



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

Approved Formulary File Submission ID: 00022473, Version 14

This formulary was updated on 07/26/2022. For more recent information or other questions, please contact Alterwood Advantage at 1-866-267-3144 or, for TTY users, 711, 24 hours a day, 7 days a week, or visit www.AlterwoodAdvantage.com.

Alterwood Advantage Choice 2022 Formulary (List of Covered Drugs)

Alterwood Advantage Choice (HMO)

2022 Formulary

List of Covered Drugs

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

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This formulary was updated on 07/26/2022. For more recent information or other questions, please contact Alterwood Advantage Choice Member Service at 1-866-267-3144 toll-free (TTY users should call 711), 24 hours 7 days a week, or visit www.alterwoodadvantage.com.

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Alterwood Advantage, Inc. When it refers to “plan” or “our plan,” it means Alterwood Advantage Choice.

This document includes 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.

August 2022

H9306_22_DRS_0106_001_OE_C

What is the Alterwood Advantage Choice Formulary?

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

For a complete listing of all prescription drugs covered by Alterwood Advantage Choice, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Alterwood Advantage Choice’s Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, [or] add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

August 2022

H9306_22_DRS_0106_001_OE_C

- 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 Alterwood Advantage Choice’s Formulary?”

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

The enclosed formulary is current as of 07/26/2022. To get updated information about the drugs covered by Alterwood Advantage Choice, please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 11. 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 9. 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 101. 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?

Alterwood Advantage Choice 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:

August 2022

H9306_22_DRS_0106_001_OE_C

- **Prior Authorization:** Alterwood Advantage Choice requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Alterwood Advantage Choice before you fill your prescriptions. If you don't get approval, Alterwood Advantage Choice may not cover the drug.
- **Quantity Limits:** For certain drugs, Alterwood Advantage Choice limits the amount of the drug that Alterwood Advantage Choice will cover. For example, Alterwood Advantage Choice provides 90 tablets per prescription for VALSARTAN TABLET 80 mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Alterwood Advantage Choice 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, Alterwood Advantage Choice may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Alterwood Advantage Choice 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 11. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online a document 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 Alterwood Advantage Choice 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 Alterwood Advantage Choice's formulary?" on page 4 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered. For more information, 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 learn that Alterwood Advantage Choice does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Alterwood Advantage Choice. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Alterwood Advantage Choice.
- You can ask Alterwood Advantage Choice 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 Alterwood Advantage Choice's Formulary?

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

August 2022

H9306_22_DRS_0106_001_OE_C

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

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

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

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

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

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

If you experience a level of care change such as a move from a hospital to a home setting or a move from a skilled nursing facility to a home setting, we may cover a one-time temporary supply of drug(s) not on our formulary when filled at a network pharmacy. This temporary one-time supply must be for a up to 30-day supply (or up to a 31-day supply if you reside in a long-term care facility) within 90 days of your enrollment.

August 2022

H9306_22_DRS_0106_001_OE_C

You and your provider will receive a letter in the mail indicating that you have received a temporary supply. Please discuss with your provider the drugs listed in the Alterwood Advantage Choice formulary. You or your provider may request continuation of coverage for the temporary drug supply through the plan's exception process before you run out drug(s).

For more information

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

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

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

Alterwood Advantage Choice Formulary

The formulary below provides coverage information about the drugs covered by Alterwood Advantage Choice. If you have trouble finding your drug in the list, turn to the Index that begins on page 102.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., DIGITEK ORAL TABLET 125 MCG) and generic drugs are listed in lower-case italics (e.g., *digoxin oral tablet 125 mcg*).

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

Your 2022 Part D copays and the Alterwood Advantage Choice formulary tiers are described below.

Formulary Tier	Retail (up to a 30 days supply)	Retail (up to a 90 days supply)	Mail Order (up to a 30 days supply)	Mail Order (up to a 90 days supply)	Long-Term Care (LTC) (up to a 31 days supply)	Out-of- Network (up to a 10 days supply)
Tier 1 <i>Preferred Generics</i>	\$3	\$0	\$3	\$0	\$3	\$3
Tier 2 <i>Generics</i>	\$8	\$8	\$8	\$8	\$8	\$8
Tier 3 <i>Preferred Brand</i>	\$47	\$94	\$47	\$94	\$47	\$47
Tier 4 <i>Non-Preferred Brand</i>	\$100	\$300	\$100	\$300	\$100	\$100
Tier 5 <i>Specialty</i>	33%	Not Covered	33%	Not Covered	33%	33%

Note: LTC drugs greater than a 31-day supply and OON drugs greater than a 10-day supply are not covered.

August 2022

H9306_22_DRS_0106_001_OE_C

If you receive “Extra Help,” your copay will vary by the type of drug (i.e., generic drugs or all other drugs). Also, the allowed drug days supply varies depending on where you get your drug(s) – see table below.

For generic drugs (including brand drugs treated as a generic):	
<i>Copays*</i>	<i>Drug Days Supply**</i>
\$0, \$1.35, or \$3.95	Retail and Mail Order: Up to 90 days Long Term Care (LTC): Up to 31 days Out-of-Network (OON): Up to 10 days
For all other drugs:	
<i>Copays*</i>	<i>Drug Days Supply**</i>
\$0, \$4.00, or \$9.85	Retail and Mail Order: Up to 90 days LTC: Up to 31 days OON: Up to 10 days
*Copay varies based on the “Extra Help” you receive. You will pay the lower of the cost of your prescription or your copay described above. Once you reach the Catastrophic Coverage stage, you will pay \$0 or the greater of 5%, \$3.95 for generics, including brands treated as generics, and \$9.85 for all other drugs. **LTC drugs greater than a 31-day supply and OON drugs greater than a 10-day supply are not covered.	

The following abbreviations can be found in the Alterwood Advantage Choice formulary:

Abbreviation/Symbol	Definition
BvD	Part B vs. Part D- 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.
PA	Prior Authorization- You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
PA2	Prior Authorization (New Starts Only) - You (or your physician) are required to get prior authorization before you fill your prescription for this drug unless you are a previous user of the drug. If you have a history of using this medication, you will not need prior authorization.
QL	Quantity Limit- There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
ST2	Step Therapy (New Starts Only)- In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition unless you are a previous user of the drug. If you have a history of using this medication, you will not need to try other medications first.
NMO	This prescription is not available via mail order.
MO	This prescription may also be available via mail order.

Alterwood Advantage Choice 2022 (List of Covered Drugs)

List of Drugs by Medical Condition

ANALGESICS	11
ANESTHETICS	13
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS	13
ANTIBACTERIALS	14
ANTICONVULSANTS	21
ANTIDEMENTIA AGENTS	24
ANTIDEPRESSANTS	25
ANTIEMETICS	28
ANTIFUNGALS	28
ANTIGOUT AGENTS	30
ANTIMIGRAINE AGENTS	30
ANTIMYASTHENIC AGENTS	31
ANTIMYCOBACTERIALS	32
ANTINEOPLASTICS	32
ANTIPARASITICS	39
ANTIPARKINSON AGENTS	40
ANTIPSYCHOTICS	41
ANTISPASTICITY AGENTS	45
ANTIVIRALS	45
ANXIOLYTICS	49
BIPOLAR AGENTS	50
BLOOD GLUCOSE REGULATORS	51
BLOOD PRODUCTS AND MODIFIERS	54
CARDIOVASCULAR AGENTS	56
CENTRAL NERVOUS SYSTEM AGENTS	64
DENTAL AND ORAL AGENTS	66
DERMATOLOGICAL AGENTS	66
ELECTROLYTES/MINERALS/METALS/VITAMINS	70
GASTROINTESTINAL AGENTS	73
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT	75
GENITOURINARY AGENTS	76
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)	77

HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)	78
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)	78
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)	84
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)	85
HORMONAL AGENTS, SUPPRESSANT (THYROID).....	86
IMMUNOLOGICAL AGENTS	86
INFLAMMATORY BOWEL DISEASE AGENTS.....	92
METABOLIC BONE DISEASE AGENTS	92
OPHTHALMIC AGENTS	93
OTIC AGENTS	96
RESPIRATORY TRACT/ PULMONARY AGENTS.....	97
SKELETAL MUSCLE RELAXANTS	101
SLEEP DISORDER AGENTS.....	101

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
<i>Analgesics</i>		
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	4	MO; QL (180 EA per 30 days)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	2	MO; QL (180 EA per 30 days)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	4	MO; QL (180 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	2	MO; QL (180 EA per 30 days)
<i>Nonsteroidal Anti-Inflammatory Drugs</i>		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	2	MO
<i>diclofenac potassium oral tablet 50 mg</i>	2	MO
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	1	MO
<i>diclofenac sodium external gel 1 %</i>	2	MO
<i>diclofenac sodium oral tablet delayed release 25 mg</i>	2	MO
<i>diclofenac sodium oral tablet delayed release 50 mg, 75 mg</i>	1	MO
<i>diflunisal oral tablet 500 mg</i>	2	MO
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	MO
<i>etodolac oral tablet 400 mg, 500 mg</i>	2	MO
<i>flurbiprofen oral tablet 100 mg</i>	1	MO
<i>IBU ORAL TABLET 600 MG, 800 MG</i>	1	MO
<i>ibuprofen oral suspension 100 mg/5ml</i>	1	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>indomethacin er oral capsule extended release 75 mg</i>	2	MO
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	MO
<i>ketorolac tromethamine oral tablet 10 mg</i>	1	MO
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	MO
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	MO
<i>naproxen oral suspension 125 mg/5ml</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 8 of the introduction. 2022 Alterwood Advantage Choice Formulary, ID 22473, Version 14, effective 08/01/2022.
Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	MO
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	2	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	MO
<i>oxaprozin oral tablet 600 mg</i>	2	MO
<i>piroxicam oral capsule 10 mg, 20 mg</i>	2	MO
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	MO
Opioid Analgesics, Long-Acting		
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	4	PA2; MO; QL (10 EA per 30 days)
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	2	MO; QL (240 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	2	MO; QL (90 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg, 80 mg</i>	4	MO
Opioid Analgesics, Short-Acting		
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	2	MO; QL (360 EA per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	2	MO; QL (5000 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	2	MO; QL (360 EA per 30 days)
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	2	MO; QL (180 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 600 mcg, 800 mcg</i>	5	PA; NMO; QL (120 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg, 400 mcg</i>	4	PA; MO; QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	2	MO; QL (5500 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (360 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg</i>	2	MO; QL (150 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg</i>	2	MO; QL (180 EA per 30 days)
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	4	MO; QL (1920 ML per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	2	MO; QL (360 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl oral tablet 8 mg</i>	2	MO; QL (240 EA per 30 days)
<i>morphine sulfate (concentrate) oral solution 20 mg/ml</i>	2	MO; QL (600 ML per 30 days)
<i>morphine sulfate oral solution 10 mg/5ml</i>	2	MO; QL (1800 ML per 30 days)
<i>morphine sulfate oral solution 20 mg/5ml</i>	2	MO; QL (1500 ML per 30 days)
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	2	MO; QL (180 EA per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	4	MO; QL (180 ML per 30 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	4	MO; QL (1080 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	2	MO; QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>	2	MO; QL (1080 ML per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (360 EA per 30 days)
<i>tramadol hcl oral tablet 100 mg</i>	1	MO; QL (120 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	1	MO; QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	MO; QL (240 EA per 30 days)
ANESTHETICS		
Local Anesthetics		
<i>lidocaine external patch 5 %</i>	4	PA; MO; QL (90 EA per 30 days)
<i>lidocaine hcl external solution 4 %</i>	2	MO; QL (50 ML per 30 days)
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	4	MO
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	2	MO; QL (30 GM per 30 days)
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS		
Alcohol Deterrents/Anti-Craving		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	2	MO
<i>disulfiram oral tablet 250 mg</i>	2	MO
<i>naltrexone hcl oral tablet 50 mg</i>	2	MO
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	5	NMO
Opioid Dependence		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	2	MO
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	4	MO
Opioid Reversal Agents		
KLOXXADO NASAL LIQUID 8 MG/0.1ML	3	MO
<i>naloxone hcl injection solution 0.4 mg/ml</i>	2	MO
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	2	MO
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	2	MO
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	2	MO
NARCAN NASAL LIQUID 4 MG/0.1ML	3	MO
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML	3	MO
Smoking Cessation Agents		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	MO
NICOTROL INHALATION INHALER 10 MG	3	MO
<i>varenicline tartrate oral 0.5 mg x 11 & 1 mg x 42</i>	3	MO
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	3	MO
ANTIBACTERIALS		
Aminoglycosides		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	4	BvD; MO
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	4	PA; MO
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	2	MO
<i>gentamicin sulfate external cream 0.1 %</i>	2	MO
<i>gentamicin sulfate external ointment 0.1 %</i>	2	MO
<i>gentamicin sulfate injection solution 40 mg/ml</i>	2	MO
<i>neomycin sulfate oral tablet 500 mg</i>	2	MO
<i>paromomycin sulfate oral capsule 250 mg</i>	4	MO

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	4	BvD; MO
ZEMDRI INTRAVENOUS SOLUTION 500 MG/10ML	5	NMO
Antibacterials, Other		
<i>aztreonam injection solution reconstituted 1 gm</i>	2	MO
<i>aztreonam injection solution reconstituted 2 gm</i>	4	BvD; MO
<i>clindamycin hcl oral capsule 150 mg, 75 mg</i>	1	MO
<i>clindamycin hcl oral capsule 300 mg</i>	2	MO
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	4	MO
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	4	MO
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	4	BvD; MO
<i>clindamycin phosphate vaginal cream 2 %</i>	2	MO
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	4	BvD; MO
<i>daptomycin intravenous solution reconstituted 350 mg</i>	4	MO
<i>daptomycin intravenous solution reconstituted 500 mg</i>	5	NMO
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML	4	MO
<i>linezolid intravenous solution 600 mg/300ml</i>	4	PA; MO
<i>linezolid oral tablet 600 mg</i>	4	PA; MO
<i>methenamine hippurate oral tablet 1 gm</i>	2	MO
<i>metronidazole external cream 0.75 %</i>	2	MO
<i>metronidazole external gel 0.75 %, 1 %</i>	2	MO
<i>metronidazole external lotion 0.75 %</i>	2	MO
<i>metronidazole intravenous solution 500 mg/100ml</i>	2	BvD; MO
<i>metronidazole oral tablet 250 mg, 500 mg</i>	2	MO
<i>metronidazole vaginal gel 0.75 %</i>	3	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	2	MO

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	2	MO
<i>tigecycline intravenous solution reconstituted 50 mg</i>	5	BvD; NMO
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	MO
<i>trimethoprim oral tablet 100 mg</i>	1	MO
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg, 750 mg</i>	4	MO
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	4	MO
<i>vancomycin hcl oral solution reconstituted 250 mg/5ml</i>	4	MO
XIFAXAN ORAL TABLET 200 MG, 550 MG	4	MO
Beta-Lactam, Cephalosporins		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	4	MO
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	MO
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	4	MO
<i>cefadroxil oral capsule 500 mg</i>	1	MO
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	2	MO
<i>cefadroxil oral tablet 1 gm</i>	2	MO
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	4	MO
<i>cefdinir oral capsule 300 mg</i>	2	MO
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	MO
<i>cefepime hcl injection solution reconstituted 1 gm, 2 gm</i>	4	MO
<i>cefixime oral capsule 400 mg</i>	4	MO
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	4	MO
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	4	BvD; MO
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	4	BvD; MO

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	4	MO
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	4	MO
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	MO
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	MO
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	4	MO
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	4	MO
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	4	MO
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	4	MO
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	MO
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	4	BvD; MO
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	4	BvD; MO
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	MO
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	MO
<i>cephalexin oral tablet 250 mg, 500 mg</i>	2	MO
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	5	BvD; NMO
Beta-Lactam, Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	MO
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	MO
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	MO
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	MO
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	4	MO
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	2	MO

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	2	MO
<i>ampicillin oral capsule 500 mg</i>	1	MO
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	4	BvD; MO
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	4	BvD; MO
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	4	MO
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	4	MO
BICILLIN L-A INTRAMUSCULAR SUSPENSION 2400000 UNIT/4ML	4	MO
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 600000 UNIT/ML	4	MO
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	2	MO
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	BvD; MO
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	4	BvD; MO
<i>oxacillin sodium in dextrose intravenous solution 1 gm/50ml, 2 gm/50ml</i>	4	BvD; MO
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	BvD; MO
<i>oxacillin sodium intravenous solution reconstituted 10 gm</i>	4	BvD; MO
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	4	MO
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	4	BvD; MO
<i>penicillin g procaine intramuscular suspension 600000 unit/ml</i>	4	MO
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	4	BvD; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	MO
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	MO
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm</i>	4	MO
Carbapenems		
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	4	MO
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	4	MO
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	4	MO
Macrolides		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	2	BvD; MO
<i>azithromycin oral packet 1 gm</i>	2	MO
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	2	MO
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack)</i>	1	MO
<i>azithromycin oral tablet 500 mg, 500 mg (3 pack), 600 mg</i>	2	MO
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	2	MO
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	MO
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	MO
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	4	BvD; MO
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	4	MO
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	4	MO
<i>erythromycin base oral tablet delayed release 333 mg, 500 mg</i>	4	MO
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	4	MO
<i>erythromycin oral tablet delayed release 250 mg</i>	4	MO
Quinolones		
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	1	MO
<i>ciprofloxacin hcl oral tablet 100 mg</i>	4	MO
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	1	MO
<i>ciprofloxacin hcl oral tablet 750 mg</i>	2	MO
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	4	BvD; MO
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	4	MO
<i>levofloxacin intravenous solution 25 mg/ml</i>	4	MO
<i>levofloxacin oral solution 25 mg/ml</i>	4	MO
<i>levofloxacin oral tablet 250 mg, 750 mg</i>	2	MO
<i>levofloxacin oral tablet 500 mg</i>	1	MO
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	4	BvD; MO
<i>moxifloxacin hcl oral tablet 400 mg</i>	4	MO
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2	MO
Sulfonamides		
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	2	MO
<i>sulfadiazine oral tablet 500 mg</i>	2	MO
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	2	MO
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	MO
Tetracyclines		
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	4	BvD; MO
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	MO

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	2	MO
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	2	MO
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	2	MO
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	2	MO
ANTICONVULSANTS		
<i>Anticonvulsants, Other</i>		
BRIVIACT ORAL SOLUTION 10 MG/ML	4	MO; QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	4	MO; QL (60 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	4	PA2; MO
DIACOMIT ORAL PACKET 250 MG, 500 MG	4	PA2; MO
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA2; MO
<i>felbamate oral suspension 600 mg/5ml</i>	5	NMO
<i>felbamate oral tablet 400 mg, 600 mg</i>	4	MO
FINTEPLA ORAL SOLUTION 2.2 MG/ML	4	PA2; MO
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	4	ST2; MO; QL (720 ML per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG	5	ST2; NMO; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG, 8 MG	4	ST2; MO; QL (30 EA per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	4	MO
<i>lamotrigine oral kit 25 & 50 & 100 mg</i>	2	MO
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	MO
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	2	MO
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	4	MO
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	2	MO
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	2	MO
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	2	MO

