Comprehensive Formulary
(List of Covered Drugs)

2022

Wellcare Medicare Rx Value Plus (PDP)

Plan in all states.

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

HPMS Approved Formulary File Submission ID 22377, Version Number 11

This formulary was updated on 05/01/2022. For more recent information or other questions, please contact Wellcare Member Services at **1-888-550-5252** (TTY users should call, **711**), between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m., between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m., or visit **www.wellcare.com/PDP**.

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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 Wellcare. When it refers to "plan" or "our plan," it means Wellcare Medicare Rx Value Plus (PDP).

This document includes a list of the drugs (formulary) for our plan which is current as of 05/01/2022. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the inside 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 Wellcare Medicare Rx Value Plus (PDP) Formulary?

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

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
    - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled "How do I request an exception to the Wellcare Medicare Rx Value Plus (PDP)'s Formulary?"
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
    - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Wellcare Medicare Rx Value Plus (PDP)'s Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 05/01/2022. To get updated information about the drugs covered by our plan please contact us. Our contact information appears on the inside front and back cover pages.

The formulary will be updated monthly and posted on our website. To get an updated printed formulary or to get information about the drugs covered by our plan, please visit our website or call Member Services at our contact information on the inside 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 that begins on page INDEX-1. 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: Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- Quantity Limits: For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 18 tablets per prescription for rizatriptan 5mg. This may be in addition to a standard one-month or three-month supply.
- Step Therapy: In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

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

You can ask our plan 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 Wellcare Medicare Rx Value Plus (PDP) formulary?" on page IV for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that our plan does not cover your drug, you have two options:

- You can ask Member Services 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 our plan 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 Wellcare Medicare Rx Value Plus (PDP)'s Formulary?

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

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

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

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

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

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

If you experience a level of care change (such as being discharged or admitted to a long-term care facility), your physician or pharmacy can call our Provider Service Center and request a one-time override. This one-time override will be up to a 31-day supply (unless you have a prescription written for fewer days).

For more information

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

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

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit **http://www.medicare.gov**.

Our plan's Formulary

The formulary below provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page INDEX-1.

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

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

- NM means the drug is not available via your monthly mail service benefit. This is noted in the Requirements/ Limits column of your formulary. You may be able to receive more than one month's supply of most of the drugs on your formulary via mail service at a reduced cost share. Please see Chapter 3 of your Evidence of Coverage for more information.
- SSM stands for Senior Savings Model: If you are not receiving Extra Help to pay for your prescriptions, the amount you pay when you fill a prescription for select insulins will be a reduced, fixed amount during the deductible, initial coverage, and coverage gap phases of the Part D benefit. Please refer to your Evidence of Coverage for more information about this coverage.
- PA stands for Prior Authorization: Please see page III for details.
- PA-NS stands for Prior Authorization for New Starts: This means that if this drug is new to you, you will need to get approval from us before you fill your prescription. If you are taking this drug at the time of enrollment, you will not be required to meet criteria for approval.
- B/D stands for Covered under Medicare B or D: This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from us to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
- QL stands for Quantity Limits: Please see page III for details.
- LA stands for Limited Access medication. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Service 1-888-550-5252 (TTY users should call, 711), between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m., between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m., or visit **www.wellcare.com/PDP**.
- ST stands for Step Therapy: Please see page III for details.
- ^ = Drug may be available for up to a 30-day supply only.

Drug tier co-payment/coinsurance amounts

Prescription drugs are grouped into one of five tiers. To find out which tier your drug is in, look in the Drug Tier column of the formulary that begins on page 1. For more detailed information about your out-of-pocket costs for prescriptions, including any deductible that may apply, please refer to your Evidence of Coverage and other plan materials.

- **Tier 1 (Preferred Generic Drugs)** includes preferred generic drugs and may include some brand drugs.
  - **Preferred** copayment: $0
  - **Standard** copayment: $10
- **Tier 2 (Generic Drugs)** includes generic drugs and may include some brand drugs.
  - **Preferred** copayment: $4
  - **Standard** copayment: $20
- **Tier 3 (Preferred Brand Drugs)** includes preferred brand drugs and may include some generic drugs.
  - **Preferred** copayment: $47
  - **Standard** copayment: $47
  - **Preferred** select insulins copayment: $35
  - **Standard** select insulins copayment: $35
- **Tier 4 (Non-Preferred Drugs)** includes non-preferred brand and non-preferred generic drugs.
  - **Preferred** coinsurance: 50%
  - **Standard** coinsurance: 50%
- **Tier 5 (Specialty Tier)** includes high cost brand and generic drugs. Drugs in this tier are not eligible for exceptions for payment at a lower tier.
  - **Preferred** coinsurance: 33%
  - **Standard** coinsurance: 33%

Consult your Evidence of Coverage or Summary of Benefits for your applicable co-pays/coinsurance and amounts.

Table of Contents

ANALGESICS 3
ANESTHETICS 5
ANTI-INFECTIVES 5
ANTINEOPLASTIC AGENTS 17
CARDIOVASCULAR 26
CENTRAL NERVOUS SYSTEM 34
ENDOCRINE AND METABOLIC 49
GASTROINTESTINAL 64
GENITOURINARY 68
HEMATOLOGIC 69
IMMUNOLOGIC AGENTS 71
NUTRITIONAL/SUPPLEMENTS 76
OPHTHALMIC 79
OTIC 82
RESPIRATORY 82
TOPICAL 87

Drug Name	Drug Tier	Requirements / Limits
ANALGESICS		
GOUT		
allopurinol oral tablet 100 mg, 300 mg	1	
colchicine oral tablet 0.6 mg	4	QL (120 EA per 30 days)
colchicine-probenecid oral tablet 0.5-500 mg	3	
febuxostat oral tablet 40 mg, 80 mg	4	PA
MITIGARE ORAL CAPSULE 0.6 MG	3	QL (60 EA per 30 days)
probenecid oral tablet 500 mg	3	
NSAIDS		
celecoxib oral capsule 100 mg	3	QL (120 EA per 30 days)
celecoxib oral capsule 200 mg	3	QL (60 EA per 30 days)
celecoxib oral capsule 400 mg	3	QL (30 EA per 30 days)
celecoxib oral capsule 50 mg	3	QL (240 EA per 30 days)
diclofenac potassium oral tablet 50 mg	3	QL (120 EA per 30 days)
diclofenac sodium er oral tablet extended release 24 hour 100 mg	3	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	2	
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	4	
diflunisal oral tablet 500 mg	3	
DUEXIS ORAL TABLET 800-26.6 MG	5^	PA
ec-naproxen oral tablet delayed release 375 mg	2	QL (120 EA per 30 days)
ec-naproxen oral tablet delayed release 500 mg	4	QL (90 EA per 30 days)
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	2	
etodolac oral capsule 200 mg, 300 mg	2	
etodolac oral tablet 400 mg, 500 mg	2	
flurbiprofen oral tablet 100 mg	3	
ibu oral tablet 600 mg, 800 mg	1	
ibuprofen oral suspension 100 mg/5ml	3	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen-famotidine oral tablet 800-26.6 mg	4	PA
meloxicam oral tablet 15 mg, 7.5 mg	1	
nabumetone oral tablet 500 mg, 750 mg	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
05/01/2022

Drug Name	Drug Tier	Requirements / Limits
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen oral tablet delayed release 375 mg	2	QL (120 EA per 30 days)
naproxen oral tablet delayed release 500 mg	4	QL (90 EA per 30 days)
naproxen sodium oral tablet 275 mg, 550 mg	3	
oxaprozin oral tablet 600 mg	4	
piroxicam oral capsule 10 mg, 20 mg	3	
sulindac oral tablet 150 mg, 200 mg	2	
OPIOID ANALGESICS, LONG-ACTING		
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	4	PA; QL (10 EA per 30 days)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	PA; QL (30 EA per 30 days)
methadone hcl intensol oral concentrate 10 mg/ml	3	PA; QL (90 ML per 30 days)
methadone hcl oral solution 10 mg/5ml, 5 mg/5ml	3	PA; QL (450 ML per 30 days)
methadone hcl oral tablet 10 mg, 5 mg	3	PA; QL (90 EA per 30 days)
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	3	PA; QL (90 EA per 30 days)
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen-codeine #3 oral tablet 300-30 mg	3	QL (360 EA per 30 days)
acetaminophen-codeine oral solution 120-12 mg/5ml	3	QL (2700 ML per 30 days)
acetaminophen-codeine oral tablet 300-15 mg	3	QL (400 EA per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	3	QL (180 EA per 30 days)
butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml	4	
endocet oral tablet 10-325 mg	3	QL (180 EA per 30 days)
endocet oral tablet 2.5-325 mg, 5-325 mg	3	QL (360 EA per 30 days)
endocet oral tablet 7.5-325 mg	3	QL (240 EA per 30 days)
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg	5^	PA; QL (120 EA per 30 days)
fentanyl citrate buccal lozenge on a handle 200 mcg	4	PA; QL (120 EA per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	4	QL (2700 ML per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg	3	QL (180 EA per 30 days)
hydrocodone-acetaminophen oral tablet 5-325 mg	3	QL (240 EA per 30 days)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	3	QL (150 EA per 30 days)
hydromorphone hcl oral liquid 1 mg/ml	4	QL (600 ML per 30 days)

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

05/01/2022

Drug Name	Drug Tier	Requirements / Limits
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	3	QL (180 EA per 30 days)
morphine sulfate (concentrate) oral solution 100 mg/5ml	3	QL (180 ML per 30 days)
MORPHINE SULFATE (PF) INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML, 8 MG/ML	4	B/D
MORPHINE SULFATE (PF) INTRAVENOUS SOLUTION 10 MG/ML, 2 MG/ML	4	B/D
morphine sulfate (pf) intravenous solution 4 mg/ml, 8 mg/ml	4	B/D
MORPHINE SULFATE (PF) SOLUTION 4 MG/ML INTRAVENOUS 4 MG/ML	4	B/D
MORPHINE SULFATE (PF) SOLUTION 8 MG/ML INTRAVENOUS 8 MG/ML	4	B/D
morphine sulfate intravenous solution 1 mg/ml, 10 mg/ml, 4 mg/ml, 8 mg/ml	4	B/D
morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml	3	QL (900 ML per 30 days)
morphine sulfate oral tablet 15 mg, 30 mg	3	QL (180 EA per 30 days)
nalbuphine hcl injection solution 10 mg/ml, 20 mg/ml	4	
oxycodone hcl oral capsule 5 mg	4	QL (180 EA per 30 days)
oxycodone hcl oral concentrate 100 mg/5ml	4	QL (180 ML per 30 days)
oxycodone hcl oral solution 5 mg/5ml	4	QL (900 ML per 30 days)
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	3	QL (180 EA per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg	3	QL (180 EA per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	3	QL (360 EA per 30 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg	3	QL (240 EA per 30 days)
tramadol hcl oral tablet 50 mg	2	QL (240 EA per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	3	QL (240 EA per 30 days)
ANESTHETICS		
LOCAL ANESTHETICS		
lidocaine hcl (pf) injection solution 0.5 %, 1 %, 1.5 %	3	B/D
lidocaine hcl injection solution 0.5 %, 1 %, 2 %	3	B/D
ANTI-INFECTIVES		
ANTIFUNGALS		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	B/D

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
05/01/2022

Drug Name	Drug Tier	Requirements / Limits
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	5^	B/D
amphotericin b intravenous solution reconstituted 50 mg	4	B/D
amphotericin b liposome intravenous suspension reconstituted 50 mg	5^	B/D
caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg	4	
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	3	
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	3	
fluconazole oral tablet 100 mg, 200 mg, 50 mg	3	
fluconazole oral tablet 150 mg	2	
flucytosine oral capsule 250 mg, 500 mg	5^	PA
griseofulvin microsize oral suspension 125 mg/5ml	4	
griseofulvin microsize oral tablet 500 mg	4	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	4	
itraconazole oral capsule 100 mg	4	PA
ketoconazole oral tablet 200 mg	3	PA
micafungin sodium intravenous solution reconstituted 100 mg, 50 mg	5^	
NOXAFIL ORAL SUSPENSION 40 MG/ML	5^	PA; QL (630 ML per 30 days)
nystatin oral tablet 500000 unit	3	
posaconazole oral tablet delayed release 100 mg	5^	PA; QL (93 EA per 30 days)
terbinafine hcl oral tablet 250 mg	1	QL (90 EA per 365 days)
voriconazole intravenous solution reconstituted 200 mg	5^	PA
voriconazole oral suspension reconstituted 40 mg/ml	5^	PA
voriconazole oral tablet 200 mg	4	PA; QL (120 EA per 30 days)
voriconazole oral tablet 50 mg	4	PA; QL (480 EA per 30 days)
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole oral tablet 200 mg	5^	
amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml	4	
atovaquone oral suspension 750 mg/5ml	4	
aztreonam injection solution reconstituted 1 gm, 2 gm	4	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	5^	PA; LA
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	2	

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

05/01/2022

Drug Name	Drug Tier	Requirements / Limits
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	4	
clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml	4	
CLINDAMYCIN PHOSPHATE IN NACL INTRAVENOUS SOLUTION 300-0.9 MG/50ML-%, 600-0.9 MG/50ML-%, 900-0.9 MG/50ML-%	4	
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9000 mg/60ml	3	
colistimethate sodium (cba) injection solution reconstituted 150 mg	4	
dapsone oral tablet 100 mg, 25 mg	3	
daptomycin intravenous solution reconstituted 350 mg, 500 mg	5^	
DAPTOMYCIN SOLUTION RECONSTITUTED 350 MG INTRAVENOUS 350 MG	5^	
EMVERM ORAL TABLET CHEWABLE 100 MG	5^	QL (12 EA per 365 days)
ertapenem sodium injection solution reconstituted 1 gm	4	
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%	3	
gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml	3	
imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg	4	
ivermectin oral tablet 3 mg	3	PA-NS
linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%	4	
linezolid intravenous solution 600 mg/300ml	4	
linezolid oral suspension reconstituted 100 mg/5ml	5^	QL (1800 ML per 30 days)
linezolid oral tablet 600 mg	4	QL (60 EA per 30 days)
meropenem intravenous solution reconstituted 1 gm, 500 mg	4	
methenamine hippurate oral tablet 1 gm	4	
metronidazole in nacl intravenous solution 5-0.79 mg/ml-%	3	
metronidazole intravenous solution 500 mg/100ml	3	
metronidazole oral tablet 250 mg, 500 mg	1	
neomycin sulfate oral tablet 500 mg	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
05/01/2022

Drug Name	Drug Tier	Requirements / Limits
nitazoxanide oral tablet 500 mg	5^	QL (6 EA per 30 days)
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	3	
nitrofurantoin monohyd macro oral capsule 100 mg	3	
paromomycin sulfate oral capsule 250 mg	4	
pentamidine isethionate inhalation solution reconstituted 300 mg	4	B/D
pentamidine isethionate injection solution reconstituted 300 mg	4	
praziquantel oral tablet 600 mg	4	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	5^	
SIVEXTRO ORAL TABLET 200 MG	5^	
streptomycin sulfate intramuscular solution reconstituted 1 gm	4	
SULFADIAZINE ORAL TABLET 500 MG	4	
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml	4	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	3	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	
SYNERCID INTRAVENOUS SOLUTION RECONSTITUTED 150-350 MG	5^	
tobramycin inhalation nebulization solution 300 mg/5ml	5^	PA
tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml	3	
trimethoprim oral tablet 100 mg	2	
VANCOMYCIN HCL IN NACL INTRAVENOUS SOLUTION 1-0.9 GM/200ML-%, 500-0.9 MG/100ML-%, 750-0.9 MG/150ML-%	4	
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 5 gm, 500 mg, 750 mg	4	
vancomycin hcl oral capsule 125 mg	4	QL (80 EA per 180 days)
vancomycin hcl oral capsule 250 mg	4	QL (160 EA per 180 days)
ANTIMALARIALS		
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
05/01/2022

Drug Name	Drug Tier	Requirements / Limits
chloroquine phosphate oral tablet 250 mg, 500 mg	4	
COARTEM ORAL TABLET 20-120 MG	4	
mefloquine hcl oral tablet 250 mg	3	
PRIMAQUINE PHOSPHATE ORAL TABLET 26.3 (15 BASE) MG	3	
primaquine phosphate oral tablet 26.3 mg	3	
quinine sulfate oral capsule 324 mg	4	PA
ANTIRETROVIRAL AGENTS		
abacavir sulfate oral solution 20 mg/ml	4	
abacavir sulfate oral tablet 300 mg	3	
APTIVUS ORAL CAPSULE 250 MG	5^	
atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg	4	
EDURANT ORAL TABLET 25 MG	5^	
efavirenz oral capsule 200 mg, 50 mg	4	
efavirenz oral tablet 600 mg	4	
emtricitabine oral capsule 200 mg	3	
EMTRIVA ORAL SOLUTION 10 MG/ML	4	
etravirine oral tablet 100 mg, 200 mg	5^	
fosamprenavir calcium oral tablet 700 mg	5^	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	5^	
INTELENCE ORAL TABLET 25 MG	4	
INVIRASE ORAL TABLET 500 MG	5^	
ISENTRESS HD ORAL TABLET 600 MG	5^	
ISENTRESS ORAL PACKET 100 MG	3	
ISENTRESS ORAL TABLET 400 MG	5^	
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5^	
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	
lamivudine oral solution 10 mg/ml	3	
lamivudine oral tablet 150 mg, 300 mg	3	
LEXIVA ORAL SUSPENSION 50 MG/ML	4	
maraviroc oral tablet 150 mg, 300 mg	5^	
nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg	4	
nevirapine oral suspension 50 mg/5ml	4	
nevirapine oral tablet 200 mg	2	

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
NORVIR ORAL PACKET 100 MG	4	
NORVIR ORAL SOLUTION 80 MG/ML	4	
NORVIR ORAL TABLET 100 MG	3	
PIFELTRO ORAL TABLET 100 MG	5^	
PREZISTA ORAL SUSPENSION 100 MG/ML	5^	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	5^	QL (240 EA per 30 days)
PREZISTA ORAL TABLET 600 MG	5^	QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	4	QL (480 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	5^	QL (30 EA per 30 days)
REYATAZ ORAL PACKET 50 MG	5^	
ritonavir oral tablet 100 mg	3	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	5^	
SELZENTRY ORAL SOLUTION 20 MG/ML	5^	
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	5^	
SELZENTRY ORAL TABLET 25 MG	3	
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	4	
tenofovir disoproxil fumarate oral tablet 300 mg	3	
TIVICAY ORAL TABLET 10 MG	3	
TIVICAY ORAL TABLET 25 MG, 50 MG	5^	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	3	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML	5^	LA
TYBOST ORAL TABLET 150 MG	3	
VIRACEPT ORAL TABLET 250 MG, 625 MG	5^	
VIREAD ORAL POWDER 40 MG/GM	5^	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5^	
zidovudine oral capsule 100 mg	4	
zidovudine oral syrup 50 mg/5ml	4	
zidovudine oral tablet 300 mg	3	
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine oral tablet 600-300 mg	3	
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg	5^	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5^	
CIMDUO ORAL TABLET 300-300 MG	5^	
COMPLERA ORAL TABLET 200-25-300 MG	5^	

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

05/01/2022

Drug Name	Drug Tier	Requirements / Limits
DELSTRIGO ORAL TABLET 100-300-300 MG	5^	
DESCOVY ORAL TABLET 120-15 MG	5^	
DESCOVY ORAL TABLET 200-25 MG	5^	
DOVATO ORAL TABLET 50-300 MG	5^	
efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg	5^	
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	5^	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	5^	QL (30 EA per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	5^	
GENVOYA ORAL TABLET 150-150-200-10 MG	5^	
JULUCA ORAL TABLET 50-25 MG	5^	
lamivudine-zidovudine oral tablet 150-300 mg	4	
lopinavir-ritonavir oral solution 400-100 mg/5ml	4	
lopinavir-ritonavir oral tablet 100-25 mg	4	
lopinavir-ritonavir oral tablet 200-50 mg	5^	
ODEFSEY ORAL TABLET 200-25-25 MG	5^	
PREZCOBIX ORAL TABLET 800-150 MG	5^	
STRIBILD ORAL TABLET 150-150-200-300 MG	5^	
SYMTUZA ORAL TABLET 800-150-200-10 MG	5^	
TEMIXYS ORAL TABLET 300-300 MG	5^	
TRIUMEQ ORAL TABLET 600-50-300 MG	5^	
ANTITUBERCULAR AGENTS		
cycloserine oral capsule 250 mg	5^	
ethambutol hcl oral tablet 100 mg, 400 mg	3	
isoniazid oral syrup 50 mg/5ml	4	
isoniazid oral tablet 100 mg, 300 mg	1	
PASER ORAL PACKET 4 GM	4	
PRIFTIN ORAL TABLET 150 MG	4	
pyrazinamide oral tablet 500 mg	4	
rifabutin oral capsule 150 mg	4	
rifampin intravenous solution reconstituted 600 mg	4	
rifampin oral capsule 150 mg, 300 mg	3	
SIRTURO ORAL TABLET 100 MG, 20 MG	5^	PA; LA
TRECATOR ORAL TABLET 250 MG	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
05/01/2022

Drug Name	Drug Tier	Requirements / Limits
ANTIVIRALS		
acyclovir oral capsule 200 mg	2	
acyclovir oral suspension 200 mg/5ml	4	
acyclovir oral tablet 400 mg, 800 mg	2	
acyclovir sodium intravenous solution 50 mg/ml	4	B/D
adefovir dipivoxil oral tablet 10 mg	5^	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	5^	
entecavir oral tablet 0.5 mg, 1 mg	4	
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG	5^	PA
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	5^	PA
EPIVIR HBV ORAL SOLUTION 5 MG/ML	4	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	3	
ganciclovir sodium intravenous solution reconstituted 500 mg	4	B/D
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG	5^	PA
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	5^	PA
lamivudine oral tablet 100 mg	4	
MAVYRET ORAL PACKET 50-20 MG	5^	PA
MAVYRET ORAL TABLET 100-40 MG	5^	PA
oseltamivir phosphate oral capsule 30 mg	3	QL (168 EA per 365 days)
oseltamivir phosphate oral capsule 45 mg, 75 mg	3	QL (84 EA per 365 days)
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	3	QL (1080 ML per 365 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5^	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	5^	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG	5^	PA; QL (28 EA per 28 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	3	QL (120 EA per 365 days)
ribavirin oral capsule 200 mg	3	
ribavirin oral tablet 200 mg	4	
rimantadine hcl oral tablet 100 mg	4	
SOVALDI ORAL TABLET 400 MG	5^	PA
valacyclovir hcl oral tablet 1 gm, 500 mg	3	
valganciclovir hcl oral solution reconstituted 50 mg/ml	5^	

