



Aetna Medicare Rx offered by SilverScript

2021 Formulary

(List of Covered Drugs)

GRP Open 2 Plus (4 Tier) Formulary

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

This formulary was updated on 06/16/2021. For more recent information or other questions, please contact Aetna Medicare Rx offered by SilverScript at the number on the back of your ID card.

Formulary ID Number: 21115

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 SilverScript® Insurance Company. When it refers to “plan” or “our plan,” it means Aetna Medicare Rx offered by SilverScript.

This document includes a list of the drugs (formulary) for our plan, which is current as of June 16, 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 Aetna Medicare Rx offered by SilverScript Formulary?

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

Please note: Aetna Medicare Rx offered by SilverScript may provide additional coverage for prescription drugs not included in your Medicare Part D benefit. For more information about your share of the cost or which prescription drugs may or may not be covered, please call Aetna Medicare Rx offered by SilverScript Customer Care, or refer to your *Evidence of Coverage*.

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand name drug on our drug list if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our drug list, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Aetna Medicare Rx offered by SilverScript 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 may immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add quantity limits, prior authorization, 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 Aetna Medicare Rx offered by SilverScript 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.

This formulary is current as of June 16, 2021. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

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.” 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 at the back of this document. 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?

Our plan 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 (PA):** Aetna Medicare Rx offered by SilverScript requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Aetna Medicare Rx offered by SilverScript before you fill your prescriptions. If you don't get approval, Aetna Medicare Rx offered by SilverScript may not cover the drug.
- **Quantity Limits (QL):** For certain drugs, Aetna Medicare Rx offered by SilverScript limits the amount of the drug that Aetna Medicare Rx offered by SilverScript will cover. For example, Aetna Medicare Rx offered by SilverScript provides up to 240 tablets per 30-day prescription for *tramadol hcl tab 50mg*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy (ST):** In some cases, Aetna Medicare Rx offered by SilverScript 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, Aetna Medicare Rx offered by SilverScript may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Aetna Medicare Rx offered by SilverScript 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 may 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 Aetna Medicare Rx offered by SilverScript 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 Aetna Medicare Rx offered by SilverScript Formulary?" 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 Aetna Medicare Rx offered by SilverScript Customer Care and ask if your drug is covered.

If you learn that Aetna Medicare Rx offered by SilverScript does not cover your drug, you have two options:

- You can ask Aetna Medicare Rx offered by SilverScript Customer Care for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Aetna Medicare Rx offered by SilverScript Formulary?

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

- You can ask us to cover 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 our plan 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, Aetna Medicare Rx offered by SilverScript will only approve your request for an exception if the alternative drug is included on the plan's formulary or if 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 for an initial coverage decision for a formulary, tiering, or utilization restriction exception. **When you request a formulary, tiering, or utilization restriction exception, you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

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

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

If you experience a change in your level of care, such as a move from a home to a long-term care setting, and need a drug that is not on our formulary (or if your ability to get your drugs is limited), we may cover a one-time temporary supply from a network pharmacy for up to 31 days, unless you have a prescription for fewer days. You should use the plan’s exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

For more information

For more detailed information about your Aetna Medicare Rx offered by SilverScript prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about Aetna Medicare Rx offered by SilverScript, please contact us at the number on the back of your member ID card. 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 Part D 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 www.medicare.gov.

Drug Tier Copay Levels

This comprehensive formulary is a listing of brand name and generic drugs. This formulary covers most drugs identified by Medicare as Part D drugs, and your copay may differ depending upon the tier at which the drug resides.

The copay tiers for covered prescription medications are listed below. Please refer to your *2021 Evidence of Coverage* for copay information specific to your plan.

<i>Formulary Name</i>	<i>GRP Open 2 Plus (4 Tier) Formulary</i>
Tier 1	Generic
Tier 2	Preferred Brand
Tier 3	Non-Preferred Brand
Tier 4	Specialty

You can find complete cost-sharing and days’ supply information, including costs for long-term supplies, long-term care, and out-of-network pharmacy pricing, in your *Evidence of Coverage*.

Aetna Medicare Rx offered by SilverScript’s Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index at the back of this book.

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

The information in the Requirements/Limits column tells you if Aetna Medicare Rx offered by SilverScript has any special requirements for coverage of your drug.

PA	Prior Authorization
QL	Drug has Quantity Limits
ST	Step Therapy required
MO	Available at mail
LA	Limited Access. This prescription may be available only at certain pharmacies.
B/D	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
<i>allopurinol sodium inj</i>	1	
<i>allopurinol tabs</i>	1	MO
ALOPRIM	3	
COLCHICINE CAPS	2	QL (60 EA per 30 days) MO
<i>colchicine tabs</i>	1	QL (120 EA per 30 days) MO
COLCRYS	3	QL (120 EA per 30 days) MO
<i>febuxostat</i>	1	ST MO
GLOPERBA	3	QL (300 ML per 30 days) PA MO
KRYSTEXXA	4	QL (2 ML per 28 days) PA
MITIGARE	2	QL (60 EA per 30 days) MO
<i>probenecid</i>	1	MO
<i>probenecid/colchicine</i>	1	MO
ULORIC	3	ST MO
ZYLOPRIM	3	MO
MISCELLANEOUS		
<i>acetaminophen</i>	1	
ALLZITAL	3	QL (180 EA per 30 days) PA MO
<i>bupap</i>	1	QL (180 EA per 30 days) PA
<i>butalbital/acetaminophen/caffeine</i>	1	QL (180 EA per 30 days) PA MO
<i>butalbital/acetaminophen caps</i>	1	QL (180 EA per 30 days) PA MO
<i>butalbital/acetaminophen tabs 325mg; 25mg</i>	1	QL (180 EA per 30 days) PA
<i>butalbital/acetaminophen tabs 300mg; 50mg, 325mg; 50mg</i>	1	QL (180 EA per 30 days) PA MO
BUTALBITAL/ASPIRIN/CAFFEINE TABS	3	QL (180 EA per 30 days) PA
<i>butalbital/aspirin/caffeine caps</i>	1	QL (180 EA per 30 days) PA MO
<i>clonidine hcl inj 100mcg/ml, 500mcg/ml</i>	1	
DURACLON	3	
ESGIC TABS	3	QL (180 EA per 30 days) PA MO
<i>esgic caps</i>	1	QL (180 EA per 30 days) PA
FIORICET	3	QL (180 EA per 30 days) PA MO
FIORINAL	3	QL (180 EA per 30 days) PA MO
PRIALT INJ 100MCG	3	B/D
<i>tencon</i>	1	QL (180 EA per 30 days) PA
<i>vanatol lq</i>	4	QL (2700 ML per 30 days) PA MO
<i>vanatol s</i>	1	QL (2700 ML per 30 days) PA
<i>vtol lq</i>	1	QL (2700 ML per 30 days) PA
<i>zebutal</i>	1	QL (180 EA per 30 days) PA MO
NSAIDS		
ARTHROTEC 50	3	MO
ARTHROTEC 75	3	MO
CALDOLOR	3	
<i>cataflam</i>	1	QL (120 EA per 30 days)
CELEBREX CAPS 400MG	3	QL (30 EA per 30 days) ST MO
CELEBREX CAPS 100MG, 200MG, 50MG	3	QL (60 EA per 30 days) ST MO
<i>celecoxib caps 400mg</i>	1	QL (30 EA per 30 days) MO
<i>celecoxib caps 100mg, 200mg, 50mg</i>	1	QL (60 EA per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
DAYPRO	3	MO
<i>diclofenac potassium</i>	1	QL (120 EA per 30 days) MO
<i>diclofenac sodium dr</i>	1	MO
<i>diclofenac sodium er</i>	1	MO
<i>diclofenac sodium/misoprostol</i>	1	MO
<i>diflunisal</i>	1	MO
DUEXIS	4	MO
<i>ec-naproxen tbec 375mg</i>	1	
<i>ec-naproxen tbec 500mg</i>	1	MO
<i>etodolac</i>	1	MO
<i>etodolac er</i>	1	MO
FELDENE	3	MO
FENOPROFEN CALCIUM CAPS 400MG	3	MO
<i>fenoprofen calcium tabs</i>	1	MO
<i>flurbiprofen tabs 100mg</i>	1	MO
<i>ibu tabs 600mg, 800mg</i>	1	
<i>ibuprofen</i>	1	MO
INDOCIN	3	PA MO
<i>indomethacin caps 25mg, 50mg</i>	1	PA MO
<i>indomethacin er</i>	1	PA MO
<i>ketoprofen er</i>	1	MO
<i>ketoprofen caps 50mg</i>	1	
<i>ketoprofen caps 25mg, 75mg</i>	1	MO
<i>ketorolac tromethamine inj 15mg/ml, 30mg/ml, 60mg/2ml</i>	1	QL (20 ML per 30 days) PA MO
<i>ketorolac tromethamine nasal soln 15.75mg/spray</i>	1	QL (5 EA per 30 days) PA
<i>ketorolac tromethamine tabs 10mg</i>	1	QL (20 EA per 30 days) PA MO
LODINE	3	ST MO
<i>meclofenamate sodium</i>	1	MO
<i>mefenamic acid</i>	1	MO
<i>meloxicam</i>	1	MO
MOBIC	3	MO
<i>nabumetone</i>	1	MO
NALFON	3	ST MO
NAPRELAN	3	ST MO
<i>naproxen</i>	1	MO
NAPROXEN SODIUM CR TABS 375MG	3	MO
<i>naproxen sodium er tabs 500mg</i>	1	MO
NAPROXEN SODIUM TB24	3	MO
<i>naproxen sodium tabs 275mg, 550mg</i>	1	MO
<i>naproxen/esomeprazole magnesium</i>	4	MO
<i>oxaprozin</i>	1	MO
<i>piroxicam</i>	1	MO
QMIIZ ODT	3	QL (30 EA per 30 days) ST MO
<i>relafen</i>	1	
RELAFEN DS	3	QL (60 EA per 30 days) ST MO
SALSALATE TABS 750MG	3	QL (120 EA per 30 days) MO
SALSALATE TABS 500MG	3	QL (180 EA per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
SPRIX	3	QL (5 EA per 30 days) PA
<i>sulindac</i>	1	MO
<i>tolmetin sodium</i>	1	MO
VIMOVO	4	MO
VIVLODEX	3	ST MO
ZIPSOR	3	ST MO
ZORVOLEX	3	QL (90 EA per 30 days) MO
OPIOID ANALGESICS, LONG-ACTING		
ARYMO ER TBEA 15MG	3	QL (240 EA per 30 days) ST MO
ARYMO ER TBEA 60MG	3	QL (60 EA per 30 days) ST MO
ARYMO ER TBEA 30MG	3	QL (90 EA per 30 days) ST MO
BELBUCA	3	QL (60 EA per 30 days) PA MO
<i>buprenorphine transdermal patch</i>	1	QL (4 EA per 28 days) PA MO
BUTRANS	3	QL (4 EA per 28 days) PA MO
CONZIP	3	QL (30 EA per 30 days) PA MO
DOLOPHINE	3	QL (90 EA per 30 days) PA MO
DURAGESIC PT72 12MCG/HR, 25MCG/HR	3	QL (10 EA per 30 days) PA MO
DURAGESIC PT72 100MCG/HR, 50MCG/HR, 75MCG/HR	4	QL (10 EA per 30 days) PA MO
EXALGO	3	QL (30 EA per 30 days) PA MO
<i>fentanyl transdermal patch</i>	1	QL (10 EA per 30 days) PA MO
<i>hydrocodone bitartrate er t24a</i>	1	QL (30 EA per 30 days) PA MO
<i>hydrocodone bitartrate er cp12</i>	1	QL (60 EA per 30 days) PA MO
<i>hydromorphone hcl er tabs 24h 12mg, 16mg, 8mg</i>	1	QL (30 EA per 30 days) PA MO
<i>hydromorphone hydrochloride er</i>	1	QL (30 EA per 30 days) PA MO
HYSINGLA ER	2	QL (30 EA per 30 days) PA MO
KADIAN CP24 10MG, 20MG, 40MG	3	QL (60 EA per 30 days) PA MO
KADIAN CP24 100MG, 200MG, 30MG, 50MG, 60MG, 80MG	4	QL (60 EA per 30 days) PA MO
METHADONE HCL INJ	4	PA
<i>methadone hcl oral soln</i>	1	QL (450 ML per 30 days) PA MO
<i>methadone hcl tabs</i>	1	QL (90 EA per 30 days) PA MO
<i>methadone hcl conc</i>	1	QL (90 ML per 30 days) PA MO
METHADOSE	3	QL (90 ML per 30 days) PA MO
METHADOSE SUGAR-FREE	3	QL (90 ML per 30 days) PA MO
MORPHABOND ER T12A 30MG	3	QL (60 EA per 30 days) PA MO
MORPHABOND ER T12A 15MG	3	QL (90 EA per 30 days) PA MO
MORPHABOND ER T12A 100MG, 60MG	4	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er cp24 (generic Avinza) 120mg, 30mg, 45mg, 60mg, 75mg, 90mg</i>	1	QL (30 EA per 30 days) PA MO
<i>morphine sulfate er cp24 (generic Kadian) 100mg, 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg</i>	1	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tbc 100mg, 200mg, 30mg, 60mg</i>	1	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tbc 15mg</i>	1	QL (90 EA per 30 days) PA MO
MS CONTIN TBCR 30MG	3	QL (60 EA per 30 days) PA MO
MS CONTIN TBCR 15MG	3	QL (90 EA per 30 days) PA MO
MS CONTIN TBCR 100MG, 200MG, 60MG	4	QL (60 EA per 30 days) PA MO
NUCYNTA ER	3	QL (60 EA per 30 days) PA MO

Drug Name	Drug Tier	Requirements/Limits
OXYCODONE HCL ER T12A 15MG, 60MG	3	QL (60 EA per 30 days) PA
OXYCODONE HCL ER T12A 10MG, 20MG, 30MG, 40MG, 80MG	3	QL (60 EA per 30 days) PA MO
OXYCONTIN	3	QL (60 EA per 30 days) PA MO
<i>oxymorphone hydrochloride er</i>	1	QL (60 EA per 30 days) PA MO
<i>oxymorphone hydrochloride er tb12 40mg</i>	1	QL (120 EA per 30 days) PA MO
TRAMADOL HCL ER CP24	3	QL (30 EA per 30 days) PA MO
<i>tramadol hcl er tb24</i>	1	QL (30 EA per 30 days) PA MO
XTAMPZA ER C12A 36MG	3	QL (240 EA per 30 days) PA MO
XTAMPZA ER C12A 13.5MG, 18MG, 27MG, 9MG	3	QL (60 EA per 30 days) PA MO
ZOXYDRO ER	3	QL (60 EA per 30 days) PA MO
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen/caffeine/dihydrocodeine</i>	1	QL (300 EA per 30 days) MO
<i>acetaminophen/caffeine/dihydrocodeine bitartrate</i>	1	QL (300 EA per 30 days)
<i>acetaminophen/codeine tabs</i>	1	QL (180 EA per 30 days) MO
<i>acetaminophen/codeine soln</i>	1	QL (2700 ML per 30 days) MO
ACTIQ	4	QL (120 EA per 30 days) PA MO
<i>ascomp/codeine</i>	1	QL (180 EA per 30 days) PA MO
BUPRENEX	4	MO
<i>buprenorphine hcl inj 0.3mg/ml</i>	1	MO
<i>butalbital/acetaminophen/caffeine/codeine</i>	1	QL (180 EA per 30 days) PA MO
<i>butalbital/aspirin/caffeine/codeine</i>	1	QL (180 EA per 30 days) PA MO
<i>butorphanol tartrate nasal soln</i>	1	QL (5 ML per 30 days) MO
<i>butorphanol tartrate inj 1mg/ml</i>	1	MO
<i>butorphanol tartrate inj 2mg/ml</i>	1	MO
CODEINE SULFATE TABS	3	QL (180 EA per 30 days) MO
DEMEROL INJ 100MG/2ML, 25MG/0.5ML, 25MG/ML, 75MG/1.5ML, 75MG/ML	3	PA
DEMEROL INJ 100MG/ML, 50MG/ML	3	PA MO
DILAUDID INJ	3	B/D
DILAUDID LIQD	3	QL (600 ML per 30 days) MO
DILAUDID TABS 2MG, 4MG	3	QL (180 EA per 30 days) MO
DILAUDID TABS 8MG	4	QL (180 EA per 30 days) MO
DURAMORPH	3	B/D
<i>dvorah</i>	1	QL (300 EA per 30 days)
<i>endocet</i>	1	QL (180 EA per 30 days)
<i>fentanyl citrate oral transmucosal lozenge</i>	4	QL (120 EA per 30 days) PA MO
FENTANYL CITRATE TABS	4	QL (120 EA per 30 days) PA MO
FENTANYL CITRATE INJ 1000MCG/20ML, 100MCG/2ML, 2500MCG/50ML, 250MCG/5ML, 500MCG/10ML, 50MCG/ML	3	
<i>fentanyl citrate cartridge 100mcg/2ml</i>	1	
FENTORA	4	QL (120 EA per 30 days) PA MO
FIORICET/CODEINE	3	QL (180 EA per 30 days) PA MO
FIORINAL/CODEINE #3	3	QL (180 EA per 30 days) PA MO
<i>hydrocodone bitartrate/acetaminophen tabs</i>	1	QL (180 EA per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	1	QL (2700 ML per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 10mg/15ml</i>	1	QL (5500 ML per 30 days) MO
<i>hydrocodone/acetaminophen</i>	1	QL (180 EA per 30 days) MO
<i>hydrocodone/ibuprofen</i>	1	QL (150 EA per 30 days) MO
<i>hydromorphone hcl tabs</i>	1	QL (180 EA per 30 days) MO
<i>hydromorphone hcl liqd</i>	1	QL (600 ML per 30 days) MO
HYDROMORPHONE HCL INJ 1MG/ML, 4MG/ML	3	B/D MO
<i>hydromorphone hcl inj 10mg/ml</i>	1	B/D
<i>hydromorphone hcl inj 2mg/ml</i>	1	B/D MO
HYDROMORPHONE HYDROCHLORIDE PF INJ 1MG/ML	3	B/D
HYDROMORPHONE HYDROCHLORIDE PF INJ 4MG/ML	3	B/D MO
<i>hydromorphone hydrochloride pf inj 2mg/ml, 50mg/5ml</i>	1	B/D
INFUMORPH 200	3	B/D
INFUMORPH 500	3	B/D
LAZANDA	4	QL (30 EA per 30 days) PA MO
<i>levorphanol tartrate</i>	4	QL (180 EA per 30 days) MO
<i>lorcet</i>	1	QL (180 EA per 30 days)
<i>lorcet hd</i>	1	QL (180 EA per 30 days)
<i>lorcet plus</i>	1	QL (180 EA per 30 days)
LORTAB	3	QL (2040 ML per 30 days) MO
<i>meperidine hcl tabs</i>	1	QL (120 EA per 30 days) PA MO
<i>meperidine hcl oral soln</i>	1	QL (3600 ML per 30 days) PA MO
<i>meperidine hcl inj 25mg/ml</i>	1	PA
<i>meperidine hcl inj 100mg/ml, 50mg/ml</i>	1	PA MO
<i>mitigo</i>	1	B/D
<i>morphine sulfate tabs</i>	1	QL (180 EA per 30 days) MO
MORPHINE SULFATE INJ 10MG/ML PF, 25MG/ML PF, 2MG/ML PF, 4MG/ML PF, 50MG/ML, 5MG/ML PF, 8MG/ML PF	3	B/D
<i>morphine sulfate iv inj 0.5mg/ml, 10mg/ml, 1mg/ml, 4mg/ml, 8mg/ml</i>	1	B/D
<i>morphine sulfate pf inj 1mg/ml</i>	1	B/D MO
<i>morphine sulfate oral soln 100mg/5ml</i>	1	QL (180 ML per 30 days) MO
<i>morphine sulfate oral soln 10mg/5ml, 20mg/5ml</i>	1	QL (900 ML per 30 days) MO
MORPHINE SULFATE SUPP 30MG, 5MG	3	QL (60 EA per 30 days)
MORPHINE SULFATE SUPP 10MG, 20MG	3	QL (60 EA per 30 days) MO
<i>nalbuphine hcl</i>	1	MO
<i>nalocet</i>	4	QL (180 EA per 30 days)
NORCO	3	QL (180 EA per 30 days) MO
NUCYNTA	3	QL (180 EA per 30 days) MO
OXAYDO	3	QL (180 EA per 30 days) MO
<i>oxycodone hcl</i>	1	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride/acetaminophen</i>	4	QL (900 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hydrochloride oral conc</i>	1	QL (180 ML per 30 days) MO
<i>oxycodone hydrochloride soln</i>	1	QL (900 ML per 30 days) MO
<i>oxycodone hydrochloride tabs 30mg</i>	1	QL (120 EA per 30 days) MO
<i>oxycodone hydrochloride tabs 10mg, 15mg, 20mg, 5mg</i>	1	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen tabs 300mg; 2.5mg</i>	4	QL (180 EA per 30 days)
<i>oxycodone/acetaminophen tabs 300mg; 10mg, 300mg; 5mg</i>	4	QL (180 EA per 30 days) MO
<i>oxycodone/aspirin</i>	1	QL (180 EA per 30 days) MO
<i>oxymorphone hydrochloride immediate release tabs</i>	1	QL (180 EA per 30 days) MO
<i>pentazocine/naloxone hcl</i>	1	QL (360 EA per 30 days) PA MO
PERCOCET TABS 325MG; 2.5MG	3	QL (180 EA per 30 days) MO
PERCOCET TABS 325MG; 10MG, 325MG; 5MG, 325MG; 7.5MG	4	QL (180 EA per 30 days) MO
PRIMLEV TABS 300MG; 5MG	3	QL (180 EA per 30 days) MO
PRIMLEV TABS 300MG; 10MG, 300MG; 7.5MG	4	QL (180 EA per 30 days) MO
PROLATE SOLN	4	QL (900 ML per 30 days)
PROLATE TABS 300MG; 5MG	3	QL (180 EA per 30 days) MO
PROLATE TABS 300MG; 10MG, 300MG; 7.5MG	4	QL (180 EA per 30 days) MO
ROXICODONE TABS 15MG, 5MG	3	QL (180 EA per 30 days) MO
ROXICODONE TABS 30MG	4	QL (120 EA per 30 days) MO
SUBSYS LIQD 100MCG, 200MCG, 400MCG, 600MCG, 800MCG	4	QL (120 EA per 30 days) PA MO
SUBSYS LIQD 1200MCG	4	QL (240 EA per 30 days) PA
SUBSYS LIQD 1600MCG	4	QL (240 EA per 30 days) PA MO
<i>tramadol hcl tabs 50mg</i>	1	QL (240 EA per 30 days) MO
<i>tramadol hydrochloride tabs 100mg</i>	1	QL (120 EA per 30 days) MO
<i>tramadol hydrochloride/acetaminophen</i>	1	QL (240 EA per 30 days) MO
<i>trezix</i>	1	QL (300 EA per 30 days)
TYLENOL/CODEINE #3	3	QL (180 EA per 30 days) MO
ULTRACET	3	QL (240 EA per 30 days) MO
ULTRAM	3	QL (240 EA per 30 days) MO

ANESTHETICS**LOCAL ANESTHETICS**

<i>bupivacaine hcl inj 0.25%</i>	1	
<i>bupivacaine hcl inj 0.5%</i>	1	MO
<i>bupivacaine hydrochloride</i>	1	
<i>bupivacaine/epinephrine inj 0.25%; 1:200000, 0.5%; 1:200000 pf</i>	1	
<i>bupivacaine/epinephrine inj 0.5%; 1:200000</i>	1	MO
<i>lidocaine hcl inj 0.5%, 1%, 1.5%, 2%, 4%</i>	1	
<i>lidocaine hydrochloride pf inj 1%, 2%</i>	1	
<i>lidocaine/epinephrine</i>	1	
MARCAINE/EPINEPHRINE INJ 0.25%; 1:200000	3	
MARCAINE/EPINEPHRINE INJ 0.5%; 1:200000	3	MO
MARCAINE INJ 0.25%, 0.75%	3	
MARCAINE INJ 0.5%	3	MO

Drug Name	Drug Tier	Requirements/Limits
NAROPIN	3	
<i>ropivacaine hydrochloride</i>	1	
<i>sensorcaine-mpf</i>	1	
SENSORCAINE-MPF/EPINEPHRINE INJ 0.5%; 1:200000, 0.75%; 1:200000	3	
<i>sensorcaine-mpf/epinephrine inj 0.25%; 1:200000</i>	1	
<i>sensorcaine/epinephrine</i>	1	
SENSORCAINE INJ 0.25%	3	
SENSORCAINE INJ 0.5%	3	MO
XYLOCAINE	3	
<i>xylocaine dental inj</i>	1	
XYLOCAINE-MPF	3	
XYLOCAINE-MPF/EPINEPHRINE	3	
XYLOCAINE/EPINEPHRINE	3	
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
AEMCOLO	3	QL (12 EA per 30 days)
<i>albendazole</i>	4	MO
ALBENZA	4	MO
ALINIA	4	MO
<i>amikacin sulfate</i>	1	MO
ARIKAYCE	4	PA
<i>atovaquone</i>	1	PA MO
AZACTAM	3	
<i>aztreonam</i>	1	MO
<i>bacitracin inj 50000unit</i>	1	
BACTRIM	3	MO
BACTRIM DS	3	MO
BENZNIDAZOLE	3	PA
BETHKIS	4	QL (224 ML per 56 days) PA LA
BILTRICIDE	3	MO
CAYSTON	4	PA LA
<i>chloramphenicol inj 1gm</i>	1	
CLEOCIN PEDIATRIC GRANULES	3	MO
CLEOCIN PHOSPHATE INJ 300MG/2ML, 600MG/4ML IV, 900MG/6ML IV, 9GM/60ML	3	
CLEOCIN PHOSPHATE INJ 600MG/4ML, 900MG/6ML	3	MO
CLEOCIN CAPS 150MG, 300MG, 75MG	3	MO
<i>clindamycin hcl caps 300mg, 75mg</i>	1	MO
<i>clindamycin hydrochloride caps 150mg</i>	1	MO
<i>clindamycin palmitate hcl</i>	1	MO
<i>clindamycin phosphate/dextrose</i>	1	
<i>clindamycin phosphate inj 300mg/2ml, 9000mg/60ml</i>	1	
<i>clindamycin phosphate inj 600mg/4ml, 900mg/6ml</i>	1	MO
CLINDAMYCIN/SODIUM CHLORIDE	3	
<i>colistimethate inj</i>	1	PA MO
COLY-MYCIN M	3	PA MO

Drug Name	Drug Tier	Requirements/Limits
CUBICIN	4	
CUBICIN RF	4	
DALVANCE	4	
<i>dapsone tabs 100mg, 25mg</i>	1	MO
DAPTOMYCIN INJ 350MG	4	
<i>daptomycin inj 500mg</i>	4	MO
DARAPRIM	4	QL (90 EA per 30 days) PA MO
EMVERM	4	QL (12 EA per 365 days) MO
<i>ertapenem</i>	1	MO
FIRVANQ SOLR 25MG/ML	3	
FIRVANQ SOLR 50MG/ML	3	MO
FLAGYL	3	MO
<i>fosfomicin tromethamine</i>	1	MO
FURADANTIN	3	MO
<i>gentamicin sulfate pediatric</i>	1	MO
<i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.6mg/ml; 0.9%</i>	1	MO
<i>gentamicin sulfate inj 40mg/ml</i>	1	MO
HIPREX	3	MO
<i>imipenem/cilastatin</i>	1	MO
IMPAVIDO	4	QL (90 EA per 30 days) PA MO
INVANZ	3	MO
<i>isotonic gentamicin</i>	1	MO
<i>ivermectin tabs 3mg</i>	1	MO
KITABIS PAK	4	QL (280 ML per 56 days) PA
LAMPIT	3	PA
LINCOCIN	3	MO
<i>lincomycin hcl</i>	1	
<i>linezolid tabs</i>	1	QL (56 EA per 28 days) PA MO
<i>linezolid oral susp</i>	4	QL (1800 ML per 28 days) PA MO
LINEZOLID INJ 600MG/300ML; 0.9%	3	PA
<i>linezolid inj 600mg/300ml</i>	1	PA
MACROBID	3	MO
MACRODANTIN	3	MO
<i>me/naphos/mb/hyo 1</i>	1	MO
MEPRON	4	PA MO
MEROPENEM/SODIUM CHLORIDE	3	
<i>meropenem inj 500mg</i>	1	
<i>meropenem inj 1gm</i>	1	MO
MERREM INJ 500MG	3	
MERREM INJ 1GM	3	MO
<i>methenamine hippurate</i>	1	MO
METHENAMINE MANDELATE	3	MO
<i>metronidazole in nacl 0.79%</i>	1	
<i>metronidazole caps 375mg</i>	1	MO
METRONIDAZOLE INJ 500MG/100ML; 0.74%	3	

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole tabs 250mg, 500mg</i>	1	MO
MONUROL	3	MO
NEBUPENT	3	B/D MO
<i>neomycin tabs</i>	1	MO
<i>nitazoxanide</i>	4	MO
<i>nitrofurantoin macrocrystals</i>	1	MO
<i>nitrofurantoin monohydrate</i>	1	MO
<i>nitrofurantoin oral suspension</i>	1	MO
ORBACTIV	4	MO
<i>paromomycin caps</i>	1	MO
PENTAM 300	3	MO
<i>pentamidine isethionate inj</i>	1	
<i>pentamidine isethionate inhalation solr</i>	1	B/D MO
PHOSPHASAL	3	MO
<i>polymyxin b sulfate inj</i>	1	
<i>praziquantel</i>	1	MO
PRIMAXIN IV	3	MO
<i>pyrimethamine</i>	4	QL (90 EA per 30 days) PA MO
RECARBRIO	4	PA
SIVEXTRO INJ	4	
SIVEXTRO TABS	4	MO
SOLOSEC	3	MO
<i>streptomycin sulfate inj</i>	1	MO
STROMECTOL	3	MO
SULFADIAZINE	3	MO
<i>sulfamethoxazole/trimethoprim</i>	1	MO
<i>sulfamethoxazole/trimethoprim ds</i>	1	MO
SYNERCID	4	
<i>tinidazole</i>	1	MO
TOBI	4	QL (280 ML per 56 days) PA LA
TOBI PODHALER	4	QL (224 EA per 42 days) PA
<i>tobramycin sulfate inj 1.2gm, 10mg/ml, 40mg/ml</i>	1	
<i>tobramycin sulfate inj 1.2gm/30ml, 80mg/2ml</i>	1	MO
<i>tobramycin nebu 300mg/5ml</i>	1	QL (280 ML per 56 days) PA
<i>tobramycin nebu 300mg/4ml</i>	4	QL (224 ML per 56 days) PA
<i>trimethoprim tabs</i>	1	MO
URIMAR-T	3	MO
URIN D/S	3	
<i>uro-458</i>	1	MO
UROGESIC-BLUE	3	MO
UTIRA-C	3	MO
VABOMERE	4	PA
VANCOCIN CAPS 250MG	4	QL (240 EA per 30 days) MO
VANCOCIN HCL CAPS 125MG	4	QL (120 EA per 30 days) MO
VANCOMYCIN HCL INJ 0.9%; 1GM/200ML	3	
<i>vancomycin hcl inj 100gm, 10gm</i>	1	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE	3	

Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN HYDROCHLORIDE ORAL SOLR	3	MO
<i>vancomycin hydrochloride caps 125mg</i>	1	QL (120 EA per 30 days) MO
<i>vancomycin hydrochloride caps 250mg</i>	4	QL (240 EA per 30 days) MO
VANCOMYCIN HYDROCHLORIDE INJ 1.25GM, 1.5GM, 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 250MG, 500MG/100ML, 750MG/150ML	3	
<i>vancomycin hydrochloride inj 1gm, 5gm, 750mg</i>	1	
<i>vancomycin hydrochloride inj 500mg</i>	1	MO
VANCOMYCIN INJ 500MG/100ML, 750MG/150ML	3	
VIBATIV	4	PA
XENLETA	4	PA
XIFAXAN TABS 200MG	4	QL (9 EA per 30 days) PA MO
ZEMDRI	4	PA
ZYVOX INJ	3	PA
ZYVOX ORAL SUSP	3	QL (1800 ML per 28 days) PA MO
ZYVOX TABS	4	QL (56 EA per 28 days) PA MO
ANTIFUNGALS		
ABELCET	3	B/D
AMBISOME	4	B/D
<i>amphotericin b</i>	1	B/D MO
ANCOBON CAPS 250MG	4	
ANCOBON CAPS 500MG	4	MO
CANCIDAS INJ 50MG	4	
CANCIDAS INJ 70MG	4	MO
<i>caspofungin acetate inj 70mg</i>	1	
<i>caspofungin acetate inj 50mg</i>	4	
CRESEMBA INJ	4	QL (36 EA per 30 days)
CRESEMBA CAPS	4	QL (70 EA per 30 days) MO
DIFLUCAN ORAL SUSP	3	MO
DIFLUCAN TABS 100MG, 150MG, 50MG	3	MO
DIFLUCAN TABS 200MG	4	MO
ERAXIS INJ 100MG	3	PA
ERAXIS INJ 50MG	4	PA
<i>fluconazole</i>	1	MO
<i>fluconazole in nacl 200mg; 0.9%</i>	1	
<i>fluconazole in sodium chloride 400mg; 0.9%</i>	1	
<i>flucytosine</i>	4	MO
<i>griseofulvin microsize</i>	1	MO
<i>griseofulvin ultramicrosize</i>	1	MO
<i>itraconazole caps</i>	1	PA MO
<i>itraconazole soln</i>	1	QL (600 ML per 30 days) PA MO
<i>ketoconazole tabs 200mg</i>	1	PA MO
<i>micafungin inj 50mg</i>	1	
<i>micafungin inj 100mg</i>	4	
MYCAMINE INJ 50MG	3	MO
MYCAMINE INJ 100MG	4	
NOXAFIL INJ	4	

Drug Name	Drug Tier	Requirements/Limits
NOXAFIL SUSP	4	QL (630 ML per 30 days) MO
NOXAFIL TBEC	4	QL (93 EA per 30 days) MO
<i>nystatin tabs 500000unit</i>	1	MO
<i>posaconazole dr</i>	4	QL (93 EA per 30 days) MO
SPORANOX PULSEPAK	4	PA MO
SPORANOX CAPS	4	PA MO
SPORANOX SOLN	4	QL (600 ML per 30 days) PA MO
<i>terbinafine hcl tabs</i>	1	QL (90 EA per 365 days) MO
TOLSURA	4	PA MO
VFEND IV	3	PA
VFEND TABS	4	MO
VFEND ORAL SUSP	4	PA MO
<i>voriconazole tabs</i>	1	MO
<i>voriconazole inj</i>	1	PA
<i>voriconazole oral susp</i>	1	PA MO
ANTIMALARIALS		
<i>atovaquone/proguanil hcl</i>	1	MO
<i>chloroquine phosphate</i>	1	MO
COARTEM	3	MO
KRINTAFEL	3	PA
MALARONE	3	MO
<i>mefloquine hcl</i>	1	MO
<i>primaquine phosphate</i>	1	MO
QUALAQUIN	3	PA MO
<i>quinine sulfate</i>	1	PA MO
ANTIRETROVIRAL AGENTS		
<i>abacavir</i>	1	MO
APTIVUS SOLN	4	
APTIVUS CAPS	4	MO
<i>atazanavir</i>	1	MO
<i>atazanavir sulfate</i>	1	MO
CRIXIVAN	3	MO
<i>didanosine caps 200mg, 250mg, 400mg</i>	1	MO
EDURANT	4	MO
<i>efavirenz caps</i>	1	MO
<i>efavirenz tabs</i>	4	MO
<i>emtricitabine</i>	1	MO
EMTRIVA	2	MO
EPIVIR	3	MO
<i>fosamprenavir calcium</i>	4	MO
FUZEON	4	
INTELENCE TABS 25MG	3	
INTELENCE TABS 100MG, 200MG	4	MO
INVIRASE TABS	4	MO
ISENTRESS HD	4	MO
ISENTRESS PACK	2	MO
ISENTRESS TABS	4	MO

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS CHEW 25MG	2	MO
ISENTRESS CHEW 100MG	4	MO
<i>lamivudine soln 10mg/ml</i>	1	MO
<i>lamivudine tabs 150mg, 300mg</i>	1	MO
LEXIVA SUSP	3	MO
LEXIVA TABS	4	MO
<i>nevirapine er tb24 100mg</i>	1	
<i>nevirapine er tb24 400mg</i>	1	MO
<i>nevirapine susp</i>	1	
<i>nevirapine tabs</i>	1	MO
NORVIR	3	MO
PIFELTRO	4	MO
PREZISTA SUSP	4	QL (400 ML per 30 days) MO
PREZISTA TABS 75MG	3	QL (480 EA per 30 days) MO
PREZISTA TABS 150MG	4	QL (240 EA per 30 days) MO
PREZISTA TABS 800MG	4	QL (30 EA per 30 days) MO
PREZISTA TABS 600MG	4	QL (60 EA per 30 days) MO
RESCRIPTOR TABS 200MG	3	MO
RETROVIR CAPS, SYRP	3	MO
RETROVIR IV INFUSION	3	
REYATAZ	4	MO
<i>ritonavir</i>	1	MO
RUKOBIA	4	MO
SELZENTRY SOLN	4	
SELZENTRY TABS 25MG	2	
SELZENTRY TABS 75MG	4	
SELZENTRY TABS 150MG, 300MG	4	MO
<i>stavudine</i>	1	MO
SUSTIVA TABS	4	MO
SUSTIVA CAPS 50MG	3	MO
SUSTIVA CAPS 200MG	4	MO
<i>tenofovir tabs</i>	1	MO
TIVICAY PD	3	MO
TIVICAY TABS 10MG	2	MO
TIVICAY TABS 25MG, 50MG	4	MO
TROGARZO	4	LA
TYBOST	3	MO
VIDEX EC CAPS 125MG, 200MG, 250MG	3	MO
VIDEX PEDIATRIC	3	MO
VIRACEPT TABS	4	MO
VIRAMUNE XR	3	MO
VIRAMUNE SUSP	3	MO
VIRAMUNE TABS	4	MO
VIREAD	4	MO
ZIAGEN	3	MO
<i>zidovudine</i>	1	MO

ANTIRETROVIRAL COMBINATION AGENTS

Drug Name	Drug Tier	Requirements/Limits
<i>abacavir sulfate/lamivudine</i>	1	MO
<i>abacavir sulfate/lamivudine/zidovudine</i>	4	MO
ATRIPLA	4	MO
BIKTARVY	4	MO
CABENUVA INJ 400MG/2ML; 600MG/2ML	4	QL (4 ML per 30 days)
CABENUVA INJ 600MG/3ML; 900MG/3ML	4	QL (6 ML per 30 days)
CIMDUO	4	MO
COMBIVIR	3	MO
COMPLERA	4	MO
DELSTRIGO	4	MO
DESCOVY	4	MO
DOVATO	4	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	4	MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	4	MO
<i>emtricitabine/tenofovir disoproxil</i>	4	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil fumarate</i>	4	QL (30 EA per 30 days) MO
EPZICOM	4	MO
EVOTAZ	4	MO
GENVOYA	4	MO
JULUCA	4	MO
KALETRA SOLN	4	MO
KALETRA TABS 100MG; 25MG	3	MO
KALETRA TABS 200MG; 50MG	4	MO
<i>lamivudine/zidovudine</i>	1	MO
<i>lopinavir/ritonavir</i>	1	MO
ODEFSEY	4	MO
PREZCOBIX	4	MO
STRIBILD	4	MO
SYMFI	4	MO
SYMFI LO	4	MO
SYMTUZA	4	MO
TEMIXYS	4	MO
TRIUMEQ	4	MO
TRIZIVIR	4	MO
TRUVADA	4	QL (30 EA per 30 days) MO
ANTITUBERCULAR AGENTS		
CAPASTAT SULFATE	3	
<i>cycloserine</i>	4	MO
<i>ethambutol hydrochloride tabs 400mg</i>	1	MO
<i>isoniazid inj</i>	1	
<i>isoniazid syrp, tabs</i>	1	MO
MYAMBUTOL	3	MO
MYCOBUTIN	3	MO
PASER	3	MO
PRETOMANID	3	QL (30 EA per 30 days) PA
PRIFTIN	3	MO
<i>pyrazinamide</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>rifabutin</i>	1	MO
RIFADIN CAPS	3	MO
RIFADIN INJ	4	
RIFAMATE	3	MO
<i>rifampin inj</i>	1	
<i>rifampin caps</i>	1	MO
RIFATER	3	MO
SIRTURO TABS 20MG	4	PA
SIRTURO TABS 100MG	4	PA LA
TRECTOR	3	MO
ANTIVIRALS		
<i>acyclovir sodium inj 50mg/ml</i>	1	B/D
<i>acyclovir caps 200mg</i>	1	MO
<i>acyclovir susp 200mg/5ml</i>	1	MO
<i>acyclovir tabs 400mg, 800mg</i>	1	MO
<i>adefovir dipivoxil</i>	1	QL (30 EA per 30 days) MO
BARACLUDE SOLN	3	MO
BARACLUDE TABS	4	QL (30 EA per 30 days) MO
<i>cidofovir</i>	1	
CYTOVENE	3	B/D MO
<i>entecavir</i>	1	QL (30 EA per 30 days) MO
EPCLUSA	4	PA
EPIVIR HBV	3	MO
<i>famciclovir tabs 500mg</i>	1	QL (21 EA per 30 days) MO
<i>famciclovir tabs 125mg, 250mg</i>	1	QL (60 EA per 30 days) MO
<i>foscarnet sodium</i>	4	PA
<i>ganciclovir inj 500mg/10ml, 500mg</i>	1	B/D
HARVONI	4	PA
HEPSERA	4	QL (30 EA per 30 days) ST MO
<i>lamivudine tabs 100mg</i>	1	MO
LEDIPASVIR/SOFOSBUVIR	4	PA
MAVYRET	4	PA
<i>oseltamivir phosphate caps 30mg</i>	1	QL (168 EA per 365 days) MO
<i>oseltamivir phosphate caps 45mg, 75mg</i>	1	QL (84 EA per 365 days) MO
<i>oseltamivir phosphate oral susp</i>	1	QL (1080 ML per 365 days) MO
PEGASYS	4	PA
PEGINTRON KIT 50MCG	4	PA
PREVYMIS INJ	4	
PREVYMIS TABS	4	QL (28 EA per 28 days) MO
RAPIVAB	4	
RELENZA DISKHALER	2	QL (120 EA per 365 days) MO
<i>ribavirin caps, tabs</i>	1	
<i>ribavirin inh</i>	4	
<i>rimantadine hydrochloride</i>	1	MO
SITAVIG	3	MO
SOFOSBUVIR/VELPATASVIR	4	PA
SOVALDI TABLETS	4	QL (28 EA per 28 days) PA

Drug Name	Drug Tier	Requirements/Limits
TAMIFLU ORAL SUSP	3	QL (1080 ML per 365 days) MO
TAMIFLU CAPS 30MG	3	QL (168 EA per 365 days) MO
TAMIFLU CAPS 45MG, 75MG	3	QL (84 EA per 365 days) MO
<i>valacyclovir hcl tabs 1gm</i>	1	MO
<i>valacyclovir hydrochloride tabs 500mg</i>	1	MO
VALCYTE	4	MO
<i>valganciclovir hydrochloride oral soln</i>	4	MO
<i>valganciclovir tabs</i>	4	MO
VALTREX	3	MO
VEMLIDY	4	MO
VIEKIRA PAK	4	QL (112 EA per 28 days) PA
VIRAZOLE	4	
VOSEVI	4	PA
XOFLUZA	3	QL (2 EA per 180 days) MO
ZEPATIER	4	PA
ZOVIRAX SUSP 200MG/5ML	3	MO
CEPHALOSPORINS		
AVYCAZ	4	PA
<i>cefaclor</i>	1	MO
CEFACLOR ER	3	MO
<i>cefadroxil</i>	1	MO
CEFAZOLIN INJ 2GM/100ML; 4%	2	
CEFAZOLIN SODIUM/DEXTROSE	3	
CEFAZOLIN SODIUM INJ 1GM/50ML; 4%	2	
CEFAZOLIN SODIUM INJ 100GM, 300GM	3	
<i>cefazolin sodium iv inj 1gm</i>	1	
<i>cefazolin sodium inj 10gm, 1gm, 500mg</i>	1	MO
<i>cefdinir</i>	1	MO
CEFEPIME HYDROCHLORIDE	3	
CEFEPIME/DEXTROSE	3	
CEFEPIME INJ 1GM/50ML, 2GM/100ML	3	
<i>cefepime inj 1gm, 2gm</i>	1	MO
<i>cefixime</i>	1	MO
CEFOTAN	3	
<i>cefotetan</i>	1	
CEFOTETAN/DEXTROSE	3	
CEFOXITIN SODIUM INJ 1GM; 4%, 2GM; 2.2%	3	
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	1	
<i>cefpodoxime proxetil</i>	1	MO
<i>cefprozil</i>	1	MO
CEFTAZIDIME/DEXTROSE	3	
<i>ceftazidime inj 6gm</i>	1	
<i>ceftazidime inj 1gm, 2gm</i>	1	MO
<i>ceftriaxone in iso-osmotic dextrose</i>	1	
CEFTRIAZONE SODIUM INJ 100GM	3	
<i>ceftriaxone sodium iv inj 1gm</i>	1	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
CEFTRIAXONE/DEXTROSE	3	
<i>cefuroxime axetil tabs</i>	1	MO
<i>cefuroxime sodium inj 1.5gm, 7.5gm</i>	1	
<i>cefuroxime sodium inj 750mg</i>	1	MO
<i>cephalexin</i>	1	MO
FETROJA	4	
FORTAZ INJ 2GM, 500MG	3	
FORTAZ INJ 1GM	3	MO
SUPRAX CAPS	3	MO
SUPRAX CHEW 100MG	3	
SUPRAX CHEW 200MG	3	MO
SUPRAX ORAL SUSP 500MG/5ML	2	
SUPRAX ORAL SUSP 100MG/5ML, 200MG/5ML	3	MO
<i>tazicef</i>	1	
TEFLARO	4	
ZERBAXA	4	
ERYTHROMYCINS/MACROLIDES		
AZITHROMYCIN PACK	2	MO
<i>azithromycin inj, oral susp, tabs</i>	1	MO
<i>clarithromycin er</i>	1	MO
<i>clarithromycin oral susp, tabs</i>	1	MO
DIFICID SUSR	4	
DIFICID TABS	4	MO
<i>e.e.s. 400</i>	1	MO
E.E.S. GRANULES	3	MO
<i>ery-tab</i>	1	
ERYPED 200	3	MO
ERYPED 400	3	MO
ERYTHROCIN LACTOBIONATE INJ 500MG	3	
<i>erythrocine stearate tabs 250mg</i>	1	MO
<i>erythromycin base</i>	1	MO
<i>erythromycin dr</i>	1	MO
<i>erythromycin ethylsuccinate tabs, oral susp</i>	1	MO
<i>erythromycin stearate</i>	1	MO
<i>erythromycin cpep 250mg</i>	1	MO
ZITHROMAX	3	MO
ZITHROMAX TRI-PAK	3	MO
ZITHROMAX Z-PAK	3	MO
FLUOROQUINOLONES		
BAXDELA INJ	4	PA
BAXDELA TABS	4	PA MO
CIPRO TABS, ORAL SUSP	3	MO
<i>ciprofloxacin hcl tabs 100mg, 750mg</i>	1	MO
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	1	MO
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%</i>	1	
<i>ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%</i>	1	MO
<i>levofloxacin in d5w</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin inj 25mg/ml</i>	1	
<i>levofloxacin oral soln 25mg/ml</i>	1	MO
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	1	MO
<i>moxifloxacin hydrochloride/sodium hydrochloride inj</i>	1	
<i>moxifloxacin hydrochloride inj 400mg/250ml</i>	1	
<i>moxifloxacin hydrochloride tabs 400mg</i>	1	MO
<i>ofloxacin tabs 300mg, 400mg</i>	1	MO
PENICILLINS		
<i>amoxicillin</i>	1	MO
<i>amoxicillin/clavulanate potassium</i>	1	MO
<i>amoxicillin/clavulanate potassium er</i>	1	MO
<i>ampicillin caps 500mg</i>	1	MO
<i>ampicillin sodium inj 10gm, 125mg, 1gm iv, 250mg, 2gm iv</i>	1	
<i>ampicillin sodium inj 1gm, 2gm, 500mg</i>	1	MO
<i>ampicillin-sulbactam</i>	1	
AUGMENTIN ES-600	3	MO
AUGMENTIN TABS 500MG	3	MO
BICILLIN C-R INJ 900000UNIT/2ML; 300000UNIT/2ML	3	
BICILLIN C-R INJ 300000UNIT/ML; 300000UNIT/ML	4	MO
BICILLIN L-A	3	MO
<i>dicloxacillin caps</i>	1	MO
<i>nafcillin sodium inj 1gm, 2gm iv</i>	1	
<i>nafcillin sodium inj 2gm</i>	1	MO
<i>nafcillin sodium inj 10gm</i>	4	
NAFCILLIN/DEXTROSE	3	
OXACILLIN SODIUM INJ 1.5GM/50ML; 1GM/50ML, 300MG/50ML; 2GM/50ML	3	
<i>oxacillin sodium inj 10gm, 1gm</i>	1	
<i>oxacillin sodium inj 2gm</i>	1	MO
<i>penicillin g potassium</i>	1	MO
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	3	
PENICILLIN G PROCAINE	3	MO
<i>penicillin g sodium</i>	1	
<i>penicillin v potassium</i>	1	MO
<i>pfizerpen inj 2000000unit</i>	1	
<i>pfizerpen inj 5000000unit</i>	1	MO
<i>piperacillin sodium/tazobactam sodium</i>	1	
<i>piperacillin/tazobactam</i>	1	
UNASYN BULK PACK	3	
UNASYN INJ 1GM; 0.5GM	3	
UNASYN INJ 2GM; 1GM	3	MO
ZOSYN	3	
TETRACYCLINES		
ACTICLATE	3	ST MO
<i>demeclocycline hcl</i>	1	MO
DORYX MPC	3	ST MO

