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BCN AdvantageSM Community Value

2021 BCN Advantage HMO-POS Healthy Value Comprehensive Formulary

(List of Covered Drugs)

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

This formulary was updated on September 1, 2020. For more recent information or other questions, please contact **BCN Advantage** Customer Service at 1-800-450-3680 or, for TTY users, 711, 8 a.m. to 8 p.m. Monday through Friday, with weekend hours October 1 through March 31, or visit www.bcbsm.com/medicare.



When visiting your doctor(s), please bring your personal drug list, this 2021 BCN Drug List (formulary) and your 2021 Rx Savings Guide with you.

Updated: 09/01/2020
Formulary 21405, Version 7
www.bcbsm.com/medicare



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Medicare Advantage Plans

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 Blue Care Network. When it refers to "plan" or "our plan," it means **BCN Advantage.**

This document includes a list of the drugs (formulary) for our plan which is current as of September 1, 2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the BCN Advantage Formulary?

A formulary is a list of covered drugs selected by **BCN Advantage** 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. **BCN Advantage** will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a **BCN Advantage** 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:

- **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, 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 31-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 **BCN Advantage** Formulary?"

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

The enclosed formulary is current as of September 1, 2020. To get updated information about the drugs covered by **BCN Advantage**, please contact us. Our contact information appears on the front and back cover pages. In the event of a mid-year non-maintenance formulary change, we will send out an errata sheet to notify you of this change.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 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 Agents." 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?

BCN Advantage 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:** **BCN Advantage** requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from **BCN Advantage** before you fill your prescriptions. If you don't get approval, **BCN Advantage** may not cover the drug.
- **Quantity Limits:** For certain drugs, **BCN Advantage** limits the amount of the drug that **BCN Advantage** will cover. For example, **BCN Advantage** provides 31 tablets per prescription for pioglitazone. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, **BCN Advantage** 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, **BCN Advantage** may not cover Drug B unless you try Drug A first. If Drug A does not work for you, **BCN Advantage** will then cover Drug B.

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

You can ask **BCN Advantage** 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 **BCN Advantage** formulary?" on page iii for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that **BCN Advantage** does not cover your drug, you have two options:

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

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, **BCN Advantage** 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, **BCN Advantage** will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply of medication. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

If you move into (or out of) a long-term care facility, a skilled nursing facility or if you are discharged from a hospital, you will continue to have access to your medications during the transition. If needed, limits on early prescription refills will be waived to assure that your medications are available through a new pharmacy provider when you are moving to or from a long-term care facility. Contact Customer Service if you require assistance in your transition. For more detailed information about our Transition Policy, refer to your *Evidence of Coverage* or visit our website at www.bcbsm.com/medicare/help/forms-documents.html.

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

For more information

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

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

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

BCN Advantage Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by **BCN Advantage**. 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., ENTRESTO®) and generic drugs are listed in lower-case italics (e.g., pioglitazone).

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

Your costs (see cost-share tables below)

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

- **Your coverage stage.** BCN Advantage has different stages of coverage. In each stage, the amount you pay for a drug may change.
- **The drug tier for your drug.** Each covered drug is in one of five drug tiers. Each tier may have a different copay or coinsurance amount. The "Drug Tiers" chart below explains what types of drugs are included in each tier and shows how costs may change with each tier.
- **The pharmacy you use.** You may go to any of our network pharmacies. However, you will usually pay less for your three-month supply of covered drugs if you use a preferred network pharmacy or network mail-order pharmacy rather than a standard retail pharmacy. The *Pharmacy Directory* will tell you which of the pharmacies in our network are preferred network pharmacies and network mail order pharmacies.

All drugs on our Formulary are available for mail order: Our plan's mail-order service requires you to order at least a 31-day supply of the drug and no more than a 90-day supply. Tier 5: Specialty Tier drugs are limited to a 31-day supply via mail order.

Description of our Formulary Drug Tiers

Drug Tiers	Includes
Tier 1: Preferred Generic	These are generic drugs in the lowest cost-sharing tier
Tier 2: Generic	These are still generic drugs but not the lowest cost-sharing tier
Tier 3: Preferred Brand	This tier contains mostly brand-name drugs and also includes some high-cost generics
Tier 4: Non-Preferred Drug	These are brand-name and generic drugs not in a preferred tier
Tier 5: Specialty Tier	This contains high-cost generic and brand-name drugs

Community Value Prescription Drug Tier Costs* for Initial Coverage Stage

*If you're eligible to receive a low-income subsidy for Extra Help, the copay and coinsurance amounts listed in this chart aren't applicable. Refer to your *Evidence of Coverage* for cost-sharing details.

The **Community Value** plan has no deductible. You pay the amounts listed below until you reach your Initial Coverage Stage limit of **\$4,130**. This amount includes the total drug costs paid by you (copayments and coinsurance) and the plan.

Tier	Drug Description	Plan	Up to a 31-day supply		Up to a 90-day supply	
			Standard/Retail/Long Term Care (LTC)/Out of Network Pharmacy	Preferred Mail/Retail Pharmacy	Standard Mail/Retail	Preferred Mail/Retail
Tier 1	Preferred Generic	Community Value	\$8.00	\$0.00	\$24.00	\$0.00
Tier 2	Generic		\$20.00	\$10.00	\$60.00	\$0.00
Tier 3	Preferred Brand		\$47.00	\$45.00	\$141.00	\$135.00
Tier 4	Non-Preferred Drug		50%	50%	50%	50%
Tier 5	Specialty Tier		33%	33%	N/A	N/A

**Brand-name solid oral dosage drugs are limited to a 14-day supply.

BCN Advantage Drug Tier Costs* for Catastrophic Coverage Stage

*If you are eligible to receive a low-income subsidy for extra help, the copay and coinsurance amounts listed in this chart are not applicable. Refer to your *Evidence of Coverage* for cost-sharing details.

When your out-of-pocket costs have reached the **\$6,550** Coverage Gap Stage limit, you move on to the Catastrophic Coverage Stage. The plan will pay for most of your drug costs for the rest of the calendar year. You will pay the following at network pharmacies:

Tier	Drug Description	Up to a 31-day supply at ALL retail pharmacies or the plan's mail-order service	Up to a 90-day supply at preferred and standard network retail pharmacies
Tier 1	Preferred Generic	The greater of \$3.70 or 5% of the plan's approved amount	
Tier 2	Generic		
Tier 3	Preferred Brand	The greater of \$9.20 or 5% of the plan's approved amount	
Tier 4	Non-Preferred Drug		
Tier 5	Specialty Tier	The greater of \$3.70 (generics) \$9.20 (brands) or 5% of the plan's approved amount	A long-term supply is not available for drugs in Tier 5

List of Abbreviations

HRM: High Risk Medication. Medicine that may be unsafe in patients greater than 65 years of age. Our formulary does include coverage for some of these drugs, but alternatives may be found on the formulary. Please discuss with your doctor if there are alternatives to these medications that would be appropriate for you to use..

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

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

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

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

HI: Home Infusion. This prescription drug is covered under our medical benefit. For more information, call Customer Service at the numbers listed on the cover of this document.

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

NEDS: Non-Extended Day Supply. These drugs are not offered at a 90-day supply. They are offered up to a 31-day supply.

BRAND-NAME DRUGS ARE CAPITALIZED.

Generic drugs are *lower-case italics*.

Drug Name	Drug Tier	Requirements /Limits
ANALGESICS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
<i>celecoxib oral capsule</i>	3	QL (180 per 90 days)
<i>diclofenac potassium oral tablet</i>	2	HRM
<i>diclofenac sodium oral tablet extended release 24 hr</i>	2	HRM
<i>diclofenac sodium oral tablet,delayed release (dr/ec)</i>	2	HRM
<i>diclofenac sodium topical gel 1 %</i>	3	HRM; QL (1000 per 31 days)
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic</i>	4	
<i>diflunisal oral tablet</i>	3	HRM
<i>ec-naproxen oral tablet,delayed release (dr/ec)</i>	2	HRM
<i>etodolac oral capsule</i>	3	HRM
<i>etodolac oral tablet</i>	3	HRM
<i>etodolac oral tablet extended release 24 hr</i>	3	HRM
<i>flurbiprofen oral tablet 100 mg</i>	2	
<i>ibu oral tablet</i>	2	HRM

Drug Name	Drug Tier	Requirements /Limits
<i>ibuprofen oral suspension</i>	2	HRM
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	2	HRM
<i>ketoprofen oral capsule</i>	3	HRM
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	4	HRM; QL (90 per 90 days)
<i>meclofenamate oral capsule</i>	4	HRM
<i>mefenamic acid oral capsule</i>	4	HRM
<i>meloxicam oral tablet</i>	1	HRM
<i>nabumetone oral tablet</i>	2	HRM
<i>naproxen oral suspension</i>	2	HRM
<i>naproxen oral tablet</i>	2	HRM
<i>naproxen oral tablet,delayed release (dr/ec)</i>	2	HRM
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	HRM
<i>oxaprozin oral tablet</i>	3	HRM
<i>piroxicam oral capsule</i>	3	HRM
<i>salsalate oral tablet 750 mg</i>	2	
<i>sulindac oral tablet</i>	2	HRM

Drug Tier: 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drugs 5-Specialty Tier
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HI - Home Infusion HRM - High Risk Medication LA - Limited Availability NEDS - Non Extended Day Supply PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
Brand-name drugs are CAPITALIZED. **Generic** drugs are *lower-case italics*.

This drug list was last updated on 09/01/2020.

Drug Name	Drug Tier	Requirements /Limits
OPIOID ANALGESICS, LONG-ACTING		
buprenorphine transdermal patch weekly	4	QL (12 per 84 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	4	QL (45 per 90 days)
methadone oral solution	3	
methadone oral tablet	3	
morphine intravenous syringe 2 mg/ml	4	
morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 50 mg, 80 mg	4	QL (180 per 90 days)
morphine oral tablet extended release 100 mg, 15 mg, 30 mg, 60 mg	4	QL (270 per 90 days)
morphine oral tablet extended release 200 mg	4	QL (90 per 90 days)
oxymorphone oral tablet extended release 12 hr	4	QL (180 per 90 days)
tramadol oral tablet extended release 24 hr	3	QL (90 per 90 days)

Drug Name	Drug Tier	Requirements /Limits
tramadol oral tablet, er multiphase 24 hr	3	QL (90 per 90 days)
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml	3	QL (5167 per 31 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	3	QL (1080 per 90 days)
acetaminophen-codeine oral tablet 300-60 mg	3	QL (540 per 90 days)
butorphanol nasal spray, non-aerosol	3	QL (15 per 84 days)
codeine sulfate oral tablet 15 mg	2	QL (540 per 90 days)
codeine sulfate oral tablet 30 mg, 60 mg	3	QL (540 per 90 days)
duramorph (pf) injection solution 0.5 mg/ml	4	QL (4133 per 31 days)
duramorph (pf) injection solution 1 mg/ml	4	QL (6000 per 90 days)
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	3	QL (1080 per 90 days)

Drug Tier: 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drugs 5-Specialty Tier
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HI - Home Infusion HRM - High Risk Medication LA - Limited Availability NEDS - Non Extended Day Supply PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
Brand-name drugs are CAPITALIZED. **Generic** drugs are *lower-case italics*.

This drug list was last updated on 09/01/2020.

Drug Name	Drug Tier	Requirements /Limits
fentanyl citrate buccal lozenge on a handle	5	PA; NEDS
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)	2	QL (5735 per 31 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	3	QL (5735 per 31 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	3	QL (1080 per 90 days)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	3	QL (450 per 90 days)
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml, 2 mg/ml	4	
hydromorphone injection solution 1 mg/ml, 2 mg/ml	4	
HYDROMORPHONE INJECTION SYRINGE 0.5 MG/0.5 ML	4	
hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml	4	
hydromorphone oral liquid	4	

Drug Name	Drug Tier	Requirements /Limits
hydromorphone oral tablet	3	
ibuprofen-oxycodone oral tablet	3	QL (360 per 90 days)
loracet (hydrocodone) oral tablet	3	QL (1080 per 90 days)
loracet hd oral tablet	3	QL (1080 per 90 days)
loracet plus oral tablet 7.5-325 mg	3	QL (1080 per 90 days)
morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml	4	
morphine concentrate oral solution	3	
morphine injection syringe 4 mg/ml	4	
morphine intravenous solution 4 mg/ml	4	
morphine intravenous syringe 4 mg/ml	4	
morphine oral solution	3	
morphine oral tablet	3	
nalbuphine injection solution 10 mg/ml	2	QL (600 per 90 days)
nalbuphine injection solution 20 mg/ml	2	QL (300 per 90 days)
NUCYNTA ORAL TABLET 100 MG	4	QL (543 per 90 days)

Drug Tier: 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drugs 5-Specialty Tier
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HI - Home Infusion HRM - High Risk Medication LA - Limited Availability NEDS - Non Extended Day Supply PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
Brand-name drugs are CAPITALIZED. **Generic** drugs are *lower-case italics*.

This drug list was last updated on 09/01/2020.

Drug Name	Drug Tier	Requirements /Limits
NUCYNTA ORAL TABLET 50 MG	4	QL (1086 per 90 days)
NUCYNTA ORAL TABLET 75 MG	4	QL (726 per 90 days)
<i>oxycodone oral capsule</i>	3	
<i>oxycodone oral concentrate</i>	4	
<i>oxycodone oral solution</i>	4	
<i>oxycodone oral tablet</i>	3	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	3	QL (1080 per 90 days)
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>	2	
<i>oxycodone-aspirin oral tablet</i>	3	QL (1080 per 90 days)
<i>oxymorphone oral tablet</i>	4	
<i>tramadol oral tablet 50 mg</i>	2	QL (720 per 90 days)
<i>tramadol-acetaminophen oral tablet</i>	2	QL (1080 per 90 days)
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine (pf) injection solution 10 mg/ml (1 %)</i>	2	

Drug Tier: 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drugs 5-Specialty Tier
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HI - Home Infusion HRM - High Risk Medication LA - Limited Availability NEDS - Non Extended Day Supply PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
Brand-name drugs are CAPITALIZED. **Generic** drugs are *lower-case italics*.

This drug list was last updated on 09/01/2020.

Drug Name	Drug Tier	Requirements /Limits
<i>lidocaine topical adhesive patch,medicated 5 %</i>	3	PA; QL (270 per 90 days)
<i>lidocaine-prilocaine topical cream</i>	4	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
<i>acamprosate oral tablet,delayed release (dr/ec)</i>	3	
<i>disulfiram oral tablet</i>	3	
OPIOID DEPENDENCE		
<i>buprenorphine hcl sublingual tablet</i>	1	
<i>buprenorphine-naloxone sublingual film</i>	1	
<i>buprenorphine-naloxone sublingual tablet</i>	1	
<i>naltrexone oral tablet</i>	1	
OPIOID REVERSAL AGENTS		
<i>naloxone injection solution</i>	2	
<i>naloxone injection syringe 0.4 mg/ml</i>	2	
<i>naloxone injection syringe 1 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3		ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION	5	PA; NEDS
SMOKING CESSATION AGENTS					
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr</i>	3		<i>gentamicin in nacl (iso-osm)</i>	4	HI
CHANTIX CONTINUING MONTH BOX ORAL TABLET	4		<i>intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>		
CHANTIX ORAL TABLET	4		GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML	4	
CHANTIX STARTING MONTH BOX ORAL TABLETS, DOSE PACK	4		<i>gentamicin injection solution 40 mg/ml</i>	4	
NICOTROL INHALATION CARTRIDGE	4		<i>gentamicin sulfate (ped) (pf) injection solution</i>	4	
NICOTROL NS NASAL SPRAY, NON-AEROSOL	4		<i>gentamicin topical cream</i>	3	
ANTIBACTERIALS			<i>gentamicin topical ointment</i>	3	
AMINOGLYCOSIDES			<i>neomycin oral tablet</i>	2	
<i>amikacin injection solution 500 mg/2 ml</i>	4		<i>paromomycin oral capsule</i>	3	
			<i>tobramycin sulfate injection recon soln</i>	4	
			<i>tobramycin sulfate injection solution</i>	4	
ANTIBACTERIALS, OTHER					

Drug Tier: 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drugs 5-Specialty Tier
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Drug Name	Drug Tier	Requirements /Limits
<i>acetic acid otic (ear) solution</i>	2	
<i>aztreonam injection recon soln 1 gram</i>	4	
<i>clindamycin hcl oral capsule</i>	2	
<i>clindamycin in 5 % dextrose intravenous piggyback</i>	4	HI
<i>clindamycin palmitate hcl oral recon soln</i>	4	
<i>clindamycin pediatric oral recon soln</i>	4	
<i>clindamycin phosphate injection solution</i>	2	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	2	HI
<i>colistin (colistimethate na) injection recon soln</i>	4	HI
<i>daptomycin intravenous recon soln 500 mg</i>	5	HI; NEDS
FIRVANQ ORAL RECON SOLN	4	
<i>linezolid in dextrose 5% intravenous piggyback</i>	5	NEDS

Drug Name	Drug Tier	Requirements /Limits
<i>linezolid oral suspension for reconstitution</i>	5	QL (1680 per 28 days); NEDS
<i>linezolid oral tablet</i>	4	QL (56 per 28 days)
<i>linezolid-0.9% sodium chloride intravenous parenteral solution</i>	5	NEDS
<i>methenamine hippurate oral tablet</i>	3	
<i>metronidazole in nacl (iso-os) intravenous piggyback</i>	4	HI
<i>metronidazole oral tablet</i>	2	
<i>metronidazole topical cream</i>	3	
<i>metronidazole topical gel</i>	4	
<i>metronidazole topical gel with pump</i>	4	
<i>metronidazole topical lotion</i>	4	
<i>metronidazole vaginal gel</i>	4	
MONUROL ORAL PACKET	4	
<i>neomycin-polymyxin b gu irrigation solution</i>	4	

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Drug Name	Drug Tier	Requirements /Limits
<i>nitrofurantoin macrocrystal oral capsule</i>	3	HRM
<i>nitrofurantoin monohyd/m-cryst oral capsule</i>	3	HRM
<i>nitrofurantoin oral suspension</i>	4	HRM
<i>polymyxin b sulfate injection recon soln</i>	4	
<i>tinidazole oral tablet</i>	4	
<i>trimethoprim oral tablet</i>	2	
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML	4	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	4	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg</i>	4	HI
<i>vancomycin intravenous recon soln 750 mg</i>	4	
<i>vancomycin oral capsule 125 mg</i>	4	QL (360 per 90 days)