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
valganciclovir hcl oral tablet 450 mg	3	
VEMLIDY ORAL TABLET 25 MG	5^	PA
VOSEVI ORAL TABLET 400-100-100 MG	5^	PA
CEPHALOSPORINS		
CEFACLOR ER ORAL TABLET EXTENDED RELEASE 12 HOUR 500 MG	4	
cefaclor oral capsule 250 mg, 500 mg	3	
cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml	4	
cefadroxil oral capsule 500 mg	2	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	3	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg	3	
cefazolin sodium intravenous solution reconstituted 1 gm	3	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 1-4 GM/50ML-%, 2-4 GM/100ML-%	4	
cefdinir oral capsule 300 mg	2	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	3	
cefepime hcl injection solution reconstituted 1 gm, 2 gm	4	
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	4	
cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	4	
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	4	
cefpodoxime proxetil oral tablet 100 mg, 200 mg	3	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	3	
cefprozil oral tablet 250 mg, 500 mg	3	
CEFTAZIDIME AND DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-5 GM-%(50ML), 2-5 GM-%(50ML)	4	
ceftazidime injection solution reconstituted 1 gm, 6 gm	4	
ceftazidime intravenous solution reconstituted 2 gm	4	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	4	

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	4	
cefuroxime axetil oral tablet 250 mg, 500 mg	3	
cefuroxime sodium injection solution reconstituted 750 mg	3	
cefuroxime sodium intravenous solution reconstituted 1.5 gm	3	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral capsule 750 mg	2	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	3	
tazicef injection solution reconstituted 1 gm	4	
tazicef intravenous solution reconstituted 1 gm, 2 gm, 6 gm	4	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	5^	
ERYTHROMYCINS/MACROLIDES		
azithromycin intravenous solution reconstituted 500 mg	3	
azithromycin oral packet 1 gm	3	
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	3	
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg	1	
clarithromycin er oral tablet extended release 24 hour 500 mg	3	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	4	
clarithromycin oral tablet 250 mg, 500 mg	3	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	5^	
DIFICID ORAL TABLET 200 MG	5^	
e.e.s. 400 oral tablet 400 mg	4	
ery-tab oral tablet delayed release 250 mg, 333 mg, 500 mg	4	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	5^	
erythrocin stearate oral tablet 250 mg	4	
erythromycin base oral capsule delayed release particles 250 mg	4	
erythromycin base oral tablet 250 mg, 500 mg	4	

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg	4	
erythromycin ethylsuccinate oral tablet 400 mg	4	
erythromycin lactobionate intravenous solution reconstituted 500 mg	5^	
erythromycin oral tablet delayed release 250 mg	4	
FLUOROQUINOLONES		
CIPRO ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (10%)	4	
ciprofloxacin hcl oral tablet 100 mg	4	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	
ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml	3	
levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml	3	
levofloxacin intravenous solution 25 mg/ml	4	
levofloxacin oral solution 25 mg/ml	4	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
moxifloxacin hcl oral tablet 400 mg	4	
PENICILLINS		
amoxicillin oral capsule 250 mg, 500 mg	1	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1	
amoxicillin oral tablet 500 mg, 875 mg	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	2	
amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg	4	
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	3	
amoxicillin-pot clavulanate oral suspension reconstituted 250-62.5 mg/5ml	4	
amoxicillin-pot clavulanate oral tablet 250-125 mg	3	
amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg	2	
amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	4	
ampicillin oral capsule 500 mg	2	

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg	4	
ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	4	
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	4	
ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	4	
ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm	4	
BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	4	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 600000 UNIT/ML	4	
dicloxacillin sodium oral capsule 250 mg, 500 mg	3	
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	4	
nafcillin sodium intravenous solution reconstituted 1 gm, 2 gm	4	
nafcillin sodium intravenous solution reconstituted 10 gm	5^	
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	4	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION 40000 UNIT/ML, 60000 UNIT/ML	4	
penicillin g potassium injection solution reconstituted 20000000 unit, 5000000 unit	4	
PENICILLIN G PROCAINE INTRAMUSCULAR SUSPENSION 600000 UNIT/ML	4	
penicillin g sodium injection solution reconstituted 5000000 unit	4	
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	2	
penicillin v potassium oral tablet 250 mg, 500 mg	1	
pfizerpen injection solution reconstituted 20000000 unit, 5000000 unit	4	
piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	4	
TETRACYCLINES		
doxy 100 intravenous solution reconstituted 100 mg	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
05/01/2022

Drug Name	Drug Tier	Requirements / Limits
doxycycline hyclate intravenous solution reconstituted 100 mg	4	
doxycycline hyclate oral capsule 100 mg, 50 mg	3	
doxycycline hyclate oral tablet 100 mg, 20 mg	3	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 50 mg, 75 mg	4	PA
doxycycline monohydrate oral capsule 100 mg, 50 mg	2	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	3	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	3	
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5^	LA
NUZYRA ORAL TABLET 150 MG	5^	LA
tetracycline hcl oral capsule 250 mg, 500 mg	4	PA
TIGECYCLINE INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	5^	
tigecycline solution reconstituted 50 mg intravenous 50 mg	4	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML	5^	B/D
carboplatin intravenous solution 150 mg/15ml, 450 mg/45ml, 50 mg/5ml, 600 mg/60ml	3	B/D
cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml	3	B/D
cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg	5^	B/D
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML, 2 GM/10ML, 500 MG/2.5ML	5^	B/D
cyclophosphamide oral capsule 25 mg, 50 mg	3	B/D
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	4	B/D
LEUKERAN ORAL TABLET 2 MG	4	
oxaliplatin intravenous solution 100 mg/20ml, 200 mg/40ml, 50 mg/10ml	4	B/D
oxaliplatin intravenous solution reconstituted 100 mg, 50 mg	5^	B/D
paraplatin intravenous solution 1000 mg/100ml	3	B/D
ANTIBIOTICS		
adriamycin intravenous solution 2 mg/ml	4	B/D

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

05/01/2022

Drug Name	Drug Tier	Requirements / Limits
doxorubicin hcl intravenous solution 2 mg/ml	4	B/D
doxorubicin hcl liposomal intravenous injectable 2 mg/ml	5^	B/D
epirubicin hcl intravenous solution 200 mg/100ml, 50 mg/25ml	4	B/D
ANTIMETABOLITES		
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG	5^	B/D
azacitidine injection suspension reconstituted 100 mg	5^	B/D
cytarabine injection solution 20 mg/ml	3	B/D
fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml	3	B/D
gemcitabine hcl intravenous solution 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml	4	B/D
gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm, 200 mg	4	B/D
INQOVI ORAL TABLET 35-100 MG	5^	PA-NS; LA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5^	PA-NS
mercaptopurine oral tablet 50 mg	3	
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	3	B/D
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	3	B/D
methotrexate sodium injection solution reconstituted 1 gm	3	B/D
ONUREG ORAL TABLET 200 MG, 300 MG	5^	PA-NS; LA
PURIXAN ORAL SUSPENSION 2000 MG/100ML	5^	
TABLOID ORAL TABLET 40 MG	4	
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate oral tablet 250 mg, 500 mg	5^	PA-NS
anastrozole oral tablet 1 mg	2	
bicalutamide oral tablet 50 mg	2	
EMCYT ORAL CAPSULE 140 MG	5^	
ERLEADA ORAL TABLET 60 MG	5^	PA-NS; LA
exemestane oral tablet 25 mg	4	
flutamide oral capsule 125 mg	3	
fulvestrant intramuscular solution 250 mg/5ml	5^	B/D
letrozole oral tablet 2.5 mg	2	

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

05/01/2022

Drug Name	Drug Tier	Requirements / Limits
leuprolide acetate injection kit 1 mg/0.2ml	4	PA-NS
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	5^	PA-NS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	5^	PA-NS
LYSODREN ORAL TABLET 500 MG	5^	
megestrol acetate oral tablet 20 mg, 40 mg	3	
nilutamide oral tablet 150 mg	5^	
NUBEQA ORAL TABLET 300 MG	5^	PA-NS; LA
ORGOVYX ORAL TABLET 120 MG	5^	PA-NS; LA
SOLTAMOX ORAL SOLUTION 10 MG/5ML	5^	
tamoxifen citrate oral tablet 10 mg, 20 mg	2	
toremifene citrate oral tablet 60 mg	5^	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 3.75 MG	5^	PA-NS
XTANDI ORAL CAPSULE 40 MG	5^	PA-NS; LA
XTANDI ORAL TABLET 40 MG, 80 MG	5^	PA-NS; LA
IMMUNOMODULATORS		
lenalidomide oral capsule 10 mg, 15 mg, 5 mg	5^	PA-NS; LA; QL (28 EA per 28 days)
lenalidomide oral capsule 25 mg	5^	PA-NS; LA; QL (21 EA per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG	5^	PA-NS; LA; QL (21 EA per 21 days)
POMALYST ORAL CAPSULE 3 MG, 4 MG	5^	PA-NS; LA; QL (21 EA per 28 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	5^	PA-NS; LA; QL (28 EA per 28 days)
REVLIMID ORAL CAPSULE 20 MG, 25 MG	5^	PA-NS; LA; QL (21 EA per 28 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG	5^	PA-NS; QL (28 EA per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	5^	PA-NS; QL (56 EA per 28 days)
MISCELLANEOUS		
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	5^	PA-NS; LA
bexarotene oral capsule 75 mg	5^	PA-NS
hydroxyurea oral capsule 500 mg	2	
irinotecan hcl intravenous solution 100 mg/5ml, 300 mg/15ml, 40 mg/2ml, 500 mg/25ml	4	B/D
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5^	PA-NS; QL (70 EA per 28 days)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5^	PA-NS; QL (91 EA per 28 days)

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5^	PA-NS; QL (49 EA per 28 days)
MATULANE ORAL CAPSULE 50 MG	5^	LA
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	5^	PA-NS
tretinoin oral capsule 10 mg	5^	
WELIREG ORAL TABLET 40 MG	5^	PA-NS; LA
MITOTIC INHIBITORS		
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	5^	B/D
DOCETAXEL CONCENTRATE 160 MG/8ML INTRAVENOUS 160 MG/8ML	5^	B/D
DOCETAXEL CONCENTRATE 80 MG/4ML INTRAVENOUS 80 MG/4ML	5^	B/D
docetaxel intravenous concentrate 160 mg/8ml, 80 mg/4ml	5^	B/D
docetaxel intravenous concentrate 20 mg/ml	4	B/D
docetaxel intravenous solution 160 mg/16ml, 20 mg/2ml, 80 mg/8ml	5^	B/D
DOCETAXEL SOLUTION 160 MG/16ML INTRAVENOUS 160 MG/16ML	5^	B/D
DOCETAXEL SOLUTION 20 MG/2ML INTRAVENOUS 20 MG/2ML	5^	B/D
DOCETAXEL SOLUTION 80 MG/8ML INTRAVENOUS 80 MG/8ML	5^	B/D
etoposide intravenous solution 100 mg/5ml, 500 mg/25ml	3	B/D
paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml	4	B/D
toposar intravenous solution 1 gm/50ml, 100 mg/5ml	3	B/D
vincristine sulfate intravenous solution 1 mg/ml	2	B/D
vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml	4	B/D
MOLECULAR TARGET AGENTS		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG	5^	PA-NS; QL (150 EA per 30 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 3 MG	5^	PA-NS; QL (90 EA per 30 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 5 MG	5^	PA-NS; QL (60 EA per 30 days)
AFINITOR ORAL TABLET 10 MG	5^	PA-NS; QL (30 EA per 30 days)
ALECENSA ORAL CAPSULE 150 MG	5^	PA-NS; LA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
05/01/2022

Drug Name	Drug Tier	Requirements / Limits
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	5^	PA-NS; LA
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	5^	PA-NS; LA
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	5^	PA-NS; LA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	5^	PA-NS; LA
BORTEZOMIB INTRAVENOUS SOLUTION RECONSTITUTED 3.5 MG	5^	PA-NS
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	5^	PA-NS
BRAFTOVI ORAL CAPSULE 75 MG	5^	PA-NS; LA
BRUKINSA ORAL CAPSULE 80 MG	5^	PA-NS; LA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG, 300 MG	5^	PA-NS; LA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5^	PA-NS; LA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5^	PA-NS; LA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	5^	PA-NS; LA
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5^	PA-NS; LA
COTELLIC ORAL TABLET 20 MG	5^	PA-NS; LA
DAURISMO ORAL TABLET 100 MG, 25 MG	5^	PA-NS; LA
ERIVEDGE ORAL CAPSULE 150 MG	5^	PA-NS; LA
erlotinib hcl oral tablet 100 mg, 150 mg	5^	PA-NS; QL (30 EA per 30 days)
erlotinib hcl oral tablet 25 mg	5^	PA-NS; QL (90 EA per 30 days)
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	5^	PA-NS; QL (30 EA per 30 days)
everolimus oral tablet soluble 2 mg	5^	PA-NS; QL (150 EA per 30 days)
everolimus oral tablet soluble 3 mg	5^	PA-NS; QL (90 EA per 30 days)
everolimus oral tablet soluble 5 mg	5^	PA-NS; QL (60 EA per 30 days)
EXKIVITY ORAL CAPSULE 40 MG	5^	PA-NS; LA
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5^	PA-NS; LA
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5^	PA-NS; LA; QL (21 EA per 28 days)
GAVRETO ORAL CAPSULE 100 MG	5^	PA-NS; LA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5^	PA-NS; LA

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML	5^	PA-NS
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	5^	PA-NS
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	5^	PA-NS
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5^	PA-NS; LA; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5^	PA-NS; LA; QL (21 EA per 28 days)
ICLUSIG ORAL TABLET 10 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
ICLUSIG ORAL TABLET 15 MG, 30 MG, 45 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
imatinib mesylate oral tablet 100 mg	5^	PA-NS; QL (90 EA per 30 days)
imatinib mesylate oral tablet 400 mg	5^	PA-NS; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
INLYTA ORAL TABLET 1 MG	5^	PA-NS; LA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
INREBIC ORAL CAPSULE 100 MG	5^	PA-NS; LA
IRESSA ORAL TABLET 250 MG	5^	PA-NS; LA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 160 MG	5^	B/D
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	5^	PA-NS
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML	5^	PA-NS
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5^	PA-NS; QL (21 EA per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5^	PA-NS; QL (42 EA per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5^	PA-NS; QL (63 EA per 28 days)
lapatinib ditosylate oral tablet 250 mg	5^	PA-NS
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	5^	PA-NS; LA; QL (30 EA per 30 days)

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	5^	PA-NS; LA; QL (90 EA per 30 days)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	5^	PA-NS; LA; QL (90 EA per 30 days)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	5^	PA-NS; LA; QL (90 EA per 30 days)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
LORBRENA ORAL TABLET 100 MG, 25 MG	5^	PA-NS; LA
LUMAKRAS ORAL TABLET 120 MG	5^	PA-NS; LA
LYNPARZA ORAL TABLET 100 MG, 150 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
MEKINIST ORAL TABLET 0.5 MG, 2 MG	5^	PA-NS; LA
MEKTOVI ORAL TABLET 15 MG	5^	PA-NS; LA
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	5^	PA-NS; LA
MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	5^	PA-NS; LA
NERLYNX ORAL TABLET 40 MG	5^	PA-NS; LA
NEXAVAR ORAL TABLET 200 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5^	PA-NS; QL (3 EA per 28 days)
ODOMZO ORAL CAPSULE 200 MG	5^	PA-NS; LA
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	5^	PA-NS
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	5^	PA-NS
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5^	PA-NS; LA
PHESGO SUBCUTANEOUS SOLUTION 60-60-2000 MG-MG-U/ML, 80-40-2000 MG-MG-U/ML	5^	PA-NS; LA
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	5^	PA-NS
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	5^	PA-NS

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	5^	PA-NS
QINLOCK ORAL TABLET 50 MG	5^	PA-NS; LA
RETEVMO ORAL CAPSULE 40 MG, 80 MG	5^	PA-NS; LA
RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	5^	PA-NS; LA
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600-26800 MG -UT/13.4ML	5^	PA-NS; LA
RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	5^	PA-NS; LA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	5^	PA-NS; LA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	5^	PA-NS
RYDAPT ORAL CAPSULE 25 MG	5^	PA-NS
SCEMBLIX ORAL TABLET 20 MG	5^	PA-NS; QL (60 EA per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5^	PA-NS; QL (300 EA per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	5^	PA-NS
STIVARGA ORAL TABLET 40 MG	5^	PA-NS; LA
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	5^	PA-NS; QL (30 EA per 30 days)
TABRECTA ORAL TABLET 150 MG, 200 MG	5^	PA-NS
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5^	PA-NS; LA
TAGRISSO ORAL TABLET 40 MG, 80 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	5^	PA-NS; LA; QL (90 EA per 30 days)
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 1 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	5^	PA-NS
TAZVERIK ORAL TABLET 200 MG	5^	PA-NS; LA
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML, 840 MG/14ML	5^	PA-NS; LA
TEPMETKO ORAL TABLET 225 MG	5^	PA-NS; LA
TIBSOVO ORAL TABLET 250 MG	5^	PA-NS; LA
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	5^	PA-NS

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
05/01/2022

Drug Name	Drug Tier	Requirements / Limits
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG	5^	PA-NS; LA
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG	5^	PA-NS; LA
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	5^	PA-NS; LA
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	5^	PA-NS; LA
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	5^	PA-NS
TUKYSA ORAL TABLET 150 MG, 50 MG	5^	PA-NS; LA
TURALIO ORAL CAPSULE 200 MG	5^	PA-NS; LA
UKONIQ ORAL TABLET 200 MG	5^	PA-NS; LA
VELCADE INJECTION SOLUTION RECONSTITUTED 3.5 MG	5^	PA-NS
VENCLEXTA ORAL TABLET 10 MG	4	PA-NS; LA; QL (112 EA per 28 days)
VENCLEXTA ORAL TABLET 100 MG	5^	PA-NS; LA; QL (180 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5^	PA-NS; LA; QL (112 EA per 28 days)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	5^	PA-NS; LA; QL (42 EA per 28 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5^	PA-NS; LA; QL (56 EA per 28 days)
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	5^	PA-NS; LA
VITRAKVI ORAL SOLUTION 20 MG/ML	5^	PA-NS; LA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5^	PA-NS; LA
VOTRIENT ORAL TABLET 200 MG	5^	PA-NS; LA
XALKORI ORAL CAPSULE 200 MG, 250 MG	5^	PA-NS; LA
XOSPATA ORAL TABLET 40 MG	5^	PA-NS; LA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 50 MG	5^	PA-NS; LA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG	5^	PA-NS; LA
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG	5^	PA-NS; LA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 60 MG	5^	PA-NS; LA
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5^	PA-NS; LA

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG	5^	PA-NS; LA
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5^	PA-NS; LA
ZEJULA ORAL CAPSULE 100 MG	5^	PA-NS; LA; QL (90 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	5^	PA-NS; LA
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	5^	PA-NS
ZOLINZA ORAL CAPSULE 100 MG	5^	PA-NS
ZYDELIG ORAL TABLET 100 MG, 150 MG	5^	PA-NS; LA
ZYKADIA ORAL TABLET 150 MG	5^	PA-NS; LA
PROTECTIVE AGENTS		
leucovorin calcium injection solution 500 mg/50ml	4	B/D
leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg	4	B/D
leucovorin calcium oral tablet 10 mg, 5 mg	3	
leucovorin calcium oral tablet 15 mg, 25 mg	4	
MESNEX ORAL TABLET 400 MG	5^	
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	QL (30 EA per 30 days)
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
ACE INHIBITORS		
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	1	

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
moexipril hcl oral tablet 15 mg, 7.5 mg	1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone oral tablet 25 mg, 50 mg	3	
KERENDIA ORAL TABLET 10 MG, 20 MG	3	QL (30 EA per 30 days)
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
ALPHA BLOCKERS		
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	2	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	3	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	2	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1	QL (30 EA per 30 days)
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1	QL (30 EA per 30 days)
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1	QL (30 EA per 30 days)
candesartan cilexetil-hctz oral tablet 16-12.5 mg	3	QL (60 EA per 30 days)
candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg	3	QL (30 EA per 30 days)
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	4	QL (30 EA per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	QL (30 EA per 30 days)
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	QL (30 EA per 30 days)
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1	QL (30 EA per 30 days)
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1	QL (30 EA per 30 days)

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg	1	QL (30 EA per 30 days)
telmisartan-hctz oral tablet 80-12.5 mg	1	QL (60 EA per 30 days)
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	QL (30 EA per 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg	3	QL (60 EA per 30 days)
candesartan cilexetil oral tablet 32 mg	3	QL (30 EA per 30 days)
EDARBI ORAL TABLET 40 MG, 80 MG	4	QL (30 EA per 30 days)
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	QL (30 EA per 30 days)
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	1	
olmesartan medoxomil oral tablet 20 mg, 40 mg	1	QL (30 EA per 30 days)
olmesartan medoxomil oral tablet 5 mg	1	QL (60 EA per 30 days)
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	QL (30 EA per 30 days)
valsartan oral tablet 160 mg, 40 mg, 80 mg	1	QL (60 EA per 30 days)
valsartan oral tablet 320 mg	1	QL (30 EA per 30 days)
ANTIARRHYTHMICS		
amiodarone hcl intravenous solution 150 mg/3ml, 450 mg/9ml, 900 mg/18ml	4	
amiodarone hcl oral tablet 100 mg, 400 mg	4	
amiodarone hcl oral tablet 200 mg	1	
disopyramide phosphate oral capsule 100 mg, 150 mg	4	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	4	
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	3	
MULTAQ ORAL TABLET 400 MG	4	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	4	
pacerone oral tablet 100 mg, 400 mg	4	
pacerone oral tablet 200 mg	1	
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	4	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	3	
quinidine sulfate oral tablet 200 mg, 300 mg	2	
sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg	2	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	3	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	2	

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
ANTILIPEMICS, FIBRATES		
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	3	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	3	
fenofibric acid oral capsule delayed release 135 mg, 45 mg	3	
gemfibrozil oral tablet 600 mg	1	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS		
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	QL (30 EA per 30 days)
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	4	ST; QL (30 EA per 30 days)
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	1	QL (30 EA per 30 days)
fluvastatin sodium oral capsule 20 mg, 40 mg	1	QL (60 EA per 30 days)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	4	ST; QL (30 EA per 30 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg	1	QL (60 EA per 30 days)
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	2	QL (30 EA per 30 days)
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	2	QL (30 EA per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	1	QL (30 EA per 30 days)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	4	ST; QL (30 EA per 30 days)
ANTILIPEMICS, MISCELLANEOUS		
cholestyramine light oral packet 4 gm	3	
cholestyramine light oral powder 4 gm/dose	3	
cholestyramine oral packet 4 gm	3	
cholestyramine oral powder 4 gm/dose	3	
colesevelam hcl oral packet 3.75 gm	4	
colesevelam hcl oral tablet 625 mg	4	
colestipol hcl oral granules 5 gm	4	
colestipol hcl oral packet 5 gm	4	
colestipol hcl oral tablet 1 gm	3	
ezetimibe oral tablet 10 mg	3	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	1	
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	3	QL (60 EA per 30 days)
omega-3-acid ethyl esters oral capsule 1 gm	4	PA

