2021

Prescription Blue℠ PDP Select

2021 Core Comprehensive Formulary

(List of Covered Drugs)

PLEASE READ: THIS 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 us, **Prescription Blue PDP** Customer Service, at 1-800-565-1770 or, for TTY users, 711, Monday through Friday, 8 a.m. to 9 p.m. Eastern time. From October 1 through March 31, hours are from 8 a.m. to 9 p.m. Eastern time, seven days a week, or visit **www.bcbsm.com/medicare**.

TIP

When visiting your doctor(s), please bring your personal drug list and this 2021 Blue Cross Drug List with you.

Updated: 09/01/2020
Formulary 21404, Version 6

www.bcbsm.com/medicare

Blue Cross Blue Shield Blue Care Network of Michigan

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Prescription Drug 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 Cross Blue Shield of Michigan. When it refers to "plan" or "our plan," it means **Prescription Blue PDP**.

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 Prescription Blue PDP Select Core Formulary?

A formulary is a list of covered drugs selected by **Prescription Blue PDP** 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. **Prescription Blue PDP** will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a **Prescription Blue PDP** 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 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, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, 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 **Prescription Blue PDP Select Core** Formulary?"

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

The enclosed formulary is current as of September 1, 2020. To get updated information about the drugs covered by **Prescription Blue PDP**, 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?

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

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

You can ask **Prescription Blue PDP** 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.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, **Prescription Blue PDP** 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, **Prescription Blue PDP** will only approve your request for an exception if the alternative drugs included on the plan's formulary or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

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

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 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 **Prescription Blue PDP** prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

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

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

Prescription Blue PDP Select Core Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by **Prescription Blue PDP**. 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 **Prescription Blue PDP** has any special requirements for coverage of your drug.

Tier Descriptions

Prescription Blue PDP Drug Tier Costs					
Tier	Drug Description	Up to a 31-day supply			Up to a 90-day supply*
		Standard retail and standard mail-order cost sharing (in-network)	Long-term care (LTC) cost sharing	Out-of network cost sharing	Standard retail and standard mail-order cost sharing (in-network)
Tier 1	Generic/Brand	25% copay			

Out-of-network pharmacy coverage is limited to certain situations. Consult your *Evidence of Coverage* for details.

*Most pharmacies will fill a 90-day supply of medication. Check with your pharmacist.

Drug Notes Code Definitions	
Symbol	**Definition**
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.
B/D	This prescription 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.
EX	This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count toward your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
LA	Limited Availability. This prescription drug may be available only at certain pharmacies. For more information, call **Prescription Blue PDP** Customer Service at 1-800-565-1770, Monday through Friday, 8 a.m. to 9 p.m. Eastern time. From October 1 through March 31, hours are from 8 a.m. to 9 p.m. Eastern time, seven days a week. TTY users should call 711.
PA	Prior Authorization. The plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescription. If you don't get approval, we may not cover the drug.
QL	Quantity Limit. For certain drugs, the plan limits the amount of the drug that we will cover.
ST	Step Therapy. In some cases, the plan requires you to first try a certain drug to treat your 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.
NEDS	Non-Extended Day Supply. These drugs are not offered at a 90-day supply. They are offered up to a 31-day supply.

Drug Name	Drug Tier	Requirements /Limits
ANALGESICS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
celecoxib oral capsule 100 mg	1	QL (270 per 90 days)
celecoxib oral capsule 200 mg, 400 mg	1	QL (180 per 90 days)
celecoxib oral capsule 50 mg	1	QL (540 per 90 days)
diclofenac potassium oral tablet	1	HRM
diclofenac sodium oral tablet extended release 24 hr	1	HRM
diclofenac sodium oral tablet,delayed release (dr/ec)	1	HRM
diclofenac sodium topical gel 1 %	1	HRM; QL (1000 per 31 days)
diflunisal oral tablet	1	HRM
ec-naproxen oral tablet,delayed release (dr/ec)	1	HRM
etodolac oral capsule 200 mg	1	HRM
etodolac oral tablet	1	HRM
flurbiprofen oral tablet 100 mg	1	
ibu oral tablet	1	HRM
ibuprofen oral suspension	1	HRM
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	HRM
meloxicam oral tablet	1	HRM
nabumetone oral tablet	1	HRM
naproxen oral suspension	1	HRM
naproxen oral tablet	1	HRM
naproxen oral tablet,delayed release (dr/ec)	1	HRM
oxaprozin oral tablet	1	HRM
salsalate oral tablet 750 mg	1	
sulindac oral tablet	1	HRM
OPIOID ANALGESICS, LONG-ACTING		
buprenorphine transdermal patch weekly	1	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	1	QL (45 per 90 days)
methadone oral solution	1	
methadone oral tablet	1	
morphine intravenous syringe 2 mg/ml	1	

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability 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
morphine oral tablet extended release 100 mg, 15 mg, 30 mg, 60 mg	1	QL (270 per 90 days)
morphine oral tablet extended release 200 mg	1	QL (90 per 90 days)
tramadol oral tablet extended release 24 hr	1	QL (90 per 90 days)
tramadol oral tablet, er multiphase 24 hr	1	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	1	QL (5167 per 31 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	1	QL (1080 per 90 days)
acetaminophen-codeine oral tablet 300-60 mg	1	QL (540 per 90 days)
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL (1080 per 90 days)
fentanyl citrate (pf) injection solution	1	
fentanyl citrate buccal lozenge on a handle	1	PA

Drug Name	Drug Tier	Requirements /Limits
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)	1	QL (5735 per 31 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	QL (1080 per 90 days)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	1	QL (450 per 90 days)
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml	1	
hydromorphone injection solution 1 mg/ml, 2 mg/ml	1	
hydromorphone injection syringe 1 mg/ml, 4 mg/ml	1	
hydromorphone oral tablet	1	
lorcet (hydrocodone) oral tablet	1	QL (1080 per 90 days)
lorcet hd oral tablet	1	QL (1080 per 90 days)
lorcet plus oral tablet 7.5-325 mg	1	QL (1080 per 90 days)
morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml	1	
morphine concentrate oral solution	1	

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability 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
MORPHINE INJECTION SOLUTION 2 MG/ML, 4 MG/ML	1	
morphine injection solution 8 mg/ml	1	
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML	1	
morphine oral solution	1	
morphine oral tablet	1	
nalbuphine injection solution 10 mg/ml	1	QL (600 per 90 days)
nalbuphine injection solution 20 mg/ml	1	QL (300 per 90 days)
oxycodone oral solution	1	
oxycodone oral tablet	1	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL (1080 per 90 days)
oxycodone-acetaminophen oral tablet 2.5-300 mg	1	
tramadol oral tablet 50 mg	1	QL (720 per 90 days)
ANESTHETICS		
LOCAL ANESTHETICS		

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

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability 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
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	1	
SMOKING CESSATION AGENTS		
bupropion hcl (smoking deter) oral tablet extended release 12 hr	1	
CHANTIX CONTINUING MONTH BOX ORAL TABLET	1	
CHANTIX ORAL TABLET	1	
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK	1	
NICOTROL INHALATION CARTRIDGE	1	
NICOTROL NS NASAL SPRAY,NON-AEROSOL	1	
ANTIBACTERIALS		
AMINOGLYCOSIDES		
amikacin injection solution 500 mg/2 ml	1	

Drug Name	Drug Tier	Requirements /Limits
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION	1	PA
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml	1	
gentamicin injection solution 40 mg/ml	1	
gentamicin sulfate (ped) (pf) injection solution	1	
gentamicin topical cream	1	
gentamicin topical ointment	1	
neomycin oral tablet	1	
paromomycin oral capsule	1	
tobramycin sulfate injection recon soln	1	
tobramycin sulfate injection solution	1	
ANTIBACTERIALS, OTHER		
acetic acid otic (ear) solution	1	
aztreonam injection recon soln 1 gram	1	
clindamycin hcl oral capsule	1	

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability 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
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK	1	
clindamycin in 5 % dextrose intravenous piggyback	1	
clindamycin palmitate hcl oral recon soln	1	
clindamycin pediatric oral recon soln	1	
clindamycin phosphate injection solution	1	
clindamycin phosphate intravenous solution 600 mg/4 ml	1	
colistin (colistimethate na) injection recon soln	1	
daptomycin intravenous recon soln 500 mg	1	
FIRVANQ ORAL RECON SOLN	1	
linezolid in dextrose 5% intravenous piggyback	1	
linezolid oral suspension for reconstitution	1	QL (1680 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
linezolid oral tablet	1	QL (56 per 28 days)
linezolid-0.9% sodium chloride intravenous parenteral solution	1	
methenamine hippurate oral tablet	1	
metro i.v. intravenous piggyback	1	
metronidazole in nacl (iso-os) intravenous piggyback	1	
metronidazole oral tablet	1	
metronidazole topical cream	1	
metronidazole topical gel 0.75 %	1	
metronidazole vaginal gel	1	
MONUROL ORAL PACKET	1	
neomycin-polymyxin b gu irrigation solution	1	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	1	HRM
nitrofurantoin monohyd/m-cryst oral capsule	1	HRM

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability 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
trimethoprim oral tablet	1	
VANCOMYCIN INJECTION RECON SOLN	1	
vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg, 750 mg	1	
vancomycin oral capsule 125 mg	1	QL (360 per 90 days)
vancomycin oral capsule 250 mg	1	QL (720 per 90 days)
vancomycin oral recon soln	1	
vandazole vaginal gel	1	
XENLETA ORAL TABLET	1	
XIFAXAN ORAL TABLET 550 MG	1	PA; QL (93 per 31 days)
BETA-LACTAM, CEPHALOSPORINS		
cefaclor oral capsule	1	
cefadroxil oral capsule	1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	

Drug Name	Drug Tier	Requirements /Limits
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml	1	
cefazolin injection recon soln	1	
cefazolin intravenous recon soln	1	
cefdinir oral capsule	1	
cefdinir oral suspension for reconstitution	1	
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	1	
cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml	1	
cefepime injection recon soln 1 gram	1	
cefixime oral capsule	1	
cefoxitin in dextrose, iso-osm intravenous piggyback	1	
cefoxitin intravenous recon soln	1	
cefpodoxime oral tablet	1	

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability 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
CEFTAZIDIME IN D5W INTRAVENOUS PIGGYBACK	1	
ceftazidime injection recon soln	1	
ceftriaxone in dextrose,iso-os intravenous piggyback	1	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	1	
CEFTRIAXONE INJECTION RECON SOLN 100 GRAM	1	
ceftriaxone intravenous recon soln	1	
cefuroxime axetil oral tablet	1	
cefuroxime sodium injection recon soln 750 mg	1	
cefuroxime sodium intravenous recon soln	1	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral suspension for reconstitution	1	
cephalexin oral tablet	1	
FETROJA INTRAVENOUS RECON SOLN	1	
TEFLARO INTRAVENOUS RECON SOLN	1	
BETA-LACTAM, PENICILLINS		
amoxicillin oral capsule	1	
amoxicillin oral suspension for reconstitution	1	
amoxicillin oral tablet	1	
amoxicillin oral tablet,chewable 125 mg, 250 mg	1	
amoxicillin-pot clavulanate oral suspension for reconstitution	1	
amoxicillin-pot clavulanate oral tablet	1	
amoxicillin-pot clavulanate oral tablet,chewable	1	
ampicillin oral capsule	1	
ampicillin sodium injection recon soln 1 gram, 125 mg, 250 mg, 500 mg	1	

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability 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
ampicillin sodium intravenous recon soln	1	
ampicillin-sulbactam injection recon soln	1	
ampicillin-sulbactam intravenous recon soln	1	
BICILLIN L-A INTRAMUSCULAR SYRINGE	1	
dicloxacillin oral capsule	1	
nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml	1	
nafcillin injection recon soln 1 gram, 10 gram	1	
nafcillin intravenous recon soln 1 gram	1	
penicillin g potassium injection recon soln	1	
penicillin g procaine intramuscular syringe 1.2 million unit/2 ml	1	
penicillin g sodium injection recon soln	1	
penicillin v potassium oral recon soln	1	
penicillin v potassium oral tablet	1	
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	1	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	1	
CARBAPENEMS		
ertapenem injection recon soln	1	
imipenem-cilastatin intravenous recon soln	1	
meropenem intravenous recon soln	1	
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK	1	
MACROLIDES		
azithromycin intravenous recon soln	1	
azithromycin oral packet	1	

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability 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
azithromycin oral suspension for reconstitution 200 mg/5 ml	1	
azithromycin oral tablet	1	
clarithromycin oral suspension for reconstitution	1	
clarithromycin oral tablet	1	
clarithromycin oral tablet extended release 24 hr	1	
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	1	
erythrocin (as stearate) oral tablet 250 mg	1	
erythromycin ethylsuccinate oral tablet	1	
erythromycin oral capsule,delayed release(dr/ec)	1	
erythromycin oral tablet	1	
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg	1	
QUINOLONES		

