2021

BCN Advantage℠ HMO-POS and HMO

# 2021 BCN Advantage Comprehensive Formulary

(List of Covered Drugs)

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

This formulary was updated on September 1, 2021. For more recent information or other questions, please contact **BCN Advantage** Customer Service at 1-800-450-3680 or, for TTY users, 711, 8 a.m. to 8 p.m. Monday through Friday, with weekend hours October 1 through March 31, or visit **www.bcbsm.com/medicare**.

TIP

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

*Updated: 09/01/2021*
*Formulary 21364, Version 15*

**www.bcbsm.com/medicare**

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Medicare Advantage Plans

**Note to existing members:** This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to "we," "us," or "our," it means Blue Care Network. When it refers to "plan" or "our plan," it means **BCN Advantage**.

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

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

## What is the BCN Advantage Formulary?

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

## Can the Formulary (drug list) change?

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

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

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 31-day supply of the drug.
  - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the **BCN Advantage** Formulary?"

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

The enclosed formulary is current as of September 1, 2021. To get updated information about the drugs covered by **BCN Advantage**, please contact us. Our contact information appears on the front and back cover pages. In the event of a mid-year non-maintenance formulary change, we will send out an errata sheet to notify you of this change.

## How do I use the Formulary?

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

***Medical Condition***

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

***Alphabetical Listing***

If you are not sure what category to look under, you should look for your drug in the Index that begins on page Index 1. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## What are generic drugs?

**BCN Advantage** covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

## Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

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

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

You can ask **BCN Advantage** to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the **BCN Advantage** formulary?" on page iii for information about how to request an exception.

## What if my drug is not on the Formulary?

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

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

- You can ask Customer Service for a list of similar drugs that are covered by **BCN Advantage**. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by **BCN Advantage**.
- You can ask **BCN Advantage** to make an exception and cover your drug. See below for information about how to request an exception.

## How do I request an exception to the BCN Advantage Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, **BCN Advantage** limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

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

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

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

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

## For more information

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

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

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

## BCN Advantage Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by **BCN Advantage**. If you have trouble finding your drug in the list, turn to the Index that begins on page Index 1.

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

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

## Your costs (see cost-share tables below)

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

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

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

## Description of our Formulary Drug Tiers

| Drug Tiers | Includes |
|---|---|
| **Tier 1:** Preferred Generic | These are generic drugs in the lowest cost-sharing tier |
| **Tier 2:** Generic | These are still generic drugs but not the lowest cost-sharing tier |
| **Tier 3:** Preferred Brand | This tier contains mostly brand-name drugs and also includes some high-cost generics |
| **Tier 4:** Non-Preferred Drug | These are brand-name and generic drugs not in a preferred tier |
| **Tier 5:** Specialty Tier | This contains high-cost generic and brand-name drugs |
| **Tier 6:** Select Care Drugs | This is a $0 copay tier at Preferred in-network pharmacies |

| BCN Advantage Prescription Drug Tier Costs* for Initial Coverage Stage |
|---|
| *If you're eligible to receive a low-income subsidy for Extra Help, the copay and coinsurance amounts listed in this chart aren't applicable. Refer to your *Evidence of Coverage* for cost-sharing details. |
| The **HMO-POS Classic, HMO-POS Prestige, HMO MyChoice Wellness,** and **BCN Advantage HMO ConnectedCare** plans have no deductible. You pay the amounts listed below until you reach your Initial Coverage Stage limit of **$4,130**. This amount includes the total drug costs paid by you (copayments and coinsurance) and the plan.<br>The **BCN Advantage HMO-POS Basic** plans have a deductible. After you (or others on your behalf) have met your deductible, the plan pays its share of the costs of your drugs and you pay your share until you reach your Initial Coverage Stage limit of **$4,130**. |

| Tier | Drug Description | Plan | Up to a 31-day supply | | Up to a 90-day supply | |
|---|---|---|---|---|---|---|
| | | | Standard/Retail/Long Term Care (LTC)/Out of Network Pharmacy | Preferred Mail/Retail Pharmacy | Standard Mail/Retail | Preferred Mail/Retail |
| **Tier 1** | Preferred Generic | Classic | $6.00 | $1.00 | $18.00 | $0.00 |
| | | Prestige | $6.00 | $1.00 | $18.00 | $0.00 |
| | | **BCN Advantage** ConnectedCare | $7.00 | $1.00 | $21.00 | $0.00 |
| | | Prime Value | $9.00 | $3.00 | $27.00 | $0.00 |
| **Tier 2** | Generic | Classic | $12.00 | $7.00 | $36.00 | $0.00 |
| | | Prestige | $12.00 | $7.00 | $36.00 | $0.00 |
| | | **BCN Advantage** ConnectedCare | $18.00 | $10.00 | $54.00 | $0.00 |
| | | Prime Value | $20.00 | $11.00 | $60.00 | $0.00 |
| **Tier 3** | Preferred Brand | Classic | $43.00 | $38.00 | $129.00 | $114.00 |
| | | Prestige | $43.00 | $38.00 | $129.00 | $114.00 |
| | | **BCN Advantage** ConnectedCare | $47.00 | $42.00 | $141.00 | $126.00 |
| | | Prime Value | $47.00 | $42.00 | $141.00 | $126.00 |
| **Tier 4** | Non-Preferred Drug | Classic | 45% | 45% | 45% | 45% |
| | | Prestige | 45% | 45% | 45% | 45% |
| | | **BCN Advantage** ConnectedCare | 48% | 48% | 48% | 48% |
| | | Prime Value | 50% | 50% | 50% | 50% |
| **Tier 5** | Specialty Tier | Classic | 33% | 33% | N/A | N/A |
| | | Prestige | 33% | 33% | N/A | N/A |
| | | **BCN Advantage** ConnectedCare | 33% | 33% | N/A | N/A |
| | | Prime Value | 32% | 32% | N/A | N/A |
| **Tier 6** | Select Care Drugs | Classic | $5.00 | $0.00 | $15.00 | $0.00 |
| | | Prestige | $5.00 | $0.00 | $15.00 | $0.00 |
| | | **BCN Advantage** ConnectedCare | $5.00 | $0.00 | $15.00 | $0.00 |
| | | Prime Value | $5.00 | $0.00 | $15.00 | $0.00 |

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

| BCN Advantage Drug Tier Costs* for Catastrophic Coverage Stage | | | |
|---|---|---|---|
| *If you are eligible to receive a low-income subsidy for extra help, the copay and coinsurance amounts listed in this chart are not applicable. Refer to your *Evidence of Coverage* for cost-sharing details. | | | |
| When your out-of-pocket costs have reached the $6,550 Coverage Gap Stage limit, you move on to the Catastrophic Coverage Stage. The plan will pay for most of your drug costs for the rest of the calendar year. You will pay the following at network pharmacies: | | | |
| **Tier** | **Drug Description** | **Up to a 31-day supply at ALL retail pharmacies or the plan's mail-order service** | **Up to a 90-day supply at preferred and standard network retail pharmacies** |
| **Tier 1** | Preferred Generic | The greater of $3.70 or 5% of the plan's approved amount | |
| **Tier 2** | Generic | | |
| **Tier 3** | Preferred Brand | The greater of $9.20 or 5% of the plan's approved amount | |
| **Tier 4** | Non-Preferred Drug | | |
| **Tier 5** | Specialty Tier | The greater of $3.70 (generics) $9.20 (brands) or 5% of the plan's approved amount | A long-term supply is not available for drugs in Tier 5 |
| **Tier 6** | Select Care Drugs | The greater of $3.70 or 5% of the plan's approved amount | |

## List of Abbreviations

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

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

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

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

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

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

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

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

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

BRAND-NAME DRUGS ARE CAPITALIZED.

Generic drugs are *lower-case italics*.

Below is a list of abbreviations that may appear on the following pages in the Requirements/Limits column that tells you if there are any special requirements for coverage of your drug.

**List of Abbreviations**

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

**HI:** Home Infusion. This prescription drug may be covered under our medical benefit. For more information, call Customer Service.

**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. Please discuss with your doctor if there are alternatives to these medications that would be appropriate for you to use.

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

**NEDS:** Non-Extended Day Supply.

**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 prescriptions. If you don't get approval, we may not cover the drug.

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

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

**ST:** Step Therapy. In some cases, the Plan requires you to first try 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, 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.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| **ANALGESICS** | | |
| **NONSTEROIDAL ANTI-INFLAMMATORY DRUGS** | | |
| *cataflam oral tablet* | 2 | HRM |
| *celecoxib oral capsule* | 2 | QL (180 per 90 days) |
| *diclofenac potassium oral tablet* | 2 | HRM |
| *diclofenac sodium oral tablet extended release 24 hr* | 2 | HRM |
| *diclofenac sodium oral tablet,delayed release (dr/ec)* | 2 | HRM |
| *diclofenac sodium topical gel 1 %* | 2 | HRM; QL (1000 per 31 days) |
| *diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic* | 2 | |
| *diflunisal oral tablet* | 2 | HRM |
| *ec-naproxen oral tablet,delayed release (dr/ec)* | 2 | HRM |
| *etodolac oral capsule* | 2 | HRM |
| *etodolac oral tablet* | 2 | HRM |
| *etodolac oral tablet extended release 24 hr* | 2 | HRM |
| *fenoprofen oral tablet* | 2 | HRM |
| *flurbiprofen oral tablet 100 mg* | 2 | |
| *ibu oral tablet* | 1 | HRM |
| *ibuprofen oral suspension* | 1 | HRM |
| *ibuprofen oral tablet 400 mg, 600 mg, 800 mg* | 1 | HRM |
| *ketoprofen oral capsule* | 2 | HRM |
| *ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg* | 2 | HRM; QL (90 per 90 days) |
| *meclofenamate oral capsule* | 4 | HRM |
| *mefenamic acid oral capsule* | 4 | HRM |
| *meloxicam oral tablet* | 1 | HRM |
| *nabumetone oral tablet* | 2 | HRM |
| *naproxen oral suspension* | 2 | HRM |
| *naproxen oral tablet* | 2 | HRM |
| *naproxen oral tablet,delayed release (dr/ec)* | 2 | HRM |
| *naproxen sodium oral tablet 275 mg, 550 mg* | 2 | HRM |

**Drug Tier:** 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drug 5-Specialty Tier 6- Select Care Drugs
**Requirements/Limits:** B/D - Prior Authorization, Part D vs. Part B only HI - Home Infusion HRM - High Risk Medication LA - Limited Availability NEDS - Non Extended Day Supply PA - Prior Authorization QL - Quantity Limit ST - Step Therapy SSM - Senior Savings Model
**Brand-name** drugs are CAPITALIZED. **Generic** drugs are lower-case italics.

This drug list was last updated on 09/01/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *oxaprozin oral tablet* | 2 | HRM |
| *piroxicam oral capsule* | 1 | HRM |
| *salsalate oral tablet 750 mg* | 2 | |
| *sulindac oral tablet* | 2 | HRM |
| *tolmetin oral capsule* | 2 | HRM |
| *tolmetin oral tablet 600 mg* | 2 | HRM |
| **OPIOID ANALGESICS, LONG-ACTING** | | |
| *buprenorphine transdermal patch weekly* | 4 | QL (12 per 84 days) |
| *fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr* | 4 | QL (45 per 90 days) |
| *levorphanol tartrate oral tablet* | 2 | |
| *methadone oral solution* | 2 | |
| *methadone oral tablet* | 2 | |
| *morphine intravenous syringe 2 mg/ml* | 4 | |
| *morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 50 mg, 80 mg* | 4 | QL (180 per 90 days) |
| *morphine oral tablet extended release 100 mg, 15 mg, 30 mg, 60 mg* | 4 | QL (270 per 90 days) |
| *morphine oral tablet extended release 200 mg* | 4 | QL (90 per 90 days) |
| *oxymorphone oral tablet extended release 12 hr* | 4 | QL (180 per 90 days) |
| *tramadol oral tablet extended release 24 hr* | 2 | QL (90 per 90 days) |
| *tramadol oral tablet, er multiphase 24 hr* | 2 | 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* | 2 | QL (5167 per 31 days) |
| *acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg* | 2 | QL (1080 per 90 days) |
| *acetaminophen-codeine oral tablet 300-60 mg* | 2 | QL (540 per 90 days) |
| *butorphanol nasal spray,non-aerosol* | 2 | QL (15 per 84 days) |
| *codeine sulfate oral tablet* | 2 | QL (540 per 90 days) |

**Drug Tier:** 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drug 5-Specialty Tier 6- Select Care Drugs
**Requirements/Limits:** B/D - Prior Authorization, Part D vs. Part B only HI - Home Infusion HRM - High Risk Medication LA - Limited Availability NEDS - Non Extended Day Supply PA - Prior Authorization QL - Quantity Limit ST - Step Therapy SSM - Senior Savings Model
**Brand-name** drugs are CAPITALIZED. **Generic** drugs are lower-case italics.

This drug list was last updated on 09/01/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *duramorph (pf) injection solution 0.5 mg/ml* | 4 | QL (4133 per 31 days) |
| *duramorph (pf) injection solution 1 mg/ml* | 4 | QL (6000 per 90 days) |
| *endocet oral tablet* | 2 | QL (1080 per 90 days) |
| *fentanyl citrate buccal lozenge on a handle* | 5 | PA; NEDS |
| *hydrocodone-acetaminophen oral solution* | 2 | QL (5735 per 31 days) |
| *hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg* | 2 | QL (1080 per 90 days) |
| *hydrocodone-ibuprofen oral tablet* | 2 | QL (450 per 90 days) |
| *hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml, 2 mg/ml* | 4 | |
| *hydromorphone injection solution 1 mg/ml, 2 mg/ml* | 4 | |
| HYDROMORPHONE INJECTION SYRINGE 0.5 MG/0.5 ML | 4 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml* | 4 | |
| *hydromorphone oral liquid* | 2 | |
| *hydromorphone oral tablet* | 2 | |
| *morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml* | 4 | |
| *morphine concentrate oral solution* | 2 | |
| *morphine injection syringe 4 mg/ml* | 4 | |
| *morphine intravenous solution 4 mg/ml* | 4 | |
| *morphine intravenous syringe 4 mg/ml* | 4 | |
| *morphine oral solution* | 2 | |
| *morphine oral tablet* | 2 | |
| *nalbuphine injection solution 10 mg/ml* | 2 | QL (600 per 90 days) |
| *nalbuphine injection solution 20 mg/ml* | 2 | QL (300 per 90 days) |
| NUCYNTA ORAL TABLET 100 MG | 4 | QL (543 per 90 days) |
| NUCYNTA ORAL TABLET 50 MG | 4 | QL (1086 per 90 days) |

**Drug Tier:** 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drug 5-Specialty Tier 6- Select Care Drugs
**Requirements/Limits:** B/D - Prior Authorization, Part D vs. Part B only HI - Home Infusion HRM - High Risk Medication LA - Limited Availability NEDS - Non Extended Day Supply PA - Prior Authorization QL - Quantity Limit ST - Step Therapy SSM - Senior Savings Model
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This drug list was last updated on 09/01/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| NUCYNTA ORAL TABLET 75 MG | 4 | QL (726 per 90 days) |
| *oxycodone oral capsule* | 2 | |
| *oxycodone oral concentrate* | 4 | |
| *oxycodone oral solution* | 4 | |
| *oxycodone oral tablet* | 2 | |
| *oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg* | 2 | QL (1080 per 90 days) |
| *oxycodone-acetaminophen oral tablet 2.5-300 mg* | 2 | |
| *oxymorphone oral tablet* | 4 | |
| *tramadol oral tablet 50 mg* | 2 | QL (720 per 90 days) |
| *tramadol-acetaminophen oral tablet* | 2 | QL (1080 per 90 days) |
| **ANESTHETICS** | | |
| **LOCAL ANESTHETICS** | | |
| *lidocaine (pf) injection solution 10 mg/ml (1 %)* | 2 | |
| *lidocaine topical adhesive patch,medicated 5 %* | 3 | PA; QL (270 per 90 days) |
| *lidocaine-prilocaine topical cream* | 4 | |
| **ANITNEOPLASTICS** | | |
| **MOLECULAR TARGET INHIBITORS** | | |
| TEPMETKO ORAL TABLET | 5 | PA; LA; QL (62 per 31 days); NEDS |
| **ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS** | | |
| **ALCOHOL DETERRENTS/ANTI-CRAVING** | | |
| *acamprosate oral tablet,delayed release (dr/ec)* | 2 | |
| *disulfiram oral tablet* | 2 | |
| **OPIOID DEPENDENCE** | | |
| *buprenorphine hcl sublingual tablet* | 1 | |
| *buprenorphine-naloxone sublingual film* | 1 | |
| *buprenorphine-naloxone sublingual tablet* | 1 | |
| *naltrexone oral tablet* | 1 | |
| **OPIOID REVERSAL AGENTS** | | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| KLOXXADO NASAL SPRAY,NON-AEROSOL | 3 | |
| *naloxone injection solution* | 1 | |
| *naloxone injection syringe 0.4 mg/ml* | 2 | |
| *naloxone injection syringe 1 mg/ml* | 1 | |
| NARCAN NASAL SPRAY,NON-AEROSOL | 3 | |
| **SMOKING CESSATION AGENTS** | | |
| *bupropion hcl (smoking deter) oral tablet extended release 12 hr* | 1 | |
| CHANTIX CONTINUING MONTH BOX ORAL TABLET | 3 | |
| CHANTIX ORAL TABLET | 3 | |
| CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK | 3 | |
| NICOTROL INHALATION CARTRIDGE | 4 | |
| NICOTROL NS NASAL SPRAY,NON-AEROSOL | 4 | |
| VARENICLINE ORAL TABLET | 3 | |
| **ANTIBACTERIALS** | | |
| **AMINOGLYCOSIDES** | | |
| *amikacin injection solution 500 mg/2 ml* | 4 | |
| ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION | 5 | PA; NEDS |
| *gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml* | 4 | HI |
| GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML | 4 | |
| *gentamicin injection solution 40 mg/ml* | 4 | |
| *gentamicin sulfate (ped) (pf) injection solution* | 4 | |
| *gentamicin topical cream* | 2 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *gentamicin topical ointment* | 2 | |
| *neomycin oral tablet* | 2 | |
| *paromomycin oral capsule* | 2 | |
| *tobramycin sulfate injection recon soln* | 4 | |
| *tobramycin sulfate injection solution* | 4 | |
| **ANTIBACTERIALS, OTHER** | | |
| *acetic acid otic (ear) solution* | 2 | |
| *aztreonam injection recon soln 1 gram* | 4 | |
| *clindamycin hcl oral capsule* | 2 | |
| *clindamycin in 5 % dextrose intravenous piggyback* | 4 | HI |
| *clindamycin pediatric oral recon soln* | 4 | |
| *clindamycin phosphate injection solution* | 2 | |
| *clindamycin phosphate intravenous solution 600 mg/4 ml* | 2 | HI |
| *colistin (colistimethate na) injection recon soln* | 4 | HI |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *daptomycin intravenous recon soln 500 mg* | 5 | HI; NEDS |
| FIRVANQ ORAL RECON SOLN | 4 | |
| *fosfomycin tromethamine oral packet* | 4 | |
| *linezolid in dextrose 5% intravenous piggyback* | 5 | NEDS |
| *linezolid oral suspension for reconstitution* | 5 | QL (1680 per 28 days); NEDS |
| *linezolid oral tablet* | 4 | QL (56 per 28 days) |
| *linezolid-0.9% sodium chloride intravenous parenteral solution* | 5 | NEDS |
| *methenamine hippurate oral tablet* | 2 | |
| *metronidazole in nacl (iso-os) intravenous piggyback* | 4 | HI |
| *metronidazole oral capsule* | 2 | |
| *metronidazole oral tablet* | 2 | |
| *metronidazole topical cream* | 2 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *metronidazole topical gel* | 2 | |
| *metronidazole topical gel with pump* | 2 | |
| *metronidazole topical lotion* | 2 | |
| *metronidazole vaginal gel* | 2 | |
| MONUROL ORAL PACKET | 4 | |
| *neomycin-polymyxin b gu irrigation solution* | 4 | |
| *nitrofurantoin macrocrystal oral capsule* | 2 | HRM |
| *nitrofurantoin monohyd/m-cryst oral capsule* | 2 | HRM |
| *nitrofurantoin oral suspension* | 2 | HRM |
| *polymyxin b sulfate injection recon soln* | 4 | |
| *tinidazole oral tablet* | 2 | |
| *trimethoprim oral tablet* | 2 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML | 4 | |
| VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML | 4 | |
| *vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg* | 4 | HI |
| *vancomycin intravenous recon soln 1.5 gram, 750 mg* | 4 | |
| *vancomycin oral capsule 125 mg* | 4 | QL (360 per 90 days) |
| *vancomycin oral capsule 250 mg* | 3 | QL (720 per 90 days) |
| *vancomycin oral recon soln* | 4 | |
| *vandazole vaginal gel* | 2 | |
| XENLETA ORAL TABLET | 5 | NEDS |
| XIFAXAN ORAL TABLET 550 MG | 5 | PA; QL (93 per 31 days); NEDS |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| **BETA-LACTAM, CEPHALOSPORINS** | | |
| *cefaclor oral capsule* | 2 | |
| *cefaclor oral tablet extended release 12 hr* | 2 | |
| *cefadroxil oral capsule* | 2 | |
| *cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml* | 2 | |
| *cefadroxil oral tablet* | 2 | |
| *cefazolin injection recon soln 1 gram, 10 gram, 500 mg* | 4 | HI |
| *cefdinir oral capsule* | 2 | |
| *cefdinir oral suspension for reconstitution* | 2 | |
| *cefepime injection recon soln 1 gram* | 4 | HI |
| *cefixime oral capsule* | 2 | |
| *cefixime oral suspension for reconstitution* | 2 | |
| *cefoxitin intravenous recon soln* | 4 | HI |
| *cefpodoxime oral suspension for reconstitution* | 2 | |
| *cefpodoxime oral tablet* | 2 | |
| *cefprozil oral suspension for reconstitution* | 2 | |
| *cefprozil oral tablet* | 2 | |
| *ceftazidime injection recon soln* | 4 | HI |
| *ceftriaxone injection recon soln 1 gram, 2 gram* | 4 | HI |
| *ceftriaxone injection recon soln 10 gram, 250 mg, 500 mg* | 2 | HI |
| *cefuroxime axetil oral tablet* | 2 | |
| *cefuroxime sodium injection recon soln 750 mg* | 4 | HI |
| *cefuroxime sodium intravenous recon soln* | 4 | HI |
| *cephalexin oral capsule 250 mg, 500 mg* | 1 | |
| *cephalexin oral suspension for reconstitution* | 1 | |
| *cephalexin oral tablet* | 1 | |
| FETROJA INTRAVENOUS RECON SOLN | 5 | NEDS |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| TEFLARO INTRAVENOUS RECON SOLN | 4 | |
| **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* | 2 | |
| *amoxicillin-pot clavulanate oral tablet* | 2 | |
| *amoxicillin-pot clavulanate oral tablet extended release 12 hr* | 2 | |
| *amoxicillin-pot clavulanate oral tablet,chewable* | 2 | |
| *ampicillin oral capsule 500 mg* | 1 | |
| *ampicillin sodium injection recon soln 1 gram, 125 mg* | 4 | HI |
| *ampicillin sodium injection recon soln 250 mg, 500 mg* | 4 | |
| *ampicillin sodium intravenous recon soln 2 gram* | 4 | |
| *ampicillin-sulbactam injection recon soln* | 4 | HI |
| BICILLIN C-R INTRAMUSCULAR SYRINGE | 4 | |
| BICILLIN L-A INTRAMUSCULAR SYRINGE | 4 | |
| *dicloxacillin oral capsule* | 2 | |
| *nafcillin in dextrose iso-osm intravenous piggyback* | 4 | |
| *nafcillin injection recon soln* | 4 | |
| *nafcillin intravenous recon soln* | 4 | |
| *oxacillin in dextrose(iso-osm) intravenous piggyback* | 4 | HI |
| *oxacillin injection recon soln 1 gram, 10 gram* | 4 | |
| *oxacillin injection recon soln 2 gram* | 4 | HI |

