Medicare Plus Blue℠ PPO

Essential, Vitality, Signature & Assure

2017

# Plus Comprehensive Formulary

List of covered drugs

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

This formulary was updated on September 1, 2016. For more recent information or other questions, please contact us, **Medicare Plus Blue PPO** Customer Service, at 1-877-241-2583, Monday through Friday, 8 a.m. to 9 p.m. Eastern time. From October 1 through February 14, hours are from 8 a.m. to 9 p.m., Eastern time, seven days a week. TTY users should call 711 or visit **www.bcbsm.com/medicare**.

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

*Medicare Plus Blue is a PPO plan with a Medicare contract.*
*Enrollment in Medicare Plus Blue depends on contract renewal.*

**bcbsm.com/medicare**

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

When this drug list (formulary) refers to "we," "us," or "our," it means Blue Cross Blue Shield. When it refers to "plan" or "our plan," it means **Medicare Plus Blue PPO**.

This document includes a list of the drugs (formulary) for our plan which is current as of September 1, 2016. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2018, and from time to time during the year.

## What is the Medicare Plus Blue PPO Essential, Vitality, Signature & Assure Plus Formulary?

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

## Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2017 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2017 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 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 60-day supply of the drug. 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. The enclosed formulary is current as of September 1, 2016. To get updated information about the drugs covered by **Medicare Plus Blue PPO**, please contact us. Our contact information appears on the front and back cover pages. In the event of a mid-year non-maintenance formulary change, we will send out an errata sheet to notify you of this change.

## How do I use the Formulary?

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

### ***Medical Condition***

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

### ***Alphabetical Listing***

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

## What are generic drugs?

**Medicare Plus Blue PPO** cover both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

## Are there any restrictions on my coverage?

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

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

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

You can ask **Medicare Plus Blue PPO** 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 **Medicare Plus Blue PPO** formulary?" on page ii 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 drugs), you should first contact Customer Service and ask if your drug is covered. If you learn that **Medicare Plus Blue PPO** does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by **Medicare Plus Blue PPO**. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by **Medicare Plus Blue PPO**.
- You can ask **Medicare Plus Blue PPO** 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 Medicare Plus Blue PPO Essential, Vitality, Signature & Assure Plus Formulary?

You can ask **Medicare Plus Blue PPO** to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 93-day transition supply, consistent with dispensing increment (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If 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 (unless you have a prescription for fewer days) while you pursue a formulary exception.

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

## For more information

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

If you have questions about **Medicare Plus Blue PPO**, 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 **www.medicare.gov**.

## Medicare Plus Blue PPO Essential, Vitality, Signature & Assure Plus Formulary

The formulary that begins on page 1 provides coverage information about some of the drugs covered by **Medicare Plus Blue PPO**. If you have trouble finding your drug in the list, turn to the Index that begins on page Index 1.

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

The information in the Requirements/Limits column tells you if **Medicare Plus Blue PPO** have any special requirements for coverage of your drug.

## Tier Descriptions

| Medicare Plus Blue PPO<br>Drug Tier Costs | | | | | | |
|---|---|---|---|---|---|---|
| **Tier** | **Drug Description** | **Up to a 31-day supply** | | | **Up to a 90-day supply**** | |
| | | **At long-term care, preferred retail cost-sharing (in-network), and standard retail cost-sharing (in-network) pharmacies** | **At out-of-network pharmacies*** | **At the plan's mail order service** | **At preferred retail cost-sharing (in-network) pharmacies or the plan's mail order service** | **At standard retail cost-sharing (in-network) pharmacies** |
| **Tier 1** | Preferred Generic | See your *Evidence of Coverage* Chart for member cost-share details | | | | |
| **Tier 2** | Generic | | | | | |
| **Tier 3** | Preferred Brand-Name | | | | | |
| **Tier 4** | Non-Preferred Drugs | | | | | |
| **Tier 5** | Specialty | See your *Evidence of Coverage* Chart for member cost-share details | | | 90-day supply is not available | |

*Out-of-network pharmacy coverage is limited to certain situations. Consult your *Evidence of Coverage* for details.
**Most pharmacies will fill a 90-day supply of medication. Check with your pharmacist.

| Drug Notes Code Definitions | |
|---|---|
| **Symbol** | **Definition** |
| **B/D** | This prescription drug may be covered under Medicare Part B or D depending on the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination. |
| **EX** | This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count toward your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug. |
| **LA** | Limited Availability. This prescription drug may be available only at certain pharmacies.<br>For more information, call **Medicare Plus Blue PPO** Customer Service at 1-877-241-2583, Monday through Friday, 8 a.m. to 9 p.m. Eastern time. From October 1 through February 14, hours are from 8 a.m. to 9 p.m., Eastern time, seven days a week. TTY users should call 711. |
| **PA** | Prior Authorization. The plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescription. If you don't get approval, we may not cover the drug. |
| **QL** | Quantity Limit. For certain drugs, the plan limits the amount of the drug that we will cover. |
| **ST** | Step Therapy. In some cases, the plan requires you to first try a certain drug to treat your condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B. |
| **NEDS** | Non-Extended Day Supply. These drugs are not offered at a 90-day supply. They are offered up to a 31-day supply. |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| **ANTI-INFECTIVES** | | |
| **AMINOGLYCOSIDES** | | |
| *amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml* | 2 | |
| BETHKIS INHALATION SOLUTION FOR NEBULIZATION | 5 | B/D PA; NEDS |
| *gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml* | 2 | |
| GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML | 4 | |
| GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 120 MG/100 ML | 4 | |
| *gentamicin injection solution* | 2 | |
| *gentamicin sulfate (ped) (pf) injection solution* | 2 | |
| *gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 80 mg/8 ml* | 2 | |
| GENTAMICIN SULFATE (PF) INTRAVENOUS SOLUTION 60 MG/6 ML | 4 | |
| STREPTOMYCIN INTRAMUSCULAR RECON SOLN | 4 | |
| TOBI PODHALER INHALATION CAPSULE | 5 | NEDS |
| TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE | 5 | NEDS |
| *tobramycin in 0.225 % nacl inhalation solution for nebulization* | 5 | B/D PA; NEDS |
| *tobramycin sulfate injection recon soln* | 2 | |
| *tobramycin sulfate injection solution* | 2 | |
| **ANTIFUNGALS** | | |
| ABELCET INTRAVENOUS SUSPENSION | 5 | B/D PA; NEDS |
| AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION | 5 | B/D PA; NEDS |
| *amphotericin b injection recon soln* | 2 | B/D PA |

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

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| CANCIDAS INTRAVENOUS RECON SOLN | 4 | B/D PA |
| *clotrimazole mucous membrane troche* | 2 | |
| ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN | 4 | |
| *fluconazole in dextrose(iso-o) intravenous piggyback* | 2 | |
| *fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml* | 2 | |
| *fluconazole oral suspension for reconstitution* | 2 | |
| *fluconazole oral tablet* | 2 | |
| *flucytosine oral capsule* | 2 | |
| *griseofulvin microsize oral suspension* | 2 | |
| *griseofulvin microsize oral tablet* | 2 | |
| *griseofulvin ultramicrosize oral tablet* | 2 | |
| *itraconazole oral capsule* | 4 | |
| *ketoconazole oral tablet* | 2 | |
| NOXAFIL INTRAVENOUS SOLUTION | 5 | NEDS |
| NOXAFIL ORAL SUSPENSION | 5 | NEDS |
| NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC) | 5 | QL (93 per 31 days); NEDS |
| *nystatin oral suspension* | 2 | |
| *nystatin oral tablet* | 2 | |
| ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET | 4 | |
| SPORANOX ORAL SOLUTION | 3 | |
| *voriconazole intravenous solution* | 2 | |
| *voriconazole oral suspension for reconstitution* | 4 | |
| *voriconazole oral tablet* | 4 | |
| **ANTIMALARIALS** | | |
| *atovaquone-proguanil oral tablet* | 2 | |
| *chloroquine phosphate oral tablet* | 2 | |
| COARTEM ORAL TABLET | 3 | |

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

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| DARAPRIM ORAL TABLET | 3 | |
| *hydroxychloroquine oral tablet* | 1 | |
| *mefloquine oral tablet* | 2 | |
| PRIMAQUINE ORAL TABLET | 3 | |
| *quinine sulfate oral capsule* | 2 | |
| **ANTIPARASITICS/ANTHELMINTICS** | | |
| ALBENZA ORAL TABLET | 4 | |
| ALINIA ORAL SUSPENSION FOR RECONSTITUTION | 3 | |
| ALINIA ORAL TABLET | 3 | |
| *atovaquone oral suspension* | 5 | NEDS |
| BILTRICIDE ORAL TABLET | 3 | |
| *ivermectin oral tablet* | 2 | |
| *paromomycin oral capsule* | 2 | |
| *tinidazole oral tablet* | 2 | |
| **ANTIRETROVIRALS** | | |
| *abacavir oral tablet* | 4 | |
| *abacavir-lamivudine-zidovudine oral tablet* | 5 | NEDS |
| APTIVUS ORAL CAPSULE | 5 | NEDS |
| APTIVUS ORAL SOLUTION | 5 | NEDS |
| ATRIPLA ORAL TABLET | 5 | NEDS |
| COMPLERA ORAL TABLET | 5 | NEDS |
| CRIXIVAN ORAL CAPSULE 200 MG, 400 MG | 3 | |
| DESCOVY ORAL TABLET | 5 | NEDS |
| *didanosine oral capsule,delayed release(dr/ec)* | 2 | |
| EDURANT ORAL TABLET | 5 | NEDS |
| EMTRIVA ORAL CAPSULE | 3 | |
| EMTRIVA ORAL SOLUTION | 3 | |
| EPIVIR HBV ORAL SOLUTION | 4 | |
| EPZICOM ORAL TABLET | 5 | NEDS |
| EVOTAZ ORAL TABLET | 5 | NEDS |
| FUZEON SUBCUTANEOUS RECON SOLN | 5 | NEDS |

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

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| GENVOYA ORAL TABLET | 5 | NEDS |
| INTELENCE ORAL TABLET 100 MG, 200 MG | 5 | NEDS |
| INTELENCE ORAL TABLET 25 MG | 3 | |
| INVIRASE ORAL CAPSULE | 5 | NEDS |
| INVIRASE ORAL TABLET | 5 | NEDS |
| ISENTRESS ORAL POWDER IN PACKET | 3 | |
| ISENTRESS ORAL TABLET | 5 | NEDS |
| ISENTRESS ORAL TABLET,CHEWABLE 100 MG | 5 | NEDS |
| ISENTRESS ORAL TABLET,CHEWABLE 25 MG | 3 | |
| KALETRA ORAL SOLUTION | 5 | NEDS |
| KALETRA ORAL TABLET 100-25 MG | 4 | |
| KALETRA ORAL TABLET 200-50 MG | 5 | NEDS |
| *lamivudine oral solution* | 2 | |
| *lamivudine oral tablet* | 2 | |
| *lamivudine-zidovudine oral tablet* | 2 | |
| LEXIVA ORAL SUSPENSION | 4 | |
| LEXIVA ORAL TABLET | 5 | NEDS |
| *nevirapine oral suspension* | 2 | |
| *nevirapine oral tablet* | 2 | |
| *nevirapine oral tablet extended release 24 hr* | 2 | |
| NORVIR ORAL CAPSULE | 3 | |
| NORVIR ORAL SOLUTION | 3 | |
| NORVIR ORAL TABLET | 3 | |
| ODEFSEY ORAL TABLET | 5 | NEDS |
| PREZCOBIX ORAL TABLET | 5 | NEDS |
| PREZISTA ORAL SUSPENSION | 5 | NEDS |
| PREZISTA ORAL TABLET 150 MG, 75 MG | 4 | |
| PREZISTA ORAL TABLET 600 MG, 800 MG | 5 | NEDS |
| RESCRIPTOR ORAL TABLET | 3 | |

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

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| RESCRIPTOR ORAL TABLET, DISPERSIBLE | 3 | |
| RETROVIR INTRAVENOUS SOLUTION | 4 | |
| REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG | 5 | NEDS |
| REYATAZ ORAL POWDER IN PACKET | 5 | NEDS |
| SELZENTRY ORAL TABLET | 5 | NEDS |
| *stavudine oral capsule* | 2 | |
| *stavudine oral recon soln* | 2 | |
| STRIBILD ORAL TABLET | 5 | NEDS |
| SUSTIVA ORAL CAPSULE | 3 | |
| SUSTIVA ORAL TABLET | 3 | |
| TIVICAY ORAL TABLET 10 MG | 4 | |
| TIVICAY ORAL TABLET 25 MG, 50 MG | 5 | NEDS |
| TRIUMEQ ORAL TABLET | 5 | NEDS |
| TRUVADA ORAL TABLET | 5 | NEDS |
| TYBOST ORAL TABLET | 3 | |
| TYZEKA ORAL TABLET | 5 | NEDS |
| VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN | 3 | |
| VIDEX 4 GRAM PEDIATRIC ORAL RECON SOLN | 3 | |
| VIRACEPT ORAL TABLET | 5 | NEDS |
| VIREAD ORAL POWDER | 5 | NEDS |
| VIREAD ORAL TABLET | 3 | |
| VITEKTA ORAL TABLET | 5 | NEDS |
| ZIAGEN ORAL SOLUTION | 3 | |
| *zidovudine oral capsule* | 2 | |
| *zidovudine oral syrup* | 2 | |
| *zidovudine oral tablet* | 2 | |
| **ANTITUBERCULARS** | | |
| CAPASTAT INJECTION RECON SOLN | 4 | |
| CYCLOSERINE ORAL CAPSULE | 4 | |
| DAPSONE ORAL TABLET | 3 | |
| *ethambutol oral tablet* | 2 | |

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

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *isoniazid injection solution* | 2 | |
| *isoniazid oral solution* | 2 | |
| *isoniazid oral tablet* | 2 | |
| PASER ORAL GRANULES DR FOR SUSP IN PACKET | 4 | |
| PRIFTIN ORAL TABLET | 4 | |
| *pyrazinamide oral tablet* | 2 | |
| *rifabutin oral capsule* | 4 | |
| *rifampin intravenous recon soln* | 4 | |
| *rifampin oral capsule* | 2 | |
| RIFATER ORAL TABLET | 4 | |
| SIRTURO ORAL TABLET | 5 | PA; NEDS |
| TRECATOR ORAL TABLET | 4 | |
| **ANTIVIRALS** | | |
| *acyclovir oral capsule* | 2 | |
| *acyclovir oral suspension 200 mg/5 ml* | 2 | |
| *acyclovir oral tablet* | 2 | |
| *acyclovir sodium intravenous recon soln 500 mg* | 2 | B/D PA |
| *acyclovir sodium intravenous solution* | 2 | B/D PA |
| *acyclovir topical ointment* | 4 | |
| *adefovir oral tablet* | 5 | NEDS |
| *amantadine hcl oral capsule* | 2 | |
| *amantadine hcl oral solution* | 2 | |
| *amantadine hcl oral tablet* | 2 | |
| BARACLUDE ORAL SOLUTION | 4 | |
| *cidofovir intravenous solution* | 2 | |
| DAKLINZA ORAL TABLET | 5 | PA; NEDS |
| *entecavir oral tablet* | 5 | NEDS |
| *famciclovir oral tablet* | 2 | |
| *foscarnet intravenous solution* | 2 | B/D PA |
| *ganciclovir sodium intravenous recon soln* | 4 | B/D PA |
| HARVONI ORAL TABLET | 5 | PA; NEDS |

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

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *moderiba dose pack oral tablets,dose pack 200 mg (7)-400 mg (7), 600 mg (7)- 400 mg (7)* | 2 | |
| *moderiba dose pack oral tablets,dose pack 400 mg (7)-400 mg (7), 600 mg (7)- 600 mg (7)* | 5 | NEDS |
| *moderiba oral tablet* | 2 | |
| OLYSIO ORAL CAPSULE | 5 | PA; NEDS |
| REBETOL ORAL SOLUTION | 3 | |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE | 4 | QL (180 per 90 days) |
| *ribasphere oral capsule* | 4 | |
| *ribasphere oral tablet* | 4 | |
| *ribasphere ribapak oral tablets,dose pack* | 5 | NEDS |
| *ribavirin oral capsule* | 4 | |
| *ribavirin oral tablet 200 mg* | 4 | |
| *rimantadine oral tablet* | 2 | |
| SOVALDI ORAL TABLET | 5 | PA; NEDS |
| TAMIFLU ORAL CAPSULE 30 MG | 3 | QL (56 per 180 days) |
| TAMIFLU ORAL CAPSULE 45 MG, 75 MG | 3 | QL (28 per 180 days) |
| TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION | 3 | QL (360 per 180 days) |
| TECHNIVIE ORAL TABLET | 5 | PA; NEDS |
| *valacyclovir oral tablet* | 2 | |
| VALCYTE ORAL RECON SOLN | 5 | NEDS |
| *valganciclovir oral tablet* | 5 | NEDS |
| VIEKIRA PAK ORAL TABLETS,DOSE PACK | 5 | PA; NEDS |
| VIRAZOLE INHALATION RECON SOLN | 5 | NEDS |
| ZEPATIER ORAL TABLET | 5 | PA; NEDS |
| **CEPHALOSPORINS** | | |
| *cefaclor oral capsule* | 2 | |
| *cefaclor oral tablet extended release 12 hr* | 2 | |
| *cefadroxil oral capsule* | 2 | |