Drug Name	Drug Tier	Requirements /Limits
ciprofloxacin hcl oral tablet	1	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml	1	
levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml	1	
levofloxacin intravenous solution	1	
levofloxacin oral solution	1	
levofloxacin oral tablet	1	
moxifloxacin oral tablet	1	
SULFONAMIDES		
sulfacetamide sodium (acne) topical suspension	1	
sulfadiazine oral tablet	1	
sulfamethoxazole-trimethoprim oral suspension	1	
sulfamethoxazole-trimethoprim oral tablet	1	
TETRACYCLINES		

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability 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
doxy-100 intravenous recon soln	1	
doxycycline hyclate intravenous recon soln	1	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
minocycline oral capsule	1	
morgidox oral capsule 100 mg	1	
tetracycline oral capsule	1	
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
BRIVIACT ORAL SOLUTION	1	PA; QL (620 per 31 days)
BRIVIACT ORAL TABLET	1	PA; QL (62 per 31 days)
divalproex oral capsule, delayed rel sprinkle	1	
divalproex oral tablet extended release 24 hr	1	
divalproex oral tablet,delayed release (dr/ec)	1	
EPIDIOLEX ORAL SOLUTION	1	PA

Drug Name	Drug Tier	Requirements /Limits
felbamate oral suspension	1	
felbamate oral tablet	1	
FYCOMPA ORAL SUSPENSION	1	
FYCOMPA ORAL TABLET	1	
lamotrigine oral tablet	1	
lamotrigine oral tablet, chewable dispersible	1	
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
levetiracetam oral tablet extended release 24 hr	1	
roweepra oral tablet	1	
roweepra xr oral tablet extended release 24 hr	1	
SPRITAM ORAL TABLET FOR SUSPENSION	1	
subvenite oral tablet	1	
topiramate oral capsule, sprinkle	1	
topiramate oral tablet	1	
valproic acid (as sodium salt) oral solution	1	

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
valproic acid oral capsule	1	
XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	1	PA; QL (168 per 84 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 350 MG/DAY (200 MG X1-150MG X1)	1	PA; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	1	PA; QL (31 per 31 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	1	PA; QL (62 per 31 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	1	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)	1	PA; QL (28 per 28 days)
CALCIUM CHANNEL MODIFYING AGENTS		
CELONTIN ORAL CAPSULE 300 MG	1	
ethosuximide oral capsule	1	
ethosuximide oral solution	1	
GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS		
clobazam oral suspension	1	PA; QL (1440 per 90 days)
clobazam oral tablet 10 mg	1	PA; QL (180 per 90 days)
clobazam oral tablet 20 mg	1	PA; QL (62 per 31 days)
DIASTAT ACUDIAL RECTAL KIT	1	HRM
DIASTAT RECTAL KIT	1	HRM
diazepam rectal kit	1	HRM
gabapentin oral capsule	1	QL (810 per 90 days)
gabapentin oral solution	1	QL (6480 per 90 days)
gabapentin oral tablet 600 mg	1	QL (540 per 90 days)
gabapentin oral tablet 800 mg	1	QL (360 per 90 days)
NAYZILAM NASAL SPRAY,NON-AEROSOL	1	

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
phenobarbital oral elixir	1	HRM
phenobarbital oral tablet	1	HRM
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 50 mg	1	QL (270 per 90 days)
pregabalin oral capsule 225 mg, 300 mg	1	QL (180 per 90 days)
pregabalin oral capsule 25 mg, 75 mg	1	QL (360 per 90 days)
pregabalin oral solution	1	QL (2700 per 90 days)
primidone oral tablet	1	
SYMPAZAN ORAL FILM	1	PA
tiagabine oral tablet	1	
VALTOCO NASAL SPRAY,NON-AEROSOL	1	
vigabatrin oral powder in packet	1	PA; QL (186 per 31 days)
vigabatrin oral tablet	1	PA; QL (186 per 31 days)
vigadrone oral powder in packet	1	PA; QL (186 per 31 days)
SODIUM CHANNEL AGENTS		
APTIOM ORAL TABLET	1	QL (62 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
BANZEL ORAL SUSPENSION	1	
BANZEL ORAL TABLET	1	
carbamazepine oral capsule, er multiphase 12 hr	1	
carbamazepine oral suspension 100 mg/5 ml	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet extended release 12 hr	1	
carbamazepine oral tablet,chewable	1	
DILANTIN 30 MG ORAL CAPSULE	1	
epitol oral tablet	1	
fosphenytoin injection solution 500 mg pe/10 ml	1	
oxcarbazepine oral suspension	1	
oxcarbazepine oral tablet	1	
PEGANONE ORAL TABLET	1	
phenytoin oral suspension	1	
phenytoin oral tablet,chewable	1	

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
phenytoin sodium extended oral capsule	1	
VIMPAT ORAL SOLUTION	1	QL (3600 per 90 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	1	QL (180 per 90 days)
VIMPAT ORAL TABLET 50 MG	1	QL (360 per 90 days)
zonisamide oral capsule	1	
ANTIDEMENTIA AGENTS		
ANTIDEMENTIA AGENTS, OTHER		
ergoloid oral tablet	1	
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	1	
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	1	
CHOLINESTERASE INHIBITORS		
donepezil oral tablet 10 mg, 5 mg	1	QL (90 per 90 days)
donepezil oral tablet,disintegrating	1	QL (90 per 90 days)
galantamine oral capsule,ext rel. pellets 24 hr	1	QL (90 per 90 days)
galantamine oral tablet	1	

Drug Name	Drug Tier	Requirements /Limits
rivastigmine tartrate oral capsule 1.5 mg, 3 mg	1	QL (270 per 90 days)
rivastigmine tartrate oral capsule 4.5 mg, 6 mg	1	QL (180 per 90 days)
rivastigmine transdermal patch 24 hour	1	QL (90 per 90 days)
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
memantine oral capsule,sprinkle,er 24hr	1	QL (90 per 90 days)
memantine oral solution	1	QL (1080 per 90 days)
memantine oral tablet	1	QL (180 per 90 days)
MEMANTINE ORAL TABLETS,DOSE PACK	1	QL (147 per 84 days)
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	1	QL (84 per 84 days)
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
bupropion hcl oral tablet	1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	1	

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
bupropion hcl oral tablet sustained-release 12 hr	1	
maprotiline oral tablet	1	
mirtazapine oral tablet	1	
mirtazapine oral tablet,disintegrating	1	
MONOAMINE OXIDASE INHIBITORS		
EMSAM TRANSDERMAL PATCH 24 HOUR	1	QL (31 per 31 days)
MARPLAN ORAL TABLET	1	
phenelzine oral tablet	1	
tranylcypromine oral tablet	1	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS		
citalopram oral solution	1	
citalopram oral tablet	1	
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg	1	QL (360 per 90 days)

Drug Name	Drug Tier	Requirements /Limits
desvenlafaxine succinate oral tablet extended release 24 hr 25 mg, 50 mg	1	QL (90 per 90 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE	1	
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	1	QL (180 per 90 days)
escitalopram oxalate oral solution	1	
escitalopram oxalate oral tablet	1	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	1	ST
FETZIMA ORAL CAPSULE,EXTEN DED RELEASE 24 HR 120 MG, 80 MG	1	ST; QL (90 per 90 days)
FETZIMA ORAL CAPSULE,EXTEN DED RELEASE 24 HR 20 MG, 40 MG	1	ST; QL (180 per 90 days)
fluoxetine oral capsule	1	
fluoxetine oral solution	1	
fluvoxamine oral tablet	1	

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
nefazodone oral tablet	1	
paroxetine hcl oral tablet	1	HRM
PAXIL ORAL SUSPENSION	1	ST; HRM
sertraline oral concentrate	1	
sertraline oral tablet	1	
trazodone oral tablet 100 mg, 150 mg, 50 mg	1	
TRINTELLIX ORAL TABLET 10 MG	1	ST; QL (180 per 90 days)
TRINTELLIX ORAL TABLET 20 MG	1	ST; QL (90 per 90 days)
TRINTELLIX ORAL TABLET 5 MG	1	ST; QL (360 per 90 days)
venlafaxine oral capsule,extended release 24hr	1	
venlafaxine oral tablet	1	
VIIBRYD ORAL TABLET	1	ST; QL (90 per 90 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	1	ST
TRICYCLICS		

Drug Name	Drug Tier	Requirements /Limits
amitriptyline oral tablet	1	PA; HRM
amoxapine oral tablet	1	HRM
clomipramine oral capsule	1	PA; HRM
desipramine oral tablet	1	HRM
doxepin oral capsule	1	PA; HRM
doxepin oral concentrate	1	PA; HRM
imipramine hcl oral tablet	1	PA; HRM
nortriptyline oral capsule	1	HRM
nortriptyline oral solution	1	HRM
protriptyline oral tablet	1	HRM
trimipramine oral capsule	1	PA; HRM
ANTIEMETICS		
ANTIEMETICS, OTHER		
compro rectal suppository	1	
meclizine oral tablet 12.5 mg, 25 mg	1	HRM
prochlorperazine maleate oral tablet	1	
prochlorperazine rectal suppository	1	

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
promethazine oral syrup	1	
promethazine oral tablet	1	
scopolamine base transdermal patch 3 day	1	HRM
EMETOGENIC THERAPY ADJUNCTS		
aprepitant oral capsule	1	B/D PA
aprepitant oral capsule,dose pack	1	B/D PA
dronabinol oral capsule	1	B/D PA
EMEND ORAL SUSPENSION FOR RECONSTITUTION	1	B/D PA
granisetron hcl oral tablet	1	B/D PA
ondansetron hcl oral solution	1	B/D PA
ondansetron hcl oral tablet	1	B/D PA
ondansetron oral tablet,disintegrating	1	B/D PA
ANTIFUNGALS		
ANTIFUNGALS		
ABELCET INTRAVENOUS SUSPENSION	1	B/D PA

Drug Name	Drug Tier	Requirements /Limits
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION	1	B/D PA
amphotericin b injection recon soln	1	B/D PA
caspofungin intravenous recon soln	1	B/D PA
clotrimazole mucous membrane troche	1	
clotrimazole topical cream	1	
econazole topical cream	1	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	1	
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	1	
fluconazole oral suspension for reconstitution	1	
fluconazole oral tablet	1	
flucytosine oral capsule	1	

Drug Tier: 1-Formulary medications
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Drug Name	Drug Tier	Requirements /Limits
griseofulvin microsize oral suspension	1	
griseofulvin microsize oral tablet	1	
griseofulvin ultramicrosize oral tablet	1	
itraconazole oral capsule	1	
ketoconazole oral tablet	1	
ketoconazole topical cream	1	QL (270 per 90 days)
ketoconazole topical shampoo	1	
NOXAFIL ORAL SUSPENSION	1	QL (651 per 31 days)
nyamyc topical powder	1	
nystatin oral suspension	1	
nystatin oral tablet	1	
nystatin topical cream	1	
nystatin topical ointment	1	
nystatin topical powder	1	
nystop topical powder	1	
posaconazole oral tablet,delayed release (dr/ec)	1	QL (93 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
terconazole vaginal cream	1	
terconazole vaginal suppository	1	
voriconazole intravenous recon soln	1	
voriconazole oral suspension for reconstitution	1	
voriconazole oral tablet	1	
ANTIGOUT AGENTS		
ANTIGOUT AGENTS		
allopurinol oral tablet	1	
colchicine oral tablet	1	QL (360 per 90 days)
febuxostat oral tablet	1	ST; QL (90 per 90 days)
probenecid oral tablet	1	
probenecid-colchicine oral tablet	1	
ANTIMIGRAINE AGENTS		
ERGOT ALKALOIDS		
dihydroergotamine nasal spray,non-aerosol	1	QL (24 per 90 days)
migergot rectal suppository	1	

Drug Tier: 1-Formulary medications
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Drug Name	Drug Tier	Requirements /Limits
PROPHYLACTIC		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML	1	PA; QL (3 per 90 days)
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	1	PA; QL (6 per 90 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	1	PA
AJOVY SYRINGE SUBCUTANEOUS SYRINGE	1	PA
SEROTONIN (5-HT) RECEPTOR AGONISTS		
eletriptan oral tablet	1	QL (18 per 90 days)
rizatriptan oral tablet	1	QL (36 per 90 days)
rizatriptan oral tablet,disintegrating	1	QL (36 per 90 days)
sumatriptan nasal spray,non-aerosol	1	QL (36 per 90 days)
sumatriptan succinate oral tablet	1	QL (36 per 90 days)
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml	1	QL (27 per 90 days)
sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml	1	QL (18 per 90 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml	1	QL (27 per 90 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	1	QL (18 per 90 days)
sumatriptan succinate subcutaneous solution	1	QL (18 per 90 days)
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml	1	QL (18 per 90 days)
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
guanidine oral tablet	1	
pyridostigmine bromide oral tablet 60 mg	1	
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
dapsone oral tablet	1	
rifabutin oral capsule	1	
ANTITUBERCULARS		