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

05/01/2022

Drug Name	Drug Tier	Requirements / Limits
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML	3	PA
prevalite oral packet 4 gm	3	
prevalite oral powder 4 gm/dose	3	
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM	4	
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	2	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	2	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	3	
BETA-BLOCKERS		
acebutolol hcl oral capsule 200 mg, 400 mg	3	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	2	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	QL (30 EA per 30 days)
BYSTOLIC ORAL TABLET 20 MG	4	QL (60 EA per 30 days)
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	4	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	2	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	2	
metoprolol tartrate intravenous solution 5 mg/5ml	4	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	2	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 5 mg	3	QL (30 EA per 30 days)
nebivolol hcl oral tablet 20 mg	3	QL (60 EA per 30 days)
pindolol oral tablet 10 mg, 5 mg	3	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	3	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	3	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	2	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
05/01/2022

Drug Name	Drug Tier	Requirements / Limits
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1	
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	3	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	3	
diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg	4	
diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	3	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	4	
diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml	3	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	2	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	3	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	2	
isradipine oral capsule 2.5 mg, 5 mg	3	
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	3	
nicardipine hcl oral capsule 20 mg, 30 mg	4	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	3	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	3	
nimodipine oral capsule 30 mg	4	
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	4	
NYMALIZE ORAL SOLUTION 6 MG/ML	5^	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
05/01/2022

Drug Name	Drug Tier	Requirements / Limits
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg, 360 mg	4	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	3	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	2	
verapamil hcl intravenous solution 2.5 mg/ml	4	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	
DIURETICS		
acetazolamide er oral capsule extended release 12 hour 500 mg	4	
acetazolamide oral tablet 125 mg, 250 mg	3	
amiloride hcl oral tablet 5 mg	2	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	2	
bumetanide injection solution 0.25 mg/ml	3	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	3	
chlorthalidone oral tablet 25 mg, 50 mg	3	
furosemide injection solution 10 mg/ml, 10 mg/ml (4ml syringe)	3	
furosemide oral solution 10 mg/ml, 8 mg/ml	2	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
indapamide oral tablet 1.25 mg, 2.5 mg	2	
methazolamide oral tablet 25 mg, 50 mg	4	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	3	
spironolactone-hctz oral tablet 25-25 mg	3	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	2	
triamterene-hctz oral capsule 37.5-25 mg	1	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	1	
MISCELLANEOUS		
ADRENALIN INJECTION SOLUTION 1 MG/ML	4	
aliskiren fumarate oral tablet 150 mg, 300 mg	4	
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	1	

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	4	
CORLANOR ORAL SOLUTION 5 MG/5ML	4	
CORLANOR ORAL TABLET 5 MG, 7.5 MG	4	
digitek oral tablet 125 mcg, 250 mcg	2	QL (30 EA per 30 days)
digox oral tablet 125 mcg, 250 mcg	2	QL (30 EA per 30 days)
digoxin injection solution 0.25 mg/ml	4	
digoxin oral solution 0.05 mg/ml	4	
digoxin oral tablet 125 mcg, 250 mcg	2	QL (30 EA per 30 days)
droxidopa oral capsule 100 mg	5^	PA; QL (90 EA per 30 days)
droxidopa oral capsule 200 mg, 300 mg	5^	PA; QL (180 EA per 30 days)
guanfacine hcl oral tablet 1 mg, 2 mg	3	PA; PA if 70 years and older
hydralazine hcl injection solution 20 mg/ml	4	
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	2	
methyldopa oral tablet 250 mg, 500 mg	2	PA; PA if 70 years and older
metyrosine oral capsule 250 mg	5^	PA
midodrine hcl oral tablet 10 mg	4	
midodrine hcl oral tablet 2.5 mg, 5 mg	3	
minoxidil oral tablet 10 mg, 2.5 mg	2	
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	4	
NITRATES		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	3	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	2	
isosorbide mononitrate oral tablet 10 mg, 20 mg	2	
NITRO-BID TRANSDERMAL OINTMENT 2 %	3	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	3	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	3	
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA ORAL TABLET 20 MG	5^	PA-NS; QL (60 EA per 30 days)
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5^	PA-NS; LA; QL (90 EA per 30 days)

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
alyq oral tablet 20 mg	5^	PA-NS; QL (60 EA per 30 days)
ambrisentan oral tablet 10 mg, 5 mg	5^	PA-NS; LA; QL (30 EA per 30 days)
OPSUMIT ORAL TABLET 10 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
sildenafil citrate oral tablet 20 mg	3	PA-NS; generic for Revatio; QL (90 EA per 30 days)
tadalafil (pah) oral tablet 20 mg	5^	PA-NS; generic for Adcirca; QL (60 EA per 30 days)
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	5^	PA-NS; LA
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	5^	PA-NS
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	2	QL (150 EA per 30 days)
buspirone hcl oral tablet 10 mg, 15 mg, 5 mg	1	
buspirone hcl oral tablet 30 mg, 7.5 mg	3	
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	3	
lorazepam injection solution 2 mg/ml, 4 mg/ml	2	
lorazepam intensol oral concentrate 2 mg/ml	3	QL (150 ML per 30 days)
lorazepam oral concentrate 2 mg/ml	3	QL (150 ML per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	2	QL (150 EA per 30 days)
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	5^	QL (60 EA per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML	4	PA-NS
BRIVIACT ORAL SOLUTION 10 MG/ML	5^	PA-NS; QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	5^	PA-NS; QL (60 EA per 30 days)
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	4	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	4	
carbamazepine oral suspension 100 mg/5ml	4	
carbamazepine oral tablet 200 mg	3	
carbamazepine oral tablet chewable 100 mg	3	
CELONTIN ORAL CAPSULE 300 MG	4	
clobazam oral suspension 2.5 mg/ml	4	PA-NS; QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	4	PA-NS; QL (60 EA per 30 days)

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
clonazepam oral tablet 0.5 mg, 1 mg	2	QL (90 EA per 30 days)
clonazepam oral tablet 2 mg	2	QL (300 EA per 30 days)
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	3	QL (90 EA per 30 days)
clonazepam oral tablet dispersible 2 mg	3	QL (300 EA per 30 days)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	4	PA-NS; PA if 65 years and older; QL (180 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	5^	PA-NS; LA; QL (360 EA per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	5^	PA-NS; LA; QL (180 EA per 30 days)
DIACOMIT ORAL PACKET 250 MG	5^	PA-NS; LA; QL (360 EA per 30 days)
DIACOMIT ORAL PACKET 500 MG	5^	PA-NS; LA; QL (180 EA per 30 days)
diazepam injection solution 5 mg/ml	4	
diazepam oral concentrate 5 mg/ml	3	PA-NS; PA if 65 years and older; QL (240 ML per 30 days)
diazepam oral solution 5 mg/5ml	3	PA-NS; PA if 65 years and older; QL (1200 ML per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	2	PA-NS; PA if 65 years and older; QL (120 EA per 30 days)
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	4	
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG	4	
DILANTIN ORAL CAPSULE 100 MG, 30 MG	4	
DILANTIN ORAL SUSPENSION 125 MG/5ML	4	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	3	
divalproex sodium oral capsule delayed release sprinkle 125 mg	4	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	3	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5^	PA-NS; LA; QL (600 ML per 30 days)
epitol oral tablet 200 mg	3	
EPRONTIA ORAL SOLUTION 25 MG/ML	4	
ethosuximide oral capsule 250 mg	4	
ethosuximide oral solution 250 mg/5ml	3	
felbamate oral suspension 600 mg/5ml	5^	
felbamate oral tablet 400 mg, 600 mg	4	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5^	PA-NS; LA; QL (360 ML per 30 days)

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5^	PA-NS; QL (720 ML per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5^	PA-NS; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	PA-NS; QL (60 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5^	PA-NS; QL (60 EA per 30 days)
gabapentin oral capsule 100 mg	2	QL (1080 EA per 30 days)
gabapentin oral capsule 300 mg	2	QL (360 EA per 30 days)
gabapentin oral capsule 400 mg	2	QL (270 EA per 30 days)
gabapentin oral solution 250 mg/5ml	3	QL (2160 ML per 30 days)
gabapentin oral tablet 600 mg	2	QL (180 EA per 30 days)
gabapentin oral tablet 800 mg	2	QL (120 EA per 30 days)
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	4	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
lamotrigine oral tablet chewable 25 mg, 5 mg	3	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	4	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	3	
levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 500 mg/100ml	4	
levetiracetam intravenous solution 500 mg/5ml	4	
levetiracetam oral solution 100 mg/ml	3	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	3	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	4	
oxcarbazepine oral suspension 300 mg/5ml	4	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	3	
phenobarbital oral elixir 20 mg/5ml	4	PA-NS; PA if 70 years and older
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	3	PA-NS; PA if 70 years and older
phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml	4	PA-NS; PA if 70 years and older
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	4	
phenytoin oral suspension 125 mg/5ml	3	
phenytoin oral tablet chewable 50 mg	3	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	2	

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
phenytoin sodium injection solution 50 mg/ml	3	
pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	3	QL (120 EA per 30 days)
pregabalin oral capsule 200 mg	3	QL (90 EA per 30 days)
pregabalin oral capsule 225 mg, 300 mg	3	QL (60 EA per 30 days)
pregabalin oral solution 20 mg/ml	4	QL (900 ML per 30 days)
primidone oral tablet 250 mg, 50 mg	2	
roweepra oral tablet 500 mg	3	
rufinamide oral suspension 40 mg/ml	5^	PA-NS; QL (2300 ML per 28 days)
rufinamide oral tablet 200 mg	5^	PA-NS; QL (480 EA per 30 days)
rufinamide oral tablet 400 mg	5^	PA-NS; QL (240 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG	4	QL (90 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG	4	QL (360 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 500 MG	4	QL (180 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	4	QL (120 EA per 30 days)
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG	5^	PA-NS; QL (60 EA per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	PA-NS; QL (60 EA per 30 days)
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	4	
topiramate oral capsule sprinkle 15 mg, 25 mg	3	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	2	
valproate sodium intravenous solution 100 mg/ml	4	
valproic acid oral capsule 250 mg	3	
valproic acid oral solution 250 mg/5ml	3	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	4	
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	4	
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	4	
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	4	
vigabatrin oral packet 500 mg	5^	PA-NS; LA; QL (180 EA per 30 days)
vigabatrin oral tablet 500 mg	5^	PA-NS; LA; QL (180 EA per 30 days)
vigadrone oral packet 500 mg	5^	PA-NS; LA; QL (180 EA per 30 days)
VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML	5^	
VIMPAT ORAL SOLUTION 10 MG/ML	5^	QL (1200 ML per 30 days)

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	5^	QL (60 EA per 30 days)
VIMPAT ORAL TABLET 50 MG	4	QL (120 EA per 30 days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	5^	QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	5^	QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG	5^	QL (60 EA per 30 days)
XCOPRI ORAL TABLET 50 MG	5^	QL (90 EA per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	QL (28 EA per 28 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	5^	QL (28 EA per 28 days)
zonisamide oral capsule 100 mg, 25 mg, 50 mg	2	
ANTIDEMENTIA		
donepezil hcl oral tablet 10 mg, 23 mg	2	
donepezil hcl oral tablet 5 mg	2	QL (30 EA per 30 days)
donepezil hcl oral tablet dispersible 10 mg	2	
donepezil hcl oral tablet dispersible 5 mg	2	QL (30 EA per 30 days)
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	3	QL (30 EA per 30 days)
galantamine hydrobromide oral solution 4 mg/ml	4	
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	3	QL (60 EA per 30 days)
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	4	PA; PA if < 30 yrs
memantine hcl oral solution 2 mg/ml	4	PA; PA if < 30 yrs
memantine hcl oral tablet 10 mg, 5 mg	3	PA; PA if < 30 yrs
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 &28 -10 MG	4	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	4	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg	3	QL (90 EA per 30 days)
rivastigmine tartrate oral capsule 4.5 mg, 6 mg	3	QL (60 EA per 30 days)
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	4	QL (30 EA per 30 days)
ANTIDEPRESSANTS		
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	4	

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

05/01/2022

Drug Name	Drug Tier	Requirements / Limits
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	3	
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	3	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	3	
bupropion hcl oral tablet 100 mg, 75 mg	3	
citalopram hydrobromide oral solution 10 mg/5ml	3	
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	1	
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	4	PA-NS
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	4	
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	4	PA-NS; QL (30 EA per 30 days)
doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	3	
doxepin hcl oral capsule 150 mg	4	
doxepin hcl oral concentrate 10 mg/ml	3	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	4	PA-NS; QL (60 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	3	QL (60 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 40 mg	4	QL (60 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	5^	PA-NS; QL (30 EA per 30 days)
escitalopram oxalate oral solution 5 mg/5ml	4	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	2	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG	4	PA-NS; QL (30 EA per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 40 MG	4	PA-NS; QL (60 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	4	PA-NS
fluoxetine hcl oral capsule 10 mg, 20 mg	1	
fluoxetine hcl oral capsule 40 mg	2	
fluoxetine hcl oral solution 20 mg/5ml	3	
fluoxetine hcl oral tablet 10 mg, 20 mg	2	PA-NS
fluoxetine hcl oral tablet 60 mg	3	PA-NS

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	2	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	4	
MARPLAN ORAL TABLET 10 MG	4	QL (180 EA per 30 days)
mirtazapine oral tablet 15 mg, 30 mg, 45 mg	2	
mirtazapine oral tablet 7.5 mg	3	
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	3	
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	4	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	2	
nortriptyline hcl oral solution 10 mg/5ml	4	
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	4	QL (60 EA per 30 days)
paroxetine hcl oral suspension 10 mg/5ml	4	QL (900 ML per 30 days)
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	2	
PAXIL ORAL SUSPENSION 10 MG/5ML	4	QL (900 ML per 30 days)
phenelzine sulfate oral tablet 15 mg	3	
protriptyline hcl oral tablet 10 mg, 5 mg	4	
sertraline hcl oral concentrate 20 mg/ml	3	
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	1	
tranylcypromine sulfate oral tablet 10 mg	4	
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg	2	
trimipramine maleate oral capsule 100 mg	4	QL (60 EA per 30 days)
trimipramine maleate oral capsule 25 mg	4	QL (240 EA per 30 days)
trimipramine maleate oral capsule 50 mg	4	QL (120 EA per 30 days)
TRINTELLIX ORAL TABLET 10 MG	4	QL (60 EA per 30 days)
TRINTELLIX ORAL TABLET 20 MG	4	QL (30 EA per 30 days)
TRINTELLIX ORAL TABLET 5 MG	4	QL (120 EA per 30 days)
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	2	
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	3	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	4	QL (30 EA per 30 days)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
05/01/2022

Drug Name	Drug Tier	Requirements / Limits
ANTIPARKINSONIAN AGENTS		
amantadine hcl oral capsule 100 mg	3	QL (120 EA per 30 days)
amantadine hcl oral solution 50 mg/5ml	3	
amantadine hcl oral tablet 100 mg	4	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	5^	PA; LA; QL (60 ML per 30 days)
apomorphine hcl subcutaneous solution cartridge 30 mg/3ml	5^	PA; QL (60 ML per 30 days)
benztropine mesylate injection solution 1 mg/ml	4	
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	4	PA; PA if 70 years and older
bromocriptine mesylate oral capsule 5 mg	4	
bromocriptine mesylate oral tablet 2.5 mg	4	
carbidopa oral tablet 25 mg	4	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	3	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	2	
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	4	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	4	
entacapone oral tablet 200 mg	4	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5^	PA; QL (150 EA per 30 days)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	4	
pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	4	
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	
rasagiline mesylate oral tablet 0.5 mg	4	QL (60 EA per 30 days)
rasagiline mesylate oral tablet 1 mg	4	QL (30 EA per 30 days)
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
05/01/2022

Drug Name	Drug Tier	Requirements / Limits
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	2	
selegiline hcl oral capsule 5 mg	3	
selegiline hcl oral tablet 5 mg	3	
trihexyphenidyl hcl oral solution 0.4 mg/ml	3	PA; PA if 70 years and older
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	3	PA; PA if 70 years and older
ANTIPSYCHOTICS		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	5^	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	5^	QL (1 EA per 28 days)
aripiprazole oral solution 1 mg/ml	4	QL (900 ML per 30 days)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	4	QL (30 EA per 30 days)
aripiprazole oral tablet dispersible 10 mg, 15 mg	4	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	5^	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	5^	QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	5^	QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	5^	QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	5^	QL (3.2 ML per 28 days)
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	4	QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 42 MG	4	PA-NS; QL (30 EA per 30 days)
chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml	4	
CHLORPROMAZINE HCL ORAL CONCENTRATE 100 MG/ML, 30 MG/ML	4	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	4	
clozapine oral tablet 100 mg	4	QL (270 EA per 30 days)
clozapine oral tablet 200 mg	4	QL (135 EA per 30 days)
clozapine oral tablet 25 mg, 50 mg	3	
clozapine oral tablet dispersible 100 mg	4	PA-NS; QL (270 EA per 30 days)

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
clozapine oral tablet dispersible 12.5 mg, 25 mg	4	PA-NS
clozapine oral tablet dispersible 150 mg	4	PA-NS; QL (180 EA per 30 days)
clozapine oral tablet dispersible 200 mg	5^	PA-NS; QL (135 EA per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5^	PA-NS; QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	4	PA-NS
fluphenazine decanoate injection solution 25 mg/ml	4	
fluphenazine hcl injection solution 2.5 mg/ml	4	
fluphenazine hcl oral concentrate 5 mg/ml	4	
fluphenazine hcl oral elixir 2.5 mg/5ml	4	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	4	
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)	3	
haloperidol lactate injection solution 5 mg/ml	3	
haloperidol lactate oral concentrate 2 mg/ml	3	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	3	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	5^	QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	5^	QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	5^	QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	5^	QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	5^	QL (0.88 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	5^	QL (1.32 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	5^	QL (1.75 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	5^	QL (2.63 ML per 90 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	4	QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	4	QL (60 EA per 30 days)

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	3	
molindone hcl oral tablet 10 mg, 25 mg, 5 mg	4	
NUPLAZID ORAL CAPSULE 34 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
olanzapine intramuscular solution reconstituted 10 mg	4	QL (3 EA per 1 day)
olanzapine oral tablet 10 mg, 2.5 mg, 5 mg	2	QL (60 EA per 30 days)
olanzapine oral tablet 15 mg, 20 mg, 7.5 mg	2	QL (30 EA per 30 days)
olanzapine oral tablet dispersible 10 mg	4	QL (60 EA per 30 days)
olanzapine oral tablet dispersible 15 mg, 20 mg, 5 mg	4	QL (30 EA per 30 days)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	4	QL (30 EA per 30 days)
paliperidone er oral tablet extended release 24 hour 6 mg	4	QL (60 EA per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	3	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	5^	QL (1 EA per 30 days)
pimozide oral tablet 1 mg, 2 mg	4	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	4	PA-NS; QL (30 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	4	PA-NS; QL (60 EA per 30 days)
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	3	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	4	QL (60 EA per 30 days)
REXULTI ORAL TABLET 3 MG, 4 MG	4	QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG	4	QL (2 EA per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	5^	QL (2 EA per 28 days)
risperidone oral solution 1 mg/ml	3	QL (240 ML per 30 days)
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	2	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg	4	QL (90 EA per 30 days)
risperidone oral tablet dispersible 1 mg, 2 mg, 3 mg, 4 mg	4	QL (60 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	4	QL (30 EA per 30 days)
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	3	

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	4	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	3	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5^	PA-NS; QL (600 ML per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG	5^	QL (60 EA per 30 days)
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	5^	QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	4	
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	4	QL (60 EA per 30 days)
ziprasidone mesylate intramuscular solution reconstituted 20 mg	4	QL (6 EA per 3 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	PA-NS; QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG	5^	PA-NS; QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	5^	PA-NS; QL (1 EA per 28 days)
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	4	PA; QL (30 EA per 30 days)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	3	PA; QL (60 EA per 30 days)
amphetamine-dextroamphetamine oral tablet 20 mg	3	PA; QL (90 EA per 30 days)
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg	4	QL (120 EA per 30 days)
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	4	QL (30 EA per 30 days)
atomoxetine hcl oral capsule 40 mg	4	QL (60 EA per 30 days)
dexmethylphenidate hcl oral tablet 10 mg	3	PA; QL (60 EA per 30 days)
dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg	3	PA; QL (120 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg	4	PA; QL (150 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	4	PA; QL (120 EA per 30 days)
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	3	PA; PA if 70 years and older; QL (30 EA per 30 days)
metadate er oral tablet extended release 20 mg	4	PA; QL (90 EA per 30 days)
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	4	PA; QL (90 EA per 30 days)
methylphenidate hcl oral solution 10 mg/5ml	4	PA; QL (900 ML per 30 days)
methylphenidate hcl oral solution 5 mg/5ml	4	PA; QL (1800 ML per 30 days)

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
methylphenidate hcl oral tablet 10 mg, 5 mg	3	PA; QL (180 EA per 30 days)
methylphenidate hcl oral tablet 20 mg	3	PA; QL (90 EA per 30 days)
methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg	4	PA; QL (180 EA per 30 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG	4	PA; QL (60 EA per 30 days)
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG	4	PA; QL (30 EA per 30 days)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG	4	PA; QL (60 EA per 30 days)
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG	4	PA; QL (30 EA per 30 days)
HYPNOTICS		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	QL (30 EA per 30 days)
doxepin hcl oral tablet 3 mg, 6 mg	3	QL (30 EA per 30 days)
HETLIOZ ORAL CAPSULE 20 MG	5^	PA; LA; QL (30 EA per 30 days)
temazepam oral capsule 15 mg	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year; QL (60 EA per 30 days)
temazepam oral capsule 30 mg	4	PA; PA if 65 years and older; QL (30 EA per 30 days)
temazepam oral capsule 7.5 mg	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year; QL (30 EA per 30 days)
zaleplon oral capsule 10 mg, 5 mg	3	PA; PA applies if 70 years and older after a 90 day supply in a calendar year; QL (60 EA per 30 days)
zolpidem tartrate oral tablet 10 mg, 5 mg	2	PA; PA applies if 70 years and older after a 90 day supply in a calendar year; QL (30 EA per 30 days)
MIGRAINE		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	PA; QL (1 ML per 30 days)
dihydroergotamine mesylate injection solution 1 mg/ml	5^	
dihydroergotamine mesylate nasal solution 4 mg/ml	5^	PA; QL (8 ML per 30 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5^	PA; QL (3 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	3	PA; QL (2 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	3	PA; QL (2 ML per 30 days)
ergotamine-caffeine oral tablet 1-100 mg	3	PA; QL (40 EA per 28 days)

