAL TABLET 200-50 MG	5	PA; MO; QL (56 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page v. This drug list was updated in December 2021.

Drug Name	Drug Tier	Requirements/Limits
EPCLUSA ORAL TABLET 400-100 MG	5	PA; MO; QL (28 per 28 days)
EPIVIR HBV ORAL SOLUTION	4	MO
<i>etravirine</i>	5	MO; QL (60 per 30 days)
EVOTAZ	4	MO; QL (30 per 30 days)
<i>famciclovir</i>	4	MO; QL (60 per 30 days)
<i>fosamprenavir</i>	5	MO; QL (120 per 30 days)
FUZEON SUBCUTANEOUS RECON SOLN	5	MO; QL (60 per 30 days)
<i>ganciclovir sodium</i>	4	B/D PA; MO
GENVOYA	5	MO; QL (30 per 30 days)
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 (30 per 30 days)
HARVONI ORAL TABLET 90-400 MG	5	PA; MO; QL (28 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
INTELENCE ORAL TABLET 100 MG, 200 MG	5	MO; QL (60 per 30 days)
INTELENCE ORAL TABLET 25 MG	4	MO; QL (120 per 30 days)
INVIRASE ORAL TABLET	4	MO; QL (120 per 30 days)
ISENTRESS HD	5	MO
ISENTRESS ORAL POWDER IN PACKET	4	MO; QL (60 per 30 days)
ISENTRESS ORAL TABLET	5	MO; QL (120 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO; QL (180 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO; QL (180 per 30 days)
JULUCA	5	MO
KALETRA ORAL TABLET 100-25 MG	4	MO; QL (300 per 30 days)
KALETRA ORAL TABLET 200-50 MG	5	MO; QL (120 per 30 days)
<i>lamivudine oral solution</i>	3	MO; QL (900 per 30 days)
<i>lamivudine oral tablet 100 mg</i>	4	MO; QL (30 per 30 days)
<i>lamivudine oral tablet 150 mg</i>	3	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine oral tablet 300 mg</i>	3	MO; QL (30 per 30 days)
<i>lamivudine-zidovudine</i>	3	MO; QL (60 per 30 days)
LEXIVA ORAL SUSPENSION	4	MO; QL (1575 per 28 days)
<i>lopinavir-ritonavir oral solution</i>	4	MO
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	4	MO; QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	4	MO; QL (120 per 30 days)
MAVYRET ORAL TABLET	5	PA; MO; QL (84 per 28 days)
<i>nevirapine oral suspension</i>	4	QL (1200 per 30 days)
<i>nevirapine oral tablet</i>	3	MO; QL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	4	MO; QL (90 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	4	MO; QL (30 per 30 days)
NORVIR ORAL POWDER IN PACKET	4	MO
NORVIR ORAL SOLUTION	3	MO; QL (480 per 30 days)
ODEFSEY	5	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir oral capsule 30 mg</i>	3	MO; QL (168 per 365 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	3	MO; QL (84 per 365 days)
<i>oseltamivir oral suspension for reconstitution</i>	3	MO; QL (1080 per 365 days)
PIFELTRO	4	MO
PREVYMIS ORAL	5	MO; QL (30 per 30 days)
PREZCOBIX	4	MO; QL (30 per 30 days)
PREZISTA ORAL SUSPENSION	5	MO; QL (400 per 30 days)
PREZISTA ORAL TABLET 150 MG	4	MO; QL (240 per 30 days)
PREZISTA ORAL TABLET 600 MG	5	MO; QL (60 per 30 days)
PREZISTA ORAL TABLET 75 MG	4	MO; QL (480 per 30 days)
PREZISTA ORAL TABLET 800 MG	5	MO; QL (30 per 30 days)
RELENZA DISKHALER	4	MO; QL (60 per 180 days)
RETROVIR INTRAVENOUS	3	MO
REYATAZ ORAL POWDER IN PACKET	5	MO; QL (240 per 30 days)
<i>ribavirin oral capsule</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page v. This drug list was updated in December 2021.

Drug Name	Drug Tier	Requirements/Limits
<i>ribavirin oral tablet 200 mg</i>	3	MO
<i>rimantadine</i>	4	MO
<i>ritonavir</i>	3	MO; QL (360 per 30 days)
RUKOBIA	4	MO
SELZENTRY ORAL SOLUTION	5	MO
SELZENTRY ORAL TABLET 150 MG, 75 MG	5	MO; QL (60 per 30 days)
SELZENTRY ORAL TABLET 25 MG	4	MO; QL (120 per 30 days)
SELZENTRY ORAL TABLET 300 MG	5	MO; QL (120 per 30 days)
SOVALDI ORAL TABLET 200 MG	5	PA; MO
SOVALDI ORAL TABLET 400 MG	5	PA; MO; QL (28 per 28 days)
<i>stavudine oral capsule</i>	4	MO; QL (60 per 30 days)
STRIBILD	5	MO; QL (30 per 30 days)
SYMFI	4	MO
SYMFI LO	4	MO; QL (30 per 30 days)
SYMTUZA	4	MO
TEMIXYS	4	MO
<i>tenofovir disoproxil fumarate</i>	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
TIVICAY ORAL TABLET 10 MG	4	MO; QL (60 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO; QL (60 per 30 days)
TIVICAY PD	4	MO; QL (180 per 30 days)
TRIUMEQ	5	MO; QL (30 per 30 days)
TROGARZO	5	MO; LA
TRUVADA	5	MO; QL (30 per 30 days)
<i>valacyclovir oral tablet 1 gram</i>	4	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	4	MO; QL (60 per 30 days)
<i>valganciclovir</i>	5	MO
VEMLIDY	5	MO
VIRACEPT ORAL TABLET 250 MG	4	MO; QL (270 per 30 days)
VIRACEPT ORAL TABLET 625 MG	4	MO; QL (120 per 30 days)
VIREAD ORAL POWDER	5	MO; QL (240 per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	MO; QL (30 per 30 days)
VOSEVI	5	PA; MO; QL (28 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine oral capsule</i>	4	MO; QL (180 per 30 days)
<i>zidovudine oral syrup</i>	4	MO; QL (1680 per 28 days)
<i>zidovudine oral tablet</i>	2	MO; QL (60 per 30 days)

CEPHALOSPORINS

<i>cefaclor oral capsule</i>	3	MO
<i>cefadroxil oral capsule</i>	2	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	4	MO
<i>cefadroxil oral tablet</i>	4	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i>	4	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/50 ml</i>	2	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	4	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 300 g</i>	4	
<i>cefazolin intravenous</i>	4	
<i>cefdinir oral capsule</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>cefdinir oral suspension for reconstitution</i>	3	MO
CEFEPIME IN DEXTROSE 5 %	4	MO
<i>cefepime in dextrose, iso-osm</i>	4	
<i>cefepime injection</i>	4	MO
CEFEPIME INTRAVENOUS	4	
<i>cefixime</i>	4	MO
<i>cefoxitin in dextrose, iso-osm</i>	4	PA
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>cefoxitin intravenous recon soln 10 gram</i>	4	PA
CEFTAZIDIME IN D5W	4	PA
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>ceftazidime injection recon soln 6 gram</i>	4	PA
<i>ceftriaxone in dextrose, iso-os</i>	4	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	4	MO
<i>ceftriaxone injection recon soln 10 gram</i>	4	
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	4	
<i>ceftriazone intravenous</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	2	MO
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml</i>	2	MO
<i>clarithromycin oral suspension for reconstitution 250 mg/5 ml</i>	4	MO
<i>clarithromycin oral tablet</i>	4	MO
<i>clarithromycin oral tablet extended release 24 hr</i>	4	MO
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	5	QL (136 per 10 days)
DIFICID ORAL TABLET	5	MO; QL (20 per 10 days)
<i>e.e.s. 400 oral tablet</i>	4	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	4	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	4	PA; MO
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	4	MO
<i>erythromycin ethylsuccinate oral tablet</i>	4	
<i>erythromycin oral</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	5	MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	4	PA; MO
ARIKAYCE	4	PA; LA
<i>atovaquone</i>	5	MO
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	3	MO
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i>	2	MO
<i>aztreonam injection recon soln 1 gram</i>	4	PA; MO
<i>aztreonam injection recon soln 2 gram</i>	3	PA; MO
BENZNIDAZOLE	4	MO
CAYSTON	5	PA; MO; LA; QL (84 per 28 days)
<i>chloramphenicol sod succinate</i>	4	
<i>chloroquine phosphate oral tablet 250 mg</i>	2	MO
<i>chloroquine phosphate oral tablet 500 mg</i>	4	MO
<i>clindamycin hcl</i>	2	MO
CLINDAMYCIN IN 0.9 % SOD CHLOR	4	PA
<i>clindamycin in 5 % dextrose</i>	4	PA; MO
<i>clindamycin pediatric</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate injection</i>	4	PA; MO
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	4	PA; MO
COARTEM	4	MO; QL (24 per 30 days)
<i>colistin (colistimethate na)</i>	4	PA; MO
<i>dapsone oral</i>	3	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	5	MO
<i>daptomycin intravenous recon soln 500 mg</i>	5	MO
EMVERM	5	MO
<i>ertapenem</i>	4	MO
<i>ethambutol oral tablet 100 mg</i>	2	MO
<i>ethambutol oral tablet 400 mg</i>	4	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml</i>	4	PA; MO
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	2	PA; MO
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 120 MG/100 ML	2	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin in nacl (iso-osm) intravenous piggyback 60 mg/50 ml, 80 mg/50 ml</i>	2	PA; MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	2	PA
<i>gentamicin injection solution 40 mg/ml</i>	2	PA; MO
<i>gentamicin sulfate (ped) (pf)</i>	2	PA; MO
<i>hydroxychloroquine oral tablet 200 mg</i>	3	MO
<i>imipenem-cilastatin</i>	4	MO
IMPAVIDO	5	PA; MO
<i>isoniazid oral solution</i>	4	MO
<i>isoniazid oral tablet</i>	2	MO
<i>ivermectin oral</i>	3	MO
<i>linezolid in dextrose 5%</i>	4	PA
<i>linezolid oral suspension for reconstitution</i>	5	MO; QL (1800 per 30 days)
<i>linezolid oral tablet</i>	4	MO; QL (60 per 30 days)
<i>linezolid-0.9% sodium chloride</i>	4	PA
<i>mefloquine</i>	2	MO
<i>meropenem</i>	4	MO
MEROPENEM-0.9% SODIUM CHLORIDE	4	
<i>metro i.v.</i>	2	PA; MO
<i>metronidazole in nacl (iso-os)</i>	2	PA; MO

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole oral tablet</i>	2	MO
<i>neomycin</i>	2	MO
<i>nitazoxanide</i>	5	MO; QL (20 per 10 days)
<i>paromomycin</i>	4	MO
PASER	4	MO
PENTAM	4	MO
<i>pentamidine inhalation</i>	3	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine injection</i>	3	MO
<i>praziquantel</i>	3	MO
PRIFTIN	4	MO
PRIMAQUINE	3	MO
<i>pyrazinamide</i>	4	MO
<i>pyrimethamine</i>	5	PA; MO
<i>quinine sulfate</i>	3	PA; MO; QL (42 per 30 days)
<i>rifabutin</i>	4	MO
<i>rifampin intravenous</i>	2	MO
<i>rifampin oral</i>	4	MO
SIRTURO	5	PA; LA
STREPTOMYCIN	4	PA; MO
SYNERCID	5	
<i>tigecycline</i>	5	PA; MO
<i>tobramycin in 0.225% nacl</i>	5	B/D PA; MO; QL (280 per 28 days)
<i>tobramycin sulfate injection recon soln</i>	4	PA
<i>tobramycin sulfate injection solution 10 mg/ml</i>	2	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin sulfate injection solution 40 mg/ml</i>	4	PA; MO
TRECTOR	4	MO
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	4	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	4	
VANCOMYCIN INJECTION	4	
<i>vancomycin intravenous recon soln 1,000 mg</i>	2	MO
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM, 250 MG	4	
<i>vancomycin intravenous recon soln 10 gram, 5 gram</i>	4	
<i>vancomycin intravenous recon soln 500 mg, 750 mg</i>	4	MO
<i>vancomycin oral capsule 125 mg</i>	4	PA; MO; QL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	4	PA; MO; QL (80 per 10 days)
VIBATIV INTRAVENOUS RECON SOLN 750 MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
XIFAXAN ORAL TABLET 550 MG	4	PA; MO; QL (90 per 30 days)
PENICILLINS		
<i>amoxicillin oral capsule</i>	2	MO
<i>amoxicillin oral suspension for reconstitution</i>	2	MO
<i>amoxicillin oral tablet</i>	2	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 600-42.9 mg/5 ml</i>	2	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml, 400-57 mg/5 ml</i>	3	MO
<i>amoxicillin-pot clavulanate oral tablet</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	4	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	2	MO
<i>ampicillin oral capsule 500 mg</i>	2	MO
<i>ampicillin sodium injection</i>	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin sodium intravenous</i>	4	PA
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	4	PA; MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	4	PA
<i>ampicillin-sulbactam intravenous</i>	4	PA
BICILLIN L-A	4	PA; MO
<i>dicloxacillin</i>	2	MO
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	4	PA
<i>nafcillin injection recon soln 10 gram</i>	5	PA
<i>nafcillin injection recon soln 2 gram</i>	4	PA; MO
<i>nafcillin intravenous recon soln 2 gram</i>	4	PA; MO
<i>penicillin g potassium</i>	4	PA; MO
<i>penicillin g procaine</i>	2	PA; MO
<i>penicillin g sodium</i>	4	PA; MO
<i>penicillin v potassium</i>	2	MO
<i>pfizerpen-g</i>	4	PA
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	4	

Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	4	MO
<i>piperacillin-tazobactam intravenous recon soln 40.5 gram</i>	4	
QUINOLONES		
CIPRO ORAL SUSPENSION,MI CROCAPSULE RECON	4	
<i>ciprofloxacin hcl oral</i>	2	MO
<i>ciprofloxacin in 5% dextrose</i>	4	PA; MO
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	4	PA
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	4	PA; MO
<i>levofloxacin intravenous</i>	4	PA; MO
<i>levofloxacin oral solution</i>	4	MO
<i>levofloxacin oral tablet</i>	2	MO
SULFA'S / RELATED AGENTS		
<i>sulfadiazine</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim intravenous</i>	4	PA; MO
<i>sulfamethoxazole-trimethoprim oral</i>	2	MO
TETRACYCLINES		
<i>doxy-100</i>	4	PA; MO
<i>doxycycline hyclate intravenous</i>	4	PA
<i>doxycycline hyclate oral capsule</i>	3	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	3	MO
<i>doxycycline hyclate oral tablet 50 mg</i>	2	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	4	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	4	MO
<i>doxycycline monohydrate oral tablet</i>	4	MO
<i>minocycline oral capsule</i>	2	MO
<i>mondoxyne nl oral capsule 100 mg, 75 mg</i>	4	MO
<i>tetracycline</i>	4	MO
URINARY TRACT AGENTS		
<i>methenamine hippurate</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>methenamine mandelate</i>	3	MO
<i>nitrofurantoin</i>	3	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg</i>	3	MO
<i>nitrofurantoin macrocrystal oral capsule 50 mg</i>	2	MO
<i>nitrofurantoin monohydlm-cryst</i>	4	MO
<i>trimethoprim</i>	2	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>KEPIVANCE</i>	5	
<i>KHAPZORY</i>	4	B/D PA
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	2	B/D PA; MO
<i>leucovorin calcium injection recon soln 500 mg</i>	2	B/D PA
<i>leucovorin calcium oral</i>	3	MO
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	3	B/D PA; MO
<i>levoleucovorin calcium intravenous solution</i>	4	B/D PA
<i>mesna</i>	4	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
MESNEX ORAL	5	MO
VISTOGARD	5	
XGEVA	5	B/D PA; MO; QL (1.7 per 28 days)
ANTINEOPLAS TIC / IMMUNOSUPP RESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	4	PA; MO; QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i>	4	PA; MO; QL (60 per 30 days)
ABRAXANE	5	B/D PA; MO
ADCETRIS	4	B/D PA; MO
<i>adriamycin intravenous recon soln 10 mg</i>	3	B/D PA; MO
<i>adriamycin intravenous solution 10 mg/5 ml</i>	3	B/D PA; MO
<i>adriamycin intravenous solution 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	3	B/D PA
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	4	B/D PA
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG	5	PA; MO; QL (150 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG, 5 MG	5	PA; MO; QL (56 per 28 days)
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	4	B/D PA; LA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; QL (30 per 30 days)
<i>anastrozole</i>	2	MO
ARRANON	3	B/D PA
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	4	B/D PA
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	4	B/D PA; MO
ARZERRA	5	B/D PA; MO
AYVAKIT	5	PA; LA; QL (30 per 30 days)
<i>azacitidine</i>	5	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>azathioprine oral tablet 50 mg</i>	2	B/D PA; MO
<i>azathioprine sodium</i>	3	B/D PA
BALVERSA	5	PA; LA
BAVENCIO	5	B/D PA; LA
BELEODAQ	5	B/D PA
BENDEKA	4	B/D PA; MO
BESPONSA	5	B/D PA; MO; LA
<i>bexarotene</i>	5	PA; MO
<i>bicalutamide</i>	3	MO
BLENREP	4	PA
<i>bleomycin</i>	4	B/D PA; MO
BLINCYTO INTRAVENOUS KIT	5	B/D PA
BORTEZOMIB	4	B/D PA
BOSULIF ORAL TABLET 100 MG	5	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; MO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; MO; LA; QL (180 per 30 days)
BRUKINSA	5	PA; LA
<i>busulfan</i>	5	B/D PA
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA; MO; LA; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	5	PA; MO; LA; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
CALQUENCE	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; LA; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	4	B/D PA; MO
<i>carmustine</i>	3	B/D PA; MO
<i>cisplatin intravenous solution</i>	3	B/D PA; MO
<i>cladribine</i>	4	B/D PA; MO
<i>clofarabine</i>	3	B/D PA
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; MO; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; MO; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; MO; QL (84 per 28 days)
COPIKTRA	5	PA; LA; QL (60 per 30 days)
COTELLIC	5	PA; MO; LA; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln</i>	3	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION	3	B/D PA; MO
<i>cyclophosphamide oral capsule</i>	3	B/D PA; MO
CYCLOPHOSPHAMIDE ORAL TABLET	3	B/D PA; MO
<i>cyclosporine intravenous</i>	4	B/D PA
<i>cyclosporine modified oral capsule</i>	3	B/D PA; MO
<i>cyclosporine modified oral solution</i>	3	B/D PA
<i>cyclosporine oral capsule</i>	3	B/D PA; MO
CYRAMZA	5	B/D PA; MO
<i>cytarabine</i>	4	B/D PA; MO
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml)</i>	2	B/D PA; MO
<i>cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml)</i>	4	B/D PA; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	4	B/D PA
<i>dacarbazine</i>	2	B/D PA; MO
<i>dactinomycin</i>	3	B/D PA
DANYELZA	4	PA
DARZALEX	3	B/D PA; MO; LA

Drug Name	Drug Tier	Requirements/Limits
DARZALEX FASPRO	5	B/D PA; MO
<i>daunorubicin intravenous solution</i>	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)
<i>decitabine</i>	5	B/D PA; MO
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	3	B/D PA
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	3	B/D PA; MO
<i>doxorubicin intravenous recon soln 10 mg</i>	2	B/D PA
<i>doxorubicin intravenous recon soln 50 mg</i>	2	B/D PA; MO
<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	2	B/D PA; MO
<i>doxorubicin intravenous solution 2 mg/ml</i>	2	B/D PA
<i>doxorubicin, peg-liposomal</i>	5	B/D PA; MO
DROXIA	3	MO

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Drug Name	Drug Tier	Requirements/Limits
ELLEENCE INTRAVENOUS SOLUTION 50 MG/25 ML	4	B/D PA; MO
ELZONRIS	5	PA; LA
EMCYT	4	MO
EMPLICITI	4	B/D PA; MO
ENHERTU	5	PA; MO
<i>epirubicin intravenous solution</i>	4	B/D PA; MO
ERBITUX	5	B/D PA; MO
ERIVEDGE	5	PA; MO; QL (30 per 30 days)
ERLEADA	4	PA; MO; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; MO; QL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	5	PA; MO; QL (60 per 30 days)
ETOPOPHOS	4	B/D PA; MO
<i>etoposide intravenous</i>	2	B/D PA; MO
<i>everolimus (antineoplastic) oral tablet 10 mg</i>	5	PA; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	5	PA; MO; QL (28 per 28 days)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.75 mg</i>	5	B/D PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>everolimus (immunosuppressive) oral tablet 0.5 mg</i>	5	B/D PA; MO; QL (120 per 30 days)
EVOMELA	5	B/D PA
<i>exemestane</i>	4	MO
FARYDAK	5	PA; MO; QL (6 per 21 days)
FIRMAGON KIT W DILUENT SYRINGE	4	B/D PA; MO
<i>floxuridine</i>	4	B/D PA
<i>fludarabine intravenous recon soln</i>	3	B/D PA; MO
<i>fludarabine intravenous solution</i>	3	B/D PA
<i>fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml</i>	2	B/D PA; MO
<i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i>	4	B/D PA
<i>flutamide</i>	4	MO
FOLOTYN	5	B/D PA; MO
FOTIVDA	5	PA; LA; QL (21 per 28 days)
<i>fulvestrant</i>	5	B/D PA; MO
GAVRETO	4	PA; MO; LA; QL (120 per 30 days)
GAZYVA	5	B/D PA; MO

You can find information on what the symbols and abbreviations on this table mean by going to page v. This drug list was updated in December 2021.