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	2	MO
<i>levetiracetam oral solution 100 mg/ml</i>	2	MO
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	1	MO
<i>phenobarbital oral elixir 20 mg/5ml</i>	2	MO; QL (1500 ML per 30 days)
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	2	MO; QL (90 EA per 30 days)
<i>phenobarbital oral tablet 15 mg, 60 mg</i>	2	MO; QL (120 EA per 30 days)
<i>phenobarbital oral tablet 30 mg</i>	2	MO; QL (300 EA per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i>	1	MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG	4	ST2; MO; QL (90 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG, 750 MG	4	ST2; MO; QL (120 EA per 30 days)
<i>valproic acid oral capsule 250 mg</i>	2	MO
<i>valproic acid oral solution 250 mg/5ml</i>	2	MO
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	4	MO; QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	4	MO; QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	MO; QL (60 EA per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	4	MO; QL (28 EA per 28 days)
Calcium Channel Modifying Agents		
CELONTIN ORAL CAPSULE 300 MG	4	ST2; MO
<i>ethosuximide oral capsule 250 mg</i>	2	MO
<i>ethosuximide oral solution 250 mg/5ml</i>	2	MO
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	MO
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
<i>clobazam oral suspension 2.5 mg/ml</i>	4	MO; QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	4	MO; QL (60 EA per 30 days)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	4	MO

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	MO; QL (270 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	2	MO
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	MO; QL (180 EA per 30 days)
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	4	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	ST2; NMO; QL (60 EA per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	ST2; MO; QL (60 EA per 30 days)
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	4	MO
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	4	ST2; MO
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	4	ST2; MO
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	4	ST2; MO
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	4	ST2; MO
<i>vigabatrin oral packet 500 mg</i>	5	PA2; NMO; QL (180 EA per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	5	PA2; NMO; QL (180 EA per 30 days)
Sodium Channel Agents		
APTOM ORAL TABLET 200 MG, 400 MG, 800 MG	5	ST2; NMO; QL (30 EA per 30 days)
APTOM ORAL TABLET 600 MG	5	ST2; NMO; QL (60 EA per 30 days)
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	2	MO
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	2	MO
<i>carbamazepine oral suspension 100 mg/5ml</i>	2	MO
<i>carbamazepine oral tablet 200 mg</i>	2	MO
<i>carbamazepine oral tablet chewable 100 mg</i>	1	MO
DILANTIN ORAL CAPSULE 30 MG	4	ST2; MO
EPITOL ORAL TABLET 200 MG	2	MO
<i>lacosamide oral solution 10 mg/ml</i>	4	MO; QL (1395 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	4	MO; QL (60 EA per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	4	MO

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	MO
<i>phenytoin oral suspension 125 mg/5ml</i>	1	MO
<i>phenytoin oral tablet chewable 50 mg</i>	1	MO
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg</i>	1	MO
<i>phenytoin sodium extended oral capsule 300 mg</i>	2	MO
<i>rufinamide oral suspension 40 mg/ml</i>	5	NMO; QL (2760 ML per 30 days)
<i>rufinamide oral tablet 200 mg</i>	5	NMO; QL (480 EA per 30 days)
<i>rufinamide oral tablet 400 mg</i>	5	NMO; QL (240 EA per 30 days)
ANTIDEMENTIA AGENTS		
<i>Antidementia Agents, Other</i>		
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	3	MO; QL (30 EA per 30 days)
<i>memantine hcl oral solution 2 mg/ml</i>	2	MO; QL (360 ML per 30 days)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	2	MO; QL (60 EA per 30 days)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	2	MO; QL (49 EA per 28 days)
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG	3	PA; MO
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	3	PA; MO
<i>Cholinesterase Inhibitors</i>		
<i>donepezil hcl oral tablet 10 mg</i>	1	MO; QL (60 EA per 30 days)
<i>donepezil hcl oral tablet 23 mg</i>	2	MO; QL (30 EA per 30 days)
<i>donepezil hcl oral tablet 5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>donepezil hcl oral tablet dispersible 10 mg</i>	1	MO; QL (60 EA per 30 days)
<i>donepezil hcl oral tablet dispersible 5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	2	MO; QL (30 EA per 30 days)
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	2	MO; QL (180 ML per 30 days)
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	2	MO; QL (60 EA per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	MO; QL (60 EA per 30 days)

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	2	MO; QL (30 EA per 30 days)
ANTIDEPRESSANTS		
Antidepressants, Other		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	1	MO; QL (120 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg</i>	1	MO; QL (90 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg</i>	1	MO; QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	2	MO; QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	2	MO; QL (90 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	2	MO; QL (30 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>	1	MO; QL (180 EA per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	1	MO; QL (120 EA per 30 days)
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	1	MO; QL (30 EA per 30 days)
<i>mirtazapine oral tablet 7.5 mg</i>	1	MO; QL (45 EA per 30 days)
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	2	MO; QL (30 EA per 30 days)
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	4	MO; QL (30 EA per 30 days)
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>	4	MO; QL (90 EA per 30 days)
Monoamine Oxidase Inhibitors		
<i>EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR</i>	5	ST2; NMO; QL (30 EA per 30 days)
<i>MARPLAN ORAL TABLET 10 MG</i>	4	ST2; MO; QL (180 EA per 30 days)
<i>phenelzine sulfate oral tablet 15 mg</i>	2	MO
<i>tranylcypromine sulfate oral tablet 10 mg</i>	4	MO
Ssris/Snris (Selective Serotonin Reuptake Inhibitor/Serotonin And Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide oral capsule 30 mg</i>	1	MO; QL (30 EA per 30 days)

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	2	MO; QL (600 ML per 30 days)
<i>citalopram hydrobromide oral tablet 10 mg, 40 mg</i>	1	MO; QL (30 EA per 30 days)
<i>citalopram hydrobromide oral tablet 20 mg</i>	1	MO; QL (60 EA per 30 days)
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>	4	MO; QL (30 EA per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	4	MO; QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	3	MO; QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	2	MO; QL (60 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	2	MO; QL (600 ML per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i>	1	MO; QL (45 EA per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	1	MO; QL (60 EA per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i>	1	MO; QL (30 EA per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	3	MO; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	3	MO; QL (28 EA per 28 days)
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	1	MO; QL (60 EA per 30 days)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	2	MO; QL (600 ML per 30 days)
<i>fluoxetine hcl oral tablet 10 mg</i>	2	MO; QL (60 EA per 30 days)
<i>fluoxetine hcl oral tablet 20 mg</i>	2	MO; QL (120 EA per 30 days)
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	2	MO; QL (90 EA per 30 days)
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	4	MO
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	4	MO; QL (900 ML per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg</i>	1	MO; QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 30 mg, 40 mg</i>	1	MO; QL (60 EA per 30 days)
<i>sertraline hcl oral capsule 150 mg, 200 mg</i>	2	MO; QL (30 EA per 30 days)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	1	MO; QL (300 ML per 30 days)
<i>sertraline hcl oral tablet 100 mg</i>	1	MO; QL (60 EA per 30 days)

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
<i>sertraline hcl oral tablet 25 mg, 50 mg</i>	1	MO; QL (90 EA per 30 days)
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1	MO
<i>trazodone hcl oral tablet 300 mg</i>	2	MO
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	ST2; MO; QL (30 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	1	MO; QL (60 EA per 30 days)
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	2	MO; QL (30 EA per 30 days)
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	4	MO; QL (30 EA per 30 days)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	MO; QL (90 EA per 30 days)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	3	MO; QL (30 EA per 30 days)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	3	MO; QL (30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	MO
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	2	MO
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	4	MO
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	MO
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	MO
<i>doxepin hcl oral concentrate 10 mg/ml</i>	2	MO
<i>imipramine hcl oral tablet 10 mg, 25 mg</i>	1	MO
<i>imipramine hcl oral tablet 50 mg</i>	2	MO
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	2	MO
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	4	MO

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	4	MO
ANTIEMETICS		
Antiemetics, Other		
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	BvD; MO
<i>prochlorperazine rectal suppository 25 mg</i>	4	MO
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	2	MO
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	MO
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	2	MO
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	4	MO
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	4	MO
Emetogenic Therapy Adjuncts		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	4	BvD; MO; QL (30 EA per 30 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	4	BvD; MO; QL (12 EA per 30 days)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	4	PA; MO; QL (60 EA per 30 days)
<i>granisetron hcl oral tablet 1 mg</i>	4	BvD; MO; QL (60 EA per 30 days)
<i>ondansetron hcl oral solution 4 mg/5ml</i>	2	BvD; MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	BvD; MO
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	2	BvD; MO
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG	3	BvD; MO
ANTIFUNGALS		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	BvD; MO
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	5	BvD; NMO
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	4	BvD; MO

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
<i>caspofungin acetate intravenous solution reconstituted 50 mg</i>	5	NMO
<i>caspofungin acetate intravenous solution reconstituted 70 mg</i>	4	MO
<i>ciclopirox olamine external cream 0.77 %</i>	2	MO
<i>ciclopirox olamine external suspension 0.77 %</i>	2	MO
<i>clotrimazole external cream 1 %</i>	1	MO
<i>clotrimazole external solution 1 %</i>	2	MO
<i>clotrimazole mouth/throat troche 10 mg</i>	2	MO
<i>econazole nitrate external cream 1 %</i>	2	MO
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	BvD; NMO
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	4	BvD; MO
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	2	BvD; MO
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	2	MO
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	MO
<i>flucytosine oral capsule 250 mg, 500 mg</i>	5	NMO
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	2	MO
<i>griseofulvin microsize oral tablet 500 mg</i>	2	MO
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	2	MO
<i>itraconazole oral capsule 100 mg</i>	4	PA; MO
<i>itraconazole oral solution 10 mg/ml</i>	4	PA; MO
JUBLIA EXTERNAL SOLUTION 10 %	4	MO
<i>ketoconazole external cream 2 %</i>	2	MO
<i>ketoconazole external shampoo 2 %</i>	1	MO
<i>ketoconazole oral tablet 200 mg</i>	1	MO
NOXAFIL ORAL SUSPENSION 40 MG/ML	5	PA; NMO
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>nystatin external cream 100000 unit/gm</i>	1	MO
<i>nystatin external ointment 100000 unit/gm</i>	1	MO
<i>nystatin external powder 100000 unit/gm</i>	2	MO
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	2	MO
<i>nystatin oral tablet 500000 unit</i>	2	MO
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	3	MO
<i>posaconazole oral tablet delayed release 100 mg</i>	4	PA; MO
<i>terbinafine hcl oral tablet 250 mg</i>	2	MO
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	MO
<i>terconazole vaginal suppository 80 mg</i>	2	MO
<i>voriconazole intravenous solution reconstituted 200 mg</i>	5	PA; NMO
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	5	PA; NMO
<i>voriconazole oral tablet 200 mg, 50 mg</i>	4	PA; MO
ANTIGOUT AGENTS		
<i>Antigout Agents</i>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<i>colchicine oral tablet 0.6 mg</i>	4	MO
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	3	MO
<i>febuxostat oral tablet 40 mg, 80 mg</i>	3	PA; MO
MITIGARE ORAL CAPSULE 0.6 MG	3	MO
<i>probenecid oral tablet 500 mg</i>	2	MO
ANTIMIGRAINE AGENTS		
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	5	NMO
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	2	MO; QL (40 EA per 28 days)
<i>Prophylactic</i>		
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	3	PA; MO

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	3	PA; MO
EPRONTIA ORAL SOLUTION 25 MG/ML	3	MO
<i>propranolol hcl er oral capsule extended release 24 hour 80 mg</i>	2	MO
<i>propranolol hcl oral tablet 80 mg</i>	2	MO
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	4	MO
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	2	MO
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO
UBRELVY ORAL TABLET 100 MG, 50 MG	4	PA; MO; QL (16 EA per 30 days)
Serotonin (5-Ht) Receptor Agonist		
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	2	MO; QL (9 EA per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	2	MO; QL (12 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg</i>	2	MO; QL (12 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 5 mg</i>	2	MO; QL (24 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	4	MO; QL (18 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO; QL (9 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	2	MO; QL (10 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	2	MO; QL (8 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto- injector 4 mg/0.5ml</i>	2	MO; QL (4.5 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto- injector 6 mg/0.5ml</i>	2	MO; QL (4 ML per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	2	MO; QL (6 EA per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	2	MO; QL (6 EA per 30 days)
ANTIMYASTHENIC AGENTS		
Parasympathomimetics		
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	2	MO
<i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>	2	MO

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
ANTIMYCOBACTERIALS		
<i>Antimycobacterials, Other</i>		
dapsone oral tablet 100 mg, 25 mg	2	MO
PRIFTIN ORAL TABLET 150 MG	4	MO
rifabutin oral capsule 150 mg	4	MO
<i>Antituberculars</i>		
ethambutol hcl oral tablet 100 mg, 400 mg	2	MO
isoniazid oral syrup 50 mg/5ml	1	MO
isoniazid oral tablet 100 mg, 300 mg	1	MO
PASER ORAL PACKET 4 GM	4	MO
pyrazinamide oral tablet 500 mg	2	MO
rifampin intravenous solution reconstituted 600 mg	4	MO
rifampin oral capsule 150 mg, 300 mg	2	MO
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA; NMO
TRECTOR ORAL TABLET 250 MG	4	MO
ANTINEOPLASTICS		
<i>Alkylating Agents</i>		
cyclophosphamide oral capsule 25 mg, 50 mg	4	BvD; MO
cyclophosphamide oral tablet 25 mg, 50 mg	2	BvD; MO
LEUKERAN ORAL TABLET 2 MG	4	MO
MATULANE ORAL CAPSULE 50 MG	5	PA2; NMO
VALCHLOR EXTERNAL GEL 0.016 %	5	PA2; NMO; QL (60 GM per 14 days)
<i>Antiandrogens</i>		
abiraterone acetate oral tablet 250 mg, 500 mg	5	PA2; NMO; QL (120 EA per 30 days)
bicalutamide oral tablet 50 mg	1	MO
ERLEADA ORAL TABLET 60 MG	5	PA2; NMO; QL (120 EA per 30 days)
flutamide oral capsule 125 mg	2	MO
LYSODREN ORAL TABLET 500 MG	5	NMO
nilutamide oral tablet 150 mg	5	NMO; QL (60 EA per 30 days)
NUBEQA ORAL TABLET 300 MG	5	PA2; NMO; QL (120 EA per 30 days)
XTANDI ORAL CAPSULE 40 MG	5	PA2; NMO; QL (120 EA per 30 days)

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
XTANDI ORAL TABLET 40 MG	5	PA2; NMO; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA2; NMO; QL (90 EA per 30 days)
YONSA ORAL TABLET 125 MG	5	PA2; NMO; QL (120 EA per 30 days)
Antiangiogenic Agents		
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	5	PA2; NMO; QL (28 EA per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA2; NMO; QL (21 EA per 28 days)
REVLIMID ORAL CAPSULE 2.5 MG, 20 MG	5	PA2; NMO; QL (28 EA per 28 days)
THALOMID ORAL CAPSULE 100 MG, 200 MG, 50 MG	5	PA2; NMO; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 150 MG	5	PA2; NMO; QL (60 EA per 30 days)
Antiestrogens/Modifiers		
EMCYT ORAL CAPSULE 140 MG	3	MO
SOLTAMOX ORAL SOLUTION 10 MG/5ML	4	PA2; MO
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	1	MO
<i>toremifene citrate oral tablet 60 mg</i>	5	PA2; NMO
Antimetabolites		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	MO
<i>hydroxyurea oral capsule 500 mg</i>	1	MO
INQOVI ORAL TABLET 35-100 MG	5	PA2; NMO
<i>mercaptopurine oral tablet 50 mg</i>	2	MO
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA2; NMO
PURIXAN ORAL SUSPENSION 2000 MG/100ML	4	MO
TABLOID ORAL TABLET 40 MG	4	PA2; MO
Antineoplastics, Other		
IDHIFA ORAL TABLET 100 MG	5	PA2; NMO; QL (30 EA per 30 days)
IDHIFA ORAL TABLET 50 MG	5	PA2; NMO; QL (60 EA per 30 days)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA2; NMO
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA2; NMO

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA2; NMO
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 5 mg</i>	2	MO
<i>leucovorin calcium oral tablet 25 mg</i>	4	MO
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA2; NMO
LYNPARZA ORAL TABLET 100 MG	5	PA2; NMO; QL (180 EA per 30 days)
LYNPARZA ORAL TABLET 150 MG	5	PA2; NMO; QL (120 EA per 30 days)
MESNEX ORAL TABLET 400 MG	5	NMO
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA2; NMO
ORGOVYX ORAL TABLET 120 MG	5	PA2; NMO; QL (60 EA per 30 days)
SCEMBLIX ORAL TABLET 20 MG, 40 MG	5	PA2; NMO
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	5	PA2; NMO
XATMEP ORAL SOLUTION 2.5 MG/ML	4	BvD; MO
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA2; NMO
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA2; NMO
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA2; NMO
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA2; NMO
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA2; NMO
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA2; NMO
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA2; NMO
ZOLINZA ORAL CAPSULE 100 MG	5	PA2; NMO; QL (120 EA per 30 days)
<i>Aromatase Inhibitors, 3Rd Generation</i>		
<i>anastrozole oral tablet 1 mg</i>	1	MO
<i>exemestane oral tablet 25 mg</i>	4	MO
<i>letrozole oral tablet 2.5 mg</i>	1	MO

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
<i>Molecular Target Inhibitors</i>		
ALECENSA ORAL CAPSULE 150 MG	5	PA2; NMO
ALUNBRIG ORAL TABLET 180 MG	5	PA2; NMO; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA2; NMO; QL (180 EA per 30 days)
ALUNBRIG ORAL TABLET 90 MG	5	PA2; NMO; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	5	PA2; NMO; QL (30 EA per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA2; NMO; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG	5	PA2; NMO; QL (90 EA per 30 days)
BALVERSA ORAL TABLET 4 MG	5	PA2; NMO; QL (60 EA per 30 days)
BALVERSA ORAL TABLET 5 MG	5	PA2; NMO; QL (30 EA per 30 days)
BOSULIF ORAL TABLET 100 MG	5	PA2; NMO; QL (120 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA2; NMO; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA2; NMO; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	5	PA2; NMO; QL (120 EA per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5	PA2; NMO
CALQUENCE ORAL CAPSULE 100 MG	5	PA2; NMO; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA2; NMO; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA2; NMO; QL (30 EA per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA2; NMO; QL (56 EA per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA2; NMO; QL (112 EA per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	5	PA2; NMO; QL (84 EA per 28 days)
COTELLIC ORAL TABLET 20 MG	5	PA2; NMO; QL (63 EA per 28 days)
DAURISMO ORAL TABLET 100 MG, 25 MG	5	PA2; NMO
ERIVEDGE ORAL CAPSULE 150 MG	5	PA2; NMO
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	5	PA2; NMO; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 25 mg</i>	5	PA2; NMO; QL (90 EA per 30 days)
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	5	PA2; NMO; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 2 mg, 3 mg</i>	5	PA2; NMO; QL (30 EA per 30 days)