Drug Name	Drug Tier	Requirements/Limits
DORYX TBEC 50MG	3	ST MO
DORYX TBEC 80MG	4	ST
DORYX TBEC 200MG	4	ST MO
<i>doxy 100 inj</i>	1	MO
<i>doxycycline hyclate dr</i>	1	MO
<i>doxycycline hyclate caps, tabs</i>	1	MO
<i>doxycycline hyclate tbec</i>	4	MO
<i>doxycycline monohydrate</i>	1	MO
<i>doxycycline oral susp 25mg/5ml</i>	1	MO
<i>doxycycline tabs 50mg</i>	1	MO
MINOCIN INJ	3	
MINOCIN CAPS 50MG	3	ST MO
<i>minocycline hcl caps 75mg</i>	1	MO
<i>minocycline hcl tabs</i>	1	ST MO
<i>minocycline hydrochloride caps 100mg, 50mg</i>	1	MO
<i>minocycline hydrochloride er</i>	1	ST MO
MINOLIRA	3	ST MO
<i>mondoxyne nl caps 100mg, 75mg</i>	1	
<i>morgidox 1x100mg</i>	1	
<i>morgidox 2x100mg</i>	1	
NUZYRA	4	PA
<i>okebo</i>	1	
SEYSARA	4	QL (30 EA per 30 days) PA MO
SOLODYN	4	ST MO
TARGADOX	3	ST MO
<i>tetracycline hydrochloride</i>	1	MO
<i>tigecycline</i>	4	
TYGACIL	4	
VIBRAMYCIN	3	ST MO
XERAVA	3	
XIMINO	3	ST MO

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

ALKERAN TABS	3	B/D MO
ALKERAN INJ	4	
BENDEKA	4	
BICNU	4	
<i>busulfan</i>	4	
BUSULFEX	4	
<i>carboplatin</i>	1	
<i>carmustine</i>	4	
<i>cisplatin inj 100mg/100ml, 200mg/200ml, 50mg/50ml</i>	1	
CYCLOPHOSPHAMIDE TABS	2	B/D
<i>cyclophosphamide caps</i>	1	B/D MO
CYCLOPHOSPHAMIDE INJ 1GM/5ML, 500MG/2.5ML	3	
<i>cyclophosphamide inj 1gm, 2gm, 500mg</i>	1	
EVOMELA	4	

Drug Name	Drug Tier	Requirements/Limits
GLEOSTINE CAPS 10MG	3	MO
GLEOSTINE CAPS 100MG, 40MG	4	MO
IFEX	3	
IFOSFAMIDE INJ 3GM	3	
<i>ifosfamide inj 1gm/20ml, 1gm, 3gm/60ml</i>	1	
LEUKERAN	4	MO
<i>melphalan hydrochloride inj</i>	4	
<i>melphalan tabs</i>	1	B/D MO
<i>oxaliplatin</i>	1	
<i>paraplatin</i>	1	
PEPAXTO	4	QL (2 EA per 28 days) PA
TEMODAR INJ	4	
<i>thiotepa</i>	4	
TREANDA	4	
YONDELIS	4	PA
ZANOSAR	3	
ZEPZELCA	4	PA
ANTIBIOTICS		
<i>adriamycin</i>	1	B/D
<i>bleomycin sulfate</i>	1	B/D
COSMEGEN	4	
<i>dactinomycin</i>	4	
DAUNORUBICIN HYDROCHLORIDE INJ 50MG/10ML	3	
<i>daunorubicin hydrochloride inj 20mg/4ml</i>	1	
DOXIL	4	
<i>doxorubicin hcl liposome 2mg/ml</i>	1	
<i>doxorubicin hydrochloride</i>	1	B/D
<i>doxorubicin hydrochloride liposomal 20mg/10ml, 50mg/25ml</i>	1	
ELLENCÉ	4	
<i>epirubicin hcl</i>	1	
IDAMYCIN PFS	4	
<i>idarubicin hcl</i>	1	
<i>mitomycin inj 20mg, 5mg</i>	1	
<i>mitomycin inj 40mg</i>	4	
<i>mutamycin inj 20mg, 5mg</i>	1	
<i>mutamycin inj 40mg</i>	4	
<i>valrubicin</i>	4	
VALSTAR	4	
ANTIMETABOLITES		
<i>adrucil</i>	1	B/D
ALIMTA	4	
ARRANON	4	
<i>azacitidine</i>	4	
<i>cladribine</i>	1	B/D
<i>clofarabine</i>	4	
CLOLAR	4	
<i>cytarabine aqueous</i>	1	B/D

Drug Name	Drug Tier	Requirements/Limits
DACOGEN	4	
<i>decitabine</i>	1	
<i>fludarabine phosphate</i>	1	
<i>fluorouracil inj 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	1	B/D
FOLOTYN	4	
<i>gemcitabine hcl inj 1gm, 200mg, 2gm</i>	1	
GEMCITABINE HYDROCHLORIDE INJ 1GM/10ML, 2GM/20ML	3	
<i>gemcitabine hydrochloride inj 200mg/2ml</i>	1	
<i>gemcitabine inj 38mg/ml</i>	1	
INFUGEM	4	
<i>mercaptopurine</i>	1	MO
<i>methotrexate sodium inj 1gm/40ml, 1gm</i>	1	
<i>methotrexate sodium inj 250mg/10ml, 50mg/2ml</i>	1	MO
<i>methotrexate pf inj 50mg/2ml</i>	1	MO
ONUREG	4	QL (14 EA per 28 days) PA
PURIXAN	4	
TABLOID	3	MO
VIDAZA	4	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i>	4	PA
<i>anastrozole</i>	1	MO
ARIMIDEX	3	MO
AROMASIN	4	MO
<i>bicalutamide</i>	1	MO
CASODEX	3	MO
DEPO-PROVERA INJ 400MG/ML	3	
ELIGARD	3	PA
EMCYT	3	MO
ERLEADA	4	PA LA
<i>exemestane</i>	1	MO
FARESTON	4	PA MO
FASLODEX	4	
FEMARA	3	MO
FIRMAGON INJ 80MG	3	PA
FIRMAGON INJ 120MG/VIAL	4	PA
<i>flutamide</i>	1	MO
<i>fulvestrant</i>	4	
<i>hydroxyprogesterone caproate inj 1.25gm/5ml</i>	4	
<i>letrozole</i>	1	MO
<i>leuprolide acetate</i>	1	PA
LUPRON DEPOT (1-MONTH) INJ 3.75MG, 7.5MG	4	PA
LUPRON DEPOT (3-MONTH) INJ 11.25MG, 22.5MG	4	PA
LUPRON DEPOT (4-MONTH) INJ 30MG	4	PA
LUPRON DEPOT (6-MONTH) INJ 45MG	4	PA
LYSODREN	2	

Drug Name	Drug Tier	Requirements/Limits
<i>megestrol acetate tabs 20mg, 40mg</i>	1	MO
NILANDRON	4	MO
<i>nilutamide</i>	4	MO
NUBEQA	4	PA
ORGOVYX	4	PA MO
SOLTAMOX	4	MO
<i>tamoxifen citrate</i>	1	MO
<i>toremifene citrate</i>	1	PA MO
TRELSTAR MIXJECT	4	PA
VANTAS	4	
XTANDI TABS	4	PA
XTANDI CAPS	4	PA LA
YONSA	4	PA
ZOLADEX	3	
ZYTIGA	4	PA LA
IMMUNOMODULATORS		
POMALYST CAPS 1MG, 2MG	4	QL (21 EA per 21 days) PA LA
POMALYST CAPS 3MG, 4MG	4	QL (21 EA per 28 days) PA LA
REVLIMID	4	QL (28 EA per 28 days) PA LA
THALOMID CAPS 100MG, 50MG	4	QL (28 EA per 28 days) PA
THALOMID CAPS 150MG, 200MG	4	QL (56 EA per 28 days) PA
MISCELLANEOUS		
<i>arsenic trioxide</i>	4	
ASPARLAS	4	PA
<i>bexarotene</i>	4	PA
CAMPTOSAR	3	
<i>dacarbazine</i>	1	
ERWINAZE	4	PA
HYCAMTIN INJ	4	
HYDREA	3	MO
<i>hydroxyurea</i>	1	MO
IMLYGIC	4	PA
INQOVI	4	QL (5 EA per 28 days) PA
<i>irinotecan hcl inj 100mg/5ml</i>	1	
<i>irinotecan hydrochloride inj 300mg/15ml, 40mg/2ml</i>	1	
<i>irinotecan inj 500mg/25ml</i>	1	
KISQALI FEMARA 200MG-2.5MG CO-PACK	4	PA
KISQALI FEMARA 400MG-2.5MG CO-PACK	4	PA
KISQALI FEMARA 600MG-2.5MG CO-PACK	4	PA
LONSURF	4	PA
MATULANE	4	LA MO
<i>mitoxantrone hcl</i>	1	
NIPENT	4	
ONCASPAR	4	PA
ONIVYDE	4	PA
PROLEUKIN	4	
SYLATRON KIT 200MCG, 300MCG	4	PA

Drug Name	Drug Tier	Requirements/Limits
SYLVANT	4	PA
SYNRIBO	4	PA
TARGRETIN CAPS 75MG	4	PA
TICE BCG	3	
TOPOTECAN HCL INJ 4MG/4ML	4	
<i>topotecan hcl inj 4mg</i>	4	
<i>tretinoin caps 10mg</i>	4	MO
TRISENOX	4	
VYXEOS	4	PA
MITOTIC INHIBITORS		
ABRAXANE	4	
DOCETAXEL INJ 160MG/16ML	3	
DOCETAXEL INJ 160MG/8ML, 200MG/10ML, 20MG/2ML, 80MG/8ML	4	
<i>docetaxel inj 20mg/ml, 80mg/4ml</i>	1	
ETOPOPHOS	4	
<i>etoposide inj</i>	1	
HALAVEN	4	PA
IXEMPRA KIT	4	PA
JEVTANA	4	PA
MARQIBO	4	PA
NAVELBINE	3	
<i>paclitaxel inj 100mg/16.7ml, 150mg/25ml, 300mg/50ml, 30mg/5ml</i>	1	
TAXOTERE	4	
<i>toposar</i>	1	
<i>vinblastine sulfate</i>	1	B/D
<i>vincristine sulfate</i>	1	B/D
<i>vinorelbine tartrate</i>	1	
MOLECULAR TARGET AGENTS		
AFINITOR	4	QL (30 EA per 30 days) PA
AFINITOR DISPERZ TBSO 2MG	4	QL (150 EA per 30 days) PA
AFINITOR DISPERZ TBSO 5MG	4	QL (60 EA per 30 days) PA
AFINITOR DISPERZ TBSO 3MG	4	QL (90 EA per 30 days) PA
ALECENSA	4	PA LA
ALIQOPA	4	QL (3 EA per 28 days) PA
ALUNBRIG	4	PA LA
ARZERRA INJ 1000MG/50ML	4	PA
ARZERRA INJ 100MG/5ML	4	PA LA
AVASTIN	4	PA LA
AYVAKIT	4	QL (30 EA per 30 days) PA MO
BALVERSA TABS 5MG	4	QL (28 EA per 28 days) PA
BALVERSA TABS 4MG	4	QL (56 EA per 28 days) PA
BALVERSA TABS 3MG	4	QL (84 EA per 28 days) PA
BAVENCIO	4	PA
BELEODAQ	4	PA
BESPONSA	4	PA

Drug Name	Drug Tier	Requirements/Limits
BLENREP	4	PA
BLINCYTO	4	PA LA
BORTEZOMIB	4	PA
BOSULIF	4	PA
BRAFTOVI	4	PA LA
BRUKINSA	4	QL (120 EA per 30 days) PA MO
CABOMETYX	4	QL (30 EA per 30 days) PA LA
CALQUENCE	4	PA LA MO
CAMPATH	4	QL (36 ML per 365 days) PA
CAPRELSA	4	PA LA MO
COMETRIQ	4	PA LA
COPIKTRA	4	PA LA
COTELLIC	4	PA LA
CYRAMZA	4	PA
DARZALEX	4	PA
DARZALEX FASPRO	4	PA
DAURISMO	4	PA LA
EMPLICITI	4	PA
ENHERTU	4	PA
ERBITUX	4	PA
ERIVEDGE	4	PA LA
<i>erlotinib hydrochloride tabs 100mg, 150mg</i>	4	QL (30 EA per 30 days) PA
<i>erlotinib hydrochloride tabs 25mg</i>	4	QL (90 EA per 30 days) PA
<i>everolimus tabs 2.5mg, 5mg, 7.5mg</i>	4	QL (30 EA per 30 days) PA
FARYDAK CAPS 15MG	4	PA
FARYDAK CAPS 10MG, 20MG	4	PA LA
FOTIVDA	4	QL (21 EA per 28 days) PA MO
GAVRETO	4	QL (120 EA per 30 days) PA MO
GAZYVA	4	PA LA
GILOTRIF	4	PA LA MO
GLEEVEC TABS 400MG	4	QL (60 EA per 30 days) PA
GLEEVEC TABS 100MG	4	QL (90 EA per 30 days) PA
HERCEPTIN	4	PA
HERCEPTIN HYLECTA	4	PA
HERZUMA	4	PA
IBRANCE TABS	4	QL (21 EA per 28 days) PA
IBRANCE CAPS	4	QL (21 EA per 28 days) PA LA
ICLUSIG TABS 15MG, 45MG	4	PA LA MO
ICLUSIG TABS 10MG, 30MG	4	PA MO
IDHIFA	4	QL (30 EA per 30 days) PA LA
<i>imatinib mesylate tabs 400mg</i>	4	QL (60 EA per 30 days) PA
<i>imatinib mesylate tabs 100mg</i>	4	QL (90 EA per 30 days) PA
IMBRUVICA	4	PA LA MO
IMFINZI	4	PA
INLYTA TABS 5MG	4	QL (120 EA per 30 days) PA LA
INLYTA TABS 1MG	4	QL (180 EA per 30 days) PA LA
INREBIC	4	QL (120 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
IRESSA	4	PA LA
ISTODAX (OVERFILL)	4	
JAKAFI	4	QL (60 EA per 30 days) PA LA
JEMPERLI	4	PA
KADCYLA	4	
KANJINTI	4	PA
KEYTRUDA	4	PA
KISQALI	4	PA
KOSELUGO	4	PA
KYPROLIS	4	PA
<i>lapatinib ditosylate</i>	4	PA
LENVIMA 10 MG DAILY DOSE	4	PA LA
LENVIMA 12MG DAILY DOSE	4	PA LA
LENVIMA 14 MG DAILY DOSE	4	PA LA
LENVIMA 18 MG DAILY DOSE	4	PA LA
LENVIMA 20 MG DAILY DOSE	4	PA LA
LENVIMA 24 MG DAILY DOSE	4	PA LA
LENVIMA 4 MG DAILY DOSE	4	PA LA
LENVIMA 8 MG DAILY DOSE	4	PA LA
LIBTAYO	4	PA
LORBRENA	4	PA LA
LUMOXITI	4	PA
LYNPARZA	4	PA LA
MEKINIST	4	PA LA
MEKTOVI	4	PA LA
MONJUVI	4	PA
MVASI	4	PA
MYLOTARG	4	PA LA
NERLYNX	4	PA LA
NEXAVAR	4	PA LA
NINLARO	4	PA
ODOMZO	4	PA LA
OGIVRI	4	PA
ONTRUZANT	4	PA
OPDIVO INJ 240MG/24ML	4	PA
OPDIVO INJ 100MG/10ML, 40MG/4ML	4	PA LA
PADCEV	4	PA
PEMAZYRE	4	QL (14 EA per 21 days) PA
PERJETA	4	PA LA
PHESGO	4	PA
PIQRAY 200MG DAILY DOSE	4	QL (28 EA per 28 days) PA
PIQRAY 250MG DAILY DOSE	4	QL (56 EA per 28 days) PA
PIQRAY 300MG DAILY DOSE	4	QL (56 EA per 28 days) PA
POLIVY	4	PA
PORTRAZZA	4	PA
POTELIGEO	4	PA
QINLOCK	4	QL (90 EA per 30 days) PA MO

Drug Name	Drug Tier	Requirements/Limits
RETEVMO CAPS 80MG	4	QL (120 EA per 30 days) PA
RETEVMO CAPS 40MG	4	QL (180 EA per 30 days) PA
RIABNI	4	PA
RITUXAN	4	PA LA
RITUXAN HYCELA	4	PA LA
ROMIDEPSIN INJ 10MG	4	
<i>romidepsin inj 27.5mg/5.5ml</i>	4	
ROZLYTREK CAPS 100MG	4	QL (150 EA per 30 days) PA
ROZLYTREK CAPS 200MG	4	QL (90 EA per 30 days) PA
RUBRACA	4	PA LA
RUXIENCE	4	PA
RYDAPT	4	PA
SARCLISA	4	PA
SPRYCEL	4	PA
STIVARGA	4	PA LA
SUTENT	4	QL (30 EA per 30 days) PA
TABRECTA	4	QL (112 EA per 28 days) PA
TAFINLAR	4	PA LA
TAGRISO	4	QL (30 EA per 30 days) PA LA
TALZENNA	4	PA LA
TARCEVA TABS 100MG, 150MG	4	QL (30 EA per 30 days) PA LA
TARCEVA TABS 25MG	4	QL (90 EA per 30 days) PA LA
TASIGNA	4	PA
TAZVERIK	4	QL (240 EA per 30 days) PA
TECENTRIQ INJ 840MG/14ML	4	PA
TECENTRIQ INJ 1200MG/20ML	4	PA LA
<i>temsirolimus</i>	4	
TEPMETKO	4	QL (60 EA per 30 days) PA MO
TIBSOVO	4	PA LA
TORISEL	4	
TRAZIMERA	4	PA
TRODELVY	4	PA
TRUXIMA	4	PA
TUKYSA TABS 150MG	4	QL (120 EA per 30 days) PA MO
TUKYSA TABS 50MG	4	QL (240 EA per 30 days) PA MO
TURALIO	4	QL (120 EA per 30 days) PA MO
TYKERB	4	PA LA
UKONIQ	4	QL (120 EA per 30 days) PA MO
VECTIBIX	4	PA
VELCADE	4	PA
VENCLEXTA STARTING PACK	4	PA LA
VENCLEXTA TABS 10MG	3	PA LA
VENCLEXTA TABS 100MG, 50MG	4	PA LA
VERZENIO	4	PA LA
VITRAKVI	4	PA LA
VIZIMPRO	4	PA LA
VOTRIENT	4	PA LA

Drug Name	Drug Tier	Requirements/Limits
XALKORI	4	PA LA
XOSPATA	4	PA LA MO
XPOVIO 100 MG ONCE WEEKLY	4	QL (20 EA per 28 days) PA
XPOVIO 40 MG ONCE WEEKLY	4	QL (8 EA per 28 days) PA
XPOVIO 40 MG TWICE WEEKLY	4	QL (16 EA per 28 days) PA
XPOVIO 60 MG ONCE WEEKLY	4	QL (12 EA per 28 days) PA
XPOVIO 60 MG TWICE WEEKLY	4	QL (24 EA per 28 days) PA
XPOVIO 80 MG ONCE WEEKLY	4	QL (16 EA per 28 days) PA
XPOVIO 80 MG TWICE WEEKLY	4	QL (32 EA per 28 days) PA
XPOVIO TBPK 40MG, 60MG	4	QL (4 EA per 28 days) PA
XPOVIO TBPK 40MG, 50MG	4	QL (8 EA per 28 days) PA
YERVOY	4	PA
ZALTRAP INJ 100MG/4ML	4	PA
ZALTRAP INJ 200MG/8ML	4	PA LA
ZEJULA	4	PA LA
ZELBORAF	4	PA LA
ZIRABEV	4	PA
ZOLINZA	4	PA
ZYDELIG	4	PA LA
ZYKADIA	4	PA
ZYNLONTA	4	PA
PROTECTIVE AGENTS		
<i>dexrazoxane</i>	1	
ELITEK	4	
KEPIVANCE	4	
KHAPZORY	4	B/D
<i>leucovorin calcium inj</i>	1	
<i>leucovorin calcium tabs</i>	1	MO
<i>levoleucovorin calcium inj 175mg/17.5ml, 250mg/25ml</i>	1	
<i>levoleucovorin inj 50mg</i>	4	
<i>mesna</i>	1	
MESNEX INJ	4	
MESNEX TABS	4	MO
ZINECARD	4	
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
ACCURETIC	3	MO
<i>amlodipine besylate/benazepril hydrochloride</i>	1	QL (30 EA per 30 days) MO
<i>benazepril hcl/hydrochlorothiazide</i>	1	MO
<i>benazepril hydrochloride/hydrochlorothiazide</i>	1	MO
<i>captopril/hydrochlorothiazide</i>	1	MO
<i>enalapril maleate/hydrochlorothiazide</i>	1	MO
<i>fosinopril sodium/hydrochlorothiazide</i>	1	MO
<i>lisinopril/hydrochlorothiazide</i>	1	MO
LOTENSIN HCT	3	MO
LOTREL	3	QL (30 EA per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>moexipril/hydrochlorothiazide tabs 12.5mg; 7.5mg, 25mg; 15mg</i>	1	
<i>moexipril/hydrochlorothiazide tabs 12.5mg; 15mg</i>	1	MO
<i>quinapril/hydrochlorothiazide</i>	1	MO
TARKA	3	MO
<i>trandolapril/verapamil hcl er</i>	1	MO
VASERETIC	3	MO
ZESTORETIC	3	MO
ACE INHIBITORS		
ACCUPRIL	3	MO
ALTACE	3	MO
<i>benazepril hcl tabs 10mg, 50mg, 5mg</i>	1	MO
<i>benazepril hydrochloride tabs 20mg</i>	1	MO
<i>captopril</i>	1	MO
<i>enalapril maleate</i>	1	MO
<i>enalaprilat</i>	1	
EPANED	4	MO
<i>fosinopril sodium</i>	1	MO
<i>lisinopril</i>	1	MO
LOTENSIN	3	MO
<i>moexipril hcl</i>	1	MO
<i>perindopril erbumine</i>	1	MO
PRINIVIL	3	MO
QBRELIS	4	MO
<i>quinapril hcl tabs 20mg, 40mg, 5mg</i>	1	MO
<i>quinapril hydrochloride</i>	1	MO
<i>ramipril</i>	1	MO
<i>trandolapril</i>	1	MO
VASOTEC TABS 10MG, 2.5MG, 5MG	3	MO
VASOTEC TABS 20MG	4	MO
ZESTRIL	3	MO
ALDOSTERONE RECEPTOR ANTAGONISTS		
ALDACTONE	3	MO
CAROSPIR	3	MO
<i>eplerenone</i>	1	MO
INSPRA	3	MO
<i>spironolactone</i>	1	MO
ALPHA BLOCKERS		
CARDURA	3	MO
<i>doxazosin mesylate</i>	1	MO
MINIPRESS	3	MO
<i>prazosin hcl caps 1mg, 5mg</i>	1	MO
<i>prazosin hydrochloride caps 2mg</i>	1	MO
<i>terazosin hcl caps 10mg, 1mg, 5mg</i>	1	MO
<i>terazosin hydrochloride caps 2mg</i>	1	MO
ANGIOTENSIN II RECEPTOR ANTAGONIST		
COMBINATIONS		

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate/valsartan</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine/olmesartan medoxomil</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine/valsartan/hctz tabs 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 10mg; 25mg; 320mg, 5mg; 25mg; 160mg</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine/valsartan/hydrochlorothiazide tabs 5mg; 12.5mg; 160mg</i>	1	QL (30 EA per 30 days) MO
ATACAND HCT	3	QL (60 EA per 30 days) ST MO
AVALIDE	3	QL (30 EA per 30 days) ST MO
AZOR	3	QL (30 EA per 30 days) ST MO
BENICAR HCT	3	QL (30 EA per 30 days) ST MO
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	QL (60 EA per 30 days) MO
DIOVAN HCT	3	QL (30 EA per 30 days) ST MO
EDARBYCLOR	3	QL (30 EA per 30 days) MO
ENTRESTO	2	MO
EXFORGE	3	QL (30 EA per 30 days) ST MO
EXFORGE HCT	3	QL (30 EA per 30 days) ST MO
HYZAAR	3	QL (30 EA per 30 days) ST MO
<i>irbesartan/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
MICARDIS HCT TABS 12.5MG; 40MG, 25MG; 80MG	3	QL (30 EA per 30 days) ST MO
MICARDIS HCT TABS 12.5MG; 80MG	3	QL (60 EA per 30 days) ST MO
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/amlodipine</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 40mg, 25mg; 80mg</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 80mg</i>	1	QL (60 EA per 30 days) MO
TRIBENZOR	3	QL (30 EA per 30 days) ST MO
TWYNSTA	3	QL (30 EA per 30 days) ST MO
<i>valsartan/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND	3	QL (30 EA per 30 days) ST MO
AVAPRO	3	QL (30 EA per 30 days) ST MO
BENICAR	3	QL (30 EA per 30 days) ST MO
<i>candesartan cilexetil</i>	1	QL (30 EA per 30 days) MO
COZAAR TABS 100MG	3	QL (30 EA per 30 days) ST MO
COZAAR TABS 25MG, 50MG	3	QL (60 EA per 30 days) ST MO
DIOVAN TABS 320MG	3	QL (30 EA per 30 days) ST MO
DIOVAN TABS 160MG, 40MG, 80MG	3	QL (60 EA per 30 days) ST MO
EDARBI	3	QL (30 EA per 30 days) MO
<i>eprosartan mesylate</i>	1	QL (30 EA per 30 days)
<i>irbesartan</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tabs 100mg</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tabs 25mg, 50mg</i>	1	QL (60 EA per 30 days) MO
MICARDIS	3	QL (30 EA per 30 days) ST MO
<i>olmesartan medoxomil</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan</i>	1	QL (30 EA per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>valsartan tabs 320mg</i>	1	QL (30 EA per 30 days) MO
<i>valsartan tabs 160mg, 40mg, 80mg</i>	1	QL (60 EA per 30 days) MO
ANTIARRHYTHMICS		
<i>amiodarone hcl inj 50mg/ml</i>	1	
<i>amiodarone hcl tabs 200mg, 400mg</i>	1	MO
<i>amiodarone hydrochloride inj 150mg/3ml, 450mg/9ml, 900mg/18ml</i>	1	
<i>amiodarone hydrochloride tabs 100mg</i>	1	MO
BETAPACE AF	3	MO
BETAPACE TABS 80MG	3	MO
BETAPACE TABS 120MG, 160MG	4	MO
<i>disopyramide phosphate</i>	1	PA MO
<i>dofetilide</i>	1	
<i>flecainide acetate</i>	1	MO
LIDOCAINE HCL IN D5W	3	
LIDOCAINE HCL INJ 100MG/5ML	3	
<i>lidocaine hcl prefilled syringe inj 100mg/5ml, 50mg/5ml</i>	1	
<i>mexiletine hcl</i>	1	MO
MULTAQ	3	MO
NEXTERONE	3	
NORPACE	3	PA MO
NORPACE CR	3	MO
<i>pacerone</i>	1	
<i>procainamide hcl</i>	1	
<i>propafenone hcl tabs</i>	1	MO
<i>propafenone hydrochloride er</i>	1	MO
<i>quinidine gluconate cr</i>	1	MO
<i>quinidine gluconate er</i>	1	MO
<i>quinidine sulfate</i>	1	MO
RYTHMOL SR CP12 225MG, 325MG	3	MO
RYTHMOL SR CP12 425MG	4	MO
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	MO
<i>sotalol hcl af</i>	1	MO
SOTYLIZE	4	MO
TIKOSYN	3	ST
ANTILIPEMICS, FIBRATES		
ANTARA	3	MO
<i>fenofibrate</i>	1	MO
<i>fenofibrate micronized</i>	1	MO
<i>fenofibric acid dr caps</i>	1	MO
FENOGLIDE	3	MO
<i>gemfibrozil</i>	1	MO
LIPOFEN	3	MO
LOPID	3	MO
TRICOR	3	MO
TRIGLIDE	3	MO

Drug Name	Drug Tier	Requirements/Limits
TRILIPIX	3	MO
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV TB24 40MG, 60MG	3	QL (30 EA per 30 days) ST MO
ALTOPREV TB24 20MG	3	QL (60 EA per 30 days) ST MO
<i>atorvastatin calcium</i>	1	QL (30 EA per 30 days) MO
CRESTOR	3	QL (30 EA per 30 days) ST MO
EZALLOR SPRINKLE	3	QL (30 EA per 30 days) ST MO
FLOLIPID	3	QL (300 ML per 30 days) ST MO
<i>fluvastatin caps</i>	1	QL (60 EA per 30 days) MO
<i>fluvastatin sodium er tabs</i>	1	QL (30 EA per 30 days) MO
LESCOL XL	3	QL (30 EA per 30 days) ST MO
LIPITOR	3	QL (30 EA per 30 days) ST MO
LIVALO	3	QL (30 EA per 30 days) ST MO
<i>lovastatin</i>	1	MO
PRAVACHOL	3	QL (30 EA per 30 days) ST MO
<i>pravastatin sodium</i>	1	QL (30 EA per 30 days) MO
<i>rosuvastatin calcium</i>	1	QL (30 EA per 30 days) MO
<i>simvastatin</i>	1	QL (30 EA per 30 days) MO
ZOCOR TABS 10MG, 20MG, 40MG, 80MG	3	QL (30 EA per 30 days) ST MO
ZYPITAMAG	3	QL (30 EA per 30 days) ST MO
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i>	1	MO
<i>cholestyramine light</i>	1	MO
<i>colesevelam hydrochloride</i>	1	MO
COLESTID	3	MO
COLESTID FLAVORED	3	MO
<i>colestipol hcl</i>	1	MO
EVKEEZA	4	PA
<i>ezetimibe</i>	1	MO
<i>ezetimibe/simvastatin</i>	1	QL (30 EA per 30 days) MO
FENOFIBRIC ACID TABS	2	
<i>icosapent ethyl</i>	1	MO
JUXTAPID	4	PA LA
LOVAZA	3	QL (120 EA per 30 days) MO
NEXLETOL	3	QL (30 EA per 30 days) PA MO
NEXLIZET	3	QL (30 EA per 30 days) PA MO
<i>niacin er tbc 1000mg, 750mg</i>	1	MO
<i>niacin er tbc 500mg</i>	1	QL (60 EA per 30 days) MO
<i>niacin tabs 500mg</i>	1	MO
<i>niacor</i>	1	MO
NIASPAN TBCR 500MG	3	QL (60 EA per 30 days) ST MO
NIASPAN TBCR 1000MG, 750MG	3	ST MO
<i>omega-3-acid ethyl esters</i>	1	QL (120 EA per 30 days) MO
PRALUENT	2	PA MO
<i>prevalite</i>	1	MO
QUESTRAN	3	MO
QUESTRAN LIGHT	3	MO

Drug Name	Drug Tier	Requirements/Limits
REPATHA	2	PA MO
REPATHA PUSHTRONEX SYSTEM	2	PA MO
REPATHA SURECLICK	2	PA MO
VASCEPA	3	MO
VYTORIN	3	QL (30 EA per 30 days) ST MO
WELCHOL	3	MO
ZETIA	3	MO
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol/chlorthalidone</i>	1	MO
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	MO
DUTOPROL	3	MO
LOPRESSOR HCT TABS 25MG; 50MG	3	MO
<i>metoprolol/hydrochlorothiazide</i>	1	MO
<i>propranolol/hydrochlorothiazide</i>	1	MO
TENORETIC 100	3	MO
TENORETIC 50	3	MO
ZIAC	3	MO
BETA-BLOCKERS		
<i>acebutolol hydrochloride</i>	1	MO
<i>atenolol</i>	1	MO
<i>betaxolol hcl tabs 10mg, 20mg</i>	1	MO
<i>bisoprolol fumarate</i>	1	MO
BYSTOLIC TABS 10MG, 2.5MG, 5MG	3	QL (30 EA per 30 days) MO
BYSTOLIC TABS 20MG	3	QL (60 EA per 30 days) MO
<i>carvedilol phosphate er caps</i>	1	QL (30 EA per 30 days) MO
<i>carvedilol tabs</i>	1	MO
COREG	3	MO
COREG CR	3	QL (30 EA per 30 days) MO
CORGARD	3	MO
HEMANGEOL	3	
INDERAL LA	4	MO
INDERAL XL CP24 120MG	3	MO
INDERAL XL CP24 80MG	4	MO
INNOPRAN XL CP24 120MG	3	MO
INNOPRAN XL CP24 80MG	4	MO
KAPSPARGO SPRINKLE	3	ST MO
<i>labetalol hydrochloride</i>	1	MO
LABETALOL HYDROCHLORIDE/SODIUM CHLORIDE	3	
LOPRESSOR	3	MO
<i>metoprolol succinate er</i>	1	MO
<i>metoprolol tartrate tabs</i>	1	MO
<i>metoprolol tartrate cartridge 5mg/5ml</i>	1	
<i>metoprolol tartrate vial 5mg/5ml</i>	1	MO
<i>nadolol</i>	1	MO
<i>pindolol</i>	1	MO
<i>propranolol hcl er caps 120mg, 160mg</i>	1	MO
<i>propranolol hcl inj</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl oral soln, tabs 40mg, 80mg</i>	1	MO
<i>propranolol hydrochloride er caps 60mg, 80mg</i>	1	MO
<i>propranolol hydrochloride tabs 10mg, 20mg, 60mg</i>	1	MO
TENORMIN	3	MO
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	1	MO
TOPROL XL	3	MO
CALCIUM CHANNEL BLOCKERS		
<i>afeditab cr tb24 30mg</i>	1	
<i>amlodipine besylate</i>	1	MO
CALAN SR	3	MO
CARDENE IV	3	
CARDIZEM	3	MO
CARDIZEM CD CP24 180MG, 300MG	3	MO
CARDIZEM CD CP24 120MG, 240MG, 360MG	4	MO
CARDIZEM LA	3	MO
<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	MO
<i>diltiazem hcl cd</i>	1	MO
<i>diltiazem hcl er caps, tabs</i>	1	MO
<i>diltiazem hcl tabs</i>	1	MO
DILTIAZEM HCL INJ 100MG	3	
<i>diltiazem hcl inj 125mg/25ml, 50mg/10ml</i>	1	
<i>diltiazem hydrochloride inj 25mg/5ml</i>	1	
<i>felodipine er</i>	1	MO
<i>isradipine</i>	1	MO
KATERZIA	3	MO
<i>matzim la</i>	1	MO
<i>nicardipine hcl inj</i>	1	
<i>nicardipine hcl caps</i>	1	MO
NICARDIPINE HYDROCHLORIDE IV SOL 20MG/200ML	3	
NICARDIPINE HYDROCHLORIDE/SODIUM CHLORIDE IV SOL 40MG/200ML	3	
<i>nifedical xl</i>	1	
<i>nifedipine</i>	1	PA MO
<i>nifedipine er</i>	1	MO
<i>nimodipine</i>	1	MO
<i>nisoldipine er</i>	1	MO
NORVASC	3	MO
NYMALIZE ORAL SOLN	4	
PROCARDIA	3	PA MO
PROCARDIA XL	3	MO
SULAR	3	MO
<i>taztia xt</i>	1	
<i>tiadylt er cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	
<i>tiadylt er cp24 420mg</i>	1	MO
TIAZAC	3	MO
<i>verapamil hcl 40mg, 80mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl er caps, tabs</i>	1	MO
VERAPAMIL HCL SR CP24 360MG	2	MO
<i>verapamil hcl sr cp24 120mg, 180mg, 240mg</i>	1	MO
<i>verapamil hcl sr tbc 240mg</i>	1	MO
<i>verapamil hydrochloride</i>	1	MO
<i>verapamil hydrochloride er caps 200mg</i>	1	MO
VERELAN	3	MO
VERELAN PM	3	MO
DIURETICS		
<i>acetazolamide er caps</i>	1	MO
<i>acetazolamide sodium inj</i>	1	
<i>acetazolamide tabs</i>	1	MO
ALDACTAZIDE	3	MO
<i>amiloride hcl</i>	1	MO
<i>amiloride/hydrochlorothiazide</i>	1	MO
<i>bumetanide</i>	1	MO
BUMEX	3	MO
<i>chlorothiazide sodium inj</i>	1	
<i>chlorthalidone</i>	1	MO
DIURIL	3	MO
DYAZIDE	3	MO
DYRENIUM	3	MO
EDECIN	4	MO
<i>ethacrynate sodium inj</i>	1	
<i>ethacrynic acid</i>	1	MO
<i>furosemide</i>	1	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
KEVEYIS	4	QL (120 EA per 28 days) PA
LASIX	3	MO
MANNITOL INJ 20%	3	
<i>mannitol inj 25%</i>	1	MO
MAXZIDE	3	MO
MAXZIDE-25	3	MO
<i>methazolamide</i>	1	MO
<i>metolazone</i>	1	MO
MICROZIDE	3	MO
OSMITROL VIAFLEX INJ	3	
SODIUM DIURIL INJ	3	
SODIUM EDECIN INJ	3	
<i>spironolactone/hydrochlorothiazide</i>	1	MO
<i>toremide</i>	1	MO
<i>triamterene</i>	1	MO
<i>triamterene/hydrochlorothiazide</i>	1	MO
MISCELLANEOUS		
ADRENALIN INJ 30MG/30ML	3	
ADRENALIN INJ 1MG/ML	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>aliskiren</i>	1	MO
<i>amlodipine besylate/atorvastatin calcium</i>	1	MO
BIDIL	3	MO
CADUET	3	MO
CATAPRES TABS	3	MO
CATAPRES-TTS-1	3	QL (8 EA per 28 days) MO
CATAPRES-TTS-2	3	QL (8 EA per 28 days) MO
CATAPRES-TTS-3	3	QL (8 EA per 28 days) MO
<i>clonidine hcl weekly patch 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr</i>	1	QL (8 EA per 28 days) MO
<i>clonidine hydrochloride</i>	1	MO
CORLANOR SOLN	3	
CORLANOR TABS	3	MO
DEMSER	4	PA MO
DIBENZYLINE	4	MO
<i>digitek</i>	1	QL (30 EA per 30 days)
<i>digox</i>	1	QL (30 EA per 30 days)
<i>digoxin inj, oral soln</i>	1	MO
<i>digoxin tabs</i>	1	QL (30 EA per 30 days) MO
<i>dobutamine hcl</i>	1	B/D
DOBUTAMINE HCL/D5W INJ 1MG/ML	3	B/D
DOBUTAMINE HYDROCHLORIDE/DEXTROSE INJ 2ML/ML, 4MG/ML	3	B/D
DOPAMINE HYDROCHLORIDE	3	B/D
DOPAMINE HYDROCHLORIDE/DEXTROSE INJ 0.8MG/ML, 1.6MG/ML	3	B/D
DOPAMINE/D5W INJ 3.2MG/ML	3	B/D
<i>droxidopa caps 200mg, 300mg</i>	4	QL (180 EA per 30 days) PA
<i>droxidopa caps 100mg</i>	4	QL (90 EA per 30 days) PA
<i>epinephrine hcl inj soln inj 30mg/30ml</i>	1	
<i>guanfacine hcl</i>	1	PA MO
<i>hydralazine hcl</i>	1	MO
<i>hydralazine hydrochloride tabs</i>	1	MO
LANOXIN PEDIATRIC	3	
LANOXIN INJ	3	MO
LANOXIN TABS 125MCG, 250MCG	3	QL (30 EA per 30 days) MO
LANOXIN TABS 62.5MCG	3	QL (90 EA per 30 days) MO
<i>methyldopa</i>	1	PA MO
<i>methyldopa/hydrochlorothiazide</i>	1	PA MO
<i>metyrosine</i>	4	PA MO
<i>midodrine hcl</i>	1	MO
<i>milrinone in dextrose</i>	1	B/D
<i>milrinone lactate inj 10mg/10ml, 50mg/50ml</i>	1	B/D
<i>milrinone lactate inj 20mg/20ml</i>	4	B/D
<i>minoxidil</i>	1	MO
NORTHERA CAPS 200MG, 300MG	4	QL (180 EA per 30 days) PA LA
NORTHERA CAPS 100MG	4	QL (90 EA per 30 days) PA LA

Drug Name	Drug Tier	Requirements/Limits
<i>phenoxybenzamine hydrochloride</i>	4	MO
RANEXA	3	MO
<i>ranolazine er</i>	1	MO
TEKTRNA	3	MO
TEKTRNA HCT	3	MO
VECAMYL	4	QL (300 EA per 30 days) PA
VERQUVO	3	QL (30 EA per 30 days) PA MO
VYNDAMAX	4	QL (30 EA per 30 days) PA
VYNDAQEL	4	QL (120 EA per 30 days) PA
NITRATES		
DILATRATE SR	3	MO
GONITRO	3	MO
ISORDIL TITRADOSE	3	MO
<i>isosorbide dinitrate immediate release tabs</i>	1	MO
<i>isosorbide mononitrate er tabs</i>	1	MO
<i>isosorbide mononitrate immediate release tabs</i>	1	MO
<i>minitran</i>	1	
NITRO-BID	2	MO
NITRO-DUR	3	MO
NITROGLYCERIN IN DEXTROSE 5%	3	
<i>nitroglycerin lingual spray 0.4mg</i>	1	MO
<i>nitroglycerin patch</i>	1	MO
NITROGLYCERIN INJ	3	
<i>nitroglycerin subl</i>	1	MO
NITROLINGUAL PUMPSPRAY	3	MO
NITROSTAT	3	MO
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA	4	PA
ADEMPAS	4	QL (90 EA per 30 days) PA LA
<i>alyq</i>	4	PA
<i>ambrisentan</i>	4	QL (30 EA per 30 days) PA
<i>bosentan tabs 62.5mg</i>	4	QL (120 EA per 30 days) PA
<i>bosentan tabs 125mg</i>	4	QL (60 EA per 30 days) PA
<i>epoprostenol sodium</i>	1	B/D LA
FLOLAN INJ 0.5MG	3	B/D
FLOLAN INJ 1.5MG	4	B/D
LETAIRIS	4	QL (30 EA per 30 days) PA LA
OPSUMIT	4	QL (30 EA per 30 days) PA LA
ORENITRAM ER TABS 0.125MG	3	PA
ORENITRAM ER TABS 0.25MG, 1MG, 2.5MG, 5MG	4	PA
REMODULIN	4	PA LA
REVATIO INJ	4	QL (1125 ML per 30 days) PA
REVATIO ORAL SUSP	4	QL (224 ML per 30 days) PA
REVATIO TABS	4	QL (90 EA per 30 days) PA
<i>sildenafil inj</i>	4	QL (1125 ML per 30 days) PA
<i>sildenafil citrate tabs 20mg</i>	1	QL (90 EA per 30 days) PA
<i>sildenafil citrate oral susp</i>	4	QL (224 ML per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
<i>tadalafil (generic adcirca) tabs 20mg</i>	4	PA
TRACLEER TABS FOR ORAL SUSP	4	QL (120 EA per 30 days) PA
TRACLEER TABS 62.5MG	4	QL (120 EA per 30 days) PA LA
TRACLEER TABS 125MG	4	QL (60 EA per 30 days) PA LA
<i>treprostinil</i>	4	PA
TYVASO	4	B/D
TYVASO REFILL	4	B/D
TYVASO STARTER	4	B/D
UPTRAVI TITRATION PAK	4	PA LA
UPTRAVI TABS 800MCG	4	QL (120 EA per 30 days) PA LA
UPTRAVI TABS 600MCG	4	QL (150 EA per 30 days) PA LA
UPTRAVI TABS 400MCG	4	QL (240 EA per 30 days) PA LA
UPTRAVI TABS 200MCG	4	QL (480 EA per 30 days) PA LA
UPTRAVI TABS 1200MCG, 1400MCG, 1600MCG	4	QL (60 EA per 30 days) PA LA
UPTRAVI TABS 1000MCG	4	QL (90 EA per 30 days) PA LA
VELETRI INJ 0.5MG	3	B/D
VELETRI INJ 1.5MG	4	B/D
VENTAVIS	4	PA