Drug Name	Drug Tier	Requirements/Limits
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	3	B/D PA; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	3	B/D PA
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	3	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	3	B/D PA
<i>gengraf</i>	4	B/D PA; MO
GILOTRIF	5	PA; MO; QL (30 per 30 days)
HALAVEN	3	B/D PA; MO
<i>hydroxyurea</i>	2	MO
IBRANCE	5	PA; MO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 10 MG, 30 MG	5	PA
ICLUSIG ORAL TABLET 15 MG	5	PA; QL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	5	PA; QL (30 per 30 days)
<i>idarubicin</i>	4	B/D PA; MO
IDHIFA	5	PA; MO; LA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ifosfamide intravenous recon soln</i>	4	B/D PA; MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	4	B/D PA; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	4	B/D PA
<i>imatinib oral tablet 100 mg</i>	5	PA; MO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	5	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30 per 30 days)
IMBRUVICA ORAL TABLET	5	PA; QL (30 per 30 days)
IMFINZI	4	B/D PA; MO; LA
INFUGEM	4	B/D PA
INLYTA ORAL TABLET 1 MG	5	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (120 per 30 days)
INQOVI	5	PA; MO; QL (5 per 28 days)
INREBIC	5	PA; MO; LA; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
IRESSA	5	PA; MO; QL (30 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i>	4	B/D PA; MO
<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	4	B/D PA
IXEMPRA	5	B/D PA; MO
JAKAFI	5	PA; MO; QL (60 per 30 days)
JEMPERLI	4	PA; MO
JEVTANA	4	B/D PA; MO
KADCYLA	5	PA; MO
KANJINTI	5	B/D PA; MO
KEYTRUDA	5	PA
KISQALI FEMARA CO- PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA; MO; QL (49 per 28 days)
KISQALI FEMARA CO- PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA; MO; QL (70 per 28 days)
KISQALI FEMARA CO- PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA; MO; QL (91 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; MO; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; MO; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; MO; QL (63 per 28 days)
KYPROLIS	5	B/D PA
<i>lapatinib</i>	5	PA; MO; QL (180 per 30 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5	PA; MO; QL (30 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5	PA; MO; QL (90 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	5	PA; MO; QL (60 per 30 days)
<i>letrozole</i>	2	MO
LEUKERAN	4	MO
<i>leuprolide subcutaneous kit</i>	4	PA; MO
LIBTAYO	5	PA; LA

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Drug Name	Drug Tier	Requirements/Limits
LONSURF ORAL TABLET 15-6.14 MG	5	PA; MO; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	5	PA; MO; QL (80 per 28 days)
LORBRENA ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; MO; QL (90 per 30 days)
LUMAKRAS	5	PA; MO
LUMOXITI	4	PA; 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	5	PA; MO; QL (120 per 30 days)
LYSODREN	5	
MARQIBO	5	B/D PA
MATULANE	5	
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	4	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	4	PA; MO

Drug Name	Drug Tier	Requirements/Limits
<i>megestrol oral tablet</i>	4	PA; MO
MEKINIST ORAL TABLET 0.5 MG	5	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; MO; QL (30 per 30 days)
MEKTOVI	5	PA; MO; LA; QL (180 per 30 days)
<i>melphalan</i>	3	B/D PA; MO
<i>melphalan hcl</i>	3	B/D PA
<i>mercaptopurine</i>	2	MO
<i>methotrexate sodium</i>	3	B/D PA; MO
<i>methotrexate sodium (pf) injection recon soln</i>	3	B/D PA
<i>methotrexate sodium (pf) injection solution</i>	3	B/D PA; MO
<i>mitomycin intravenous</i>	4	B/D PA; MO
<i>mitoxantrone</i>	2	B/D PA; MO
MONJUVI	4	PA; LA
MVASI	5	B/D PA; MO
<i>mycophenolate mofetil (hcl)</i>	3	B/D PA
<i>mycophenolate mofetil oral capsule</i>	3	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil oral tablet</i>	3	B/D PA; MO
<i>mycophenolate sodium</i>	4	B/D PA; MO
MYLOTARG	4	B/D PA; MO; LA
NERLYNX	5	PA; MO; LA
NEXAVAR	5	PA; MO; LA; QL (120 per 30 days)
<i>nilutamide</i>	5	MO
NINLARO	5	PA; MO; QL (3 per 28 days)
NIPENT	4	B/D PA; MO
NUBEQA	4	PA; MO; LA; QL (120 per 30 days)
NULOJIX	5	B/D PA; MO
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	PA; MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	3	PA; MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	5	PA; MO
<i>octreotide acetate injection syringe 50 mcg/ml (1 ml)</i>	3	PA; MO

Drug Name	Drug Tier	Requirements/Limits
ODOMZO	5	PA; MO; LA; QL (30 per 30 days)
OGIVRI	5	B/D PA; MO
ONCASPAR	5	B/D PA
ONIVYDE	5	B/D PA
ONTRUZANT	5	B/D PA
ONUREG	4	PA; MO; QL (14 per 28 days)
OPDIVO	5	PA; MO
ORGOVYX	4	PA; LA; QL (32 per 30 days)
<i>oxaliplatin intravenous recon soln 100 mg</i>	4	B/D PA; MO
<i>oxaliplatin intravenous recon soln 50 mg</i>	4	B/D PA
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	4	B/D PA; MO
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	4	B/D PA
<i>paclitaxel</i>	4	B/D PA; MO
PADCEV	4	PA; MO
PEMAZYRE	4	PA; LA; QL (14 per 21 days)
PERJETA	5	B/D PA; MO
PHESGO	5	PA; MO
PIQRAY	5	PA; MO
POLIVY	5	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
POMALYST	5	PA; MO; LA; QL (21 per 28 days)
PORTRAZZA	4	B/D PA; MO
POTELIGEO	5	PA
PROGRAF INTRAVENOUS	3	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET	3	B/D PA; MO
PURIXAN	5	
QINLOCK	5	PA; LA
RETEVMO	5	PA; MO; LA
REVLIMID	5	PA; MO; LA; QL (28 per 28 days)
ROMIDEPSIN INTRAVENOUS SOLUTION	4	B/D PA
ROZLYTREK ORAL CAPSULE 100 MG	4	PA; MO; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	4	PA; MO; QL (90 per 30 days)
RUBRACA	5	PA; MO; LA; QL (120 per 30 days)
RUXIENCE	5	PA; MO
RYBREVANT	4	PA; MO
RYDAPT	5	PA; MO; QL (240 per 30 days)
RYLAZE	4	PA
SANDIMMUNE ORAL SOLUTION	3	B/D PA; MO

Drug Name	Drug Tier	Requirements/Limits
SARCLISA	4	PA; LA
SIGNIFOR	5	PA
SIMULECT INTRAVENOUS RECON SOLN 10 MG	3	B/D PA
SIMULECT INTRAVENOUS RECON SOLN 20 MG	3	B/D PA; MO
<i>sirolimus oral solution</i>	5	B/D PA; MO
<i>sirolimus oral tablet</i>	4	B/D PA; MO
SOLTAMOX	4	MO
SOMATULINE DEPOT	5	PA; MO
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	5	PA; MO; QL (60 per 30 days)
STIVARGA	5	PA; MO; QL (84 per 28 days)
<i>sunitinib</i>	5	PA; MO; QL (30 per 30 days)
SUTENT	5	PA; MO; QL (30 per 30 days)
SYNRIBO	4	B/D PA
TABLOID	4	MO
TABRECTA	5	PA; MO
<i>tacrolimus oral</i>	4	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
TAFINLAR	5	PA; MO; QL (120 per 30 days)
TAGRISO	5	PA; MO; LA; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; MO; QL (90 per 30 days)
TALZENNA ORAL CAPSULE 1 MG	5	PA; MO; QL (30 per 30 days)
<i>tamoxifen</i>	2	MO
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	4	PA; LA
TECENTRIQ	5	B/D PA; MO; LA
TEMODAR INTRAVENOUS	5	B/D PA; MO
<i>temsirolimus</i>	5	B/D PA; MO
TEPMETKO	5	PA; LA; QL (60 per 30 days)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 50 MG	5	PA; MO; QL (28 per 28 days)
THALOMID ORAL CAPSULE 200 MG	5	PA; MO; QL (56 per 28 days)
<i>thiotepa injection recon soln 100 mg</i>	5	B/D PA

Drug Name	Drug Tier	Requirements/Limits
<i>thiotepa injection recon soln 15 mg</i>	5	B/D PA; MO
TIBSOVO	5	PA
<i>toposar</i>	4	B/D PA; MO
<i>topotecan intravenous recon soln</i>	4	B/D PA; MO
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	4	B/D PA; MO
<i>toremifene</i>	5	MO
TRAZIMERA	5	B/D PA; MO
TREANDA	4	B/D PA; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	B/D PA; MO
<i>tretinoin (antineoplastic)</i>	5	MO
TRODELVY	4	PA; LA
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1)	5	PA; LA; QL (21 per 21 days)
TRUSELTIQ ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2)	5	PA; LA; QL (42 per 21 days)
TRUSELTIQ ORAL CAPSULE 75 MG/DAY (25 MG X 3)	5	PA; LA; QL (63 per 21 days)
TRUXIMA	5	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
TUKYSA ORAL TABLET 150 MG	5	PA; LA; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA; LA; QL (300 per 30 days)
TURALIO	5	PA; LA; QL (120 per 30 days)
TYKERB	5	PA; MO; LA; QL (180 per 30 days)
UKONIQ	5	PA; LA; QL (120 per 30 days)
UNITUXIN	5	B/D PA
<i>valrubicin</i>	4	B/D PA; MO
VANTAS	4	B/D PA; MO
VECTIBIX	5	B/D PA; MO
VELCADE	5	B/D PA; MO
VENCLEXTA ORAL TABLET 10 MG	4	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK	5	PA; LA; QL (42 per 30 days)
VERZENIO	5	PA; MO; LA; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>vinblastine</i>	2	B/D PA; MO
<i>vincasar pfs</i>	2	B/D PA; MO
<i>vincristine</i>	2	B/D PA; MO
<i>vinorelbine</i>	3	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
WELIREG	5	PA; LA
XALKORI	5	PA; MO; QL (60 per 30 days)
XATMEP	4	B/D PA; MO
XOSPATA	5	PA; LA

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Drug Name	Drug Tier	Requirements/Limits
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	4	PA; LA
XTANDI ORAL CAPSULE	4	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	4	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	4	PA; MO; QL (60 per 30 days)
YERVOY	3	B/D PA; MO
YONDELIS	5	B/D PA
ZALTRAP	4	B/D PA; MO
ZANOSAR	4	B/D PA; MO
ZEJULA	5	PA; LA; QL (90 per 30 days)
ZELBORAF	5	PA; MO; QL (240 per 30 days)
ZEPZELCA	4	PA
ZIRABEV	5	B/D PA; MO

Drug Name	Drug Tier	Requirements/Limits
ZOLADEX	4	B/D PA; MO
ZOLINZA	5	PA; MO; QL (120 per 30 days)
ZORTRESS ORAL TABLET 1 MG	5	B/D PA; MO
ZYDELIG	5	PA; MO; QL (60 per 30 days)
ZYKADIA ORAL TABLET	5	PA; MO; QL (90 per 30 days)
ZYNLONTA	4	PA; LA
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG	4	MO; QL (180 per 30 days)
APTIOM ORAL TABLET 400 MG	4	MO; QL (90 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	4	MO; QL (60 per 30 days)
BANZEL	5	PA; MO
BRIVIACT INTRAVENOUS	4	
BRIVIACT ORAL SOLUTION	4	MO; QL (600 per 30 days)
BRIVIACT ORAL TABLET	4	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	4	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	4	MO
<i>carbamazepine oral suspension 200 mg/10 ml</i>	4	
<i>carbamazepine oral tablet</i>	4	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	4	MO
<i>carbamazepine oral tablet, chewable</i>	3	MO
CELONTIN ORAL CAPSULE 300 MG	3	MO
<i>clobazam oral suspension</i>	4	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet</i>	4	PA; MO; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	MO; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	4	MO; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	4	MO; QL (300 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	4	PA; LA; QL (360 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
DIACOMIT ORAL CAPSULE 500 MG	4	PA; LA; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	4	PA; LA; QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG	4	PA; LA; QL (180 per 30 days)
<i>diazepam rectal</i>	4	MO
DILANTIN 30 MG	4	MO
<i>divalproex oral capsule, delayed rel sprinkle</i>	4	
<i>divalproex oral tablet extended release 24 hr</i>	4	MO
<i>divalproex oral tablet, delayed release (drlec)</i>	2	MO
EPIDIOLEX	5	PA; MO; LA
<i>epitol</i>	4	MO
<i>ethosuximide</i>	4	MO
<i>felbamate</i>	4	MO
FINTEPLA	4	PA; LA
<i>fosphenytoin</i>	3	MO
FYCOMPA ORAL SUSPENSION	4	PA; MO; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	4	PA; MO; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG, 4 MG, 6 MG	4	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin oral capsule 100 mg, 400 mg</i>	2	MO; QL (270 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	2	MO; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	4	MO; QL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	4	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	2	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	MO; QL (120 per 30 days)
<i>lamotrigine oral tablet</i>	2	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO
<i>lamotrigine oral tablets, dose pack</i>	3	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	3	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i>	3	
<i>levetiracetam intravenous</i>	3	MO
<i>levetiracetam oral solution 100 mg/ml</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	3	
<i>levetiracetam oral tablet</i>	2	MO
NAYZILAM	4	PA; MO; QL (10 per 30 days)
<i>oxcarbazepine oral suspension</i>	4	MO
<i>oxcarbazepine oral tablet</i>	3	MO
<i>phenobarbital oral elixir</i>	3	PA; MO; QL (1500 per 30 days)
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	3	PA; QL (120 per 30 days)
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	3	PA; MO; QL (120 per 30 days)
<i>phenobarbital sodium injection solution 130 mg/ml</i>	3	MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	3	
<i>phenytoin oral suspension 100 mg/4 ml</i>	2	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MO
<i>phenytoin oral tablet, chewable</i>	3	MO
<i>phenytoin sodium extended</i>	2	MO
<i>phenytoin sodium intravenous solution</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	3	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	3	MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	3	MO; QL (900 per 30 days)
<i>primidone</i>	2	MO
<i>roweepra</i>	2	MO
<i>rufinamide</i>	5	PA; MO
SPRITAM	4	MO
<i>subvenite</i>	3	MO
<i>subvenite starter (blue) kit</i>	3	MO
<i>subvenite starter (green) kit</i>	3	MO
<i>subvenite starter (orange) kit</i>	3	MO
SYMPAZAN	4	PA; MO; QL (60 per 30 days)
<i>tiagabine</i>	4	MO
<i>topiramate oral capsule, sprinkle</i>	2	PA; MO
<i>topiramate oral tablet</i>	2	PA; MO
<i>valproate sodium</i>	3	MO
<i>valproic acid</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
VALTOCO	4	PA; MO; QL (10 per 30 days)
<i>vigabatrin</i>	5	PA; MO; LA; QL (180 per 30 days)
<i>vigadrone</i>	5	PA; LA; QL (180 per 30 days)
VIMPAT INTRAVENOUS	4	MO
VIMPAT ORAL SOLUTION	4	MO; QL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	4	MO; QL (60 per 30 days)
VIMPAT ORAL TABLET 50 MG	4	MO; QL (120 per 30 days)
XCOPRI	4	PA; MO
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	4	PA; MO
XCOPRI TITRATION PACK	4	PA; MO
<i>zonisamide</i>	3	PA; MO
ANTIPARKINSONISM AGENTS		
APOKYN	5	PA; MO; LA; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>benztropine injection</i>	4	MO
<i>benztropine oral</i>	3	PA; MO
<i>bromocriptine</i>	4	MO
<i>carbidopa</i>	5	MO
<i>carbidopa-levodopa oral tablet</i>	2	MO
<i>carbidopa-levodopa oral tablet extended release</i>	3	MO
<i>carbidopa-levodopa oral tablet, disintegrating</i>	4	MO
<i>carbidopa-levodopa-entacapone</i>	4	MO
<i>entacapone</i>	3	MO
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; MO; QL (150 per 30 days)
NEUPRO	4	MO
<i>pramipexole oral tablet</i>	2	MO
<i>rasagiline</i>	4	MO
<i>ropinirole oral tablet</i>	2	MO
RYTARY	4	ST; MO
<i>selegiline hcl</i>	3	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	3	PA; MO; QL (1 per 30 days)
<i>dihydroergotamine injection</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>dihydroergotamine nasal</i>	4	PA; QL (8 per 28 days)
<i>ergotamine-caffeine</i>	3	MO
<i>rizatriptan</i>	4	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/lactuation</i>	4	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/lactuation</i>	4	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	3	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	3	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	3	MO; QL (8 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; MO; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PA; MO; QL (12 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>dalfampridine</i>	5	PA; MO; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(drlec) 120 mg</i>	5	PA; MO; QL (14 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(drlec) 120 mg (14)- 240 mg (46)</i>	5	PA; MO; QL (120 per 180 days)
<i>dimethyl fumarate oral capsule, delayed release(drlec) 240 mg</i>	5	PA; MO; QL (60 per 30 days)
<i>donepezil oral tablet 10 mg</i>	2	MO; QL (60 per 30 days)
<i>donepezil oral tablet 5 mg</i>	2	MO; QL (30 per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg</i>	2	MO; QL (60 per 30 days)
<i>donepezil oral tablet, disintegrating 5 mg</i>	2	MO; QL (30 per 30 days)
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	4	MO; QL (30 per 30 days)
<i>galantamine oral solution</i>	4	MO; QL (200 per 30 days)
<i>galantamine oral tablet</i>	4	MO; QL (60 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days)
LEMTRADA	5	PA; MO
<i>memantine oral capsule, sprinkle, er 24hr</i>	4	PA; MO
<i>memantine oral solution</i>	4	PA; MO; QL (300 per 30 days)
<i>memantine oral tablet 10 mg</i>	3	PA; MO; QL (60 per 30 days)
<i>memantine oral tablet 5 mg</i>	3	PA; MO; QL (90 per 30 days)
MEMANTINE ORAL TABLETS, DOSE PACK	3	PA; MO; QL (98 per 28 days)
NAMZARIC	3	PA; MO
NUEDEXTA	4	PA; MO
OCREVUS	5	PA; MO; LA
RADICAVA	5	PA
<i>rivastigmine</i>	4	MO
<i>rivastigmine tartrate</i>	4	MO; QL (60 per 30 days)
TECFIDERA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 120 MG	5	PA; MO; LA; QL (14 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
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)
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; MO; QL (120 per 30 days)
TYSABRI	5	PA; MO; LA
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral</i>	3	MO
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	4	PA; MO
<i>dantrolene oral</i>	4	MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML	5	B/D PA; MO
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	3	B/D PA

Drug Name	Drug Tier	Requirements/Limits
LIORESAL INTRATHECAL SOLUTION 500 MCG/ML	3	B/D PA; MO
<i>neostigmine methylsulfate intravenous solution</i>	3	
<i>pyridostigmine bromide oral syrup</i>	4	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	MO
<i>pyridostigmine bromide oral tablet extended release</i>	3	MO
<i>regonol</i>	3	
<i>revonto</i>	3	
<i>tizanidine oral tablet</i>	2	MO
NARCOTIC ANALGESICS		
<i>acetaminophen- codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml</i>	2	QL (4500 per 30 days); NDS
<i>acetaminophen- codeine oral solution 120-12 mg/5 ml</i>	2	MO; QL (4500 per 30 days); NDS
<i>acetaminophen- codeine oral tablet 300-15 mg, 300-30 mg</i>	2	MO; QL (360 per 30 days); NDS
<i>acetaminophen- codeine oral tablet 300-60 mg</i>	2	MO; QL (180 per 30 days); NDS
<i>buprenorphine hcl injection solution</i>	4	MO; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl injection syringe</i>	4	NDS
<i>buprenorphine hcl sublingual</i>	3	PA; MO
<i>codeine sulfate</i>	4	MO; QL (180 per 30 days); NDS
<i>endocet</i>	4	MO; QL (360 per 30 days); NDS
<i>fentanyl citrate (pf) injection solution</i>	3	QL (400 per 30 days); NDS
<i>fentanyl citrate buccal lozenge on a handle</i>	5	PA; MO; QL (120 per 30 days); NDS
<i>fentanyl transdermal patch 72 hour 100 mcg/12hr, 12 mcg/12hr, 25 mcg/12hr, 50 mcg/12hr, 75 mcg/12hr</i>	4	PA; MO; QL (10 per 30 days); NDS
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	4	MO; QL (5550 per 30 days); NDS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QL (360 per 30 days); NDS
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	4	MO; QL (50 per 30 days); NDS
<i>hydromorphone oral liquid</i>	4	MO; QL (2400 per 30 days); NDS
<i>hydromorphone oral tablet</i>	4	MO; QL (180 per 30 days); NDS