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
ethambutol oral tablet	1	
isoniazid oral tablet	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET	1	
PRETOMANID ORAL TABLET	1	
PRIFTIN ORAL TABLET	1	
pyrazinamide oral tablet	1	
rifampin intravenous recon soln	1	
rifampin oral capsule	1	
SIRTURO ORAL TABLET 100 MG	1	PA
TRECATOR ORAL TABLET	1	
ANTINEOPLASTICS, OTHER		
ANTINEOPLASTICS, OTHER		
LIBTAYO INTRAVENOUS SOLUTION	1	PA
ANTINEOPLASTICS		
ALKYLATING AGENTS		
cyclophosphamide oral capsule	1	B/D PA

Drug Name	Drug Tier	Requirements /Limits
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	1	
IFEX INTRAVENOUS RECON SOLN 3 GRAM	1	B/D PA
LEUKERAN ORAL TABLET	1	
MATULANE ORAL CAPSULE	1	LA
melphalan oral tablet	1	B/D PA
VALCHLOR TOPICAL GEL	1	PA
ANTIANDROGENS		
abiraterone oral tablet	1	PA; QL (124 per 31 days)
bicalutamide oral tablet	1	
ERLEADA ORAL TABLET	1	PA; LA
flutamide oral capsule	1	
nilutamide oral tablet	1	
NUBEQA ORAL TABLET	1	PA
toremifene oral tablet	1	
XTANDI ORAL CAPSULE	1	PA; LA; QL (124 per 31 days)

Drug Tier: 1-Formulary medications
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Drug Name	Drug Tier	Requirements /Limits
ANTIANGIOGENIC AGENTS		
POMALYST ORAL CAPSULE	1	PA; LA; QL (31 per 31 days)
REVLIMID ORAL CAPSULE	1	PA; LA; QL (31 per 31 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG	1	PA; LA; QL (31 per 31 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	1	PA; LA; QL (62 per 31 days)
ANTIESTROGENS/MODIFIERS		
EMCYT ORAL CAPSULE	1	
SOLTAMOX ORAL SOLUTION	1	
tamoxifen oral tablet	1	
ANTIMETABOLITES		
DROXIA ORAL CAPSULE	1	
hydroxyurea oral capsule	1	
mercaptopurine oral tablet	1	
PURIXAN ORAL SUSPENSION	1	LA
TABLOID ORAL TABLET	1	PA
ANTINEOPLASTICS, OTHER		

Drug Name	Drug Tier	Requirements /Limits
ADRIAMYCIN INTRAVENOUS RECON SOLN 50 MG	1	B/D PA
dexrazoxane hcl intravenous recon soln 500 mg	1	
ENHERTU INTRAVENOUS RECON SOLN	1	PA
epirubicin intravenous solution 50 mg/25 ml	1	
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION	1	
IDHIFA ORAL TABLET	1	PA; LA; QL (31 per 31 days)
KISQALI FEMARA CO-PACK ORAL TABLET	1	PA
leucovorin calcium injection recon soln 50 mg, 500 mg	1	
leucovorin calcium oral tablet	1	
LONSURF ORAL TABLET	1	PA; LA
LUMOXITI INTRAVENOUS RECON SOLN	1	PA
NINLARO ORAL CAPSULE	1	PA

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
PADCEV INTRAVENOUS RECON SOLN	1	PA
POLIVY INTRAVENOUS RECON SOLN	1	PA
SYNRIBO SUBCUTANEOUS RECON SOLN	1	PA
valrubicin intravesical solution	1	
vincasar pfs intravenous solution 2 mg/2 ml	1	B/D PA
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)	1	PA
ZOLINZA ORAL CAPSULE	1	PA
AROMATASE INHIBITORS, 3RD GENERATION		
anastrozole oral tablet	1	
exemestane oral tablet	1	
letrozole oral tablet	1	
MOLECULAR TARGET INHIBITORS		

Drug Name	Drug Tier	Requirements /Limits
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION	1	PA
AFINITOR ORAL TABLET 10 MG	1	PA; QL (31 per 31 days)
ALECENSA ORAL CAPSULE	1	PA; LA
ALUNBRIG ORAL TABLET	1	PA; LA
AYVAKIT ORAL TABLET	1	PA
BALVERSA ORAL TABLET	1	PA
BOSULIF ORAL TABLET	1	PA; LA
BRAFTOVI ORAL CAPSULE 75 MG	1	PA
BRUKINSA ORAL CAPSULE	1	PA
CABOMETYX ORAL TABLET 20 MG, 60 MG	1	PA; LA; QL (31 per 31 days)
CABOMETYX ORAL TABLET 40 MG	1	PA; LA; QL (62 per 31 days)
CALQUENCE ORAL CAPSULE	1	PA; LA
CAPRELSA ORAL TABLET	1	PA; LA
COMETRIQ ORAL CAPSULE	1	PA; LA
COPIKTRA ORAL CAPSULE	1	PA

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
COTELLIC ORAL TABLET	1	PA; LA
DAURISMO ORAL TABLET	1	PA
ERIVEDGE ORAL CAPSULE	1	PA; LA
erlotinib oral tablet 100 mg, 150 mg	1	PA; QL (31 per 31 days)
erlotinib oral tablet 25 mg	1	PA; QL (93 per 31 days)
everolimus (antineoplastic) oral tablet	1	PA; QL (31 per 31 days)
FARYDAK ORAL CAPSULE 10 MG, 20 MG	1	PA; LA; QL (6 per 21 days)
FARYDAK ORAL CAPSULE 15 MG	1	PA
GILOTRIF ORAL TABLET	1	PA; LA; QL (31 per 31 days)
IBRANCE ORAL CAPSULE	1	PA; LA; QL (21 per 28 days)
IBRANCE ORAL TABLET	1	PA; LA; QL (21 per 28 days)
ICLUSIG ORAL TABLET	1	PA
imatinib oral tablet 100 mg	1	PA; QL (186 per 31 days)
imatinib oral tablet 400 mg	1	PA; QL (62 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
IMBRUVICA ORAL CAPSULE 140 MG	1	PA; LA; QL (124 per 31 days)
IMBRUVICA ORAL CAPSULE 70 MG	1	PA; LA; QL (31 per 31 days)
IMBRUVICA ORAL TABLET	1	PA; LA; QL (31 per 31 days)
INLYTA ORAL TABLET 1 MG	1	PA; LA; QL (186 per 31 days)
INLYTA ORAL TABLET 5 MG	1	PA; LA; QL (124 per 31 days)
INREBIC ORAL CAPSULE	1	PA
IRESSA ORAL TABLET	1	PA; LA
JAKAFI ORAL TABLET	1	PA; LA; QL (62 per 31 days)
KISQALI ORAL TABLET	1	PA
KOSELUGO ORAL CAPSULE	1	PA

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability 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
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)	1	PA; LA
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 4 MG	1	PA
LORBRENA ORAL TABLET	1	PA
LYNPARZA ORAL TABLET	1	PA; LA; QL (124 per 31 days)
MEKINIST ORAL TABLET	1	PA
MEKTOVI ORAL TABLET	1	PA
NERLYNX ORAL TABLET	1	PA; LA
NEXAVAR ORAL TABLET	1	PA; LA
ODOMZO ORAL CAPSULE	1	PA; LA
PEMAZYRE ORAL TABLET	1	PA
PIQRAY ORAL TABLET	1	PA

Drug Name	Drug Tier	Requirements /Limits
QINLOCK ORAL TABLET	1	PA; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	1	PA; QL (186 per 31 days)
RETEVMO ORAL CAPSULE 80 MG	1	PA; QL (124 per 31 days)
ROZLYTREK ORAL CAPSULE	1	PA
RUBRACA ORAL TABLET	1	PA; LA
RYDAPT ORAL CAPSULE	1	PA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 70 MG	1	PA; QL (31 per 31 days)
SPRYCEL ORAL TABLET 20 MG, 50 MG	1	PA; QL (93 per 31 days)
SPRYCEL ORAL TABLET 80 MG	1	PA; QL (62 per 31 days)
STIVARGA ORAL TABLET	1	PA; LA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 50 MG	1	PA; LA; QL (31 per 31 days)
SUTENT ORAL CAPSULE 37.5 MG	1	PA; LA; QL (62 per 31 days)
TABRECTA ORAL TABLET	1	PA; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE	1	PA

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
TAGRISSO ORAL TABLET	1	PA; LA; QL (31 per 31 days)
TALZENNA ORAL CAPSULE	1	PA
TASIGNA ORAL CAPSULE 150 MG	1	PA; QL (155 per 31 days)
TASIGNA ORAL CAPSULE 200 MG	1	PA; QL (124 per 31 days)
TASIGNA ORAL CAPSULE 50 MG	1	PA; QL (434 per 31 days)
TAZVERIK ORAL TABLET	1	PA; LA
TIBSOVO ORAL TABLET	1	PA
TUKYSA ORAL TABLET 150 MG	1	PA; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	1	PA; QL (300 per 30 days)
TURALIO ORAL CAPSULE	1	PA
TYKERB ORAL TABLET	1	PA
VENCLEXTA ORAL TABLET	1	PA; LA
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK	1	PA; LA
VERZENIO ORAL TABLET	1	PA; LA
VITRAKVI ORAL CAPSULE	1	PA
VITRAKVI ORAL SOLUTION	1	PA
VIZIMPRO ORAL TABLET	1	PA
VOTRIENT ORAL TABLET	1	PA
XALKORI ORAL CAPSULE	1	PA; QL (62 per 31 days)
XOSPATA ORAL TABLET	1	PA
ZEJULA ORAL CAPSULE	1	PA; LA
ZELBORAF ORAL TABLET	1	PA; LA; QL (248 per 31 days)
ZYDELIG ORAL TABLET	1	PA; LA; QL (62 per 31 days)
ZYKADIA ORAL TABLET	1	PA
MONOCLONAL ANTIBODIES/ANTIBODY-DRUG CONJUGATE		
SARCLISA INTRAVENOUS SOLUTION	1	PA
RETINOIDS		
bexarotene oral capsule	1	PA
PANRETIN TOPICAL GEL	1	
TARGRETIN TOPICAL GEL	1	PA

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability 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
tretinoin (antineoplastic) oral capsule	1	
TREATMENT ADJUNCTS		
MESNEX ORAL TABLET	1	
ANTIPARASITICS		
ANTHELMINTHICS		
albendazole oral tablet	1	
ivermectin oral tablet	1	
praziquantel oral tablet	1	
ANTIPROTOZOALS		
ALINIA ORAL SUSPENSION FOR RECONSTITUTIO N	1	
ALINIA ORAL TABLET	1	
atovaquone oral suspension	1	
atovaquone-proguanil oral tablet	1	
chloroquine phosphate oral tablet	1	
COARTEM ORAL TABLET	1	
hydroxychloroquine oral tablet	1	

Drug Name	Drug Tier	Requirements /Limits
mefloquine oral tablet	1	
NEBUPENT INHALATION RECON SOLN	1	B/D PA
pentamidine injection recon soln	1	
PRIMAQUINE ORAL TABLET	1	
pyrimethamine oral tablet	1	
quinine sulfate oral capsule	1	
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
benztropine injection solution	1	HRM
benztropine oral tablet	1	HRM
trihexyphenidyl oral tablet	1	HRM
ANTIPARKINSON AGENTS, OTHER		
amantadine hcl oral capsule	1	
amantadine hcl oral solution	1	
amantadine hcl oral tablet	1	
carbidopa-levodopa-entacapone oral tablet	1	
entacapone oral tablet	1	

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
tolcapone oral tablet	1	
DOPAMINE AGONISTS		
APOKYN SUBCUTANEOUS CARTRIDGE	1	LA; QL (93 per 31 days)
bromocriptine oral capsule	1	
bromocriptine oral tablet	1	
NEUPRO TRANSDERMAL PATCH 24 HOUR	1	
pramipexole oral tablet	1	
ropinirole oral tablet	1	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
carbidopa oral tablet	1	
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa oral tablet extended release	1	
carbidopa-levodopa oral tablet,disintegrating	1	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
rasagiline oral tablet	1	
selegiline hcl oral capsule	1	
selegiline hcl oral tablet	1	
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED	1	HRM
chlorpromazine oral tablet	1	HRM
fluphenazine decanoate injection solution	1	HRM
fluphenazine hcl injection solution	1	HRM
fluphenazine hcl oral concentrate	1	HRM
fluphenazine hcl oral elixir	1	HRM
fluphenazine hcl oral tablet	1	HRM
haloperidol decanoate intramuscular solution	1	HRM
haloperidol lactate injection solution	1	HRM
haloperidol lactate oral concentrate	1	HRM
haloperidol oral tablet	1	HRM
loxapine succinate oral capsule	1	HRM