CENTRAL NERVOUS SYSTEM**ANTI-ANXIETY**

<i>alprazolam er tb24 0.5mg</i>	1	MO
<i>alprazolam er tb24 1mg</i>	1	QL (30 EA per 30 days) MO
<i>alprazolam er tb24 3mg</i>	1	QL (60 EA per 30 days) MO
<i>alprazolam er tb24 2mg</i>	1	QL (90 EA per 30 days) MO
ALPRAZOLAM INTENSOL	3	QL (300 ML per 30 days) MO
<i>alprazolam odt tbdp 0.25mg</i>	1	QL (120 EA per 30 days) MO
<i>alprazolam odt tbdp 0.5mg, 1mg, 2mg</i>	1	QL (150 EA per 30 days) MO
ALPRAZOLAM XR TB24 1MG	3	QL (30 EA per 30 days) MO
ALPRAZOLAM XR TB24 3MG	3	QL (60 EA per 30 days) MO
ALPRAZOLAM XR TB24 2MG	3	QL (90 EA per 30 days) MO
<i>alprazolam tabs 0.25mg, 0.5mg</i>	1	QL (120 EA per 30 days) MO
<i>alprazolam tabs 1mg, 2mg</i>	1	QL (150 EA per 30 days) MO
ATIVAN INJ 4MG/ML	3	QL (150 ML per 30 days)
ATIVAN INJ 2MG/ML	3	QL (150 ML per 30 days) MO
ATIVAN TABS 0.5MG	4	QL (120 EA per 30 days) MO
ATIVAN TABS 1MG, 2MG	4	QL (150 EA per 30 days) MO
<i>bupirone hcl tabs 15mg, 30mg</i>	1	MO
<i>bupirone hydrochloride tabs 10mg, 5mg, 7.5mg</i>	1	MO
<i>chlordiazepoxide hcl tabs 10mg, 5mg</i>	1	QL (120 EA per 30 days) MO
<i>chlordiazepoxide hydrochloride tabs 25mg</i>	1	QL (120 EA per 30 days) MO
<i>droperidol</i>	1	MO
<i>fluvoxamine maleate er</i>	1	QL (60 EA per 30 days) MO
<i>fluvoxamine maleate tabs</i>	1	MO
<i>lorazepam intensol</i>	1	QL (150 ML per 30 days) MO
<i>lorazepam conc, inj</i>	1	QL (150 ML per 30 days) MO
<i>lorazepam tabs 0.5mg</i>	1	QL (120 EA per 30 days) MO
<i>lorazepam tabs 1mg, 2mg</i>	1	QL (150 EA per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>meprobamate</i>	1	PA MO
<i>oxazepam</i>	1	QL (120 EA per 30 days) MO
XANAX XR TB24 1MG	3	QL (30 EA per 30 days) ST MO
XANAX XR TB24 3MG	3	QL (60 EA per 30 days) ST MO
XANAX XR TB24 2MG	3	QL (90 EA per 30 days) ST MO
XANAX XR TB24 0.5MG	3	ST MO
XANAX TABS 0.25MG, 0.5MG	3	QL (120 EA per 30 days) ST MO
XANAX TABS 1MG	3	QL (150 EA per 30 days) ST MO
XANAX TABS 2MG	4	QL (150 EA per 30 days) ST MO
ANTICONVULSANTS		
APTIOM	4	MO
BANZEL	4	PA MO
BRIVIACT INJ	4	PA
BRIVIACT ORAL SOLN, TABS	4	PA MO
<i>carbamazepine chew, susp, tabs</i>	1	MO
<i>carbamazepine er</i>	1	MO
CARBATROL	3	MO
CELONTIN	3	MO
CEREBYX INJ 100MG PE/2ML	3	
CEREBYX INJ 500MG PE/10ML	3	MO
<i>clobazam tabs</i>	1	PA MO
<i>clobazam susp</i>	4	PA MO
<i>clonazepam odt tbdp 2mg</i>	1	QL (300 EA per 30 days) MO
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg</i>	1	QL (90 EA per 30 days) MO
<i>clonazepam tabs 2mg</i>	1	QL (300 EA per 30 days) MO
<i>clonazepam tabs 0.5mg, 1mg</i>	1	QL (90 EA per 30 days) MO
<i>clorazepate dipotassium tabs 15mg</i>	1	QL (180 EA per 30 days) PA MO
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg</i>	1	QL (90 EA per 30 days) PA MO
DEPAKOTE	3	MO
DEPAKOTE ER	3	MO
DEPAKOTE SPRINKLES	3	MO
DIACOMIT CAPS 500MG	4	QL (180 EA per 30 days) PA
DIACOMIT CAPS 250MG	4	QL (360 EA per 30 days) PA
DIACOMIT PACK 500MG	4	QL (180 EA per 30 days) PA
DIACOMIT PACK 250MG	4	QL (360 EA per 30 days) PA
DIASTAT ACUDIAL	3	MO
DIASTAT PEDIATRIC	3	MO
DIAZEPAM RECTAL GEL	3	MO
<i>diazepam tabs</i>	1	QL (120 EA per 30 days) PA MO
<i>diazepam oral soln</i>	1	QL (1200 ML per 30 days) PA MO
<i>diazepam oral conc, inj</i>	1	QL (240 ML per 30 days) PA MO
DILANTIN	3	MO
DILANTIN INFATABS	3	MO
DILANTIN-125	3	MO
<i>divalproex sodium dr</i>	1	MO
<i>divalproex sodium er</i>	1	MO
<i>divalproex sodium sprinkle caps</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
EPIDIOLEX	4	QL (600 ML per 30 days) PA LA
<i>epitol</i>	1	
<i>ethosuximide</i>	1	MO
<i>felbamate</i>	1	MO
FELBATOL	4	MO
FINTEPLA	4	QL (360 ML per 30 days) PA
<i>fosphenytoin sodium</i>	1	
FYCOMPA SUSP	4	QL (720 ML per 30 days) PA MO
FYCOMPA TABS 2MG	3	QL (60 EA per 30 days) PA MO
FYCOMPA TABS 10MG, 12MG, 8MG	4	QL (30 EA per 30 days) PA MO
FYCOMPA TABS 4MG, 6MG	4	QL (60 EA per 30 days) PA MO
<i>gabapentin caps 300mg</i>	1	QL (360 EA per 30 days) MO
<i>gabapentin caps 100mg, 400mg</i>	1	QL (90 EA per 30 days) MO
<i>gabapentin soln</i>	1	QL (2160 ML per 30 days) MO
<i>gabapentin tabs 600mg</i>	1	QL (180 EA per 30 days) MO
<i>gabapentin tabs 800mg</i>	1	QL (90 EA per 30 days) MO
GABITRIL TABS 2MG, 4MG	3	MO
GABITRIL TABS 12MG, 16MG	4	MO
KEPPRA XR TB24 500MG	3	MO
KEPPRA XR TB24 750MG	4	MO
KEPPRA INJ	3	
KEPPRA ORAL SOLN	4	MO
KEPPRA TABS 250MG	3	MO
KEPPRA TABS 1000MG, 500MG, 750MG	4	MO
KLONOPIN TABS 2MG	3	QL (300 EA per 30 days) MO
KLONOPIN TABS 0.5MG, 1MG	3	QL (90 EA per 30 days) MO
LAMICTAL CHEWABLE DISPERSIBLE	4	MO
LAMICTAL ODT KIT	3	MO
LAMICTAL ODT TBDP 200MG, 50MG	3	MO
LAMICTAL ODT TBDP 100MG, 25MG	4	MO
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	3	MO
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	4	MO
LAMICTAL STARTER/TAKING VALPROATE	3	MO
LAMICTAL TABS	4	MO
LAMICTAL XR TB24	4	MO
LAMICTAL XR STARTER KIT BLUE, ORANGE	3	MO
LAMICTAL XR STARTER KIT GREEN	4	MO
<i>lamotrigine chew, tabs</i>	1	MO
<i>lamotrigine er</i>	1	MO
<i>lamotrigine odt</i>	1	MO
<i>lamotrigine starter kit/blue</i>	1	MO
<i>lamotrigine starter kit/green</i>	1	MO
<i>lamotrigine starter kit/orange</i>	1	MO
<i>lamotrigine titration</i>	1	MO
<i>levetiracetam er</i>	1	MO
<i>levetiracetam/sodium chloride</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam inj</i>	1	
<i>levetiracetam oral soln, tabs</i>	1	MO
LYRICA SOLN	3	QL (900 ML per 30 days) PA MO
LYRICA CAPS 100MG, 150MG, 25MG, 50MG, 75MG	3	QL (120 EA per 30 days) PA MO
LYRICA CAPS 225MG, 300MG	3	QL (60 EA per 30 days) PA MO
LYRICA CAPS 200MG	3	QL (90 EA per 30 days) PA MO
MYSOLINE	4	MO
NAYZILAM	3	QL (10 EA per 30 days) PA MO
NEURONTIN SOLN	3	QL (2160 ML per 30 days) MO
NEURONTIN CAPS 300MG	3	QL (360 EA per 30 days) MO
NEURONTIN CAPS 100MG, 400MG	3	QL (90 EA per 30 days) MO
NEURONTIN TABS 600MG	4	QL (180 EA per 30 days) MO
NEURONTIN TABS 800MG	4	QL (90 EA per 30 days) MO
ONFI	4	PA MO
<i>oxcarbazepine</i>	1	MO
OXTELLAR XR TB24 150MG, 300MG	3	MO
OXTELLAR XR TB24 600MG	4	MO
PEGANONE	3	MO
<i>phenobarbital sodium inj</i>	1	PA
<i>phenobarbital tabs</i>	1	QL (120 EA per 30 days) PA MO
<i>phenobarbital elix</i>	1	QL (1500 ML per 30 days) PA MO
PHENYTEK	3	MO
<i>phenytoin chew, susp</i>	1	MO
<i>phenytoin sodium er caps</i>	1	MO
<i>phenytoin sodium inj</i>	1	
<i>pregabalin caps 100mg, 150mg, 25mg, 50mg, 75mg</i>	1	QL (120 EA per 30 days) PA MO
<i>pregabalin caps 225mg, 300mg</i>	1	QL (60 EA per 30 days) PA MO
<i>pregabalin caps 200mg</i>	1	QL (90 EA per 30 days) PA MO
<i>pregabalin soln</i>	1	QL (900 ML per 30 days) PA MO
<i>primidone</i>	1	MO
QUDEXY XR CS24 100MG, 25MG, 50MG	3	MO
QUDEXY XR CS24 150MG, 200MG	4	MO
<i>roweepra</i>	1	
<i>roweepra xr</i>	1	
<i>rufinamide</i>	4	PA MO
SABRIL PACK	4	QL (180 EA per 30 days) PA
SABRIL TABS	4	QL (180 EA per 30 days) PA LA
SPRITAM	3	PA MO
<i>subvenite</i>	1	
<i>subvenite starter kit/blue</i>	1	
<i>subvenite starter kit/green</i>	1	
<i>subvenite starter kit/orange</i>	1	
SYMPAZAN FILM 5MG	3	PA MO
SYMPAZAN FILM 10MG, 20MG	4	PA MO
TEGRETOL	3	MO
TEGRETOL-XR	3	MO
<i>tiagabine hydrochloride tabs</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
TOPAMAX SPRINKLE CPSP 15MG	3	MO
TOPAMAX SPRINKLE CPSP 25MG	4	MO
TOPAMAX TABS 25MG	3	MO
TOPAMAX TABS 100MG, 200MG, 50MG	4	MO
TOPIRAMATE ER	3	MO
<i>topiramate sprinkle caps, tabs</i>	1	MO
TRANXENE T	3	QL (90 EA per 30 days) PA MO
TRILEPTAL SUSP	4	MO
TRILEPTAL TABS 150MG	3	MO
TRILEPTAL TABS 300MG, 600MG	4	MO
TROKENDI XR CP24 100MG, 25MG, 50MG	3	MO
TROKENDI XR CP24 200MG	4	MO
VALIUM	3	QL (120 EA per 30 days) PA MO
<i>valproate sodium inj 100mg/ml</i>	1	
<i>valproic acid caps, soln</i>	1	MO
VALTOCO	3	QL (10 EA per 30 days) PA MO
<i>vigabatrin</i>	4	QL (180 EA per 30 days) PA
<i>vigadrone</i>	1	QL (180 EA per 30 days) PA
VIMPAT INJ	4	
VIMPAT ORAL SOLN	4	MO
VIMPAT TABS 50MG	3	MO
VIMPAT TABS 100MG, 150MG, 200MG	4	MO
XCOPRI TABS	4	MO
XCOPRI TITRATION PACK 12.5MG-25MG	3	MO
XCOPRI MAINTENACE PACK 150MG-100MG, 50MG-200MG	4	
XCOPRI TITRATION PACK 50MG-100MG, 150MG-200MG	4	MO
XCOPRI MAINTENANCE PACK 100MG-150MG	4	QL (56 EA per 28 days)
ZARONTIN	3	MO
ZONEGRAN CAPS 25MG	3	MO
ZONEGRAN CAPS 100MG	4	MO
<i>zonisamide</i>	1	MO
ANTIDEMENTIA		
ARICEPT TABS 23MG, 5MG	3	QL (30 EA per 30 days) MO
ARICEPT TABS 10MG	3	QL (60 EA per 30 days) MO
<i>donepezil hcl odt tabs 5mg, 10mg</i>	1	QL (30 EA per 30 days) MO
<i>donepezil hcl tabs 23mg</i>	1	QL (30 EA per 30 days) MO
<i>donepezil hcl tabs 10mg</i>	1	QL (60 EA per 30 days) MO
<i>donepezil hydrochloride tabs 5mg</i>	1	QL (30 EA per 30 days) MO
<i>ergoloid mesylates</i>	1	PA MO
EXELON	3	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide er</i>	1	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide soln</i>	1	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide tabs</i>	1	QL (60 EA per 30 days) MO
MEMANTINE HCL TITRATION PAK	2	QL (98 EA per 365 days) PA MO
<i>memantine hydrochloride er</i>	1	PA MO

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hydrochloride soln</i>	1	QL (360 ML per 30 days) PA MO
<i>memantine hydrochloride tabs</i>	1	QL (60 EA per 30 days) PA MO
NAMENDA	3	QL (60 EA per 30 days) PA MO
NAMENDA TITRATION PAK	3	QL (98 EA per 365 days) PA MO
NAMENDA XR	3	PA MO
NAMENDA XR TITRATION PACK	3	PA MO
NAMZARIC	3	MO
RAZADYNE ER	3	QL (30 EA per 30 days) MO
<i>rivastigmine tartrate caps</i>	1	QL (60 EA per 30 days) MO
<i>rivastigmine patch</i>	1	QL (30 EA per 30 days) MO
ANTIDEPRESSANTS		
<i>amitriptyline hcl tabs 100mg, 10mg, 150mg, 25mg, 75mg</i>	1	PA MO
<i>amitriptyline hydrochloride tabs 50mg</i>	1	PA MO
<i>amoxapine</i>	1	MO
ANAFRANIL	4	PA MO
APLENZIN TB24 348MG, 522MG	4	QL (30 EA per 30 days) ST MO
APLENZIN TB24 174MG	4	QL (60 EA per 30 days) ST MO
<i>bupropion hcl tabs 100mg</i>	1	QL (180 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tb12 100mg, 150mg, 200mg</i>	1	QL (60 EA per 30 days) MO
BUPROPION HYDROCHLORIDE ER (XL) TB24 450MG	3	QL (30 EA per 30 days) MO
<i>bupropion hydrochloride er (xl) tb24 150mg, 300mg</i>	1	QL (30 EA per 30 days) MO
<i>bupropion hydrochloride tabs 75mg</i>	1	QL (180 EA per 30 days) MO
CELEXA TABS 10MG	3	QL (120 EA per 30 days) ST MO
CELEXA TABS 40MG	3	QL (30 EA per 30 days) ST MO
CELEXA TABS 20MG	3	QL (60 EA per 30 days) ST MO
<i>chlordiazepoxide/amitriptyline</i>	1	PA MO
<i>citalopram hydrobromide soln</i>	1	QL (600 ML per 30 days) MO
<i>citalopram hydrobromide tabs 10mg</i>	1	QL (120 EA per 30 days) MO
<i>citalopram hydrobromide tabs 40mg</i>	1	QL (30 EA per 30 days) MO
<i>citalopram hydrobromide tabs 20mg</i>	1	QL (60 EA per 30 days) MO
<i>clomipramine hcl caps</i>	1	PA MO
CYMBALTA	3	QL (60 EA per 30 days) MO
<i>desipramine hcl tabs</i>	1	MO
DESVENLAFAXINE ER (GENERIC KHEDEZLA) TB24 100MG, 50MG	2	QL (30 EA per 30 days) MO
<i>desvenlafaxine er (generic Pristiq) tb24 100mg, 25mg, 50mg</i>	1	QL (30 EA per 30 days) PA MO
<i>doxepin hcl caps 10mg, 50mg, 75mg, 100mg, 150mg, oral conc 10mg/ml</i>	1	PA MO
<i>doxepin hydrochloride caps 25mg</i>	1	PA MO
DRIZALMA SPRINKLE CSDR 20MG, 30MG, 60MG	3	QL (60 EA per 30 days) PA MO
DRIZALMA SPRINKLE CSDR 40MG	3	QL (90 EA per 30 days) PA MO
<i>duloxetine hcl caps 40mg</i>	1	QL (60 EA per 30 days) MO
<i>duloxetine hydrochloride caps 20mg, 30mg, 60mg</i>	1	QL (60 EA per 30 days) MO
EFFEXOR XR CP24 37.5MG, 75MG	3	QL (30 EA per 30 days) ST MO
EFFEXOR XR CP24 150MG	3	QL (60 EA per 30 days) ST MO
EMSAM	4	QL (30 EA per 30 days) PA MO
<i>escitalopram oxalate soln</i>	1	QL (600 ML per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate tabs 20mg</i>	1	QL (30 EA per 30 days) MO
<i>escitalopram oxalate tabs 10mg, 5mg</i>	1	QL (45 EA per 30 days) MO
FETZIMA TITRATION PACK	3	PA MO
FETZIMA CP24 120MG, 80MG	3	QL (30 EA per 30 days) PA MO
FETZIMA CP24 20MG, 40MG	3	QL (60 EA per 30 days) PA MO
<i>fluoxetine dr caps 90mg</i>	1	QL (4 EA per 28 days) MO
<i>fluoxetine hcl caps 20mg</i>	1	QL (120 EA per 30 days) MO
<i>fluoxetine hydrochloride caps 10mg</i>	1	QL (30 EA per 30 days) MO
<i>fluoxetine hydrochloride caps 40mg</i>	1	QL (60 EA per 30 days) MO
<i>fluoxetine hydrochloride soln</i>	1	MO
<i>fluoxetine hydrochloride (generic Prozac) tabs 10mg, 20mg, 60mg</i>	1	MO
<i>fluoxetine hydrochloride (generic Sarafem) tabs 20mg</i>	1	QL (120 EA per 30 days) MO
<i>fluoxetine hydrochloride (generic Sarafem) tabs 10mg</i>	1	QL (30 EA per 30 days) MO
FORFIVO XL	3	QL (30 EA per 30 days) ST MO
<i>imipramine hcl tabs 25mg, 50mg</i>	1	PA MO
<i>imipramine hydrochloride tabs 10mg</i>	1	PA MO
<i>imipramine pamoate</i>	1	PA MO
LEXAPRO TABS 20MG	3	QL (30 EA per 30 days) MO
LEXAPRO TABS 10MG, 5MG	3	QL (45 EA per 30 days) MO
<i>maprotiline hcl</i>	1	MO
MARPLAN	3	QL (180 EA per 30 days) MO
<i>mirtazapine odt</i>	1	QL (30 EA per 30 days) MO
<i>mirtazapine tabs</i>	1	QL (30 EA per 30 days) MO
NARDIL	3	MO
<i>nefazodone hcl tabs 100mg, 150mg</i>	1	MO
<i>nefazodone hydrochloride tabs 200mg, 250mg, 50mg</i>	1	MO
NORPRAMIN	3	MO
<i>nortriptyline hcl caps 25mg, 75mg, soln 10mg/5ml</i>	1	MO
<i>nortriptyline hydrochloride caps 10mg, 50mg</i>	1	MO
<i>olanzapine/fluoxetine</i>	1	QL (30 EA per 30 days) MO
PAMELOR	4	MO
PARNATE	4	MO
<i>paroxetine hcl tabs 30mg, 40mg</i>	1	QL (60 EA per 30 days) MO
<i>paroxetine hcl er tb24 37.5mg</i>	1	QL (60 EA per 30 days) MO
<i>paroxetine hcl er tb24 12.5mg, 25mg</i>	1	QL (90 EA per 30 days) MO
<i>paroxetine hydrochloride tabs 10mg, 20mg</i>	1	QL (30 EA per 30 days) MO
PAXIL CR TB24 37.5MG	3	QL (60 EA per 30 days) ST MO
PAXIL CR TB24 12.5MG, 25MG	3	QL (90 EA per 30 days) ST MO
PAXIL ORAL SUSP	3	QL (900 ML per 30 days) MO
PAXIL TABS 10MG, 20MG	3	QL (30 EA per 30 days) ST MO
PAXIL TABS 30MG, 40MG	3	QL (60 EA per 30 days) ST MO
<i>perphenazine/amitriptyline</i>	1	PA MO
PEXEVA TABS 10MG, 20MG, 40MG	3	QL (30 EA per 30 days) ST MO
PEXEVA TABS 30MG	3	QL (60 EA per 30 days) ST MO
<i>phenelzine sulfate</i>	1	MO
PRISTIQ	3	QL (30 EA per 30 days) ST MO

Drug Name	Drug Tier	Requirements/Limits
<i>protriptyline hcl</i>	1	MO
PROZAC CAPS 20MG	3	QL (120 EA per 30 days) ST MO
PROZAC CAPS 10MG	3	QL (30 EA per 30 days) ST MO
PROZAC CAPS 40MG	4	QL (60 EA per 30 days) ST MO
REMERON	3	QL (30 EA per 30 days) MO
REMERON SOLTAB	3	QL (30 EA per 30 days) MO
SARAFEM TABS 20MG	3	QL (120 EA per 30 days) MO
SARAFEM TABS 10MG	3	QL (30 EA per 30 days) MO
<i>sertraline hcl oral conc</i>	1	QL (300 ML per 30 days) MO
<i>sertraline hcl tabs 25mg</i>	1	QL (30 EA per 30 days) MO
<i>sertraline hcl tabs 50mg</i>	1	QL (60 EA per 30 days) MO
<i>sertraline hydrochloride tabs</i>	1	QL (60 EA per 30 days) MO
SYMBYAX	3	QL (30 EA per 30 days) MO
<i>tranylcypromine sulfate</i>	1	MO
<i>trazodone hydrochloride tabs</i>	1	MO
<i>trimipramine maleate caps 50mg</i>	1	QL (120 EA per 30 days) PA MO
<i>trimipramine maleate caps 25mg</i>	1	QL (240 EA per 30 days) PA MO
<i>trimipramine maleate caps 100mg</i>	1	QL (60 EA per 30 days) PA MO
TRINTELLIX TABS 5MG	3	QL (120 EA per 30 days) MO
TRINTELLIX TABS 20MG	3	QL (30 EA per 30 days) MO
TRINTELLIX TABS 10MG	3	QL (60 EA per 30 days) MO
<i>venlafaxine hcl er cp24 37.5mg</i>	1	QL (30 EA per 30 days) MO
<i>venlafaxine hcl er cp24 150mg</i>	1	QL (60 EA per 30 days) MO
<i>venlafaxine hcl er tb24 37.5mg</i>	1	QL (30 EA per 30 days) MO
<i>venlafaxine hcl tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	1	MO
<i>venlafaxine hydrochloride er cp24 75mg</i>	1	QL (30 EA per 30 days) MO
<i>venlafaxine hydrochloride er tb24 225mg, 75mg</i>	1	QL (30 EA per 30 days) MO
<i>venlafaxine hydrochloride er tb24 150mg</i>	1	QL (60 EA per 30 days) MO
VIIBRYD	3	QL (30 EA per 30 days) MO
VIIBRYD STARTER PACK	3	MO
WELLBUTRIN SR	3	QL (60 EA per 30 days) ST MO
WELLBUTRIN XL	4	QL (30 EA per 30 days) ST MO
ZOLOFT ORAL CONC	3	QL (300 ML per 30 days) MO
ZOLOFT TABS 25MG	3	QL (30 EA per 30 days) ST MO
ZOLOFT TABS 100MG, 50MG	3	QL (60 EA per 30 days) ST MO
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl syrp, tabs</i>	1	MO
<i>amantadine hcl caps</i>	1	QL (120 EA per 30 days) MO
APOKYN	4	QL (60 ML per 30 days) PA LA
AZILECT	3	MO
<i>benztropine mesylate inj</i>	1	MO
<i>benztropine mesylate tabs</i>	1	PA MO
<i>bromocriptine mesylate tabs, caps</i>	1	MO
<i>carbidopa tabs</i>	4	MO
<i>carbidopa/levodopa</i>	1	MO
<i>carbidopa/levodopa er</i>	1	MO
<i>carbidopa/levodopa odt</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
CARBIDOPA/LEVODOPA/ENTACAPONE	3	MO
COGENTIN	3	
COMTAN	4	MO
DUOPA	4	B/D
<i>entacapone</i>	1	MO
GOCOVRI	4	QL (60 EA per 30 days)
INBRIJA	3	QL (300 EA per 30 days) PA
KYNMOBI	4	QL (150 EA per 30 days) PA
LODOSYN	4	MO
MIRAPEX	3	ST MO
MIRAPEX ER	3	QL (30 EA per 30 days) ST MO
NEUPRO	3	MO
NOURIANZ	4	QL (30 EA per 30 days) PA
ONGENTYS	4	QL (30 EA per 30 days) PA MO
OSMOLEX ER TABS 129MG, 193MG, 258MG	3	QL (30 EA per 30 days) ST
OSMOLEX ER DOSING KIT	3	QL (60 EA per 30 days) ST
PARLODEL	3	MO
<i>pramipexole dihydrochloride er</i>	1	QL (30 EA per 30 days) MO
<i>pramipexole dihydrochloride immediate release tabs</i>	1	MO
<i>rasagiline mesylate</i>	1	MO
<i>ropinirole er tb24 6mg</i>	1	QL (120 EA per 30 days) MO
<i>ropinirole er tb24 4mg</i>	1	QL (150 EA per 30 days) MO
<i>ropinirole er tb24 2mg</i>	1	QL (30 EA per 30 days) MO
<i>ropinirole er tb24 12mg</i>	1	QL (60 EA per 30 days) MO
<i>ropinirole er tb24 8mg</i>	1	QL (90 EA per 30 days) MO
<i>ropinirole hcl immediate release tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	1	MO
<i>ropinirole hydrochloride immediate release tabs 0.25mg, 3mg</i>	1	MO
RYTARY	3	MO
<i>selegiline hcl tabs, caps</i>	1	MO
SINEMET	3	MO
SINEMET CR	3	MO
STALEVO 100	4	ST MO
STALEVO 125	4	ST MO
STALEVO 150	4	ST MO
STALEVO 200	4	ST MO
STALEVO 50	3	ST MO
STALEVO 75	4	ST MO
TASMAR	4	MO
<i>tolcapone</i>	4	MO
<i>trihexyphenidyl hcl oral soln</i>	1	PA MO
<i>trihexyphenidyl hydrochloride tabs</i>	1	PA MO
XADAGO	3	QL (30 EA per 30 days) ST MO
ZELAPAR	4	QL (60 EA per 30 days) MO
ANTIPSYCHOTICS		
ABILIFY	4	QL (30 EA per 30 days) MO
ABILIFY MAINTENA	4	QL (1 EA per 28 days) MO

Drug Name	Drug Tier	Requirements/Limits
ABILIFY MYCITE	4	QL (30 EA per 30 days) PA
ABILIFY MYCITE MAINTENANCE KIT	4	QL (30 EA per 30 days) PA
ABILIFY MYCITE STARTER KIT	4	QL (30 EA per 30 days) PA
<i>aripiprazole odt</i>	4	QL (60 EA per 30 days) MO
<i>aripiprazole tabs</i>	1	QL (30 EA per 30 days) MO
<i>aripiprazole soln</i>	1	QL (900 ML per 30 days) MO
ARISTADA INITIO	4	
ARISTADA INJ 441MG/1.6ML	4	QL (1.6 ML per 28 days)
ARISTADA INJ 662MG/2.4ML	4	QL (2.4 ML per 28 days)
ARISTADA INJ 882MG/3.2ML	4	QL (3.2 ML per 28 days)
ARISTADA INJ 1064MG/3.9ML	4	QL (3.9 ML per 56 days)
<i>asenapine maleate sl</i>	4	QL (60 EA per 30 days) MO
CAPLYTA	4	QL (30 EA per 30 days) PA MO
<i>chlorpromazine hcl tabs</i>	1	MO
<i>chlorpromazine hcl inj 50mg/2ml</i>	1	
<i>chlorpromazine hcl inj 25mg/ml</i>	1	MO
CLOZAPINE ODT TBDP 200MG	3	QL (135 EA per 30 days) PA
CLOZAPINE ODT TBDP 150MG	3	QL (180 EA per 30 days) PA
<i>clozapine odt tbdp 12.5mg, 25mg</i>	1	PA
<i>clozapine odt tbdp 100mg</i>	1	QL (270 EA per 30 days) PA
<i>clozapine tabs</i>	1	
CLOZARIL TABS 25MG, 50MG	3	
CLOZARIL TABS 100MG, 200MG	4	
FANAPT TITRATION PACK	3	PA MO
FANAPT TABS 1MG	3	QL (60 EA per 30 days) PA MO
FANAPT TABS 10MG, 12MG, 2MG, 4MG, 6MG, 8MG	4	QL (60 EA per 30 days) PA MO
<i>fluphenazine decanoate inj</i>	1	MO
<i>fluphenazine hcl</i>	1	MO
<i>fluphenazine hydrochloride oral elixir</i>	1	MO
GEODON INJ	3	QL (6 EA per 3 days) MO
GEODON CAPS 20MG	3	QL (60 EA per 30 days) MO
GEODON CAPS 40MG, 60MG, 80MG	4	QL (60 EA per 30 days) MO
HALDOL DECANOATE 100	3	MO
HALDOL DECANOATE 50	3	MO
HALDOL INJ	3	MO
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate inj</i>	1	MO
<i>haloperidol lactate inj</i>	1	MO
INVEGA SUSTENNA INJ 39MG/0.25ML	3	QL (0.25 ML per 28 days) MO
INVEGA SUSTENNA INJ 78MG/0.5ML	4	QL (0.5 ML per 28 days) MO
INVEGA SUSTENNA INJ 117MG/0.75ML	4	QL (0.75 ML per 28 days) MO
INVEGA SUSTENNA INJ 156MG/ML	4	QL (1 ML per 28 days) MO
INVEGA SUSTENNA INJ 234MG/1.5ML	4	QL (1.5 ML per 28 days) MO
INVEGA TRINZA INJ 273MG/0.875ML	4	QL (0.88 ML per 90 days)
INVEGA TRINZA INJ 410MG/1.315ML	4	QL (1.32 ML per 90 days)
INVEGA TRINZA INJ 546MG/1.75ML	4	QL (1.75 ML per 90 days)
INVEGA TRINZA INJ 819MG/2.625ML	4	QL (2.63 ML per 90 days)

Drug Name	Drug Tier	Requirements/Limits
INVEGA TB24 1.5MG, 3MG, 9MG	4	QL (30 EA per 30 days) MO
INVEGA TB24 6MG	4	QL (60 EA per 30 days) MO
LATUDA TABS 120MG, 20MG, 40MG, 60MG	4	QL (30 EA per 30 days) MO
LATUDA TABS 80MG	4	QL (60 EA per 30 days) MO
<i>loxapine caps 10mg</i>	1	MO
<i>loxapine succinate caps 25mg, 50mg, 5mg</i>	1	MO
<i>molindone hydrochloride</i>	1	
NUPLAZID	4	QL (30 EA per 30 days) PA LA
<i>olanzapine odt</i>	1	QL (30 EA per 30 days) MO
<i>olanzapine inj</i>	1	QL (3 EA per 1 days) MO
<i>olanzapine tabs 10mg, 15mg, 20mg, 5mg, 7.5mg</i>	1	QL (30 EA per 30 days) MO
<i>olanzapine tabs 2.5mg</i>	1	QL (60 EA per 30 days) MO
<i>paliperidone er tb24 1.5mg, 3mg</i>	1	QL (30 EA per 30 days) MO
<i>paliperidone er tb24 6mg</i>	1	QL (60 EA per 30 days) MO
<i>paliperidone er tb24 9mg</i>	4	QL (30 EA per 30 days) MO
<i>perphenazine</i>	1	MO
PERSERIS	4	QL (1 EA per 30 days)
<i>pimozide</i>	1	MO
<i>quetiapine fumarate er tb24 150mg, 200mg</i>	1	QL (30 EA per 30 days) PA MO
<i>quetiapine fumarate er tb24 300mg, 400mg, 50mg</i>	1	QL (60 EA per 30 days) PA MO
<i>quetiapine fumarate tabs 200mg</i>	1	QL (120 EA per 30 days) MO
<i>quetiapine fumarate tabs 25mg</i>	1	QL (180 EA per 30 days) MO
<i>quetiapine fumarate tabs 300mg, 400mg</i>	1	QL (60 EA per 30 days) MO
<i>quetiapine fumarate tabs 100mg, 50mg</i>	1	QL (90 EA per 30 days) MO
REXULTI TABS 3MG, 4MG	4	QL (30 EA per 30 days) MO
REXULTI TABS 0.25MG, 0.5MG, 1MG, 2MG	4	QL (60 EA per 30 days) MO
RISPERDAL CONSTA INJ 12.5MG, 25MG	3	QL (2 EA per 28 days) MO
RISPERDAL CONSTA INJ 37.5MG, 50MG	4	QL (2 EA per 28 days) MO
RISPERDAL SOLN	4	MO
RISPERDAL TABS 1MG, 2MG	3	QL (60 EA per 30 days) MO
RISPERDAL TABS 0.5MG	3	QL (90 EA per 30 days) MO
RISPERDAL TABS 4MG	4	QL (120 EA per 30 days) MO
RISPERDAL TABS 3MG	4	QL (90 EA per 30 days) MO
<i>risperidone odt tbdp 1mg, 2mg, 3mg, 4mg</i>	1	QL (60 EA per 30 days) MO
<i>risperidone odt tbdp 0.25mg, 0.5mg</i>	1	QL (90 EA per 30 days) MO
<i>risperidone soln</i>	1	MO
<i>risperidone tabs 4mg</i>	1	QL (120 EA per 30 days) MO
<i>risperidone tabs 1mg, 2mg</i>	1	QL (60 EA per 30 days) MO
<i>risperidone tabs 0.25mg, 0.5mg, 3mg</i>	1	QL (90 EA per 30 days) MO
SAPHRIS	4	QL (60 EA per 30 days) MO
SECUADO PT24 3.8MG/24HR, 7.6MG/24HR	4	QL (30 EA per 30 days)
SECUADO PT24 5.7MG/24HR	4	QL (30 EA per 30 days) MO
SEROQUEL XR TB24 150MG, 200MG	3	QL (30 EA per 30 days) PA MO
SEROQUEL XR TB24 300MG, 50MG	3	QL (60 EA per 30 days) PA MO
SEROQUEL XR TB24 400MG	4	QL (60 EA per 30 days) PA MO
SEROQUEL TABS 200MG	3	QL (120 EA per 30 days) MO
SEROQUEL TABS 25MG	3	QL (180 EA per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
SEROQUEL TABS 300MG	3	QL (60 EA per 30 days) MO
SEROQUEL TABS 100MG, 50MG	3	QL (90 EA per 30 days) MO
SEROQUEL TABS 400MG	4	QL (60 EA per 30 days) MO
<i>thioridazine hcl tabs</i>	1	PA MO
<i>thiothixene</i>	1	MO
<i>trifluoperazine hcl</i>	1	MO
<i>trifluoperazine hydrochloride</i>	1	MO
VERSACLOZ	4	QL (600 ML per 30 days) PA
VRAYLAR CAP THERAPY PACK	3	PA MO
VRAYLAR CAPS 3MG, 4.5MG, 6MG	4	QL (30 EA per 30 days) PA MO
VRAYLAR CAPS 1.5MG	4	QL (60 EA per 30 days) PA MO
<i>ziprasidone hcl caps</i>	1	QL (60 EA per 30 days) MO
<i>ziprasidone mesylate inj</i>	1	QL (6 EA per 3 days)
ZYPREXA RELPREVV INJ 210MG	3	QL (2 EA per 28 days) PA
ZYPREXA RELPREVV INJ 405MG	4	QL (1 EA per 28 days) PA
ZYPREXA RELPREVV INJ 300MG	4	QL (2 EA per 28 days) PA
ZYPREXA ZYDIS TBDP 10MG, 5MG	3	QL (30 EA per 30 days) MO
ZYPREXA ZYDIS TBDP 15MG, 20MG	4	QL (30 EA per 30 days) MO
ZYPREXA INJ	3	QL (3 EA per 1 days) MO
ZYPREXA TABS 10MG, 5MG, 7.5MG	3	QL (30 EA per 30 days) MO
ZYPREXA TABS 2.5MG	3	QL (60 EA per 30 days) MO
ZYPREXA TABS 15MG, 20MG	4	QL (30 EA per 30 days) MO
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
ADDERALL XR	3	QL (30 EA per 30 days) MO
ADDERALL TABS 5MG, 7.5MG, 10MG, 12.5MG, 15MG, 30MG	3	QL (60 EA per 30 days) MO
ADDERALL TABS 20MG	3	QL (90 EA per 30 days) MO
ADZENYS ER ORAL SUSP	3	QL (450 ML per 30 days) MO
ADZENYS XR-ODT	3	QL (30 EA per 30 days) MO
AMPHETAMINE ER ORAL SUSP	3	QL (450 ML per 30 days) MO
<i>amphetamine sulfate tabs</i>	1	QL (180 EA per 30 days) MO
<i>amphetamine/dextroamphetamine er cp24</i>	1	QL (30 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tabs 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	1	QL (60 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tabs 20mg</i>	1	QL (90 EA per 30 days) MO
APTENSIO XR	3	QL (30 EA per 30 days) MO
<i>atomoxetine caps 10mg, 18mg, 25mg</i>	1	QL (120 EA per 30 days) MO
<i>atomoxetine caps 100mg, 60mg, 80mg</i>	1	QL (30 EA per 30 days) MO
<i>atomoxetine caps 40mg</i>	1	QL (60 EA per 30 days) MO
<i>clonidine hcl er</i>	1	MO
CONCERTA	3	QL (30 EA per 30 days) MO
COTEMPLA XR-ODT	3	QL (30 EA per 30 days) MO
DAYTRANA	3	QL (30 EA per 30 days) MO
DESOXYN	4	QL (150 EA per 30 days) MO
DEXEDRINE CP24 5MG	3	QL (120 EA per 30 days) MO
DEXEDRINE CP24 10MG, 15MG	4	QL (120 EA per 30 days) MO
<i>dexmethylphenidate hcl er caps</i>	1	QL (30 EA per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl tabs 5mg, 10mg</i>	1	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	1	QL (60 EA per 30 days) MO
<i>dextroamphetamine sulfate er</i>	1	QL (120 EA per 30 days) MO
<i>dextroamphetamine sulfate tabs</i>	1	QL (180 EA per 30 days) MO
<i>dextroamphetamine sulfate soln</i>	1	QL (1800 ML per 30 days) MO
DYANA VEL XR ORAL SUSP	3	QL (240 ML per 30 days) MO
EVEKEO	3	QL (180 EA per 30 days) MO
EVEKEO ODT TBDP 15MG, 5MG	3	QL (60 EA per 30 days)
EVEKEO ODT TBDP 10MG, 20MG	3	QL (60 EA per 30 days) MO
FOCALIN	3	QL (60 EA per 30 days) MO
FOCALIN XR	3	QL (30 EA per 30 days) MO
<i>guanfacine er</i>	1	QL (30 EA per 30 days) PA MO
INTUNIV	3	QL (30 EA per 30 days) PA MO
JORNAY PM	3	QL (30 EA per 30 days) MO
KAPVAY	3	MO
<i>metadate er</i>	1	QL (90 EA per 30 days)
<i>methamphetamine hcl</i>	1	QL (150 EA per 30 days) MO
METHYLIN SOLN 5MG/5ML	3	QL (1800 ML per 30 days) MO
METHYLIN SOLN 10MG/5ML	3	QL (900 ML per 30 days) MO
<i>methylphenidate hydrochloride cd</i>	1	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er cp24 (generic Ritalin LA) 10mg, 20mg, 40mg, 60mg</i>	1	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er cp24 (generic Aptensio XR) 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	1	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er cp24 (generic Ritalin LA) 30mg</i>	1	QL (60 EA per 30 days) MO
<i>methylphenidate hydrochloride er tbc 18mg, 27mg, 36mg, 54mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride cd er caps 10mg, 30mg, 40mg, 60mg</i>	1	QL (30 EA per 30 days) MO
METHYLPHENIDATE HYDROCHLORIDE ER TBC 72MG	3	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tbc (generic Concerta) 18mg, 27mg, 36mg, 54mg</i>	1	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tbc 10mg, 20mg</i>	1	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride chewable tablet</i>	1	QL (180 EA per 30 days) MO
<i>methylphenidate hydrochloride tabs 5mg, 10mg, 20mg</i>	1	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride oral soln 5mg/5ml</i>	1	QL (1800 ML per 30 days) MO
<i>methylphenidate hydrochloride oral soln 10mg/5ml</i>	1	QL (900 ML per 30 days) MO
MYDAYIS	3	QL (30 EA per 30 days) MO
<i>procentra oral soln</i>	1	QL (1800 ML per 30 days)
QUILLICHEW ER 40MG	3	QL (30 EA per 30 days) MO
QUILLICHEW ER 30MG	3	QL (60 EA per 30 days) MO
QUILLICHEW ER 20MG	3	QL (90 EA per 30 days) MO
QUILLIVANT XR ORAL SUSP	3	MO
RELEXXII	3	QL (30 EA per 30 days) MO
RITALIN	3	QL (90 EA per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
RITALIN LA CP24 10MG, 20MG, 40MG	3	QL (30 EA per 30 days) MO
RITALIN LA CP24 30MG	3	QL (60 EA per 30 days) MO
STRATTERA CAPS 10MG, 18MG, 25MG	3	QL (120 EA per 30 days) MO
STRATTERA CAPS 100MG, 60MG, 80MG	3	QL (30 EA per 30 days) MO
STRATTERA CAPS 40MG	3	QL (60 EA per 30 days) MO
VYVANSE	3	QL (30 EA per 30 days) MO
<i>zenzedi tabs 15mg</i>	1	QL (120 EA per 30 days) MO
<i>zenzedi tabs 10mg, 5mg</i>	1	QL (180 EA per 30 days)
<i>zenzedi tabs 2.5mg</i>	1	QL (180 EA per 30 days) MO
<i>zenzedi tabs 7.5mg</i>	1	QL (240 EA per 30 days) MO
<i>zenzedi tabs 30mg</i>	1	QL (60 EA per 30 days) MO
<i>zenzedi tabs 20mg</i>	1	QL (90 EA per 30 days) MO
HYPNOTICS		
AMBIEN	3	QL (30 EA per 30 days) PA MO
AMBIEN CR	3	QL (30 EA per 30 days) PA MO
BELSOMRA	3	QL (30 EA per 30 days) MO
DAYVIGO	3	QL (30 EA per 30 days) PA MO
<i>doxepin hydrochloride tabs 3mg, 6mg</i>	1	QL (30 EA per 30 days) MO
EDLUAR SUBL 10MG	3	QL (30 EA per 30 days) PA MO
EDLUAR SUBL 5MG	3	QL (60 EA per 30 days) PA MO
<i>estazolam</i>	1	QL (30 EA per 30 days) MO
<i>eszopiclone</i>	1	QL (30 EA per 30 days) PA MO
<i>flurazepam hcl</i>	1	QL (30 EA per 30 days) MO
HALCION	3	QL (60 EA per 30 days) MO
HETLIOZ	4	PA LA
HETLIOZ LQ	4	QL (158 ML per 30 days) PA MO
LUNESTA	3	QL (30 EA per 30 days) PA MO
<i>midazolam hcl inj 10mg/10ml, 10mg/2ml, 25mg/5ml, 2mg/2ml 1 pf, 5mg/5ml pf, 5mg/ml</i>	1	
<i>midazolam hcl syrp</i>	1	QL (300 ML per 30 days)
<i>midazolam hydrochloride inj 10mg/2ml pf, 25mg/5ml, 50mg/10ml, 5mg/ml</i>	1	
NEMBUTAL SODIUM INJ	3	
<i>pentobarbital sodium inj</i>	1	
<i>ramelteon</i>	1	QL (30 EA per 30 days) MO
RESTORIL CAPS 22.5MG	3	QL (30 EA per 30 days) PA MO
RESTORIL CAPS 15MG, 30MG, 7.5MG	4	QL (30 EA per 30 days) PA MO
ROZEREM	3	QL (30 EA per 30 days) MO
SECONAL SODIUM	3	QL (30 EA per 30 days) PA MO
SILENOR	3	QL (30 EA per 30 days) MO
<i>temazepam</i>	1	QL (30 EA per 30 days) PA MO
<i>triazolam</i>	1	QL (60 EA per 30 days) MO
<i>zaleplon caps 5mg</i>	1	QL (30 EA per 30 days) PA MO
<i>zaleplon caps 10mg</i>	1	QL (60 EA per 30 days) PA MO
<i>zolpidem tartrate immediate release tabs, subl</i>	1	QL (30 EA per 30 days) PA MO
<i>zolpidem tartrate er</i>	1	QL (30 EA per 30 days) PA MO
ZOLPIMIST	3	QL (15.4 ML per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
MIGRAINE		
AIMOVIG	2	QL (1 ML per 30 days) PA
AJOVY INJ 225MG/1.5ML AUTO-INJECTOR	3	QL (1.5 ML per 28 days) PA
AJOVY INJ 225MG/1.5ML PREFILLED SYRINGE	3	QL (4.5 ML per 90 days) PA
<i>almotriptan malate</i>	1	QL (8 EA per 30 days) MO
AMERGE	3	QL (9 EA per 30 days) ST MO
CAFERGOT	3	MO
CAMBIA	3	PA MO
D.H.E. 45	3	PA MO
<i>dihydroergotamine mesylate inj</i>	1	PA MO
<i>dihydroergotamine mesylate nasal soln</i>	4	QL (8 ML per 30 days) PA MO
<i>eletriptan hydrobromide</i>	1	QL (12 EA per 30 days) MO
EMGALITY INJ 120MG/ML	2	QL (2 ML per 30 days) PA
EMGALITY INJ 100MG/ML	2	QL (3 ML per 30 days) PA
ERGOMAR	3	
<i>ergotamine tartrate/caffeine</i>	1	MO
FROVA	4	QL (12 EA per 30 days) ST MO
<i>frovatriptan succinate</i>	1	QL (12 EA per 30 days) MO
IMITREX STATDOSE REFILL INJ 4MG/0.5ML	3	QL (4 ML per 30 days) ST MO
IMITREX STATDOSE REFILL INJ 6MG/0.5ML	4	QL (4 ML per 30 days) ST MO
IMITREX STATDOSE SYSTEM INJ 4MG/0.5ML	3	QL (4 ML per 30 days) ST MO
IMITREX STATDOSE SYSTEM INJ 6MG/0.5ML	4	QL (4 ML per 30 days) ST MO
IMITREX NASAL SOLN	3	QL (12 EA per 30 days) ST MO
IMITREX INJ	4	QL (4 ML per 30 days) ST MO
IMITREX TABS 25MG, 50MG	3	QL (9 EA per 30 days) ST MO
IMITREX TABS 100MG	4	QL (9 EA per 30 days) ST MO
MAXALT	3	QL (12 EA per 30 days) ST MO
MAXALT-MLT	3	QL (12 EA per 30 days) ST MO
<i>migergot</i>	1	QL (20 EA per 28 days) MO
MIGRANAL	4	QL (8 ML per 30 days) PA MO
<i>naratriptan hcl</i>	1	QL (9 EA per 30 days) MO
NURTEC	4	QL (16 EA per 30 days) PA MO
ONZETRA XSAIL	3	QL (16 EA per 30 days) ST MO
RELPAX	3	QL (12 EA per 30 days) MO
REYVOW	3	QL (8 EA per 30 days) ST MO
<i>rizatriptan benzoate odt</i>	1	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate tabs</i>	1	QL (12 EA per 30 days) MO
<i>sumatriptan nasal spray</i>	1	QL (12 EA per 30 days) MO
<i>sumatriptan succinate refill</i>	1	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tabs</i>	1	QL (9 EA per 30 days) MO
<i>sumatriptan succinate prefilled syringe 6mg/0.5ml</i>	1	QL (4 ML per 30 days)
<i>sumatriptan succinate inj 4mg/0.5ml, 6mg/0.5ml</i>	1	QL (4 ML per 30 days) MO
<i>sumatriptan/naproxen sodium</i>	1	QL (9 EA per 30 days) MO
TOSYMRA	3	QL (12 EA per 30 days) ST MO
TREXIMET	4	QL (9 EA per 30 days) ST MO
UBRELVY	3	QL (16 EA per 30 days) PA MO
VYEPTI	3	QL (1 ML per 90 days) PA

Drug Name	Drug Tier	Requirements/Limits
ZEMBRACE SYMTOUCH	4	QL (8 ML per 30 days) ST MO
<i>zolmitriptan odt</i>	1	QL (6 EA per 30 days) MO
ZOLMITRIPTAN SOLN	3	QL (12 EA per 30 days) ST MO
<i>zolmitriptan tabs</i>	1	QL (6 EA per 30 days) MO
ZOMIG ZMT TBDP 5MG	3	QL (6 EA per 30 days) ST MO
ZOMIG ZMT TBDP 2.5MG	4	QL (6 EA per 30 days) ST MO
ZOMIG NASAL SPRAY	3	QL (12 EA per 30 days) ST MO
ZOMIG TABS	4	QL (6 EA per 30 days) ST MO
MISCELLANEOUS		
AMONDYS 45	4	PA MO
AUSTEDO TABS 12MG, 9MG	4	QL (120 EA per 30 days) PA LA
AUSTEDO TABS 6MG	4	QL (60 EA per 30 days) PA LA
BRISDELLE	3	PA MO
ENSPRYNG	4	PA
EQUETRO	3	MO
EVRYSDI	4	QL (6.67 ML per 1 days) PA
EXONDYS 51	4	PA
FIRDAPSE	4	PA
<i>flumazenil</i>	1	
GRALISE	3	MO
GRALISE STARTER	3	QL (156 EA per 365 days) MO
GUANIDINE HCL	3	
HORIZANT TBCR 300MG	3	QL (30 EA per 30 days) MO
HORIZANT TBCR 600MG	3	QL (60 EA per 30 days) MO
INGREZZA CAP INITIATION PACK	4	QL (28 EA per 28 days) PA
INGREZZA CAPS	4	QL (30 EA per 30 days) PA
<i>lithium carbonate caps, tabs</i>	1	MO
<i>lithium carbonate er</i>	1	MO
LITHIUM ORAL SOLN	3	MO
LITHOBID	3	MO
LYRICA CR	2	QL (60 EA per 30 days) PA MO
MESTINON	4	MO
MESTINON TIMESPAN	4	MO
NUEDEXTA	4	QL (60 EA per 30 days) PA MO
<i>paroxetine caps 7.5mg</i>	1	PA MO
<i>pregabalin er</i>	1	QL (60 EA per 30 days) PA
<i>pyridostigmine bromide er</i>	1	MO
<i>pyridostigmine bromide tabs 60mg, 30mg</i>	1	MO
<i>pyridostigmine bromide soln</i>	4	MO
RADICAVA	4	QL (2800 ML per 28 days) PA
REGONOL	4	
RILUTEK	4	MO
<i>riluzole</i>	1	MO
RUZURGI	4	PA
SAVELLA	3	QL (60 EA per 30 days) PA MO
SAVELLA TITRATION PACK	3	QL (110 EA per 365 days) PA MO
TEGSEDI	4	QL (6 ML per 28 days) PA