**Drug Tier**: 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drug 5-Specialty Drugs
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**Brand-name** drugs are CAPITALIZED. **Generic** drugs are *lower-case italics*.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml* | 2 | |
| *cefadroxil oral tablet* | 2 | |
| *cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml* | 2 | |
| *cefazolin injection recon soln* | 2 | |
| *cefazolin intravenous recon soln* | 2 | |
| *cefdinir oral capsule* | 2 | |
| *cefdinir oral suspension for reconstitution* | 2 | |
| CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/50 ML | 4 | |
| CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 2 GRAM/50 ML | 4 | |
| *cefepime in dextrose,iso-osm intravenous piggyback* | 2 | |
| *cefepime injection recon soln* | 2 | |
| *cefixime oral suspension for reconstitution* | 2 | |
| *cefotaxime injection recon soln* | 2 | |
| CEFOTETAN IN DEXTROSE, ISO-OSM INTRAVENOUS PIGGYBACK | 4 | |
| *cefotetan injection recon soln* | 2 | |
| *cefotetan intravenous recon soln* | 2 | |
| *cefoxitin in dextrose, iso-osm intravenous piggyback* | 2 | |
| *cefoxitin intravenous recon soln* | 2 | |
| *cefpodoxime oral suspension for reconstitution* | 2 | |
| *cefpodoxime oral tablet* | 2 | |
| *cefprozil oral suspension for reconstitution* | 2 | |
| *cefprozil oral tablet* | 2 | |
| CEFTAZIDIME IN D5W INTRAVENOUS PIGGYBACK | 4 | |
| *ceftazidime injection recon soln* | 2 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *ceftibuten oral capsule* | 2 | |
| *ceftibuten oral suspension for reconstitution* | 2 | |
| *ceftriaxone in dextrose,iso-os intravenous piggyback* | 2 | |
| *ceftriaxone injection recon soln 1 gram, 2 gram* | 2 | |
| *ceftriaxone injection recon soln 10 gram, 250 mg, 500 mg* | 4 | |
| CEFTRIAXONE INJECTION RECON SOLN 100 GRAM | 4 | |
| *ceftriaxone intravenous recon soln* | 2 | |
| *cefuroxime axetil oral tablet* | 2 | |
| *cefuroxime sodium injection recon soln 1.5 gram, 750 mg* | 2 | |
| *cefuroxime sodium intravenous recon soln* | 2 | |
| *cephalexin oral capsule 250 mg, 500 mg* | 1 | |
| *cephalexin oral suspension for reconstitution* | 1 | |
| *cephalexin oral tablet* | 1 | |
| FORTAZ IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK | 4 | |
| FORTAZ INJECTION RECON SOLN 1 GRAM, 2 GRAM, 6 GRAM | 4 | |
| FORTAZ INTRAVENOUS RECON SOLN | 4 | |
| MAXIPIME INTRAVENOUS RECON SOLN | 4 | |
| SUPRAX ORAL CAPSULE | 4 | |
| SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 500 MG/5 ML | 4 | |
| SUPRAX ORAL TABLET,CHEWABLE | 4 | |
| TAZICEF INJECTION RECON SOLN | 4 | |
| TAZICEF INTRAVENOUS RECON SOLN | 4 | |
| TEFLARO INTRAVENOUS RECON SOLN | 4 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ZERBAXA INTRAVENOUS RECON SOLN | 4 | |
| ZINACEF IN STERILE WATER INTRAVENOUS PIGGYBACK | 4 | |
| ZINACEF INTRAVENOUS RECON SOLN 1.5 GRAM, 750 MG | 4 | |
| **MACROLIDES** | | |
| *azithromycin intravenous recon soln* | 2 | |
| *azithromycin oral packet* | 2 | |
| *azithromycin oral suspension for reconstitution* | 2 | |
| *azithromycin oral tablet* | 2 | |
| *clarithromycin oral suspension for reconstitution* | 2 | |
| *clarithromycin oral tablet* | 2 | |
| *clarithromycin oral tablet extended release 24 hr* | 2 | QL (180 per 90 days) |
| DIFICID ORAL TABLET | 5 | QL (20 per 10 days); NEDS |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION | 4 | |
| ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION | 4 | |
| ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION | 4 | |
| *ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg* | 4 | |
| ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG | 4 | |
| *erythrocin (as stearate) oral tablet 250 mg* | 2 | |
| ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG | 4 | |
| *erythromycin ethylsuccinate oral tablet* | 2 | |
| *erythromycin oral capsule,delayed release(dr/ec)* | 2 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *erythromycin oral tablet* | 2 | |
| KETEK ORAL TABLET | 4 | QL (20 per 10 days) |
| ZMAX ORAL SUSPENSION,EXTENDED REL RECON | 4 | |
| **MISCELLANEOUS ANTI-INFECTIVES** | | |
| AZACTAM IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK | 4 | |
| AZACTAM INJECTION RECON SOLN 2 GRAM | 4 | |
| *aztreonam injection recon soln 1 gram* | 4 | |
| *aztreonam injection recon soln 2 gram* | 2 | |
| *baciim intramuscular recon soln* | 2 | |
| *bacitracin intramuscular recon soln* | 2 | |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION | 5 | PA; QL (84 per 28 days); NEDS |
| *chloramphenicol sod succinate intravenous recon soln* | 2 | |
| *clindamycin hcl oral capsule* | 2 | |
| *clindamycin in 5 % dextrose intravenous piggyback* | 2 | |
| *clindamycin palmitate hcl oral recon soln* | 4 | |
| *clindamycin pediatric oral recon soln* | 4 | |
| *clindamycin phosphate injection solution* | 2 | |
| *clindamycin phosphate intravenous solution* | 2 | |
| *colistin (colistimethate na) injection recon soln* | 2 | |
| CUBICIN INTRAVENOUS RECON SOLN | 4 | |
| DALVANCE INTRAVENOUS SOLUTION | 5 | NEDS |
| *imipenem-cilastatin intravenous recon soln* | 2 | |
| INVANZ INJECTION RECON SOLN | 4 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| INVANZ INTRAVENOUS RECON SOLN | 4 | |
| *lincomycin injection solution* | 2 | |
| *linezolid intravenous parenteral solution* | 5 | NEDS |
| *linezolid oral suspension for reconstitution* | 2 | |
| *linezolid oral tablet* | 2 | |
| *linezolid-0.9% sodium chloride intravenous parenteral solution* | 5 | NEDS |
| *meropenem intravenous recon soln 1 gram* | 2 | |
| *meropenem intravenous recon soln 500 mg* | 4 | |
| MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 500 MG/50 ML | 4 | |
| *metro i.v. intravenous piggyback* | 2 | |
| *metronidazole in nacl (iso-os) intravenous piggyback* | 2 | |
| *metronidazole oral capsule* | 2 | |
| *metronidazole oral tablet* | 2 | |
| NEBUPENT INHALATION RECON SOLN | 4 | B/D PA |
| *neomycin oral tablet* | 2 | |
| PENTAM INJECTION RECON SOLN | 4 | |
| *polymyxin b sulfate injection recon soln* | 2 | |
| SYNERCID INTRAVENOUS RECON SOLN | 5 | NEDS |
| TYGACIL INTRAVENOUS RECON SOLN | 4 | |
| VANCOMYCIN IN 0.9% SODIUM CL INTRAVENOUS PIGGYBACK | 4 | |
| VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK | 4 | |
| *vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg* | 2 | |
| VANCOMYCIN INTRAVENOUS RECON SOLN 750 MG | 4 | |
| *vancomycin oral capsule* | 4 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| XIFAXAN ORAL TABLET 200 MG | 4 | |
| XIFAXAN ORAL TABLET 550 MG | 4 | QL (180 per 90 days) |
| ZYVOX INTRAVENOUS PARENTERAL SOLUTION | 5 | NEDS |
| **PENICILLINS** | | |
| *amoxicillin oral capsule* | 1 | |
| *amoxicillin oral suspension for reconstitution* | 1 | |
| *amoxicillin oral tablet* | 1 | |
| *amoxicillin oral tablet,chewable 125 mg, 250 mg* | 1 | |
| *amoxicillin-pot clavulanate oral suspension for reconstitution* | 2 | |
| *amoxicillin-pot clavulanate oral tablet* | 2 | |
| *amoxicillin-pot clavulanate oral tablet extended release 12 hr* | 2 | |
| *amoxicillin-pot clavulanate oral tablet,chewable* | 2 | |
| *ampicillin oral capsule* | 2 | |
| *ampicillin oral suspension for reconstitution* | 2 | |
| *ampicillin sodium injection recon soln* | 2 | |
| *ampicillin sodium intravenous recon soln* | 2 | |
| *ampicillin-sulbactam injection recon soln* | 2 | |
| *ampicillin-sulbactam intravenous recon soln* | 2 | |
| BICILLIN C-R INTRAMUSCULAR SYRINGE | 4 | |
| BICILLIN L-A INTRAMUSCULAR SYRINGE | 4 | |
| *dicloxacillin oral capsule* | 2 | |
| MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR | 4 | |
| *nafcillin in dextrose iso-osm intravenous piggyback* | 2 | |
| *nafcillin injection recon soln* | 2 | |
| *nafcillin intravenous recon soln* | 2 | |
| *oxacillin in dextrose(iso-osm) intravenous piggyback* | 2 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *oxacillin injection recon soln* | 2 | |
| *oxacillin intravenous recon soln* | 2 | |
| PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK | 4 | |
| *penicillin g potassium injection recon soln* | 2 | |
| *penicillin g procaine intramuscular syringe 1.2 million unit/2 ml* | 2 | |
| *penicillin g procaine intramuscular syringe 600,000 unit/ml* | 4 | |
| *penicillin g sodium injection recon soln* | 2 | |
| *penicillin v potassium oral recon soln* | 1 | |
| *penicillin v potassium oral tablet* | 1 | |
| *pfizerpen-g injection recon soln* | 2 | |
| *piperacillin-tazobactam intravenous recon soln* | 2 | |
| ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK | 4 | |
| ZOSYN INTRAVENOUS RECON SOLN 2.25 GRAM, 3.375 GRAM | 4 | |
| **QUINOLONES** | | |
| *ciprofloxacin (mixture) oral tablet, er multiphase 24 hr* | 2 | QL (14 per 14 days) |
| *ciprofloxacin hcl oral tablet* | 2 | |
| *ciprofloxacin in 5 % dextrose intravenous piggyback* | 2 | |
| *ciprofloxacin lactate intravenous solution 200 mg/20 ml* | 1 | |
| *ciprofloxacin lactate intravenous solution 400 mg/40 ml* | 2 | |
| *ciprofloxacin oral suspension,microcapsule recon* | 2 | |
| *levofloxacin in d5w intravenous piggyback* | 2 | |
| *levofloxacin intravenous solution* | 2 | |
| *levofloxacin oral solution* | 2 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *levofloxacin oral tablet* | 2 | |
| *moxifloxacin oral tablet* | 2 | |
| *ofloxacin oral tablet 400 mg* | 2 | |
| **SULFONAMIDES AND COMBINATIONS** | | |
| *sulfadiazine oral tablet* | 2 | |
| *sulfamethoxazole-trimethoprim intravenous solution* | 2 | |
| *sulfamethoxazole-trimethoprim oral suspension* | 1 | |
| *sulfamethoxazole-trimethoprim oral tablet* | 1 | |
| *sulfatrim oral suspension* | 1 | |
| **TETRACYCLINES** | | |
| ARESTIN DENTAL CARTRIDGE | 4 | |
| *demeclocycline oral tablet* | 4 | |
| *doxy-100 intravenous recon soln* | 2 | |
| *doxycycline hyclate intravenous recon soln* | 2 | |
| *doxycycline hyclate oral capsule* | 2 | |
| *doxycycline hyclate oral tablet 100 mg, 20 mg* | 2 | |
| *doxycycline hyclate oral tablet,delayed release (dr/ec)* | 2 | |
| *doxycycline monohydrate oral capsule 75 mg* | 2 | |
| *doxycycline monohydrate oral suspension for reconstitution* | 2 | |
| MINOCIN INTRAVENOUS RECON SOLN | 4 | |
| *minocycline oral capsule* | 2 | |
| *minocycline oral tablet* | 2 | |
| *mondoxyne nl oral capsule* | 2 | |
| *morgidox oral capsule 100 mg* | 2 | |
| VIBRAMYCIN ORAL SYRUP | 4 | |
| **URINARY TRACT AGENTS** | | |
| *methenamine hippurate oral tablet* | 2 | |
| *methenamine mandelate oral tablet* | 2 | |
| *nitrofurantoin macrocrystal oral capsule* | 2 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *nitrofurantoin monohyd/m-cryst oral capsule* | 2 | |
| *nitrofurantoin oral suspension* | 2 | |
| PRIMSOL ORAL SOLUTION | 4 | |
| *trimethoprim oral tablet* | 2 | |
| **ANTINEOPLASTICS AND IMMUNOSUPPRESSANTS** | | |
| **ADJUVANT THERAPY** | | |
| FUSILEV INTRAVENOUS RECON SOLN | 5 | NEDS |
| *leucovorin calcium injection recon soln* | 2 | |
| *leucovorin calcium oral tablet* | 2 | |
| LEUKINE INJECTION RECON SOLN | 5 | NEDS |
| *levoleucovorin calcium intravenous solution* | 2 | |
| MESNEX ORAL TABLET | 4 | |
| **ALKYLATING AGENTS** | | |
| BENDEKA INTRAVENOUS SOLUTION | 5 | PA; NEDS |
| BICNU INTRAVENOUS RECON SOLN | 4 | |
| BUSULFEX INTRAVENOUS SOLUTION | 4 | |
| *cyclophosphamide intravenous recon soln* | 2 | B/D PA |
| CYCLOPHOSPHAMIDE ORAL CAPSULE | 4 | B/D PA |
| *dacarbazine intravenous recon soln* | 2 | |
| GLEOSTINE ORAL CAPSULE 5 MG | 3 | |
| HEXALEN ORAL CAPSULE | 5 | NEDS |
| *ifosfamide intravenous recon soln 1 gram* | 2 | B/D PA |
| LEUKERAN ORAL TABLET | 3 | |
| *melphalan hcl intravenous recon soln* | 2 | |
| MUSTARGEN INJECTION RECON SOLN | 4 | |
| *thiotepa injection recon soln* | 2 | |
| TREANDA INTRAVENOUS RECON SOLN 100 MG | 5 | PA; NEDS |
| VALCHLOR TOPICAL GEL | 5 | NEDS |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ZANOSAR INTRAVENOUS RECON SOLN | 4 | |
| **ANTIMETABOLITES** | | |
| *adrucil intravenous solution* | 2 | B/D PA |
| ALIMTA INTRAVENOUS RECON SOLN | 4 | |
| *cladribine intravenous solution* | 2 | B/D PA |
| CLOLAR INTRAVENOUS SOLUTION | 4 | |
| *cytarabine (pf) injection solution* | 2 | B/D PA |
| *cytarabine injection solution* | 2 | B/D PA |
| DEPOCYT (PF) INTRATHECAL SUSPENSION | 4 | |
| *floxuridine injection recon soln* | 2 | |
| *fludarabine intravenous recon soln* | 2 | |
| *fludarabine intravenous solution* | 2 | |
| *fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml* | 2 | B/D PA |
| *gemcitabine intravenous recon soln* | 5 | NEDS |
| *gemcitabine intravenous solution* | 5 | NEDS |
| LONSURF ORAL TABLET | 5 | PA; NEDS |
| *mercaptopurine oral tablet* | 2 | |
| *methotrexate sodium (pf) injection recon soln* | 2 | |
| *methotrexate sodium (pf) injection solution* | 2 | |
| *methotrexate sodium injection solution* | 2 | |
| *methotrexate sodium oral tablet* | 1 | B/D PA |
| NIPENT INTRAVENOUS RECON SOLN | 4 | |
| PURIXAN ORAL SUSPENSION | 5 | NEDS |
| RHEUMATREX ORAL TABLETS,DOSE PACK | 4 | B/D PA |
| TABLOID ORAL TABLET | 3 | |
| **HORMONAL AGENTS** | | |
| *anastrozole oral tablet* | 2 | |
| *bicalutamide oral tablet* | 2 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| EMCYT ORAL CAPSULE | 3 | |
| *exemestane oral tablet* | 2 | |
| FARESTON ORAL TABLET | 3 | |
| FASLODEX INTRAMUSCULAR SYRINGE | 5 | NEDS |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN | 4 | |
| *flutamide oral capsule* | 2 | |
| *letrozole oral tablet* | 2 | |
| *leuprolide subcutaneous kit* | 2 | |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG | 5 | NEDS |
| LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT | 5 | NEDS |
| LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT | 5 | NEDS |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG | 5 | NEDS |
| LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG | 5 | NEDS |
| *megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml* | 4 | PA |
| *megestrol oral tablet* | 2 | PA |
| NILANDRON ORAL TABLET | 3 | |
| SOLTAMOX ORAL SOLUTION | 4 | |
| SUPPRELIN LA IMPLANT KIT | 5 | NEDS |
| *tamoxifen oral tablet* | 2 | |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION | 5 | NEDS |
| VANTAS IMPLANT KIT | 4 | |
| XTANDI ORAL CAPSULE | 5 | PA; NEDS |
| ZOLADEX SUBCUTANEOUS IMPLANT | 4 | QL (1.2 per 30 days) |
| ZYTIGA ORAL TABLET | 5 | PA; NEDS |
| **IMMUNOMODULATORS** | | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ARCALYST SUBCUTANEOUS RECON SOLN | 5 | PA; NEDS |
| ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG | 4 | B/D PA |
| ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 5 MG | 5 | B/D PA; NEDS |
| AZASAN ORAL TABLET | 4 | B/D PA |
| *azathioprine oral tablet* | 2 | B/D PA |
| *azathioprine sodium injection recon soln* | 4 | B/D PA |
| CELLCEPT INTRAVENOUS RECON SOLN | 4 | B/D PA |
| *cyclosporine intravenous solution* | 2 | B/D PA |
| *cyclosporine modified oral capsule* | 2 | B/D PA |
| *cyclosporine modified oral solution* | 2 | B/D PA |
| *cyclosporine oral capsule* | 2 | B/D PA |
| ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR | 4 | B/D PA |
| GAZYVA INTRAVENOUS SOLUTION | 5 | PA; NEDS |
| *gengraf oral capsule 100 mg, 25 mg* | 2 | B/D PA |
| *gengraf oral solution* | 2 | B/D PA |
| ILARIS (PF) SUBCUTANEOUS RECON SOLN | 5 | PA; NEDS |
| *mycophenolate mofetil oral capsule* | 2 | B/D PA |
| *mycophenolate mofetil oral suspension for reconstitution* | 5 | B/D PA; NEDS |
| *mycophenolate mofetil oral tablet* | 2 | B/D PA |
| *mycophenolate sodium oral tablet,delayed release (dr/ec)* | 4 | B/D PA |
| NULOJIX INTRAVENOUS RECON SOLN | 5 | B/D PA; NEDS |
| POMALYST ORAL CAPSULE | 5 | PA; QL (31 per 31 days); NEDS |
| PROGRAF INTRAVENOUS SOLUTION | 4 | B/D PA |

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**Requirements/Limits**: B/D - Prior Authorization, Part D vs. Part B only LA - Limited Availability NEDS - Non-extended Day Supply PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
**Brand-name** drugs are CAPITALIZED. **Generic** drugs are *lower-case italics*.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| RAPAMUNE ORAL SOLUTION | 4 | B/D PA |
| REVLIMID ORAL CAPSULE | 5 | PA; LA; NEDS |
| RITUXAN INTRAVENOUS CONCENTRATE | 5 | PA; NEDS |
| SANDIMMUNE ORAL SOLUTION | 4 | B/D PA |
| SIMULECT INTRAVENOUS RECON SOLN | 5 | B/D PA; NEDS |
| *sirolimus oral tablet* | 4 | B/D PA |
| *tacrolimus oral capsule* | 2 | B/D PA |
| TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) | 5 | PA; QL (62 per 31 days); NEDS |
| THALOMID ORAL CAPSULE | 5 | PA; NEDS |
| **MISCELLANEOUS ANTINEOPLASTIC AGENTS** | | |
| ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION | 4 | |
| AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION | 5 | PA; NEDS |
| AFINITOR ORAL TABLET | 5 | PA; NEDS |
| ALECENSA ORAL CAPSULE | 5 | PA; NEDS |
| *amifostine crystalline intravenous recon soln* | 5 | NEDS |
| ARRANON INTRAVENOUS SOLUTION | 4 | |
| ARZERRA INTRAVENOUS SOLUTION | 3 | PA |
| AVASTIN INTRAVENOUS SOLUTION | 5 | NEDS |
| *azacitidine injection recon soln* | 5 | NEDS |
| BELEODAQ INTRAVENOUS RECON SOLN | 5 | PA; NEDS |
| *bexarotene oral capsule* | 5 | PA; NEDS |
| *bleomycin injection recon soln* | 2 | B/D PA |
| BLINCYTO INTRAVENOUS KIT | 5 | B/D PA; NEDS |
| BOSULIF ORAL TABLET | 5 | PA; NEDS |
| CABOMETYX ORAL TABLET | 5 | PA; NEDS |
| CAMPATH INTRAVENOUS SOLUTION | 4 | |

**Drug Tier**: 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drug 5-Specialty Drugs
**Requirements/Limits**: B/D - Prior Authorization, Part D vs. Part B only LA - Limited Availability NEDS - Non-extended Day Supply PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| CAMPTOSAR INTRAVENOUS SOLUTION 300 MG/15 ML | 4 | |
| CAPRELSA ORAL TABLET | 5 | NEDS |
| *carboplatin intravenous solution* | 2 | |
| *cisplatin intravenous solution* | 2 | |
| COMETRIQ ORAL CAPSULE | 5 | PA; NEDS |
| COTELLIC ORAL TABLET | 5 | PA; LA; NEDS |
| CYRAMZA INTRAVENOUS SOLUTION | 5 | PA; NEDS |
| DARZALEX INTRAVENOUS SOLUTION | 5 | PA; LA; NEDS |
| *daunorubicin intravenous solution* | 2 | |
| *decitabine intravenous recon soln* | 5 | NEDS |
| *dexrazoxane hcl intravenous recon soln* | 2 | |
| DOCEFREZ INTRAVENOUS RECON SOLN 20 MG | 5 | NEDS |
| *docetaxel intravenous solution 10 mg/ml, 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)* | 5 | NEDS |
| *doxorubicin intravenous recon soln* | 2 | B/D PA |
| *doxorubicin intravenous solution* | 2 | B/D PA |
| *doxorubicin, peg-liposomal intravenous suspension* | 2 | B/D PA |
| DROXIA ORAL CAPSULE | 4 | |
| ELLENCE INTRAVENOUS SOLUTION | 4 | |
| EMPLICITI INTRAVENOUS RECON SOLN | 5 | PA; NEDS |
| *epirubicin intravenous solution* | 2 | |
| ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML | 3 | |
| ERBITUX INTRAVENOUS SOLUTION 200 MG/100 ML | 3 | |

**Drug Tier**: 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drug 5-Specialty Drugs
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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ERIVEDGE ORAL CAPSULE | 5 | PA; NEDS |
| ERWINAZE INJECTION RECON SOLN | 5 | NEDS |
| ETOPOPHOS INTRAVENOUS RECON SOLN | 4 | |
| *etoposide intravenous solution* | 2 | |
| FARYDAK ORAL CAPSULE | 5 | PA; NEDS |
| GILOTRIF ORAL TABLET | 5 | PA; QL (31 per 31 days); NEDS |
| HALAVEN INTRAVENOUS SOLUTION | 5 | NEDS |
| HERCEPTIN INTRAVENOUS RECON SOLN | 5 | B/D PA; NEDS |
| *hydroxyurea oral capsule* | 2 | |
| IBRANCE ORAL CAPSULE | 5 | PA; NEDS |
| ICLUSIG ORAL TABLET | 5 | PA; NEDS |
| *idarubicin intravenous solution* | 2 | |
| IFEX INTRAVENOUS RECON SOLN 3 GRAM | 4 | B/D PA |
| *ifosfamide intravenous recon soln 3 gram* | 2 | B/D PA |
| *ifosfamide intravenous solution* | 2 | B/D PA |
| *imatinib oral tablet* | 5 | NEDS |
| IMBRUVICA ORAL CAPSULE | 5 | PA; NEDS |
| INLYTA ORAL TABLET | 5 | PA; NEDS |
| IRESSA ORAL TABLET | 5 | NEDS |
| *irinotecan intravenous solution* | 2 | |
| ISTODAX INTRAVENOUS RECON SOLN | 5 | B/D PA; NEDS |
| IXEMPRA INTRAVENOUS RECON SOLN | 5 | NEDS |
| JAKAFI ORAL TABLET | 5 | PA; NEDS |
| JEVTANA INTRAVENOUS SOLUTION | 5 | PA; NEDS |
| KADCYLA INTRAVENOUS RECON SOLN | 5 | B/D PA; NEDS |
| KEYTRUDA INTRAVENOUS RECON SOLN | 5 | NEDS |
| KEYTRUDA INTRAVENOUS SOLUTION | 5 | NEDS |