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
molindone oral tablet	1	HRM
perphenazine oral tablet	1	HRM
pimozide oral tablet	1	HRM
thioridazine oral tablet	1	PA; HRM
thiothixene oral capsule	1	HRM
trifluoperazine oral tablet	1	HRM
2ND GENERATION/ATYPICAL		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	1	ST; HRM; QL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	1	ST; HRM; QL (1 per 28 days)
aripiprazole oral solution	1	HRM; QL (2700 per 90 days)
aripiprazole oral tablet	1	HRM; QL (90 per 90 days)
aripiprazole oral tablet,disintegrating 10 mg	1	HRM; QL (270 per 90 days)

Drug Name	Drug Tier	Requirements /Limits
aripiprazole oral tablet,disintegrating 15 mg	1	HRM; QL (180 per 90 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	1	ST; HRM
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	1	ST; HRM
CAPLYTA ORAL CAPSULE	1	ST
FANAPT ORAL TABLET	1	ST; HRM; QL (180 per 90 days)
FANAPT ORAL TABLETS,DOSE PACK	1	ST; HRM
GEODON INTRAMUSCULAR RECON SOLN	1	ST; HRM
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	1	ST; HRM; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	1	ST; HRM; QL (1 per 28 days)

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	1	ST; HRM; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	1	ST; HRM; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	1	ST; HRM; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	1	ST; HRM; QL (0.88 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	1	ST; HRM; QL (1.32 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	1	ST; HRM; QL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	1	ST; HRM; QL (2.63 per 90 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	1	ST; HRM; QL (31 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
LATUDA ORAL TABLET 80 MG	1	ST; HRM; QL (62 per 31 days)
NUPLAZID ORAL CAPSULE	1	PA; HRM; QL (31 per 31 days)
NUPLAZID ORAL TABLET 10 MG	1	PA; HRM; QL (31 per 31 days)
olanzapine intramuscular recon soln	1	HRM
olanzapine oral tablet 10 mg, 2.5 mg, 5 mg	1	HRM; QL (180 per 90 days)
olanzapine oral tablet 15 mg, 20 mg, 7.5 mg	1	HRM; QL (90 per 90 days)
olanzapine oral tablet,disintegrating 10 mg	1	HRM; QL (180 per 90 days)
olanzapine oral tablet,disintegrating 15 mg, 20 mg, 5 mg	1	HRM; QL (90 per 90 days)
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	1	HRM; QL (90 per 90 days)
paliperidone oral tablet extended release 24hr 6 mg	1	HRM; QL (180 per 90 days)
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTEND REL SYR KIT	1	ST; HRM

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
quetiapine oral tablet	1	HRM
quetiapine oral tablet extended release 24 hr	1	HRM
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	1	ST; HRM; QL (62 per 31 days)
REXULTI ORAL TABLET 3 MG, 4 MG	1	ST; HRM; QL (31 per 31 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	1	ST; HRM
risperidone oral solution	1	HRM
risperidone oral tablet	1	HRM
risperidone oral tablet,disintegrating	1	HRM
SAPHRIS SUBLINGUAL TABLET	1	ST; HRM; QL (180 per 90 days)
SECUADO TRANSDERMAL PATCH 24 HOUR	1	ST; QL (31 per 31 days)
VRAYLAR ORAL CAPSULE 1.5 MG	1	ST; HRM; QL (62 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	1	ST; HRM; QL (31 per 31 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	1	ST; HRM
ziprasidone hcl oral capsule	1	HRM; QL (180 per 90 days)
ziprasidone mesylate intramuscular recon soln	1	HRM
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	1	ST; HRM
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG	1	HRM
TREATMENT-RESISTANT		
clozapine oral tablet	1	HRM
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg	1	HRM

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
CLOZAPINE ORAL TABLET,DISINTEGRATING 150 MG, 200 MG	1	HRM
VERSACLOZ ORAL SUSPENSION	1	HRM
ANTISPASTICITY AGENTS		
ANTISPASTICITY AGENTS		
baclofen intrathecal solution	1	
baclofen oral tablet 10 mg, 20 mg	1	
dantrolene oral capsule	1	
tizanidine oral tablet	1	
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
ganciclovir sodium intravenous solution	1	B/D PA
PREVYMIS ORAL TABLET	1	
valganciclovir oral recon soln	1	
valganciclovir oral tablet	1	
ANTI-HEPATITIS B (HBV) AGENTS		
adefovir oral tablet	1	
entecavir oral tablet	1	
lamivudine oral tablet 100 mg	1	
ANTI-HEPATITIS C (HCV) AGENTS		
EPCLUSA ORAL TABLET	1	PA; QL (31 per 31 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	1	PA; QL (31 per 31 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	1	PA; QL (62 per 31 days)
HARVONI ORAL TABLET 45-200 MG	1	PA
HARVONI ORAL TABLET 90-400 MG	1	PA; QL (31 per 31 days)
ribavirin oral capsule	1	
ribavirin oral tablet 200 mg	1	
SOVALDI ORAL PELLETS IN PACKET 150 MG	1	PA; QL (31 per 31 days)
SOVALDI ORAL PELLETS IN PACKET 200 MG	1	PA; QL (62 per 31 days)
SOVALDI ORAL TABLET 200 MG	1	PA
SOVALDI ORAL TABLET 400 MG	1	PA; QL (31 per 31 days)

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
VOSEVI ORAL TABLET	1	PA; QL (31 per 31 days)
ANTIHERPETIC AGENTS		
acyclovir oral capsule	1	
acyclovir oral tablet	1	
acyclovir sodium intravenous solution	1	B/D PA
famciclovir oral tablet	1	
trifluridine ophthalmic (eye) drops	1	
valacyclovir oral tablet	1	
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
BIKTARVY ORAL TABLET	1	QL (31 per 31 days)
DOVATO ORAL TABLET	1	
GENVOYA ORAL TABLET	1	QL (31 per 31 days)
ISENTRESS HD ORAL TABLET	1	
ISENTRESS ORAL POWDER IN PACKET	1	QL (62 per 31 days)
ISENTRESS ORAL TABLET	1	QL (62 per 31 days)
ISENTRESS ORAL TABLET,CHEWABLE	1	QL (186 per 31 days)

Drug Name	Drug Tier	Requirements /Limits
JULUCA ORAL TABLET	1	QL (31 per 31 days)
STRIBILD ORAL TABLET	1	
TIVICAY ORAL TABLET 10 MG, 25 MG	1	QL (31 per 31 days)
TIVICAY ORAL TABLET 50 MG	1	QL (62 per 31 days)
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
ATRIPLA ORAL TABLET	1	
COMPLERA ORAL TABLET	1	
DELSTRIGO ORAL TABLET	1	
EDURANT ORAL TABLET	1	
efavirenz oral capsule	1	
efavirenz oral tablet	1	
INTELENCE ORAL TABLET	1	
nevirapine oral suspension	1	
nevirapine oral tablet	1	
nevirapine oral tablet extended release 24 hr	1	

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
PIFELTRO ORAL TABLET	1	
SYMFI LO ORAL TABLET	1	
SYMFI ORAL TABLET	1	
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
abacavir oral solution	1	
abacavir oral tablet	1	
abacavir-lamivudine oral tablet	1	
abacavir-lamivudine-zidovudine oral tablet	1	
CIMDUO ORAL TABLET	1	
DESCOVY ORAL TABLET	1	
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg	1	
EMTRIVA ORAL CAPSULE	1	
EMTRIVA ORAL SOLUTION	1	
lamivudine oral solution	1	

Drug Name	Drug Tier	Requirements /Limits
lamivudine oral tablet 150 mg, 300 mg	1	
lamivudine-zidovudine oral tablet	1	
ODEFSEY ORAL TABLET	1	
stavudine oral capsule	1	
TEMIXYS ORAL TABLET	1	
tenofovir disoproxil fumarate oral tablet	1	
TRIUMEQ ORAL TABLET	1	QL (31 per 31 days)
TRUVADA ORAL TABLET	1	QL (31 per 31 days)
VIREAD ORAL POWDER	1	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	
zidovudine oral capsule	1	
zidovudine oral syrup	1	
zidovudine oral tablet	1	
ANTI-HIV AGENTS, OTHER		
FUZEON SUBCUTANEOUS RECON SOLN	1	

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
SELZENTRY ORAL SOLUTION	1	
SELZENTRY ORAL TABLET	1	
TROGARZO INTRAVENOUS SOLUTION	1	
TYBOST ORAL TABLET	1	
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		
APTIVUS (WITH VITAMIN E) ORAL SOLUTION	1	
APTIVUS ORAL CAPSULE	1	
atazanavir oral capsule	1	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	1	
EVOTAZ ORAL TABLET	1	
fosamprenavir oral tablet	1	
INVIRASE ORAL TABLET	1	
KALETRA ORAL TABLET	1	
LEXIVA ORAL SUSPENSION	1	
lopinavir-ritonavir oral solution	1	

Drug Name	Drug Tier	Requirements /Limits
NORVIR ORAL POWDER IN PACKET	1	
NORVIR ORAL SOLUTION	1	
PREZCOBIX ORAL TABLET	1	QL (31 per 31 days)
PREZISTA ORAL SUSPENSION	1	QL (414 per 31 days)
PREZISTA ORAL TABLET 150 MG	1	QL (720 per 90 days)
PREZISTA ORAL TABLET 600 MG	1	QL (62 per 31 days)
PREZISTA ORAL TABLET 75 MG	1	QL (1440 per 90 days)
PREZISTA ORAL TABLET 800 MG	1	QL (31 per 31 days)
REYATAZ ORAL POWDER IN PACKET	1	
ritonavir oral tablet	1	
SYMTUZA ORAL TABLET	1	
VIRACEPT ORAL TABLET	1	
ANTI-INFLUENZA AGENTS		
oseltamivir oral capsule 30 mg	1	QL (168 per 180 days)
oseltamivir oral capsule 45 mg, 75 mg	1	QL (84 per 180 days)

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
oseltamivir oral suspension for reconstitution	1	QL (1050 per 180 days)
rimantadine oral tablet	1	
ANXIOLYTICS		
ANXIOLYTICS, OTHER		
buspirone oral tablet	1	
BENZODIAZEPINES		
alprazolam oral tablet	1	HRM; QL (450 per 90 days)
clonazepam oral tablet 0.5 mg, 1 mg	1	HRM; QL (360 per 90 days)
clonazepam oral tablet 2 mg	1	HRM; QL (900 per 90 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	1	HRM; QL (360 per 90 days)
clonazepam oral tablet,disintegrating 2 mg	1	HRM; QL (900 per 90 days)
clorazepate dipotassium oral tablet 15 mg	1	HRM; QL (540 per 90 days)
clorazepate dipotassium oral tablet 3.75 mg	1	HRM; QL (2160 per 90 days)
clorazepate dipotassium oral tablet 7.5 mg	1	HRM; QL (1080 per 90 days)

Drug Name	Drug Tier	Requirements /Limits
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1	HRM
diazepam oral tablet	1	HRM; QL (360 per 90 days)
lorazepam intensol oral concentrate	1	HRM; QL (450 per 90 days)
lorazepam oral concentrate	1	HRM; QL (450 per 90 days)
lorazepam oral tablet	1	HRM; QL (450 per 90 days)
BIPOLAR AGENTS		
MOOD STABILIZERS		
lithium carbonate oral capsule	1	
lithium carbonate oral tablet	1	
lithium carbonate oral tablet extended release	1	
lithium citrate oral solution 8 meq/5 ml	1	
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
acarbose oral tablet	1	
alcohol pads topical pads, medicated	1	

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability 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
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	1	QL (10.2 per 84 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR	1	QL (12 per 84 days)
FARXIGA ORAL TABLET	1	QL (90 per 90 days)
GAUZE PADS 2 X 2	1	
glimepiride oral tablet	1	HRM
glipizide oral tablet	1	
glipizide oral tablet extended release 24hr 10 mg	1	QL (180 per 90 days)
glipizide oral tablet extended release 24hr 2.5 mg, 5 mg	1	QL (270 per 90 days)
glipizide-metformin oral tablet	1	
glyburide micronized oral tablet	1	HRM
glyburide oral tablet	1	HRM
glyburide-metformin oral tablet	1	
INSULIN PEN NEEDLE	1	
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	1	

Drug Name	Drug Tier	Requirements /Limits
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG	1	QL (180 per 90 days)
INVOKAMET ORAL TABLET 50-500 MG	1	QL (360 per 90 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG	1	QL (180 per 90 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 50-500 MG	1	QL (360 per 90 days)
INVOKANA ORAL TABLET 100 MG	1	QL (180 per 90 days)
INVOKANA ORAL TABLET 300 MG	1	QL (90 per 90 days)
JANUMET ORAL TABLET	1	QL (180 per 90 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	1	QL (90 per 90 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	1	QL (180 per 90 days)
JANUVIA ORAL TABLET	1	QL (90 per 90 days)