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
naratriptan hcl oral tablet 1 mg, 2.5 mg	3	QL (12 EA per 30 days)
NURTEC ORAL TABLET DISPERSIBLE 75 MG	5^	PA; QL (16 EA per 30 days)
rizatriptan benzoate oral tablet 10 mg, 5 mg	3	QL (18 EA per 30 days)
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	3	QL (18 EA per 30 days)
sumatriptan nasal solution 20 mg/act	4	QL (12 EA per 30 days)
sumatriptan nasal solution 5 mg/act	4	QL (24 EA per 30 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	2	QL (12 EA per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml	4	QL (9 ML per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml	4	QL (6 ML per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	4	QL (6 ML per 30 days)
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml	4	QL (9 ML per 30 days)
sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml	4	QL (6 ML per 30 days)
sumatriptan-naproxen sodium oral tablet 85-500 mg	4	PA; QL (9 EA per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	5^	PA; QL (16 EA per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	4	QL (12 EA per 30 days)
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	4	QL (12 EA per 30 days)
MISCELLANEOUS		
AUSTEDO ORAL TABLET 12 MG, 9 MG	5^	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	5^	PA; QL (60 EA per 30 days)
GRALISE ORAL TABLET 300 MG	4	PA; QL (180 EA per 30 days)
GRALISE ORAL TABLET 600 MG	4	PA; QL (90 EA per 30 days)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	5^	PA; LA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	5^	PA; LA; QL (28 EA per 28 days)
lithium carbonate er oral tablet extended release 300 mg, 450 mg	2	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	
lithium carbonate oral tablet 300 mg	2	
LITHIUM ORAL SOLUTION 8 MEQ/5ML	4	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG	3	PA; QL (60 EA per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	4	PA; QL (60 EA per 30 days)
pyridostigmine bromide oral tablet 60 mg	3	

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
riluzole oral tablet 50 mg	4	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	4	PA; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	4	PA
tetrabenazine oral tablet 12.5 mg	5^	PA; QL (90 EA per 30 days)
tetrabenazine oral tablet 25 mg	5^	PA; QL (120 EA per 30 days)
MULTIPLE SCLEROSIS AGENTS		
BETASERON SUBCUTANEOUS KIT 0.3 MG	5^	PA-NS; QL (14 EA per 28 days)
dalfampridine er oral tablet extended release 12 hour 10 mg	3	PA
GILENYA ORAL CAPSULE 0.5 MG	5^	PA-NS; QL (28 EA per 28 days)
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	5^	PA-NS; QL (30 ML per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	5^	PA-NS; QL (12 ML per 28 days)
glatopa subcutaneous solution prefilled syringe 20 mg/ml	5^	PA-NS; QL (30 ML per 30 days)
glatopa subcutaneous solution prefilled syringe 40 mg/ml	5^	PA-NS; QL (12 ML per 28 days)
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML	5^	PA-NS; LA
TECFIDERA ORAL 120 & 240 MG	5^	PA-NS; LA
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG	5^	PA-NS; LA; QL (14 EA per 7 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
MUSCULOSKELETAL THERAPY AGENTS		
baclofen oral tablet 10 mg, 20 mg	3	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	4	PA; PA if 70 years and older
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	4	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	4	
tizanidine hcl oral tablet 2 mg, 4 mg	2	
NARCOLEPSY/CATAPLEXY		
armodafinil oral tablet 150 mg, 200 mg, 250 mg	3	PA; QL (30 EA per 30 days)
armodafinil oral tablet 50 mg	3	PA; QL (90 EA per 30 days)
modafinil oral tablet 100 mg	4	PA; QL (30 EA per 30 days)
modafinil oral tablet 200 mg	4	PA; QL (60 EA per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	5^	PA; LA; QL (540 ML per 30 days)
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium oral tablet delayed release 333 mg	4	

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	3	PA; QL (90 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	4	QL (60 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	4	QL (90 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	2	QL (90 EA per 30 days)
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	3	
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	4	
disulfiram oral tablet 250 mg, 500 mg	3	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	2	
naloxone hcl injection solution cartridge 0.4 mg/ml	2	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	2	
naloxone hcl nasal liquid 4 mg/0.1ml	3	
naltrexone hcl oral tablet 50 mg	3	
NICOTROL INHALATION INHALER 10 MG	4	
NICOTROL NS NASAL SOLUTION 10 MG/ML	4	
VARENICLINE TARTRATE ORAL TABLET 0.5 MG, 1 MG	4	QL (56 EA per 28 days)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	5^	
ENDOCRINE AND METABOLIC		
ANDROGENS		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR	4	PA; QL (30 EA per 30 days)
oxandrolone oral tablet 10 mg	4	PA; QL (60 EA per 30 days)
oxandrolone oral tablet 2.5 mg	3	PA; QL (120 EA per 30 days)
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	3	
testosterone enanthate intramuscular solution 200 mg/ml	3	
testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)	4	PA; QL (300 GM per 30 days)
testosterone transdermal gel 20.25 mg/act (1.62%)	4	PA; QL (150 GM per 30 days)
ANTIDIABETICS, INSULINS		
ALCOHOL SWABS PAD 70 %	3	

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	SSM
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	SSM
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	SSM
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	SSM
GAUZE PADS 2" X 2" PAD 2"X2"	3	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	5^	B/D
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	5^	
INSULIN PEN NEEDLE 29G X 12MM	2	
INSULIN SYRINGE (DISP) U-100 0.3 ML 29G 0.3 ML	2	
INSULIN SYRINGE (DISP) U-100 1 ML 29G X 1/2" 1 ML	2	
INSULIN SYRINGE (DISP) U-100 1/2 ML 28G X 1/2" 0.5 ML	2	
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	SSM
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	SSM
NEEDLES, INSULIN DISP., SAFETY 29G X 1/2" 1 ML	2	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	(brand RELION not covered); SSM
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	(brand RELION not covered); SSM
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	(brand RELION not covered); SSM
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	(brand RELION not covered); SSM
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	(brand RELION not covered); SSM
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	(brand RELION not covered); SSM
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	(brand RELION not covered); SSM
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	3	(brand RELION not covered); SSM
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	(brand RELION not covered); SSM
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	(brand RELION not covered); SSM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
05/01/2022

Drug Name	Drug Tier	Requirements / Limits
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	(brand RELION not covered); SSM
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	(brand RELION not covered); SSM
OMNIPOD CLASSIC PDM (GEN 3) KIT	4	PA; QL (1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	4	PA; QL (3 EA per 30 days)
OMNIPOD DASH PODS (GEN 4)	4	PA; QL (3 EA per 30 days)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	3	SSM; QL (30 ML per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	SSM
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	SSM
V-GO 20 KIT	4	PA; QL (30 EA per 30 days)
V-GO 30 KIT	4	PA; QL (30 EA per 30 days)
V-GO 40 KIT	4	PA; QL (30 EA per 30 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	3	SSM; QL (15 ML per 30 days)
ANTIDIABETICS		
acarbose oral tablet 100 mg, 25 mg, 50 mg	3	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	3	QL (3.4 ML per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	4	QL (2.4 ML per 30 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	4	QL (1.2 ML per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	3	QL (30 EA per 30 days)
FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG	5^	PA; QL (60 EA per 30 days)
FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	5^	PA; QL (120 EA per 30 days)
glimepiride oral tablet 1 mg, 2 mg	2	QL (90 EA per 30 days)
glimepiride oral tablet 4 mg	2	QL (60 EA per 30 days)
glipizide er oral tablet extended release 24 hour 10 mg	1	QL (60 EA per 30 days)
glipizide er oral tablet extended release 24 hour 2.5 mg, 5 mg	1	QL (90 EA per 30 days)
glipizide oral tablet 10 mg	1	QL (120 EA per 30 days)
glipizide oral tablet 5 mg	1	QL (240 EA per 30 days)
glipizide xl oral tablet extended release 24 hour 10 mg	1	QL (60 EA per 30 days)

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

05/01/2022

Drug Name	Drug Tier	Requirements / Limits
glipizide xl oral tablet extended release 24 hour 2.5 mg, 5 mg	1	QL (90 EA per 30 days)
glipizide-metformin hcl oral tablet 2.5-250 mg	1	QL (240 EA per 30 days)
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	1	QL (120 EA per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	QL (30 EA per 30 days)
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG	4	QL (60 EA per 30 days)
INVOKAMET ORAL TABLET 50-500 MG	4	QL (120 EA per 30 days)
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG	4	QL (60 EA per 30 days)
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-500 MG	4	QL (120 EA per 30 days)
INVOKANA ORAL TABLET 100 MG	4	QL (60 EA per 30 days)
INVOKANA ORAL TABLET 300 MG	4	QL (30 EA per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	3	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG	3	QL (60 EA per 30 days)
JARDIANCE ORAL TABLET 25 MG	3	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	3	QL (30 EA per 30 days)
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg	2	PA; (generic of FORTAMET); QL (60 EA per 30 days)
metformin hcl er (osm) oral tablet extended release 24 hour 500 mg	2	PA; (generic of FORTAMET); QL (120 EA per 30 days)
metformin hcl er oral tablet extended release 24 hour 500 mg	1	(generic of GLUCOPHAGE XR); QL (120 EA per 30 days)
metformin hcl er oral tablet extended release 24 hour 750 mg	1	(generic of GLUCOPHAGE XR); QL (60 EA per 30 days)
metformin hcl oral tablet 1000 mg	1	QL (75 EA per 30 days)

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
metformin hcl oral tablet 500 mg	1	QL (150 EA per 30 days)
metformin hcl oral tablet 850 mg	1	QL (90 EA per 30 days)
nateglinide oral tablet 120 mg, 60 mg	1	QL (90 EA per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	3	QL (1.5 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML	3	QL (3 ML per 28 days)
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	1	QL (30 EA per 30 days)
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	3	QL (90 EA per 30 days)
repaglinide oral tablet 0.5 mg, 1 mg	1	QL (120 EA per 30 days)
repaglinide oral tablet 2 mg	1	QL (240 EA per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	QL (30 EA per 30 days)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	5^	PA
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	5^	PA
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG	3	QL (60 EA per 30 days)
SYNJARDY ORAL TABLET 5-500 MG	3	QL (120 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	3	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	3	QL (30 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	3	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	3	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	3	QL (60 EA per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	3	QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	3	QL (9 ML per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	3	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	3	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
05/01/2022

Drug Name	Drug Tier	Requirements / Limits
CALCIUM REGULATORS		
ACTONEL ORAL TABLET 150 MG, 35 MG	4	
alendronate sodium oral solution 70 mg/75ml	4	
alendronate sodium oral tablet 10 mg, 35 mg, 70 mg	1	
calcitonin (salmon) nasal solution 200 unit/act	3	B/D
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML, 620 MCG/2.48ML	5^	PA
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT	4	ST
ibandronate sodium intravenous solution 3 mg/3ml	4	B/D; QL (3 ML per 90 days)
ibandronate sodium oral tablet 150 mg	2	B/D
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	5^	PA
pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml	3	B/D
PAMIDRONATE DISODIUM INTRAVENOUS SOLUTION 6 MG/ML	3	B/D
pamidronate disodium intravenous solution reconstituted 30 mg, 90 mg	3	B/D
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	4	QL (1 ML per 180 days)
risedronate sodium oral tablet 150 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg	3	
risedronate sodium oral tablet 30 mg	4	
risedronate sodium oral tablet delayed release 35 mg	4	
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	5^	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	5^	PA
zoledronic acid intravenous concentrate 4 mg/5ml	4	B/D
zoledronic acid intravenous solution 4 mg/100ml, 5 mg/100ml	4	B/D
CHELATING AGENTS		
CHEMET ORAL CAPSULE 100 MG	4	
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	5^	PA
deferasirox oral tablet 180 mg, 360 mg, 90 mg	5^	PA
LOKELMA ORAL PACKET 10 GM, 5 GM	3	
penicillamine oral tablet 250 mg	5^	

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
sodium polystyrene sulfonate oral powder	3	
sps oral suspension 15 gm/60ml	3	
trientine hcl oral capsule 250 mg	5^	PA
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	3	
CONTRACEPTIVES		
afirmelle oral tablet 0.1-20 mg-mcg	2	
altavera oral tablet 0.15-30 mg-mcg	2	
alyacen 1/35 oral tablet 1-35 mg-mcg	2	
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	2	
apri oral tablet 0.15-30 mg-mcg	2	
aranelle oral tablet 0.5/1/0.5-35 mg-mcg	3	
aubra eq oral tablet 0.1-20 mg-mcg	2	
aurovela 1/20 oral tablet 1-20 mg-mcg	2	
aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg	2	
aurovela fe 1/20 oral tablet 1-20 mg-mcg	2	
aviane oral tablet 0.1-20 mg-mcg	2	
ayuna oral tablet 0.15-30 mg-mcg	2	
azurette oral tablet 0.15-0.02/0.01 mg (21/5)	3	
balziva oral tablet 0.4-35 mg-mcg	3	
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	2	
briellyn oral tablet 0.4-35 mg-mcg	3	
camila oral tablet 0.35 mg	2	
caziant oral tablet 0.1/0.125/0.15 -0.025 mg	2	
chateal oral tablet 0.15-30 mg-mcg	2	
cryselle-28 oral tablet 0.3-30 mg-mcg	2	
cyred eq oral tablet 0.15-30 mg-mcg	2	
dasetta 1/35 oral tablet 1-35 mg-mcg	2	
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	2	
deblitane oral tablet 0.35 mg	2	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	3	
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	2	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	3	
elinest oral tablet 0.3-30 mg-mcg	2	

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
ELLA ORAL TABLET 30 MG	3	
eluryng vaginal ring 0.12-0.015 mg/24hr	4	
emoquette oral tablet 0.15-30 mg-mcg	2	
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	2	
enskyce oral tablet 0.15-30 mg-mcg	2	
errin oral tablet 0.35 mg	2	
estarylla oral tablet 0.25-35 mg-mcg	2	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	2	
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	3	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	4	
falmina oral tablet 0.1-20 mg-mcg	2	
femynor oral tablet 0.25-35 mg-mcg	2	
hailey 1.5/30 oral tablet 1.5-30 mg-mcg	2	
heather oral tablet 0.35 mg	2	
iclevia oral tablet 0.15-0.03 mg	3	
incassia oral tablet 0.35 mg	2	
introvale oral tablet 0.15-0.03 mg	3	
isibloom oral tablet 0.15-30 mg-mcg	2	
jasmiel oral tablet 3-0.02 mg	3	
jolessa oral tablet 0.15-0.03 mg	3	
juleber oral tablet 0.15-30 mg-mcg	2	
junel 1.5/30 oral tablet 1.5-30 mg-mcg	2	
junel 1/20 oral tablet 1-20 mg-mcg	2	
junel fe 1.5/30 oral tablet 1.5-30 mg-mcg	2	
junel fe 1/20 oral tablet 1-20 mg-mcg	2	
kariva oral tablet 0.15-0.02/0.01 mg (21/5)	3	
kelnor 1/35 oral tablet 1-35 mg-mcg	2	
kelnor 1/50 oral tablet 1-50 mg-mcg	3	
kurvelo oral tablet 0.15-30 mg-mcg	2	
larin 1.5/30 oral tablet 1.5-30 mg-mcg	2	
larin 1/20 oral tablet 1-20 mg-mcg	2	
larin fe 1.5/30 oral tablet 1.5-30 mg-mcg	2	
larin fe 1/20 oral tablet 1-20 mg-mcg	2	
larissia oral tablet 0.1-20 mg-mcg	2	

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
leena oral tablet 0.5/1/0.5-35 mg-mcg	3	
lessina oral tablet 0.1-20 mg-mcg	2	
levonest oral tablet 50-30/75-40/ 125-30 mcg	2	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	3	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	2	
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	2	
levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg	2	
lillow oral tablet 0.15-30 mg-mcg	2	
loestrin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	2	
loestrin 1/20 (21) oral tablet 1-20 mg-mcg	2	
loestrin fe 1.5/30 oral tablet 1.5-30 mg-mcg	2	
loestrin fe 1/20 oral tablet 1-20 mg-mcg	2	
loryna oral tablet 3-0.02 mg	3	
low-ogestrel oral tablet 0.3-30 mg-mcg	2	
lutera oral tablet 0.1-20 mg-mcg	2	
lyleq oral tablet 0.35 mg	2	
lyza oral tablet 0.35 mg	2	
marlissa oral tablet 0.15-30 mg-mcg	2	
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	3	
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	3	
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg	2	
microgestin 1/20 oral tablet 1-20 mg-mcg	2	
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	2	
microgestin fe 1/20 oral tablet 1-20 mg-mcg	2	
mili oral tablet 0.25-35 mg-mcg	2	
mono-linyah oral tablet 0.25-35 mg-mcg	2	
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	2	
nikki oral tablet 3-0.02 mg	3	
nora-be oral tablet 0.35 mg	2	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg	2	

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	2	
norethindrone oral tablet 0.35 mg	2	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	2	
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	3	
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	2	
norlyroc oral tablet 0.35 mg	2	
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	2	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	2	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	2	
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	2	
nylia 1/35 oral tablet 1-35 mg-mcg	2	
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	2	
nymyo oral tablet 0.25-35 mg-mcg	2	
ocella oral tablet 3-0.03 mg	3	
orsythia oral tablet 0.1-20 mg-mcg	2	
philith oral tablet 0.4-35 mg-mcg	3	
pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)	3	
pirmella 1/35 oral tablet 1-35 mg-mcg	2	
portia-28 oral tablet 0.15-30 mg-mcg	2	
previfem oral tablet 0.25-35 mg-mcg	2	
reclipsen oral tablet 0.15-30 mg-mcg	2	
setlakin oral tablet 0.15-0.03 mg	3	
sharobel oral tablet 0.35 mg	2	
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	3	
sprintec 28 oral tablet 0.25-35 mg-mcg	2	
sronyx oral tablet 0.1-20 mg-mcg	2	
syeda oral tablet 3-0.03 mg	3	
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	2	
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	4	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg	2	
tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg	4	
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
05/01/2022

Drug Name	Drug Tier	Requirements / Limits
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	3	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	3	
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	3	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	3	
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg	2	
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	2	
tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg	2	
trivora (28) oral tablet 50-30/75-40/ 125-30 mcg	2	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	3	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg	2	
velivet oral tablet 0.1/0.125/0.15 -0.025 mg	2	
vestura oral tablet 3-0.02 mg	3	
vienva oral tablet 0.1-20 mg-mcg	2	
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	3	
vyfemla oral tablet 0.4-35 mg-mcg	3	
vylibra oral tablet 0.25-35 mg-mcg	2	
wera oral tablet 0.5-35 mg-mcg	2	
xulane transdermal patch weekly 150-35 mcg/24hr	4	
zafemy transdermal patch weekly 150-35 mcg/24hr	4	
zovia 1/35 (28) oral tablet 1-35 mg-mcg	2	
zumandimine oral tablet 3-0.03 mg	3	
ENDOMETRIOSIS		
danazol oral capsule 100 mg, 200 mg, 50 mg	4	
SYNAREL NASAL SOLUTION 2 MG/ML	5^	
ESTROGENS		
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	3	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	4	
dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	3	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	2	
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	3	

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	3	
estradiol vaginal cream 0.1 mg/gm	3	
estradiol vaginal tablet 10 mcg	4	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	4	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	3	
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	3	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	3	
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG	3	
jinteli oral tablet 1-5 mg-mcg	3	
lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	3	
mimvey oral tablet 1-0.5 mg	3	
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	
PREMARIN VAGINAL CREAM 0.625 MG/GM	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
yuvafem vaginal tablet 10 mcg	4	
GLUCOCORTICOIDS		
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	4	
dexamethasone oral elixir 0.5 mg/5ml	3	
dexamethasone oral solution 0.5 mg/5ml	3	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	3	
dexamethasone sod phosphate pf injection solution 10 mg/ml	3	
dexamethasone sodium phosphate injection solution 10 mg/ml, 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml	3	
fludrocortisone acetate oral tablet 0.1 mg	2	

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	3	
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	3	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	3	
methylprednisolone oral tablet therapy pack 4 mg	2	
methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg	3	
prednisolone oral solution 15 mg/5ml	2	
prednisolone sodium phosphate oral solution 15 mg/5ml	2	
prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml	3	
prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg	2	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	4	
prednisone oral solution 5 mg/5ml	4	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	2	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	3	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG, 250 MG, 500 MG	4	
GLUCOSE ELEVATING AGENTS		
diazoxide oral suspension 50 mg/ml	5^	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	3	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	3	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML	3	
MISCELLANEOUS		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML	5^	PA; LA
betaine oral powder	5^	LA
cabergoline oral tablet 0.5 mg	3	
CARBAGLU ORAL TABLET 200 MG	5^	PA; LA
CARBAGLU ORAL TABLET SOLUBLE 200 MG	5^	PA; LA
carglumic acid oral tablet 200 mg	5^	PA; LA
carglumic acid oral tablet soluble 200 mg	5^	PA; LA

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
CERDELGA ORAL CAPSULE 84 MG	5^	PA
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	5^	PA; LA
cinacalcet hcl oral tablet 30 mg	4	B/D; QL (120 EA per 30 days)
cinacalcet hcl oral tablet 60 mg	5^	B/D; QL (60 EA per 30 days)
cinacalcet hcl oral tablet 90 mg	5^	B/D; QL (120 EA per 30 days)
CYSTADANE ORAL POWDER	5^	LA
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	PA; LA
desmopressin ace spray refrig nasal solution 0.01 %	4	
desmopressin acetate injection solution 4 mcg/ml	5^	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	3	
desmopressin acetate pf injection solution 4 mcg/ml	5^	
desmopressin acetate spray nasal solution 0.01 %	4	
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG	5^	PA; LA
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.6 MG, 1.8 MG, 2 MG	5^	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 1.4 MG	5^	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	5^	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG	5^	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 5 MG	5^	PA
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 12 MG	5^	PA
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG	5^	PA
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	5^	PA; LA
KORLYM ORAL TABLET 300 MG	5^	PA; LA
levocarnitine oral solution 1 gm/10ml	4	B/D
levocarnitine oral tablet 330 mg	3	B/D
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	5^	PA; LA
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG	5^	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
05/01/2022