**Drug Tier**: 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drug 5-Specialty Drugs
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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| LENVIMA ORAL CAPSULE | 5 | PA; NEDS |
| LYNPARZA ORAL CAPSULE | 5 | PA; NEDS |
| LYSODREN ORAL TABLET | 3 | |
| MATULANE ORAL CAPSULE | 5 | NEDS |
| MEKINIST ORAL TABLET | 5 | PA; NEDS |
| *mesna intravenous solution* | 2 | |
| *mitomycin intravenous recon soln 20 mg, 5 mg* | 4 | |
| *mitomycin intravenous recon soln 40 mg* | 5 | NEDS |
| *mitoxantrone intravenous concentrate* | 2 | |
| NEXAVAR ORAL TABLET | 5 | PA; NEDS |
| NINLARO ORAL CAPSULE | 5 | PA; NEDS |
| ODOMZO ORAL CAPSULE | 5 | PA; LA; NEDS |
| OPDIVO INTRAVENOUS SOLUTION | 5 | NEDS |
| *oxaliplatin intravenous recon soln* | 5 | NEDS |
| *oxaliplatin intravenous solution 100 mg/20 ml* | 4 | |
| *oxaliplatin intravenous solution 50 mg/10 ml (5 mg/ml)* | 5 | NEDS |
| *paclitaxel intravenous concentrate* | 2 | |
| PERJETA INTRAVENOUS SOLUTION | 5 | NEDS |
| PROLEUKIN INTRAVENOUS RECON SOLN | 5 | NEDS |
| SPRYCEL ORAL TABLET | 5 | PA; NEDS |
| STIVARGA ORAL TABLET | 5 | NEDS |
| SUTENT ORAL CAPSULE | 5 | PA; NEDS |
| SYNRIBO SUBCUTANEOUS RECON SOLN | 5 | NEDS |
| TAFINLAR ORAL CAPSULE | 5 | PA; NEDS |
| TAGRISSO ORAL TABLET | 5 | PA; LA; NEDS |
| TARCEVA ORAL TABLET | 5 | PA; NEDS |
| TASIGNA ORAL CAPSULE | 5 | PA; NEDS |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| TECENTRIQ INTRAVENOUS SOLUTION | 5 | PA; NEDS |
| *toposar intravenous solution* | 2 | |
| *topotecan intravenous recon soln* | 2 | |
| *topotecan intravenous solution* | 2 | |
| TORISEL INTRAVENOUS RECON SOLN | 5 | PA; NEDS |
| TREANDA INTRAVENOUS RECON SOLN 25 MG | 5 | PA; NEDS |
| TRELSTAR INTRAMUSCULAR SYRINGE | 5 | NEDS |
| *tretinoin (chemotherapy) oral capsule* | 5 | NEDS |
| TRISENOX INTRAVENOUS SOLUTION | 4 | |
| TYKERB ORAL TABLET | 5 | NEDS |
| VALSTAR INTRAVESICAL SOLUTION | 5 | NEDS |
| VECTIBIX INTRAVENOUS SOLUTION | 5 | NEDS |
| VELCADE INJECTION RECON SOLN | 4 | |
| VENCLEXTA ORAL TABLET 10 MG, 50 MG | 4 | PA |
| VENCLEXTA ORAL TABLET 100 MG | 5 | PA; NEDS |
| VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK | 5 | PA; NEDS |
| *vinblastine intravenous solution* | 2 | B/D PA |
| *vincasar pfs intravenous solution* | 2 | B/D PA |
| *vincristine intravenous solution* | 2 | B/D PA |
| *vinorelbine intravenous solution* | 2 | |
| VOTRIENT ORAL TABLET | 5 | PA; NEDS |
| XALKORI ORAL CAPSULE | 5 | PA; QL (62 per 31 days); NEDS |
| XGEVA SUBCUTANEOUS SOLUTION | 5 | PA; NEDS |
| YERVOY INTRAVENOUS SOLUTION | 5 | PA; NEDS |
| YONDELIS INTRAVENOUS RECON SOLN | 5 | PA; NEDS |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ZALTRAP INTRAVENOUS SOLUTION | 5 | NEDS |
| ZELBORAF ORAL TABLET | 5 | PA; QL (248 per 31 days); NEDS |
| ZINECARD (AS HCL) INTRAVENOUS RECON SOLN | 4 | |
| ZOLINZA ORAL CAPSULE | 5 | PA; NEDS |
| ZORTRESS ORAL TABLET 0.25 MG | 3 | B/D PA |
| ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG | 5 | B/D PA; NEDS |
| ZYDELIG ORAL TABLET | 5 | PA; NEDS |
| ZYKADIA ORAL CAPSULE | 5 | PA; NEDS |
| **CARDIOVASCULAR, HYPERTENSION, CHOLESTEROL** | | |
| **ACE-INHIBITORS AND COMBINATIONS** | | |
| *benazepril oral tablet* | 1 | |
| *benazepril-hydrochlorothiazide oral tablet* | 1 | |
| *captopril oral tablet* | 1 | |
| *captopril-hydrochlorothiazide oral tablet* | 1 | |
| *enalapril maleate oral tablet* | 1 | |
| *enalaprilat intravenous solution* | 2 | |
| *enalapril-hydrochlorothiazide oral tablet* | 1 | |
| *fosinopril oral tablet* | 1 | |
| *fosinopril-hydrochlorothiazide oral tablet* | 1 | |
| *lisinopril oral tablet* | 1 | |
| *lisinopril-hydrochlorothiazide oral tablet* | 1 | |
| *moexipril oral tablet* | 1 | |
| *moexipril-hydrochlorothiazide oral tablet* | 1 | |
| *perindopril erbumine oral tablet* | 1 | |
| *quinapril oral tablet* | 1 | |
| *quinapril-hydrochlorothiazide oral tablet* | 1 | |
| *ramipril oral capsule* | 1 | |
| *trandolapril oral tablet* | 1 | |
| **ALPHA-ADRENERGIC AGENTS** | | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR | 4 | QL (90 per 90 days) |
| *clonidine (pf) epidural solution* | 2 | |
| *clonidine hcl oral tablet* | 2 | |
| *clonidine transdermal patch weekly* | 1 | QL (12 per 84 days) |
| *doxazosin oral tablet* | 2 | |
| DURACLON (PF) EPIDURAL SOLUTION 5,000 MCG/10 ML | 4 | |
| *prazosin oral capsule* | 2 | |
| *terazosin oral capsule* | 2 | |
| **ANGIOTENSIN II RECEPTOR BLOCKERS AND COMBINATIONS** | | |
| *amlodipine-valsartan oral tablet* | 1 | |
| *amlodipine-valsartan-hcthiazid oral tablet* | 1 | |
| BENICAR HCT ORAL TABLET | 3 | |
| BENICAR ORAL TABLET | 3 | |
| *candesartan oral tablet* | 1 | |
| *candesartan-hydrochlorothiazid oral tablet* | 1 | |
| EDARBI ORAL TABLET | 4 | |
| EDARBYCLOR ORAL TABLET | 4 | |
| *eprosartan oral tablet* | 1 | |
| *irbesartan oral tablet* | 1 | |
| *irbesartan-hydrochlorothiazide oral tablet* | 1 | |
| *losartan oral tablet* | 1 | |
| *losartan-hydrochlorothiazide oral tablet* | 1 | |
| *telmisartan oral tablet* | 1 | |
| *telmisartan-amlodipine oral tablet* | 1 | |
| *telmisartan-hydrochlorothiazid oral tablet* | 1 | |
| *valsartan oral tablet* | 1 | |
| *valsartan-hydrochlorothiazide oral tablet* | 1 | |
| **ANTI-COAGULANTS/HEMOSTASIS AGENTS** | | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| AGGRENOX ORAL CAPSULE, ER MULTIPHASE 12 HR | 3 | |
| AMICAR ORAL TABLET 1,000 MG | 4 | |
| *aminocaproic acid intravenous solution* | 2 | |
| *anagrelide oral capsule* | 2 | |
| *aspirin-dipyridamole oral capsule, er multiphase 12 hr* | 4 | |
| BRILINTA ORAL TABLET | 3 | |
| *cilostazol oral tablet* | 2 | |
| *clopidogrel oral tablet* | 2 | |
| COUMADIN ORAL TABLET | 4 | |
| EFFIENT ORAL TABLET | 3 | |
| ELIQUIS ORAL TABLET | 3 | |
| *enoxaparin subcutaneous solution* | 4 | |
| *enoxaparin subcutaneous syringe* | 4 | |
| *eptifibatide intravenous solution* | 2 | |
| *fondaparinux subcutaneous syringe* | 4 | |
| FRAGMIN SUBCUTANEOUS SOLUTION | 4 | |
| FRAGMIN SUBCUTANEOUS SYRINGE | 4 | |
| *heparin (porcine) in 5 % dex intravenous parenteral solution* | 2 | |
| *heparin (porcine) injection cartridge* | 2 | |
| *heparin (porcine) injection solution 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml* | 2 | |
| *heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml* | 2 | |
| *heparin, porcine (pf) injection solution 5,000 unit/0.5 ml* | 2 | |
| *heparin, porcine (pf) injection syringe* | 2 | |
| INTEGRILIN INTRAVENOUS SOLUTION 2 MG/ML | 4 | |
| IPRIVASK SUBCUTANEOUS RECON SOLN | 5 | NEDS |
| *jantoven oral tablet* | 1 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *pentoxifylline oral tablet extended release* | 2 | |
| PRADAXA ORAL CAPSULE | 3 | |
| *warfarin oral tablet* | 1 | |
| XARELTO ORAL TABLET | 3 | |
| XARELTO ORAL TABLETS,DOSE PACK | 3 | |
| **BETA BLOCKERS AND COMBINATIONS** | | |
| *acebutolol oral capsule* | 2 | |
| *atenolol oral tablet* | 1 | |
| *atenolol-chlorthalidone oral tablet* | 1 | |
| *betaxolol oral tablet* | 1 | |
| *bisoprolol fumarate oral tablet* | 1 | |
| *bisoprolol-hydrochlorothiazide oral tablet* | 1 | |
| BYSTOLIC ORAL TABLET 10 MG | 4 | ST; QL (360 per 90 days) |
| BYSTOLIC ORAL TABLET 2.5 MG, 5 MG | 4 | ST; QL (90 per 90 days) |
| BYSTOLIC ORAL TABLET 20 MG | 4 | ST; QL (180 per 90 days) |
| *carvedilol oral tablet* | 1 | |
| COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR | 4 | QL (90 per 90 days) |
| INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR | 4 | |
| *labetalol intravenous solution* | 1 | |
| *labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)* | 1 | |
| *labetalol oral tablet* | 1 | |
| *metoprolol succinate oral tablet extended release 24 hr* | 1 | QL (180 per 90 days) |
| *metoprolol ta-hydrochlorothiaz oral tablet* | 1 | |
| *metoprolol tartrate intravenous solution* | 2 | |
| *metoprolol tartrate intravenous syringe* | 1 | |
| *metoprolol tartrate oral tablet* | 1 | |
| *nadolol oral tablet* | 1 | |
| *nadolol-bendroflumethiazide oral tablet* | 1 | |
| *pindolol oral tablet* | 1 | |
| *propranolol intravenous solution* | 2 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *propranolol oral capsule,extended release 24 hr* | 1 | |
| *propranolol oral solution* | 2 | |
| *propranolol oral tablet* | 1 | |
| *propranolol-hydrochlorothiazid oral tablet* | 1 | |
| SOTALOL INTRAVENOUS SOLUTION | 4 | |
| *timolol maleate oral tablet* | 1 | |
| **CALCIUM CHANNEL BLOCKERS AND COMBINATIONS** | | |
| *afeditab cr oral tablet extended release* | 1 | QL (90 per 90 days) |
| *amlodipine oral tablet* | 1 | |
| *amlodipine-atorvastatin oral tablet* | 1 | QL (90 per 90 days) |
| *amlodipine-benazepril oral capsule* | 1 | |
| AZOR ORAL TABLET | 4 | QL (90 per 90 days) |
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG | 4 | |
| *cartia xt oral capsule,extended release 24hr* | 1 | |
| CLEVIPREX INTRAVENOUS EMULSION | 4 | |
| *diltiazem hcl intravenous recon soln* | 2 | |
| *diltiazem hcl intravenous solution* | 2 | |
| *diltiazem hcl oral capsule, extended release* | 1 | |
| *diltiazem hcl oral capsule,ext release degradable* | 1 | |
| *diltiazem hcl oral capsule,extended release 12 hr* | 1 | |
| *diltiazem hcl oral capsule,extended release 24hr* | 1 | |
| *diltiazem hcl oral tablet* | 1 | |
| *diltiazem hcl oral tablet extended release 24 hr* | 1 | |
| *dilt-xr oral capsule,ext release degradable* | 1 | |
| *felodipine oral tablet extended release 24 hr* | 1 | QL (90 per 90 days) |
| *isradipine oral capsule* | 2 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *matzim la oral tablet extended release 24 hr* | 1 | |
| *nicardipine intravenous solution* | 2 | |
| *nicardipine oral capsule* | 1 | |
| *nifedical xl oral tablet extended release 24hr* | 1 | QL (90 per 90 days) |
| *nifedipine oral tablet extended release* | 1 | QL (90 per 90 days) |
| *nifedipine oral tablet extended release 24hr* | 1 | QL (90 per 90 days) |
| *nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 34 mg, 40 mg, 8.5 mg* | 4 | QL (90 per 90 days) |
| *nisoldipine oral tablet extended release 24 hr 30 mg* | 4 | QL (180 per 90 days) |
| *taztia xt oral capsule, extended release* | 1 | |
| *trandolapril-verapamil oral tablet, ir - er, biphasic 24hr* | 1 | QL (90 per 90 days) |
| *verapamil intravenous solution* | 2 | |
| *verapamil intravenous syringe* | 1 | |
| *verapamil oral capsule, 24 hr er pellet ct* | 1 | |
| *verapamil oral capsule,ext rel. pellets 24 hr* | 1 | |
| *verapamil oral tablet* | 1 | |
| *verapamil oral tablet extended release* | 1 | |
| **CARBONIC ANHYDRASE INHIBITORS** | | |
| *acetazolamide oral capsule, extended release* | 2 | |
| *acetazolamide oral tablet* | 2 | |
| *acetazolamide sodium injection recon soln* | 2 | |
| *methazolamide oral tablet* | 4 | |
| **CARDIOVASCULAR TREATMENT** | | |
| ADENOCARD INTRAVENOUS SYRINGE | 4 | |
| *adenosine intravenous solution* | 2 | |
| *adenosine intravenous syringe* | 2 | |
| *amiodarone intravenous solution* | 2 | |
| *amiodarone intravenous syringe* | 2 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *amiodarone oral tablet* | 2 | |
| CORLANOR ORAL TABLET | 4 | QL (180 per 90 days) |
| *digitek oral tablet 125 mcg* | 2 | QL (90 per 90 days) |
| *digitek oral tablet 250 mcg* | 2 | |
| *digox oral tablet 125 mcg* | 1 | QL (90 per 90 days) |
| *digox oral tablet 250 mcg* | 1 | |
| *digoxin injection solution* | 2 | |
| *digoxin oral solution 50 mcg/ml* | 2 | |
| *digoxin oral tablet 125 mcg* | 2 | QL (90 per 90 days) |
| *digoxin oral tablet 250 mcg* | 2 | |
| *dofetilide oral capsule* | 2 | |
| *flecainide oral tablet* | 2 | |
| *mexiletine oral capsule* | 2 | |
| *midodrine oral tablet* | 2 | |
| *milrinone intravenous solution* | 2 | |
| MULTAQ ORAL TABLET | 3 | QL (180 per 90 days) |
| *norepinephrine bitartrate intravenous solution* | 2 | |
| NORPACE CR ORAL CAPSULE, EXTENDED RELEASE | 4 | |
| NORTHERA ORAL CAPSULE | 5 | NEDS |
| *pacerone oral tablet 100 mg, 200 mg, 400 mg* | 2 | |
| *phenoxybenzamine oral capsule* | 2 | |
| *phentolamine injection recon soln* | 2 | |
| *procainamide injection solution* | 2 | |
| *propafenone oral capsule,extended release 12 hr* | 2 | |
| *propafenone oral tablet* | 2 | |
| *quinidine gluconate injection solution* | 2 | |
| *quinidine gluconate oral tablet extended release* | 2 | |
| *quinidine sulfate oral tablet* | 2 | |
| RANEXA ORAL TABLET EXTENDED RELEASE 12 HR | 4 | |
| REMODULIN INJECTION SOLUTION | 5 | B/D PA; NEDS |
| *sorine oral tablet* | 2 | |

**Drug Tier**: 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drug 5-Specialty Drugs
**Requirements/Limits**: B/D - Prior Authorization, Part D vs. Part B only LA - Limited Availability NEDS - Non-extended Day Supply PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *sotalol af oral tablet* | 2 | |
| *sotalol oral tablet* | 2 | |
| **DIURETICS** | | |
| *amiloride oral tablet* | 2 | |
| *amiloride-hydrochlorothiazide oral tablet* | 1 | |
| *bumetanide injection solution* | 1 | |
| *bumetanide oral tablet* | 1 | |
| *chlorothiazide oral tablet* | 1 | |
| *chlorothiazide sodium intravenous recon soln* | 2 | |
| *chlorthalidone oral tablet 25 mg, 50 mg* | 1 | |
| *eplerenone oral tablet* | 2 | |
| *ethacrynate sodium intravenous recon soln* | 2 | |
| *furosemide injection solution* | 2 | |
| *furosemide injection syringe* | 2 | |
| *furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)* | 1 | |
| *furosemide oral tablet* | 1 | |
| *hydrochlorothiazide oral capsule* | 1 | |
| *hydrochlorothiazide oral tablet* | 1 | |
| *indapamide oral tablet* | 1 | |
| *methyclothiazide oral tablet* | 2 | |
| *metolazone oral tablet* | 2 | |
| *spironolactone oral tablet* | 1 | |
| *spironolacton-hydrochlorothiaz oral tablet* | 2 | |
| *torsemide oral tablet* | 2 | |
| *triamterene-hydrochlorothiazid oral capsule* | 1 | |
| *triamterene-hydrochlorothiazid oral tablet* | 1 | |
| **LIPID-LOWERING AGENTS** | | |
| *atorvastatin oral tablet* | 1 | QL (90 per 90 days) |
| *cholestyramine (with sugar) oral powder* | 2 | |
| *cholestyramine (with sugar) oral powder in packet* | 2 | |
| *cholestyramine light oral powder* | 2 | |