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
<i>everolimus oral tablet soluble 5 mg</i>	5	PA2; NMO; QL (60 EA per 30 days)
EXKIVITY ORAL CAPSULE 40 MG	5	PA2; NMO
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA2; NMO; QL (21 EA per 28 days)
GAVRETO ORAL CAPSULE 100 MG	5	PA2; NMO; QL (120 EA per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA2; NMO; QL (30 EA per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA2; NMO
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA2; NMO
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG	5	PA2; NMO; QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 15 MG	5	PA2; NMO; QL (60 EA per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	5	PA2; NMO; QL (180 EA per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	5	PA2; NMO; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	5	PA2; NMO; QL (120 EA per 30 days)
IMBRUVICA ORAL TABLET 140 MG	5	PA2; NMO; QL (120 EA per 30 days)
IMBRUVICA ORAL TABLET 280 MG	5	PA2; NMO; QL (60 EA per 30 days)
IMBRUVICA ORAL TABLET 420 MG, 560 MG	5	PA2; NMO; QL (30 EA per 30 days)
INLYTA ORAL TABLET 1 MG	5	PA2; NMO; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA2; NMO; QL (60 EA per 30 days)
INREBIC ORAL CAPSULE 100 MG	5	PA2; NMO; QL (120 EA per 30 days)
IRESSA ORAL TABLET 250 MG	5	PA2; NMO
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA2; NMO; QL (60 EA per 30 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA2; NMO
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA2; NMO
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA2; NMO
KOSELUGO ORAL CAPSULE 10 MG	5	PA2; NMO; QL (240 EA per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	5	PA2; NMO; QL (120 EA per 30 days)
<i>lapatinib ditosylate oral tablet 250 mg</i>	5	PA2; NMO; QL (180 EA per 30 days)

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	5	PA2; NMO
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	5	PA2; NMO
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	5	PA2; NMO
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	5	PA2; NMO
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	5	PA2; NMO
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	5	PA2; NMO
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	5	PA2; NMO
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	5	PA2; NMO
LORBRENA ORAL TABLET 100 MG	5	PA2; NMO; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA2; NMO; QL (120 EA per 30 days)
LUMAKRAS ORAL TABLET 120 MG	5	PA2; NMO; QL (240 EA per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA2; NMO; QL (120 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA2; NMO; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA2; NMO; QL (180 EA per 30 days)
NERLYNX ORAL TABLET 40 MG	5	PA2; NMO; QL (180 EA per 30 days)
NEXAVAR ORAL TABLET 200 MG	5	PA2; NMO; QL (120 EA per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA2; NMO
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA2; NMO; QL (14 EA per 21 days)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA2; NMO
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA2; NMO
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	5	PA2; NMO
QINLOCK ORAL TABLET 50 MG	5	PA2; NMO; QL (90 EA per 30 days)

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
RETEVMO ORAL CAPSULE 40 MG	5	PA2; NMO; QL (120 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA2; NMO; QL (180 EA per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA2; NMO; QL (150 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA2; NMO; QL (90 EA per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA2; NMO
RYDAPT ORAL CAPSULE 25 MG	5	PA2; NMO; QL (240 EA per 30 days)
SPRYCEL ORAL TABLET 100 MG, 50 MG, 70 MG, 80 MG	5	PA2; NMO; QL (60 EA per 30 days)
SPRYCEL ORAL TABLET 140 MG	5	PA2; NMO; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA2; NMO; QL (90 EA per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA2; NMO; QL (84 EA per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	5	PA2; NMO; QL (28 EA per 28 days)
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA2; NMO; QL (120 EA per 30 days)
TAFINLAR ORAL CAPSULE 50 MG	5	PA2; NMO; QL (180 EA per 30 days)
TAFINLAR ORAL CAPSULE 75 MG	5	PA2; NMO; QL (120 EA per 30 days)
TAGRISSE ORAL TABLET 40 MG, 80 MG	5	PA2; NMO
TALZENNA ORAL CAPSULE 0.25 MG	5	PA2; NMO; QL (120 EA per 30 days)
TALZENNA ORAL CAPSULE 0.5 MG	5	PA2; NMO; QL (60 EA per 30 days)
TALZENNA ORAL CAPSULE 0.75 MG, 1 MG	5	PA2; NMO; QL (30 EA per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	5	PA2; NMO; QL (120 EA per 30 days)
TAZVERIK ORAL TABLET 200 MG	5	PA2; NMO; QL (240 EA per 30 days)
TEPMETKO ORAL TABLET 225 MG	5	PA2; NMO; QL (60 EA per 30 days)
TIBSOVO ORAL TABLET 250 MG	5	PA2; NMO; QL (60 EA per 30 days)
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG	5	PA2; NMO; QL (21 EA per 28 days)
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG	5	PA2; NMO; QL (42 EA per 28 days)
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	5	PA2; NMO; QL (42 EA per 28 days)
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	5	PA2; NMO; QL (63 EA per 28 days)
TUKYSA ORAL TABLET 150 MG, 50 MG	5	PA2; NMO; QL (120 EA per 30 days)

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
TURALIO ORAL CAPSULE 200 MG	5	PA2; NMO; QL (120 EA per 30 days)
VENCLEXTA ORAL TABLET 10 MG, 50 MG	4	PA2; MO
VENCLEXTA ORAL TABLET 100 MG	5	PA2; NMO
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	3	PA2; MO
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA2; NMO
VITRAKVI ORAL CAPSULE 100 MG	5	PA2; NMO; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA2; NMO; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA2; NMO; QL (310 ML per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA2; NMO; QL (30 EA per 30 days)
VONJO ORAL CAPSULE 100 MG	5	PA2; NMO
VOTRIENT ORAL TABLET 200 MG	5	PA2; NMO; QL (120 EA per 30 days)
WELIREG ORAL TABLET 40 MG	5	PA2; NMO; QL (90 EA per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA2; NMO; QL (120 EA per 30 days)
XOSPATA ORAL TABLET 40 MG	5	PA2; NMO; QL (90 EA per 30 days)
ZEJULA ORAL CAPSULE 100 MG	5	PA2; NMO; QL (90 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA2; NMO; QL (240 EA per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA2; NMO; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA2; NMO; QL (150 EA per 30 days)
Retinoids		
<i>bexarotene oral capsule 75 mg</i>	5	PA2; NMO; QL (300 EA per 30 days)
PANRETIN EXTERNAL GEL 0.1 %	5	PA2; NMO
TARGRETIN EXTERNAL GEL 1 %	5	PA2; NMO
<i>tretinoin oral capsule 10 mg</i>	5	NMO
ANTIPARASITICS		
Anthelmintics		
<i>albendazole oral tablet 200 mg</i>	4	MO
EMVERM ORAL TABLET CHEWABLE 100 MG	5	NMO
<i>ivermectin oral tablet 3 mg</i>	2	PA2; MO

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
Antiprotozoals		
<i>atovaquone oral suspension 750 mg/5ml</i>	5	NMO
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	2	MO
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	2	MO
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	MO
COARTEM ORAL TABLET 20-120 MG	4	MO
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	2	MO
LAMPIT ORAL TABLET 120 MG, 30 MG	4	MO
<i>mefloquine hcl oral tablet 250 mg</i>	2	MO
<i>nitazoxanide oral tablet 500 mg</i>	4	MO; QL (40 EA per 30 days)
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	4	BvD; MO
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	4	BvD; MO
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	4	MO
<i>quinine sulfate oral capsule 324 mg</i>	2	PA; MO
ANTIPARKINSON AGENTS		
Anticholinergics		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	1	MO
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	MO
Antiparkinson Agents, Other		
<i>amantadine hcl oral capsule 100 mg</i>	2	MO
<i>amantadine hcl oral solution 50 mg/5ml</i>	2	MO
<i>amantadine hcl oral tablet 100 mg</i>	2	MO
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	2	MO
<i>entacapone oral tablet 200 mg</i>	2	MO

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
Dopamine Agonists		
<i>bromocriptine mesylate oral capsule 5 mg</i>	2	MO
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	2	MO
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NMO; QL (150 EA per 30 days)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	4	MO
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	MO
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	MO
Dopamine Precursors And/Or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa oral tablet 25 mg</i>	2	MO
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	2	MO
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	2	MO
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	2	MO
INBRIJA INHALATION CAPSULE 42 MG	5	NMO
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	4	ST2; MO
Monoamine Oxidase B (Mao-B) Inhibitors		
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	4	MO
<i>selegiline hcl oral capsule 5 mg</i>	2	MO
<i>selegiline hcl oral tablet 5 mg</i>	2	MO
ANTIPSYCHOTICS		
1St Generation/Typical		
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	4	MO
<i>chlorpromazine hcl oral tablet 10 mg, 25 mg</i>	4	BvD; MO
<i>chlorpromazine hcl oral tablet 100 mg, 200 mg, 50 mg</i>	4	MO

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	4	MO
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	4	MO
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	MO
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	2	MO
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>	2	MO
<i>haloperidol lactate injection solution 5 mg/ml</i>	4	MO
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	MO
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	MO
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	MO
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	2	MO
<i>perphenazine oral tablet 16 mg, 2 mg</i>	2	MO
<i>perphenazine oral tablet 4 mg, 8 mg</i>	2	BvD; MO
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	MO
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	MO
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	MO
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	MO
2Nd Generation/Atypical		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	5	NMO
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	5	NMO
<i>aripiprazole oral solution 1 mg/ml</i>	4	MO; QL (750 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	4	MO; QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg</i>	5	NMO; QL (90 EA per 30 days)
<i>aripiprazole oral tablet dispersible 15 mg</i>	5	NMO; QL (60 EA per 30 days)

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	4	MO; QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 42 MG	5	NMO
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	4	ST2; MO; QL (60 EA per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	5	ST2; NMO; QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	4	ST2; MO; QL (60 EA per 30 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML	5	NMO
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	5	NMO
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	MO
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	5	NMO
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	MO
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	ST2; NMO; QL (30 EA per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	5	PA2; NMO
NUPLAZID ORAL TABLET 10 MG	5	PA2; NMO
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	4	MO; QL (60 EA per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>olanzapine oral tablet 20 mg</i>	1	MO; QL (60 EA per 30 days)
<i>olanzapine oral tablet dispersible 10 mg, 5 mg</i>	4	MO; QL (60 EA per 30 days)
<i>olanzapine oral tablet dispersible 15 mg, 20 mg</i>	4	MO; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	4	MO; QL (30 EA per 30 days)

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	4	MO; QL (60 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg</i>	4	MO; QL (90 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 200 mg, 300 mg, 400 mg</i>	4	MO; QL (60 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 50 mg</i>	4	MO; QL (120 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	MO; QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 200 mg</i>	1	MO; QL (30 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5	NMO
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG	4	MO
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	5	NMO
<i>risperidone oral solution 1 mg/ml</i>	2	MO; QL (480 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	MO; QL (60 EA per 30 days)
<i>risperidone oral tablet 0.5 mg</i>	1	MO; QL (120 EA per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg, 1 mg, 2 mg</i>	2	MO; QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 0.5 mg</i>	2	MO; QL (120 EA per 30 days)
<i>risperidone oral tablet dispersible 3 mg</i>	4	MO; QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 4 mg</i>	4	MO; QL (120 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	5	ST2; NMO; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG	5	ST2; NMO; QL (60 EA per 30 days)
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	5	ST2; NMO; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	4	ST2; MO; QL (7 EA per 28 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	2	MO; QL (60 EA per 30 days)

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	4	MO; QL (6 EA per 3 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	ST2; MO
Treatment-Resistant		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO; QL (120 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 25 mg</i>	4	MO; QL (120 EA per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	5	NMO; QL (120 EA per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	ST2; NMO; QL (540 ML per 30 days)
ANTISPASTICITY AGENTS		
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	2	MO
ANTIVIRALS		
Anti-Cytomegalovirus (Cmv) Agents		
LIVTENCITY ORAL TABLET 200 MG	5	PA; NMO
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; NMO; QL (28 EA per 28 days)
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	4	MO
<i>valganciclovir hcl oral tablet 450 mg</i>	3	MO
ZIRGAN OPHTHALMIC GEL 0.15 %	3	MO
Anti-Hepatitis B (Hbv) Agents		
<i>adefovir dipivoxil oral tablet 10 mg</i>	5	PA; NMO; QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	5	PA; NMO; QL (600 ML per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	4	PA; MO; QL (30 EA per 30 days)
EPIVIR HBV ORAL SOLUTION 5 MG/ML	3	MO
<i>lamivudine oral tablet 100 mg</i>	2	MO; QL (90 EA per 30 days)
VEMLIDY ORAL TABLET 25 MG	5	PA; NMO; QL (30 EA per 30 days)
Anti-Hepatitis C (Hcv) Agents		
MAVYRET ORAL PACKET 50-20 MG	5	PA; NMO
MAVYRET ORAL TABLET 100-40 MG	5	PA; NMO

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
<i>ribavirin oral capsule 200 mg</i>	4	MO
<i>ribavirin oral tablet 200 mg</i>	2	MO
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	5	PA; NMO
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NMO
<i>Antitherpetic Agents</i>		
<i>acyclovir oral capsule 200 mg</i>	1	MO
<i>acyclovir oral suspension 200 mg/5ml</i>	2	MO
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	MO
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	2	BvD; MO
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	MO
<i>trifluridine ophthalmic solution 1 %</i>	2	MO
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	2	MO
<i>Anti-Hiv Agents, Integrase Inhibitors (Insti)</i>		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	NMO; QL (30 EA per 30 days)
DOVATO ORAL TABLET 50-300 MG	5	NMO; QL (30 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	5	NMO; QL (30 EA per 30 days)
ISENTRESS HD ORAL TABLET 600 MG	5	NMO; QL (60 EA per 30 days)
ISENTRESS ORAL PACKET 100 MG	4	MO; QL (60 EA per 30 days)
ISENTRESS ORAL TABLET 400 MG	5	NMO; QL (120 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG	4	MO; QL (180 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	MO; QL (180 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NMO; QL (30 EA per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	NMO; QL (30 EA per 30 days)
TIVICAY ORAL TABLET 10 MG	4	MO; QL (60 EA per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NMO; QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	4	MO; QL (360 EA per 30 days)
<i>Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)</i>		
COMPLERA ORAL TABLET 200-25-300 MG	5	NMO; QL (30 EA per 30 days)

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
EDURANT ORAL TABLET 25 MG	5	NMO; QL (30 EA per 30 days)
<i>efavirenz oral capsule 200 mg</i>	4	MO; QL (120 EA per 30 days)
<i>efavirenz oral capsule 50 mg</i>	4	MO; QL (360 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	4	MO; QL (30 EA per 30 days)
<i>etravirine oral tablet 100 mg</i>	5	NMO; QL (120 EA per 30 days)
<i>etravirine oral tablet 200 mg</i>	5	NMO; QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	4	MO; QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	4	MO; QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	4	MO; QL (30 EA per 30 days)
<i>nevirapine oral suspension 50 mg/5ml</i>	4	MO; QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	2	MO; QL (60 EA per 30 days)
PIFELTRO ORAL TABLET 100 MG	5	NMO; QL (30 EA per 30 days)
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
<i>abacavir sulfate oral solution 20 mg/ml</i>	4	MO; QL (960 ML per 30 days)
<i>abacavir sulfate oral tablet 300 mg</i>	4	MO; QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	4	MO; QL (30 EA per 30 days)
CIMDUO ORAL TABLET 300-300 MG	5	NMO; QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	5	NMO; QL (30 EA per 30 days)
DESCOVY ORAL TABLET 200-25 MG	5	NMO; QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg</i>	5	NMO; QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	5	NMO; QL (30 EA per 30 days)
<i>emtricitabine oral capsule 200 mg</i>	4	MO; QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	5	NMO; QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	4	MO; QL (680 ML per 28 days)
JULUCA ORAL TABLET 50-25 MG	5	NMO; QL (30 EA per 30 days)
<i>lamivudine oral solution 10 mg/ml</i>	4	MO; QL (900 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i>	3	MO; QL (60 EA per 30 days)
<i>lamivudine oral tablet 300 mg</i>	3	MO; QL (30 EA per 30 days)

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	4	MO; QL (60 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	5	NMO; QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	4	MO; QL (30 EA per 30 days)
TRIZIVIR ORAL TABLET 300-150-300 MG	5	NMO; QL (60 EA per 30 days)
VIREAD ORAL POWDER 40 MG/GM	5	NMO; QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NMO; QL (30 EA per 30 days)
<i>zidovudine oral capsule 100 mg</i>	2	MO; QL (180 EA per 30 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	2	MO; QL (1680 ML per 28 days)
<i>zidovudine oral tablet 300 mg</i>	2	MO; QL (60 EA per 30 days)
Anti-Hiv Agents, Other		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	5	NMO; QL (60 EA per 30 days)
<i>maraviroc oral tablet 150 mg, 300 mg</i>	5	NMO; QL (120 EA per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	5	NMO; QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	5	NMO; QL (1800 ML per 30 days)
SELZENTRY ORAL TABLET 25 MG	3	MO; QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 75 MG	5	NMO; QL (120 EA per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NMO; QL (30 EA per 30 days)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	5	NMO; QL (30 EA per 30 days)
TYBOST ORAL TABLET 150 MG	3	MO; QL (30 EA per 30 days)
Anti-Hiv Agents, Protease Inhibitors (Pi)		
APTIVUS ORAL CAPSULE 250 MG	5	NMO; QL (120 EA per 30 days)
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	4	MO; QL (60 EA per 30 days)
<i>atazanavir sulfate oral capsule 300 mg</i>	4	MO; QL (30 EA per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	5	NMO; QL (30 EA per 30 days)
<i>fosamprenavir calcium oral tablet 700 mg</i>	5	NMO; QL (120 EA per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	4	MO; QL (1575 ML per 28 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	4	MO; QL (400 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	4	MO; QL (300 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	4	MO; QL (150 EA per 30 days)

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
NORVIR ORAL PACKET 100 MG	4	MO; QL (360 EA per 30 days)
NORVIR ORAL SOLUTION 80 MG/ML	4	MO; QL (480 ML per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG	5	NMO; QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	5	NMO; QL (360 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	4	MO; QL (240 EA per 30 days)
PREZISTA ORAL TABLET 600 MG	5	NMO; QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	4	MO; QL (480 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	5	NMO; QL (30 EA per 30 days)
REYATAZ ORAL PACKET 50 MG	4	MO; QL (180 EA per 30 days)
<i>ritonavir oral tablet 100 mg</i>	3	MO; QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	5	NMO; QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	5	NMO; QL (120 EA per 30 days)
Anti-Influenza Agents		
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	2	MO
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	2	MO
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	4	MO
<i>rimantadine hcl oral tablet 100 mg</i>	2	MO
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	MO
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	MO
ANXIOLYTICS		
Anxiolytics, Other		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	MO
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	4	MO
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg</i>	1	MO
<i>hydroxyzine hcl oral tablet 50 mg</i>	2	MO
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	2	MO