Drug Name	Drug Tier	Requirements/Limits
<i>methadone injection solution</i>	4	QL (150 per 30 days); NDS
<i>methadone intensol</i>	4	PA; MO; QL (90 per 30 days); NDS
<i>methadone oral concentrate</i>	4	PA; QL (90 per 30 days); NDS
<i>methadone oral solution 10 mg/5 ml</i>	4	PA; MO; QL (600 per 30 days); NDS
<i>methadone oral solution 5 mg/5 ml</i>	4	PA; MO; QL (1200 per 30 days); NDS
<i>methadone oral tablet 10 mg</i>	2	PA; MO; QL (120 per 30 days); NDS
<i>methadone oral tablet 5 mg</i>	2	PA; MO; QL (240 per 30 days); NDS
<i>morphine (pf) injection solution 0.5 mg/ml</i>	4	QL (4000 per 30 days); NDS
<i>morphine (pf) injection solution 1 mg/ml</i>	4	MO; QL (2000 per 30 days); NDS
<i>morphine concentrate oral solution</i>	4	MO; QL (900 per 30 days); NDS
MORPHINE INJECTION SOLUTION 2 MG/ML	4	QL (1000 per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
MORPHINE INJECTION SOLUTION 4 MG/ML	4	QL (500 per 30 days); NDS
<i>morphine injection syringe 4 mg/ml</i>	4	MO; QL (500 per 30 days); NDS
<i>morphine intravenous solution 10 mg/ml</i>	4	MO; QL (200 per 30 days); NDS
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML	4	MO; QL (500 per 30 days); NDS
<i>morphine intravenous syringe 2 mg/ml</i>	4	QL (1000 per 30 days); NDS
<i>morphine intravenous syringe 4 mg/ml</i>	4	QL (500 per 30 days); NDS
<i>morphine oral solution</i>	4	MO; QL (900 per 30 days); NDS
<i>morphine oral tablet</i>	3	MO; QL (180 per 30 days); NDS
<i>morphine oral tablet extended release</i>	3	PA; MO; QL (120 per 30 days); NDS
<i>oxycodone oral concentrate</i>	4	MO; QL (180 per 30 days); NDS
<i>oxycodone oral solution</i>	4	MO; QL (1200 per 30 days); NDS
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	3	MO; QL (180 per 30 days); NDS

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone oral tablet 5 mg</i>	3	MO; QL (360 per 30 days); NDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QL (360 per 30 days); NDS
<i>oxymorphone oral tablet extended release 12 hr</i>	3	PA; MO; QL (90 per 30 days); NDS
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	2	MO; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	2	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	2	MO; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	MO; QL (90 per 30 days)
<i>butorphanol nasal</i>	4	MO; QL (10 per 28 days); NDS
<i>celecoxib</i>	4	MO; QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium topical gel 1 %</i>	3	MO; QL (1000 per 28 days)
<i>diflunisal</i>	4	MO
<i>etodolac oral capsule</i>	2	MO
<i>etodolac oral tablet</i>	2	MO
<i>ibu</i>	1	MO
<i>ibuprofen oral suspension</i>	2	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	2	MO
KLOXXADO	3	MO
<i>meloxicam oral tablet</i>	1	MO; QL (30 per 30 days)
<i>naloxone injection solution</i>	2	MO
<i>naloxone injection syringe</i>	2	MO
<i>naltrexone</i>	2	MO
<i>naproxen oral suspension</i>	2	MO
<i>naproxen oral tablet</i>	1	MO
NARCAN	3	MO
<i>oxaprozin</i>	4	MO
<i>salsalate</i>	3	MO
SUBOXONE SUBLINGUAL FILM 12-3 MG	4	MO; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	4	MO; QL (360 per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	4	MO; QL (90 per 30 days)
<i>sulindac</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol oral tablet 50 mg</i>	2	MO; QL (240 per 30 days); NDS
VIVITROL	5	MO
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	3	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	MO; QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	4	MO; QL (1 per 28 days)
ADASUVE	4	LA
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	4	MO; QL (90 per 30 days)
<i>alprazolam oral tablet 2 mg</i>	4	MO; QL (150 per 30 days)
<i>amitriptyline</i>	2	MO
<i>amoxapine</i>	4	MO
<i>aripiprazole oral solution</i>	4	MO
<i>aripiprazole oral tablet</i>	3	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet, disintegrating</i>	5	MO; QL (60 per 30 days)
<i>asenapine maleate</i>	4	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	3	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	3	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>	2	MO; QL (120 per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	2	MO; QL (180 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	3	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	3	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	3	MO; QL (60 per 30 days)
<i>bupirone</i>	2	MO
CAPLYTA	4	PA; MO; QL (30 per 30 days)
<i>chlorpromazine injection</i>	4	MO
<i>chlorpromazine oral concentrate</i>	4	
<i>chlorpromazine oral tablet</i>	4	MO
<i>citalopram oral solution</i>	4	MO; QL (600 per 30 days)
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clomipramine</i>	4	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	4	PA; MO; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	4	PA; MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	4	PA; MO; QL (360 per 30 days)
<i>clozapine oral tablet 100 mg, 200 mg</i>	4	
<i>clozapine oral tablet 25 mg, 50 mg</i>	3	
<i>clozapine oral tablet, disintegrating</i>	4	
<i>desipramine</i>	4	MO
<i>desvenlafaxine succinate</i>	4	MO; QL (30 per 30 days)
<i>dexmethylphenidate oral tablet</i>	3	MO
<i>dextroamphetamine oral capsule, extended release</i>	4	MO
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i>	4	MO
<i>dextroamphetamine oral tablet 15 mg, 20 mg, 30 mg</i>	4	
<i>dextroamphetamine -amphetamine oral capsule, extended release 24hr</i>	4	MO; QL (60 per 30 days)
<i>dextroamphetamine -amphetamine oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	3	MO
<i>dextroamphetamine -amphetamine oral tablet 12.5 mg, 30 mg, 7.5 mg</i>	3	MO; QL (60 per 30 days)
<i>diazepam injection</i>	2	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>diazepam intensol</i>	2	PA; QL (240 per 30 days)
<i>diazepam oral concentrate</i>	2	PA; MO; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	PA; MO; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	2	PA; MO; QL (120 per 30 days)
<i>doxepin oral capsule</i>	4	MO
<i>doxepin oral concentrate</i>	4	MO
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	MO; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	MO; QL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(drlec) 20 mg, 30 mg, 60 mg</i>	3	MO; QL (60 per 30 days)
EMSAM	4	MO; QL (30 per 30 days)
<i>escitalopram oxalate oral solution</i>	4	MO; QL (600 per 30 days)
<i>escitalopram oxalate oral tablet</i>	2	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
FANAPT ORAL TABLET	4	PA; MO; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	4	PA; MO; QL (8 per 28 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	4	ST; MO; QL (28 per 28 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	4	ST; MO; QL (30 per 30 days)
<i>fluoxetine (pmdd) oral tablet 10 mg</i>	2	QL (30 per 30 days)
<i>fluoxetine (pmdd) oral tablet 20 mg</i>	2	
<i>fluoxetine oral capsule 10 mg</i>	2	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	2	MO
<i>fluoxetine oral capsule 40 mg</i>	2	MO; QL (60 per 30 days)
<i>fluoxetine oral solution</i>	2	MO
<i>fluoxetine oral tablet 10 mg</i>	2	MO; QL (30 per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	2	MO
<i>fluphenazine decanoate</i>	4	MO
<i>fluphenazine hcl injection</i>	4	MO
<i>fluphenazine hcl oral concentrate</i>	2	MO
<i>fluphenazine hcl oral elixir</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl oral tablet</i>	2	MO
<i>fluvoxamine oral tablet 100 mg</i>	3	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	3	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	3	MO; QL (60 per 30 days)
<i>haloperidol</i>	2	MO
<i>haloperidol decanoate</i>	4	MO
<i>haloperidol lactate injection</i>	2	MO
<i>haloperidol lactate oral</i>	2	MO
HETLIOZ	5	PA; MO; QL (30 per 30 days)
<i>imipramine hcl</i>	4	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	4	MO; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	4	MO; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	4	MO; QL (1.5 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	MO; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	4	MO; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	4	MO; QL (0.88 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	4	MO; QL (1.32 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	4	MO; QL (1.75 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	4	MO; QL (2.63 per 28 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	4	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	4	MO; QL (60 per 30 days)
<i>lithium carbonate</i>	2	MO
<i>lorazepam injection solution</i>	4	PA; MO
<i>lorazepam injection syringe 2 mg/ml</i>	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam intensol</i>	3	PA; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	3	PA; MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	PA; MO; QL (150 per 30 days)
<i>loxapine succinate</i>	3	MO
<i>maprotiline</i>	2	MO
MARPLAN	4	MO; QL (180 per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	4	MO; QL (900 per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	4	MO; QL (1800 per 30 days)
<i>methylphenidate hcl oral tablet</i>	4	MO; QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release</i>	4	MO
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 36 mg (bx rating), 54 mg (bx rating)</i>	4	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine oral tablet</i>	2	MO; QL (30 per 30 days)
<i>mirtazapine oral tablet, disintegrating</i>	3	MO; QL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i>	3	PA; MO; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	3	PA; MO; QL (60 per 30 days)
<i>molindone</i>	3	MO
<i>nefazodone</i>	4	MO
<i>nortriptyline</i>	2	MO
NUPLAZID ORAL CAPSULE	4	PA; MO; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	4	PA; MO; QL (30 per 30 days)
<i>olanzapine intramuscular</i>	4	MO; QL (30 per 30 days)
<i>olanzapine oral tablet</i>	3	MO; QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating</i>	4	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	4	PA; MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	4	PA; MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	2	MO; QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page v. This drug list was updated in December 2021.

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl oral tablet 30 mg</i>	2	MO; QL (60 per 30 days)
PAXIL ORAL SUSPENSION	4	ST; MO; QL (900 per 30 days)
<i>perphenazine</i>	4	MO
PERSERIS	4	MO; QL (1 per 30 days)
<i>phenelzine</i>	3	MO
<i>pimozide</i>	4	MO
<i>protriptyline</i>	4	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	4	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	4	MO; QL (60 per 30 days)
<i>ramelteon</i>	3	MO; QL (30 per 30 days)
REXULTI	4	MO; QL (30 per 30 days)
RISPERDAL CONSTA	4	MO; QL (2 per 28 days)
<i>risperidone oral solution</i>	4	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone oral tablet 4 mg</i>	2	MO; QL (120 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	4	MO; QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	4	MO; QL (120 per 30 days)
SAPHRIS	4	MO; QL (60 per 30 days)
SECUADO	4	MO; QL (30 per 30 days)
<i>sertraline oral concentrate</i>	4	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
<i>thioridazine</i>	4	MO
<i>thiothixene</i>	4	MO
<i>tranylcypromine</i>	4	MO
<i>trazodone</i>	2	MO
<i>trifluoperazine</i>	3	MO
<i>trimipramine</i>	4	MO
TRINTELLIX	4	ST; MO; QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i>	2	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	2	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine oral tablet</i>	2	MO; QL (90 per 30 days)
VERSACLOZ	5	
VIIBRYD ORAL TABLET	4	ST; MO; QL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	4	ST; MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	4	PA; MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	4	PA; MO; QL (7 per 30 days)
XYREM	5	PA; LA; QL (540 per 30 days)
<i>ziprasidone hcl</i>	4	MO; QL (60 per 30 days)
<i>ziprasidone mesylate</i>	4	QL (6 per 30 days)
<i>zolpidem oral tablet</i>	2	MO; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	4	PA; MO; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	4	PA; MO; QL (1 per 28 days)

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>adenosine</i>	3	
<i>amiodarone intravenous solution</i>	2	B/D PA; MO
<i>amiodarone intravenous syringe</i>	2	B/D PA
<i>amiodarone oral tablet 100 mg</i>	2	
<i>amiodarone oral tablet 200 mg</i>	2	MO
<i>amiodarone oral tablet 400 mg</i>	4	
<i>dofetilide</i>	4	MO
<i>flecainide</i>	2	MO
<i>lidocaine (pf) intravenous</i>	2	
<i>mexiletine</i>	2	MO
MULTAQ	4	MO
<i>pacerone oral tablet 100 mg, 200 mg</i>	2	MO
<i>propafenone oral capsule,extended release 12 hr</i>	4	MO
<i>propafenone oral tablet 150 mg, 225 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>propafenone oral tablet 300 mg</i>	4	MO
<i>quinidine sulfate oral tablet</i>	2	MO
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	2	MO
<i>sorine oral tablet 240 mg</i>	2	
<i>sotalol af</i>	2	
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i>	2	MO
<i>sotalol oral tablet 240 mg</i>	4	MO
SOTYLIZE	4	MO
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol</i>	2	MO
<i>amiloride</i>	3	MO
<i>amiloride-hydrochlorothiazide</i>	2	MO
<i>amlodipine</i>	1	MO
<i>amlodipine-benazepril</i>	2	MO
<i>amlodipine-valsartan</i>	2	MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	2	MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	2	MO
BIDIL	3	MO
<i>bisoprolol fumarate</i>	2	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>bumetanide injection</i>	4	MO
<i>bumetanide oral</i>	2	MO
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	2	MO; QL (60 per 30 days)
<i>candesartan oral tablet 32 mg</i>	2	MO; QL (30 per 30 days)
<i>candesartan-hydrochlorothiazid</i>	2	MO
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg</i>	2	MO
<i>cartia xt oral capsule, extended release 24hr 300 mg</i>	3	MO
<i>carvedilol</i>	1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO
<i>clonidine</i>	4	MO; QL (4 per 28 days)
<i>clonidine hcl oral tablet</i>	2	MO
DEMSER	4	PA; MO
<i>diltiazem hcl intravenous</i>	4	
<i>diltiazem hcl oral capsule, ext. rel 24h degradable 120 mg, 240 mg</i>	2	MO
<i>diltiazem hcl oral capsule, ext. rel 24h degradable 180 mg</i>	3	MO
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 240 mg, 300 mg</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 360 mg, 420 mg</i>	3	MO
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 240 mg, 300 mg</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24hr 180 mg, 360 mg</i>	3	MO
<i>diltiazem hcl oral tablet</i>	2	MO
<i>diltiazem hcl oral tablet extended release 24 hr</i>	3	
<i>dilt-xr</i>	2	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	2	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	2	MO; QL (60 per 30 days)
<i>enalapril maleate oral tablet</i>	2	MO
<i>enalaprilat intravenous solution</i>	3	
<i>enalapril-hydrochlorothiazide</i>	2	MO
<i>eplerenone</i>	4	MO
<i>felodipine</i>	3	MO
<i>fosinopril</i>	2	MO
<i>fosinopril-hydrochlorothiazide</i>	2	MO
<i>furosemide injection</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	MO
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine injection</i>	4	MO
<i>hydralazine oral</i>	2	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	2	MO
<i>irbesartan</i>	1	MO; QL (30 per 30 days)
<i>irbesartan-hydrochlorothiazide</i>	2	MO; QL (30 per 30 days)
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	2	
<i>labetalol oral</i>	2	MO
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
<i>losartan</i>	1	MO; QL (60 per 30 days)
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg</i>	1	MO; QL (30 per 30 days)
<i>losartan-hydrochlorothiazide oral tablet 50-12.5 mg</i>	1	MO; QL (60 per 30 days)
<i>mannitol 20 %</i>	3	
<i>mannitol 25 % intravenous solution</i>	3	MO
<i>methyldopa</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>metolazone</i>	3	MO
<i>metoprolol succinate</i>	2	MO
<i>metoprolol tartrate hydrochlorothiaz</i>	3	MO
<i>metoprolol tartrate intravenous solution</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>metyrosine</i>	5	PA; MO
<i>minoxidil oral</i>	2	MO
<i>nifedipine oral tablet extended release</i>	3	MO
<i>nifedipine oral tablet extended release 24hr</i>	3	MO
<i>nimodipine</i>	4	MO
<i>olmesartan</i>	2	MO
<i>olmesartan-hydrochlorothiazide</i>	2	MO
<i>osmitrol 15 %</i>	3	
<i>osmitrol 20 %</i>	3	
<i>phentolamine</i>	3	
<i>pindolol</i>	4	MO
<i>prazosin</i>	2	MO
<i>propranolol intravenous</i>	2	
<i>propranolol oral capsule, extended release 24 hr</i>	4	MO
<i>propranolol oral solution</i>	2	MO
<i>propranolol oral tablet</i>	2	MO
<i>propranolol-hydrochlorothiazid</i>	4	MO
<i>quinapril</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>quinapril-hydrochlorothiazide</i>	2	MO
<i>ramipril</i>	1	MO
SODIUM EDECIN	3	
<i>spironolactone oral tablet 100 mg, 50 mg</i>	2	MO
<i>spironolactone oral tablet 25 mg</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	2	MO
<i>telmisartan</i>	2	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	2	MO; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	2	MO; QL (60 per 30 days)
<i>timolol maleate oral</i>	4	MO
<i>torseamide oral</i>	2	MO
<i>triamterene</i>	3	MO
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	2	MO
<i>triamterene-hydrochlorothiazid oral tablet</i>	2	MO
UPTRAVI ORAL	4	PA; MO; LA
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	2	MO; QL (60 per 30 days)
<i>valsartan oral tablet 320 mg</i>	2	MO; QL (30 per 30 days)
<i>valsartan-hydrochlorothiazide</i>	2	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>verapamil intravenous</i>	2	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	MO
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	2	MO
<i>verapamil oral capsule, ext rel. pellets 24 hr 360 mg</i>	3	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	2	MO
COAGULATION THERAPY		
<i>aminocaproic acid</i>	3	MO
BRILINTA	4	MO; QL (60 per 30 days)
CEPROTIN (BLUE BAR)	3	MO
CEPROTIN (GREEN BAR)	3	MO
<i>cilostazol</i>	2	MO
<i>clopidogrel oral tablet 300 mg</i>	4	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>dipyridamole oral</i>	3	MO
ELIQUIS	3	MO
ELIQUIS DVT-PE TREAT 30D START	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin subcutaneous solution</i>	4	MO
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	4	MO; QL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	4	MO; QL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	4	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	4	MO; QL (11.2 per 28 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	MO
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	3	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	4	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml (100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	4	MO
<i>heparin (porcine) in nacl (pf)</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>heparin (porcine) injection cartridge</i>	4	MO
<i>heparin (porcine) injection solution</i>	3	MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	4	MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	4	
<i>heparin (porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	4	MO
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	4	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	3	MO
HEPARIN, PORCINE (PF) SUBCUTANEOUS	3	MO
<i>jantoven</i>	1	MO
NPLATE	5	MO
<i>pentoxifylline</i>	2	MO
<i>prasugrel</i>	4	MO
PROMACTA ORAL POWDER IN PACKET 12.5 MG	5	PA; MO; LA; QL (360 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
PROMACTA ORAL POWDER IN PACKET 25 MG	5	PA; MO; LA; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG	5	PA; MO; LA; QL (30 per 30 days)
PROMACTA ORAL TABLET 75 MG	5	PA; MO; LA; QL (60 per 30 days)
<i>warfarin</i>	1	MO
XARELTO	3	MO
XARELTO DVT-PE TREAT 30D START	3	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
<i>cholestyramine (with sugar)</i>	4	MO
<i>cholestyramine light oral powder</i>	4	
<i>cholestyramine light oral powder in packet</i>	4	MO
<i>colesevelam</i>	4	MO
<i>ezetimibe</i>	3	MO; QL (30 per 30 days)
<i>ezetimibe-simvastatin</i>	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized oral capsule 134 mg, 200 mg</i>	3	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 67 mg</i>	3	MO; QL (60 per 30 days)
<i>fenofibrate nanocrystallized oral tablet 145 mg</i>	3	MO; QL (30 per 30 days)
<i>fenofibrate nanocrystallized oral tablet 48 mg</i>	3	MO; QL (60 per 30 days)
<i>fenofibrate oral tablet 160 mg</i>	3	MO; QL (30 per 30 days)
<i>fenofibrate oral tablet 54 mg</i>	3	MO; QL (60 per 30 days)
<i>fluvastatin oral capsule 20 mg</i>	4	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	4	MO; QL (60 per 30 days)
<i>gemfibrozil</i>	2	MO; QL (60 per 30 days)
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
<i>niacin oral tablet 500 mg</i>	3	MO
<i>niacin oral tablet extended release 24 hr 1,000 mg</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>niacin oral tablet extended release 24 hr 500 mg, 750 mg</i>	4	
<i>pravastatin</i>	1	MO; QL (30 per 30 days)
<i>prevalite</i>	3	MO
REPATHA	3	PA; QL (3 per 28 days)
REPATHA PUSHTRONEX	3	PA; QL (3.5 per 28 days)
REPATHA SURECLICK	3	PA; QL (3 per 28 days)
<i>rosuvastatin</i>	2	MO; QL (30 per 30 days)
<i>simvastatin oral tablet</i>	1	MO; QL (30 per 30 days)
VASCEPA	3	MO
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL TABLET	4	PA; MO; QL (60 per 30 days)
<i>digitek oral tablet 125 mcg (0.125 mg)</i>	3	MO; QL (30 per 30 days)
<i>digitek oral tablet 250 mcg (0.25 mg)</i>	3	MO
<i>digox oral tablet 125 mcg (0.125 mg)</i>	2	MO; QL (30 per 30 days)
<i>digox oral tablet 250 mcg (0.25 mg)</i>	2	MO
<i>digoxin oral solution</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>digoxin oral tablet 125 mcg (0.125 mg)</i>	2	MO; QL (30 per 30 days)
<i>digoxin oral tablet 250 mcg (0.25 mg)</i>	2	MO
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>	3	B/D PA
<i>dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)</i>	3	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	3	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	3	B/D PA; MO
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	3	B/D PA
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	3	B/D PA; MO

Drug Name	Drug Tier	Requirements/Limits
ENTRESTO	3	MO; QL (60 per 30 days)
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	4	MO
LANOXIN PEDIATRIC	3	
<i>milrinone</i>	3	B/D PA
<i>milrinone in 5 % dextrose</i>	3	B/D PA
<i>ranolazine</i>	3	MO; QL (60 per 30 days)
VERQUVO	3	PA; MO; QL (30 per 30 days)
VYNDAMAX	4	PA; MO
VYNDAQEL	4	PA; MO
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	4	MO
<i>isosorbide dinitrate oral tablet 30 mg</i>	3	MO
<i>isosorbide mononitrate</i>	2	MO
<i>nitro-bid</i>	3	MO
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	3	B/D PA
<i>nitroglycerin sublingual</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual</i>	2	MO