**Drug Tier**: 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drug 5-Specialty Drugs
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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *cholestyramine light oral powder in packet* | 2 | |
| COLESTID FLAVORED ORAL PACKET | 4 | |
| *colestipol oral granules* | 2 | |
| *colestipol oral packet* | 2 | |
| *colestipol oral tablet* | 2 | |
| *fenofibrate micronized oral capsule* | 2 | QL (90 per 90 days) |
| *fenofibrate nanocrystallized oral tablet* | 2 | |
| FENOFIBRATE ORAL TABLET 120 MG, 40 MG | 4 | QL (90 per 90 days) |
| *fenofibrate oral tablet 160 mg, 54 mg* | 4 | QL (90 per 90 days) |
| *fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg* | 2 | QL (90 per 90 days) |
| *fenofibric acid (choline) oral capsule,delayed release(dr/ec) 45 mg* | 2 | QL (270 per 90 days) |
| *fenofibric acid oral tablet* | 2 | |
| FENOGLIDE ORAL TABLET 120 MG | 4 | QL (90 per 90 days) |
| FENOGLIDE ORAL TABLET 40 MG | 4 | |
| *fluvastatin oral capsule 20 mg* | 1 | QL (360 per 90 days) |
| *fluvastatin oral capsule 40 mg* | 1 | QL (180 per 90 days) |
| *fluvastatin oral tablet extended release 24 hr* | 1 | QL (90 per 90 days) |
| *gemfibrozil oral tablet* | 2 | |
| JUXTAPID ORAL CAPSULE | 5 | PA; NEDS |
| KYNAMRO SUBCUTANEOUS SYRINGE | 5 | PA; NEDS |
| LIPOFEN ORAL CAPSULE | 4 | |
| LIVALO ORAL TABLET | 4 | ST |
| *lovastatin oral tablet 10 mg, 20 mg* | 1 | QL (270 per 90 days) |
| *lovastatin oral tablet 40 mg* | 1 | QL (180 per 90 days) |
| *niacin oral tablet extended release 24 hr* | 2 | |
| NIACOR ORAL TABLET | 4 | |
| *omega-3 acid ethyl esters oral capsule* | 2 | |
| *pravastatin oral tablet* | 1 | QL (90 per 90 days) |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *prevalite oral powder* | 2 | |
| *prevalite oral powder in packet* | 2 | |
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR | 5 | PA; NEDS |
| REPATHA SYRINGE SUBCUTANEOUS SYRINGE | 5 | PA; NEDS |
| *rosuvastatin oral tablet* | 2 | QL (90 per 90 days) |
| *simvastatin oral tablet* | 1 | QL (90 per 90 days) |
| TRIGLIDE ORAL TABLET 160 MG | 4 | QL (90 per 90 days) |
| VASCEPA ORAL CAPSULE | 4 | |
| VYTORIN 10-10 ORAL TABLET | 4 | ST; QL (90 per 90 days) |
| VYTORIN 10-20 ORAL TABLET | 4 | ST; QL (90 per 90 days) |
| VYTORIN 10-40 ORAL TABLET | 4 | ST; QL (90 per 90 days) |
| VYTORIN 10-80 ORAL TABLET | 4 | ST; QL (90 per 90 days) |
| WELCHOL ORAL POWDER IN PACKET | 3 | |
| WELCHOL ORAL TABLET | 3 | |
| ZETIA ORAL TABLET | 3 | QL (90 per 90 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| **MISCELLANEOUS ANTIHYPERTENSIVES** | | |
| *corlopam intravenous solution* | 2 | |
| DEMSER ORAL CAPSULE | 4 | |
| *epoprostenol (glycine) intravenous recon soln* | 5 | NEDS |
| FLOLAN INTRAVENOUS RECON SOLN | 5 | NEDS |
| *hydralazine injection solution* | 2 | |
| *hydralazine oral tablet* | 2 | |
| *minoxidil oral tablet* | 2 | |
| PROGLYCEM ORAL SUSPENSION | 4 | |
| TEKTURNA HCT ORAL TABLET | 3 | QL (90 per 90 days) |
| TEKTURNA ORAL TABLET | 3 | QL (90 per 90 days) |
| VECAMYL ORAL TABLET | 5 | PA; NEDS |
| *veletri intravenous recon soln* | 5 | NEDS |
| VENTAVIS INHALATION SOLUTION FOR NEBULIZATION | 5 | B/D PA; NEDS |
| **NITRATES AND COMBINATIONS** | | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| BIDIL ORAL TABLET | 3 | |
| ISORDIL ORAL TABLET | 4 | |
| ISORDIL TITRADOSE ORAL TABLET 5 MG | 4 | |
| *isosorbide dinitrate oral tablet* | 2 | |
| *isosorbide dinitrate oral tablet extended release* | 2 | |
| *isosorbide mononitrate oral tablet* | 2 | |
| *isosorbide mononitrate oral tablet extended release 24 hr* | 2 | |
| *nitro-bid transdermal ointment* | 2 | |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR | 4 | |
| *nitroglycerin intravenous solution* | 2 | |
| *nitroglycerin oral capsule, extended release* | 2 | |
| *nitroglycerin transdermal patch 24 hour* | 2 | |
| *nitroglycerin translingual aerosol,spray* | 4 | |
| *nitroglycerin translingual spray,non-aerosol* | 4 | |
| NITROSTAT SUBLINGUAL TABLET | 4 | |
| **CENTRAL NERVOUS SYSTEM** | | |
| **ANTICONVULSANTS** | | |
| APTIOM ORAL TABLET | 4 | |
| BANZEL ORAL SUSPENSION | 3 | |
| BANZEL ORAL TABLET | 3 | |
| BRIVIACT INTRAVENOUS SOLUTION | 4 | PA |
| BRIVIACT ORAL SOLUTION | 4 | PA; QL (1800 per 90 days) |
| BRIVIACT ORAL TABLET | 4 | PA; QL (180 per 90 days) |
| *carbamazepine oral capsule, er multiphase 12 hr* | 2 | |
| *carbamazepine oral suspension 100 mg/5 ml* | 2 | |
| *carbamazepine oral tablet* | 2 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *carbamazepine oral tablet extended release 12 hr* | 2 | |
| *carbamazepine oral tablet,chewable* | 2 | |
| CELONTIN ORAL CAPSULE 300 MG | 3 | |
| CEREBYX INJECTION SOLUTION | 4 | |
| *clonazepam oral tablet* | 2 | |
| *clonazepam oral tablet,disintegrating* | 2 | |
| *diazepam rectal kit* | 4 | |
| DILANTIN 30 MG ORAL CAPSULE | 3 | |
| *divalproex oral capsule, sprinkle* | 2 | |
| *divalproex oral tablet extended release 24 hr* | 2 | |
| *divalproex oral tablet,delayed release (dr/ec)* | 2 | |
| *epitol oral tablet* | 2 | |
| *ethosuximide oral capsule* | 2 | |
| *ethosuximide oral solution* | 2 | |
| *felbamate oral suspension* | 4 | |
| *felbamate oral tablet* | 4 | |
| *fosphenytoin injection solution* | 2 | |
| FYCOMPA ORAL SUSPENSION | 4 | |
| FYCOMPA ORAL TABLET 2 MG, 4 MG, 6 MG, 8 MG | 4 | |
| *gabapentin oral capsule* | 2 | |
| *gabapentin oral solution* | 2 | |
| *gabapentin oral tablet 600 mg, 800 mg* | 2 | |
| GABITRIL ORAL TABLET 12 MG, 16 MG | 3 | |
| KEPPRA INTRAVENOUS SOLUTION | 4 | |
| LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK | 4 | |
| LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK | 4 | |
| LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK | 4 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK | 3 | |
| LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK | 3 | |
| LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK | 3 | |
| *lamotrigine oral tablet* | 4 | |
| *lamotrigine oral tablet disintegrating, dose pk* | 2 | |
| *lamotrigine oral tablet extended release 24hr* | 4 | |
| *lamotrigine oral tablet, chewable dispersible* | 4 | |
| *lamotrigine oral tablet,disintegrating* | 4 | |
| *lamotrigine oral tablets,dose pack 25 mg (35)* | 2 | |
| LEVETIRACETAM IN NACL (ISO-OS) INTRAVENOUS PIGGYBACK | 4 | |
| *levetiracetam intravenous solution* | 2 | |
| *levetiracetam oral solution* | 2 | |
| *levetiracetam oral tablet* | 2 | |
| *levetiracetam oral tablet extended release 24 hr* | 2 | |
| LYRICA ORAL CAPSULE | 4 | |
| LYRICA ORAL SOLUTION | 4 | |
| ONFI ORAL SUSPENSION | 4 | QL (1440 per 90 days) |
| ONFI ORAL TABLET 10 MG, 20 MG | 4 | QL (180 per 90 days) |
| *oxcarbazepine oral suspension* | 2 | |
| *oxcarbazepine oral tablet* | 2 | |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR | 4 | ST |
| PEGANONE ORAL TABLET | 3 | |
| *phenobarbital oral elixir* | 2 | |
| *phenobarbital oral tablet* | 2 | |
| *phenytoin oral suspension* | 2 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *phenytoin oral tablet,chewable* | 2 | |
| *phenytoin sodium extended oral capsule* | 2 | |
| *phenytoin sodium intravenous solution* | 2 | |
| *phenytoin sodium intravenous syringe* | 2 | |
| POTIGA ORAL TABLET | 4 | |
| *primidone oral tablet* | 2 | |
| *roweepra oral tablet* | 2 | |
| SABRIL ORAL POWDER IN PACKET | 5 | NEDS |
| SABRIL ORAL TABLET | 5 | NEDS |
| SPRITAM ORAL TABLET FOR SUSPENSION | 4 | |
| TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG | 3 | |
| *tiagabine oral tablet* | 4 | |
| *topiramate oral capsule, sprinkle* | 2 | PA |
| *topiramate oral tablet* | 2 | PA |
| *valproate sodium intravenous solution* | 2 | |
| *valproic acid (as sodium salt) oral solution* | 2 | |
| *valproic acid oral capsule* | 2 | |
| VIMPAT INTRAVENOUS SOLUTION | 4 | |
| VIMPAT ORAL SOLUTION | 3 | |
| VIMPAT ORAL TABLET | 3 | |
| *zonisamide oral capsule* | 2 | PA |
| **ANTIDEPRESSANTS** | | |
| *amitriptyline oral tablet* | 2 | PA |
| *amoxapine oral tablet* | 2 | |
| *bupropion hcl oral tablet* | 2 | |
| *bupropion hcl oral tablet extended release* | 2 | |
| *bupropion hcl oral tablet extended release 24 hr* | 2 | |
| *citalopram oral solution* | 2 | |
| *citalopram oral tablet* | 2 | |
| *clomipramine oral capsule* | 4 | PA |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *desipramine oral tablet* | 4 | |
| DESVENLAFAXINE FUMARATE ORAL TABLET EXTENDED RELEASE 24HR | 4 | ST |
| DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR | 4 | ST |
| DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR | 4 | ST |
| *doxepin oral capsule* | 2 | PA |
| *doxepin oral concentrate* | 2 | PA |
| *duloxetine oral capsule,delayed release(dr/ec)* | 2 | |
| EMSAM TRANSDERMAL PATCH 24 HOUR | 4 | |
| *escitalopram oxalate oral solution* | 2 | |
| *escitalopram oxalate oral tablet* | 2 | |
| FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK | 4 | ST |
| FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR | 4 | ST |
| *fluoxetine oral capsule* | 4 | |
| *fluoxetine oral capsule,delayed release(dr/ec)* | 4 | |
| *fluoxetine oral solution* | 4 | |
| *fluoxetine oral tablet 10 mg, 20 mg* | 4 | |
| FLUOXETINE ORAL TABLET 60 MG | 4 | |
| *fluvoxamine oral capsule,extended release 24hr* | 2 | |
| *fluvoxamine oral tablet* | 2 | |
| *imipramine hcl oral tablet* | 2 | PA |
| *imipramine pamoate oral capsule* | 2 | PA |
| *maprotiline oral tablet* | 2 | |
| MARPLAN ORAL TABLET | 4 | |
| *mirtazapine oral tablet* | 1 | |
| *mirtazapine oral tablet,disintegrating* | 1 | |
| *nefazodone oral tablet* | 2 | |
| *nortriptyline oral capsule* | 2 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *nortriptyline oral solution* | 2 | |
| *paroxetine hcl oral tablet* | 2 | |
| *paroxetine hcl oral tablet extended release 24 hr* | 2 | |
| PAXIL ORAL SUSPENSION | 4 | |
| PEXEVA ORAL TABLET | 4 | |
| *phenelzine oral tablet* | 2 | |
| *protriptyline oral tablet* | 2 | |
| *sertraline oral concentrate* | 2 | |
| *sertraline oral tablet* | 2 | |
| *tranylcypromine oral tablet* | 4 | |
| *trazodone oral tablet* | 1 | |
| *trimipramine oral capsule* | 2 | PA |
| TRINTELLIX ORAL TABLET | 4 | ST |
| *venlafaxine oral capsule,extended release 24hr* | 2 | |
| *venlafaxine oral tablet* | 2 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| VENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 150 MG, 37.5 MG, 75 MG | 4 | |
| VIIBRYD ORAL TABLET | 4 | ST |
| VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23) | 4 | ST |
| **ANTIEMETICS** | | |
| *droperidol injection solution* | 2 | |
| **ANTIPSYCHOTICS** | | |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG | 5 | ST; NEDS |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 400 MG | 5 | NEDS |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING | 5 | ST; NEDS |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED | 5 | NEDS |
| *aripiprazole oral solution* | 2 | |
| *aripiprazole oral tablet* | 4 | |
| *aripiprazole oral tablet,disintegrating* | 2 | |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING | 5 | ST; NEDS |
| *chlorpromazine injection solution* | 2 | |
| *chlorpromazine oral tablet* | 4 | |
| *clozapine oral tablet* | 2 | |
| *clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg* | 2 | |
| CLOZAPINE ORAL TABLET,DISINTEGRATING 150 MG | 4 | |
| CLOZAPINE ORAL TABLET,DISINTEGRATING 200 MG | 5 | NEDS |
| FANAPT ORAL TABLET | 4 | |
| FANAPT ORAL TABLETS,DOSE PACK | 4 | |
| FAZACLO ORAL TABLET,DISINTEGRATING 150 MG, 200 MG | 5 | NEDS |
| *fluphenazine decanoate injection solution* | 2 | |
| *fluphenazine hcl injection solution* | 2 | |
| *fluphenazine hcl oral concentrate* | 2 | |
| *fluphenazine hcl oral elixir* | 2 | |
| *fluphenazine hcl oral tablet* | 2 | |
| GEODON INTRAMUSCULAR RECON SOLN | 4 | |
| *haloperidol decanoate intramuscular solution* | 2 | |
| *haloperidol lactate injection solution* | 2 | |
| *haloperidol lactate oral concentrate* | 2 | |
| *haloperidol oral tablet* | 2 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML | 5 | ST; NEDS |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML | 4 | ST |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE | 5 | PA; NEDS |
| LATUDA ORAL TABLET | 4 | ST |
| *loxapine succinate oral capsule* | 2 | |
| *molindone oral tablet* | 2 | |
| NUPLAZID ORAL TABLET | 5 | PA; NEDS |
| *olanzapine intramuscular recon soln* | 2 | |
| *olanzapine oral tablet* | 2 | |
| *olanzapine oral tablet,disintegrating* | 2 | |
| *olanzapine-fluoxetine oral capsule* | 4 | |
| ORAP ORAL TABLET 2 MG | 3 | |
| *paliperidone oral tablet extended release 24hr* | 2 | |
| *perphenazine oral tablet* | 2 | |
| *pimozide oral tablet* | 2 | |
| *quetiapine oral tablet* | 2 | |
| REXULTI ORAL TABLET | 5 | ST; NEDS |
| RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML | 4 | ST |
| RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML | 5 | ST; NEDS |
| *risperidone oral solution* | 2 | |
| *risperidone oral tablet* | 2 | |
| *risperidone oral tablet,disintegrating* | 2 | |
| SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET | 4 | ST |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR | 4 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *thioridazine oral tablet* | 2 | PA |
| *thiothixene oral capsule* | 2 | |
| *trifluoperazine oral tablet* | 2 | |
| VERSACLOZ ORAL SUSPENSION | 5 | NEDS |
| VRAYLAR ORAL CAPSULE | 5 | ST; NEDS |
| VRAYLAR ORAL CAPSULE,DOSE PACK | 4 | ST |
| *ziprasidone hcl oral capsule* | 2 | |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG | 4 | |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG | 5 | NEDS |
| **ANXIOLYTICS** | | |
| *alprazolam intensol oral concentrate* | 2 | |
| *alprazolam oral tablet* | 2 | |
| *buspirone oral tablet* | 2 | |
| *clorazepate dipotassium oral tablet* | 2 | |
| *diazepam intensol oral concentrate* | 2 | |
| *diazepam oral concentrate* | 2 | |
| *diazepam oral solution* | 2 | |
| *diazepam oral tablet* | 2 | |
| *lorazepam intensol oral concentrate* | 2 | |
| *lorazepam oral concentrate* | 2 | |
| *lorazepam oral tablet* | 2 | |
| **CNS STIMULANTS** | | |
| *armodafinil oral tablet* | 4 | PA; QL (90 per 90 days) |
| *clonidine hcl oral tablet extended release 12 hr* | 2 | QL (360 per 90 days) |
| *dexedrine oral tablet 10 mg* | 2 | QL (540 per 90 days) |
| *dexedrine oral tablet 5 mg* | 2 | QL (450 per 90 days) |
| *dextroamphetamine oral solution* | 2 | |
| *dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg* | 2 | QL (270 per 90 days) |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *dextroamphetamine-amphetamine oral tablet 30 mg* | 2 | QL (180 per 90 days) |
| *guanfacine oral tablet extended release 24 hr* | 2 | |
| *methylphenidate oral solution* | 2 | |
| *methylphenidate oral tablet* | 2 | QL (270 per 90 days) |
| *modafinil oral tablet* | 4 | PA; QL (180 per 90 days) |
| STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG, 60 MG | 4 | ST; QL (180 per 90 days) |
| STRATTERA ORAL CAPSULE 100 MG, 80 MG | 4 | ST; QL (90 per 90 days) |
| **MIGRAINE THERAPY** | | |
| *almotriptan malate oral tablet* | 4 | ST; QL (36 per 90 days) |
| *butorphanol tartrate nasal spray,non-aerosol* | 2 | QL (15 per 90 days) |
| *dihydroergotamine nasal spray,non-aerosol* | 2 | QL (24 per 90 days) |
| ERGOMAR SUBLINGUAL TABLET | 3 | QL (60 per 90 days) |
| *frovatriptan oral tablet* | 4 | ST; QL (36 per 90 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| MIGERGOT RECTAL SUPPOSITORY | 4 | |
| *naratriptan oral tablet* | 2 | QL (27 per 90 days) |
| RELPAX ORAL TABLET | 4 | ST; QL (18 per 90 days) |
| *rizatriptan oral tablet* | 2 | ST; QL (36 per 90 days) |
| *rizatriptan oral tablet,disintegrating* | 2 | ST; QL (36 per 90 days) |
| *sumatriptan nasal spray,non-aerosol* | 4 | QL (36 per 90 days) |
| *sumatriptan succinate oral tablet* | 2 | |
| *sumatriptan succinate subcutaneous cartridge* | 4 | |
| *sumatriptan succinate subcutaneous pen injector* | 4 | |
| *sumatriptan succinate subcutaneous solution* | 4 | |
| *sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml* | 4 | |
| TREXIMET ORAL TABLET | 4 | QL (30 per 90 days) |
| *zolmitriptan oral tablet* | 2 | QL (18 per 90 days) |

**Drug Tier**: 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drug 5-Specialty Drugs
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**Brand-name** drugs are CAPITALIZED. **Generic** drugs are *lower-case italics*.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *zolmitriptan oral tablet,disintegrating* | 2 | QL (18 per 90 days) |
| ZOMIG NASAL SPRAY,NON-AEROSOL | 4 | ST; QL (36 per 90 days) |
| **MISCELLANEOUS CNS** | | |
| *bupivacaine (pf) injection solution 0.25 % (2.5 mg/ml), 0.75 % (7.5 mg/ml)* | 2 | |
| *donepezil oral tablet* | 4 | QL (90 per 90 days) |
| *donepezil oral tablet,disintegrating* | 4 | QL (90 per 90 days) |
| *ergoloid oral tablet* | 2 | |
| *galantamine oral capsule,ext rel. pellets 24 hr* | 2 | QL (90 per 90 days) |
| *galantamine oral solution* | 2 | |
| *galantamine oral tablet* | 2 | |
| *glydo mucous membrane jelly in applicator* | 2 | |
| GRALISE 30-DAY STARTER PACK ORAL TABLET EXTENDED RELEASE 24 HR | 4 | PA |
| GRALISE ORAL TABLET EXTENDED RELEASE 24 HR | 4 | PA |
| *guanidine oral tablet* | 2 | |
| *lidocaine (pf) injection solution 10 mg/ml (1 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)* | 2 | |
| LIDOCAINE (PF) INJECTION SOLUTION 20 MG/ML (2 %) | 4 | |
| *lidocaine (pf) intravenous syringe* | 2 | |
| *lidocaine hcl injection solution 10 mg/ml (1 %), 5 mg/ml (0.5 %)* | 2 | |
| *lidocaine hcl laryngotracheal solution* | 2 | |
| *lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000* | 2 | |
| LIDOCAINE-EPINEPHRINE BIT INJECTION CARTRIDGE | 4 | |
| *lithium carbonate oral capsule* | 1 | |
| *lithium carbonate oral tablet* | 1 | |
| *lithium carbonate oral tablet extended release* | 1 | |
| *lithium citrate oral solution* | 2 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *memantine oral solution* | 2 | PA; QL (900 per 90 days) |
| *memantine oral tablet* | 2 | PA; QL (180 per 90 days) |
| MEMANTINE ORAL TABLETS,DOSE PACK | 3 | PA; QL (147 per 84 days) |
| MESTINON ORAL SYRUP | 3 | |
| NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK | 3 | PA; QL (147 per 84 days) |
| NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK | 4 | PA; QL (84 per 84 days) |
| NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR | 4 | PA; QL (90 per 90 days) |
| NAROPIN (PF) INJECTION SOLUTION | 4 | |
| *neostigmine methylsulfate intravenous solution* | 2 | |
| *nimodipine oral capsule* | 4 | |
| NUEDEXTA ORAL CAPSULE | 3 | QL (180 per 90 days) |
| *polocaine injection solution 1 % (10 mg/ml)* | 2 | |
| *polocaine-mpf injection solution* | 2 | |
| PRIALT INTRATHECAL SOLUTION | 4 | |
| *pyridostigmine bromide oral tablet* | 2 | |
| *pyridostigmine bromide oral tablet extended release* | 2 | |
| *riluzole oral tablet* | 2 | |
| *rivastigmine tartrate oral capsule* | 2 | |
| *rivastigmine transdermal patch 24 hour* | 4 | QL (90 per 90 days) |
| SAVELLA ORAL TABLET | 3 | PA; QL (180 per 90 days) |
| SAVELLA ORAL TABLETS,DOSE PACK | 4 | PA; QL (165 per 84 days) |
| SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.5 %-1:200,000 | 4 | |
| *tetrabenazine oral tablet 12.5 mg* | 5 | PA; QL (248 per 31 days); NEDS |
| *tetrabenazine oral tablet 25 mg* | 5 | PA; QL (124 per 31 days); NEDS |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *xylocaine dental-epinephrine injection cartridge* | 2 | |
| **NARCOTIC ANTAGONISTS** | | |
| BUPRENEX INJECTION SOLUTION | 4 | QL (801 per 90 days) |
| *buprenorphine hcl injection solution* | 2 | QL (801 per 90 days) |
| *buprenorphine hcl injection syringe* | 2 | QL (801 per 90 days) |
| *buprenorphine hcl sublingual tablet 2 mg* | 2 | QL (900 per 90 days) |
| *buprenorphine hcl sublingual tablet 8 mg* | 2 | QL (180 per 90 days) |
| *buprenorphine-naloxone sublingual tablet* | 2 | |
| BUTRANS TRANSDERMAL PATCH WEEKLY | 4 | QL (12 per 84 days) |
| EVZIO INJECTION AUTO-INJECTOR | 4 | |
| *naloxone injection solution* | 2 | |
| *naloxone injection syringe* | 2 | |
| *naltrexone oral tablet* | 2 | |
| NARCAN NASAL SPRAY,NON-AEROSOL | 4 | |
| SUBOXONE SUBLINGUAL FILM | 3 | |
| VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON | 5 | NEDS |
| **NARCOTIC MIXED AGONIST/ANTAGONIST** | | |
| *butorphanol tartrate injection solution 1 mg/ml* | 2 | QL (2160 per 90 days) |
| *butorphanol tartrate injection solution 2 mg/ml* | 2 | QL (1080 per 90 days) |
| *nalbuphine injection solution 10 mg/ml* | 2 | QL (600 per 90 days) |
| *nalbuphine injection solution 20 mg/ml* | 2 | QL (300 per 90 days) |
| *tramadol oral tablet* | 2 | QL (720 per 90 days) |
| *tramadol oral tablet extended release 24 hr* | 2 | QL (90 per 90 days) |
| *tramadol oral tablet, er multiphase 24 hr* | 2 | QL (90 per 90 days) |
| *tramadol-acetaminophen oral tablet* | 2 | QL (1080 per 90 days) |
| **NARCOTIC/ANALGESIC COMBINATIONS** | | |