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	2	MO; QL (120 EA per 30 days)
Benzodiazepines		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	2	MO; QL (300 ML per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg</i>	2	MO; QL (120 EA per 30 days)
<i>alprazolam oral tablet 1 mg</i>	2	MO; QL (240 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	2	MO; QL (150 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	2	MO; QL (120 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	MO; QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	MO; QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	MO; QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	2	MO; QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	2	MO; QL (180 EA per 30 days)
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	2	MO; QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	2	MO; QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg</i>	1	MO; QL (120 EA per 30 days)
<i>diazepam oral tablet 5 mg</i>	1	MO; QL (240 EA per 30 days)
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	2	MO; QL (240 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	MO; QL (150 EA per 30 days)
BIPOLAR AGENTS		
Mood Stabilizers		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	2	MO
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	2	MO
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	MO
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	1	MO

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	MO
<i>lithium carbonate oral tablet 300 mg</i>	1	MO
BLOOD GLUCOSE REGULATORS		
Antidiabetic Agents		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	2	MO
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	MO
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	2	MO
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	2	MO
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	3	MO
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	3	MO
INVOKANA ORAL TABLET 100 MG, 300 MG	3	MO
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	3	MO
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	3	MO
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	MO
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	MO
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	MO
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	1	MO
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	2	MO
<i>nateglinide oral tablet 120 mg, 60 mg</i>	2	MO

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	3	MO
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	3	MO
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	3	MO
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	1	MO
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	2	MO
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	2	MO
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	MO
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	MO
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	4	PA; MO
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	4	PA; MO
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	3	MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	3	MO
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	3	MO
VICTOZA SUBCUTANEOUS SOLUTION PEN- INJECTOR 18 MG/3ML	3	MO
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	3	MO
Glycemic Agents		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	3	MO
<i>diazoxide oral suspension 50 mg/ml</i>	5	NMO
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	3	MO

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
<i>glucagon emergency injection kit 1 mg</i>	3	MO
KORLYM ORAL TABLET 300 MG	5	PA; NMO
Insulins		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	3	MO
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	3	MO
<i>cvs gauze sterile pad 2"x2"</i>	3	MO
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	3	MO
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	MO
FIASP INJECTION SOLUTION 100 UNIT/ML	3	MO
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	MO
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	MO
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	MO
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	MO
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	MO
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	MO
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	MO
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	MO
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	MO
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	MO
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	MO

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	MO
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	3	MO
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	MO
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	MO
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	MO
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	3	MO
RELI-ON INSULIN SYRINGE 29G 0.3 ML	3	MO
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	3	MO
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	MO
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	MO
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	MO
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	MO

BLOOD PRODUCTS AND MODIFIERS

Anticoagulants

ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	3	MO
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	MO
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	4	MO; QL (60 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	4	MO; QL (48 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml, 60 mg/0.6ml</i>	4	MO; QL (18 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	4	MO; QL (12 ML per 30 days)

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	5	NMO; QL (11.2 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	4	MO; QL (15 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	5	NMO; QL (5.6 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	5	NMO; QL (8.4 ML per 30 days)
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	2	BvD; MO
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	1	MO
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	MO
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	3	MO
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	3	MO
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	3	MO
<i>Blood Products And Modifiers, Other</i>		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	2	MO
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	5	PA; NMO
PROMACTA ORAL PACKET 12.5 MG	5	PA; NMO; QL (360 EA per 30 days)
PROMACTA ORAL PACKET 25 MG	5	PA; NMO; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	5	PA; NMO; QL (60 EA per 30 days)
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	5	PA; NMO; QL (56 EA per 28 days)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG	5	PA; NMO; QL (7 EA per 7 days)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	5	PA; NMO; QL (14 EA per 14 days)

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 20000 UNIT/ML, 4000 UNIT/ML	4	PA; MO; QL (12 ML per 28 days)
RETACRIT INJECTION SOLUTION 2000 UNIT/ML	4	PA; MO; QL (23 ML per 30 days)
RETACRIT INJECTION SOLUTION 3000 UNIT/ML	4	PA; MO; QL (16 ML per 30 days)
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	5	PA; NMO; QL (12 ML per 28 days)
tranexamic acid oral tablet 650 mg	2	MO
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	PA; NMO
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA; NMO
Platelet Modifying Agents		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	2	MO
BRILINTA ORAL TABLET 60 MG, 90 MG	3	MO
CABLIVI INJECTION KIT 11 MG	5	PA; NMO
cilostazol oral tablet 100 mg, 50 mg	2	MO
clopidogrel bisulfate oral tablet 75 mg	2	MO
prasugrel hcl oral tablet 10 mg, 5 mg	4	MO
CARDIOVASCULAR AGENTS		
Alpha-Adrenergic Agonists		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	MO
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	2	MO; QL (4 EA per 28 days)
droxidopa oral capsule 100 mg, 200 mg, 300 mg	5	PA; NMO; QL (180 EA per 30 days)
guanfacine hcl oral tablet 1 mg, 2 mg	1	MO
methyldopa oral tablet 250 mg, 500 mg	2	MO
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	2	MO
Alpha-Adrenergic Blocking Agents		
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	MO
prazosin hcl oral capsule 1 mg, 2 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>prazosin hcl oral capsule 5 mg</i>	2	MO
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	MO
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	2	MO; QL (60 EA per 30 days)
<i>candesartan cilexetil oral tablet 32 mg</i>	2	MO; QL (30 EA per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	MO; QL (30 EA per 30 days)
<i>losartan potassium oral tablet 100 mg, 25 mg</i>	1	MO; QL (30 EA per 30 days)
<i>losartan potassium oral tablet 50 mg</i>	1	MO; QL (60 EA per 30 days)
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	1	MO; QL (30 EA per 30 days)
<i>olmesartan medoxomil oral tablet 5 mg</i>	1	MO; QL (60 EA per 30 days)
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	MO; QL (30 EA per 30 days)
<i>valsartan oral tablet 160 mg</i>	2	MO; QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	2	MO; QL (30 EA per 30 days)
<i>valsartan oral tablet 40 mg, 80 mg</i>	2	MO; QL (90 EA per 30 days)
Angiotensin-Converting Enzyme (Ace) Inhibitors		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	MO
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	MO
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	MO
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	2	MO
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	2	MO
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	2	MO
Antiarrhythmics		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	2	MO

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	2	MO
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	4	MO
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	1	MO
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	2	MO
MULTAQ ORAL TABLET 400 MG	3	MO
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	2	MO
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	MO
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg</i>	2	MO
<i>sotalol hcl (af) oral tablet 80 mg</i>	1	MO
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	MO
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	MO
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	2	MO
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	MO
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	MO
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	2	MO
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	1	MO
<i>metoprolol succinate er oral tablet extended release 24 hour 200 mg</i>	2	MO
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	MO
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	MO
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	4	MO
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	MO
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg</i>	2	MO

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	2	MO
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO
<i>propranolol hcl oral tablet 60 mg</i>	2	MO
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	MO
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	2	MO
KATERZIA ORAL SUSPENSION 1 MG/ML	4	MO
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	2	MO
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg</i>	1	MO; QL (60 EA per 30 days)
<i>nifedipine er oral tablet extended release 24 hour 90 mg</i>	1	MO; QL (30 EA per 30 days)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg</i>	1	MO; QL (60 EA per 30 days)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 90 mg</i>	1	MO; QL (30 EA per 30 days)
<i>nifedipine oral capsule 10 mg, 20 mg</i>	2	MO
Calcium Channel Blocking Agents, Nondihydropyridines		
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG	2	MO; QL (60 EA per 30 days)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG	2	MO; QL (30 EA per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	2	MO; QL (30 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	2	MO; QL (60 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 300 mg</i>	2	MO; QL (30 EA per 30 days)
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	2	MO
<i>diltiazem hcl oral tablet 120 mg, 90 mg</i>	2	MO

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl oral tablet 30 mg, 60 mg</i>	1	MO
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	2	MO; QL (60 EA per 30 days)
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG	2	MO; QL (60 EA per 30 days)
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 360 MG	2	MO; QL (30 EA per 30 days)
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG	2	MO; QL (60 EA per 30 days)
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 360 MG, 420 MG	2	MO; QL (30 EA per 30 days)
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	2	MO
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	2	MO
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	MO
Cardiovascular Agents, Other		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	3	MO; QL (30 EA per 30 days)
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	MO
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	MO
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	2	MO; QL (30 EA per 30 days)
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	2	MO; QL (30 EA per 30 days)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	2	MO; QL (30 EA per 30 days)
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	MO
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	2	MO
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	MO

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	2	MO; QL (30 EA per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	4	PA; MO
DIGITEK ORAL TABLET 125 MCG, 250 MCG	1	MO; QL (30 EA per 30 days)
DIGOX ORAL TABLET 125 MCG, 250 MCG	1	MO; QL (30 EA per 30 days)
<i>digoxin oral solution 0.05 mg/ml</i>	2	MO; QL (255 ML per 30 days)
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	1	MO; QL (30 EA per 30 days)
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	MO
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	PA; MO
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	2	MO
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	2	MO
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	MO
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	MO
<i>metyrosine oral capsule 250 mg</i>	5	NMO
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	MO; QL (30 EA per 30 days)
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	2	MO; QL (30 EA per 30 days)
<i>pentoxifylline er oral tablet extended release 400 mg</i>	1	MO
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	2	MO
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	3	MO
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG	3	MO; QL (30 EA per 30 days)
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	2	MO; QL (30 EA per 30 days)
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	MO
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	MO; QL (30 EA per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	PA; MO
Diuretics, Loop		
<i>bumetanide injection solution 0.25 mg/ml</i>	2	MO
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	MO
<i>furosemide injection solution 10 mg/ml, 10 mg/ml (4ml syringe)</i>	2	BvD; MO
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	2	MO
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	MO
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	MO
Diuretics, Potassium-Sparing		
<i>amiloride hcl oral tablet 5 mg</i>	2	MO
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	MO
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
Diuretics, Thiazide		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	MO
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	MO
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	MO
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	MO
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 67 mg</i>	2	MO; QL (30 EA per 30 days)
<i>fenofibrate micronized oral capsule 43 mg</i>	2	MO; QL (60 EA per 30 days)

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate oral capsule 150 mg</i>	2	MO; QL (30 EA per 30 days)
<i>fenofibrate oral capsule 50 mg</i>	2	MO; QL (60 EA per 30 days)
<i>fenofibrate oral tablet 145 mg, 160 mg</i>	1	MO; QL (30 EA per 30 days)
<i>fenofibrate oral tablet 48 mg, 54 mg</i>	1	MO; QL (60 EA per 30 days)
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	2	MO; QL (30 EA per 30 days)
<i>gemfibrozil oral tablet 600 mg</i>	1	MO; QL (60 EA per 30 days)
Dyslipidemics, Hmg Coa Reductase Inhibitors		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	MO; QL (30 EA per 30 days)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	3	MO; QL (30 EA per 30 days)
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (45 EA per 30 days)
<i>lovastatin oral tablet 20 mg</i>	1	MO; QL (30 EA per 30 days)
<i>lovastatin oral tablet 40 mg</i>	1	MO; QL (60 EA per 30 days)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	MO; QL (30 EA per 30 days)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	MO; QL (30 EA per 30 days)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	MO; QL (30 EA per 30 days)
Dyslipidemics, Other		
<i>cholestyramine light oral packet 4 gm</i>	2	MO
<i>cholestyramine oral packet 4 gm</i>	2	MO
<i>colestipol hcl oral packet 5 gm</i>	2	MO
<i>colestipol hcl oral tablet 1 gm</i>	2	MO
<i>ezetimibe oral tablet 10 mg</i>	1	MO; QL (30 EA per 30 days)
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	5	PA; NMO
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	2	MO
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	2	MO
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	3	PA; MO

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	3	PA; MO
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; MO
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM	3	MO
Vasodilators, Direct-Acting Arterial/ Venous		
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	MO
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	2	MO
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg	2	MO
isosorbide mononitrate er oral tablet extended release 24 hour 30 mg, 60 mg	1	MO
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	MO
minoxidil oral tablet 10 mg, 2.5 mg	1	MO
NITRO-BID TRANSDERMAL OINTMENT 2 %	3	MO
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	2	MO
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	2	MO
nitroglycerin translingual solution 0.4 mg/spray	2	MO
RECTIV RECTAL OINTMENT 0.4 %	4	MO
CENTRAL NERVOUS SYSTEM AGENTS		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	2	MO; QL (90 EA per 30 days)
amphetamine-dextroamphetamine oral tablet 30 mg	2	MO; QL (60 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg	4	MO; QL (180 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	4	MO; QL (120 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	4	MO; QL (360 EA per 30 days)
dextroamphetamine sulfate oral solution 5 mg/5ml	4	MO; QL (1800 ML per 30 days)

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	4	MO; QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg</i>	4	MO; QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 20 mg</i>	4	MO; QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	4	MO; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	4	MO; QL (150 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	4	MO; QL (30 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	1	MO; QL (60 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 2.5 mg</i>	1	MO; QL (240 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 5 mg</i>	1	MO; QL (120 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	4	MO; QL (30 EA per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	2	MO; QL (90 EA per 30 days)
Central Nervous System, Other		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	5	PA; NMO; QL (120 EA per 30 days)
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	5	PA; NMO
NUDEXTA ORAL CAPSULE 20-10 MG	3	PA; MO
<i>riluzole oral tablet 50 mg</i>	4	PA; MO
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; NMO; QL (240 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; NMO; QL (120 EA per 30 days)
Fibromyalgia Agents		
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg</i>	2	MO; QL (90 EA per 30 days)
<i>pregabalin oral capsule 200 mg, 225 mg, 300 mg</i>	2	MO; QL (60 EA per 30 days)
<i>pregabalin oral capsule 75 mg</i>	2	MO; QL (120 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	2	MO; QL (900 ML per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	MO; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	3	MO; QL (55 EA per 28 days)

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
Multiple Sclerosis Agents		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	5	PA; NMO
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	5	PA; NMO
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NMO
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML	5	PA; NMO
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	5	PA; NMO; QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	5	PA; NMO
<i>dimethyl fumarate starter pack oral 120 & 240 mg</i>	5	PA; NMO
GILENYA ORAL CAPSULE 0.5 MG	5	PA; NMO
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	5	PA; NMO
MAYZENT ORAL TABLET 0.25 MG, 2 MG	5	PA; NMO
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	5	PA; NMO
DENTAL AND ORAL AGENTS		
Dental And Oral Agents		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	MO
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	1	MO
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	2	MO
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	2	MO
DERMATOLOGICAL AGENTS		
Acne And Rosacea Agents		
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	3	MO
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	4	PA; MO
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	4	MO
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	2	MO

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	MO
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	2	MO
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	MO
<i>tazarotene external cream 0.1 %</i>	2	PA; MO
TAZORAC EXTERNAL CREAM 0.05 %	4	PA; MO
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	4	PA; MO
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	2	PA; MO
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>	2	PA; MO
<i>Dermatitis And Pruitus Agents</i>		
<i>alclometasone dipropionate external cream 0.05 %</i>	2	MO
<i>alclometasone dipropionate external ointment 0.05 %</i>	2	MO
<i>amcinonide external cream 0.1 %</i>	4	MO
<i>amcinonide external ointment 0.1 %</i>	4	MO
<i>ammonium lactate external cream 12 %</i>	1	MO
<i>ammonium lactate external lotion 12 %</i>	1	MO
<i>betamethasone dipropionate aug external cream 0.05 %</i>	2	MO
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	2	MO
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	2	MO
<i>betamethasone dipropionate external cream 0.05 %</i>	2	MO
<i>betamethasone dipropionate external lotion 0.05 %</i>	2	MO
<i>betamethasone dipropionate external ointment 0.05 %</i>	2	MO
<i>betamethasone valerate external cream 0.1 %</i>	2	MO
<i>betamethasone valerate external lotion 0.1 %</i>	2	MO
<i>betamethasone valerate external ointment 0.1 %</i>	2	MO

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate e external cream 0.05 %</i>	4	MO
<i>clobetasol propionate external cream 0.05 %</i>	4	MO
<i>clobetasol propionate external gel 0.05 %</i>	4	MO
<i>clobetasol propionate external ointment 0.05 %</i>	4	MO
<i>clobetasol propionate external solution 0.05 %</i>	2	MO
<i>desonide external cream 0.05 %</i>	4	MO
<i>desonide external lotion 0.05 %</i>	4	MO
<i>desonide external ointment 0.05 %</i>	2	MO
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	4	MO
<i>desoximetasone external gel 0.05 %</i>	4	MO
<i>desoximetasone external ointment 0.25 %</i>	4	MO
EUCRISA EXTERNAL OINTMENT 2 %	4	MO
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	2	MO
<i>fluocinolone acetonide external ointment 0.025 %</i>	2	MO
<i>fluocinolone acetonide external solution 0.01 %</i>	4	MO
<i>fluocinonide emulsified base external cream 0.05 %</i>	2	MO
<i>fluocinonide external gel 0.05 %</i>	4	MO
<i>fluocinonide external ointment 0.05 %</i>	2	MO
<i>fluocinonide external solution 0.05 %</i>	2	MO
<i>fluticasone propionate external cream 0.05 %</i>	1	MO
<i>fluticasone propionate external ointment 0.005 %</i>	1	MO
<i>halobetasol propionate external cream 0.05 %</i>	4	MO
<i>halobetasol propionate external ointment 0.05 %</i>	2	MO
<i>hydrocortisone (perianal) external cream 2.5 %</i>	1	MO
<i>hydrocortisone external cream 1 %</i>	1	MO
<i>hydrocortisone external lotion 2.5 %</i>	1	MO
<i>hydrocortisone external ointment 1 %</i>	2	MO
<i>hydrocortisone external ointment 2.5 %</i>	1	MO
<i>hydrocortisone valerate external cream 0.2 %</i>	2	MO
<i>hydrocortisone valerate external ointment 0.2 %</i>	2	MO
<i>mometasone furoate external cream 0.1 %</i>	2	MO

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
<i>mometasone furoate external ointment 0.1 %</i>	2	MO
<i>mometasone furoate external solution 0.1 %</i>	2	MO
<i>pimecrolimus external cream 1 %</i>	4	MO
<i>prednicarbate external ointment 0.1 %</i>	4	MO
PROCTO-MED HC EXTERNAL CREAM 2.5 %	4	MO
PROCTO-PAK EXTERNAL CREAM 1 %	4	MO
PROCTOSOL HC EXTERNAL CREAM 2.5 %	4	MO
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	3	MO
<i>selenium sulfide external lotion 2.5 %</i>	1	MO
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	4	MO
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	1	MO
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	2	MO
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	1	MO
<i>Dermatological Agents, Other</i>		
<i>calcipotriene external solution 0.005 %</i>	4	MO
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	2	MO
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	2	MO
<i>diclofenac sodium external gel 3 %</i>	4	PA; MO
<i>fluorouracil external cream 5 %</i>	2	MO
<i>fluorouracil external solution 2 %, 5 %</i>	2	MO
<i>global alcohol prep ease pad 70 %</i>	2	MO
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	2	MO
<i>imiquimod external cream 5 %</i>	2	MO
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	2	MO
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	2	MO
<i>podofilox external solution 0.5 %</i>	2	MO