Drug Name	Drug Tier	Requirements /Limits
<i>vancomycin oral capsule 250 mg</i>	4	QL (720 per 90 days)
<i>vancomycin oral recon soln</i>	4	
<i>vandazole vaginal gel</i>	4	
XENLETA ORAL TABLET	5	NEDS
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (93 per 31 days); NEDS
BETA-LACTAM, CEPHALOSPORINS		
<i>cefaclor oral capsule 250 mg</i>	2	
<i>cefadroxil oral capsule</i>	2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	
<i>cefadroxil oral tablet</i>	2	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	4	HI
<i>cefdinir oral capsule</i>	2	
<i>cefdinir oral suspension for reconstitution</i>	3	
<i>cefpime injection recon soln 1 gram</i>	4	HI

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Drug Name	Drug Tier	Requirements /Limits
<i>cefixime oral suspension for reconstitution</i>	4	
<i>cefoxitin intravenous recon soln</i>	4	HI
<i>cefpodoxime oral suspension for reconstitution</i>	4	
<i>cefpodoxime oral tablet</i>	4	
<i>cefprozil oral suspension for reconstitution</i>	3	
<i>cefprozil oral tablet</i>	3	
<i>ceftazidime injection recon soln</i>	4	HI
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	4	HI
<i>cefuroxime axetil oral tablet</i>	3	
<i>cefuroxime sodium injection recon soln 750 mg</i>	4	HI
<i>cefuroxime sodium intravenous recon soln</i>	4	HI
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	
<i>cephalexin oral suspension for reconstitution</i>	2	

Drug Name	Drug Tier	Requirements /Limits
FETROJA INTRAVENOUS RECON SOLN	5	NEDS
TEFLARO INTRAVENOUS RECON SOLN	4	
BETA-LACTAM, PENICILLINS		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension for reconstitution</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	2	
<i>amoxicillin-pot clavulanate oral tablet</i>	2	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	4	
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	2	
<i>ampicillin oral capsule 250 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	2	

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Drug Name	Drug Tier	Requirements /Limits
<i>ampicillin sodium injection recon soln 1 gram, 125 mg</i>	4	HI
<i>ampicillin sodium injection recon soln 250 mg, 500 mg</i>	4	
<i>ampicillin sodium intravenous recon soln 2 gram</i>	4	
<i>ampicillin-sulbactam injection recon soln</i>	4	HI
BICILLIN C-R INTRAMUSCULAR SYRINGE	4	
BICILLIN L-A INTRAMUSCULAR SYRINGE	4	
<i>dicloxacillin oral capsule</i>	2	
<i>nafcillin in dextrose iso-osm intravenous piggyback</i>	4	
<i>nafcillin injection recon soln</i>	4	
<i>nafcillin intravenous recon soln</i>	4	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback</i>	4	HI
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	4	
<i>oxacillin injection recon soln 2 gram</i>	4	HI

Drug Name	Drug Tier	Requirements /Limits
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML	4	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	4	
<i>penicillin g sodium injection recon soln</i>	4	
<i>penicillin v potassium oral recon soln</i>	2	
<i>penicillin v potassium oral tablet</i>	2	
<i>pfizerpen-g injection recon soln 5 million unit</i>	4	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram</i>	4	
<i>piperacillin-tazobactam intravenous recon soln 4.5 gram</i>	4	HI
CARBAPENEMS		
<i>ertapenem injection recon soln</i>	4	
<i>imipenem-cilastatin intravenous recon soln</i>	4	

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Drug Name	Drug Tier	Requirements /Limits
<i>meropenem</i>	4	
<i>intravenous recon soln</i>		
MACROLIDES		
<i>azithromycin</i>	4	HI
<i>intravenous recon soln</i>		
<i>azithromycin oral packet</i>	3	
<i>azithromycin oral suspension for reconstitution</i>	2	
<i>azithromycin oral tablet</i>	2	
<i>clarithromycin oral suspension for reconstitution</i>	4	
<i>clarithromycin oral tablet</i>	3	
<i>clarithromycin oral tablet extended release 24 hr</i>	3	
DIFICID ORAL TABLET	5	QL (20 per 10 days); NEDS
<i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg</i>	4	

Drug Name	Drug Tier	Requirements /Limits
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	4	
<i>erythromycin oral capsule,delayed release(dr/ec)</i>	4	
<i>erythromycin oral tablet</i>	4	
<i>erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg</i>	4	
QUINOLONES		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	4	HI
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	4	HI
<i>levofloxacin intravenous solution</i>	4	
<i>levofloxacin oral solution</i>	4	
<i>levofloxacin oral tablet</i>	2	

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Drug Name	Drug Tier	Requirements /Limits
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	3	
<i>moxifloxacin oral tablet</i>	3	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2	
SULFONAMIDES		
<i>sulfacetamide sodium (acne) topical suspension</i>	3	
<i>sulfadiazine oral tablet</i>	4	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	2	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
TETRACYCLINES		
<i>demeccycline oral tablet</i>	4	
<i>doxy-100 intravenous recon soln</i>	4	
<i>doxycycline hyclate intravenous recon soln</i>	4	
<i>doxycycline hyclate oral capsule</i>	3	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg, 75 mg</i>	3	

Drug Name	Drug Tier	Requirements /Limits
<i>doxycycline hyclate oral tablet 150 mg</i>	4	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	4	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	3	
<i>minocycline oral capsule</i>	2	
<i>minocycline oral tablet</i>	3	
<i>tetracycline oral capsule</i>	4	
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
<i>BRIVIACT ORAL SOLUTION</i>	5	PA; QL (620 per 31 days); NEDS
<i>BRIVIACT ORAL TABLET</i>	5	PA; QL (62 per 31 days); NEDS
<i>divalproex oral capsule, delayed rel sprinkle</i>	3	
<i>divalproex oral tablet extended release 24 hr</i>	2	

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>divalproex oral tablet, delayed release (dr/ec)</i>	2		<i>levetiracetam oral tablet extended release 24 hr</i>	3	
EPIDIOLEX ORAL SOLUTION	5	PA; NEDS	<i>roweepra oral tablet</i>	2	
<i>felbamate oral suspension</i>	4		<i>roweepra xr oral tablet extended release 24 hr</i>	3	
<i>felbamate oral tablet</i>	4		SPRITAM ORAL TABLET FOR SUSPENSION	4	
FYCOMPA ORAL SUSPENSION	4		<i>subvenite oral tablet</i>	2	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5	NEDS	<i>subvenite starter (blue) kit oral tablets, dose pack</i>	2	
FYCOMPA ORAL TABLET 2 MG	4		<i>subvenite starter (green) kit oral tablets, dose pack</i>	2	
<i>lamotrigine oral tablet</i>	2		<i>subvenite starter (orange) kit oral tablets, dose pack</i>	2	
<i>lamotrigine oral tablet extended release 24hr</i>	4		<i>topiramate oral capsule, sprinkle</i>	2	
<i>lamotrigine oral tablet, chewable dispersible</i>	2		<i>topiramate oral tablet</i>	2	
<i>lamotrigine oral tablet, disintegrating</i>	4		<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	
<i>lamotrigine oral tablets, dose pack</i>	2		<i>valproic acid oral capsule</i>	2	
<i>levetiracetam oral solution</i>	2		XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	4	PA; QL (168 per 84 days)
<i>levetiracetam oral tablet</i>	2				

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Drug Name	Drug Tier	Requirements /Limits
XCOPRI MAINTENANCE PACK ORAL TABLET 350 MG/DAY (200 MG X1-150MG X1)	5	PA; QL (56 per 28 days); NEDS
XCOPRI ORAL TABLET 100 MG, 50 MG	5	PA; QL (31 per 31 days); NEDS
XCOPRI ORAL TABLET 150 MG, 200 MG	5	PA; QL (62 per 31 days); NEDS
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	4	PA; QL (84 per 84 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	5	PA; QL (28 per 28 days); NEDS

CALCIUM CHANNEL MODIFYING AGENTS		
CELONTIN ORAL CAPSULE 300 MG	3	
<i>ethosuximide oral capsule</i>	4	
<i>ethosuximide oral solution</i>	4	

GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS

Drug Name	Drug Tier	Requirements /Limits
<i>clobazam oral suspension</i>	4	PA; QL (1440 per 90 days)
<i>clobazam oral tablet 10 mg</i>	4	PA; QL (180 per 90 days)
<i>clobazam oral tablet 20 mg</i>	4	PA; QL (62 per 31 days)
DIASTAT RECTAL KIT	4	HRM
<i>diazepam rectal kit</i>	4	HRM
<i>gabapentin oral capsule</i>	2	QL (810 per 30 days)
<i>gabapentin oral solution</i>	3	QL (6480 per 90 days)
<i>gabapentin oral tablet 600 mg</i>	2	QL (540 per 90 days)
<i>gabapentin oral tablet 800 mg</i>	2	QL (360 per 90 days)
NAYZILAM NASAL SPRAY,NON-AEROSOL	4	
<i>phenobarbital oral elixir</i>	2	HRM
<i>phenobarbital oral tablet</i>	3	HRM
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 50 mg</i>	4	QL (270 per 90 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	4	QL (180 per 90 days)
<i>pregabalin oral capsule 25 mg, 75 mg</i>	4	QL (360 per 90 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>pregabalin oral solution</i>	4	QL (2700 per 90 days)
<i>primidone oral tablet</i>	2	
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA; NEDS
SYMPAZAN ORAL FILM 5 MG	4	PA
<i>tiagabine oral tablet</i>	4	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	2	
VALTOCO NASAL SPRAY, NON-AEROSOL	4	
<i>vigabatrin oral powder in packet</i>	5	PA; LA; QL (186 per 31 days); NEDS
<i>vigabatrin oral tablet</i>	5	PA; QL (186 per 31 days); NEDS
<i>vigadrone oral powder in packet</i>	5	PA; QL (186 per 31 days); NEDS
SODIUM CHANNEL AGENTS		
APTIOM ORAL TABLET	5	QL (62 per 31 days); NEDS
BANZEL ORAL SUSPENSION	5	NEDS
BANZEL ORAL TABLET	5	NEDS

Drug Name	Drug Tier	Requirements /Limits
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	4	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	4	
<i>carbamazepine oral tablet</i>	3	
<i>carbamazepine oral tablet extended release 12 hr</i>	4	
<i>carbamazepine oral tablet, chewable</i>	3	
DILANTIN 30 MG ORAL CAPSULE	3	
<i>epitol oral tablet</i>	3	
<i>fosphenytoin injection solution 500 mg pe/10 ml</i>	2	
<i>oxcarbazepine oral suspension</i>	4	
<i>oxcarbazepine oral tablet</i>	3	
PEGANONE ORAL TABLET	4	
<i>phenytoin oral suspension</i>	2	
<i>phenytoin oral tablet, chewable</i>	2	
<i>phenytoin sodium extended oral capsule</i>	2	
VIMPAT ORAL SOLUTION	4	QL (3600 per 90 days)

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Drug Name	Drug Tier	Requirements /Limits
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	4	QL (180 per 90 days)
VIMPAT ORAL TABLET 50 MG	4	QL (360 per 90 days)
<i>zonisamide oral capsule</i>	2	
ANTIDEMENTIA AGENTS		
ANTIDEMENTIA AGENTS, OTHER		
<i>ergoloid oral tablet</i>	2	
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	4	
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	4	
CHOLINESTERASE INHIBITORS		
<i>donepezil oral tablet 10 mg, 5 mg</i>	2	QL (90 per 90 days)
<i>donepezil oral tablet 23 mg</i>	4	QL (90 per 90 days)
<i>donepezil oral tablet,disintegrating</i>	2	QL (90 per 90 days)
<i>galantamine oral capsule,ext rel. pellets 24 hr</i>	3	QL (90 per 90 days)
<i>galantamine oral solution</i>	4	
<i>galantamine oral tablet</i>	3	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg</i>	3	QL (270 per 90 days)

Drug Name	Drug Tier	Requirements /Limits
<i>rivastigmine tartrate oral capsule 4.5 mg, 6 mg</i>	3	QL (180 per 90 days)
<i>rivastigmine transdermal patch 24 hour</i>	4	QL (90 per 90 days)
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
<i>memantine oral capsule,sprinkle,er 24hr</i>	4	QL (90 per 90 days)
<i>memantine oral solution</i>	4	QL (1080 per 90 days)
<i>memantine oral tablet</i>	2	QL (180 per 90 days)
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	4	QL (84 per 84 days)
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
<i>bupropion hcl oral tablet</i>	3	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	3	
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	3	
<i>maprotiline oral tablet</i>	3	
<i>mirtazapine oral tablet</i>	2	

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Drug Name	Drug Tier	Requirements /Limits
<i>mirtazapine oral tablet,disintegrating</i>	3	
<i>olanzapine-fluoxetine oral capsule</i>	4	
MONOAMINE OXIDASE INHIBITORS		
EMSAM TRANSDERMAL PATCH 24 HOUR	4	QL (31 per 31 days)
MARPLAN ORAL TABLET	4	
<i>phenelzine oral tablet</i>	3	
<i>tranylcypromine oral tablet</i>	4	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS		
<i>citalopram oral solution</i>	3	
<i>citalopram oral tablet</i>	1	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg</i>	3	QL (360 per 90 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg, 50 mg</i>	3	QL (90 per 90 days)

Drug Name	Drug Tier	Requirements /Limits
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE	4	
<i>duloxetine oral capsule,delayed release(dr/ec)</i>	2	QL (180 per 90 days)
<i>escitalopram oxalate oral solution</i>	4	
<i>escitalopram oxalate oral tablet</i>	2	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	4	ST
FETZIMA ORAL CAPSULE,EXTEN DED RELEASE 24 HR 120 MG, 80 MG	4	ST; QL (90 per 90 days)
FETZIMA ORAL CAPSULE,EXTEN DED RELEASE 24 HR 20 MG, 40 MG	4	ST; QL (180 per 90 days)
<i>fluoxetine oral capsule</i>	2	
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	4	
<i>fluoxetine oral solution</i>	4	
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	2	
<i>fluoxetine oral tablet 60 mg</i>	4	

Drug Tier: 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drugs 5-Specialty Tier
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HI - Home Infusion HRM - High Risk Medication LA - Limited Availability NEDS - Non Extended Day Supply PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
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This drug list was last updated on 09/01/2020.

Drug Name	Drug Tier	Requirements /Limits
<i>fluvoxamine oral capsule,extended release 24hr</i>	4	
<i>fluvoxamine oral tablet</i>	3	
<i>nefazodone oral tablet</i>	3	
<i>paroxetine hcl oral tablet</i>	2	HRM
<i>paroxetine hcl oral tablet extended release 24 hr</i>	3	HRM
<i>paroxetine mesylate(menop.sym) oral capsule</i>	4	HRM
PAXIL ORAL SUSPENSION	4	ST; HRM
<i>sertraline oral concentrate</i>	3	
<i>sertraline oral tablet</i>	2	
<i>trazodone oral tablet</i>	1	
TRINTELLIX ORAL TABLET 10 MG	4	ST; QL (180 per 90 days)
TRINTELLIX ORAL TABLET 20 MG	4	ST; QL (90 per 90 days)
TRINTELLIX ORAL TABLET 5 MG	4	ST; QL (360 per 90 days)
<i>venlafaxine oral capsule,extended release 24hr</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>venlafaxine oral tablet</i>	2	
VIIBRYD ORAL TABLET	4	ST; QL (90 per 90 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	4	ST; QL (90 per 90 days)
TRICYCLICS		
<i>amitriptyline oral tablet</i>	2	PA; HRM
<i>amoxapine oral tablet</i>	3	HRM
<i>clomipramine oral capsule</i>	4	PA; HRM
<i>desipramine oral tablet</i>	4	HRM
<i>doxepin oral capsule</i>	3	PA; HRM
<i>doxepin oral concentrate</i>	3	PA; HRM
<i>imipramine hcl oral tablet</i>	3	PA; HRM
<i>imipramine pamoate oral capsule</i>	4	PA; HRM
<i>nortriptyline oral capsule</i>	2	HRM
<i>nortriptyline oral solution</i>	4	HRM
<i>protriptyline oral tablet</i>	4	HRM
<i>trimipramine oral capsule</i>	4	PA; HRM

ANTIEMETICS

Drug Tier: 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drugs 5-Specialty Tier
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This drug list was last updated on 09/01/2020.