Drug Name	Drug Tier	Requirements/Limits
<i>tetrabenazine tabs 25mg</i>	4	QL (120 EA per 30 days) PA
<i>tetrabenazine tabs 12.5mg</i>	4	QL (90 EA per 30 days) PA
TIGLUTIK ORAL SUSP	4	
VILTEPSO	4	PA
VYONDYS 53	4	PA
XENAZINE TABS 25MG	4	QL (120 EA per 30 days) PA LA
XENAZINE TABS 12.5MG	4	QL (90 EA per 30 days) PA LA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	4	PA LA
AUBAGIO	4	QL (30 EA per 30 days) PA
AVONEX	4	QL (1 EA per 28 days) PA
AVONEX PEN	4	QL (1 EA per 28 days) PA
BAFIERTAM	4	QL (120 EA per 30 days) PA
BETASERON	4	QL (14 EA per 28 days) PA
COPAXONE INJ 40MG/ML	4	QL (12 ML per 28 days) PA
COPAXONE INJ 20MG/ML	4	QL (30 ML per 30 days) PA
<i>dalfampridine er</i>	4	PA
<i>dimethyl fumarate starterpack</i>	4	QL (60 EA per 365 days) PA
<i>dimethyl fumarate cpdr 120mg</i>	4	QL (14 EA per 7 days) PA
<i>dimethyl fumarate cpdr 240mg</i>	4	QL (60 EA per 30 days) PA
EXTAVIA	4	QL (15 EA per 30 days) PA
GILENYA CAPS 0.5MG	4	QL (28 EA per 28 days) PA
<i>glatiramer acetate inj 40mg/ml</i>	4	QL (12 ML per 28 days) PA
<i>glatiramer acetate inj 20mg/ml</i>	4	QL (30 ML per 30 days) PA
<i>glatopa inj 40mg/ml</i>	4	QL (12 ML per 28 days) PA
<i>glatopa inj 20mg/ml</i>	4	QL (30 ML per 30 days) PA
KESIMPTA	4	QL (6.4 ML per 365 days) PA
LEMTRADA	4	QL (6 ML per 365 days) PA
MAVENCLAD TBPK (4 TAB PACK) 10MG	4	QL (16 EA per 999 days) PA
MAVENCLAD TBPK (5 TAB PACK) 10MG	4	QL (20 EA per 999 days) PA
MAVENCLAD TBPK (6 TAB PACK) 10MG	4	QL (24 EA per 999 days) PA
MAVENCLAD TBPK (7 TAB PACK) 10MG	4	QL (28 EA per 999 days) PA
MAVENCLAD TBPK (8 TAB PACK) 10MG	4	QL (32 EA per 999 days) PA
MAVENCLAD TBPK (9 TAB PACK) 10MG	4	QL (36 EA per 999 days) PA
MAVENCLAD TBPK (10 TAB PACK) 10MG	4	QL (40 EA per 999 days) PA
MAYZENT STARTER PACK	4	QL (24 EA per 365 days) PA
MAYZENT TABS 0.25MG	4	QL (112 EA per 28 days) PA
MAYZENT TABS 2MG	4	QL (30 EA per 30 days) PA
OCREVUS	4	QL (20 ML per 166 days) PA
PLEGRIDY STARTER PACK	4	QL (2 ML per 365 days) PA
PLEGRIDY IM INJ 125MCG/0.5ML	4	QL (0.5 ML per 14 days) PA
PLEGRIDY SC INJ 125MCG/0.5ML	4	QL (1 ML per 28 days) PA
REBIF	4	QL (6 ML per 28 days) PA
REBIF REBIDOSE	4	QL (6 ML per 28 days) PA
REBIF REBIDOSE TITRATION PACK	4	QL (8.4 ML per 365 days) PA
REBIF TITRATION PACK	4	QL (8.4 ML per 365 days) PA
TECFIDERA STARTER PACK	4	QL (60 EA per 365 days) PA

Drug Name	Drug Tier	Requirements/Limits
TECFIDERA CPDR 120MG	4	QL (14 EA per 7 days) PA
TECFIDERA CPDR 240MG	4	QL (60 EA per 30 days) PA
TYSABRI	4	PA
VUMERITY	4	QL (120 EA per 30 days) PA
ZEPOSIA	4	QL (30 EA per 30 days) PA
ZEPOSIA 7-DAY STARTER PACK	4	QL (14 EA per 365 days) PA
ZEPOSIA STARTER KIT	4	QL (74 EA per 365 days) PA
MUSCULOSKELETAL THERAPY AGENTS		
AMRIX	4	QL (30 EA per 30 days) PA MO
<i>baclofen tabs</i>	1	MO
<i>baclofen inj 20000mcg/20ml, 500mcg/ml</i>	1	B/D
<i>baclofen inj 40mg/20ml</i>	4	B/D
BOTOX INJ 200UNIT	3	QL (2 EA per 70 days) PA
BOTOX INJ 100UNIT	3	QL (4 EA per 70 days) PA
<i>carisoprodol tabs</i>	1	QL (120 EA per 30 days) PA MO
<i>carisoprodol/aspirin</i>	1	QL (240 EA per 30 days) PA MO
<i>carisoprodol/aspirin/codeine</i>	1	QL (240 EA per 30 days) PA MO
CHLORZOXAZONE TABS 250MG	2	QL (180 EA per 30 days) PA
<i>chlorzoxazone tabs 375mg, 750mg</i>	1	QL (120 EA per 30 days) PA MO
<i>chlorzoxazone tabs 500mg</i>	1	QL (180 EA per 30 days) PA MO
<i>cyclobenzaprine hydrochloride tabs</i>	1	QL (90 EA per 30 days) PA MO
<i>cyclobenzaprine hydrochloride er</i>	1	QL (30 EA per 30 days) PA MO
DANTRIUM CAPS 25MG, 50MG	3	MO
<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	1	MO
DYSPORT	3	PA
<i>fexmid</i>	1	QL (90 EA per 30 days) PA
GABLOFEN INJ 10000MCG/20ML, 20000MCG/20ML, 50MCG/ML	3	B/D
GABLOFEN INJ 40000MCG/20ML	4	B/D
LIORESAL INTRATHECAL INJ 0.05MG/ML, 10MG/20ML, 10MG/5ML	3	B/D
LIORESAL INTRATHECAL INJ 40MG/20ML	4	B/D
LORZONE TABS 375MG	3	QL (120 EA per 30 days) PA
<i>lorzone tabs 750mg</i>	1	QL (120 EA per 30 days) PA
<i>metaxalone</i>	1	QL (120 EA per 30 days) PA MO
<i>methocarbamol inj</i>	1	PA
<i>methocarbamol tabs 750mg</i>	1	QL (240 EA per 30 days) PA MO
<i>methocarbamol tabs 500mg</i>	1	QL (360 EA per 30 days) PA MO
MYOBLOC	3	PA
NORGESIC FORTE	3	QL (120 EA per 30 days) PA
<i>orphenadrine citrate er</i>	1	QL (60 EA per 30 days) PA MO
<i>orphenadrine citrate inj</i>	1	PA
<i>orphenadrine citrate/aspirin/caffeine</i>	1	QL (120 EA per 30 days) PA
<i>orphengesic forte</i>	1	QL (120 EA per 30 days) PA
ROBAXIN INJ	3	PA MO
ROBAXIN-750 TABS	3	QL (240 EA per 30 days) PA MO
SKELAXIN	3	QL (120 EA per 30 days) PA MO

Drug Name	Drug Tier	Requirements/Limits
SOMA TABS 250MG	3	QL (120 EA per 30 days) PA MO
SOMA TABS 350MG	4	QL (120 EA per 30 days) PA MO
<i>tizanidine hcl</i>	1	MO
<i>tizanidine hydrochloride tabs 4mg</i>	1	MO
XEOMIN	3	PA
ZANAFLEX	3	MO
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i>	1	QL (30 EA per 30 days) PA MO
<i>modafinil tabs 100mg</i>	1	QL (30 EA per 30 days) PA MO
<i>modafinil tabs 200mg</i>	1	QL (60 EA per 30 days) PA MO
NUVIGIL	3	QL (30 EA per 30 days) PA MO
PROVIGIL TABS 100MG	4	QL (30 EA per 30 days) PA MO
PROVIGIL TABS 200MG	4	QL (60 EA per 30 days) PA MO
SUNOSI	3	QL (30 EA per 30 days) PA MO
WAKIX	4	QL (60 EA per 30 days) PA
XYREM	4	QL (540 ML per 30 days) PA LA
XYWAV	4	QL (540 ML per 30 days) PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium dr</i>	1	MO
ANTABUSE	3	MO
BUNAVAIL FILM 2.1MG; 0.3MG, 4.2MG; 0.7MG	3	QL (30 EA per 30 days)
BUNAVAIL FILM 6.3MG; 1MG	3	QL (30 EA per 30 days) MO
<i>buprenorphine hcl/naloxone hcl subl tabs</i>	1	QL (90 EA per 30 days) MO
<i>buprenorphine hcl subl 2mg, 8mg</i>	1	QL (90 EA per 30 days) PA MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	1	QL (60 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	1	QL (90 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	1	QL (60 EA per 30 days) MO
CHANTIX	3	PA MO
CHANTIX CONTINUING MONTH PAK	3	PA MO
CHANTIX STARTING MONTH PAK	3	PA MO
<i>disulfiram tabs</i>	1	MO
EVZIO	4	PA MO
LUCEMYRA	3	PA MO
<i>naloxone hcl inj 0.4mg/ml cartridge, 2mg/2ml</i>	1	
<i>naloxone hcl inj 4mg/10ml</i>	1	MO
NALOXONE HYDROCHLORIDE INJ 2MG/0.4ML	3	PA
<i>naloxone hydrochloride inj 0.4mg/ml</i>	1	MO
<i>naltrexone hcl tabs</i>	1	MO
NARCAN	2	MO
NICOTROL INHALER	3	MO
NICOTROL NASAL SPRAY	3	MO
SUBLOCADE INJ 100MG/0.5ML	4	QL (1 ML per 30 days) PA
SUBLOCADE INJ 300MG/1.5ML	4	QL (1.5 ML per 30 days) PA
SUBOXONE FILM 12MG; 3MG	3	QL (60 EA per 30 days) MO
SUBOXONE FILM 2MG; 0.5MG, 4MG; 1MG, 8MG; 2MG	3	QL (90 EA per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
VIVITROL	4	
ZUBSOLV SUBL 11.4MG; 2.9MG	3	QL (30 EA per 30 days) MO
ZUBSOLV SUBL 1.4MG; 0.36MG, 2.9MG; 0.71MG, 5.7MG; 1.4MG, 8.6MG; 2.1MG	3	QL (60 EA per 30 days) MO
ZUBSOLV SUBL 0.7MG; 0.18MG	3	QL (90 EA per 30 days) MO
ENDOCRINE AND METABOLIC		
ANDROGENS		
ANADROL-50	4	PA MO
ANDRODERM	3	QL (30 EA per 30 days) PA MO
ANDROGEL PUMP	3	QL (150 GM per 30 days) PA MO
ANDROGEL GEL 1.62% (20.25MG/1.25GM, 40.5MG/2.5GM)	3	QL (150 GM per 30 days) PA MO
ANDROGEL GEL 1% (25MG/2.5GM, 50MG/5GM)	3	QL (300 GM per 30 days) PA MO
AVEED	4	QL (6 ML per 70 days)
DEPO-TESTOSTERONE	3	PA MO
FORTESTA	3	QL (120 GM per 30 days) PA MO
JATENZO CAPS 158MG, 198MG	3	QL (120 EA per 30 days) PA
JATENZO CAPS 237MG	4	QL (90 EA per 30 days) PA
METHITEST	3	PA
<i>methyltestosterone caps</i>	4	PA MO
NATESTO	3	QL (24 GM per 30 days) PA MO
<i>oxandrolone tabs 2.5mg</i>	1	QL (120 EA per 30 days) PA MO
<i>oxandrolone tabs 10mg</i>	4	QL (60 EA per 30 days) PA MO
TESTIM	3	QL (300 GM per 30 days) PA MO
TESTOPEL	3	PA
<i>testosterone cypionate inj</i>	1	PA MO
<i>testosterone enanthate inj</i>	1	PA MO
<i>testosterone pump gel 1% (12.5mg/act)</i>	1	QL (300 GM per 30 days) PA MO
<i>testosterone topical solution</i>	1	QL (180 ML per 30 days) PA MO
<i>testosterone pump gel 2% (10mg/act)</i>	1	QL (120 GM per 30 days) PA MO
<i>testosterone gel 1.62% (20.25mg/act, 20.25mg/1.25gm, 40.5mg/2.5gm)</i>	1	QL (150 GM per 30 days) PA MO
<i>testosterone gel 1% (25mg/2.5gm, 50mg/5gm)</i>	1	QL (300 GM per 30 days) PA MO
<i>testosterone topical soln 30mg/act</i>	1	QL (180 ML per 30 days) PA MO
VOGELXO	3	QL (300 GM per 30 days) PA MO
VOGELXO PUMP	3	QL (300 GM per 30 days) PA MO
XYOSTED	3	PA MO
ANTIDIABETICS, INSULINS		
ADMELOG	3	ST MO
ADMELOG SOLOSTAR	3	ST MO
AFREZZA POWD 4-8UNIT TITRATION PACK, 12UNIT, 4UNIT, 8UNIT	3	MO
AFREZZA POWD 4-8-12UNIT TITRATION PACK, 8-12UNIT PACK	4	MO
BD ALCOHOL SWABS	2	MO
APIDRA	3	ST MO
APIDRA SOLOSTAR	3	ST MO

Drug Name	Drug Tier	Requirements/Limits
BD/ULTIMED/ALLISON/TRIVIDIA/MHC INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	MO
BASAGLAR KWIKPEN	2	MO
BD/ULTIMED/ALLISON/TRIVIDIA/MHC INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	MO
BD/ULTIMED/ALLISON/TRIVIDIA/MHC INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 1/2"	2	MO
BD/ULTIMED/ALLISON/TRIVIDIA/MHC INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16"	2	MO
NOVO/BD/ULTIMED/OWEN/TRIVIDIA PEN NEEDLE/ORIGINAL/ULTRA-FINE	2	MO
BD/ULTIMED/ALLISON/TRIVIDIA/MHC INSULIN SYRINGE ULTRA-AFINE/0.3ML/31G X 6MM	2	MO
CURITY GAUZE PADS 2"X2"	2	MO
FIASP	2	MO
FIASP FLEXTOUCH	2	MO
FIASP PENFILL	2	MO
HUMALOG	3	ST MO
HUMALOG JUNIOR KWIKPEN	3	ST MO
HUMALOG KWIKPEN INJ 100UNIT/ML	3	ST MO
HUMALOG KWIKPEN INJ 200UNIT/ML	4	ST MO
HUMALOG MIX 50/50	4	ST MO
HUMALOG MIX 50/50 KWIKPEN	3	ST MO
HUMALOG MIX 75/25	3	ST MO
HUMALOG MIX 75/25 KWIKPEN	3	ST MO
HUMULIN 70/30	3	ST MO
HUMULIN 70/30 KWIKPEN	3	ST MO
HUMULIN N	3	ST MO
HUMULIN N KWIKPEN	3	ST MO
HUMULIN R	3	ST MO
HUMULIN R U-500 (CONCENTRATED)	4	B/D MO
HUMULIN R U-500 KWIKPEN	4	MO
INSULIN ASPART	3	ST MO
INSULIN ASPART FLEXPEN	3	ST MO
INSULIN ASPART PENFILL	3	ST MO
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN	3	ST MO
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN	3	ST MO
INSULIN LISPRO	3	ST MO
INSULIN LISPRO JUNIOR KWIKPEN	3	ST MO
INSULIN LISPRO KWIKPEN	3	ST MO
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN	3	ST MO
LANTUS	3	ST MO
LANTUS SOLOSTAR	3	ST MO
LEVEMIR	2	MO
LEVEMIR FLEXTOUCH	2	MO

Drug Name	Drug Tier	Requirements/Limits
LYUMJEV	3	ST MO
LYUMJEV KWIKPEN INJ 100UNIT/ML	3	ST MO
LYUMJEV KWIKPEN INJ 200UNIT/ML	4	ST MO
MYXREDLIN	3	ST
NOVOLIN 70/30	2	MO
NOVOLIN 70/30 FLEXPEN	2	MO
NOVOLIN 70/30 FLEXPEN RELION	3	ST MO
NOVOLIN 70/30 RELION	3	ST MO
NOVOLIN N	2	MO
NOVOLIN N FLEXPEN	2	MO
NOVOLIN N FLEXPEN RELION	3	ST MO
NOVOLIN N RELION	3	ST MO
NOVOLIN R	2	MO
NOVOLIN R FLEXPEN	2	MO
NOVOLIN R FLEXPEN RELION	3	ST MO
NOVOLIN R RELION	3	ST MO
NOVOLOG	2	MO
NOVOLOG FLEXPEN	2	MO
NOVOLOG MIX 70/30	2	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	MO
NOVOLOG PENFILL	2	MO
OMNIPOD 5 PACK	3	MO
OMNIPOD STARTER KIT	3	MO
SEMGLEE	3	ST MO
SOLIQUA 100/33	2	QL (30 ML per 30 days) MO
TOUJEO MAX SOLOSTAR	3	ST MO
TOUJEO SOLOSTAR	3	ST MO
TRESIBA	2	MO
TRESIBA FLEXTOUCH	2	MO
V-GO 20	3	MO
V-GO 30	3	MO
V-GO 40	3	MO
XULTOPHY 100/3.6	2	QL (15 ML per 30 days) MO
ANTIDIABETICS		
<i>acarbose tabs</i>	1	QL (90 EA per 30 days) MO
ACTOPLUS MET	3	QL (90 EA per 30 days) MO
ACTOS	3	QL (30 EA per 30 days) MO
ADLYXIN	3	QL (6 ML per 28 days) ST MO
ADLYXIN STARTER PACK	3	QL (6 ML per 28 days) ST MO
ALOGLIPTIN	3	QL (30 EA per 30 days) ST MO
ALOGLIPTIN/METFORMIN HCL	3	QL (60 EA per 30 days) ST MO
ALOGLIPTIN/PIOGLITAZONE	3	QL (30 EA per 30 days) ST MO
AMARYL TABS 4MG	3	QL (60 EA per 30 days) MO
AMARYL TABS 1MG, 2MG	3	QL (90 EA per 30 days) MO
AVANDIA	3	QL (60 EA per 30 days) MO
BYDUREON BCISE	2	QL (3.4 ML per 28 days) MO
BYDUREON PEN	2	QL (4 EA per 28 days) MO

Drug Name	Drug Tier	Requirements/Limits
BYETTA INJ 5MCG/0.02ML	3	QL (1.2 ML per 30 days) MO
BYETTA INJ 10MCG/0.04ML	3	QL (2.4 ML per 30 days) MO
CYCLOSET	3	QL (180 EA per 30 days) PA MO
DUETACT	3	QL (30 EA per 30 days) MO
FARXIGA	2	QL (30 EA per 30 days) MO
FORTAMET TB24 500MG	4	QL (120 EA per 30 days) PA MO
FORTAMET TB24 1000MG	4	QL (60 EA per 30 days) PA MO
<i>glimepiride tabs 4mg</i>	1	QL (60 EA per 30 days) MO
<i>glimepiride tabs 1mg, 2mg</i>	1	QL (90 EA per 30 days) MO
<i>glipizide er tb24 10mg</i>	1	QL (60 EA per 30 days) MO
<i>glipizide er tb24 2.5mg, 5mg</i>	1	QL (90 EA per 30 days) MO
<i>glipizide xl tb24 10mg</i>	1	QL (60 EA per 30 days) MO
<i>glipizide xl tb24 2.5mg, 5mg</i>	1	QL (90 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tabs 2.5mg; 500mg, 5mg; 500mg</i>	1	QL (120 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tabs 2.5mg; 250mg</i>	1	QL (240 EA per 30 days) MO
<i>glipizide tabs 10mg</i>	1	QL (120 EA per 30 days) MO
<i>glipizide tabs 5mg</i>	1	QL (240 EA per 30 days) MO
GLUCOTROL XL TB24 10MG	3	QL (60 EA per 30 days) MO
GLUCOTROL XL TB24 2.5MG, 5MG	3	QL (90 EA per 30 days) MO
GLUCOTROL TABS 10MG	3	QL (120 EA per 30 days) MO
GLUCOTROL TABS 5MG	3	QL (240 EA per 30 days) MO
GLUMETZA TB24 500MG	4	QL (120 EA per 30 days) PA MO
GLUMETZA TB24 1000MG	4	QL (60 EA per 30 days) PA MO
<i>glyburide micronized tabs</i>	1	PA MO
<i>glyburide tabs</i>	1	PA MO
<i>glyburide/metformin hydrochloride</i>	1	PA MO
GLYNASE	3	PA MO
GLYSET	3	QL (90 EA per 30 days) MO
GLYXAMBI	2	QL (30 EA per 30 days) MO
INVOKAMET XR TB24 50MG; 500MG	3	QL (120 EA per 30 days) ST MO
INVOKAMET XR TB24 150MG; 1000MG, 150MG; 500MG, 50MG; 1000MG	3	QL (60 EA per 30 days) ST MO
INVOKAMET TABS 50MG; 500MG	3	QL (120 EA per 30 days) ST MO
INVOKAMET TABS 150MG; 1000MG, 150MG; 500MG, 50MG; 1000MG	3	QL (60 EA per 30 days) ST MO
INVOKANA TABS 300MG	3	QL (30 EA per 30 days) ST MO
INVOKANA TABS 100MG	3	QL (60 EA per 30 days) ST MO
JANUMET	2	QL (60 EA per 30 days) MO
JANUMET XR TB24 1000MG; 100MG	2	QL (30 EA per 30 days) MO
JANUMET XR TB24 1000MG; 50MG, 500MG; 50MG	2	QL (60 EA per 30 days) MO
JANUVIA	2	QL (30 EA per 30 days) MO
JARDIANCE TABS 25MG	2	QL (30 EA per 30 days) MO
JARDIANCE TABS 10MG	2	QL (60 EA per 30 days) MO
JENTADUETO	2	QL (60 EA per 30 days) MO
JENTADUETO XR TB24 5MG; 1000MG	2	QL (30 EA per 30 days) MO
JENTADUETO XR TB24 2.5MG; 1000MG	2	QL (60 EA per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
KAZANO	3	QL (60 EA per 30 days) ST MO
KOMBIGLYZE XR TB24 1000MG; 5MG, 500MG; 5MG	3	QL (30 EA per 30 days) ST MO
KOMBIGLYZE XR TB24 1000MG; 2.5MG	3	QL (60 EA per 30 days) ST MO
<i>metformin hydrochloride er tb24 (generic Glucophage XR) 500mg</i>	1	QL (120 EA per 30 days) MO
<i>metformin hydrochloride er tb24 (generic Glumetza and Fortamet) 500mg</i>	1	QL (120 EA per 30 days) PA MO
<i>metformin hydrochloride er tb24 (generic Glucophage XR) 750mg</i>	1	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er tb24 (generic Fortamet) 1000mg</i>	1	QL (60 EA per 30 days) PA MO
<i>metformin hydrochloride er tb24 (generic Glumetza) 1000mg</i>	4	QL (60 EA per 30 days) PA MO
<i>metformin hydrochloride soln</i>	1	MO
<i>metformin hydrochloride tabs 500mg</i>	1	QL (150 EA per 30 days) MO
<i>metformin hydrochloride tabs 1000mg</i>	1	QL (75 EA per 30 days) MO
<i>metformin hydrochloride tabs 850mg</i>	1	QL (90 EA per 30 days) MO
<i>miglitol</i>	1	QL (90 EA per 30 days) MO
<i>nateglinide</i>	1	QL (90 EA per 30 days) MO
NESINA	3	QL (30 EA per 30 days) ST MO
ONGLYZA	3	QL (30 EA per 30 days) ST MO
OSENI	3	QL (30 EA per 30 days) ST MO
OZEMPIC INJ 2MG/1.5ML (0.25MG AND 0.5MG DOSE)	2	QL (1.5 ML per 28 days) MO
OZEMPIC INJ 2MG/1.5ML (1MG DOSE), 4MG/3ML	2	QL (3 ML per 28 days) MO
<i>pioglitazone hcl tabs 45mg</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hcl-glimepiride</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hcl/metformin hcl</i>	1	QL (90 EA per 30 days) MO
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	1	QL (30 EA per 30 days) MO
PRECOSE	3	QL (90 EA per 30 days) MO
QTERN	3	QL (30 EA per 30 days) MO
<i>repaglinide tabs 0.5mg, 1mg</i>	1	QL (120 EA per 30 days) MO
<i>repaglinide tabs 2mg</i>	1	QL (240 EA per 30 days) MO
RIOMET	3	MO
RIOMET ER	3	MO
RYBELSUS	2	QL (30 EA per 30 days) MO
SEGLUROMET TABS 2.5MG; 500MG	3	QL (120 EA per 30 days) ST MO
SEGLUROMET TABS 2.5MG; 1000MG, 7.5MG; 1000MG, 7.5MG; 500MG	3	QL (60 EA per 30 days) ST MO
STARLIX	3	QL (90 EA per 30 days) MO
STEGLATRO TABS 15MG	3	QL (30 EA per 30 days) ST MO
STEGLATRO TABS 5MG	3	QL (60 EA per 30 days) ST MO
STEGLUJAN	3	QL (30 EA per 30 days) MO
SYMLINPEN 120	4	QL (10.8 ML per 30 days) PA MO
SYMLINPEN 60	4	QL (12 ML per 30 days) PA MO
SYNJARDY XR TB24 25MG; 1000MG	2	QL (30 EA per 30 days) MO
SYNJARDY XR TB24 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	2	QL (60 EA per 30 days) MO
SYNJARDY TABS 5MG; 500MG	2	QL (120 EA per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY TABS 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	2	QL (60 EA per 30 days) MO
TRADJENTA	2	QL (30 EA per 30 days) MO
TRIJARDY XR TB24 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	2	QL (30 EA per 30 days) MO
TRIJARDY XR TB24 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	2	QL (60 EA per 30 days) MO
TRULICITY	2	QL (2 ML per 28 days) MO
VICTOZA	2	QL (9 ML per 30 days) MO
XIGDUO XR TB24 10MG; 1000MG, 10MG; 500MG	2	QL (30 EA per 30 days) MO
XIGDUO XR TB24 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	2	QL (60 EA per 30 days) MO
CALCIUM REGULATORS		
ACTONEL TABS 150MG	3	QL (1 EA per 28 days) ST MO
ACTONEL TABS 35MG	3	QL (12 EA per 84 days) ST MO
ACTONEL TABS 5MG	3	QL (30 EA per 30 days) ST MO
<i>alendronate sodium oral soln</i>	1	MO
<i>alendronate sodium tabs 10mg</i>	1	QL (30 EA per 30 days) MO
<i>alendronate sodium tabs 35mg, 70mg</i>	1	QL (4 EA per 28 days) MO
ATELVIA	3	QL (4 EA per 28 days) ST MO
BINOSTO	3	QL (4 EA per 28 days) ST MO
BONIVA TABS	3	QL (1 EA per 30 days) MO
BONIVA INJ	3	QL (3 ML per 90 days) MO
<i>calcitonin-salmon</i>	1	MO
EVENITY	4	QL (2.34 ML per 28 days) PA
FORTEO	4	PA
FOSAMAX	3	QL (4 EA per 28 days) ST MO
FOSAMAX PLUS D	3	QL (4 EA per 28 days) ST MO
<i>ibandronate sodium tabs</i>	1	QL (1 EA per 30 days) MO
<i>ibandronate sodium inj</i>	1	QL (3 ML per 90 days) MO
MIACALCIN	4	PA MO
NATPARA	4	PA
PAMIDRONATE DISODIUM INJ 6MG/ML	3	
<i>pamidronate disodium inj 30mg/10ml, 30mg, 90mg/10ml, 90mg</i>	1	
PROLIA	3	QL (1 ML per 180 days)
RECLAST	3	
<i>risedronate sodium dr tab 35mg</i>	1	QL (4 EA per 28 days) MO
<i>risedronate sodium tabs 150mg</i>	1	QL (1 EA per 28 days) MO
<i>risedronate sodium tabs 35mg</i>	1	QL (12 EA per 84 days) MO
<i>risedronate sodium tabs 30mg, 5mg</i>	1	QL (30 EA per 30 days) MO
TERIPARATIDE	4	PA
TYMLOS	4	PA
XGEVA	4	PA
ZOLEDRONIC ACID INJ 4MG/100ML	3	
<i>zoledronic acid inj 4mg/5ml, 5mg/100ml</i>	1	
CHELATING AGENTS		

Drug Name	Drug Tier	Requirements/Limits
CHEMET	4	MO
<i>clovique</i>	4	PA
CUPRIMINE	4	MO
<i>deferasirox</i>	4	PA
<i>deferiprone</i>	4	PA
<i>deferoxamine mesylate</i>	1	B/D
DEPEN TITRATABS	4	MO
DESFERAL	4	B/D
EXJADE	4	PA
FERRIPROX	4	PA
FERRIPROX TWICE-A-DAY	4	PA
JADENU SPRINKLE PACK 90MG	3	PA LA
JADENU SPRINKLE PACK 180MG, 360MG	4	PA LA
JADENU TABS	4	PA LA
<i>kionex</i>	1	
LOKELMA	2	MO
<i>penicillamine caps, tabs</i>	4	MO
<i>sodium polystyrene sulfonate rectal susp</i>	1	
<i>sodium polystyrene sulfonate powd, oral susp</i>	1	MO
<i>sps oral susp 15gm/60ml</i>	1	MO
SYPRINE	4	PA MO
<i>trientine hydrochloride</i>	4	PA MO
VELTASSA PACK 16.8GM, 25.2GM	3	QL (30 EA per 30 days) PA MO
VELTASSA PACK 8.4GM	3	QL (90 EA per 30 days) PA MO
CONTRACEPTIVES		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethia</i>	1	
AMETHIA LO	2	
<i>amethyst</i>	1	
ANNOVERA	3	QL (1 EA per 365 days) MO
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1.5/30</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
BALCOLTRA	3	MO
<i>balziva</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>bekyree</i>	1	
BEYAZ	3	MO
<i>blisovi 24 fe</i>	1	MO
<i>blisovi fe 1.5/30</i>	1	
<i>blisovi fe 1/20</i>	1	
<i>briellyn</i>	1	MO
<i>camila</i>	1	MO
CAMRESE	2	
CAMRESE LO	2	
<i>caziant</i>	1	
<i>charlotte 24 fe</i>	1	
<i>chateal</i>	1	
<i>chateal eq</i>	1	
<i>cryselle-28</i>	1	MO
<i>cyclafem 1/35</i>	1	
<i>cyclafem 7/7/7</i>	1	
<i>cyred</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	MO
<i>deblitane</i>	1	
DEPO-PROVERA CONTRACEPTIVE 150MG/ML	3	MO
DEPO-SUBQ PROVERA 104	3	MO
<i>desogestrel/ethinyl estradiol</i>	1	MO
<i>dolishale</i>	1	
<i>drospirenone/ethinyl estradiol</i>	1	MO
<i>drospirenone/ethinyl estradiol/levomefolate calcium</i>	1	MO
<i>elinest</i>	1	
ELLA	2	
<i>eluryng</i>	1	
<i>emoquette</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	MO
<i>errin</i>	1	MO
<i>estarylla</i>	1	MO
ESTROSTEP FE	3	MO
<i>ethynodiol diacetate/ethinyl estradiol</i>	1	MO
ETONOGESTREL/ETHINYL ESTRADIOL	3	MO
<i>falmina</i>	1	
<i>fayosim</i>	1	
<i>femynor</i>	1	
<i>gemmily</i>	1	MO
GENERESS FE	3	MO
GIANVI	2	MO
<i>hailey 1.5/30</i>	1	MO
<i>hailey 24 fe</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>hailey fe 1.5/30</i>	1	
<i>hailey fe 1/20</i>	1	
<i>heather</i>	1	
<i>iclevia</i>	1	
<i>incassia</i>	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jaimiess</i>	1	MO
<i>jasmiel</i>	1	
<i>jencycla</i>	1	
JOLESSA	2	
JOLIVETTE	2	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	MO
<i>junel fe 1/20</i>	1	MO
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	MO
<i>kalliga</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	MO
<i>kelnor 1/50</i>	1	MO
<i>kurvelo</i>	1	
KYLEENA	3	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>larissia</i>	1	
LAYOLIS FE	3	
LEENA	2	MO
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorgestrel/ethinyl estradiol</i>	1	MO
<i>levora 0.15/30-28</i>	1	
LILETTA	3	
<i>lillow</i>	1	
LO LOESTRIN FE	3	MO
<i>lo-zumandimine</i>	1	
<i>loestrin 1.5/30-21</i>	1	
<i>loestrin 1/20-21</i>	1	MO
<i>loestrin fe 1.5/30</i>	1	MO
<i>loestrin fe 1/20</i>	1	MO
<i>lojaimiess</i>	1	MO
<i>loryna</i>	1	

Drug Name	Drug Tier	Requirements/Limits
LOSEASONIQUE	3	MO
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>lyleq</i>	1	
<i>lyza</i>	1	
<i>marlissa</i>	1	MO
<i>medroxyprogesterone acetate inj 150mg/ml</i>	1	MO
<i>melodetta 24 fe</i>	1	
<i>merzee</i>	1	MO
<i>mibelas 24 fe</i>	1	MO
MICROGESTIN 1.5/30	2	
MICROGESTIN 1/20	2	
<i>microgestin 24 fe</i>	1	
MICROGESTIN FE 1.5/30	2	
MICROGESTIN FE 1/20	2	
<i>mili</i>	1	
MINASTRIN 24 FE	3	MO
MIRCETTE	3	MO
MIRENA	3	
<i>mono-linyah</i>	1	
NATAZIA	3	MO
<i>necon 0.5/35-28</i>	1	
NEXPLANON	3	
<i>nikki</i>	1	
NORA-BE	2	
NORETHINDRONE ACETATE/ETHINYL ESTRADIOL/FERROUS FUMARATE CAPS	3	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate chew, tabs</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg, 30mcg; 1.5mg</i>	1	MO
<i>norethindrone tabs 0.35mg</i>	1	MO
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	1	MO
<i>norgestimate/ethinyl estradiol</i>	1	MO
<i>norlyda</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	MO
<i>nortrel 1/35 tabs 28-day regimen</i>	1	
<i>nortrel 1/35 tabs 21-day regimen</i>	1	MO
<i>nortrel 7/7/7</i>	1	
NUVARING	3	MO
<i>nylia 7/7/7</i>	1	
<i>nymyo</i>	1	
OCELLA	2	
<i>ogestrel</i>	1	
<i>orsythia</i>	1	
ORTHO-NOVUM 1/35	3	MO
ORTHO-NOVUM 7/7/7	3	MO

Drug Name	Drug Tier	Requirements/Limits
PARAGARD INTRAUTERINE COPPER	3	
CONTRACEPTIVE T380A		
<i>philith</i>	1	
<i>pimtreea</i>	1	
<i>pirmella 1/35</i>	1	MO
<i>pirmella 7/7/7</i>	1	MO
<i>portia-28</i>	1	
<i>previfem</i>	1	MO
QUARTETTE	3	MO
<i>reclipsen</i>	1	
RIVELSA	2	
SAFYRAL	3	MO
SEASONIQUE	3	MO
<i>setlakin</i>	1	
<i>sharobel</i>	1	
<i>simliya</i>	1	
<i>simpesse</i>	1	
SKYLA	3	
SLYND	2	MO
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	MO
<i>syeda</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20</i>	1	
<i>tarina fe 1/20 eq</i>	1	
TAYTULLA	3	MO
TILIA FE	2	
<i>tri femynor</i>	1	
<i>tri-estarylla</i>	1	MO
<i>tri-legest fe</i>	1	MO
<i>tri-lynyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	MO
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>trivora-28</i>	1	
<i>tulana</i>	1	
TYBLUME	3	MO
<i>tydemy</i>	1	
<i>velivet</i>	1	MO
<i>vestura</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>vienva</i>	1	
<i>viorele</i>	1	MO
<i>volnea</i>	1	
<i>vyfemla</i>	1	MO
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
<i>xulane</i>	1	MO
YASMIN 28	3	MO
YAZ	3	MO
<i>zafemy</i>	1	
<i>zarah</i>	1	
<i>zovia 1/35e</i>	1	
<i>zumandimine</i>	1	
ENDOMETRIOSIS		
<i>danazol caps</i>	1	MO
LUPANETA PACK	4	PA
ORILISSA TABS 150MG	4	QL (28 EA per 28 days) PA MO
ORILISSA TABS 200MG	4	QL (56 EA per 28 days) PA MO
SYNAREL	4	MO
ESTROGENS		
ACTIVELLA	3	MO
ALORA	3	QL (8 EA per 28 days) MO
<i>amabelz</i>	1	MO
ANGELIQ	3	MO
BIJUVA	3	QL (30 EA per 30 days) MO
CLIMARA	3	QL (4 EA per 28 days) MO
CLIMARA PRO	3	QL (4 EA per 28 days) MO
COMBIPATCH	3	QL (8 EA per 28 days) MO
DELESTROGEN INJ 10MG/ML	3	MO
DEPO-ESTRADIOL	3	MO
DIVIGEL GEL 0.25MG/0.25GM, 0.5MG/0.5GM, 0.75MG/0.75GM	3	QL (30 EA per 30 days) MO
DIVIGEL GEL 1.25MG/1.25GM, 1MG/GM	3	QL (30 GM per 30 days) MO
<i>dotti</i>	1	QL (8 EA per 28 days)
DUAVEE	3	MO
ELESTRIN	3	QL (70 GM per 30 days) MO
ESTRACE	3	MO
<i>estradiol valerate inj</i>	1	MO
<i>estradiol/norethindrone acetate tabs 1mg/0.5mg, 0.5mg/0.1mg</i>	1	MO
<i>estradiol vaginal crea, oral tabs, vaginal tabs</i>	1	MO
<i>estradiol patch weekly</i>	1	QL (4 EA per 28 days) MO
<i>estradiol patch twice weekly</i>	1	QL (8 EA per 28 days) MO
ESTRING	3	QL (1 EA per 90 days) MO
ESTROGEL	3	QL (50 GM per 30 days) MO
EVAMIST	3	QL (16.2 ML per 30 days) MO
FEMHRT	3	MO

Drug Name	Drug Tier	Requirements/Limits
FEMRING	3	QL (1 EA per 90 days) MO
<i>fyavolv</i>	1	MO
IMVEXXY MAINTENANCE PACK	3	PA MO
IMVEXXY STARTER PACK	3	PA MO
<i>jinteli</i>	1	
LOPREEZA	2	
<i>lyllana</i>	1	QL (8 EA per 28 days)
MENEST	3	MO
MENOSTAR	3	QL (4 EA per 28 days) MO
<i>mimvey</i>	1	
MINIVELLE	3	QL (8 EA per 28 days) MO
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg</i>	1	MO
PREFEST	3	MO
PREMARIN	3	MO
PREMPHASE	3	MO
PREMPRO	3	MO
VAGIFEM	3	MO
VIVELLE-DOT	3	QL (8 EA per 28 days) MO
<i>yuvaferm</i>	1	
GLUCOCORTICOIDS		
ALKINDI SPRINKLE	4	PA
<i>betamethasone sodium phosphate/betamethasone acetate inj</i>	1	MO
CELESTONE-SOLUSPAN	3	MO
CORTEF	3	MO
<i>cortisone acetate tabs</i>	1	MO
<i>decadron</i>	1	
DEPO-MEDROL	3	B/D MO
DEXABLISS	3	ST
<i>dexamethasone 10-day dose pack</i>	1	MO
<i>dexamethasone 13-day dose pack</i>	1	MO
<i>dexamethasone 6-day dose pack</i>	1	MO
DEXAMETHASONE INTENSOL	3	MO
<i>dexamethasone sodium phosphate inj 10mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 100mg/10ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	1	MO
<i>dexamethasone tabs, oral soln, oral elixir</i>	1	MO
<i>dexpak 10 day</i>	1	ST MO
<i>dexpak 13 day</i>	1	ST
<i>dexpak 6 day</i>	1	ST
DXEVO 11-DAY	3	ST
EMFLAZA	4	PA
<i>fludrocortisone acetate tabs</i>	1	MO
HEMADY	3	
<i>hidex 6-day</i>	1	
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	1	MO
KENALOG-10	3	MO

Drug Name	Drug Tier	Requirements/Limits
KENALOG-40	3	MO
KENALOG-80	3	MO
MEDROL	3	B/D MO
MEDROL DOSEPAK	3	MO
<i>methylprednisolone acetate inj</i>	1	B/D MO
<i>methylprednisolone dose pack</i>	1	MO
<i>methylprednisolone sodium succinate inj 125mg, 1000mg, 40mg</i>	1	B/D MO
<i>methylprednisolone sodium succinate inj 500mg</i>	1	B/D
<i>methylprednisolone tabs</i>	1	B/D MO
MILLIPRED	3	B/D MO
ORAPRED ODT	3	B/D MO
PEDIAPRED	3	B/D MO
<i>prednisolone oral soln 15mg/5ml</i>	1	B/D MO
<i>prednisolone sodium phosphate odt</i>	1	B/D MO
<i>prednisolone sodium phosphate oral soln 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	1	B/D MO
PREDNISON INTENSOL	3	B/D MO
<i>prednisone soln, tabs</i>	1	B/D MO
<i>prednisone tab therapy pack</i>	1	MO
RAYOS	4	B/D MO
SOLU-CORTEF INJ 1000MG	3	
SOLU-CORTEF INJ 100MG, 250MG, 500MG	3	MO
SOLU-MEDROL INJ 2GM	3	B/D
SOLU-MEDROL INJ 1000MG, 125MG, 40MG, 500MG	3	B/D MO
<i>taperdex 12-day</i>	1	ST
<i>taperdex 6-day</i>	1	ST MO
<i>taperdex 7-day</i>	1	ST
<i>triamcinolone acetonide inj 200mg/5ml, 400mg/10ml, 40mg/ml</i>	1	MO
ZCORT 7-DAY	3	ST
ZILRETTA	3	
GLUCOSE ELEVATING AGENTS		
BAQSIMI ONE PACK	3	MO
BAQSIMI TWO PACK	3	MO
<i>diazoxide oral susp</i>	1	MO
GLUCAGEN HYPOKIT	3	MO
GLUCAGON EMERGENCY KIT	3	MO
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	3	MO
GVOKE HYPOPEN 1-PACK	2	MO
GVOKE HYPOPEN 2-PACK	2	MO
GVOKE PFS	2	MO
PROGLYCEM	3	MO
MISCELLANEOUS		
ACETADOTE	3	
<i>acetylcysteine inj 200mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ACTHAR	4	PA
ALDURAZYME	4	PA LA
BUPHENYL POWD	4	PA
BUPHENYL TABS	4	PA LA
BYNFEZIA PEN	4	PA
<i>cabergoline</i>	1	MO
CARBAGLU	4	PA LA
CARNITOR	3	MO
CARNITOR SF	3	MO
CERDELGA	4	PA
CEREZYME	4	PA LA
CHORIONIC GONADOTROPIN INJ	3	PA
<i>cinacalcet hydrochloride tabs 30mg</i>	1	QL (120 EA per 30 days)
<i>cinacalcet hydrochloride tabs 90mg</i>	4	QL (120 EA per 30 days)
<i>cinacalcet hydrochloride tabs 60mg</i>	4	QL (60 EA per 30 days)
CRYSVITA	4	PA
CYSTADANE	4	LA
CYSTAGON	3	PA LA
DDAVP INJ, TABS	3	MO
DDAVP NASAL SOLN 0.01% (REFRIGERATED)	3	MO
DDAVP NASAL SPRAY 0.01%	4	MO
<i>desmopressin acetate nasal soln, tabs</i>	1	MO
<i>desmopressin acetate inj 4mcg/ml</i>	1	
<i>desmopressin acetate inj 4mcg/ml</i>	1	MO
DOJOLVI	4	PA
EGRIFTA	4	QL (60 EA per 30 days) PA
EGRIFTA SV	4	QL (30 EA per 30 days) PA
ELAPRASE	4	PA
ELELYSO	4	PA
EVISTA	3	MO
FABRAZYME	4	PA LA
FENSOLVI	4	PA
<i>fomepizole</i>	4	
GALAFOLD	4	QL (14 EA per 28 days) PA
GENOTROPIN	4	PA
GENOTROPIN MINIQUICK INJ 0.2MG	2	PA
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	4	PA
HUMATROPE	4	PA
HUMATROPE COMBO PACK	4	PA
INCRELEX	4	PA LA
ISTURISA TABS 10MG	4	QL (180 EA per 30 days) PA
ISTURISA TABS 1MG	4	QL (1800 EA per 30 days) PA
ISTURISA TABS 5MG	4	QL (360 EA per 30 days) PA
JYNARQUE	4	PA
KANUMA	4	PA
KORLYM	4	PA LA

Drug Name	Drug Tier	Requirements/Limits
KUVAN	4	PA LA
LEVOCARNITINE TABS	3	MO
<i>levocarnitine soln</i>	1	MO
LUMIZYME	4	PA LA
LUPRON DEPOT-PED (1-MONTH) INJ 11.25MG, 15MG, 7.5MG	4	PA
LUPRON DEPOT-PED (3-MONTH) INJ 11.25MG, 30MG	4	PA
MEPSEVII	4	PA
<i>methergine</i>	1	
<i>methylergonovine maleate tabs</i>	1	MO
<i>mifepristone</i>	1	
<i>miglustat</i>	4	PA
MYALEPT	4	QL (30 EA per 30 days) PA
MYCAPSSA	4	QL (112 EA per 28 days) PA
NAGLAZYME	4	PA LA
<i>nitisinone</i>	4	PA
NITYR	4	PA LA
NOCDURNA	3	QL (30 EA per 30 days) PA MO
NORDITROPIN FLEXPRO	4	PA
NOVAREL	3	PA
NULIBRY	4	PA
NUTROPIN AQ NUSPIN 10	4	PA
NUTROPIN AQ NUSPIN 20	4	PA
NUTROPIN AQ NUSPIN 5	4	PA
<i>octreotide acetate</i>	1	PA
OMNITROPE	4	PA
ORFADIN	4	PA LA
ORIAHNN	4	QL (56 EA per 28 days) PA MO
OSPHENA	3	QL (30 EA per 30 days) PA MO
PALYNZIQ	4	PA
PREGNYL INJ	3	PA
PROCYSBI PACK	4	PA
PROCYSBI CPDR 25MG	4	QL (120 EA per 30 days) PA
PROCYSBI CPDR 75MG	4	QL (810 EA per 30 days) PA
<i>raloxifene hydrochloride</i>	1	MO
RAVICTI	4	PA
REVCOVI	4	PA
SAIZEN	4	PA
SAIZENPREP RECONSTITUTIONKIT	4	PA
SAMSCA TABS 15MG	4	QL (30 EA per 30 days) PA
SAMSCA TABS 30MG	4	QL (60 EA per 30 days) PA
SANDOSTATIN LAR DEPOT	4	PA
SANDOSTATIN INJ 50MCG/ML	3	PA
SANDOSTATIN INJ 100MCG/ML, 500MCG/ML	4	PA
<i>sapropterin dihydrochloride</i>	4	PA
SENSIPAR TABS 30MG, 90MG	4	QL (120 EA per 30 days)
SENSIPAR TABS 60MG	4	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
SEROSTIM	4	PA
SIGNIFOR INJ	4	PA LA
SIGNIFOR LAR INJ	4	QL (1 EA per 28 days) PA
<i>sodium phenylbutyrate tabs, oral powder</i>	4	PA
SOMATULINE DEPOT	4	PA
SOMAVERT INJ	4	PA LA
STIMATE	4	
STRENSIQ	4	PA
TEPEZZA	4	QL (8 EA per 365 days) PA
<i>tolvaptan tabs 15mg</i>	4	QL (30 EA per 30 days) PA
<i>tolvaptan tabs 30mg</i>	4	QL (60 EA per 30 days) PA
TRIPTODUR	4	PA
VASOSTRICT	3	
VIMIZIM	4	PA
VISTOGARD	4	QL (20 EA per 166 days)
VPRIV	4	PA
XIAFLEX	4	PA
XURIDEN	4	QL (120 EA per 30 days) PA
ZAVESCA	4	PA LA
ZOKINVY	4	QL (120 EA per 30 days) PA MO
ZOMACTON INJ 10MG	3	PA
ZOMACTON INJ 5MG	4	PA
ZORBTIVE	4	PA
PHOSPHATE BINDER AGENTS		
AURYXIA	4	QL (360 EA per 30 days) PA MO
<i>calcium acetate caps, tabs 667mg</i>	1	QL (360 EA per 30 days) MO
FOSRENOL	4	MO
<i>lanthanum carbonate</i>	4	MO
PHOSLYRA	3	MO
RENAGEL	4	ST MO
REVELA TABS	4	QL (540 EA per 30 days) ST MO
REVELA PACK 2.4GM	4	QL (180 EA per 30 days) ST MO
REVELA PACK 0.8GM	4	QL (540 EA per 30 days) ST MO
<i>sevelamer carbonate tabs</i>	1	QL (540 EA per 30 days) MO
<i>sevelamer carbonate pack 2.4gm</i>	1	QL (180 EA per 30 days) MO
<i>sevelamer carbonate pack 0.8gm</i>	1	QL (540 EA per 30 days) MO
<i>sevelamer hydrochloride tabs 400mg</i>	1	MO
VELPHORO	4	MO
PROGESTINS		
AYGESTIN	3	MO
CRINONE GEL 8%	3	QL (16.88 GM per 30 days) PA MO
CRINONE GEL 4%	3	QL (6.75 GM per 30 days) PA MO
<i>hydroxyprogesterone caproate inj 250mg/ml</i>	4	
MAKENA	4	
<i>medroxyprogesterone acetate tabs 10mg, 2.5mg, 5mg</i>	1	MO
<i>megestrol acetate susp 40mg/ml, 625mg/5ml</i>	1	MO
<i>norethindrone acetate tabs 5mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>progesterone caps, inj</i>	1	MO
PROMETRIUM	3	MO
PROVERA	3	MO
THYROID AGENTS		
ARMOUR THYROID	3	MO
CYTOMEL	3	MO
<i>euthyrox</i>	1	MO
LEVO-T	3	
LEVOTHYROXINE SODIUM CAPS	3	MO
<i>levothyroxine sodium tabs</i>	1	MO
LEVOTHYROXINE SODIUM INJ SOLN 100MCG/5ML, 200MCG/5ML, 500MCG/5ML	3	
<i>levothyroxine sodium inj powder 100mcg, 200mcg, 500mcg</i>	1	MO
LEVOTHYROXINE/LIOTHYRONINE	3	MO
LEVOXYL	2	MO
<i>liothyronine sodium tabs</i>	1	MO
<i>liothyronine sodium inj</i>	4	
<i>methimazole tabs</i>	1	MO
NP THYROID 120	3	MO
NP THYROID 15	3	MO
NP THYROID 30	3	MO
NP THYROID 60	3	MO
NP THYROID 90	3	MO
<i>propylthiouracil tabs</i>	1	MO
SYNTHROID	3	MO
TAPAZOLE	3	MO
THYQUIDITY	3	MO
TIROSINT	3	MO
TIROSINT-SOL	3	MO
TRIOSTAT	4	
UNITHROID	2	
VITAMIN D ANALOGS		
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	1	MO
<i>calcitriol inj 1mcg/ml</i>	1	
<i>calcitriol oral soln 1mcg/ml</i>	1	MO
<i>doxercalciferol inj</i>	1	
<i>doxercalciferol caps</i>	1	MO
HECTOROL	3	
<i>paricalcitol</i>	1	MO
RAYALDEE	4	MO
ROCALTROL	3	MO
ZEMPLAR CAPS	3	MO
ZEMPLAR INJ 2MCG/ML	3	MO
ZEMPLAR INJ 5MCG/ML	4	MO
GASTROINTESTINAL		
ANTIEMETICS		
AKYNZEO INJ	3	