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATICS / ANTISEBORRHOEIC

<i>acitretin</i>	4	MO
<i>calcipotriene scalp</i>	3	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	4	MO; QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	4	MO; QL (120 per 30 days)
<i>selenium sulfide topical lotion</i>	2	MO
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE KIT	5	PA; MO; QL (2 per 28 days)
STELARA SUBCUTANEOUS SOLUTION	5	PA; MO; QL (0.5 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
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 SYRINGE	5	PA; MO; QL (4 per 28 days)

MISCELLANEOUS DERMATOLOGICALS

<i>ammonium lactate</i>	2	MO
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; MO; QL (8 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; MO; QL (8 per 28 days)
<i>fluorouracil topical cream 5%</i>	4	MO
<i>fluorouracil topical solution</i>	4	MO
<i>glydo</i>	3	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>imiquimod topical cream in packet</i>	3	MO
<i>lidocaine (pf) injection solution 10 mg/ml (1%), 5 mg/ml (0.5%)</i>	4	
<i>lidocaine (pf) injection solution 15 mg/ml (1.5%), 20 mg/ml (2%), 40 mg/ml (4%)</i>	2	
<i>lidocaine hcl injection solution 10 mg/ml (1%)</i>	2	
<i>lidocaine hcl injection solution 20 mg/ml (2%)</i>	4	
<i>lidocaine hcl injection solution 5 mg/ml (0.5%)</i>	1	
<i>lidocaine hcl laryngotracheal</i>	2	MO
<i>lidocaine hcl mucous membrane jelly</i>	3	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator</i>	3	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane solution 2%</i>	2	
<i>lidocaine hcl mucous membrane solution 4% (40 mg/ml)</i>	2	MO
<i>lidocaine topical adhesive patch, medicated 5%</i>	3	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	4	MO; QL (50 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine viscous</i>	2	MO
<i>lidocaine-prilocaine topical cream</i>	4	MO; QL (30 per 30 days)
<i>methoxsalen</i>	5	MO
PANRETIN	5	MO
<i>podofilox</i>	4	MO
REGRANEX	5	PA; MO
SANTYL	4	MO
<i>silver sulfadiazine</i>	2	MO
<i>ssd</i>	3	MO
<i>tacrolimus topical</i>	4	PA; MO; QL (100 per 30 days)
UVADEX	4	B/D PA
VALCHLOR	5	PA; MO
ZTLIDO	3	PA; MO; QL (90 per 30 days)

THERAPY FOR ACNE

<i>claravis</i>	4	
<i>clindamycin phosphate topical gel</i>	4	MO; QL (120 per 30 days)
CLINDAMYCIN PHOSPHATE TOPICAL GEL, ONCE DAILY	4	QL (150 per 30 days)
<i>clindamycin phosphate topical lotion</i>	4	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	4	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical swab</i>	2	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i>	4	MO
<i>ery pads</i>	4	MO
<i>erythromycin with ethanol topical gel</i>	2	MO
<i>erythromycin with ethanol topical solution</i>	2	MO
<i>erythromycin-benzoyl peroxide</i>	4	MO
<i>isotretinoin</i>	4	
<i>metronidazole topical cream</i>	4	MO
<i>metronidazole topical gel 0.75 %</i>	4	MO
<i>metronidazole topical gel 1 %</i>	2	MO
<i>metronidazole topical gel with pump</i>	2	MO
<i>metronidazole topical lotion</i>	4	MO
<i>rosadan topical cream</i>	4	MO
<i>rosadan topical gel</i>	4	MO
<i>tazarotene topical cream</i>	3	PA; MO
TAZORAC TOPICAL CREAM 0.05 %	3	PA; MO
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	4	PA; MO
<i>tretinoin topical topical gel 0.01 %</i>	3	PA; MO
<i>tretinoin topical topical gel 0.025 %, 0.05 %</i>	4	PA; MO

Drug Name	Drug Tier	Requirements/Limits
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical</i>	3	MO
<i>mafenide acetate</i>	2	MO
<i>mupirocin</i>	2	MO; QL (30 per 30 days)
<i>sulfacetamide sodium (acne)</i>	4	MO
SULFAMYLON TOPICAL CREAM	4	MO
TOPICAL ANTIFUNGALS		
<i>ciclopirox topical cream</i>	4	MO; QL (90 per 28 days)
<i>ciclopirox topical gel</i>	4	MO; QL (45 per 28 days)
<i>ciclopirox topical shampoo</i>	4	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	2	MO
<i>ciclopirox topical suspension</i>	4	MO; QL (60 per 28 days)
<i>clotrimazole topical cream</i>	2	MO; QL (45 per 28 days)
<i>clotrimazole topical solution</i>	2	MO; QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	4	MO; QL (45 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole-betamethasone topical lotion</i>	4	MO; QL (60 per 28 days)
<i>econazole</i>	4	MO; QL (85 per 28 days)
<i>ketoconazole topical cream</i>	2	MO; QL (60 per 28 days)
<i>ketoconazole topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>nyamyc</i>	4	MO
<i>nystatin topical cream</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	3	
<i>nystatin-triamcinolone</i>	4	MO; QL (60 per 28 days)
<i>nystop</i>	4	MO
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment</i>	4	PA; MO; QL (30 per 30 days)
DENAVIR	3	MO
TOPICAL CORTICOSTEROIDS		
<i>alclometasone topical cream</i>	4	MO
<i>alclometasone topical ointment</i>	2	MO
<i>beser</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate</i>	4	MO
<i>betamethasone valerate topical cream</i>	2	MO
<i>betamethasone valerate topical lotion</i>	4	MO
<i>betamethasone valerate topical ointment</i>	2	MO
<i>betamethasone, augmented topical cream</i>	2	MO
<i>betamethasone, augmented topical gel</i>	4	MO
<i>betamethasone, augmented topical lotion</i>	4	MO
<i>betamethasone, augmented topical ointment</i>	4	MO
<i>clobetasol scalp</i>	4	MO; QL (100 per 28 days)
<i>clobetasol topical cream</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical gel</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical ointment</i>	4	MO; QL (120 per 28 days)
<i>clobetasol-emollient topical cream</i>	2	MO; QL (120 per 28 days)
<i>desonide</i>	4	MO
<i>desoximetasone</i>	4	MO
<i>desrx</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone</i>	4	MO
<i>fluocinolone and shower cap</i>	4	MO
<i>fluocinonide topical cream 0.05 %</i>	2	MO; QL (120 per 30 days)
<i>fluocinonide topical gel</i>	2	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment</i>	2	MO; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide-e</i>	2	QL (120 per 30 days)
<i>fluocinonide-emollient</i>	2	MO; QL (120 per 30 days)
<i>fluticasone propionate topical cream</i>	3	MO
<i>fluticasone propionate topical ointment</i>	3	MO
<i>halobetasol propionate topical cream</i>	4	MO
<i>halobetasol propionate topical ointment</i>	4	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone topical lotion 2.5 %</i>	4	MO
<i>hydrocortisone topical ointment 2.5 %</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone valerate topical cream</i>	2	MO
<i>hydrocortisone valerate topical ointment</i>	4	MO
<i>mometasone topical</i>	2	MO
<i>prednicarbate topical ointment</i>	4	MO
<i>triamcinolone acetonide topical cream</i>	2	MO
<i>triamcinolone acetonide topical lotion</i>	3	MO
<i>triamcinolone acetonide topical ointment</i>	2	MO
<i>triderm topical cream</i>	2	MO
<i>tritocin</i>	2	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>lindane topical shampoo</i>	4	MO
<i>malathion</i>	4	MO
<i>permethrin</i>	3	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
<i>acetylcysteine intravenous</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	4	MO
<i>anagrelide</i>	3	MO
<i>caffeine citrate oral</i>	3	MO
CARBAGLU	5	PA; MO; LA
CHEMET	4	PA
<i>d10 %-0.45 % sodium chloride</i>	4	
<i>d2.5 %-0.45 % sodium chloride</i>	4	
<i>d5 % and 0.9 % sodium chloride</i>	4	MO
<i>d5 %-0.45 % sodium chloride</i>	4	MO
<i>deferasirox oral tablet, dispersible</i>	5	PA; MO
<i>dextrose 10 % and 0.2 % nacl</i>	4	
<i>dextrose 10 % in water (d10w)</i>	3	
<i>dextrose 5 % in water (d5w)</i>	3	MO
<i>dextrose 5 %-lactated ringers</i>	4	MO
<i>dextrose 5 %-0.2 % sod chloride</i>	4	
<i>disulfiram oral tablet 250 mg</i>	4	MO
<i>disulfiram oral tablet 500 mg</i>	4	
<i>droxidopa oral capsule 100 mg</i>	4	PA; MO; QL (90 per 30 days)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	4	PA; MO; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
INCRELEX	5	PA; MO; LA
<i>levocarnitine (with sugar)</i>	4	MO
<i>levocarnitine oral solution 100 mg/ml</i>	4	MO
<i>levocarnitine oral tablet</i>	4	MO
<i>midodrine oral tablet 10 mg, 5 mg</i>	4	MO
<i>midodrine oral tablet 2.5 mg</i>	3	MO
<i>nitisinone</i>	5	MO
NORTHERA ORAL CAPSULE 100 MG	5	PA; MO; QL (90 per 30 days)
NORTHERA ORAL CAPSULE 200 MG, 300 MG	5	PA; MO; QL (180 per 30 days)
<i>pilocarpine hcl oral</i>	4	MO
PROLASTIN-C	5	PA; LA
REVCOVI	5	PA; LA
<i>riluzole</i>	3	MO
<i>sevelamer carbonate oral powder in packet</i>	5	MO
<i>sevelamer carbonate oral tablet</i>	3	MO; QL (540 per 30 days)
<i>sodium chloride 0.9 % intravenous</i>	4	MO
<i>sodium chloride irrigation</i>	3	MO
<i>sodium polystyrene sulfonate oral powder</i>	4	MO
SOLIRIS	5	PA; MO
<i>sps (with sorbitol) oral</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>sps (with sorbitol) rectal</i>	4	
<i>trientine</i>	5	PA; MO; QL (240 per 30 days)
VELTASSA	3	MO
XIAFLEX	5	PA
XURIDEN	5	
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	3	PA; MO
SMOKING DETERRENENTS		
<i>bupropion hcl (smoking deter)</i>	3	MO; QL (60 per 30 days)
CHANTIX	4	MO
CHANTIX CONTINUING MONTH BOX	4	MO
CHANTIX STARTING MONTH BOX	4	MO
NICOTROL	4	MO
NICOTROL NS	4	MO
<i>varenicline</i>	4	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine 0.1% (137 mcg) spry</i>	4	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>azelastine 0.15% nasal spray</i>	2	MO; QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane</i>	2	MO
<i>denta 5000 plus</i>	3	MO
<i>dentagel</i>	3	MO
<i>fluoride (sodium) dental gel</i>	3	MO
<i>ipratropium bromide nasal</i>	2	MO; QL (30 per 30 days)
<i>oralone</i>	4	MO
<i>paroex oral rinse</i>	2	MO
<i>periogard</i>	2	MO
<i>sf</i>	3	MO
<i>sf 5000 plus</i>	3	MO
<i>sodium fluoride 5000 plus</i>	3	
<i>triamcinolone acetonide dental</i>	4	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	3	MO
<i>ciprofloxacin hcl otic (ear)</i>	3	MO
<i>flac otic oil</i>	4	
<i>fluocinolone acetonide oil</i>	4	MO
<i>hydrocortisone-acetic acid</i>	4	MO
<i>ofloxacin otic (ear)</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
OTIC STEROID / ANTIBIOTIC		
CIPRODEX	3	MO
<i>ciprofloxacin-dexamethasone</i>	3	MO
CORTISPORIN-TC	3	MO
<i>neomycin-polymyxin-hc otic (ear)</i>	3	MO
ENDOCRINE/ DIABETES		
ADRENAL HORMONES		
<i>decadron oral tablet 0.5 mg</i>	3	
DEPO-MEDROL	3	MO
<i>dexamethasone</i>	2	MO
<i>dexamethasone intensol</i>	2	MO
<i>dexamethasone sodium phos (pf) injection solution</i>	4	MO
<i>dexamethasone sodium phosphate injection solution</i>	4	MO
<i>dexamethasone sodium phosphate injection syringe</i>	2	MO
<i>fludrocortisone</i>	2	MO
<i>hidex</i>	3	
<i>hydrocortisone oral</i>	3	MO
<i>methylprednisolone acetate</i>	2	MO
<i>methylprednisolone oral tablet</i>	2	B/D PA; MO

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone oral tablets,dose pack</i>	2	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg</i>	4	MO
<i>methylprednisolone sodium succ injection recon soln 40 mg</i>	2	MO
<i>methylprednisolone sodium succ intravenous</i>	4	MO
<i>prednisolone oral solution</i>	2	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>	2	
<i>prednisone intensol</i>	4	B/D PA; MO
<i>prednisone oral solution</i>	2	MO
<i>prednisone oral tablet</i>	2	B/D PA; MO
<i>prednisone oral tablets,dose pack</i>	2	MO
SOLU-CORTEF	3	
SOLU-CORTEF ACT-O-VIAL (PF)	3	MO
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	MO
<i>propylthiouracil</i>	3	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)
<i>alcohol pads</i>	2	
BAQSIMI	3	MO
BYDUREON	3	MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	3	MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	MO; QL (1.2 per 30 days)
<i>diazoxide</i>	4	MO
GAUZE PADS 2 X 2	3	
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	2	MO; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	2	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	2	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	2	MO; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	2	MO; QL (120 per 30 days)
GLUCAGEN HYPOKIT	3	MO
GLUCAGON (HCL) EMERGENCY KIT	3	
<i>glucagon emergency kit (human)</i>	3	MO
GVOKE HYPOPEN 1-PACK	3	MO
GVOKE HYPOPEN 2-PACK	3	MO
GVOKE PFS 1-PACK SYRINGE	3	MO

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Drug Name	Drug Tier	Requirements/Limits
GVOKE PFS 2-PACK SYRINGE	3	MO
HUMALOG JUNIOR KWIKPEN U-100	3	MO; SSM
HUMALOG KWIKPEN INSULIN	3	MO; SSM
HUMALOG MIX 50-50 INSULN U-100	3	MO; SSM
HUMALOG MIX 50-50 KWIKPEN	3	MO; SSM
HUMALOG MIX 75-25 KWIKPEN	3	MO; SSM
HUMALOG MIX 75-25(U-100)INSULN	3	MO; SSM
HUMALOG U-100 INSULIN	3	MO; SSM
HUMULIN 70/30 U-100 INSULIN	3	MO; SSM
HUMULIN 70/30 U-100 KWIKPEN	3	MO; SSM
HUMULIN N NPH INSULIN KWIKPEN	3	MO; SSM
HUMULIN N NPH U-100 INSULIN	3	MO; SSM
HUMULIN R REGULAR U-100 INSULN	3	MO; SSM
HUMULIN R U-500 (CONC) INSULIN	5	MO
HUMULIN R U-500 (CONC) KWIKPEN	5	MO
INSULIN PEN NEEDLE	3	MO

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE (DISP) U-100 SYRINGE 0.3 ML 29 GAUGE, 1/2 ML 28 GAUGE	3	
INSULIN SYRINGE (DISP) U-100 SYRINGE 1 ML 29 GAUGE X 1/2"	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)
JARDIANCE	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
JENTADUETO	3	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	MO; QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	3	MO; SSM
LANTUS U-100 INSULIN	3	MO; SSM
LYUMJEV KWIKPEN U-100 INSULIN	3	MO; SSM
LYUMJEV KWIKPEN U-200 INSULIN	3	MO; SSM
LYUMJEV U-100 INSULIN	3	MO; SSM
<i>metformin oral solution</i>	4	MO; QL (765 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (60 per 30 days)
NEEDLES, INSULIN DISP.,SAFETY	3	MO
OMNIPOD DASH 5 PACK POD	3	MO; QL (30 per 30 days)
OMNIPOD INSULIN MANAGEMENT	3	MO; QL (1 per 365 days)
OMNIPOD INSULIN REFILL	3	MO; QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	3	MO; QL (1.5 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)	3	QL (3 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML)	3	MO
<i>pioglitazone</i>	2	MO; QL (30 per 30 days)
PROGLYCEM	5	MO
<i>repaglinide oral tablet 0.5 mg</i>	2	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	2	MO; QL (480 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>repaglinide oral tablet 2 mg</i>	2	MO; QL (240 per 30 days)
RYBELSUS	3	MO; QL (30 per 30 days)
SOLIQUA 100/33	3	MO; QL (90 per 30 days)
SYNJARDY	3	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	3	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	3	MO; QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	3	MO; SSM
TOUJEO SOLOSTAR U-300 INSULIN	3	MO; SSM
TRADJENTA	3	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	4	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	4	MO; QL (60 per 30 days)
TRULICITY	3	MO; QL (2 per 28 days)
V-GO 20	3	MO
V-GO 30	3	MO
V-GO 40	3	MO
VICTOZA 2-PAK	3	MO; QL (9 per 30 days)
VICTOZA 3-PAK	3	MO; QL (9 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME	5	PA; MO
<i>cabergoline</i>	4	MO
<i>calcitonin (salmon) nasal</i>	3	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	
<i>calcitriol oral capsule 0.25 mcg</i>	2	MO
<i>calcitriol oral capsule 0.5 mcg</i>	3	MO
<i>calcitriol oral solution</i>	3	
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PA; MO
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	4	MO; QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i>	4	MO; QL (120 per 30 days)
CRYSVITA	5	PA; MO; LA
<i>danazol</i>	4	MO
<i>desmopressin injection</i>	3	MO
<i>desmopressin nasal spray with pump</i>	3	MO
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	3	
<i>desmopressin oral</i>	3	MO
ELAPRASE	5	PA; MO
FABRAZYME	5	MO
KANUMA	5	MO
KORLYM	5	PA; QL (120 per 30 days)
KUVAN	5	PA; MO
LUMIZYME	4	PA; MO
MEPSEVII	5	MO
MIACALCIN INJECTION	4	MO
MYALEPT	5	PA; MO; LA
NAGLAZYME	5	PA; MO; LA
NATPARA	5	PA; MO; LA; QL (2 per 28 days)
<i>oxandrolone oral tablet 10 mg</i>	5	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oxandrolone oral tablet 2.5 mg</i>	3	PA; MO; QL (120 per 30 days)
PARICALCITOL HEMODIALYSIS PORT INJECTION	4	
<i>paricalcitol intravenous solution 2 mcg/ml</i>	4	
<i>paricalcitol intravenous solution 5 mcg/ml</i>	4	MO
<i>paricalcitol oral</i>	4	MO
SAMSCA ORAL TABLET 15 MG	5	PA; MO; QL (30 per 30 days)
SAMSCA ORAL TABLET 30 MG	5	PA; MO; QL (60 per 30 days)
<i>sapropterin</i>	5	PA; MO
SOMAVERT	5	PA; MO; QL (30 per 30 days)
STRENSIQ	4	PA; LA
SYNAREL	4	MO
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	3	PA; MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	3	PA
<i>testosterone enanthate</i>	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	4	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	4	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	4	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	4	PA; MO; QL (150 per 30 days)
<i>tolvaptan oral tablet 30 mg</i>	5	PA; MO; QL (60 per 30 days)
VIMIZIM	5	MO; LA
<i>zoledronic acid intravenous solution</i>	3	B/D PA; MO
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	3	B/D PA; MO
ZOLEDRONIC AC-MANNITOL-0.9NACL	3	B/D PA; MO
THYROID HORMONES		
<i>euthyrox</i>	3	MO
<i>levo-t</i>	3	
<i>levothyroxine oral tablet</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	3	MO
<i>liothyronine oral</i>	2	MO
<i>unithroid</i>	3	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>atropine injection solution 0.4 mg/ml</i>	4	
<i>atropine injection syringe 0.05 mg/ml</i>	4	
<i>atropine injection syringe 0.1 mg/ml</i>	2	
<i>dicyclomine intramuscular</i>	2	MO
<i>dicyclomine oral capsule</i>	2	MO
<i>dicyclomine oral solution</i>	2	MO
<i>dicyclomine oral tablet</i>	2	MO
<i>glycopyrrolate injection</i>	4	MO
<i>glycopyrrolate oral tablet 1 mg</i>	2	MO
<i>glycopyrrolate oral tablet 2 mg</i>	4	MO
<i>loperamide oral capsule</i>	2	MO
<i>opium tincture</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron</i>	5	PA; MO
<i>aprepitant</i>	3	B/D PA; MO
<i>balsalazide</i>	4	MO
<i>budesonide oral capsule, delayed, extended release</i>	4	MO
<i>budesonide oral tablet, delayed and extended release</i>	4	
CHENODAL	5	PA; LA
CHOLBAM ORAL CAPSULE 250 MG	5	PA
CHOLBAM ORAL CAPSULE 50 MG	5	PA; QL (120 per 30 days)
<i>compro</i>	4	MO
<i>constulose</i>	2	MO
CORTIFOAM	3	MO
CREON	3	MO
<i>cromolyn oral</i>	3	MO
CYSTADANE	5	
<i>dronabinol</i>	4	B/D PA; MO; QL (60 per 30 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION	4	B/D PA
ENTYVIO	5	PA; MO
<i>enulose</i>	2	MO
<i>fosaprepitant</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
GATTEX 30-VIAL	5	PA; MO
GATTEX ONE-VIAL	5	PA; MO
<i>gavilyte-c</i>	2	MO
<i>gavilyte-n</i>	2	MO
<i>generlac</i>	2	MO
<i>hydrocortisone rectal</i>	3	MO
<i>hydrocortisone topical cream with perineal applicator</i>	2	MO
<i>lactulose oral solution 10 gram/15 ml</i>	2	MO
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	2	
LINZESS	3	MO; QL (30 per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO
<i>mesalamine oral capsule, extended release 24hr</i>	3	MO
<i>mesalamine oral tablet, delayed release (drlec) 1.2 gram</i>	4	MO
<i>mesalamine rectal enema</i>	4	MO
<i>mesalamine with cleansing wipe</i>	4	MO
<i>metoclopramide hcl oral solution</i>	2	MO
<i>metoclopramide hcl oral tablet</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
MOVANTIK	4	MO; QL (30 per 30 days)
OICALIVA	4	PA; MO; LA; QL (30 per 30 days)
<i>ondansetron</i>	2	B/D PA; MO
<i>ondansetron hcl (pf) injection solution</i>	3	MO
<i>ondansetron hcl intravenous</i>	3	MO
<i>ondansetron hcl oral solution</i>	3	B/D PA; MO; QL (450 per 30 days)
<i>ondansetron hcl oral tablet 24 mg</i>	2	B/D PA
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA; MO
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	4	MO
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	MO
<i>peg-electrolyte</i>	2	MO
PENTASA	4	MO
PLENVU	4	MO
<i>polyethylene glycol 3350 oral powder</i>	3	MO
<i>prochlorperazine</i>	4	MO
<i>prochlorperazine edisylate</i>	2	MO
<i>prochlorperazine maleate oral</i>	2	MO
<i>procto-med hc</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>procto-pak</i>	2	MO
<i>proctosol hc topical</i>	2	MO
<i>proctozone-hc</i>	2	MO
RECTIV	4	MO
RELISTOR SUBCUTANEOUS SOLUTION	5	PA; MO
RELISTOR SUBCUTANEOUS SYRINGE	5	PA; MO
REMICADE	5	PA; MO
<i>scopolamine base</i>	3	MO; QL (10 per 30 days)
<i>sulfasalazine</i>	2	MO
SUPREP BOWEL PREP KIT	4	MO
SUTAB	4	MO
<i>ursodiol oral capsule 300 mg</i>	3	MO
<i>ursodiol oral tablet</i>	4	MO
VIOKACE	4	MO
ULCER THERAPY		
DEXILANT	3	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release(drlec) 20 mg</i>	4	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release(drlec) 40 mg</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	4	MO
<i>famotidine (pf)</i>	2	MO
<i>famotidine (pf)-nacl (iso-os)</i>	2	MO
<i>famotidine intravenous solution</i>	2	MO
<i>famotidine oral suspension</i>	4	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	2	MO
<i>lansoprazole oral capsule, delayed release(drlec) 15 mg</i>	3	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(drlec) 30 mg</i>	3	MO
<i>misoprostol</i>	3	MO
<i>omeprazole oral capsule, delayed release(drlec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>omeprazole oral capsule, delayed release(drlec) 40 mg</i>	1	MO; QL (60 per 30 days)
<i>pantoprazole oral tablet, delayed release (drlec) 20 mg</i>	2	MO; QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (drlec) 40 mg</i>	2	MO; QL (60 per 30 days)
<i>sucralfate oral tablet</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	5	B/D PA; MO
ARCALYST	5	PA; MO
BETASERON SUBCUTANEOUS KIT	5	PA; MO; QL (14 per 28 days)
GENOTROPIN	5	PA; MO
GENOTROPIN MINIQUICK	5	PA; MO
ILARIS (PF)	5	PA; MO; LA
INTRON A INJECTION	5	B/D PA; MO
MOZOBIL	5	B/D PA; MO
NIVESTYM	5	PA; MO
PROCRIT	4	PA; MO
ZARXIO	5	PA; MO
ZIEXTENZO	4	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	3	MO
ADACEL(TDAP ADOLESN/ADULT)(PF)	3	MO
ATGAM	4	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
BCG VACCINE, LIVE (PF)	3	MO
BEXSERO	3	MO
BOOSTRIX TDAP	3	MO
BOTOX	4	PA; MO
DAPTACEL (DTAP PEDIATRIC) (PF)	3	MO
ENGERIX-B (PF)	3	B/D PA; MO
ENGERIX-B PEDIATRIC (PF)	3	B/D PA; MO
GAMASTAN	3	MO
GAMASTAN S/D	3	
GARDASIL 9 (PF)	4	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
HIBERIX (PF)	3	MO
HIZENTRA	5	B/D PA; MO
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML	3	
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML (5 ML)	3	MO
HYPERHEP B INTRAMUSCULAR SYRINGE	3	
HYPERHEP B NEONATAL	3	
IMOVAX RABIES VACCINE (PF)	4	