Drug Name	Drug Tier	Requirements /Limits
ANTIEMETICS, OTHER		
<i>compro rectal suppository</i>	4	
<i>droperidol injection solution</i>	2	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	HRM
<i>prochlorperazine maleate oral tablet</i>	2	
<i>prochlorperazine rectal suppository</i>	4	
<i>promethazine injection solution 50 mg/ml</i>	2	
<i>promethazine oral syrup</i>	2	
<i>promethazine oral tablet</i>	2	
<i>promethazine rectal suppository 25 mg</i>	4	
<i>promethegan rectal suppository 25 mg</i>	4	
<i>scopolamine base transdermal patch 3 day</i>	4	HRM
EMETOGENIC THERAPY ADJUNCTS		
<i>aprepitant oral capsule</i>	4	B/D PA
<i>aprepitant oral capsule, dose pack</i>	4	B/D PA
<i>dronabinol oral capsule</i>	4	B/D PA

Drug Name	Drug Tier	Requirements /Limits
<i>EMEND ORAL SUSPENSION FOR RECONSTITUTION</i>	4	B/D PA
<i>granisetron hcl oral tablet</i>	3	B/D PA
<i>ondansetron hcl oral solution</i>	4	B/D PA
<i>ondansetron hcl oral tablet</i>	2	B/D PA
<i>ondansetron oral tablet, disintegrating</i>	2	B/D PA
ANTIFUNGALS		
ANTIFUNGALS		
<i>ABELCET INTRAVENOUS SUSPENSION</i>	5	B/D PA; NEDS
<i>AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION</i>	5	B/D PA; NEDS
<i>amphotericin b injection recon soln</i>	4	B/D PA
<i>caspofungin intravenous recon soln</i>	4	B/D PA
<i>ciclopirox topical cream</i>	3	
<i>ciclopirox topical suspension</i>	3	
<i>clotrimazole mucous membrane troche</i>	2	

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Drug Name	Drug Tier	Requirements /Limits
<i>clotrimazole topical cream</i>	2	
<i>clotrimazole topical solution</i>	3	
<i>econazole topical cream</i>	3	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	5	NEDS
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 50 MG	4	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	4	HI
<i>fluconazole oral suspension for reconstitution</i>	3	
<i>fluconazole oral tablet</i>	2	
<i>flucytosine oral capsule</i>	5	NEDS
<i>griseofulvin microsize oral suspension</i>	4	
<i>griseofulvin microsize oral tablet</i>	4	

Drug Name	Drug Tier	Requirements /Limits
<i>griseofulvin ultramicrosize oral tablet</i>	4	
<i>itraconazole oral capsule</i>	4	
<i>ketoconazole oral tablet</i>	2	
<i>ketoconazole topical cream</i>	3	QL (270 per 90 days)
<i>ketoconazole topical shampoo</i>	2	
<i>ketodan topical foam</i>	2	
MENTAX TOPICAL CREAM	4	
<i>miconazole-3 vaginal suppository</i>	3	
<i>naftifine topical cream</i>	4	
NOXAFIL ORAL SUSPENSION	5	QL (651 per 31 days); NEDS
<i>nyamyc topical powder</i>	2	
<i>nystatin oral suspension</i>	2	
<i>nystatin oral tablet</i>	3	
<i>nystatin topical cream</i>	2	
<i>nystatin topical ointment</i>	2	
<i>nystatin topical powder</i>	2	

Drug Tier: 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drugs 5-Specialty Tier
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Drug Name	Drug Tier	Requirements /Limits
<i>nystop topical powder</i>	2	
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	5	QL (93 per 31 days); NEDS
<i>terbinafine hcl oral tablet</i>	2	
<i>terconazole vaginal cream</i>	3	
<i>terconazole vaginal suppository</i>	4	
<i>voriconazole intravenous recon soln</i>	4	
<i>voriconazole oral suspension for reconstitution</i>	5	NEDS
<i>voriconazole oral tablet</i>	4	

ANTIGOUT AGENTS

ANTIGOUT AGENTS

<i>allopurinol oral tablet</i>	1	
<i>colchicine oral tablet</i>	4	QL (360 per 90 days)
<i>probencid oral tablet</i>	3	
<i>probenecid-colchicine oral tablet</i>	3	

ANTIMIGRAINE AGENTS

ERGOT ALKALOIDS

Drug Name	Drug Tier	Requirements /Limits
<i>dihydroergotamine nasal spray, non-aerosol</i>	5	QL (24 per 90 days); NEDS
<i>migergot rectal suppository</i>	4	

PROPHYLACTIC

<i>AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML</i>	4	PA; QL (3 per 90 days)
<i>AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML</i>	4	PA; QL (6 per 90 days)
<i>AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR</i>	3	PA
<i>AJOVY SYRINGE SUBCUTANEOUS SYRINGE</i>	3	PA

SEROTONIN (5-HT) RECEPTOR AGONISTS

<i>almotriptan malate oral tablet</i>	4	QL (36 per 90 days)
<i>eletriptan oral tablet</i>	4	QL (18 per 90 days)
<i>frovatriptan oral tablet</i>	4	QL (36 per 90 days)
<i>naratriptan oral tablet</i>	3	QL (54 per 90 days)
<i>rizatriptan oral tablet</i>	3	QL (36 per 90 days)

Drug Tier: 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drugs 5-Specialty Tier

Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HI - Home Infusion HRM - High Risk Medication LA - Limited Availability NEDS - Non Extended Day Supply PA - Prior Authorization

QL - Quantity Limit ST - Step Therapy

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Drug Name	Drug Tier	Requirements /Limits
<i>rizatriptan oral tablet,disintegrating</i>	3	QL (36 per 90 days)
<i>sumatriptan nasal spray,non-aerosol</i>	4	QL (36 per 90 days)
<i>sumatriptan succinate oral tablet</i>	2	QL (36 per 90 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml</i>	4	QL (27 per 90 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	4	QL (18 per 90 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i>	4	QL (27 per 90 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	4	QL (18 per 90 days)
<i>sumatriptan succinate subcutaneous solution</i>	4	QL (18 per 90 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	4	QL (18 per 90 days)
<i>zolmitriptan oral tablet</i>	4	QL (18 per 90 days)
<i>zolmitriptan oral tablet,disintegrating</i>	3	QL (18 per 90 days)

Drug Tier: 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drugs 5-Specialty Tier
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Drug Name	Drug Tier	Requirements /Limits
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
<i>guanidine oral tablet</i>	3	
<i>pyridostigmine bromide oral syrup</i>	5	NEDS
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	
<i>pyridostigmine bromide oral tablet extended release</i>	4	
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
<i>dapsone oral tablet</i>	3	
<i>rifabutin oral capsule</i>	4	
ANTITUBERCULARS		
<i>ethambutol oral tablet</i>	3	
<i>isoniazid oral solution</i>	2	
<i>isoniazid oral tablet</i>	2	
PASER ORAL GRANULES DR FOR SUSP IN PACKET	4	
PRETOMANID ORAL TABLET	4	
PRIFTIN ORAL TABLET	4	
<i>pyrazinamide oral tablet</i>	4	

Drug Name	Drug Tier	Requirements /Limits
<i>rifampin intravenous recon soln</i>	4	
<i>rifampin oral capsule</i>	3	
SIRTURO ORAL TABLET 100 MG	5	PA; NEDS
TRECATOR ORAL TABLET	4	
ANTINEOPLASTICS, OTHER		
ANTINEOPLASTICS, OTHER		
LIBTAYO INTRAVENOUS SOLUTION	5	PA; NEDS
ANTINEOPLASTICS		
ALKYLATING AGENTS		
<i>cyclophosphamide oral capsule</i>	3	B/D PA
GLEOSTINE ORAL CAPSULE 10 MG	4	
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG	5	NEDS
LEUKERAN ORAL TABLET	4	
MATULANE ORAL CAPSULE	5	LA; NEDS
<i>melphalan oral tablet</i>	4	B/D PA
VALCHLOR TOPICAL GEL	5	PA; NEDS
ANTIANDROGENS		

Drug Name	Drug Tier	Requirements /Limits
<i>abiraterone oral tablet</i>	5	PA; QL (124 per 31 days); NEDS
<i>bicalutamide oral tablet</i>	3	
ERLEADA ORAL TABLET	5	PA; LA; NEDS
<i>flutamide oral capsule</i>	4	
<i>nilutamide oral tablet</i>	5	NEDS
NUBEQA ORAL TABLET	5	PA; NEDS
<i>toremifene oral tablet</i>	5	NEDS
XTANDI ORAL CAPSULE	5	PA; LA; QL (124 per 31 days); NEDS
YONSA ORAL TABLET	5	PA; NEDS
ANTIANGIOGENIC AGENTS		
POMALYST ORAL CAPSULE	5	PA; LA; QL (31 per 31 days); NEDS
REVLIMID ORAL CAPSULE	5	PA; LA; QL (31 per 31 days); NEDS
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA; LA; QL (31 per 31 days); NEDS
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PA; LA; QL (62 per 31 days); NEDS
ANTIESTROGENS/MODIFIERS		

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Drug Name	Drug Tier	Requirements /Limits
EMCYT ORAL CAPSULE	5	NEDS
SOLTAMOX ORAL SOLUTION	5	NEDS
<i>tamoxifen oral tablet</i>	2	
ANTIMETABOLITES		
DROXIA ORAL CAPSULE	4	
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	3	
<i>hydroxyurea oral capsule</i>	2	
<i>mercaptopurine oral tablet</i>	3	
PURIXAN ORAL SUSPENSION	5	LA; NEDS
TABLOID ORAL TABLET	4	PA
ANTINEOPLASTICS, OTHER		
<i>adriamycin intravenous recon soln 10 mg</i>	4	
ADRIAMYCIN INTRAVENOUS RECON SOLN 50 MG	3	
<i>dexrazoxane hcl intravenous recon soln 500 mg</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	NEDS
ENHERTU INTRAVENOUS RECON SOLN	5	PA; NEDS
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION	5	NEDS
IDHIFA ORAL TABLET	5	PA; LA; QL (31 per 31 days); NEDS
IXEMPRA INTRAVENOUS RECON SOLN	5	NEDS
KISQALI FEMARA CO-PACK ORAL TABLET	5	PA; NEDS
<i>leucovorin calcium injection recon soln 50 mg, 500 mg</i>	4	
<i>leucovorin calcium oral tablet</i>	3	
LONSURF ORAL TABLET	5	PA; LA; NEDS
LUMOXITI INTRAVENOUS RECON SOLN	5	PA; NEDS
NINLARO ORAL CAPSULE	5	PA; NEDS

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Drug Name	Drug Tier	Requirements /Limits
<i>oxaliplatin</i> <i>intravenous recon soln 50 mg</i>	5	NEDS
PADCEV INTRAVENOUS RECON SOLN	5	PA; NEDS
POLIVY INTRAVENOUS RECON SOLN	5	PA; NEDS
SUPPRELIN LA IMPLANT KIT	5	NEDS
SYNRIBO SUBCUTANEOUS RECON SOLN	5	PA; NEDS
<i>valrubicin</i> <i>intravesical solution</i>	3	
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5), 60 MG/WEEK (20 MG X 3), 80 MG/WEEK (20 MG X 4), 80MG TWICE WEEK (160 MG/WEEK)	5	PA; NEDS
ZOLINZA ORAL CAPSULE	5	PA; NEDS
AROMATASE INHIBITORS, 3RD GENERATION		
<i>anastrozole oral tablet</i>	2	
<i>exemestane oral tablet</i>	4	
<i>letrozole oral tablet</i>	2	

Drug Name	Drug Tier	Requirements /Limits
MOLECULAR TARGET INHIBITORS		
AFINITOR	5	PA; NEDS
DISPERZ ORAL TABLET FOR SUSPENSION		
AFINITOR ORAL TABLET 10 MG	5	PA; QL (31 per 31 days); NEDS
ALECensa ORAL CAPSULE	5	PA; LA; NEDS
ALUNBRIG ORAL TABLET	5	PA; LA; NEDS
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; LA; NEDS
AYVAKIT ORAL TABLET	5	PA; NEDS
BALVERSA ORAL TABLET	5	PA; NEDS
BOSULIF ORAL TABLET	5	PA; LA; NEDS
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; NEDS
BRUKINSA ORAL CAPSULE	5	PA; NEDS
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA; LA; QL (31 per 31 days); NEDS
CABOMETYX ORAL TABLET 40 MG	5	PA; LA; QL (62 per 31 days); NEDS
CALQUENCE ORAL CAPSULE	5	PA; LA; NEDS

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Drug Name	Drug Tier	Requirements /Limits
CAPRELSA ORAL TABLET	5	PA; LA; NEDS
COMETRIQ ORAL CAPSULE	5	PA; LA; NEDS
COPIKTRA ORAL CAPSULE	5	PA; NEDS
COTELLIC ORAL TABLET	5	PA; LA; NEDS
DAURISMO ORAL TABLET	5	PA; NEDS
ERIVEDGE ORAL CAPSULE	5	PA; LA; NEDS
<i>erlotinib oral tablet</i>	5	PA; QL (31 per 31 days); NEDS
everolimus (antineoplastic) oral tablet	5	PA; QL (31 per 31 days); NEDS
FARYDAK ORAL CAPSULE 10 MG, 20 MG	5	PA; LA; QL (6 per 21 days); NEDS
FARYDAK ORAL CAPSULE 15 MG	5	PA; QL (6 per 21 days); NEDS
GILOTRIF ORAL TABLET	5	PA; LA; QL (31 per 31 days); NEDS
IBRANCE ORAL CAPSULE	5	PA; LA; QL (21 per 28 days); NEDS
IBRANCE ORAL TABLET	5	PA; QL (21 per 28 days); NEDS

Drug Name	Drug Tier	Requirements /Limits
ICLUSIG ORAL TABLET	5	PA; NEDS
<i>imatinib oral tablet 100 mg</i>	5	PA; QL (186 per 31 days); NEDS
<i>imatinib oral tablet 400 mg</i>	5	PA; QL (62 per 31 days); NEDS
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; LA; QL (124 per 31 days); NEDS
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; LA; QL (31 per 31 days); NEDS
IMBRUVICA ORAL TABLET	5	PA; LA; QL (31 per 31 days); NEDS
INLYTA ORAL TABLET 1 MG	5	PA; LA; QL (186 per 31 days); NEDS
INLYTA ORAL TABLET 5 MG	5	PA; LA; QL (124 per 31 days); NEDS
INREBIC ORAL CAPSULE	5	PA; NEDS
IRESSA ORAL TABLET	5	PA; LA; NEDS
JAKAFI ORAL TABLET	5	PA; LA; QL (62 per 31 days); NEDS
KISQALI ORAL TABLET	5	PA; NEDS
KOSELUGO ORAL CAPSULE	5	PA; NEDS

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 8 MG/DAY (4 MG X 2)	5	PA; LA; NEDS	QINLOCK ORAL TABLET	5	PA; QL (90 per 30 days); NEDS
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 4 MG	5	PA; NEDS	RETEVMO ORAL CAPSULE 40 MG	5	PA; QL (186 per 31 days); NEDS
LORBRENA ORAL TABLET	5	PA; NEDS	RETEVMO ORAL CAPSULE 80 MG	5	PA; QL (124 per 31 days); NEDS
LYNPARZA ORAL TABLET	5	PA; LA; QL (124 per 31 days); NEDS	ROZLYTREK ORAL CAPSULE	5	PA; NEDS
MEKINIST ORAL TABLET	5	PA; NEDS	RUBRACA ORAL TABLET	5	PA; NEDS
MEKTOVI ORAL TABLET	5	PA; NEDS	RYDAPT ORAL CAPSULE	5	PA; NEDS
NERLYNX ORAL TABLET	5	PA; LA; NEDS	SPRYCEL ORAL TABLET 100 MG, 140 MG, 70 MG	5	PA; QL (31 per 31 days); NEDS
NEXAVAR ORAL TABLET	5	PA; LA; NEDS	SPRYCEL ORAL TABLET 20 MG, 50 MG	5	PA; QL (93 per 31 days); NEDS
ODOMZO ORAL CAPSULE	5	PA; LA; NEDS	SPRYCEL ORAL TABLET 80 MG	5	PA; QL (62 per 31 days); NEDS
PEMAZYRE ORAL TABLET	5	PA; NEDS	STIVARGA ORAL TABLET	5	PA; LA; NEDS
PIQRAY ORAL TABLET	5	PA; NEDS	SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 50 MG	5	PA; LA; QL (31 per 31 days); NEDS
			SUTENT ORAL CAPSULE 37.5 MG	5	PA; LA; QL (62 per 31 days); NEDS
			TABRECTA ORAL TABLET	5	PA; QL (112 per 28 days); NEDS

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Drug Name	Drug Tier	Requirements /Limits
TAFINLAR ORAL CAPSULE	5	PA; NEDS
TAGRISSO ORAL TABLET	5	PA; LA; QL (31 per 31 days); NEDS
TALZENNA ORAL CAPSULE	5	PA; NEDS
TASIGNA ORAL CAPSULE 150 MG	5	PA; QL (155 per 31 days); NEDS
TASIGNA ORAL CAPSULE 200 MG	5	PA; QL (124 per 31 days); NEDS
TASIGNA ORAL CAPSULE 50 MG	5	PA; QL (434 per 31 days); NEDS
TAZVERIK ORAL TABLET	5	PA; LA; NEDS
TIBSOVO ORAL TABLET	5	PA; NEDS
TUKYSA ORAL TABLET 150 MG	5	PA; QL (120 per 30 days); NEDS
TUKYSA ORAL TABLET 50 MG	5	PA; QL (300 per 30 days); NEDS
TURALIO ORAL CAPSULE	5	PA; NEDS
TYKERB ORAL TABLET	5	PA; NEDS
VENCLEXTA ORAL TABLET 10 MG, 50 MG	3	PA; LA

Drug Name	Drug Tier	Requirements /Limits
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; NEDS
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK	5	PA; NEDS
VERZENIO ORAL TABLET	5	PA; LA; NEDS
VITRAKVI ORAL CAPSULE	5	PA; NEDS
VITRAKVI ORAL SOLUTION	5	PA; NEDS
VIZIMPRO ORAL TABLET	5	PA; NEDS
VOTRIENT ORAL TABLET	5	PA; NEDS
XALKORI ORAL CAPSULE	5	PA; LA; QL (62 per 31 days); NEDS
XOSPATA ORAL TABLET	5	PA; NEDS
ZEJULA ORAL CAPSULE	5	PA; LA; NEDS
ZELBORAF ORAL TABLET	5	PA; LA; QL (248 per 31 days); NEDS
ZYDELIG ORAL TABLET	5	PA; LA; QL (62 per 31 days); NEDS
ZYKADIA ORAL TABLET	5	PA; NEDS

Drug Tier: 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drugs 5-Specialty Tier
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HI - Home Infusion HRM - High Risk Medication LA - Limited Availability NEDS - Non Extended Day Supply PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
MONOCLONAL ANTIBODIES/ANTIBODY-DRUG CONJUGATE		
SARCLISA INTRAVENOUS SOLUTION	5	PA; NEDS
RETINOIDs		
<i>bexarotene oral capsule</i>	5	PA; NEDS
PANRETIN TOPICAL GEL	3	
TARGRETIN TOPICAL GEL	5	PA; NEDS
<i>tretinoin (antineoplastic) oral capsule</i>	5	NEDS
TREATMENT ADJUNCTS		
MESNEX ORAL TABLET	4	
ANTIPARASITICS		
ANTHELMINTHICS		
<i>albendazole oral tablet</i>	5	NEDS
<i>ivermectin oral tablet</i>	3	
<i>praziquantel oral tablet</i>	3	
ANTIPROTOZOALS		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	5	NEDS

Drug Name	Drug Tier	Requirements /Limits
ALINIA ORAL TABLET	5	NEDS
<i>atovaquone oral suspension</i>	5	NEDS
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	4	
<i>chloroquine phosphate oral tablet</i>	2	
COARTEM ORAL TABLET	3	
<i>hydroxychloroquine oral tablet</i>	1	
<i>mefloquine oral tablet</i>	2	
NEBUPENT INHALATION RECON SOLN	4	B/D PA
<i>pentamidine injection recon soln</i>	4	
PRIMAQUINE ORAL TABLET	3	
<i>pyrimethamine oral tablet</i>	5	NEDS
<i>quinine sulfate oral capsule</i>	4	
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
<i>benztropine injection solution</i>	4	HRM
<i>benztropine oral tablet</i>	2	HRM

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Drug Name	Drug Tier	Requirements /Limits
<i>trihexyphenidyl oral elixir</i>	2	HRM
<i>trihexyphenidyl oral tablet</i>	2	HRM
ANTIPARKINSON AGENTS, OTHER		
<i>amantadine hcl oral capsule</i>	3	
<i>amantadine hcl oral solution</i>	3	
<i>amantadine hcl oral tablet</i>	3	
<i>carbidopa-levodopa-entacapone oral tablet</i>	4	
<i>entacapone oral tablet</i>	4	
<i>tolcapone oral tablet</i>	5	NEDS
DOPAMINE AGONISTS		
<i>APOKYN SUBCUTANEOUS CARTRIDGE</i>	5	LA; QL (93 per 31 days); NEDS
<i>bromocriptine oral capsule</i>	4	
<i>bromocriptine oral tablet</i>	4	
<i>NEUPRO TRANSDERMAL PATCH 24 HOUR</i>	4	
<i>pramipexole oral tablet</i>	2	
<i>pramipexole oral tablet extended release 24 hr</i>	4	