Drug Name	Drug Tier	Requirements/Limits
AKYNZEO CAPS	4	QL (4 EA per 30 days) B/D MO
ALOXI	3	
<i>aprepitant</i>	1	B/D MO
BONJESTA	3	QL (60 EA per 30 days) MO
CINVANTI	3	
<i>compro</i>	1	MO
DICLEGIS	3	QL (120 EA per 30 days) MO
DIMENHYDRINATE INJ	3	
<i>doxylamine succinate/pyridoxine hydrochloride</i>	1	QL (120 EA per 30 days) MO
<i>dronabinol</i>	1	QL (60 EA per 30 days) PA MO
EMEND TRIPACK	4	B/D MO
EMEND CAPS, ORAL SUSP	3	B/D MO
EMEND INJ	3	MO
<i>fosaprepitant dimeglumine</i>	1	MO
GIMOTI	4	QL (9.8 ML per 28 days) PA
<i>granisetron hcl inj</i>	1	MO
<i>granisetron hcl tabs</i>	1	QL (60 EA per 30 days) B/D MO
MARINOL CAPS 2.5MG	3	QL (60 EA per 30 days) PA MO
MARINOL CAPS 10MG, 5MG	4	QL (60 EA per 30 days) PA MO
<i>meclizine hcl tabs</i>	1	MO
<i>metoclopramide hcl tabs 5mg</i>	1	MO
<i>metoclopramide hydrochloride tabs 10mg</i>	1	MO
METOCLOPRAMIDE ODT TBDP 10MG	2	MO
<i>metoclopramide odt tbdp 5mg</i>	1	MO
<i>ondansetron hcl tabs 24mg</i>	1	B/D
<i>ondansetron hcl oral soln</i>	1	QL (900 ML per 30 days) B/D MO
<i>ondansetron hydrochloride tabs 4mg, 8mg</i>	1	B/D MO
<i>ondansetron hydrochloride inj</i>	1	MO
<i>ondansetron odt</i>	1	B/D MO
PALONOSETRON HYDROCHLORIDE INJ 0.25MG/2ML	3	
<i>palonosetron hydrochloride inj 0.25mg/5ml</i>	1	
<i>phenadoz supp 25mg</i>	1	PA
<i>phenadoz supp 12.5mg</i>	1	PA MO
PHENERGAN	3	PA MO
<i>prochlorperazine edisylate inj 50mg/10ml</i>	1	
<i>prochlorperazine edisylate inj 10mg/2ml</i>	1	MO
<i>prochlorperazine maleate tabs</i>	1	MO
<i>prochlorperazine supp</i>	1	MO
<i>promethazine hcl inj, supp</i>	1	PA MO
<i>promethazine hcl plain syrpf 6.25mg/5ml</i>	1	PA MO
<i>promethazine hydrochloride tabs</i>	1	PA MO
<i>promethegan supp 12.5mg, 25mg</i>	1	PA
<i>promethegan supp 50mg</i>	1	PA MO
REGLAN	3	MO
SANCUSO	4	QL (4 EA per 28 days) MO
<i>scopolamine patch</i>	1	QL (10 EA per 30 days) PA MO
SUSTOL	3	

Drug Name	Drug Tier	Requirements/Limits
SYNDROS	4	PA MO
TIGAN	3	PA MO
TRANSDERM SCOP	3	QL (10 EA per 30 days) PA MO
TRANSDERM-SCOP	3	QL (10 EA per 30 days) PA MO
<i>trimethobenzamide hydrochloride caps</i>	1	PA MO
VARUBI	3	QL (4 EA per 30 days) B/D
ZOFRAN	4	B/D MO
ZUPLENZ FILM 4MG	3	QL (180 EA per 30 days) B/D MO
ZUPLENZ FILM 8MG	4	QL (90 EA per 30 days) B/D MO
ANTISPASMODICS		
ANASPAZ	3	MO
ATROPINE SULFATE INJ 0.25MG/5ML, 0.5MG/5ML, 8MG/20ML	3	
ATROPINE SULFATE INJ 0.4MG/ML, 1MG/10ML, 1MG/ML	3	MO
BELLADONNA/OPIUM	3	MO
BENTYL	4	MO
CHLORDIAZEPOXIDE HCL/CLIDINIUM BROMIDE	3	QL (240 EA per 30 days) MO
CHLORDIAZEPOXIDE HYDROCHLORIDE/CLIDINIUM BROMIDE	3	QL (240 EA per 30 days) MO
CUVPOSA	3	QL (1350 ML per 30 days) MO
<i>dicyclomine hcl oral soln</i>	1	MO
<i>dicyclomine hydrochloride</i>	1	MO
ED-SPAZ	3	
GLYCATE	3	MO
<i>glycopyrrolate inj 0.2mg/ml, 0.4mg/2ml</i>	1	
<i>glycopyrrolate inj 1mg/5ml, 4mg/20ml</i>	1	MO
GLYCOPYRROLATE TABS 1.5MG	3	MO
<i>glycopyrrolate tabs 1mg, 2mg</i>	1	MO
HYOSCYAMINE SULFATE ELIX, SUBL	3	MO
<i>hyoscyamine sulfate inj</i>	1	
<i>hyoscyamine sulfate immediate release tabs</i>	1	MO
LEVSIN/SL	3	MO
LEVSIN INJ	3	
LEVSIN TABS	3	MO
LIBRAX	4	QL (240 EA per 30 days) ST MO
<i>methscopolamine bromide tabs</i>	1	PA MO
NULEV	3	MO
OSCIMIN	3	
OSCIMIN SR	3	MO
<i>propantheline bromide tabs</i>	1	MO
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine hcl oral soln</i>	1	MO
<i>cimetidine hydrochloride</i>	1	MO
<i>cimetidine tabs</i>	1	MO
<i>famotidine premixed inj 20mg/50ml</i>	1	
<i>famotidine inj</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>famotidine oral susp, tabs</i>	1	MO
<i>nizatidine</i>	1	MO
PEPCID	3	MO
INFLAMMATORY BOWEL DISEASE		
APRISO	3	QL (120 EA per 30 days) MO
ASACOL HD	3	MO
AZULFIDINE	3	MO
AZULFIDINE EN-TABS	3	MO
<i>balsalazide disodium</i>	1	MO
<i>budesonide er tab 9mg</i>	4	MO
<i>budesonide cpep 3mg</i>	1	MO
CANASA	3	MO
COLAZAL	4	MO
<i>colocort</i>	1	
CORTENEMA	3	MO
DELZICOL	3	MO
DIPENTUM	4	MO
ENTOCORT EC	4	MO
<i>hydrocortisone enem 100mg/60ml</i>	1	MO
LIALDA	3	MO
<i>mesalamine dr</i>	1	MO
<i>mesalamine er</i>	1	QL (120 EA per 30 days) MO
<i>mesalamine kit, supp</i>	1	MO
<i>mesalamine enem</i>	1	QL (1680 ML per 28 days) MO
ORTIKOS	4	MO
PENTASA CPCR 250MG	3	MO
PENTASA CPCR 500MG	4	MO
ROWASA	3	MO
SFROWASA	4	QL (1680 ML per 28 days) MO
SULFASALAZINE DELAYED RELEASE TABS	2	MO
<i>sulfasalazine tabs</i>	1	MO
UCERIS FOAM	3	QL (33.4 GM per 30 days) MO
UCERIS TB24	4	MO
LAXATIVES		
CLENPIQ	3	MO
COLYTE-FLAVOR PACKS	3	MO
<i>constulose</i>	1	
<i>enulose</i>	1	MO
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-h</i>	1	
<i>gavilyte-n/flavor pack</i>	1	MO
<i>generlac</i>	1	
GOLYTELY	2	MO
KRISTALOSE	3	MO
LACTULOSE PACK	3	MO
<i>lactulose oral soln</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
MOVIPREP	3	MO
NULYTELY	2	MO
NULYTELY/FLAVOR PACKS	2	MO
OSMOPREP	3	MO
<i>peg-3350,sodium sulf,naclpotassium cl,na ascorbate,ascorbic</i>	1	MO
<i>peg-3350/electrolytes</i>	1	MO
<i>peg-3350/nacl/na bicarbonate/kcl</i>	1	MO
PLENVU	3	MO
SUPREP BOWEL PREP KIT	3	MO
SUTAB	3	MO
<i>trilyte</i>	1	
MISCELLANEOUS		
ACTIGALL	3	MO
<i>alosetron hydrochloride</i>	4	QL (60 EA per 30 days) PA MO
AMITIZA CAPS 8MCG	3	QL (180 EA per 30 days) PA MO
AMITIZA CAPS 24MCG	3	QL (60 EA per 30 days) PA MO
CARAFATE	3	MO
CHENODAL	4	PA MO
CHOLBAM	4	PA
<i>cromolyn sodium oral conc 100mg/5ml</i>	1	MO
CYTOTEC	3	MO
<i>diphenoxylate/atropine</i>	1	MO
GASTROCROM	4	MO
GATTEX	4	PA LA
HELIDAC THERAPY	4	QL (448 EA per 365 days)
<i>lansoprazole/amoxicillin/clarithromycin</i>	1	QL (224 EA per 365 days) MO
LINZESS	3	QL (30 EA per 30 days) MO
LOMOTIL	3	MO
<i>loperamide hcl caps</i>	1	MO
<i>loperamide hydrochloride</i>	1	
LOTRONEX	4	QL (60 EA per 30 days) PA MO
LUBIPROSTONE CAPS 8MCG	3	QL (180 EA per 30 days) PA MO
LUBIPROSTONE CAPS 24MCG	3	QL (60 EA per 30 days) PA MO
<i>misoprostol tabs</i>	1	MO
MOTEGRITY	3	QL (30 EA per 30 days) PA MO
MOTOFEN	3	QL (240 EA per 30 days) ST MO
MOVANTIK TABS 25MG	2	QL (30 EA per 30 days) MO
MOVANTIK TABS 12.5MG	2	QL (60 EA per 30 days) MO
MYTESI	3	PA
OALIVA	4	QL (30 EA per 30 days) PA
OMECLAMOX-PAK	3	QL (160 EA per 365 days) MO
OPIUM TINCTURE	3	MO
PAREGORIC	3	MO
PYLERA	3	MO
RELISTOR INJ	4	PA MO
RELISTOR TABS	4	QL (90 EA per 30 days) PA MO
RELTONE	3	PA

Drug Name	Drug Tier	Requirements/Limits
SUCRAID	4	
SUCRALFATE SUSP	3	MO
<i>sucralfate tabs</i>	1	MO
SYMPROIC	3	MO
TALICIA	4	QL (336 EA per 365 days) MO
TRULANCE	3	MO
URSO 250	3	MO
URSO FORTE	3	MO
<i>ursodiol caps, tabs</i>	1	MO
VIBERZI	4	QL (60 EA per 30 days) PA MO
XERMELO	4	QL (84 EA per 28 days) PA
XIFAXAN TABS 550MG	4	PA MO
ZELNORM	3	QL (60 EA per 30 days) PA MO
PANCREATIC ENZYMES		
CREON	2	MO
PANCREAZE CPEP 2600UNIT, 4200UNIT, 10500UNIT	3	MO
PANCREAZE CPEP 21000UNIT, 16800UNIT	4	MO
PERTZYE CPEP 4000UNIT, 8000UNIT	3	MO
PERTZYE CPEP 16000UNIT, 24000UNIT	4	MO
VIKACE TABS 10440UNIT	3	MO
VIKACE TABS 20880UNIT	4	MO
ZENPEP	3	MO
PROTON PUMP INHIBITORS		
ACIPHEX DR TABS 20MG	3	QL (30 EA per 30 days) MO
DEXILANT	3	QL (30 EA per 30 days) MO
<i>esomeprazole magnesium caps</i>	1	QL (30 EA per 30 days) MO
<i>esomeprazole sodium inj</i>	1	
<i>lansoprazole dr caps, odt</i>	1	QL (30 EA per 30 days) MO
<i>lansoprazole odt</i>	1	QL (30 EA per 30 days) MO
NEXIUM CAPS, PACKET	3	QL (30 EA per 30 days) MO
NEXIUM I.V. INJ	3	PA
<i>omeprazole caps cpdr 10mg, 20mg</i>	1	QL (30 EA per 30 days) MO
<i>omeprazole caps cpdr 40mg</i>	1	QL (60 EA per 30 days) MO
<i>omeprazole dr</i>	1	QL (30 EA per 30 days) MO
<i>omeprazole/sodium bicarbonate</i>	1	QL (30 EA per 30 days) MO
<i>pantoprazole sodium dr tabs 20mg</i>	1	QL (30 EA per 30 days) MO
<i>pantoprazole sodium inj</i>	1	
<i>pantoprazole sodium pack</i>	1	QL (30 EA per 30 days) MO
<i>pantoprazole sodium tbec 20mg</i>	1	QL (30 EA per 30 days) MO
<i>pantoprazole sodium tbec 40mg</i>	1	QL (60 EA per 30 days) MO
PREVACID	3	QL (30 EA per 30 days) MO
PREVACID SOLUTAB	3	QL (30 EA per 30 days) MO
PRILOSEC PACK 10MG	3	QL (120 EA per 30 days) MO
PRILOSEC PACK 2.5MG	3	QL (90 EA per 30 days) MO
PROTONIX INJ	3	
PROTONIX PACK	3	QL (30 EA per 30 days) MO
PROTONIX TBEC 20MG	3	QL (30 EA per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
PROTONIX TBEC 40MG	3	QL (60 EA per 30 days) MO
<i>rabeprazole sodium dr tabs 20mg</i>	1	QL (30 EA per 30 days) MO
ZEGERID	4	QL (30 EA per 30 days) PA MO
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl er</i>	1	QL (30 EA per 30 days) MO
AVODART	3	QL (30 EA per 30 days) MO
CARDURA XL	3	QL (60 EA per 30 days) MO
<i>dutasteride</i>	1	QL (30 EA per 30 days) MO
<i>dutasteride/tamsulosin hcl</i>	1	QL (30 EA per 30 days) MO
<i>dutasteride/tamsulosin hydrochloride</i>	1	QL (30 EA per 30 days) MO
<i>finasteride tabs 5mg</i>	1	QL (30 EA per 30 days) MO
FLOMAX	3	QL (60 EA per 30 days) MO
JALYN	3	QL (30 EA per 30 days) MO
PROSCAR	3	QL (30 EA per 30 days) MO
RAPAFLO	3	QL (30 EA per 30 days) MO
<i>silodosin</i>	1	QL (30 EA per 30 days) MO
<i>tamsulosin hydrochloride</i>	1	QL (60 EA per 30 days) MO
UROXATRAL	3	QL (30 EA per 30 days) MO
MISCELLANEOUS		
ACETIC ACID 0.25% IRRIGATION SOLN	2	MO
<i>bethanechol chloride</i>	1	MO
CYTRA K CRYSTALS	3	MO
ELMIRON	3	MO
<i>flavoxate hcl</i>	1	MO
INTRAROSA	3	QL (28 EA per 28 days) PA MO
LITHOSTAT	3	MO
<i>neomycin/polymyxin b sulfates irrigation soln</i>	1	MO
ORACIT	3	MO
OXLUMO	4	PA MO
<i>potassium citrate er</i>	1	MO
POTASSIUM CITRATE/CITRIC ACID SOLN	3	MO
RENACIDIN	3	MO
RIMSO-50	4	MO
SODIUM CITRATE/CITRIC ACID	3	MO
SORBITOL IRRIGATION SOLN	3	
SORBITOL-MANNITOL IRRIGATION SOLN	3	
THIOLA	4	MO
THIOLA EC	4	MO
TRICITRATES	3	
UROCIT-K 10	3	MO
UROCIT-K 15	3	MO
UROCIT-K 5	3	MO
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide er</i>	1	QL (30 EA per 30 days) MO
DETROL	3	QL (60 EA per 30 days) MO
DETROL LA	3	QL (30 EA per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
DITROPAN XL TB24 5MG	3	QL (30 EA per 30 days) MO
DITROPAN XL TB24 10MG	3	QL (60 EA per 30 days) MO
ENABLEX	3	QL (30 EA per 30 days) MO
GELNIQUE 10%	3	QL (30 GM per 30 days) MO
GEMTESA	3	QL (30 EA per 30 days) ST MO
MYRBETRIQ	3	QL (30 EA per 30 days) MO
<i>oxybutynin chloride er tb24 5mg</i>	1	QL (30 EA per 30 days) MO
<i>oxybutynin chloride er tb24 10mg, 15mg</i>	1	QL (60 EA per 30 days) MO
<i>oxybutynin chloride tabs</i>	1	QL (120 EA per 30 days) MO
<i>oxybutynin chloride syrup</i>	1	QL (600 ML per 30 days) MO
OXYTROL	3	QL (8 EA per 28 days) MO
<i>solifenacin succinate</i>	1	QL (30 EA per 30 days) ST MO
<i>tolterodine tartrate</i>	1	QL (60 EA per 30 days) ST MO
<i>tolterodine tartrate er</i>	1	QL (30 EA per 30 days) ST MO
TOVIAZ	3	QL (30 EA per 30 days) MO
<i>tropium chloride</i>	1	QL (60 EA per 30 days) MO
<i>tropium chloride er</i>	1	QL (30 EA per 30 days) MO
VESICARE	3	QL (30 EA per 30 days) ST MO
VESICARE LS	3	QL (300 ML per 30 days) ST
VAGINAL ANTI-INFECTIVES		
CLEOCIN CREA 2%	3	MO
CLEOCIN SUPP 100MG	3	MO
<i>clindamycin phosphate crea 2%</i>	1	MO
CLINDESSE	3	QL (5 GM per 30 days) MO
GYNAZOLE-1	3	QL (5 GM per 30 days) MO
<i>metronidazole vaginal</i>	1	MO
<i>miconazole 3</i>	1	MO
NUVESSA	3	MO
<i>terconazole</i>	1	MO
VANDAZOLE	3	MO
HEMATOLOGIC		
ANTICOAGULANTS		
ARGATROBAN	3	
ARIXTRA INJ 2.5MG/0.5ML	3	MO
ARIXTRA INJ 10MG/0.8ML, 5MG/0.4ML, 7.5MG/0.6ML	4	MO
BEVYXXA CAPS 40MG	3	QL (30 EA per 30 days) PA
BEVYXXA CAPS 80MG	3	QL (30 EA per 30 days) PA MO
ELIQUIS STARTER PACK	2	QL (74 EA per 30 days) MO
ELIQUIS TABS 2.5MG	2	QL (60 EA per 30 days) MO
ELIQUIS TABS 5MG	2	QL (74 EA per 30 days) MO
<i>enoxaparin sodium</i>	1	MO
<i>fondaparinux sodium</i>	1	MO
FRAGMIN	3	MO
HEPARIN SODIUM/D5W INJ 20000UNIT/500ML, 25000UNIT/500ML	3	
HEPARIN SODIUM/DEXTROSE 100UNIT/ML	3	

Drug Name	Drug Tier	Requirements/Limits
HEPARIN SODIUM/NAACL 0.45% INJ 25000UNIT/250ML, 25000UNIT/500ML	2	
HEPARIN SODIUM/SODIUM CHLORIDE 25000UNIT/250ML; 0.45%	2	
HEPARIN SODIUM INJ 5000UNIT/0.5ML, 5000UNIT/ML	2	
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	1	MO
<i>jantoven</i>	1	MO
LOVENOX INJ 300MG/3ML, 40MG/0.4ML	3	MO
LOVENOX INJ 100MG/ML, 120MG/0.8ML, 150MG/ML, 30MG/0.3ML, 60MG/0.6ML, 80MG/0.8ML	4	MO
PRADAXA	3	QL (60 EA per 30 days) MO
SAVAYSA	3	QL (30 EA per 30 days) ST MO
<i>warfarin sodium</i>	1	MO
XARELTO STARTER PACK	2	QL (51 EA per 30 days) MO
XARELTO TABS 10MG, 15MG, 20MG	2	QL (30 EA per 30 days) MO
XARELTO TABS 2.5MG	2	QL (60 EA per 30 days) MO
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE INJ 60MCG/0.3ML	3	QL (1.2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 40MCG/0.4ML	3	QL (1.6 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 25MCG/0.42ML	3	QL (1.68 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 25MCG/ML, 40MCG/ML, 60MCG/ML	3	QL (4 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 500MCG/ML	4	QL (1 ML per 21 days) PA
ARANESP ALBUMIN FREE INJ 150MCG/0.3ML	4	QL (1.2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 200MCG/0.4ML	4	QL (1.6 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML	4	QL (2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 300MCG/0.6ML	4	QL (2.4 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 100MCG/ML, 200MCG/ML, 300MCG/ML	4	QL (4 ML per 28 days) PA
EPOGEN INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	QL (12 ML per 28 days) PA
EPOGEN INJ 20000UNIT/ML	4	QL (12 ML per 28 days) PA
FULPHILA	4	PA
GRANIX	4	PA
LEUKINE	4	PA
MOZOBIL	4	PA
NEULASTA	4	PA
NEULASTA ONPRO KIT	4	PA
NEUPOGEN	4	PA
NIVESTYM	4	PA
NPLATE	4	PA
NYVEPRIA	4	PA
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	2	PA
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	4	PA

Drug Name	Drug Tier	Requirements/Limits
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
RETACRIT INJ 20000UNIT/ML, 40000UNIT/ML	4	PA
UDENYCA	4	PA
ZARXIO	4	PA
ZIEXTENZO	4	PA
MISCELLANEOUS		
ADAKVEO	4	PA
AGRYLIN	3	MO
AMICAR SOLN	4	MO
AMICAR TABS 1000MG	4	
AMICAR TABS 500MG	4	MO
<i>aminocaproic acid inj</i>	1	
<i>aminocaproic acid oral soln, tabs</i>	1	MO
<i>anagrelide hydrochloride</i>	1	MO
BERINERT	4	QL (24 EA per 30 days) PA LA
CABLIVI	4	PA
<i>cilostazol</i>	1	MO
CINRYZE	4	QL (20 EA per 30 days) PA
CYKLOKAPRON	3	
DOPTELET	4	QL (30 EA per 30 days)
DROXIA	2	MO
ENDARI	4	PA LA
FIRAZYR	4	QL (27 ML per 30 days) PA
GIVLAARI	4	PA
HAEGARDA INJ 3000UNIT	4	QL (20 EA per 30 days) PA LA
HAEGARDA INJ 2000UNIT	4	QL (30 EA per 30 days) PA LA
<i>icatibant acetate</i>	4	QL (27 ML per 30 days) PA
KALBITOR	4	QL (12 ML per 30 days) PA
LYSTEDA	3	QL (30 EA per 30 days) MO
MULPLETA	4	QL (14 EA per 365 days) PA
ORLADEYO	4	QL (28 EA per 28 days) PA MO
OXBRYTA	4	QL (90 EA per 30 days) PA
<i>pentoxifylline er</i>	1	MO
PROMACTA POWDER PACK 25MG	4	QL (180 EA per 30 days) PA
PROMACTA POWDER PACK 12.5MG	4	QL (360 EA per 30 days) PA LA
PROMACTA TABS 12.5MG, 25MG	4	QL (30 EA per 30 days) PA LA
PROMACTA TABS 50MG, 75MG	4	QL (60 EA per 30 days) PA LA
REBLOZYL	4	PA
RUCONEST	4	QL (12 EA per 30 days) PA
SIKLOS TABS 100MG	3	PA MO
SIKLOS TABS 1000MG	4	PA MO
SOLIRIS	4	PA
TAKHZYRO	4	QL (4 ML per 28 days) PA
TAVALISSE	4	QL (60 EA per 30 days) PA
<i>tranexamic acid inj</i>	1	
<i>tranexamic acid tabs</i>	1	QL (30 EA per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
ULTOMIRIS	4	PA
PLATELET AGGREGATION INHIBITORS		
AGGRENEX	3	QL (60 EA per 30 days) ST MO
<i>aspirin/dipyridamole</i>	1	QL (60 EA per 30 days) MO
BRILINTA	3	MO
<i>clopidogrel tabs 300mg</i>	1	QL (2 EA per 365 days) MO
<i>clopidogrel tabs 75mg</i>	1	QL (30 EA per 30 days) MO
<i>dipyridamole</i>	1	PA MO
EFFIENT	3	ST MO
PLAVIX	3	QL (30 EA per 30 days) ST MO
<i>prasugrel</i>	1	MO
ZONTIVITY	3	MO
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ACTEMRA ACTPEN	4	QL (3.6 ML per 28 days) PA
ACTEMRA INJ 162MG/0.9ML	4	QL (3.6 ML per 28 days) PA
ACTEMRA INJ 200MG/10ML, 400MG/20ML, 80MG/4ML	4	QL (40 ML per 28 days) PA
AVSOLA	4	PA
CIMZIA	4	QL (2 EA per 28 days) PA
CIMZIA STARTER KIT	4	QL (6 EA per 365 days) PA
COSENTYX	4	QL (32 ML per 365 days) PA
COSENTYX SENSOREADY PEN	4	QL (32 ML per 365 days) PA
DUPIXENT INJ 200MG/1.14ML	4	QL (4.56 ML per 28 days) PA
DUPIXENT INJ 300MG/2ML	4	QL (8 ML per 28 days) PA
ENBREL MINI	4	QL (8 ML per 28 days) PA
ENBREL SURECLICK	4	QL (8 ML per 28 days) PA
ENBREL INJ 25MG/VIAL	4	QL (8 EA per 28 days) PA
ENBREL INJ 25MG/0.5ML VIAL, 50MG/ML	4	QL (8 ML per 28 days) PA
ENBREL INJ 25MG/0.5ML PREFILLED SYRINGE	4	QL (8.16 ML per 28 days) PA
ENTYVIO	4	QL (10 EA per 365 days) PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	4	PA
HUMIRA PEN-CD/UC/HS STARTER	4	PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	4	PA
HUMIRA PEN-PS/UV STARTER	4	PA
HUMIRA PEN INJ 80MG/0.8ML	4	PA
HUMIRA PEN INJ 40MG/0.4ML, 40MG/0.8ML	4	QL (6 EA per 28 days) PA
HUMIRA INJ 10MG/0.1ML, 10MG/0.2ML, 20MG/0.2ML, 20MG/0.4ML	4	QL (2 EA per 28 days) PA
HUMIRA INJ 40MG/0.4ML, 40MG/0.8ML	4	QL (6 EA per 28 days) PA
ILUMYA	4	PA
INFLECTRA	4	PA
KEVZARA	4	QL (2.28 ML per 28 days) PA
KINERET	4	QL (18.76 ML per 28 days) PA
OLUMIANT	4	QL (30 EA per 30 days) PA
ORENCIA CLICKJECT	4	QL (4 ML per 28 days) PA
ORENCIA INJ 250MG	4	PA

Drug Name	Drug Tier	Requirements/Limits
ORENCIA INJ 50MG/0.4ML	4	QL (1.6 ML per 28 days) PA
ORENCIA INJ 87.5MG/0.7ML	4	QL (2.8 ML per 28 days) PA
ORENCIA INJ 125MG/ML	4	QL (4 ML per 28 days) PA
OTEZLA STARTER PACK	4	QL (55 EA per 365 days) PA
OTEZLA TABS	4	QL (60 EA per 30 days) PA
REMICADE	4	PA
RENFLEXIS	4	PA
RINVOQ	4	QL (30 EA per 30 days) PA
SILIQ	4	QL (6 ML per 28 days) PA
SIMPONI ARIA	4	PA
SIMPONI INJ 50MG/0.5ML	4	QL (0.5 ML per 30 days) PA
SIMPONI INJ 100MG/ML	4	QL (3 ML per 30 days) PA
SKYRIZI	4	QL (7 EA per 365 days) PA
STELARA INJ 45MG/0.5ML	4	QL (0.5 ML per 28 days) PA
STELARA INJ 90MG/ML	4	QL (1 ML per 28 days) PA
STELARA INJ 130MG/26ML	4	QL (104 ML per 365 days) PA
TALTZ	4	QL (3 ML per 28 days) PA
TREMFYA	4	QL (1 ML per 28 days) PA
XELJANZ XR	4	QL (30 EA per 30 days) PA
XELJANZ SOLN	4	QL (240 ML per 24 days) PA
XELJANZ TABS	4	QL (60 EA per 30 days) PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS		
(DMARDS)		
ARAVA TABS 10MG	3	QL (30 EA per 30 days) MO
ARAVA TABS 20MG	4	QL (30 EA per 30 days) MO
<i>hydroxychloroquine sulfate</i>	1	MO
<i>leflunomide</i>	1	QL (30 EA per 30 days) MO
<i>methotrexate tabs 2.5mg</i>	1	MO
OTREXUP	3	
PLAQUENIL	3	MO
RASUVO	3	
REDITREX	3	
RIDAURA	4	MO
TREXALL	3	MO
XATMEP	3	MO
IMMUNOGLOBULINS		
ASCENIV	4	PA
BIVIGAM	4	PA
CUTAQUIG	4	PA
CUVITRU INJ 1GM/5ML	3	PA
CUVITRU INJ 10GM/50ML, 2GM/10ML, 4GM/20ML, 8GM/40ML	4	PA
CYTOGAM	4	
FLEBOGAMMA DIF INJ 5GM/100ML	3	PA
FLEBOGAMMA DIF INJ 0.5GM/10ML, 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 20GM/400ML, 5GM/50ML	4	PA

Drug Name	Drug Tier	Requirements/Limits
GAMASTAN	2	B/D
GAMMAGARD LIQUID	4	PA
GAMMAGARD S/D INJ 5GM, 10GM	4	PA
GAMMAKED	4	PA
GAMMAPLEX	4	PA
GAMUNEX-C	4	PA
HEPAGAM B	3	
HIZENTRA	4	PA
HYPERHEP B	3	
HYPERRAB S/D	3	
HYPERRAB INJ 300UNIT/ML	3	
HYPERRAB INJ 1500UNIT/5ML, 900UNIT/3ML	4	
HYPERRHO S/D	3	
HYPERRHO S/D MINI-DOSE	3	
HYPERTET S/D	3	
HYQVIA	4	PA
IMOGAM RABIES-HT	3	
KEDRAB	3	
MICRHOGAM ULTRA-FILTERED PLUS	3	
NABI-HB	3	
OCTAGAM	4	PA
PANZYGA	4	PA
PRIVIGEN	4	PA
RHOGAM ULTRA-FILTERED PLUS	3	
RHOPHYLAC	3	
VARIZIG	4	
WINRHO SDF	3	
XEMBIFY	4	PA
IMMUNOMODULATORS		
ACTIMMUNE	4	PA LA
ARCALYST	4	PA
GRASTEK	3	QL (30 EA per 30 days) PA MO
ILARIS	4	QL (2 ML per 28 days) PA
INTRON A INJ 10MU	3	
INTRON A INJ 10MU/ML, 18MU, 50MU, 6000000UNIT/ML	4	
ODACTRA	3	QL (30 EA per 30 days) PA MO
ORALAIR 300 IR	3	QL (30 EA per 30 days) PA
RAGWITEK	3	QL (30 EA per 30 days) PA MO
SYNAGIS	4	
ZINPLAVA	4	PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 0.5MG, 1MG	3	B/D MO
ASTAGRAF XL CP24 5MG	4	B/D MO
ATGAM	4	B/D
AZASAN	3	B/D MO
AZATHIOPRINE INJ	3	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>azathioprine tabs</i>	1	B/D MO
BENLYSTA	4	PA
CELLCEPT	4	B/D MO
CELLCEPT INJ	3	B/D
<i>cyclosporine</i>	1	B/D MO
<i>cyclosporine modified caps, soln</i>	1	B/D MO
ENVARUSUS XR TB24 0.75MG, 1MG	3	B/D MO
ENVARUSUS XR TB24 4MG	4	B/D MO
<i>everolimus tabs 0.25mg, 0.5mg, 0.75mg</i>	4	B/D MO
<i>engraf caps</i>	1	B/D
<i>engraf soln</i>	1	B/D MO
IMURAN	3	B/D MO
LUPKYNIS	4	QL (180 EA per 30 days) PA MO
<i>mycophenolate mofetil inj</i>	1	B/D
<i>mycophenolate mofetil caps, tabs</i>	1	B/D MO
<i>mycophenolate mofetil oral susp</i>	4	B/D MO
<i>mycophenolic acid dr</i>	1	B/D MO
MYFORTIC	3	B/D MO
NEORAL	3	B/D MO
NULOJIX	4	B/D
PROGRAF INJ	3	B/D
PROGRAF GRANULES	3	B/D MO
PROGRAF CAPS 0.5MG, 1MG	3	B/D MO
PROGRAF CAPS 5MG	4	B/D MO
RAPAMUNE TABS	3	B/D MO
RAPAMUNE SOLN	4	B/D MO
SANDIMMUNE ORAL SOLN	2	B/D MO
SANDIMMUNE INJ	3	B/D
SANDIMMUNE CAPS	3	B/D MO
SIMULECT	4	B/D
<i>sirolimus tabs</i>	1	B/D MO
<i>sirolimus soln</i>	4	B/D MO
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	1	B/D MO
THYMOGLOBULIN	4	B/D
ZORTRESS	4	B/D MO
VACCINES		
ACTHIB	2	
ADACEL	2	
BCG VACCINE	2	
BEXSERO	2	
BOOSTRIX	2	
DAPTACEL	2	
DIPHThERIA/TETANUS TOXOIDS ADSORBED	2	B/D
PEDIATRIC		
ENGERIX-B	2	B/D
GARDASIL 9	2	
HAVRIX	2	

Drug Name	Drug Tier	Requirements/Limits
HIBERIX	2	
IMOVAX RABIES (H.D.C.V.)	2	B/D
INFANRIX	2	
IPOL INACTIVATED IPV	2	
IXIARO	2	
KINRIX	2	
M-M-R II	2	
MENACTRA	2	
MENQUADFI	2	
MENVEO	2	
PEDIARIX	2	
PEDVAX HIB	2	
PENTACEL	2	
PROQUAD	2	
QUADRACEL	2	
RABAVERT	2	B/D
RECOMBIVAX HB	2	B/D
ROTARIX	2	
ROTATEQ	2	
SHINGRIX	2	QL (2 EA per 999 days)
STAMARIL	3	
TDVAX	2	B/D
TENIVAC	2	B/D
TRUMENBA	2	
TWINRIX	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
YF-VAX	2	
ZOSTAVAX	2	QL (1 EA per 999 days)

NUTRITIONAL/SUPPLEMENTS***ELECTROLYTES/MINERALS, INJECTABLE***

CALCIUM GLUCONATE	3	MO
DEXTROSE 10%/NACL 0.45%	3	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	2	
DEXTROSE 10%/NACL 0.2%	3	
DEXTROSE 2.5%/NACL 0.45%	3	
DEXTROSE 5%/LACTATED RINGERS	3	
DEXTROSE 5%/NACL 0.2%	3	
DEXTROSE 5%/NACL 0.225%	3	
DEXTROSE 5%/NACL 0.3%	3	
DEXTROSE 5%/NACL 0.33%	3	
DEXTROSE 5%/NACL 0.45%	3	
DEXTROSE 5%/NACL 0.9%	3	MO
HYPERLYTE-CR	3	B/D
IONOSOL-MB/DEXTROSE 5%	3	
ISOLYTE-P/DEXTROSE 5%	3	

Drug Name	Drug Tier	Requirements/Limits
ISOLYTE-S	3	
ISOLYTE-S PH 7.4	3	B/D
KCL 0.075%/D5W/NACL 0.45%	3	
KCL 0.15%/D5W/NACL 0.2%	3	
KCL 0.15%/D5W/NACL 0.225%	3	
KCL 0.15%/D5W/NACL 0.45%	3	
KCL 0.15%/D5W/NACL 0.9%	3	
KCL 0.3%/D5W/NACL 0.45%	3	
KCL 0.3%/D5W/NACL 0.9%	3	
<i>lactated ringers viaflex inj</i>	1	
<i>magnesium sulfate in d5w</i>	1	
MAGNESIUM SULFATE INJ 20GM/500ML, 40GM/1000ML, 4GM/50ML	3	
<i>magnesium sulfate inj 2gm/50ml, 4gm/100ml, 50%</i>	1	
NORMOSOL -R	3	
NORMOSOL-M IN D5W	3	
NORMOSOL-R INJ PH 7.4	3	
PLASMA-LYTE A	3	
PLASMA-LYTE-148	3	
POTASSIUM ACETATE	3	
POTASSIUM CHLORIDE/DEXTROSE	3	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	3	
POTASSIUM CHLORIDE/DEXTROSE/SODIUM CHLORIDE	3	
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJ 40MEQ/L; 0.9%	3	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%</i>	1	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.9%</i>	1	MO
POTASSIUM CHLORIDE INJ 0.4MEQ/ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 40MEQ/100ML	3	
<i>potassium chloride inj 2meq/ml</i>	1	MO
POTASSIUM PHOSPHATES INJ 236MG/ML; 224MG/ML	3	
<i>potassium phosphates pf inj 236mg/ml; 224mg/ml</i>	1	
RINGERS INJECTION	2	
SODIUM ACETATE INJ 2MEQ/ML	3	
<i>sodium acetate inj 4meq/ml</i>	1	
SODIUM BICARBONATE INJ 7.5%	3	MO
<i>sodium bicarbonate inj 4.2%</i>	1	
<i>sodium bicarbonate inj 8.4%</i>	1	MO
<i>sodium chloride 0.45%</i>	1	
SODIUM CHLORIDE INJ 2.5MEQ/ML, 4MEQ/ML, 5%	3	MO
<i>sodium chloride inj 0.45%</i>	1	
<i>sodium chloride inj 0.9%, 3%</i>	1	MO
SODIUM PHOSPHATE	3	
TPN ELECTROLYTES	3	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
ADC/FLUORIDE	3	MO
BAL-CARE DHA	2	MO
C-NATE DHA	2	MO
CITRANATAL 90 DHA	2	MO
CITRANATAL B-CALM	2	MO
CITRANATAL BLOOM	2	MO
CITRANATAL HARMONY	2	MO
CITRANATAL MEDLEY	2	
CITRANATAL RX	2	MO
COMPLETENATE	2	MO
CONCEPT DHA	2	MO
CONCEPT OB	2	MO
DUET DHA 400	2	MO
DUET DHA BALANCED	2	MO
EFFER-K TAB 25MEQ	2	MO
EFFER-K TAB 10MEQ, 20MEQ	3	MO
EFFERVESCENT POTASSIUM	2	MO
ELITE-OB	2	MO
ENBRACE HR	2	MO
FLORIVA	3	MO
FLUORIDE	3	MO
FLUORITAB	3	
FLURA-DROPS	3	MO
FOLIVANE-OB	2	MO
K-TAB	3	MO
KLOR-CON 10	2	
KLOR-CON 8	2	MO
<i>klor-con m10</i>	1	MO
<i>klor-con m15</i>	1	MO
<i>klor-con m20</i>	1	MO
<i>klor-con pow 20meq</i>	1	
KLOR-CON/EF	2	MO
LUDENT	3	MO
M-NATAL PLUS	2	MO
MARNATAL-F	2	MO
MULTI VITAMIN/FLUORIDE	3	MO
MULTI-VITAMIN/FLUORIDE DROPS	3	MO
MULTI-VITAMIN/FLUORIDE/IRON DROPS	3	MO
MULTIVITAMIN/FLUORIDE CHEW 0.25MG, 0.5MG	3	MO
NATACHEW	2	MO
NEONATAL 19	2	
NEONATAL COMPLETE	2	MO
NEONATAL FE	2	
NEONATAL PLUS	2	MO
NESTABS	2	MO
NESTABS ONE	2	MO

Drug Name	Drug Tier	Requirements/Limits
NIVA-PLUS	2	MO
O-CAL PRENATAL	2	MO
OB COMPLETE	2	MO
OB COMPLETE ONE	2	MO
OB COMPLETE PETITE	2	MO
OB COMPLETE PREMIER	2	MO
OB COMPLETE/DHA	2	MO
PNV FOLIC ACID + IRON MULTIVITAMIN	2	MO
PNV PRENATAL PLUS MULTIVITAMIN	2	MO
PNV TABS 29-1	2	MO
PNV-DHA	2	MO
PNV-DHA+DOCUSATE	2	MO
PNV-OMEGA	2	MO
PNV-SELECT	2	MO
POLY-VI-FLOR	3	MO
POLY-VI-FLOR/IRON	3	MO
POLY-VITAMIN/FLUORIDE	3	
<i>potassium chloride cr</i>	1	MO
<i>potassium chloride er</i>	1	MO
<i>potassium chloride sr</i>	1	MO
<i>potassium chloride pack 20meq</i>	1	MO
<i>potassium chloride oral soln 10%, 20%</i>	1	MO
PRENAISSANCE	2	MO
PRENAISSANCE PLUS	2	MO
PRENATA	2	MO
PRENATAL	2	MO
PRENATAL 19	2	MO
PRENATAL PLUS	2	MO
PRENATAL PLUS IRON	2	MO
PRENATAL VITAMINS PLUS LOW IRON	2	MO
PRENATE	2	MO
PRENATE AM	2	MO
PRENATE DHA	2	MO
PRENATE ELITE	2	MO
PRENATE ENHANCE	2	MO
PRENATE ESSENTIAL	2	MO
PRENATE MINI	2	MO
PRENATE PIXIE	2	MO
PRENATE RESTORE	2	MO
PRENATVITE COMPLETE	2	
PRENATVITE PLUS	2	
PREPLUS	2	MO
PRETAB	2	MO
PRIMACARE	2	MO
PROVIDA OB	2	MO
QUFLORA FE	3	
QUFLORA FE PEDIATRIC	3	

Drug Name	Drug Tier	Requirements/Limits
QUFLORA GUMMIES	3	MO
QUFLORA PEDIATRIC CHEW	3	MO
QUFLORA PEDIATRIC SOLN 45MG/ML; 400UNIT/ML; 1MG/ML; 3MCG/ML; 81MCG/ML; 150MCG/ML; 12MG/ML; 2MG/ML; 1MG/ML; 1100UNIT/ML; 1MG/ML; 0.5MG/ML; 1MG/ML; 12UNIT/ML	3	
QUFLORA PEDIATRIC SOLN 35MG/ML; 400UNIT/ML; 1MG/ML; 2MCG/ML; 35MCG/ML; 65MCG/ML; 10MG/ML; 0.8MG/ML; 0.4MG/ML; 1000UNIT/ML; 0.6MG/ML; 0.25MG/ML; 0.5MG/ML; 5UNIT/ML	3	MO
SE-NATAL 19	2	MO
SELECT-OB CHW 29-1 MG	2	
SELECT-OB CHEW 60MG; 0; 400UNIT; 5MCG; 0.4MG; 0.6MG; 25MG; 15MG; 29MG; 2.5MG; 1700UNIT; 1.8MG; 0; 1.6MG; 30UNIT; 15MG	2	MO
SODIUM FLUORIDE CHEW 0.25MG, 0.5MG, 1MG	3	MO
SODIUM FLUORIDE SOLN 0.5MG/ML	3	MO
TARON-C DHA	2	MO
TARON-PREX	2	MO
THRIVITE RX	2	MO
TRI-VI-FLOR	3	MO
TRI-VITE/FLUORIDE	3	MO
TRICARE PRENATAL DHA ONE	2	
TRICARE PRENATAL TABS	2	MO
TRINATAL RX 1	2	MO
TRISTART DHA	2	MO
TRISTART FREE	2	
TRISTART ONE	2	
VIRT-C DHA	2	MO
VIRT-NATE DHA	2	MO
VIRT-PN DHA	2	MO
VIRT-PN PLUS	2	MO
VITAFOL FE+	2	
VITAFOL GUMMIES	2	MO
VITAFOL STRIPS	2	
VITAFOL ULTRA	2	MO
VITAFOL-NANO	2	MO
VITAFOL-OB	2	MO
VITAFOL-ONE	2	MO
VITAMEDMD ONE RX/QUATREFOLIC	2	MO
VOL-PLUS	2	MO
VP-PNV-DHA	2	MO
WESTAB PLUS	2	MO
WESTGEL DHA	2	MO
ZATEAN-PN DHA	2	MO
ZATEAN-PN PLUS	2	MO

IV NUTRITION

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN II INJ 10%	3	B/D
AMINOSYN-PF 10%	3	B/D
AMINOSYN-PF 7%	3	B/D
CLINIMIX 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX 6/5	3	B/D
CLINIMIX 8/10	3	B/D
CLINIMIX 8/14	3	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX E 5%/DEXTROSE 15%	3	B/D
CLINIMIX E 5%/DEXTROSE 20%	3	B/D
CLINIMIX E 8/10	3	B/D
CLINIMIX E 8/14	3	B/D
<i>clinisol sf 15%</i>	1	B/D MO
CLINOLIPID	2	B/D
<i>dextrose 10%</i>	1	
DEXTROSE 20%	3	B/D
DEXTROSE 25%	3	B/D
DEXTROSE 30%	3	B/D
DEXTROSE 40%	3	B/D
<i>dextrose 5%</i>	1	MO
DEXTROSE 50%	2	B/D
DEXTROSE 70%	2	B/D
FREAMINE HBC 6.9%	3	B/D
FREAMINE III	3	B/D
HEPATAMINE	3	B/D
INTRALIPID INJ 20GM/100ML	2	B/D
INTRALIPID INJ 30GM/100ML	3	B/D
KABIVEN	3	B/D
NEPHRAMINE	3	B/D
NUTRILIPID	2	B/D
OMEGAVEN	4	B/D
PERIKABIVEN	3	B/D
<i>plenamine</i>	1	B/D
POTASSIUM PHOSPHATES INJ 3MM/ML	3	
PREMASOL 10%	3	B/D
PROCALAMINE	3	B/D
PROSOL	3	B/D
SMOFLIPID	3	B/D
TRAVASOL	3	B/D
TROPHAMINE	3	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