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

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *imipenem-cilastatin intravenous recon soln* | 4 | |
| *meropenem intravenous recon soln 1 gram* | 2 | |
| *meropenem intravenous recon soln 500 mg* | 4 | |
| MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML | 2 | |
| MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 500 MG/50 ML | 4 | |
| **MACROLIDES** | | |
| *azithromycin intravenous recon soln* | 4 | HI |
| *azithromycin oral packet* | 2 | |
| *azithromycin oral suspension for reconstitution* | 2 | |
| *azithromycin oral tablet* | 2 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *clarithromycin oral suspension for reconstitution* | 2 | |
| *clarithromycin oral tablet* | 2 | |
| *clarithromycin oral tablet extended release 24 hr* | 2 | |
| DIFICID ORAL SUSPENSION FOR RECONSTITUTIO N | 5 | QL (136 per 10 days); NEDS |
| DIFICID ORAL TABLET | 5 | QL (20 per 10 days); NEDS |
| *ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg* | 4 | |
| *erythrocin (as stearate) oral tablet 250 mg* | 2 | |
| *erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml* | 2 | |
| *erythromycin ethylsuccinate oral tablet* | 2 | |
| *erythromycin oral capsule,delayed release(dr/ec)* | 2 | |
| *erythromycin oral tablet* | 2 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg* | 2 | |
| **QUINOLONES** | | |
| *ciprofloxacin hcl oral tablet 100 mg* | 2 | |
| *ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg* | 1 | |
| *ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml* | 4 | HI |
| *levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml* | 4 | HI |
| *levofloxacin intravenous solution* | 4 | |
| *levofloxacin oral solution* | 2 | |
| *levofloxacin oral tablet* | 2 | |
| *moxifloxacin ophthalmic (eye) drops, viscous* | 2 | |
| *moxifloxacin oral tablet* | 2 | |
| *ofloxacin oral tablet 300 mg, 400 mg* | 2 | |
| **SULFONAMIDES** | | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *sulfacetamide sodium (acne) topical suspension* | 2 | |
| *sulfadiazine oral tablet* | 2 | |
| *sulfamethoxazole-trimethoprim oral suspension* | 1 | |
| *sulfamethoxazole-trimethoprim oral tablet* | 1 | |
| **TETRACYCLINES** | | |
| *demeclocycline oral tablet* | 4 | |
| *doxy-100 intravenous recon soln* | 4 | |
| *doxycycline hyclate intravenous recon soln* | 4 | |
| *doxycycline hyclate oral capsule* | 2 | |
| *doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg* | 2 | |
| *doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg* | 2 | |
| *doxycycline monohydrate oral suspension for reconstitution* | 2 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *doxycycline monohydrate oral tablet* | 2 | |
| *minocycline oral capsule* | 2 | |
| *minocycline oral tablet* | 2 | |
| *minocycline oral tablet extended release 24 hr 135 mg, 45 mg, 90 mg* | 2 | |
| *mondoxyne nl oral capsule 100 mg, 75 mg* | 2 | |
| *tetracycline oral capsule* | 2 | |
| **ANTICONVULSANTS** | | |
| **ANTICONVULSANTS, OTHER** | | |
| BRIVIACT ORAL SOLUTION | 5 | PA; QL (620 per 31 days); NEDS |
| BRIVIACT ORAL TABLET | 5 | PA; QL (62 per 31 days); NEDS |
| DIACOMIT ORAL CAPSULE | 5 | PA; NEDS |
| DIACOMIT ORAL POWDER IN PACKET | 5 | PA; NEDS |
| *divalproex oral capsule, delayed rel sprinkle* | 2 | |

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|---|---|---|
| *divalproex oral tablet extended release 24 hr* | 2 | |
| *divalproex oral tablet,delayed release (dr/ec)* | 2 | |
| EPIDIOLEX ORAL SOLUTION | 5 | PA; NEDS |
| *felbamate oral suspension* | 4 | |
| *felbamate oral tablet* | 4 | |
| FINTEPLA ORAL SOLUTION | 5 | PA; NEDS |
| FYCOMPA ORAL SUSPENSION | 4 | |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG | 5 | NEDS |
| FYCOMPA ORAL TABLET 2 MG | 4 | |
| *lamotrigine oral tablet* | 2 | |
| *lamotrigine oral tablet extended release 24hr* | 4 | |
| *lamotrigine oral tablet, chewable dispersible* | 2 | |
| *lamotrigine oral tablet,disintegrating* | 4 | |
| *lamotrigine oral tablets,dose pack* | 2 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *levetiracetam oral solution* | 2 | |
| *levetiracetam oral tablet* | 2 | |
| *levetiracetam oral tablet extended release 24 hr* | 2 | |
| *roweepra oral tablet* | 2 | |
| SPRITAM ORAL TABLET FOR SUSPENSION | 4 | |
| *subvenite oral tablet* | 2 | |
| *subvenite starter (blue) kit oral tablets,dose pack* | 2 | |
| *subvenite starter (green) kit oral tablets,dose pack* | 2 | |
| *subvenite starter (orange) kit oral tablets,dose pack* | 2 | |
| *topiramate oral capsule, sprinkle* | 2 | |
| *topiramate oral tablet* | 2 | |
| *valproic acid (as sodium salt) oral solution 250 mg/5 ml* | 2 | |
| *valproic acid oral capsule* | 2 | |

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|---|---|---|
| XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 250MG/DAY(150 MG X1-100MG X1) | 4 | PA; QL (168 per 84 days) |
| XCOPRI MAINTENANCE PACK ORAL TABLET 350 MG/DAY (200 MG X1-150MG X1) | 5 | PA; QL (56 per 28 days); NEDS |
| XCOPRI ORAL TABLET 100 MG, 50 MG | 5 | PA; QL (31 per 31 days); NEDS |
| XCOPRI ORAL TABLET 150 MG, 200 MG | 5 | PA; QL (62 per 31 days); NEDS |
| XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14) | 4 | PA; QL (84 per 84 days) |
| XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) | 5 | PA; QL (28 per 28 days); NEDS |
| **CALCIUM CHANNEL MODIFYING AGENTS** | | |
| CELONTIN ORAL CAPSULE 300 MG | 3 | |
| *ethosuximide oral capsule* | 2 | |
| *ethosuximide oral solution* | 2 | |
| **GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS** | | |
| *clobazam oral suspension* | 4 | PA; QL (1440 per 90 days) |
| *clobazam oral tablet 10 mg* | 4 | PA; QL (180 per 90 days) |
| *clobazam oral tablet 20 mg* | 4 | PA; QL (62 per 31 days) |
| DIASTAT RECTAL KIT | 4 | HRM |
| *diazepam rectal kit* | 4 | HRM |
| *gabapentin oral capsule* | 2 | QL (810 per 90 days) |
| *gabapentin oral solution* | 2 | QL (6480 per 90 days) |
| *gabapentin oral tablet 600 mg* | 2 | QL (540 per 90 days) |
| *gabapentin oral tablet 800 mg* | 2 | QL (360 per 90 days) |
| NAYZILAM NASAL SPRAY,NON-AEROSOL | 4 | |
| *phenobarbital oral elixir* | 2 | HRM |

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|---|---|---|
| *phenobarbital oral tablet* | 2 | HRM |
| *pregabalin oral capsule 100 mg, 150 mg, 200 mg, 50 mg* | 4 | QL (270 per 90 days) |
| *pregabalin oral capsule 225 mg, 300 mg* | 4 | QL (180 per 90 days) |
| *pregabalin oral capsule 25 mg, 75 mg* | 4 | QL (360 per 90 days) |
| *pregabalin oral solution* | 4 | QL (2700 per 90 days) |
| *primidone oral tablet* | 2 | |
| SYMPAZAN ORAL FILM 10 MG, 20 MG | 5 | PA; NEDS |
| SYMPAZAN ORAL FILM 5 MG | 4 | PA |
| *tiagabine oral tablet* | 4 | |
| *valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)* | 2 | |
| VALTOCO NASAL SPRAY,NON-AEROSOL | 4 | HRM |
| *vigabatrin oral powder in packet* | 5 | PA; LA; QL (186 per 31 days); NEDS |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *vigabatrin oral tablet* | 5 | PA; QL (186 per 31 days); NEDS |
| *vigadrone oral powder in packet* | 5 | PA; QL (186 per 31 days); NEDS |
| **SODIUM CHANNEL AGENTS** | | |
| APTIOM ORAL TABLET | 5 | QL (62 per 31 days); NEDS |
| BANZEL ORAL SUSPENSION | 5 | NEDS |
| BANZEL ORAL TABLET | 5 | NEDS |
| *carbamazepine oral capsule, er multiphase 12 hr* | 2 | |
| *carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml* | 2 | |
| *carbamazepine oral tablet* | 2 | |
| *carbamazepine oral tablet extended release 12 hr* | 2 | |
| *carbamazepine oral tablet,chewable* | 2 | |
| DILANTIN 30 MG ORAL CAPSULE | 3 | |
| *epitol oral tablet* | 2 | |
| *fosphenytoin injection solution 500 mg pe/10 ml* | 2 | |

**Drug Tier:** 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drug 5-Specialty Tier 6- Select Care Drugs
**Requirements/Limits:** B/D - Prior Authorization, Part D vs. Part B only HI - Home Infusion HRM - High Risk Medication LA - Limited Availability NEDS - Non Extended Day Supply PA - Prior Authorization QL - Quantity Limit ST - Step Therapy SSM - Senior Savings Model
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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *oxcarbazepine oral suspension* | 2 | |
| *oxcarbazepine oral tablet* | 2 | |
| *phenytoin oral suspension* | 2 | |
| *phenytoin oral tablet,chewable* | 2 | |
| *phenytoin sodium extended oral capsule* | 2 | |
| *rufinamide oral suspension* | 5 | NEDS |
| *rufinamide oral tablet* | 5 | NEDS |
| VIMPAT ORAL SOLUTION | 4 | QL (3600 per 90 days) |
| VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG | 4 | QL (180 per 90 days) |
| VIMPAT ORAL TABLET 50 MG | 4 | QL (360 per 90 days) |
| *zonisamide oral capsule* | 2 | |
| **ANTIDEMENTIA AGENTS** | | |
| **ANTIDEMENTIA AGENTS, OTHER** | | |
| *ergoloid oral tablet* | 2 | |
| NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK | 3 | |
| NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR | 3 | |
| **CHOLINESTERASE INHIBITORS** | | |
| *donepezil oral tablet 10 mg, 5 mg* | 2 | QL (90 per 90 days) |
| *donepezil oral tablet 23 mg* | 4 | QL (90 per 90 days) |
| *donepezil oral tablet,disintegrating* | 2 | QL (90 per 90 days) |
| *galantamine oral capsule,ext rel. pellets 24 hr* | 2 | QL (90 per 90 days) |
| *galantamine oral solution* | 2 | |
| *galantamine oral tablet* | 2 | |
| *rivastigmine tartrate oral capsule 1.5 mg, 3 mg* | 2 | QL (270 per 90 days) |
| *rivastigmine tartrate oral capsule 4.5 mg, 6 mg* | 2 | QL (180 per 90 days) |
| *rivastigmine transdermal patch 24 hour* | 4 | QL (90 per 90 days) |
| **N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST** | | |
| *memantine oral capsule,sprinkle,er 24hr* | 4 | QL (90 per 90 days) |
| *memantine oral solution* | 2 | QL (1080 per 90 days) |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *memantine oral tablet* | 2 | QL (180 per 90 days) |
| MEMANTINE ORAL TABLETS,DOSE PACK | 3 | QL (147 per 84 days) |
| NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK | 3 | QL (147 per 84 days) |
| NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK | 4 | 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 | |
| *bupropion hcl oral tablet sustained-release 12 hr* | 1 | |
| *maprotiline oral tablet* | 2 | |
| *mirtazapine oral tablet* | 2 | |
| *mirtazapine oral tablet,disintegrating* | 2 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *olanzapine-fluoxetine oral capsule* | 4 | |
| **MONOAMINE OXIDASE INHIBITORS** | | |
| EMSAM TRANSDERMAL PATCH 24 HOUR | 4 | QL (31 per 31 days) |
| MARPLAN ORAL TABLET | 4 | |
| *phenelzine oral tablet* | 2 | |
| *tranylcypromine oral tablet* | 4 | |
| **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* | 3 | QL (360 per 90 days) |
| *desvenlafaxine succinate oral tablet extended release 24 hr 25 mg, 50 mg* | 3 | QL (90 per 90 days) |

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

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

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

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

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *aprepitant oral capsule,dose pack* | 4 | B/D PA |
| *dronabinol oral capsule* | 4 | B/D PA |
| EMEND ORAL SUSPENSION FOR RECONSTITUTION | 4 | B/D PA |
| *granisetron hcl oral tablet* | 2 | B/D PA |
| *ondansetron hcl oral solution* | 4 | B/D PA |
| *ondansetron hcl oral tablet* | 2 | B/D PA |
| *ondansetron oral tablet,disintegrating* | 2 | B/D PA |
| **ANTIFUNGALS** | | |
| **ANTIFUNGALS** | | |
| ABELCET INTRAVENOUS SUSPENSION | 5 | B/D PA; NEDS |
| AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION | 5 | B/D PA; NEDS |
| *amphotericin b injection recon soln* | 4 | B/D PA |
| *caspofungin intravenous recon soln* | 4 | B/D PA |
| *ciclopirox topical cream* | 2 | |
| *ciclopirox topical suspension* | 2 | |
| *clotrimazole mucous membrane troche* | 2 | |
| *clotrimazole topical cream* | 2 | |
| *clotrimazole topical solution* | 2 | |
| *econazole topical cream* | 3 | |
| ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG | 5 | NEDS |
| ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 50 MG | 4 | |
| *fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml* | 2 | HI |
| *fluconazole oral suspension for reconstitution* | 2 | |
| *fluconazole oral tablet* | 2 | |
| *flucytosine oral capsule* | 2 | |

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

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *nystatin oral suspension* | 2 | |
| *nystatin oral tablet* | 2 | |
| *nystatin topical cream* | 2 | |
| *nystatin topical ointment* | 2 | |
| *nystatin topical powder* | 2 | |
| *nystop topical powder* | 2 | |
| *oxiconazole topical cream* | 2 | |
| *posaconazole oral tablet,delayed release (dr/ec)* | 5 | QL (93 per 31 days); NEDS |
| *terbinafine hcl oral tablet* | 2 | |
| *terconazole vaginal cream* | 2 | |
| *terconazole vaginal suppository* | 2 | |
| *voriconazole intravenous recon soln* | 4 | |
| *voriconazole oral suspension for reconstitution* | 5 | NEDS |
| *voriconazole oral tablet* | 3 | |