Drug Name	Drug Tier	Requirements /Limits
<i>ropinirole oral tablet</i>	2	
<i>ropinirole oral tablet extended release 24 hr</i>	3	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa oral tablet</i>	4	
<i>carbidopa-levodopa oral tablet</i>	2	
<i>carbidopa-levodopa oral tablet extended release</i>	2	
<i>carbidopa-levodopa oral tablet,disintegrating</i>	3	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
<i>rasagiline oral tablet</i>	4	
<i>selegiline hcl oral capsule</i>	3	
<i>selegiline hcl oral tablet</i>	3	
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
<i>ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED</i>	5	ST; HRM; NEDS
<i>chlorpromazine oral tablet</i>	4	HRM

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Drug Name	Drug Tier	Requirements /Limits
<i>fluphenazine decanoate injection solution</i>	4	HRM
<i>fluphenazine hcl injection solution</i>	4	HRM
<i>fluphenazine hcl oral concentrate</i>	2	HRM
<i>fluphenazine hcl oral elixir</i>	4	HRM
<i>fluphenazine hcl oral tablet</i>	2	HRM
<i>haloperidol decanoate intramuscular solution</i>	4	HRM
<i>haloperidol lactate injection solution</i>	4	HRM
<i>haloperidol lactate oral concentrate</i>	2	HRM
<i>haloperidol oral tablet</i>	2	HRM
<i>loxapine succinate oral capsule</i>	2	HRM
<i>molindone oral tablet</i>	4	HRM
<i>perphenazine oral tablet</i>	3	HRM
<i>pimozide oral tablet</i>	3	HRM
<i>thioridazine oral tablet</i>	3	PA; HRM
<i>thiothixene oral capsule</i>	3	HRM
<i>trifluoperazine oral tablet</i>	3	HRM

Drug Name	Drug Tier	Requirements /Limits
2ND GENERATION/ATYPICAL		
<i>ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON</i>	5	ST; HRM; QL (1 per 28 days); NEDS
<i>ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING</i>	5	ST; HRM; QL (1 per 28 days); NEDS
<i>aripiprazole oral solution</i>	4	HRM; QL (2700 per 90 days)
<i>aripiprazole oral tablet</i>	3	HRM; QL (90 per 90 days)
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	5	HRM; QL (270 per 90 days); NEDS
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	5	HRM; QL (180 per 90 days); NEDS
<i>ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING</i>	5	ST; HRM; NEDS

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRINGE	5	ST; HRM; NEDS	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	ST; HRM; QL (0.25 per 28 days)
CAPLYTA ORAL CAPSULE	5	ST; NEDS	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	ST; HRM; QL (0.5 per 28 days); NEDS
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	4	ST; HRM; QL (180 per 90 days)	INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	5	ST; HRM; QL (0.88 per 28 days); NEDS
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	5	ST; HRM; QL (180 per 90 days); NEDS	INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	5	ST; HRM; QL (1.32 per 28 days); NEDS
FANAPT ORAL TABLETS,DOSE PACK	4	ST; HRM; QL (180 per 90 days)	INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	ST; HRM; QL (1.75 per 28 days); NEDS
GEODON INTRAMUSCULAR RECON SOLN	4	ST; HRM	INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	5	ST; HRM; QL (2.63 per 28 days); NEDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	ST; HRM; QL (0.75 per 28 days); NEDS	LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	5	ST; HRM; QL (31 per 31 days); NEDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	ST; HRM; QL (1 per 28 days); NEDS	LATUDA ORAL TABLET 80 MG	5	ST; HRM; QL (62 per 31 days); NEDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	ST; HRM; QL (1.5 per 28 days); NEDS	NUPLAZID ORAL CAPSULE	5	PA; HRM; QL (31 per 31 days); NEDS

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Drug Name	Drug Tier	Requirements /Limits
NUPLAZID ORAL TABLET 10 MG	5	PA; HRM; QL (31 per 31 days); NEDS
<i>olanzapine intramuscular recon soln</i>	3	HRM
<i>olanzapine oral tablet 10 mg, 2.5 mg</i>	3	HRM; QL (180 per 90 days)
<i>olanzapine oral tablet 15 mg, 20 mg, 5 mg, 7.5 mg</i>	3	HRM; QL (90 per 90 days)
<i>olanzapine oral tablet,disintegrating 10 mg</i>	4	HRM; QL (180 per 90 days)
<i>olanzapine oral tablet,disintegrating 15 mg, 20 mg, 5 mg</i>	4	HRM; QL (90 per 90 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	4	HRM; QL (90 per 90 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	4	HRM; QL (180 per 90 days)
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXT END REL SYR KIT	5	ST; HRM; NEDS
<i>quetiapine oral tablet</i>	2	HRM
<i>quetiapine oral tablet extended release 24 hr</i>	3	HRM

Drug Name	Drug Tier	Requirements /Limits
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	5	ST; HRM; QL (62 per 31 days); NEDS
REXULTI ORAL TABLET 3 MG, 4 MG	5	ST; HRM; QL (31 per 31 days); NEDS
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	4	ST; HRM
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	5	ST; HRM; NEDS
<i>risperidone oral solution</i>	2	HRM
<i>risperidone oral tablet</i>	2	HRM
<i>risperidone oral tablet,disintegrating</i>	3	HRM
SAPHRIS SUBLINGUAL TABLET	5	ST; HRM; QL (180 per 90 days); NEDS
SECUADO TRANSDERMAL PATCH 24 HOUR	5	ST; QL (31 per 31 days); NEDS

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Drug Name	Drug Tier	Requirements /Limits
VRAYLAR ORAL CAPSULE 1.5 MG	5	ST; HRM; QL (62 per 31 days); NEDS
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	5	ST; HRM; QL (31 per 31 days); NEDS
VRAYLAR ORAL CAPSULE,DOSE PACK	4	ST; HRM; QL (31 per 31 days)
<i>ziprasidone hcl oral capsule</i>	3	HRM
<i>ziprasidone mesylate intramuscular recon soln</i>	4	HRM
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	ST; HRM
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG	5	ST; HRM; NEDS
TREATMENT-RESISTANT		
<i>clozapine oral tablet</i>	3	HRM
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg</i>	3	HRM

Drug Name	Drug Tier	Requirements /Limits
CLOZAPINE ORAL TABLET,DISINTEGRATING 150 MG	4	HRM
CLOZAPINE ORAL TABLET,DISINTEGRATING 200 MG	5	HRM; NEDS
VERSACLOZ ORAL SUSPENSION	5	HRM; NEDS
ANTISPASTICITY AGENTS		
ANTISPASTICITY AGENTS		
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	
<i>dantrolene oral capsule</i>	3	
<i>tizanidine oral capsule</i>	3	
<i>tizanidine oral tablet</i>	2	
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
<i>ganciclovir sodium intravenous solution</i>	4	B/D PA
PREVYMIS ORAL TABLET	5	NEDS
<i>valganciclovir oral recon soln</i>	5	NEDS
<i>valganciclovir oral tablet</i>	3	
ANTI-HEPATITIS B (HBV) AGENTS		

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Drug Name	Drug Tier	Requirements /Limits
<i>adefovir oral tablet</i>	5	NEDS
<i>entecavir oral tablet</i>	4	
<i>lamivudine oral tablet 100 mg</i>	3	
ANTI-HEPATITIS C (HCV) AGENTS		
<i>EPCLUSA ORAL TABLET</i>	5	PA; QL (31 per 31 days); NEDS
<i>HARVONI ORAL PELLETS IN PACKET 33.75-150 MG</i>	5	PA; QL (31 per 31 days); NEDS
<i>HARVONI ORAL PELLETS IN PACKET 45-200 MG</i>	5	PA; QL (62 per 31 days); NEDS
<i>HARVONI ORAL TABLET</i>	5	PA; QL (31 per 31 days); NEDS
<i>ribavirin oral capsule</i>	3	
<i>ribavirin oral tablet 200 mg</i>	3	
<i>SOVALDI ORAL PELLETS IN PACKET 150 MG</i>	5	PA; QL (31 per 31 days); NEDS
<i>SOVALDI ORAL PELLETS IN PACKET 200 MG</i>	5	PA; QL (62 per 31 days); NEDS
<i>SOVALDI ORAL TABLET 200 MG</i>	5	PA; QL (62 per 31 days); NEDS

Drug Name	Drug Tier	Requirements /Limits
<i>SOVALDI ORAL TABLET 400 MG</i>	5	PA; QL (31 per 31 days); NEDS
<i>VOSEVI ORAL TABLET</i>	5	PA; QL (31 per 31 days); NEDS
ANTIHERPETIC AGENTS		
<i>acyclovir oral capsule</i>	2	
<i>acyclovir oral suspension 200 mg/5 ml</i>	4	
<i>acyclovir oral tablet</i>	2	
<i>acyclovir sodium intravenous solution</i>	4	B/D PA
<i>famciclovir oral tablet</i>	3	
<i>trifluridine ophthalmic (eye) drops</i>	3	
<i>valacyclovir oral tablet</i>	3	
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
<i>BIKTARVY ORAL TABLET</i>	5	QL (31 per 31 days); NEDS
<i>DOVATO ORAL TABLET</i>	5	NEDS
<i>GENVOYA ORAL TABLET</i>	5	QL (31 per 31 days); NEDS
<i>ISENTRESS HD ORAL TABLET</i>	5	NEDS

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Drug Name	Drug Tier	Requirements /Limits
ISENTRESS ORAL POWDER IN PACKET	3	QL (62 per 31 days)
ISENTRESS ORAL TABLET	5	QL (31 per 31 days); NEDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	NEDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	
JULUCA ORAL TABLET	5	QL (31 per 31 days); NEDS
STRIBILD ORAL TABLET	5	NEDS
TIVICAY ORAL TABLET 10 MG	4	QL (31 per 31 days)
TIVICAY ORAL TABLET 25 MG	5	QL (31 per 31 days); NEDS
TIVICAY ORAL TABLET 50 MG	5	QL (62 per 31 days); NEDS
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
ATRIPLA ORAL TABLET	5	NEDS
COMPLERA ORAL TABLET	5	NEDS
DELSTRIGO ORAL TABLET	5	NEDS
EDURANT ORAL TABLET	5	NEDS

Drug Name	Drug Tier	Requirements /Limits
<i>efavirenz oral capsule</i>	4	
<i>efavirenz oral tablet</i>	5	NEDS
INTELENCE ORAL TABLET 100 MG, 200 MG	5	NEDS
INTELENCE ORAL TABLET 25 MG	4	
<i>nevirapine oral suspension</i>	4	
<i>nevirapine oral tablet</i>	3	
<i>nevirapine oral tablet extended release 24 hr</i>	4	
PIFELTRO ORAL TABLET	5	NEDS
SYMFI LO ORAL TABLET	5	NEDS
SYMFI ORAL TABLET	5	NEDS
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
<i>abacavir oral solution</i>	4	
<i>abacavir oral tablet</i>	4	
<i>abacavir-lamivudine oral tablet</i>	4	
<i>abacavir-lamivudine-zidovudine oral tablet</i>	5	NEDS

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Drug Name	Drug Tier	Requirements /Limits
CIMDUO ORAL TABLET	5	NEDS
DESCOVY ORAL TABLET	5	NEDS
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	4	
EMTRIVA ORAL CAPSULE	4	
EMTRIVA ORAL SOLUTION	4	
<i>lamivudine oral solution</i>	3	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	4	
<i>lamivudine-zidovudine oral tablet</i>	3	
ODEFSEY ORAL TABLET	5	NEDS
<i>stavudine oral capsule</i>	3	
<i>tenofovir disoproxil fumarate oral tablet</i>	4	
TRIUMEQ ORAL TABLET	5	QL (31 per 31 days); NEDS
TRUVADA ORAL TABLET	5	QL (31 per 31 days); NEDS
VIREAD ORAL POWDER	5	NEDS

Drug Name	Drug Tier	Requirements /Limits
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NEDS
<i>zidovudine oral capsule</i>	3	
<i>zidovudine oral syrup</i>	3	
<i>zidovudine oral tablet</i>	3	
ANTI-HIV AGENTS, OTHER		
FUZEON SUBCUTANEOUS RECON SOLN	5	NEDS
SELZENTRY ORAL SOLUTION	5	NEDS
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	5	NEDS
SELZENTRY ORAL TABLET 25 MG	3	
TEMIXYS ORAL TABLET	5	NEDS
TROGARZO INTRAVENOUS SOLUTION	5	NEDS
TYBOST ORAL TABLET	4	
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		
APTIVUS (WITH VITAMIN E) ORAL SOLUTION	5	NEDS

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Drug Name	Drug Tier	Requirements /Limits
APTIVUS ORAL CAPSULE	5	NEDS
<i>atazanavir oral capsule</i>	4	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	3	
EVOTAZ ORAL TABLET	5	NEDS
<i>fosamprenavir oral tablet</i>	5	NEDS
INVIRASE ORAL TABLET	5	NEDS
KALETRA ORAL TABLET 100-25 MG	4	
KALETRA ORAL TABLET 200-50 MG	5	NEDS
LEXIVA ORAL SUSPENSION	4	
<i>lopinavir-ritonavir oral solution</i>	5	NEDS
NORVIR ORAL POWDER IN PACKET	4	
NORVIR ORAL SOLUTION	4	
PREZCOBIX ORAL TABLET	5	QL (31 per 31 days); NEDS
PREZISTA ORAL SUSPENSION	4	QL (414 per 31 days)
PREZISTA ORAL TABLET 150 MG	4	QL (720 per 84 days)

Drug Name	Drug Tier	Requirements /Limits
PREZISTA ORAL TABLET 600 MG	5	QL (62 per 31 days); NEDS
PREZISTA ORAL TABLET 75 MG	4	QL (1440 per 84 days)
PREZISTA ORAL TABLET 800 MG	5	QL (31 per 31 days); NEDS
REYATAZ ORAL POWDER IN PACKET	5	NEDS
<i>ritonavir oral tablet</i>	3	
SYMTUZA ORAL TABLET	5	NEDS
VIRACEPT ORAL TABLET	5	NEDS
ANTI-INFLUENZA AGENTS		
<i>oseltamivir oral capsule 30 mg</i>	3	QL (168 per 180 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	3	QL (84 per 180 days)
<i>oseltamivir oral suspension for reconstitution</i>	3	QL (1050 per 180 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	3	QL (180 per 90 days)
<i>rimantadine oral tablet</i>	3	
ANXIOLYTICS		
ANXIOLYTICS, OTHER		
<i>buspirone oral tablet</i>	2	

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This drug list was last updated on 09/01/2020.

Drug Name	Drug Tier	Requirements /Limits
<i>meprobamate oral tablet</i>	4	HRM
BENZODIAZEPINES		
<i>alprazolam oral tablet</i>	2	HRM; QL (450 per 90 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	HRM; QL (360 per 90 days)
<i>clonazepam oral tablet 2 mg</i>	2	HRM; QL (900 per 90 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	3	HRM; QL (360 per 90 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	3	HRM; QL (900 per 90 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	3	HRM; QL (540 per 90 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	3	HRM; QL (2160 per 90 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	3	HRM; QL (1080 per 90 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	HRM
<i>diazepam oral tablet</i>	3	HRM; QL (360 per 90 days)

Drug Name	Drug Tier	Requirements /Limits
<i>lorazepam intensol oral concentrate</i>	2	HRM; QL (450 per 90 days)
<i>lorazepam oral concentrate</i>	2	HRM; QL (450 per 90 days)
<i>lorazepam oral tablet</i>	2	HRM; QL (450 per 90 days)
BIPOLAR AGENTS		
MOOD STABILIZERS		
<i>lithium carbonate oral capsule</i>	1	
<i>lithium carbonate oral tablet</i>	1	
<i>lithium carbonate oral tablet extended release</i>	2	
<i>lithium citrate oral solution 8 meq/5 ml</i>	3	
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
<i>acarbose oral tablet</i>	1	
<i>alcohol pads topical pads, medicated</i>	2	
<i>BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR</i>	3	QL (10.2 per 84 days)
<i>BYDUREON SUBCUTANEOUS PEN INJECTOR</i>	3	QL (12 per 84 days)

Drug Tier: 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drugs 5-Specialty Tier
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Drug Name	Drug Tier	Requirements /Limits
CYCLOSET ORAL TABLET	4	QL (540 per 90 days)
FARXIGA ORAL TABLET	3	QL (90 per 90 days)
GAUZE PADS 2 X 2	2	
<i>glimepiride oral tablet</i>	1	HRM
<i>glipizide oral tablet</i>	1	
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	QL (180 per 90 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i>	1	QL (270 per 90 days)
<i>glipizide-metformin oral tablet</i>	1	
<i>glyburide micronized oral tablet</i>	2	HRM
<i>glyburide oral tablet</i>	2	HRM
<i>glyburide-metformin oral tablet</i>	2	
INSULIN PEN NEEDLE	2	
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	2	
INVOKAMET ORAL TABLET	3	QL (180 per 90 days)

Drug Name	Drug Tier	Requirements /Limits
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR	3	QL (180 per 90 days)
INVOKANA ORAL TABLET	3	QL (180 per 90 days)
JANUMET ORAL TABLET	3	QL (180 per 90 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR	3	QL (90 per 90 days)
JANUVIA ORAL TABLET	3	QL (90 per 90 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	3	QL (180 per 90 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	3	QL (90 per 90 days)
<i>metformin oral tablet</i>	1	
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	QL (360 per 90 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	QL (180 per 90 days)
<i>metformin oral tablet extended release (osm) 24 hr 1,000 mg</i>	2	QL (180 per 90 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>metformin oral tablet extended release (osm) 24 hr 500 mg</i>	2	QL (450 per 90 days)
<i>miglitol oral tablet</i>	1	
<i>nateglinide oral tablet</i>	1	
NEEDLES, INSULIN DISP.,SAFETY	2	
ONGLYZA ORAL TABLET	3	QL (90 per 90 days)
OZEMPIK SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	3	QL (1.5 per 28 days)
OZEMPIK SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)	3	QL (3 per 28 days)
<i>pioglitazone oral tablet</i>	1	QL (90 per 90 days)
<i>pioglitazone-glimepiride oral tablet</i>	1	QL (90 per 90 days)
<i>pioglitazone-metformin oral tablet</i>	1	QL (270 per 90 days)
<i>repaglinide oral tablet</i>	1	
RYBELSUS ORAL TABLET 14 MG	3	QL (90 per 90 days)

Drug Name	Drug Tier	Requirements /Limits
RYBELSUS ORAL TABLET 3 MG	3	QL (450 per 90 days)
RYBELSUS ORAL TABLET 7 MG	3	QL (180 per 90 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	5	PA; NEDS
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	5	PA; NEDS
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR	3	QL (27 per 90 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR	3	QL (27 per 90 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-1,000 MG, 5-500 MG	3	QL (90 per 90 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (180 per 90 days)
GLYCEMIC AGENTS		
BAQSIMI NASAL SPRAY, NON-AEROSOL	3	
<i>diazoxide oral suspension</i>	4	