Drug Name	Drug Tier	Requirements/Limits
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3	MO
IPOL	3	
IXIARO (PF)	4	
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	MO
MENQUADFI (PF)	3	MO
MENVEO A-C-Y-W-135-DIP (PF)	3	MO
M-M-R II (PF)	3	MO
PEDIARIX (PF)	3	MO
PEDVAX HIB (PF)	3	
PENTACEL (PF)	3	
PRIVIGEN	5	PA; MO
PROQUAD (PF)	3	
QUADRACEL (PF)	3	
RABAVERT (PF)	3	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	3	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	3	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	3	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
ROTARIX	3	
ROTATEQ VACCINE	3	MO
SHINGRIX (PF)	4	MO; QL (2 per 999 days)
STAMARIL (PF)	3	
TDVAX	3	MO
TENIVAC (PF)	3	MO
TETANUS,DIPH THERIA TOX PED(PF)	3	MO
TICE BCG	3	B/D PA; MO
TRUMENBA	3	MO
TWINRIX (PF)	3	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SYRINGE	3	MO
VAQTA (PF)	3	MO
VARIVAX (PF)	3	
VARIZIG	5	MO
YF-VAX (PF)	3	
ZOSTAVAX (PF)	4	

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol</i>	1	MO
<i>colchicine oral tablet</i>	4	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>febuxostat</i>	3	ST; MO
KRYSTEXXA	5	MO
MITIGARE	3	MO
<i>probenecid</i>	3	MO
<i>probenecid-colchicine</i>	3	MO

OSTEOPOROSIS THERAPY

<i>alendronate oral tablet 10 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
<i>ibandronate oral</i>	3	MO; QL (1 per 30 days)
PROLIA	4	MO; QL (1 per 180 days)
<i>raloxifene</i>	3	MO; QL (30 per 30 days)
TERIPARATIDE	5	PA; MO; QL (2.48 per 28 days)
TYMLOS	5	PA; MO; QL (1.56 per 30 days)

OTHER RHEUMATOLOGICALS

BENLYSTA	5	PA; MO
DEPEN TITRATABS	5	MO
ENBREL MINI	5	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	5	PA; MO; QL (16 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ENBREL SUBCUTANEOUS SOLUTION	5	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	5	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK	5	PA; MO; QL (8 per 28 days)
HUMIRA PEN	5	PA; MO; QL (4 per 28 days)
HUMIRA PEN CROHNS-UC-HS START	5	PA; MO; QL (6 per 180 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS	5	PA; MO; QL (4 per 180 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; MO; QL (2 per 180 days)
HUMIRA(CF) PEN CROHNS-UC-HS	5	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEN PEDIATRIC UC	5	PA; MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; MO; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PA; MO; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)
<i>leflunomide</i>	3	MO; QL (30 per 30 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)

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Drug Name	Drug Tier	Requirements/Limits
<i>penicillamine</i>	5	MO
RINVOQ	5	PA; MO; QL (30 per 30 days)
XELJANZ ORAL SOLUTION	5	PA; MO; QL (300 per 30 days)
XELJANZ ORAL TABLET	5	PA; MO; QL (60 per 30 days)
XELJANZ XR	5	PA; MO; QL (30 per 30 days)

**OBSTETRICS
/
GYNECOLOGY**

**ESTROGENS /
PROGESTINS**

<i>dotti</i>	3	MO; QL (8 per 28 days)
<i>estradiol oral</i>	4	MO
<i>estradiol transdermal patch weekly</i>	3	QL (4 per 28 days)
<i>estradiol vaginal cream</i>	2	MO
<i>estradiol vaginal tablet</i>	3	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	MO
<i>heather</i>	3	MO
<i>hydroxyprogesterone caproate</i>	5	
<i>incassia</i>	3	MO
<i>jencycla</i>	3	MO
<i>lyleq</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone intramuscular</i>	3	MO
<i>medroxyprogesterone oral</i>	2	MO
<i>norethindrone (contraceptive)</i>	2	
<i>norethindrone acetate</i>	4	MO
<i>norethindrone acetate estradiol oral tablet 0.5-2.5 mcg</i>	4	
<i>norlyda</i>	3	MO
PREMARIN ORAL	3	MO
<i>tulana</i>	3	MO
<i>yuvafem</i>	3	MO

MISCELLANEOUS OB/GYN

<i>clindamycin phosphate vaginal</i>	4	MO
<i>metronidazole vaginal</i>	2	MO
MIRENA	3	LA
NEXPLANON	3	
<i>terconazole vaginal cream</i>	3	MO
<i>terconazole vaginal suppository</i>	4	MO
<i>tranexamic acid oral</i>	3	MO
<i>vandazole</i>	3	MO

ORAL CONTRACEPTIVES / RELATED AGENTS

<i>afirmelle</i>	4	MO
<i>alyacen 1/35 (28)</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>aubra</i>	4	
<i>aubra eq</i>	4	MO
<i>aurovela 1.5/30 (21)</i>	4	MO
<i>aurovela 1/20 (21)</i>	4	MO
<i>aurovela 24 fe</i>	4	MO
<i>aurovela fe 1.5/30 (28)</i>	4	MO
<i>aurovela fe 1-20 (28)</i>	4	MO
<i>blisovi 24 fe</i>	4	MO
<i>blisovi fe 1.5/30 (28)</i>	4	MO
<i>blisovi fe 1/20 (28)</i>	4	MO
<i>camrese lo</i>	4	MO
<i>caziant (28)</i>	4	MO
<i>chateal eq (28)</i>	4	MO
<i>desogestrel-ethinyl estradiol</i>	4	
<i>dolishale</i>	4	MO
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	4	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	4	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	4	
<i>emoquette</i>	4	MO
<i>estarylla</i>	4	MO
<i>ethynodiol diac-eth estradiol</i>	4	
<i>femynor</i>	4	MO
<i>hailey</i>	4	MO
<i>hailey 24 fe</i>	4	MO
<i>iclevia</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>introvale</i>	4	MO
<i>isibloom</i>	4	MO
<i>jasmiel (28)</i>	4	MO
<i>juleber</i>	4	MO
<i>junel 1.5/30 (21)</i>	4	MO
<i>junel 1/20 (21)</i>	4	MO
<i>junel fe 1.5/30 (28)</i>	4	MO
<i>junel fe 1/20 (28)</i>	4	MO
<i>junel fe 24</i>	4	MO
<i>kaitlib fe</i>	4	MO
<i>kalliga</i>	4	
<i>kelnor 1/35 (28)</i>	4	MO
<i>kelnor 1-50 (28)</i>	4	MO
<i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	4	MO
<i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	4	
<i>larissia</i>	4	MO
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg</i>	4	MO
<i>levonorgestrel-ethinyl estradiol oral tablet 90-20 mcg (28)</i>	4	
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month</i>	4	MO
<i>levonorg-eth estradiol triphasic</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>lillow (28)</i>	4	MO
<i>low-ogestrel (28)</i>	4	MO
<i>lo-zumandimine (28)</i>	4	MO
<i>mibelas 24 fe</i>	4	MO
<i>microgestin 1.5/30 (21)</i>	4	MO
<i>microgestin 1/20 (21)</i>	4	MO
<i>microgestin fe 1.5/30 (28)</i>	4	MO
<i>microgestin fe 1/20 (28)</i>	4	MO
<i>mili</i>	4	MO
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	4	MO
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	4	
<i>norethindrone acetate estradiol oral tablet 1-20 mg-mcg</i>	4	MO
<i>norethindrone-estradiol-iron oral tablet, chewable</i>	4	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg</i>	4	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	4	MO
<i>nymyo</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>ocella</i>	4	MO
<i>previfem</i>	4	MO
<i>rivelsa</i>	4	MO
<i>setlakin</i>	4	MO
<i>simliya (28)</i>	4	MO
<i>simpesse</i>	4	MO
<i>sprintec (28)</i>	4	MO
<i>syeda</i>	4	MO
<i>tarina 24 fe</i>	4	MO
<i>tri-estarylla</i>	4	MO
<i>tri-lo-mili</i>	4	MO
<i>tri-lo-sprintec</i>	4	MO
<i>tri-mili</i>	4	MO
<i>tri-nymyo</i>	4	
<i>tri-previfem (28)</i>	4	MO
<i>tri-sprintec (28)</i>	4	MO
<i>tri-vylibra</i>	4	MO
<i>tri-vylibra lo</i>	4	MO
<i>tydemy</i>	4	MO
<i>vestura (28)</i>	4	MO
<i>vienva</i>	4	MO
<i>vylibra</i>	4	MO
<i>zarah</i>	4	MO
<i>zumandimine (28)</i>	4	MO

OXYTOCICS

<i>methylergonovine oral</i>	5	PA
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OPHTHALMOLOGY

ANTIBIOTICS

<i>ak-poly-bac</i>	2	MO
<i>bacitracin ophthalmic (eye)</i>	4	MO
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	MO
<i>erythromycin ophthalmic (eye)</i>	2	MO
<i>gatifloxacin</i>	2	MO
<i>gentak ophthalmic (eye) ointment</i>	2	MO
<i>gentamicin ophthalmic (eye) drops</i>	2	MO
<i>moxifloxacin ophthalmic (eye) drops</i>	3	MO
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	3	
NATACYN	4	
<i>neomycin-bacitracin-polymyxin</i>	4	MO
<i>neomycin-polymyxin-gramicidin</i>	3	MO
<i>neo-polycin</i>	4	MO
<i>polycin</i>	2	MO
<i>polymyxin b sulf-trimethoprim</i>	2	MO
<i>tobramycin ophthalmic (eye)</i>	2	MO
ANTIVIRALS		
<i>trifluridine</i>	3	MO
ZIRGAN	4	MO
BETA-BLOCKERS		
<i>carteolol</i>	2	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	3	MO
MISCELLANEOUS OPTHALMOLOGICS		
<i>azelastine ophthalmic (eye)</i>	4	MO
<i>cromolyn ophthalmic (eye)</i>	2	MO
CYSTARAN	5	PA
<i>epinastine</i>	4	MO
EYLEA	5	PA; MO
LUCENTIS	5	PA; MO
OXERVATE	4	PA; MO; QL (112 per 999 days)
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	3	MO
RESTASIS	3	MO; QL (60 per 30 days)
RESTASIS MULTIDOSE	3	MO; QL (5.5 per 30 days)
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	2	MO
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>diclofenac sodium ophthalmic (eye)</i>	2	MO
<i>ketorolac ophthalmic (eye)</i>	2	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	3	MO
<i>acetazolamide sodium</i>	3	MO
<i>methazolamide</i>	4	MO
OTHER GLAUCOMA DRUGS		
AZOPT	4	MO
<i>brinzolamide</i>	4	MO
COMBIGAN	3	MO
<i>dorzolamide</i>	2	MO
<i>dorzolamide-timolol</i>	2	MO
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	3	MO
<i>latanoprost</i>	1	MO
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	3	MO
RHOPRESSA	4	ST; MO
ROCKLATAN	4	ST; MO
<i>travoprost</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	4	MO
<i>neomycin-polymyxin b-dexameth</i>	2	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	4	MO
<i>neo-polycin hc</i>	4	MO
<i>tobramycin-dexamethasone</i>	3	MO
STERIODS		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	MO
<i>fluorometholone</i>	3	MO
INVELTYS	4	MO
<i>loteprednol etabonate ophthalmic (eye) drops,suspension</i>	4	MO
OZURDEX	5	MO
<i>prednisolone acetate</i>	3	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	4	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.1 %	3	MO
<i>apraclonidine</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	4	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	MO
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTI-ALLERGIC AGENTS		
<i>adrenalin injection solution 1 mg/ml</i>	2	
<i>cetirizine oral solution 1 mg/ml</i>	2	MO
<i>dexchlorpheniramine maleate oral solution</i>	3	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	MO
<i>diphenhydramine hcl injection syringe</i>	2	MO
<i>diphenhydramine hcl oral elixir</i>	2	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	3	MO; QL (2 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	3	MO; QL (2 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
EPINEPHRINE INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	3	QL (2 per 30 days)
<i>epinephrine injection solution 1 mg/ml</i>	2	
<i>hydroxyzine hcl oral tablet</i>	2	PA; MO
<i>levocetirizine oral solution</i>	4	MO
<i>levocetirizine oral tablet</i>	2	MO; QL (30 per 30 days)
<i>promethazine oral tablet 25 mg</i>	2	PA; MO
PULMONARY AGENTS		
<i>acetylcysteine</i>	2	B/D PA; MO
ADEMPAS	5	PA; MO; LA; QL (90 per 30 days)
ADVAIR DISKUS	3	MO; QL (60 per 30 days)
ADVAIR HFA	3	MO; QL (12 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/lactuation</i>	3	QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/lactuation (nda020503)</i>	3	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization</i>	2	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate oral syrup</i>	2	MO
<i>albuterol sulfate oral tablet</i>	4	MO
<i>alyq</i>	5	PA; QL (60 per 30 days)
<i>ambrisentan</i>	5	PA; MO; LA; QL (30 per 30 days)
ANORO ELLIPTA	3	MO; QL (60 per 30 days)
ARNUITY ELLIPTA	3	MO; QL (30 per 30 days)
ATROVENT HFA	4	MO; QL (25.8 per 30 days)
BREO ELLIPTA	3	MO; QL (60 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	4	B/D PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	4	B/D PA; MO; QL (60 per 30 days)
CINRYZE	5	PA; MO
COMBIVENT RESPIMAT	4	MO; QL (8 per 30 days)
<i>cromolyn inhalation</i>	2	B/D PA; MO
DALIRESP	4	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
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)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	MO; QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	MO; QL (240 per 30 days)
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION	3	MO; QL (12 per 30 days)
FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION	3	MO; QL (24 per 30 days)
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>flunisolide</i>	3	MO; QL (50 per 30 days)
<i>fluticasone propionate nasal</i>	2	MO; QL (16 per 30 days)
<i>formoterol fumarate</i>	4	B/D PA; MO; QL (120 per 30 days)
<i>icatibant</i>	5	PA; MO; QL (18 per 30 days)
INCRUSE ELLIPTA	3	MO; QL (30 per 30 days)
<i>ipratropium bromide inhalation</i>	2	B/D PA; MO
<i>ipratropium-albuterol</i>	2	B/D PA; MO
KALYDECO ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)
KALYDECO ORAL TABLET	5	PA; MO; QL (60 per 30 days)
<i>montelukast oral granules in packet</i>	3	MO; QL (30 per 30 days)
<i>montelukast oral tablet</i>	2	MO; QL (30 per 30 days)
<i>montelukast oral tablet, chewable</i>	2	MO; QL (30 per 30 days)
OFEV	5	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
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	4	B/D PA; MO; QL (120 per 30 days)
PULMOZYME	5	B/D PA; MO; QL (150 per 30 days)
<i>sajazir</i>	5	PA; QL (18 per 30 days)
SEREVENT DISKUS	3	MO; QL (60 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) oral tablet</i>	3	PA; MO; QL (90 per 30 days)
SYMDEKO	5	PA; MO; QL (56 per 28 days)
<i>tadalafil (pulm. hypertension)</i>	5	PA; QL (60 per 30 days)
<i>terbutaline oral</i>	4	MO
<i>terbutaline subcutaneous</i>	5	MO
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	2	MO
<i>theophylline oral tablet extended release 24 hr</i>	2	MO
TRELEGY ELLIPTA	3	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
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
VENTOLIN HFA	3	MO; QL (36 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (6 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; LA; QL (1 per 28 days)
<i>zafirlukast</i>	4	MO; QL (60 per 30 days)

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	4	MO
<i>oxybutynin chloride oral syrup</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride oral tablet</i>	2	MO
<i>oxybutynin chloride oral tablet extended release 24hr</i>	3	MO; QL (60 per 30 days)
<i>solifenacin</i>	4	MO
<i>tolterodine</i>	4	MO
TOVIAZ	4	MO; QL (30 per 30 days)

BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY

<i>alfuzosin</i>	2	MO
<i>dutasteride</i>	4	MO
<i>finasteride oral tablet 5 mg</i>	2	MO; QL (30 per 30 days)
<i>tamsulosin</i>	2	MO; QL (60 per 30 days)

MISCELLANEOUS UROLOGICALS

<i>bethanechol chloride oral tablet 10 mg, 25 mg, 50 mg</i>	4	MO
<i>bethanechol chloride oral tablet 5 mg</i>	3	MO
CYSTAGON	4	LA
ELMIRON	4	MO
K-PHOS NO 2	3	MO
K-PHOS ORIGINAL	3	MO
<i>potassium citrate</i>	4	MO
RENACIDIN	3	MO

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Drug Name	Drug Tier	Requirements/Limits
VITAMINS, HEMATINICS / ELECTROLYTES		
BLOOD DERIVATIVES		
<i>albumin, human 25 %</i>	3	
<i>albuminar 25 %</i>	3	
<i>alburx (human) 25 %</i>	3	
<i>alburx (human) 5 %</i>	3	
<i>albutein 25 %</i>	3	
<i>albutein 5 %</i>	3	
<i>plasbumin 25 %</i>	3	
<i>plasbumin 5 %</i>	3	
ELECTROLYTES		
<i>calcium acetate (phosphate bind)</i>	3	MO
<i>calcium gluconate intravenous</i>	3	
<i>effer-k oral tablet, effervescent 25 meq</i>	3	MO
<i>klor-con</i>	2	MO
<i>klor-con 10</i>	3	MO
<i>klor-con 8</i>	3	MO
<i>klor-con m10</i>	2	MO
<i>klor-con m15</i>	2	MO
<i>klor-con m20</i>	2	MO
<i>klor-conlef</i>	3	MO
<i>lactated ringers intravenous</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	4	
<i>magnesium sulfate in water</i>	4	
<i>magnesium sulfate injection solution</i>	4	MO
<i>magnesium sulfate injection syringe</i>	4	
<i>potassium acetate</i>	3	
<i>potassium chloride d5-0.45%nacl</i>	4	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meqll, 40 meqll</i>	4	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meqll, 30 meqll, 40 meqll</i>	4	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meqll</i>	4	
<i>potassium chloride in water intravenous piggyback</i>	4	
<i>potassium chloride intravenous</i>	4	
<i>potassium chloride oral capsule, extended release</i>	2	MO
<i>potassium chloride oral liquid</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride oral packet</i>	2	MO
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	2	MO
<i>potassium chloride oral tablet extended release 20 meq</i>	2	
<i>potassium chloride oral tablet, er particles/crystals 10 meq</i>	2	MO
<i>potassium chloride oral tablet, er particles/crystals 15 meq, 20 meq</i>	2	
<i>potassium chloride-0.45 % nacl</i>	4	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	4	
<i>potassium chloride-d5-0.9%nacl</i>	4	
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	3	
<i>ringer's intravenous</i>	4	
<i>sodium acetate</i>	3	
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml), 8.4 % (1 meq/ml)</i>	3	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	4	MO
<i>sodium chloride 3 %</i>	4	
<i>sodium chloride 5 %</i>	4	MO
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>	4	
<i>sodium chloride intravenous parenteral solution 4 meq/ml</i>	2	
<i>sodium phosphate</i>	3	MO
MISCELLANEOUS NUTRITION PRODUCTS		
<i>AMINOSYN II 15 %</i>	3	B/D PA
<i>AMINOSYN-PF 7 % (SULFITE-FREE)</i>	3	B/D PA
<i>electrolyte-48 in d5w</i>	3	
<i>intralipid intravenous emulsion 20 %</i>	4	B/D PA
INTRALIPID INTRAVENOUS EMULSION 30 %	3	B/D PA
<i>plenamine</i>	4	B/D PA
<i>premasol 10 %</i>	2	B/D PA
<i>travasol 10 %</i>	4	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
TROPHAMINE 10 %	3	B/D PA
VITAMINS / HEMATINICS		
<i>fluoride (sodium) oral tablet</i>	2	
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	2	MO
<i>prenatal vitamin oral tablet</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page v. This drug list was updated in December 2021.