## ANTIGOUT AGENTS

### ANTIGOUT AGENTS

**Drug Tier:** 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drug 5-Specialty Tier 6- Select Care Drugs
**Requirements/Limits:** B/D - Prior Authorization, Part D vs. Part B only HI - Home Infusion HRM - High Risk Medication LA - Limited Availability NEDS - Non Extended Day Supply PA - Prior Authorization QL - Quantity Limit ST - Step Therapy SSM - Senior Savings Model
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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *allopurinol oral tablet* | 1 | |
| *colchicine oral tablet* | 3 | QL (360 per 90 days) |
| *febuxostat oral tablet* | 3 | ST; QL (90 per 90 days) |
| *probenecid oral tablet* | 2 | |
| *probenecid-colchicine oral tablet* | 2 | |
| **ANTIMIGRAINE AGENTS** | | |
| **ERGOT ALKALOIDS** | | |
| *dihydroergotamine nasal spray,non-aerosol* | 5 | QL (24 per 90 days); NEDS |
| *migergot rectal suppository* | 2 | |
| **PROPHYLACTIC** | | |
| AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML | 4 | PA; QL (3 per 90 days) |
| AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML | 4 | PA; QL (6 per 90 days) |
| AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR | 3 | PA |
| AJOVY SYRINGE SUBCUTANEOUS SYRINGE | 3 | PA |
| **SEROTONIN (5-HT) RECEPTOR AGONISTS** | | |
| *almotriptan malate oral tablet* | 4 | QL (36 per 90 days) |
| *eletriptan oral tablet* | 4 | QL (18 per 90 days) |
| *frovatriptan oral tablet* | 4 | QL (36 per 90 days) |
| *naratriptan oral tablet* | 2 | QL (54 per 90 days) |
| *rizatriptan oral tablet* | 2 | QL (36 per 90 days) |
| *rizatriptan oral tablet,disintegrating* | 2 | QL (36 per 90 days) |
| *sumatriptan nasal spray,non-aerosol* | 4 | QL (36 per 90 days) |
| *sumatriptan succinate oral tablet* | 2 | QL (36 per 90 days) |
| *sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml* | 4 | QL (27 per 90 days) |
| *sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml* | 4 | QL (18 per 90 days) |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml* | 4 | QL (27 per 90 days) |
| *sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml* | 4 | QL (18 per 90 days) |
| *sumatriptan succinate subcutaneous solution* | 4 | QL (18 per 90 days) |
| *zolmitriptan oral tablet* | 2 | QL (18 per 90 days) |
| *zolmitriptan oral tablet,disintegrating* | 2 | QL (18 per 90 days) |
| **ANTIMYASTHENIC AGENTS** | | |
| **PARASYMPATHOMIMETICS** | | |
| *pyridostigmine bromide oral syrup* | 2 | |
| *pyridostigmine bromide oral tablet 60 mg* | 2 | |
| *pyridostigmine bromide oral tablet extended release* | 2 | |
| **ANTIMYCOBACTERIALS** | | |
| **ANTIMYCOBACTERIALS, OTHER** | | |
| *dapsone oral tablet* | 2 | |
| *rifabutin oral capsule* | 4 | |
| **ANTITUBERCULARS** | | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *ethambutol oral tablet* | 2 | |
| *isoniazid oral solution* | 2 | |
| *isoniazid oral tablet* | 2 | |
| PASER ORAL GRANULES DR FOR SUSP IN PACKET | 4 | |
| PRETOMANID ORAL TABLET | 4 | |
| PRIFTIN ORAL TABLET | 4 | |
| *pyrazinamide oral tablet* | 2 | |
| *rifampin intravenous recon soln* | 4 | |
| *rifampin oral capsule* | 2 | |
| SIRTURO ORAL TABLET | 5 | PA; NEDS |
| TRECATOR ORAL TABLET | 4 | |
| **ANTINEOPLASTICS, OTHER** | | |
| **CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYROPYRIDINES** | | |
| LIBTAYO INTRAVENOUS SOLUTION | 5 | PA; NEDS |
| **ANTINEOPLASTICS** | | |
| **ALKYLATING AGENTS** | | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *cyclophosphamide oral capsule* | 3 | B/D PA |
| LEUKERAN ORAL TABLET | 4 | |
| MATULANE ORAL CAPSULE | 5 | LA; NEDS |
| *melphalan oral tablet* | 4 | B/D PA |
| PEPAXTO INTRAVENOUS RECON SOLN | 5 | PA; NEDS |
| VALCHLOR TOPICAL GEL | 5 | PA; NEDS |
| ZEPZELCA INTRAVENOUS RECON SOLN | 5 | PA; NEDS |
| **ANTIANDROGENS** | | |
| *abiraterone oral tablet 250 mg* | 5 | PA; QL (124 per 31 days); NEDS |
| *abiraterone oral tablet 500 mg* | 5 | PA; QL (62 per 31 days); NEDS |
| *bicalutamide oral tablet* | 2 | |
| ERLEADA ORAL TABLET | 5 | PA; LA; NEDS |
| *flutamide oral capsule* | 2 | |
| *nilutamide oral tablet* | 5 | NEDS |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| NUBEQA ORAL TABLET | 5 | PA; NEDS |
| *toremifene oral tablet* | 5 | NEDS |
| XTANDI ORAL CAPSULE | 5 | PA; LA; QL (124 per 31 days); NEDS |
| XTANDI ORAL TABLET 40 MG | 5 | PA; LA; QL (124 per 31 days); NEDS |
| XTANDI ORAL TABLET 80 MG | 5 | PA; LA; QL (62 per 31 days); NEDS |
| YONSA ORAL TABLET | 5 | PA; NEDS |
| **ANTIANGIOGENIC AGENTS** | | |
| POMALYST ORAL CAPSULE | 5 | PA; LA; QL (31 per 31 days); NEDS |
| REVLIMID ORAL CAPSULE | 5 | PA; LA; QL (31 per 31 days); NEDS |
| THALOMID ORAL CAPSULE 100 MG, 50 MG | 5 | PA; LA; QL (31 per 31 days); NEDS |
| THALOMID ORAL CAPSULE 150 MG, 200 MG | 5 | PA; LA; QL (62 per 31 days); NEDS |
| **ANTIDIABETIC AGENTS** | | |
| ENHERTU INTRAVENOUS RECON SOLN | 5 | PA; NEDS |
| **ANTIESTROGENS/MODIFIERS** | | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| EMCYT ORAL CAPSULE | 5 | NEDS |
| SOLTAMOX ORAL SOLUTION | 5 | NEDS |
| *tamoxifen oral tablet* | 2 | |
| **ANTIMETABOLITES** | | |
| DROXIA ORAL CAPSULE | 4 | |
| GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML | 3 | |
| *hydroxyurea oral capsule* | 2 | |
| *mercaptopurine oral tablet* | 2 | |
| ONUREG ORAL TABLET | 5 | PA; QL (14 per 28 days); NEDS |
| PURIXAN ORAL SUSPENSION | 5 | LA; NEDS |
| TABLOID ORAL TABLET | 3 | PA |
| **ANTINEOPLASTICS, OTHER** | | |
| *adriamycin intravenous recon soln 10 mg* | 4 | |
| ADRIAMYCIN INTRAVENOUS RECON SOLN 50 MG | 3 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *dexrazoxane hcl intravenous recon soln 500 mg* | 2 | |
| *docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)* | 5 | NEDS |
| HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION | 5 | NEDS |
| IDHIFA ORAL TABLET | 5 | PA; LA; QL (31 per 31 days); NEDS |
| INQOVI ORAL TABLET | 5 | PA; QL (5 per 28 days); NEDS |
| IXEMPRA INTRAVENOUS RECON SOLN | 5 | NEDS |
| KISQALI FEMARA CO-PACK ORAL TABLET | 5 | PA; NEDS |
| *leucovorin calcium injection recon soln 50 mg, 500 mg* | 4 | |
| *leucovorin calcium oral tablet* | 2 | |
| LONSURF ORAL TABLET | 5 | PA; LA; NEDS |

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|---|---|---|
| LUMOXITI INTRAVENOUS RECON SOLN | 5 | PA; NEDS |
| NINLARO ORAL CAPSULE | 5 | PA; NEDS |
| *oxaliplatin intravenous recon soln 50 mg* | 5 | NEDS |
| PADCEV INTRAVENOUS RECON SOLN | 5 | PA; NEDS |
| POLIVY INTRAVENOUS RECON SOLN | 5 | PA; NEDS |
| RYBREVANT INTRAVENOUS SOLUTION | 5 | PA; NEDS |
| SUPPRELIN LA IMPLANT KIT | 5 | NEDS |
| SYNRIBO SUBCUTANEOUS RECON SOLN | 5 | PA; NEDS |
| *valrubicin intravesical solution* | 3 | |
| XPOVIO ORAL TABLET | 5 | PA; NEDS |
| ZOLINZA ORAL CAPSULE | 5 | PA; NEDS |
| **AROMATASE INHIBITORS, 3RD GENERATION** | | |
| *anastrozole oral tablet* | 2 | |
| *exemestane oral tablet* | 2 | |
| *letrozole oral tablet* | 2 | |
| **MOLECULAR TARGET INHIBITORS** | | |
| AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION | 5 | PA; NEDS |
| AFINITOR ORAL TABLET 10 MG | 5 | PA; QL (31 per 31 days); NEDS |
| ALECENSA ORAL CAPSULE | 5 | PA; LA; NEDS |
| ALUNBRIG ORAL TABLET | 5 | PA; LA; NEDS |
| ALUNBRIG ORAL TABLETS,DOSE PACK | 5 | PA; LA; NEDS |
| AYVAKIT ORAL TABLET | 5 | PA; NEDS |
| BALVERSA ORAL TABLET | 5 | PA; NEDS |
| BOSULIF ORAL TABLET | 5 | PA; LA; NEDS |
| BRAFTOVI ORAL CAPSULE 75 MG | 5 | PA; NEDS |
| BRUKINSA ORAL CAPSULE | 5 | PA; NEDS |
| CABOMETYX ORAL TABLET 20 MG, 60 MG | 5 | PA; LA; QL (31 per 31 days); NEDS |

**Drug Tier:** 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drug 5-Specialty Tier 6- Select Care Drugs
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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| CABOMETYX ORAL TABLET 40 MG | 5 | PA; LA; QL (62 per 31 days); NEDS |
| CALQUENCE ORAL CAPSULE | 5 | PA; LA; NEDS |
| CAPRELSA ORAL TABLET | 5 | PA; LA; NEDS |
| COMETRIQ ORAL CAPSULE | 5 | PA; LA; NEDS |
| COPIKTRA ORAL CAPSULE | 5 | PA; NEDS |
| COTELLIC ORAL TABLET | 5 | PA; LA; NEDS |
| DAURISMO ORAL TABLET | 5 | PA; NEDS |
| ERIVEDGE ORAL CAPSULE | 5 | PA; LA; NEDS |
| *erlotinib oral tablet 100 mg, 150 mg* | 5 | PA; QL (31 per 31 days); NEDS |
| *erlotinib oral tablet 25 mg* | 5 | PA; QL (93 per 31 days); NEDS |
| *everolimus (antineoplastic) oral tablet* | 5 | PA; QL (31 per 31 days); NEDS |
| FARYDAK ORAL CAPSULE 10 MG, 20 MG | 5 | PA; LA; QL (6 per 21 days); NEDS |
| FARYDAK ORAL CAPSULE 15 MG | 5 | PA; QL (6 per 21 days); NEDS |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| FOTIVDA ORAL CAPSULE | 5 | PA; QL (21 per 28 days); NEDS |
| GAVRETO ORAL CAPSULE | 5 | PA; LA; QL (124 per 31 days); NEDS |
| GILOTRIF ORAL TABLET | 5 | PA; LA; QL (31 per 31 days); NEDS |
| IBRANCE ORAL CAPSULE | 5 | PA; LA; QL (21 per 28 days); NEDS |
| IBRANCE ORAL TABLET | 5 | PA; QL (21 per 28 days); NEDS |
| ICLUSIG ORAL TABLET | 5 | PA; NEDS |
| *imatinib oral tablet 100 mg* | 5 | PA; QL (186 per 31 days); NEDS |
| *imatinib oral tablet 400 mg* | 5 | PA; QL (62 per 31 days); NEDS |
| IMBRUVICA ORAL CAPSULE 140 MG | 5 | PA; LA; QL (124 per 31 days); NEDS |
| IMBRUVICA ORAL CAPSULE 70 MG | 5 | PA; LA; QL (31 per 31 days); NEDS |
| IMBRUVICA ORAL TABLET | 5 | PA; LA; QL (31 per 31 days); NEDS |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| INLYTA ORAL TABLET 1 MG | 5 | PA; LA; QL (186 per 31 days); NEDS |
| INLYTA ORAL TABLET 5 MG | 5 | PA; LA; QL (124 per 31 days); NEDS |
| INREBIC ORAL CAPSULE | 5 | PA; NEDS |
| IRESSA ORAL TABLET | 5 | PA; LA; NEDS |
| JAKAFI ORAL TABLET | 5 | PA; LA; QL (62 per 31 days); NEDS |
| KISQALI ORAL TABLET | 5 | PA; NEDS |
| KOSELUGO ORAL CAPSULE | 5 | PA; NEDS |
| *lapatinib oral tablet* | 5 | PA; NEDS |
| LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 8 MG/DAY (4 MG X 2) | 5 | PA; LA; NEDS |
| LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 4 MG | 5 | PA; NEDS |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| LORBRENA ORAL TABLET | 5 | PA; NEDS |
| LUMAKRAS ORAL TABLET | 5 | PA; LA; QL (240 per 30 days); NEDS |
| LYNPARZA ORAL TABLET | 5 | PA; LA; QL (124 per 31 days); NEDS |
| MEKINIST ORAL TABLET | 5 | PA; NEDS |
| MEKTOVI ORAL TABLET | 5 | PA; NEDS |
| NERLYNX ORAL TABLET | 5 | PA; LA; NEDS |
| NEXAVAR ORAL TABLET | 5 | PA; LA; NEDS |
| ODOMZO ORAL CAPSULE | 5 | PA; LA; NEDS |
| PEMAZYRE ORAL TABLET | 5 | PA; NEDS |
| PIQRAY ORAL TABLET | 5 | PA; NEDS |
| QINLOCK ORAL TABLET | 5 | PA; QL (90 per 30 days); NEDS |
| RETEVMO ORAL CAPSULE 40 MG | 5 | PA; QL (186 per 31 days); NEDS |
| RETEVMO ORAL CAPSULE 80 MG | 5 | PA; QL (124 per 31 days); NEDS |
| ROZLYTREK ORAL CAPSULE | 5 | PA; NEDS |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| RUBRACA ORAL TABLET | 5 | PA; NEDS |
| RYDAPT ORAL CAPSULE | 5 | PA; NEDS |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 70 MG | 5 | PA; QL (31 per 31 days); NEDS |
| SPRYCEL ORAL TABLET 20 MG, 50 MG | 5 | PA; QL (93 per 31 days); NEDS |
| SPRYCEL ORAL TABLET 80 MG | 5 | PA; QL (62 per 31 days); NEDS |
| STIVARGA ORAL TABLET | 5 | PA; LA; NEDS |
| SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 50 MG | 5 | PA; LA; QL (31 per 31 days); NEDS |
| SUTENT ORAL CAPSULE 37.5 MG | 5 | PA; LA; QL (62 per 31 days); NEDS |
| TABRECTA ORAL TABLET | 5 | PA; QL (112 per 28 days); NEDS |
| TAFINLAR ORAL CAPSULE | 5 | PA; NEDS |
| TAGRISSO ORAL TABLET | 5 | PA; LA; QL (31 per 31 days); NEDS |
| TALZENNA ORAL CAPSULE | 5 | PA; NEDS |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| TASIGNA ORAL CAPSULE 150 MG | 5 | PA; QL (155 per 31 days); NEDS |
| TASIGNA ORAL CAPSULE 200 MG | 5 | PA; QL (124 per 31 days); NEDS |
| TASIGNA ORAL CAPSULE 50 MG | 5 | PA; QL (434 per 31 days); NEDS |
| TAZVERIK ORAL TABLET | 5 | PA; LA; NEDS |
| TIBSOVO ORAL TABLET | 5 | PA; NEDS |
| TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1) | 5 | PA; LA; QL (21 per 28 days); NEDS |
| TRUSELTIQ ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2) | 5 | PA; LA; QL (42 per 28 days); NEDS |
| TRUSELTIQ ORAL CAPSULE 75 MG/DAY (25 MG X 3) | 5 | PA; LA; QL (63 per 28 days); NEDS |
| TUKYSA ORAL TABLET 150 MG | 5 | PA; QL (120 per 30 days); NEDS |
| TUKYSA ORAL TABLET 50 MG | 5 | PA; QL (300 per 30 days); NEDS |

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|---|---|---|
| TURALIO ORAL CAPSULE | 5 | PA; NEDS |
| TYKERB ORAL TABLET | 5 | PA; NEDS |
| UKONIQ ORAL TABLET | 5 | PA; LA; QL (120 per 30 days); NEDS |
| VENCLEXTA ORAL TABLET 10 MG, 50 MG | 3 | PA; LA |
| VENCLEXTA ORAL TABLET 100 MG | 5 | PA; LA; NEDS |
| VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK | 5 | PA; NEDS |
| VERZENIO ORAL TABLET | 5 | PA; LA; NEDS |
| VITRAKVI ORAL CAPSULE | 5 | PA; NEDS |
| VITRAKVI ORAL SOLUTION | 5 | PA; NEDS |
| VIZIMPRO ORAL TABLET | 5 | PA; NEDS |
| VOTRIENT ORAL TABLET | 5 | PA; NEDS |
| XALKORI ORAL CAPSULE | 5 | PA; LA; QL (62 per 31 days); NEDS |
| XOSPATA ORAL TABLET | 5 | PA; NEDS |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ZEJULA ORAL CAPSULE | 5 | PA; LA; NEDS |
| ZELBORAF ORAL TABLET | 5 | PA; LA; QL (248 per 31 days); NEDS |
| ZYDELIG ORAL TABLET | 5 | PA; LA; QL (62 per 31 days); NEDS |
| ZYKADIA ORAL TABLET | 5 | PA; NEDS |
| **MONOCLONAL ANTIBODIES/ANTIBODY-DRUG CONJUGATE** | | |
| BLENREP INTRAVENOUS RECON SOLN | 5 | PA; NEDS |
| DANYELZA INTRAVENOUS SOLUTION | 5 | PA; NEDS |
| JEMPERLI INTRAVENOUS SOLUTION | 5 | PA; NEDS |
| MONJUVI INTRAVENOUS RECON SOLN | 5 | PA; NEDS |
| SARCLISA INTRAVENOUS SOLUTION | 5 | PA; NEDS |
| TRODELVY INTRAVENOUS RECON SOLN | 5 | PA; NEDS |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ZYNLONTA INTRAVENOUS RECON SOLN | 5 | PA; LA; NEDS |
| **RETINOIDS** | | |
| *bexarotene oral capsule* | 5 | PA; NEDS |
| PANRETIN TOPICAL GEL | 3 | |
| TARGRETIN TOPICAL GEL | 5 | PA; NEDS |
| *tretinoin (antineoplastic) oral capsule* | 5 | NEDS |
| **TREATMENT ADJUNCTS** | | |
| MESNEX ORAL TABLET | 4 | |
| **ANTIPARASITICS** | | |
| **ANTHELMINTHICS** | | |
| *albendazole oral tablet* | 5 | NEDS |
| *ivermectin oral tablet* | 2 | |
| *praziquantel oral tablet* | 2 | |
| **ANTIPROTOZOALS** | | |
| *atovaquone oral suspension* | 5 | NEDS |
| *atovaquone-proguanil oral tablet* | 2 | |
| BENZNIDAZOLE ORAL TABLET | 4 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *chloroquine phosphate oral tablet* | 2 | |
| COARTEM ORAL TABLET | 3 | |
| *hydroxychloroquine oral tablet* | 1 | |
| *mefloquine oral tablet* | 2 | |
| NEBUPENT INHALATION RECON SOLN | 4 | B/D PA |
| *nitazoxanide oral tablet* | 3 | |
| *pentamidine injection recon soln* | 4 | |
| PRIMAQUINE ORAL TABLET | 3 | |
| *pyrimethamine oral tablet* | 5 | NEDS |
| *quinine sulfate oral capsule* | 2 | |
| **ANTIPARKINSON AGENTS** | | |
| **ANTICHOLINERGICS** | | |
| *benztropine injection solution* | 4 | HRM |
| *benztropine oral tablet* | 2 | HRM |
| *trihexyphenidyl oral elixir* | 2 | HRM |
| *trihexyphenidyl oral tablet* | 2 | HRM |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| **ANTIPARKINSON AGENTS, OTHER** | | |
| *amantadine hcl oral capsule* | 2 | |
| *amantadine hcl oral solution* | 2 | |
| *amantadine hcl oral tablet* | 2 | |
| *carbidopa-levodopa-entacapone oral tablet* | 4 | |
| *entacapone oral tablet* | 4 | |
| *tolcapone oral tablet* | 5 | NEDS |
| **DOPAMINE AGONISTS** | | |
| APOKYN SUBCUTANEOUS CARTRIDGE | 5 | LA; QL (93 per 31 days); NEDS |
| *bromocriptine oral capsule* | 2 | |
| *bromocriptine oral tablet* | 2 | |
| NEUPRO TRANSDERMAL PATCH 24 HOUR | 4 | |
| *pramipexole oral tablet* | 2 | |
| *pramipexole oral tablet extended release 24 hr* | 4 | |
| *ropinirole oral tablet* | 2 | |
| *ropinirole oral tablet extended release 24 hr* | 2 | |
| **DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS** | | |
| *carbidopa oral tablet* | 4 | |
| *carbidopa-levodopa oral tablet* | 2 | |
| *carbidopa-levodopa oral tablet extended release* | 2 | |
| *carbidopa-levodopa oral tablet,disintegrating* | 2 | |
| **MONOAMINE OXIDASE B (MAO-B) INHIBITORS** | | |
| *rasagiline oral tablet* | 4 | |
| *selegiline hcl oral capsule* | 2 | |
| *selegiline hcl oral tablet* | 2 | |
| **ANTIPSYCHOTICS** | | |
| **1ST GENERATION/TYPICAL** | | |
| ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED | 5 | ST; HRM; NEDS |
| *chlorpromazine oral tablet* | 4 | HRM |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *fluphenazine decanoate injection solution* | 4 | HRM |
| *fluphenazine hcl injection solution* | 4 | HRM |
| *fluphenazine hcl oral concentrate* | 2 | HRM |
| *fluphenazine hcl oral elixir* | 2 | HRM |
| *fluphenazine hcl oral tablet* | 2 | HRM |
| *haloperidol decanoate intramuscular solution* | 4 | HRM |
| *haloperidol lactate injection solution* | 4 | HRM |
| *haloperidol lactate oral concentrate* | 2 | HRM |
| *haloperidol oral tablet* | 2 | HRM |
| *loxapine succinate oral capsule* | 2 | HRM |
| *molindone oral tablet* | 2 | HRM |
| *perphenazine oral tablet* | 2 | HRM |
| *pimozide oral tablet* | 2 | HRM |
| *thioridazine oral tablet* | 2 | PA; HRM |
| *thiothixene oral capsule* | 2 | HRM |