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
REGRANEX EXTERNAL GEL 0.01 %	5	PA; NMO
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	4	MO
<i>silver sulfadiazine external cream 1 %</i>	2	MO
SSD EXTERNAL CREAM 1 %	3	MO
<i>Pediculicides/Scabicides</i>		
<i>malathion external lotion 0.5 %</i>	4	MO
<i>permethrin external cream 5 %</i>	2	MO
<i>Topical Anti-Infectives</i>		
<i>ciclopirox external gel 0.77 %</i>	2	MO
<i>ciclopirox external shampoo 1 %</i>	2	MO
<i>ciclopirox external solution 8 %</i>	2	MO
<i>clindamycin phosphate external gel 1 %</i>	2	MO
<i>clindamycin phosphate external lotion 1 %</i>	2	MO
<i>clindamycin phosphate external solution 1 %</i>	2	MO
<i>ery external pad 2 %</i>	3	MO
<i>erythromycin external gel 2 %</i>	2	MO
<i>erythromycin external solution 2 %</i>	2	MO
<i>mupirocin calcium external cream 2 %</i>	4	MO
<i>mupirocin external ointment 2 %</i>	1	MO
ELECTROLYTES/MINERALS/METALS/VITAMINS		
<i>Electrolyte/ Mineral Replacement</i>		
<i>carglumic acid oral tablet soluble 200 mg</i>	5	PA; NMO
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	4	BvD; MO
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	2	BvD; MO
<i>kcl-lactated ringers-d5w intravenous solution 20 meq/l</i>	2	BvD; MO
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	MO

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	MO
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	2	MO
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	1	MO
KLOR-CON ORAL PACKET 20 MEQ	2	MO
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	2	MO
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	2	BvD; MO
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	3	BvD; MO
PLASMA-LYTE A INTRAVENOUS SOLUTION	3	BvD; MO
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	1	MO
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	2	MO
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	MO
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%</i>	2	BvD; MO
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	3	BvD; MO
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml</i>	2	BvD; MO
<i>potassium chloride oral packet 20 meq</i>	2	MO
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	2	MO
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	2	MO
<i>sodium chloride intravenous solution 0.45 %</i>	2	MO
<i>sodium chloride intravenous solution 0.9 %, 3 %, 5 %</i>	2	BvD; MO
<i>sodium chloride irrigation solution 0.9 %</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
sodium fluoride oral tablet 2.2 (1 f) mg	2	MO
Electrolyte/Mineral/Metal Modifiers		
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	5	PA; NMO
deferasirox oral tablet 180 mg, 360 mg, 90 mg	5	PA; NMO
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	5	PA; NMO
deferiprone oral tablet 1000 mg, 500 mg	5	PA; NMO
FERRIPROX ORAL SOLUTION 100 MG/ML	5	PA; NMO
FERRIPROX ORAL TABLET 1000 MG	5	PA; NMO
LOKELMA ORAL PACKET 10 GM, 5 GM	4	MO
sodium polystyrene sulfonate oral powder	2	MO
SPS ORAL SUSPENSION 15 GM/60ML	3	MO
tolvaptan oral tablet 15 mg	5	PA; NMO; QL (120 EA per 30 days)
tolvaptan oral tablet 30 mg	5	PA; NMO; QL (60 EA per 30 days)
trientine hcl oral capsule 250 mg	5	PA; NMO
Electrolytes/Minerals/Metals/Vitamins		
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 %	3	BvD; MO
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	3	BvD; MO
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	3	BvD; MO
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	3	BvD; MO
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	3	BvD; MO
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	4	BvD; MO
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	4	BvD; MO
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	4	BvD; MO
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	4	BvD; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>dextrose intravenous solution 10 %, 5 %</i>	2	BvD; MO
<i>dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %</i>	3	BvD; MO
<i>dextrose-nacl intravenous solution 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	3	MO
DOJOLVI ORAL LIQUID 100 %	5	PA; NMO
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	BvD; MO
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	4	BvD; MO
<i>levocarnitine oral solution 1 gm/10ml</i>	2	BvD; MO
<i>levocarnitine oral tablet 330 mg</i>	2	BvD; MO
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	BvD; MO
PREMASOL INTRAVENOUS SOLUTION 10 %	4	BvD; MO
<i>prenatal oral tablet 27-1 mg</i>	2	MO
PROCALAMINE INTRAVENOUS SOLUTION 3 %	4	BvD; MO
PROSOL INTRAVENOUS SOLUTION 20 %	4	BvD; MO
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	2	BvD; MO
TRAVASOL INTRAVENOUS SOLUTION 10 %	4	BvD; MO
TROPHAMINE INTRAVENOUS SOLUTION 10 %	4	BvD; MO
Phosphate Binders		
AURYXIA ORAL TABLET 1 GM 210 MG(FE)	4	PA; MO
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	2	MO
<i>calcium acetate oral tablet 667 mg</i>	2	MO
<i>sevelamer carbonate oral packet 0.8 gm</i>	5	NMO; QL (540 EA per 30 days)
<i>sevelamer carbonate oral packet 2.4 gm</i>	5	NMO; QL (180 EA per 30 days)
<i>sevelamer carbonate oral tablet 800 mg</i>	4	MO; QL (540 EA per 30 days)
VELPHORO ORAL TABLET CHEWABLE 500 MG	4	MO

GASTROINTESTINAL AGENTS

Anti-Constipation Agents

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
<i>constulose oral solution 10 gm/15ml</i>	1	MO
<i>enulose oral solution 10 gm/15ml</i>	1	MO
<i>generlac oral solution 10 gm/15ml</i>	1	MO
<i>lactulose oral solution 10 gm/15ml</i>	1	MO
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	MO; QL (30 EA per 30 days)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	3	MO; QL (60 EA per 30 days)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	MO; QL (30 EA per 30 days)
Anti-Diarrheal Agents		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	5	NMO; QL (60 EA per 30 days)
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	4	MO
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	2	MO
<i>loperamide hcl oral capsule 2 mg</i>	1	MO
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl oral capsule 10 mg</i>	1	MO
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	2	MO
<i>dicyclomine hcl oral tablet 20 mg</i>	1	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	MO
Gastrointestinal Agents, Other		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG	5	PA; NMO
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG	5	PA; NMO
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML	4	MO
GATTEX SUBCUTANEOUS KIT 5 MG	5	PA; NMO
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	1	MO
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	1	MO
LIVMARLI ORAL SOLUTION 9.5 MG/ML	5	PA; NMO
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	1	MO
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	MO

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	2	MO
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	2	MO
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	4	MO
SUTAB ORAL TABLET 1479-225-188 MG	4	MO
<i>ursodiol oral capsule 300 mg</i>	2	MO
<i>ursodiol oral tablet 250 mg, 500 mg</i>	2	MO
Histamine2 (H2) Receptor Antagonists		
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	2	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>nizatidine oral capsule 150 mg, 300 mg</i>	2	MO
Protectants		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	2	MO
<i>sucralfate oral suspension 1 gm/10ml</i>	4	MO
<i>sucralfate oral tablet 1 gm</i>	1	MO
Proton Pump Inhibitors		
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG	3	MO
<i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>	3	MO
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	2	MO
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	2	MO
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	1	MO
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	1	MO
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
<i>betaine oral powder</i>	5	NMO

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Drug Name	Drug Tier	Requirements/Limits
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	3	MO
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	4	MO
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	PA; MO
ENDARI ORAL PACKET 5 GM	4	PA; MO
GALAFOLD ORAL CAPSULE 123 MG	5	PA; NMO
<i>miglustat oral capsule 100 mg</i>	5	PA; NMO
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	5	PA; NMO
ORFADIN ORAL CAPSULE 20 MG	5	PA; NMO
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA; NMO
RAVICTI ORAL LIQUID 1.1 GM/ML	5	PA; NMO
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	5	PA; NMO
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	5	PA; NMO
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	5	PA; NMO
VYNDAMAX ORAL CAPSULE 61 MG	5	PA; NMO; QL (30 EA per 30 days)
XURIDEN ORAL PACKET 2 GM	5	PA; NMO
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	3	MO

GENITOURINARY AGENTS

Antispasmodics, Urinary

<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	4	MO
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	3	MO; QL (300 ML per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	3	MO; QL (30 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	2	MO; QL (60 EA per 30 days)

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	2	MO; QL (600 ML per 30 days)
<i>oxybutynin chloride oral tablet 5 mg</i>	1	MO; QL (120 EA per 30 days)
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	2	MO; QL (30 EA per 30 days)
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	2	MO; QL (30 EA per 30 days)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	2	MO; QL (60 EA per 30 days)
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>	2	MO; QL (30 EA per 30 days)
<i>tropium chloride oral tablet 20 mg</i>	2	MO; QL (60 EA per 30 days)
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	1	MO; QL (30 EA per 30 days)
<i>dutasteride oral capsule 0.5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	2	MO; QL (30 EA per 30 days)
<i>finasteride oral tablet 5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>silodosin oral capsule 4 mg, 8 mg</i>	4	MO; QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	1	MO; QL (60 EA per 30 days)
Genitourinary Agents, Other		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	MO
ELMIRON ORAL CAPSULE 100 MG	4	MO
<i>penicillamine oral tablet 250 mg</i>	5	NMO
PHEXXI VAGINAL GEL 1.8-1-0.4 %	4	MO
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	2	MO
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	MO
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	1	MO
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO
ISTURISA ORAL TABLET 1 MG	5	PA; NMO; QL (240 EA per 30 days)
ISTURISA ORAL TABLET 10 MG	5	PA; NMO; QL (180 EA per 30 days)
ISTURISA ORAL TABLET 5 MG	5	PA; NMO; QL (120 EA per 30 days)

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	BvD; MO
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	2	MO
<i>prednisolone oral solution 15 mg/5ml</i>	2	BvD; MO
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	4	BvD; MO
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	2	BvD; MO
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	2	BvD; MO
<i>prednisone oral solution 5 mg/5ml</i>	2	BvD; MO
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	BvD; MO
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	1	MO

HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)

Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)

<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	2	MO
<i>desmopressin acetate spray nasal solution 0.01 %</i>	2	MO
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	5	PA; NMO
NOC DURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	4	MO
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	5	PA; NMO
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	5	PA; NMO

HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)

Androgens

ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR	3	MO
<i>danazol oral capsule 100 mg, 50 mg</i>	2	MO
<i>danazol oral capsule 200 mg</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>oxandrolone oral tablet 10 mg</i>	4	PA; MO
<i>oxandrolone oral tablet 2.5 mg</i>	3	PA; MO
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	2	MO
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	2	MO
<i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)</i>	3	MO
<i>testosterone transdermal gel 50 mg/5gm (1%)</i>	4	MO
<i>testosterone transdermal solution 30 mg/act</i>	3	MO
Estrogens		
DUAVEE ORAL TABLET 0.45-20 MG	3	MO
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	MO
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	MO
<i>estradiol vaginal cream 0.1 mg/gm</i>	4	MO
<i>estradiol vaginal tablet 10 mcg</i>	4	MO
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	4	MO
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG	4	MO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	4	MO
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	MO
PREMARIN VAGINAL CREAM 0.625 MG/GM	3	MO
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	1	MO
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	1	MO
APRI ORAL TABLET 0.15-30 MG-MCG	1	MO

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	2	MO
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	1	MO
AVIANE ORAL TABLET 0.1-20 MG-MCG	1	MO
BALZIVA ORAL TABLET 0.4-35 MG-MCG	2	MO
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	2	MO
CAZIENT ORAL TABLET 0.1/0.125/0.15 -0.025 MG	2	MO
CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG	2	MO
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	1	MO
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	2	MO
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	1	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	2	MO
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	4	MO
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	1	MO
ENPRESSE-28 ORAL TABLET 50-30/75-40/125-30 MCG	1	MO
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	1	MO
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	1	MO
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	2	MO
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	4	MO
FALMINA ORAL TABLET 0.1-20 MG-MCG	1	MO
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	1	MO
ICLEVIA ORAL TABLET 0.15-0.03 MG	2	MO
INTRAROSA VAGINAL INSERT 6.5 MG	3	PA; MO

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
INTROVALE ORAL TABLET 0.15-0.03 MG	2	MO
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	1	MO
JASMIEL ORAL TABLET 3-0.02 MG	2	MO
JULEBER ORAL TABLET 0.15-30 MG-MCG	1	MO
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	MO
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	2	MO
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	1	MO
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	1	MO
KURVELO ORAL TABLET 0.15-30 MG-MCG	1	MO
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	MO
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
LARISSIA ORAL TABLET 0.1-20 MG-MCG	1	MO
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	2	MO
LESSINA ORAL TABLET 0.1-20 MG-MCG	1	MO
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	1	MO
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	2	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	1	MO
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	1	MO
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	1	MO
LORYNA ORAL TABLET 3-0.02 MG	2	MO
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	2	MO

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
LUTERA ORAL TABLET 0.1-20 MG-MCG	1	MO
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	1	MO
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	MO
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	MO
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
MILI ORAL TABLET 0.25-35 MG-MCG	1	MO
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	2	MO
NIKKI ORAL TABLET 3-0.02 MG	2	MO
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	1	MO
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	2	MO
<i>norethindrone-eth estradiol oral tablet 1-5 mg-mcg</i>	2	MO
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	MO
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	MO
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	2	MO
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	1	MO
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	MO
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	MO
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG	1	MO
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	MO
NYMYO ORAL TABLET 0.25-35 MG-MCG	1	MO
OCELLA ORAL TABLET 3-0.03 MG	2	MO

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	1	MO
OSPHENA ORAL TABLET 60 MG	3	PA; MO
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	2	MO
PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG	1	MO
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	1	MO
PREMPHASE ORAL TABLET 0.625-5 MG	3	MO
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	MO
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	1	MO
SETLAKIN ORAL TABLET 0.15-0.03 MG	2	MO
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	1	MO
SRONYX ORAL TABLET 0.1-20 MG-MCG	1	MO
SYEDA ORAL TABLET 3-0.03 MG	2	MO
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	1	MO
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO
TRIVORA (28) ORAL TABLET 50-30/75-40/125-30 MCG	1	MO
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	2	MO
VESTURA ORAL TABLET 3-0.02 MG	2	MO
VIENVA ORAL TABLET 0.1-20 MG-MCG	1	MO
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	2	MO
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	1	MO

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	MO
Progestins		
CAMILA ORAL TABLET 0.35 MG	1	MO
DEBLITANE ORAL TABLET 0.35 MG	1	MO
ERRIN ORAL TABLET 0.35 MG	1	MO
INCASSIA ORAL TABLET 0.35 MG	1	MO
LYLEQ ORAL TABLET 0.35 MG	1	MO
LYZA ORAL TABLET 0.35 MG	1	MO
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	2	MO
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	2	MO
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>megestrol acetate oral suspension 40 mg/ml</i>	2	MO
<i>megestrol acetate oral suspension 625 mg/5ml</i>	4	MO
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	1	MO
NORA-BE ORAL TABLET 0.35 MG	1	MO
<i>norethindrone acetate oral tablet 5 mg</i>	2	MO
<i>norethindrone oral tablet 0.35 mg</i>	1	MO
<i>progesterone oral capsule 100 mg, 200 mg</i>	2	MO
SHAROBEL ORAL TABLET 0.35 MG	1	MO
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	MO
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	MO

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
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	MO
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	MO
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	MO
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	MO
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline oral tablet 0.5 mg</i>	2	MO
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	4	PA2; MO
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	2	PA2; MO
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	5	PA2; NMO
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	5	PA2; NMO
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	5	PA2; NMO
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	PA2; NMO
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml</i>	2	PA; MO
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	5	PA; NMO
<i>octreotide acetate injection solution 200 mcg/ml</i>	4	PA; MO
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	5	PA; NMO; QL (60 ML per 30 days)

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NMO; QL (60 EA per 30 days)
SYNAREL NASAL SOLUTION 2 MG/ML	5	PA; NMO
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	5	PA2; NMO
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
<i>Antithyroid Agents</i>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil oral tablet 50 mg</i>	1	MO
IMMUNOLOGICAL AGENTS		
<i>Angioedema Agents</i>		
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	5	PA; NMO
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML	5	PA; NMO
<i>icatibant acetate subcutaneous solution 30 mg/3ml</i>	5	PA; NMO
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	5	PA; NMO
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA; NMO
<i>Immunoglobulins</i>		
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	5	BvD; NMO
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	5	BvD; NMO
<i>Immunological Agents, Other</i>		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	5	PA; NMO
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; NMO

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; NMO
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; NMO
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML	5	PA; NMO
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML, 300 MG/2ML	5	PA; NMO
<i>leflunomide oral tablet 10 mg, 20 mg</i>	2	MO
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	5	PA; NMO
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	5	PA; NMO
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; NMO
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; NMO
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA; NMO
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	5	PA; NMO
TAVNEOS ORAL CAPSULE 10 MG	5	PA; NMO
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	5	PA; NMO
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	5	PA; NMO
Immunostimulants		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	5	PA2; NMO
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	5	PA2; NMO
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	5	PA2; NMO

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; NMO
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	5	PA; NMO
Immunosuppressants		
AZASAN ORAL TABLET 100 MG, 75 MG	3	BvD; MO
<i>azathioprine oral tablet 100 mg, 75 mg</i>	3	BvD; MO
<i>azathioprine oral tablet 50 mg</i>	2	BvD; MO
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	5	PA; NMO
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	5	PA; NMO
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	2	BvD; MO
<i>cyclosporine modified oral solution 100 mg/ml</i>	2	BvD; MO
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	2	BvD; MO
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	5	PA; NMO
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; NMO
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	5	PA; NMO
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	5	PA; NMO
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	5	PA; NMO
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	5	PA2; NMO
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	4	BvD; MO
<i>everolimus oral tablet 0.25 mg</i>	4	BvD; MO; QL (60 EA per 30 days)
<i>everolimus oral tablet 0.5 mg</i>	5	BvD; NMO; QL (120 EA per 30 days)
<i>everolimus oral tablet 0.75 mg, 1 mg</i>	5	BvD; NMO; QL (60 EA per 30 days)
GENGRAF ORAL CAPSULE 100 MG, 25 MG	2	BvD; MO
GENGRAF ORAL SOLUTION 100 MG/ML	2	BvD; MO