Index

<i>abacavir</i>	1	<i>alcohol pads</i>	55	<i>aripiprazole</i>	33
<i>abacavir-lamivudine</i>	1	ALDURAZYME.....	58	ARNUITY ELLIPTA.....	73
<i>abacavir-lamivudine-</i> <i>zidovudine</i>	1	ALECENSA.....	13	ARRANON.....	13
ABELCET.....	1	<i>alendronate</i>	65	<i>arsenic trioxide</i>	13
ABILIFY MAINTENA.....	33	<i>alfuzosin</i>	75	ARZERRA.....	13
<i>abiraterone</i>	13	ALIMTA.....	13	<i>asenapine maleate</i>	33
ABRAXANE.....	13	ALIQOPA.....	13	<i>atazanavir</i>	2
<i>acamprosate</i>	52	<i>allopurinol</i>	65	<i>atenolol</i>	40
<i>acarbose</i>	55	<i>alose tron</i>	61	<i>atenolol-chlorthalidone</i>	40
<i>acebutolol</i>	40	ALPHAGAN P.....	71	ATGAM.....	63
<i>acetaminophen-codeine</i>	30	<i>alprazolam</i>	33	<i>atomoxetine</i>	34
<i>acetazolamide</i>	71	ALUNBRIG.....	13	<i>atorvastatin</i>	44
<i>acetazolamide sodium</i>	71	<i>alyacen 1/35 (28)</i>	67	<i>atovaquone</i>	8
<i>acetic acid</i>	53	<i>alyq</i>	73	<i>atovaquone-proguanil</i>	8
<i>acetylcysteine</i>	51, 72	<i>amantadine hcl</i>	2	ATRIPLA.....	2
<i>acitretin</i>	47	AMBISOME.....	1	<i>atropine</i>	60
ACTHIB (PF).....	63	<i>ambrisentan</i>	73	ATROVENT HFA.....	73
ACTIMMUNE.....	63	<i>amikacin</i>	8	<i>aubra</i>	68
<i>acyclovir</i>	1, 50	<i>amiloride</i>	40	<i>aubra eq</i>	68
<i>acyclovir sodium</i>	1	<i>amiloride-hydrochlorothiazide</i>	40	<i>aurovela 1.5/30 (21)</i>	68
ADACEL(TDAP ADOLESN/ADULT)(PF)....	63	<i>aminocaproic acid</i>	43	<i>aurovela 1/20 (21)</i>	68
ADASUVE.....	33	AMINOSYN II 15 %.....	77	<i>aurovela 24 fe</i>	68
ADCETRIS.....	13	AMINOSYN-PF 7 % (SULFITE-FREE).....	77	<i>aurovela fe 1.5/30 (28)</i>	68
ADEMPAS.....	72	<i>amiodarone</i>	39	<i>aurovela fe 1-20 (28)</i>	68
<i>adenosine</i>	39	<i>amitriptyline</i>	33	AYVAKIT.....	13
<i>adrenalin</i>	72	<i>amlodipine</i>	40	<i>azacitidine</i>	13
<i>adriamycin</i>	13	<i>amlodipine-benazepril</i>	40	<i>azathioprine</i>	14
<i>adrucil</i>	13	<i>amlodipine-valsartan</i>	40	<i>azathioprine sodium</i>	14
ADVAIR DISKUS.....	72	<i>ammonium lactate</i>	47	<i>azelastine</i>	53, 70
ADVAIR HFA.....	72	<i>amoxapine</i>	33	<i>azithromycin</i>	7
AFINITOR.....	13	<i>amoxicillin</i>	10	AZOPT.....	71
AFINITOR DISPERZ.....	13	<i>amoxicillin-pot clavulanate</i>	10	<i>aztreonam</i>	8
<i>afirmelle</i>	67	<i>amphotericin b</i>	1	<i>bacitracin</i>	69
AIMOVIG.....		<i>ampicillin</i>	10	<i>bacitracin-polymyxin b</i>	69
AUTOINJECTOR.....	28	<i>ampicillin sodium</i>	10, 11	<i>baclofen</i>	30
<i>ak-poly-bac</i>	69	<i>ampicillin-sulbactam</i>	11	<i>balsalazide</i>	61
<i>albendazole</i>	8	<i>anagrelide</i>	52	BALVERSA.....	14
<i>albumin, human 25 %</i>	76	<i>anastrozole</i>	13	BANZEL.....	24
<i>albuminar 25 %</i>	76	ANORO ELLIPTA.....	73	BAQSIMI.....	55
<i>alburx (human) 25 %</i>	76	APOKYN.....	27	BARACLUDE.....	2
<i>alburx (human) 5 %</i>	76	<i>apraclonidine</i>	71	BAVENCIO.....	14
<i>albutein 25 %</i>	76	<i>aprepitant</i>	61	BCG VACCINE, LIVE (PF).....	64
<i>albutein 5 %</i>	76	APTIOM.....	24	BELEODAQ.....	14
<i>albuterol sulfate</i>	72, 73	APTIVUS.....	2	<i>benazepril</i>	40
<i>alclometasone</i>	50	ARCALYST.....	63	<i>benazepril-</i> <i>hydrochlorothiazide</i>	40
		ARIKAYCE.....	8	BENDEKA.....	14

You can find information on what the symbols and abbreviations on this table mean by going to page v. This drug list was updated in December 2021.

BENLYSTA.....	65	BYETTA.....	55	CEFTRIAZONE.....	6
BENZNIDAZOLE.....	8	CABENUVA.....	2	<i>ceftriazone in dextrose, iso-os</i> ...	6
<i>benztropine</i>	28	<i>cabergoline</i>	58	<i>cefuroxime axetil</i>	7
<i>benser</i>	50	CABOMETYX.....	14	<i>cefuroxime sodium</i>	7
BESPONSA.....	14	<i>caffeine citrate</i>	52	<i>celecoxib</i>	32
<i>betamethasone dipropionate</i>	50	<i>calcipotriene</i>	47	CELONTIN.....	25
<i>betamethasone valerate</i>	50	<i>calcitonin (salmon)</i>	58	<i>cephalexin</i>	7
<i>betamethasone, augmented</i>	50	<i>calcitriol</i>	58	CEPROTIN (BLUE BAR)....	43
BETASERON.....	63	<i>calcium acetate (phosphat</i>		CEPROTIN (GREEN BAR) 43	
<i>bethanechol chloride</i>	75	<i>bind)</i>	76	CEREZYME.....	58
<i>bexarotene</i>	14	<i>calcium gluconate</i>	76	<i>cetirizine</i>	72
BEXSERO.....	64	CALQUENCE.....	14	CHANTIX.....	53
<i>bicalutamide</i>	14	<i>camrese lo</i>	68	CHANTIX CONTINUING	
BICILLIN L-A.....	11	<i>candesartan</i>	40	MONTH BOX.....	53
BIDIL.....	40	<i>candesartan-</i>		CHANTIX STARTING	
BIKTARVY.....	2	<i>hydrochlorothiazid</i>	40	MONTH BOX.....	53
<i>bisoprolol fumarate</i>	40	CAPLYTA.....	34	<i>chateal eq (28)</i>	68
<i>bisoprolol-</i>		CAPRELSA.....	14	CHEMET.....	52
<i>hydrochlorothiazide</i>	40	CARBAGLU.....	52	CHENODAL.....	61
BLENREP.....	14	<i>carbamazepine</i>	25	<i>chloramphenicol sod succinate</i> ..	8
<i>bleomycin</i>	14	<i>carbidopa</i>	28	<i>chlorhexidine gluconate</i>	53
BLINCYTO.....	14	<i>carbidopa-levodopa</i>	28	<i>chloroquine phosphate</i>	8
<i>blisovi 24 fe</i>	68	<i>carbidopa-levodopa-</i>		<i>chlorpromazine</i>	34
<i>blisovi fe 1.5/30 (28)</i>	68	<i>entacapone</i>	28	<i>chlorthalidone</i>	40
<i>blisovi fe 1/20 (28)</i>	68	<i>carboplatin</i>	14	CHOLBAM.....	61
BOOSTRIX TDAP.....	64	<i>carmustine</i>	14	<i>cholestyramine (with sugar)</i> ... 44	
BORTEZOMIB.....	14	<i>carteolol</i>	70	<i>cholestyramine light</i>	44
BOSULIF.....	14	<i>cartia xt</i>	40	CHORIONIC	
BOTOX.....	64	<i>carvedilol</i>	40	GONADOTROPIN,	
BRAFTOVI.....	14	<i>casprofungin</i>	1	HUMAN.....	58
BREO ELLIPTA.....	73	CAYSTON.....	8	<i>ciclopirox</i>	49
BRILINTA.....	43	<i>caziant (28)</i>	68	<i>cidofovir</i>	2
<i>brimonidine</i>	72	<i>cefaclor</i>	6	<i>cilostazol</i>	43
<i>brinzolamide</i>	71	<i>cefadroxil</i>	6	CIMDUO.....	2
BRIVIACT.....	24	<i>cefazolin</i>	6	<i>cinacalcet</i>	59
<i>bromocriptine</i>	28	<i>cefazolin in dextrose (iso-os)</i> ... 6		CINRYZE.....	73
BRUKINSA.....	14	<i>cefdinir</i>	6	CIPRO.....	11
<i>budesonide</i>	61, 73	<i>cefepime</i>	6	CIPRODEX.....	54
<i>bumetanide</i>	40	CEFEPIME.....	6	<i>ciprofloxacin hcl</i>	11, 53, 70
<i>buprenorphine hcl</i>	30, 31	CEFEPIME IN		<i>ciprofloxacin in 5 % dextrose</i> .. 11	
<i>buprenorphine-naloxone</i>	32	DEXTROSE 5 %.....	6	<i>ciprofloxacin-dexamethasone</i> .. 54	
<i>bupropion hcl</i>	34	<i>cefepime in dextrose, iso-osm</i> ... 6		<i>cisplatin</i>	14
<i>bupropion hcl (smoking</i>		<i>cefexime</i>	6	<i>citalopram</i>	34
<i>deter)</i>	53	<i>cefoxitin</i>	6	<i>cladribine</i>	14
<i>buspirone</i>	34	<i>cefoxitin in dextrose, iso-osm</i> ... 6		<i>claravis</i>	48
<i>busulfan</i>	14	<i>ceftazidime</i>	6	<i>clarithromycin</i>	7
<i>butorphanol</i>	32	CEFTAZIDIME IN D5W.....	6	<i>clindamycin hcl</i>	8
BYDUREON BCISE.....	55	<i>ceftriazone</i>	6		

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CLINDAMYCIN IN 0.9 %	CYRAMZA.....	15	<i>dexamethasone sodium phos</i>
SOD CHLOR.....	CYSTADANE.....	61	<i>(pf)</i>
<i>clindamycin in 5 % dextrose</i>	CYSTAGON.....	75	<i>dexamethasone sodium</i>
<i>clindamycin pediatric</i>	CYSTARAN.....	70	<i>phosphate</i>
<i>clindamycin phosphate</i> ..	<i>cytarabine</i>	15	54, 71
8, 48, 67	<i>cytarabine (pf)</i>	15	<i>dexchlorpheniramine maleate</i> ..
CLINDAMYCIN	<i>d10 %-0.45 % sodium chloride</i>	52	72
PHOSPHATE.....	<i>d2.5 %-0.45 % sodium</i>		DEXILANT.....
48	<i>chloride</i>	52	<i>dexmethylphenidate</i>
<i>clindamycin-benzoyl peroxide</i> ..	<i>d5 % and 0.9 % sodium</i>		34
49	<i>chloride</i>	52	<i>dextroamphetamine</i>
<i>clobazam</i>	<i>d5 %-0.45 % sodium chloride</i> ..	52	<i>dextroamphetamine-</i>
25	<i>dacarbazine</i>	15	<i>amphetamine</i>
<i>clobetasol</i>	<i>dactinomycin</i>	15	34
50	<i>dalfampridine</i>	29	<i>dextrose 10 % and 0.2 % nacl</i> ..
<i>clobetasol-emollient</i>	DALIRESP.....	73	52
50	<i>danazol</i>	59	<i>dextrose 10 % in water</i>
<i>clofarabine</i>	<i>dantrolene</i>	30	<i>(d10w)</i>
14	DANYELZA.....	15	52
<i>clomipramine</i>	<i>dapsone</i>	8	<i>dextrose 5 % in water (d5w)</i> ...52
34	DAPTACEL (DTAP		<i>dextrose 5 %-lactated ringers</i> ..52
<i>clonazepam</i>	PEDIATRIC) (PF).....	64	<i>dextrose 5%-0.2 % sod</i>
25	DAPTOMYCIN.....	8	<i>chloride</i>
<i>clonidine</i>	<i>daptomycin</i>	8	52
40	DARZALEX.....	15	DIACOMIT.....
<i>clonidine hcl</i>	DARZALEX FASPRO.....	15	25
40	<i>daunorubicin</i>	15	<i>diazepam</i>
<i>clopidogrel</i>	DAURISMO.....	15	25, 34, 35
43	<i>decadron</i>	54	<i>diazepam intensol</i>
<i>clorazepate dipotassium</i>	<i>decitabine</i>	15	35
34	<i>deferasirox</i>	52	<i>diazoxide</i>
<i>clotrimazole</i>	DELSTRIGO.....	2	55
1, 49	DEMSEER.....	40	<i>diclofenac potassium</i>
<i>clotrimazole-betamethasone</i>	DENAVIR.....	50	32
.....	<i>denta 5000 plus</i>	53	<i>diclofenac sodium</i>
49, 50	<i>dentagel</i>	53	33, 71
<i>clozapine</i>	DEPEN TITRATABS.....	65	<i>dicloxacillin</i>
34	DEPO-MEDROL.....	54	11
COARTEM.....	DESCOVY.....	2	<i>dicyclomine</i>
8	<i>desipramine</i>	34	60
<i>codeine sulfate</i>	<i>desmopressin</i>	59	<i>didanosine</i>
31	<i>desogestrel-ethinyl estradiol</i> ...68		2
<i>colchicine</i>	<i>desonide</i>	50	DIFICID.....
65	<i>desoximetasone</i>	50	7
<i>colesevelam</i>	<i>desrx</i>	50	<i>diflunisal</i>
44	<i>desvenlafaxine succinate</i>	34	33
<i>colistin (colistimethate na)</i>	<i>dexamethasone</i>	54	<i>digitek</i>
8	<i>dexamethasone intensol</i>	54	45
COMBIGAN.....			<i>digox</i>
71			45
COMBIVENT RESPIMAT..			<i>digoxin</i>
73			45, 46
COMETRIQ.....			<i>dihydroergotamine</i>
14			28
COMPLERA.....			DILANTIN 30 MG.....
2			25
<i>compro</i>			<i>diltiazem hcl</i>
61			40, 41
<i>constulose</i>			<i>dilt-xr</i>
61			41
COPAXONE.....			<i>dimethyl fumarate</i>
28			29
COPIKTRA.....			<i>diphenhydramine hcl</i>
14			72
CORLANOR.....			<i>dipyridamole</i>
45			43
CORTIFOAM.....			<i>disulfiram</i>
61			52
CORTISPORIN-TC.....			<i>divalproex</i>
54			25
COTELLIC.....			<i>dobutamine</i>
14			46
CREON.....			<i>dobutamine in d5w</i>
61			46
CRESEMBA.....			<i>docetaxel</i>
1			15
<i>cromolyn</i>			<i>dofetilide</i>
61, 70, 73			39
CRYSVITA.....			<i>dolishale</i>
59			68
<i>cyclobenzaprine</i>			<i>donepezil</i>
30			29
<i>cyclophosphamide</i>			<i>dopamine</i>
14, 15			46
CYCLOPHOSPHAMIDE....			<i>dopamine in 5 % dextrose</i>
15			46
<i>cyclosporine</i>			
15			
<i>cyclosporine modified</i>			
15			

You can find information on what the symbols and abbreviations on this table mean by going to page v. This drug list was updated in December 2021.

<i>dorzolamide</i>	71	<i>enalaprilat</i>	41	<i>ethynodiol diac-eth estradiol</i> ...	68
<i>dorzolamide-timolol</i>	71	<i>enalapril-hydrochlorothiazide</i> .	41	<i>etodolac</i>	33
<i>dorzolamide-timolol (pf)</i>	71	ENBREL.....	65, 66	ETOPOPHOS.....	16
<i>dotti</i>	67	ENBREL MINI.....	65	<i>etoposide</i>	16
DOVATO.....	2	ENBREL SURECLICK.....	66	<i>etravirine</i>	3
<i>doxazosin</i>	41	<i>endocet</i>	31	<i>euthyrox</i>	60
<i>doxepin</i>	35	ENGERIX-B (PF).....	64	<i>everolimus (antineoplastic)</i>	16
<i>doxorubicin</i>	15	ENGERIX-B PEDIATRIC		<i>everolimus</i>	
<i>doxorubicin, peg-liposomal</i>	15	(PF).....	64	<i>(immunosuppressive)</i>	16
<i>doxy-100</i>	12	ENHERTU.....	16	EVOMELA.....	16
<i>doxycycline hyclate</i>	12	<i>enoxaparin</i>	43	EVOTAZ.....	3
<i>doxycycline monohydrate</i>	12	<i>entacapone</i>	28	<i>exemestane</i>	16
DRIZALMA SPRINKLE....	35	<i>entecavir</i>	2	EYLEA.....	70
<i>dronabinol</i>	61	ENTRESTO.....	46	<i>ezetimibe</i>	44
<i>drospirenone-e.estradiol-lm.fa</i> ..	68	ENTYVIO.....	61	<i>ezetimibe-simvastatin</i>	44
<i>drospirenone-ethinyl estradiol</i> ..	68	<i>enulose</i>	61	FABRAZYME.....	59
DROXIA.....	15	EPCLUSA.....	2, 3	<i>famciclovir</i>	3
<i>droxidopa</i>	52	EPIDIOLEX.....	25	<i>famotidine</i>	63
<i>duloxetine</i>	35	<i>epinastine</i>	70	<i>famotidine (pf)</i>	63
DUPIXENT PEN.....	47	EPINEPHRINE.....	72	<i>famotidine (pf)-nacl (iso-os)</i> ..	63
DUPIXENT SYRINGE.....	47	<i>epinephrine</i>	72	FANAPT.....	35
<i>dutasteride</i>	75	<i>epirubicin</i>	16	FARYDAK.....	16
<i>e.e.s. 400</i>	7	<i>epitol</i>	25	<i>febuxostat</i>	65
<i>econazole</i>	50	EPIVIR HBV.....	3	<i>felbamate</i>	25
EDURANT.....	2	<i>eplerenone</i>	41	<i>felodipine</i>	41
<i>efavirenz</i>	2	ERBITUX.....	16	<i>femynor</i>	68
<i>efavirenz-emtricitabin-tenofov</i> ..	2	<i>ergotamine-caffeine</i>	28	<i>fenofibrate</i>	45
<i>efavirenz-lamivu-tenofov</i>		ERIVEDGE.....	16	<i>fenofibrate micronized</i>	45
<i>disop</i>	2	ERLEADA.....	16	<i>fenofibrate nanocrystallized</i>	45
<i>effer-k</i>	76	<i>erlotinib</i>	16	<i>fentanyl</i>	31
ELAPRASE.....	59	<i>ertapenem</i>	8	<i>fentanyl citrate</i>	31
<i>electrolyte-48 in d5w</i>	77	<i>ery pads</i>	49	<i>fentanyl citrate (pf)</i>	31
ELIQUIS.....	43	ERYTHROCIN.....	7	FETZIMA.....	35
ELIQUIS DVT-PE TREAT		<i>erythrocin (as stearate)</i>	7	<i>finasteride</i>	75
30D START.....	43	<i>erythromycin</i>	7, 70	FINTEPLA.....	25
ELLENCE.....	16	<i>erythromycin ethylsuccinate</i>	7	FIRMAGON KIT W	
ELMIRON.....	75	<i>erythromycin with ethanol</i>	49	DILUENT SYRINGE.....	16
ELZONRIS.....	16	<i>erythromycin-benzoyl</i>		<i>flac otic oil</i>	53
EMCYT.....	16	<i>peroxide</i>	49	<i>flecainide</i>	39
EMEND.....	61	ESBRIET.....	73	FLOVENT DISKUS.....	73
<i>emoquette</i>	68	<i>escitalopram oxalate</i>	35	FLOVENT HFA.....	73
EMPLICITI.....	16	<i>esomeprazole magnesium</i>	62	<i>floxuridine</i>	16
EMSAM.....	35	<i>esomeprazole sodium</i>	63	<i>fluconazole</i>	1
<i>emtricitabine</i>	2	<i>estarylla</i>	68	<i>fluconazole in nacl (iso-osm)</i> ...	1
<i>emtricitabine-tenofovir (tdf)</i>	2	<i>estradiol</i>	67	<i>flucytosine</i>	1
EMTRIVA.....	2	<i>estradiol valerate</i>	67	<i>fludarabine</i>	16
EMVERM.....	8	<i>ethambutol</i>	8	<i>fludrocortisone</i>	54
<i>enalapril maleate</i>	41	<i>ethosuximide</i>	25	<i>flunisolide</i>	74

You can find information on what the symbols and abbreviations on this table mean by going to page v. This drug list was updated in December 2021.