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

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|---|---|---|
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING | 5 | ST; HRM; NEDS |
| *asenapine maleate sublingual tablet* | 3 | HRM; QL (180 per 90 days) |
| CAPLYTA ORAL CAPSULE | 5 | ST; NEDS |
| FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG | 4 | ST; HRM; QL (180 per 90 days) |
| FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG | 5 | ST; HRM; QL (180 per 90 days); NEDS |
| FANAPT ORAL TABLETS,DOSE PACK | 4 | ST; HRM |
| GEODON INTRAMUSCULAR RECON SOLN | 4 | ST; HRM |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML | 5 | ST; HRM; QL (0.75 per 28 days); NEDS |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML | 5 | ST; HRM; QL (1 per 28 days); NEDS |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML | 5 | ST; HRM; QL (1.5 per 28 days); NEDS |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML | 4 | ST; HRM; QL (0.25 per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML | 5 | ST; HRM; QL (0.5 per 28 days); NEDS |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML | 5 | ST; HRM; QL (0.88 per 90 days); NEDS |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML | 5 | ST; HRM; QL (1.32 per 90 days); NEDS |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML | 5 | ST; HRM; QL (1.75 per 90 days); NEDS |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML | 5 | ST; HRM; QL (2.63 per 90 days); NEDS |
| LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG | 5 | ST; HRM; QL (31 per 31 days); NEDS |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| LATUDA ORAL TABLET 80 MG | 5 | ST; HRM; QL (62 per 31 days); NEDS |
| NUPLAZID ORAL CAPSULE | 5 | PA; HRM; QL (31 per 31 days); NEDS |
| NUPLAZID ORAL TABLET 10 MG | 5 | PA; HRM; QL (31 per 31 days); NEDS |
| *olanzapine intramuscular recon soln* | 2 | HRM |
| *olanzapine oral tablet 10 mg, 2.5 mg, 5 mg* | 2 | HRM; QL (180 per 90 days) |
| *olanzapine oral tablet 15 mg, 20 mg, 7.5 mg* | 2 | HRM; QL (90 per 90 days) |
| *olanzapine oral tablet,disintegrating 10 mg* | 2 | HRM; QL (180 per 90 days) |
| *olanzapine oral tablet,disintegrating 15 mg, 20 mg, 5 mg* | 2 | HRM; QL (90 per 90 days) |
| *paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg* | 2 | HRM; QL (90 per 90 days) |
| *paliperidone oral tablet extended release 24hr 6 mg* | 2 | HRM; QL (180 per 90 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING | 5 | ST; HRM; NEDS |
| *quetiapine oral tablet* | 2 | HRM |
| *quetiapine oral tablet extended release 24 hr* | 3 | HRM |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG | 5 | ST; HRM; QL (62 per 31 days); NEDS |
| REXULTI ORAL TABLET 3 MG, 4 MG | 5 | ST; HRM; QL (31 per 31 days); NEDS |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML | 4 | ST; HRM |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML | 5 | ST; HRM; NEDS |

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|---|---|---|
| *risperidone oral solution* | 2 | HRM |
| *risperidone oral tablet* | 2 | HRM |
| *risperidone oral tablet,disintegrating* | 2 | HRM |
| SAPHRIS SUBLINGUAL TABLET | 3 | ST; HRM; QL (180 per 90 days) |
| SECUADO TRANSDERMAL PATCH 24 HOUR | 5 | ST; QL (31 per 31 days); NEDS |
| VRAYLAR ORAL CAPSULE 1.5 MG | 5 | ST; HRM; QL (62 per 31 days); NEDS |
| VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG | 5 | ST; HRM; QL (31 per 31 days); NEDS |
| VRAYLAR ORAL CAPSULE,DOSE PACK | 4 | ST; HRM |
| *ziprasidone hcl oral capsule* | 2 | HRM; QL (180 per 90 days) |
| *ziprasidone mesylate intramuscular recon soln* | 4 | HRM |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG | 4 | ST; HRM |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| **ANTIDIABETIC AGENTS** | | |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG | 5 | ST; HRM; NEDS |
| **TREATMENT-RESISTANT** | | |
| *clozapine oral tablet* | 2 | HRM |
| *clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg* | 2 | HRM |
| *clozapine oral tablet,disintegrating 150 mg* | 4 | HRM |
| *clozapine oral tablet,disintegrating 200 mg* | 5 | HRM; NEDS |
| VERSACLOZ ORAL SUSPENSION | 5 | HRM; NEDS |
| **ANTISPASTICITY AGENTS** | | |
| **ANTISPASTICITY AGENTS** | | |
| *baclofen oral tablet 10 mg, 20 mg* | 2 | |
| *dantrolene oral capsule* | 2 | |
| *tizanidine oral capsule* | 2 | |
| *tizanidine oral tablet* | 2 | |

**Drug Tier:** 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drug 5-Specialty Tier 6- Select Care Drugs
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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| **ANTIVIRALS** | | |
| **ANTI-CYTOMEGALOVIRUS (CMV) AGENTS** | | |
| *ganciclovir sodium intravenous solution* | 4 | B/D PA |
| PREVYMIS ORAL TABLET | 5 | NEDS |
| *valganciclovir oral recon soln* | 5 | NEDS |
| *valganciclovir oral tablet* | 3 | |
| **ANTI-HEPATITIS B (HBV) AGENTS** | | |
| *adefovir oral tablet* | 5 | NEDS |
| *entecavir oral tablet* | 3 | |
| *lamivudine oral tablet 100 mg* | 2 | |
| **ANTI-HEPATITIS C (HCV) AGENTS** | | |
| EPCLUSA ORAL TABLET 200-50 MG | 5 | PA; QL (62 per 31 days); NEDS |
| EPCLUSA ORAL TABLET 400-100 MG | 5 | PA; QL (31 per 31 days); NEDS |
| HARVONI ORAL PELLETS IN PACKET 33.75-150 MG | 5 | PA; QL (31 per 31 days); NEDS |
| HARVONI ORAL PELLETS IN PACKET 45-200 MG | 5 | PA; QL (62 per 31 days); NEDS |
| HARVONI ORAL TABLET 90-400 MG | 5 | PA; QL (31 per 31 days); NEDS |
| *ribavirin oral capsule* | 2 | |
| *ribavirin oral tablet 200 mg* | 2 | |
| SOVALDI ORAL PELLETS IN PACKET 150 MG | 5 | PA; QL (31 per 31 days); NEDS |
| SOVALDI ORAL PELLETS IN PACKET 200 MG | 5 | PA; QL (62 per 31 days); NEDS |
| SOVALDI ORAL TABLET 200 MG | 5 | PA; NEDS |
| SOVALDI ORAL TABLET 400 MG | 5 | PA; QL (62 per 31 days); NEDS |
| VOSEVI ORAL TABLET | 5 | PA; QL (31 per 31 days); NEDS |
| **ANTIHERPETIC AGENTS** | | |
| *acyclovir oral capsule* | 2 | |
| *acyclovir oral suspension 200 mg/5 ml* | 2 | |
| *acyclovir oral tablet* | 2 | |
| *acyclovir sodium intravenous solution* | 4 | B/D PA |
| *famciclovir oral tablet* | 2 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *trifluridine ophthalmic (eye) drops* | 2 | |
| *valacyclovir oral tablet* | 2 | |
| **ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)** | | |
| BIKTARVY ORAL TABLET | 5 | QL (31 per 31 days); NEDS |
| CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE | 5 | LA; NEDS |
| DOVATO ORAL TABLET | 5 | NEDS |
| GENVOYA ORAL TABLET | 5 | QL (31 per 31 days); NEDS |
| ISENTRESS HD ORAL TABLET | 5 | NEDS |
| ISENTRESS ORAL POWDER IN PACKET | 3 | QL (62 per 31 days) |
| ISENTRESS ORAL TABLET | 5 | QL (62 per 31 days); NEDS |
| ISENTRESS ORAL TABLET,CHEWABLE 100 MG | 5 | QL (186 per 31 days); NEDS |
| ISENTRESS ORAL TABLET,CHEWABLE 25 MG | 3 | QL (186 per 31 days) |
| JULUCA ORAL TABLET | 5 | QL (31 per 31 days); NEDS |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| STRIBILD ORAL TABLET | 5 | NEDS |
| TIVICAY ORAL TABLET 10 MG | 4 | QL (31 per 31 days) |
| TIVICAY ORAL TABLET 25 MG | 5 | QL (31 per 31 days); NEDS |
| TIVICAY ORAL TABLET 50 MG | 5 | QL (62 per 31 days); NEDS |
| TIVICAY PD ORAL TABLET FOR SUSPENSION | 4 | QL (372 per 31 days) |
| **ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)** | | |
| ATRIPLA ORAL TABLET | 5 | NEDS |
| COMPLERA ORAL TABLET | 5 | NEDS |
| DELSTRIGO ORAL TABLET | 5 | NEDS |
| EDURANT ORAL TABLET | 5 | NEDS |
| *efavirenz oral capsule* | 4 | |
| *efavirenz oral tablet* | 5 | NEDS |
| *efavirenz-emtricitabin-tenofov oral tablet* | 5 | NEDS |
| *efavirenz-lamivu-tenofov disop oral tablet* | 5 | NEDS |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *etravirine oral tablet 100 mg* | 3 | |
| *etravirine oral tablet 200 mg* | 5 | NEDS |
| INTELENCE ORAL TABLET 100 MG, 200 MG | 5 | NEDS |
| INTELENCE ORAL TABLET 25 MG | 3 | |
| *nevirapine oral suspension* | 4 | |
| *nevirapine oral tablet* | 2 | |
| *nevirapine oral tablet extended release 24 hr* | 2 | |
| PIFELTRO ORAL TABLET | 5 | NEDS |
| SYMFI LO ORAL TABLET | 5 | NEDS |
| SYMFI ORAL TABLET | 5 | NEDS |
| **ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)** | | |
| *abacavir oral solution* | 4 | |
| *abacavir oral tablet* | 4 | |
| *abacavir-lamivudine oral tablet* | 3 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *abacavir-lamivudine-zidovudine oral tablet* | 5 | NEDS |
| CIMDUO ORAL TABLET | 5 | NEDS |
| DESCOVY ORAL TABLET | 5 | NEDS |
| *didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg* | 4 | |
| *emtricitabine oral capsule* | 3 | |
| *emtricitabine-tenofovir (tdf) oral tablet* | 5 | QL (31 per 31 days); NEDS |
| EMTRIVA ORAL CAPSULE | 3 | |
| EMTRIVA ORAL SOLUTION | 3 | |
| HARVONI ORAL TABLET 45-200 MG | 5 | PA; QL (31 per 31 days); NEDS |
| *lamivudine oral solution* | 2 | |
| *lamivudine oral tablet 150 mg, 300 mg* | 2 | |
| *lamivudine-zidovudine oral tablet* | 2 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ODEFSEY ORAL TABLET | 5 | NEDS |
| *stavudine oral capsule* | 2 | |
| TEMIXYS ORAL TABLET | 5 | NEDS |
| *tenofovir disoproxil fumarate oral tablet* | 3 | |
| TRIUMEQ ORAL TABLET | 5 | QL (31 per 31 days); NEDS |
| TRUVADA ORAL TABLET | 5 | QL (31 per 31 days); NEDS |
| VIREAD ORAL POWDER | 5 | NEDS |
| VIREAD ORAL TABLET 150 MG, 200 MG | 3 | |
| VIREAD ORAL TABLET 250 MG | 5 | NEDS |
| *zidovudine oral capsule* | 2 | |
| *zidovudine oral syrup* | 2 | |
| *zidovudine oral tablet* | 2 | |
| **ANTI-HIV AGENTS, OTHER** | | |
| FUZEON SUBCUTANEOUS RECON SOLN | 5 | NEDS |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR | 5 | QL (62 per 31 days); NEDS |
| SELZENTRY ORAL SOLUTION | 5 | NEDS |
| SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG | 5 | NEDS |
| SELZENTRY ORAL TABLET 25 MG | 3 | |
| TROGARZO INTRAVENOUS SOLUTION | 5 | NEDS |
| TYBOST ORAL TABLET | 3 | |
| **ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)** | | |
| APTIVUS ORAL CAPSULE | 5 | NEDS |
| *atazanavir oral capsule* | 4 | |
| EVOTAZ ORAL TABLET | 5 | NEDS |
| *fosamprenavir oral tablet* | 5 | NEDS |
| INVIRASE ORAL TABLET | 5 | NEDS |
| KALETRA ORAL TABLET 100-25 MG | 3 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| KALETRA ORAL TABLET 200-50 MG | 5 | NEDS |
| LEXIVA ORAL SUSPENSION | 4 | |
| *lopinavir-ritonavir oral solution* | 5 | NEDS |
| *lopinavir-ritonavir oral tablet 100-25 mg* | 3 | |
| *lopinavir-ritonavir oral tablet 200-50 mg* | 5 | NEDS |
| NORVIR ORAL POWDER IN PACKET | 3 | |
| NORVIR ORAL SOLUTION | 3 | |
| PREZCOBIX ORAL TABLET | 5 | QL (31 per 31 days); NEDS |
| PREZISTA ORAL SUSPENSION | 4 | QL (414 per 31 days) |
| PREZISTA ORAL TABLET 150 MG | 3 | QL (720 per 90 days) |
| PREZISTA ORAL TABLET 600 MG | 5 | QL (62 per 31 days); NEDS |
| PREZISTA ORAL TABLET 75 MG | 3 | QL (1440 per 90 days) |
| PREZISTA ORAL TABLET 800 MG | 5 | QL (414 per 31 days); NEDS |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| REYATAZ ORAL POWDER IN PACKET | 5 | NEDS |
| *ritonavir oral tablet* | 2 | |
| SYMTUZA ORAL TABLET | 5 | NEDS |
| VIRACEPT ORAL TABLET | 5 | NEDS |
| **ANTI-INFLUENZA AGENTS** | | |
| *oseltamivir oral capsule 30 mg* | 2 | QL (168 per 180 days) |
| *oseltamivir oral capsule 45 mg, 75 mg* | 2 | QL (84 per 180 days) |
| *oseltamivir oral suspension for reconstitution* | 2 | QL (1050 per 180 days) |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE | 3 | QL (180 per 90 days) |
| *rimantadine oral tablet* | 2 | |
| **ANXIOLYTICS** | | |
| **ANXIOLYTICS, OTHER** | | |
| *buspirone oral tablet* | 2 | |
| *meprobamate oral tablet* | 4 | HRM |
| **BENZODIAZEPINES** | | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *alprazolam intensol oral concentrate* | 2 | HRM |
| *alprazolam oral tablet* | 2 | HRM; QL (450 per 90 days) |
| *clonazepam oral tablet 0.5 mg, 1 mg* | 2 | HRM; QL (360 per 90 days) |
| *clonazepam oral tablet 2 mg* | 2 | HRM; QL (900 per 90 days) |
| *clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg* | 2 | HRM; QL (360 per 90 days) |
| *clonazepam oral tablet,disintegrating 2 mg* | 2 | HRM; QL (900 per 90 days) |
| *clorazepate dipotassium oral tablet 15 mg* | 2 | HRM; QL (540 per 90 days) |
| *clorazepate dipotassium oral tablet 3.75 mg* | 2 | HRM; QL (2160 per 90 days) |
| *clorazepate dipotassium oral tablet 7.5 mg* | 2 | HRM; QL (1080 per 90 days) |
| *diazepam oral solution 5 mg/5 ml (1 mg/ml)* | 2 | HRM |
| *diazepam oral tablet* | 2 | HRM; QL (360 per 90 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *lorazepam intensol oral concentrate* | 2 | HRM; QL (450 per 90 days) |
| *lorazepam oral concentrate* | 2 | HRM; QL (450 per 90 days) |
| *lorazepam oral tablet* | 2 | 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* | 2 | |
| **BLOOD GLUCOSE REGULATORS** | | |
| **ANTIDIABETIC AGENTS** | | |
| *acarbose oral tablet* | 6 | |
| *alcohol pads topical pads, medicated* | 2 | |
| BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR | 3 | QL (10.2 per 84 days) |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| CYCLOSET ORAL TABLET | 4 | QL (540 per 90 days) |
| FARXIGA ORAL TABLET | 3 | QL (90 per 90 days) |
| GAUZE PADS 2 X 2 | 2 | |
| *glimepiride oral tablet* | 6 | HRM |
| *glipizide oral tablet* | 6 | |
| *glipizide oral tablet extended release 24hr 10 mg* | 6 | QL (180 per 90 days) |
| *glipizide oral tablet extended release 24hr 2.5 mg, 5 mg* | 6 | QL (270 per 90 days) |
| *glipizide-metformin oral tablet* | 6 | |
| *glyburide micronized oral tablet* | 6 | HRM |
| *glyburide oral tablet* | 6 | HRM |
| *glyburide-metformin oral tablet* | 6 | |
| INSULIN PEN NEEDLE | 2 | |
| INSULIN SYRINGE (DISP) U-100 SYRINGE 0.3 ML 29 GAUGE, 1/2 ML 28 GAUGE | 2 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| INSULIN SYRINGE (DISP) U-100 SYRINGE 1 ML 29 GAUGE X 1/2" | 2 | QL (600 per 90 days) |
| INVOKAMET ORAL TABLET | 3 | QL (180 per 90 days) |
| INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR | 3 | QL (180 per 90 days) |
| INVOKANA ORAL TABLET | 3 | QL (180 per 90 days) |
| JANUMET ORAL TABLET | 3 | QL (180 per 90 days) |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR | 3 | QL (90 per 90 days) |
| JANUVIA ORAL TABLET | 3 | QL (90 per 90 days) |
| KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG | 3 | QL (180 per 90 days) |
| KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG | 3 | QL (90 per 90 days) |
| *metformin oral tablet* | 6 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *metformin oral tablet extended release 24 hr 500 mg* | 6 | QL (360 per 90 days) |
| *metformin oral tablet extended release 24 hr 750 mg* | 6 | QL (180 per 90 days) |
| *metformin oral tablet extended release (osm) 24 hr 1,000 mg* | 6 | QL (180 per 90 days) |
| *metformin oral tablet extended release (osm) 24 hr 500 mg* | 6 | QL (450 per 90 days) |
| *miglitol oral tablet* | 6 | |
| *nateglinide oral tablet* | 6 | |
| NEEDLES, INSULIN DISP.,SAFETY | 2 | |
| NOVOFINE 32 NEEDLE | 2 | QL (600 per 90 days) |
| NOVOFINE PLUS NEEDLE | 2 | QL (600 per 90 days) |
| NOVOTWIST NEEDLE | 2 | QL (600 per 90 days) |
| ONGLYZA ORAL TABLET | 3 | QL (90 per 90 days) |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML) | 3 | QL (1.5 per 28 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML) | 3 | QL (3 per 28 days) |
| *pioglitazone oral tablet* | 6 | QL (90 per 90 days) |
| *pioglitazone-glimepiride oral tablet* | 1 | QL (90 per 90 days) |
| *pioglitazone-metformin oral tablet* | 6 | QL (270 per 90 days) |
| *repaglinide oral tablet* | 6 | |
| RYBELSUS ORAL TABLET 14 MG | 3 | QL (30 per 30 days) |
| RYBELSUS ORAL TABLET 3 MG | 3 | QL (140 per 30 days) |
| RYBELSUS ORAL TABLET 7 MG | 3 | QL (180 per 90 days) |
| SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN | 3 | QL (60 per 90 days) |
| SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR | 5 | PA; NEDS |
| SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR | 5 | PA; NEDS |

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|---|---|---|
| TRULICITY SUBCUTANEOUS PEN INJECTOR | 3 | QL (2 per 28 days) |
| V-GO 20 DEVICE | 3 | |
| V-GO 30 DEVICE | 3 | |
| V-GO 40 DEVICE | 3 | |
| VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR | 3 | QL (27 per 90 days) |
| VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR | 3 | QL (27 per 90 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-1,000 MG, 5-500 MG | 3 | QL (90 per 90 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG | 3 | QL (180 per 90 days) |
| **GLYCEMIC AGENTS** | | |
| BAQSIMI NASAL SPRAY,NON-AEROSOL | 3 | |
| *diazoxide oral suspension* | 4 | |
| GLUCAGEN HYPOKIT INJECTION RECON SOLN | 3 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN | 3 | |
| *glucagon emergency kit (human) injection recon soln* | 3 | |
| GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR | 3 | |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR | 3 | |
| GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE | 3 | |
| GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE | 3 | |
| KORLYM ORAL TABLET | 5 | PA; LA; NEDS |
| **INSULINS** | | |
| APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN | 4 | ST |

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|---|---|---|
| APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION | 4 | ST |
| HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT | 4 | ST |
| HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN | 4 | ST |
| HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION | 4 | ST |
| HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN | 4 | ST |
| HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN | 4 | ST |
| HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION | 4 | ST |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE | 4 | ST |
| HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION | 4 | ST |
| HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION | 4 | ST |
| HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN | 4 | ST |
| HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN | 4 | ST |
| HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION | 4 | ST |
| HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION | 4 | ST |
| HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION | 5 | NEDS |

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This drug list was last updated on 09/01/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN | 5 | NEDS |
| INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN | 4 | ST |
| INSULIN LISPRO SUBCUTANEOUS INSULIN PEN | 4 | ST |
| INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT | 4 | ST |
| INSULIN LISPRO SUBCUTANEOUS SOLUTION | 4 | ST |
| LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS PEN | 3 | SSM |
| LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION | 3 | SSM |
| NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION | 3 | SSM |