Drug Name	Drug Tier	Requirements/Limits
BLEPHAMIDE	3	MO
BLEPHAMIDE S.O.P. OINT	3	MO
MAXITROL	3	MO
<i>neomycin/polymyxin/bacitracin/hydrocortisone ophthalmic oint</i>	1	MO
<i>neomycin/polymyxin/dexamethasone</i>	1	MO
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	1	MO
PRED-G	3	MO
PRED-G S.O.P. OINT	3	MO
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	MO
TOBRADEX ST	2	MO
TOBRADEX OINT	2	MO
TOBRADEX SUSP	3	MO
<i>tobramycin/dexamethasone ophthalmic susp</i>	1	MO
ZYLET	2	MO
ANTI-INFECTIVES		
AZASITE	3	MO
BACIGUENT	3	
<i>bacitracin/polymyxin ophthalmic oint</i>	1	MO
<i>bacitracin oint 500unit/gm</i>	1	MO
BESIVANCE	2	MO
BETADINE OPHTHALMIC PREP	3	MO
BLEPH-10	3	QL (90 ML per 30 days) MO
CILOXAN OINT	2	QL (42 GM per 30 days) MO
CILOXAN SOLN	3	QL (30 ML per 30 days) MO
<i>ciprofloxacin hydrochloride ophthalmic soln 0.3%</i>	1	QL (30 ML per 30 days) MO
<i>erythromycin oint 5mg/gm</i>	1	QL (42 GM per 30 days) MO
<i>gatifloxacin soln</i>	1	QL (20 ML per 30 days) MO
<i>gentak</i>	1	QL (42 GM per 30 days) MO
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	1	QL (30 ML per 30 days) MO
<i>levofloxacin ophthalmic soln 0.5%</i>	1	QL (30 ML per 30 days) MO
MOXEZA	3	QL (12 ML per 30 days) MO
<i>moxifloxacin hydrochloride ophthalmic soln 0.5%</i>	1	QL (12 ML per 30 days) MO
NATACYN	3	MO
<i>neo-polycin</i>	1	
<i>neomycin/bacitracin/polymyxin topical ointment</i>	1	MO
<i>neomycin/polymyxin/gramicidin</i>	1	MO
OCUFLOX	3	QL (60 ML per 30 days) MO
<i>ofloxacin ophthalmic soln 0.3%</i>	1	QL (60 ML per 30 days) MO
<i>polycin</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	MO
POLYTRIM	3	MO
<i>sodium sulfacetamide ophthalmic soln</i>	1	QL (90 ML per 30 days) MO
<i>sulfacetamide sodium oint 10%</i>	1	QL (42 GM per 30 days) MO
<i>sulfacetamide sodium soln 10%</i>	1	QL (90 ML per 30 days) MO
<i>tobramycin sulfate ophthalmic soln 0.3%</i>	1	QL (30 ML per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
TOBEX OINT	3	MO
TOBEX SOLN	3	QL (30 ML per 30 days) MO
<i>trifluridine</i>	1	MO
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	MO
VIGAMOX	3	QL (12 ML per 30 days) MO
ZIRGAN	3	MO
ZYMAXID	3	QL (20 ML per 30 days) MO
ANTI-INFLAMMATORIES		
ACULAR	3	MO
ACULAR LS	3	MO
ACUVAIL	3	MO
ALREX	2	MO
<i>bromfenac</i>	1	MO
BROMSITE	3	MO
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	1	MO
DEXYCU	4	
<i>diclofenac sodium ophthalmic soln 0.1%</i>	1	QL (10 ML per 30 days) MO
DUREZOL	2	MO
EYSUVIS	3	PA MO
FLAREX	3	MO
FLUOROMETHOLONE	2	MO
<i>flurbiprofen sodium ophthalmic soln 0.03%</i>	1	MO
FML	3	MO
FML FORTE	3	MO
FML LIQUIFILM	3	MO
ILEVRO	2	MO
INVELTYS	3	MO
<i>ketorolac tromethamine ophthalmic soln 0.4%, 0.5%</i>	1	MO
LOTEMAX SM	2	MO
LOTEMAX GEL, OINT	2	MO
LOTEMAX SUSP	3	MO
<i>loteprednol etabonate</i>	1	MO
MAXIDEX	3	MO
NEVANAC	3	MO
OZURDEX	4	
PRED FORTE	3	MO
PRED MILD	3	MO
<i>prednisolone acetate ophthalmic soln</i>	1	MO
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLN 1%	2	MO
PROLENSA	2	MO
TRIESENCE	3	MO
YUTIQ	4	
ANTIALLERGICS		
ALOCRIAL	3	MO
ALOMIDE	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>azelastine hcl nasal soln 0.15% (137mcg/spray) ophthalmic soln 0.05%</i>	1	MO
BEPREVE	2	MO
<i>cromolyn sodium ophthalmic soln 4%</i>	1	MO
<i>epinastine hcl</i>	1	MO
LASTACAFT	3	MO
<i>olopatadine hcl ophthalmic soln 0.2%</i>	1	MO
<i>olopatadine hcl ophthalmic soln 0.1%</i>	1	MO
PATADAY	3	MO
PATANOL	3	MO
PAZEO	2	MO
ZERVIAE	3	MO
ANTIGLAUCOMA		
ALPHAGAN P SOLN 0.1%	2	MO
ALPHAGAN P SOLN 0.15%	3	MO
<i>apraclonidine</i>	1	MO
AZOPT	2	MO
<i>betaxolol hcl soln 0.5%</i>	1	MO
BETIMOL	3	MO
BETOPTIC-S	2	MO
<i>bimatoprost</i>	1	MO
BRIMONIDINE TARTRATE SOLN 0.15%	2	MO
<i>brimonidine tartrate soln 0.2%</i>	1	MO
<i>brinzolamide</i>	1	
<i>carteolol hcl</i>	1	MO
COMBIGAN	2	MO
COSOPT	3	MO
COSOPT PF	3	MO
<i>dorzolamide hcl</i>	1	MO
<i>dorzolamide hcl/timolol maleate</i>	1	MO
<i>dorzolamide hydrochloride/timolol maleate pf</i>	1	MO
DURYSTA	4	PA
IOPIDINE	3	MO
ISOPTO CARPINE	3	MO
ISTALOL	3	MO
<i>latanoprost</i>	1	MO
<i>levobunolol hcl</i>	1	MO
LUMIGAN	2	MO
PHOSPHOLINE IODIDE	3	
<i>pilocarpine hcl ophthalmic soln</i>	1	MO
RHOPRESSA	2	MO
ROCKLATAN	3	MO
SIMBRINZA	2	MO
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLN	3	MO
<i>timolol maleate soln 0.25%, 0.5%</i>	1	MO
TIMOPTIC	3	MO

Drug Name	Drug Tier	Requirements/Limits
TIMOPTIC OCUDOSE	3	MO
TIMOPTIC-XE	3	MO
TRAVATAN Z	3	MO
<i>travoprost</i>	1	MO
TRUSOPT	3	MO
VYZULTA	3	MO
XALATAN	3	MO
XELPROS	3	ST
ZIOPTAN	3	ST MO
MISCELLANEOUS		
ALCAINE	3	MO
ATROPINE SULFATE OINT 1%	3	MO
ATROPINE SULFATE OPHTHALMIC SOLN 1%	2	MO
BEOVU	4	PA
CEQUA	3	QL (60 EA per 30 days) PA MO
CYCLOGYL	3	MO
<i>cyclopentolate hcl</i>	1	MO
CYSTADROPS	4	PA
CYSTARAN	4	PA LA
EYLEA	4	PA
ISOPTO ATROPINE	3	MO
LACRISERT	3	MO
LUCENTIS	4	PA
OXERVATE	4	QL (28 ML per 28 days) PA
PHENYLEPHRINE HCL OPHTHALMIC SOLN 10%	3	
PHENYLEPHRINE HCL OPHTHALMIC SOLN 2.5%	3	MO
<i>proparacaine hcl</i>	1	MO
RESTASIS	2	QL (60 EA per 30 days) MO
RESTASIS MULTIDOSE	2	QL (5.5 ML per 30 days) MO
TETRACAINE HYDROCHLORIDE	3	MO
XIIDRA	3	QL (60 EA per 30 days) PA MO
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA	2	QL (60 EA per 30 days) MO
BEVESPI AEROSPHERE	2	QL (10.7 GM per 30 days) MO
BREZTRI AEROSPHERE	3	QL (10.7 GM per 30 days) ST MO
COMBIVENT RESPIMAT	3	QL (8 GM per 30 days) MO
DUAKLIR PRESSAIR	3	QL (1 EA per 30 days) ST MO
<i>ipratropium bromide/albuterol sulfate neb</i>	1	B/D MO
STIOLTO RESPIMAT	3	QL (4 GM per 30 days) ST MO
TRELEGY ELLIPTA	2	QL (60 EA per 30 days) MO
UTIBRON NEOHALER	3	QL (60 EA per 30 days) ST MO
ANTICHOLINERGICS		
ATROVENT HFA	3	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA	2	QL (30 EA per 30 days) MO
<i>ipratropium bromide inhalation soln</i>	1	B/D MO
<i>ipratropium bromide nasal soln 0.03%</i>	1	QL (30 ML per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide nasal soln 0.06%</i>	1	QL (45 ML per 30 days) MO
LONHALA MAGNAIR REFILL KIT	3	QL (60 ML per 30 days) ST MO
SEEBRI NEOHALER	3	QL (60 EA per 30 days) ST MO
SPIRIVA HANDIHALER	3	QL (30 EA per 30 days) ST MO
SPIRIVA RESPIMAT	3	QL (4 GM per 30 days) ST MO
TUDORZA PRESSAIR	3	QL (1 EA per 30 days) ST MO
YUPELRI	4	QL (90 ML per 30 days) PA MO
ANTI-HISTAMINE COMBINATIONS		
<i>azelastine hydrochloride/fluticasone propionate</i>	1	QL (23 GM per 30 days) MO
CLARINEX-D 12 HOUR	3	MO
DYMISTA	3	QL (23 GM per 30 days) MO
<i>promethazine/phenylephrine syrup</i>	1	PA MO
SEMPREX-D	3	QL (56 EA per 28 days) MO
ANTI-HISTAMINES		
<i>azelastine hcl nasal soln 0.15% (137mcg/spray) nasal soln 0.15%</i>	1	QL (30 ML per 25 days) MO
<i>azelastine hydrochloride nasal spray 0.15% (205.5mcg/spray)</i>	1	QL (30 ML per 25 days) MO
<i>carbinoxamine maleate soln</i>	1	PA MO
CARBINOXAMINE MALEATE TABS 6MG	4	PA MO
<i>carbinoxamine maleate tabs 4mg</i>	1	PA MO
<i>cetirizine hydrochloride oral soln 1mg/ml</i>	1	QL (300 ML per 30 days) MO
CLARINEX	3	QL (30 EA per 30 days) MO
<i>clemastine fumarate tab 2.68mg</i>	1	PA MO
<i>cyproheptadine hcl syrup 2mg/5ml</i>	1	PA MO
<i>cyproheptadine hydrochloride tab 4mg</i>	1	PA MO
<i>desloratadine</i>	1	QL (30 EA per 30 days) MO
<i>desloratadine odt</i>	1	QL (30 EA per 30 days) MO
<i>dexchlorpheniramine maleate</i>	1	PA MO
<i>di-phen</i>	1	PA
<i>diphen elixir</i>	1	PA
<i>diphenhydramine hcl elix</i>	1	PA
<i>diphenhydramine hcl inj</i>	1	PA MO
<i>hydroxyzine hcl inj, syrup</i>	1	PA MO
<i>hydroxyzine hydrochloride tabs</i>	1	PA MO
<i>hydroxyzine pamoate</i>	1	PA MO
<i>levocetirizine dihydrochloride soln</i>	1	MO
<i>levocetirizine dihydrochloride tabs</i>	1	QL (30 EA per 30 days) MO
<i>olopatadine hcl nasal soln 0.6%</i>	1	QL (30.5 GM per 30 days) MO
PATANASE	3	QL (30.5 GM per 30 days) MO
QUZYTTIR	3	PA
<i>ryclora</i>	1	PA MO
RYVENT	3	PA MO
VISTARIL	3	PA MO
BETA AGONISTS		
<i>albuterol sulfate er tabs</i>	1	MO
<i>albuterol sulfate hfa (generic Proventil HFA) aers 108mcg/act1</i>	1	QL (13.4 GM per 30 days) MO
<i>albuterol sulfate hfa (generic Proair HFA) aers 108mcg/act</i>	1	QL (17 GM per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate hfa (generic Ventolin HFA) aers 108mcg/act</i>	1	QL (36 GM per 30 days) MO
<i>albuterol sulfate nebu</i>	1	B/D MO
<i>albuterol sulfate syrp, tabs</i>	1	MO
ARCAPTA NEOHALER	3	QL (30 EA per 30 days) ST MO
BROVANA	3	QL (120 ML per 30 days) PA MO
<i>levalbuterol hcl</i>	1	B/D MO
<i>levalbuterol hcl neb 1.25mg/0.5ml</i>	1	B/D MO
<i>levalbuterol hydrochloride nebu 0.31mg/3ml, 0.63mg/3ml, 1.25mg/3ml</i>	1	B/D MO
LEVALBUTEROL TARTRATE HFA	2	QL (30 GM per 30 days) MO
<i>metaproterenol sulfate</i>	1	
PERFOROMIST	3	QL (120 ML per 30 days) PA MO
PROAIR DIGIHALER	3	QL (2 EA per 30 days) PA MO
PROAIR HFA	3	QL (17 GM per 30 days) MO
PROAIR RESPICLICK	3	QL (2 EA per 30 days) MO
PROVENTIL HFA	3	QL (13.4 GM per 30 days) MO
SEREVENT DISKUS	2	QL (60 EA per 30 days) MO
STRIVERDI RESPIMAT	3	QL (4 GM per 30 days) ST MO
<i>terbutaline sulfate</i>	1	MO
VENTOLIN HFA	2	QL (36 GM per 30 days) MO
XOPENEX CONCENTRATE NEB	3	B/D MO
XOPENEX HFA	3	QL (30 GM per 30 days) MO
XOPENEX NEBU 0.31MG/3ML, 0.63MG/3ML	3	B/D MO
XOPENEX NEBU 1.25MG/3ML	4	B/D MO
LEUKOTRIENE MODULATORS		
ACCOLATE	3	QL (60 EA per 30 days) MO
<i>montelukast sodium</i>	1	QL (30 EA per 30 days) MO
SINGULAIR	3	QL (30 EA per 30 days) ST MO
<i>zafirlukast</i>	1	QL (60 EA per 30 days) MO
<i>zileuton er</i>	4	QL (120 EA per 30 days) MO
ZYFLO	4	QL (120 EA per 30 days) MO
MISCELLANEOUS		
<i>acetylcysteine inhalation soln 10%, 20%</i>	1	B/D MO
<i>aminophylline</i>	1	
ARALAST NP	4	PA LA
AUVI-Q INJ 0.15MG/0.15ML	3	QL (2 EA per 30 days) ST MO
AUVI-Q INJ 0.1MG/0.1ML	4	QL (2 EA per 30 days)
AUVI-Q INJ 0.3MG/0.3ML	4	QL (2 EA per 30 days) ST MO
BRONCHITOL	4	QL (560 EA per 28 days) PA
BRONCHITOL TOLERANCE TEST	4	QL (560 EA per 28 days) PA
CINQAIR	4	PA
COCAINE HYDROCHLORIDE NASAL SOLN	3	PA
<i>cromolyn sodium nebu 20mg/2ml</i>	1	B/D MO
DALIRESP	3	MO
ELIXOPHYLLIN	3	MO
<i>epinephrine hcl inj soln inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	1	QL (2 EA per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
EIPEN 2-PAK	3	QL (2 EA per 30 days) MO
EIPEN-JR 2-PAK	3	QL (2 EA per 30 days) MO
ESBRIET	4	PA
FASENRA	4	QL (1 ML per 28 days) PA
FASENRA PEN	4	QL (1 ML per 28 days) PA
GLASSIA	4	PA
GOPRELTO	3	PA
KALYDECO	4	PA
NUCALA INJ 100MG/VIAL	4	QL (3 EA per 28 days) PA
NUCALA INJ 100MG/ML	4	QL (3 ML per 28 days) PA
NUMBRINO	3	PA
OFEV	4	PA
ORKAMBI	4	PA
PROLASTIN-C	4	PA LA
PULMOZYME	4	PA
SYMDEKO TBPK 75MG; 50MG	4	PA
SYMDEKO TBPK 150MG; 100MG	4	PA LA
SYMJEPI	3	QL (2 EA per 30 days) MO
THEO-24	3	MO
<i>theophylline er</i>	1	MO
<i>theophylline soln 80 mg/15ml</i>	1	MO
THEOPHYLLINE/D5W	3	
TRIKAFTA	4	QL (84 EA per 28 days) PA
XOLAIR	4	PA LA
ZEMAIRA	4	PA LA
NASAL STEROIDS		
BECONASE AQ	3	QL (50 GM per 30 days) MO
<i>flunisolide</i>	1	QL (75 ML per 30 days) MO
<i>fluticasone propionate susp 50mcg/act</i>	1	QL (16 GM per 30 days) MO
<i>mometasone furoate susp 50mcg/act</i>	1	QL (34 GM per 30 days) MO
NASONEX	3	QL (34 GM per 30 days) ST MO
OMNARIS	3	QL (12.5 GM per 30 days) MO
QNASL	3	QL (10.6 GM per 30 days) MO
QNASL CHILDRENS	3	QL (6.8 GM per 30 days) MO
XHANCE	3	QL (32 ML per 30 days) MO
ZETONNA	3	QL (6.1 GM per 30 days) MO
STEROID INHALANTS		
ALVESCO	3	QL (12.2 GM per 30 days) ST MO
ARMONAIR DIGIHALER	3	QL (1 EA per 30 days) ST
ARNUITY ELLIPTA	2	QL (30 EA per 30 days) MO
ASMANEX HFA	3	QL (13 GM per 30 days) ST MO
ASMANEX TWISTHALER 120 METERED DOSES	3	QL (1 EA per 30 days) ST MO
ASMANEX TWISTHALER 14 METERED DOSES	3	QL (2 EA per 28 days) ST MO
ASMANEX TWISTHALER 30 METERED DOSES	3	QL (1 EA per 30 days) ST MO
ASMANEX TWISTHALER 60 METERED DOSES	3	QL (1 EA per 30 days) ST MO
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	1	B/D MO
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	2	QL (120 EA per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
FLOVENT DISKUS AEPB 250MCG/BLIST	2	QL (240 EA per 30 days) MO
FLOVENT HFA AERO 44MCG/ACT	2	QL (21.2 GM per 30 days) MO
FLOVENT HFA AERO 110MCG/ACT, 220MCG/ACT	2	QL (24 GM per 30 days) MO
PULMICORT FLEXHALER	3	QL (2 EA per 30 days) MO
PULMICORT SUSP 0.25MG/2ML, 0.5MG/2ML	3	B/D MO
PULMICORT SUSP 1MG/2ML	4	B/D MO
QVAR REDHALER	3	QL (21.2 GM per 30 days) ST MO
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS	2	QL (60 EA per 30 days) MO
ADVAIR HFA	2	QL (12 GM per 30 days) MO
AIRDUO DIGIHALER 113/14	3	QL (1 EA per 30 days) ST MO
AIRDUO DIGIHALER 232/14	3	QL (1 EA per 30 days) ST MO
AIRDUO DIGIHALER 55/14	3	QL (1 EA per 30 days) ST MO
AIRDUO RESPICLICK 113/14	3	QL (1 EA per 30 days) ST MO
AIRDUO RESPICLICK 232/14	3	QL (1 EA per 30 days) ST MO
AIRDUO RESPICLICK 55/14	3	QL (1 EA per 30 days) ST MO
BREO ELLIPTA	2	QL (60 EA per 30 days) MO
BUDESONIDE/FORMOTEROL FUMARATE DIHYDRATE	2	QL (10.2 GM per 30 days) MO
DULERA	3	QL (13 GM per 30 days) ST MO
FLUTICASONE PROPIONATE/SALMETEROL	3	QL (1 EA per 30 days) ST MO
FLUTICASONE PROPIONATE/SALMETEROL DISKUS	2	QL (60 EA per 30 days) MO
SYMBICORT	2	QL (10.2 GM per 30 days) MO
<i>wixela inhub</i>	1	QL (60 EA per 30 days) MO

TOPICAL**DERMATOLOGY, ACNE**

ABSORICA	4	PA
ABSORICA LD	4	
ACANYA	3	MO
<i>accutane</i>	1	PA
ACZONE	3	QL (90 GM per 30 days) MO
<i>adapalene/benzoyl peroxide</i>	1	QL (45 GM per 30 days) PA MO
ADAPALENE SOLN	3	QL (60 ML per 30 days) PA
<i>adapalene pads</i>	1	QL (30 EA per 30 days) PA
<i>adapalene crea, gel</i>	1	QL (45 GM per 30 days) PA MO
AKLIEF	3	QL (45 GM per 30 days) PA MO
ALTRENO	3	QL (45 GM per 30 days) PA MO
<i>amnesteem</i>	1	PA
AMZEEQ	3	QL (30 GM per 30 days) MO
ARAZLO	3	MO
ATRALIN	3	QL (45 GM per 30 days) PA MO
AVITA CREA	3	QL (45 GM per 30 days) PA
AVITA GEL	3	QL (45 GM per 30 days) PA MO
AZELEX	3	QL (50 GM per 30 days) MO
BENZACLIN	3	MO
BENZACLIN WITH PUMP	3	MO
BENZAMYCIN	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>claravis</i>	1	PA
CLEOCIN-T LOTN	3	QL (60 ML per 30 days) MO
CLEOCIN-T GEL	4	QL (75 GM per 30 days) MO
<i>clindacin etz pledgets</i>	1	MO
<i>clindacin-p pad 1%</i>	1	MO
CLINDAGEL	4	QL (75 ML per 30 days) MO
<i>clindamycin phosphate/benzoyl peroxide</i>	1	MO
<i>clindamycin phosphate/tretinoin</i>	1	QL (60 GM per 30 days) PA MO
<i>clindamycin phosphate foam 1%</i>	1	QL (100 GM per 30 days) MO
<i>clindamycin phosphate gel 1%</i>	1	QL (75 GM per 30 days) MO
CLINDAMYCIN PHOSPHATE LOTN 1%	3	QL (60 ML per 30 days) MO
<i>clindamycin phosphate external soln 1%</i>	1	QL (60 ML per 30 days) MO
<i>clindamycin phosphate swab 1%</i>	1	MO
<i>clindamycin/benzoyl peroxide gel 5%;1%</i>	1	MO
<i>dapsone gel 5%, 7.5%</i>	1	QL (90 GM per 30 days) MO
DIFFERIN CREA, GEL	3	QL (45 GM per 30 days) PA MO
DIFFERIN LOTN	3	QL (59 ML per 30 days) PA MO
EPIDUO	3	QL (45 GM per 30 days) PA MO
EPIDUO FORTE	3	QL (70 GM per 30 days) PA MO
<i>ery pad 2%</i>	1	MO
ERYGEL	3	QL (60 GM per 30 days) MO
<i>erythromycin/benzoyl peroxide gel 5%; 3%</i>	1	MO
<i>erythromycin gel 2%</i>	1	QL (60 GM per 30 days) MO
<i>erythromycin soln 2%</i>	1	QL (60 ML per 30 days) MO
EVOCLIN	3	QL (100 GM per 30 days) MO
FABIOR	3	QL (100 GM per 30 days) MO
<i>isotretinoin</i>	1	PA
KLARON	3	MO
<i>myorisan</i>	1	PA
<i>neuac gel</i>	1	MO
ONEXTON	3	MO
RETIN-A	3	QL (45 GM per 30 days) PA MO
RETIN-A MICRO PUMP GEL 0.04%, 0.1%	3	QL (50 GM per 30 days) PA MO
RETIN-A MICRO PUMP GEL 0.08%	4	QL (50 GM per 30 days) PA MO
RETIN-A MICRO GEL 0.04%, 0.1%	3	QL (50 GM per 30 days) PA MO
RETIN-A MICRO GEL 0.06%	4	QL (50 GM per 30 days) PA MO
SODIUM SULFACETAMIDE/SULFUR	3	QL (473 ML per 30 days) MO
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA	3	QL (355 ML per 30 days) MO
<i>sulfacetamide sodium lotn 10%</i>	1	MO
SULFACLEANSE 8/4	3	QL (473 ML per 30 days) MO
TAZAROTENE CREA 0.1% FOAM 0.1%	3	QL (100 GM per 30 days)
TRETINOIN MICROSPHERE GEL	3	QL (50 GM per 30 days) PA MO
TRETINOIN MICROSPHERE PUMP GEL	3	QL (50 GM per 30 days) PA MO
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	1	QL (45 GM per 30 days) PA MO
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	1	QL (45 GM per 30 days) PA MO
VELTIN	3	QL (60 GM per 30 days) PA MO

Drug Name	Drug Tier	Requirements/Limits
<i>zenatane</i>	1	PA
ZIANA	3	QL (60 GM per 30 days) PA MO
DERMATOLOGY, ANTIBIOTICS		
ALTABAX	3	QL (30 GM per 30 days) MO
CENTANY GEL	3	QL (30 GM per 30 days) MO
CORTISPORIN OINT	3	QL (15 GM per 30 days) MO
CORTISPORIN CREA	3	QL (7.5 GM per 30 days) MO
<i>gentamicin sulfate crea 0.1%</i>	1	QL (60 GM per 30 days) MO
<i>gentamicin sulfate oint 0.1%</i>	1	QL (60 GM per 30 days) MO
<i>mafenide acetate</i>	1	MO
<i>mupirocin</i>	1	QL (30 GM per 30 days) MO
NEO-SYNALAR CREA	3	QL (60 GM per 30 days) MO
SILVADENE	3	MO
SILVER SULFADIAZINE	2	MO
SSD	2	
SULFAMYLON CREA	3	MO
SULFAMYLON PACK	4	MO
XEPI	3	QL (30 GM per 30 days)
DERMATOLOGY, ANTIFUNGALS		
<i>ciclodan</i>	1	
<i>ciclopirox nail lacquer</i>	1	MO
<i>ciclopirox olamine cream</i>	1	QL (90 GM per 30 days) MO
<i>ciclopirox gel</i>	1	QL (100 GM per 30 days) MO
<i>ciclopirox sham</i>	1	QL (120 ML per 30 days) MO
<i>ciclopirox susp</i>	1	QL (60 ML per 30 days) MO
<i>clotrimazole/betamethasone dipropionate lotn</i>	1	QL (30 ML per 30 days) MO
<i>clotrimazole/betamethasone dipropionate crea</i>	1	QL (45 GM per 30 days) MO
<i>clotrimazole crea 1%</i>	1	QL (45 GM per 30 days) MO
<i>clotrimazole soln 1%</i>	1	QL (30 ML per 30 days) MO
<i>econazole nitrate</i>	1	QL (85 GM per 30 days) MO
ERTACZO	4	QL (60 GM per 30 days) MO
EXELDERM SOLN	3	QL (30 ML per 30 days) MO
EXELDERM CREA	3	QL (60 GM per 30 days) MO
EXTINA	4	QL (100 GM per 30 days) MO
JUBLIA	3	QL (8 ML per 30 days) PA MO
KERYDIN	4	QL (10 ML per 30 days) PA MO
<i>ketoconazole crea 2%</i>	1	QL (60 GM per 30 days) MO
<i>ketoconazole foam 2%</i>	1	QL (100 GM per 30 days) MO
LOPROX SHAMPOO	3	QL (120 ML per 30 days) MO
LOPROX SUSP	3	QL (60 ML per 30 days) MO
LOPROX CREA	3	QL (90 GM per 30 days) MO
LOTRISONE	3	QL (45 GM per 30 days) MO
LULICONAZOLE	3	QL (60 GM per 30 days) ST MO
LUZU	3	QL (60 GM per 30 days) ST MO
MENTAX	3	QL (30 GM per 30 days) MO
MICONAZOLE NITRATE/ZINC OXIDE/WHITE PETROLATUM	3	QL (50 GM per 30 days) PA MO

Drug Name	Drug Tier	Requirements/Limits
<i>naftifine hcl crea 1%</i>	1	QL (90 GM per 30 days) MO
<i>naftifine hydrochloride crea 2%</i>	1	QL (60 GM per 30 days) MO
<i>naftifine hydrochloride gel</i>	1	QL (90 GM per 30 days) MO
NAFTIN CREA	3	QL (60 GM per 30 days) MO
NAFTIN GEL 2%	3	QL (60 GM per 30 days) MO
NAFTIN GEL 1%	3	QL (90 GM per 30 days) MO
<i>nyamyc</i>	1	QL (60 GM per 30 days)
<i>nystatin/triamcinolone</i>	1	QL (60 GM per 30 days) MO
<i>nystatin crea 100000unit/gm</i>	1	QL (30 GM per 30 days) MO
<i>nystatin oint 100000unit/gm</i>	1	QL (30 GM per 30 days) MO
<i>nystatin powd 100000unit/gm</i>	1	QL (60 GM per 30 days) MO
<i>nystop</i>	1	QL (60 GM per 30 days) MO
<i>oxiconazole nitrate</i>	1	QL (90 GM per 30 days) MO
OXISTAT LOTN	3	QL (60 ML per 30 days) MO
OXISTAT CREA	4	QL (90 GM per 30 days) MO
PENLAC NAIL LACQUER	3	MO
<i>tavaborole</i>	4	QL (10 ML per 30 days) PA MO
VUSION	3	QL (50 GM per 30 days) PA MO
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	1	PA MO
CALCIPOTRIENE FOAM	3	QL (120 GM per 30 days) PA
<i>calcipotriene crea, oint</i>	1	QL (120 GM per 30 days) PA MO
<i>calcipotriene soln</i>	1	QL (60 ML per 30 days) PA MO
CALCITRIOL OINT 3MCG/GM	3	QL (100 GM per 30 days) MO
DOVONEX	3	QL (120 GM per 30 days) PA MO
<i>methoxsalen</i>	4	MO
OXSORALEN ULTRA	4	MO
SORIATANE	4	PA MO
SORILUX	3	QL (120 GM per 30 days) PA MO
<i>tazarotene crea 0.1%</i>	1	QL (60 GM per 30 days) PA MO
TAZORAC GEL	3	QL (100 GM per 30 days) PA MO
TAZORAC CREA	3	QL (60 GM per 30 days) PA MO
VECTICAL	4	QL (100 GM per 30 days) MO
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole sham 2%</i>	1	QL (120 ML per 30 days) MO
NIZORAL	3	QL (120 ML per 30 days) MO
<i>selenium sulfide lotn</i>	1	MO
SELENIUM SULFIDE SHAM 2.25%	3	QL (180 ML per 30 days) MO
<i>selenium sulfide sham 2.3%</i>	1	QL (180 ML per 30 days) MO
XOLEGEL	4	QL (45 GM per 30 days) MO
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala scalp</i>	1	MO
<i>ala-cort crea 1%</i>	1	
<i>ala-cort crea 2.5%</i>	1	QL (30 GM per 30 days)
<i>ala-scalp</i>	1	
<i>alclometasone dipropionate</i>	1	MO
AMCINONIDE OINT	3	QL (60 GM per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>amcinonide crea</i>	1	QL (60 GM per 30 days) MO
<i>amcinonide lotn</i>	1	QL (60 ML per 30 days) MO
APEXICON E	4	QL (60 GM per 30 days) MO
<i>augmented betamethasone dipropionate</i>	1	MO
<i>baser lotn 0.05%</i>	1	QL (120 ML per 30 days)
<i>betamethasone dipropionate</i>	1	MO
<i>betamethasone valerate</i>	1	MO
BRYHALI	3	QL (100 GM per 30 days) MO
CALCIPOTRIENE/BETAMETHASONE DIPROPIONATE SUSP	4	QL (120 GM per 30 days) PA MO
<i>calcipotriene/betamethasone dipropionate oint</i>	1	QL (400 GM per 30 days) PA MO
CAPEX	3	QL (120 ML per 30 days) MO
<i>clobetasol propionate e</i>	1	QL (60 GM per 30 days) MO
<i>clobetasol propionate emollient foam</i>	1	QL (100 GM per 30 days) MO
<i>clobetasol propionate emollient crea</i>	1	QL (60 GM per 30 days) MO
<i>clobetasol propionate foam</i>	1	QL (100 GM per 30 days) MO
<i>clobetasol propionate lotn, sham</i>	1	QL (118 ML per 30 days) MO
<i>clobetasol propionate spray</i>	1	QL (125 ML per 30 days) MO
<i>clobetasol propionate soln</i>	1	QL (50 ML per 30 days) MO
<i>clobetasol propionate crea, gel, oint</i>	1	QL (60 GM per 30 days) MO
CLOBEX LOTN, SHAM	3	QL (118 ML per 30 days) MO
CLOBEX SPRAY	3	QL (125 ML per 30 days) MO
CLOCORTOLONE PIVALATE	3	QL (90 GM per 30 days) MO
<i>clodan shampoo</i>	1	QL (118 ML per 30 days)
CLODERM	3	QL (90 GM per 30 days) MO
CORDRAN TAPE	3	MO
CORDRAN CREA	3	QL (120 GM per 30 days) MO
CORDRAN LOTN	3	QL (120 ML per 30 days) MO
CORDRAN OINT	3	QL (60 GM per 30 days) MO
CUTIVATE	3	QL (120 ML per 30 days) MO
DERMA-SMOOTH/FS BODY	3	QL (118.28 ML per 30 days) MO
DERMA-SMOOTH/FS SCALP	3	QL (118.28 ML per 30 days) MO
DESONATE	3	QL (60 GM per 30 days) MO
<i>desonide lotn</i>	1	QL (118 ML per 30 days) MO
<i>desonide crea, gel, oint</i>	1	QL (60 GM per 30 days) MO
DESOWEN	3	QL (60 GM per 30 days) MO
<i>desoximetasone crea, oint</i>	1	QL (100 GM per 30 days) MO
<i>desoximetasone spray</i>	1	QL (100 ML per 30 days) MO
<i>desoximetasone gel</i>	1	QL (60 GM per 30 days) MO
<i>desrx</i>	1	QL (60 GM per 30 days)
<i>diflorasone diacetate</i>	1	QL (60 GM per 30 days) MO
DIPROLENE	3	MO
DIPROLENE AF	3	MO
DUOBRII	3	QL (200 GM per 28 days) PA MO
ELOCON CREA	3	MO
ENSTILAR	3	QL (120 GM per 30 days) PA MO
EPIFOAM	3	QL (10 GM per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide body oil</i>	1	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide scalp oil</i>	1	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide crea 0.025%</i>	1	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide crea 0.01%</i>	1	QL (60 GM per 30 days) MO
<i>fluocinolone acetonide oint 0.025%</i>	1	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide topical soln 0.01%</i>	1	QL (90 ML per 30 days) MO
<i>fluocinonide emulsified cream</i>	1	QL (120 GM per 30 days) MO
<i>fluocinonide crea 0.05%</i>	1	QL (120 GM per 30 days) MO
<i>fluocinonide crea 0.1%</i>	4	QL (120 GM per 30 days) MO
<i>fluocinonide gel, oint</i>	1	QL (60 GM per 30 days) MO
<i>fluocinonide soln</i>	1	QL (60 ML per 30 days) MO
<i>flurandrenolide crea</i>	1	QL (120 GM per 30 days) MO
<i>flurandrenolide lotn</i>	1	QL (120 ML per 30 days) MO
<i>flurandrenolide oint</i>	1	QL (60 GM per 30 days) MO
<i>fluticasone propionate crea 0.05%</i>	1	MO
<i>fluticasone propionate lotn 0.05%</i>	1	QL (120 ML per 30 days) MO
<i>fluticasone propionate oint 0.005%</i>	1	MO
<i>halcinonide</i>	1	QL (60 GM per 30 days) MO
HALOBETASOL PROPIONATE FOAM	3	QL (100 GM per 30 days) MO
<i>halobetasol propionate crea, oint</i>	1	QL (50 GM per 30 days) MO
HALOG CREA, OINT	3	QL (60 GM per 30 days) MO
HALOG SOLN	4	QL (120 ML per 30 days) MO
<i>hydrocortisone butyrate (lipophilic) crea</i>	1	QL (60 GM per 30 days) MO
<i>hydrocortisone butyrate lotn</i>	1	QL (118 ML per 30 days) MO
<i>hydrocortisone butyrate crea, oint</i>	1	QL (45 GM per 30 days) MO
<i>hydrocortisone butyrate soln</i>	1	QL (60 ML per 30 days) MO
<i>hydrocortisone valerate crea, oint</i>	1	QL (60 GM per 30 days) MO
<i>hydrocortisone (generic Ala-Cort) crea 1%</i>	1	MO
<i>hydrocortisone (generic Ala-Cort) crea 2.5%</i>	1	QL (30 GM per 30 days) MO
<i>hydrocortisone lotn 2.5%</i>	1	MO
<i>hydrocortisone oint 1%, 2.5%</i>	1	QL (30 GM per 30 days) MO
IMPEKLO	3	QL (68 GM per 30 days)
IMPOYZ	3	QL (60 GM per 30 days) MO
KENALOG AER SPRAY	3	MO
LEXETTE	3	QL (100 GM per 30 days) MO
LOCOID LIPOCREAM	4	QL (60 GM per 30 days) MO
LOCOID LOTN	3	QL (118 ML per 30 days) MO
LOCOID CREA	3	QL (45 GM per 30 days) MO
LOCOID SOLN	3	QL (60 ML per 30 days) MO
LUXIQ	3	MO
<i>mometasone furoate crea 0.1%</i>	1	MO
<i>mometasone furoate oint 0.1%</i>	1	MO
<i>mometasone furoate soln 0.1%</i>	1	MO
<i>nolix crea</i>	1	QL (120 GM per 30 days) MO
<i>nolix lotn</i>	1	QL (120 ML per 30 days)
OLUX	3	QL (100 GM per 30 days) MO
OLUX-E	3	QL (100 GM per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
PANDEL	4	QL (80 GM per 30 days) MO
PREDNICARBATE CREA	3	QL (60 GM per 30 days) MO
<i>prednicarbate oint</i>	1	QL (60 GM per 30 days) MO
PSORCON	3	QL (60 GM per 30 days) MO
SERNIVO	3	QL (120 ML per 30 days) MO
SYNALAR CREA, OINT	3	QL (120 GM per 30 days) MO
SYNALAR SOLN	3	QL (90 ML per 30 days) MO
TACLONEX SUSP	4	QL (120 GM per 30 days) PA MO
TACLONEX OINT	4	QL (400 GM per 30 days) PA MO
TEMOVATE	3	QL (60 GM per 30 days) MO
TEXACORT	3	MO
TOPICORT CREA, OINT	3	QL (100 GM per 30 days) MO
TOPICORT SPRAY	3	QL (100 ML per 30 days) MO
TOPICORT GEL	4	QL (60 GM per 30 days) MO
<i>tovet foam</i>	1	QL (100 GM per 30 days)
<i>triamcinolone acetonide aers spray</i>	1	MO
<i>triamcinolone acetonide crea 0.025%, 0.5%</i>	1	MO
<i>triamcinolone acetonide crea 0.1%</i>	1	QL (454 GM per 30 days) MO
<i>triamcinolone acetonide lotn 0.025%, 0.1%</i>	1	MO
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	1	MO
<i>triamcinolone acetonide oint 0.05%</i>	1	QL (430 GM per 30 days) MO
<i>trianex</i>	1	QL (430 GM per 30 days)
<i>triderm crea 0.5%</i>	1	
<i>triderm crea 0.1%</i>	1	QL (454 GM per 30 days)
TRIDESILON	3	QL (60 GM per 30 days) MO
<i>tritocin</i>	1	QL (430 GM per 30 days)
ULTRAVATE	4	QL (60 ML per 30 days) MO
VANOS	4	QL (120 GM per 30 days) MO
VERDESO	4	QL (100 GM per 30 days) MO
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i>	1	QL (30 ML per 30 days) PA MO
<i>lidocaine hcl jelly</i>	1	QL (30 ML per 30 days) PA MO
<i>lidocaine hcl prsy 2%</i>	1	QL (30 ML per 30 days) PA MO
<i>lidocaine hcl external soln 4%</i>	1	QL (50 ML per 30 days) PA MO
<i>lidocaine/prilocaine</i>	1	QL (30 GM per 30 days) PA MO
<i>lidocaine ptch</i>	1	QL (3 EA per 1 days) PA MO
<i>lidocaine oint</i>	1	QL (35.44 GM per 30 days) PA MO
LIDODERM	3	QL (3 EA per 1 days) PA MO
PLIAGLIS	3	QL (30 GM per 30 days) PA
QUTENZA	3	QL (4 EA per 90 days) PA
SYNERA	3	QL (10 EA per 30 days) PA MO
ZTLIDO	3	QL (3 EA per 1 days) PA MO
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ACYCLOVIR CREA 5%	3	QL (5 GM per 30 days) MO
<i>acyclovir oint 5%</i>	1	QL (30 GM per 30 days) MO
ALDARA	3	QL (24 EA per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>ammonium lactate</i>	1	MO
ANUSOL-HC CREA	3	MO
<i>azelaic acid</i>	1	QL (50 GM per 30 days) MO
BENSAL HP	4	QL (30 GM per 30 days) MO
CARAC	4	QL (30 GM per 30 days) PA MO
CONDYLOX	3	QL (7 GM per 30 days) MO
CORTIFOAM	3	QL (15 GM per 30 days) MO
DENAVIR	3	QL (5 GM per 30 days) MO
<i>diclofenac sodium gel 3%</i>	1	QL (100 GM per 30 days) PA MO
<i>diclofenac sodium gel 1%</i>	1	QL (1000 GM per 30 days) PA MO
<i>diclofenac sodium external soln 1.5%</i>	1	QL (300 ML per 28 days) PA MO
DICLOFENACE EPOLAMINE PATCH	3	QL (60 EA per 30 days) PA MO
DOXEPIN HYDROCHLORIDE CREA 5%	3	QL (45 GM per 30 days) PA MO
DOXYCYCLINE CPDR 40MG	3	QL (30 EA per 30 days) PA MO
EFUDEX	3	QL (40 GM per 30 days) PA MO
ELIDEL	3	QL (100 GM per 30 days) ST MO
EUCRISA	3	QL (60 GM per 30 days) ST MO
FINACEA	3	QL (50 GM per 30 days) MO
FLECTOR	3	QL (60 EA per 30 days) PA MO
FLUROPLEX	4	QL (30 GM per 30 days) PA MO
FLUOROURACIL CREA 0.5%	3	QL (30 GM per 30 days) PA MO
<i>fluorouracil crea 5%</i>	1	QL (40 GM per 30 days) PA MO
<i>fluorouracil external soln 2%, 5%</i>	1	QL (10 ML per 30 days) MO
<i>hydrocortisone acetate/pramoxine</i>	1	QL (30 GM per 30 days) MO
<i>hydrocortisone crea 1% (generic Proctocort), 2.5% (generic Proctosol HC)</i>	1	MO
IMIQUIMOD PUMP	4	QL (7.5 GM per 30 days) MO
<i>imiquimod crea 5%</i>	1	QL (24 EA per 30 days) MO
<i>imiquimod crea 3.75%</i>	4	QL (28 EA per 28 days) MO
<i>ivermectin crea 1%</i>	1	QL (45 GM per 30 days)
KLISYRI	4	QL (5 EA per 30 days) PA
LEVULAN KERASTICK	3	QL (6 EA per 30 days)
LICART	3	PA MO
METROCREAM	3	QL (45 GM per 30 days) MO
METROGEL	3	MO
METROLOTION	3	MO
<i>metronidazole crea 0.75%</i>	1	QL (45 GM per 30 days) MO
<i>metronidazole gel 0.75%, 1%</i>	1	MO
<i>metronidazole lotn 0.75%</i>	1	MO
MIRVASO	3	MO
NORITATE	4	QL (60 GM per 30 days) MO
ORACEA	3	QL (30 EA per 30 days) PA MO
PANRETIN	4	QL (60 GM per 30 days)
PENNSAID	4	QL (224 GM per 28 days) PA MO
PICATO GEL 0.05%	4	QL (2 EA per 30 days) MO
PICATO GEL 0.015%	4	QL (3 EA per 30 days) MO
<i>pimecrolimus</i>	1	QL (100 GM per 30 days) ST MO

Drug Name	Drug Tier	Requirements/Limits
PODOCON 25 IN BENZOIN TINCTURE	3	QL (15 ML per 30 days)
<i>podofilox</i>	1	MO
<i>procto-med hc</i>	1	
<i>procto-pak</i>	1	MO
PROCTOCORT CREA	3	MO
PROCTOFOAM HC	3	QL (10 GM per 30 days) MO
<i>proctosol hc</i>	1	MO
<i>proctozone-hc</i>	1	
PROTOPIC OINT 0.03%	3	QL (60 GM per 30 days) ST MO
PROTOPIC OINT 0.1%	4	QL (60 GM per 30 days) ST MO
PRUDOXIN	4	QL (45 GM per 30 days) PA MO
QBREXZA	3	QL (30 EA per 30 days) PA MO
RECTIV	3	QL (30 GM per 30 days) MO
RHOFADE	3	QL (60 GM per 30 days) PA MO
<i>rosadan gel</i>	1	
<i>rosadan crea</i>	1	QL (45 GM per 30 days)
SALEX	3	QL (177 ML per 30 days) MO
SALICYLIC ACID WART REMOVER	3	QL (10 ML per 30 days) MO
SALICYLIC ACID SHAM 6%	3	QL (177 ML per 30 days) MO
SALICYLIC ACID CREA 6%	3	QL (454 GM per 30 days)
SALICYLIC ACID LOTN 6%	3	QL (473 ML per 30 days) MO
<i>salicylic acid soln</i>	1	QL (10 ML per 30 days) MO
SILVER NITRATE	3	QL (960 ML per 30 days) MO
SOOLANTRA	3	QL (45 GM per 30 days) MO
<i>tacrolimus oint 0.03%, 0.1%</i>	1	QL (60 GM per 30 days) MO
TARGRETIN GEL 1%	4	QL (60 GM per 30 days) PA
TOLAK	3	QL (40 GM per 30 days) PA MO
VALCHLOR	4	QL (60 GM per 30 days) PA LA
VEREGEN	4	QL (30 GM per 30 days) MO
VIRASAL	3	QL (10 ML per 30 days) MO
VOLTAREN	3	QL (1000 GM per 30 days) PA MO
XERESE	4	QL (5 GM per 30 days) MO
ZILXI	3	QL (30 GM per 30 days) PA MO
ZONALON	3	QL (45 GM per 30 days) PA MO
ZOVIRAX CREA 5%	4	QL (5 GM per 30 days) MO
ZOVIRAX OINT 5%	4	QL (30 GM per 30 days) MO
ZYCLARA CREA 3.75%	4	QL (28 EA per 28 days) MO
ZYCLARA PUMP	4	QL (15 GM per 30 days) MO
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>crotan</i>	4	QL (237 GM per 30 days)
ELIMITE	3	MO
<i>ivermectin lotn 0.5%</i>	1	QL (117 GM per 30 days) MO
<i>lindane</i>	1	MO
<i>malathion</i>	1	MO
NATROBA	3	QL (120 ML per 30 days) MO
OVIDE	3	MO
<i>permethrin</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
SKLICE	3	QL (117 GM per 30 days) MO
SPINOSAD	3	QL (120 ML per 30 days) MO
DERMATOLOGY, WOUND CARE AGENTS		
LACTATED RINGERS IRRIGATION	3	
PHYSIOLYTE	3	
PHYSIOSOL IRRIGATION	3	
REGRANEX	4	QL (30 GM per 30 days) PA MO
RINGERS IRRIGATION	3	
SANTYL	3	MO
SODIUM CHLORIDE 0.9% IRRIGATION SOLN	2	MO
STERILE WATER IRRIGATION PLASTIC BOTTLE	2	MO
TIS-U-SOL	3	
MOUTH/THROAT/DENTAL AGENTS		
ARESTIN	4	PA
<i>cevimeline hydrochloride</i>	1	MO
<i>chlorhexidine gluconate oral soln</i>	1	MO
CLINPRO 5000	3	MO
<i>clotrimazole troc 10mg</i>	1	MO
DENTA 5000 PLUS CREA 1.1%	3	QL (51 GM per 30 days)
DENTA 5000 PLUS CREA 1.1% (2 PACK)	3	QL (51 GM per 30 days) MO
DENTAGEL	3	QL (56 GM per 30 days) MO
EVOXAC	3	MO
FLUORIDEX	3	
FLUORIDEX SENSITIVITY RELIEF/SLS FREE	3	
<i>lidocaine hcl mouth/throat soln 4%</i>	1	
<i>lidocaine viscous</i>	1	MO
<i>nystatin susp 100000unit/ml</i>	1	MO
<i>oralone dental paste</i>	1	
ORAVIG	4	MO
<i>paroex oral soln</i>	1	
<i>perio gard oral soln</i>	1	MO
<i>pilocarpine hydrochloride tabs</i>	1	MO
PREVIDENT 5000 BOOSTER PLUS	3	MO
PREVIDENT 5000 DRY MOUTH	3	QL (56 ML per 30 days) MO
PREVIDENT 5000 ENAMEL PROTECT	3	MO
PREVIDENT 5000 PLUS	3	QL (51 GM per 30 days) MO
PREVIDENT FLUORIDE	3	QL (56 GM per 30 days) MO
PREVIDENT RINSE	3	MO
SALAGEN	3	MO
SF 5000 PLUS	3	QL (51 GM per 30 days) MO
SF GEL	3	QL (56 GM per 30 days) MO
SODIUM FLUORIDE 5000 PLUS	3	QL (51 GM per 30 days)
<i>sodium fluoride 5000 ppm sensitive</i>	1	MO
SODIUM FLUORIDE 5000 PPM CREA	3	QL (51 GM per 30 days)
<i>sodium fluoride 5000 ppm pste</i>	1	MO
SODIUM FLUORIDE GEL 1.1%	3	QL (56 GM per 30 days) MO
<i>triamcinolone acetonide dental paste</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
OTIC		
<i>acetic acid otic soln</i>	1	MO
CETRAXAL	3	MO
CIPRO HC OTIC SUSP	3	MO
CIPRODEX	2	MO
CIPROFLOXACIN OTIC SOLN 0.2%	2	MO
<i>ciprofloxacin/dexamethasone</i>	1	MO
CIPROFLOXACIN/FLUOCINOLONE ACETONIDE PF	3	MO
CORTISPORIN-TC	3	MO
DERMOTIC	3	QL (20 ML per 30 days) MO
<i>flac otic oil</i>	1	QL (20 ML per 30 days)
<i>fluocinolone acetonide otic oil 0.01%</i>	1	QL (20 ML per 30 days) MO
<i>hydrocortisone/acetic acid otic soln</i>	1	MO
<i>neomycin/polymyxin/hydrocortisone otic soln</i>	1	MO
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	1	MO
<i>ofloxacin otic soln 0.3%</i>	1	MO
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HYDROCHLORIDE/CLIDINIUM BROMIDE		CITRANATAL MEDLEY	88
	74	CITRANATAL RX	88
chlordiazepoxide/amitriptyline	41	cladribine	19
<i>chlorhexidine gluconate</i>	108	<i>claravis</i>	100
chloroquine phosphate	11	CLARINEX	96