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	5	PA; NMO
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	5	PA; NMO
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	5	PA; NMO
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; NMO
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; NMO
HUMIRA PEN-PSOR/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; NMO
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	5	PA; NMO
LUPKYNIS ORAL CAPSULE 7.9 MG	5	PA; NMO; QL (180 EA per 30 days)
<i>methotrexate oral tablet 2.5 mg</i>	2	BvD; MO
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	1	BvD; MO
<i>methotrexate sodium injection solution 50 mg/2ml</i>	1	BvD; MO
<i>mycophenolate mofetil oral capsule 250 mg</i>	4	BvD; MO
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	5	BvD; NMO
<i>mycophenolate mofetil oral tablet 500 mg</i>	2	BvD; MO
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	2	BvD; MO
PROGRAF ORAL PACKET 0.2 MG, 1 MG	4	BvD; MO
REZUROCK ORAL TABLET 200 MG	5	PA; NMO
<i>sirolimus oral solution 1 mg/ml</i>	5	BvD; NMO
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	4	BvD; MO
<i>sirolimus oral tablet 2 mg</i>	5	BvD; NMO

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus oral capsule 0.5 mg</i>	2	BvD; MO
<i>tacrolimus oral capsule 1 mg, 5 mg</i>	4	BvD; MO
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	4	BvD; MO
Vaccines		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	3	MO
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	4	MO
<i>bcg vaccine injection solution reconstituted 50 mg</i>	4	MO
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	MO
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	3	MO
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	3	MO
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	4	MO
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml</i>	4	BvD; MO
ENGRIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	3	BvD; MO
GARDASIL 9 INTRAMUSCULAR SUSPENSION	3	MO
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	MO
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	3	MO
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	3	MO
IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML	3	BvD; MO
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	4	MO
IPOL INJECTION INJECTABLE	3	MO
IXIARO INTRAMUSCULAR SUSPENSION	3	MO

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	4	MO
MENACTRA INTRAMUSCULAR SOLUTION	3	MO
MENQUADFI INTRAMUSCULAR SOLUTION	3	MO
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	MO
M-M-R II INJECTION SOLUTION RECONSTITUTED	3	MO
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	MO
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	3	MO
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	4	MO
<i>prehevbrio intramuscular suspension 10 mcg/ml</i>	3	BvD; MO
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	MO
QUADRACEL INTRAMUSCULAR SUSPENSION , (58 UNT/ML)	4	MO
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	BvD; MO
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 10 MCG/ML (1ML SYRINGE), 40 MCG/ML, 5 MCG/0.5ML	3	BvD; MO
ROTARIX ORAL SUSPENSION RECONSTITUTED	3	MO
ROTATEQ ORAL SOLUTION	3	MO
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	MO
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	3	BvD; MO
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	3	BvD; MO
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 2.4 MCG/0.5ML	3	MO
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	MO

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	3	MO
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	3	MO
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	3	MO
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	3	MO
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	3	MO
YF-VAX SUBCUTANEOUS INJECTABLE	3	MO
INFLAMMATORY BOWEL DISEASE AGENTS		
<i>Aminosalicylates</i>		
<i>balsalazide disodium oral capsule 750 mg</i>	2	MO
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM	3	MO
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	4	MO
<i>mesalamine oral capsule delayed release 400 mg</i>	4	MO
<i>mesalamine oral tablet delayed release 800 mg</i>	4	MO
<i>mesalamine rectal enema 4 gm</i>	4	MO
<i>sulfasalazine oral tablet 500 mg</i>	1	MO
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	MO
<i>Glucocorticoids</i>		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	4	MO
<i>budesonide oral capsule delayed release particles 3 mg</i>	4	MO
<i>hydrocortisone rectal enema 100 mg/60ml</i>	4	MO
METABOLIC BONE DISEASE AGENTS		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium oral tablet 10 mg</i>	1	MO; QL (30 EA per 30 days)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 EA per 28 days)
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	2	BvD; MO; QL (4 ML per 28 days)

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	BvD; MO
<i>calcitriol oral solution 1 mcg/ml</i>	4	BvD; MO
<i>cinacalcet hcl oral tablet 30 mg</i>	4	BvD; MO; QL (120 EA per 30 days)
<i>cinacalcet hcl oral tablet 60 mg</i>	5	BvD; NMO; QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	5	BvD; NMO; QL (120 EA per 30 days)
<i>ibandronate sodium oral tablet 150 mg</i>	1	MO; QL (1 EA per 30 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	5	PA; NMO
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	4	BvD; MO
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	4	MO; QL (1 ML per 180 days)
<i>raloxifene hcl oral tablet 60 mg</i>	2	MO
<i>risedronate sodium oral tablet 150 mg</i>	2	MO; QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	2	MO; QL (30 EA per 30 days)
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	2	MO; QL (4 EA per 28 days)
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>	5	PA; NMO; QL (2.48 ML per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	5	PA; NMO; QL (1.56 ML per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	5	PA; NMO; QL (2 ML per 28 days)
OPHTHALMIC AGENTS		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate ophthalmic solution 1 %</i>	2	MO
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	2	MO
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	3	MO; QL (60 EA per 30 days)
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	5	PA; NMO
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	5	PA; NMO
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	2	MO

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	MO
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	MO
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	2	MO
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	MO
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	MO; QL (60 ML per 30 days)
RESTASIS OPHTHALMIC EMULSION 0.05 %	3	MO; QL (60 EA per 30 days)
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	2	MO
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	2	MO
Ophthalmic Anti-Allergy Agents		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	2	MO
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	MO
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	2	MO
Ophthalmic Anti-Infectives		
AZASITE OPHTHALMIC SOLUTION 1 %	4	MO
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	2	MO
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	MO
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	1	MO
<i>gatifloxacin ophthalmic solution 0.5 %</i>	2	MO
GENTAK OPHTHALMIC OINTMENT 0.3 %	2	MO
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	1	MO
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	2	MO
NATACYN OPHTHALMIC SUSPENSION 5 %	4	MO
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	2	MO
<i>ofloxacin ophthalmic solution 0.3 %</i>	2	MO
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	2	MO
<i>tobramycin ophthalmic solution 0.3 %</i>	1	MO

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Anti-Inflammatories		
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	2	MO
BROMSITE OPHTHALMIC SOLUTION 0.075 %	4	MO
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	2	MO
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	2	MO
DUREZOL OPHTHALMIC EMULSION 0.05 %	3	MO
<i>fluorometholone ophthalmic suspension 0.1 %</i>	2	MO
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	1	MO
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	3	MO
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	2	MO
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	2	MO
<i>prednisolone acetate ophthalmic suspension 1 %</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	2	MO
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	2	MO
<i>carteolol hcl ophthalmic solution 1 %</i>	1	MO
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	MO
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	2	MO
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	2	MO
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	MO
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	2	MO
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	MO
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	MO
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	2	MO

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
AZOPT OPHTHALMIC SUSPENSION 1 %	3	MO
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	2	MO
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	3	MO
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	4	MO
<i>dorzolamide hcl ophthalmic solution 2 %</i>	1	MO
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	2	MO
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	2	MO
<i>methazolamide oral tablet 25 mg, 50 mg</i>	4	MO
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	2	MO
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	4	MO
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	4	MO
Ophthalmic Prostaglandin And Prostanamide Analogs		
<i>latanoprost ophthalmic solution 0.005 %</i>	2	MO
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	MO
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	4	MO
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	3	MO
OTIC AGENTS		
Otic Agents		
<i>acetic acid otic solution 2 %</i>	1	MO
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	4	MO
<i>ciprofloxacin hcl otic solution 0.2 %</i>	4	MO
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i>	4	MO
<i>fluocinolone acetonide otic oil 0.01 %</i>	2	MO
<i>neomycin-polymyxin-hc otic solution 1 %</i>	2	MO
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	2	MO

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Last updated 07/26/2022.

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<i>ofloxacin otic solution 0.3 %</i>	4	MO
RESPIRATORY TRACT/ PULMONARY AGENTS		
Antihistamines		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	2	MO; QL (30 ML per 25 days)
<i>cetirizine hcl oral solution 1 mg/ml</i>	1	MO
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	4	MO
<i>cyproheptadine hcl oral tablet 4 mg</i>	4	MO
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	2	MO
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	1	MO
Anti-Inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	MO; QL (30 EA per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	3	MO; QL (2 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH	3	MO; QL (2 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	3	MO; QL (2 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	MO; QL (26 GM per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	4	BvD; MO
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST	3	MO; QL (60 EA per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	3	MO; QL (24 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	3	MO; QL (21.2 GM per 30 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	2	MO; QL (50 ML per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	1	MO; QL (16 GM per 30 days)

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Last updated 07/26/2022.

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<i>mometasone furoate nasal suspension 50 mcg/act</i>	2	MO; QL (34 GM per 30 days)
Antileukotrienes		
<i>montelukast sodium oral packet 4 mg</i>	2	MO; QL (30 EA per 30 days)
<i>montelukast sodium oral tablet 10 mg</i>	1	MO; QL (30 EA per 30 days)
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	2	MO; QL (60 EA per 30 days)
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	4	MO; QL (26 GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	BvD; MO
<i>ipratropium bromide nasal solution 0.03 %</i>	2	MO; QL (60 ML per 30 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	2	MO; QL (30 ML per 30 days)
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	3	MO; QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	3	MO; QL (4 GM per 30 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	2	MO; QL (17 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i>	2	MO; QL (13.4 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	2	MO; QL (36 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	2	BvD; MO
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	2	MO
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	2	MO
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	2	MO
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	2	MO
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	3	MO; QL (60 EA per 30 days)

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	4	MO
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	3	MO; QL (36 GM per 30 days)
<i>Cystic Fibrosis Agents</i>		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	5	PA; NMO
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	5	PA; NMO
KALYDECO ORAL TABLET 150 MG	5	PA; NMO
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	5	PA; NMO
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; NMO
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	BvD; NMO
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	5	PA; NMO
TOBI PODHALER INHALATION CAPSULE 28 MG	5	PA; NMO
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	5	BvD; NMO
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	5	PA; NMO
<i>Phosphodiesterase Inhibitors, Airways Disease</i>		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	3	MO; QL (30 EA per 30 days)
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	2	MO
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	2	MO
<i>Pulmonary Antihypertensives</i>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; NMO; QL (90 EA per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	5	PA; NMO; QL (30 EA per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	5	PA; NMO; QL (60 EA per 30 days)
OPSUMIT ORAL TABLET 10 MG	5	PA; NMO; QL (90 EA per 30 days)

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Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil citrate oral tablet 20 mg</i>	2	PA; MO; QL (90 EA per 30 days)
Pulmonary Fibrosis Agents		
ESBRIET ORAL CAPSULE 267 MG	5	PA; NMO
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NMO
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	5	PA; NMO
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	2	BvD; MO
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	3	MO; QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	MO; QL (12 GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH	3	MO; QL (60 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	3	MO; QL (60 EA per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	3	MO; QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	4	MO; QL (4 GM per 20 days)
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	2	BvD; MO
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	3	MO; QL (60 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	3	MO; QL (1 EA per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	2	BvD; MO
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA; NMO
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; NMO

You can find information on what the symbols and abbreviations on this table mean by going to page 8 of the introduction. 2022 Alterwood Advantage Choice Formulary, ID 22473, Version 14, effective 08/01/2022.
Last updated 07/26/2022.

Drug Name	Drug Tier	Requirements/Limits
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	5	PA; NMO
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH, 200-62.5-25 MCG/INH	3	MO; QL (60 EA per 30 days)
SKELETAL MUSCLE RELAXANTS		
<i>Skeletal Muscle Relaxants</i>		
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg</i>	2	MO
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	1	MO
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	4	MO
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	MO
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	2	MO
SLEEP DISORDER AGENTS		
<i>Sleep Promoting Agents</i>		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	4	MO; QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	MO; QL (30 EA per 30 days)
<i>temazepam oral capsule 22.5 mg</i>	4	MO; QL (30 EA per 30 days)
<i>temazepam oral capsule 7.5 mg</i>	2	MO; QL (120 EA per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	MO; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg</i>	2	MO; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 5 mg</i>	2	MO; QL (60 EA per 30 days)
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	3	PA; MO; QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i>	4	PA; MO; QL (60 EA per 30 days)
SUNOSI ORAL TABLET 150 MG, 75 MG	4	PA; MO; QL (30 EA per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	5	PA; NMO; QL (540 ML per 30 days)
XYWAV ORAL SOLUTION 500 MG/ML	5	PA; NMO; QL (540 ML per 30 days)

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Last updated 07/26/2022.

Index of Drugs/Alphabetical Listing

A		
abacavir sulfate.....	47	
abacavir sulfate-lamivudine .	47	
ABELCET.....	28	
ABILIFY MAINTENA.....	42	
abiraterone acetate.....	32	
acamprosate calcium.....	13	
acarbose.....	51	
ACCUTANE.....	66	
acebutolol hcl.....	58	
acetaminophen-codeine.....	12	
acetaminophen-codeine #3...	12	
acetazolamide.....	95	
acetazolamide er.....	95	
acetic acid.....	96	
acetylcysteine.....	100	
acitretin.....	66	
ACTHIB.....	90	
ACTIMMUNE.....	87	
acyclovir.....	46	
acyclovir sodium.....	46	
ADACEL.....	90	
adefovir dipivoxil.....	45	
ADEMPAS.....	99	
ADVAIR DISKUS.....	100	
ADVAIR HFA.....	100	
albendazole.....	39	
albuterol sulfate.....	98	
albuterol sulfate hfa.....	98	
alclometasone dipropionate..	67	
ALECENSA.....	35	
alendronate sodium.....	92	
alfuzosin hcl er.....	77	
aliskiren fumarate.....	60	
allopurinol.....	30	
alosetron hcl.....	74	
ALPHAGAN P.....	95	
alprazolam.....	50	
ALPRAZOLAM INTENSOL.....	50	
ALTAVERA.....	79	
ALUNBRIG.....	35	
alyacen 1/35.....	79	
amantadine hcl.....	40	
AMBISOME.....	28	
ambrisentan.....	99	
amcinonide.....	67	
amikacin sulfate.....	14	
amiloride hcl.....	62	
amiloride-hydrochlorothiazide.....	60	
amiodarone hcl.....	57	
amitriptyline hcl.....	27	
amlodipine besy-benazepril hcl.....	60	
amlodipine besylate.....	59	
amlodipine besylate-valsartan.....	60	
amlodipine-atorvastatin.....	60	
amlodipine-olmesartan.....	60	
ammonium lactate.....	67	
AMNESTEEM.....	66	
amoxapine.....	27	
amoxicillin.....	17	
amoxicillin-pot clavulanate .	17,	
18		
amoxicillin-pot clavulanate er.....	17	
amphetamine- dextroamphetamine.....	64	
amphotericin b.....	28	
ampicillin.....	18	
ampicillin sodium.....	18	
ampicillin-sulbactam sodium	18	
anagrelide hcl.....	55	
anastrozole.....	34	
ANDRODERM.....	78	
ANORO ELLIPTA.....	100	
apraclonidine hcl.....	95	
aprepitant.....	28	
APRI.....	79	
APTIOM.....	23	
APTIVUS.....	48	
ARANELLE.....	80	
ARCALYST.....	86	
ARIKAYCE.....	14	
aripiprazole.....	42	
armodafinil.....	101	
ARNUITY ELLIPTA.....	97	
asenapine maleate.....	43	
ASMANEX (120 METERED DOSES).....	97	
ASMANEX (30 METERED DOSES).....	97	
ASMANEX (60 METERED DOSES).....	97	
ASMANEX HFA.....	97	
aspirin-dipyridamole er.....	56	
ASSURE ID INSULIN SAFETY SYR.....	53	
atazanavir sulfate.....	48	
atenolol.....	58	
atenolol-chlorthalidone.....	60	
atomoxetine hcl.....	65	
atorvastatin calcium.....	63	
atovaquone.....	40	
atovaquone-proguanil hcl.....	40	
atropine sulfate.....	93	
ATROVENT HFA.....	98	
AUBRA EQ.....	80	
AURYXIA.....	73	
AUSTEDO.....	65	
AVIANE.....	80	
AVONEX PEN.....	66	
AVONEX PREFILLED.....	66	
AYVAKIT.....	35	
AZASAN.....	88	
AZASITE.....	94	
azathioprine.....	88	
azelastine hcl.....	94, 97	
azithromycin.....	19	
AZOPT.....	96	
aztreonam.....	15	
B		
bacitracin.....	94	
bacitracin-polymyxin b.....	94	
bacitra-neomycin-polymyxin- hc.....	93	
baclofen.....	45	
balsalazide disodium.....	92	
BALVERSA.....	35	
BALZIVA.....	80	
BAQSIMI ONE PACK.....	52	
BARACLUDE.....	45	
bcg vaccine.....	90	
BELSOMRA.....	101	
benazepril hcl.....	57	
benazepril-hydrochlorothiazide.....	60	
BENLYSTA.....	88	
benznidazole.....	40	

benzoyl peroxide-erythromycin	66	butalbital-asa-caff-codeine ...	11	celecoxib	11
benztropine mesylate	40	butalbital-aspirin-caffeine	11	CELONTIN	22
BESREMI	87	BYLVAY	74	cephalexin	17
betaine	75	BYLVAY (PELLETS)	74	cetirizine hcl	97
betamethasone dipropionate .	67	C		chlordiazepoxide hcl	50
betamethasone dipropionate		cabergoline	85	chlorhexidine gluconate	66
aug	67	CABLIVI	56	chloroquine phosphate	40
betamethasone valerate	67	CABOMETYX	35	chlorpromazine hcl	41
BETASERON	66	calcipotriene	69	chlorthalidone	62
betaxolol hcl	58, 95	calcitonin (salmon)	92	chlorzoxazone	101
bethanechol chloride	77	calcitriol	93	cholestyramine	63
bexarotene	39	calcium acetate	73	cholestyramine light	63
BEXSERO	90	calcium acetate (phos binder)		ciclopirox	70
bicalutamide	32	.....	73	ciclopirox olamine	29
BICILLIN L-A	18	CALQUENCE	35	cilostazol	56
BIKTARVY	46	CAMILA	84	CIMDUO	47
bisoprolol fumarate	58	candesartan cilexetil	57	cinacalcet hcl	93
bisoprolol-hydrochlorothiazide		candesartan cilexetil-hctz	61	CINRYZE	86
.....	60	CAPLYTA	43	CIPRODEX	96
BLISOVI FE 1.5/30	80	CAPRELSA	35	ciprofloxacin hcl	20, 96
BOOSTRIX	90	captopril	57	ciprofloxacin in d5w	20
bosentan	99	carbamazepine	23	ciprofloxacin-fluocinolone pf	
BOSULIF	35	carbamazepine er	23	.....	96
BRAFTOVI	35	carbidopa	41	citalopram hydrobromide	25, 26
BREO ELLIPTA	100	carbidopa-levodopa	41	CLARAVIS	67
BREZTRI AEROSPHERE	100	carbidopa-levodopa er	41	clarithromycin	19
briellyn	80	carbidopa-levodopa-		clarithromycin er	19
BRILINTA	56	entacapone	40	CLENPIQ	74
brimonidine tartrate	96	carglumic acid	70	clindamycin hcl	15
brimonidine tartrate-timolol .	96	carteolol hcl	95	clindamycin palmitate hcl	15
BRIVIACT	21	CARTIA XT	59	clindamycin phos-benzoyl	
bromfenac sodium (once-daily)		carvedilol	58	perox	67
.....	95	caspofungin acetate	29	clindamycin phosphate ...	15, 70
bromocriptine mesylate	41	CAYSTON	99	clindamycin phosphate in d5w	
BROMSITE	95	CAZIENT	80	.....	15
BRUKINSA	35	cefaclor	16	CLINIMIX E/DEXTROSE	
budesonide	92, 97	cefaclor er	16	(2.75/5)	72
budesonide er	92	cefadroxil	16	CLINIMIX E/DEXTROSE	
bumetanide	62	cefazolin sodium	16	(4.25/10)	72
buprenorphine hcl	13	cefdinir	16	CLINIMIX E/DEXTROSE	
buprenorphine hcl-naloxone		cefepime hcl	16	(4.25/5)	72
hcl	14	cefixime	16	CLINIMIX E/DEXTROSE	
bupropion hcl	25	cefotetan disodium	16	(5/15)	72
bupropion hcl er (smoking det)		cefoxitin sodium	16	CLINIMIX E/DEXTROSE	
.....	14	cefpodoxime proxetil	17	(5/20)	72
bupropion hcl er (sr)	25	cefprozil	17	CLINIMIX/DEXTROSE	
bupropion hcl er (xl)	25	ceftazidime	17	(4.25/10)	72
buspirone hcl	49	ceftriaxone sodium	17	CLINIMIX/DEXTROSE	
butalbital-apap-caffeine	11	cefuroxime axetil	17	(4.25/5)	72
		cefuroxime sodium	17		