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability 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
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	1	QL (180 per 90 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	1	QL (90 per 90 days)
metformin oral tablet	1	
metformin oral tablet extended release 24 hr 500 mg	1	QL (360 per 90 days)
metformin oral tablet extended release 24 hr 750 mg	1	QL (180 per 90 days)
nateglinide oral tablet	1	
NEEDLES, INSULIN DISP.,SAFETY	1	
NOVOFINE 32 NEEDLE	1	
NOVOFINE PLUS NEEDLE	1	
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	1	
NOVOTWIST NEEDLE 32 GAUGE X 1/5"	1	
ONGLYZA ORAL TABLET	1	QL (90 per 90 days)

Drug Name	Drug Tier	Requirements /Limits
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	1	QL (1.5 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)	1	QL (3 per 28 days)
pioglitazone oral tablet	1	QL (90 per 90 days)
repaglinide oral tablet	1	
RYBELSUS ORAL TABLET 14 MG	1	QL (90 per 90 days)
RYBELSUS ORAL TABLET 3 MG	1	QL (420 per 90 days)
RYBELSUS ORAL TABLET 7 MG	1	QL (180 per 90 days)
V-GO 20 DEVICE	1	
V-GO 30 DEVICE	1	
V-GO 40 DEVICE	1	
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR	1	QL (27 per 90 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR	1	QL (27 per 90 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	1	QL (90 per 90 days)

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability 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
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	1	QL (180 per 90 days)
GLYCEMIC AGENTS		
BAQSIMI NASAL SPRAY,NON-AEROSOL	1	
diazoxide oral suspension	1	
GLUCAGEN HYPOKIT INJECTION RECON SOLN	1	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN	1	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN	1	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR	1	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR	1	

Drug Name	Drug Tier	Requirements /Limits
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE	1	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE	1	
KORLYM ORAL TABLET	1	PA; LA
INSULINS		
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	1	ST
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION	1	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN	1	
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS PEN	1	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION	1	

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability 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
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	1	
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	1	
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN	1	
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	1	
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN	1	
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION	1	
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS PEN	1	
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION	1	

Drug Name	Drug Tier	Requirements /Limits
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	1	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE	1	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION	1	
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN	1	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS PEN	1	
BLOOD PRODUCTS AND MODIFIERS		
ANTICOAGULANTS		
BEVYXXA ORAL CAPSULE	1	
enoxaparin subcutaneous syringe	1	
fondaparinux subcutaneous syringe	1	

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability 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
heparin (porcine) injection solution	1	
jantoven oral tablet	1	
PRADAXA ORAL CAPSULE	1	QL (180 per 90 days)
warfarin oral tablet	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	1	QL (51 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	1	QL (90 per 90 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	1	QL (180 per 90 days)
BLOOD PRODUCTS AND MODIFIERS, OTHER		
anagrelide oral capsule	1	
NIVESTYM INJECTION SOLUTION	1	
NIVESTYM SUBCUTANEOUS SYRINGE	1	
OXBRYTA ORAL TABLET	1	PA; LA
PROCRIT INJECTION SOLUTION	1	PA

Drug Name	Drug Tier	Requirements /Limits
PROMACTA ORAL TABLET 12.5 MG, 25 MG	1	PA; QL (31 per 31 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	1	PA; QL (62 per 31 days)
ZARXIO INJECTION SYRINGE	1	
HEMOSTASIS AGENTS		
tranexamic acid oral tablet	1	QL (90 per 63 days)
PLATELET MODIFYING AGENTS		
aspirin-dipyridamole oral capsule, er multiphase 12 hr	1	
BRILINTA ORAL TABLET 60 MG	1	QL (180 per 90 days)
BRILINTA ORAL TABLET 90 MG	1	QL (182 per 90 days)
CABLIVI INJECTION KIT	1	PA
cilostazol oral tablet	1	
clopidogrel oral tablet 75 mg	1	QL (90 per 90 days)
DOPTELET (10 TAB PACK) ORAL TABLET	1	PA
DOPTELET (15 TAB PACK) ORAL TABLET	1	PA
DOPTELET (30 TAB PACK) ORAL TABLET	1	PA

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability 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
prasugrel oral tablet	1	
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
clonidine hcl oral tablet	1	HRM
clonidine transdermal patch weekly	1	HRM; QL (12 per 84 days)
midodrine oral tablet	1	
NORTHERA ORAL CAPSULE 100 MG	1	LA; QL (93 per 31 days)
NORTHERA ORAL CAPSULE 200 MG, 300 MG	1	LA; QL (186 per 31 days)
ALPHA-ADRENERGIC BLOCKING AGENTS		
doxazosin oral tablet	1	HRM
prazosin oral capsule	1	HRM
terazosin oral capsule	1	HRM
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
irbesartan oral tablet	1	
losartan oral tablet 100 mg, 50 mg	1	QL (180 per 90 days)
losartan oral tablet 25 mg	1	QL (270 per 90 days)
olmesartan oral tablet	1	

Drug Name	Drug Tier	Requirements /Limits
valsartan oral tablet	1	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
benazepril oral tablet	1	
enalapril maleate oral tablet	1	
fosinopril oral tablet	1	
lisinopril oral tablet	1	
moexipril oral tablet	1	
perindopril erbumine oral tablet	1	
quinapril oral tablet	1	
ramipril oral capsule	1	
trandolapril oral tablet	1	
ANTIARRHYTHMICS		
amiodarone oral tablet	1	HRM
dofetilide oral capsule	1	
flecainide oral tablet	1	
mexiletine oral capsule	1	
pacerone oral tablet 100 mg, 200 mg, 400 mg	1	HRM
propafenone oral capsule,extended release 12 hr	1	

Drug Tier: 1-Formulary medications
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Drug Name	Drug Tier	Requirements /Limits
propafenone oral tablet	1	
quinidine gluconate oral tablet extended release	1	
quinidine sulfate oral tablet	1	
sorine oral tablet	1	
sotalol af oral tablet	1	
sotalol oral tablet	1	
BETA-ADRENERGIC BLOCKING AGENTS		
acebutolol oral capsule	1	
atenolol oral tablet	1	
bisoprolol fumarate oral tablet	1	
carvedilol oral tablet	1	
labetalol oral tablet	1	
metoprolol succinate oral tablet extended release 24 hr	1	QL (180 per 90 days)
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
pindolol oral tablet	1	
propranolol oral capsule,extended release 24 hr	1	
propranolol oral tablet	1	

Drug Name	Drug Tier	Requirements /Limits
timolol maleate oral tablet	1	
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
amlodipine oral tablet	1	
nicardipine oral capsule	1	
nifedipine oral tablet extended release	1	QL (90 per 90 days)
nifedipine oral tablet extended release 24hr	1	QL (90 per 90 days)
nimodipine oral capsule	1	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYROPYRIDINES		
cartia xt oral capsule,extended release 24hr	1	
diltiazem hcl oral capsule,extended release 12 hr	1	
diltiazem hcl oral capsule,extended release 24 hr	1	
diltiazem hcl oral capsule,extended release 24hr	1	
diltiazem hcl oral tablet	1	
dilt-xr oral capsule,ext.rel 24h degradable	1	

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
taztia xt oral capsule,extended release 24 hr	1	
tiadylt er oral capsule,extended release 24 hr	1	
verapamil oral capsule, 24 hr er pellet ct	1	
verapamil oral capsule,ext rel. pellets 24 hr	1	
verapamil oral tablet	1	
verapamil oral tablet extended release	1	
CARDIOVASCULAR AGENTS, OTHER		
acetazolamide oral tablet	1	
aliskiren oral tablet	1	QL (90 per 90 days)
amiloride-hydrochlorothiazide oral tablet	1	
amlodipine-benazepril oral capsule	1	
amlodipine-olmesartan oral tablet	1	QL (90 per 90 days)
amlodipine-valsartan oral tablet	1	

Drug Name	Drug Tier	Requirements /Limits
atenolol-chlorthalidone oral tablet	1	
benazepril-hydrochlorothiazide oral tablet	1	
bisoprolol-hydrochlorothiazide oral tablet	1	
CORLANOR ORAL SOLUTION	1	QL (1350 per 90 days)
CORLANOR ORAL TABLET	1	QL (180 per 90 days)
DEMSER ORAL CAPSULE	1	
digitek oral tablet 125 mcg (0.125 mg)	1	HRM; QL (90 per 90 days)
digitek oral tablet 250 mcg (0.25 mg)	1	HRM
digox oral tablet 125 mcg (0.125 mg)	1	HRM; QL (90 per 90 days)
digox oral tablet 250 mcg (0.25 mg)	1	HRM
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	1	HRM
digoxin oral tablet 125 mcg (0.125 mg)	1	HRM; QL (90 per 90 days)
digoxin oral tablet 250 mcg (0.25 mg)	1	HRM
enalapril-hydrochlorothiazide oral tablet	1	

Drug Tier: 1-Formulary medications
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Drug Name	Drug Tier	Requirements /Limits
ENTRESTO ORAL TABLET	1	PA; QL (180 per 90 days)
fosinopril-hydrochlorothiazide oral tablet	1	
irbesartan-hydrochlorothiazide oral tablet	1	
isoproterenol hcl injection solution	1	
lisinopril-hydrochlorothiazide oral tablet	1	
losartan-hydrochlorothiazide oral tablet	1	
metoprolol ta-hydrochlorothiaz oral tablet	1	
olmesartan-amlodipin-hcthiazid oral tablet	1	QL (90 per 90 days)
olmesartan-hydrochlorothiazide oral tablet	1	
pentoxifylline oral tablet extended release	1	
quinapril-hydrochlorothiazide oral tablet	1	
ranolazine oral tablet extended release 12 hr	1	

Drug Name	Drug Tier	Requirements /Limits
spironolacton-hydrochlorothiaz oral tablet	1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	
triamterene-hydrochlorothiazid oral tablet	1	
valsartan-hydrochlorothiazide oral tablet	1	
DIURETICS, LOOP		
bumetanide injection solution	1	
bumetanide oral tablet	1	
furosemide injection solution	1	
furosemide injection syringe	1	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	
furosemide oral tablet	1	
torsemide oral tablet	1	
DIURETICS, POTASSIUM-SPARING		
amiloride oral tablet	1	
eplerenone oral tablet	1	

Drug Tier: 1-Formulary medications
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This drug list was last updated on 09/01/2020.

Drug Name	Drug Tier	Requirements /Limits
spironolactone oral tablet	1	
DIURETICS, THIAZIDE		
chlorthalidone oral tablet 25 mg, 50 mg	1	
hydrochlorothiazide oral capsule	1	
hydrochlorothiazide oral tablet	1	
indapamide oral tablet	1	
metolazone oral tablet	1	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	1	QL (90 per 90 days)
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	1	
fenofibrate oral tablet 160 mg, 54 mg	1	QL (90 per 90 days)
gemfibrozil oral tablet	1	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
atorvastatin oral tablet 10 mg, 20 mg	1	QL (360 per 90 days)
atorvastatin oral tablet 40 mg	1	QL (180 per 90 days)
atorvastatin oral tablet 80 mg	1	QL (90 per 90 days)
lovastatin oral tablet 10 mg, 20 mg	1	QL (360 per 90 days)
lovastatin oral tablet 40 mg	1	QL (180 per 90 days)
pravastatin oral tablet 10 mg, 20 mg	1	QL (360 per 90 days)
pravastatin oral tablet 40 mg	1	QL (180 per 90 days)
pravastatin oral tablet 80 mg	1	QL (90 per 90 days)
rosuvastatin oral tablet 10 mg, 5 mg	1	QL (360 per 90 days)
rosuvastatin oral tablet 20 mg	1	QL (180 per 90 days)
rosuvastatin oral tablet 40 mg	1	QL (90 per 90 days)
simvastatin oral tablet 10 mg, 20 mg, 5 mg	1	QL (360 per 90 days)
simvastatin oral tablet 40 mg	1	QL (180 per 90 days)
simvastatin oral tablet 80 mg	1	QL (90 per 90 days)
DYSLIPIDEMICS, OTHER		
cholestyramine (with sugar) oral powder	1	
cholestyramine (with sugar) oral powder in packet	1	
cholestyramine light oral powder	1	

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

Drug Name	Drug Tier	Requirements /Limits
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
isosorbide dinitrate oral tablet	1	
isosorbide mononitrate oral tablet	1	
isosorbide mononitrate oral tablet extended release 24 hr	1	
nitro-bid transdermal ointment	1	
nitroglycerin sublingual tablet	1	
nitroglycerin transdermal patch 24 hour	1	
RECTIV RECTAL OINTMENT	1	
VASODILATORS, DIRECT-ACTING ARTERIAL		
hydralazine oral tablet	1	
minoxidil oral tablet	1	
CENTRAL NERVOUS SYSTEM AGENTS		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
dextroamphetamine oral tablet	1	QL (540 per 90 days)