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
GLUCAGEN HYPOKIT INJECTION RECON SOLN	3		HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	4	ST
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN	3		HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION	5	NEDS
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN	3		HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN	5	NEDS
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR	3		LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS PEN	3	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR	3		LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION	3	
GVOKE PFS 1- PACK SYRINGE SUBCUTANEOUS SYRINGE	3		NOVOLIN 70/30 U- 100 INSULIN SUBCUTANEOUS SUSPENSION	3	
GVOKE PFS 2- PACK SYRINGE SUBCUTANEOUS SYRINGE	3		NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	3	
KORLYM ORAL TABLET	5	PA; LA; NEDS	NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN	3	
INSULINS					

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Drug Name	Drug Tier	Requirements /Limits
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	3	
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN	3	
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION	3	
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS PEN	3	
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION	3	
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	3	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE	3	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION	3	

Drug Name	Drug Tier	Requirements /Limits
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN	3	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS PEN	3	
BLOOD PRODUCTS AND MODIFIERS		
ANTICOAGULANTS		
BEVYXXA ORAL CAPSULE	4	
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	3	QL (74 per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	3	QL (180 per 90 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (194 per 90 days)
<i>enoxaparin subcutaneous syringe</i>	4	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	NEDS
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
FRAGMIN SUBCUTANEOUS SOLUTION	4		XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (180 per 90 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI- XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 7,500 ANTI-XA UNIT/0.3 ML	5	NEDS	BLOOD PRODUCTS AND MODIFIERS, OTHER		
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI- XA UNIT/0.2 ML	4		<i>anagrelide oral capsule</i>	3	
<i>heparin (porcine) injection solution</i>	3		ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML	5	PA; NEDS
<i>jantoven oral tablet</i>	1		ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA
PRADAXA ORAL CAPSULE	4	QL (180 per 90 days)	ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML, 60 MCG/0.3 ML	4	PA
<i>warfarin oral tablet</i>	1				
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	3	QL (61 per 31 days)			
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (90 per 90 days)			

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Drug Name	Drug Tier	Requirements /Limits
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML	5	PA; NEDS
NEULASTA SUBCUTANEOUS SYRINGE	5	QL (2 per 31 days); NEDS
NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR	5	QL (2 per 31 days); NEDS
NIVESTYM INJECTION SOLUTION	5	NEDS
NIVESTYM SUBCUTANEOUS SYRINGE	5	NEDS
OXBRYTA ORAL TABLET	5	PA; LA; NEDS
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA

Drug Name	Drug Tier	Requirements /Limits
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; NEDS
PROMACTA ORAL TABLET 12.5 MG, 25 MG	5	PA; QL (31 per 31 days); NEDS
PROMACTA ORAL TABLET 50 MG, 75 MG	5	PA; QL (62 per 31 days); NEDS
ZARXIO INJECTION SYRINGE	5	NEDS
HEMOSTASIS AGENTS		
<i>tranexamic acid oral tablet</i>	3	QL (30 per 21 days)
PLATELET MODIFYING AGENTS		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>	4	
BRILINTA ORAL TABLET 60 MG	4	QL (180 per 90 days)
BRILINTA ORAL TABLET 90 MG	4	QL (182 per 90 days)
CABLIVI INJECTION KIT	5	PA; NEDS
<i>cilostazol oral tablet</i>	2	
<i>clopidogrel oral tablet 75 mg</i>	1	QL (90 per 90 days)
DOPTELET (10 TAB PACK) ORAL TABLET	5	PA; NEDS

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Drug Name	Drug Tier	Requirements /Limits
DOPTELET (15 TAB PACK) ORAL TABLET	5	PA; NEDS
DOPTELET (30 TAB PACK) ORAL TABLET	5	PA; NEDS
<i>prasugrel oral tablet</i>	3	
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
<i>clonidine hcl oral tablet</i>	1	HRM
<i>clonidine transdermal patch weekly</i>	4	HRM; QL (12 per 84 days)
<i>midodrine oral tablet</i>	3	
NORTHERA ORAL CAPSULE 100 MG	5	LA; QL (93 per 31 days); NEDS
NORTHERA ORAL CAPSULE 200 MG, 300 MG	5	LA; QL (186 per 31 days); NEDS
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin oral tablet</i>	2	HRM
<i>prazosin oral capsule</i>	2	HRM
<i>terazosin oral capsule</i>	1	HRM
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan oral tablet</i>	1	

Drug Name	Drug Tier	Requirements /Limits
EDARBI ORAL TABLET	4	
<i>irbesartan oral tablet</i>	1	
<i>losartan oral tablet 100 mg, 50 mg</i>	1	QL (180 per 90 days)
<i>losartan oral tablet 25 mg</i>	1	QL (270 per 90 days)
<i>olmesartan oral tablet</i>	1	
<i>telmisartan oral tablet</i>	1	
<i>valsartan oral tablet</i>	1	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
<i>benazepril oral tablet</i>	1	
<i>captopril oral tablet</i>	1	
<i>enalapril maleate oral tablet</i>	1	
<i>fosinopril oral tablet</i>	1	
<i>lisinopril oral tablet</i>	1	
<i>moexipril oral tablet</i>	1	
<i>perindopril erbumine oral tablet</i>	2	
<i>quinapril oral tablet</i>	1	
<i>ramipril oral capsule</i>	1	
<i>trandolapril oral tablet</i>	1	
ANTIARRHYTHMICS		

Drug Tier: 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drugs 5-Specialty Tier
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Drug Name	Drug Tier	Requirements /Limits
<i>amiodarone oral tablet</i>	2	HRM
<i>dofetilide oral capsule</i>	4	
<i>flecainide oral tablet</i>	3	
<i>mexiletine oral capsule</i>	3	
MULTAQ ORAL TABLET	4	HRM; QL (180 per 90 days)
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG	4	HRM
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	HRM
<i>propafenone oral capsule, extended release 12 hr</i>	4	
<i>propafenone oral tablet</i>	3	
<i>quinidine sulfate oral tablet</i>	2	
<i>sorine oral tablet</i>	2	
<i>sotalol af oral tablet</i>	2	
<i>sotalol oral tablet</i>	2	
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol oral capsule</i>	2	
<i>atenolol oral tablet</i>	1	
<i>betaxolol oral tablet</i>	3	

Drug Name	Drug Tier	Requirements /Limits
<i>bisoprolol fumarate oral tablet</i>	2	
<i>carvedilol oral tablet</i>	1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr</i>	4	QL (90 per 90 days)
<i>labetalol oral tablet</i>	2	
<i>metoprolol succinate oral tablet extended release 24 hr</i>	1	QL (180 per 90 days)
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>nadolol oral tablet</i>	3	
<i>pindolol oral tablet</i>	3	
<i>propranolol oral capsule, extended release 24 hr</i>	3	
<i>propranolol oral solution</i>	3	
<i>propranolol oral tablet</i>	2	
<i>timolol maleate oral tablet</i>	1	
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
<i>amlodipine oral tablet</i>	1	
<i>felodipine oral tablet extended release 24 hr</i>	2	QL (90 per 90 days)
<i>isradipine oral capsule</i>	2	

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Drug Name	Drug Tier	Requirements /Limits
<i>nicardipine oral capsule</i>	3	
<i>nifedipine oral tablet extended release</i>	3	QL (90 per 90 days)
<i>nifedipine oral tablet extended release 24hr</i>	3	QL (90 per 90 days)
<i>nimodipine oral capsule</i>	4	
<i>nisoldipine oral tablet extended release 24 hr</i>	4	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
<i>cartia xt oral capsule,extended release 24hr</i>	2	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	2	
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	2	
<i>diltiazem hcl oral capsule,extended release 24hr</i>	2	
<i>diltiazem hcl oral tablet</i>	2	
<i>diltiazem hcl oral tablet extended release 24 hr</i>	2	
<i>dilt-xr oral capsule,ext.rel 24h degradable</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>matzim la oral tablet extended release 24 hr</i>	2	
<i>taztia xt oral capsule,extended release 24 hr</i>	2	
<i>tiadylt er oral capsule,extended release 24 hr</i>	2	
<i>verapamil intravenous solution</i>	4	
<i>verapamil intravenous syringe</i>	4	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	3	
<i>verapamil oral tablet</i>	1	
<i>verapamil oral tablet extended release</i>	2	
CARDIOVASCULAR AGENTS, OTHER		
<i>acetazolamide oral tablet</i>	3	
<i>aliskiren oral tablet</i>	4	QL (90 per 90 days)
<i>amiloride-hydrochlorothiazide oral tablet</i>	2	
<i>amlodipine-atorvastatin oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>amlodipine-benazepril oral capsule</i>	1	
<i>amlodipine-olmesartan oral tablet</i>	4	
<i>amlodipine-valsartan oral tablet</i>	1	
<i>amlodipine-valsartan-hctiazid oral tablet</i>	4	
<i>atenolol-chlorthalidone oral tablet</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet</i>	1	
BIDIL ORAL TABLET	4	
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	2	
<i>candesartan-hydrochlorothiazid oral tablet</i>	1	
<i>captopril-hydrochlorothiazide oral tablet</i>	1	
CORLANOR ORAL SOLUTION	4	QL (1350 per 90 days)
CORLANOR ORAL TABLET	4	QL (180 per 90 days)
DEMSEER ORAL CAPSULE	5	NEDS

Drug Name	Drug Tier	Requirements /Limits
<i>digitek oral tablet 125 mcg (0.125 mg)</i>	2	HRM; QL (90 per 90 days)
<i>digitek oral tablet 250 mcg (0.25 mg)</i>	2	HRM
<i>digox oral tablet 125 mcg (0.125 mg)</i>	2	HRM; QL (90 per 90 days)
<i>digox oral tablet 250 mcg (0.25 mg)</i>	2	HRM
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	3	HRM
<i>digoxin oral tablet 125 mcg (0.125 mg)</i>	2	HRM; QL (90 per 90 days)
<i>digoxin oral tablet 250 mcg (0.25 mg)</i>	2	HRM
EDARBYCLOR ORAL TABLET	4	
<i>enalapril-hydrochlorothiazide oral tablet</i>	1	
ENTRESTO ORAL TABLET	3	QL (180 per 90 days)
<i>fosinopril-hydrochlorothiazide oral tablet</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet</i>	1	
<i>isoproterenol hcl injection solution</i>	4	
<i>lisinopril-hydrochlorothiazide oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>losartan-hydrochlorothiazide oral tablet</i>	1	
<i>metoprolol tar-hydrochlorothiazide oral tablet</i>	2	
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	1	
<i>olmesartanamlodipin-hctiazid oral tablet</i>	4	
<i>olmesartanhydrochlorothiazide oral tablet</i>	1	
<i>pentoxifylline oral tablet extended release</i>	2	
<i>propranololhydrochlorothiazide oral tablet</i>	2	
<i>quinaprilhydrochlorothiazide oral tablet</i>	2	
<i>ranolazine oral tablet extended release 12 hr</i>	4	
<i>spironolactonhydrochlorothiazide oral tablet</i>	2	
TEKTURNA HCT ORAL TABLET	4	QL (90 per 90 days)
<i>telmisartanamlodipine oral tablet</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>telmisartanhydrochlorothiazide oral tablet</i>	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr</i>	4	
<i>triamterenehydrochlorothiazide oral capsule 37.5-25 mg</i>	1	
<i>triamterenehydrochlorothiazide oral tablet</i>	1	
<i>valsartanhydrochlorothiazide oral tablet</i>	1	
DIURETICS, LOOP		
<i>bumetanide injection solution</i>	4	
<i>bumetanide oral tablet</i>	1	
<i>ethacrynic acid oral tablet</i>	4	
<i>furosemide injection solution</i>	4	
<i>furosemide injection syringe</i>	4	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	
<i>furosemide oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>torsemide oral tablet</i>	2	
DIURETICS, POTASSIUM-SPARING		
<i>amiloride oral tablet</i>	3	
<i>eplerenone oral tablet</i>	3	
<i>spironolactone oral tablet</i>	1	
<i>triamterene oral capsule</i>	4	
DIURETICS, THIAZIDE		
<i>chlorothiazide oral tablet 500 mg</i>	2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
<i>hydrochlorothiazide oral capsule</i>	1	
<i>hydrochlorothiazide oral tablet</i>	1	
<i>indapamide oral tablet</i>	2	
<i>metolazone oral tablet</i>	3	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<i>fenofibrate micronized oral capsule</i>	3	QL (90 per 90 days)
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	3	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	QL (90 per 90 days)

Drug Name	Drug Tier	Requirements /Limits
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg</i>	3	QL (90 per 90 days)
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 45 mg</i>	3	QL (270 per 90 days)
<i>fenofibric acid oral tablet</i>	3	
<i>gemfibrozil oral tablet</i>	2	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	1	QL (360 per 90 days)
<i>atorvastatin oral tablet 40 mg</i>	1	QL (180 per 90 days)
<i>atorvastatin oral tablet 80 mg</i>	1	QL (90 per 90 days)
<i>EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE</i>	4	QL (90 per 90 days)
<i>fluvastatin oral capsule 20 mg</i>	1	QL (360 per 90 days)
<i>fluvastatin oral capsule 40 mg</i>	1	QL (180 per 90 days)
<i>fluvastatin oral tablet extended release 24 hr</i>	1	QL (90 per 90 days)
<i>lovastatin oral tablet 10 mg, 20 mg</i>	1	QL (360 per 90 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>lovastatin oral tablet 40 mg</i>	1	QL (180 per 90 days)
<i>pravastatin oral tablet 10 mg, 20 mg</i>	1	QL (360 per 90 days)
<i>pravastatin oral tablet 40 mg</i>	1	QL (180 per 90 days)
<i>pravastatin oral tablet 80 mg</i>	1	QL (90 per 90 days)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	1	QL (360 per 90 days)
<i>rosuvastatin oral tablet 20 mg</i>	1	QL (180 per 90 days)
<i>rosuvastatin oral tablet 40 mg</i>	1	QL (90 per 90 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL (360 per 90 days)
<i>simvastatin oral tablet 40 mg</i>	1	QL (180 per 90 days)
<i>simvastatin oral tablet 80 mg</i>	1	QL (90 per 90 days)
DYSLIPIDEMICS, OTHER		
<i>cholestyramine (with sugar) oral powder</i>	3	
<i>cholestyramine (with sugar) oral powder in packet</i>	3	
<i>cholestyramine light oral powder</i>	3	
<i>cholestyramine light oral powder in packet</i>	3	

Drug Name	Drug Tier	Requirements /Limits
<i>colesevelam oral powder in packet</i>	3	
<i>colesevelam oral tablet</i>	3	
<i>colestipol oral granules</i>	4	
<i>colestipol oral packet</i>	4	
<i>colestipol oral tablet</i>	3	
<i>ezetimibe oral tablet</i>	2	QL (90 per 90 days)
<i>ezetimibe-simvastatin oral tablet</i>	2	QL (90 per 90 days)
<i>niacin oral tablet 500 mg</i>	2	
<i>niacin oral tablet extended release 24 hr</i>	3	
<i>omega-3 acid ethyl esters oral capsule</i>	3	
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR	3	PA; QL (2 per 28 days)
<i>prevalite oral powder</i>	3	
<i>prevalite oral powder in packet</i>	3	
VASCEPA ORAL CAPSULE 1 GRAM	4	

VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS

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Drug Name	Drug Tier	Requirements /Limits
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	3	
<i>isosorbide dinitrate oral tablet 40 mg</i>	1	
<i>isosorbide mononitrate oral tablet</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	2	
<i>nitro-bid transdermal ointment</i>	3	
<i>nitroglycerin sublingual tablet</i>	3	
<i>nitroglycerin transdermal patch 24 hour</i>	2	
<i>nitroglycerin translingual spray, non-aerosol</i>	4	
RECTIV RECTAL OINTMENT	4	
VASODILATORS, DIRECT-ACTING ARTERIAL		
<i>hydralazine oral tablet</i>	2	
<i>minoxidil oral tablet</i>	2	
CENTRAL NERVOUS SYSTEM AGENTS		

Drug Name	Drug Tier	Requirements /Limits
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
<i>dextroamphetamine oral tablet</i>	3	QL (540 per 90 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 5 mg</i>	3	QL (270 per 90 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 30 mg</i>	3	QL (180 per 90 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	3	QL (270 per 90 days)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	3	QL (180 per 90 days)
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg, 60 mg</i>	4	QL (180 per 90 days)
<i>atomoxetine oral capsule 100 mg, 80 mg</i>	4	QL (90 per 90 days)
<i>guanfacine oral tablet extended release 24 hr</i>	2	HRM

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Drug Name	Drug Tier	Requirements /Limits
<i>metadate er oral tablet extended release</i>	4	QL (450 per 90 days)
<i>methylphenidate hcl oral solution</i>	4	
<i>methylphenidate hcl oral tablet</i>	3	QL (270 per 90 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	4	QL (270 per 90 days)
<i>methylphenidate hcl oral tablet extended release 20 mg</i>	4	QL (450 per 90 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 36 mg, 36 mg (bx rating), 54 mg, 54 mg (bx rating)</i>	4	QL (180 per 90 days)
CENTRAL NERVOUS SYSTEM, OTHER		
<i>FIRDAPSE ORAL TABLET</i>	5	PA; NEDS
<i>NEOSTIGMINE METHYLSULFATE INTRAVENOUS SYRINGE 3 MG/3 ML (1 MG/ML)</i>	3	
<i>NUEDEXTA ORAL CAPSULE</i>	4	PA; QL (180 per 90 days)
<i>riluzole oral tablet</i>	3	

Drug Name	Drug Tier	Requirements /Limits
<i>RUZURGI ORAL TABLET</i>	5	PA; NEDS
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; QL (248 per 31 days); NEDS
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; QL (124 per 31 days); NEDS
FIBROMYALGIA AGENTS		
<i>SAVELLA ORAL TABLET</i>	3	PA; QL (180 per 90 days)
<i>SAVELLA ORAL TABLETS,DOSE PACK</i>	3	PA; QL (165 per 84 days)
MULTIPLE SCLEROSIS AGENTS		
<i>BETASERON SUBCUTANEOUS KIT</i>	5	PA; QL (14 per 28 days); NEDS
<i>dalfampridine oral tablet extended release 12 hr</i>	5	PA; QL (62 per 31 days); NEDS
<i>GILENYA ORAL CAPSULE 0.5 MG</i>	5	PA; QL (31 per 31 days); NEDS
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; QL (31 per 31 days); NEDS
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; QL (12 per 28 days); NEDS
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; QL (31 per 31 days); NEDS

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Drug Name	Drug Tier	Requirements /Limits
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; QL (12 per 28 days); NEDS
TECFIDERA ORAL CAPSULE,DELAY ED RELEASE(DR/EC)	5	PA; QL (62 per 31 days); NEDS