**Drug Tier**: 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drug 5-Specialty Drugs
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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 240 mg-24 mg /10 ml (10 ml), 300 mg-30 mg /12.5 ml* | 2 | QL (5167 per 31 days) |
| *acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg* | 2 | QL (1080 per 90 days) |
| *acetaminophen-codeine oral tablet 300-60 mg* | 2 | QL (540 per 90 days) |
| *dihydrocode-acetaminophen-caff oral capsule* | 2 | |
| *endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg* | 2 | QL (1080 per 90 days) |
| *hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 5-163 mg/7.5ml(7.5ml)* | 2 | |
| *hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml* | 2 | QL (5735 per 31 days) |
| *hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg* | 2 | QL (1080 per 90 days) |
| *hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg* | 2 | QL (450 per 90 days) |
| IBUDONE ORAL TABLET 5-200 MG | 4 | |
| *ibuprofen-oxycodone oral tablet* | 2 | QL (360 per 90 days) |
| LAZANDA NASAL SPRAY,NON-AEROSOL | 5 | PA; QL (31 per 31 days); NEDS |
| *lorcet (hydrocodone) oral tablet* | 2 | QL (1080 per 90 days) |
| *lorcet hd oral tablet* | 2 | QL (1080 per 90 days) |
| *lorcet plus oral tablet 7.5-325 mg* | 2 | QL (1080 per 90 days) |
| *lortab 10-325 oral tablet* | 2 | QL (1080 per 90 days) |
| *lortab 5-325 oral tablet* | 2 | QL (1080 per 90 days) |
| *lortab 7.5-325 oral tablet* | 2 | QL (1080 per 90 days) |
| *oxycodone-acetaminophen oral solution* | 2 | QL (1891 per 31 days) |
| *oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg* | 2 | QL (1080 per 90 days) |
| *oxycodone-aspirin oral tablet* | 2 | QL (1080 per 90 days) |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *reprexain oral tablet 10-200 mg, 5-200 mg* | 2 | QL (450 per 90 days) |
| *reprexain oral tablet 2.5-200 mg* | 2 | QL (1080 per 90 days) |
| *xylon 10 oral tablet* | 2 | QL (1080 per 90 days) |
| **NARCOTICS** | | |
| ABSTRAL SUBLINGUAL TABLET | 5 | PA; QL (124 per 31 days); NEDS |
| *codeine sulfate oral tablet 15 mg* | 2 | QL (2160 per 90 days) |
| *codeine sulfate oral tablet 30 mg* | 2 | QL (1080 per 90 days) |
| *codeine sulfate oral tablet 60 mg* | 2 | QL (540 per 90 days) |
| *diskets oral tablet,soluble* | 2 | |
| *duramorph (pf) injection solution 0.5 mg/ml* | 2 | QL (4133 per 31 days) |
| *duramorph (pf) injection solution 1 mg/ml* | 2 | QL (6000 per 90 days) |
| *fentanyl citrate (pf) injection solution* | 2 | |
| *fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)* | 2 | |
| *fentanyl citrate buccal lozenge on a handle* | 5 | PA; QL (124 per 31 days); NEDS |
| *fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr* | 2 | QL (45 per 90 days) |
| FENTORA BUCCAL TABLET, EFFERVESCENT | 5 | PA; QL (124 per 31 days); NEDS |
| *hydromorphone (pf) injection solution* | 2 | |
| *hydromorphone injection solution* | 2 | |
| HYDROMORPHONE INJECTION SYRINGE 0.5 MG/0.5 ML | 4 | |
| *hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml* | 2 | |
| *hydromorphone oral liquid* | 2 | QL (4500 per 90 days) |
| *hydromorphone oral tablet 2 mg* | 2 | QL (1350 per 90 days) |
| *hydromorphone oral tablet 4 mg* | 2 | QL (720 per 90 days) |
| *hydromorphone oral tablet 8 mg* | 2 | QL (360 per 90 days) |
| INFUMORPH P/F INJECTION SOLUTION | 4 | |
| KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 200 MG | 4 | QL (180 per 90 days) |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *levorphanol tartrate oral tablet* | 2 | QL (360 per 90 days) |
| *methadone injection solution* | 2 | QL (480 per 90 days) |
| *methadone intensol oral concentrate* | 2 | |
| *methadone oral concentrate* | 2 | |
| *methadone oral solution 10 mg/5 ml* | 2 | QL (1800 per 90 days) |
| *methadone oral solution 5 mg/5 ml* | 2 | QL (3600 per 90 days) |
| *methadone oral tablet 10 mg* | 2 | QL (360 per 90 days) |
| *methadone oral tablet 5 mg* | 2 | QL (720 per 90 days) |
| *methadone oral tablet,soluble* | 2 | |
| *methadose oral tablet,soluble* | 2 | |
| *morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml* | 2 | |
| *morphine (pf) intravenous patient control.analgesia soln* | 2 | |
| *morphine concentrate oral solution* | 2 | QL (900 per 90 days) |
| *morphine injection syringe 10 mg/ml* | 2 | |
| *morphine intravenous cartridge 10 mg/ml, 15 mg/ml, 2 mg/ml, 4 mg/ml* | 2 | |
| *morphine intravenous pt controlled analgesia syring* | 2 | |
| *morphine intravenous solution 10 mg/ml* | 2 | |
| MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML | 4 | |
| *morphine oral capsule,extend.release pellets 10 mg, 20 mg, 30 mg* | 4 | QL (90 per 90 days) |
| *morphine oral capsule,extend.release pellets 100 mg, 50 mg, 60 mg, 80 mg* | 4 | QL (180 per 90 days) |
| *morphine oral solution* | 2 | QL (2700 per 90 days) |
| *morphine oral tablet* | 2 | QL (540 per 90 days) |
| *morphine oral tablet extended release 100 mg, 15 mg, 30 mg, 60 mg* | 4 | QL (270 per 90 days) |
| *morphine oral tablet extended release 200 mg* | 4 | QL (90 per 90 days) |
| NUCYNTA ORAL TABLET 100 MG | 4 | QL (543 per 90 days) |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| NUCYNTA ORAL TABLET 50 MG | 4 | QL (1086 per 90 days) |
| NUCYNTA ORAL TABLET 75 MG | 4 | QL (726 per 90 days) |
| OPANA ER ORAL TABLET,ORAL ONLY,EXT.REL.12 HR | 4 | QL (180 per 90 days) |
| OPANA INJECTION SOLUTION | 4 | |
| *oxycodone oral capsule* | 2 | QL (1080 per 90 days) |
| *oxycodone oral concentrate* | 4 | QL (540 per 90 days) |
| *oxycodone oral solution* | 4 | QL (3600 per 90 days) |
| *oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg* | 2 | QL (540 per 90 days) |
| *oxycodone oral tablet 5 mg* | 2 | QL (1080 per 90 days) |
| *oxymorphone oral tablet* | 4 | QL (540 per 90 days) |
| *oxymorphone oral tablet extended release 12 hr* | 4 | QL (180 per 90 days) |
| SUBSYS SUBLINGUAL SPRAY,NON-AEROSOL | 5 | PA; QL (124 per 31 days); NEDS |
| **NON-STEROIDAL ANTI-INFLAMMATORY** | | |
| *celecoxib oral capsule 100 mg* | 2 | QL (270 per 90 days) |
| *celecoxib oral capsule 200 mg, 400 mg* | 2 | QL (180 per 90 days) |
| *celecoxib oral capsule 50 mg* | 2 | QL (540 per 90 days) |
| *diclofenac potassium oral tablet* | 2 | |
| *diclofenac sodium oral tablet extended release 24 hr* | 2 | |
| *diclofenac sodium oral tablet,delayed release (dr/ec)* | 2 | |
| *diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic* | 2 | |
| *diflunisal oral tablet* | 2 | |
| *etodolac oral capsule* | 2 | |
| *etodolac oral tablet* | 2 | |
| *etodolac oral tablet extended release 24 hr* | 2 | |
| *fenoprofen oral tablet* | 2 | |
| *flurbiprofen oral tablet* | 2 | |
| *ibuprofen oral suspension* | 2 | |
| *ibuprofen oral tablet 400 mg, 600 mg, 800 mg* | 2 | |
| *ketoprofen oral capsule* | 2 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg* | 2 | QL (90 per 90 days) |
| *meclofenamate oral capsule* | 4 | |
| *mefenamic acid oral capsule* | 4 | |
| *meloxicam oral tablet* | 2 | |
| *nabumetone oral tablet* | 2 | |
| *naproxen oral suspension* | 2 | |
| *naproxen oral tablet* | 2 | |
| *naproxen oral tablet,delayed release (dr/ec)* | 2 | |
| *naproxen sodium oral tablet 275 mg, 550 mg* | 2 | |
| *oxaprozin oral tablet* | 2 | |
| *piroxicam oral capsule* | 2 | |
| *salsalate oral tablet* | 2 | |
| *sulindac oral tablet* | 2 | |
| *tolmetin oral capsule* | 2 | |
| *tolmetin oral tablet* | 2 | |
| **PARKINSONS DISEASE AND RELATED DISORDERS** | | |
| APOKYN SUBCUTANEOUS CARTRIDGE | 5 | NEDS |
| AZILECT ORAL TABLET | 3 | |
| *benztropine injection solution* | 2 | |
| *benztropine oral tablet* | 2 | |
| *bromocriptine oral capsule* | 2 | |
| *bromocriptine oral tablet* | 2 | |
| *cabergoline oral tablet* | 2 | |
| *carbidopa oral tablet* | 2 | |
| *carbidopa-levodopa oral tablet* | 2 | |
| *carbidopa-levodopa oral tablet extended release* | 2 | |
| *carbidopa-levodopa oral tablet,disintegrating* | 2 | |
| *carbidopa-levodopa-entacapone oral tablet* | 2 | |
| DUOPA J-TUBE INTESTINAL PUMP SUSPENSION | 4 | PA |
| *entacapone oral tablet* | 2 | |
| HORIZANT ORAL TABLET EXTENDED RELEASE | 4 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| NEUPRO TRANSDERMAL PATCH 24 HOUR | 4 | |
| *pramipexole oral tablet* | 2 | |
| *pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 4.5 mg* | 4 | |
| *ropinirole oral tablet* | 2 | |
| *ropinirole oral tablet extended release 24 hr* | 2 | |
| *selegiline hcl oral capsule* | 2 | |
| *selegiline hcl oral tablet* | 2 | |
| *tolcapone oral tablet* | 2 | |
| *trihexyphenidyl oral elixir* | 2 | |
| *trihexyphenidyl oral tablet* | 2 | |
| ZELAPAR ORAL TABLET,DISINTEGRATING | 4 | |
| **SEDATIVE/HYPNOTICS** | | |
| ROZEREM ORAL TABLET | 3 | QL (90 per 90 days) |
| XYREM ORAL SOLUTION | 5 | PA; LA; NEDS |
| *zaleplon oral capsule* | 2 | PA; QL (90 per 90 days) |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| **SKELETAL MUSCLE RELAXANTS** | | |
| *baclofen oral tablet* | 2 | |
| *cyclobenzaprine oral tablet* | 2 | PA |
| *dantrolene oral capsule* | 2 | |
| *metaxall oral tablet* | 2 | |
| *tizanidine oral capsule* | 2 | |
| *tizanidine oral tablet* | 2 | |
| **DERMATOLOGY** | | |
| **ACNE TREATMENT** | | |
| *adapalene topical cream* | 2 | |
| *adapalene topical gel* | 2 | |
| *adapalene topical gel with pump* | 2 | |
| AZELEX TOPICAL CREAM | 4 | |
| *claravis oral capsule* | 4 | |
| *clindacin etz topical swab* | 2 | |
| *clindacin p topical swab* | 2 | |
| CLINDAGEL TOPICAL GEL | 4 | |
| *clindamycin phosphate topical foam* | 2 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *clindamycin phosphate topical gel* | 2 | |
| *clindamycin phosphate topical lotion* | 2 | |
| *clindamycin phosphate topical solution* | 2 | |
| *clindamycin phosphate topical swab* | 2 | |
| *clindamycin-benzoyl peroxide topical gel* | 2 | |
| DIFFERIN TOPICAL GEL WITH PUMP | 4 | |
| DIFFERIN TOPICAL LOTION | 4 | |
| *erythromycin-benzoyl peroxide topical gel* | 2 | |
| FINACEA TOPICAL GEL | 4 | |
| *metronidazole topical cream* | 2 | |
| *metronidazole topical gel* | 2 | |
| *metronidazole topical lotion* | 2 | |
| *neuac topical gel* | 2 | |
| *sulfacetamide sodium (acne) topical suspension* | 2 | |
| TAZORAC TOPICAL CREAM | 4 | |
| TAZORAC TOPICAL GEL | 4 | |
| *tretinoin microspheres topical gel* | 2 | |
| *tretinoin microspheres topical gel with pump* | 2 | |
| *tretinoin topical cream* | 2 | |
| *tretinoin topical gel* | 2 | |
| VELTIN TOPICAL GEL | 4 | |
| **ANTIPSORIATIC/ANTISEBORRHEIC** | | |
| 8-MOP ORAL CAPSULE | 3 | |
| *acitretin oral capsule* | 4 | |
| *calcipotriene scalp solution* | 4 | |
| *calcipotriene topical cream* | 4 | |
| *calcipotriene topical ointment* | 4 | |
| *calcipotriene-betamethasone topical ointment* | 4 | |
| *calcitrene topical ointment* | 2 | |
| *calcitriol topical ointment* | 4 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *methoxsalen rapid oral capsule* | 5 | NEDS |
| *selenium sulfide topical lotion* | 2 | |
| TACLONEX TOPICAL SUSPENSION | 4 | |
| **MISCELLANEOUS DERMATOLOGICALS** | | |
| *ammonium lactate topical cream* | 2 | |
| *ammonium lactate topical lotion* | 2 | |
| CARAC TOPICAL CREAM | 3 | |
| CONDYLOX TOPICAL GEL | 3 | |
| *diclofenac sodium topical drops* | 2 | |
| *diclofenac sodium topical gel 1 %* | 2 | QL (1000 per 31 days) |
| *diclofenac sodium topical gel 3 %* | 2 | |
| *doxepin topical cream* | 2 | |
| ELIDEL TOPICAL CREAM | 3 | |
| FLECTOR TRANSDERMAL PATCH 12 HOUR | 4 | PA |
| *fluorouracil intravenous solution 1 gram/20 ml* | 2 | B/D PA |
| FLUOROURACIL TOPICAL CREAM 0.5 % | 3 | |
| *fluorouracil topical cream 5 %* | 2 | |
| *fluorouracil topical solution* | 2 | |
| *imiquimod topical cream in packet* | 2 | |
| *klofensaid ii topical drops* | 2 | |
| PANRETIN TOPICAL GEL | 3 | |
| PICATO TOPICAL GEL 0.015 % | 5 | QL (3 per 31 days); NEDS |
| PICATO TOPICAL GEL 0.05 % | 5 | QL (2 per 31 days); NEDS |
| *podofilox topical solution* | 2 | |
| *prudoxin topical cream* | 2 | |
| *tacrolimus topical ointment* | 4 | |
| TARGRETIN TOPICAL GEL | 5 | PA; NEDS |
| VEREGEN TOPICAL OINTMENT | 4 | |
| VOLTAREN GEL TOPICAL GEL 1 % | 4 | QL (1000 per 31 days) |
| **SCABICIDES/PEDICULICIDES** | | |
| EURAX TOPICAL CREAM | 3 | |

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

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| EURAX TOPICAL LOTION | 3 | |
| *lindane topical shampoo* | 2 | |
| *malathion topical lotion* | 4 | |
| *permethrin topical cream* | 2 | |
| SKLICE TOPICAL LOTION | 4 | |
| *spinosad topical suspension* | 2 | |
| ULESFIA TOPICAL LOTION | 4 | |
| **TOPICAL ANESTHETICS** | | |
| *bupivacaine (pf) injection solution 0.5 % (5 mg/ml)* | 2 | |
| *lidocaine (pf) injection solution 15 mg/ml (1.5 %)* | 2 | |
| *lidocaine (pf) intravenous solution* | 2 | |
| *lidocaine hcl injection solution 20 mg/ml (2 %)* | 2 | |
| *lidocaine hcl mucous membrane gel* | 2 | |
| *lidocaine hcl mucous membrane jelly in applicator* | 2 | |
| *lidocaine hcl mucous membrane solution* | 2 | |
| *lidocaine hcl urethral gel* | 2 | |
| *lidocaine topical adhesive patch,medicated* | 4 | PA; QL (270 per 90 days) |
| *lidocaine topical ointment* | 4 | |
| *lidocaine viscous mucous membrane solution* | 2 | |
| *lidocaine-prilocaine topical cream* | 2 | |
| *relador pak plus topical kit* | 2 | |
| *relador pak topical kit* | 2 | |
| **TOPICAL ANTIBACTERIALS** | | |
| ALTABAX TOPICAL OINTMENT | 4 | |
| BACTROBAN NASAL OINTMENT | 3 | |
| CORTISPORIN TOPICAL CREAM | 4 | |
| CORTISPORIN TOPICAL OINTMENT | 4 | |
| *ery pads topical swab* | 2 | |
| *erygel topical gel* | 2 | |
| *erythromycin with ethanol topical gel* | 2 | |

**Drug Tier**: 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drug 5-Specialty Drugs
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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *erythromycin with ethanol topical solution* | 2 | |
| *erythromycin with ethanol topical swab* | 2 | |
| *gentamicin topical cream* | 2 | |
| *gentamicin topical ointment* | 2 | |
| *metronidazole topical gel with pump* | 2 | |
| *mupirocin calcium topical cream* | 2 | |
| *mupirocin topical ointment* | 2 | |
| SULFAMYLON TOPICAL CREAM | 4 | |
| **TOPICAL ANTIFUNGALS** | | |
| *ciclodan topical cream* | 2 | |
| *ciclodan topical solution* | 2 | |
| *ciclopirox topical cream* | 2 | |
| *ciclopirox topical gel* | 2 | |
| *ciclopirox topical shampoo* | 2 | |
| *ciclopirox topical solution* | 2 | |
| *ciclopirox topical suspension* | 2 | |
| *clotrimazole topical cream* | 2 | |
| *clotrimazole topical solution* | 2 | |
| *clotrimazole-betamethasone topical cream* | 2 | |
| *clotrimazole-betamethasone topical lotion* | 2 | |
| *econazole topical cream* | 4 | |
| ERTACZO TOPICAL CREAM | 4 | |
| EXELDERM TOPICAL CREAM | 4 | |
| EXELDERM TOPICAL SOLUTION | 4 | |
| *ketoconazole topical cream* | 2 | |
| *ketoconazole topical foam* | 2 | |
| *ketoconazole topical shampoo* | 2 | |
| MENTAX TOPICAL CREAM | 4 | |
| *naftifine topical cream* | 2 | |
| NAFTIN TOPICAL GEL | 4 | |
| *nyamyc topical powder* | 2 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *nystatin topical cream* | 2 | |
| *nystatin topical ointment* | 2 | |
| *nystatin topical powder* | 2 | |
| *nystatin-triamcinolone topical cream* | 2 | |
| *nystatin-triamcinolone topical ointment* | 2 | |
| *nystop topical powder* | 2 | |
| *oxiconazole topical cream* | 2 | |
| OXISTAT TOPICAL LOTION | 4 | |
| **TOPICAL ANTIVIRALS** | | |
| DENAVIR TOPICAL CREAM | 4 | |
| XERESE TOPICAL CREAM | 4 | |
| ZOVIRAX TOPICAL CREAM | 4 | |
| **TOPICAL CORTICOSTEROIDS** | | |
| *alclometasone topical cream* | 2 | |
| *alclometasone topical ointment* | 2 | |
| *amcinonide topical cream* | 4 | |
| *amcinonide topical lotion* | 4 | |
| *amcinonide topical ointment* | 4 | |
| *apexicon e topical cream* | 4 | |
| *betamethasone dipropionate topical cream* | 2 | |
| *betamethasone dipropionate topical lotion* | 2 | |
| *betamethasone dipropionate topical ointment* | 2 | |
| *betamethasone valerate topical cream* | 2 | |
| *betamethasone valerate topical foam* | 2 | |
| *betamethasone valerate topical lotion* | 2 | |
| *betamethasone valerate topical ointment* | 2 | |
| *betamethasone, augmented topical cream* | 2 | |
| *betamethasone, augmented topical gel* | 2 | |
| *betamethasone, augmented topical lotion* | 2 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *betamethasone, augmented topical ointment* | 2 | |
| CAPEX TOPICAL SHAMPOO | 3 | |
| *clobetasol scalp solution* | 4 | |
| *clobetasol topical cream* | 4 | |
| *clobetasol topical foam* | 4 | |
| *clobetasol topical gel* | 4 | |
| *clobetasol topical lotion* | 4 | |
| *clobetasol topical ointment* | 4 | |
| *clobetasol topical shampoo* | 4 | |
| *clobetasol topical spray,non-aerosol* | 4 | |
| *clobetasol-emollient topical cream* | 4 | |
| *clobetasol-emollient topical foam* | 4 | |
| *clodan topical shampoo* | 4 | |
| CORDRAN TAPE LARGE ROLL TOPICAL TAPE | 3 | |
| CORDRAN TAPE SMALL ROLL TOPICAL TAPE | 3 | |

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

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *fluocinonide topical solution* | 4 | |
| *fluocinonide-e topical cream* | 4 | |
| *fluticasone topical cream* | 2 | |
| *fluticasone topical lotion* | 2 | |
| *fluticasone topical ointment* | 2 | |
| *halobetasol propionate topical cream* | 2 | |
| *halobetasol propionate topical ointment* | 2 | |
| HALOG TOPICAL CREAM | 4 | |
| HALOG TOPICAL OINTMENT | 4 | |
| *hydrocortisone butyrate topical cream* | 2 | |
| *hydrocortisone butyrate topical ointment* | 2 | |
| *hydrocortisone butyrate topical solution* | 2 | |
| *hydrocortisone butyr-emollient topical cream* | 2 | |
| *hydrocortisone topical cream 1 %, 2.5 %* | 2 | |
| *hydrocortisone topical lotion 2.5 %* | 2 | |
| *hydrocortisone topical ointment 1 %, 2.5 %* | 2 | |
| *hydrocortisone valerate topical cream* | 2 | |
| *hydrocortisone valerate topical ointment* | 2 | |
| *hydrocortisone-min oil-wht pet topical ointment* | 2 | |
| LOCOID LIPOCREAM TOPICAL CREAM | 4 | |
| LOCOID TOPICAL LOTION | 4 | |
| *mometasone topical cream* | 2 | |
| *mometasone topical ointment* | 2 | |
| *mometasone topical solution* | 2 | |
| PANDEL TOPICAL CREAM | 4 | |
| *prednicarbate topical cream* | 2 | |
| *prednicarbate topical ointment* | 2 | |
| TEXACORT TOPICAL SOLUTION | 3 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| TOPICORT TOPICAL SPRAY,NON-AEROSOL | 4 | |
| *triamcinolone acetonide topical aerosol* | 2 | |
| *triamcinolone acetonide topical cream* | 2 | |
| *triamcinolone acetonide topical lotion* | 2 | |
| *triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %* | 2 | |
| *trianex topical ointment* | 2 | |
| *triderm topical cream* | 2 | |
| **WOUND AND BURN THERAPY** | | |
| REGRANEX TOPICAL GEL | 5 | NEDS |
| SANTYL TOPICAL OINTMENT | 3 | |
| *silver sulfadiazine topical cream* | 2 | |
| *ssd topical cream* | 2 | |
| **DIAGNOSTIC AND OTHER MISCELLANEOUS** | | |
| **DIAGNOSTIC AND OTHER MISCELLANEOUS** | | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *acamprosate oral tablet,delayed release (dr/ec)* | 2 | PA |
| *acetylcysteine intravenous solution* | 2 | |
| AURYXIA ORAL TABLET | 5 | NEDS |
| CALCIUM DISODIUM VERSENATE INJECTION SOLUTION | 4 | |
| CARBAGLU ORAL TABLET, DISPERSIBLE | 5 | LA; NEDS |
| CARNITOR (SUGAR-FREE) ORAL SOLUTION | 4 | |
| *cevimeline oral capsule* | 2 | |
| CHEMET ORAL CAPSULE | 3 | |
| *chlorhexidine gluconate mucous membrane mouthwash* | 2 | |
| CINRYZE INTRAVENOUS RECON SOLN | 5 | NEDS |
| *deferoxamine injection recon soln* | 2 | |
| DESFERAL INJECTION RECON SOLN | 4 | |
| *disulfiram oral tablet* | 2 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| EXJADE ORAL TABLET, DISPERSIBLE | 5 | NEDS |
| FERRIPROX ORAL SOLUTION | 5 | NEDS |
| FERRIPROX ORAL TABLET | 5 | NEDS |
| FIRAZYR SUBCUTANEOUS SYRINGE | 5 | PA; NEDS |
| FOSRENOL ORAL POWDER IN PACKET | 4 | |
| FOSRENOL ORAL TABLET,CHEWABLE | 4 | |
| *gavilyte-c oral recon soln* | 2 | |
| *gavilyte-g oral recon soln* | 2 | |
| *gavilyte-h and bisacodyl oral kit* | 2 | |
| *gavilyte-n oral recon soln* | 2 | |
| *glycine urologic irrigation solution* | 2 | |
| GOLYTELY ORAL POWDER IN PACKET | 4 | |
| HESPAN 6 % IN NS INTRAVENOUS SOLUTION | 4 | |
| HETLIOZ ORAL CAPSULE | 5 | PA; QL (31 per 31 days); NEDS |
| JADENU ORAL TABLET | 5 | NEDS |
| KALBITOR SUBCUTANEOUS SOLUTION | 5 | PA; NEDS |
| *kionex oral powder* | 2 | |
| *kionex oral suspension* | 2 | |
| KUVAN ORAL POWDER IN PACKET | 5 | NEDS |
| KUVAN ORAL TABLET,SOLUBLE | 5 | NEDS |
| *lactated ringers irrigation solution* | 2 | |
| *levocarnitine (with sugar) oral solution* | 2 | |
| *levocarnitine intravenous solution* | 2 | |
| *levocarnitine oral tablet* | 2 | |
| MOVIPREP ORAL POWDER IN PACKET | 4 | |
| *neomycin-polymyxin b gu irrigation solution* | 2 | |
| NEOSPORIN GU IRRIGANT IRRIGATION SOLUTION | 4 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *oralone dental paste* | 2 | |
| ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG | 5 | NEDS |
| ORFADIN ORAL SUSPENSION | 5 | NEDS |
| OSMOPREP ORAL TABLET | 4 | |
| *paroex oral rinse mucous membrane mouthwash* | 2 | |
| *peg 3350-electrolytes oral recon soln* | 2 | |
| *peg-3350 with flavor packs oral recon soln* | 2 | |
| *peg-electrolyte soln oral recon soln* | 2 | |
| *periogard mucous membrane mouthwash* | 2 | |
| *pilocarpine hcl oral tablet* | 2 | |
| *polyethylene glycol 3350 oral powder* | 2 | |
| *polyethylene glycol 3350 oral powder in packet* | 2 | |
| RAVICTI ORAL LIQUID | 5 | PA; NEDS |
| RENAGEL ORAL TABLET | 4 | |
| RENVELA ORAL POWDER IN PACKET | 3 | |
| RENVELA ORAL TABLET | 3 | |
| *ringers irrigation solution* | 2 | |
| SAMSCA ORAL TABLET | 5 | PA; NEDS |
| *sodium chloride irrigation solution* | 2 | |
| *sodium polystyrene (sorb free) oral suspension* | 2 | |
| *sodium polystyrene sulfonate oral powder* | 2 | |
| *sodium polystyrene sulfonate oral suspension* | 2 | |
| *sodium polystyrene sulfonate rectal enema 30 gram/120 ml* | 2 | |
| SODIUM POLYSTYRENE SULFONATE RECTAL ENEMA 50 GRAM/200 ML | 4 | |
| *sps oral suspension* | 2 | |
| *sps rectal enema* | 2 | |
| SUPREP BOWEL PREP KIT ORAL RECON SOLN | 4 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| TEMODAR INTRAVENOUS RECON SOLN | 4 | |
| *tranexamic acid intravenous solution* | 2 | |
| *tranexamic acid oral tablet* | 2 | QL (90 per 63 days) |
| *triamcinolone acetonide dental paste* | 2 | |
| *trilyte with flavor packets oral recon soln* | 2 | |
| UVADEX INJECTION SOLUTION | 4 | |
| VELTASSA ORAL POWDER IN PACKET | 4 | |
| *water for irrigation, sterile irrigation solution* | 2 | |
| XIAFLEX INJECTION RECON SOLN | 5 | PA; QL (1 per 30 days); NEDS |
| **ENDOCRINOLOGY** | | |
| **ADRENOCORTICAL STEROIDS** | | |
| *a-hydrocort injection recon soln* | 2 | |
| *budesonide oral capsule,delayed,extend.release* | 4 | |
| *cortisone oral tablet* | 2 | |
| *deltasone oral tablet 20 mg* | 2 | |
| *dexamethasone intensol oral drops* | 2 | |
| *dexamethasone oral elixir* | 1 | |
| *dexamethasone oral solution* | 1 | |
| *dexamethasone oral tablet* | 1 | |
| *fludrocortisone oral tablet* | 2 | |
| *hydrocortisone oral tablet* | 1 | |
| *methylprednisolone acetate injection suspension* | 2 | |
| *methylprednisolone oral tablet* | 1 | |
| *methylprednisolone oral tablets,dose pack* | 1 | |
| *methylprednisolone sodium succ injection recon soln 125 mg, 40 mg* | 2 | |
| *methylprednisolone sodium succ intravenous recon soln* | 2 | |
| *millipred dp oral tablets,dose pack* | 2 | |
| MILLIPRED ORAL SOLUTION | 4 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *prednisolone oral solution 15 mg/5 ml* | 2 | |
| *prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)* | 2 | |
| *prednisolone sodium phosphate oral tablet,disintegrating* | 2 | |
| *prednisone intensol oral concentrate* | 2 | |
| *prednisone oral solution* | 1 | |
| *prednisone oral tablet* | 1 | |
| *prednisone oral tablets,dose pack* | 1 | |
| SOLU-CORTEF INJECTION RECON SOLN | 4 | |
| SOLU-MEDROL (PF) INJECTION RECON SOLN | 4 | |
| SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN | 4 | |
| SOLU-MEDROL INTRAVENOUS RECON SOLN | 4 | |
| *triamcinolone acetonide injection suspension* | 2 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| **ANDROGENS** | | |
| ANADROL-50 ORAL TABLET | 4 | PA |
| ANDRODERM TRANSDERMAL PATCH 24 HOUR | 3 | PA; QL (90 per 90 days) |
| ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %) | 3 | PA; QL (450 per 90 days) |
| ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM) | 3 | PA; QL (900 per 90 days) |
| ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM) | 3 | PA; QL (225 per 90 days) |
| ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM) | 3 | PA; QL (450 per 90 days) |
| *androxy oral tablet* | 2 | |
| *danazol oral capsule* | 2 | |
| METHITEST ORAL TABLET | 4 | |
| *methyltestosterone oral capsule* | 2 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *oxandrolone oral tablet* | 2 | PA |
| TESTIM TRANSDERMAL GEL | 4 | PA; QL (900 per 90 days) |
| *testosterone cypionate intramuscular oil* | 2 | |
| *testosterone enanthate intramuscular oil* | 2 | |
| *testosterone transdermal gel in metered-dose pump 1.25 gram/ actuation (1 %)* | 2 | PA |
| *testosterone transdermal gel in packet 1 % (25 mg/2.5gram)* | 2 | PA; QL (900 per 90 days) |
| *testosterone transdermal gel in packet 1 % (50 mg/5 gram)* | 2 | |
| **ANTITHYROID AGENTS** | | |
| *methimazole oral tablet 10 mg, 5 mg* | 2 | |
| *propylthiouracil oral tablet* | 2 | |
| **GLUCOCORTICOIDS** | | |
| *dexamethasone sodium phosphate injection solution 4 mg/ml* | 2 | |
| *dexamethasone sodium phosphate injection syringe* | 2 | |
| SOLU-CORTEF (PF) INJECTION RECON SOLN | 4 | |
| **GROWTH HORMONE AND RELATED PRODUCTS** | | |
| GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML | 4 | PA |
| GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML | 5 | PA; NEDS |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE | 5 | PA; NEDS |
| HUMATROPE INJECTION CARTRIDGE | 5 | PA; NEDS |
| HUMATROPE INJECTION RECON SOLN | 5 | PA; NEDS |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR | 5 | PA; NEDS |
| NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR | 5 | PA; NEDS |
| NUTROPIN AQ SUBCUTANEOUS CARTRIDGE 20 MG/2 ML (10 MG/ML) | 5 | PA; NEDS |
| OMNITROPE SUBCUTANEOUS CARTRIDGE | 4 | PA |
| OMNITROPE SUBCUTANEOUS RECON SOLN | 5 | PA; NEDS |
| SAIZEN CLICK.EASY SUBCUTANEOUS CARTRIDGE | 5 | PA; NEDS |
| SAIZEN SUBCUTANEOUS RECON SOLN | 5 | PA; NEDS |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG | 5 | PA; NEDS |
| **INSULINS** | | |
| *alcohol pads topical pads, medicated* | 1 | |
| APIDRA SOLOSTAR SUBCUTANEOUS INSULIN PEN | 4 | |
| APIDRA SUBCUTANEOUS SOLUTION | 4 | |
| *gauze pads 2 x 2* | 2 | |
| HUMALOG KWIKPEN SUBCUTANEOUS INSULIN PEN | 3 | |
| HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN | 3 | |
| HUMALOG MIX 50-50 SUBCUTANEOUS SUSPENSION | 3 | |
| HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN | 3 | |
| HUMALOG MIX 75-25 SUBCUTANEOUS SUSPENSION | 3 | |
| HUMALOG SUBCUTANEOUS CARTRIDGE | 3 | |
| HUMALOG SUBCUTANEOUS SOLUTION | 3 | |
| HUMULIN 70/30 KWIKPEN SUBCUTANEOUS INSULIN PEN | 3 | |
| HUMULIN 70/30 SUBCUTANEOUS SUSPENSION | 3 | |