CLARINEX-D	96	CLODERM	103
clarithromycin	16	clofarabine	19
clarithromycin er	16	CLOLAR	19
<i>clemastine fumarate</i>	96	clomipramine hcl	41
CLENPIQ	75	clonazepam	37
CLEOCIN	7, 79	clonazepam odt	37
CLEOCIN PEDIATRIC	7	clonidine hcl	1, 34
CLEOCIN PHOSPHATE	7	clonidine hcl er	47
CLEOCIN-T	100	clonidine hydrochloride	34
CLIMARA	66	<i>clopidogrel</i>	82
CLIMARA PRO	66	clorazepate dipotassium	37
<i>clindacin etz pledgets</i>	100	<i>clotrimazole</i>	101
<i>clindacin-p</i>	100	<i>clotrimazole troc</i>	108
CLINDAGEL	100	<i>clotrimazole/betamethasone dipropionate</i>	101
clindamycin hcl	7	clovique	61
clindamycin hydrochloride	7	clozapine	45
clindamycin palmitate hcl	7	clozapine odt	45
clindamycin phosphat	7	CLOZAPINE ODT	45
clindamycin phosphate	7, 79, 100	CLOZARIL	45
CLINDAMYCIN PHOSPHATE	100	C-NATE DHA	88
<i>clindamycin phosphate/benzoyl peroxide</i>	100	COARTEM	11
clindamycin phosphate/dextrose	7	COCAINE HYDROCHLORIDE NASAL	97
<i>clindamycin phosphate/tretinoin</i>	100	COGENTIN	44
<i>clindamycin/benzoyl peroxide</i>	100	COLAZAL	75
CLINDAMYCIN/SODIUM CHLORIDE	7	colchicine	1
CLINDESSE	79	COLCHICINE	1
CLINIMIX 4.25%/DEXTROSE 10%	91	COLCRYS	1
CLINIMIX 4.25%/DEXTROSE 5%	91	colesevelam hydrochloride	30
CLINIMIX 5%/DEXTROSE 15%	91	COLESTID	30
CLINIMIX 5%/DEXTROSE 20%	91	COLESTID FLAVORED	30
CLINIMIX 6/5	91	colestipol hcl	30
CLINIMIX 8/10	91	colistimethate	7
CLINIMIX 8/14	91	<i>colocort</i>	75
CLINIMIX E 2.75%/DEXTROSE 5%	91	COLY-MYCIN M	7
CLINIMIX E 4.25%/DEXTROSE 10%	91	COLYTE-FLAVOR PACKS	75
CLINIMIX E 4.25%/DEXTROSE 5%	91	COMBIGAN	94
CLINIMIX E 5%/DEXTROSE 15%	91	COMBIPATCH	66
CLINIMIX E 5%/DEXTROSE 20%	91	COMBIVENT RESPIMAT	95
CLINIMIX E 8/10	91	COMBIVIR	13
CLINIMIX E 8/14	91	COMETRIQ	23
<i>clinisol sf</i>	91	COMPLERA	13
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<i>clobetasol propionate e</i>	103	CONCEPT OB	88
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CONZIP	3	<i>cyclosporine modified</i>	85
COPAXONE	52	CYKLOKAPRON	81
COPIKTRA	23	CYMBALTA	41
CORDRAN	103	<i>cyproheptadine hcl</i>	96
COREG	31	<i>cyproheptadine hydrochloride</i>	96
COREG CR	31	CYRAMZA	23
CORGARD	31	cyred	62
CORLANOR	34	cyred eq	62
CORTEF	67, 68	CYSTADANE	69
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COZAAR	28	dactinomycin	19
CREON	77	dalfampridine er	52
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CRESTOR	30	DALVANCE	8
CRINONE	71	danazol	66
CRIXIVAN	11	DANTRIUM	53
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<i>crotan</i>	107	dapsone	8, 100
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CRYSVITA	69	daptomycin	8
CUBICIN	8	DAPTOMYCIN	8
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DELSTRIGO	13	dexmethylphenidate hcl er	47
DELZICOL	75	dexmethylphenidate hydrochloride	48
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DENTA 5000 PLUS	108	dextroamphetamine sulfate	48
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DEPO-MEDROL	67	DEXTROSE 2.5%/NACL 0.45%	86
DEPO-PROVERA	20	DEXTROSE 20%	91
DEPO-PROVERA CONTRACEPTIVE	62	DEXTROSE 25%	91
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DERMOTIC	109	DEXTROSE 5%/NACL 0.2%	86
DESCOVY	13	DEXTROSE 5%/NACL 0.225%	86
DESFERAL	61	DEXTROSE 5%/NACL 0.3%	86
desipramine hcl	41	DEXTROSE 5%/NACL 0.33%	86
<i>desloratadine</i>	96	DEXTROSE 5%/NACL 0.45%	86
<i>desloratadine odt</i>	96	DEXTROSE 5%/NACL 0.9%	86
desmopressin acetate	69	DEXTROSE 50%	91
desogestrel/ethinyl estradiol	62	DEXTROSE 70%	91
DESONATE	103	DEXYCU	93
<i>desonide</i>	103	DIACOMIT	37
DESOWEN	103	DIASTAT ACUDIAL	37
<i>desoximetasone</i>	103	DIASTAT PEDIATRIC	37
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<i>desrx</i>	103	DIAZEPAM RECTAL GEL	37
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<i>dicyclomine hcl</i>	74	DOBUTAMINE	
<i>dicyclomine hydrochloride</i>	74	HYDROCHLORIDE/DEXTROSE	34
didanosine	11	docetaxel	22
DIFFERIN	100	DOCETAXEL	22
DIFICID	16	dofetilide	29
<i>diflorasone diacetate</i>	103	DOJOLVI	69
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digitek	34	donepezil hc	40
digox	34	donepezil hcl	40
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dihydroergotamine mesylate	50	DOPAMINE HYDROCHLORIDE	34
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diltiazem hcl cd	32	<i>dorzolamide hcl/timolol maleate</i>	94
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diltiazem hcl inj	32	dotti	66
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<i>diphen</i>	96	doxorubicin hcl liposome	19
<i>di-phen</i>	96	doxorubicin hydrochloride	19
<i>diphenhydramine hcl</i>	96	doxorubicin hydrochloride liposomal	19
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<i>dipyridamole</i>	82	doxycycline monohydrate	18
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disulfiram	54	DRIZALMA	41
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DURACLON	1	ELITE-OB	88
DURAGESIC	3	ELIXOPHYLLIN	97
DURAMORPH	4	ELLA	62
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DURYSTA	94	ELMIRON	78
<i>dutasteride</i>	78	ELOCON	103
<i>dutasteride/tamsulosin hcl</i>	78	eluryng	62
<i>dutasteride/tamsulosin hydrochloride</i>	78	EMBRE;	82
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DYMISTA	96	emoquette	62
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E.E.S. GRANULES	16	<i>emtricitabine/tenofovir disoproxil</i>	13
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<i>econazole nitrate</i>	101	EMTRIVA	11
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<i>entacapone</i>	44	erythromycin ethylsuccinate	16
entecavir	14	erythromycin stearate	16
ENTOCORT EC	75	<i>erythromycin/benzoyl peroxide</i>	100
ENTRESTO	28	ESBRIET	98
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<i>enulose</i>	75	esgic	1
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eplerenone	27	ethambutol hydrochloride	13
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epoprostenol sodium	35	ethynodiol diacetate/ethinyl estradiol	62
eprosartan mesylate	28	etodolac	2
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ERLEADA	20	EVEKEO ODT	48
erlotinib hydrochloride	23	EVENITY	60
errin	62	everolimus	23, 85
ERTACZO	101	EVISTA	69
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<i>ery pad</i>	100	EVOMELA	18
ERYGEL	100	EVOTAZ	13
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FASENRA PEN	98	FLEBOGAMMA DIF	83
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fayosim	62	FLECTOR	106
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FELDENE	2	FLORIVA	88
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FEMHRT	66	fluconazole	10
FEMRING	67	fluconazole in nacl	10
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fenofibrate	29	flucytosine	10
fenofibrate micronized	29	fludarabine phosphate	20
FENOFIBRIC ACID	30	fludrocortisone acetate	67
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fluoxetine hcl	42	frovatriptan succinate	50
fluoxetine hydrochloride	42	FULPHILA	80
fluphenazine decanoate	45	fulvestrant	20
fluphenazine hcl	45	FURADANTIN	8
fluphenazine hydrochloride	45	furosemide	33
FLURA-DROPS	88	FUZEON	11
<i>flurandrenolide</i>	104	fyavolv	67
flurazepam hcl	49	FYCOMPA	38
flurbiprofen	2	gabapentin	38
<i>flurbiprofen sodium</i>	93	GABITRIL	38
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<i>fluticasone propionate</i>	98, 104	GALAFOLD	69
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PROPIONATE/SALMETEROL	99	galantamine hydrobromide er	40
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fluvastatin	30	GAMMAKED	84
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FML LIQUIFILM	93	<i>gatifloxacin</i>	92
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FOLIVANE-OB	88	<i>gavilyte-c</i>	75
FOLOTYN	20	<i>gavilyte-g</i>	75
fomepizole	69	<i>gavilyte-h</i>	75
<i>fondaparinux sodium</i>	79	<i>gavilyte-n/fluor pack</i>	75
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FORTAMET	58	GAZYVA	23
FORTAZ	16	GELNIQUE	79
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FORTESTA	55	gemcitabine hcl	20
FOSAMAX	60	gemcitabine hydrochloride	20
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fosamprenavir calcium	11	gemfibrozil	29
fosaprepitant dimeglumine	73	gemmily	62
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glatopa	52	<i>halcinonide</i>	104
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GLEOSTINE	19	HALDOL	45
glimepiride	58	HALDOL DECANOATE 100	45
glipizide	58	HALDOL DECANOATE 50	45
glipizide er	58	<i>halobetasol propionate</i>	104
glipizide xl	58	HALOBETASOL PROPIONATE	104
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GLUCAGEN HYPOKIT	68	haloperidol decanoate	45
GLUCAGON EMERGENCY KIT	68	haloperidol lactate	45
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BLOOD SUGAR	68	HAVRIX	85
GLUCOTROL	58	heather	63
GLUCOTROL XL	58	HECTOROL	72
GLUMETZA	58	HELIDAC THERAPY	76
glyburide	58	HELIOZ LQ	49
glyburide micronized	58	HEMADY	67
glyburide/metformin hydrochloride	58	HEMANGEOL	31
GLYCATE	74	HEPAGAM B	84
<i>glycopyrrolate</i>	74	<i>heparin sodium</i>	80
GLYCOPYRROLATE	74	HEPARIN SODIUM	80
<i>glydo</i>	105	HEPARIN SODIUM/D5W	79
GLYNASE	58	HEPARIN SODIUM/DEXTROSE	79
GLYSET	58	HEPARIN SODIUM/NACL 0.45%	80
GLYXAMBI	58	HEPARIN SODIUM/SODIUM CHLORIDE	80
GOCOVRI	44	HEPATAMINE	91
GOLYTELY	75	HEPSERA	14
GONITRO	35	HERCEPTIN	23
GOPRELTO	98	HERCEPTIN HYLECTA	23
GRALISE	51	HERZUMA	23
GRALISE STARTER	51	HETLIOZ	49
granisetron hcl	73	HIBERIX	86
GRANIX	80	hidex 6-day	67
GRASTEK	84	HIPREX	8

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HIZENTRA	84	<i>hydroxyzine hcl</i>	96
HORIZANT	51	<i>hydroxyzine hydrochloride</i>	96
HUMALOG	56	<i>hydroxyzine pamoate</i>	96
HUMALOG JUNIOR KWIKPEN	56	<i>hyoscyamine sulfate</i>	74
HUMALOG KWIKPEN	56	HYOSCYAMINE SULFATE	74
HUMALOG MIX 50/50	56	HYPERHEP B	84
HUMALOG MIX 50/50 KWIKPEN	56	HYPERLYTE-CR	86
HUMALOG MIX 75/25	56	HYPERRAB	84
HUMALOG MIX 75/25 KWIKPEN	56	HYPERRAB S/D	84
HUMATROPE	69	HYPERRHO S/D	84
HUMATROPE COMBO PACK	69	HYPERRHO S/D MINI-DOSE	84
HUMIRA	82	HYPERTET S/D	84
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	82	HYQVIA	84
HUMIRA PEN	82	HYSINGLA ER	3
HUMIRA PEN-CD/UC/HS STARTER	82	HYZAAR	28
HUMIRA PEN-PEDIATRIC UC STARTER PACK	82	ibandronate sodium	60
HUMIRA PEN-PS/UV STARTER	82	IBRANCE	23
HUMULIN 70/30	56	ibu	2
HUMULIN 70/30 KWIKPEN	56	ibuprofen	2, 5
HUMULIN N	56	<i>icatibant acetate</i>	81
HUMULIN N KWIKPEN	56	iclevia	63
HUMULIN R	56	ICLUSIG	23
HUMULIN R U-500	56	icosapent ethyl	30
HYCAMTIN	21	IDAMYCIN PFS	19
hydralazine hcl	34	idarubicin hcl	19
hydralazine hydrochloride	34	IDHIFA	23
HYDREA	21	IFEX	19
<i>hydrochlorothiazide</i>	26, 27, 28, 31, 33, 34	ifosfamide	19
hydrocodone bitartrate er	3	IFOSFAMIDE	19
hydrocodone bitartrate/acetaminophen	4, 5	ILARIS	84
hydrocodone/acetaminophen	5	ILEVRO	93
hydrocodone/ibuprofen	5	ILUMYA	82
hydrocortisone	67, 75, 104, 106	imatinib mesylate	23
<i>hydrocortisone acetate/pramoxine</i>	106	IMBRUVICA	23
<i>hydrocortisone butyrate</i>	104	IMFINZI	23
<i>hydrocortisone butyrate (lipophilic)</i>	104	imipenem/cilastatin	8
<i>hydrocortisone valerate</i>	104	imipramine hcl	42
<i>hydrocortisone/acetic acid</i>	109	imipramine hydrochloride	42
hydromorphone hcl	5	imipramine pamoate	42
HYDROMORPHONE HCL	5	<i>imiquimod</i>	106
hydromorphone hcl er	3	IMIQUIMOD PUMP	106
hydromorphone hydrochloride	5	IMITREX	50
HYDROMORPHONE HYDROCHLORIDE	5	IMITREX STATDOSE REFILL	50
hydromorphone hydrochloride er	3	IMITREX STATDOSE SYSTEM	50
<i>hydroxychloroquine sulfate</i>	83	IMLYGIC	21
hydroxyprogesterone caproate	20, 71	IMOGAM RABIES-HT	84
hydroxyurea	21	IMOVAX RABIES (H.D.C.V.)	86
		IMPAVIDO	8
		IMPEKLO	104

IMPOYZ	104	INVOKAMET	58
IMURAN	85	INVOKAMET XR	58
IMVEXXY MAINTENANCE PACK	67	INVOKANA	58
IMVEXXY STARTER PACK	67	IONOSOL-MB/DEXTROSE 5%	86
INBRIJA	44	IOPIDINE	94
incassia	63	IPOL INACTIVATED IPV	86
INCRELEX	69	<i>ipratropium bromide</i>	95, 96
INCRUSE ELLIPTA	95	<i>ipratropium bromide/albuterol sulfata</i>	95
indapamide	33	irbesartan	28
INDERAL LA	31	irbesartan/hydrochlorothiazide	28
INDERAL XL	31	IRESSA	24
INDOCIN	2	irinotecan	21
indomethacin	2	irinotecan hcl	21
indomethacin er	2	irinotecan hydrochloride	21
INFANRIX	86	ISENTRESS	11, 12
INFLECTRA	82	ISENTRESS HD	11
INFUGEM	20	isibloom	63
INFUMORPH 200	5	ISOLYTE-P/DEXTROSE 5%	86
INFUMORPH 500	5	ISOLYTE-S	87
INGREZZA	51	ISOLYTE-S PH 7.4	87
INLYTA	23	isoniazid	13
INNOPRAN XL	31	ISOPTO ATROPINE	95
INQOVI	21	ISOPTO CARPINE	94
INREBIC	23	ISORDIL TITRADOSE	35
INSPIRA	27	isosorbide dinitrate immediate release	35
INSULIN ASPART	56	isosorbide mononitrate	35
INSULIN ASPART FLEXPEN	56	isosorbide mononitrate er	35
INSULIN ASPART PENFILL	56	isotonic gentamicin	8
INSULIN ASPART PROTAMINE/INSULIN ASPART	56	<i>isotretinoin</i>	100
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN	56	isradipine	32
INSULIN LISPRO	56	ISTALOL	94
INSULIN LISPRO JUNIOR KWIKPEN	56	ISTODAX (OVERFILL)	24
INSULIN LISPRO KWIKPEN	56	ISTURISA	69
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN	56	itraconazole	10
INTELENCE	11	ivermectin	8, 106, 107
INTRALIPID	91	IXEMPRA KIT	22
INTRAROSA	78	IXIARO	86
INTRON A	84	JADENU	61
introvale	63	JADENU SPRINKLE	61
INTUNIV	48	jaimiess	63
INVANZ	8	JAKAFI	24
INVEGA	46	JALYN	78
INVEGA SUSTENNA	45	<i>jantoven</i>	80
INVEGA TRINZA	45	JANUMET	58
INVELTYS	93	JANUMET XR	58
INVIRASE	11	JANUVIA	58
		JARDIANCE	58
		jasmiel	63
		JATENZO	55

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JEMPERLI	24	KEPIVANCE	26
jencycla	63	KEPPRA	38
JENTADUETO	58	KEPPRA XR	38
JENTADUETO XR	58	KERYDIN	101
JEVTANA	22	KESIMPTA	52
jinteli	67	ketoconazole	10, 101, 102
JOLESSA	63	ketoprofen	2
JOLIVETTE	63	ketoprofen er	2
JORNAY PM	48	ketorolac tromethamine	2, 93
JUBLIA	101	KEVEYIS	33
juleber	63	KEVZARA	82
JULUCA	13	KEYTRUDA	24
junel 1.5/30	63	KHAPZORY	26
junel 1/20	63	KINERET	82
junel fe 1.5/30	63	KINRIX	86
junel fe 1/20	63	kionex	61
junel fe 24	63	KISQALI	21, 24
JUXTAPID	30	KISQALI FEMARA CO-PACK	21
JYNARQUE	69	KITABIS PAK	8
KABIVEN	91	KLARON	100
KADCYLA	24	KLISYRI	106
KADIAN	3	KLONOPIN	38
kaitlib fe	63	<i>klor-con</i>	88
KALBITOR	81	KLOR-CON 10	88
KALETRA	13	KLOR-CON 8	88
kalliga	63	<i>klor-con m10</i>	88
KALTETRA	13	<i>klor-con m15</i>	88
KALYDECO	98	<i>klor-con m20</i>	88
KANJINTI	24	KLOR-CON/EF	88
KANUMA	69	KOMBIGLYZE XR	59
KAPSPARGO SPRINKLE	31	KORLYM	69
KAPVAY	48	KOSELUGO	24
kariva	63	KRINTAFEL	11
KATERZIA	32	KRISTALOSE	75
KAZANO	59	KRYSTEXXA	1
KCL 0.075%/D5W/NACL 0.45%	87	K-TAB	88
KCL 0.15%/D5W/NACL 0.2%	87	kurvelo	63
KCL 0.15%/D5W/NACL 0.225%	87	KUVAN	70
KCL 0.15%/D5W/NACL 0.45%	87	KYLEENA	63
KCL 0.15%/D5W/NACL 0.9%	87	KYNMOBI	44
KCL 0.3%/D5W/NACL 0.45%	87	KYPROLIS	24
KCL 0.3%/D5W/NACL 0.9%	87	labetalol hydrochloride	31
KEDRAB	84	LABETALOL HYDROCHLORIDE/SODIUM	
kelnor 1/35	63	CHLORIDE	31
kelnor 1/50	63	LACRISERT	95
KENALOG AER SPRAY	104	LACTATED RINGERS IRRIGATION	108
KENALOG-10	67	<i>lactated ringers viaflex</i>	87
KENALOG-40	68	<i>lactulose</i>	75
KENALOG-80	68	LACTULOSE	75

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LAMICTAL ODT	38	LENVIMA 14 MG DAILY DOSE	24
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	38	LENVIMA 18 MG DAILY DOSE	24
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING		LENVIMA 20 MG DAILY DOSE	24
VALPROATE	38	LENVIMA 24 MG DAILY DOSE	24
LAMICTAL STARTER/TAKING VALPROATE		LENVIMA 4 MG DAILY DOSE	24
	38	LENVIMA 8 MG DAILY DOSE	24
LAMICTAL XR	38	LESCOL XL	30
LAMICTAL XR STARTER KIT BLUE, ORANGE	38	lessina	63
LAMICTAL XR STARTER KIT GREEN	38	LETAIRIS	35
lamivudine	12, 14	letrozole	20
<i>lamivudine/zidovudine</i>	13	leucovorin calcium	26
lamotrigine	38	LEUKERAN	19
lamotrigine er	38	LEUKINE	80
lamotrigine odt	38	leuprolide acetate	20
lamotrigine starter kit/blue	38	<i>levabuterol hcl</i>	97
lamotrigine starter kit/green	38	<i>levabuterol hydrochloride</i>	97
lamotrigine starter kit/orange	38	LEVALBUTEROL TARTRATE HFA	97
lamotrigine titration	38	LEVEMIR	56
LAMPIT	8	LEVEMIR FLEXTOUCH	56
LANOXIN	34	levetiracetam	39
LANOXIN PEDIATRIC	34	levetiracetam er	38
<i>lansoprazole</i>	77	levetiracetam/sodium chloride	38
<i>lansoprazole dr</i>	77	<i>levobunolol hcl</i>	94
<i>lansoprazole/amoxicillin/clarithromycin</i>	76	levocarnitine	70
lanthanum carbonate	71	LEVOCARNITINE	70
LANTUS	56	<i>levocetirizine dihydrochloride</i>	96
LANTUS SOLOSTAR	56	levofloxacin	17, 92
lapatinib ditosylate	24	levofloxacin in d5w	16
larin 1.5/30	63	levoleucovorin	26
larin 1/20	63	levoleucovorin calcium	26
larin 24 fe	63	levonest	63
larin fe 1.5/30	63	levonorgestrel/ethinyl estradiol	63
larin fe 1/20	63	levora 0.15/30-28	63
larissia	63	levorphanol tartrate	5
LASIX	33	LEVO-T	72
LASTACAFT	94	levothyroxine sodium	72
<i>latanoprost</i>	94	LEVOTHYROXINE SODIUM	72
LATUDA	46	LEVOTHYROXINE/LIOTHYRONINE	72
LAYOLIS FE	63	LEVOXYL	72
LAZANDA	5	LEVSIN	74
LEDIPASVIR/SOFOSBUVIR	14	LEVSIN/SL	74
LEENA	63	LEVULAN KERASTICK	106
<i>leflunomide</i>	83	LEXAPRO	42
LEMTRADA	52	LEXETTE	104
LENVIMA 10 MG DAILY DOSE	24	LEXIVA	12
		LIALDA	75
		LIBRAX	74
		LIBTAYO	24

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LICART	106	LOPID	29
<i>lidocaine</i>	105	lopinavir/ritonavir	13
lidocaine hcl	6, 105	LOPREEZA	67
LIDOCAINE HCL	29	LOPRESSOR	31
LIDOCAINE HCL IN D5W	29	LOPRESSOR HCT	31
<i>lidocaine hcl jelly</i>	105	LOPROX	101
<i>lidocaine hcl mouth/throat</i>	108	lorazepam	36
lidocaine hcl prefilled syringe	29	lorazepam intensol	36
lidocaine hydrochloride pf	6	LORBRENA	24
<i>lidocaine viscous</i>	108	lorcet	5
lidocaine/epinephrine	6	lorcet hd	5
<i>lidocaine/prilocaine</i>	105	lorcet plus	5
LIDODERM	105	LORTAB	5
LILETTA	63	loryna	63
lillow	63	lorzone	53
LINCOCIN	8	LORZONE	53
lincomycin hcl	8	losartan potassium	28
<i>lindane</i>	107	losartan potassium/hydrochlorothiazide	28
linezolid	8	LOSEASONIQUE	64
LINEZOLID	8	LOTEMAX	93
LINZESS	76	LOTEMAX SM	93
LIORESAL INTRATHECAL	53	LOTENSIN	26, 27
liothyronine sodium	72	LOTENSIN HCT	26
LIPITOR	30	<i>loteprednol etabonate</i>	93
LIPOFEN	29	LOTREL	26
lisinopril	26, 27	LOTRISONE	101
lisinopril/hydrochlorothiazide	26	LOTRONEX	76
LITHIUM	51	lovastatin	30
lithium carbonate	51	LOVAZA	30
lithium carbonate er	51	LOVENOX	80
LITHOBID	51	low-ogestrel	64
LITHOSTAT	78	loxapine	46
LIVALO	30	loxapine succinate	46
LO LOESTRIN FE	63	lo-zumandimine	63
LOCOID	104	LUBIPROSTONE	76
LOCOID LIPOCREAM	104	LUCEMYRA	54
LODINE	2	LUCENTIS	95
LODOSYN	44	LUDENT	88
loestrin 1.5/30-21	63	LULICONAZOLE	101
loestrin 1/20-21	63	LUMIGAN	94
loestrin fe 1.5/30	63	LUMIZYME	70
loestrin fe 1/20	63	LUMOXITI	24
lojaimiess	63	LUNESTA	49
LOKELMA	61	LUPANETA PACK	66
LOMOTIL	76	LUPKYNIS	85
LONHALA MAGNAIR REFILL KIT	96	LUPRON DEPOT (1-MONTH)	20
LONSURF	21	LUPRON DEPOT (3-MONTH)	20
<i>loperamide hcl</i>	76	LUPRON DEPOT (4-MONTH)	20
<i>loperamide hydrochloride</i>	76	LUPRON DEPOT (6-MONTH)	20

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LUPRON DEPOT-PED (3-MONTH)	70	MEDROL DOSEPAK	68
lutra	64	medroxyprogesterone acetate	64, 71
LUXIQ	104	mefenamic acid	2
LUZU	101	mefloquine hcl	11
lyleq	64	megestrol acetate	21, 71
lyllana	67	MEKINIST	24
LYNPARZA	24	MEKTOVI	24
LYRICA	39	melodetta 24 fe	64
LYRICA CR	51	meloxicam	2
LYSODREN	20	melphalan	19
LYSTEDA	81	melphalan hydrochloride	19
LYUMJEV	57	MEMANTINE HCL TITRATION PAK	40
LYUMJEV KWIKPEN	57	memantine hydrochloride	41
lyza	64	memantine hydrochloride er	40
MACROBID	8	MENACTRA	86
MACRODANTIN	8	MENEST	67
<i>mafénide acetate</i>	101	MENOSTAR	67
<i>magnesium sulfate</i>	87	MENQUADFI	86
MAGNESIUM SULFATE	87	MENTAX	101
<i>magnesium sulfate in d5w</i>	87	MENVEO	86
MAKENA	71	meperidine hcl	5
MALARONE	11	meprobamate	37
<i>malathion</i>	107	MEPRON	8
mannitol	33	MEPSEVII	70
MANNITOL	33	mercaptopurine	20
maprotiline hcl	42	meropenem	8
MARCAINE	6	MEROPENEM/SODIUM CHLORIDE	8
MARCAINE/EPINEPHRINE	6	MERREM	8
MARINOL	73	merzee	64
marlissa	64	<i>mesalamine</i>	75
MARNATAL-F	88	<i>mesalamine dr</i>	75
MARPLAN	42	<i>mesalamine er</i>	75
MARQIBO	22	mesna	26
MATULANE	21	MESNEX	26
matzim la	32	MESTINON	51
MAVENCLAD	52	MESTINON TIMESPAN	51
MAVYRET	14	metadate er	48
MAXALT	50	<i>metaproterenol sulfate</i>	97
MAXALT-MLT	50	metaxalone	53
MAXIDEX	93	metformin hydrochloride	59
MAXITROL	92	metformin hydrochloride er	59
MAXZIDE	33	methadone hcl	3
MAXZIDE-25	33	METHADONE HCL INJ	3
MAYZENT	52	METHADOSE	3
MAYZENT STARTER	52	METHADOSE SUGAR-FREE	3
me/naphos/mb/hyo 1	8	methamphetamine hcl	48
meclizine hcl	73	methazolamide	33
meclofenamate sodium	2	methenamine hippurate	8

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METHENAMINE MANDELATE	8	MICROGESTIN 1/20	64
methergine	70	microgestin 24 fe	64
methimazole	72	MICROGESTIN FE 1.5/30	64
METHITEST	55	MICROGESTIN FE 1/20	64
methocarbamol	53	MICROZIDE	33
methotrexate	20, 83	midazolam hcl	49
methotrexate sodium	20	midazolam hydrochloride	49
<i>methoxsalen</i>	102	midodrine hcl	34
<i>methscopolamine bromide</i>	74	mifepristone	70
methyldopa	34	migergot	50
methyldopa/hydrochlorothiazide	34	miglitol	59
methylergonovine maleate	70	miglustat	70
METHYLIN	48	MIGRANAL	50
methylphenidate hydrochloride	48	mili	64, 65
methylphenidate hydrochloride cd	48	MILLIPRED	68
methylphenidate hydrochloride er	48	milrinone in dextrose	34
METHYLPHENIDATE HYDROCHLORIDE ER	48	milrinone lactate	34
	48	mimvey	67
methylphenidate hydrochloride/5ml	48	MINASTRIN 24 FE	64
methylprednisolone	68	MINIPRESS	27
methylprednisolone acetate	68	minitran	35
methylprednisolone sodium succinate	68	MINIVELLE	67
methyltestosterone	55	MINOCIN	18
metoclopramide hcl	73	minocycline hcl	18
metoclopramide hydrochloride	73	minocycline hydrochloride	18
metoclopramide odt	73	minocycline hydrochloride er	18
METOCLOPRAMIDE ODT	73	MINOLIRA	18
metolazone	33	minoxidil	34
metoprolol succinate er	31	MIRAPEX	44
metoprolol tartrate	31	MIRAPEX ER	44
metoprolol/hydrochlorothiazide	31	MIRCETTE	64
METROCREAM	106	MIRENA	64
METROGEL	106	mirtazapine	42
METROLOTION	106	MIRVASO	106
metronidazole	8, 9, 79, 106	<i>misoprostol</i>	76
metronidazole in nacl	8	MITIGARE	1
METRONIDAZOLE INJ	8	mitigo	5
metyrosine	34	mitomycin	19
mexiletine hcl	29	mitoxantrone hcl	21
MIACALCIN	60	M-M-R II	86
mibelas 24 fe	64	M-NATAL PLUS	88
micafungin	10	MOBIC	2
MICARDIS	28	modafinil	54
MICARDIS HCT	28	moexipril hcl	27
<i>miconazole 3</i>	79	moexipril/hydrochlorothiazide	27
MICONAZOLE NITRATE/ZINC		molindone hydrochloride	46
OXIDE/WHITE PETROLATUM	101	<i>mometasone furoate</i>	98, 104
MICRHOGAM ULTRA-FILTERED PLUS	84	mondoxyne nl	18
MICROGESTIN 1.5/30	64	MONJUVI	24

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mono-linyah	64	<i>naftifine hcl</i>	102
<i>montelukast sodium</i>	97	<i>naftifine hydrochloride</i>	102
MONUROL	9	NAFTIN	102
morgidox 1x100mg	18	NAGLAZYME	70
morgidox 2x100mg	18	nalbuphine hcl	5
MORPHABOND ER	3	NALFON	2
morphine sulfate	5	nalocet	5
MORPHINE SULFATE	5	naloxone hcl	54
morphine sulfate er	3	naloxone hydrochloride	54
MOTEGRITY	76	NALOXONE HYDROCHLORIDE	54
MOTOFEN	76	naltrexone hcl	54
MOVANTIK	76	NAMENDA	41
MOVIPREP	76	NAMENDA TITRATION PAK	41
MOXEZA	92	NAMENDA XR	41
moxifloxacin hydrochloride	17, 92	NAMENDA XR TITRATION PACK	41
moxifloxacin hydrochloride/sodium hydrochloride	17	NAMZARIC	41
MOZOBIL	80	NAPRELAN	2
MS CONTIN	3	<i>naproxen</i>	2, 50
MULPLETA	81	naproxen sodium	2
MULTAQ	29	NAPROXEN SODIUM	2
MULTI VITAMIN/FLUORIDE	88	NAPROXEN SODIUM CR	2
MULTIVITAMIN/FLUORIDE	88	naproxen sodium er	2
MULTI-VITAMIN/FLUORIDE DROPS	88	naproxen/esomeprazole magnesium	2
MULTI-VITAMIN/FLUORIDE/IRON	88	naratriptan hcl	50
<i>mupirocin</i>	101	NARCAN	54
mutamycin	19	NARDIL	42
MVASI	24	NAROPIN	7
MYALEPT	70	NASONEX	98
MYAMBUTOL	13	NATACHEW	88
MYCAMINE	10	NATACYN	92
MYCAPSSA	70	NATAZIA	64
MYCOBUTIN	13	nateglinide	59
<i>mycophenolate mofetil</i>	85	NATESTO	55
<i>mycophenolic acid dr</i>	85	NATPARA	60
MYDAYIS	48	NATROBA	107
MYFORTIC	85	NAVELBINE	22
MYLOTARG	24	NAYZILAM	39
MYOBLOC	53	NEBUPENT	9
<i>myorisan</i>	100	necon 0.5/35-28	64
MYRBETRIQ	79	nefazodone hcl	42
MYSOLINE	39	nefazodone hydrochloride	42
MYTESI	76	NEMBUTAL SODIUM	49
MYXREDLIN	57	neomycin	9
NABI-HB	84	<i>neomycin/bacitracin/polymyxin</i>	92
nabumetone	2	<i>neomycin/polymyxin b sulfates irrigation</i>	78
nadolol	31	<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	92
nafcillin sodium	17	<i>neomycin/polymyxin/dexamethasone</i>	92
NAFCILLIN/DEXTROSE	17	<i>neomycin/polymyxin/gramicidin</i>	92
		<i>neomycin/polymyxin/hydrocortisone</i>	92, 109

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NEONATAL 19	88	nitisinone	70
NEONATAL COMPLETE	88	NITRO-BID	35
NEONATAL FE	88	NITRO-DUR	35
NEONATAL PLUS	88	nitrofurantoin	9
<i>neo-polycin</i>	92	nitrofurantoin macrocrystals	9
NEORAL	85	nitrofurantoin monohydrate	9
NEO-SYNALAR	101	nitroglycerin	35
NEPHRAMINE	91	NITROGLYCERIN IN DEXTROSE 5%	35
NERLYNX	24	NITROGLYCERIN INJ	35
NESINA	59	nitroglycerin lingual	35
NESTABS	88	nitroglycerin sub1	35
NESTABS ONE	88	NITROLINGUAL PUMPSPRAY	35
<i>neuac</i>	100	NITROSTAT	35
NEULASTA	80	NITYR	70
NEULASTA ONPRO KIT	80	NIVA-PLUS	89
NEUPOGEN	80	NIVESTYM	80
NEUPRO	44	<i>nizatidine</i>	75
NEURONTIN	39	NIZORAL	102
NEVANAC	93	NOCDURNA	70
nevirapine	12	<i>nolix</i>	104
nevirapine er	12	NORA-BE	64
NEXAVAR	24	NORCO	5
NEXIUM	77	NORDITROPIN FLEXPOR	70
NEXIUM I.V.	77	norethindrone	64
NEXLETOL	30	norethindrone acetate	71
NEXLIZET	30	norethindrone acetate/ethinyl estradiol	64, 67
NEXPLANON	64	norethindrone acetate/ethinyl estradiol/ferrous fumarate	64
NEXTERONE	29	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL/FERROUS FUMARATE	64
niacin	30	norethindrone/ethinyl estradiol/ferrous fumarate	64
niacin er	30	NORGESIC FORTE	53
niacor	30	norgestimate/ethinyl estradiol	64
NIASPAN	30	NORITATE	106
nicardipine hcl	32	norlyda	64
NICARDIPINE HYDROCHLORIDE IV	32	NORMOSOL -R	87
NICARDIPINE HYDROCHLORIDE/SODIUM CHLORIDE IV	32	NORMOSOL-M IN D5W	87
NICOTROL	54	NORMOSOL-R PH 7.4	87
NICOTROL INHALER	54	NORPACE	29
nifedical xl	32	NORPACE CR	29
nifedipine	32	NORPRAMIN	42
nifedipine er	32	NORTHERA	34
nikki	64	nortrel 0.5/35 (28)	64
NILANDRON	21	nortrel 1/35	64
nilutamide	21	nortrel 7/7/7	64
nimodipine	32	nortriptyline hcl	42
NINLARO	24	nortriptyline hydrochloride	42
NIPENT	21	NORVASC	32
nisoldipine er	32		
nitazoxanide	9		

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NORVIR	12	nystatin	11, 102, 108
NOURIANZ	44	<i>nystatin/triamcinolone</i>	102
NOVAREL	70	<i>nystop</i>	102
NOVO/BD/ULTIMED/OWEN/TRIVIDIA PEN		NYVEPRIA	80
NEEDLE/ORIGINAL/ULTRA-FINE	56	OB COMPLETE	89
NOVOLIN 70/30	57	OB COMPLETE ONE	89
NOVOLIN 70/30 FLEXPEN	57	OB COMPLETE PETITE	89
NOVOLIN 70/30 FLEXPEN RELION	57	OB COMPLETE PREMIER	89
NOVOLIN 70/30 RELION	57	OB COMPLETE/DHA	89
NOVOLIN N	57	O-CAL PRENATAL	89
NOVOLIN N FLEXPEN	57	OCALIVA	76
NOVOLIN N FLEXPEN RELION	57	OCELLA	64
NOVOLIN N RELION	57	OCREVUS	52
NOVOLIN R	57	OCTAGAM	84
NOVOLIN R FLEXPEN	57	octreotide acetate	70
NOVOLIN R FLEXPEN RELION	57	OCUFLOX	92
NOVOLIN R RELION	57	ODACTRA	84
NOVOLOG	57	ODEFSEY	13
NOVOLOG FLEXPEN	57	ODOMZO	24
NOVOLOG MIX 70/30	57	OFEV	98
NOVOLOG MIX 70/30 PREFILLED FLEXPEN		ofloxacin	17, 92, 109
	57	<i>ogestrel</i>	64
NOVOLOG PENFILL	57	OGIVRI	24
NOXAFIL	10, 11	okebo	18
NP THYROID	72	olanzapine	46
NPLATE	80	olanzapine odt	46
NUBEQA	21	olanzapine/fluoxetine	42
NUCALA	98	<i>olmesartan medoxomil</i>	28
NUCYNTA	3, 5	olmesartan	
NUCYNTA ER	3	medoxomil/amlodipine/hydrochlorothiazide	28
NUEDEXTA	51	olmesartan medoxomil/hydrochlorothiazide	28
NULEV	74	<i>olopatadine hcl</i>	94, 96
NULIBRY	70	OLUMIANT	82
NULOJIX	85	OLUX	104
NULYTELY	76	OLUX-E	104
NULYTELY/FLAVOR PACKS	76	OMECLAMOX-PAK	76
NUMBRINO	98	omega-3-acid ethyl esters	30
NUPLAZID	46	OMEGAVEN	91
NURTEC	50	<i>omeprazole</i>	77
NUTRILIPID	91	<i>omeprazole dr</i>	77
NUTROPIN AQ NUSPIN	70	<i>omeprazole/sodium bicarbonate</i>	77
NUVARING	64	OMNARIS	98
NUVESSA	79	OMNIPOD 5 PACK	57
NUVIGIL	54	OMNIPOD STARTER KIT	57
NUZYRA	18	OMNITROPE	70
<i>nyamyc</i>	102	ONCASPAR	21
<i>nylia 7/7/7</i>	64	ondansetron hcl	73
NYMALIZE	32	ondansetron hydrochloride	73
nymyo	64, 65	ondansetron odt	73

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ONEXTON	100	oxacillin sodium	17
ONFI	39	OXACILLIN SODIUM	17
ONGENTYS	44	oxaliplatin	19
ONGLYZA	59	oxandrolone	55
ONIVYDE	21	oxaprozin	2
ONTRUZANT	24	OXAYDO	5
ONUREG	20	oxazepam	37
ONZETRA XSAIL	50	OXBRYTA	81
OPDIVO	24	oxcarbazepine	39
OPIUM TINCTURE	76	oxcodone/acetaminophen	6
OPSUMIT	35	OXERVATE	95
ORACEA	106	<i>oxiconazole nitrate</i>	102
ORACIT	78	OXISTAT	102
ORALAIR	84	OXLUMO	78
<i>oralone dental paste</i>	108	OXSORALEN ULTRA	102
ORAPRED ODT	68	OXTELLAR XR	39
ORAVIG	108	<i>oxybutynin chloride</i>	79
ORBACTIV	9	<i>oxybutynin chloride er</i>	79
ORENCIA	82, 83	<i>oxycodone hcl</i>	4, 5
ORENCIA CLICKJECT	82	OXYCODONE HCL ER	4
ORENITRAM ER	35	oxycodone hydrochloride	6
ORFADIN	70	oxycodone hydrochloride/acetaminophen	5
ORGOVYX	21	oxycodone/acetaminophen	6
ORIAHNN	70	oxycodone/aspirin	6
ORILISSA	66	OXYCONTIN	4
ORKAMBI	98	oxymorphone hydrochloride	6
ORLADEYO	81	oxymorphone hydrochloride er	4
orphenadrine citrate	53	OXYTROL	79
orphenadrine citrate er	53	OZEMPIC	59
orphenadrine citrate/aspirin/caffeine	53	OZURDEX	93
orphengesic forte	53	pacerone	29
orsythia	64	paclitaxel	22
ORTHO-NOVUM 1/35	64	PADCEV	24
ORTHO-NOVUM 7/7/7	64	paliperidone er	46
ORTIKOS	75	palonosetron hydrochloride	73
OSCIMIN	74	PALONOSETRON HYDROCHLORIDE	73
OSCIMIN SR	74	PALYNZIQ	70
oseltamivir phosphate	14	PAMELOR	42
OSENI	59	pamidronate disodium	60
OSMITROL VIAFLEX	33	PAMIDRONATE DISODIUM	60
OSMOLEX ER	44	PANCREAZE	77
OSMOLEX ER DOSING KIT	44	PANDEL	105
OSMOPREP	76	PANRETIN	106
OSPHENA	70	<i>pantoprazole sodium</i>	77
OTEZLA	83	<i>pantoprazole sodium dr</i>	77
OTEZLA STARTER PACK	83	PANZYGA	84
OTOVEL	109	PARAGARD INTRAUTERINE COPPER	
OTREXUP	83	CONTRACEPTIVE	65
OVIDE	107	paraplatin	19

PAREGORIC	76	perindopril erbumine	27
paricalcitol	72	<i>periogard</i>	108
PARLODEL	44	PERJETA	24
PARNATE	42	<i>permethrin</i>	107
<i>paroex</i>	108	perphenazine	42, 46
paromomycin	9	perphenazine/amitriptyline	42
paroxetine	51	PERSERIS	46
paroxetine hcl	42	PERTZYE	77
paroxetine hcl er	42	PEXEVA	42
paroxetine hydrochloride	42	pfizerpen	17
PASER	13	phenadoz	73
PATADAY	94	phenelzine sulfate	42
PATANASE	96	PHENERGAN	73
PATANOL	94	phenobarbital	39
PAXIL	42	phenobarbital sodium	39
PAXIL CR	42	phenoxybenzamine hydrochloride	35
PAZEO	94	PHENYLEPHRINE HCL	95
PEDIAPRED	68	PHENYTEK	39
PEDIARIX	86	phenytoin	39
PEDVAX HIB	86	phenytoin sodium	39
<i>peg-3350,sodium sulf,naclpotassium cl,na</i>		phenytoin sodium er	39
<i>ascorbate,ascorbic</i>	76	PHESGO	24
<i>peg-3350/electrolytes</i>	76	philith	65
<i>peg-3350/nacl/na bicarbonate/kcl</i>	76	PHOSLYRA	71
PEGANONE	39	PHOSPHASAL	9
PEGASYS	14	PHOSPHOLINE IODIDE	94
PEGINTRON KIT 50MCG	14	PHYSIOLYTE	108
PEMAZYRE	24	PHYSIOSOL IRRIGATION	108
penicillamine	61	PICATO	106
penicillin g potassium	17	PIFELTRO	12
PENICILLIN G POTASSIUM IN ISO-		<i>pilocarpine hcl</i>	94
OSMOTIC DEXTROSE	17	<i>pilocarpine hydrochloride</i>	108
PENICILLIN G PROCAINE	17	<i>pimecrolimus</i>	106
penicillin g sodium	17	pimozide	46
penicillin v potassium	17	pimtreea	65
PENLAC NAIL LACQUER	102	pindolol	31
PENNSAID	106	pioglitazone hcl	59
PENTACEL	86	pioglitazone hcl/metformin hcl	59
PENTAM 300	9	pioglitazone hcl-glimepiride	59
pentamidine isethionate	9	pioglitazone hydrochloride	59
PENTASA	75	piperacillin sodium/tazobactam sodium	17
pentazocine/naloxone hcl	6	piperacillin/tazobactam	17
pentobarbital sodium	49	PIQRAY 200MG DAILY DOSE	24
<i>pentoxifylline er</i>	81	PIQRAY 250MG DAILY DOSE	24
PEPAXTO	19	PIQRAY 300MG DAILY DOSE	24
PEPCID	75	pirmella 1/35	65
PERCOCET	6	pirmella 7/7/7	65
PERFOROMIST	97	piroxicam	2
PERIKABIVEN	91	PLAQUENIL	83

PLASMA-LYTE A	87	<i>potassium phosphates pf</i>	87
PLASMA-LYTE-148	87	POTELIGEO	24
PLAVIX	82	PRADAXA	80
PLEGRIDY IM	52	PRALUENT	30
PLEGRIDY SC	52	pramipexole dihydrochloride	44
PLEGRIDY STARTER PACK	52	pramipexole dihydrochloride er	44
<i>plenamine</i>	91	<i>prasugrel</i>	82
PLENVU	76	PRAVACHOL	30
PLIAGLIS	105	pravastatin sodium	30
PNV	89	praziquantel	9
PNV FOLIC ACID + IRON MULTIVITAMIN	89	prazosin hcl	27
PNV PRENATAL PLUS MULTIVITAMIN	89	prazosin hydrochloride	27
PNV-DHA	89, 90	PRECOSE	59
PNV-DHA+DOCUSATE	89	PRED FORTE	93
PNV-OMEGA	89	PRED MILD	93
PNV-SELECT	89	PRED-G	92
PODOCON 25 IN BENZOIN TINCTURE	107	PRED-G S.O.P.	92
<i>podofilox</i>	107	<i>prednicarbate</i>	105
POLIVY	24	PREDNICARBATE	105
<i>polycin</i>	92	prednisolone	68
polymyxin b sulfate	9	<i>prednisolone acetate</i>	93
<i>polymyxin b sulfate/trimethoprim sulfate</i>	92	prednisolone sodium phosphate	68
POLYTRIM	92	prednisolone sodium phosphate odt	68
POLY-VI-FLOR	89	PREDNISOLONE SODIUM PHOSPHATE	
POLY-VI-FLOR/IRON	89	OPHTHALMIC SOLN 1%	93
POLY-VITAMIN/FLUORIDE	89	prednisone	68
POMALYST	21	PREDNISONONE INTENSOL	68
portia-28	65	PREFEST	67
PORTRAZZA	24	pregabalin	39
posaconazole dr	11	pregabalin er	51
POTASSIUM ACETATE	87	PREGNYL	70
<i>potassium chloride</i>	87, 89	PREMARIN	67
POTASSIUM CHLORIDE	87	PREMASOL	91
<i>potassium chloride cr</i>	89	PREMPHASE	67
<i>potassium chloride er</i>	89	PREMPRO	67
<i>potassium chloride sr</i>	89	PRENAISSANCE	89
POTASSIUM CHLORIDE/DEXTROSE	87	PRENAISSANCE PLUS	89
POTASSIUM		PRENATA	89
CHLORIDE/DEXTROSE/LACTATED		PRENATAL	89, 90
RINGERS	87	PRENATAL 19	89
POTASSIUM		PRENATAL PLUS	89
CHLORIDE/DEXTROSE/SODIUM		PRENATAL PLUS IRON	89
CHLORIDE	87	PRENATAL VITAMINS PLUS LOW IRON	89
<i>potassium chloride/sodium chloride</i>	87	PRENATE	89
POTASSIUM CHLORIDE/SODIUM		PRENATE AM	89
CHLORIDE	87	PRENATE DHA	89
<i>potassium citrate er</i>	78	PRENATE ELITE	89
POTASSIUM CITRATE/CITRIC ACID	78	PRENATE ENHANCE	89
POTASSIUM PHOSPHATES	87, 91	PRENATE ESSENTIAL	89