DENTAL AND ORAL AGENTS

DENTAL AND ORAL AGENTS		
<i>cevimeline oral capsule</i>	4	
<i>chlorhexidine gluconate mucous membrane mouthwash</i>	2	
<i>oralone dental paste</i>	3	
<i>paroex oral rinse mucous membrane mouthwash</i>	2	
<i>periogard mucous membrane mouthwash</i>	2	
<i>pilocarpine hcl oral tablet</i>	4	
<i>triamcinolone acetonide dental paste</i>	3	

DERMATOLOGICAL AGENTS

ACNE AND ROSACEA AGENTS		
<i>acitretin oral capsule 10 mg, 25 mg</i>	4	

Drug Name	Drug Tier	Requirements /Limits
<i>acitretin oral capsule 17.5 mg</i>	5	NEDS
<i>adapalene topical cream</i>	4	
<i>adapalene topical gel 0.1 %</i>	3	
<i>amnesteem oral capsule</i>	4	PA
<i>azelaic acid topical gel</i>	4	
<i>claravis oral capsule</i>	4	PA
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	3	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	4	
<i>erythromycin-benzoyl peroxide topical gel</i>	4	
<i>isotretinoin oral capsule</i>	4	PA
<i>myorisan oral capsule</i>	4	PA
<i>tazarotene topical cream</i>	4	
TAZORAC TOPICAL CREAM 0.05 %	4	
<i>tretinoin topical cream</i>	4	
<i>tretinoin topical gel</i>	4	
<i>zenatane oral capsule</i>	4	PA

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Drug Name	Drug Tier	Requirements /Limits
DERMATITIS AND PRURITUS AGENTS		
<i>alclometasone topical cream</i>	3	
<i>alclometasone topical ointment</i>	3	
<i>amcinonide topical cream</i>	4	
<i>amcinonide topical lotion</i>	4	
<i>amcinonide topical ointment</i>	4	
<i>ammonium lactate topical cream</i>	3	
<i>ammonium lactate topical lotion</i>	3	
<i>apexicon e topical cream</i>	4	
<i>betamethasone dipropionate topical cream</i>	3	
<i>betamethasone dipropionate topical lotion</i>	3	
<i>betamethasone valerate topical cream</i>	3	
<i>betamethasone valerate topical lotion</i>	3	
<i>betamethasone valerate topical ointment</i>	3	

Drug Name	Drug Tier	Requirements /Limits
<i>betamethasone, augmented topical gel</i>	4	
<i>betamethasone, augmented topical lotion</i>	4	
<i>betamethasone, augmented topical ointment</i>	4	
<i>clobetasol scalp solution</i>	3	
<i>clobetasol topical cream</i>	3	
<i>clobetasol topical foam</i>	4	
<i>clobetasol topical gel</i>	4	
<i>clobetasol topical lotion</i>	4	
<i>clobetasol topical ointment</i>	3	
<i>clobetasol topical shampoo</i>	4	
<i>clobetasol topical spray,non-aerosol</i>	4	
<i>clobetasol-emollient topical cream</i>	4	
<i>clobetasol-emollient topical foam</i>	4	
<i>clodan topical shampoo</i>	4	
<i>desonide topical cream</i>	4	

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Drug Name	Drug Tier	Requirements /Limits
<i>desonide topical lotion</i>	4	
<i>desonide topical ointment</i>	4	
<i>desoximetasone topical cream</i>	4	
<i>desoximetasone topical gel</i>	4	
<i>desoximetasone topical ointment</i>	4	
<i>diflorasone topical cream</i>	4	
<i>diflorasone topical ointment</i>	4	
<i>fluocinolone and shower cap scalp oil</i>	4	
<i>fluocinolone topical cream</i>	4	
<i>fluocinolone topical ointment</i>	4	
<i>fluocinolone topical solution</i>	4	
<i>fluocinonide topical cream 0.1 %</i>	3	
<i>fluocinonide topical gel</i>	4	
<i>fluocinonide topical ointment</i>	4	
<i>fluocinonide topical solution</i>	3	
<i>fluocinonide-e topical cream</i>	3	

Drug Name	Drug Tier	Requirements /Limits
<i>fluocinonide-emollient topical cream</i>	3	
<i>fluticasone propionate topical cream</i>	3	
<i>fluticasone propionate topical ointment</i>	3	
<i>halobetasol propionate topical cream</i>	4	
<i>halobetasol propionate topical ointment</i>	4	
<i>hydrocortisone butyrate topical ointment</i>	4	
<i>hydrocortisone topical cream 2.5 %</i>	2	
<i>hydrocortisone topical lotion 2.5 %</i>	2	
<i>hydrocortisone topical ointment 2.5 %</i>	2	
<i>hydrocortisone valerate topical cream</i>	4	
<i>hydrocortisone valerate topical ointment</i>	4	
<i>mometasone topical cream</i>	2	
<i>mometasone topical ointment</i>	2	

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Drug Name	Drug Tier	Requirements /Limits
<i>mometasone topical solution</i>	2	
PANDEL TOPICAL CREAM	4	
<i>pimecrolimus topical cream</i>	4	
<i>prednicarbate topical ointment</i>	3	
<i>procto-med hc topical cream with perineal applicator</i>	3	
<i>proctosol hc topical cream with perineal applicator</i>	3	
<i>proctozone-hc topical cream with perineal applicator</i>	3	
<i>selenium sulfide topical lotion</i>	2	
<i>tacrolimus topical ointment</i>	4	
<i>tovet emollient topical foam</i>	4	
<i>triamcinolone acetonide topical cream</i>	2	
<i>triamcinolone acetonide topical lotion</i>	3	
<i>triamcinolone acetonide topical ointment</i>	2	
<i>triderm topical cream</i>	2	

Drug Name	Drug Tier	Requirements /Limits
DERMATOLOGICAL AGENTS, OTHER		
ANALPRAM-HC RECTAL CREAM 1-1 %	4	
<i>calcipotriene scalp solution</i>	4	PA; QL (180 per 90 days)
<i>calcipotriene topical cream</i>	4	PA; QL (360 per 90 days)
<i>calcipotriene topical ointment</i>	3	PA; QL (360 per 90 days)
<i>calcitriol topical ointment</i>	4	
<i>clotrimazole-betamethasone topical cream</i>	3	
<i>clotrimazole-betamethasone topical lotion</i>	4	
DUOBRII TOPICAL LOTION	5	NEDS
<i>fluorouracil topical cream 5 %</i>	4	
<i>fluorouracil topical solution</i>	3	
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	4	
<i>imiquimod topical cream in packet</i>	3	
<i>methoxsalen oral capsule, liqd-filled, rapid rel</i>	5	NEDS

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Drug Name	Drug Tier	Requirements /Limits
<i>nystatin-triamcinolone topical cream</i>	3	
<i>nystatin-triamcinolone topical ointment</i>	3	
PICATO TOPICAL GEL 0.015 %	5	QL (3 per 31 days); NEDS
PICATO TOPICAL GEL 0.05 %	5	QL (2 per 31 days); NEDS
<i>podofilox topical solution</i>	4	
SANTYL TOPICAL OINTMENT	4	
<i>silver sulfadiazine topical cream</i>	3	
<i>ssd topical cream</i>	3	
PEDICULICIDES/SCABICIDES		
<i>crotan topical lotion</i>	4	
<i>lindane topical shampoo</i>	4	
<i>malathion topical lotion</i>	4	
<i>permethrin topical cream</i>	3	
SKLICE TOPICAL LOTION	4	
TOPICAL ANTI-INFECTIVES		
<i>acyclovir topical ointment</i>	4	
<i>ciclodan topical solution</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>ciclopirox topical gel</i>	3	
<i>ciclopirox topical shampoo</i>	3	
<i>ciclopirox topical solution</i>	2	
<i>clindacin etz topical swab</i>	3	
<i>clindacin p topical swab</i>	3	
<i>clindamycin phosphate topical gel</i>	3	
<i>clindamycin phosphate topical lotion</i>	3	
<i>clindamycin phosphate topical solution</i>	3	
<i>clindamycin phosphate topical swab</i>	3	
<i>clindamycin phosphate vaginal cream</i>	4	
<i>ery pads topical swab</i>	3	
<i>erythromycin with ethanol topical gel</i>	2	
<i>erythromycin with ethanol topical solution</i>	2	
<i>mupirocin calcium topical cream</i>	4	

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Drug Name	Drug Tier	Requirements /Limits
<i>mupirocin topical ointment</i>	2	
ELECTROLYTES/MINERALS/METALS/VITAMINS		
ELECTROLYTE/MINERAL REPLACEMENT		
<i>calcium chloride intravenous solution</i>	4	
<i>calcium chloride intravenous syringe</i>	4	
<i>calcium gluconate intravenous solution</i>	4	
CARBAGLU ORAL TABLET, DISPERSIBLE	5	LA; NEDS
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	4	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	4	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	4	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	4	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution</i>	4	B/D PA

Drug Name	Drug Tier	Requirements /Limits
<i>dextrose 20 % in water (d20w) intravenous parenteral solution</i>	4	
<i>dextrose 30 % in water (d30w) intravenous parenteral solution</i>	4	
<i>dextrose 40 % in water (d40w) intravenous parenteral solution</i>	4	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	4	
<i>dextrose 5 % in water (d5w) intravenous piggyback</i>	4	
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	4	
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	4	
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	4	
<i>dextrose 70 % in water (d70w) intravenous parenteral solution</i>	4	

Drug Tier: 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drugs 5-Specialty Tier
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HI - Home Infusion HRM - High Risk Medication LA - Limited Availability NEDS - Non Extended Day Supply PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
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This drug list was last updated on 09/01/2020.

Drug Name	Drug Tier	Requirements /Limits
<i>dextrose with sodium chloride intravenous parenteral solution</i>	4	
FREAMINE HBC 6.9 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
<i>freamine iii 10 % intravenous parenteral solution</i>	2	B/D PA
<i>intralipid intravenous emulsion 20 %</i>	4	B/D PA
INTRALIPID INTRAVENOUS EMULSION 30 %	4	B/D PA
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	4	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
<i>klor-con 10 oral tablet extended release</i>	3	
<i>klor-con 8 oral tablet extended release</i>	3	

Drug Name	Drug Tier	Requirements /Limits
<i>klor-con m10 oral tablet,er particles/crystals</i>	2	
<i>klor-con m15 oral tablet,er particles/crystals</i>	2	
<i>klor-con m20 oral tablet,er particles/crystals</i>	2	
<i>levocarnitine (with sugar) oral solution</i>	4	
<i>levocarnitine oral solution 100 mg/ml</i>	4	
<i>levocarnitine oral tablet</i>	3	
<i>magnesium sulfate injection syringe</i>	4	
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA	<i>potassium chloride</i> <i>in water intravenous</i> <i>piggyback 10</i> <i>meq/50 ml, 20</i> <i>meq/50 ml, 30</i> <i>meq/100 ml</i>	4	
<i>potassium acetate</i> <i>intravenous solution</i> <i>2 meq/ml</i>	4		<i>potassium chloride</i> <i>oral capsule,</i> <i>extended release</i>	2	
<i>potassium chlorid-</i> <i>d5-0.45%nacl</i> <i>intravenous</i> <i>parenteral solution</i>	4		<i>potassium chloride</i> <i>oral liquid</i>	4	
<i>potassium chloride</i> <i>in 0.9%nacl</i> <i>intravenous</i> <i>parenteral solution</i> <i>20 meq/l, 40 meq/l</i>	4		<i>potassium chloride</i> <i>oral packet</i>	3	
<i>potassium chloride</i> <i>in 5 % dex</i> <i>intravenous</i> <i>parenteral solution</i> <i>20 meq/l, 30 meq/l,</i> <i>40 meq/l</i>	4		<i>potassium chloride</i> <i>oral tablet extended</i> <i>release</i>	2	
<i>potassium chloride</i> <i>in lr-d5 intravenous</i> <i>parenteral solution</i> <i>20 meq/l</i>	4		<i>potassium chloride</i> <i>oral tablet,er</i> <i>particles/crystals</i>	2	
<i>potassium chloride</i> <i>in water intravenous</i> <i>piggyback 10</i> <i>meq/100 ml, 20</i> <i>meq/100 ml, 40</i> <i>meq/100 ml</i>	4	HI	<i>potassium chloride-</i> <i>0.45 % nacl</i> <i>intravenous</i> <i>parenteral solution</i>	4	
			<i>potassium chloride-</i> <i>d5-0.2%nacl</i> <i>intravenous</i> <i>parenteral solution</i> <i>20 meq/l, 30 meq/l,</i> <i>40 meq/l</i>	4	
			<i>potassium chloride-</i> <i>d5-0.3%nacl</i> <i>intravenous</i> <i>parenteral solution</i> <i>20 meq/l</i>	4	

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Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution</i>	4	
<i>potassium citrate oral tablet extended release</i>	3	
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	4	
<i>premasol 10 % intravenous parenteral solution</i>	4	B/D PA
<i>prenatal vitamin oral tablet</i>	2	
<i>sodium acetate intravenous solution</i>	4	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	4	HI
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	4	
<i>sodium chloride 0.9 % intravenous piggyback</i>	4	
<i>sodium chloride 3 % intravenous parenteral solution</i>	4	
<i>sodium chloride 5 % intravenous parenteral solution</i>	4	

Drug Name	Drug Tier	Requirements /Limits
<i>sodium chloride intravenous parenteral solution</i>	4	
<i>sodium chloride irrigation solution</i>	3	
<i>sodium phosphate intravenous solution</i>	4	
<i>travasol 10 % intravenous parenteral solution</i>	4	B/D PA
ELECTROLYTE/MINERAL/METAL MODIFIERS		
<i>CHEMET ORAL CAPSULE</i>	3	
<i>deferasirox oral tablet</i>	5	PA; NEDS
<i>deferasirox oral tablet, dispersible</i>	5	NEDS
<i>D-PENAMINE ORAL TABLET</i>	4	
<i>JYNARQUE ORAL TABLET</i>	5	PA; NEDS
<i>JYNARQUE ORAL TABLETS, SEQUENTIAL</i>	5	PA; NEDS
<i>SAMSCA ORAL TABLET</i>	5	PA; NEDS
<i>sps (with sorbitol) rectal enema</i>	3	
<i>trientine oral capsule</i>	5	PA; NEDS
PHOSPHATE BINDERS		

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Drug Name	Drug Tier	Requirements /Limits
AURYXIA ORAL TABLET	5	PA; NEDS
<i>calcium acetate(phosphat bind) oral capsule</i>	3	
<i>calcium acetate(phosphat bind) oral tablet</i>	3	
FOSRENOL ORAL POWDER IN PACKET	4	
<i>lanthanum oral tablet, chewable</i>	4	
PHOSLYRA ORAL SOLUTION	4	
<i>sevelamer carbonate oral powder in packet</i>	4	
<i>sevelamer carbonate oral tablet</i>	4	QL (1620 per 90 days)
<i>sevelamer hcl oral tablet</i>	4	
POTASSIUM BINDERS		
<i>kionex (with sorbitol) oral suspension</i>	3	
<i>sodium polystyrene sulfonate oral powder</i>	3	
<i>sps (with sorbitol) oral suspension</i>	3	
VELTASSA ORAL POWDER IN PACKET	4	

Drug Name	Drug Tier	Requirements /Limits
GASTROINTESTINAL AGENTS		
ANTI-CONSTIPATION AGENTS		
<i>constulose oral solution</i>	2	
<i>enulose oral solution</i>	2	
<i>generlac oral solution</i>	2	
<i>lactulose oral solution</i>	2	
LINZESS ORAL CAPSULE	3	QL (90 per 90 days)
MOVANTIK ORAL TABLET	4	PA
RELISTOR ORAL TABLET	5	PA; NEDS
RELISTOR SUBCUTANEOUS SOLUTION	5	PA; QL (16.8 per 28 days); NEDS
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	5	PA; QL (16.8 per 28 days); NEDS
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	5	PA; QL (11.2 per 28 days); NEDS
TRULANCE ORAL TABLET	3	QL (90 per 90 days)
ANTI-DIARRHEAL AGENTS		
<i>alosetron oral tablet</i>	5	PA; QL (62 per 31 days); NEDS

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Drug Name	Drug Tier	Requirements /Limits
diphenoxylate-atropine oral liquid	4	HRM
diphenoxylate-atropine oral tablet	3	HRM
loperamide oral capsule	2	
ANTISPASMODICS, GASTROINTESTINAL		
dicyclomine oral capsule	2	HRM
dicyclomine oral solution	3	HRM
dicyclomine oral tablet	2	HRM
glycopyrrolate oral tablet 1 mg, 2 mg	3	
glycopyrrolate oral tablet 1.5 mg	2	
methscopolamine oral tablet	3	
GASTROINTESTINAL AGENTS, OTHER		
atropine injection solution 0.4 mg/ml	4	
GATTEX 30-VIAL SUBCUTANEOUS KIT	5	PA; LA; NEDS
GATTEX ONE-VIAL SUBCUTANEOUS KIT	5	PA; NEDS
gavilyte-c oral recon soln	2	

Drug Name	Drug Tier	Requirements /Limits
gavilyte-g oral recon soln	2	
gavilyte-n oral recon soln	2	
GOLYTELY ORAL POWDER IN PACKET	4	
metoclopramide hcl oral solution	2	HRM
metoclopramide hcl oral tablet	2	HRM
MYALEPT SUBCUTANEOUS RECON SOLN	5	PA; LA; NEDS
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	2	
peg-electrolyte oral recon soln	2	
polyethylene glycol 3350 oral powder	2	
SUPREP BOWEL PREP KIT ORAL RECON SOLN	4	
trilyte with flavor packets oral recon soln	2	
ursodiol oral capsule	3	
ursodiol oral tablet	4	
HISTAMINE2 (H2) PTOR ANTAGONISTS		

Drug Tier: 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drugs 5-Specialty Tier
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Drug Name	Drug Tier	Requirements /Limits
<i>famotidine oral suspension</i>	4	
<i>famotidine oral tablet 20 mg, 40 mg</i>	2	
<i>nizatidine oral capsule</i>	2	
<i>nizatidine oral solution</i>	4	
PROTECTANTS		
<i>misoprostol oral tablet</i>	3	
<i>sucralfate oral tablet</i>	2	
PROTON PUMP INHIBITORS		
<i>lansoprazole oral capsule, delayed release(dr/ec)</i>	2	
<i>omeprazole oral capsule, delayed release(dr/ec)</i>	2	QL (180 per 90 days)
<i>pantoprazole oral tablet, delayed release (dr/ec)</i>	1	QL (180 per 90 days)
GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
GENETIC OR ENZYME: REPLACEMENT, MODIFIERS, TREATMENT		
<i>nitisinone oral capsule</i>	5	NEDS