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability 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
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	1	QL (270 per 90 days)
dextroamphetamine-amphetamine oral tablet 30 mg	1	QL (180 per 90 days)
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg, 60 mg	1	QL (180 per 90 days)
atomoxetine oral capsule 100 mg, 80 mg	1	QL (90 per 90 days)
guanfacine oral tablet extended release 24 hr	1	HRM
methylphenidate hcl oral solution	1	
methylphenidate hcl oral tablet	1	QL (270 per 90 days)
CENTRAL NERVOUS SYSTEM, OTHER		
FIRDAPSE ORAL TABLET	1	PA
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SYRINGE 3 MG/3 ML (1 MG/ML)	1	

Drug Name	Drug Tier	Requirements /Limits
NUEDEXTA ORAL CAPSULE	1	PA; QL (180 per 90 days)
riluzole oral tablet	1	
RUZURGI ORAL TABLET	1	PA
tetrabenazine oral tablet 12.5 mg	1	PA; QL (248 per 31 days)
tetrabenazine oral tablet 25 mg	1	PA; QL (124 per 31 days)
FIBROMYALGIA AGENTS		
SAVELLA ORAL TABLET	1	PA; QL (180 per 90 days)
SAVELLA ORAL TABLETS,DOSE PACK	1	PA; QL (165 per 84 days)
MULTIPLE SCLEROSIS AGENTS		
BETASERON SUBCUTANEOUS KIT	1	PA; QL (14 per 28 days)
dalfampridine oral tablet extended release 12 hr	1	PA; QL (62 per 31 days)
GILENYA ORAL CAPSULE 0.5 MG	1	PA; QL (31 per 31 days)
glatiramer subcutaneous syringe 20 mg/ml	1	PA; QL (31 per 31 days)
glatiramer subcutaneous syringe 40 mg/ml	1	PA; QL (12 per 28 days)
glatopa subcutaneous syringe 20 mg/ml	1	PA; QL (31 per 31 days)

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
glatopa subcutaneous syringe 40 mg/ml	1	PA; QL (12 per 28 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC)	1	PA; LA; QL (62 per 31 days)
DENTAL AND ORAL AGENTS		
DENTAL AND ORAL AGENTS		
chlorhexidine gluconate mucous membrane mouthwash	1	
oralone dental paste	1	
paroex oral rinse mucous membrane mouthwash	1	
periogard mucous membrane mouthwash	1	
pilocarpine hcl oral tablet	1	
triamcinolone acetonide dental paste	1	
DERMATOLOGICAL AGENTS		
ACNE AND ROSACEA AGENTS		
acitretin oral capsule	1	
amnesteem oral capsule	1	PA
avita topical cream	1	
claravis oral capsule	1	PA
isotretinoin oral capsule	1	PA
myorisan oral capsule	1	PA
tazarotene topical cream	1	
tretinoin topical cream	1	
tretinoin topical gel 0.01 %, 0.025 %	1	
zenatane oral capsule	1	PA
DERMATITIS AND PRURITUS AGENTS		
alclometasone topical ointment	1	
ammonium lactate topical cream	1	
ammonium lactate topical lotion	1	
betamethasone dipropionate topical cream	1	
betamethasone dipropionate topical lotion	1	
betamethasone valerate topical cream	1	
betamethasone valerate topical lotion	1	

Drug Tier: 1-Formulary medications
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Drug Name	Drug Tier	Requirements /Limits
betamethasone valerate topical ointment	1	
betamethasone, augmented topical gel	1	
betamethasone, augmented topical lotion	1	
betamethasone, augmented topical ointment	1	
clobetasol scalp solution	1	
clobetasol topical cream	1	
clobetasol topical gel	1	
clobetasol topical lotion	1	
clobetasol topical ointment	1	
clobetasol topical shampoo	1	
clobetasol-emollient topical cream	1	
clobetasol-emollient topical foam	1	
fluocinolone topical solution	1	
fluocinonide topical cream 0.05 %	1	
fluocinonide topical gel	1	

Drug Name	Drug Tier	Requirements /Limits
fluocinonide topical solution	1	
fluocinonide-e topical cream	1	
fluocinonide-emollient topical cream	1	
fluticasone propionate topical cream	1	
fluticasone propionate topical ointment	1	
halobetasol propionate topical cream	1	
halobetasol propionate topical ointment	1	
hydrocortisone topical cream 2.5 %	1	
hydrocortisone topical cream with perineal applicator 2.5 %	1	
hydrocortisone topical lotion 2.5 %	1	
hydrocortisone topical ointment 2.5 %	1	
mometasone topical cream	1	
mometasone topical ointment	1	

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability 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
mometasone topical solution	1	
nolix topical cream	1	
selenium sulfide topical lotion	1	
tacrolimus topical ointment	1	
tovet emollient topical foam	1	
triamcinolone acetonide topical cream	1	
triamcinolone acetonide topical lotion	1	
triamcinolone acetonide topical ointment	1	
triderm topical cream 0.5 %	1	
DERMATOLOGICAL AGENTS, OTHER		
calcipotriene scalp solution	1	PA; QL (180 per 90 days)
calcipotriene topical cream	1	PA; QL (360 per 90 days)
clotrimazole-betamethasone topical cream	1	
clotrimazole-betamethasone topical lotion	1	
DUOBRII TOPICAL LOTION	1	

Drug Name	Drug Tier	Requirements /Limits
fluorouracil topical cream 5 %	1	
fluorouracil topical solution	1	
hydrocortisone-pramoxine rectal cream 1-1 %	1	
imiquimod topical cream in packet	1	
methoxsalen oral capsule,liqd-filled,rapid rel	1	
podofilox topical solution	1	
SANTYL TOPICAL OINTMENT	1	
silver sulfadiazine topical cream	1	
ssd topical cream	1	
PEDICULICIDES/SCABICIDES		
crotan topical lotion	1	
malathion topical lotion	1	
permethrin topical cream	1	
TOPICAL ANTI-INFECTIVES		
ciclopirox topical solution	1	
clindamycin phosphate topical gel	1	

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability 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
clindamycin phosphate topical lotion	1	
clindamycin phosphate topical solution	1	
clindamycin phosphate topical swab	1	
clindamycin phosphate vaginal cream	1	
erythromycin with ethanol topical solution	1	
mupirocin topical ointment	1	
ELECTROLYTES/MINERALS/ METALS/VITAMINS		
ELECTROLYTE/MINERAL REPLACEMENT		
calcium chloride intravenous solution	1	
calcium chloride intravenous syringe	1	
calcium gluconate intravenous solution	1	
d10 %-0.45 % sodium chloride intravenous parenteral solution	1	

Drug Name	Drug Tier	Requirements /Limits
d2.5 %-0.45 % sodium chloride intravenous parenteral solution	1	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	1	
d5 %-0.45 % sodium chloride intravenous parenteral solution	1	
denta 5000 plus dental cream	1	
dextrose 10 % in water (d10w) intravenous parenteral solution	1	B/D PA
dextrose 20 % in water (d20w) intravenous parenteral solution	1	B/D PA
dextrose 30 % in water (d30w) intravenous parenteral solution	1	B/D PA
dextrose 40 % in water (d40w) intravenous parenteral solution	1	B/D PA
dextrose 5 % in water (d5w) intravenous parenteral solution	1	

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability 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
dextrose 5 % in water (d5w) intravenous piggyback	1	
dextrose 5%-0.2 % sod chloride intravenous parenteral solution	1	
dextrose 5%-0.3 % sod.chloride intravenous parenteral solution	1	
dextrose 50 % in water (d50w) intravenous parenteral solution	1	B/D PA
dextrose 70 % in water (d70w) intravenous parenteral solution	1	B/D PA
dextrose with sodium chloride intravenous parenteral solution	1	
fluoride (sodium) oral tablet	1	
fluoride (sodium) oral tablet,chewable 1 mg (2.2 mg sod. fluoride)	1	
fluoritab oral tablet,chewable 1 mg (2.2 mg sod. fluoride)	1	

Drug Name	Drug Tier	Requirements /Limits
FREAMINE HBC 6.9 % INTRAVENOUS PARENTERAL SOLUTION	1	B/D PA
freamine iii 10 % intravenous parenteral solution	1	B/D PA
intralipid intravenous emulsion 20 %	1	B/D PA
INTRALIPID INTRAVENOUS EMULSION 30 %	1	B/D PA
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	1	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	1	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	1	
klor-con 10 oral tablet extended release	1	
klor-con 8 oral tablet extended release	1	
klor-con m10 oral tablet,er particles/crystals	1	

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability 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
klor-con m15 oral tablet,er particles/crystals	1	
klor-con m20 oral tablet,er particles/crystals	1	
levocarnitine (with sugar) oral solution	1	
levocarnitine oral solution 100 mg/ml	1	
levocarnitine oral tablet	1	
ludent fluoride oral tablet,chewable 1 mg (2.2 mg sod. fluoride)	1	
magnesium sulfate injection syringe	1	
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION	1	B/D PA
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION	1	
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	1	
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	1	B/D PA

Drug Name	Drug Tier	Requirements /Limits
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	1	B/D PA
potassium acetate intravenous solution 2 meq/ml	1	
potassium chlorid-d5-0.45%nacl intravenous parenteral solution	1	
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	1	
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l	1	
potassium chloride in water intravenous piggyback	1	
potassium chloride oral capsule, extended release	1	
potassium chloride oral liquid	1	
potassium chloride oral tablet extended release	1	
potassium chloride oral tablet,er particles/crystals	1	

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability 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
potassium chloride-0.45 % nacl intravenous parenteral solution	1	
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l	1	
potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l	1	
potassium chloride-d5-0.9%nacl intravenous parenteral solution	1	
potassium citrate oral tablet extended release	1	
potassium phosphate m-/d-basic intravenous solution 3 mmol/ml	1	
premasol 10 % intravenous parenteral solution	1	B/D PA
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE	1	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE	1	

Drug Name	Drug Tier	Requirements /Limits
PREVIDENT 5000 SENSITIVE DENTAL PASTE	1	
sf 5000 plus dental cream	1	
sodium acetate intravenous solution	1	
sodium chloride 0.45 % intravenous parenteral solution	1	
sodium chloride 0.9 % intravenous parenteral solution	1	
sodium chloride 0.9 % intravenous piggyback	1	
sodium chloride 3 % intravenous parenteral solution	1	
sodium chloride 5 % intravenous parenteral solution	1	
sodium chloride intravenous parenteral solution	1	
sodium chloride irrigation solution	1	
sodium phosphate intravenous solution	1	
travasol 10 % intravenous parenteral solution	1	B/D PA
ELECTROLYTE/MINERAL/METAL MODIFIERS		

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability 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
CHEMET ORAL CAPSULE	1	
deferasirox oral tablet	1	PA
D-PENAMINE ORAL TABLET	1	
trientine oral capsule	1	PA
PHOSPHATE BINDERS		
calcium acetate(phosphat bind) oral capsule	1	
calcium acetate(phosphat bind) oral tablet	1	
lanthanum oral tablet,chewable	1	
sevelamer carbonate oral tablet	1	QL (1620 per 90 days)
POTASSIUM BINDERS		
LOKELMA ORAL POWDER IN PACKET	1	
sodium polystyrene sulfonate oral powder	1	
sps (with sorbitol) oral suspension	1	
sps (with sorbitol) rectal enema	1	
GASTROINTESTINAL AGENTS		
ANTI-CONSTIPATION AGENTS		

Drug Name	Drug Tier	Requirements /Limits
constulose oral solution	1	
enulose oral solution	1	
generlac oral solution	1	
lactulose oral packet	1	
lactulose oral solution	1	
LINZESS ORAL CAPSULE	1	QL (90 per 90 days)
MOVANTIK ORAL TABLET	1	PA
RELISTOR ORAL TABLET	1	PA
RELISTOR SUBCUTANEOUS SOLUTION	1	PA; QL (16.8 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	1	PA; QL (16.8 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	1	PA; QL (11.2 per 28 days)
TRULANCE ORAL TABLET	1	QL (90 per 90 days)
ANTI-DIARRHEAL AGENTS		
alosetron oral tablet	1	PA; QL (62 per 31 days)
diphenoxylate-atropine oral liquid	1	HRM