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

**Requirements/Limits**: B/D - Prior Authorization, Part D vs. Part B only LA - Limited Availability NEDS - Non-extended Day Supply PA - Prior Authorization QL - Quantity Limit ST - Step Therapy

**Brand-name** drugs are CAPITALIZED. **Generic** drugs are *lower-case italics*.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| HUMULIN N KWIKPEN SUBCUTANEOUS INSULIN PEN | 3 | |
| HUMULIN N SUBCUTANEOUS SUSPENSION | 3 | |
| HUMULIN R INJECTION SOLUTION | 3 | |
| HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN | 3 | |
| HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION | 3 | |
| *insulin pen needle* | 1 | |
| *insulin syringe (disp) u-100 0.3 ml, 1 ml, 1/2 ml* | 1 | |
| LANTUS SOLOSTAR SUBCUTANEOUS INSULIN PEN | 3 | |
| LANTUS SUBCUTANEOUS SOLUTION | 3 | |
| LEVEMIR FLEXTOUCH SUBCUTANEOUS INSULIN PEN | 3 | |
| LEVEMIR SUBCUTANEOUS SOLUTION | 3 | |
| *needles, insulin disp.,safety* | 1 | |
| NOVOFINE 30 NEEDLE | 1 | |
| NOVOFINE 32 NEEDLE | 1 | |
| NOVOFINE PLUS NEEDLE | 1 | |
| NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION | 3 | |
| NOVOLIN N SUBCUTANEOUS SUSPENSION | 3 | |
| NOVOLIN R INJECTION SOLUTION | 3 | |
| NOVOLOG FLEXPEN SUBCUTANEOUS INSULIN PEN | 3 | |
| NOVOLOG MIX 70-30 FLEXPEN SUBCUTANEOUS INSULIN PEN | 3 | |
| NOVOLOG MIX 70-30 SUBCUTANEOUS SOLUTION | 3 | |
| NOVOLOG PENFILL SUBCUTANEOUS CARTRIDGE | 3 | |
| NOVOLOG SUBCUTANEOUS SOLUTION | 3 | |

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

**Requirements/Limits**: B/D - Prior Authorization, Part D vs. Part B only LA - Limited Availability NEDS - Non-extended Day Supply PA - Prior Authorization QL - Quantity Limit ST - Step Therapy

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN | 1 | |
| NOVOTWIST NEEDLE | 1 | |
| TOUJEO SOLOSTAR SUBCUTANEOUS INSULIN PEN | 3 | |
| VGO 20 DEVICE | 1 | |
| VGO 30 DEVICE | 1 | |
| VGO 40 DEVICE | 1 | |
| **MISCELLANEOUS ENDOCRINE** | | |
| ALDURAZYME INTRAVENOUS SOLUTION | 5 | NEDS |
| BUPHENYL ORAL POWDER | 4 | |
| BUPHENYL ORAL TABLET | 4 | |
| CERDELGA ORAL CAPSULE | 5 | NEDS |
| CEREZYME INTRAVENOUS RECON SOLN 400 UNIT | 5 | NEDS |
| CHOLBAM ORAL CAPSULE | 5 | PA; NEDS |
| *chorionic gonadotropin, human intramuscular recon soln* | 4 | PA |
| CYSTADANE ORAL POWDER | 4 | |
| *desmopressin injection solution* | 2 | |
| *desmopressin nasal aerosol,spray* | 4 | |
| *desmopressin nasal solution* | 4 | |
| *desmopressin nasal spray,non-aerosol* | 4 | |
| *desmopressin oral tablet* | 2 | |
| EGRIFTA SUBCUTANEOUS RECON SOLN | 5 | NEDS |
| ELAPRASE INTRAVENOUS SOLUTION | 5 | NEDS |
| ELELYSO INTRAVENOUS RECON SOLN | 5 | NEDS |
| ELITEK INTRAVENOUS RECON SOLN | 5 | NEDS |
| FABRAZYME INTRAVENOUS RECON SOLN | 5 | NEDS |
| GLUCAGEN HYPOKIT INJECTION RECON SOLN | 3 | |
| GLUCAGON EMERGENCY KIT (HUMAN) INJECTION KIT | 3 | |
| INCRELEX SUBCUTANEOUS SOLUTION | 5 | PA; NEDS |

**Drug Tier**: 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drug 5-Specialty Drugs
**Requirements/Limits**: B/D - Prior Authorization, Part D vs. Part B only LA - Limited Availability NEDS - Non-extended Day Supply PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| KANUMA INTRAVENOUS SOLUTION | 5 | PA; NEDS |
| KORLYM ORAL TABLET | 5 | PA; NEDS |
| LUMIZYME INTRAVENOUS RECON SOLN | 5 | B/D PA; NEDS |
| MYALEPT SUBCUTANEOUS RECON SOLN | 5 | PA; NEDS |
| NAGLAZYME INTRAVENOUS SOLUTION | 5 | NEDS |
| NATPARA SUBCUTANEOUS CARTRIDGE | 5 | PA; NEDS |
| *novarel intramuscular recon soln* | 4 | PA |
| *octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml* | 5 | NEDS |
| *octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml* | 4 | |
| *octreotide acetate injection syringe* | 5 | NEDS |
| *pamidronate intravenous recon soln* | 2 | |
| *pamidronate intravenous solution* | 2 | |
| PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE | 5 | PA; NEDS |
| SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT | 5 | NEDS |
| SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON | 5 | NEDS |
| SENSIPAR ORAL TABLET | 3 | |
| SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION | 5 | NEDS |
| SIGNIFOR SUBCUTANEOUS SOLUTION | 5 | NEDS |
| *sodium phenylbutyrate oral powder* | 2 | |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE | 5 | NEDS |
| SOMAVERT SUBCUTANEOUS RECON SOLN | 5 | PA; NEDS |

**Drug Tier**: 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drug 5-Specialty Drugs
**Requirements/Limits**: B/D - Prior Authorization, Part D vs. Part B only LA - Limited Availability NEDS - Non-extended Day Supply PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| STIMATE NASAL SPRAY,NON-AEROSOL | 3 | |
| STRENSIQ SUBCUTANEOUS SOLUTION | 5 | PA; NEDS |
| SYPRINE ORAL CAPSULE | 5 | NEDS |
| VIMIZIM INTRAVENOUS SOLUTION | 5 | PA; NEDS |
| VPRIV INTRAVENOUS RECON SOLN | 5 | NEDS |
| ZAVESCA ORAL CAPSULE | 5 | NEDS |
| **NON-INSULIN HYPOGLYCEMIC AGENTS** | | |
| BYDUREON SUBCUTANEOUS PEN INJECTOR | 3 | PA; QL (12 per 84 days) |
| BYDUREON SUBCUTANEOUS SUSPENSION,EXTENDED REL RECON | 3 | PA; QL (12 per 84 days) |
| BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML | 4 | PA; QL (7.2 per 84 days) |
| BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML | 4 | PA; QL (3.6 per 84 days) |
| CYCLOSET ORAL TABLET | 4 | QL (540 per 90 days) |
| SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR | 4 | |
| SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR | 4 | |
| VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR | 3 | PA; QL (27 per 90 days) |
| VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR | 3 | PA; QL (27 per 90 days) |
| **ORAL HYPOGLYCEMIC AGENTS** | | |
| *acarbose oral tablet* | 2 | |
| ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR | 4 | |
| FARXIGA ORAL TABLET | 3 | ST |
| *glimepiride oral tablet* | 1 | |
| *glipizide oral tablet* | 1 | |
| *glipizide oral tablet extended release 24hr 10 mg* | 1 | QL (180 per 90 days) |
| *glipizide oral tablet extended release 24hr 2.5 mg, 5 mg* | 1 | QL (270 per 90 days) |
| *glipizide-metformin oral tablet* | 1 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| INVOKAMET ORAL TABLET | 3 | ST |
| INVOKANA ORAL TABLET | 3 | ST |
| JANUMET ORAL TABLET | 3 | QL (180 per 90 days) |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG | 3 | QL (90 per 90 days) |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG | 3 | QL (180 per 90 days) |
| JANUVIA ORAL TABLET | 3 | QL (90 per 90 days) |
| JENTADUETO ORAL TABLET | 4 | QL (180 per 90 days) |
| KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG | 3 | QL (180 per 90 days) |
| KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG | 3 | QL (90 per 90 days) |
| *metformin oral tablet* | 1 | |
| *metformin oral tablet extended release 24 hr 500 mg* | 1 | QL (360 per 90 days) |
| *metformin oral tablet extended release 24 hr 750 mg* | 1 | QL (180 per 90 days) |
| *metformin oral tablet extended release 24hr 1,000 mg* | 1 | |
| *metformin oral tablet extended release (osm) 24 hr 500 mg* | 1 | QL (360 per 90 days) |
| *miglitol oral tablet* | 2 | |
| *nateglinide oral tablet* | 1 | |
| ONGLYZA ORAL TABLET | 3 | QL (90 per 90 days) |
| *pioglitazone oral tablet* | 1 | QL (90 per 90 days) |
| *pioglitazone-glimepiride oral tablet* | 1 | QL (90 per 90 days) |
| *pioglitazone-metformin oral tablet* | 1 | QL (270 per 90 days) |
| *repaglinide oral tablet* | 1 | |
| *repaglinide-metformin oral tablet* | 1 | |
| *tolazamide oral tablet* | 1 | |
| *tolbutamide oral tablet* | 1 | |
| TRADJENTA ORAL TABLET | 4 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR | 3 | ST |
| **THYROID HORMONES** | | |
| *levothyroxine intravenous recon soln 200 mcg, 500 mcg* | 1 | |
| *levothyroxine oral tablet* | 1 | |
| *levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg* | 1 | |
| *liothyronine intravenous solution* | 2 | |
| *liothyronine oral tablet* | 2 | |
| SYNTHROID ORAL TABLET | 4 | |
| THYROLAR-1 ORAL TABLET | 3 | |
| THYROLAR-1/2 ORAL TABLET | 3 | |
| THYROLAR-1/4 ORAL TABLET | 3 | |
| THYROLAR-2 ORAL TABLET | 3 | |
| THYROLAR-3 ORAL TABLET | 3 | |
| *unithroid oral tablet* | 1 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| **GASTROINTESTINAL AGENTS** | | |
| **ANTIDIARRHEALS AND ANTISPASMODICS** | | |
| *atropine injection syringe 0.05 mg/ml, 0.1 mg/ml* | 2 | |
| *dicyclomine oral capsule* | 2 | |
| *dicyclomine oral solution* | 2 | |
| *dicyclomine oral tablet* | 2 | |
| *diphenoxylate-atropine oral liquid* | 2 | |
| *diphenoxylate-atropine oral tablet* | 2 | |
| FULYZAQ ORAL TABLET,DELAYED RELEASE (DR/EC) | 4 | PA |
| *glycopyrrolate injection solution* | 2 | |
| *glycopyrrolate oral tablet* | 2 | |
| *loperamide oral capsule* | 2 | |
| *methscopolamine oral tablet* | 2 | |
| **ANTIEMETICS** | | |
| AKYNZEO ORAL CAPSULE | 4 | B/D PA |
| ALOXI INTRAVENOUS SOLUTION | 4 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ANZEMET INTRAVENOUS SOLUTION | 4 | |
| ANZEMET ORAL TABLET | 4 | B/D PA |
| *compro rectal suppository* | 2 | |
| *dronabinol oral capsule* | 4 | B/D PA |
| EMEND INTRAVENOUS RECON SOLN | 4 | |
| EMEND ORAL CAPSULE | 3 | B/D PA |
| EMEND ORAL CAPSULE,DOSE PACK | 3 | B/D PA |
| *granisetron (pf) intravenous solution* | 2 | |
| *granisetron hcl intravenous solution* | 2 | |
| *granisetron hcl oral tablet* | 2 | B/D PA |
| *meclizine oral tablet 12.5 mg, 25 mg* | 2 | |
| *ondansetron hcl (pf) injection solution* | 2 | |
| *ondansetron hcl (pf) injection syringe* | 2 | |
| *ondansetron hcl intravenous solution* | 2 | |
| *ondansetron hcl oral solution* | 4 | B/D PA |
| *ondansetron hcl oral tablet* | 2 | B/D PA |
| *ondansetron oral tablet,disintegrating* | 2 | B/D PA |
| *phenadoz rectal suppository 25 mg* | 2 | PA |
| *prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)* | 2 | |
| *prochlorperazine maleate oral tablet* | 2 | |
| *prochlorperazine rectal suppository* | 2 | |
| *promethazine injection solution* | 2 | PA |
| *promethazine oral syrup* | 2 | PA |
| *promethazine oral tablet* | 2 | PA |
| *promethazine rectal suppository* | 2 | PA |
| SANCUSO TRANSDERMAL PATCH WEEKLY | 5 | QL (4 per 28 days); NEDS |
| TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY | 3 | |
| **DIGESTIVE ENZYMES** | | |
| CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) | 3 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) | 3 | |
| PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) | 4 | |
| VIOKACE ORAL TABLET | 4 | |
| ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-34,000 - 55,000 UNIT, 15,000-51,000 - 82,000 UNIT, 20,000-68,000 - 109,000 UNIT, 25,000-85,000-136,000 UNIT, 3,000-10,000-16,000 UNIT | 4 | |
| ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40,000-136,000-218,000 UNIT | 5 | NEDS |
| **H2-RECEPTOR ANTAGONISTS** | | |
| *famotidine (pf) intravenous solution* | 2 | |
| *famotidine (pf)-nacl (iso-os) intravenous piggyback* | 2 | |
| *famotidine intravenous solution* | 2 | |
| *famotidine oral suspension* | 2 | |
| *famotidine oral tablet 20 mg, 40 mg* | 2 | |
| *nizatidine oral capsule* | 2 | |
| *nizatidine oral solution* | 2 | |
| *ranitidine hcl injection solution 25 mg/ml* | 2 | |
| *ranitidine hcl oral capsule* | 1 | |
| *ranitidine hcl oral syrup* | 1 | |
| *ranitidine hcl oral tablet 150 mg, 300 mg* | 1 | |
| **MISCELLANEOUS GASTROINTESTINAL AGENTS** | | |
| *alosetron oral tablet* | 4 | PA |
| AMITIZA ORAL CAPSULE | 4 | PA; QL (180 per 90 days) |
| APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR | 4 | |
| ASACOL HD ORAL TABLET,DELAYED RELEASE (DR/EC) | 3 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *balsalazide oral capsule* | 2 | |
| CANASA RECTAL SUPPOSITORY | 3 | |
| *colocort rectal enema* | 2 | |
| *constulose oral solution* | 2 | |
| CORTIFOAM RECTAL FOAM | 3 | |
| CUVPOSA ORAL SOLUTION | 4 | |
| DELZICOL ORAL CAPSULE,DELAYED RELEASE(DR/EC) | 3 | |
| DIPENTUM ORAL CAPSULE | 4 | |
| ENTEREG ORAL CAPSULE | 4 | |
| *enulose oral solution* | 2 | |
| GATTEX 30-VIAL SUBCUTANEOUS KIT | 5 | PA; NEDS |
| GATTEX ONE-VIAL SUBCUTANEOUS KIT | 5 | PA; NEDS |
| *generlac oral solution* | 2 | |
| *hydrocortisone rectal cream* | 2 | |
| *hydrocortisone rectal enema* | 2 | |
| KRISTALOSE ORAL PACKET | 3 | |
| *lactulose oral solution* | 2 | |
| LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC) | 4 | |
| LINZESS ORAL CAPSULE | 3 | |
| *mesalamine rectal enema* | 4 | |
| *mesalamine with cleansing wipe rectal enema kit* | 4 | |
| *metoclopramide hcl injection solution* | 2 | |
| *metoclopramide hcl injection syringe* | 2 | |
| *metoclopramide hcl oral solution* | 2 | |
| *metoclopramide hcl oral tablet* | 2 | |
| *metoclopramide hcl oral tablet,disintegrating* | 2 | |
| MOVANTIK ORAL TABLET | 4 | PA |
| NUTRESTORE ORAL POWDER IN PACKET | 4 | |
| *opium tincture oral tincture* | 2 | |
| *paregoric oral liquid* | 2 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| PENTASA ORAL CAPSULE, EXTENDED RELEASE | 3 | |
| *proctozone-hc rectal cream* | 2 | |
| RELISTOR SUBCUTANEOUS SOLUTION | 4 | PA; QL (16.8 per 28 days) |
| RELISTOR SUBCUTANEOUS SYRINGE | 4 | PA |
| SUCRAID ORAL SOLUTION | 5 | NEDS |
| *sulfasalazine oral tablet* | 1 | |
| *sulfasalazine oral tablet,delayed release (dr/ec)* | 2 | |
| *ursodiol oral capsule* | 2 | |
| *ursodiol oral tablet* | 2 | |
| **OTHER ULCER THERAPY** | | |
| *amoxicil-clarithromy-lansopraz oral combo pack* | 4 | |
| *carafate oral suspension* | 2 | |
| *misoprostol oral tablet* | 2 | |
| PYLERA ORAL CAPSULE | 4 | |
| *sucralfate oral tablet* | 2 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| **PROTON PUMP INHIBITORS** | | |
| *esomeprazole magnesium oral capsule,delayed release(dr/ec)* | 4 | |
| *esomeprazole sodium intravenous recon soln* | 2 | |
| *lansoprazole oral capsule,delayed release(dr/ec)* | 2 | |
| *omeprazole oral capsule,delayed release(dr/ec)* | 2 | |
| *omeprazole-sodium bicarbonate oral capsule* | 4 | |
| *pantoprazole intravenous recon soln* | 4 | |
| *pantoprazole oral tablet,delayed release (dr/ec)* | 2 | |
| *rabeprazole oral tablet,delayed release (dr/ec)* | 2 | |
| **IMMUNOLOGY AND HEMATOLOGY** | | |
| **ALPHA 1-PROTEINASE INHIBITOR** | | |
| ARALAST NP INTRAVENOUS RECON SOLN | 5 | PA; NEDS |
| GLASSIA INTRAVENOUS SOLUTION | 5 | PA; NEDS |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| PROLASTIN-C INTRAVENOUS RECON SOLN | 5 | PA; NEDS |
| ZEMAIRA INTRAVENOUS RECON SOLN | 4 | PA |
| **COLONY STIMULATING FACTORS** | | |
| ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75 ML, 200 MCG/ML, 300 MCG/ML, 60 MCG/ML | 5 | PA; NEDS |
| ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML | 4 | PA |
| ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML | 4 | PA |
| ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML, 60 MCG/0.3 ML | 5 | PA; NEDS |
| EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML | 4 | PA |
| EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML | 4 | PA; QL (36 per 84 days) |
| NEULASTA SUBCUTANEOUS SYRINGE | 5 | QL (1.2 per 28 days); NEDS |
| NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR | 5 | QL (1.2 per 28 days); NEDS |
| NEUPOGEN INJECTION SOLUTION | 5 | NEDS |
| NEUPOGEN INJECTION SYRINGE | 5 | NEDS |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML | 4 | PA |
| PROCRIT INJECTION SOLUTION 20,000 UNIT/2 ML | 3 | PA |
| PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML | 5 | PA; NEDS |
| ZARXIO INJECTION SYRINGE | 5 | NEDS |
| **IMMUNOGLOBULINS** | | |
| ADAGEN INTRAMUSCULAR SOLUTION | 5 | NEDS |
| BIVIGAM INTRAVENOUS SOLUTION | 5 | PA; NEDS |
| CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 12 GRAM, 6 GRAM | 5 | PA; NEDS |
| CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML | 4 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| FLEBOGAMMA DIF INTRAVENOUS SOLUTION | 5 | PA; NEDS |
| GAMASTAN S/D INTRAMUSCULAR SOLUTION | 3 | PA |
| GAMMAGARD LIQUID INJECTION SOLUTION | 5 | PA; NEDS |
| GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN | 5 | PA; NEDS |
| GAMMAKED INJECTION SOLUTION | 4 | PA |
| GAMMAPLEX INTRAVENOUS SOLUTION | 5 | PA; NEDS |
| GAMUNEX-C INJECTION SOLUTION | 5 | PA; NEDS |
| HEPAGAM B INJECTION SOLUTION | 4 | |
| HIZENTRA SUBCUTANEOUS SOLUTION | 5 | PA; NEDS |
| HYPERHEP B S/D INTRAMUSCULAR SOLUTION | 4 | |
| HYPERHEP B S/D INTRAMUSCULAR SYRINGE | 4 | |