Drug Name	Drug Tier	Requirements /Limits
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
CERDELGA ORAL CAPSULE	5	LA; NEDS
CHOLBAM ORAL CAPSULE	5	PA; NEDS
CREON ORAL CAPSULE,DELAY ED RELEASE(DR/EC)	3	
<i>cromolyn oral concentrate</i>	4	
CYSTADANE ORAL POWDER	5	NEDS
CYSTAGON ORAL CAPSULE	4	LA
CYSTARAN OPHTHALMIC (EYE) DROPS	5	NEDS
ENDARI ORAL POWDER IN PACKET	5	LA; NEDS
GALAFOLD ORAL CAPSULE	5	PA; NEDS
KUVAN ORAL POWDER IN PACKET	5	PA; LA; NEDS

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Drug Name	Drug Tier	Requirements /Limits
KUVAN ORAL TABLET,SOLUBLE	5	PA; LA; NEDS
<i>miglustat oral capsule</i>	5	PA; LA; NEDS
NITYR ORAL TABLET	5	PA; NEDS
PANCREAZE ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600- 6,200- 10,850 UNIT, 21,000-54,700- 83,900 UNIT, 4,200- 14,200- 24,600 UNIT	4	ST
PERTZYE ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 24,000-86,250- 90,750 UNIT	4	
<i>plenamine intravenous parenteral solution</i>	4	B/D PA
RAVICTI ORAL LIQUID	5	PA; LA; NEDS
REVCOV INTRAMUSCULAR SOLUTION	5	PA; NEDS

Drug Name	Drug Tier	Requirements /Limits
<i>sodium phenylbutyrate oral powder</i>	5	NEDS
<i>sodium phenylbutyrate oral tablet</i>	5	NEDS
TEGSEDI SUBCUTANEOUS SYRINGE	5	PA; NEDS
VYNDAMAX ORAL CAPSULE	5	PA; QL (31 per 31 days); NEDS
VYNDAQEL ORAL CAPSULE	5	PA; QL (124 per 31 days); NEDS
ZEMAIRA INTRAVENOUS RECON SOLN	5	PA; LA; NEDS
ZENPEP ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	4	ST

GENITOURINARY AGENTS

Drug Tier: 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drugs 5-Specialty Tier
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Drug Name	Drug Tier	Requirements /Limits
ANTISPASMODICS, URINARY		
<i>flavoxate oral tablet</i>	3	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	QL (90 per 90 days)
<i>oxybutynin chloride oral syrup</i>	2	
<i>oxybutynin chloride oral tablet</i>	2	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	3	QL (180 per 90 days)
<i>solifenacin oral tablet</i>	4	
<i>tolterodine oral capsule,extended release 24hr</i>	4	
<i>tolterodine oral tablet</i>	4	QL (180 per 90 days)
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR	3	
<i>trospium oral capsule,extended release 24hr</i>	2	QL (90 per 90 days)
<i>trospium oral tablet</i>	4	
BENIGN PROSTATIC HYPERPLASIA AGENTS		
<i>alfuzosin oral tablet extended release 24 hr</i>	1	QL (90 per 90 days)

Drug Name	Drug Tier	Requirements /Limits
<i>dutasteride oral capsule</i>	3	QL (90 per 90 days)
<i>finasteride oral tablet 5 mg</i>	2	
<i>tamsulosin oral capsule</i>	2	QL (180 per 90 days)
GENITOURINARY AGENTS, OTHER		
<i>bethanechol chloride oral tablet</i>	3	
DEPEN TITRATABS ORAL TABLET	4	
ELMIRON ORAL CAPSULE	5	NEDS
<i>penicillamine oral tablet</i>	4	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MOD IFYING (ADRENAL)		
<i>betamethasone dipropionate topical ointment</i>	4	
<i>betamethasone, augmented topical cream</i>	3	
<i>cortisone oral tablet</i>	4	
<i>decadron oral tablet</i>	2	
<i>dexamethasone intensol oral drops</i>	3	

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Drug Name	Drug Tier	Requirements /Limits
<i>dexamethasone oral elixir</i>	2	
<i>dexamethasone oral solution</i>	2	
<i>dexamethasone oral tablet</i>	2	
<i>fludrocortisone oral tablet</i>	2	
<i>fluocinolone topical oil</i>	4	
<i>fluocinonide topical cream 0.05 %</i>	3	
<i>methylprednisolone oral tablet</i>	2	
<i>methylprednisolone oral tablets,dose pack</i>	2	
<i>prednisolone oral solution 15 mg/5 ml</i>	2	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	
<i>prednisone intensol oral concentrate</i>	2	
<i>prednisone oral solution</i>	2	
<i>prednisone oral tablet</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>prednisone oral tablets,dose pack</i>	2	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)		
<i>desmopressin injection solution</i>	4	HRM
<i>desmopressin nasal spray with pump</i>	4	HRM
<i>desmopressin nasal spray,non-aerosol</i>	4	HRM
<i>desmopressin oral tablet</i>	3	HRM
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	5	NEDS
EGRIFTA SV SUBCUTANEOUS RECON SOLN	5	NEDS
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT)	5	PA; HRM; NEDS
HUMATROPE INJECTION RECON SOLN	5	PA; HRM; NEDS
INCRELEX SUBCUTANEOUS SOLUTION	5	PA; LA; NEDS

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Drug Name	Drug Tier	Requirements /Limits
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR	5	PA; HRM; NEDS
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR	5	PA; LA; HRM; NEDS
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA; HRM; NEDS
STIMATE NASAL SPRAY, NON- AEROSOL	4	HRM
HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)		
ANABOLIC STEROIDS		
ANADROL-50 ORAL TABLET	5	PA; NEDS
<i>oxandrolone oral tablet</i>	3	PA
ANDROGENS		
<i>danazol oral capsule</i>	3	
METHITEST ORAL TABLET	4	HRM
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	3	HRM

Drug Name	Drug Tier	Requirements /Limits
<i>testosterone enanthate intramuscular oil</i>	3	HRM
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	4	PA; HRM; QL (450 per 90 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	4	PA; HRM; QL (900 per 90 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	4	PA; HRM; QL (225 per 90 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	4	PA; HRM; QL (450 per 90 days)
ESTROGENS		
DEPO-ESTRADIOL INTRAMUSCULAR OIL	3	
<i>estradiol oral tablet</i>	3	
<i>estradiol vaginal cream</i>	4	
<i>estradiol vaginal tablet</i>	4	
<i>estradiol valerate intramuscular oil 20 mg/ml</i>	3	
ESTRING VAGINAL RING	4	QL (1 per 90 days)

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Drug Name	Drug Tier	Requirements /Limits
FEMRING VAGINAL RING	4	QL (1 per 90 days)
MENEST ORAL TABLET 1.25 MG, 2.5 MG	4	HRM
PREMARIN VAGINAL CREAM	4	HRM
<i>yuvafem vaginal tablet</i>	4	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS), OTHER		
<i>amabelz oral tablet</i>	3	
<i>amethia oral tablets,dose pack,3 month</i>	3	QL (91 per 91 days)
<i>apri oral tablet</i>	2	
<i>ashlyna oral tablets,dose pack,3 month</i>	3	QL (91 per 91 days)
<i>aurovela fe 1.5/30 (28) oral tablet</i>	2	
<i>aurovela fe 1-20 (28) oral tablet</i>	2	
<i>camrese lo oral tablets,dose pack,3 month</i>	3	QL (91 per 91 days)
<i>camrese oral tablets,dose pack,3 month</i>	3	QL (91 per 91 days)
<i>caziant (28) oral tablet</i>	4	
<i>cyred eq oral tablet</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>cyred oral tablet</i>	2	
<i>daysee oral tablets,dose pack,3 month</i>	3	QL (91 per 91 days)
<i>eluryng vaginal ring</i>	4	QL (3 per 84 days)
<i>emoquette oral tablet</i>	2	
<i>enskyce oral tablet</i>	2	
<i>estarrylla oral tablet</i>	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	4	
<i>etongestrel-ethinyl estradiol vaginal ring</i>	4	QL (3 per 84 days)
<i>femynor oral tablet</i>	2	
<i>isibloom oral tablet</i>	2	
<i>jaimiess oral tablets,dose pack,3 month</i>	3	QL (91 per 91 days)
<i>jasmiel (28) oral tablet</i>	2	
<i>jinteli oral tablet</i>	3	
<i>juleber oral tablet</i>	2	
<i>junel fe 1.5/30 (28) oral tablet</i>	2	
<i>junel fe 1/20 (28) oral tablet</i>	2	
<i>kelnor 1-50 oral tablet</i>	4	

Drug Tier: 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drugs 5-Specialty Tier
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HI - Home Infusion HRM - High Risk Medication LA - Limited Availability NEDS - Non Extended Day Supply PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
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This drug list was last updated on 09/01/2020.

Drug Name	Drug Tier	Requirements /Limits
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	3	QL (91 per 91 days)
<i>larin fe 1.5/30 (28) oral tablet</i>	2	
<i>larin fe 1/20 (28) oral tablet</i>	2	
<i>lojaimies oral tablets,dose pack,3 month</i>	3	QL (91 per 91 days)
<i>microgestin fe 1.5/30 (28) oral tablet</i>	2	
<i>microgestin fe 1/20 (28) oral tablet</i>	2	
<i>mili oral tablet</i>	2	
<i>mono-linyah oral tablet</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	3	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>norgestimate-ethynodiol-estradiol oral tablet</i>	2	
PREFEST ORAL TABLET	4	
<i>previfem oral tablet</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>reclipsen (28) oral tablet</i>	2	
<i>sprintec (28) oral tablet</i>	2	
<i>tarina fe 1/20 (28) oral tablet</i>	2	
<i>tarina fe 1-20 eq (28) oral tablet</i>	2	
<i>tri-femynor oral tablet</i>	2	
<i>tri-estarrylla oral tablet</i>	2	
<i>tri-linyah oral tablet</i>	2	
<i>tri-lo-estarrylla oral tablet</i>	2	
<i>tri-lo-marzia oral tablet</i>	2	
<i>tri-lo-sprintec oral tablet</i>	2	
<i>tri-mili oral tablet</i>	2	
<i>tri-previfem (28) oral tablet</i>	2	
<i>tri-sprintec (28) oral tablet</i>	2	
<i>tri-vylibra lo oral tablet</i>	2	
<i>tri-vylibra oral tablet</i>	2	
<i>vylibra oral tablet</i>	2	
<i>xulane transdermal patch weekly</i>	4	
PROGESTINS		

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Drug Name	Drug Tier	Requirements /Limits
<i>camila oral tablet</i>	3	
<i>deblitane oral tablet</i>	3	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	4	
<i>errin oral tablet</i>	3	
<i>incassia oral tablet</i>	3	
<i>lyza oral tablet</i>	3	
<i>medroxyprogesterone intramuscular suspension</i>	3	
<i>medroxyprogesterone intramuscular syringe</i>	3	
<i>medroxyprogesterone oral tablet</i>	2	
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	4	PA; HRM
<i>megestrol oral tablet</i>	3	PA; HRM
<i>nora-be oral tablet</i>	3	
<i>norethindrone (contraceptive) oral tablet</i>	3	
<i>norethindrone acetate oral tablet</i>	2	
<i>progesterone micronized oral capsule</i>	3	
<i>sharobel oral tablet</i>	3	

Drug Tier: 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drugs 5-Specialty Tier
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Drug Name	Drug Tier	Requirements /Limits
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
<i>clomiphene citrate oral tablet</i>	2	
DUAVEE ORAL TABLET	4	
<i>raloxifene oral tablet</i>	3	QL (90 per 90 days)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
<i>euthyrox oral tablet</i>	3	
<i>levothyroxine oral tablet</i>	1	
<i>levoxyl oral tablet</i> 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	3	
<i>liothyronine oral tablet</i>	3	
<i>np thyroid oral tablet</i> 15 mg, 30 mg, 60 mg, 90 mg	2	HRM
<i>thyroid (pork) oral tablet</i> 30 mg, 60 mg, 90 mg	2	HRM

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>unithroid oral tablet</i> 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	3		LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT	5	NEDS
<i>unithroid oral tablet</i> 137 mcg	1		LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	NEDS
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)					
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)					
LYSODREN ORAL TABLET	3		LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	5	NEDS
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)					
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)					
<i>cabergoline oral tablet</i>	3		<i>octreotide acetate injection solution</i> 1,000 mcg/ml, 500 mcg/ml	5	PA; NEDS
<i>leuprolide subcutaneous kit</i>	5	NEDS	<i>octreotide acetate injection solution</i> 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	4	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT	5	NEDS	SIGNIFOR SUBCUTANEOUS SOLUTION	5	PA; LA; NEDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT	5	NEDS	SOMATULINE DEPOT SUBCUTANEOUS SYRINGE	5	NEDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT	5	NEDS	SOMAVERT SUBCUTANEOUS RECON SOLN	5	PA; LA; NEDS
SYNAREL NASAL SPRAY, NON-AEROSOL					

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Drug Name	Drug Tier	Requirements /Limits
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	NEDS
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	
<i>propylthiouracil oral tablet</i>	3	
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA AGENTS		
HAEGARDA SUBCUTANEOUS RECON SOLN	5	PA; LA; NEDS
<i>icatibant subcutaneous syringe</i>	5	PA; QL (279 per 31 days); NEDS
IMMUNOGLOBULINS		
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	5	B/D PA; NEDS
GAMMAGARD LIQUID INJECTION SOLUTION	5	B/D PA; NEDS
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION	5	B/D PA; NEDS

Drug Name	Drug Tier	Requirements /Limits
GAMMAPLEX INTRAVENOUS SOLUTION	5	B/D PA; NEDS
GAMUNEX-C INJECTION SOLUTION	5	B/D PA; NEDS
HYPERHEP B S/D INTRAMUSCULAR SOLUTION	4	
HYPERHEP B S/D INTRAMUSCULAR SYRINGE	4	
HYPERHEP B S-D NEONATAL INTRAMUSCULAR SYRINGE	4	
NABI-HB INTRAMUSCULAR SOLUTION	4	
OCTAGAM INTRAVENOUS SOLUTION	5	B/D PA; NEDS
PRIVIGEN INTRAVENOUS SOLUTION	5	B/D PA; NEDS
VARIZIG INTRAMUSCULAR SOLUTION	3	
IMMUNOLOGICAL AGENTS, OTHER		
ARCALYST SUBCUTANEOUS RECON SOLN	5	PA; NEDS

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Drug Name	Drug Tier	Requirements /Limits
BENLYSTA SUBCUTANEOUS AUTO-Injector	5	PA; LA; NEDS
BENLYSTA SUBCUTANEOUS SYRINGE	5	PA; LA; NEDS
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE	5	PA; NEDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR	5	PA; NEDS
RIDAURA ORAL CAPSULE	5	NEDS
STELARA SUBCUTANEOUS SOLUTION	5	PA; QL (0.5 per 28 days); NEDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; QL (0.5 per 28 days); NEDS
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (1 per 28 days); NEDS
SYNAGIS INTRAMUSCULA R SOLUTION 100 MG/ML	5	NEDS
XELJANZ ORAL TABLET 10 MG	5	PA; QL (62 per 31 days); NEDS

Drug Name	Drug Tier	Requirements /Limits
XELJANZ ORAL TABLET 5 MG	5	PA; QL (60 per 30 days); NEDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	5	PA; QL (30 per 30 days); NEDS
IMMUNOSTIMULANTS		
ACTIMMUNE SUBCUTANEOUS SOLUTION	5	LA; NEDS
INTRON A INJECTION RECON SOLN	5	LA; NEDS
INTRON A INJECTION SOLUTION	5	LA; NEDS
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	5	QL (4 per 28 days); NEDS
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	5	PA; NEDS
IMMUNOSUPPRESSANTS		

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG	4	B/D PA	<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	4	B/D PA
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 5 MG	5	B/D PA; NEDS	<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg</i>	5	B/D PA; NEDS
<i>azathioprine oral tablet</i>	2	B/D PA	<i>gengraf oral capsule 100 mg, 25 mg</i>	4	B/D PA
<i>cyclosporine modified oral capsule</i>	3	B/D PA	<i>gengraf oral solution</i>	4	B/D PA
<i>cyclosporine modified oral solution</i>	3	B/D PA	HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS INJECTOR KIT	5	PA; QL (6 per 28 days); NEDS
<i>cyclosporine oral capsule</i>	3	B/D PA	HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS INJECTOR KIT	5	PA; QL (6 per 28 days); NEDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE	5	PA; QL (8 per 28 days); NEDS	HUMIRA PEN SUBCUTANEOUS INJECTOR KIT	5	PA; QL (6 per 28 days); NEDS
ENBREL SUBCUTANEOUS RECON SOLN	5	PA; QL (16 per 28 days); NEDS	HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA; QL (2 per 28 days); NEDS
ENBREL SUBCUTANEOUS SYRINGE	5	PA; QL (8 per 28 days); NEDS	HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; QL (6 per 28 days); NEDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	5	PA; QL (8 per 28 days); NEDS	HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS INJECTOR KIT	5	PA; QL (4 per 28 days); NEDS

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS INJECTOR KIT	5	PA; QL (2 per 28 days); NEDS	<i>mycophenolate sodium oral tablet,delayed release (dr/ec)</i>	4	B/D PA
HUMIRA(CF) PEN SUBCUTANEOUS INJECTOR KIT 40 MG/0.4 ML	5	PA; QL (6 per 28 days); NEDS	OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.4 ML, 17.5 MG/0.4 ML, 22.5 MG/0.4 ML	4	
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PA; QL (2 per 28 days); NEDS	PROGRAF ORAL GRANULES IN PACKET	4	B/D PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; QL (6 per 28 days); NEDS	RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	4	
<i>leflunomide oral tablet</i>	2	QL (90 per 90 days)	SIMULECT INTRAVENOUS RECON SOLN 10 MG	5	NEDS
<i>methotrexate sodium (pf) injection solution</i>	2		<i>sirolimus oral solution</i>	5	B/D PA; NEDS
<i>methotrexate sodium injection solution</i>	2		<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	4	B/D PA
<i>methotrexate sodium oral tablet</i>	1	B/D PA	<i>sirolimus oral tablet 2 mg</i>	5	B/D PA; NEDS
<i>mycophenolate mofetil oral capsule</i>	3	B/D PA	<i>tacrolimus oral capsule</i>	3	B/D PA
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; NEDS			
<i>mycophenolate mofetil oral tablet</i>	3	B/D PA			

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Drug Name	Drug Tier	Requirements /Limits
XATMEP ORAL SOLUTION	4	B/D PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 22 MG	5	PA; QL (30 per 30 days); NEDS
ZORTRESS ORAL TABLET 1 MG	5	B/D PA; NEDS
VACCINES		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE	3	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
BEXSERO INTRAMUSCULAR SYRINGE	3	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION	3	