Drug Name	Drug Tier	Requirements / Limits
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (PED)	5^	PA
miglustat oral capsule 100 mg	5^	PA; QL (90 EA per 30 days)
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML	5^	PA; LA
nitisinone oral capsule 10 mg, 2 mg, 5 mg	5^	PA
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	4	PA
octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml	5^	PA
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml	4	PA
octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml	5^	PA
raloxifene hcl oral tablet 60 mg	3	
sapropterin dihydrochloride oral packet 100 mg, 500 mg	5^	PA
sapropterin dihydrochloride oral tablet 100 mg	5^	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	5^	PA; LA
sodium phenylbutyrate oral powder 3 gm/tsp	5^	PA
sodium phenylbutyrate oral tablet 500 mg	5^	PA
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML	5^	PA-NS
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	5^	PA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5^	PA; LA
tolvaptan oral tablet 15 mg, 30 mg	5^	PA
PHOSPHATE BINDER AGENTS		
calcium acetate (phos binder) oral capsule 667 mg	3	QL (360 EA per 30 days)
calcium acetate oral tablet 667 mg	3	QL (360 EA per 30 days)
sevelamer carbonate oral packet 0.8 gm	5^	QL (540 EA per 30 days)
sevelamer carbonate oral packet 2.4 gm	4	QL (180 EA per 30 days)
sevelamer carbonate oral tablet 800 mg	4	QL (540 EA per 30 days)
VELPHORO ORAL TABLET CHEWABLE 500 MG	4	
PROGESTINS		
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	1	

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
megestrol acetate oral suspension 40 mg/ml	3	
megestrol acetate oral suspension 625 mg/5ml	4	PA
norethindrone acetate oral tablet 5 mg	3	
progesterone oral capsule 100 mg, 200 mg	3	
THYROID AGENTS		
euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	3	
methimazole oral tablet 10 mg, 5 mg	1	
propylthiouracil oral tablet 50 mg	3	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	4	
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
VITAMIN D ANALOGS		
calcitriol intravenous solution 1 mcg/ml	4	B/D
calcitriol oral capsule 0.25 mcg, 0.5 mcg	2	B/D
calcitriol oral solution 1 mcg/ml	4	B/D
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	4	B/D
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	4	B/D
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG	5^	
GASTROINTESTINAL		
ANTIEMETICS		
aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg	4	B/D
compro rectal suppository 25 mg	4	

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	4	B/D; QL (60 EA per 30 days)
granisetron hcl intravenous solution 1 mg/ml	3	
granisetron hcl intravenous solution 4 mg/4ml	4	
granisetron hcl oral tablet 1 mg	4	B/D
meclizine hcl oral tablet 12.5 mg, 25 mg	2	
metoclopramide hcl injection solution 5 mg/ml	3	
metoclopramide hcl oral solution 5 mg/5ml	3	
metoclopramide hcl oral tablet 10 mg, 5 mg	1	
ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml	3	
ondansetron hcl injection solution prefilled syringe 4 mg/2ml	3	
ondansetron hcl oral solution 4 mg/5ml	4	
ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg	3	
ondansetron oral tablet dispersible 4 mg, 8 mg	3	
prochlorperazine edisylate injection solution 10 mg/2ml	4	
prochlorperazine maleate oral tablet 10 mg, 5 mg	2	
prochlorperazine rectal suppository 25 mg	4	
promethazine hcl injection solution 25 mg/ml, 50 mg/ml	3	PA; PA if 70 years and older
promethazine hcl oral syrup 6.25 mg/5ml	3	PA; PA if 70 years and older
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	3	PA; PA if 70 years and older
scopolamine transdermal patch 72 hour 1 mg/3days	4	PA; PA if 70 years and older; QL (10 EA per 30 days)
ANTISPASMODICS		
dicyclomine hcl oral capsule 10 mg	3	
dicyclomine hcl oral solution 10 mg/5ml	4	
dicyclomine hcl oral tablet 20 mg	3	
glycopyrrolate oral tablet 1 mg, 2 mg	3	
H2-RECEPTOR ANTAGONISTS		
famotidine (pf) intravenous solution 20 mg/2ml	3	
famotidine intravenous solution 20 mg/2ml, 200 mg/20ml, 40 mg/4ml	3	
famotidine oral suspension reconstituted 40 mg/5ml	4	QL (300 ML per 30 days)
famotidine oral tablet 20 mg	1	QL (120 EA per 30 days)
famotidine oral tablet 40 mg	1	QL (60 EA per 30 days)

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
famotidine premixed intravenous solution 20-0.9 mg/50ml-%	3	
nizatidine oral capsule 150 mg, 300 mg	4	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium oral capsule 750 mg	3	
budesonide er oral tablet extended release 24 hour 9 mg	5^	PA
budesonide oral capsule delayed release particles 3 mg	4	PA
hydrocortisone rectal enema 100 mg/60ml	4	
mesalamine er oral capsule extended release 24 hour 0.375 gm	4	QL (120 EA per 30 days)
mesalamine oral capsule delayed release 400 mg	4	QL (180 EA per 30 days)
mesalamine oral tablet delayed release 1.2 gm, 800 mg	4	
mesalamine rectal enema 4 gm	4	
mesalamine rectal suppository 1000 mg	4	
mesalamine-cleanser rectal kit 4 gm	4	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	4	QL (480 EA per 30 days)
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG	5^	QL (240 EA per 30 days)
sulfasalazine oral tablet 500 mg	2	
sulfasalazine oral tablet delayed release 500 mg	3	
LAXATIVES		
constulose oral solution 10 gm/15ml	3	
enulose oral solution 10 gm/15ml	3	
gavilyte-c oral solution reconstituted 240 gm	2	
gavilyte-g oral solution reconstituted 236 gm	2	
gavilyte-n with flavor pack oral solution reconstituted 420 gm	2	
generlac oral solution 10 gm/15ml	3	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	3	
lactulose encephalopathy oral solution 10 gm/15ml	3	
lactulose oral solution 10 gm/15ml	3	
NULYTELY LEMON-LIME ORAL SOLUTION RECONSTITUTED 420 GM	3	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	2	
peg-3350/electrolytes oral solution reconstituted 236 gm	2	

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM	4	
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	4	
MISCELLANEOUS		
alosetron hcl oral tablet 0.5 mg	4	PA; QL (60 EA per 30 days)
alosetron hcl oral tablet 1 mg	5^	PA; QL (60 EA per 30 days)
AMITIZA ORAL CAPSULE 24 MCG	4	QL (60 EA per 30 days)
AMITIZA ORAL CAPSULE 8 MCG	4	QL (180 EA per 30 days)
CARAFATE ORAL SUSPENSION 1 GM/10ML	4	PA
cromolyn sodium oral concentrate 100 mg/5ml	4	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	4	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	3	
GATTEX SUBCUTANEOUS KIT 5 MG	5^	PA; LA
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	4	QL (30 EA per 30 days)
loperamide hcl oral capsule 2 mg	3	
lubiprostone oral capsule 24 mcg	4	QL (60 EA per 30 days)
lubiprostone oral capsule 8 mcg	4	QL (180 EA per 30 days)
misoprostol oral tablet 100 mcg, 200 mcg	3	
MOVANTIK ORAL TABLET 12.5 MG	3	QL (60 EA per 30 days)
MOVANTIK ORAL TABLET 25 MG	3	QL (30 EA per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE), 8 MG/0.4ML	5^	PA
sucralfate oral suspension 1 gm/10ml	4	PA
sucralfate oral tablet 1 gm	3	
ursodiol oral capsule 300 mg	3	
ursodiol oral tablet 250 mg, 500 mg	4	
XERMELO ORAL TABLET 250 MG	5^	PA; LA; QL (90 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	5^	PA
PANCREATIC ENZYMES		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	3	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	4	

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
PROTON PUMP INHIBITORS		
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG	4	
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	4	ST
lansoprazole oral capsule delayed release 15 mg, 30 mg	3	
lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg	4	ST
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	2	
pantoprazole sodium intravenous solution reconstituted 40 mg	3	
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	2	
PRILOSEC ORAL PACKET 10 MG, 2.5 MG	4	
rabeprazole sodium oral tablet delayed release 20 mg	3	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	2	QL (30 EA per 30 days)
dutasteride oral capsule 0.5 mg	3	QL (30 EA per 30 days)
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	4	QL (30 EA per 30 days)
finasteride oral tablet 5 mg	1	
silodosin oral capsule 4 mg, 8 mg	3	QL (30 EA per 30 days)
tamsulosin hcl oral capsule 0.4 mg	2	
MISCELLANEOUS		
acetic acid irrigation solution 0.25 %	2	
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	3	
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	4	
URINARY ANTISPASMODICS		
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg	4	ST; QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	4	QL (300 ML per 28 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	4	QL (30 EA per 30 days)
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg	3	QL (60 EA per 30 days)

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
oxybutynin chloride er oral tablet extended release 24 hour 5 mg	3	QL (30 EA per 30 days)
oxybutynin chloride oral syrup 5 mg/5ml	3	
oxybutynin chloride oral tablet 5 mg	3	
solifenacin succinate oral tablet 10 mg, 5 mg	4	QL (30 EA per 30 days)
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	4	ST; QL (30 EA per 30 days)
tolterodine tartrate oral tablet 1 mg, 2 mg	4	ST; QL (60 EA per 30 days)
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	3	QL (30 EA per 30 days)
trospium chloride er oral capsule extended release 24 hour 60 mg	2	
trospium chloride oral tablet 20 mg	3	QL (60 EA per 30 days)
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal cream 2 %	3	
metronidazole vaginal gel 0.75 %	3	
terconazole vaginal cream 0.4 %, 0.8 %	3	
terconazole vaginal suppository 80 mg	3	
vandazole vaginal gel 0.75 %	3	
HEMATOLOGIC		
ANTICOAGULANTS		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	3	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (74 EA per 30 days)
enoxaparin sodium injection solution 300 mg/3ml	4	
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml	4	
enoxaparin sodium subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml	4	
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml	5^	
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	4	
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 25000-0.45 UT/250ML-%, 25000-0.45 UT/500ML-%	3	

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%	3	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	3	B/D
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
PRADAXA ORAL CAPSULE 110 MG	4	QL (120 EA per 30 days)
PRADAXA ORAL CAPSULE 150 MG, 75 MG	4	QL (60 EA per 30 days)
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	3	QL (620 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	3	QL (51 EA per 30 days)
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	5^	PA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5^	PA
MISCELLANEOUS		
anagrelide hcl oral capsule 0.5 mg, 1 mg	4	
BERINERT INTRAVENOUS KIT 500 UNIT	5^	PA; LA; QL (24 EA per 30 days)
cilostazol oral tablet 100 mg, 50 mg	2	
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	5^	PA; LA; QL (20 EA per 30 days)
DOPTELET ORAL TABLET 20 MG, 20 MG (10 PACK), 20 MG(15 PACK)	5^	PA; LA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	3	
ENDARI ORAL PACKET 5 GM	5^	PA; LA
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	5^	PA; LA; QL (30 EA per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	5^	PA; LA; QL (20 EA per 30 days)
icatibant acetate subcutaneous solution 30 mg/3ml	5^	PA; QL (27 ML per 30 days)

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
pentoxifylline er oral tablet extended release 400 mg	2	
PROMACTA ORAL PACKET 12.5 MG	5^	PA; LA; QL (360 EA per 30 days)
PROMACTA ORAL PACKET 25 MG	5^	PA; LA; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	5^	PA; LA; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	5^	PA; LA; QL (60 EA per 30 days)
sajazir subcutaneous solution 30 mg/3ml	5^	PA; QL (27 ML per 30 days)
tranexamic acid intravenous solution 1000 mg/10ml	4	
tranexamic acid oral tablet 650 mg	3	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	4	
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
clopidogrel bisulfate oral tablet 75 mg	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	3	PA; PA if 70 years and older
prasugrel hcl oral tablet 10 mg, 5 mg	3	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	5^	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5^	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	5^	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	5^	PA; QL (16 EA per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	5^	PA; QL (8 ML per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	5^	PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	5^	PA; QL (6 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5^	PA; QL (4 EA per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	5^	PA
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5^	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
05/01/2022

Drug Name	Drug Tier	Requirements / Limits
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5^	PA
HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	5^	PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	5^	PA; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	5^	PA; QL (6 EA per 28 days)
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5^	PA; LA
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5^	PA
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5^	PA; LA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	5^	PA; QL (30 EA per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG	5^	PA; QL (30 EA per 30 days)
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	5^	PA; QL (7 EA per 365 days)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5^	PA; QL (7 ML per 365 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5^	PA; QL (7 ML per 365 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5^	PA; LA; QL (1 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	5^	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	5^	PA; QL (1 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	5^	PA; LA; QL (3 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	5^	PA; LA; QL (3 ML per 28 days)
XELJANZ ORAL SOLUTION 1 MG/ML	5^	PA; QL (240 ML per 24 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	5^	PA; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	5^	PA; QL (30 EA per 30 days)
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate oral tablet 200 mg	2	
leflunomide oral tablet 10 mg, 20 mg	3	QL (30 EA per 30 days)

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
methotrexate oral tablet 2.5 mg	2	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	4	
XATMEP ORAL SOLUTION 2.5 MG/ML	4	
IMMUNOGLOBULINS		
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	5^	PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	5^	PA
GAMASTAN INTRAMUSCULAR INJECTABLE	4	B/D
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	5^	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	5^	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	5^	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	5^	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	5^	PA
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML	5^	PA
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	5^	PA
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	5^	PA
IMMUNOMODULATORS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	5^	PA-NS; LA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	5^	PA
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	5^	B/D

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
05/01/2022

Drug Name	Drug Tier	Requirements / Limits
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT	3	B/D
INTRON A INJECTION SOLUTION RECONSTITUTED 18000000 UNIT	4	B/D
INTRON A INJECTION SOLUTION RECONSTITUTED 50000000 UNIT	5^	B/D
IMMUNOSUPPRESSANTS		
azathioprine oral tablet 50 mg	3	B/D
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG	5^	PA
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	5^	PA; QL (8 ML per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	5^	PA; QL (8 ML per 28 days)
cyclosporine intravenous solution 50 mg/ml	4	B/D
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	4	B/D
cyclosporine modified oral solution 100 mg/ml	4	B/D
cyclosporine oral capsule 100 mg, 25 mg	4	B/D
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	5^	B/D
gengraf oral capsule 100 mg, 25 mg	4	B/D
gengraf oral solution 100 mg/ml	4	B/D
mycophenolate mofetil oral capsule 250 mg	3	B/D
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	5^	B/D
mycophenolate mofetil oral tablet 500 mg	3	B/D
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	4	B/D
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	5^	B/D
PROGRAF ORAL PACKET 0.2 MG, 1 MG	4	B/D
REZUROCK ORAL TABLET 200 MG	5^	PA-NS; LA
SANDIMMUNE ORAL SOLUTION 100 MG/ML	3	B/D
sirolimus oral solution 1 mg/ml	5^	B/D
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	4	B/D
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	4	B/D
ZORTRESS ORAL TABLET 1 MG	5^	B/D

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
VACCINES		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	3	NM
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	3	NM
BCG VACCINE INJECTION INJECTABLE	3	NM
BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG	3	NM
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	NM
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	3	NM
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	3	NM
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	3	NM
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	NM
DIPHTHERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION 25-5 LFU/0.5ML	3	B/D; NM
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	3	B/D; NM
GARDASIL 9 INTRAMUSCULAR SUSPENSION	3	NM
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	NM
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	3	NM
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	3	NM
IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML	3	B/D; NM
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	3	NM
IPOL INJECTION INJECTABLE	3	NM
IXIARO INTRAMUSCULAR SUSPENSION	3	NM
KINRIX INTRAMUSCULAR SUSPENSION	3	NM
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	NM
MENACTRA INTRAMUSCULAR SOLUTION	3	NM
MENQUADFI INTRAMUSCULAR SOLUTION	3	NM
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	NM
M-M-R II INJECTION SOLUTION RECONSTITUTED	3	NM
PEDIARIX INTRAMUSCULAR SUSPENSION	3	NM

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

05/01/2022

Drug Name	Drug Tier	Requirements / Limits
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	NM
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	3	NM
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	NM
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML	3	B/D; NM
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	NM
QUADRACEL INTRAMUSCULAR SUSPENSION	3	NM
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	B/D; NM
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 10 MCG/ML (1ML SYRINGE), 40 MCG/ML, 5 MCG/0.5ML	3	B/D; NM
ROTARIX ORAL SUSPENSION RECONSTITUTED	3	NM
ROTATEQ ORAL SOLUTION	3	NM
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	NM; QL (2 EA per 999 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	3	B/D; NM
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	3	B/D; NM
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 2.4 MCG/0.5ML	3	NM
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	NM
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	3	NM
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML, 25 MCG/0.5ML (0.5ML SYRINGE)	3	NM
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	3	NM
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	3	NM
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	3	NM
YF-VAX SUBCUTANEOUS INJECTABLE	3	NM
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES/MINERALS, INJECTABLE		
DEXTROSE 5%/ELECTROLYTE #48 INTRAVENOUS SOLUTION	4	
dextrose in lactated ringers intravenous solution 5 %	3	
DEXTROSE-NACL INTRAVENOUS SOLUTION 10-0.2 %, 2.5-0.45 %	3	

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
dextrose-nacl intravenous solution 10-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %	3	
dextrose-sodium chloride intravenous solution 2.5-0.45 %, 5-0.225 %, 5-0.3 %	3	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	4	
ISOLYTE-S INTRAVENOUS SOLUTION	4	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	4	
kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%	3	
KCL IN DEXTROSE-NACL INTRAVENOUS SOLUTION 40-5-0.9 MEQ/L-%-%	4	
lactated ringers intravenous solution	3	
magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%	3	
MAGNESIUM SULFATE IN D5W SOLUTION 1-5 GM/100ML-% INTRAVENOUS 1-5 GM/100ML-%	3	
magnesium sulfate injection solution 50 %, 50 % (10ml syringe)	3	
magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml	3	
MAGNESIUM SULFATE SOLUTION 2 GM/50ML INTRAVENOUS 2 GM/50ML	3	
MAGNESIUM SULFATE SOLUTION 20 GM/500ML INTRAVENOUS 20 GM/500ML	3	
MAGNESIUM SULFATE SOLUTION 4 GM/100ML INTRAVENOUS 4 GM/100ML	3	
MAGNESIUM SULFATE SOLUTION 4 GM/50ML INTRAVENOUS 4 GM/50ML	3	
MAGNESIUM SULFATE SOLUTION 40 GM/1000ML INTRAVENOUS 40 GM/1000ML	3	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	4	
PLASMA-LYTE A INTRAVENOUS SOLUTION	4	
potassium chloride in dextrose intravenous solution 20-5 meq/l-%	3	
POTASSIUM CHLORIDE IN NACL INTRAVENOUS SOLUTION 20-0.45 MEQ/L-%, 40-0.9 MEQ/L-%	4	

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
potassium chloride in nacl intravenous solution 20-0.9 meq/l-%	3	
potassium chloride in nacl solution 20-0.45 meq/l-% intravenous 20-0.45 meq/l-%	3	
potassium chloride intravenous solution 10 meq/100ml, 20 meq/100ml, 40 meq/100ml	4	
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 10 MEQ/50ML, 20 MEQ/50ML	4	
potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)	3	
sodium chloride injection solution 2.5 meq/ml	3	
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %	3	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con 10 oral tablet extended release 10 meq	2	
klor-con m10 oral tablet extended release 10 meq	2	
klor-con m15 oral tablet extended release 15 meq	3	
klor-con m20 oral tablet extended release 20 meq	2	
klor-con oral packet 20 meq	4	
klor-con oral tablet extended release 8 meq	2	
M-NATAL PLUS ORAL TABLET 27-1 MG	3	
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	2	
potassium chloride crys er oral tablet extended release 15 meq	3	
potassium chloride er oral capsule extended release 10 meq, 8 meq	3	
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	2	
potassium chloride oral packet 20 meq	4	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	4	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27-1 MG	3	
PRENATAL VITAMIN WITH FOLIC ACID GREATER THAN 0.8 MG ORAL TABLET ORAL TABLET 27-1 MG	3	
sodium fluoride chew, tab, 1.1 (0.5 f) mg/ml soln oral tablet 2.2 (1 f) mg	2	

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
TRICARE ORAL TABLET	3	
IV NUTRITION		
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	4	B/D
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	4	B/D
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	4	B/D
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	4	B/D
CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION 6 %	4	B/D
CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 %	4	B/D
CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 %	4	B/D
clinisol sf intravenous solution 15 %	4	B/D
CLINOLIPID INTRAVENOUS EMULSION 20 %	4	B/D
dextrose intravenous solution 10 %, 5 %	3	
dextrose intravenous solution 50 %, 70 %	3	B/D
FREAMINE III INTRAVENOUS SOLUTION 10 %	4	B/D
hepatamine intravenous solution 8 %	4	B/D
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	B/D
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	B/D
plenamine intravenous solution 15 %	4	B/D
PREMASOL INTRAVENOUS SOLUTION 10 %	4	B/D
PROCALAMINE INTRAVENOUS SOLUTION 3 %	4	B/D
PROSOL INTRAVENOUS SOLUTION 20 %	4	B/D
TRAVASOL INTRAVENOUS SOLUTION 10 %	4	B/D
TROPHAMINE INTRAVENOUS SOLUTION 10 %	4	B/D
OPHTHALMIC		
ANTIALLERGICS		
azelastine hcl ophthalmic solution 0.05 %	3	
BEPREVE OPHTHALMIC SOLUTION 1.5 %	3	
cromolyn sodium ophthalmic solution 4 %	1	
LASTACAFT OPHTHALMIC SOLUTION 0.25 %	4	
olopatadine hcl ophthalmic solution 0.1 %	3	
ZERVIATE OPHTHALMIC SOLUTION 0.24 %	4	
ANTIGLAUCOMA		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
AZOPT OPHTHALMIC SUSPENSION 1 %	4	
betaxolol hcl ophthalmic solution 0.5 %	3	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	3	
brimonidine tartrate ophthalmic solution 0.15 %	4	
brimonidine tartrate ophthalmic solution 0.2 %	1	
carteolol hcl ophthalmic solution 1 %	2	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	3	
dorzolamide hcl ophthalmic solution 2 %	2	
dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml	3	
latanoprost ophthalmic solution 0.005 %	2	
levobunolol hcl ophthalmic solution 0.5 %	2	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	3	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	3	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	4	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	3	
timolol maleate (once-daily) ophthalmic solution 0.5 %	4	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	4	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	
travoprost (bak free) ophthalmic solution 0.004 %	4	
VYZULTA OPHTHALMIC SOLUTION 0.024 %	4	
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	3	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	4	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	2	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	2	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	4	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	2	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	3	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 %	3	