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability 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
diphenoxylate-atropine oral tablet	1	HRM
loperamide oral capsule	1	
ANTISPASMODICS, GASTROINTESTINAL		
dicyclomine oral capsule	1	HRM
dicyclomine oral tablet	1	HRM
glycopyrrolate oral tablet	1	
GASTROINTESTINAL AGENTS, OTHER		
atropine injection solution 0.4 mg/ml	1	
GATTEX 30-VIAL SUBCUTANEOUS KIT	1	PA; LA
GATTEX ONE-VIAL SUBCUTANEOUS KIT	1	PA
gavilyte-c oral recon soln	1	
gavilyte-g oral recon soln	1	
gavilyte-n oral recon soln	1	
metoclopramide hcl oral solution	1	HRM
metoclopramide hcl oral tablet	1	HRM

Drug Name	Drug Tier	Requirements /Limits
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	1	
peg-electrolyte oral recon soln	1	
SUPREP BOWEL PREP KIT ORAL RECON SOLN	1	
trilyte with flavor packets oral recon soln	1	
ursodiol oral capsule	1	
ursodiol oral tablet	1	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
famotidine oral tablet 20 mg, 40 mg	1	
nizatidine oral capsule	1	
nizatidine oral solution	1	
PROTECTANTS		
misoprostol oral tablet	1	
sucralfate oral tablet	1	
PROTON PUMP INHIBITORS		
esomeprazole magnesium oral capsule,delayed release(dr/ec)	1	

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability 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
omeprazole oral capsule,delayed release(dr/ec)	1	QL (180 per 90 days)
pantoprazole oral tablet,delayed release (dr/ec)	1	QL (180 per 90 days)
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
CERDELGA ORAL CAPSULE	1	LA
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC)	1	
cromolyn oral concentrate	1	
CYSTADANE ORAL POWDER	1	
CYSTAGON ORAL CAPSULE	1	LA
CYSTARAN OPHTHALMIC (EYE) DROPS	1	LA
ENDARI ORAL POWDER IN PACKET	1	LA
GALAFOLD ORAL CAPSULE	1	PA

Drug Name	Drug Tier	Requirements /Limits
KUVAN ORAL POWDER IN PACKET	1	PA; LA
KUVAN ORAL TABLET,SOLUBLE	1	PA; LA
miglustat oral capsule	1	PA; LA
nitisinone oral capsule	1	
NITYR ORAL TABLET	1	PA
ORFADIN ORAL CAPSULE 20 MG	1	LA
ORFADIN ORAL SUSPENSION	1	LA
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 24,000-86,250-90,750 UNIT	1	
PROLASTIN-C INTRAVENOUS RECON SOLN	1	PA; LA
PROLASTIN-C INTRAVENOUS SOLUTION	1	PA
REVCOVI INTRAMUSCULAR SOLUTION	1	PA
sodium phenylbutyrate oral tablet	1	

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability 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
TEGSEDI SUBCUTANEOUS SYRINGE	1	PA
VYNDAMAX ORAL CAPSULE	1	PA; QL (31 per 31 days)
VYNDAQEL ORAL CAPSULE	1	PA; QL (124 per 31 days)
ZENPEP ORAL CAPSULE,DELAYED 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	1	ST
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	1	QL (90 per 90 days)
oxybutynin chloride oral syrup	1	
oxybutynin chloride oral tablet	1	
oxybutynin chloride oral tablet extended release 24hr	1	QL (180 per 90 days)
solifenacin oral tablet	1	
tolterodine oral capsule,extended release 24hr	1	QL (90 per 90 days)
tolterodine oral tablet	1	QL (180 per 90 days)
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR	1	
BENIGN PROSTATIC HYPERTROPHY AGENTS		
alfuzosin oral tablet extended release 24 hr	1	QL (90 per 90 days)
dutasteride oral capsule	1	QL (90 per 90 days)
finasteride oral tablet 5 mg	1	
tamsulosin oral capsule	1	QL (180 per 90 days)
GENITOURINARY AGENTS, OTHER		
bethanechol chloride oral tablet	1	
DEPEN TITRATABS ORAL TABLET	1	
ELMIRON ORAL CAPSULE	1	

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability 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
penicillamine oral tablet	1	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
betamethasone dipropionate topical ointment	1	
betamethasone, augmented topical cream	1	
cortisone oral tablet	1	
decadron oral tablet	1	
dexamethasone intensol oral drops	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
fludrocortisone oral tablet	1	
methylprednisolone oral tablet	1	
methylprednisolone oral tablets,dose pack	1	
prednisolone oral solution 15 mg/5 ml	1	

Drug Name	Drug Tier	Requirements /Limits
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	1	
prednisone intensol oral concentrate	1	
prednisone oral solution	1	
prednisone oral tablet	1	
prednisone oral tablets,dose pack	1	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)		
desmopressin injection solution	1	HRM
desmopressin nasal spray with pump	1	HRM
desmopressin nasal spray,non-aerosol	1	HRM
desmopressin oral tablet	1	HRM
EGRIFTA SV SUBCUTANEOUS RECON SOLN	1	

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability 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
INCRELEX SUBCUTANEOUS SOLUTION	1	PA; LA
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR	1	PA; HRM
STIMATE NASAL SPRAY,NON-AEROSOL	1	HRM
HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)		
ANABOLIC STEROIDS		
ANADROL-50 ORAL TABLET	1	PA
oxandrolone oral tablet	1	PA
ANDROGENS		
danazol oral capsule	1	
methyltestosterone oral capsule	1	HRM
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	1	HRM
testosterone enanthate intramuscular oil	1	HRM
testosterone transdermal gel in packet 1 % (25 mg/2.5gram)	1	PA; HRM; QL (900 per 90 days)
ESTROGENS		
estradiol oral tablet	1	
estradiol vaginal cream	1	
estradiol vaginal tablet	1	
estradiol valerate intramuscular oil 20 mg/ml	1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	1	HRM
simliya (28) oral tablet	1	
volnea (28) oral tablet	1	
yuvafem vaginal tablet	1	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS), OTHER		
eluryng vaginal ring	1	QL (3 per 84 days)
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	1	
etonogestrel-ethinyl estradiol vaginal ring	1	QL (3 per 84 days)

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability 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
fyavolv oral tablet 0.5-2.5 mg-mcg	1	
jasmiel (28) oral tablet	1	
kelnor 1-50 oral tablet	1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg	1	
xulane transdermal patch weekly	1	
PROGESTINS		
camila oral tablet	1	
deblitane oral tablet	1	
errin oral tablet	1	
heather oral tablet	1	
incassia oral tablet	1	
jencycla oral tablet	1	
lyza oral tablet	1	
medroxyprogesterone intramuscular suspension	1	
medroxyprogesterone intramuscular syringe	1	
medroxyprogesterone oral tablet	1	
megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	1	PA; HRM

Drug Name	Drug Tier	Requirements /Limits
megestrol oral tablet	1	PA; HRM
nora-be oral tablet	1	
norethindrone (contraceptive) oral tablet	1	
norethindrone acetate oral tablet	1	
norlyda oral tablet	1	
sharobel oral tablet	1	
tulana oral tablet	1	
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
clomiphene citrate oral tablet	1	PA
DUAVEE ORAL TABLET	1	
raloxifene oral tablet	1	QL (90 per 90 days)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (THYROID)		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
euthyrox oral tablet	1	
levothyroxine oral tablet	1	

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
liothyronine oral tablet	1	
SYNTHROID ORAL TABLET	1	
thyroid (pork) oral tablet 30 mg, 60 mg, 90 mg	1	HRM
unithroid oral tablet	1	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		
LYSODREN ORAL TABLET	1	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
cabergoline oral tablet	1	
leuprolide subcutaneous kit	1	
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	1	
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	1	
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	1	
octreotide acetate injection solution	1	PA
SIGNIFOR SUBCUTANEOUS SOLUTION	1	PA; LA
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE	1	
SOMAVERT SUBCUTANEOUS RECON SOLN	1	PA; LA
SYNAREL NASAL SPRAY,NON-AEROSOL	1	
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 3.75 MG	1	
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ANTITHYROID AGENTS		

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
methimazole oral tablet 10 mg, 5 mg	1	
propylthiouracil oral tablet	1	
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA AGENTS		
HAEGARDA SUBCUTANEOUS RECON SOLN	1	PA; LA
icatibant subcutaneous syringe	1	PA; QL (279 per 31 days)
IMMUNOGLOBULINS		
GAMMAGARD LIQUID INJECTION SOLUTION	1	B/D PA
GAMMAPLEX INTRAVENOUS SOLUTION	1	B/D PA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 40 GRAM/400 ML (10 %)	1	B/D PA
HYPERHEP B S/D INTRAMUSCULAR SOLUTION	1	
HYPERHEP B S/D INTRAMUSCULAR SYRINGE	1	
HYPERHEP B S-D NEONATAL INTRAMUSCULAR SYRINGE	1	
NABI-HB INTRAMUSCULAR SOLUTION	1	
IMMUNOLOGICAL AGENTS, OTHER		
ARCALYST SUBCUTANEOUS RECON SOLN	1	PA; LA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR	1	PA; LA
BENLYSTA SUBCUTANEOUS SYRINGE	1	PA; LA
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE	1	PA; LA
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR	1	PA; LA
RIDAURA ORAL CAPSULE	1	
STELARA SUBCUTANEOUS SOLUTION	1	PA; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; QL (0.5 per 28 days)

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability 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
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; QL (1 per 28 days)
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML	1	
XELJANZ ORAL TABLET 10 MG	1	PA; QL (62 per 31 days)
XELJANZ ORAL TABLET 5 MG	1	PA; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR	1	PA; QL (30 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN	1	PA; LA
XOLAIR SUBCUTANEOUS SYRINGE	1	PA
IMMUNOSTIMULANTS		
ACTIMMUNE SUBCUTANEOUS SOLUTION	1	LA
INTRON A INJECTION RECON SOLN	1	LA
INTRON A INJECTION SOLUTION	1	LA

Drug Name	Drug Tier	Requirements /Limits
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	1	QL (4 per 28 days)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	1	PA
IMMUNOSUPPRESSANTS		
azathioprine oral tablet	1	B/D PA
cyclosporine modified oral capsule	1	B/D PA
cyclosporine modified oral solution	1	B/D PA
cyclosporine oral capsule	1	B/D PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE	1	PA; QL (8 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	1	PA; QL (16 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	1	PA; QL (8 per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	1	PA; QL (8 per 28 days)

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability 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
everolimus (immunosuppressive) oral tablet	1	B/D PA
gengraf oral capsule 100 mg, 25 mg	1	B/D PA
gengraf oral solution	1	B/D PA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS INJECTOR KIT	1	PA; QL (6 per 28 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS INJECTOR KIT	1	PA; QL (6 per 28 days)
HUMIRA PEN SUBCUTANEOUS INJECTOR KIT	1	PA; QL (6 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	1	PA; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; QL (6 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	1	PA; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	1	PA; QL (2 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS INJECTOR KIT	1	PA; QL (4 per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS INJECTOR KIT	1	PA; QL (2 per 28 days)
HUMIRA(CF) PEN SUBCUTANEOUS INJECTOR KIT 40 MG/0.4 ML	1	PA; QL (6 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	1	PA; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; QL (6 per 28 days)
leflunomide oral tablet	1	QL (90 per 90 days)
methotrexate sodium (pf) injection solution	1	
methotrexate sodium injection solution	1	

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
methotrexate sodium oral tablet	1	B/D PA
mycophenolate mofetil oral capsule	1	B/D PA
mycophenolate mofetil oral suspension for reconstitution	1	B/D PA
mycophenolate mofetil oral tablet	1	B/D PA
mycophenolate sodium oral tablet,delayed release (dr/ec)	1	B/D PA
PROGRAF ORAL GRANULES IN PACKET	1	B/D PA
SANDIMMUNE ORAL SOLUTION	1	B/D PA
SIMULECT INTRAVENOUS RECON SOLN 10 MG	1	B/D PA
sirolimus oral solution	1	B/D PA
sirolimus oral tablet	1	B/D PA
tacrolimus oral capsule	1	B/D PA
XATMEP ORAL SOLUTION	1	B/D PA
ZORTRESS ORAL TABLET 1 MG	1	B/D PA
VACCINES		

Drug Name	Drug Tier	Requirements /Limits
ACTHIB (PF) INTRAMUSCULAR RECON SOLN	1	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	1	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE	1	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	1	
BEXSERO INTRAMUSCULAR SYRINGE	1	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION	1	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	1	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	1	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	1	B/D PA

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability 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
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	1	B/D PA
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	1	B/D PA
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	1	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	1	
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	1	
HAVRIX (PF) INTRAMUSCULAR SYRINGE	1	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	1	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN	1	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	1	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	1	

Drug Name	Drug Tier	Requirements /Limits
IPOL INJECTION SUSPENSION	1	
IXIARO (PF) INTRAMUSCULAR SYRINGE	1	
KINRIX (PF) INTRAMUSCULAR SUSPENSION	1	
KINRIX (PF) INTRAMUSCULAR SYRINGE	1	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	1	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	1	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	1	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	1	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	1	
PENTACEL (PF) INTRAMUSCULAR KIT	1	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	1	