CLINIMIX/DEXTROSE (5/15).....	72	cyproheptadine hcl	97	DIGITEK.....	61
CLINIMIX/DEXTROSE (5/20).....	72	CYRED EQ.....	80	DIGOX.....	61
clobazam.....	22	CYSTADROPS.....	93	digoxin.....	61
clobetasol propionate.....	68	CYSTAGON.....	76	dihydroergotamine mesylate	30
clobetasol propionate e.....	68	CYSTARAN.....	93	DILANTIN.....	23
clomipramine hcl.....	27	D		diltiazem hcl	59, 60
clonazepam.....	50	dalfampridine er	66	diltiazem hcl er	59
clonidine	56	DALIRESP.....	99	diltiazem hcl er beads	59
clonidine hcl	56	danazol.....	78	diltiazem hcl er coated beads	59
clopidogrel bisulfate	56	dapsone	32	dilt-xr	60
clorazepate dipotassium	50	DAPTACEL	90	dimethyl fumarate.....	66
clotrimazole.....	29	daptomycin	15	dimethyl fumarate starter pack	
clotrimazole-betamethasone.	69	darifenacin hydrobromide er	76	.....	66
clozapine.....	45	DAURISMO.....	35	diphenoxylate-atropine	74
COARTEM	40	DEBLITANE.....	84	diphtheria-tetanus toxoids dt	90
codeine sulfate	12	deferasirox	72	disopyramide phosphate	58
colchicine	30	deferasirox granules	72	disulfiram.....	13
colchicine-probenecid	30	deferiprone.....	72	divalproex sodium	50
colestipol hcl	63	DELSTRIGO.....	47	divalproex sodium er	50
colistimethate sodium (cba) .	15	DESCOVY	47	dofetilide.....	58
COMBIGAN	96	desipramine hcl.....	27	DOJOLVI	73
COMBIVENT RESPIMAT100		desmopressin acetate	78	donepezil hcl.....	24
COMETRIQ (100 MG DAILY		desmopressin acetate spray ..	78	dorzolamide hcl	96
DOSE)	35	desogestrel-ethinyl estradiol.	80	dorzolamide hcl-timolol mal	96
COMETRIQ (140 MG DAILY		desonide.....	68	dorzolamide hcl-timolol mal pf	
DOSE)	35	desoximetasone	68	.....	96
COMETRIQ (60 MG DAILY		desvenlafaxine er.....	26	DOVATO	46
DOSE)	35	desvenlafaxine succinate er ..	26	doxazosin mesylate.....	56
COMFORT ASSIST INSULIN		dexamethasone	77	doxepin hcl	27
SYRINGE.....	53	dexamethasone sodium		DOXY 100.....	20
COMPLERA	46	phosphate.....	95	doxycycline hyclate	20
constulose.....	74	DEXILANT.....	75	doxycycline monohydrate ...	20,
COPAXONE	66	dexlansoprazole	75	21	
CORLANOR.....	61	dexmethylphenidate hcl.....	65	DRIZALMA SPRINKLE	26
COSENTYX.....	87	dextroamphetamine sulfate..	64,	dronabinol.....	28
COSENTYX (300 MG DOSE)		65		drosiprenone-ethinyl estradiol	
.....	86	dextroamphetamine sulfate er		.....	80
COSENTYX SENSOREADY		.....	64	DROXIA.....	33
(300 MG).....	87	dextrose	73	droxidopa.....	56
COTELLIC.....	35	dextrose-nacl	73	DUAVEE.....	79
CREON	76	DIACOMIT	21	duloxetine hcl	26
cromolyn sodium....	76, 94, 100	diazepam.....	22, 50	DUPIXENT	87
CRYSELLE-28	80	DIAZEPAM INTENSOL.....	50	DUREZOL	95
cvs gauze sterile	53	diazoxide	52	dutasteride.....	77
cyclobenzaprine hcl.....	101	diclofenac potassium	11	dutasteride-tamsulosin hcl	77
cyclophosphamide	32	diclofenac sodium.....	11, 69, 95	E	
cyclosporine	88, 93	diclofenac sodium er	11	econazole nitrate	29
cyclosporine modified	88	dicloxacillin sodium	18	EDURANT	47
		dicyclomine hcl	74	efavirenz	47
		diflunisal	11		

efavirenz-emtricitab-tenofovir	47	ERYTHROCIN		FINTEPLA	21
efavirenz-lamivudine-tenofovir	47	LACTOBIONATE	19	FIRAZYR	86
ELIGARD	85	erythromycin	20, 70, 94	FIRVANQ	15
ELIQUIS	54	erythromycin base	19	flecainide acetate	58
ELIQUIS DVT/PE STARTER		erythromycin ethylsuccinate 19,		FLOVENT DISKUS	97
PACK	54	20		FLOVENT HFA	97
ELMIRON	77	ESBRIET	100	fluconazole	29
ELURYNG	80	escitalopram oxalate	26	fluconazole in sodium chloride	
EMCYT	33	esomeprazole magnesium	75	.....	29
EMGALITY	30, 31	ESTARYLLA	80	flucytosine	29
EMOQUETTE	80	estradiol	79	fludrocortisone acetate	77
EMSAM	25	ethambutol hcl	32	flunisolide	97
emtricitabine	47	ethosuximide	22	fluocinolone acetonide ...	68, 96
emtricitabine-tenofovir df ...	47	ethynodiol diac-eth estradiol	80	fluocinonide	68
EMTRIVA	47	etodolac	11	fluocinonide emulsified base	68
EMVERM	39	etonogestrel-ethinyl estradiol	80	fluorometholone	95
enalapril maleate	57	etravirine	47	fluorouracil	69
enalapril-hydrochlorothiazide		EUCRISA	68	fluoxetine hcl	26
.....	61	EUTHYROX	84	fluphenazine decanoate	42
ENBREL	88	everolimus	35, 36, 88	fluphenazine hcl	42
ENBREL MINI	88	EVOTAZ	48	flurbiprofen	11
ENBREL SURECLICK	88	EVRYSDI	65	flurbiprofen sodium	95
ENDARI	76	EXEL COMFORT POINT		flutamide	32
ENGERIX-B	90	PEN NEEDLE	53	fluticasone propionate ...	68, 97
enoxaparin sodium	54	exemestane	34	fluticasone-salmeterol	100
ENPRESSE-28	80	EXKIVITY	36	fluvoxamine maleate	26
ENSKYCE	80	ezetimibe	63	fondaparinux sodium	55
ENSPRYNG	88	F		fosamprenavir calcium	48
entacapone	40	FALMINA	80	fosinopril sodium	57
entecavir	45	famciclovir	46	fosinopril sodium-hctz	61
ENTRESTO	61	famotidine	75	FOTIVDA	36
enulose	74	FANAPT	43	furosemide	62
ENVARUSUS XR	88	FANAPT TITRATION PACK		FUZEON	48
EPIDIOLEX	21	.....	43	FYCOMPA	21
epinephrine	98	febuxostat	30	G	
EPITOL	23	felbamate	21	gabapentin	23
EPIVIR HBV	45	felodipine er	59	GALAFOLD	76
eplerenone	62	FEMYNOR	80	galantamine hydrobromide ...	24
EPRONTIA	31	fenofibrate	63	galantamine hydrobromide er	
ERAXIS	29	fenofibrate micronized	62	.....	24
ergotamine-caffeine	30	fenofibric acid	63	GARDASIL 9	90
ERIVEDGE	35	fenofibril	12	gatifloxacin	94
ERLEADA	32	fenofibril citrate	12	GATTEX	74
erlotinib hcl	35	FERRIPROX	72	GAVILYTE-C	74
ERRIN	84	FETZIMA	26	GAVILYTE-G	74
ertapenem sodium	19	FETZIMA TITRATION	26	GAVRETO	36
ery	70	FIASP	53	gemfibrozil	63
		FIASP FLEXTOUCH	53	generlac	74
		FIASP PENFILL	53	GENGRAF	88
		finasteride	77	GENTAK	94

gentamicin in saline.....	14	hydroxyurea.....	33	IRESSA	36
gentamicin sulfate	14, 94	hydroxyzine hcl	49	ISENTRESS	46
GENVOYA	46	hydroxyzine pamoate	49	ISENTRESS HD	46
GILENYA	66	I		ISIBLOOM.....	81
GILOTRIF.....	36	ibandronate sodium	93	ISOLYTE-P IN D5W	73
glimepiride	51	IBRANCE	36	ISOLYTE-S PH 7.4.....	70
glipizide.....	51	IBU	11	isoniazid.....	32
glipizide er.....	51	ibuprofen	11	isosorb dinitrate-hydralazine	61
glipizide-metformin hcl.....	51	icatibant acetate	86	isosorbide dinitrate	64
global alcohol prep ease	69	ICLEVIA	80	isosorbide mononitrate	64
GLUCAGEN HYPOKIT	52	ICLUSIG	36	isosorbide mononitrate er	64
glucagon emergency.....	53	IDHIFA	33	isotretinoin	67
glyburide-metformin	51	ILEVRO	95	isradipine	59
glycopyrrolate.....	74	imatinib mesylate	36	ISTURISA	77
granisetron hcl	28	IMBRUVICA	36	itraconazole.....	29
griseofulvin microsize	29	imipenem-cilastatin	19	ivermectin	39
griseofulvin ultramicrosize...	29	imipramine hcl.....	27	IXIARO	90
guanfacine hcl	56	imiquimod	69	J	
guanfacine hcl er	65	IMOVAX RABIES	90	JAKAFI	36
H		IMVEXXY MAINTENANCE		JANTOVEN	55
halobetasol propionate.....	68	PACK	79	JANUMET	51
haloperidol.....	42	IMVEXXY STARTER PACK		JANUMET XR.....	51
haloperidol decanoate.....	42	.....	79	JANUVIA.....	51
haloperidol lactate	42	INBRIJA.....	41	JARDIANCE.....	51
HAVRIX	90	INCASSIA.....	84	JASMIEL.....	81
heparin sodium (porcine)	55	INCRELEX	78	JUBLIA	29
HIBERIX.....	90	indapamide	62	JULEBER	81
HUMIRA.....	89	indomethacin	11	JULUCA.....	47
HUMIRA PEDIATRIC		indomethacin er	11	JUNEL 1.5/30.....	81
CROHNS START	89	INFANRIX.....	90	JUNEL 1/20.....	81
HUMIRA PEN	89	INLYTA	36	JUNEL FE 1.5/30	81
HUMIRA PEN-CD/UC/HS		INQOVI.....	33	JUNEL FE 1/20	81
STARTER	89	INREBIC	36	JUXTAPID	63
HUMIRA PEN-PEDIATRIC		INTELENCE	47	K	
UC START.....	89	INTRALIPID.....	73	KALYDECO	99
HUMIRA PEN-PS/UV/ADOL		INTRAROSA	80	KARIVA.....	81
HS START	89	INTRON A.....	87	KATERZIA	59
HUMIRA PEN-PSOR/UVEIT		INTROVALE	81	kcl in dextrose-nacl.....	70
STARTER	89	INVEGA HAFYERA.....	43	kcl-lactated ringers-d5w	70
hydralazine hcl	64	INVEGA SUSTENNA.....	43	KELNOR 1/35.....	81
hydrochlorothiazide.....	62	INVEGA TRINZA	43	KELNOR 1/50	81
hydrocodone-acetaminophen	12	INVOKAMET.....	51	KESIMPTA	66
hydrocodone-ibuprofen	12	INVOKAMET XR	51	ketoconazole	29
hydrocortisone	68, 77, 92	INVOKANA	51	ketorolac tromethamine ..	11, 95
hydrocortisone (perianal)	68	IPOL	90	KINRIX	91
hydrocortisone ace-pramoxine		ipratropium bromide.....	98	KISQALI (200 MG DOSE)..	36
.....	69	ipratropium-albuterol.....	100	KISQALI (400 MG DOSE)..	36
hydrocortisone valerate	68	irbesartan	57	KISQALI (600 MG DOSE)..	36
hydromorphone hcl	12, 13	irbesartan-hydrochlorothiazide		KISQALI FEMARA (400 MG	
hydroxychloroquine sulfate..	40	.....	61	DOSE)	33

KISQALI FEMARA (600 MG DOSE)	33	LENVIMA (20 MG DAILY DOSE)	37	LOKELMA.....	72
KISQALI FEMARA(200 MG DOSE)	34	LENVIMA (24 MG DAILY DOSE)	37	LONSURF	34
KLOR-CON	71	LENVIMA (4 MG DAILY DOSE)	37	loperamide hcl	74
KLOR-CON 10	70	LENVIMA (8 MG DAILY DOSE)	37	lopinavir-ritonavir.....	48
KLOR-CON M10.....	71	LESSINA.....	81	lorazepam	50
KLOR-CON M15.....	71	letrozole	34	LORAZEPAM INTENSOL .	50
KLOR-CON M20.....	71	leucovorin calcium	34	LORBRENA.....	37
KLOXXADO	14	LEUKERAN	32	LORYNA	81
KORLYM.....	53	LEUKINE.....	55	losartan potassium	57
KOSELUGO	36	leuprolide acetate.....	85	losartan potassium-hctz	61
KURVELO.....	81	LEVEMIR	53	loteprednol etabonate.....	95
KYNMOBI.....	41	LEVEMIR FLEXTOUCH ...	53	lovastatin.....	63
L		levetiracetam	22	LOW-OGESTREL	81
labetalol hcl	58	levetiracetam er	22	loxapine succinate	42
lacosamide.....	23	levobunolol hcl	95	lubiprostone	74
lactulose.....	74	levocarnitine	73	LUMAKRAS.....	37
lamivudine	45, 47	levocetirizine dihydrochloride	97	LUMIGAN	96
lamivudine-zidovudine.....	48	levofloxacin	20	LUPKYNIS	89
lamotrigine	21	levofloxacin in d5w	20	LUPRON DEPOT (1-MONTH)	85
lamotrigine er	21	LEVONEST	81	LUPRON DEPOT (3-MONTH)	85
lamotrigine starter kit-blue...21		levonorgest-eth estrad 91-day	81	LUPRON DEPOT (4-MONTH)	85
lamotrigine starter kit-green .21		levonorgestrel-ethinyl estrad	81	LUPRON DEPOT (6-MONTH)	85
lamotrigine starter kit-orange	21	levonorg-eth estrad triphasic	81	LUTERA	82
LAMPIT	40	LEVORA 0.15/30 (28)	81	LYBALVI.....	43
lansoprazole.....	75	LEVO-T.....	84	LYLEQ.....	84
LANTUS	53	levothyroxine sodium	85	LYNPARZA.....	34
LANTUS SOLOSTAR	53	LEVOXYL	85	LYSODREN.....	32
lapatinib ditosylate	36	LEXIVA	48	LYZA	84
LARIN 1.5/30.....	81	LIALDA	92	M	
LARIN 1/20.....	81	lidocaine	13	magnesium sulfate	71
LARIN FE 1.5/30.....	81	lidocaine hcl	13	malathion	70
LARIN FE 1/20	81	lidocaine viscous hcl	13	maraviroc	48
LARISSIA.....	81	lidocaine-prilocaine	13	marlissa.....	82
latanoprost	96	linezolid.....	15	MARPLAN.....	25
LATUDA	43	LINZESS	74	MATULANE.....	32
LEENA.....	81	liothyronine sodium.....	85	MAVYRET	45
leflunomide.....	87	lisinopril.....	57	MAYZENT.....	66
lenalidomide.....	33	lisinopril-hydrochlorothiazide	61	MAYZENT STARTER PACK	66
LENVIMA (10 MG DAILY DOSE)	37	lithium carbonate	51	meclizine hcl.....	28
LENVIMA (12 MG DAILY DOSE)	37	lithium carbonate er.....	50	medroxyprogesterone acetate	84
LENVIMA (14 MG DAILY DOSE)	37	LIVALO	63	mefloquine hcl	40
LENVIMA (18 MG DAILY DOSE)	37	LIVMARLI	74	megestrol acetate	84
		LIVTENCITY	45	MEKINIST	37
				MEKTOVI.....	37

meloxicam	11	molindone hcl	42	NICOTROL	14
memantine hcl	24	mometasone furoate .68, 69, 98		nifedipine	59
memantine hcl er	24	montelukast sodium.....	98	nifedipine er	59
MENACTRA	91	morphine sulfate	13	nifedipine er osmotic release	59
MENEST	79	morphine sulfate (concentrate)		NIKKI.....	82
MENQUADFI.....	91	.....	13	nilutamide	32
MENVEO.....	91	morphine sulfate er	12	NINLARO	34
mercaptopurine.....	33	MOVANTIK	74	nitazoxanide.....	40
meropenem	19	moxifloxacin hcl.....	20, 94	nitisinone	76
mesalamine.....	92	moxifloxacin hcl in nacl	20	NITRO-BID.....	64
mesalamine er.....	92	MULTAQ	58	nitrofurantoin macrocrystal ..	15
MESNEX	34	mupirocin.....	70	nitrofurantoin monohyd macro	
metformin hcl	51	mupirocin calcium.....	70	.....	16
metformin hcl er	51	mycophenolate mofetil	89	nitroglycerin	64
methadone hcl	12	mycophenolate sodium.....	89	nizatidine	75
methazolamide	96	MYRBETRIQ	76	NOC DURNA	78
methenamine hippurate	15	N		NORA-BE	84
methimazole	86	nabumetone	11	norethin ace-eth estrad-fe	82
methocarbamol	101	nadolol	58	norethindrone.....	84
methotrexate	89	nafcillin sodium.....	18	norethindrone acetate.....	84
methotrexate sodium	89	naloxone hcl	14	norethindrone acet-ethinyl est	
methotrexate sodium (pf)	89	naltrexone hcl	13	.....	82
methyl dopa.....	56	NAMZARIC.....	24	norethindrone-eth estradiol...82	
methylphenidate hcl	65	naproxen	11, 12	norgestimate-eth estradiol ...82	
methylprednisolone	78	naproxen sodium	12	norgestim-eth estrad triphasic	
metoclopramide hcl	74	naratriptan hcl.....	31	.....	82
metolazone	62	NARCAN	14	NORTREL 0.5/35 (28).....	82
metoprolol succinate er	58	NATACYN	94	NORTREL 1/35 (21).....	82
metoprolol tartrate	58	nateglinide	51	NORTREL 1/35 (28).....	82
metoprolol-		NATPARA	93	NORTREL 7/7/7	82
hydrochlorothiazide.....	61	NAYZILAM.....	23	nortriptyline hcl	27
metronidazole	15	nebivolol hcl	58	NORVIR.....	49
metyrosine	61	NECON 0.5/35 (28)	82	NOVOLIN 70/30.....	53
mexiletine hcl	58	nefazodone hcl.....	26	NOVOLIN 70/30 FLEXPEN	
MICROGESTIN 1.5/30	82	neomycin sulfate.....	14	.....	53
MICROGESTIN 1/20	82	neomycin-bacitracin zn-		NOVOLIN N	53
MICROGESTIN FE 1.5/30..	82	polymyx.....	94	NOVOLIN N FLEXPEN	53
MICROGESTIN FE 1/20.....	82	neomycin-polymyxin-		NOVOLIN R	53
midodrine hcl.....	56	dexameth	93, 94	NOVOLIN R FLEXPEN.....	53
miglitol	51	neomycin-polymyxin-		NOVOLOG	54
miglustat.....	76	gramicidin.....	94	NOVOLOG FLEXPEN.....	54
MILI	82	neomycin-polymyxin-hc	94, 96	NOVOLOG MIX 70/30	54
minocycline hcl	21	NERLYNX.....	37	NOVOLOG MIX 70/30	
minoxidil	64	NEUPRO.....	41	FLEXPEN.....	54
mirtazapine	25	nevirapine	47	NOVOLOG PENFILL	54
misoprostol	75	nevirapine er	47	NOXAFIL.....	29
MITIGARE	30	NEXAVAR	37	NUBEQA	32
M-M-R II.....	91	niacin er (antihyperlipidemic)		NUCALA	100, 101
modafinil	101	.....	63	NUDEXTA	65
moexipril hcl	57	nicardipine hcl	59	NUPLAZID	43