**Drug Tier**: 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drug 5-Specialty Drugs
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**Brand-name** drugs are CAPITALIZED. **Generic** drugs are *lower-case italics*.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| HYPERHEP B S-D NEONATAL INTRAMUSCULAR SYRINGE | 4 | |
| HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION | 3 | |
| HYPERTET S/D (PF) INTRAMUSCULAR SYRINGE | 4 | |
| HYQVIA SUBCUTANEOUS SOLUTION | 5 | B/D PA; NEDS |
| IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION | 4 | |
| NABI-HB INTRAMUSCULAR SOLUTION | 4 | |
| OCTAGAM INTRAVENOUS SOLUTION | 5 | PA; NEDS |
| PRIVIGEN INTRAVENOUS SOLUTION | 5 | PA; NEDS |
| RHOPHYLAC INJECTION SYRINGE | 4 | |
| SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML | 5 | NEDS |
| THYMOGLOBULIN INTRAVENOUS RECON SOLN | 5 | NEDS |
| VARIZIG INTRAMUSCULAR SOLUTION | 3 | |
| WINRHO SDF INJECTION SOLUTION | 4 | |
| **INTERFERONS AND MS THERAPY** | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION | 5 | NEDS |
| AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR | 5 | PA; QL (62 per 31 days); NEDS |
| AUBAGIO ORAL TABLET | 5 | PA; NEDS |
| AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT | 5 | PA; NEDS |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT | 5 | PA; NEDS |
| AVONEX INTRAMUSCULAR SYRINGE KIT | 5 | PA; NEDS |
| BETASERON SUBCUTANEOUS KIT | 5 | PA; NEDS |
| COPAXONE SUBCUTANEOUS SYRINGE | 5 | PA; NEDS |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| EXTAVIA SUBCUTANEOUS KIT | 5 | PA; NEDS |
| EXTAVIA SUBCUTANEOUS RECON SOLN | 5 | PA; NEDS |
| GILENYA ORAL CAPSULE | 5 | PA; NEDS |
| *glatopa subcutaneous syringe* | 5 | NEDS |
| INTRON A INJECTION RECON SOLN | 5 | NEDS |
| INTRON A INJECTION SOLUTION | 5 | NEDS |
| LEMTRADA INTRAVENOUS SOLUTION | 5 | PA; QL (6 per 365 days); NEDS |
| PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR | 5 | QL (4 per 28 days); NEDS |
| PEGASYS SUBCUTANEOUS SOLUTION | 5 | QL (4 per 28 days); NEDS |
| PEGASYS SUBCUTANEOUS SYRINGE | 5 | QL (4 per 28 days); NEDS |
| PEGINTRON REDIPEN SUBCUTANEOUS PEN INJECTOR KIT | 5 | QL (4 per 28 days); NEDS |
| PEGINTRON SUBCUTANEOUS KIT | 5 | QL (4 per 28 days); NEDS |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR | 5 | PA; NEDS |
| PLEGRIDY SUBCUTANEOUS SYRINGE | 5 | PA; NEDS |
| REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE | 5 | PA; NEDS |
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR | 5 | PA; NEDS |
| REBIF TITRATION PACK SUBCUTANEOUS SYRINGE | 5 | PA; NEDS |
| SYLATRON SUBCUTANEOUS KIT | 5 | NEDS |
| **MISCELLANEOUS IMMUNOLOGIC AND HEMATOLOGIC AGENTS** | | |
| BENLYSTA INTRAVENOUS RECON SOLN | 5 | NEDS |
| CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT | 5 | PA; NEDS |
| CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT | 5 | PA; NEDS |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| CIMZIA SUBCUTANEOUS SYRINGE KIT | 5 | PA; NEDS |
| ENBREL SUBCUTANEOUS RECON SOLN | 5 | QL (16 per 28 days); NEDS |
| ENBREL SUBCUTANEOUS SYRINGE | 5 | QL (8 per 28 days); NEDS |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR | 5 | QL (8 per 28 days); NEDS |
| FLEXBUMIN 5 % INTRAVENOUS PARENTERAL SOLUTION | 4 | |
| HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT | 5 | QL (5.6 per 28 days); NEDS |
| HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT | 5 | QL (5.6 per 28 days); NEDS |
| HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT | 5 | QL (5.6 per 28 days); NEDS |
| HUMIRA SUBCUTANEOUS SYRINGE KIT | 5 | QL (5.6 per 28 days); NEDS |
| KINERET SUBCUTANEOUS SYRINGE | 5 | PA; QL (18.8 per 28 days); NEDS |
| MOZOBIL SUBCUTANEOUS SOLUTION | 5 | PA; NEDS |
| NPLATE SUBCUTANEOUS RECON SOLN | 5 | PA; NEDS |
| ORENCIA SUBCUTANEOUS SYRINGE | 5 | PA; NEDS |
| OTEZLA ORAL TABLET | 5 | PA; NEDS |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK | 5 | PA; NEDS |
| PROMACTA ORAL TABLET | 5 | PA; NEDS |
| REMICADE INTRAVENOUS RECON SOLN | 5 | NEDS |
| SIMPONI SUBCUTANEOUS PEN INJECTOR | 5 | PA; NEDS |
| SIMPONI SUBCUTANEOUS SYRINGE | 5 | PA; NEDS |
| SOLIRIS INTRAVENOUS SOLUTION | 5 | NEDS |
| STELARA SUBCUTANEOUS SYRINGE | 5 | PA; NEDS |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| SYLVANT INTRAVENOUS RECON SOLN | 5 | PA; NEDS |
| TYSABRI INTRAVENOUS SOLUTION | 5 | PA; LA; NEDS |
| XELJANZ ORAL TABLET | 5 | PA; NEDS |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR | 5 | PA; NEDS |
| **VACCINES** | | |
| ACTHIB (PF) INTRAMUSCULAR RECON SOLN | 3 | |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION | 3 | |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE | 3 | |
| BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION | 3 | |
| BEXSERO (PF) INTRAMUSCULAR SYRINGE | 3 | |
| BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION | 3 | |
| BOOSTRIX TDAP INTRAMUSCULAR SYRINGE | 3 | |
| CERVARIX VACCINE (PF) INTRAMUSCULAR SYRINGE | 3 | |
| DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION | 3 | |
| ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION | 3 | B/D PA |
| ENGERIX-B (PF) INTRAMUSCULAR SYRINGE | 3 | B/D PA |
| ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SUSPENSION | 3 | B/D PA |
| ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE | 3 | B/D PA |
| GARDASIL (PF) INTRAMUSCULAR SUSPENSION | 3 | |
| GARDASIL (PF) INTRAMUSCULAR SYRINGE | 3 | |
| GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION | 3 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE | 3 | |
| HAVRIX (PF) INTRAMUSCULAR SUSPENSION | 3 | |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE | 3 | |
| HIBERIX (PF) INTRAMUSCULAR RECON SOLN | 3 | |
| IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN | 3 | |
| INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION | 3 | |
| INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE | 3 | |
| IPOL INJECTION SUSPENSION | 3 | |
| IXIARO (PF) INTRAMUSCULAR SYRINGE | 3 | |
| KINRIX (PF) INTRAMUSCULAR SUSPENSION | 4 | |
| KINRIX (PF) INTRAMUSCULAR SYRINGE | 4 | |
| MENACTRA (PF) INTRAMUSCULAR SOLUTION | 3 | |
| MENHIBRIX (PF) INTRAMUSCULAR RECON SOLN | 3 | |
| MENOMUNE - A/C/Y/W-135 (PF) SUBCUTANEOUS RECON SOLN | 3 | |
| MENOMUNE - A/C/Y/W-135 SUBCUTANEOUS RECON SOLN | 3 | |
| MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT | 3 | |
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN | 3 | |
| PEDIARIX (PF) INTRAMUSCULAR SYRINGE | 4 | |
| PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION | 3 | |
| PENTACEL (PF) INTRAMUSCULAR KIT | 4 | |
| PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION | 3 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| QUADRACEL (PF) INTRAMUSCULAR SUSPENSION | 3 | |
| RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION | 3 | |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION | 3 | B/D PA |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE | 3 | B/D PA |
| ROTARIX ORAL SUSPENSION FOR RECONSTITUTION | 3 | |
| ROTATEQ VACCINE ORAL SUSPENSION | 3 | |
| TENIVAC (PF) INTRAMUSCULAR SUSPENSION | 4 | |
| TENIVAC (PF) INTRAMUSCULAR SYRINGE | 3 | |
| TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION | 3 | |
| TETANUS-DIPHTHERIA TOXOIDS-TD INTRAMUSCULAR SUSPENSION | 3 | |
| THERACYS INTRAVESICAL SUSPENSION FOR RECONSTITUTION | 4 | |
| TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION | 4 | |
| TRUMENBA INTRAMUSCULAR SYRINGE | 3 | |
| TWINRIX (PF) INTRAMUSCULAR SUSPENSION | 3 | |
| TWINRIX (PF) INTRAMUSCULAR SYRINGE | 3 | |
| TYPHIM VI INTRAMUSCULAR SOLUTION | 3 | |
| TYPHIM VI INTRAMUSCULAR SYRINGE | 3 | |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION | 3 | |
| VAQTA (PF) INTRAMUSCULAR SYRINGE | 3 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION | 3 | |
| YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION | 3 | |
| ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION | 3 | |
| **LIFESTYLE MODIFICATION** | | |
| **SMOKING CESSATION** | | |
| *buproban oral tablet extended release* | 2 | |
| *bupropion hcl (smoking deter) oral tablet extended release* | 2 | |
| CHANTIX CONTINUING MONTH BOX ORAL TABLET | 3 | |
| CHANTIX ORAL TABLET | 3 | |
| CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK | 3 | |
| NICOTROL INHALATION CARTRIDGE | 4 | |
| NICOTROL NS NASAL SPRAY,NON-AEROSOL | 4 | |
| **OPHTHALMOLOGY** | | |
| **MISCELLANEOUS OPHTHALMIC AGENTS** | | |
| ALOCRIL OPHTHALMIC DROPS | 3 | |
| ALOMIDE OPHTHALMIC DROPS | 3 | |
| *atropine ophthalmic drops* | 2 | |
| *azelastine ophthalmic drops* | 2 | |
| BEPREVE OPHTHALMIC DROPS | 4 | |
| *cromolyn ophthalmic drops* | 2 | |
| CYSTARAN OPHTHALMIC DROPS | 5 | NEDS |
| EMADINE OPHTHALMIC DROPS | 4 | |
| *epinastine ophthalmic drops* | 2 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| EYLEA INTRAVITREAL SOLUTION | 5 | NEDS |
| LACRISERT OPHTHALMIC INSERT | 3 | |
| LUCENTIS INTRAVITREAL SOLUTION | 5 | NEDS |
| *naphazoline ophthalmic drops* | 2 | |
| *olopatadine ophthalmic drops* | 2 | |
| PATADAY OPHTHALMIC DROPS | 3 | |
| PAZEO OPHTHALMIC DROPS | 3 | |
| RESTASIS OPHTHALMIC DROPPERETTE | 3 | |
| **OPHTHALMIC ANTI-INFECTIVE/STEROID COMBINATIONS** | | |
| BLEPHAMIDE OPHTHALMIC DROPS,SUSPENSION | 3 | |
| BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT | 3 | |
| *neomycin-bacitracin-poly-hc ophthalmic ointment* | 2 | |
| *neo-polycin hc ophthalmic ointment* | 2 | |
| *sulfacetamide-prednisolone ophthalmic drops* | 1 | |
| TOBRADEX OPHTHALMIC OINTMENT | 3 | |
| TOBRADEX ST OPHTHALMIC DROPS,SUSPENSION | 3 | |
| *tobramycin-dexamethasone ophthalmic drops,suspension* | 2 | |
| ZYLET OPHTHALMIC DROPS,SUSPENSION | 4 | |
| **OPHTHALMIC ANTI-INFECTIVES** | | |
| AZASITE OPHTHALMIC DROPS | 4 | |
| *bacitracin ophthalmic ointment* | 2 | |
| *bacitracin-polymyxin b ophthalmic ointment* | 2 | |
| BESIVANCE OPHTHALMIC DROPS,SUSPENSION | 4 | |
| BLEPH-10 OPHTHALMIC DROPS | 4 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| CILOXAN OPHTHALMIC OINTMENT | 3 | |
| *ciprofloxacin hcl ophthalmic drops* | 2 | |
| *erythromycin ophthalmic ointment* | 2 | |
| *gatifloxacin ophthalmic drops* | 2 | |
| *gentak ophthalmic ointment* | 2 | |
| *gentamicin ophthalmic drops* | 2 | |
| *gentamicin ophthalmic ointment* | 2 | |
| *levofloxacin ophthalmic drops* | 2 | |
| MOXEZA OPHTHALMIC DROPS, VISCOUS | 4 | |
| NATACYN OPHTHALMIC DROPS,SUSPENSION | 3 | |
| *neomycin-bacitracin-polymyxin ophthalmic ointment* | 2 | |
| *neomycin-polymyxin-gramicidin ophthalmic drops* | 2 | |
| *neo-polycin ophthalmic ointment* | 2 | |
| *ofloxacin ophthalmic drops* | 2 | |
| *polycin ophthalmic ointment* | 2 | |
| *polymyxin b sulf-trimethoprim ophthalmic drops* | 2 | |
| PRED-G OPHTHALMIC DROPS,SUSPENSION | 4 | |
| PRED-G S.O.P. OPHTHALMIC OINTMENT | 4 | |
| *sulfacetamide sodium ophthalmic drops* | 2 | |
| *sulfacetamide sodium ophthalmic ointment* | 2 | |
| *tobramycin ophthalmic drops* | 1 | |
| *trifluridine ophthalmic drops* | 2 | |
| VIGAMOX OPHTHALMIC DROPS | 3 | |
| ZIRGAN OPHTHALMIC GEL | 3 | |
| **OPHTHALMIC ANTI-INFLAMMATORY AGENTS** | | |
| ACUVAIL (PF) OPHTHALMIC DROPPERETTE | 4 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *bromfenac ophthalmic drops* | 2 | |
| *diclofenac sodium ophthalmic drops* | 1 | |
| *flurbiprofen sodium ophthalmic drops* | 2 | |
| ILEVRO OPHTHALMIC DROPS,SUSPENSION | 4 | |
| *ketorolac ophthalmic drops* | 2 | |
| NEVANAC OPHTHALMIC DROPS,SUSPENSION | 4 | |
| **OPHTHALMIC BETA BLOCKERS** | | |
| BETIMOL OPHTHALMIC DROPS | 4 | |
| *carteolol ophthalmic drops* | 2 | |
| ISTALOL OPHTHALMIC DROPS, ONCE DAILY | 4 | |
| *levobunolol ophthalmic drops 0.5 %* | 2 | |
| *metipranolol ophthalmic drops* | 2 | |
| *timolol maleate ophthalmic drops* | 1 | |
| *timolol maleate ophthalmic gel forming solution* | 1 | |
| TIMOPTIC OCUDOSE (PF) OPHTHALMIC DROPPERETTE | 4 | |
| TIMOPTIC OPHTHALMIC DROPS | 4 | |
| **OPHTHALMIC STEROIDS** | | |
| ALREX OPHTHALMIC DROPS,SUSPENSION | 4 | |
| *dexamethasone sodium phosphate ophthalmic drops* | 2 | |
| DUREZOL OPHTHALMIC DROPS | 3 | |
| FLAREX OPHTHALMIC DROPS,SUSPENSION | 4 | |
| *fluorometholone ophthalmic drops,suspension* | 2 | |
| FML FORTE OPHTHALMIC DROPS,SUSPENSION | 4 | |
| FML S.O.P. OPHTHALMIC OINTMENT | 4 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| LOTEMAX OPHTHALMIC DROPS,GEL | 4 | |
| LOTEMAX OPHTHALMIC DROPS,SUSPENSION | 4 | |
| LOTEMAX OPHTHALMIC OINTMENT | 4 | |
| MAXIDEX OPHTHALMIC DROPS,SUSPENSION | 4 | |
| OZURDEX INTRAVITREAL IMPLANT | 5 | NEDS |
| PRED MILD OPHTHALMIC DROPS,SUSPENSION | 3 | |
| *prednisolone acetate ophthalmic drops,suspension* | 2 | |
| *prednisolone sodium phosphate ophthalmic drops* | 2 | |
| RETISERT INTRAVITREAL IMPLANT | 5 | NEDS |
| TRIESENCE (PF) INTRAOCULAR SUSPENSION | 4 | |
| VEXOL OPHTHALMIC DROPS,SUSPENSION | 3 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| **OTHER GLAUCOMA AGENTS** | | |
| ALPHAGAN P OPHTHALMIC DROPS 0.1 % | 3 | |
| *apraclonidine ophthalmic drops* | 2 | |
| AZOPT OPHTHALMIC DROPS,SUSPENSION | 3 | |
| *betaxolol ophthalmic drops* | 1 | |
| BETOPTIC S OPHTHALMIC DROPS,SUSPENSION | 3 | |
| *bimatoprost ophthalmic drops* | 4 | |
| *brimonidine ophthalmic drops* | 2 | |
| COMBIGAN OPHTHALMIC DROPS | 4 | |
| COSOPT (PF) OPHTHALMIC DROPPERETTE | 4 | |
| *dorzolamide ophthalmic drops* | 2 | |
| *dorzolamide-timolol ophthalmic drops* | 2 | |
| IOPIDINE OPHTHALMIC DROPPERETTE | 4 | |
| *latanoprost ophthalmic drops* | 2 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| LUMIGAN OPHTHALMIC DROPS 0.01 % | 3 | |
| PHOSPHOLINE IODIDE OPHTHALMIC DROPS | 3 | |
| *pilocarpine hcl ophthalmic drops 1 %, 2 %, 4 %* | 2 | |
| SIMBRINZA OPHTHALMIC DROPS,SUSPENSION | 3 | |
| TRAVATAN Z OPHTHALMIC DROPS | 3 | |
| *travoprost (benzalkonium) ophthalmic drops* | 2 | |
| ZIOPTAN (PF) OPHTHALMIC DROPPERETTE | 4 | |
| **OTIC AND NASAL PREPARATIONS** | | |
| **NASAL PREPARATIONS** | | |
| BECONASE AQ NASAL SPRAY,NON-AEROSOL | 4 | |
| *budesonide nasal spray,non-aerosol* | 2 | |
| *flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)* | 2 | |
| *fluticasone nasal spray,suspension* | 2 | |
| *mometasone nasal spray,non-aerosol* | 2 | |
| NASONEX NASAL SPRAY,NON-AEROSOL | 4 | |
| *olopatadine nasal spray,non-aerosol* | 2 | |
| OMNARIS NASAL SPRAY,NON-AEROSOL | 4 | |
| *triamcinolone acetonide nasal aerosol,spray* | 2 | |
| VERAMYST NASAL SPRAY,SUSPENSION | 4 | |
| **OTIC PREPARATIONS** | | |
| *acetasol hc otic drops* | 2 | |
| *acetic acid irrigation solution* | 2 | |
| *acetic acid otic solution* | 2 | |
| *acetic acid-aluminum acetate otic drops* | 2 | |
| CIPRO HC OTIC DROPS,SUSPENSION | 4 | |
| CIPRODEX OTIC DROPS,SUSPENSION | 3 | |