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

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN | 3 | SSM |
| NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE | 3 | SSM |
| NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION | 3 | SSM |
| TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN | 3 | SSM |
| TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS PEN | 3 | SSM |
| **BLOOD PRODUCTS AND MODIFIERS** | | |
| **ANTICOAGULANTS** | | |
| ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK | 3 | QL (74 per 30 days) |
| ELIQUIS ORAL TABLET 2.5 MG | 3 | QL (180 per 90 days) |
| ELIQUIS ORAL TABLET 5 MG | 3 | QL (194 per 90 days) |
| *enoxaparin subcutaneous syringe* | 4 | |
| *fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml* | 5 | NEDS |
| *fondaparinux subcutaneous syringe 2.5 mg/0.5 ml* | 4 | |
| FRAGMIN SUBCUTANEOUS SOLUTION | 4 | |
| FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 7,500 ANTI-XA UNIT/0.3 ML | 5 | NEDS |
| FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML | 4 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *heparin (porcine) injection solution* | 2 | |
| *jantoven oral tablet* | 1 | |
| PRADAXA ORAL CAPSULE | 4 | QL (180 per 90 days) |
| *warfarin oral tablet* | 1 | |
| XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK | 3 | QL (51 per 31 days) |
| XARELTO ORAL TABLET 10 MG, 20 MG | 3 | QL (90 per 90 days) |
| XARELTO ORAL TABLET 15 MG, 2.5 MG | 3 | QL (180 per 90 days) |
| **BLOOD PRODUCTS AND MODIFIERS, OTHER** | | |
| *anagrelide oral capsule* | 2 | |
| ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML | 5 | PA; NEDS |
| ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML | 4 | PA |
| ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML, 60 MCG/0.3 ML | 4 | PA |
| ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML | 5 | PA; NEDS |
| EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML | 4 | PA |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR | 5 | QL (2 per 31 days); NEDS |
| NEULASTA SUBCUTANEOUS SYRINGE | 5 | QL (2 per 31 days); NEDS |
| NIVESTYM INJECTION SOLUTION | 5 | NEDS |
| NIVESTYM SUBCUTANEOUS SYRINGE | 5 | NEDS |
| OXBRYTA ORAL TABLET | 5 | PA; LA; NEDS |
| PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML | 3 | PA |
| PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML | 5 | PA; NEDS |
| PROMACTA ORAL TABLET 12.5 MG, 25 MG | 5 | PA; QL (31 per 31 days); NEDS |
| PROMACTA ORAL TABLET 50 MG, 75 MG | 5 | PA; QL (62 per 31 days); NEDS |
| ZARXIO INJECTION SYRINGE | 5 | NEDS |
| **HEMOSTASIS AGENTS** | | |
| *tranexamic acid oral tablet* | 2 | QL (30 per 21 days) |
| **PLATELET MODIFYING AGENTS** | | |
| *aspirin-dipyridamole oral capsule, er multiphase 12 hr* | 4 | |
| BRILINTA ORAL TABLET 60 MG | 3 | QL (180 per 90 days) |
| BRILINTA ORAL TABLET 90 MG | 3 | QL (182 per 90 days) |
| CABLIVI INJECTION KIT | 5 | PA; NEDS |
| *cilostazol oral tablet* | 2 | |
| *clopidogrel oral tablet 75 mg* | 1 | QL (90 per 90 days) |
| DOPTELET (10 TAB PACK) ORAL TABLET | 5 | PA; NEDS |
| DOPTELET (15 TAB PACK) ORAL TABLET | 5 | PA; NEDS |
| DOPTELET (30 TAB PACK) ORAL TABLET | 5 | PA; NEDS |
| *prasugrel oral tablet* | 2 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| **CARDIOVASCULAR AGENTS** | | |
| **ALPHA-ADRENERGIC AGONISTS** | | |
| *clonidine hcl oral tablet* | 1 | HRM |
| *clonidine transdermal patch weekly* | 1 | HRM; QL (12 per 84 days) |
| *droxidopa oral capsule 100 mg* | 4 | QL (93 per 31 days) |
| *droxidopa oral capsule 200 mg, 300 mg* | 4 | QL (186 per 31 days) |
| *midodrine oral tablet* | 2 | |
| NORTHERA ORAL CAPSULE 100 MG | 5 | LA; QL (93 per 31 days); NEDS |
| NORTHERA ORAL CAPSULE 200 MG, 300 MG | 5 | LA; QL (186 per 31 days); NEDS |
| **ALPHA-ADRENERGIC BLOCKING AGENTS** | | |
| *doxazosin oral tablet* | 1 | HRM |
| *prazosin oral capsule* | 1 | HRM |
| *terazosin oral capsule* | 1 | HRM |
| **ANGIOTENSIN II RECEPTOR ANTAGONISTS** | | |
| *candesartan oral tablet* | 6 | |
| EDARBI ORAL TABLET | 4 | |
| *irbesartan oral tablet* | 6 | |
| *losartan oral tablet 100 mg, 50 mg* | 6 | QL (180 per 90 days) |
| *losartan oral tablet 25 mg* | 6 | QL (270 per 90 days) |
| *olmesartan oral tablet* | 6 | |
| *telmisartan oral tablet* | 6 | |
| *valsartan oral tablet* | 6 | |
| **ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS** | | |
| *benazepril oral tablet* | 6 | |
| *captopril oral tablet* | 6 | |
| *enalapril maleate oral tablet* | 6 | |
| *fosinopril oral tablet* | 6 | |
| *lisinopril oral tablet* | 6 | |
| *moexipril oral tablet* | 6 | |
| *perindopril erbumine oral tablet* | 6 | |
| *quinapril oral tablet* | 6 | |
| *ramipril oral capsule* | 6 | |
| *trandolapril oral tablet* | 6 | |
| **ANTIARRHYTHMICS** | | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *amiodarone oral tablet* | 2 | HRM |
| *dofetilide oral capsule* | 2 | |
| *flecainide oral tablet* | 2 | |
| *mexiletine oral capsule* | 2 | |
| MULTAQ ORAL TABLET | 3 | HRM; QL (180 per 90 days) |
| NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG | 4 | HRM |
| *pacerone oral tablet 100 mg, 200 mg, 400 mg* | 2 | HRM |
| *propafenone oral capsule,extended release 12 hr* | 2 | |
| *propafenone oral tablet* | 2 | |
| *quinidine gluconate oral tablet extended release* | 2 | |
| *quinidine sulfate oral tablet* | 2 | |
| *sorine oral tablet* | 2 | |
| *sotalol af oral tablet* | 2 | |
| *sotalol oral tablet* | 2 | |
| **BETA-ADRENERGIC BLOCKING AGENTS** | | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *acebutolol oral capsule* | 2 | |
| *atenolol oral tablet* | 1 | |
| *betaxolol oral tablet* | 1 | |
| *bisoprolol fumarate oral tablet* | 1 | |
| *carvedilol oral tablet* | 1 | |
| *carvedilol phosphate oral capsule, er multiphase 24 hr* | 4 | QL (90 per 90 days) |
| *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 | |
| *nadolol oral tablet* | 1 | |
| *pindolol oral tablet* | 1 | |
| *propranolol oral capsule,extended release 24 hr* | 1 | |
| *propranolol oral solution* | 1 | |
| *propranolol oral tablet* | 1 | |
| *timolol maleate oral tablet* | 1 | |
| **CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES** | | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *amlodipine oral tablet* | 1 | |
| *felodipine oral tablet extended release 24 hr* | 1 | QL (90 per 90 days) |
| *isradipine oral capsule* | 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* | 4 | |
| *nisoldipine oral tablet extended release 24 hr* | 4 | |
| **CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYROPYRIDINES** | | |
| *cartia xt oral capsule,extended release 24hr* | 1 | |
| *diltiazem hcl oral capsule,ext.rel 24h degradable* | 1 | |
| *diltiazem hcl oral capsule,extended release 12 hr* | 1 | |
| *diltiazem hcl oral capsule,extended release 24 hr* | 1 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *diltiazem hcl oral capsule,extended release 24hr* | 1 | |
| *diltiazem hcl oral tablet* | 1 | |
| *diltiazem hcl oral tablet extended release 24 hr* | 1 | |
| *dilt-xr oral capsule,ext.rel 24h degradable* | 1 | |
| *matzim la oral tablet extended release 24 hr* | 1 | |
| *taztia xt oral capsule,extended release 24 hr* | 1 | |
| *tiadylt er oral capsule,extended release 24 hr* | 1 | |
| *verapamil intravenous solution* | 4 | |
| *verapamil intravenous syringe* | 4 | |
| *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 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| **CARDIOVASCULAR AGENTS, OTHER** | | |
| *acetazolamide oral tablet* | 2 | |
| *aliskiren oral tablet* | 3 | QL (90 per 90 days) |
| *amiloride-hydrochlorothiazide oral tablet* | 1 | |
| *amlodipine-atorvastatin oral tablet* | 6 | |
| *amlodipine-benazepril oral capsule* | 6 | |
| *amlodipine-olmesartan oral tablet* | 6 | |
| *amlodipine-valsartan oral tablet* | 6 | |
| *amlodipine-valsartan-hcthiazid oral tablet* | 6 | |
| *atenolol-chlorthalidone oral tablet* | 1 | |
| *benazepril-hydrochlorothiazide oral tablet* | 6 | |
| BIDIL ORAL TABLET | 3 | |
| *bisoprolol-hydrochlorothiazide oral tablet* | 1 | |
| *candesartan-hydrochlorothiazid oral tablet* | 6 | |
| *captopril-hydrochlorothiazide oral tablet* | 6 | |
| CORLANOR ORAL SOLUTION | 4 | QL (1350 per 90 days) |
| CORLANOR ORAL TABLET | 4 | QL (180 per 90 days) |
| DEMSER ORAL CAPSULE | 5 | NEDS |
| *digitek oral tablet 125 mcg (0.125 mg)* | 2 | HRM; QL (90 per 90 days) |
| *digitek oral tablet 250 mcg (0.25 mg)* | 2 | HRM |
| *digox oral tablet 125 mcg (0.125 mg)* | 2 | HRM; QL (90 per 90 days) |
| *digox oral tablet 250 mcg (0.25 mg)* | 2 | HRM |
| *digoxin oral solution* | 2 | HRM |
| *digoxin oral tablet 125 mcg (0.125 mg)* | 2 | HRM; QL (90 per 90 days) |
| *digoxin oral tablet 250 mcg (0.25 mg)* | 2 | HRM |
| EDARBYCLOR ORAL TABLET | 4 | |
| *enalapril-hydrochlorothiazide oral tablet* | 6 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ENTRESTO ORAL TABLET | 3 | QL (180 per 90 days) |
| *fosinopril-hydrochlorothiazide oral tablet* | 6 | |
| *irbesartan-hydrochlorothiazide oral tablet* | 6 | |
| *isoproterenol hcl injection solution* | 4 | |
| *lisinopril-hydrochlorothiazide oral tablet* | 6 | |
| *losartan-hydrochlorothiazide oral tablet* | 6 | |
| *metoprolol ta-hydrochlorothiaz oral tablet* | 1 | |
| *metyrosine oral capsule* | 5 | NEDS |
| *nadolol-bendroflumethiazide oral tablet 80-5 mg* | 1 | |
| *olmesartan-amlodipin-hcthiazid oral tablet* | 6 | |
| *olmesartan-hydrochlorothiazide oral tablet* | 6 | |
| *pentoxifylline oral tablet extended release* | 2 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *propranolol-hydrochlorothiazid oral tablet* | 1 | |
| *quinapril-hydrochlorothiazide oral tablet* | 6 | |
| *ranolazine oral tablet extended release 12 hr* | 4 | |
| *spironolacton-hydrochlorothiaz oral tablet* | 1 | |
| TEKTURNA HCT ORAL TABLET | 3 | QL (90 per 90 days) |
| *telmisartan-amlodipine oral tablet* | 6 | |
| *telmisartan-hydrochlorothiazid oral tablet* | 6 | |
| *trandolapril-verapamil oral tablet, ir - er, biphasic 24hr* | 6 | |
| *triamterene-hydrochlorothiazid oral capsule 37.5-25 mg* | 1 | |
| *triamterene-hydrochlorothiazid oral tablet* | 1 | |
| *valsartan-hydrochlorothiazide oral tablet* | 6 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| **DIURETICS, LOOP** | | |
| *bumetanide injection solution* | 2 | |
| *bumetanide oral tablet* | 1 | |
| *ethacrynic acid oral tablet* | 4 | |
| *furosemide injection solution* | 4 | |
| *furosemide injection syringe* | 4 | |
| *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 | |
| *spironolactone oral tablet* | 1 | |
| *triamterene oral capsule* | 4 | |
| **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* | 2 | QL (90 per 90 days) |
| *fenofibrate nanocrystallized oral tablet 145 mg, 48 mg* | 2 | |
| *fenofibrate oral tablet 160 mg, 54 mg* | 2 | QL (90 per 90 days) |
| *fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg* | 1 | QL (90 per 90 days) |
| *fenofibric acid (choline) oral capsule,delayed release(dr/ec) 45 mg* | 1 | QL (270 per 90 days) |
| *fenofibric acid oral tablet* | 1 | |
| *gemfibrozil oral tablet* | 2 | |
| **DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS** | | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *atorvastatin oral tablet 10 mg, 20 mg* | 6 | QL (360 per 90 days) |
| *atorvastatin oral tablet 40 mg* | 6 | QL (180 per 90 days) |
| *atorvastatin oral tablet 80 mg* | 6 | QL (90 per 90 days) |
| EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE | 4 | QL (90 per 90 days) |
| *fluvastatin oral capsule 20 mg* | 6 | QL (360 per 90 days) |
| *fluvastatin oral capsule 40 mg* | 6 | QL (180 per 90 days) |
| *fluvastatin oral tablet extended release 24 hr* | 1 | QL (90 per 90 days) |
| LIVALO ORAL TABLET 1 MG | 4 | QL (120 per 30 days) |
| LIVALO ORAL TABLET 2 MG | 4 | QL (60 per 30 days) |
| LIVALO ORAL TABLET 4 MG | 4 | QL (30 per 30 days) |
| *lovastatin oral tablet 10 mg, 20 mg* | 6 | QL (360 per 90 days) |
| *lovastatin oral tablet 40 mg* | 6 | QL (180 per 90 days) |
| *pravastatin oral tablet 10 mg, 20 mg* | 6 | QL (360 per 90 days) |
| *pravastatin oral tablet 40 mg* | 6 | QL (180 per 90 days) |
| *pravastatin oral tablet 80 mg* | 6 | QL (90 per 90 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *rosuvastatin oral tablet 10 mg, 5 mg* | 6 | QL (360 per 90 days) |
| *rosuvastatin oral tablet 20 mg* | 6 | QL (180 per 90 days) |
| *rosuvastatin oral tablet 40 mg* | 6 | QL (90 per 90 days) |
| *simvastatin oral tablet 10 mg, 20 mg, 5 mg* | 6 | QL (360 per 90 days) |
| *simvastatin oral tablet 40 mg* | 6 | QL (180 per 90 days) |
| *simvastatin oral tablet 80 mg* | 6 | QL (90 per 90 days) |
| **DYSLIPIDEMICS, OTHER** | | |
| *cholestyramine (with sugar) oral powder* | 2 | |
| *cholestyramine (with sugar) oral powder in packet* | 2 | |
| *cholestyramine light oral powder* | 2 | |
| *cholestyramine light oral powder in packet* | 2 | |
| *colesevelam oral powder in packet* | 3 | |
| *colesevelam oral tablet* | 3 | |
| *colestipol oral granules* | 2 | |
| *colestipol oral packet* | 2 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *colestipol oral tablet* | 2 | |
| *ezetimibe oral tablet* | 2 | QL (90 per 90 days) |
| *ezetimibe-simvastatin oral tablet* | 2 | QL (90 per 90 days) |
| *icosapent ethyl oral capsule* | 4 | |
| *niacin oral tablet 500 mg* | 2 | |
| *niacin oral tablet extended release 24 hr* | 2 | |
| *omega-3 acid ethyl esters oral capsule* | 2 | |
| *prevalite oral powder* | 2 | |
| *prevalite oral powder in packet* | 2 | |
| REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR | 3 | PA; QL (3.5 per 28 days) |
| REPATHA SUBCUTANEOUS SYRINGE | 3 | PA; QL (3 per 28 days) |
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR | 3 | PA; QL (3 per 28 days) |
| VASCEPA ORAL CAPSULE 1 GRAM | 4 | |

| 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* | 2 | |
| *nitroglycerin sublingual tablet* | 2 | |
| *nitroglycerin transdermal patch 24 hour* | 2 | |
| *nitroglycerin translingual spray,non-aerosol* | 4 | |
| RECTIV RECTAL OINTMENT | 4 | |
| **VASODILATORS, DIRECT-ACTING ARTERIAL** | | |
| *hydralazine oral tablet* | 1 | |
| *minoxidil oral tablet* | 2 | |
| **CENTRAL NERVOUS SYSTEM AGENTS** | | |