NUTRILIPID	73
NYAMYC	29
NYLIA 1/35	82
NYLIA 7/7/7	82
NYMYO.....	82
nystatin	30
nystatin-triamcinolone.....	69
NYSTOP	30
O	
OCELLA	82
octreotide acetate	85
ODEFSEY	48
ODOMZO	37
OFEV	100
ofloxacin.....	20, 94, 97
olanzapine.....	43
olanzapine-fluoxetine hcl	25
olmesartan medoxomil	57
olmesartan medoxomil-hctz .	61
olmesartan-amlodipine-hctz .	61
olopatadine hcl	94
omega-3-acid ethyl esters.....	63
omeprazole	75
OMNITROPE.....	78
ondansetron	28
ondansetron hcl	28
ONUREG	33
OPSUMIT	99
ORFADIN	76
ORGOVYX.....	34
ORKAMBI.....	99
orphenadrine citrate er.....	101
ORSYTHIA.....	83
oseltamivir phosphate.....	49
OSPHERA	83
oxacillin sodium	18
oxacillin sodium in dextrose	18
oxandrolone	79
oxaprozin	12
oxazepam.....	50
oxcarbazepine.....	23, 24
oxybutynin chloride.....	77
oxybutynin chloride er	76
oxycodone hcl	13
oxycodone hcl er	12
oxycodone-acetaminophen...	13
OZEMPIC (0.25 OR 0.5	
MG/DOSE).....	52
OZEMPIC (1 MG/DOSE)....	52
OZEMPIC (2 MG/DOSE)....	52

P	
paliperidone er.....	43, 44
PANRETIN	39
pantoprazole sodium.....	75
PANZYGA.....	86
paricalcitol	93
paromomycin sulfate	14
paroxetine hcl	26
PASER.....	32
PEDIARIX	91
PEDVAX HIB.....	91
peg 3350-kcl-na bicarb-nacl .	75
peg-3350/electrolytes	75
PEGASYS	88
PEMAZYRE	37
penicillamine	77
penicillin g pot in dextrose ...	18
penicillin g potassium.....	18
penicillin g procaine	18
penicillin g sodium	18
penicillin v potassium.....	19
PENTACEL.....	91
pentamidine isethionate.....	40
pentoxifylline er	61
perindopril erbumine	57
PERIOGARD	66
permethrin	70
perphenazine.....	42
phenelzine sulfate	25
phenobarbital	22
phenytoin.....	24
phenytoin sodium extended..	24
PHEXXI	77
PIFELTRO	47
pilocarpine hcl	66, 96
pimecrolimus	69
pimozide	42
PIMTREA	83
pindolol.....	58
pioglitazone hcl	52
pioglitazone hcl-glimepiride.	52
pioglitazone hcl-metformin hcl	
.....	52
piperacillin sod-tazobactam so	
.....	19
PIQRAY (200 MG DAILY	
DOSE)	37
PIQRAY (250 MG DAILY	
DOSE)	37

PIQRAY (300 MG DAILY	
DOSE)	37
pirfenidone.....	100
PIRMELLA 1/35	83
piroxicam	12
PLASMA-LYTE 148	71
PLASMA-LYTE A	71
podofilox.....	69
polymyxin b-trimethoprim ...	94
POMALYST.....	33
PORTIA-28	83
posaconazole.....	30
potassium chloride.....	71
potassium chloride crys er ...	71
potassium chloride er.....	71
potassium chloride in dextrose	
.....	71
potassium chloride in nacl ...	71
potassium citrate er.....	71
pramipexole dihydrochloride	41
prasugrel hcl	56
pravastatin sodium	63
prazosin hcl.....	56, 57
prednicarbate	69
prednisolone	78
prednisolone acetate	95
prednisolone sodium phosphate	
.....	78, 95
prednisone.....	78
PREDNISONE INTENSOL.	78
preferred plus insulin syringe	
.....	54
pregabalin	65
prehevbrio.....	91
PREMARIN	79
PREMASOL.....	73
PREMPHASE.....	83
PREMPRO	83
prenatal	73
PREVYMIS	45
PREZCOBIX	49
PREZISTA	49
PRIFTIN	32
primaquine phosphate.....	40
primidone.....	22
PRIVIGEN	86
probenecid	30
PROCALAMINE	73
prochlorperazine	28
prochlorperazine maleate.....	28

PROCTO-MED HC	69	REPATHA PUSHTRONEX		sertraline hcl	26, 27
PROCTO-PAK.....	69	SYSTEM	63	SETLAKIN.....	83
PROCTOSOL HC	69	REPATHA SURECLICK ...	64	sevelamer carbonate	73
PROCTOZONE-HC.....	69	RESTASIS.....	94	SHAROBEL	84
progesterone	84	RESTASIS MULTIDOSE ...	94	SHINGRIX	91
PROGRAF	89	RETACRIT	56	SIGNIFOR.....	85
PROLASTIN-C.....	76	RETEVMO.....	38	sildenafil citrate	100
PROLIA	93	REVLIMID	33	silodosin.....	77
PROMACTA.....	55	REXULTI.....	44	silver sulfadiazine	70
promethazine hcl	28	REYATAZ	49	SIMBRINZA	96
propafenone hcl	58	REZUROCK	89	simvastatin	63
propranolol hcl	31, 59	RHOPRESSA.....	96	sirolimus	89
propranolol hcl er	31, 58	ribavirin	46	SIRTURO	32
propylthiouracil	86	rifabutin	32	SKYRIZI	87
PROQUAD.....	91	rifampin	32	SKYRIZI (150 MG DOSE) ..	87
PROSOL.....	73	riluzole.....	65	SKYRIZI PEN.....	87
protriptyline hcl	27	rimantadine hcl	49	sodium chloride	71
PULMOZYME.....	99	RINVOQ	87	sodium fluoride.....	72
PURIXAN	33	risedronate sodium	93	sodium polystyrene sulfonate	
pyrazinamide	32	RISPERDAL CONSTA	44	.....	72
pyridostigmine bromide	31	risperidone	44	sofosbuvir-velpatasvir	46
PYRUKYND.....	55	ritonavir	49	solifenacin succinate.....	77
PYRUKYND TAPER PACK		rivastigmine	25	SOLQUA.....	54
.....	55	rivastigmine tartrate.....	24	SOLTAMOX.....	33
Q		rizatriptan benzoate	31	SOMAVERT	86
QINLOCK.....	37	ROCKLATAN	96	sotalol hcl.....	58
QUADRACEL	91	ropinirole hcl	41	sotalol hcl (af).....	58
quetiapine fumarate	44	rosuvastatin calcium	63	SPIRIVA HANDIHALER ...	98
quetiapine fumarate er	44	ROTARIX	91	SPIRIVA RESPIMAT	98
quinapril hcl.....	57	ROTATEQ	91	spironolactone.....	62
quinapril-hydrochlorothiazide		ROZLYTREK	38	spironolactone-hctz.....	61
.....	61	RUBRACA.....	38	SPRINTEC 28	83
quinidine sulfate	58	rufinamide	24	SPRITAM.....	22
quinine sulfate	40	RUKOBIA.....	48	SPRYCEL.....	38
R		RYBELSUS.....	52	SPS	72
RABAVERT	91	RYDAPT	38	SRONYX.....	83
raloxifene hcl.....	93	RYTARY.....	41	SSD.....	70
ramipril.....	57	S		STELARA	87
ranolazine er	61	SANTYL	70	STIVARGA	38
rasagiline mesylate	41	sapropterin dihydrochloride .	76	STRIBILD	46
RAVICTI.....	76	SAVELLA.....	65	SUBOXONE	14
RECLIPSEN.....	83	SAVELLA TITRATION		sucrafate.....	75
RECOMBIVAX HB	91	PACK	65	sulfacetamide sodium	94
RECTIV	64	SCSEMBLIX.....	34	sulfacetamide sodium (acne) 20	
REGRANEX	70	scopolamine.....	28	sulfacetamide-prednisolone ..	94
RELENZA DISKHALER ...	49	SECUADO	44	sulfadiazine	20
RELI-ON INSULIN		selegiline hcl.....	41	sulfamethoxazole-trimethoprim	
SYRINGE.....	54	selenium sulfide.....	69	.....	20
repaglinide	52	SELZENTRY	48	sulfasalazine	92
REPATHA	64	SEREVENT DISKUS	98	sulindac.....	12

sumatriptan.....	31	terbutaline sulfate	99	TRESIBA	54
sumatriptan succinate	31	terconazole.....	30	TRESIBA FLEXTOUCH.....	54
sumatriptan succinate refill ..	31	teriparatide (recombinant)	93	tretinoin.....	39, 67
sunitinib malate	38	testosterone	79	TREXALL	90
SUNOSI	101	testosterone cypionate	79	triamcinolone acetonide..	66, 69
SUPREP BOWEL PREP KIT		testosterone enanthate.....	79	triamterene-hctz	62
.....	75	tetrabenazine.....	65	trientine hcl	72
SUTAB.....	75	tetracycline hcl	21	TRI-ESTARYLLA	83
SYEDA.....	83	THALOMID.....	33	trifluoperazine hcl.....	42
SYMDEKO	99	theophylline er	99	trifluridine.....	46
SYMLINPEN 120	52	thioridazine hcl	42	trihexyphenidyl hcl.....	40
SYMLINPEN 60	52	thiothixene	42	TRIKAFTA	99
SYMPAZAN.....	23	TIADYLT ER.....	60	trimethoprim	16
SYMTUZA.....	46	tiagabine hcl	23	TRI-MILI.....	83
SYNAREL	86	TIBSOVO.....	38	trimipramine maleate	28
SYNJARDY	52	TICOVAC	91	TRINTELLIX.....	27
SYNJARDY XR	52	tigecycline	16	TRI-NYMYO	83
SYNRIBO	34	timolol maleate	59, 95	TRI-SPRINTEC	83
SYNTHROID.....	85	timolol maleate (once-daily)	95	TRIUMEQ.....	48
T		tinidazole	16	TRIUMEQ PD.....	48
TABLOID	33	TIVICAY.....	46	TRIVORA (28).....	83
TABRECTA.....	38	TIVICAY PD	46	TRI-VYLIBRA.....	83
tacrolimus	69, 90	tizanidine hcl	45	TRIZIVIR	48
TAFINLAR	38	TOBI PODHALER	99	TROPHAMINE.....	73
TAGRISSO	38	tobramycin.....	94, 99	trospium chloride.....	77
TAKHZYRO.....	86	tobramycin sulfate	15	trospium chloride er.....	77
TALZENNA.....	38	tobramycin-dexamethasone..	94	TRULICITY	52
tamoxifen citrate.....	33	tolterodine tartrate	77	TRUMENBA.....	91
tamsulosin hcl.....	77	tolterodine tartrate er	77	TRUSELTIQ (100MG DAILY	
TARGRETIN	39	tolvaptan	72	DOSE)	38
TARINA FE 1/20 EQ.....	83	topiramate	31	TRUSELTIQ (125MG DAILY	
TASIGNA	38	topiramate er	31	DOSE)	38
TAVNEOS	87	toremifene citrate.....	33	TRUSELTIQ (50MG DAILY	
tazarotene	67	torsemide	62	DOSE)	38
TAZORAC	67	TOUJEO MAX SOLOSTAR		TRUSELTIQ (75MG DAILY	
TAZTIA XT	60	.....	54	DOSE)	38
TAZVERIK.....	38	TOUJEO SOLOSTAR	54	TUKYSA.....	38
TDVAX.....	91	TPN ELECTROLYTES	73	TURALIO.....	39
TEFLARO.....	17	tramadol hcl.....	13	TWINRIX.....	92
TEGSEDI	76	tramadol-acetaminophen	13	TYBOST.....	48
TEKTURN HCT	62	trandolapril	57	TYMLOS.....	93
telmisartan	57	tranexamic acid.....	56	TYPHIM VI.....	92
telmisartan-hctz	62	TRANSDERM-SCOP	28	U	
temazepam.....	101	tranylcypromine sulfate.....	25	UBRELVY	31
TENIVAC	91	TRAVASOL.....	73	UNITHROID	85
tenofovir disoproxil fumarate		travoprost (bak free)	96	ursodiol	75
.....	48	trazodone hcl	27	V	
TEPMETKO.....	38	TRECATOR.....	32	valacyclovir hcl	46
terazosin hcl.....	57	TRELEGY ELLIPTA.....	101	VALCHLOR	32
terbinafine hcl.....	30	TRELSTAR MIXJECT	86	valganciclovir hcl	45

valproic acid	22	VIVITROL	13	XPOVIO (60 MG TWICE	
valsartan	57	VIZIMPRO	39	WEEKLY)	34
valsartan-hydrochlorothiazide		VONJO	39	XPOVIO (80 MG ONCE	
.....	62	voriconazole	30	WEEKLY)	34
VALTOCO 10 MG DOSE...	23	VOSEVI	46	XPOVIO (80 MG TWICE	
VALTOCO 15 MG DOSE...	23	VOTRIENT	39	WEEKLY)	34
VALTOCO 20 MG DOSE...	23	VRAYLAR.....	44	XTANDI.....	32, 33
VALTOCO 5 MG DOSE.....	23	VYFEMLA.....	83	XULTOPHY	52
vancomycin hcl	16	VYLIBRA	83	XURIDEN	76
VAQTA.....	92	VYNDAMAX	76	XYREM.....	101
varenicline tartrate	14	W		XYWAV	101
VARIVAX	92	warfarin sodium.....	55	Y	
VARUBI (180 MG DOSE)..	28	WELIREG	39	YF-VAX	92
VASCEPA.....	64	X		YONSA	33
VELIVET	83	XALKORI	39	Z	
VELPHORO.....	73	XARELTO	55	zafirlukast	98
VEMLIDY	45	XARELTO STARTER PACK		zaleplon.....	101
VENCLEXTA.....	39	.....	55	ZARXIO	56
VENCLEXTA STARTING		XATMEP.....	34	ZEJULA	39
PACK	39	XCOPRI	22	ZELBORAF	39
venlafaxine hcl	27	XCOPRI (250 MG DAILY		ZEMDRI.....	15
venlafaxine hcl er	27	DOSE)	22	ZENPEP	76
VENTOLIN HFA.....	99	XCOPRI (350 MG DAILY		zidovudine	48
verapamil hcl	60	DOSE)	22	ZIEXTENZO	56
verapamil hcl er	60	XGEVA	93	ZIMHI.....	14
VERQUVO	62	XIFAXAN	16	ziprasidone hcl	44
VERSACLOZ	45	XOFLUZA (40 MG DOSE)..	49	ziprasidone mesylate	45
VERZENIO	39	XOFLUZA (80 MG DOSE)..	49	ZIRGAN	45
VESTURA	83	XOLAIR.....	87	ZOLINZA.....	34
VICTOZA	52	XOSPATA.....	39	zolmitriptan.....	31
VIENVA.....	83	XPOVIO (100 MG ONCE		zolpidem tartrate	101
vigabatrin.....	23	WEEKLY).....	34	zonisamide	22
VIIBRYD	27	XPOVIO (40 MG ONCE		ZOVIA 1/35 (28).....	84
VIIBRYD STARTER PACK		WEEKLY).....	34	ZYDELIG.....	39
.....	27	XPOVIO (40 MG TWICE		ZYKADIA.....	39
VIRACEPT	49	WEEKLY).....	34	ZYPITAMAG.....	63
VIREAD.....	48	XPOVIO (60 MG ONCE		ZYPREXA RELPREVV	45
VITRAKVI.....	39	WEEKLY).....	34		

This formulary was updated on 07/26/2022. For more recent information or other questions, please contact Alterwood Advantage Choice Member Service at 1-866-267-3144 toll-free (TTY users should call 711), 24 hours 7 days a week, or visit www.alterwoodadvantage.com.

Please review this document to make sure that it contains the drug(s) you take. The formulary may change at any time. You must generally use network pharmacies to use your prescription drug benefit.

Benefits, formulary, pharmacy network, provider network, premiums, and/or copayments/coinsurance may change on January 1 each year and updated from time to time during the year. For Alterwood Advantage Choice members, your premiums, deductible, and copays/coinsurance may vary depending on the “Extra Help” you receive.

August 2022

H9306_22_DRS_0106_001_OE_C



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Alterwood Advantage is an HMO and HMO SNP with a Medicare contract and a State of Maryland Medicaid contract. Enrollment in Alterwood Advantage depends on contract renewal.

The Formulary may change at any time. You will receive notice when necessary.

Benefits, formulary, pharmacy network, provider network, premium and/or co-payments/coinsurance may change on January 1 of each year. For Alterwood Advantage Dual Secure member premiums, co-pays, co-insurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

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