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	4	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	3	
ANTI-INFECTIVES		
bacitracin ophthalmic ointment 500 unit/gm	3	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	2	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	3	
CILOXAN OPHTHALMIC OINTMENT 0.3 %	3	
ciprofloxacin hcl ophthalmic solution 0.3 %	2	
erythromycin ophthalmic ointment 5 mg/gm	2	
gatifloxacin ophthalmic solution 0.5 %	2	
gentak ophthalmic ointment 0.3 %	3	
gentamicin sulfate ophthalmic solution 0.3 %	2	
moxifloxacin hcl ophthalmic solution 0.5 %	3	
NATACYN OPHTHALMIC SUSPENSION 5 %	4	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	3	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	3	
ofloxacin ophthalmic solution 0.3 %	2	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	1	
sulfacetamide sodium ophthalmic ointment 10 %	3	
sulfacetamide sodium ophthalmic solution 10 %	3	
tobramycin ophthalmic solution 0.3 %	1	
trifluridine ophthalmic solution 1 %	4	
ZIRGAN OPHTHALMIC GEL 0.15 %	4	
ANTI-INFLAMMATORIES		
ALREX OPHTHALMIC SUSPENSION 0.2 %	3	
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	4	
BROMSITE OPHTHALMIC SOLUTION 0.075 %	4	
dexamethasone sodium phosphate ophthalmic solution 0.1 %	3	
diclofenac sodium ophthalmic solution 0.1 %	2	
difluprednate ophthalmic emulsion 0.05 %	3	

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
FLAREX OPHTHALMIC SUSPENSION 0.1 %	4	
fluorometholone ophthalmic suspension 0.1 %	3	
flurbiprofen sodium ophthalmic solution 0.03 %	3	
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	3	
ketorolac tromethamine ophthalmic solution 0.4 %	3	
ketorolac tromethamine ophthalmic solution 0.5 %	2	
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	3	
loteprednol etabonate ophthalmic suspension 0.5 %	4	
prednisolone acetate ophthalmic suspension 1 %	3	
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1 %	3	
PROLENSA OPHTHALMIC SOLUTION 0.07 %	3	
MISCELLANEOUS		
ATROPINE SULFATE OPHTHALMIC SOLUTION 1 %	3	
atropine sulfate solution 1 % ophthalmic 1 %	3	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	5^	PA; LA
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	5^	PA; LA
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	3	
proparacaine hcl ophthalmic solution 0.5 %	3	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	
RESTASIS OPHTHALMIC EMULSION 0.05 %	3	
OTIC		
OTIC AGENTS		
acetic acid otic solution 2 %	3	
CIPRO HC OTIC SUSPENSION 0.2-1 %	4	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	3	
flac otic oil 0.01 %	2	
fluocinolone acetonide otic oil 0.01 %	2	
neomycin-polymyxin-hc otic solution 1 %	3	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	3	
ofloxacin otic solution 0.3 %	4	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH	3	QL (60 EA per 30 days)

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT	3	QL (10.7 GM per 30 days)
BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION 160-9-4.8 MCG/ACT	3	Institutional Pack (5.9g inhaler containing 28 inhalations); QL (23.6 GM per 28 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	3	Retail Inhalation Canister (10.7g inhaler containing 120 inhalations); QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	4	QL (8 GM per 30 days)
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	3	B/D
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH, 200-62.5-25 MCG/INH	3	QL (60 EA per 30 days)
ANTICHOLINERGICS		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	4	QL (25.8 GM per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH	3	QL (30 EA per 30 days)
ipratropium bromide inhalation solution 0.02 %	2	B/D
ipratropium bromide nasal solution 0.03 %, 0.06 %	3	
ANTIHISTAMINES		
azelastine hcl nasal solution 0.1 %, 0.15 %	3	
cetirizine hcl oral solution 1 mg/ml	2	
cyproheptadine hcl oral syrup 2 mg/5ml	3	PA; PA if 70 years and older
cyproheptadine hcl oral tablet 4 mg	3	PA; PA if 70 years and older
desloratadine oral tablet 5 mg	3	
diphenhydramine hcl injection solution 50 mg/ml	3	
hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml	4	PA; PA if 70 years and older
hydroxyzine hcl oral syrup 10 mg/5ml	3	PA; PA if 70 years and older
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	2	PA; PA if 70 years and older
hydroxyzine pamoate oral capsule 25 mg, 50 mg	2	PA; PA if 70 years and older
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	4	
levocetirizine dihydrochloride oral tablet 5 mg	3	
olopatadine hcl nasal solution 0.6 %	4	

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05/01/2022

Drug Name	Drug Tier	Requirements / Limits
BETA AGONISTS		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act inhalation aerosol solution 108 (90 base) mcg/act	3	(generic of Proair HFA); QL (17 GM per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act inhalation aerosol solution 108 (90 base) mcg/act (nda020503)	3	(generic of Proventil HFA); QL (13.4 GM per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act inhalation aerosol solution 108 (90 base) mcg/act (nda020983)	3	(generic of Ventolin HFA); QL (36 GM per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%	2	B/D
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	3	B/D
albuterol sulfate oral syrup 2 mg/5ml	2	
albuterol sulfate oral tablet 2 mg, 4 mg	4	
arformoterol tartrate inhalation nebulization solution 15 mcg/2ml	4	B/D
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML	5^	B/D
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	4	B/D
levalbuterol tartrate inhalation aerosol 45 mcg/act	3	QL (30 GM per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	3	QL (60 EA per 30 days)
terbutaline sulfate oral tablet 2.5 mg, 5 mg	4	
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION 108 (90 BASE) MCG/ACT	3	QL (48 GM per 30 days)
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	3	QL (36 GM per 30 days)
LEUKOTRIENE MODULATORS		
montelukast sodium oral packet 4 mg	4	
montelukast sodium oral tablet 10 mg	2	
montelukast sodium oral tablet chewable 4 mg, 5 mg	3	
zafirlukast oral tablet 10 mg, 20 mg	3	
MISCELLANEOUS		
acetylcysteine inhalation solution 10 %, 20 %	3	B/D

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
05/01/2022

Drug Name	Drug Tier	Requirements / Limits
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	5^	PA; LA
cromolyn sodium inhalation nebulization solution 20 mg/2ml	3	B/D
DALIRESP ORAL TABLET 250 MCG, 500 MCG	4	
epinephrine injection solution 0.3 mg/0.3ml	3	(generic of Adrenaclick)
epinephrine injection solution auto-injector 0.15 mg/0.15ml	3	(generic of Adrenaclick)
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	3	(generic of EpiPen)
ESBRIET ORAL CAPSULE 267 MG	5^	PA; QL (270 EA per 30 days)
ESBRIET ORAL TABLET 267 MG	5^	PA; QL (270 EA per 30 days)
ESBRIET ORAL TABLET 801 MG	5^	PA; QL (90 EA per 30 days)
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	5^	PA; LA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	5^	PA; LA
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	5^	PA; QL (56 EA per 28 days)
KALYDECO ORAL TABLET 150 MG	5^	PA; QL (60 EA per 30 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5^	PA; LA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5^	PA; LA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	5^	PA; LA
OFEV ORAL CAPSULE 100 MG, 150 MG	5^	PA; QL (60 EA per 30 days)
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	5^	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5^	PA; QL (112 EA per 28 days)
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	5^	PA; LA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5^	PA; LA
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5^	PA
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	5^	PA; LA; QL (56 EA per 28 days)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG	4	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
05/01/2022

Drug Name	Drug Tier	Requirements / Limits
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	3	
theophylline oral solution 80 mg/15ml	4	
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	5^	PA; LA; QL (84 EA per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	5^	PA; LA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	5^	PA; LA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5^	PA; LA
NASAL STEROIDS		
flunisolide nasal solution 25 mcg/act (0.025%)	3	QL (75 ML per 30 days)
fluticasone propionate nasal suspension 50 mcg/act	2	QL (16 GM per 30 days)
mometasone furoate nasal suspension 50 mcg/act	4	QL (34 GM per 30 days)
OMNARIS NASAL SUSPENSION 50 MCG/ACT	4	QL (12.5 GM per 30 days)
STEROID INHALANTS		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	QL (30 EA per 30 days)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	4	B/D
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST	3	QL (240 EA per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/BLIST	3	QL (180 EA per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	3	QL (24 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	3	QL (21.2 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT	4	QL (2 EA per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT	4	QL (3 EA per 30 days)
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 100-50 MCG/DOSE, 250-50 MCG/ACT, 250-50 MCG/DOSE, 500-50 MCG/ACT, 500-50 MCG/DOSE	3	QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	QL (12 GM per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	3	QL (60 EA per 30 days)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	3	QL (10.2 GM per 30 days)
TOPICAL		
DERMATOLOGY, ACNE		
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	PA
amnesteem oral capsule 10 mg, 20 mg, 40 mg	4	PA
avita external cream 0.025 %	4	PA; QL (45 GM per 30 days)
avita external gel 0.025 %	4	PA; QL (45 GM per 30 days)
benzoyl peroxide-erythromycin external gel 5-3 %	4	QL (46.6 GM per 30 days)
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	PA
clindamycin phosphate external gel 1 %	4	QL (75 GM per 30 days)
clindamycin phosphate external lotion 1 %	3	QL (60 ML per 30 days)
clindamycin phosphate external solution 1 %	3	QL (60 ML per 30 days)
ery external pad 2 %	3	QL (60 EA per 30 days)
erythromycin external solution 2 %	3	QL (60 ML per 30 days)
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	PA
myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	PA
sulfacetamide sodium (acne) external lotion 10 %	4	QL (118 ML per 30 days)
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	4	PA; QL (45 GM per 30 days)
tretinoin external gel 0.01 %, 0.025 %	4	PA; QL (45 GM per 30 days)
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate external cream 0.1 %	4	QL (30 GM per 30 days)
gentamicin sulfate external ointment 0.1 %	3	QL (30 GM per 30 days)
mupirocin external ointment 2 %	2	QL (220 GM per 30 days)
silver sulfadiazine external cream 1 %	2	
ssd external cream 1 %	2	
SULFAMYLON EXTERNAL CREAM 85 MG/GM	4	QL (453.6 GM per 30 days)
DERMATOLOGY, ANTIFUNGALS		
ciclopirox olamine external cream 0.77 %	3	QL (90 GM per 30 days)
ciclopirox olamine external suspension 0.77 %	3	QL (60 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
05/01/2022

Drug Name	Drug Tier	Requirements / Limits
clotrimazole external cream 1 %	3	QL (45 GM per 30 days)
clotrimazole external solution 1 %	2	QL (30 ML per 30 days)
clotrimazole-betamethasone external cream 1-0.05 %	3	QL (45 GM per 30 days)
JUBLIA EXTERNAL SOLUTION 10 %	5^	QL (8 ML per 30 days)
ketoconazole external cream 2 %	3	QL (60 GM per 30 days)
nyamyc external powder 100000 unit/gm	3	QL (60 GM per 30 days)
nystatin external cream 100000 unit/gm	3	QL (30 GM per 30 days)
nystatin external ointment 100000 unit/gm	3	QL (30 GM per 30 days)
nystatin external powder 100000 unit/gm	3	QL (60 GM per 30 days)
nystop external powder 100000 unit/gm	3	QL (60 GM per 30 days)
oxiconazole nitrate external cream 1 %	4	PA; QL (90 GM per 30 days)
DERMATOLOGY, ANTIPSORIATICS		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	4	PA
calcipotriene external ointment 0.005 %	4	PA; QL (120 GM per 30 days)
calcipotriene external solution 0.005 %	4	PA; QL (120 ML per 30 days)
calcitrene external ointment 0.005 %	4	PA; QL (120 GM per 30 days)
tazarotene external cream 0.1 %	3	PA; QL (60 GM per 30 days)
TAZORAC EXTERNAL CREAM 0.05 %	4	PA; QL (60 GM per 30 days)
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole external shampoo 2 %	2	QL (120 ML per 30 days)
selenium sulfide external lotion 2.5 %	2	
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort external cream 1 %	1	
ala-cort external cream 2.5 %	2	
alclometasone dipropionate external cream 0.05 %	3	QL (60 GM per 30 days)
alclometasone dipropionate external ointment 0.05 %	3	QL (60 GM per 30 days)
betamethasone dipropionate aug external cream 0.05 %	2	QL (120 GM per 30 days)
betamethasone dipropionate aug external gel 0.05 %	4	QL (120 GM per 30 days)
betamethasone dipropionate aug external lotion 0.05 %	4	QL (120 ML per 30 days)
betamethasone dipropionate aug external ointment 0.05 %	4	QL (120 GM per 30 days)
betamethasone dipropionate external cream 0.05 %	3	QL (120 GM per 30 days)
betamethasone dipropionate external lotion 0.05 %	3	QL (120 ML per 30 days)
betamethasone dipropionate external ointment 0.05 %	4	QL (120 GM per 30 days)
betamethasone valerate external cream 0.1 %	3	QL (120 GM per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
05/01/2022

Drug Name	Drug Tier	Requirements / Limits
betamethasone valerate external lotion 0.1 %	3	QL (120 ML per 30 days)
betamethasone valerate external ointment 0.1 %	3	QL (120 GM per 30 days)
clobetasol prop emollient base external cream 0.05 %	4	QL (60 GM per 30 days)
clobetasol propionate e external cream 0.05 %	3	QL (60 GM per 30 days)
clobetasol propionate external cream 0.05 %	4	QL (60 GM per 30 days)
clobetasol propionate external gel 0.05 %	4	QL (60 GM per 30 days)
clobetasol propionate external ointment 0.05 %	4	QL (60 GM per 30 days)
clobetasol propionate external shampoo 0.05 %	4	QL (118 ML per 30 days)
clobetasol propionate external solution 0.05 %	4	QL (50 ML per 30 days)
clodan external shampoo 0.05 %	4	QL (118 ML per 30 days)
desonide external cream 0.05 %	3	QL (60 GM per 30 days)
desonide external lotion 0.05 %	4	QL (118 ML per 30 days)
desonide external ointment 0.05 %	4	QL (60 GM per 30 days)
ENSTILAR EXTERNAL FOAM 0.005-0.064 %	4	PA; QL (120 GM per 30 days)
fluocinolone acetonide body external oil 0.01 %	3	QL (118.28 ML per 30 days)
fluocinolone acetonide external cream 0.01 %	4	QL (60 GM per 30 days)
fluocinolone acetonide external cream 0.025 %	4	QL (120 GM per 30 days)
fluocinolone acetonide external ointment 0.025 %	3	QL (120 GM per 30 days)
fluocinolone acetonide external solution 0.01 %	4	QL (90 ML per 30 days)
fluocinolone acetonide scalp external oil 0.01 %	3	QL (118.28 ML per 30 days)
fluocinonide emulsified base external cream 0.05 %	3	QL (120 GM per 30 days)
fluocinonide external cream 0.05 %	3	QL (120 GM per 30 days)
fluocinonide external gel 0.05 %	4	QL (60 GM per 30 days)
fluocinonide external ointment 0.05 %	4	QL (60 GM per 30 days)
fluocinonide external solution 0.05 %	3	QL (60 ML per 30 days)
fluticasone propionate external cream 0.05 %	3	
fluticasone propionate external ointment 0.005 %	3	
halcinonide external cream 0.1 %	4	PA; QL (240 GM per 30 days)
halobetasol propionate external cream 0.05 %	4	QL (50 GM per 30 days)
halobetasol propionate external ointment 0.05 %	4	QL (50 GM per 30 days)
HALOG EXTERNAL CREAM 0.1 %	4	PA; QL (240 GM per 30 days)
hydrocortisone external cream 1 %	1	
hydrocortisone external cream 2.5 %	2	
hydrocortisone external lotion 2.5 %	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
05/01/2022

Drug Name	Drug Tier	Requirements / Limits
hydrocortisone external ointment 2.5 %	2	
mometasone furoate external cream 0.1 %	3	
mometasone furoate external ointment 0.1 %	3	
mometasone furoate external solution 0.1 %	3	
triamcinolone acetonide external cream 0.025 %, 0.5 %	2	
triamcinolone acetonide external cream 0.1 %	2	QL (454 GM per 30 days)
triamcinolone acetonide external lotion 0.025 %, 0.1 %	3	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	2	
triderm external cream 0.5 %	2	
DERMATOLOGY, LOCAL ANESTHETICS		
glydo external prefilled syringe 2 %	4	PA; QL (60 ML per 30 days)
lidocaine external ointment 5 %	4	PA; QL (50 GM per 30 days)
lidocaine external patch 5 %	3	PA; QL (3 EA per 1 day)
lidocaine hcl external solution 4 %	3	PA; QL (50 ML per 30 days)
lidocaine hcl urethral/mucosal external gel 2 %	4	PA; QL (30 ML per 30 days)
lidocaine-prilocaine external cream 2.5-2.5 %	3	PA; QL (30 GM per 30 days)
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
acyclovir external ointment 5 %	4	QL (30 GM per 30 days)
ammonium lactate external cream 12 %	2	
ammonium lactate external lotion 12 %	3	
azelaic acid external gel 15 %	4	QL (50 GM per 30 days)
diclofenac sodium external gel 1 %	3	QL (1000 GM per 30 days)
doxepin hcl external cream 5 %	4	PA; QL (45 GM per 30 days)
FINACEA EXTERNAL FOAM 15 %	4	QL (50 GM per 30 days)
fluorouracil external cream 5 %	4	QL (40 GM per 30 days)
fluorouracil external solution 2 %, 5 %	3	QL (10 ML per 30 days)
hydrocortisone (perianal) external cream 2.5 %	2	
imiquimod external cream 5 %	3	QL (24 EA per 30 days)
metronidazole external cream 0.75 %	4	QL (45 GM per 30 days)
metronidazole external gel 0.75 %	3	QL (45 GM per 30 days)
metronidazole external lotion 0.75 %	4	QL (59 ML per 30 days)
PANRETIN EXTERNAL GEL 0.1 %	5^	PA-NS; QL (60 GM per 30 days)
podofilox external solution 0.5 %	3	QL (7 ML per 28 days)

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

05/01/2022

Drug Name	Drug Tier	Requirements / Limits
procto-med hc external cream 2.5 %	3	
procto-pak external cream 1 %	3	
proctosol hc external cream 2.5 %	3	
proctozone-hc external cream 2.5 %	3	
RECTIV RECTAL OINTMENT 0.4 %	4	QL (30 GM per 30 days)
rosadan external cream 0.75 %	4	QL (45 GM per 30 days)
tacrolimus external ointment 0.03 %, 0.1 %	4	QL (100 GM per 30 days)
TARGRETIN EXTERNAL GEL 1 %	5^	PA-NS; QL (60 GM per 30 days)
VALCHLOR EXTERNAL GEL 0.016 %	5^	PA-NS; LA; QL (60 GM per 30 days)
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion external lotion 0.5 %	4	QL (59 ML per 30 days)
permethrin external cream 5 %	3	QL (60 GM per 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX EXTERNAL GEL 0.01 %	5^	PA; QL (30 GM per 30 days)
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	4	QL (180 GM per 30 days)
sodium chloride irrigation solution 0.9 %	3	
sterile water for irrigation irrigation solution	2	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl oral capsule 30 mg	4	
chlorhexidine gluconate mouth/throat solution 0.12 %	1	
clotrimazole mouth/throat troche 10 mg	4	QL (150 EA per 30 days)
lidocaine viscous hcl mouth/throat solution 2 %	2	
nystatin mouth/throat suspension 100000 unit/ml	3	
periogard mouth/throat solution 0.12 %	1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	3	
triamcinolone acetonide mouth/throat paste 0.1 %	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
05/01/2022

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
05/01/2022

Index of Drugs

abacavir sulfate 9
abacavir sulfate-lamivudine 10
abacavir-lamivudine-zidovudine . 10
ABELCET 5
ABILIFY MAINTENA 42
abiraterone acetate 18
ABRAXANE 20
acamprosate calcium 48
acarbose 51
accutane 87
acebutolol hcl 30
acetaminophen-codeine 4
acetaminophen-codeine #3 4
acetazolamide 32
acetazolamide er 32
acetic acid 68, 82
acetylcysteine 84
acitretin 88
ACTHIB 75
ACTIMMUNE 73
ACTONEL 54
acyclovir 12, 90
acyclovir sodium 12
ADACEL 75
ADCIRCA 33
adefovir dipivoxil 12
ADEMPAS 33
ADRENALIN 32
adriamycin 17
ADVAIR DISKUS 86
ADVAIR HFA 87
AFINITOR 20
AFINITOR DISPERZ 20
afirmelle 55
AIMOVIG 46
ala-cort 88
albendazole 6
albuterol sulfate 84
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act 84
alclometasone dipropionate 88
ALCOHOL SWABS 49
ALDURAZYME 61
ALECENSA 20
alendronate sodium 54
alfuzosin hcl er 68
ALIMTA 18
aliskiren fumarate 32
allopurinol 3
alosetron hcl 67
ALPHAGAN P 79
alprazolam 34
ALREX 81
altavera 55
ALUNBRIG 21
alyacen 1/35 55
alyacen 7/7/7 55
alyq 34
amabelz 59
amantadine hcl 41
AMBISOME 6
ambrisentan 34
amikacin sulfate 6
amiloride hcl 32
amiloride-hydrochlorothiazide ... 32
amiodarone hcl 28
AMITIZA 67
amitriptyline hcl 38
amlodipine besy-benazepril hcl .. 26
amlodipine besylate 31
amlodipine besylate-valsartan ... 27
amlodipine-atorvastatin 32
amlodipine-olmesartan 27
amlodipine-valsartan-hctz 27
ammonium lactate 90
amnesteem 87
amoxapine 39
amoxicillin 15
amoxicillin-pot clavulanate 15
amoxicillin-pot clavulanate er 15
amphetamine-dextroamphet er . 45
amphetamine-dextroamphetamine 45
amphotericin b 6
amphotericin b liposome 6
ampicillin 15
ampicillin sodium 16
ampicillin-sulbactam sodium 16
anagrelide hcl 70
anastrozole 18
ANDRODERM 49
ANORO ELLIPTA 82
APOKYN 41
apomorphine hcl 41
aprepitant 64
apri 55
APTIOM 34
APTIVUS 9
ARALAST NP 85
aranelle 55
ARCALYST 73
arformoterol tartrate 84
aripiprazole 42
ARISTADA 42
ARISTADA INITIO 42
armodafinil 48
ARNUITY ELLIPTA 86
asenapine maleate 42
aspirin-dipyridamole er 71
atazanavir sulfate 9
atenolol 30
atenolol-chlorthalidone 30
atomoxetine hcl 45
atorvastatin calcium 29
atovaquone 6
atovaquone-proguanil hcl 8
ATROPINE SULFATE 82
atropine sulfate 82
ATROVENT HFA 83
aubra eq 55
aurovela 1/20 55
aurovela fe 1.5/30 55
aurovela fe 1/20 55
AUSTEDO 47
AVASTIN 21
aviane 55
avita 87
ayuna 55
AYVAKIT 21
azacitidine 18
azathioprine 74
azelaic acid 90
azelastine hcl 79, 83
azithromycin 14
AZOPT 80
aztreonam 6
azurette 55
bacitracin 81
bacitracin-polymyxin b 81
bacitra-neomycin-polymyxin-hc . 80