**Drug Tier:** 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drug 5-Specialty Tier 6- Select Care Drugs
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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| **ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES** | | |
| *dextroamphetamine oral tablet 10 mg, 5 mg* | 2 | QL (540 per 90 days) |
| *dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 5 mg* | 2 | QL (270 per 90 days) |
| *dextroamphetamine-amphetamine oral capsule,extended release 24hr 30 mg* | 2 | QL (180 per 90 days) |
| *dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg* | 2 | QL (270 per 90 days) |
| *dextroamphetamine-amphetamine oral tablet 30 mg* | 2 | 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* | 4 | QL (180 per 90 days) |
| *atomoxetine oral capsule 100 mg, 80 mg* | 4 | QL (90 per 90 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *clonidine hcl oral tablet extended release 12 hr* | 2 | HRM; QL (360 per 90 days) |
| *methylphenidate hcl oral capsule, er biphasic 30-70 40 mg* | 2 | QL (90 per 90 days) |
| *methylphenidate hcl oral solution* | 2 | |
| *methylphenidate hcl oral tablet* | 2 | QL (270 per 90 days) |
| *methylphenidate hcl oral tablet extended release 10 mg* | 2 | QL (270 per 90 days) |
| *methylphenidate hcl oral tablet extended release 20 mg* | 2 | QL (450 per 90 days) |
| *methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 36 mg, 36 mg (bx rating), 54 mg, 54 mg (bx rating)* | 2 | QL (180 per 90 days) |
| **CENTRAL NERVOUS SYSTEM, OTHER** | | |
| FIRDAPSE ORAL TABLET | 5 | PA; NEDS |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| NEOSTIGMINE METHYLSULFATE INTRAVENOUS SYRINGE 3 MG/3 ML (1 MG/ML) | 3 | |
| NUEDEXTA ORAL CAPSULE | 4 | PA; QL (180 per 90 days) |
| *riluzole oral tablet* | 2 | |
| RUZURGI ORAL TABLET | 5 | PA; NEDS |
| *tetrabenazine oral tablet 12.5 mg* | 5 | PA; QL (248 per 31 days); NEDS |
| *tetrabenazine oral tablet 25 mg* | 5 | PA; QL (124 per 31 days); NEDS |
| **FIBROMYALGIA AGENTS** | | |
| SAVELLA ORAL TABLET | 3 | PA; QL (180 per 90 days) |
| SAVELLA ORAL TABLETS,DOSE PACK | 3 | PA; QL (165 per 90 days) |
| **MULTIPLE SCLEROSIS AGENTS** | | |
| BETASERON SUBCUTANEOUS KIT | 5 | PA; QL (14 per 28 days); NEDS |
| *dalfampridine oral tablet extended release 12 hr* | 5 | PA; QL (62 per 31 days); NEDS |
| *dimethyl fumarate oral capsule,delayed release(dr/ec)* | 5 | PA; QL (62 per 31 days); NEDS |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| GILENYA ORAL CAPSULE 0.5 MG | 5 | PA; QL (31 per 31 days); NEDS |
| *glatiramer subcutaneous syringe 20 mg/ml* | 5 | PA; QL (31 per 31 days); NEDS |
| *glatiramer subcutaneous syringe 40 mg/ml* | 5 | PA; QL (12 per 28 days); NEDS |
| *glatopa subcutaneous syringe 20 mg/ml* | 5 | PA; QL (31 per 31 days); NEDS |
| *glatopa subcutaneous syringe 40 mg/ml* | 5 | PA; QL (12 per 28 days); NEDS |
| REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE | 5 | PA; NEDS |
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR | 5 | PA; NEDS |
| REBIF TITRATION PACK SUBCUTANEOUS SYRINGE | 5 | PA; NEDS |
| **DENTAL AND ORAL AGENTS** | | |
| **DENTAL AND ORAL AGENTS** | | |
| *cevimeline oral capsule* | 2 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *chlorhexidine gluconate mucous membrane mouthwash* | 2 | |
| *oralone dental paste* | 2 | |
| *paroex oral rinse mucous membrane mouthwash* | 2 | |
| *periogard mucous membrane mouthwash* | 2 | |
| *pilocarpine hcl oral tablet* | 2 | |
| *triamcinolone acetonide dental paste* | 2 | |
| **DERMATOLOGICAL AGENTS** | | |
| **ACNE AND ROSACEA AGENTS** | | |
| *accutane oral capsule 20 mg, 30 mg, 40 mg* | 4 | PA |
| *acitretin oral capsule 10 mg, 25 mg* | 4 | |
| *acitretin oral capsule 17.5 mg* | 5 | NEDS |
| *adapalene topical cream* | 2 | |
| *adapalene topical gel* | 2 | |
| *adapalene topical gel with pump* | 2 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *amnesteem oral capsule* | 4 | PA |
| *azelaic acid topical gel* | 4 | |
| *claravis oral capsule* | 4 | PA |
| *clindamycin-benzoyl peroxide topical gel* | 2 | |
| *clindamycin-benzoyl peroxide topical gel with pump 1-5 %* | 2 | |
| *erythromycin-benzoyl peroxide topical gel* | 2 | |
| *isotretinoin oral capsule* | 4 | PA |
| *myorisan oral capsule* | 4 | PA |
| *neuac topical gel* | 2 | |
| *tazarotene topical cream* | 4 | |
| TAZORAC TOPICAL CREAM 0.05 % | 4 | |
| *tretinoin topical cream* | 2 | |
| *tretinoin topical gel* | 2 | |
| *zenatane oral capsule* | 4 | PA |
| **DERMATITIS AND PRURITUS AGENTS** | | |
| *ala-cort topical cream 2.5 %* | 2 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *alclometasone topical cream* | 2 | |
| *alclometasone topical ointment* | 2 | |
| *amcinonide topical cream* | 4 | |
| *amcinonide topical lotion* | 4 | |
| *amcinonide topical ointment* | 4 | |
| *ammonium lactate topical cream* | 2 | |
| *ammonium lactate topical lotion* | 2 | |
| *apexicon e topical cream* | 4 | |
| *betamethasone dipropionate topical cream* | 2 | |
| *betamethasone dipropionate topical lotion* | 2 | |
| *betamethasone valerate topical cream* | 2 | |
| *betamethasone valerate topical lotion* | 2 | |
| *betamethasone valerate topical ointment* | 2 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *betamethasone, augmented topical gel* | 2 | |
| *betamethasone, augmented topical lotion* | 2 | |
| *betamethasone, augmented topical ointment* | 2 | |
| *clobetasol scalp solution* | 3 | |
| *clobetasol topical cream* | 3 | |
| *clobetasol topical foam* | 4 | |
| *clobetasol topical gel* | 4 | |
| *clobetasol topical lotion* | 4 | |
| *clobetasol topical ointment* | 3 | |
| *clobetasol topical shampoo* | 4 | |
| *clobetasol topical spray,non-aerosol* | 4 | |
| *clobetasol-emollient topical cream* | 4 | |
| *clobetasol-emollient topical foam* | 4 | |
| *clodan topical shampoo* | 4 | |
| *desonide topical cream* | 4 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *desonide topical lotion* | 4 | |
| *desonide topical ointment* | 4 | |
| *desoximetasone topical cream* | 4 | |
| *desoximetasone topical gel* | 4 | |
| *desoximetasone topical ointment* | 4 | |
| *diflorasone topical cream* | 4 | |
| *diflorasone topical ointment* | 4 | |
| *fluocinolone and shower cap scalp oil* | 2 | |
| *fluocinolone topical cream* | 2 | |
| *fluocinolone topical ointment* | 2 | |
| *fluocinolone topical solution* | 2 | |
| *fluocinonide topical cream 0.1 %* | 3 | |
| *fluocinonide topical gel* | 4 | |
| *fluocinonide topical ointment* | 4 | |
| *fluocinonide topical solution* | 3 | |
| *fluocinonide-e topical cream* | 4 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *fluocinonide-emollient topical cream* | 4 | |
| *fluticasone propionate topical cream* | 2 | |
| *fluticasone propionate topical ointment* | 2 | |
| *halobetasol propionate topical cream* | 2 | |
| *halobetasol propionate topical ointment* | 2 | |
| *hydrocortisone butyrate topical cream* | 2 | |
| *hydrocortisone butyrate topical ointment* | 2 | |
| *hydrocortisone butyrate topical solution* | 2 | |
| *hydrocortisone topical cream 2.5 %* | 2 | |
| *hydrocortisone topical lotion 2.5 %* | 2 | |
| *hydrocortisone topical ointment 2.5 %* | 2 | |
| *hydrocortisone valerate topical cream* | 2 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *hydrocortisone valerate topical ointment* | 2 | |
| *mometasone topical cream* | 2 | |
| *mometasone topical ointment* | 2 | |
| *mometasone topical solution* | 2 | |
| PANDEL TOPICAL CREAM | 4 | |
| *pimecrolimus topical cream* | 3 | |
| *prednicarbate topical ointment* | 2 | |
| *selenium sulfide topical lotion* | 2 | |
| *tacrolimus topical ointment* | 4 | |
| *tovet emollient topical foam* | 4 | |
| *triamcinolone acetonide topical cream* | 2 | |
| *triamcinolone acetonide topical lotion* | 2 | |
| *triamcinolone acetonide topical ointment* | 2 | |
| *triderm topical cream* | 2 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *tritocin topical ointment* | 2 | |
| **DERMATOLOGICAL AGENTS, OTHER** | | |
| ANALPRAM-HC RECTAL CREAM 1-1 % | 4 | |
| *calcipotriene scalp solution* | 2 | PA; QL (180 per 90 days) |
| *calcipotriene topical cream* | 2 | PA; QL (360 per 90 days) |
| *calcipotriene topical ointment* | 2 | PA; QL (360 per 90 days) |
| *calcitriol topical ointment* | 4 | |
| *clotrimazole-betamethasone topical cream* | 2 | |
| *clotrimazole-betamethasone topical lotion* | 2 | |
| DUOBRII TOPICAL LOTION | 5 | NEDS |
| FLUOROURACIL TOPICAL CREAM 0.5 % | 3 | |
| *fluorouracil topical cream 5 %* | 2 | |
| *fluorouracil topical solution* | 2 | |
| *hydrocortisone-pramoxine rectal cream 1-1 %* | 4 | |

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|---|---|---|
| *imiquimod topical cream in packet 5 %* | 2 | |
| *methoxsalen oral capsule,liqd-filled,rapid rel* | 5 | NEDS |
| *nystatin-triamcinolone topical cream* | 2 | |
| *nystatin-triamcinolone topical ointment* | 2 | |
| PICATO TOPICAL GEL 0.015 % | 5 | QL (3 per 31 days); NEDS |
| PICATO TOPICAL GEL 0.05 % | 5 | QL (2 per 31 days); NEDS |
| *podofilox topical solution* | 2 | |
| SANTYL TOPICAL OINTMENT | 3 | |
| *silver sulfadiazine topical cream* | 2 | |
| *ssd topical cream* | 2 | |
| **PEDICULICIDES/SCABICIDES** | | |
| *crotan topical lotion* | 4 | |
| *ivermectin topical lotion* | 4 | |
| *lindane topical shampoo* | 2 | |
| *malathion topical lotion* | 4 | |
| *permethrin topical cream* | 2 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| SKLICE TOPICAL LOTION | 4 | |
| **TOPICAL ANTI-INFECTIVES** | | |
| *ciclopirox topical gel* | 2 | |
| *ciclopirox topical shampoo* | 2 | |
| *ciclopirox topical solution* | 2 | |
| *clindacin etz topical swab* | 3 | |
| *clindacin p topical swab* | 3 | |
| *clindamycin phosphate topical gel* | 2 | |
| *clindamycin phosphate topical lotion* | 2 | |
| *clindamycin phosphate topical solution* | 2 | |
| *clindamycin phosphate topical swab* | 2 | |
| *clindamycin phosphate vaginal cream* | 2 | |
| *ery pads topical swab* | 2 | |
| *erygel topical gel* | 2 | |

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|---|---|---|
| *erythromycin with ethanol topical gel* | 2 | |
| *erythromycin with ethanol topical solution* | 2 | |
| *mupirocin calcium topical cream* | 2 | |
| *mupirocin topical ointment* | 2 | |
| **ELECTROLYTES/MINERALS/ METALS/VITAMINS** | | |
| **ELECTROLYTE/MINERAL REPLACEMENT** | | |
| *calcium chloride intravenous solution* | 4 | |
| *calcium chloride intravenous syringe* | 4 | |
| *calcium gluconate intravenous solution* | 4 | |
| CARBAGLU ORAL TABLET, DISPERSIBLE | 5 | LA; NEDS |
| *d10 %-0.45 % sodium chloride intravenous parenteral solution* | 4 | |
| *d2.5 %-0.45 % sodium chloride intravenous parenteral solution* | 4 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *d5 % and 0.9 % sodium chloride intravenous parenteral solution* | 4 | |
| *d5 %-0.45 % sodium chloride intravenous parenteral solution* | 4 | |
| *dextrose 10 % in water (d10w) intravenous parenteral solution* | 4 | B/D PA |
| *dextrose 30 % in water (d30w) intravenous parenteral solution* | 4 | |
| *dextrose 5 % in water (d5w) intravenous parenteral solution* | 4 | |
| *dextrose 5 % in water (d5w) intravenous piggyback* | 4 | |
| *dextrose 5%-0.2 % sod chloride intravenous parenteral solution* | 4 | |
| *dextrose 5%-0.3 % sod.chloride intravenous parenteral solution* | 4 | |
| *dextrose 50 % in water (d50w) intravenous parenteral solution* | 4 | |

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|---|---|---|
| *dextrose 70 % in water (d70w) intravenous parenteral solution* | 4 | |
| *fluoride (sodium) oral tablet* | 2 | |
| *fluoride (sodium) oral tablet,chewable 1 mg (2.2 mg sod. fluoride)* | 2 | |
| *freamine iii 10 % intravenous parenteral solution* | 2 | B/D PA |
| *intralipid intravenous emulsion 20 %* | 4 | B/D PA |
| INTRALIPID INTRAVENOUS EMULSION 30 % | 4 | B/D PA |
| ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION | 4 | B/D PA |
| ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION | 4 | |
| ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION | 4 | B/D PA |
| *klor-con 10 oral tablet extended release* | 1 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *klor-con 8 oral tablet extended release* | 1 | |
| *klor-con m10 oral tablet,er particles/crystals* | 1 | |
| *klor-con m15 oral tablet,er particles/crystals* | 1 | |
| *klor-con m20 oral tablet,er particles/crystals* | 1 | |
| *k-tab oral tablet extended release 8 meq* | 1 | |
| *levocarnitine (with sugar) oral solution* | 2 | |
| *levocarnitine oral solution 100 mg/ml* | 2 | |
| *levocarnitine oral tablet* | 2 | |
| *ludent fluoride oral tablet,chewable 1 mg (2.2 mg sod. fluoride)* | 2 | |
| *magnesium sulfate injection syringe* | 4 | |
| NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION | 4 | B/D PA |

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|---|---|---|
| PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION | 4 | B/D PA |
| PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION | 4 | B/D PA |
| *potassium acetate intravenous solution* | 4 | |
| *potassium chlorid-d5-0.45%nacl intravenous parenteral solution* | 4 | |
| *potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l* | 4 | |
| *potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l* | 4 | |
| *potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l* | 4 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *potassium chloride in water intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml* | 4 | HI |
| *potassium chloride in water intravenous piggyback 10 meq/50 ml, 20 meq/50 ml, 30 meq/100 ml* | 4 | |
| *potassium chloride oral capsule, extended release* | 1 | |
| *potassium chloride oral liquid* | 1 | |
| *potassium chloride oral packet* | 1 | |
| *potassium chloride oral tablet extended release* | 1 | |
| *potassium chloride oral tablet,er particles/crystals* | 1 | |
| *potassium chloride-0.45 % nacl intravenous parenteral solution* | 4 | |
| *potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l* | 4 | |

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|---|---|---|
| *potassium chloride-d5-0.9%nacl intravenous parenteral solution* | 4 | |
| *potassium citrate oral tablet extended release* | 2 | |
| *potassium phosphate m-/d-basic intravenous solution 3 mmol/ml* | 4 | |
| *premasol 10 % intravenous parenteral solution* | 4 | B/D PA |
| *prenatal vitamin oral tablet* | 2 | |
| *sodium acetate intravenous solution* | 4 | |
| *sodium chloride 0.45 % intravenous parenteral solution* | 4 | HI |
| *sodium chloride 0.9 % intravenous parenteral solution* | 4 | |
| *sodium chloride 0.9 % intravenous piggyback* | 4 | |
| *sodium chloride 3 % intravenous parenteral solution* | 4 | |
| *sodium chloride 5 % intravenous parenteral solution* | 4 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *sodium chloride intravenous parenteral solution* | 4 | |
| *sodium chloride irrigation solution* | 2 | |
| *sodium phosphate intravenous solution* | 4 | |
| *travasol 10 % intravenous parenteral solution* | 4 | B/D PA |
| **ELECTROLYTE/MINERAL/METAL MODIFIERS** | | |
| CHEMET ORAL CAPSULE | 3 | |
| *deferasirox oral tablet* | 5 | PA; NEDS |
| *deferasirox oral tablet, dispersible* | 5 | NEDS |
| JYNARQUE ORAL TABLET | 5 | PA; NEDS |
| JYNARQUE ORAL TABLETS, SEQUENTIAL | 5 | PA; NEDS |
| SAMSCA ORAL TABLET | 5 | PA; NEDS |
| *sps (with sorbitol) rectal enema* | 2 | |
| TOLVAPTAN ORAL TABLET 15 MG | 5 | PA; NEDS |
| *tolvaptan oral tablet 30 mg* | 5 | PA; NEDS |

**Drug Tier:** 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drug 5-Specialty Tier 6- Select Care Drugs
**Requirements/Limits:** B/D - Prior Authorization, Part D vs. Part B only HI - Home Infusion HRM - High Risk Medication LA - Limited Availability NEDS - Non Extended Day Supply PA - Prior Authorization QL - Quantity Limit ST - Step Therapy SSM - Senior Savings Model
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This drug list was last updated on 09/01/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *trientine oral capsule* | 5 | PA; NEDS |
| **PHOSPHATE BINDERS** | | |
| AURYXIA ORAL TABLET | 5 | PA; NEDS |
| *calcium acetate(phosphat bind) oral capsule* | 1 | |
| *calcium acetate(phosphat bind) oral tablet* | 1 | |
| FOSRENOL ORAL POWDER IN PACKET | 4 | |
| *lanthanum oral tablet,chewable* | 4 | |
| PHOSLYRA ORAL SOLUTION | 4 | |
| *sevelamer carbonate oral powder in packet* | 2 | |
| *sevelamer carbonate oral tablet* | 2 | QL (1620 per 90 days) |
| *sevelamer hcl oral tablet* | 3 | |
| **POTASSIUM BINDERS** | | |
| *sodium polystyrene sulfonate oral powder* | 2 | |
| *sps (with sorbitol) oral suspension* | 2 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| VELTASSA ORAL POWDER IN PACKET | 4 | |
| **GASTROINTESTINAL AGENTS** | | |
| **ANTI-CONSTIPATION AGENTS** | | |
| *constulose oral solution* | 2 | |
| *enulose oral solution* | 2 | |
| *generlac oral solution* | 2 | |
| *lactulose oral packet* | 2 | |
| *lactulose oral solution* | 2 | |
| LINZESS ORAL CAPSULE | 3 | QL (90 per 90 days) |
| MOVANTIK ORAL TABLET | 4 | PA |
| RELISTOR ORAL TABLET | 5 | PA; NEDS |
| RELISTOR SUBCUTANEOUS SOLUTION | 5 | PA; QL (16.8 per 28 days); NEDS |
| RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML | 5 | PA; QL (16.8 per 28 days); NEDS |
| RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML | 5 | PA; QL (11.2 per 28 days); NEDS |
| TRULANCE ORAL TABLET | 3 | QL (90 per 90 days) |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| **ANTI-DIARRHEAL AGENTS** | | |
| *alosetron oral tablet* | 5 | PA; QL (62 per 31 days); NEDS |
| *diphenoxylate-atropine oral liquid* | 2 | HRM |
| *diphenoxylate-atropine oral tablet* | 2 | HRM |
| *loperamide oral capsule* | 2 | |
| **ANTISPASMODICS, GASTROINTESTINAL** | | |
| *dicyclomine oral capsule* | 2 | HRM |
| *dicyclomine oral solution* | 2 | HRM |
| *dicyclomine oral tablet* | 2 | HRM |
| *glycopyrrolate oral tablet 1 mg, 2 mg* | 2 | |
| *methscopolamine oral tablet* | 2 | |
| **GASTROINTESTINAL AGENTS, OTHER** | | |
| *atropine injection solution 0.4 mg/ml* | 4 | |
| GATTEX 30-VIAL SUBCUTANEOUS KIT | 5 | PA; LA; NEDS |
| GATTEX ONE-VIAL SUBCUTANEOUS KIT | 5 | PA; NEDS |
| *gavilyte-c oral recon soln* | 2 | |
| *gavilyte-g oral recon soln* | 2 | |
| *gavilyte-n oral recon soln* | 2 | |
| *metoclopramide hcl oral solution* | 2 | HRM |
| *metoclopramide hcl oral tablet* | 2 | HRM |
| MYALEPT SUBCUTANEOUS RECON SOLN | 5 | PA; LA; NEDS |
| *peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram* | 2 | |
| *peg-electrolyte oral recon soln* | 2 | |
| *polyethylene glycol 3350 oral powder* | 2 | |
| SUPREP BOWEL PREP KIT ORAL RECON SOLN | 3 | |
| *trilyte with flavor packets oral recon soln* | 2 | |