<i>fluocinolone</i>	51	<i>gengraf</i>	17	HEPARIN(PORCINE) IN	
<i>fluocinolone acetone oil</i>	53	GENOTROPIN.....	63	0.45% NACL.....	44
<i>fluocinolone and shower cap</i>	51	GENOTROPIN		<i>heparin(porcine) in 0.45%</i>	
<i>fluocinonide</i>	51	MINIQUICK.....	63	<i>nacl</i>	44
<i>fluocinonide-e</i>	51	<i>gentak</i>	70	<i>heparin, porcine (pf)</i>	44
<i>fluocinonide-emollient</i>	51	<i>gentamicin</i>	9, 49, 70	HEPARIN, PORCINE (PF). 44	
<i>fluoride (sodium)</i>	53, 78	<i>gentamicin in nacl (iso-osm)</i> .8, 9		HETLIOZ.....	36
<i>fluorometholone</i>	71	GENTAMICIN IN NACL		HIBERIX (PF).....	64
<i>fluorouracil</i>	16, 47	(ISO-OSM).....	8	<i>hidex</i>	54
<i>fluoxetine</i>	35	<i>gentamicin sulfate (ped) (pf)</i> ...9		HIZENTRA.....	64
<i>fluoxetine (pmd)</i>	35	GENVOYA.....	3	HUMALOG JUNIOR	
<i>fluphenazine decanoate</i>	35	GILOTRIF.....	17	KWIKPEN U-100.....	56
<i>fluphenazine hcl</i>	35, 36	<i>glatiramer</i>	29	HUMALOG KWIKPEN	
<i>flutamide</i>	16	<i>glatopa</i>	29	INSULIN.....	56
<i>fluticasone propionate</i>	51, 74	<i>glimepiride</i>	55	HUMALOG MIX 50-50	
<i>fluvastatin</i>	45	<i>glipizide</i>	55	INSULN U-100.....	56
<i>fluvoxamine</i>	36	<i>glipizide-metformin</i>	55	HUMALOG MIX 50-50	
FOLOTYN.....	16	GLUCAGEN HYPOKIT.....	55	KWIKPEN.....	56
<i>fondaparinux</i>	43	GLUCAGON (HCL)		HUMALOG MIX 75-25	
<i>formoterol fumarate</i>	74	EMERGENCY KIT.....	55	KWIKPEN.....	56
<i>fosamprenavir</i>	3	<i>glucagon emergency kit</i>		HUMALOG MIX 75-25(U-	
<i>fosaprepitant</i>	61	<i>(human)</i>	55	100)INSULN.....	56
<i>fosinopril</i>	41	<i>glycopyrrolate</i>	60	HUMALOG U-100	
<i>fosinopril-hydrochlorothiazide</i>	41	<i>glydo</i>	47	INSULIN.....	56
<i>fosphenytoin</i>	25	<i>griseofulvin microsize</i>	1	HUMIRA.....	66
FOTIVDA.....	16	<i>griseofulvin ultramicrosize</i>	1	HUMIRA PEN.....	66
<i>fulvestrant</i>	16	GVOKE HYPOPEN 1-		HUMIRA PEN CROHNS-	
<i>furosemide</i>	41	PACK.....	55	UC-HS START.....	66
FUZEON.....	3	GVOKE HYPOPEN 2-		HUMIRA PEN PSOR-	
FYCOMPA.....	25	PACK.....	55	UVEITS-ADOL HS.....	66
<i>gabapentin</i>	26	GVOKE PFS 1-PACK		HUMIRA(CF).....	66
<i>galantamine</i>	29	SYRINGE.....	55	HUMIRA(CF) PEDI	
GAMASTAN.....	64	GVOKE PFS 2-PACK		CROHNS STARTER.....	66
GAMASTAN S/D.....	64	SYRINGE.....	56	HUMIRA(CF) PEN.....	66
<i>ganciclovir sodium</i>	3	<i>hailey</i>	68	HUMIRA(CF) PEN	
GARDASIL 9 (PF).....	64	<i>hailey 24 fe</i>	68	CROHNS-UC-HS.....	66
<i>gatifloxacin</i>	70	HALAVEN.....	17	HUMIRA(CF) PEN	
GATTEX 30-VIAL.....	61	<i>halobetasol propionate</i>	51	PEDIATRIC UC.....	66
GATTEX ONE-VIAL.....	61	<i>haloperidol</i>	36	HUMIRA(CF) PEN PSOR-	
GAUZE PAD.....	55	<i>haloperidol decanoate</i>	36	UV-ADOL HS.....	66
<i>gavilyte-c</i>	61	<i>haloperidol lactate</i>	36	HUMULIN 70/30 U-100	
<i>gavilyte-n</i>	61	HARVONI.....	3	INSULIN.....	56
GAVRETO.....	16	HAVRIX (PF).....	64	HUMULIN 70/30 U-100	
GAZYVA.....	16	<i>heather</i>	67	KWIKPEN.....	56
<i>gemcitabine</i>	17	<i>heparin (porcine)</i>	44	HUMULIN N NPH	
GEMCITABINE.....	17	<i>heparin (porcine) in 5 % dex.</i> 43		INSULIN KWIKPEN.....	56
<i>gemfibrozil</i>	45	<i>heparin (porcine) in nacl (pf)</i> 43		HUMULIN N NPH U-100	
<i>generlac</i>	61			INSULIN.....	56

You can find information on what the symbols and abbreviations on this table mean by going to page v. This drug list was updated in December 2021.

HUMULIN R REGULAR	INLYTA.....	17	JEVTANA.....	18
U-100 INSULN.....	INQOVI.....	17	<i>juleber</i>	68
HUMULIN R U-500	INREBIC.....	17	JULUCA.....	3
(CONC) INSULIN.....	INSULIN PEN NEEDLE....	56	<i>junel 1.5/30 (21)</i>	68
HUMULIN R U-500	INSULIN SYRINGE		<i>junel 1/20 (21)</i>	68
(CONC) KWIKPEN.....	(DISP) U-100.....	56	<i>junel fe 1.5/30 (28)</i>	68
<i>hydralazine</i>	INTELENCE.....	3	<i>junel fe 1/20 (28)</i>	68
<i>hydrochlorothiazide</i>	<i>intralipid</i>	77	<i>junel fe 24</i>	68
<i>hydrocodone-acetaminophen</i> ...	INTRALIPID.....	77	KADCYLA.....	18
<i>hydrocodone-ibuprofen</i>	INTRON A.....	63	<i>kaitlib fe</i>	68
<i>hydrocortisone</i>	<i>introvale</i>	68	KALETRA.....	3
<i>hydrocortisone valerate</i>	INVEGA SUSTENNA.....	36	<i>kalliga</i>	68
<i>hydrocortisone-acetic acid</i>	INVEGA TRINZA.....	36	KALYDECO.....	74
<i>hydromorphone</i>	INVELTYS.....	71	KANJINTI.....	18
<i>hydroxychloroquine</i>	INVIRASE.....	3	KANUMA.....	59
<i>hydroxyprogesterone</i>	INVOKAMET.....	56	<i>kelnor 1/35 (28)</i>	68
<i>caproate</i>	INVOKAMET XR.....	56	<i>kelnor 1-50 (28)</i>	68
<i>hydroxyurea</i>	INVOKANA.....	56	KEPIVANCE.....	12
<i>hydroxyzine hcl</i>	IPOL.....	64	<i>ketoconazole</i>	1, 50
HYPERHEP B.....	<i>ipratropium bromide</i>	53, 74	<i>ketorolac</i>	71
HYPERHEP B	<i>ipratropium-albuterol</i>	74	KEYTRUDA.....	18
NEONATAL.....	<i>irbesartan</i>	41	KHAPZORY.....	12
<i>ibandronate</i>	<i>irbesartan-</i>		KINRIX (PF).....	64
IBRANCE.....	<i>hydrochlorothiazide</i>	41	KISQALI.....	18
<i>ibu</i>	IRESSA.....	18	KISQALI FEMARA CO-	
<i>ibuprofen</i>	<i>irinotecan</i>	18	PACK.....	18
<i>icatibant</i>	ISENTRESS.....	3	<i>klor-con</i>	76
<i>iclevia</i>	ISENTRESS HD.....	3	<i>klor-con 10</i>	76
ICLUSIG.....	<i>isibloom</i>	68	<i>klor-con 8</i>	76
<i>idarubicin</i>	<i>isoniazid</i>	9	<i>klor-con m10</i>	76
IDHIFA.....	<i>isosorbide dinitrate</i>	46	<i>klor-con m15</i>	76
<i>ifosfamide</i>	<i>isosorbide mononitrate</i>	46	<i>klor-con m20</i>	76
ILARIS (PF).....	<i>isotretinoin</i>	49	<i>klor-conlef</i>	76
<i>imatinib</i>	<i>itraconazole</i>	1	KLOXXADO.....	33
IMBRUVICA.....	<i>ivermectin</i>	9	KORLYM.....	59
IMFINZI.....	IXEMPRA.....	18	K-PHOS NO 2.....	75
<i>imipenem-cilastatin</i>	IXIARO (PF).....	64	K-PHOS ORIGINAL.....	75
<i>imipramine hcl</i>	JAKAFI.....	18	KRYSTEXXA.....	65
<i>imiquimod</i>	<i>jantoven</i>	44	KUVAN.....	59
IMOVAX RABIES	JANUMET.....	56	KYNMOBI.....	28
VACCINE (PF).....	JANUMET XR.....	56	KYPROLIS.....	18
IMPAVIDO.....	JANUVIA.....	56	<i>l norgestle.estradiol-e.estrad</i> ...	68
<i>incassia</i>	JARDIANCE.....	56	<i>labetalol</i>	41
INCRELEX.....	<i>jasmiel (28)</i>	68	<i>lactated ringers</i>	76
INCRUSE ELLIPTA.....	JEMPERLI.....	18	<i>lactulose</i>	61
<i>indapamide</i>	<i>jencycla</i>	67	<i>lamivudine</i>	3, 4
INFANRIX (DTAP) (PF)....	JENTADUETO.....	57	<i>lamivudine-zidovudine</i>	4
INFUGEM.....	JENTADUETO XR.....	57	<i>lamotrigine</i>	26

You can find information on what the symbols and abbreviations on this table mean by going to page v. This drug list was updated in December 2021.

LANOXIN.....	46	<i>lisinopril-hydrochlorothiazide</i> .	41	MARPLAN.....	37
LANOXIN PEDIATRIC.....	46	<i>lithium carbonate</i>	36	MARQIBO.....	19
<i>lansoprazole</i>	63	LONSURF.....	19	MATULANE.....	19
LANTUS SOLOSTAR U-100 INSULIN.....	57	<i>loperamide</i>	60	MAVYRET.....	4
LANTUS U-100 INSULIN..	57	<i>lopinavir-ritonavir</i>	4	<i>meclizine</i>	61
<i>lapatinib</i>	18	<i>lorazepam</i>	36, 37	<i>medroxyprogesterone</i>	67
<i>larissia</i>	68	<i>lorazepam intensol</i>	37	<i>mefloquine</i>	9
<i>latanoprost</i>	71	LORBRENA.....	19	<i>megestrol</i>	19
LATUDA.....	36	<i>losartan</i>	41	MEKINIST.....	19
<i>leflunomide</i>	66	<i>losartan-hydrochlorothiazide</i> ..	41	MEKTOVI.....	19
LEMTRADA.....	29	<i>loteprednol etabonate</i>	71	<i>meloxicam</i>	33
LENVIMA.....	18	<i>lovastatin</i>	45	<i>melphalan</i>	19
<i>letrozole</i>	18	<i>low-ogestrel (28)</i>	69	<i>melphalan hcl</i>	19
<i>leucovorin calcium</i>	12	<i>loxapine succinate</i>	37	<i>memantine</i>	29
LEUKERAN.....	18	<i>lo-zumandimine (28)</i>	69	MEMANTINE.....	29
<i>leuprolide</i>	18	LUCENTIS.....	70	MENACTRA (PF).....	64
<i>levetiracetam</i>	26	LUMAKRAS.....	19	MENQUADFI (PF).....	64
<i>levetiracetam in nacl (iso-os)</i> .	26	LUMIGAN.....	71	MENVEO A-C-Y-W-135-DIP (PF).....	64
<i>levobunolol</i>	70	LUMIZYME.....	59	MEPSEVII.....	59
<i>levocarnitine</i>	52	LUMOXITI.....	19	<i>mercaptopurine</i>	19
<i>levocarnitine (with sugar)</i>	52	LUPRON DEPOT.....	19	<i>meropenem</i>	9
<i>levocetirizine</i>	72	LUPRON DEPOT (3 MONTH).....	19	MEROPENEM-0.9% SODIUM CHLORIDE.....	9
<i>levofloxacin</i>	11	LUPRON DEPOT (4 MONTH).....	19	<i>mesalamine</i>	61
<i>levofloxacin in d5w</i>	11	LUPRON DEPOT (6 MONTH).....	19	<i>mesalamine with cleansing wipe</i>	61
<i>levoleucovorin calcium</i>	12	LUPRON DEPOT-PED.....	19	<i>mesna</i>	12
<i>levonorgestrel-ethinyl estrad</i> ... 68		LUPRON DEPOT-PED (3 MONTH).....	19	MESNEX.....	13
<i>levonorg-eth estrad triphasic</i> ... 68		<i>lyleq</i>	67	<i>metformin</i>	57
<i>levo-t</i>	60	LYNPARZA.....	19	<i>methadone</i>	31
<i>levothyroxine</i>	60	LYSODREN.....	19	<i>methadone intensol</i>	31
<i>levoxyl</i>	60	LYUMJEV KWIKPEN U-100 INSULIN.....	57	<i>methazolamide</i>	71
LEXIVA.....	4	LYUMJEV KWIKPEN U-200 INSULIN.....	57	<i>methenamine hippurate</i>	12
LIBTAYO.....	18	LYUMJEV U-100 INSULIN.....	57	<i>methenamine mandelate</i>	12
<i>lidocaine</i>	48	<i>mafenide acetate</i>	49	<i>methimazole</i>	55
<i>lidocaine (pf)</i>	39, 48	<i>magnesium sulfate</i>	76	<i>methotrexate sodium</i>	19
<i>lidocaine hcl</i>	48	MAGNESIUM SULFATE IN D5W.....	76	<i>methotrexate sodium (pf)</i>	19
<i>lidocaine viscous</i>	48	<i>magnesium sulfate in water</i>	76	<i>methoxsalen</i>	48
<i>lidocaine-prilocaine</i>	48	<i>malathion</i>	51	<i>methyl dopa</i>	41
<i>lillow (28)</i>	69	<i>mannitol 20 %</i>	41	<i>methylergonovine</i>	69
<i>lindane</i>	51	<i>mannitol 25 %</i>	41	<i>methylphenidate hcl</i>	37
<i>linezolid</i>	9	<i>maprotiline</i>	37	<i>methylprednisolone</i>	54
<i>linezolid in dextrose 5%</i>	9			<i>methylprednisolone acetate</i>	54
<i>linezolid-0.9% sodium chloride</i>	9			<i>methylprednisolone sodium succ</i>	54
LINZESS.....	61			<i>metoclopramide hcl</i>	61
LIORESAL.....	30			<i>metolazone</i>	42
<i>liothyronine</i>	60				
<i>lisinopril</i>	41				

You can find information on what the symbols and abbreviations on this table mean by going to page v. This drug list was updated in December 2021.

<i>metoprolol succinate</i>	42	<i>mycophenolate sodium</i>	20	<i>nitrofurantoin monohydrate</i>	12
<i>metoprolol tartrate</i>	42	MYLOTARG.....	20	<i>cryst</i>	12
<i>metoprolol tartrate</i>	42	MYRBETRIQ.....	75	<i>nitroglycerin</i>	46, 47
<i>metro i.v.</i>	9	<i>nafcilin</i>	11	<i>nitroglycerin in 5 % dextrose</i> ..	46
<i>metronidazole</i>	9, 49, 67	<i>nafcilin in dextrose iso-osm</i>	11	NIVESTYM.....	63
<i>metronidazole in nacl (iso-os)</i> ..	9	NAGLAZYME.....	59	<i>noreth-ethinyl estradiol-iron</i> ...	69
<i>metyrosine</i>	42	<i>naloxone</i>	33	<i>norethindrone (contraceptive)</i>	67
<i>mexiletine</i>	39	<i>naltrexone</i>	33	<i>norethindrone acetate</i>	67
MIACALCIN.....	59	NAMZARIC.....	29	<i>norethindrone ac-eth estradiol</i>	67, 69
<i>mibelas 24 fe</i>	69	<i>naproxen</i>	33	<i>norethindrone-e.estradiol-iron</i> ..	69
<i>micafungin</i>	1	NARCAN.....	33	<i>norgestimate-ethinyl estradiol</i> ..	69
<i>microgestin 1.5/30 (21)</i>	69	NATACYN.....	70	<i>norlyda</i>	67
<i>microgestin 1/20 (21)</i>	69	NATPARA.....	59	NORTHERA.....	52
<i>microgestin fe 1.5/30 (28)</i>	69	NAYZILAM.....	26	<i>nortriptyline</i>	37
<i>microgestin fe 1/20 (28)</i>	69	NEEDLES, INSULIN		NORVIR.....	4
<i>midodrine</i>	52	DISP.,SAFETY.....	57	NPLATE.....	44
<i>mili</i>	69	<i>nefazodone</i>	37	NUBEQA.....	20
<i>milrinone</i>	46	<i>neomycin</i>	9	NUEDEXTA.....	29
<i>milrinone in 5 % dextrose</i>	46	<i>neomycin-bacitracin-poly-hc</i> ...	71	NULOJIX.....	20
<i>minocycline</i>	12	<i>neomycin-bacitracin-</i>		NUPLAZID.....	37
<i>minoxidil</i>	42	<i>polymyxin</i>	70	<i>nyamyc</i>	50
MIRENA.....	67	<i>neomycin-polymyxin b-</i>		<i>nymyo</i>	69
<i>mirtazapine</i>	37	<i>dexameth</i>	71	<i>nystatin</i>	1, 50
<i>misoprostol</i>	63	<i>neomycin-polymyxin-</i>		<i>nystatin-triamcinolone</i>	50
MITIGARE.....	65	<i>gramicidin</i>	70	<i>nystop</i>	50
<i>mitomycin</i>	19	<i>neomycin-polymyxin-hc</i>	54, 71	OCALIVA.....	62
<i>mitoxantrone</i>	19	<i>neo-polycin</i>	70	<i>ocella</i>	69
M-M-R II (PF).....	64	<i>neo-polycin hc</i>	71	OCREVUS.....	29
<i>modafinil</i>	37	<i>neostigmine methylsulfate</i>	30	<i>octreotide acetate</i>	20
<i>molindone</i>	37	NERLYNX.....	20	ODEFSEY.....	4
<i>mometasone</i>	51	NEUPRO.....	28	ODOMZO.....	20
<i>mondoxyne nl</i>	12	<i>nevirapine</i>	4	OFEV.....	74
MONJUVI.....	19	NEXAVAR.....	20	<i>ofloxacin</i>	53
<i>montelukast</i>	74	NEXPLANON.....	67	OGIVRI.....	20
MORPHINE.....	31, 32	<i>niacin</i>	45	<i>olanzapine</i>	37
<i>morphine</i>	32	NICOTROL.....	53	<i>olmesartan</i>	42
<i>morphine (pf)</i>	31	NICOTROL NS.....	53	<i>olmesartan-</i>	
<i>morphine concentrate</i>	31	<i>nifedipine</i>	42	<i>hydrochlorothiazide</i>	42
MOVANTIK.....	62	<i>nilutamide</i>	20	<i>omeprazole</i>	63
<i>moxifloxacin</i>	70	<i>nimodipine</i>	42	OMNIPOD DASH 5 PACK	
MOZOBIL.....	63	NINLARO.....	20	POD.....	57
MULTAQ.....	39	NIPENT.....	20	OMNIPOD INSULIN	
<i>mupirocin</i>	49	<i>nitazoxanide</i>	9	MANAGEMENT.....	57
MVASI.....	19	<i>nitisinone</i>	52	OMNIPOD INSULIN	
MYALEPT.....	59	<i>nitro-bid</i>	46	REFILL.....	57
<i>mycophenolate mofetil</i>	19, 20	<i>nitrofurantoin</i>	12	ONCASPAR.....	20
<i>mycophenolate mofetil (hcl)</i> ...	19	<i>nitrofurantoin macrocrystal</i>	12	<i>ondansetron</i>	62

You can find information on what the symbols and abbreviations on this table mean by going to page v. This drug list was updated in December 2021.