PRENATE MINI	89	<i>procto-pak</i>	107
PRENATE PIXIE	89	<i>proctosol hc</i>	107
PRENATE RESTORE	89	<i>proctozone-hc</i>	107
PRENATVITE COMPLETE	89	PROCYSBI	70
PRENATVITE PLUS	89	progesterone	72
PREPLUS	89	PROGLYCEM	68
PRETAB	89	PROGRAF	85
PRETOMANID	13	PROLASTIN-C	98
PREVACID	77	PROLATE	6
PREVACID SOLUTAB	77	PROLENSA	93
prevalite	30	PROLEUKIN	21
PREVIDENT 5000 BOOSTER PLUS	108	PROLIA	60
PREVIDENT 5000 DRY MOUTH	108	PROMACTA	81
PREVIDENT 5000 ENAMEL PROTECT	108	promethazine hcl	73
PREVIDENT 5000 PLUS	108	promethazine hcl plain	73
PREVIDENT FLUORIDE	108	promethazine hydrochloride	73
PREVIDENT RINSE	108	<i>promethazine/phenylephrine</i>	96
previfem	65	promethegan	73
PREVYMIS	14	PROMETRIUM	72
PREZCOBIX	13	propafenone hcl	29
PREZISTA	12	propafenone hydrochloride er	29
PRIALT	1	<i>propantheline bromide</i>	74
PRIFTIN	13	<i>proparacaine hcl</i>	95
PRILOSEC	77	propranolol hcl	31, 32
PRIMACARE	89	propranolol hcl er	31
primaquine phosphate	11	propranolol hydrochloride	32
PRIMAXIN IV	9	propranolol hydrochloride er	32
primidone	39	propranolol/hydrochlorothiazide	31
PRIMLEV	6	propylthiouracil	72
PRINIVIL	27	PROQUAD	86
PRISTIQ	42	PROSCAR	78
PRIVIGEN	84	PROSOL	91
PROAIR DIGIHALER	97	PROTONIX	77, 78
PROAIR HFA	97	PROTONIX PACK	77
PROAIR RESPICLICK	97	PROTOPIC	107
probenecid	1	protriptyline hcl	43
probenecid/colchicine	1	PROVENTIL HFA	97
procainamide hcl	29	PROVERA	20, 62, 72
PROCALAMINE	91	PROVIDA OB	89
PROCARDIA	32	PROVIGIL	54
PROCARDIA XL	32	PROZAC	43
procentra oral	48	PRUDOXIN	107
prochlorperazine	73	PSORCON	105
prochlorperazine edisylate	73	PULMICORT	99
prochlorperazine maleate	73	PULMICORT FLEXHALER	99
PROCRT	80	PULMOZYME	98
PROCTOCORT	107	PURIXAN	20
PROCTOFOAM HC	107	PYLERA	76
<i>procto-med hc</i>	107	pyrazinamide	13

pyridostigmine bromide	51	RAVICTI	70
pyridostigmine bromide er	51	RAYALDEE	72
pyrimethamine	9	RAYOS	68
QBRELIS	27	RAZADYNE ER	41
QBREXZA	107	REBIF	52
QINLOCK	24	REBIF REBIDOSE	52
QMIIZ ODT	2	REBIF REBIDOSE TITRATION PACK	52
QNASL	98	REBIF TITRATION PACK	52
QNASL CHILDRENS	98	REBLOZYL	81
QTERN	59	RECARBRIO	9
QUADRACEL	86	RECLAST	60
QUALAQUIN	11	reclipsen	65
QUARTETTE	65	RECOMBIVAX HB	86
QUDEXY XR	39	RECTIV	107
QUESTRAN	30	REDITREX	83
QUESTRAN LIGHT	30	REGLAN	73
quetiapine fumarate	46	REGONOL	51
quetiapine fumarate er	46	REGRANEX	108
QUFLORA	90	relafen	2
QUFLORA FE	89	RELAFEN DS	2
QUFLORA FE PEDIATRIC	89	RELENZA DISKHALER	14
QUFLORA PEDIATRIC	90	RELEXXII	48
QUILLICHEW ER	48	RELISTOR	76
QUILLIVANT XR	48	RELPAK	50
quinapril hcl	27	RELTONE	76
quinapril hydrochloride	27	REMERON	43
quinapril/hydrochlorothiazide	27	REMERON SOLTAB	43
quinidine gluconate cr	29	REMICADE	83
quinidine gluconate er	29	REMODULIN	35
quinidine sulfate	29	RENACIDIN	78
quinine sulfate	11	RENAGEL	71
QUTENZA	105	RENFLEXIS	83
QUZYTIR	96	RENVELA	71
QVAR REDIHALER	99	RENVELA PACK	71
QXTELLA XR	39	repaglinide	59
RABAVERT	86	REPATHA	31
<i>rabeprazole sodium dr</i>	78	REPATHA PUSHTRONEX SYSTEM	31
RADICAVA	51	REPATHA SURECLICK	31
RAGWITEK	84	RESCRIPTOR	12
raloxifene hydrochloride	70	RESTASIS	95
ramelteon	49	RESTASIS MULTIDOSE	95
ramipril	27	RESTORIL	49
RANEXA	35	RETACRIT	81
ranolazine er	35	RETEVMO	25
RAPAFLO	78	RETIN-A	100
RAPAMUNE	85	RETIN-A MICRO	100
RAPIVAB	14	RETIN-A MICRO PUMP	100
rasagiline mesylate	44	RETROVIR	12
RASUVO	83	RETROVIR IV	12

REVATIO	35	ropinirole er	44
REVCIVI	70	ropinirole hcl	44
REVLIMID	21	ropinirole hydrochloride	44
REXULTI	46	ropivacaine hydrochloride	7
REYATAZ	12	<i>rosadan</i>	107
REYVOW	50	rosuvastatin calcium	30
RHOFADE	107	ROTARIX	86
RHOGAM ULTRA-FILTERED PLUS	84	ROTATEQ	86
RHOPHYLAC	84	ROWASA	75
RHOPRESSA	94	roweepra	39
RIABNI	25	roweepra xr	39
ribavirin	14	ROXICODONE	6
RIDAURA	83	ROZEREM	49
rifabutin	14	ROZYL TREK	25
RIFADIN	14	RUBRACA	25
RIFAMATE	14	RUCONEST	81
rifampin	14	rufinamide	39
RIFATER	14	RUKOBIA	12
RILUTEK	51	RUXIENCE	25
riluzole	51	RUZURGI	51
rimantadine hydrochloride	14	RYBELSUS	59
RIMSO-50	78	<i>ryclora</i>	96
RINGERS INJECTION	87	RYDAPT	25
RINGERS IRRIGATION	108	RYTARY	44
RINVOQ	83	RYTHMOL SR	29
RIOMET	59	RYVENT	96
RIOMET ER	59	SABRIL	39
risedronate sodium	60	SAFYRAL	65
risedronate sodium dr	60	SAIZEN	70
RISPERDAL	46	SAIZENPREP RECONSTITUTIONKIT	70
RISPERDAL CONSTA	46	SALAGEN	108
risperidone	46	SALEX	107
risperidone odt	46	<i>salicylic acid</i>	107
RITALIN	48, 49	SALICYLIC ACID	107
RITALIN LA	49	SALICYLIC ACID WART REMOVER	107
ritonavir	12, 13	SALSALATE	2
RITUXAN	25	SAMSCA	70
RITUXAN HYCELA	25	SANCUSO	73
rivastigmine	41	SANDIMMUNE	85
rivastigmine tartrate	41	SANDOSTATIN	70
RIVELSA	65	SANDOSTATIN LAR DEPOT	70
rizatriptan benzoate	50	SANTYL	108
rizatriptan benzoate odt	50	SAPHRIS	46
ROBAXIN	53	sapropterin dihydrochloride	70
ROBAXIN-750	53	SARAFEM	43
ROCALTROL	72	SARCLISA	25
ROCKLATAN	94	SAVAYSA	80
romidepsin	25	SAVELLA	51
ROMIDEPSIN	25	SAVELLA TITRATION PACK	51

scopolamine	73	simliya	65
SEASONIQUE	65	simpesse	65
SECONAL SODIUM	49	SIMPONI	83
SECUADO	46	SIMPONI ARIA	83
SEEBRI NEOHALER	96	SIMULECT	85
SEGLUROMET	59	simvastatin	30
SELECT-OB	90	SINEMET	44
selegiline hcl	44	SINEMET CR	44
<i>selenium sulfide</i>	102	SINGULAIR	97
SELENIUM SULFIDE	102	<i>sirolimus</i>	85
SELZENTRY	12	SIRTURO	14
SEMGLEE	57	SITAVIG	14
SEMPREX-D	96	SIVEXTRO	9
SE-NATAL 19	90	SIVEXTRO TABS	9
SENSIPAR	70	SKELAXIN	53
SENSORCAINE	7	SKLICE	108
sensorcaine/epinephrine	7	SKYLA	65
sensorcaine-mpf	7	SKYRIZI	83
sensorcaine-mpf/epinephrine	7	SLYND	65
SENSORCAINE-MPF/EPINEPHRINE	7	SMOFLIPID	91
SEREVENT DISKUS	97	<i>sodium acetate</i>	87
SERNIVO	105	SODIUM ACETATE 2MEQ/ML	87
SEROQUEL	46, 47	<i>sodium bicarbonate</i>	87
SEROQUEL XR	46	SODIUM BICARBONATE	87
SEROSTIM	71	<i>sodium chloride 0.45%</i>	87
sertraline hcl	43	SODIUM CHLORIDE 0.9% IRRIGATION	
sertraline hydrochloride	43	SOLN	108
setlakin	65	<i>sodium chloride inj</i>	87
sevelamer carbonate	71	SODIUM CHLORIDE INJ	87
sevelamer hydrochloride	71	SODIUM CITRATE/CITRIC ACID	78
SEYSARA	18	SODIUM DIURIL	33
SF	108	SODIUM EDECRIN	33
SF 5000 PLUS	108	SODIUM FLUORIDE	90, 108
SFROWASA	75	SODIUM FLUORIDE 5000 PLUS	108
sharobel	65	SODIUM FLUORIDE 5000 PPM	108
SHINGRIX	86	<i>sodium fluoride 5000 ppm pste</i>	108
SIGNIFOR	71	<i>sodium fluoride 5000 ppm sensitive</i>	108
SIGNIFOR LAR	71	sodium phenylbutyrate	71
SIKLOS	81	SODIUM PHOSPHATE	67, 68, 87, 92, 93
SIKLOS 100MG	81	sodium polystyrene sulfonate	61
sildenafil	35	<i>sodium sulfacetamide</i>	92
sildenafil citrate	35	SODIUM SULFACETAMIDE/SULFUR	100
SILENOR	49	SODIUM SULFACETAMIDE/SULFUR	
SILIQ	83	CLEANSER IN UREA	100
<i>silodosin</i>	78	SOFOSBUVIR/VELPATASVIR	14
SILVADENE	101	<i>solifenacin succinate</i>	79
SILVER NITRATE	107	SOLQUA 100/33	57
SILVER SULFADIAZINE	101	SOLIRIS	81
SIMBRINZA	94	SOLODYN	18

SOLOSEC	9	streptomycin sulfate	9
SOLTAMOX	21	STRIBILD	13
SOLU-CORTEF INJ	68	STRIVERDI RESPIMAT	97
SOLU-MEDROL	68	STROMEKTOL	9
SOMA	54	SUBLOCADE	54
SOMATULINE DEPOT	71	SUBOXONE	54
SOMAVERT	71	SUBOXONEMG	54
SOOLANTRA	107	SUBSYS	6
SORBITOL IRRIGATION	78	subvenite	39
SORBITOL-MANNITOL IRRIGATION	78	subvenite starter kit/blue	39
SORIATANE	102	subvenite starter kit/green	39
SORILUX	102	subvenite starter kit/orange	39
sorine	29	SUCRAID	77
sotalol hcl	29	SUCRALFATE SUSP	77
sotalol hcl af	29	<i>sucralfate tabs</i>	77
SOTYLIZE	29	SULAR	32
SOVALDI	14	<i>sulfacetamide sodium</i>	92, 100
SPINOSAD	108	<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	92
SPIRIVA HANDIHALER	96	SULFACLEANSE	100
SPIRIVA RESPIMAT	96	SULFADIAZINE	9
spironolactone	27, 33	sulfamethoxazole/trimethoprim	9
spironolactone/hydrochlorothiazide	33	sulfamethoxazole/trimethoprim ds	9
SPORANOX	11	SULFAMYLON	101
sprintec 28	65	<i>sulfasalazine</i>	75
SPRITAM	39	SULFASALAZINE	75
SPRIX	3	sulindac	3
SPRYCEL	25	sumatriptan	50
sps	61	sumatriptan succinate	50
sronyx	65	sumatriptan/naproxen sodium	50
SSD	101	SUNOSI	54
STALEVO 100	44	SUPRAX	16
STALEVO 125	44	SUPREP BOWEL PREP KIT	76
STALEVO 150	44	SUSTIVA	12
STALEVO 200	44	SUSTOL	73
STALEVO 50	44	SUTAB	76
STALEVO 75	44	SUTENT	25
STAMARIL	86	syeda	65
STARLIX	59	SYLATRON	21
stavudine	12	SYLVANT	22
STEGLATRO	59	SYMBICORT	99
STEGLUJAN	59	SYMBYAX	43
STELARA	83	SYMDEKO	98
STERILE WATER IRRIGATION PLASTIC BOTTLE	108	SYMFI	13
STIMATE	71	SYMFI LO	13
STIOLTO RESPIMAT	95	SYMJEPI	98
STIVARGA	25	SYMLINPEN 120	59
STRATTERA	49	SYMLINPEN 60	59
STRENSIQ	71	SYMPAZAN	39

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SYMPROIC	77	TAZORAC	102
SYMTUZA	13	taztia xt	32
SYNAGIS	84	TAZVERIK	25
SYNALAR	105	TDVAX	86
SYNAREL	66	TECENTRIQ	25
SYNDROS	74	TECFIDERA	53
SYNERA	105	TECFIDERA STARTER PACK	52
SYNERCID	9	TEFLARO	16
SYNJARDY	59, 60	TEGRETOL	39
SYNJARDY XR	59	TEGRETOL-XR	39
SYNRIBO	22	TEGSEDI	51
SYNTHROID	72	TEKTURNA	35
SYPRINE	61	TEKTURNA HCT	35
TABLOID	20	telmisartan	28
TABRECTA	25	telmisartan/amlodipine	28
TACLONEX	105	telmisartan/hydrochlorothiazide	28
<i>tacrolimus</i>	85, 107	temazepam	49
tadalafil	36	TEMIXYS	13
TAFINLAR	25	TEMODAR	19
TAGRISO	25	TEMOVATE	105
TAKHZYRO	81	temsirolimus	25
TALICIA	77	tencon	1
TALTZ	83	TENIVAC	86
TALZENNA	25	tenofovir	12
TAMIFLU	15	TENORETIC 100	31
tamoxifen citrate	21	TENORETIC 50	31
<i>tamsulosin hydrochloride</i>	78	TENORMIN	32
TAPAZOLE	72	TEPEZZA	71
taperdex 12-day	68	TEPMETKO	25
taperdex 6-day	68	terazosin hcl	27
taperdex 7-day	68	terazosin hydrochloride	27
TARCEVA	25	terbinafine hcl	11
TARGADOX	18	<i>terbutaline sulfate</i>	97
TARGRETIN	22, 107	<i>terconazole</i>	79
tarina 24 fe	65	TERIPARATIDE	60
tarina fe 1/20	65	TESTIM	55
tarina fe 1/20 eq	65	TESTOPEL	55
TARKA	27	testosterone	55
TARON-C DHA	90	testosterone cypionate	55
TARON-PREX	90	testosterone enanthate	55
TASIGNA	25	testosterone gel	55
TASMAR	44	testosterone pum	55
<i>tavorole</i>	102	testosterone pump gel	55
TAVALISSE	81	testosterone topical	55
TAXOTERE	22	tetrabenazine	52
TAYTULLA	65	TETRACAINE HYDROCHLORIDE	95
<i>tazarotene</i>	100, 102	tetracycline hydrochloride	18
TAZAROTENE	100	TEXACORT	105
tazicef	16	THALOMID	21

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THEO-24	98	<i>tolterodine tartrate er</i>	79
<i>theophylline</i>	98	tolvaptan	71
<i>theophylline er</i>	98	TOPAMAX	40
THEOPHYLLINE/D5W	98	TOPAMAX SPRINKLE	40
THIOLA	78	TOPICORT	105
THIOLA EC	78	topiramate	40
thioridazine hcl	47	TOPIRAMATE ER	40
thiotepa	19	toposar	22
thiothixene	47	<i>topotecan</i>	22
THRIVITE RX	90	TOPOTECAN	22
THYMOGLOBULIN	85	TOPROL XL	32
THYQUIDITY	72	toremifene citrate	21
tiadylt er	32	TORISEL	25
tiagabine hydrochloride	39	torseamide	33
TIAZAC	32	TOSYMRA	50
TIBSOVO	25	TOUJEO MAX SOLOSTAR	57
TICE BCG	22	TOUJEO SOLOSTAR	57
TIGAN	74	<i>tovet foam</i>	105
tigecycline	18	TOVIAZ	79
TIGLUTIK	52	TPN ELECTROLYTES	87
TIKOSYN	29	TRACLEER	36
TILIA FE	65	TRADJENTA	60
TIMOLOL MALEATE OPHTHALMIC	94	tramadol hcl	6
<i>timolol maleate soln</i>	94	TRAMADOL HCL ER	4
timolol maleate tabs	32	tramadol hcl er tabs	4
TIMOPTIC	94, 95	tramadol hydrochloride	6
TIMOPTIC OCUDOSE	95	tramadol hydrochloride/acetaminophen	6
TIMOPTIC-XE	95	trandolapril	27
tinidazole	9	trandolapril/verapamil hcl er	27
TIROSINT	72	<i>tranexamic acid</i>	81
TIROSINT-SOL	72	TRANSDERM SCOP	74
TIS-U-SOL	108	TRANSDERM-SCOP	74
TIVICAY	12	TRANXENE T	40
TIVICAY PD	12	tranlycypromine sulfate	43
tizanidine hcl	54	TRAVASOL	91
tizanidine hydrochloride	54	TRAVATAN Z	95
TOBI	9	<i>travoprost</i>	95
TOBI PODHALER	9	TRAZIMERA	25
TOBRADEX	92	trazodone hydrochloride	43
TOBRADEX ST	92	TREANDA	19
tobramycin	9	TRECTOR	14
tobramycin sulfate	9, 92	TRELEGY ELLIPTA	95
<i>tobramycin/dexamethasone</i>	92	TRELSTAR MIXJECT	21
TOBEX	93	TREMFYA	83
TOLAK	107	treprostinil	36
tolcapone	44	TRESIBA	57
tolmetin sodium	3	TRESIBA FLEXTOUCH	57
TOLSURA	11	tretinoin	22, 100
<i>tolterodine tartrate</i>	79	TRETINOIN MICROSPHERE	100

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TREXALL	83	tri-sprintec	65
TREXIMET	50	TRISTART DHA	90
trezix	6	TRISTART FREE	90
tri femynor	65	TRISTART ONE	90
triamcinolone acetonide	68, 105	<i>tritocin</i>	105
<i>triamcinolone acetonide dental paste</i>	108	TRIUMEQ	13
triamterene	33	TRI-VI-FLOR	90
triamterene/hydrochlorothiazide	33	TRI-VITE/FLUORIDE	90
<i>trianex</i>	105	trivora-28	65
triazolam	49	tri-vylibra	65
TRIBENZOR	28	tri-vylibra lo	65
TRICARE PRENATAL	90	TRIZIVIR	13
TRICARE PRENATAL DHA ONE	90	TRODELVY	25
TRICITRATES	78	TROGARZO	12
TRICOR	29	TROKENDI XR	40
<i>triderm</i>	105	TROPHAMINE	91
TRIDESILON	105	<i>trospium chloride</i>	79
trientine hydrochloride	61	<i>trospium chloride er</i>	79
TRIESENCE	93	TRULANCE	77
tri-estarylla	65	TRULICITY	60
trifluoperazine hcl	47	TRUMENBA	86
trifluoperazine hydrochloride	47	TRUSOPT	95
<i>trifluridine</i>	93	TRUVADA	13
TRIGLIDE	29	TRUXIMA	25
trihexyphenidyl hcl	44	TUDORZA PRESSAIR	96
trihexyphenidyl hydrochloride	44	TUKYSA	25
TRIJARDY XR	60	tulana	65
TRIKAFTA	98	TURALIO	25
tri-legest fe	65	TWINRIX	86
TRILEPTAL	40	TWYNSTA	28
tri-linyah	65	TYBLUME	65
TRILIPIX	30	TYBOST	12
tri-lo-estarylla	65	tydemy	65
tri-lo-marzia	65	TYGACIL	18
tri-lo-mili	65	TYKERB	25
tri-lo-sprintec	65	TYLENOL/CODEINE #3	6
<i>trilyte</i>	76	TYMLOS	60
<i>trimethobenzamide hydrochloride</i>	74	TYPHIM VI	86
trimethoprim	9	TYSABRI	53
<i>trimethoprim sulfate/polymyxin b sulfate</i>	93	TYVASO	36
tri-mili	65	TYVASO REFILL	36
trimipramine maleate	43	TYVASO STARTER	36
TRINATAL RX 1	90	UBRELVY	50
TRINTELLIX	43	UCERIS	75
tri-nymyo	65	UCERIS FOAM	75
TRIOSTAT	72	UDENYCA	81
tri-previfem	65	UKONIQ	25
TRIPTODUR	71	ULORIC	1
TRISENOX	22	ULTOMIRIS	82

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ULTRACET	6	VANTAS	21
ULTRAM	6	VAQTA	86
ULTRAVATE	105	VARIVAX	86
UNASYN	17	VARIZIG	84
UNASYN BULK PACK	17	VARUBI	74
UNITHROID	72	VASCEPA	31
UPTRAVI	36	VASERETIC	27
UPTRAVI TITRATION PAK	36	VASOSTRICT	71
URIMAR-T	9	VASOTEC	27
URIN D/S	9	VECAMYL	35
uro-458	9	VECTIBIX	25
UROCIT-K	78	VECTICAL	102
UROGESIC-BLUE	9	VELCADE	25
UROXATRAL	78	VELETRI	36
URSO 250	77	velivet	65
URSO FORTE	77	VELPHORO	71
<i>ursodiol</i>	77	VELTASSA PACK	61
UTIBRON NEOHALER	95	VELTIN	100
UTIRA-C	9	VEMLIDY	15
VABOMERE	9	VENCLEXTA	25
VAGIFEM	67	VENCLEXTA STARTING PACK	25
valacyclovir hcl	15	venlafaxine hcl	43
valacyclovir hydrochloride	15	venlafaxine hcl er	43
VALCHLOR	107	venlafaxine hydrochloride er	43
VALCYTE	15	VENTAVIS	36
valganciclovir	15	VENTOLIN HFA	97
valganciclovir hydrochloride	15	verapamil hcl	32
VALIUM	40	verapamil hcl er	33
valproate sodium	40	verapamil hcl sr	33
valproic acid	40	VERAPAMIL HCL SR CP24 360MG	33
valrubicin	19	verapamil hydrochloride	33
valsartan	29	verapamil hydrochloride er	33
<i>valsartan/hydrochlorothiazide</i>	28	VERDESO	105
VALSTAR	19	VEREGEN	107
VALTOCO	40	VERELAN	33
VALTREX	15	VERELAN PM	33
vanatol lq	1	VERQUVO	35
vanatol s	1	VERSACLOZ	47
VANCOCIN	9	VERZENIO	25
VANCOCIN HCL	9	VESICARE	79
VANCOMYCIN	10	VESICARE LS	79
vancomycin hcl	9	vestura	65
VANCOMYCIN HLC	9	VFEND	11
vancomycin hydrochloride	10	VFEND IV	11
VANCOMYCIN HYDROCHLORIDE	10	V-GO 20	57
VANCOMYCIN		V-GO 30	57
HYDROCHLORIDE/DEXTROSE	9	V-GO 40	57
VANDAZOLE	79	VIBATIV	10
VANOS	105	VIBERZI	77

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VIBRAMYCIN	18	VOL-PLUS	90
VICTOZA	60	VOLTAREN	107
VIDAZA	20	voriconazole	11
VIDEX EC	12	VOSEVI	15
VIDEX PEDIATRIC	12	VOTRIENT	25
VIEKIRA PAK	15	VP-PNV-DHA	90
vienva	66	VPRIV	71
vigabatrin	40	VRAYLAR	47
vigadrone	40	VRAYLAR CAP THERAPY PACK	47
VIGAMOX	93	vtol lq	1
VIIBRYD	43	VUMERITY	53
VIIBRYD STARTER PACK	43	VUSION	102
VILTEPSO	52	VYEPTI	50
VIMIZIM	71	vyfemla	66
VIMOVO	3	<i>vylibra</i>	65, 66
VIMPAT	40	VYNDAMAX	35
vinblastine sulfate	22	VYNDAQEL	35
vincristine sulfate	22	VYONDYS 53	52
vinorelbine tartrate	22	VYTORIN	31
VIOKACE	77	VYVANSE	49
viorele	66	VYXEOS	22
VIRACEP	12	VYZULTA	95
VIRAMUNE	12	WAKIX	54
VIRAMUNE XR	12	<i>warfarin sodium</i>	80
VIRASAL	107	WELCHOL	31
VIRAZOLE	15	WELLBUTRIN SR	43
VIREAD	12	WELLBUTRIN XL	43
VIRT-C DHA	90	wera	66
VIRT-NATE DHA	90	WESTAB PLUS	90
VIRT-PN DHA	90	WESTGEL DHA	90
VIRT-PN PLUS	90	WINRHO SDF	84
VISTARIL	96	<i>wixela inhub</i>	99
VISTOGARD	71	wymzya fe	66
VITAFOL FE+	90	XADAGO	44
VITAFOL GUMMIES	90	XALATAN	95
VITAFOL STRIPS	90	XALKORI	26
VITAFOL ULTRA	90	XANAX	37
VITAFOL-NANO	90	XANAX XR	37
VITAFOL-OB	90	XARELTO	80
VITAFOL-ONE	90	XARELTO STARTER PACK	80
VITAMEDMD ONE RX/QUATREFOLIC	90	XATMEP	83
VITRAKVI	25	XCOPRI	40
VIVELLE-DOT	67	XCOPRI MAINTENACE PACK	40
VIVITROL	55	XCOPRI TITRATION PACK	40
VIVLODEX	3	XELJANZ	83
VIZIMPRO	25	XELJANZ XR	83
VOGELXO	55	XELPROS	95
VOGELXO PUMP	55	XEMBIFY	84
volnea	66	XENAZINE	52

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XENLETA	10	zaleplon	49
XEOMIN	54	ZALTRAP	26
XEPI	101	ZANAFLEX	54
XERAVA	18	ZANOSAR	19
XERESE	107	zarah	66
XERMELO	77	ZARONTIN	40
XGEVA	60	ZARXIO	81
XHANCE	98	ZATEAN-PN DHA	90
XIAFLEX	71	ZATEAN-PN PLUS	90
XIFAXAN	10, 77	ZAVESCA	71
XIGDUO XR	60	ZCORT 7-DAY	68
XIIDRA	95	zebutal	1
XIMINO	18	ZEGERID	78
XOFLUZA	15	ZEJULA	26
XOLAIR	98	ZELAPAR	44
XOLEGEL	102	ZELBORAF	26
XOPENEX	97	ZELNORM	77
XOPENEX CONCENTRATE	97	ZEMAIRA	98
XOPENEX HFA	97	ZEMBRACE SYMTOUCH	51
XOSPATA	26	ZEMDRI	10
XPOVIO	26	ZEMPLAR	72
XPOVIO 100 MG ONCE WEEKLY	26	<i>zenatane</i>	101
XPOVIO 60 MG ONCE WEEKLY	26	ZENPEP	77
XPOVIO 80 MG ONCE WEEKLY	26	zenzedi	49
XPOVIO 80 MG TWICE WEEKLY	26	ZEPATIER	15
XTAMPZA ER	4	ZEPOSIA	53
XTANDI	21	ZEPOSIA 7-DAY STARTER PACK	53
xulane	66	ZEPOSIA STARTER KIT	53
XULTOPHY	57	ZEPZELCA	19
XURIDEN	71	ZERBAXA	16
XYLOCAINE	7	ZERVIATE	94
xylocaine dental	7	ZESTORETIC	27
XYLOCAINE/EPINEPHRINE	7	ZESTRIL	27
XYLOCAINE-MPF	7	ZETIA	31
XYLOCAINE-MPF/EPINEPHRINE	7	ZETONNA	98
XYOSTED	55	ZIAC	31
XYREM	54	ZIAGEN	12
XYWAV	54	ZIANA	101
YASMIN 28	66	zidovudine	12, 13
YAZ	66	ZIEXTENZO	81
YERVOY	26	<i>zileuton er</i>	97
YF-VAX	86	ZILRETTA	68
YONDELIS	19	ZILXI	107
YONSA	21	ZINECARD	26
YUPELRI	96	ZINPLAVA	84
YUTIQ	93	ZIOPTAN	95
yuvafem	67	ziprasidone hcl	47
zafemy	66	ziprasidone mesylate	47
<i>zafirlukast</i>	97	ZIPSOR	3

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ZIRABEV	26	ZORBTIVE	71
ZIRGAN	93	ZORTRESS	85
ZITHROMAX	16	ZORVOLEX	3
ZITHROMAX TRI-PAK	16	ZOSTAVAX	86
ZITHROMAX Z-PAK	16	ZOSYN	17
ZOCOR	30	zovia 1/35e	66
ZOFRAN	74	ZOVIRAX	15, 107
ZOHYDRO ER	4	ZTLIDO	105
ZOKINVY	71	ZUBSOLV	55
ZOLADEX	21	<i>zumandimine</i>	63, 66
zoledronic acid	60	ZUPLENZ	74
ZOLEDRONIC ACID	60	ZYCLARA	107
ZOLINZA	26	ZYCLARA PUMP	107
zolmitriptan	51	ZYDELIG	26
zolmitriptan odt	51	ZYFLO	97
ZOLMITRIPTAN SOLN	51	ZYKADIA	26
ZOLOFT	43	ZYLET	92
zolpidem tartrate	49	ZYLOPRIM	1
zolpidem tartrate er	49	ZYMAXID	93
ZOLPIMIST	49	ZYNLONTA	26
ZOMACTON	71	ZYPITAMAG	30
ZOMIG	51	ZYPREXA	47
ZOMIG ZMT	51	ZYPREXA RELPREVV	47
ZONALON	107	ZYPREXA ZYDIS	47
ZONEGRAN	40	ZYTIGA	21
zonisamide	40	ZYVOX	10
ZONTIVITY	82		

Enhanced Drug Benefit List*

Please check your *2020 Evidence of Coverage* to find out if your plan includes an “Enhanced Drug Benefit.” The enhanced drugs are listed in this guide by *Enhanced Drug Benefit Categories*. If your plan includes enhanced drug benefits, look for the Enhanced Drug Benefit Category in the following pages to determine which drugs are covered. For example, if your *2020 Evidence of Coverage* says that your plan includes coverage for “Vitamins and Minerals” and “Erectile Dysfunction”, find the lists titled “Vitamins and Minerals” and “Erectile Dysfunction” to find which specific drugs are covered.

These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. Check your *2020 Evidence of Coverage* to find out if you have coverage for these drugs. The amount you pay when you fill a prescription for these drugs does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for these drugs.

Drug Name	Drug Tier	Requirements/Limits
Cosmetic		
<i>alphaquin hp</i>	1	
AVAGE	2	
BOTOX COSMETIC	2	
EPIQUIN MICRO	2	
<i>finasteride</i>	1	
<i>hydroquinone</i>	1	
<i>hydroquinone time release</i>	1	
KYBELLA	2	
LATISSE	2	
LUSTRA	2	
LUSTRA-AF	2	
LUSTRA-ULTRA	2	
<i>melpaque hp</i>	1	
<i>melquin hp</i>	1	
<i>nuquin hp</i>	1	
PERLANE	2	
PERLANE-L	2	
PROPECIA	2	
REFISSA	2	
<i>remergent hq</i>	1	
RENOVA PUMP	2	
RESTYLANE	2	
RESTYLANE-L	2	
<i>skin bleaching</i>	1	
<i>skin bleaching/sunscreen</i>	1	
<i>tl hydroquinone</i>	1	
<i>tretinoin emollient</i>	1	
TRI-LUMA	2	
VANIQA	2	
Cough and Cold		

Drug Name	Drug Tier	Requirements/Limits
BENZONATATE	1	
BIOTUSS	1	
BIOTUSS PEDIATRIC	1	
BROMFED DM	1	
CARBAPHEN 12	2	
CARBAPHEN 12 PED	2	
CENTERGY DM	1	
CODAR AR	2	
CPB WC	2	
DECON-G	2	
DEXTROMETHORPHAN HBR/PHENYLEPHRINE HCL/CHLORPHENIRAMINE	1	
EXACTUSS	2	
EXEFEN-IR	1	
FLOWTUSS	2	
GILPHEX TR	2	
GILTUSS	2	
GILTUSS PEDIATRIC	1	
GILTUSS TR	2	
GUAIFENESIN/DEXTROMETHORPHAN SR	1	
HDC DM	2	
HYCOFENIX	2	
HYDROCODONE BITARTRATE/CHLORPHENIRAMINE MALEATE/PSE	1	
HYDROCODONE BITARTRATE/HOMATROPINE	1	
METHYLBROMIDE		
HYDROCODONE POLISTIREX/CHLORPHENIRAMINE	1	
POLISTIREX		
HYDROMET	1	
LEXUSS 210	1	
MUCINEX DM	2	
NARIZ	2	
NASOTUSS	2	
NEOTUSS PLUS	2	
NOHIST-DM	1	
NORTUSS-DE	1	
NORTUSS-EX	2	
OBREDON	2	
PHENYLEPHRINE/GUAIFENESIN	1	
PROHIST CD	2	
PROHIST CF	2	
PROMETHAZINE VC/CODEINE	2	

*These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. Check your plan documents to find out if you have coverage for these drugs. The amount you pay when you fill a prescription for these drugs does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for these drugs.

Drug Name	Drug Tier	Requirements/Limits
PROMETHAZINE/CODEINE	1	
PROMETHAZINE/DEXTROMETHORPHAN	1	
RELHIST	2	
RHINOLAR	2	
TESSALON PERLES	2	
TGQ 15DM/5PEH/2CPM	2	
TGQ 30PSE/150GFN/15DM	2	
TGQ 30PSE/3BRM/15DM	2	
TUSNEL PED-C	2	
TUSSICAPS	2	
TUSSIGON	1	
TUSSIONEX PENNKINETIC EXTENDED RELEASE	2	
TUZISTRA XR	2	
VAZOTAN	2	
VIRAVAN-DM	2	
VITUZ	2	
ZONATUSS	2	
ZOTEX-12D	1	
ZOTEX-C	2	
ZUTRIPRO	2	
Erectile Dysfunction		
BI-MIX	2	QL (6 EA per 30 days)
CAVERJECT	2	QL (6 EA per 30 days)
CAVERJECT IMPULSE	2	QL (6 EA per 30 days)
CIALIS	2	QL (6 EA per 30 days)
EDEX	2	QL (6 EA per 30 days)
LEVITRA	2	QL (6 EA per 30 days)
MUSE	2	QL (6 EA per 30 days)
PAPAVERINE-PHENTOLAMINE MES/ALPROSTADIL	1	QL (5 ML per 30 days)
PAPAVERINE-PHENTOLAMINE MESYLATE	1	QL (5 ML per 30 days)
PAPAVERINE/PHENTOLAMINE MES/ALPROSTADIL	1	QL (5 ML per 30 days)
STAXYN	2	QL (6 EA per 30 days)
STENDRA	2	QL (6 EA per 30 days)
SUPER BI-MIX	2	QL (6 EA per 30 days)
SUPER TRI-MIX	2	QL (6 EA per 30 days)
TADALAFIL	1	QL (6 EA per 30 days)
TRI-MIX	2	QL (6 EA per 30 days)
VARDENAFIL HYDROCHLORIDE	1	QL (6 EA per 30 days)
VIAGRA	2	QL (6 EA per 30 days)
Fertility		
BRAVELLE	2	
CETROTIDE	2	

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Drug Name	Drug Tier	Requirements/Limits
CLOMIPHENE CITRATE	1	
ENDOMETRIN	2	
FIRST-PROGESTERONE VGS 100 COMPOUNDING KIT	2	
FIRST-PROGESTERONE VGS 200 COMPOUNDING KIT	2	
FOLLISTIM AQ	2	
GANIRELIX ACETATE	1	
GONAL-F	2	
GONAL-F RFF	2	
GONAL-F RFF REDIJECT	2	
HCG	2	
MENOPUR	2	
OVIDREL	2	
Miscellaneous		
AERO OTIC HC	1	
ALA-QUIN	2	
ALCORTIN A	2	
ALOQUIN	2	
AMINO BENZOATE POTASSIUM	1	
ANALPRAM-HC	2	
ANALPRAM-HC SINGLES	2	
ANUCORT-HC	1	
ANUSOL-HC	2	
BENZOYL PEROXIDE 8%	1	
CETACAINE	2	
CORTANE-B	2	
CORTANE-B AQUEOUS	2	
CORTANE-B-OTIC	2	
CORTIC-ND	1	
COVARYX	1	
COVARYX HS	1	
CYOTIC	1	
CYTRA-3	2	
DERMAZENE	1	
DONNATAL	2	
EEMT	1	
EEMT HS	1	
ESTERIFIED ESTROGENS/METHYLTESTOSTERONE	1	
EXOTIC-HC	1	
GRX HICORT 25	1	
HEMORRHOIDAL-HC	1	
HYDROCORTISONE ACETATE	1	
HYDROCORTISONE ACETATE/PRAMOXINE	1	

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Drug Name	Drug Tier	Requirements/Limits
HYDROCORTISONE/IODOQUINOL	1	
ISOMETHEPTENE/DICHLORALPHENAZONE/ACETAMINOPHEN	1	
ISOXSUPRINE HCL	1	
MEZPAROX-HC FORTE	2	
NODOLOR	1	
NOVACORT	2	
OTICIN HC NR	2	
OTO-END 10	1	
OTOMAX-HC	1	
POTABA	2	
POTASSIUM P-AMINO BENZOATE	1	
PRAMOSONE	2	
PROCTOCORT	2	
RECTACORT-HC	1	
VYTONE	2	
Vitamins and Minerals		
ACTIVE FE	2	
ADRENAL C FORMULA	2	
ADVANCED AM/PM	2	
AIRAVITE	1	
ALBAFORT	2	
AMINO BENZOATE POTASSIUM	1	
ANIMI-3	2	
ANIMI-3/VITAMIN D	2	
AP-ZEL	2	
AQUASOL A PARENTERAL	2	
ASCOR	2	
ASCORBIC ACID INJ 15000MG/30ML	2	
ASCORBIC ACID INJ 500MG/ML	1	
ASTAMED MYO	2	
ATABEX EC	2	
AVAILNEX	2	
B-6 FOLIC ACID	1	
B-COMPLEX 100	1	
B-PLEX	1	
B-PLEX PLUS	1	
BACMIN	2	
BIFERARX	2	
BIOCEL	1	
BP MULTINATAL PLUS	1	
BP VIT 3	2	
CARDIOTEK-RX	2	

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Drug Name	Drug Tier	Requirements/Limits
CENFOL	2	
CENTRATEX	2	
CEREFOLIN	2	
CEREFOLIN NAC	2	
CIFEREX	2	
CITRANATAL ASSURE	2	
COD LIVER OIL	1	
COMPLETE NATAL DHA	1	
CORVITA	1	
CORVITA 150	1	
CORVITE	2	
CORVITE 150	2	
CORVITE FE	2	
CORVITE FREE	1	
CYANOCOBALAMIN INJ 2000MCG/ML	2	
CYANOCOBALAMIN INJ 1000MCG/ML	1	
CYFOLEX	2	
DEPLIN 15	2	
DEPLIN 7.5	2	
DIALYVITE	1	
DIALYVITE 3000	2	
DIALYVITE 5000	2	
DIALYVITE SUPREME D	2	
DIALYVITE/ZINC	2	
DRISDOL	2	
DURACHOL	2	
ELFOLATE PLUS	2	
ENLYTE	2	
ENTERAGAM	2	
ERGOCAL	2	
ERGOCALCIFEROL	1	
FABB	1	
FE 90 PLUS	2	
FERAHEME	2	
FERIVA 21/7	2	
FERIVAF	2	
FEROCON	1	
FEROTRINSIC	1	
FERRALET 90	2	
FERRAPLUS 90	2	
FERRO-PLEX HEMATINIC	2	
FERROCITE PLUS	1	

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Drug Name	Drug Tier	Requirements/Limits
FERROGELS FORTE	1	
FERROTRIN	2	
FIBRIK	2	
FOLBEE	1	
FOLBEE AR	2	
FOLBEE PLUS	1	
FOLBEE PLUS CZ	1	
FOLBIC	1	
FOLBIC RF	2	
FOLGARD OS	2	
FOLGARD RX	2	
FOLI-D	2	
FOLIC ACID	1	
FOLIC ACID/CYANOCOBALAMIN/PYRIDOXINE HYDROCHLORIDE	1	
FOLIC ACID/VITAMIN B-6/VITAMIN B-12	1	
FOLIKA-V	2	
FOLIVANE-F	2	
FOLIVANE-PLUS	2	
FOLIXAPURE	2	
FOLPLEX 2.2	1	
FOLTANX	2	
FOLTANX RF	2	
FOLTRATE	2	
FOLTRIN	1	
FOLTX	2	
FORTAVIT	2	
FOSTEUM	2	
FOSTEUM PLUS	2	
FOVEX	2	
FUSION PLUS	2	
FUSION SPRINKLES	2	
GABADONE	2	
GENICIN VITA-D	2	
HEMATINIC PLUS COMPLEX	1	
HEMATINIC PLUS VITAMINS/MINERALS	1	
HEMATINIC/FOLIC ACID	1	
HEMATOGEN	1	
HEMATOGEN FA	2	
HEMATOGEN FORTE	1	
HEMATRON-AF	2	
HEMENATAL OB + DHA	2	

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Drug Name	Drug Tier	Requirements/Limits
HEMETAB	2	
HEMOCYTE PLUS	2	
HEMOCYTE-F ELIX	2	
HEMOCYTE-F TABS	1	
HEMOCYTE-PLUS	1	
HYDROXOCOBALAMIN	1	
HYPERTENSA	2	
ICAR-C PLUS	2	
IFEREX 150 FORTE	1	
INFED	1	
INFUVITE ADULT	1	
INFUVITE PEDIATRIC	1	
INJECTAFER	2	
INTEGRA F	2	
INTEGRA PLUS	2	
IROSPAN 24/6	2	
KOSHER PRENATAL PLUS IRON	2	
L-METHYL-B6-B12	1	
L-METHYL-MC	2	
L-METHYL-MC NAC	2	
L-METHYLFOLATE	1	
L-METHYLFOLATE CA ME-CBL NAC	2	
L-METHYLFOLATE CA/P-5-P/ME-CBL	1	
L-METHYLFOLATE CALCIUM	1	
L-METHYLFOLATE FORMULA 15	2	
L-METHYLFOLATE FORMULA 7.5	2	
L-METHYLFOLATE FORTE	2	
LIMBREL	2	
LIMBREL250	2	
LIMBREL500	2	
LIPICHOL 540	2	
LISTER-V	2	
LMTHF/PYRIDOXINE HCL/CYANOCOBALAMIN	1	
LYSIPLX PLUS	1	
M.V.I. ADULT	2	
M.V.I. PEDIATRIC	2	
M.V.I.-12 WITHOUT VITAMIN K	2	
MAXFE	2	
MEPHYTON	2	
METAFOLBIC	2	
METAFOLBIC PLUS	2	
METAFOLBIC PLUS RF	2	

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Drug Name	Drug Tier	Requirements/Limits
METANX	2	
METHIONINE/INOSITOL/CHOLINE/CYANOCOBALAMIN	1	
METHYLCOBALAMIN	2	
MULTI-B-PLUS	1	
MULTIGEN	2	
MULTIGEN FOLIC	2	
MULTIGEN PLUS	2	
MYFERON 150 FORTE	1	
MYNATAL	2	
MYNATAL ULTRACAPLET	1	
MYNATE 90 PLUS	1	
MYNEPHROCAPS	1	
NASCOBAL	2	
NATALVIRT FLT	2	
NATALVIT	2	
NEEVO DHA	2	
NEPHPLEX RX	2	
NEPHRO-VITE RX	2	
NEPHROCAPS	2	
NEPHRON FA	2	
NEPHRONEX	1	
NESTABS DHA	2	
NEUREPA	2	
NEURIN-SL	2	
NIACIN	1	
NICADAN	2	
NICAZEL	2	
NICAZEL FORTE	2	
NICOMIDE	2	
NOXIFOL-D	2	
NUFOL	1	
NUTRICAP	2	
NUTRIFAC ZX	1	
NUTRIVIT	2	
OBSTETRIX DHA	2	
OBSTETRIX EC	1	
OCUVEL	2	
ORTHO-FOLIC	2	
PERCURA	2	
PHYSICIANS EZ USE B-12 COMPLIANCE KIT	2	
PHYTONADIONE	1	
PNV PRENATAL PLUS MULTIVITAMIN + DHA	2	

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Drug Name	Drug Tier	Requirements/Limits
PNV-VP-U	2	
PODIAPN	2	
POLY-IRON 150 FORTE	1	
POLYSACCHARIDE IRON FORTE	1	
POTABA	2	
PR NATAL 400	1	
PR NATAL 400 EC	1	
PR NATAL 430	1	
PR NATAL 430 EC	1	
PRENA 1 TRUE	2	
PRENA1 CHEW	2	
PRENA1 PEARL	2	
PRENAISSANCE HARMONY DHA	1	
PRENATAL	1	
PRENATAL-U	2	
PROFERRIN-FORTE	2	
PROTECT PLUS	2	
PROTECTIRON	2	
PROTEOLIN	2	
PULMONA	2	
PUREFE PLUS	2	
PUREVIT DUALFE PLUS	1	
PYRIDOXINE HCL	1	
R-NATAL OB	2	
RENAL CAPS	1	
RENATABS	2	
RENATABS WITH IRON	2	
RENA-VITE RX	1	
RENO CAPS	1	
REQ 49+	2	
REVESTA	2	
RHEUMATE	2	
ROXIFOL-D	2	
SE-TAN PLUS	1	
SELECT-OB+DHA	2	
SENTRA AM	2	
SENTRA PM	2	
SIDEROL	2	
SODIUM FERRIC GLUCONATE COMPLEX/SUCROSE	1	
STROVITE FORTE	2	
STROVITE ONE	2	
SUPERVITE	2	

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Drug Name	Drug Tier	Requirements/Limits
SUPPORT	2	
SUPPORT-500	2	
SYNAGEX	2	
SYNATEK	2	
TANDEM PLUS	2	
TARON FORTE	2	
TARON-BC	2	
THERAMINE	2	
THIAMINE HCL	1	
TL G-FOL OS	2	
TL GARD RX	1	
TL ICON	1	
TL-HEM 150	1	
TL-ICARE	2	
TOZAL	2	
TREPADONE	2	
TRIADVANCE	2	
TRICARE PRENATAL COMPLEAT	2	
TRICON	1	
TRIFERIC	2	
TRIGELS-F FORTE	1	
TRINATAL GT	2	
TRIPHROCAPS	1	
UDAMIN SP	2	
UROSEX	1	
V-C FORTE	1	
VASCAZEN	2	
VASCULERA	2	
VENOFER	2	
VIC-FORTE	1	
VICAP FORTE	1	
VINATE II	1	
VINATE M	2	
VIRT-ADVANCE	2	
VIRT-CAPS	1	
VIRT-VITE	1	
VIRT-VITE FORTE	1	
VIRT-VITE PLUS	1	
VITA S FORTE	1	
VITA-MIN	1	
VITACEL	1	
VITAFOL	2	

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Drug Name	Drug Tier	Requirements/Limits
VITAFOL-OB+DHA	2	
VITAJECT	2	
VITAL-D RX	2	
VITAMAX PEDIATRIC	1	
VITAMEDMD REDICHEW RX	2	
VITAMIN B-COMPLEX 100	1	
VITAMIN D	1	
VITAMIN K1	1	
VITAROCA PLUS	2	
VOL-CARE RX	1	
VP-GSTN	2	
VP-HEME OB + DHA	2	
VP-PRECIP	1	
VP-ZEL	2	
WHEAT GERM	1	
XAQUIL XR	2	
XYZBAC	1	
Weight loss		
ADIPEX-P	2	PA
APPTRIM	2	PA
APPTRIM-D	2	PA
BELVIQ	2	PA
BELVIQ XR	2	PA
BENZPHETAMINE HCL TABS 25MG, 50MG	1	PA
CONTRAVE	2	PA
DIETHYLPROPION HCL	1	PA
DIETHYLPROPION HCL ER	1	PA
LOMAIRA	2	PA
MEDACTIV	2	PA
PHENDIMETRAZINE TARTRATE	1	PA
PHENDIMETRAZINE TARTRATE ER	1	PA
PHENTERMINE HCL CAPS 15MG, 37.5MG	1	PA
PHENTERMINE HCL TABS 37.5MG	1	PA
PHENTERMINE HYDROCHLORIDE	1	PA
QSYMIA	2	PA
SAXENDA	2	PA
XENICAL	2	PA

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SilverScript[®]

P.O. Box 30006, Pittsburgh, PA 15222-0330



This formulary was updated on 06/16/2021. For more recent information or other questions, please contact Aetna Medicare Rx offered by SilverScript Customer Care at the number on the back of your ID card. TTY users should call 711.

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

Aetna Medicare Rx offered by SilverScript is a group standalone Medicare Prescription Drug Plan (PDP). This Plan is offered by SilverScript Insurance Company, which has a Medicare contract. SilverScript Insurance Company and Aetna are affiliated companies. Enrollment in the Plan depends on Medicare contract renewal.

06/16/2021