**Drug Tier:** 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drug 5-Specialty Tier 6- Select Care Drugs
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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *ursodiol oral capsule* | 2 | |
| *ursodiol oral tablet* | 2 | |
| **HISTAMINE2 (H2) RECEPTOR ANTAGONISTS** | | |
| *famotidine oral suspension* | 1 | |
| *famotidine oral tablet 20 mg, 40 mg* | 1 | |
| *nizatidine oral capsule* | 2 | |
| *nizatidine oral solution* | 2 | |
| **PROTECTANTS** | | |
| *misoprostol oral tablet* | 2 | |
| *sucralfate oral tablet* | 2 | |
| **PROTON PUMP INHIBITORS** | | |
| *lansoprazole oral capsule,delayed release(dr/ec)* | 2 | |
| *omeprazole oral capsule,delayed release(dr/ec) 10 mg* | 2 | QL (180 per 90 days) |
| *omeprazole oral capsule,delayed release(dr/ec) 20 mg, 40 mg* | 1 | QL (180 per 90 days) |
| *pantoprazole oral tablet,delayed release (dr/ec)* | 1 | QL (180 per 90 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| **GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT** | | |
| **GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT** | | |
| *nitisinone oral capsule* | 5 | NEDS |
| **GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT** | | |
| **GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT** | | |
| CERDELGA ORAL CAPSULE | 5 | LA; NEDS |
| CHOLBAM ORAL CAPSULE | 5 | PA; NEDS |
| CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) | 3 | |
| *cromolyn oral concentrate* | 2 | |
| CYSTADANE ORAL POWDER | 5 | NEDS |
| CYSTAGON ORAL CAPSULE | 4 | LA |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| CYSTARAN OPHTHALMIC (EYE) DROPS | 5 | NEDS |
| DOJOLVI ORAL LIQUID | 5 | PA; NEDS |
| ENDARI ORAL POWDER IN PACKET | 5 | LA; NEDS |
| EVRYSDI ORAL RECON SOLN | 5 | PA; LA; NEDS |
| GALAFOLD ORAL CAPSULE | 5 | PA; NEDS |
| KUVAN ORAL POWDER IN PACKET | 5 | PA; LA; NEDS |
| KUVAN ORAL TABLET,SOLUBLE | 5 | PA; LA; NEDS |
| *miglustat oral capsule* | 5 | PA; LA; NEDS |
| NITYR ORAL TABLET | 5 | PA; NEDS |
| ORFADIN ORAL CAPSULE 20 MG | 5 | LA; NEDS |
| ORFADIN ORAL SUSPENSION | 5 | LA; NEDS |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800-98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700-83,900 UNIT, 37,000-97,300-149,900 UNIT, 4,200-14,200-24,600 UNIT | 4 | ST |
| PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 24,000-86,250-90,750 UNIT | 4 | |
| *plenamine intravenous parenteral solution* | 4 | B/D PA |
| RAVICTI ORAL LIQUID | 5 | PA; LA; NEDS |
| REVCOVI INTRAMUSCULAR SOLUTION | 5 | PA; NEDS |
| *sapropterin oral powder in packet* | 5 | PA; NEDS |
| *sapropterin oral tablet,soluble* | 5 | PA; NEDS |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *sodium phenylbutyrate oral powder* | 5 | NEDS |
| *sodium phenylbutyrate oral tablet* | 5 | NEDS |
| TEGSEDI SUBCUTANEOUS SYRINGE | 5 | PA; NEDS |
| VYNDAMAX ORAL CAPSULE | 5 | PA; QL (31 per 31 days); NEDS |
| VYNDAQEL ORAL CAPSULE | 5 | PA; QL (124 per 31 days); NEDS |
| ZEMAIRA INTRAVENOUS RECON SOLN | 5 | PA; LA; NEDS |
| ZENPEP ORAL CAPSULE,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 | 4 | ST |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ZOKINVY ORAL CAPSULE | 5 | PA; LA; NEDS |
| **GENITOURINARY AGENTS** | | |
| **ANTISPASMODICS, URINARY** | | |
| *flavoxate oral tablet* | 1 | |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR | 3 | QL (90 per 90 days) |
| *oxybutynin chloride oral syrup* | 2 | |
| *oxybutynin chloride oral tablet* | 2 | |
| *oxybutynin chloride oral tablet extended release 24hr* | 2 | QL (180 per 90 days) |
| *solifenacin oral tablet* | 3 | |
| *tolterodine oral capsule,extended release 24hr* | 2 | QL (90 per 90 days) |
| *tolterodine oral tablet* | 2 | QL (180 per 90 days) |
| TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR | 3 | |
| *trospium oral capsule,extended release 24hr* | 2 | QL (90 per 90 days) |
| *trospium oral tablet* | 2 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| **BENIGN PROSTATIC HYPERTROPHY AGENTS** | | |
| *alfuzosin oral tablet extended release 24 hr* | 1 | QL (90 per 90 days) |
| *dutasteride oral capsule* | 2 | QL (90 per 90 days) |
| *finasteride oral tablet 5 mg* | 2 | |
| *tamsulosin oral capsule* | 1 | QL (180 per 90 days) |
| **GENITOURINARY AGENTS, OTHER** | | |
| *bethanechol chloride oral tablet* | 2 | |
| DEPEN TITRATABS ORAL TABLET | 4 | |
| ELMIRON ORAL CAPSULE | 3 | |
| *penicillamine oral tablet* | 4 | |
| **HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)** | | |
| **HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)** | | |
| *betamethasone dipropionate topical ointment* | 2 | |
| *betamethasone, augmented topical cream* | 2 | |
| *decadron oral tablet 0.5 mg* | 1 | |
| *dexamethasone intensol oral drops* | 2 | |
| *dexamethasone oral elixir* | 1 | |
| *dexamethasone oral solution* | 1 | |
| *dexamethasone oral tablet* | 1 | |
| *fludrocortisone oral tablet* | 1 | |
| *fluocinolone topical oil* | 2 | |
| *fluocinonide topical cream 0.05 %* | 3 | |
| HEMADY ORAL TABLET | 3 | PA |
| *hydrocortisone butyr-emollient topical cream* | 2 | |
| *methylprednisolone oral tablet* | 1 | |
| *methylprednisolone oral tablets,dose pack* | 1 | |
| *prednisolone oral solution* | 2 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *prednisolone sodium phosphate oral solution* | 2 | |
| *prednisolone sodium phosphate oral tablet,disintegrating 15 mg, 30 mg* | 2 | |
| *prednisone intensol oral concentrate* | 2 | |
| *prednisone oral solution* | 2 | |
| *prednisone oral tablet* | 2 | |
| *prednisone oral tablets,dose pack* | 2 | |
| **HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)** | | |
| **HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)** | | |
| *desmopressin injection solution* | 4 | HRM |
| *desmopressin nasal spray with pump* | 4 | HRM |
| *desmopressin nasal spray,non-aerosol* | 4 | HRM |
| *desmopressin oral tablet* | 2 | HRM |
| EGRIFTA SV SUBCUTANEOUS RECON SOLN | 5 | NEDS |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| HUMATROPE INJECTION CARTRIDGE | 5 | PA; HRM; NEDS |
| HUMATROPE INJECTION RECON SOLN | 5 | PA; HRM; NEDS |
| INCRELEX SUBCUTANEOUS SOLUTION | 5 | PA; LA; NEDS |
| NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR | 5 | PA; HRM; NEDS |
| NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR | 5 | PA; LA; HRM; NEDS |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG | 5 | PA; HRM; NEDS |
| **HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)** | | |
| **ANABOLIC STEROIDS** | | |
| *oxandrolone oral tablet* | 2 | PA |
| **ANDROGENS** | | |
| *danazol oral capsule* | 2 | |
| METHITEST ORAL TABLET | 4 | HRM |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *methyltestosterone oral capsule* | 5 | HRM; NEDS |
| *testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)* | 3 | HRM |
| *testosterone enanthate intramuscular oil* | 3 | HRM |
| *testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)* | 3 | PA; HRM; QL (450 per 90 days) |
| *testosterone transdermal gel in packet 1 % (25 mg/2.5gram)* | 4 | PA; HRM; QL (900 per 90 days) |
| *testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)* | 3 | PA; HRM; QL (225 per 90 days) |
| *testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)* | 3 | PA; HRM; QL (450 per 90 days) |
| **ESTROGENS** | | |
| DEPO-ESTRADIOL INTRAMUSCULAR OIL | 3 | |
| *estradiol oral tablet* | 2 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *estradiol vaginal cream* | 2 | |
| *estradiol vaginal tablet* | 2 | |
| *estradiol valerate intramuscular oil 20 mg/ml* | 3 | |
| ESTRING VAGINAL RING | 3 | QL (1 per 90 days) |
| FEMRING VAGINAL RING | 3 | QL (1 per 90 days) |
| IMVEXXY MAINTENANCE PACK VAGINAL INSERT | 3 | |
| IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK | 3 | |
| MENEST ORAL TABLET 1.25 MG, 2.5 MG | 4 | HRM |
| PREMARIN VAGINAL CREAM | 3 | HRM |
| *yuvafem vaginal tablet* | 2 | |
| **HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS), OTHER** | | |
| *amabelz oral tablet* | 2 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *amethia oral tablets,dose pack,3 month* | 2 | QL (91 per 91 days) |
| *apri oral tablet* | 2 | |
| *ashlyna oral tablets,dose pack,3 month* | 2 | QL (91 per 91 days) |
| *aurovela fe 1.5/30 (28) oral tablet* | 2 | |
| *aurovela fe 1-20 (28) oral tablet* | 2 | |
| *camrese lo oral tablets,dose pack,3 month* | 2 | QL (91 per 91 days) |
| *camrese oral tablets,dose pack,3 month* | 2 | QL (91 per 91 days) |
| *caziant (28) oral tablet* | 2 | |
| *cyred eq oral tablet* | 2 | |
| *cyred oral tablet* | 2 | |
| *daysee oral tablets,dose pack,3 month* | 2 | QL (91 per 91 days) |
| *desogestrel-ethinyl estradiol oral tablet* | 2 | |
| *eluryng vaginal ring* | 4 | QL (3 per 84 days) |
| *emoquette oral tablet* | 2 | |
| *enskyce oral tablet* | 2 | |
| *estarylla oral tablet* | 2 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg* | 2 | |
| *etonogestrel-ethinyl estradiol vaginal ring* | 4 | QL (3 per 84 days) |
| *femynor oral tablet* | 2 | |
| *hailey fe 1.5/30 (28) oral tablet* | 2 | |
| *isibloom oral tablet* | 2 | |
| *jaimiess oral tablets,dose pack,3 month* | 2 | QL (91 per 91 days) |
| *jasmiel (28) oral tablet* | 2 | |
| *jinteli oral tablet* | 2 | |
| *juleber oral tablet* | 2 | |
| *junel fe 1.5/30 (28) oral tablet* | 2 | |
| *junel fe 1/20 (28) oral tablet* | 2 | |
| *kelnor 1-50 (28) oral tablet* | 2 | |
| *l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)* | 2 | QL (91 per 91 days) |
| *larin fe 1.5/30 (28) oral tablet* | 2 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *larin fe 1/20 (28) oral tablet* | 2 | |
| *lojaimiess oral tablets,dose pack,3 month* | 2 | QL (91 per 91 days) |
| *microgestin fe 1.5/30 (28) oral tablet* | 2 | |
| *microgestin fe 1/20 (28) oral tablet* | 2 | |
| *mili oral tablet* | 2 | |
| *mono-linyah oral tablet* | 2 | |
| *norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg* | 2 | |
| *norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)* | 2 | |
| *norgestimate-ethinyl estradiol oral tablet* | 2 | |
| *nymyo oral tablet* | 2 | |
| PREFEST ORAL TABLET | 4 | |
| *previfem oral tablet* | 2 | |
| *reclipsen (28) oral tablet* | 2 | |
| *sprintec (28) oral tablet* | 2 | |
| *tarina fe 1/20 (28) oral tablet* | 2 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *tarina fe 1-20 eq (28) oral tablet* | 2 | |
| *tri femynor oral tablet* | 2 | |
| *tri-estarylla oral tablet* | 2 | |
| *tri-linyah oral tablet* | 2 | |
| *tri-lo-estarylla oral tablet* | 2 | |
| *tri-lo-marzia oral tablet* | 2 | |
| *tri-lo-sprintec oral tablet* | 2 | |
| *tri-mili oral tablet* | 2 | |
| *tri-nymyo oral tablet* | 2 | |
| *tri-previfem (28) oral tablet* | 2 | |
| *tri-sprintec (28) oral tablet* | 2 | |
| *tri-vylibra lo oral tablet* | 2 | |
| *tri-vylibra oral tablet* | 2 | |
| *vestura (28) oral tablet* | 2 | |
| *vylibra oral tablet* | 2 | |
| *xulane transdermal patch weekly* | 2 | |
| *zafemy transdermal patch weekly* | 2 | |
| **PROGESTINS** | | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *camila oral tablet* | 2 | |
| *deblitane oral tablet* | 2 | |
| *errin oral tablet* | 2 | |
| *incassia oral tablet* | 2 | |
| *lyleq oral tablet* | 2 | |
| *lyza oral tablet* | 2 | |
| *medroxyprogesterone intramuscular suspension* | 3 | |
| *medroxyprogesterone intramuscular syringe* | 3 | |
| *medroxyprogesterone oral tablet* | 2 | |
| *megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)* | 4 | PA; HRM |
| *megestrol oral tablet* | 2 | PA; HRM |
| *nora-be oral tablet* | 2 | |
| *norethindrone (contraceptive) oral tablet* | 2 | |
| *norethindrone acetate oral tablet* | 2 | |
| *progesterone micronized oral capsule* | 2 | |
| *sharobel oral tablet* | 2 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| **SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS** | | |
| *clomiphene citrate oral tablet* | 2 | |
| DUAVEE ORAL TABLET | 3 | |
| *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 | |
| *levo-t oral tablet* | 1 | |
| *levothyroxine oral tablet* | 1 | |
| *levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg* | 1 | |
| *liothyronine oral tablet* | 1 | |
| *np thyroid oral tablet 15 mg, 30 mg, 60 mg, 90 mg* | 2 | HRM |
| *unithroid oral tablet* | 1 | |

**Drug Tier:** 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drug 5-Specialty Tier 6- Select Care Drugs
**Requirements/Limits:** B/D - Prior Authorization, Part D vs. Part B only HI - Home Infusion HRM - High Risk Medication LA - Limited Availability NEDS - Non Extended Day Supply PA - Prior Authorization QL - Quantity Limit ST - Step Therapy SSM - Senior Savings Model
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This drug list was last updated on 09/01/2021.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| **HORMONAL AGENTS, SUPPRESSANT (ADRENAL)** | | |
| **HORMONAL AGENTS, SUPPRESSANT (ADRENAL)** | | |
| LYSODREN ORAL TABLET | 3 | |
| **HORMONAL AGENTS, SUPPRESSANT (PITUITARY)** | | |
| **HORMONAL AGENTS, SUPPRESSANT (PITUITARY)** | | |
| *cabergoline oral tablet* | 2 | |
| *leuprolide subcutaneous kit* | 5 | NEDS |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT | 5 | NEDS |
| LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT | 5 | NEDS |
| LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT | 5 | NEDS |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT | 5 | NEDS |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG | 5 | NEDS |
| LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED) | 5 | NEDS |
| *octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml* | 5 | PA; NEDS |
| *octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml* | 4 | PA |
| ORGOVYX ORAL TABLET | 5 | PA; QL (30 per 28 days); NEDS |
| SIGNIFOR SUBCUTANEOUS SOLUTION | 5 | PA; LA; NEDS |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE | 5 | NEDS |
| SOMAVERT SUBCUTANEOUS RECON SOLN | 5 | PA; LA; NEDS |
| SYNAREL NASAL SPRAY,NON-AEROSOL | 5 | NEDS |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION | 5 | NEDS |
| **HORMONAL AGENTS, SUPPRESSANT (THYROID)** | | |
| **ANTITHYROID AGENTS** | | |
| *methimazole oral tablet 10 mg, 5 mg* | 2 | |
| *propylthiouracil oral tablet* | 2 | |
| **IMMUNOLOGICAL AGENTS** | | |
| **ANGIOEDEMA AGENTS** | | |
| HAEGARDA SUBCUTANEOUS RECON SOLN | 5 | PA; LA; NEDS |
| *icatibant subcutaneous syringe* | 5 | PA; QL (279 per 31 days); NEDS |
| **ANTIDIABETIC AGENTS** | | |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML | 3 | B/D PA |
| **CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYROPYRIDINES** | | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML | 4 | |
| HYPERHEP B INTRAMUSCULAR SYRINGE | 4 | |
| **IMMUNOGLOBULINS** | | |
| FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 % | 5 | B/D PA; NEDS |
| GAMMAGARD LIQUID INJECTION SOLUTION | 5 | B/D PA; NEDS |
| GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION | 5 | B/D PA; NEDS |
| GAMMAPLEX INTRAVENOUS SOLUTION | 5 | B/D PA; NEDS |
| GAMUNEX-C INJECTION SOLUTION | 5 | B/D PA; NEDS |
| HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML (5 ML) | 4 | |
| HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE | 4 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| NABI-HB INTRAMUSCULAR SOLUTION | 4 | |
| OCTAGAM INTRAVENOUS SOLUTION | 5 | B/D PA; NEDS |
| PRIVIGEN INTRAVENOUS SOLUTION | 5 | B/D PA; NEDS |
| VARIZIG INTRAMUSCULAR SOLUTION | 3 | |
| **IMMUNOLOGICAL AGENTS, OTHER** | | |
| ARCALYST SUBCUTANEOUS RECON SOLN | 5 | PA; NEDS |
| BENLYSTA SUBCUTANEOUS AUTO-INJECTOR | 5 | PA; LA; NEDS |
| BENLYSTA SUBCUTANEOUS SYRINGE | 5 | PA; LA; NEDS |
| COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE | 5 | PA; NEDS |
| COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR | 5 | PA; NEDS |
| COSENTYX PEN SUBCUTANEOUS PEN INJECTOR | 5 | PA; NEDS |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| COSENTYX SUBCUTANEOUS SYRINGE | 5 | PA; NEDS |
| ENSPRYNG SUBCUTANEOUS SYRINGE | 5 | PA; QL (3 per 28 days); NEDS |
| GAMIFANT INTRAVENOUS SOLUTION | 5 | PA; NEDS |
| RIDAURA ORAL CAPSULE | 5 | NEDS |
| STELARA SUBCUTANEOUS SOLUTION | 5 | PA; NEDS |
| STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML | 5 | PA; NEDS |
| STELARA SUBCUTANEOUS SYRINGE 90 MG/ML | 5 | PA; NEDS |
| SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML | 5 | NEDS |
| XELJANZ ORAL SOLUTION | 5 | PA; QL (720 per 30 days); NEDS |
| XELJANZ ORAL TABLET 10 MG | 5 | PA; QL (62 per 31 days); NEDS |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| XELJANZ ORAL TABLET 5 MG | 5 | PA; QL (60 per 30 days); NEDS |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR | 5 | PA; QL (30 per 30 days); NEDS |
| XOLAIR SUBCUTANEOUS RECON SOLN | 5 | PA; LA; NEDS |
| XOLAIR SUBCUTANEOUS SYRINGE | 5 | PA; NEDS |
| **IMMUNOSTIMULANTS** | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION | 5 | LA; NEDS |
| INTRON A INJECTION RECON SOLN | 5 | LA; NEDS |
| INTRON A INJECTION SOLUTION | 5 | LA; NEDS |
| PEGASYS SUBCUTANEOUS SYRINGE | 5 | QL (4 per 28 days); NEDS |
| **IMMUNOSUPPRESSANTS** | | |
| ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG | 4 | B/D PA |
| ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 5 MG | 5 | B/D PA; NEDS |
| *azathioprine oral tablet* | 2 | B/D PA |
| *cyclosporine modified oral capsule* | 2 | B/D PA |
| *cyclosporine modified oral solution* | 2 | B/D PA |
| *cyclosporine oral capsule* | 2 | B/D PA |
| ENBREL MINI SUBCUTANEOUS CARTRIDGE | 5 | PA; QL (8 per 28 days); NEDS |
| ENBREL SUBCUTANEOUS RECON SOLN | 5 | PA; QL (16 per 28 days); NEDS |
| ENBREL SUBCUTANEOUS SOLUTION | 5 | PA; QL (16 per 28 days); NEDS |
| ENBREL SUBCUTANEOUS SYRINGE | 5 | PA; QL (8 per 28 days); NEDS |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR | 5 | PA; QL (8 per 28 days); NEDS |
| *everolimus (immunosuppressive) oral tablet 0.25 mg* | 4 | B/D PA |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *everolimus (immunosuppressive ) oral tablet 0.5 mg, 0.75 mg* | 5 | B/D PA; NEDS |
| *gengraf oral capsule* | 4 | B/D PA |
| *gengraf oral solution* | 4 | B/D PA |
| HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS INJECTOR KIT | 5 | PA; QL (6 per 28 days); NEDS |
| HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS INJECTOR KIT | 5 | PA; QL (6 per 28 days); NEDS |
| HUMIRA PEN SUBCUTANEOUS INJECTOR KIT | 5 | PA; QL (6 per 28 days); NEDS |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML | 5 | PA; QL (6 per 28 days); NEDS |
| HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS INJECTOR KIT | 5 | PA; QL (4 per 28 days); NEDS |
| HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT | 5 | PA; QL (4 per 28 days); NEDS |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS INJECTOR KIT | 5 | PA; QL (2 per 28 days); NEDS |
| HUMIRA(CF) PEN SUBCUTANEOUS INJECTOR KIT 40 MG/0.4 ML | 5 | PA; QL (6 per 28 days); NEDS |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | 5 | PA; QL (4 per 28 days); NEDS |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML | 5 | PA; QL (2 per 28 days); NEDS |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML | 5 | PA; QL (6 per 28 days); NEDS |
| *leflunomide oral tablet* | 2 | QL (90 per 90 days) |
| *methotrexate sodium (pf) injection solution* | 2 | |
| *methotrexate sodium injection solution* | 2 | |
| *methotrexate sodium oral tablet* | 1 | B/D PA |
| *mycophenolate mofetil oral capsule* | 2 | B/D PA |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *mycophenolate mofetil oral suspension for reconstitution* | 5 | B/D PA; NEDS |
| *mycophenolate mofetil oral tablet* | 2 | B/D PA |
| *mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg* | 2 | B/D PA |
| *mycophenolate sodium oral tablet,delayed release (dr/ec) 360 mg* | 4 | B/D PA |
| OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.4 ML, 17.5 MG/0.4 ML, 22.5 MG/0.4 ML | 4 | |
| PROGRAF ORAL GRANULES IN PACKET | 3 | B/D PA |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR | 4 | |
| SIMULECT INTRAVENOUS RECON SOLN 10 MG | 5 | NEDS |
| *sirolimus oral solution* | 5 | B/D PA; NEDS |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *sirolimus oral tablet 0.5 mg, 1 mg* | 4 | B/D PA |
| *sirolimus oral tablet 2 mg* | 5 | B/D PA; NEDS |
| *tacrolimus oral capsule* | 2 | B/D PA |
| XATMEP ORAL SOLUTION | 4 | B/D PA |
| ZORTRESS ORAL TABLET 1 MG | 5 | B/D PA; NEDS |
| **VACCINES** | | |
| ACTHIB (PF) INTRAMUSCULAR RECON SOLN | 3 | |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION | 3 | |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE | 3 | |
| BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION | 3 | |
| BEXSERO INTRAMUSCULAR SYRINGE | 3 | |