baclofen 48
balsalazide disodium 66
BALVERSA 21
balziva 55
BARACLUDE 12
BASAGLAR KWIKPEN 50
BCG VACCINE 75
BELSOMRA 46
benazepril hcl 26
benazepril-hydrochlorothiazide .. 26
BENDEKA 17
BENLYSTA 74
benzoyl peroxide-erythromycin .. 87
benztropine mesylate 41
BEPREVE 79
BERINERT 70
BESIVANCE 81
BESREMI 19
betaine 61
betamethasone dipropionate 88
betamethasone dipropionate aug 88
betamethasone valerate 88, 89
BETASERON 48
betaxolol hcl 80
bethanechol chloride 68
BETOPTIC-S 80
BEVESPI AEROSPHERE 83
bexarotene 19
BEXSERO 75
bicalutamide 18
BICILLIN L-A 16
BIKTARVY 10
bisoprolol fumarate 30
bisoprolol-hydrochlorothiazide ... 30
BIVIGAM 73
BLEPHAMIDE S.O.P. 80
blisovi fe 1.5/30 55
BOOSTRIX 75
BORTEZOMIB 21
BOSULIF 21
BRAFTOVI 21
BREO ELLIPTA 87
BREZTRI AEROSPHERE 83
briellyn 55
BRILINTA 71
brimonidine tartrate 80
BRIVIACT 34
bromfenac sodium (once-daily) .. 81
bromocriptine mesylate 41
BROMSITE 81
BROVANA 84
BRUKINSA 21
budesonide 66, 86
budesonide er 66
bumetanide 32
buprenorphine hcl 49
buprenorphine hcl-naloxone hcl . 49
bupropion hcl 39
bupropion hcl er (smoking det) ... 49
bupropion hcl er (sr) 39
bupropion hcl er (xl) 39
buspirone hcl 34
butorphanol tartrate 4
BYDUREON BCISE 51
BYETTA 10 MCG PEN 51
BYETTA 5 MCG PEN 51
BYSTOLIC 30
cabergoline 61
CABOMETYX 21
calcipotriene 88
calcitonin (salmon) 54
calcitrene 88
calcitriol 64
calcium acetate 63
calcium acetate (phos binder) 63
CALQUENCE 21
camila 55
candesartan cilexetil 28
candesartan cilexetil-hctz 27
CAPLYTA 42
CAPRELSA 21
captopril 26
CARAFATE 67
CARBAGLU 61
carbamazepine 34
carbamazepine er 34
carbidopa 41
carbidopa-levodopa 41
carbidopa-levodopa er 41
carbidopa-levodopa-entacapone 41
carboplatin 17
carglumic acid 61
carteolol hcl 80
cartia xt 31
carvedilol 30
carvedilol phosphate er 30
caspofungin acetate 6
CAYSTON 6
caziant 55
cefaclor 13
CEFACLOR ER 13
cefadroxil 13
cefazolin sodium 13
CEFAZOLIN SODIUM-DEXTROSE . 13
cefdinir 13
cefepime hcl 13
cefixime 13
cefoxitin sodium 13
cefpodoxime proxetil 13
cefprozil 13
ceftazidime 13
CEFTAZIDIME AND DEXTROSE 13
ceftriaxone sodium 13, 14
cefuroxime axetil 14
cefuroxime sodium 14
celecoxib 3
CELONTIN 34
cephalexin 14
CERDELGA 62
CEREZYME 62
cetirizine hcl 83
cevimeline hcl 91
CHANTIX STARTING MONTH PAK 49
chateal 55
CHEMET 54
chlorhexidine gluconate 91
chloroquine phosphate 9
chlorpromazine hcl 42
CHLORPROMAZINE HCL 42
chlorthalidone 32
cholestyramine 29
cholestyramine light 29
ciclopirox olamine 87
cilostazol 70
CILOXAN 81
CIMDUO 10
cinacalcet hcl 62
CINRYZE 70
CIPRO 15
CIPRO HC 82
CIPRODEX 82

ciprofloxacin hcl 15, 81
ciprofloxacin in d5w 15
cisplatin 17
citalopram hydrobromide 39
claravis 87
clarithromycin 14
clarithromycin er 14
clindamycin hcl 6
clindamycin palmitate hcl 7
clindamycin phosphate 7, 69, 87
clindamycin phosphate in d5w 7
CLINDAMYCIN PHOSPHATE IN NACL 7
CLINIMIX/DEXTROSE (4.25/10) ... 79
CLINIMIX/DEXTROSE (4.25/5) 79
CLINIMIX/DEXTROSE (5/15) 79
CLINIMIX/DEXTROSE (5/20) 79
CLINIMIX/DEXTROSE (6/5) 79
CLINIMIX/DEXTROSE (8/10) 79
CLINIMIX/DEXTROSE (8/14) 79
clinisol sf 79
CLINOLIPID 79
clobazam 34
clobetasol prop emollient base ... 89
clobetasol propionate 89
clobetasol propionate e 89
clodan 89
clomipramine hcl 39
clonazepam 35
clonidine 33
clonidine hcl 33
clopidogrel bisulfate 71
clorazepate dipotassium 35
clotrimazole 88, 91
clotrimazole-betamethasone 88
clozapine 42, 43
COARTEM 9
colchicine 3
colchicine-probenecid 3
colesevelam hcl 29
colestipol hcl 29
colistimethate sodium (cba) 7
COMBIGAN 80
COMBIVENT RESPIMAT 83
COMETRIQ (100 MG DAILY DOSE) 21
COMETRIQ (140 MG DAILY DOSE) 21
COMETRIQ (60 MG DAILY DOSE) 21
COMPLERA 10
compro 64
constulose 66
COPIKTRA 21
CORLANOR 33
COTELLIC 21
CREON 67
cromolyn sodium 67, 79, 85
cryselle-28 55
cyclobenzaprine hcl 48
cyclophosphamide 17
CYCLOPHOSPHAMIDE 17
cycloserine 11
cyclosporine 74
cyclosporine modified 74
cyproheptadine hcl 83
cyred eq 55
CYSTADANE 62
CYSTADROPS 82
CYSTAGON 62
CYSTARAN 82
cytarabine 18
dalfampridine er 48
DALIRESP 85
danazol 59
dantrolene sodium 48
dapsone 7
DAPTACEL 75
daptomycin 7
DAPTOMYCIN 7
darifenacin hydrobromide er 68
dasetta 1/35 55
dasetta 7/7/7 55
DAURISMO 21
deblitane 55
deferasirox 54
deferasirox granules 54
DELESTROGEN 59
DELSTRIGO 11
DENGVAXIA 75
DESCOVY 11
desipramine hcl 39
desloratadine 83
desmopressin ace spray refrig 62
desmopressin acetate 62
desmopressin acetate pf 62
desmopressin acetate spray 62
desogestrel-ethinyl estradiol 55
desonide 89
desvenlafaxine succinate er 39
dexamethasone 60
DEXAMETHASONE INTENSOL 60
dexamethasone sod phosphate pf 60
dexamethasone sodium phosphate 60, 81
DEXILANT 68
dexmethylphenidate hcl 45
dextroamphetamine sulfate er ... 45
dextrose 79
DEXTROSE 5%/ELECTROLYTE #48 76
dextrose in lactated ringers 76
DEXTROSE-NACL 76
dextrose-nacl 77
dextrose-sodium chloride 77
DIACOMIT 35
diazepam 35
diazoxide 61
diclofenac potassium 3
diclofenac sodium 3, 81, 90
diclofenac sodium er 3
diclofenac-misoprostol 3
dicloxacillin sodium 16
dicyclomine hcl 65
DIFICID 14
diflunisal 3
difluprednate 81
digitek 33
digox 33
digoxin 33
dihydroergotamine mesylate 46
DILANTIN 35
DILANTIN INFATABS 35
diltiazem hcl 31
diltiazem hcl er 31
diltiazem hcl er beads 31
diltiazem hcl er coated beads 31
dilt-xr 31
diphenhydramine hcl 83
diphenoxylate-atropine 67
DIPHTHERIA-TETANUS TOXOIDS DT 75
dipyridamole 71

disopyramide phosphate 28
disulfiram 49
divalproex sodium 35
divalproex sodium er 35
DOCETAXEL 20
docetaxel 20
dofetilide 28
donepezil hcl 38
DOPTELET 70
dorzolamide hcl 80
dorzolamide hcl-timolol mal 80
dotti 59
DOVATO 11
doxazosin mesylate 27
doxepin hcl 39, 46, 90
doxercalciferol 64
doxorubicin hcl 18
doxorubicin hcl liposomal 18
doxy 100 16
doxycycline hyclate 17
doxycycline monohydrate 17
DRIZALMA SPRINKLE 39
dronabinol 65
drospirenone-ethinyl estradiol 55
DROXIA 70
droxidopa 33
DUEXIS 3
duloxetine hcl 39
dutasteride 68
dutasteride-tamsulosin hcl 68
e.e.s. 400 14
ec-naproxen 3
EDARBI 28
EDARBYCLOR 27
EDURANT 9
efavirenz 9
efavirenz-emtricitab-tenofovir 11
efavirenz-lamivudine-tenofovir 11
elinest 55
ELIQUIS 69
ELIQUIS DVT/PE STARTER PACK 69
ELLA 56
eluryng 56
EMCYT 18
EMGALITY 46
EMGALITY (300 MG DOSE) 46
emoquette 56
EMSAM 39
emtricitabine 9
emtricitabine-tenofovir df 11
EMTRIVA 9
EMVERM 7
enalapril maleate 26
enalapril-hydrochlorothiazide 26
ENBREL 71
ENBREL MINI 71
ENBREL SURECLICK 71
ENDARI 70
endocet 4
ENGERIX-B 75
enoxaparin sodium 69
enpresse-28 56
enskyce 56
ENSTILAR 89
entacapone 41
entecavir 12
ENTRESTO 27
enulose 66
EPCLUSA 12
EPIDIOLEX 35
epinephrine 85
epirubicin hcl 18
epitol 35
EPIVIR HBV 12
eplerenone 27
EPRONTIA 35
ergotamine-caffeine 46
ERIVEDGE 21
ERLEADA 18
erlotinib hcl 21
errin 56
ertapenem sodium 7
ery 87
ery-tab 14
ERYTHROCIN LACTOBIONATE 14
erythrocin stearate 14
erythromycin 15, 81, 87
erythromycin base 14, 15
erythromycin ethylsuccinate 15
erythromycin lactobionate 15
ESBRIET 85
escitalopram oxalate 39
esomeprazole magnesium 68
estarylla 56
estradiol 59, 60
estradiol valerate 60
estradiol-norethindrone acet 60
ethambutol hcl 11
ethosuximide 35
ethynodiol diac-eth estradiol 56
etodolac 3
etodolac er 3
etonogestrel-ethinyl estradiol 56
etoposide 20
etravirine 9
euthyrox 64
everolimus 21, 74
EVOTAZ 11
exemestane 18
EXKIVITY 21
EZALLOR SPRINKLE 29
ezetimibe 29
ezetimibe-simvastatin 29
FABRAZYME 62
falmina 56
famciclovir 12
famotidine 65
famotidine (pf) 65
famotidine premixed 66
FANAPT 43
FANAPT TITRATION PACK 43
FARXIGA 51
FARYDAK 21
FASENRA 85
FASENRA PEN 85
febuxostat 3
felbamate 35
felodipine er 31
femynor 56
fenofibrate 29
fenofibrate micronized 29
fenofibric acid 29
fentanyl 4
fentanyl citrate 4
FETZIMA 39
FETZIMA TITRATION 39
FIASP 50
FIASP FLEXTOUCH 50
FIASP PENFILL 50
FINACEA 90
finasteride 68
FINTEPLA 35
flac 82
FLAREX 82

FLEBOGAMMA DIF 73
flecainide acetate 28
FLOVENT DISKUS 86
FLOVENT HFA 86
fluconazole 6
fluconazole in sodium chloride 6
flucytosine 6
fludrocortisone acetate 60
flunisolide 86
fluocinolone acetonide 82, 89
fluocinolone acetonide body 89
fluocinolone acetonide scalp 89
fluocinonide 89
fluocinonide emulsified base 89
fluorometholone 82
fluorouracil 18, 90
fluoxetine hcl 39
fluphenazine decanoate 43
fluphenazine hcl 43
flurbiprofen 3
flurbiprofen sodium 82
flutamide 18
fluticasone propionate 86, 89
fluvastatin sodium 29
fluvastatin sodium er 29
fluvoxamine maleate 34
fondaparinux sodium 69
FORTAMET 51
FORTEO 54
FOSAMAX PLUS D 54
fosamprenavir calcium 9
fosinopril sodium 26
fosinopril sodium-hctz 26
FOTIVDA 21
FREAMINE III 79
fulvestrant 18
furosemide 32
FUZEON 9
fyavolv 60
FYCOMPA 36
gabapentin 36
galantamine hydrobromide 38
galantamine hydrobromide er 38
GAMASTAN 73
GAMMAGARD 73
GAMMAGARD S/D LESS IGA 73
GAMMAKED 73
GAMMAPLEX 73
GAMUNEX-C 73
ganciclovir sodium 12
GARDASIL 9 75
gatifloxacin 81
GATTEX 67
GAUZE PADS 2" X 2" 50
gavilyte-c 66
gavilyte-g 66
gavilyte-n with flavor pack 66
GAVRETO 21
gemcitabine hcl 18
gemfibrozil 29
generlac 66
gengraf 74
GENOTROPIN 62
GENOTROPIN MINIQUICK 62
gentak 81
gentamicin in saline 7
gentamicin sulfate 7, 81, 87
GENVOYA 11
GILENYA 48
GILOTRIF 21
glatiramer acetate 48
glatopa 48
glimepiride 51
glipizide 51
glipizide er 51
glipizide xl 51, 52
glipizide-metformin hcl 52
glycopyrrolate 65
glydo 90
GLYXAMBI 52
GOLYTELY 66
GRALISE 47
granisetron hcl 65
griseofulvin microsize 6
griseofulvin ultramicrosize 6
guanfacine hcl 33
guanfacine hcl er 45
GVOKE HYPOPEN 2-PACK 61
GVOKE KIT 61
GVOKE PFS 61
HAEGARDA 70
hailey 1.5/30 56
halcinonide 89
halobetasol propionate 89
HALOG 89
haloperidol 43
haloperidol decanoate 43
haloperidol lactate 43
HARVONI 12
HAVRIX 75
heather 56
HEPARIN (PORCINE) IN NACL 69
heparin sod (porcine) in d5w 70
heparin sodium (porcine) 70
hepatamine 79
HERCEPTIN 22
HERCEPTIN HYLECTA 22
HERZUMA 22
HETLIOZ 46
HIBERIX 75
HUMIRA 72
HUMIRA PEDIATRIC CROHNS START 71
HUMIRA PEN 71
HUMIRA PEN-CD/UC/HS STARTER 71
HUMIRA PEN-PEDIATRIC UC START 71
HUMIRA PEN-PS/UV/ADOL HS START 72
HUMIRA PEN-PSOR/UVEIT STARTER 72
HUMULIN R U-500 (CONCENTRATED) 50
HUMULIN R U-500 KWIKPEN 50
hydralazine hcl 33
hydrochlorothiazide 32
hydrocodone-acetaminophen 4
hydrocodone-ibuprofen 4
hydrocortisone 61, 66, 89, 90
hydrocortisone (perianal) 90
hydromorphone hcl 4, 5
hydroxychloroquine sulfate 72
hydroxyurea 19
hydroxyzine hcl 83
hydroxyzine pamoate 83
HYSINGLA ER 4
ibandronate sodium 54
IBRANCE 22
ibu 3
ibuprofen 3
ibuprofen-famotidine 3
icatibant acetate 70
iclevia 56

ICLUSIG 22
IDHIFA 22
ILEVRO 82
imatinib mesylate 22
IMBRUVICA 22
imipenem-cilastatin 7
imipramine hcl 40
imipramine pamoate 40
imiquimod 90
IMOVAX RABIES 75
IMVEXXY MAINTENANCE PACK .. 60
IMVEXXY STARTER PACK 60
incassia 56
INCRELEX 62
INCRUSE ELLIPTA 83
indapamide 32
INFANRIX 75
INFLIXIMAB 72
INGREZZA 47
INLYTA 22
INQOVI 18
INREBIC 22
INSULIN PEN NEEDLE 50
INSULIN SYRINGE (DISP) U-100 0.3 ML 50
INSULIN SYRINGE (DISP) U-100 1 ML 50
INSULIN SYRINGE (DISP) U-100 1/2 ML 50
INTELENCE 9
INTRALIPID 79
INTRON A 73, 74
introvale 56
INVEGA SUSTENNA 43
INVEGA TRINZA 43
INVIRASE 9
INVOKAMET 52
INVOKAMET XR 52
INVOKANA 52
IPOL 75
ipratropium bromide 83
ipratropium-albuterol 83
irbesartan 28
irbesartan-hydrochlorothiazide .. 27
IRESSA 22
irinotecan hcl 19
ISENTRESS 9
ISENTRESS HD 9
isibloom 56
ISOLYTE-P IN D5W 77
ISOLYTE-S 77
ISOLYTE-S PH 7.4 77
isoniazid 11
ISOPTO ATROPINE 82
isosorbide dinitrate 33
isosorbide mononitrate 33
isosorbide mononitrate er 33
isotretinoin 87
isradipine 31
itraconazole 6
ivermectin 7
IXIARO 75
JAKAFI 22
jantoven 70
JANUMET 52
JANUMET XR 52
JANUVIA 52
JARDIANCE 52
jasmiel 56
JENTADUETO 52
JENTADUETO XR 52
jinteli 60
jolessa 56
JUBLIA 88
juleber 56
JULUCA 11
junel 1.5/30 56
junel 1/20 56
junel fe 1.5/30 56
junel fe 1/20 56
KADCYLA 22
KALYDECO 85
KANJINTI 22
kariva 56
kcl in dextrose-nacl 77
KCL IN DEXTROSE-NACL 77
kelnor 1/35 56
kelnor 1/50 56
KERENDIA 27
ketoconazole 6, 88
ketorolac tromethamine 82
KEYTRUDA 22
KINRIX 75
KISQALI (200 MG DOSE) 22
KISQALI (400 MG DOSE) 22
KISQALI (600 MG DOSE) 22
KISQALI FEMARA (400 MG DOSE) 19
KISQALI FEMARA (600 MG DOSE) 19
KISQALI FEMARA(200 MG DOSE) 20
klor-con 78
klor-con 10 78
klor-con m10 78
klor-con m15 78
klor-con m20 78
KORLYM 62
kurvelo 56
KYNMOBI 41
labetalol hcl 30
lactated ringers 77
lactulose 66
lactulose encephalopathy 66
lamivudine 9, 12
lamivudine-zidovudine 11
lamotrigine 36
lamotrigine er 36
lansoprazole 68
lapatinib ditosylate 22
larin 1.5/30 56
larin 1/20 56
larin fe 1.5/30 56
larin fe 1/20 56
larissia 56
LASTACAFT 79
latanoprost 80
LATUDA 43
leena 57
leflunomide 72
lenalidomide 19
LENVIMA (10 MG DAILY DOSE) ... 22
LENVIMA (12 MG DAILY DOSE) ... 23
LENVIMA (14 MG DAILY DOSE) ... 23
LENVIMA (18 MG DAILY DOSE) ... 23
LENVIMA (20 MG DAILY DOSE) ... 23
LENVIMA (24 MG DAILY DOSE) ... 23
LENVIMA (4 MG DAILY DOSE) 23
LENVIMA (8 MG DAILY DOSE) 23
lessina 57
letrozole 18
leucovorin calcium 26
LEUKERAN 17
leuprolide acetate 19

levalbuterol hcl 84
levalbuterol tartrate 84
LEVEMIR 50
LEVEMIR FLEXTOUCH 50
levetiracetam 36
levetiracetam er 36
levetiracetam in nacl 36
levobunolol hcl 80
levocarnitine 62
levocetirizine dihydrochloride 83
levofloxacin 15
levofloxacin in d5w 15
levonest 57
levonorgest-eth estrad 91-day ... 57
levonorgestrel-ethinyl estrad 57
levonorg-eth estrad triphasic 57
levora 0.15/30 (28) 57
levo-t 64
levothyroxine sodium 64
levoxyl 64
LEXIVA 9
lidocaine 90
lidocaine hcl 5, 90
lidocaine hcl (pf) 5
lidocaine hcl urethral/mucosal ... 90
lidocaine viscous hcl 91
lidocaine-prilocaine 90
lillow 57
linezolid 7
linezolid in sodium chloride 7
LINZESS 67
liothyronine sodium 64
lisinopril 27
lisinopril-hydrochlorothiazide 26
LITHIUM 47
lithium carbonate 47
lithium carbonate er 47
LIVALO 29
loestrin 1.5/30 (21) 57
loestrin 1/20 (21) 57
loestrin fe 1.5/30 57
loestrin fe 1/20 57
LOKELMA 54
LONSURF 18
loperamide hcl 67
lopinavir-ritonavir 11
lorazepam 34
lorazepam intensol 34
LORBRENA 23
loryna 57
losartan potassium 28
losartan potassium-hctz 27
LOTEMAX 82
loteprednol etabonate 82
lovastatin 29
low-ogestrel 57
loxapine succinate 44
lubiprostone 67
LUMAKRAS 23
LUMIGAN 80
LUMIZYME 62
LUPRON DEPOT (1-MONTH) 19
LUPRON DEPOT (3-MONTH) 19
LUPRON DEPOT-PED (1-MONTH) 62
LUPRON DEPOT-PED (3-MONTH) 63
lutera 57
lyleq 57
lyllana 60
LYNPARZA 23
LYRICA CR 47
LYSODREN 19
lyza 57
magnesium sulfate 77
MAGNESIUM SULFATE 77
magnesium sulfate in d5w 77
MAGNESIUM SULFATE IN D5W .. 77
malathion 91
maraviroc 9
marlissa 57
MARPLAN 40
MATULANE 20
matzim la 31
MAVYRET 12
meclizine hcl 65
medroxyprogesterone acetate 57, 63
mefloquine hcl 9
megestrol acetate 19, 64
MEKINIST 23
MEKTOVI 23
meloxicam 3
memantine hcl 38
memantine hcl er 38
MENACTRA 75
MENQUADFI 75
MENVEO 75
mercaptopurine 18
meropenem 7
mesalamine 66
mesalamine er 66
mesalamine-cleanser 66
MESNEX 26
metadate er 45
metformin hcl 52, 53
metformin hcl er 52
metformin hcl er (osm) 52
methadone hcl 4
methadone hcl intensol 4
methazolamide 32
methenamine hippurate 7
methimazole 64
methotrexate 73
methotrexate sodium 18
methotrexate sodium (pf) 18
methyldopa 33
methylphenidate hcl 45, 46
methylphenidate hcl er 45
methylprednisolone 61
methylprednisolone acetate 61
methylprednisolone sodium succ 61
metoclopramide hcl 65
metolazone 32
metoprolol succinate er 30
metoprolol tartrate 30
metoprolol-hydrochlorothiazide . 30
metronidazole 7, 69, 90
metronidazole in nacl 7
metyrosine 33
micafungin sodium 6
microgestin 1.5/30 57
microgestin 1/20 57
microgestin fe 1.5/30 57
microgestin fe 1/20 57
midodrine hcl 33
miglustat 63
mili 57
mimvey 60
minocycline hcl 17
minoxidil 33
mirtazapine 40
misoprostol 67