Drug Name	Drug Tier	Requirements /Limits
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	3	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	3	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	3	B/D PA
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	3	B/D PA
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	3	B/D PA
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	3	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	3	
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	3	
HAVRIX (PF) INTRAMUSCULAR SYRINGE	3	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	3	

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN	3	B/D PA	PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	3	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	3		PENTACEL (PF) INTRAMUSCULAR KIT	3	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3		PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
IPOP INJECTION SUSPENSION	3		QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	3	
IXIARO (PF) INTRAMUSCULAR SYRINGE	3		RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	
KINRIX (PF) INTRAMUSCULAR SUSPENSION	3		RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	3	B/D PA
KINRIX (PF) INTRAMUSCULAR SYRINGE	3		RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	3	B/D PA
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3		ROTARIX ORAL SUSPENSION FOR RECONSTITUTION	3	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	3		ROTAQUE VACCINE ORAL SOLUTION	3	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	3				
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	3				

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	QL (2 per 999 days)	TYPHIM VI INTRAMUSCULAR SOLUTION	3	
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3		TYPHIM VI INTRAMUSCULAR SYRINGE	3	
TDVAX INTRAMUSCULAR SUSPENSION	3		VAQTA (PF) INTRAMUSCULAR SUSPENSION	3	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	3		VAQTA (PF) INTRAMUSCULAR SYRINGE	3	
TENIVAC (PF) INTRAMUSCULAR SYRINGE	3		VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
TETANUS,DIPHTHERIA TOXOID(PF) INTRAMUSCULAR SUSPENSION	3		YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION	3		ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	QL (1 per 999 days)
TRUMENBA INTRAMUSCULAR SYRINGE	3		INFLAMMATORY BOWEL DISEASE AGENTS		
TWINRIX (PF) INTRAMUSCULAR SYRINGE	3		AMINOSALICYLATES		
			<i>balsalazide oral capsule</i>	4	
			<i>mesalamine oral capsule (with del rel tablets)</i>	3	

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Drug Name	Drug Tier	Requirements /Limits
<i>mesalamine oral capsule, extended release 24hr</i>	4	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>	4	
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>	3	
<i>mesalamine rectal enema</i>	4	QL (5400 per 90 days)
<i>mesalamine rectal suppository</i>	3	
<i>mesalamine with cleansing wipe rectal enema kit</i>	4	QL (5400 per 90 days)
PENTASA ORAL CAPSULE, EXTENDED RELEASE	4	
<i>sulfasalazine oral tablet</i>	2	
<i>sulfasalazine oral tablet, delayed release (dr/ec)</i>	2	
GLUCOCORTICOIDS		
<i>budesonide oral capsule, delayed, extended release</i>	4	
<i>budesonide oral tablet, delayed and extended release</i>	5	NEDS

Drug Name	Drug Tier	Requirements /Limits
<i>hydrocortisone oral tablet</i>	3	
<i>hydrocortisone rectal enema</i>	4	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	2	
METABOLIC BONE DISEASE AGENTS		
METABOLIC BONE DISEASE AGENTS		
<i>alendronate oral solution</i>	2	
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	QL (90 per 90 days)
<i>alendronate oral tablet 35 mg</i>	1	QL (4 per 28 days)
<i>alendronate oral tablet 70 mg</i>	1	QL (12 per 84 days)
<i>calcitonin (salmon) nasal spray, non-aerosol</i>	3	
<i>calcitriol oral capsule</i>	2	
<i>calcitriol oral solution</i>	4	
<i>cinacalcet oral tablet 30 mg</i>	3	QL (360 per 90 days)
<i>cinacalcet oral tablet 60 mg</i>	5	QL (62 per 31 days); NEDS

Drug Tier: 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drugs 5-Specialty Tier
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This drug list was last updated on 09/01/2020.

Drug Name	Drug Tier	Requirements /Limits
<i>cinacalcet oral tablet 90 mg</i>	5	QL (124 per 31 days); NEDS
FORTEO SUBCUTANEOUS PEN INJECTOR	5	PA; QL (3 per 28 days); NEDS
FOSAMAX PLUS D ORAL TABLET	4	QL (12 per 84 days)
<i>ibandronate oral tablet</i>	2	QL (1 per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE	5	PA; LA; NEDS
<i>paricalcitol oral capsule</i>	3	
PROLIA SUBCUTANEOUS SYRINGE	4	PA; QL (1 per 180 days)
<i>risedronate oral tablet 150 mg</i>	3	QL (3 per 90 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	3	QL (90 per 90 days)
<i>risedronate oral tablet 35 mg (4 pack)</i>	3	QL (12 per 84 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack)</i>	3	QL (12 per 90 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR	5	PA; NEDS
XGEVA SUBCUTANEOUS SOLUTION	5	PA; NEDS

Drug Name	Drug Tier	Requirements /Limits
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	1	
MISCELLANEOUS THERAPEUTIC AGENTS		
MISCELLANEOUS THERAPEUTIC AGENTS		
CALCIUM DISODIUM VERSENATE INJECTION SOLUTION	4	
OPHTHALMIC AGENTS		
OPHTHALMIC AGENTS, OTHER		
<i>ak-poly-bac ophthalmic (eye) ointment</i>	2	
<i>atropine ophthalmic (eye) drops</i>	3	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment</i>	2	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT	4	
COMBIGAN OPHTHALMIC (EYE) DROPS	3	

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Drug Name	Drug Tier	Requirements /Limits
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	4	
<i>dorzolamide-timolol ophthalmic (eye) drops</i>	2	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment</i>	3	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment</i>	3	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops, suspension</i>	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops</i>	3	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops, suspension</i>	4	
OXERVATE OPHTHALMIC (EYE) DROPS	5	PA; NEDS

Drug Name	Drug Tier	Requirements /Limits
<i>polycin ophthalmic (eye) ointment</i>	2	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops</i>	2	
PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION	4	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT	4	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS	3	QL (16.5 per 90 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE	3	QL (180 per 90 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS	3	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION	4	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops</i>	2	

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Drug Name	Drug Tier	Requirements /Limits
TOBRADEX OPHTHALMIC (EYE) OINTMENT	4	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSI ON	4	
<i>tobramycin-</i> <i>dexamethasone</i> <i>ophthalmic (eye)</i> <i>drops,suspension</i>	4	
OPHTHALMIC ANTI-ALLERGY AGENTS		
<i>azelastine</i> <i>ophthalmic (eye)</i> <i>drops</i>	3	
<i>cromolyn</i> <i>ophthalmic (eye)</i> <i>drops</i>	2	
<i>epinastine</i> <i>ophthalmic (eye)</i> <i>drops</i>	3	
<i>olopatadine</i> <i>ophthalmic (eye)</i> <i>drops</i>	3	
OPHTHALMIC ANTI-INFECTIVES		
AZASITE OPHTHALMIC (EYE) DROPS	4	
<i>bacitracin</i> <i>ophthalmic (eye)</i> <i>ointment</i>	4	

Drug Name	Drug Tier	Requirements /Limits
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSI ON	4	
<i>ciprofloxacin hcl</i> <i>ophthalmic (eye)</i> <i>drops</i>	1	
<i>erythromycin</i> <i>ophthalmic (eye)</i> <i>ointment</i>	2	
<i>gatifloxacin</i> <i>ophthalmic (eye)</i> <i>drops</i>	4	
<i>gentak ophthalmic</i> <i>(eye) ointment</i>	2	
<i>gentamicin</i> <i>ophthalmic (eye)</i> <i>drops</i>	2	
<i>levofloxacin</i> <i>ophthalmic (eye)</i> <i>drops</i>	3	
<i>moxifloxacin</i> <i>ophthalmic (eye)</i> <i>drops</i>	3	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSI ON	4	
<i>ofloxacin ophthalmic</i> <i>(eye) drops</i>	2	
<i>sulfacetamide</i> <i>sodium ophthalmic</i> <i>(eye) drops</i>	2	

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Drug Name	Drug Tier	Requirements /Limits
<i>sulfacetamide</i>	3	
<i>sodium ophthalmic (eye) ointment</i>		
<i>tobramycin ophthalmic (eye) drops</i>	2	
ZIRGAN OPHTHALMIC (EYE) GEL	4	
OPHTHALMIC ANTI-INFLAMMATORIES		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops</i>	2	
<i>diclofenac sodium ophthalmic (eye) drops</i>	2	HRM
DUREZOL OPHTHALMIC (EYE) DROPS	3	
<i>fluorometholone ophthalmic (eye) drops,suspension</i>	3	
<i>flurbiprofen sodium ophthalmic (eye) drops</i>	2	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION	4	
FML S.O.P. OPHTHALMIC (EYE) OINTMENT	4	

Drug Name	Drug Tier	Requirements /Limits
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION	4	
<i>ketorolac ophthalmic (eye) drops</i>	2	HRM
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION	4	
<i>prednisolone acetate ophthalmic (eye) drops,suspension</i>	3	
<i>prednisolone sodium phosphate ophthalmic (eye) drops</i>	3	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
<i>betaxolol ophthalmic (eye) drops</i>	3	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION	4	
<i>carteolol ophthalmic (eye) drops</i>	2	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	

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Drug Name	Drug Tier	Requirements /Limits
<i>timolol maleate ophthalmic (eye) drops</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	4	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
<i>acetazolamide oral capsule, extended release</i>	4	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	
<i>apraclonidine ophthalmic (eye) drops</i>	3	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION	4	
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	4	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	
<i>dorzolamide ophthalmic (eye) drops</i>	2	

Drug Name	Drug Tier	Requirements /Limits
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	4	
<i>methazolamide oral tablet</i>	4	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	3	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>bimatoprost ophthalmic (eye) drops</i>	4	
<i>latanoprost ophthalmic (eye) drops</i>	2	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	
<i>travoprost ophthalmic (eye) drops</i>	3	
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE	3	
OTIC AGENTS		
OTIC AGENTS		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION	4	

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Drug Name	Drug Tier	Requirements /Limits
CIPRODEX OTIC (EAR) DROPS,SUSPENSION	4	
<i>ciprofloxacin hcl otic (ear) dropperette</i>	4	
<i>flac oil otic (ear) drops</i>	4	
<i>fluocinolone acetonide oil otic (ear) drops</i>	4	
<i>hydrocortisone-acetic acid otic (ear) drops</i>	4	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension</i>	4	
<i>neomycin-polymyxin-hc otic (ear) solution</i>	3	
<i>ofloxacin otic (ear) drops</i>	3	

RESPIRATORY TRACT/PULMONARY AGENTS

ANTIHISTAMINES

<i>azelastine nasal aerosol,spray</i>	3	
<i>azelastine nasal spray,non-aerosol</i>	3	
<i>cetirizine oral solution 1 mg/ml</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>ciproheptadine oral syrup</i>	3	HRM
<i>ciproheptadine oral tablet</i>	3	HRM
<i>desloratadine oral tablet</i>	3	QL (90 per 90 days)
<i>dexchlorpheniramine maleate oral solution</i>	2	HRM
<i>diphenhydramine hcl injection syringe</i>	4	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	3	HRM
<i>hydroxyzine hcl oral tablet</i>	3	HRM
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	3	HRM
<i>levocetirizine oral tablet</i>	2	QL (90 per 90 days)
<i>olopatadine nasal spray,non-aerosol</i>	4	

ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS

<i>budesonide inhalation suspension for nebulization</i>	4	B/D PA
<i>budesonide nasal spray,non-aerosol</i>	4	

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Drug Name	Drug Tier	Requirements /Limits
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE	3	QL (360 per 90 days)
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION , 220 MCG/ACTUATION	3	QL (72 per 90 days)
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	3	QL (64 per 90 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	3	
<i>fluticasone propionate nasal spray,suspension</i>	2	QL (48 per 90 days)
<i>mometasone nasal spray,non-aerosol</i>	3	
OMNARIS NASAL SPRAY,NON-AEROSOL	4	ST
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED	3	QL (6 per 90 days)
ANTILEUKOTRIENES		
<i>montelukast oral granules in packet</i>	2	QL (90 per 90 days)
<i>montelukast oral tablet</i>	2	QL (90 per 90 days)

Drug Name	Drug Tier	Requirements /Limits
<i>montelukast oral tablet, chewable</i>	2	QL (90 per 90 days)
<i>zafirlukast oral tablet</i>	4	QL (180 per 90 days)
<i>zileuton oral tablet, er multiphase 12 hr</i>	4	QL (360 per 90 days)
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA AEROSOL INHALER	4	QL (77.4 per 90 days)
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE	3	
<i>ipratropium bromide inhalation solution</i>	2	B/D PA
<i>ipratropium bromide nasal spray,non-aerosol</i>	2	
SPIRIVA RESPIMAT INHALATION MIST	3	QL (12 per 90 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE	3	QL (90 per 90 days)
BRONCHODILATORS, SYMPATHOMIMETIC		

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits	
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	3	QL (102 per 90 days)	EPIPEN INJECTION AUTO-INJECTOR	4		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	3	QL (81 per 90 days)	<i>levalbuterol hcl inhalation solution for nebulization</i>	4	B/D PA	
<i>albuterol sulfate inhalation solution for nebulization</i>	2	B/D PA	LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER	3	QL (90 per 90 days)	
<i>albuterol sulfate oral syrup</i>	2		<i>metaproterenol oral syrup</i>	3		
<i>albuterol sulfate oral tablet</i>	4		PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED	3	QL (12 per 90 days)	
<i>albuterol sulfate oral tablet extended release 12 hr</i>	4		SEREVENT DISKUS INHALATION BLISTER WITH DEVICE	3	QL (180 per 90 days)	
BROVANA INHALATION SOLUTION FOR NEBULIZATION	4	B/D PA; QL (360 per 90 days)	SYMJEPI INJECTION SYRINGE	3		
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	3		CYSTIC FIBROSIS AGENTS			
EPINEPHRINE INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	3		CAYSTON INHALATION SOLUTION FOR NEBULIZATION	5	PA; LA; QL (84 per 28 days); NEDS	
EPIPEN 2-PAK INJECTION AUTO-INJECTOR	4		KALYDECO ORAL GRANULES IN PACKET 25 MG	5	PA; NEDS	

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Drug Name	Drug Tier	Requirements /Limits
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	5	PA; LA; NEDS
KALYDECO ORAL TABLET	5	PA; LA; NEDS
ORKAMBI ORAL GRANULES IN PACKET	5	PA; NEDS
ORKAMBI ORAL TABLET	5	PA; LA; NEDS
PULMOZYME INHALATION SOLUTION	5	B/D PA; NEDS
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization</i>	5	B/D PA; NEDS
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; NEDS

MAST CELL STABILIZERS

<i>cromolyn inhalation solution for nebulization</i>	4	B/D PA
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
<i>aminophylline intravenous solution 500 mg/20 ml</i>	4	
DALIRESP ORAL TABLET	4	PA
<i>theophylline oral tablet extended release 12 hr 300 mg</i>	3	

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Drug Name	Drug Tier	Requirements /Limits
<i>theophylline oral tablet extended release 24 hr</i>	3	
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS ORAL TABLET	5	PA; LA; QL (93 per 31 days); NEDS
<i>alyq oral tablet</i>	5	PA; QL (180 per 90 days); NEDS
<i>ambrisentan oral tablet</i>	5	PA; NEDS
<i>bosentan oral tablet</i>	5	PA; NEDS
OPSUMIT ORAL TABLET	5	PA; LA; QL (31 per 31 days); NEDS
<i>sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml</i>	5	PA; QL (180 per 30 days); NEDS
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	3	PA; QL (270 per 90 days)
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	5	PA; QL (62 per 31 days); NEDS
TRACLEER ORAL TABLET FOR SUSPENSION	5	PA; LA; NEDS

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>treprostinil sodium injection solution</i>	4		ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	3	QL (62 per 31 days)
TYVASO INHALATION SOLUTION FOR NEBULIZATION	5	B/D PA; NEDS	BREO ELLIPTA INHALATION BLISTER WITH DEVICE	3	QL (180 per 90 days)
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION	5	B/D PA; NEDS	COMBIVENT RESPIMAT INHALATION MIST	4	QL (24 per 90 days)
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION	5	B/D PA; LA; NEDS	DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED	5	QL (1 per 31 days); NEDS
PULMONARY FIBROSIS AGENTS					
ESBRIET ORAL TABLET 267 MG	5	PA; LA; QL (279 per 31 days); NEDS	DULERA INHALATION HFA AEROSOL INHALER	3	QL (39 per 90 days)
ESBRIET ORAL TABLET 801 MG	5	PA; LA; QL (93 per 31 days); NEDS	<i>fluticasone propion-salmeterol inhalation blister with device</i>	3	QL (180 per 90 days)
OFEV ORAL CAPSULE	5	PA; LA; QL (62 per 31 days); NEDS	<i>ipratropium-albuterol inhalation solution for nebulization</i>	2	B/D PA
RESPIRATORY TRACT AGENTS, OTHER					
<i>acetylcysteine intravenous solution</i>	2		NUCALA SUBCUTANEOUS AUTO-INJECTOR	5	PA; NEDS
acetylcysteine solution	4	B/D PA	NUCALA SUBCUTANEOUS RECON SOLN	5	PA; NEDS
ADVAIR HFA AEROSOL INHALER	3	QL (36 per 90 days)			

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NUCALA SUBCUTANEOUS SYRINGE	5	PA; NEDS
STIOLTO RESPIMAT INHALATION MIST	3	QL (12 per 90 days)
SYMBICORT INHALATION HFA AEROSOL INHALER	3	QL (30.6 per 90 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	3	QL (180 per 90 days)
<i>wixela inh</i> <i>inhalation blister</i> <i>with device</i>	3	QL (180 per 90 days)
SKELETAL MUSCLE RELAXANTS		
SKELETAL MUSCLE RELAXANTS		
cyclobenzaprine oral tablet 10 mg, 5 mg	2	HRM
cyclobenzaprine oral tablet 7.5 mg	4	HRM
<i>methocarbamol oral tablet</i>	2	HRM

Drug Name	Drug Tier	Requirements /Limits
SLEEP DISORDER AGENTS		
SLEEP PROMOTING AGENTS		
HETLIOZ ORAL CAPSULE	5	PA; LA; QL (31 per 31 days); NEDS
<i>ramelteon oral tablet</i>	3	QL (90 per 90 days)
<i>temazepam oral capsule 15 mg, 30 mg, 7.5 mg</i>	3	HRM
<i>triazolam oral tablet</i>	3	HRM
<i>zaleplon oral capsule</i>	3	HRM; QL (90 per 90 days)
WAKEFULLNESS PROMOTING AGENTS		
<i>armodafinil oral tablet</i>	3	PA; QL (90 per 90 days)
<i>modafinil oral tablet</i>	4	PA; QL (180 per 90 days)
XYREM ORAL SOLUTION	5	PA; LA; QL (558 per 31 days); NEDS

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