<i>ondansetron hcl</i>	62	<i>penicillin g sodium</i>	11	<i>potassium chloride in</i>	
<i>ondansetron hcl (pf)</i>	62	<i>penicillin v potassium</i>	11	<i>0.9%nacl</i>	76
ONIVYDE.....	20	PENTACEL (PF).....	64	<i>potassium chloride in 5 % dex</i>	76
ONTRUZANT.....	20	PENTAM.....	9	<i>potassium chloride in lr-d5</i>	76
ONUREG.....	20	<i>pentamidine</i>	9	<i>potassium chloride in water</i>	76
OPDIVO.....	20	PENTASA.....	62	<i>potassium chloride-0.45 %</i>	
<i>opium tincture</i>	60	<i>pentoxifylline</i>	44	<i>nacl</i>	77
<i>oralone</i>	53	PERFOROMIST.....	74	<i>potassium chloride-d5-</i>	
ORENCIA.....	66	<i>periogard</i>	53	<i>0.2%nacl</i>	77
ORENCIA CLICKJECT.....	66	PERJETA.....	20	<i>potassium chloride-d5-</i>	
ORGOVYX.....	20	<i>permethrin</i>	51	<i>0.9%nacl</i>	77
ORKAMBI.....	74	<i>perphenazine</i>	38	<i>potassium citrate</i>	75
<i>oseltamivir</i>	4	PERSERIS.....	38	<i>potassium phosphate m-ld-</i>	
<i>osmitrol 15 %</i>	42	<i>pfizerpen-g</i>	11	<i>basic</i>	77
<i>osmitrol 20 %</i>	42	<i>phenelzine</i>	38	POTELIGEO.....	21
<i>oxaliplatin</i>	20	<i>phenobarbital</i>	26	<i>pramipexole</i>	28
<i>oxandrolone</i>	59	<i>phenobarbital sodium</i>	26	<i>prasugrel</i>	44
<i>oxaprozin</i>	33	<i>phentolamine</i>	42	<i>pravastatin</i>	45
<i>oxcarbazepine</i>	26	<i>phenytoin</i>	26	<i>praziquantel</i>	9
OXERVATE.....	70	<i>phenytoin sodium</i>	26	<i>prazosin</i>	42
<i>oxybutynin chloride</i>	75	<i>phenytoin sodium extended</i>	26	<i>prednicarbate</i>	51
<i>oxycodone</i>	32	PHESGO.....	20	<i>prednisolone</i>	54
<i>oxycodone-acetaminophen</i>	32	PIFELTRO.....	4	<i>prednisolone acetate</i>	71
<i>oxymorphone</i>	32	<i>pilocarpine hcl</i>	52, 70	<i>prednisolone sodium</i>	
OZEMPIC.....	57	<i>pimozide</i>	38	<i>phosphate</i>	54, 71
OZURDEX.....	71	<i>pindolol</i>	42	<i>prednisone</i>	54
<i>pacerone</i>	39	<i>pioglitazone</i>	57	<i>prednisone intensol</i>	54
<i>paclitaxel</i>	20	PIPERACILLIN-		<i>pregabalin</i>	27
PADCEV.....	20	TAZOBACTAM.....	11	PREMARIN.....	67
<i>paliperidone</i>	37	<i>piperacillin-tazobactam</i>	11	<i>premasol 10 %</i>	77
<i>palonosetron</i>	62	PIQRAY.....	20	<i>prenatal vitamin oral tablet</i>	78
PANRETIN.....	48	<i>plasbumin 25 %</i>	76	<i>prevalite</i>	45
<i>pantoprazole</i>	63	<i>plasbumin 5 %</i>	76	<i>previfem</i>	69
PARICALCITOL.....	59	<i>plenamine</i>	77	PREVYMIS.....	4
<i>paricalcitol</i>	59	PLENVU.....	62	PREZCOBIX.....	4
<i>paroex oral rinse</i>	53	<i>podofilox</i>	48	PREZISTA.....	4
<i>paromomycin</i>	9	POLIVY.....	20	PRIFTIN.....	9
<i>paroxetine hcl</i>	37, 38	<i>polycin</i>	70	PRIMAQUINE.....	9
PASER.....	9	<i>polyethylene glycol 3350</i>	62	<i>primidone</i>	27
PAXIL.....	38	<i>polymyxin b sulf-</i>		PRIVIGEN.....	64
PEDIARIX (PF).....	64	<i>trimethoprim</i>	70	<i>probenecid</i>	65
PEDVAX HIB (PF).....	64	POMALYST.....	21	<i>probenecid-colchicine</i>	65
<i>peg 3350-electrolytes</i>	62	PORTRAZZA.....	21	<i>prochlorperazine</i>	62
<i>peg-electrolyte</i>	62	<i>posaconazole</i>	1	<i>prochlorperazine edisylate</i>	62
PEMAZYRE.....	20	<i>potassium acetate</i>	76	<i>prochlorperazine maleate oral</i>	62
<i>penicillamine</i>	67	<i>potassium chlorid-d5-</i>		PROCRIT.....	63
<i>penicillin g potassium</i>	11	<i>0.45%nacl</i>	76	<i>procto-med hc</i>	62
<i>penicillin g procaine</i>	11	<i>potassium chloride</i>	76, 77	<i>procto-pak</i>	62

You can find information on what the symbols and abbreviations on this table mean by going to page v. This drug list was updated in December 2021.

<i>proctosol hc</i>	62	RESTASIS MULTIDOSE....	70	SARCLISA.....	21
<i>proctozone-hc</i>	62	RETEVMO.....	21	<i>scopolamine base</i>	62
PROGLYCEM.....	57	RETROVIR.....	4	SECUADO.....	38
PROGRAF.....	21	REVCОВI.....	52	<i>selegiline hcl</i>	28
PROLASTIN-C.....	52	REVLIMID.....	21	<i>selenium sulfide</i>	47
PROLIA.....	65	<i>revonto</i>	30	SELZENTRY.....	5
PROMACTA.....	44	REXULTI.....	38	SEREVENT DISKUS.....	74
<i>promethazine</i>	72	REYATAZ.....	4	<i>sertraline</i>	38
<i>propafenone</i>	39, 40	RHOPRESSA.....	71	<i>setlakin</i>	69
<i>propranolol</i>	42	<i>ribavirin</i>	4, 5	<i>sevelamer carbonate</i>	52
<i>propranolol-</i>		<i>rifabutin</i>	9	<i>sf</i>	53
<i>hydrochlorothiazid</i>	42	<i>rifampin</i>	9	<i>sf 5000 plus</i>	53
<i>propylthiouracil</i>	55	<i>riluzole</i>	52	SHINGRIX (PF).....	65
PROQUAD (PF).....	64	<i>rimantadine</i>	5	SIGNIFOR.....	21
<i>protriptyline</i>	38	<i>ringer's</i>	77	<i>sildenafil (pulmonary arterial</i>	
PULMOZYME.....	74	RINVOQ.....	67	<i>hypertension)</i>	74
PURIXAN.....	21	RISPERDAL CONSTA.....	38	<i>silver sulfadiazine</i>	48
<i>pyrazinamide</i>	9	<i>risperidone</i>	38	<i>simliya (28)</i>	69
<i>pyridostigmine bromide</i>	30	<i>ritonavir</i>	5	<i>simpesse</i>	69
<i>pyrimethamine</i>	9	<i>rivastigmine</i>	29	SIMULECT.....	21
QINLOCK.....	21	<i>rivastigmine tartrate</i>	29	<i>simvastatin</i>	45
QUADRACEL (PF).....	64	<i>rivelsa</i>	69	<i>sirolimus</i>	21
<i>quetiapine</i>	38	<i>rizatriptan</i>	28	SIRTURO.....	9
<i>quinapril</i>	42	ROCKLATAN.....	71	SKYRIZI.....	47
<i>quinapril-hydrochlorothiazide</i>	42	ROMIDEPSIN.....	21	<i>sodium acetate</i>	77
<i>quinidine sulfate</i>	40	<i>ropinirole</i>	28	<i>sodium bicarbonate</i>	77
<i>quinine sulfate</i>	9	<i>rosadan</i>	49	<i>sodium chloride</i>	52, 77
RABAVERT (PF).....	64	<i>rosuvastatin</i>	45	<i>sodium chloride 0.45 %</i>	77
RADICAVA.....	29	ROTARIX.....	65	<i>sodium chloride 0.9 %</i>	52
<i>raloxifene</i>	65	ROTATEQ VACCINE.....	65	<i>sodium chloride 3 %</i>	77
<i>ramelteon</i>	38	<i>roweepra</i>	27	<i>sodium chloride 5 %</i>	77
<i>ramipril</i>	42	ROZLYTREK.....	21	SODIUM EDECRIN.....	42
<i>ranolazine</i>	46	RUBRACA.....	21	<i>sodium fluoride 5000 plus</i>	53
<i>rasagiline</i>	28	<i>rufinamide</i>	27	<i>sodium phosphate</i>	77
RECOMBIVAX HB (PF).....	64	RUKOBIA.....	5	<i>sodium polystyrene sulfonate</i> ..	52
RECTIV.....	62	RUXIENCE.....	21	<i>solifenacin</i>	75
<i>regonol</i>	30	RYBELSUS.....	58	SOLQUA 100/33.....	58
REGRANEX.....	48	RYBREVANT.....	21	SOLIRIS.....	52
RELENZA DISKHALER.....	4	RYDAPT.....	21	SOLTAMOX.....	21
RELISTOR.....	62	RYLAZE.....	21	SOLU-CORTEF.....	54
REMICADE.....	62	RYTARY.....	28	SOLU-CORTEF ACT-O-	
RENACIDIN.....	75	<i>sajazir</i>	74	VIAL (PF).....	54
<i>repaglinide</i>	57, 58	<i>salsalate</i>	33	SOMATULINE DEPOT.....	21
REPATHA.....	45	SAMSCA.....	59	SOMAVERT.....	59
REPATHA		SANDIMMUNE.....	21	<i>sorine</i>	40
PUSHTRONEX.....	45	SANTYL.....	48	<i>sotalol</i>	40
REPATHA SURECLICK....	45	SAPHRIS.....	38	<i>sotalol af</i>	40
RESTASIS.....	70	<i>sapropterin</i>	59	SOTYLIZE.....	40

You can find information on what the symbols and abbreviations on this table mean by going to page v. This drug list was updated in December 2021.

SOVALDI.....	5	SYNRIBO.....	21	TICE BCG.....	65
<i>spironolactone</i>	42	TABLOID.....	21	<i>tigecycline</i>	9
<i>spironolacton-</i>		TABRECTA.....	21	<i>timolol maleate</i>	42, 70
<i>hydrochlorothiaz</i>	42	<i>tacrolimus</i>	21, 48	TIVICAY.....	5
<i>sprintec (28)</i>	69	<i>tadalafil (pulm. hypertension)</i>	74	TIVICAY PD.....	5
SPRITAM.....	27	TAFINLAR.....	22	<i>tizanidine</i>	30
SPRYCEL.....	21	TAGRISSE.....	22	<i>tobramycin</i>	70
<i>sps (with sorbitol)</i>	52, 53	TALTZ SYRINGE.....	47	<i>tobramycin in 0.225 % nacl</i>	9
<i>ssd</i>	48	TALZENNA.....	22	<i>tobramycin sulfate</i>	9, 10
STAMARIL (PF).....	65	<i>tamoxifen</i>	22	<i>tobramycin-dexamethasone</i>	71
<i>stavudine</i>	5	<i>tamsulosin</i>	75	<i>tolterodine</i>	75
STELARA.....	47	TARGRETIN.....	22	<i>tolvaptan</i>	60
STIVARGA.....	21	<i>tarina 24 fe</i>	69	<i>topiramate</i>	27
STRENSIQ.....	59	TASIGNA.....	22	<i>toposar</i>	22
STREPTOMYCIN.....	9	<i>tazarotene</i>	49	<i>topotecan</i>	22
STRIBILD.....	5	<i>tazicef</i>	7	<i>toremifene</i>	22
SUBOXONE.....	33	TAZORAC.....	49	<i>torseamide</i>	42
<i>subvenite</i>	27	TAZVERIK.....	22	TOUJEO MAX U-300	
<i>subvenite starter (blue) kit</i>	27	TDVAX.....	65	SOLOSTAR.....	58
<i>subvenite starter (green) kit</i> ..	27	TECENTRIQ.....	22	TOUJEO SOLOSTAR U-	
<i>subvenite starter (orange) kit</i> .	27	TECFIDERA.....	29, 30	300 INSULIN.....	58
<i>sucralfate</i>	63	TEFLARO.....	7	TOVIAZ.....	75
<i>sulfacetamide sodium</i>	70	<i>telmisartan</i>	42	TRADJENTA.....	58
<i>sulfacetamide sodium (acne)</i> ..	49	TEMIXYS.....	5	<i>tramadol</i>	33
<i>sulfadiazine</i>	11	TEMODAR.....	22	<i>tranexamic acid</i>	67
<i>sulfamethoxazole-</i>		<i>temsirolimus</i>	22	<i>tranylcypromine</i>	38
<i>trimethoprim</i>	12	TENIVAC (PF).....	65	<i>travasol 10 %</i>	77
SULFAMYLLON.....	49	<i>tenofovir disoproxil fumarate</i>	5	<i>travoprost</i>	71
<i>sulfasalazine</i>	62	TEPMETKO.....	22	TRAZIMERA.....	22
<i>sulindac</i>	33	<i>terazosin</i>	42	<i>trazodone</i>	38
<i>sumatriptan</i>	28	<i>terbinafine hcl</i>	1	TREANDA.....	22
<i>sumatriptan succinate</i>	28	<i>terbutaline</i>	74	TRECTOR.....	10
<i>sunitinib</i>	21	<i>terconazole</i>	67	TRELEGY ELLIPTA.....	74
SUPRAX.....	7	TERIPARATIDE.....	65	TRELSTAR.....	22
SUPREP BOWEL PREP		<i>testosterone</i>	60	<i>tretinoin (antineoplastic)</i>	22
KIT.....	62	<i>testosterone cypionate</i>	59	<i>tretinoin topical</i>	49
SUTAB.....	62	<i>testosterone enanthate</i>	59	<i>triamcinolone acetonide</i>	
SUTENT.....	21	TETANUS,DIPHThERIA		51, 53, 54
<i>syeda</i>	69	TOX PED(PF).....	65	<i>triamterene</i>	42
SYMDEKO.....	74	<i>tetrabenazine</i>	30	<i>triamterene-</i>	
SYMFI.....	5	<i>tetracycline</i>	12	<i>hydrochlorothiazid</i>	42
SYMFI LO.....	5	THALOMID.....	22	<i>triderm</i>	51
SYMPAZAN.....	27	<i>theophylline</i>	74	<i>trientine</i>	53
SYMTUZA.....	5	<i>thioridazine</i>	38	<i>tri-estarylla</i>	69
SYNAREL.....	59	<i>thiotepa</i>	22	<i>trifluoperazine</i>	38
SYNERCID.....	9	<i>thiothixene</i>	38	<i>trifluridine</i>	70
SYNJARDY.....	58	<i>tiagabine</i>	27	TRIJARDY XR.....	58
SYNJARDY XR.....	58	TIBSOVO.....	22	TRIKAFTA.....	75

You can find information on what the symbols and abbreviations on this table mean by going to page v. This drug list was updated in December 2021.

<i>tri-lo-mili</i>	69	<i>valrubicin</i>	23	VIRACEPT.....	5
<i>tri-lo-sprintec</i>	69	<i>valsartan</i>	42	VIREAD.....	5
<i>trimethoprim</i>	12	<i>valsartan-hydrochlorothiazide</i>	42	VISTOGARD.....	13
<i>tri-mili</i>	69	VALTOCO.....	27	VITRAKVI.....	23
<i>trimipramine</i>	38	VANCOMYCIN.....	10	VIVITROL.....	33
TRINTELLIX.....	38	<i>vancomycin</i>	10	VIZIMPRO.....	23
<i>tri-nymyo</i>	69	VANCOMYCIN IN 0.9 %		<i>voriconazole</i>	1
<i>tri-previfem (28)</i>	69	SODIUM CHL.....	10	VOSEVI.....	5
<i>tri-sprintec (28)</i>	69	VANCOMYCIN IN		VOTRIENT.....	23
<i>tritocin</i>	51	DEXTROSE 5 %.....	10	VRAYLAR.....	39
TRIUMEQ.....	5	<i>vandazole</i>	67	<i>vylibra</i>	69
<i>tri-vylibra</i>	69	VANTAS.....	23	VYNDAMAX.....	46
<i>tri-vylibra lo</i>	69	VAQTA (PF).....	65	VYNDAQEL.....	46
TRODELVY.....	22	<i>varenicline</i>	53	VYXEOS.....	23
TROGARZO.....	5	VARIVAX (PF).....	65	<i>warfarin</i>	44
TROPHAMINE 10 %.....	78	VARIZIG.....	65	WELIREG.....	23
TRULICITY.....	58	VASCEPA.....	45	XALKORI.....	23
TRUMENBA.....	65	VECTIBIX.....	23	XARELTO.....	44
TRUSELTIQ.....	22	VELCADE.....	23	XARELTO DVT-PE	
TRUVADA.....	5	VELTASSA.....	53	TREAT 30D START.....	44
TRUXIMA.....	22	VEMLIDY.....	5	XATMEP.....	23
TUKYSA.....	23	VENCLEXTA.....	23	XCOPRI.....	27
<i>tulana</i>	67	VENCLEXTA STARTING		XCOPRI MAINTENANCE	
TURALIO.....	23	PACK.....	23	PACK.....	27
TWINRIX (PF).....	65	<i>venlafaxine</i>	38, 39	XCOPRI TITRATION	
<i>tydemy</i>	69	VENTOLIN HFA.....	75	PACK.....	27
TYKERB.....	23	<i>verapamil</i>	43	XELJANZ.....	67
TYMLOS.....	65	VERQUVO.....	46	XELJANZ XR.....	67
TYPHIM VI.....	65	VERSACLOZ.....	39	XGEVA.....	13
TYSABRI.....	30	VERZENIO.....	23	XIAFLEX.....	53
TYVASO.....	75	<i>vestura (28)</i>	69	XIFAXAN.....	10
TYVASO		V-GO 20.....	58	XOLAIR.....	75
INSTITUTIONAL START		V-GO 30.....	58	XOSPATA.....	23
KIT.....	75	V-GO 40.....	58	XPOVIO.....	24
TYVASO REFILL KIT.....	75	VIBATIV.....	10	XTANDI.....	24
TYVASO STARTER KIT.....	75	VICTOZA 2-PAK.....	58	XURIDEN.....	53
UKONIQ.....	23	VICTOZA 3-PAK.....	58	XYREM.....	39
<i>unithroid</i>	60	<i>vienna</i>	69	YERVOY.....	24
UNITUXIN.....	23	<i>vigabatrin</i>	27	YF-VAX (PF).....	65
UPTRAVI.....	42	<i>vigadrone</i>	27	YONDELIS.....	24
<i>ursodiol</i>	62	VIIBRYD.....	39	<i>yuvafem</i>	67
UVADEX.....	48	VIMIZIM.....	60	<i>zafirlukast</i>	75
<i>valacyclovir</i>	5	VIMPAT.....	27	ZALTRAP.....	24
VALCHLOR.....	48	<i>vinblastine</i>	23	ZANOSAR.....	24
<i>valganciclovir</i>	5	<i>vincasar pfs</i>	23	<i>zarah</i>	69
<i>valproate sodium</i>	27	<i>vincristine</i>	23	ZARXIO.....	63
<i>valproic acid</i>	27	<i>vinorelbine</i>	23	ZEJULA.....	24
<i>valproic acid (as sodium salt)</i>	27	VIOKACE.....	62	ZELBORAF.....	24

You can find information on what the symbols and abbreviations on this table mean by going to page v. This drug list was updated in December 2021.

ZEPZELCA.....	24
<i>zidovudine</i>	6
ZIEXTENZO.....	63
<i>ziprasidone hcl</i>	39
<i>ziprasidone mesylate</i>	39
ZIRABEV	24
ZIRGAN.....	70
ZOLADEX.....	24
<i>zoledronic acid</i>	60
<i>zoledronic acid-mannitol-</i> <i>water</i>	53, 60
ZOLEDRONIC AC- MANNITOL-0.9NAACL	60
ZOLINZA	24
<i>zolpidem</i>	39
<i>zonisamide</i>	27
ZORTRESS.....	24
ZOSTAVAX (PF).....	65
ZTLIDO	48
ZUBSOLV	33
<i>zumandimine (28)</i>	69
ZYDELIG.....	24
ZYKADIA.....	24
ZYNLONTA.....	24
ZYPREXA RELPREVV	39

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