MITIGARE 3
M-M-R II 75
M-NATAL PLUS 78
modafinil 48
moexipril hcl 27
molindone hcl 44
mometasone furoate 86, 90
MONJUVI 23
mono-linyah 57
montelukast sodium 84
morphine sulfate 5
morphine sulfate (concentrate) 5
MORPHINE SULFATE (PF) 5
morphine sulfate (pf) 5
morphine sulfate er 4
MOVANTIK 67
moxifloxacin hcl 15, 81
MULTAQ 28
mupirocin 87
MVASI 23
mycophenolate mofetil 74
mycophenolate sodium 74
myorisan 87
MYRBETRIQ 68
nabumetone 3
nadolol 30
nafcillin sodium 16
NAGLAZYME 63
nalbuphine hcl 5
naloxone hcl 49
naltrexone hcl 49
NAMZARIC 38
naproxen 4
naproxen sodium 4
naratriptan hcl 47
NATACYN 81
nateglinide 53
NATPARA 54
NAYZILAM 36
nebivolol hcl 30
necon 0.5/35 (28) 57
NEEDLES, INSULIN DISP., SAFETY 50
nefazodone hcl 40
neomycin sulfate 7
neomycin-bacitracin zn-polymyx 81
neomycin-polymyxin-dexameth .. 80
neomycin-polymyxin-gramicidin . 81
neomycin-polymyxin-hc 80, 82
NERLYNX 23
NEUPRO 41
nevirapine 9
nevirapine er 9
NEXAVAR 23
niacin er (antihyperlipidemic) 29
nicardipine hcl 31
NICOTROL 49
NICOTROL NS 49
nifedipine er 31
nifedipine er osmotic release 31
nikki 57
nilutamide 19
nimodipine 31
NINLARO 23
nisoldipine er 31
nitazoxanide 8
nitisinone 63
NITRO-BID 33
nitrofurantoin macrocrystal 8
nitrofurantoin monohyd macro 8
nitroglycerin 33
nizatidine 66
nora-be 57
norethin ace-eth estrad-fe 57
norethindrone 58
norethindrone acetate 64
norethindrone acet-ethinyl est ... 58
norethindrone-eth estradiol 60
norgestimate-eth estradiol 58
norgestim-eth estrad triphasic ... 58
norlyroc 58
NORPACE CR 28
nortrel 0.5/35 (28) 58
nortrel 1/35 (21) 58
nortrel 1/35 (28) 58
nortrel 7/7/7 58
nortriptyline hcl 40
NORVIR 10
NOVOLIN 70/30 50
NOVOLIN 70/30 FLEXPEN 50
NOVOLIN N 50
NOVOLIN N FLEXPEN 50
NOVOLIN R 50
NOVOLIN R FLEXPEN 50
NOVOLOG 50, 51
NOVOLOG FLEXPEN 50
NOVOLOG MIX 70/30 50
NOVOLOG MIX 70/30 FLEXPEN .. 50
NOVOLOG PENFILL 51
NOXAFIL 6
NUBEQA 19
NUCALA 85
NUEDEXTA 47
NULOJIX 74
NULYTELY LEMON-LIME 66
NUPLAZID 44
NURTEC 47
NUTRILIPID 79
NUZYRA 17
nyamyc 88
nylia 1/35 58
nylia 7/7/7 58
NYMALIZE 31
nymyo 58
nystatin 6, 88, 91
nystop 88
ocella 58
OCREVUS 48
OCTAGAM 73
octreotide acetate 63
ODEFSEY 11
ODOMZO 23
OFEV 85
ofloxacin 81, 82
OGIVRI 23
olanzapine 44
olmesartan medoxomil 28
olmesartan medoxomil-hctz 27
olmesartan-amlodipine-hctz 27
olopatadine hcl 79, 83
omega-3-acid ethyl esters 29
omeprazole 68
OMNARIS 86
OMNIPOD CLASSIC PDM (GEN 3) 51
OMNIPOD CLASSIC PODS (GEN 3) 51
OMNIPOD DASH PODS (GEN 4) .. 51
ondansetron 65
ondansetron hcl 65
ONTRUZANT 23
ONUREG 18
OPSUMIT 34

ORGOVYX 19
ORKAMBI 85
orsythia 58
oseltamivir phosphate 12
oxacillin sodium 16
oxaliplatin 17
oxandrolone 49
oxaprozin 4
oxcarbazepine 36
oxiconazole nitrate 88
oxybutynin chloride 69
oxybutynin chloride er 68, 69
oxycodone hcl 5
oxycodone-acetaminophen 5
OZEMPIC (0.25 OR 0.5 MG/DOSE) 53
OZEMPIC (1 MG/DOSE) 53
pacerone 28
paclitaxel 20
paliperidone er 44
pamidronate disodium 54
PAMIDRONATE DISODIUM 54
PANRETIN 90
pantoprazole sodium 68
PANZYGA 73
paraplatin 17
paricalcitol 64
paromomycin sulfate 8
paroxetine hcl 40
paroxetine hcl er 40
PASER 11
PAXIL 40
PEDIARIX 75, 76
PEDVAX HIB 76
peg 3350-kcl-na bicarb-nacl 66
peg-3350/electrolytes 66
PEGASYS 12
PEMAZYRE 23
penicillamine 54
PENICILLIN G POT IN DEXTROSE 16
penicillin g potassium 16
PENICILLIN G PROCAINE 16
penicillin g sodium 16
penicillin v potassium 16
PENTACEL 76
pentamidine isethionate 8
PENTASA 66
pentoxifylline er 71
perindopril erbumine 27
periogard 91
permethrin 91
perphenazine 44
PERSERIS 44
pfizerpen 16
phenelzine sulfate 40
phenobarbital 36
phenobarbital sodium 36
PHENYTEK 36
phenytoin 36
phenytoin sodium 37
phenytoin sodium extended 36
PHESGO 23
philith 58
PIFELTRO 10
pilocarpine hcl 80, 91
pimozide 44
pimtrea 58
pindolol 30
pioglitazone hcl 53
pioglitazone hcl-metformin hcl 53
piperacillin sod-tazobactam so 16
PIQRAY (200 MG DAILY DOSE) 23
PIQRAY (250 MG DAILY DOSE) 23
PIQRAY (300 MG DAILY DOSE) 24
pirmella 1/35 58
piroxicam 4
PLASMA-LYTE 148 77
PLASMA-LYTE A 77
plenamine 79
PLENVU 67
podofilox 90
polymyxin b-trimethoprim 81
POMALYST 19
portia-28 58
posaconazole 6
potassium chloride 78
POTASSIUM CHLORIDE 78
potassium chloride crys er 78
potassium chloride er 78
potassium chloride in dextrose 77
POTASSIUM CHLORIDE IN NACL 77
potassium chloride in nacl 78
potassium citrate er 68
PRADAXA 70
PRALUENT 30
pramipexole dihydrochloride 41
pramipexole dihydrochloride er 41
prasugrel hcl 71
pravastatin sodium 29
praziquantel 8
prazosin hcl 27
prednisolone 61
prednisolone acetate 82
prednisolone sodium phosphate 61
PREDNISOLONE SODIUM PHOSPHATE 82
prednisone 61
PREDNISONE INTENSOL 61
pregabalin 37
PREHEVBRIO 76
PREMARIN 60
PREMASOL 79
PREMPRO 60
PRENATAL VITAMIN PLUS LOW IRON 78
PRENATAL VITAMIN WITH FOLIC ACID GREATER THAN 0.8 MG ORAL TABLET 78
prevalite 30
previfem 58
PREVYMIS 12
PREZCOBIX 11
PREZISTA 10
PRIFTIN 11
PRILOSEC 68
PRIMAQUINE PHOSPHATE 9
primaquine phosphate 9
primidone 37
PRIVIGEN 73
probenecid 3
PROCALAMINE 79
prochlorperazine 65
prochlorperazine edisylate 65
prochlorperazine maleate 65
PROCRIT 70
procto-med hc 91
procto-pak 91
proctosol hc 91
proctozone-hc 91
progesterone 64
PROGRAF 74
PROLASTIN-C 85
PROLENSA 82
PROLIA 54

PROMACTA 71
promethazine hcl 65
propafenone hcl 28
propafenone hcl er 28
proparacaine hcl 82
propranolol hcl 30
propranolol hcl er 30
propylthiouracil 64
PROQUAD 76
PROSOL 79
protriptyline hcl 40
PULMICORT FLEXHALER 86
PULMOZYME 85
PURIXAN 18
pyrazinamide 11
pyridostigmine bromide 47
QINLOCK 24
QUADRACEL 76
quetiapine fumarate 44
quetiapine fumarate er 44
quinapril hcl 27
quinapril-hydrochlorothiazide 26
quinidine sulfate 28
quinine sulfate 9
RABAVERT 76
rabeprazole sodium 68
raloxifene hcl 63
ramipril 27
ranolazine er 33
rasagiline mesylate 41
RAYALDEE 64
reclipsen 58
RECOMBIVAX HB 76
RECTIV 91
REGRANEX 91
RELENZA DISKHALER 12
RELISTOR 67
REMICADE 72
RENFLEXIS 72
repaglinide 53
RESTASIS 82
RESTASIS MULTIDOSE 82
RETEVMO 24
REVLIMID 19
REXULTI 44
REYATAZ 10
REZUROCK 74
RHOPRESSA 80
RIABNI 24
ribavirin 12
rifabutin 11
rifampin 11
riluzole 48
rimantadine hcl 12
RINVOQ 72
risedronate sodium 54
RISPERDAL CONSTA 44
risperidone 44
ritonavir 10
RITUXAN 24
RITUXAN HYCELA 24
rivastigmine 38
rivastigmine tartrate 38
rizatriptan benzoate 47
ROCKLATAN 80
ropinirole hcl 42
ropinirole hcl er 41
rosadan 91
rosuvastatin calcium 29
ROTARIX 76
ROTATEQ 76
roweepra 37
ROZLYTREK 24
RUBRACA 24
rufinamide 37
RUKOBIA 10
RUXIENCE 24
RYBELSUS 53
RYDAPT 24
sajazir 71
SANDIMMUNE 74
SANTYL 91
sapropterin dihydrochloride 63
SAVELLA 48
SAVELLA TITRATION PACK 48
SCEMBLIX 24
scopolamine 65
SECUADO 44
selegiline hcl 42
selenium sulfide 88
SELZENTRY 10
SEREVENT DISKUS 84
sertraline hcl 40
setlakin 58
sevelamer carbonate 63
sharobel 58
SHINGRIX 76
SIGNIFOR 63
sildenafil citrate 34
silodosin 68
silver sulfadiazine 87
SIMBRINZA 80
simliya 58
simvastatin 29
sirolimus 74
SIRTURO 11
SIVEXTRO 8
SKYRIZI 72
SKYRIZI (150 MG DOSE) 72
SKYRIZI PEN 72
sodium chloride 78, 91
sodium fluoride chew, tab, 1.1 (0.5 f) mg/ml soln 78
sodium phenylbutyrate 63
sodium polystyrene sulfonate 55
solifenacin succinate 69
SOLIQUA 51
SOLTAMOX 19
SOLU-CORTEF 61
SOMATULINE DEPOT 63
SOMAVERT 63
sorine 28
sotalol hcl 28
sotalol hcl (af) 28
SOVALDI 12
spironolactone 27
spironolactone-hctz 32
sprintec 28 58
SPRITAM 37
SPRYCEL 24
sps 55
sronyx 58
ssd 87
stavudine 10
STELARA 72
sterile water for irrigation 91
STIVARGA 24
streptomycin sulfate 8
STRIBILD 11
subvenite 37
sucralfate 67
sulfacetamide sodium 81
sulfacetamide sodium (acne) 87
sulfacetamide-prednisolone 80

SULFADIAZINE 8
sulfamethoxazole-trimethoprim ... 8
SULFAMYLON 87
sulfasalazine 66
sulindac 4
sumatriptan 47
sumatriptan succinate 47
sumatriptan succinate refill 47
sumatriptan-naproxen sodium ... 47
sunitinib malate 24
SUPREP BOWEL PREP KIT 67
syeda 58
SYMBICORT 87
SYMDEKO 85
SYMLINPEN 120 53
SYMLINPEN 60 53
SYMPAZAN 37
SYMTUZA 11
SYNAREL 59
SYNERCID 8
SYNJARDY 53
SYNJARDY XR 53
SYNRIBO 20
SYNTHROID 64
TABLOID 18
TABRECTA 24
tacrolimus 74, 91
tadalafil (pah) 34
TAFINLAR 24
TAGRISSO 24
TALTZ 72
TALZENNA 24
tamoxifen citrate 19
tamsulosin hcl 68
TARGRETIN 91
tarina fe 1/20 eq 58
TASIGNA 24
tazarotene 88
tazicef 14
TAZORAC 88
taztia xt 31
TAZVERIK 24
TDVAX 76
TECENTRIQ 24
TECFIDERA 48
TEFLARO 14
telmisartan 28
telmisartan-amlodipine 27
telmisartan-hctz 28
temazepam 46
TEMIXYS 11
TENIVAC 76
tenofovir disoproxil fumarate 10
TEPMETKO 24
terazosin hcl 27
terbinafine hcl 6
terbutaline sulfate 84
terconazole 69
testosterone 49
testosterone cypionate 49
testosterone enanthate 49
tetrabenazine 48
tetracycline hcl 17
THALOMID 19
THEO-24 85
theophylline 86
theophylline er 85, 86
thioridazine hcl 44
thiothixene 45
tiadylt er 31
tiagabine hcl 37
TIBSOVO 24
TICOVAC 76
TIGECYCLINE 17
tigecycline 17
tilia fe 58
timolol maleate 30, 80
timolol maleate (once-daily) 80
TIVICAY 10
TIVICAY PD 10
tizanidine hcl 48
TOBRADEX 80
TOBRADEX ST 80
tobramycin 8, 81
tobramycin sulfate 8
tobramycin-dexamethasone 81
tolterodine tartrate 69
tolterodine tartrate er 69
tolvaptan 63
topiramate 37
toposar 20
toremifene citrate 19
torsemide 32
TOVIAZ 69
TPN ELECTROLYTES 78
TRADJENTA 53
tramadol hcl 5
tramadol-acetaminophen 5
trandolapril 27
tranexamic acid 71
tranylcypromine sulfate 40
TRAVASOL 79
travoprost (bak free) 80
TRAZIMERA 24
trazodone hcl 40
TRECATOR 11
TRELEGY ELLIPTA 83
TRELSTAR MIXJECT 19
treprostinil 34
TRESIBA 51
TRESIBA FLEXTOUCH 51
tretinoin 20, 87
TREXALL 73
triamcinolone acetonide 90, 91
triamterene-hctz 32
TRICARE 79
triderm 90
trientine hcl 55
tri-estarylla 58
trifluoperazine hcl 45
trifluridine 81
trihexyphenidyl hcl 42
TRIJARDY XR 53
TRIKAFTA 86
tri-legest fe 58
tri-linyah 58
tri-lo-estarylla 59
tri-lo-marzia 59
tri-lo-mili 59
tri-lo-sprintec 59
trimethoprim 8
tri-mili 59
trimipramine maleate 40
TRINTELLIX 40
tri-nymyo 59
tri-sprintec 59
TRIUMEQ 11
trivora (28) 59
tri-vylibra 59
tri-vylibra lo 59
TROGARZO 10
TROPHAMINE 79
trospium chloride 69
trospium chloride er 69

TRULICITY 53
TRUMENBA 76
TRUSELTIQ (100MG DAILY DOSE) 25
TRUSELTIQ (125MG DAILY DOSE) 25
TRUSELTIQ (50MG DAILY DOSE) . 25
TRUSELTIQ (75MG DAILY DOSE) . 25
TRUXIMA 25
TUKYSA 25
TURALIO 25
TWINRIX 76
TYBOST 10
TYMLOS 54
TYPHIM VI 76
UBRELVY 47
UKONIQ 25
unithroid 64
ursodiol 67
valacyclovir hcl 12
VALCHLOR 91
valganciclovir hcl 12, 13
valproate sodium 37
valproic acid 37
valsartan 28
valsartan-hydrochlorothiazide 28
VALTOCO 10 MG DOSE 37
VALTOCO 15 MG DOSE 37
VALTOCO 20 MG DOSE 37
VALTOCO 5 MG DOSE 37
vancomycin hcl 8
VANCOMYCIN HCL IN NACL 8
vandazole 69
VAQTA 76
VARENICLINE TARTRATE 49
VARIVAX 76
VASCEPA 30
VELCADE 25
velivet 59
VELPHORO 63
VELTASSA 55
VEMLIDY 13
VENCLEXTA 25
VENCLEXTA STARTING PACK 25
venlafaxine hcl 40
venlafaxine hcl er 40
VENTAVIS 34
VENTOLIN HFA 84
verapamil hcl 32
verapamil hcl er 32
VERSACLOZ 45
VERZENIO 25
vestura 59
V-GO 20 51
V-GO 30 51
V-GO 40 51
VICTOZA 53
vienva 59
vigabatrin 37
vigadrone 37
VIIBRYD 40
VIIBRYD STARTER PACK 40
VIMPAT 37, 38
vincristine sulfate 20
vinorelbine tartrate 20
viorele 59
VIRACEPT 10
VIREAD 10
VITRAKVI 25
VIVITROL 49
VIZIMPRO 25
voriconazole 6
VOSEVI 13
VOTRIENT 25
VRAYLAR 45
VUMERITY 48
vyfemla 59
vylibra 59
VYVANSE 46
VYZULTA 80
warfarin sodium 70
WELIREG 20
wera 59
XALKORI 25
XARELTO 70
XARELTO STARTER PACK 70
XATMEP 73
XCOPRI 38
XCOPRI (250 MG DAILY DOSE) 38
XCOPRI (350 MG DAILY DOSE) 38
XELJANZ 72
XELJANZ XR 72
XERMELO 67
XGEVA 54
XIFAXAN 67
XIGDUO XR 53
XOLAIR 86
XOSPATA 25
XPOVIO (100 MG ONCE WEEKLY) 25
XPOVIO (40 MG ONCE WEEKLY) . 25
XPOVIO (40 MG TWICE WEEKLY) 25
XPOVIO (60 MG ONCE WEEKLY) . 25
XPOVIO (60 MG TWICE WEEKLY) 25
XPOVIO (80 MG ONCE WEEKLY) . 26
XPOVIO (80 MG TWICE WEEKLY) 26
XTANDI 19
xulane 59
XULTOPHY 51
XYREM 48
YF-VAX 76
yuvafem 60
zafemy 59
zafirlukast 84
zaleplon 46
ZARXIO 70
ZEJULA 26
ZELBORAF 26
ZEMAIRA 86
zenatane 87
ZENPEP 67
ZERVIATE 79
zidovudine 10
ziprasidone hcl 45
ziprasidone mesylate 45
ZIRABEV 26
ZIRGAN 81
zoledronic acid 54
ZOLINZA 26
zolmitriptan 47
zolpidem tartrate 46
zonisamide 38
ZORTRESS 74
zovia 1/35 (28) 59
zumandimine 59
ZYDELIG 26
ZYKADIA 26
ZYLET 81
ZYPITAMAG 29
ZYPREXA RELPREVV 45

‘Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc.

Our plans use a formulary. The formulary may change at any time. You will receive notice when necessary. Please contact your plan for details.

For MAPD plans that offer preferred pharmacies

WellCare’s pharmacy network includes limited lower-cost, preferred pharmacies in rural areas of MO and NE. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 1-833-444-9088 (TTY 711) for Wellcare No Premium (HMO) and Wellcare Giveback (HMO) in MO or consult the online pharmacy directory at **www.wellcare.com/medicare**, and 1-833-542-0693 (TTY 711) for Wellcare No Premium (HMO), Wellcare Giveback (HMO) and Wellcare No Premium Open (PPO) in NE or consult the online pharmacy directory at **www.wellcare.com/NE**.

For NM Dual Eligible Plans

For Allwell New Mexico D-SNP members: Such services are funded in part with the state of New Mexico.

For LA Dual Eligible Plans

For Louisiana D-SNP members: As a WellCare HMO D-SNP member, you have coverage from both Medicare and Medicaid. You receive your Medicare health care and prescription drug coverage through WellCare and are also eligible to receive additional health care services and coverage through Louisiana Medicaid. Learn more about providers who participate in Louisiana Medicaid by visiting **https://www.myplan.healthy.la.gov/myaccount/choose/find-provider**. For detailed information about Louisiana Medicaid benefits, please visit the Medicaid website at **https://ldh.la.gov/medicaid** and select the “Learn about Medicaid Services” link.

For TN Dual Eligible plans

Notice: TennCare is not responsible for payment for these benefits, except for appropriate cost sharing amounts. TennCare is not responsible for guaranteeing the availability or quality of these benefits.

ATENCIÓN: Si habla español, contamos con servicios de asistencia lingüística que se encuentran disponibles para usted de manera gratuita. Llame al 1-877-374-4056 (TTY: 711).

注意：如果您説中文，您可以免費獲得語言援助服務。請致電 1-877-374-4056 (TTY：711)。

Chú ý: Nếu quý vị nói tiếng Việt, dịch vụ hỗ trợ ngôn ngữ có sẵn miễn phí dành cho quý vị. Hãy gọi số 1-877-374-4056 (TTY: 711).

주의사항: 한국어를 구사할 경우, 언어 보조 서비스를 무료로 이용 가능합니다. 1-877-374-4056 (TTY: 711) 번으로 연락해 주십시오.

Atensyon: Kung nagsasalita ka ng Tagalog, may mga available na libreng tulong sa wika para sa iyo. Tumawag sa 1-877-374-4056 (TTY: 711).

Dumngeg: No agsasau ka iti Ilokano, dagiti tulong nga serbisio, a libre, ket available para kaniam. Awagan ti 1-877-374-4056 (TTY: 711).

La Silafia: Afai e te tautala i le gagana Sāmoa, gagana ‘au’aunaga fesoasoani, fai fua leai se totogi, o lo’o avanoa ia te ‘oe. Vala’au le 1-877-374-4056 (TTY: 711).

Maliu: Inā ‘ōlelo Hawai‘i ‘oe, he lawelawe māhele ‘ōlelo, manuahi, i lako iā ‘oe. E kelepona iā 1-877-374-4056 (TTY: 711).

This formulary was updated on 05/01/2022.

For more recent information or other questions, please contact Wellcare Member Services at **1-888-550-5252** (TTY users should call, **711**), between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m., between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m., or visit **www.wellcare.com/PDP**.