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

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| HIBERIX (PF) INTRAMUSCULAR RECON SOLN | 3 | |
| IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN | 3 | |
| INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE | 3 | |
| IPOL INJECTION SUSPENSION | 3 | |
| IXIARO (PF) INTRAMUSCULAR SYRINGE | 3 | |
| KINRIX (PF) INTRAMUSCULAR SUSPENSION | 3 | |
| KINRIX (PF) INTRAMUSCULAR SYRINGE | 3 | |
| MENACTRA (PF) INTRAMUSCULAR SOLUTION | 3 | |
| MENQUADFI (PF) INTRAMUSCULAR SOLUTION | 3 | |
| MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT | 3 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN | 3 | |
| PEDIARIX (PF) INTRAMUSCULAR SYRINGE | 3 | |
| PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION | 3 | |
| PENTACEL (PF) INTRAMUSCULAR KIT | 3 | |
| PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION | 3 | |
| QUADRACEL (PF) INTRAMUSCULAR SUSPENSION | 3 | |
| RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION | 3 | |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML | 3 | B/D PA |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE | 3 | B/D PA |
| ROTARIX ORAL SUSPENSION FOR RECONSTITUTION | 3 | |
| ROTATEQ VACCINE ORAL SOLUTION | 3 | |
| SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION | 3 | QL (2 per 999 days) |
| STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION | 3 | |
| TDVAX INTRAMUSCULAR SUSPENSION | 3 | |
| TENIVAC (PF) INTRAMUSCULAR SUSPENSION | 3 | |
| TENIVAC (PF) INTRAMUSCULAR SYRINGE | 3 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION | 3 | |
| TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION | 3 | |
| TRUMENBA INTRAMUSCULAR SYRINGE | 3 | |
| TWINRIX (PF) INTRAMUSCULAR SYRINGE | 3 | |
| TYPHIM VI INTRAMUSCULAR SOLUTION | 3 | |
| TYPHIM VI INTRAMUSCULAR SYRINGE | 3 | |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION | 3 | |
| VAQTA (PF) INTRAMUSCULAR SYRINGE | 3 | |
| VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION | 3 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION | 3 | |
| ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION | 3 | QL (1 per 999 days) |
| **INFLAMMATORY BOWEL DISEASE AGENTS** | | |
| **AMINOSALICYLATES** | | |
| *balsalazide oral capsule* | 2 | |
| *mesalamine oral capsule (with del rel tablets)* | 3 | |
| *mesalamine oral capsule,extended release 24hr* | 4 | |
| *mesalamine oral tablet,delayed release (dr/ec) 1.2 gram* | 4 | |
| *mesalamine oral tablet,delayed release (dr/ec) 800 mg* | 3 | |
| *mesalamine rectal enema* | 4 | QL (5400 per 90 days) |
| *mesalamine rectal suppository* | 3 | |

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|---|---|---|
| *mesalamine with cleansing wipe rectal enema kit* | 4 | QL (5400 per 90 days) |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE | 4 | |
| *sulfasalazine oral tablet* | 1 | |
| *sulfasalazine oral tablet,delayed release (dr/ec)* | 1 | |
| **GLUCOCORTICOIDS** | | |
| *budesonide oral capsule,delayed,extend.release* | 3 | |
| *budesonide oral tablet,delayed and ext.release* | 5 | NEDS |
| *hydrocortisone oral tablet* | 1 | |
| *hydrocortisone rectal enema* | 2 | |
| *hydrocortisone topical cream with perineal applicator 2.5 %* | 2 | |
| *procto-med hc topical cream with perineal applicator* | 2 | |
| *proctosol hc topical cream with perineal applicator* | 2 | |
| *proctozone-hc topical cream with perineal applicator* | 2 | |
| **METABOLIC BONE DISEASE AGENTS** | | |
| **METABOLIC BONE DISEASE AGENTS** | | |
| *alendronate oral solution* | 2 | |
| *alendronate oral tablet 10 mg, 5 mg* | 1 | QL (90 per 90 days) |
| *alendronate oral tablet 35 mg* | 1 | QL (4 per 28 days) |
| *alendronate oral tablet 70 mg* | 1 | QL (12 per 84 days) |
| *calcitonin (salmon) nasal spray,non-aerosol* | 2 | |
| *calcitriol oral capsule* | 2 | |
| *calcitriol oral solution* | 2 | |
| *cinacalcet oral tablet 30 mg* | 3 | QL (360 per 90 days) |
| *cinacalcet oral tablet 60 mg* | 5 | QL (62 per 31 days); NEDS |
| *cinacalcet oral tablet 90 mg* | 5 | QL (124 per 31 days); NEDS |

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|---|---|---|
| FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML) | 5 | PA; QL (3 per 28 days); NEDS |
| FOSAMAX PLUS D ORAL TABLET | 4 | QL (12 per 84 days) |
| *ibandronate oral tablet* | 2 | QL (1 per 28 days) |
| NATPARA SUBCUTANEOUS CARTRIDGE | 5 | PA; LA; NEDS |
| *paricalcitol oral capsule* | 2 | |
| PROLIA SUBCUTANEOUS SYRINGE | 4 | PA; QL (1 per 180 days) |
| *risedronate oral tablet 150 mg* | 2 | QL (3 per 90 days) |
| *risedronate oral tablet 30 mg, 5 mg* | 2 | QL (90 per 90 days) |
| *risedronate oral tablet 35 mg (4 pack)* | 2 | QL (12 per 84 days) |
| *risedronate oral tablet 35 mg, 35 mg (12 pack)* | 2 | QL (12 per 90 days) |
| TYMLOS SUBCUTANEOUS PEN INJECTOR | 5 | PA; NEDS |
| XGEVA SUBCUTANEOUS SOLUTION | 5 | PA; NEDS |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml* | 1 | |
| **MISCELLANEOUS THERAPEUTIC AGENTS** | | |
| **MISCELLANEOUS THERAPEUTIC AGENTS** | | |
| CALCIUM DISODIUM VERSENATE INJECTION SOLUTION | 4 | |
| **OPHTHALMIC AGENTS** | | |
| **DERMATITIS AND PRURITUS AGENTS** | | |
| RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS | 3 | QL (16.5 per 90 days) |
| **OPHTHALMIC AGENTS, OTHER** | | |
| *ak-poly-bac ophthalmic (eye) ointment* | 1 | |
| *atropine ophthalmic (eye) drops* | 2 | |
| *bacitracin-polymyxin b ophthalmic (eye) ointment* | 1 | |

**Drug Tier:** 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drug 5-Specialty Tier 6- Select Care Drugs
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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT | 3 | |
| COMBIGAN OPHTHALMIC (EYE) DROPS | 3 | |
| *dorzolamide-timolol (pf) ophthalmic (eye) dropperette* | 2 | |
| *dorzolamide-timolol ophthalmic (eye) drops* | 2 | |
| LACRISERT OPHTHALMIC (EYE) INSERT | 3 | |
| *neomycin-bacitracin-poly-hc ophthalmic (eye) ointment* | 2 | |
| *neomycin-bacitracin-polymyxin ophthalmic (eye) ointment* | 2 | |
| *neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension* | 2 | |
| *neomycin-polymyxin b-dexameth ophthalmic (eye) ointment* | 2 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *neomycin-polymyxin-gramicidin ophthalmic (eye) drops* | 2 | |
| *neomycin-polymyxin-hc ophthalmic (eye) drops,suspension* | 2 | |
| OXERVATE OPHTHALMIC (EYE) DROPS | 5 | PA; NEDS |
| *polycin ophthalmic (eye) ointment* | 1 | |
| *polymyxin b sulf-trimethoprim ophthalmic (eye) drops* | 2 | |
| PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION | 4 | |
| PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT | 4 | |
| RESTASIS OPHTHALMIC (EYE) DROPPERETTE | 3 | QL (180 per 90 days) |
| ROCKLATAN OPHTHALMIC (EYE) DROPS | 3 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION | 4 | |
| *sulfacetamide-prednisolone ophthalmic (eye) drops* | 2 | |
| TOBRADEX OPHTHALMIC (EYE) OINTMENT | 3 | |
| TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION | 3 | |
| *tobramycin-dexamethasone ophthalmic (eye) drops,suspension* | 2 | |
| **OPHTHALMIC ANTI-ALLERGY AGENTS** | | |
| *azelastine ophthalmic (eye) drops* | 2 | |
| *cromolyn ophthalmic (eye) drops* | 2 | |
| *epinastine ophthalmic (eye) drops* | 2 | |
| *olopatadine ophthalmic (eye) drops* | 2 | |
| **OPHTHALMIC ANTI-INFECTIVES** | | |
| AZASITE OPHTHALMIC (EYE) DROPS | 4 | |
| *bacitracin ophthalmic (eye) ointment* | 1 | |
| BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION | 4 | |
| *ciprofloxacin hcl ophthalmic (eye) drops* | 1 | |
| *erythromycin ophthalmic (eye) ointment* | 2 | |
| *gatifloxacin ophthalmic (eye) drops* | 2 | |
| *gentak ophthalmic (eye) ointment* | 2 | |
| *gentamicin ophthalmic (eye) drops* | 2 | |
| *levofloxacin ophthalmic (eye) drops* | 2 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *moxifloxacin ophthalmic (eye) drops* | 2 | |
| NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION | 3 | |
| *ofloxacin ophthalmic (eye) drops* | 2 | |
| *sulfacetamide sodium ophthalmic (eye) drops* | 2 | |
| *sulfacetamide sodium ophthalmic (eye) ointment* | 2 | |
| *tobramycin ophthalmic (eye) drops* | 1 | |
| ZIRGAN OPHTHALMIC (EYE) GEL | 3 | |
| **OPHTHALMIC ANTI-INFLAMMATORIES** | | |
| *dexamethasone sodium phosphate ophthalmic (eye) drops* | 2 | |
| *diclofenac sodium ophthalmic (eye) drops* | 2 | HRM |
| DUREZOL OPHTHALMIC (EYE) DROPS | 3 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *fluorometholone ophthalmic (eye) drops,suspension* | 2 | |
| *flurbiprofen sodium ophthalmic (eye) drops* | 2 | |
| FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION | 4 | |
| FML S.O.P. OPHTHALMIC (EYE) OINTMENT | 4 | |
| ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION | 4 | |
| *ketorolac ophthalmic (eye) drops* | 2 | HRM |
| NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION | 4 | |
| PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION | 3 | |
| *prednisolone acetate ophthalmic (eye) drops,suspension* | 2 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *prednisolone sodium phosphate ophthalmic (eye) drops* | 2 | |
| **OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS** | | |
| *betaxolol ophthalmic (eye) drops* | 2 | |
| BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION | 4 | |
| *carteolol ophthalmic (eye) drops* | 2 | |
| *levobunolol ophthalmic (eye) drops 0.5 %* | 2 | |
| *timolol maleate ophthalmic (eye) drops* | 1 | |
| *timolol maleate ophthalmic (eye) drops, once daily* | 1 | |
| *timolol maleate ophthalmic (eye) gel forming solution* | 1 | |
| **OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER** | | |
| *acetazolamide oral capsule, extended release* | 2 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 % | 3 | |
| *apraclonidine ophthalmic (eye) drops* | 1 | |
| AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION | 4 | |
| *brimonidine ophthalmic (eye) drops* | 1 | |
| *brinzolamide ophthalmic (eye) drops,suspension* | 4 | |
| *dorzolamide ophthalmic (eye) drops* | 2 | |
| IOPIDINE OPHTHALMIC (EYE) DROPPERETTE | 4 | |
| *methazolamide oral tablet* | 4 | |
| *pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %* | 2 | |
| **OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS** | | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *bimatoprost ophthalmic (eye) drops* | 4 | |
| *latanoprost ophthalmic (eye) drops* | 2 | |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % | 3 | |
| *travoprost ophthalmic (eye) drops* | 3 | |
| ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE | 3 | |
| **OTIC AGENTS** | | |
| **OTIC AGENTS** | | |
| CIPRO HC OTIC (EAR) DROPS,SUSPENSION | 3 | |
| CIPRODEX OTIC (EAR) DROPS,SUSPENSION | 3 | |
| *ciprofloxacin hcl otic (ear) dropperette* | 2 | |
| *ciprofloxacin-dexamethasone otic (ear) drops,suspension* | 3 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *flac oil otic (ear) drops* | 2 | |
| *fluocinolone acetonide oil otic (ear) drops* | 2 | |
| *hydrocortisone-acetic acid otic (ear) drops* | 2 | |
| *neomycin-polymyxin-hc otic (ear) drops,suspension* | 2 | |
| *neomycin-polymyxin-hc otic (ear) solution* | 2 | |
| *ofloxacin otic (ear) drops* | 2 | |
| **RESPIRATORY TRACT/PULMONARY AGENTS** | | |
| **ANTIHISTAMINES** | | |
| *azelastine nasal aerosol,spray* | 2 | |
| *azelastine nasal spray,non-aerosol* | 2 | |
| *cetirizine oral solution 1 mg/ml* | 2 | |
| *cyproheptadine oral syrup* | 2 | HRM |
| *cyproheptadine oral tablet* | 2 | HRM |
| *desloratadine oral tablet* | 2 | QL (90 per 90 days) |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *desloratadine oral tablet,disintegrating* | 2 | QL (90 per 90 days) |
| *dexchlorpheniramine maleate oral solution* | 2 | HRM |
| *diphenhydramine hcl injection syringe* | 4 | |
| *hydroxyzine hcl oral solution* | 2 | HRM |
| *hydroxyzine hcl oral tablet* | 2 | HRM |
| *hydroxyzine pamoate oral capsule 25 mg, 50 mg* | 2 | HRM |
| *levocetirizine oral solution* | 2 | |
| *levocetirizine oral tablet* | 2 | QL (90 per 90 days) |
| *olopatadine nasal spray,non-aerosol* | 2 | |
| **ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS** | | |
| BECONASE AQ NASAL SPRAY,NON-AEROSOL | 3 | |
| *budesonide inhalation suspension for nebulization* | 4 | B/D PA |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| FLOVENT DISKUS INHALATION BLISTER WITH DEVICE | 3 | QL (360 per 90 days) |
| FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION | 3 | QL (72 per 90 days) |
| FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION | 3 | QL (64 per 90 days) |
| *flunisolide nasal spray,non-aerosol* | 2 | |
| *fluticasone propionate nasal spray,suspension* | 2 | QL (48 per 90 days) |
| *mometasone nasal spray,non-aerosol* | 2 | |
| OMNARIS NASAL SPRAY,NON-AEROSOL | 4 | ST |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED | 3 | QL (6 per 90 days) |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED | 3 | QL (64 per 90 days) |
| **ANTILEUKOTRIENES** | | |
| *montelukast oral granules in packet* | 2 | QL (90 per 90 days) |
| *montelukast oral tablet* | 2 | QL (90 per 90 days) |
| *montelukast oral tablet,chewable* | 2 | QL (90 per 90 days) |
| *zafirlukast oral tablet* | 2 | QL (180 per 90 days) |
| *zileuton oral tablet, er multiphase 12 hr* | 4 | QL (360 per 90 days) |
| **BRONCHODILATORS, ANTICHOLINERGIC** | | |
| ATROVENT HFA AEROSOL INHALER | 3 | QL (77.4 per 90 days) |
| INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE | 3 | |
| *ipratropium bromide inhalation solution* | 1 | B/D PA |
| *ipratropium bromide nasal spray,non-aerosol* | 1 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| SPIRIVA RESPIMAT INHALATION MIST | 3 | QL (12 per 90 days) |
| SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE | 3 | QL (90 per 90 days) |
| **BRONCHODILATORS, SYMPATHOMIMETIC** | | |
| *albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation* | 3 | QL (102 per 90 days) |
| *albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)* | 3 | QL (81 per 90 days) |
| ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020983) | 3 | QL (216 per 90 days) |
| *albuterol sulfate inhalation solution for nebulization* | 1 | B/D PA |
| *albuterol sulfate oral syrup* | 1 | |
| *albuterol sulfate oral tablet* | 1 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *albuterol sulfate oral tablet extended release 12 hr* | 1 | |
| *arformoterol inhalation solution for nebulization* | 4 | B/D PA; QL (360 per 90 days) |
| BROVANA INHALATION SOLUTION FOR NEBULIZATION | 4 | B/D PA; QL (360 per 90 days) |
| *epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml* | 3 | |
| EPINEPHRINE INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML | 3 | |
| EPIPEN 2-PAK INJECTION AUTO-INJECTOR | 4 | |
| EPIPEN INJECTION AUTO-INJECTOR | 4 | |
| *levalbuterol hcl inhalation solution for nebulization* | 2 | B/D PA |
| LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER | 3 | QL (90 per 90 days) |
| *metaproterenol oral syrup* | 2 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED | 3 | |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE | 3 | QL (180 per 90 days) |
| SYMJEPI INJECTION SYRINGE | 3 | |
| *terbutaline oral tablet* | 2 | |
| VENTOLIN HFA AEROSOL INHALER | 3 | QL (216 per 90 days) |
| **CYSTIC FIBROSIS AGENTS** | | |
| BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE | 5 | PA; NEDS |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION | 5 | PA; LA; QL (84 per 28 days); NEDS |
| KALYDECO ORAL GRANULES IN PACKET 25 MG | 5 | PA; NEDS |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG | 5 | PA; LA; NEDS |
| KALYDECO ORAL TABLET | 5 | PA; LA; NEDS |
| ORKAMBI ORAL GRANULES IN PACKET | 5 | PA; NEDS |
| ORKAMBI ORAL TABLET | 5 | PA; LA; NEDS |
| PULMOZYME INHALATION SOLUTION | 5 | B/D PA; NEDS |
| *tobramycin in 0.225 % nacl inhalation solution for nebulization* | 5 | B/D PA; NEDS |
| *tobramycin inhalation solution for nebulization* | 4 | B/D PA |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL | 5 | PA; NEDS |
| **MAST CELL STABILIZERS** | | |
| *cromolyn inhalation solution for nebulization* | 2 | B/D PA |
| **PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE** | | |
| *aminophylline intravenous solution 500 mg/20 ml* | 4 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| DALIRESP ORAL TABLET | 4 | PA |
| *theophylline oral tablet extended release 12 hr 300 mg* | 2 | |
| *theophylline oral tablet extended release 24 hr* | 2 | |
| **PULMONARY ANTIHYPERTENSIVES** | | |
| ADEMPAS ORAL TABLET | 5 | PA; LA; QL (93 per 31 days); NEDS |
| *alyq oral tablet* | 5 | PA; QL (62 per 31 days); NEDS |
| *ambrisentan oral tablet* | 5 | PA; NEDS |
| *bosentan oral tablet* | 5 | PA; NEDS |
| OPSUMIT ORAL TABLET | 5 | PA; LA; QL (31 per 31 days); NEDS |
| *sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml* | 5 | PA; QL (180 per 30 days); NEDS |
| *sildenafil (pulmonary arterial hypertension) oral tablet 20 mg* | 2 | PA; QL (270 per 90 days) |

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|---|---|---|
| *tadalafil (pulmonary arterial hypertension) oral tablet 20 mg* | 5 | PA; QL (62 per 31 days); NEDS |
| TRACLEER ORAL TABLET FOR SUSPENSION | 5 | PA; LA; NEDS |
| *treprostinil sodium injection solution* | 4 | |
| TYVASO INHALATION SOLUTION FOR NEBULIZATION | 5 | B/D PA; NEDS |
| TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION | 5 | B/D PA; NEDS |
| VENTAVIS INHALATION SOLUTION FOR NEBULIZATION | 5 | B/D PA; LA; NEDS |
| **PULMONARY FIBROSIS AGENTS** | | |
| ESBRIET ORAL TABLET 267 MG | 5 | PA; LA; QL (279 per 31 days); NEDS |
| ESBRIET ORAL TABLET 801 MG | 5 | PA; LA; QL (93 per 31 days); NEDS |
| OFEV ORAL CAPSULE | 5 | PA; LA; QL (62 per 31 days); NEDS |
| **RESPIRATORY TRACT AGENTS, OTHER** | | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *acetylcysteine intravenous solution* | 2 | |
| *acetylcysteine solution* | 2 | B/D PA |
| ADVAIR HFA AEROSOL INHALER | 3 | QL (36 per 90 days) |
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE | 3 | QL (180 per 90 days) |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE | 3 | QL (180 per 90 days) |
| COMBIVENT RESPIMAT INHALATION MIST | 4 | QL (24 per 90 days) |
| DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED | 5 | QL (1 per 31 days); NEDS |
| DULERA INHALATION HFA AEROSOL INHALER | 3 | QL (39 per 90 days) |
| *fluticasone propion-salmeterol inhalation blister with device* | 2 | QL (180 per 90 days) |

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|---|---|---|
| *ipratropium-albuterol inhalation solution for nebulization* | 1 | B/D PA |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR | 5 | PA; NEDS |
| NUCALA SUBCUTANEOUS RECON SOLN | 5 | PA; NEDS |
| NUCALA SUBCUTANEOUS SYRINGE | 5 | PA; NEDS |
| STIOLTO RESPIMAT INHALATION MIST | 3 | QL (12 per 90 days) |
| SYMBICORT INHALATION HFA AEROSOL INHALER | 3 | QL (30.6 per 90 days) |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE | 3 | QL (180 per 90 days) |
| *wixela inhub inhalation blister with device* | 2 | QL (180 per 90 days) |
| **SKELETAL MUSCLE RELAXANTS** | | |
| *cyclobenzaprine oral tablet* | 2 | HRM |
| *methocarbamol oral tablet* | 2 | HRM |
| **SLEEP DISORDER AGENTS** | | |
| **SLEEP PROMOTING AGENTS** | | |
| HETLIOZ ORAL CAPSULE | 5 | PA; LA; QL (31 per 31 days); NEDS |
| *ramelteon oral tablet* | 3 | QL (90 per 90 days) |
| *temazepam oral capsule* | 2 | HRM |
| *triazolam oral tablet* | 2 | HRM |
| *zaleplon oral capsule* | 2 | HRM; QL (90 per 90 days) |
| **WAKEFULLNESS PROMOTING AGENTS** | | |
| *armodafinil oral tablet* | 3 | PA; QL (90 per 90 days) |
| *modafinil oral tablet* | 4 | PA; QL (180 per 90 days) |
| XYREM ORAL SOLUTION | 5 | PA; LA; QL (558 per 31 days); NEDS |

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