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	1	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	1	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	1	B/D PA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	1	B/D PA
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION	1	
ROTATEQ VACCINE ORAL SOLUTION	1	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	1	QL (2 per 999 days)
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	1	

Drug Name	Drug Tier	Requirements /Limits
TDVAX INTRAMUSCULAR SUSPENSION	1	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	1	
TENIVAC (PF) INTRAMUSCULAR SYRINGE	1	
TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION	1	
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION	1	
TRUMENBA INTRAMUSCULAR SYRINGE	1	
TWINRIX (PF) INTRAMUSCULAR SYRINGE	1	
TYPHIM VI INTRAMUSCULAR SOLUTION	1	
TYPHIM VI INTRAMUSCULAR SYRINGE	1	
VAQTA (PF) INTRAMUSCULAR SUSPENSION	1	

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
VAQTA (PF) INTRAMUSCULAR SYRINGE	1	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	1	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	1	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	1	QL (1 per 999 days)
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATES		
balsalazide oral capsule	1	
mesalamine oral capsule (with del rel tablets)	1	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	1	
mesalamine rectal enema	1	QL (5400 per 90 days)
mesalamine rectal suppository	1	

Drug Name	Drug Tier	Requirements /Limits
mesalamine with cleansing wipe rectal enema kit	1	QL (5400 per 90 days)
sulfasalazine oral tablet	1	
sulfasalazine oral tablet,delayed release (dr/ec)	1	
GLUCOCORTICOIDS		
budesonide oral capsule,delayed,extend.release	1	
budesonide oral tablet,delayed and ext.release	1	
hydrocortisone oral tablet	1	
hydrocortisone rectal enema	1	
METABOLIC BONE DISEASE AGENTS		
METABOLIC BONE DISEASE AGENTS		
alendronate oral tablet 10 mg, 5 mg	1	QL (90 per 90 days)
alendronate oral tablet 35 mg, 70 mg	1	QL (12 per 84 days)
calcitonin (salmon) nasal spray,non-aerosol	1	
calcitriol oral capsule	1	

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
calcitriol oral solution	1	
cinacalcet oral tablet 30 mg	1	QL (360 per 90 days)
cinacalcet oral tablet 60 mg	1	QL (62 per 31 days)
cinacalcet oral tablet 90 mg	1	QL (124 per 31 days)
ibandronate oral tablet	1	QL (3 per 84 days)
NATPARA SUBCUTANEOUS CARTRIDGE	1	PA; LA
paricalcitol oral capsule	1	
PROLIA SUBCUTANEOUS SYRINGE	1	PA; QL (1 per 180 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR	1	PA
XGEVA SUBCUTANEOUS SOLUTION	1	PA
MISCELLANEOUS THERAPEUTIC AGENTS		
MISCELLANEOUS THERAPEUTIC AGENTS		
CALCIUM DISODIUM VERSENATE INJECTION SOLUTION	1	

Drug Name	Drug Tier	Requirements /Limits
DESFERAL INJECTION RECON SOLN 500 MG	1	
methylergonovine oral tablet	1	
OPHTHALMIC AGENTS		
OPHTHALMIC AGENTS, OTHER		
ak-poly-bac ophthalmic (eye) ointment	1	
bacitracin-polymyxin b ophthalmic (eye) ointment	1	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT	1	
COMBIGAN OPHTHALMIC (EYE) DROPS	1	
dorzolamide-timolol ophthalmic (eye) drops	1	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment	1	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops	1	

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension	1	
neo-polycin ophthalmic (eye) ointment	1	
OXERVATE OPHTHALMIC (EYE) DROPS	1	PA
polycin ophthalmic (eye) ointment	1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops	1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS	1	QL (16.5 per 90 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE	1	QL (180 per 90 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS	1	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION	1	
sulfacetamide-prednisolone ophthalmic (eye) drops	1	

Drug Name	Drug Tier	Requirements /Limits
TOBRADEX OPHTHALMIC (EYE) OINTMENT	1	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION	1	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension	1	
OPHTHALMIC ANTI-ALLERGY AGENTS		
azelastine ophthalmic (eye) drops	1	
cromolyn ophthalmic (eye) drops	1	
olopatadine ophthalmic (eye) drops 0.1 %	1	
OPHTHALMIC ANTI-INFECTIVES		
bacitracin ophthalmic (eye) ointment	1	
ciprofloxacin hcl ophthalmic (eye) drops	1	
erythromycin ophthalmic (eye) ointment	1	
gentak ophthalmic (eye) ointment	1	

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
gentamicin ophthalmic (eye) drops	1	
moxifloxacin ophthalmic (eye) drops	1	
moxifloxacin ophthalmic (eye) drops, viscous	1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION	1	
ofloxacin ophthalmic (eye) drops	1	
sulfacetamide sodium ophthalmic (eye) drops	1	
sulfacetamide sodium ophthalmic (eye) ointment	1	
tobramycin ophthalmic (eye) drops	1	
ZIRGAN OPHTHALMIC (EYE) GEL	1	
OPHTHALMIC ANTI-INFLAMMATORIES		
dexamethasone sodium phosphate ophthalmic (eye) drops	1	

Drug Name	Drug Tier	Requirements /Limits
DUREZOL OPHTHALMIC (EYE) DROPS	1	
fluorometholone ophthalmic (eye) drops,suspension	1	
flurbiprofen sodium ophthalmic (eye) drops	1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION	1	
ketorolac ophthalmic (eye) drops	1	HRM
prednisolone acetate ophthalmic (eye) drops,suspension	1	
prednisolone sodium phosphate ophthalmic (eye) drops	1	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
betaxolol ophthalmic (eye) drops	1	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION	1	
carteolol ophthalmic (eye) drops	1	

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
levobunolol ophthalmic (eye) drops 0.5 %	1	
timolol maleate ophthalmic (eye) drops	1	
timolol maleate ophthalmic (eye) gel forming solution	1	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
acetazolamide oral capsule, extended release	1	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	1	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION	1	
brimonidine ophthalmic (eye) drops	1	
dorzolamide ophthalmic (eye) drops	1	
methazolamide oral tablet	1	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1	

Drug Name	Drug Tier	Requirements /Limits
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
latanoprost ophthalmic (eye) drops	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	1	
travoprost ophthalmic (eye) drops	1	
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE	1	
OTIC AGENTS		
OTIC AGENTS		
CIPRODEX OTIC (EAR) DROPS,SUSPENSION	1	
ciprofloxacin hcl otic (ear) dropperette	1	
flac oil otic (ear) drops	1	
fluocinolone acetonide oil otic (ear) drops	1	
neomycin-polymyxin-hc otic (ear) drops,suspension	1	

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
neomycin-polymyxin-hc otic (ear) solution	1	
ofloxacin otic (ear) drops	1	
RESPIRATORY TRACT/PULMONARY AGENTS		
ANTIHISTAMINES		
azelastine nasal aerosol,spray	1	
azelastine nasal spray,non-aerosol	1	
cetirizine oral solution 1 mg/ml	1	
cyproheptadine oral syrup	1	HRM
cyproheptadine oral tablet	1	HRM
dexchlorpheniramine maleate oral solution	1	HRM
diphenhydramine hcl injection syringe	1	
hydroxyzine hcl oral tablet	1	HRM
hydroxyzine pamoate oral capsule 25 mg, 50 mg	1	HRM
levocetirizine oral tablet	1	QL (90 per 90 days)
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		

Drug Name	Drug Tier	Requirements /Limits
budesonide inhalation suspension for nebulization	1	B/D PA
budesonide nasal spray,non-aerosol	1	
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE	1	QL (360 per 90 days)
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION	1	QL (72 per 90 days)
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	1	QL (64 per 90 days)
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	1	
fluticasone propionate nasal spray,suspension	1	QL (48 per 90 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED	1	QL (6 per 90 days)
ANTILEUKOTRIENES		
montelukast oral granules in packet	1	QL (90 per 90 days)

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
montelukast oral tablet	1	QL (90 per 90 days)
montelukast oral tablet,chewable	1	QL (90 per 90 days)
zafirlukast oral tablet	1	QL (180 per 90 days)
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA AEROSOL INHALER	1	QL (77.4 per 90 days)
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE	1	
ipratropium bromide inhalation solution	1	B/D PA
ipratropium bromide nasal spray,non-aerosol	1	
BRONCHODILATORS, SYMPATHOMIMETIC		
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	1	QL (102 per 90 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)	1	QL (81 per 90 days)
albuterol sulfate inhalation solution for nebulization	1	B/D PA

Drug Name	Drug Tier	Requirements /Limits
albuterol sulfate oral syrup	1	
albuterol sulfate oral tablet	1	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	1	
epinephrine injection auto-injector 0.3 mg/0.3 ml	1	
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER	1	QL (90 per 90 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE	1	QL (180 per 90 days)
SYMJEPI INJECTION SYRINGE	1	
terbutaline oral tablet	1	
CYSTIC FIBROSIS AGENTS		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	1	PA; LA; QL (84 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 25 MG	1	PA

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	1	PA; LA
KALYDECO ORAL TABLET	1	PA; LA
ORKAMBI ORAL GRANULES IN PACKET	1	PA
ORKAMBI ORAL TABLET	1	PA; LA
PULMOZYME INHALATION SOLUTION	1	B/D PA
tobramycin in 0.225 % nacl inhalation solution for nebulization	1	B/D PA
TRIKAFTA ORAL TABLETS, SEQUENTIAL	1	PA
MAST CELL STABILIZERS		
cromolyn inhalation solution for nebulization	1	B/D PA
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
aminophylline intravenous solution 500 mg/20 ml	1	
DALIRESP ORAL TABLET	1	PA
theophylline oral tablet extended release 12 hr 300 mg	1	
theophylline oral tablet extended release 24 hr	1	
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS ORAL TABLET	1	PA; LA; QL (93 per 31 days)
ambrisentan oral tablet	1	PA
bosentan oral tablet	1	PA
OPSUMIT ORAL TABLET	1	PA; LA; QL (31 per 31 days)
sildenafil (pulmonary arterial hypertension) oral tablet	1	PA; QL (270 per 90 days)
TRACLEER ORAL TABLET FOR SUSPENSION	1	PA; LA
treprostinil sodium injection solution	1	B/D PA
TYVASO INHALATION SOLUTION FOR NEBULIZATION	1	B/D PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION	1	B/D PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION	1	B/D PA; LA

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
PULMONARY FIBROSIS AGENTS		
ESBRIET ORAL TABLET 267 MG	1	PA; LA; QL (279 per 31 days)
ESBRIET ORAL TABLET 801 MG	1	PA; LA; QL (93 per 31 days)
OFEV ORAL CAPSULE	1	PA; LA; QL (62 per 31 days)
RESPIRATORY TRACT AGENTS, OTHER		
acetylcysteine intravenous solution	1	
acetylcysteine solution	1	B/D PA
ADVAIR HFA AEROSOL INHALER	1	QL (36 per 90 days)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	1	QL (180 per 90 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	1	QL (180 per 90 days)
COMBIVENT RESPIMAT INHALATION MIST	1	QL (24 per 90 days)

Drug Name	Drug Tier	Requirements /Limits
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED	1	QL (1 per 31 days)
fluticasone propion-salmeterol inhalation blister with device	1	QL (180 per 90 days)
ipratropium-albuterol inhalation solution for nebulization	1	B/D PA
NUCALA SUBCUTANEOUS AUTO-INJECTOR	1	PA
NUCALA SUBCUTANEOUS RECON SOLN	1	PA
NUCALA SUBCUTANEOUS SYRINGE	1	PA
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	1	QL (180 per 90 days)
SKELETAL MUSCLE RELAXANTS		
SKELETAL MUSCLE RELAXANTS		
cyclobenzaprine oral tablet 10 mg, 5 mg	1	HRM
methocarbamol oral tablet	1	HRM

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability 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
SLEEP DISORDER AGENTS		
SLEEP PROMOTING AGENTS		
HETLIOZ ORAL CAPSULE	1	PA; LA; QL (31 per 31 days)
ramelteon oral tablet	1	QL (90 per 90 days)
triazolam oral tablet	1	HRM
zaleplon oral capsule	1	HRM; QL (90 per 90 days)
zolpidem oral tablet	1	HRM; QL (90 per 90 days)
WAKEFULLNESS PROMOTING AGENTS		
armodafinil oral tablet	1	PA; QL (90 per 90 days)
XYREM ORAL SOLUTION	1	PA; LA; QL (558 per 31 days)

Drug Tier: 1-Formulary medications
Requirements/Limits: B/D - Prior Authorization, Part D vs. Part B only HRM - High Risk Medication LA - Limited Availability PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
Brand-name drugs are CAPITALIZED. **Generic** drugs are *lower-case italics.*

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