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

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *ciprofloxacin hcl otic dropperette* | 2 | |
| COLY-MYCIN S OTIC DROPS,SUSPENSION | 4 | |
| *fluocinolone acetonide oil otic drops* | 2 | |
| *hydrocortisone-acetic acid otic drops* | 2 | |
| *neomycin-polymyxin-hc ophthalmic drops,suspension* | 2 | |
| *neomycin-polymyxin-hc otic drops,suspension* | 2 | |
| *neomycin-polymyxin-hc otic solution* | 2 | |
| *ofloxacin otic drops* | 2 | |
| **RESPIRATORY AND ALLERGY** | | |
| **ANTIHISTAMINE/DECONGESTANT COMBINATIONS** | | |
| ALLEGRA-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HR | 3 | QL (90 per 90 days) |
| **ANTIHISTAMINES** | | |
| *arbinoxa oral liquid* | 2 | |
| *arbinoxa oral tablet* | 2 | |
| *azelastine nasal aerosol,spray* | 2 | |
| *azelastine nasal spray,non-aerosol* | 2 | |
| *cetirizine oral solution 1 mg/ml* | 2 | |
| *cyproheptadine oral syrup* | 2 | PA |
| *cyproheptadine oral tablet* | 2 | PA |
| *desloratadine oral tablet* | 2 | QL (90 per 90 days) |
| *desloratadine oral tablet,disintegrating* | 2 | QL (90 per 90 days) |
| *diphenhydramine hcl injection solution 50 mg/ml* | 2 | PA |
| *diphenhydramine hcl injection syringe* | 2 | PA |
| *hydroxyzine hcl oral solution 10 mg/5 ml* | 2 | |
| *hydroxyzine hcl oral tablet* | 2 | |
| *hydroxyzine pamoate oral capsule 25 mg, 50 mg* | 2 | |
| *levocetirizine oral solution* | 2 | |
| *levocetirizine oral tablet* | 2 | QL (90 per 90 days) |
| **EPINEPHRINE** | | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ADRENACLICK INJECTION AUTO-INJECTOR | 4 | |
| *adrenalin injection solution* | 2 | |
| *epinephrine injection auto-injector* | 4 | |
| EPIPEN 2-PAK INJECTION AUTO-INJECTOR | 4 | |
| EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR | 3 | |
| **INHALED BETA-AGONISTS** | | |
| *albuterol sulfate inhalation solution for nebulization* | 1 | B/D PA |
| ARCAPTA NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE | 4 | QL (90 per 90 days) |
| BROVANA INHALATION SOLUTION FOR NEBULIZATION | 4 | B/D PA; QL (360 per 90 days) |
| *levalbuterol hcl inhalation solution for nebulization* | 2 | B/D PA |
| PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION | 4 | B/D PA |
| PROAIR HFA INHALATION HFA AEROSOL INHALER | 3 | QL (102 per 90 days) |
| PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED | 3 | QL (12 per 90 days) |
| PROVENTIL HFA INHALATION HFA AEROSOL INHALER | 4 | QL (80 per 90 days) |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE | 3 | QL (180 per 90 days) |
| STRIVERDI RESPIMAT INHALATION MIST | 3 | QL (12 per 90 days) |
| VENTOLIN HFA INHALATION HFA AEROSOL INHALER | 3 | QL (216 per 90 days) |
| XOPENEX HFA INHALATION HFA AEROSOL INHALER | 4 | QL (90 per 90 days) |
| **INHALED STEROIDS** | | |
| ALVESCO INHALATION HFA AEROSOL INHALER | 3 | QL (37 per 90 days) |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| ASMANEX HFA INHALATION HFA AEROSOL INHALER | 3 | QL (39 per 90 days) |
| ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (120 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES) | 3 | QL (3 per 90 days) |
| ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (7 DOSES), 220 MCG (14 DOSES) | 3 | |
| *budesonide inhalation suspension for nebulization* | 4 | B/D PA |
| FLOVENT DISKUS INHALATION BLISTER WITH DEVICE | 3 | QL (360 per 90 days) |
| FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION | 3 | QL (72 per 90 days) |
| FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION | 3 | QL (32 per 90 days) |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED | 3 | |
| QVAR INHALATION AEROSOL | 3 | QL (53 per 90 days) |
| **MISCELLANEOUS PULMONARY AGENTS** | | |
| *acetylcysteine solution* | 2 | B/D PA |
| ADCIRCA ORAL TABLET | 5 | PA; QL (62 per 31 days); NEDS |
| ADEMPAS ORAL TABLET | 5 | PA; NEDS |
| ADVAIR DISKUS INHALATION BLISTER WITH DEVICE | 3 | QL (180 per 90 days) |
| ADVAIR HFA INHALATION HFA AEROSOL INHALER | 3 | QL (36 per 90 days) |
| ATROVENT HFA INHALATION HFA AEROSOL INHALER | 3 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| COMBIVENT RESPIMAT INHALATION MIST | 4 | |
| *cromolyn inhalation solution for nebulization* | 2 | B/D PA |
| *cromolyn oral concentrate* | 4 | |
| DALIRESP ORAL TABLET | 4 | |
| DULERA INHALATION HFA AEROSOL INHALER | 3 | QL (39 per 90 days) |
| ESBRIET ORAL CAPSULE | 5 | PA; NEDS |
| *ipratropium bromide inhalation solution* | 1 | B/D PA |
| *ipratropium bromide nasal spray,non-aerosol* | 1 | |
| *ipratropium-albuterol inhalation solution for nebulization* | 2 | B/D PA |
| KALYDECO ORAL GRANULES IN PACKET | 5 | PA; NEDS |
| KALYDECO ORAL TABLET | 5 | PA; NEDS |
| LETAIRIS ORAL TABLET | 5 | PA; NEDS |
| *montelukast oral granules in packet* | 2 | QL (90 per 90 days) |
| *montelukast oral tablet* | 2 | QL (90 per 90 days) |
| *montelukast oral tablet,chewable* | 2 | QL (90 per 90 days) |
| OFEV ORAL CAPSULE | 5 | PA; NEDS |
| OPSUMIT ORAL TABLET | 5 | PA; NEDS |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG | 4 | PA |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG | 5 | PA; NEDS |
| ORKAMBI ORAL TABLET | 5 | PA; NEDS |
| PULMOZYME INHALATION SOLUTION | 5 | B/D PA; NEDS |
| REVATIO ORAL SUSPENSION FOR RECONSTITUTION | 5 | PA; QL (180 per 30 days); NEDS |
| *sildenafil intravenous solution* | 5 | PA; QL (1163 per 31 days); NEDS |
| *sildenafil oral tablet* | 2 | PA; QL (270 per 90 days) |
| SPIRIVA RESPIMAT INHALATION MIST | 3 | QL (12 per 90 days) |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE | 3 | QL (90 per 90 days) |
| STIOLTO RESPIMAT INHALATION MIST | 3 | QL (12 per 90 days) |
| SYMBICORT INHALATION HFA AEROSOL INHALER | 3 | QL (30.6 per 90 days) |
| *terbutaline subcutaneous solution* | 2 | |
| TRACLEER ORAL TABLET | 5 | PA; LA; NEDS |
| TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED | 4 | QL (3 per 90 days) |
| TYVASO INHALATION SOLUTION FOR NEBULIZATION | 5 | B/D PA; NEDS |
| TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION | 5 | B/D PA; NEDS |
| TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION | 5 | B/D PA; NEDS |
| TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION | 5 | B/D PA; NEDS |
| UPTRAVI ORAL TABLET | 5 | PA; NEDS |
| UPTRAVI ORAL TABLETS,DOSE PACK | 5 | PA; NEDS |
| XOLAIR SUBCUTANEOUS RECON SOLN | 5 | PA; NEDS |
| *zafirlukast oral tablet* | 2 | QL (180 per 90 days) |
| ZYFLO CR ORAL TABLET, ER MULTIPHASE 12 HR | 4 | QL (360 per 90 days) |
| ZYFLO ORAL TABLET | 4 | |
| **ORAL BETA-AGONISTS** | | |
| *albuterol sulfate oral syrup* | 1 | |
| *albuterol sulfate oral tablet* | 1 | |
| *albuterol sulfate oral tablet extended release 12 hr* | 1 | |
| *metaproterenol oral syrup* | 2 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *metaproterenol oral tablet* | 2 | |
| *terbutaline oral tablet* | 2 | |
| **XANTHINES** | | |
| *aminophylline intravenous solution 250 mg/10 ml* | 2 | |
| AMINOPHYLLINE INTRAVENOUS SOLUTION 500 MG/20 ML | 4 | |
| ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML | 4 | |
| *theophylline oral tablet extended release* | 2 | |
| *theophylline oral tablet extended release 12 hr* | 2 | |
| **RHEUMATOLOGY AND MUSCULOSKELETAL** | | |
| **GOUT THERAPY** | | |
| *allopurinol oral tablet* | 1 | |
| *colchicine-probenecid oral tablet* | 2 | |
| COLCRYS ORAL TABLET | 3 | QL (360 per 90 days) |
| KRYSTEXXA INTRAVENOUS SOLUTION | 5 | NEDS |
| *probenecid oral tablet* | 2 | |
| ULORIC ORAL TABLET | 3 | ST; QL (90 per 90 days) |
| **MISCELLANEOUS RHEUMATOLOGIC AGENTS** | | |
| ACTEMRA SUBCUTANEOUS SYRINGE | 5 | PA; NEDS |
| DEPEN TITRATABS ORAL TABLET | 4 | |
| *leflunomide oral tablet* | 2 | QL (90 per 90 days) |
| OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML, 7.5 MG/0.4 ML | 4 | |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR | 4 | |
| RIDAURA ORAL CAPSULE | 3 | |
| **OSTEOPOROSIS/BONE RESORPTION** | | |
| *alendronate oral solution* | 2 | |
| *alendronate oral tablet 10 mg, 40 mg, 5 mg* | 2 | QL (90 per 90 days) |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *alendronate oral tablet 35 mg, 70 mg* | 2 | QL (12 per 84 days) |
| BONIVA INTRAVENOUS SYRINGE | 4 | B/D PA |
| *calcitonin (salmon) nasal spray,non-aerosol* | 2 | |
| *etidronate disodium oral tablet* | 2 | |
| FORTEO SUBCUTANEOUS PEN INJECTOR | 5 | PA; QL (3 per 28 days); NEDS |
| FOSAMAX PLUS D ORAL TABLET | 4 | QL (12 per 84 days) |
| *ibandronate intravenous solution* | 2 | B/D PA |
| *ibandronate intravenous syringe* | 2 | |
| *ibandronate oral tablet* | 2 | QL (3 per 84 days) |
| MIACALCIN INJECTION SOLUTION | 4 | |
| PROLIA SUBCUTANEOUS SYRINGE | 4 | PA |
| *raloxifene oral tablet* | 1 | QL (90 per 90 days) |
| *risedronate oral tablet 150 mg* | 2 | QL (3 per 84 days) |
| *risedronate oral tablet 30 mg, 5 mg* | 2 | QL (90 per 90 days) |
| *risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)* | 2 | QL (12 per 84 days) |
| *risedronate oral tablet,delayed release (dr/ec)* | 2 | QL (12 per 84 days) |
| *zoledronic acid intravenous recon soln* | 4 | |
| *zoledronic acid intravenous solution* | 4 | |
| ZOLEDRONIC ACID-MANNITOL-WATER INTRAVENOUS PIGGYBACK 5 MG/100 ML | 4 | |
| *zoledronic acid-mannitol-water intravenous solution* | 4 | |
| ZOMETA INTRAVENOUS SOLUTION 4 MG/100 ML | 5 | NEDS |
| **UROLOGY** | | |
| **BPH TREATMENT** | | |
| *alfuzosin oral tablet extended release 24 hr* | 2 | QL (90 per 90 days) |
| *dutasteride oral capsule* | 2 | QL (90 per 90 days) |
| *finasteride oral tablet 5 mg* | 2 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *tamsulosin oral capsule,extended release 24hr* | 2 | QL (180 per 90 days) |
| **MISCELLANEOUS UROLOGICALS** | | |
| *bethanechol chloride oral tablet* | 2 | |
| CYSTAGON ORAL CAPSULE | 4 | |
| ELMIRON ORAL CAPSULE | 3 | |
| K-PHOS NO 2 ORAL TABLET | 4 | |
| K-PHOS ORIGINAL ORAL TABLET,SOLUBLE | 4 | |
| *potassium citrate oral tablet extended release* | 2 | |
| **URINARY ANTISPASMODICS** | | |
| *flavoxate oral tablet* | 2 | |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR | 3 | |
| *oxybutynin chloride oral syrup* | 2 | |
| *oxybutynin chloride oral tablet* | 2 | |
| *oxybutynin chloride oral tablet extended release 24hr* | 2 | QL (180 per 90 days) |
| *tolterodine oral capsule,extended release 24hr* | 2 | |
| *tolterodine oral tablet* | 2 | |
| TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG | 3 | QL (180 per 90 days) |
| TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 8 MG | 3 | QL (90 per 90 days) |
| *trospium oral capsule,extended release 24hr* | 2 | QL (90 per 90 days) |
| *trospium oral tablet* | 2 | |
| VESICARE ORAL TABLET | 3 | |
| **VITAMINS AND SUPPLEMENTS** | | |
| **ELECTROLYTES AND MISC. NUTRIENTS** | | |
| *calcium chloride intravenous solution* | 2 | |
| *calcium chloride intravenous syringe* | 2 | |
| *calcium gluconate intravenous solution* | 2 | |
| *cysteine (l-cysteine) intravenous solution* | 2 | B/D PA |
| *electrolyte-48 in d5w intravenous parenteral solution* | 2 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| HYPERLYTE CR INTRAVENOUS SOLUTION | 4 | |
| ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION | 4 | |
| ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION | 4 | |
| ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION | 4 | |
| *magnesium chloride injection solution* | 2 | |
| *magnesium sulfate injection solution* | 2 | |
| *magnesium sulfate injection syringe* | 2 | |
| NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION | 4 | |
| NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION | 4 | |
| PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION | 4 | |
| PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION | 4 | |
| PLASMA-LYTE-56 IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION | 4 | |
| *sodium acetate intravenous solution* | 2 | |
| *sodium lactate intravenous solution* | 2 | |
| *sodium phosphate intravenous solution* | 2 | |
| **IV FAT EMULSIONS** | | |
| *intralipid intravenous emulsion 20 %* | 4 | B/D PA |
| INTRALIPID INTRAVENOUS EMULSION 30 % | 4 | B/D PA |
| *liposyn iii intravenous emulsion 10 %, 20 %* | 2 | B/D PA |
| **IV SOLUTIONS: DEXTROSE AND LACTATED RINGERS** | | |
| *dextrose 5 %-lactated ringers intravenous parenteral solution* | 2 | |
| *lactated ringers intravenous parenteral solution* | 2 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *potassium chloride in lr-d5 intravenous parenteral solution* | 2 | |
| *ringers intravenous parenteral solution* | 2 | |
| **IV SOLUTIONS: DEXTROSE-SALINE** | | |
| *d10 %-0.45 % sodium chloride intravenous parenteral solution* | 2 | |
| *d2.5 %-0.45 % sodium chloride intravenous parenteral solution* | 2 | |
| *d5 % and 0.9 % sodium chloride intravenous parenteral solution* | 2 | |
| *d5 %-0.45 % sodium chloride intravenous parenteral solution* | 2 | |
| *dextrose 10 % and 0.2 % nacl intravenous parenteral solution* | 2 | |
| *dextrose 5%-0.2 % sod chloride intravenous parenteral solution* | 2 | |
| *dextrose 5%-0.3 % sod.chloride intravenous parenteral solution* | 2 | |
| *dextrose with sodium chloride intravenous parenteral solution* | 2 | |
| **IV SOLUTIONS: DEXTROSE-WATER** | | |
| *dextrose 10 % in water (d10w) intravenous parenteral solution* | 2 | B/D PA |
| *dextrose 20 % in water (d20w) intravenous parenteral solution* | 2 | B/D PA |
| *dextrose 25 % in water (d25w) intravenous syringe* | 2 | B/D PA |
| *dextrose 30 % in water (d30w) intravenous parenteral solution* | 2 | B/D PA |
| *dextrose 40 % in water (d40w) intravenous parenteral solution* | 2 | B/D PA |
| *dextrose 5 % in water (d5w) intravenous parenteral solution* | 2 | |
| *dextrose 5 % in water (d5w) intravenous piggyback* | 2 | |
| *dextrose 50 % in water (d50w) intravenous parenteral solution* | 2 | B/D PA |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *dextrose 50 % in water (d50w) intravenous syringe* | 2 | B/D PA |
| *dextrose 70 % in water (d70w) intravenous parenteral solution* | 2 | B/D PA |
| *lmd 10 % in 0.9 % sodium chlor intravenous parenteral solution* | 2 | |
| *lmd 10 % in 5 % dextrose intravenous parenteral solution* | 2 | |
| **IV SOLUTIONS: SALINE** | | |
| *sodium chloride 0.45 % intravenous parenteral solution* | 2 | |
| *sodium chloride 0.45 % intravenous piggyback* | 2 | |
| *sodium chloride 0.9 % intravenous parenteral solution* | 2 | |
| *sodium chloride 0.9 % intravenous piggyback* | 2 | |
| *sodium chloride 3 % intravenous parenteral solution* | 2 | |
| *sodium chloride 5 % intravenous parenteral solution* | 2 | |
| *sodium chloride intravenous parenteral solution* | 2 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| **POTASSIUM REPLACEMENT** | | |
| *dextrose-kcl-nacl intravenous solution* | 2 | |
| *effer-k oral tablet, effervescent 25 meq* | 2 | |
| *k-effervescent oral tablet, effervescent* | 2 | |
| *klor-con 10 oral tablet extended release* | 2 | |
| *klor-con 8 oral tablet extended release* | 2 | |
| *klor-con m10 oral tablet,er particles/crystals* | 2 | |
| *klor-con m15 oral tablet,er particles/crystals* | 2 | |
| *klor-con m20 oral tablet,er particles/crystals* | 2 | |
| *klor-con oral packet* | 2 | |
| KLOR-CON/25 ORAL PACKET | 4 | |
| *klor-con/ef oral tablet, effervescent* | 2 | |
| K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ | 4 | |
| *k-tab oral tablet extended release 8 meq* | 2 | |

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| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *potassium acetate intravenous solution 2 meq/ml* | 2 | |
| *potassium bicarb and chloride oral tablet, effervescent* | 2 | |
| *potassium bicarb-citric acid oral tablet, effervescent* | 2 | |
| *potassium chlorid-d5-0.45%nacl intravenous parenteral solution* | 2 | |
| *potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l* | 2 | |
| *potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l* | 2 | |
| *potassium chloride intravenous piggyback* | 2 | |
| *potassium chloride intravenous solution* | 2 | |
| *potassium chloride oral capsule, extended release* | 2 | |
| *potassium chloride oral liquid* | 2 | |
| *potassium chloride oral packet* | 2 | |
| *potassium chloride oral tablet extended release* | 2 | |
| *potassium chloride oral tablet,er particles/crystals* | 2 | |
| *potassium chloride-0.45 % nacl intravenous parenteral solution* | 2 | |
| *potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l* | 2 | |
| *potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l* | 4 | |
| *potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l* | 2 | |
| *potassium chloride-d5-0.9%nacl intravenous parenteral solution* | 2 | |
| *potassium phosphate m-/d-basic intravenous solution* | 2 | |
| **PROTEIN REPLACEMENT** | | |
| *amino acids 15 % intravenous parenteral solution* | 4 | B/D PA |

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**Requirements/Limits**: B/D - Prior Authorization, Part D vs. Part B only LA - Limited Availability NEDS - Non-extended Day Supply PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
**Brand-name** drugs are CAPITALIZED. **Generic** drugs are *lower-case italics*.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| AMINOSYN 10 % INTRAVENOUS PARENTERAL SOLUTION | 4 | B/D PA |
| AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION | 4 | B/D PA |
| AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION | 4 | B/D PA |
| AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION | 4 | B/D PA |
| AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION | 4 | B/D PA |
| AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION | 4 | B/D PA |
| AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION | 4 | B/D PA |
| AMINOSYN II 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION | 4 | B/D PA |
| AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION | 4 | B/D PA |
| AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION | 4 | B/D PA |
| AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION | 4 | B/D PA |
| AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION | 4 | B/D PA |
| CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION | 4 | B/D PA |
| CLINIMIX 5%/D25W SULFITE-FREE INTRAVENOUS PARENTERAL SOLUTION | 4 | B/D PA |
| CLINIMIX 2.75%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION | 4 | B/D PA |

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

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION | 4 | B/D PA |
| CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION | 4 | B/D PA |
| CLINIMIX 4.25%-D20W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION | 4 | B/D PA |
| CLINIMIX 4.25%-D25W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION | 4 | B/D PA |
| CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION | 4 | B/D PA |
| CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION | 4 | B/D PA |
| FREAMINE HBC 6.9 % INTRAVENOUS PARENTERAL SOLUTION | 4 | B/D PA |
| *freamine iii 10 % intravenous parenteral solution* | 2 | B/D PA |
| HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION | 4 | B/D PA |
| KABIVEN INTRAVENOUS EMULSION | 4 | B/D PA |
| NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION | 4 | B/D PA |
| PERIKABIVEN INTRAVENOUS EMULSION | 4 | B/D PA |
| *premasol 10 % intravenous parenteral solution* | 4 | B/D PA |
| PREMASOL 6 % INTRAVENOUS PARENTERAL SOLUTION | 4 | B/D PA |
| *travasol 10 % intravenous parenteral solution* | 4 | B/D PA |
| TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION | 4 | B/D PA |
| TROPHAMINE 6% INTRAVENOUS PARENTERAL SOLUTION | 4 | B/D PA |
| **VITAMINS AND MINERALS** | | |

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

**Requirements/Limits**: B/D - Prior Authorization, Part D vs. Part B only LA - Limited Availability NEDS - Non-extended Day Supply PA - Prior Authorization QL - Quantity Limit ST - Step Therapy

**Brand-name** drugs are CAPITALIZED. **Generic** drugs are *lower-case italics*.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| BERINERT INTRAVENOUS KIT | 5 | PA; NEDS |
| *calcitriol intravenous solution 1 mcg/ml* | 2 | |
| *calcitriol oral capsule* | 2 | |
| *calcitriol oral solution* | 2 | |
| *calcium acetate oral capsule* | 2 | |
| *calcium acetate oral tablet 667 mg* | 2 | |
| *denta 5000 plus dental cream* | 2 | |
| *dentagel dental gel* | 2 | |
| *eliphos oral tablet* | 2 | |
| ESCAVITE ORAL TABLET,CHEWABLE | 4 | |
| FLUORABON ORAL DROPS | 4 | |
| *fluor-a-day (with xylitol) oral tablet,chewable 0.25 mg f (0.55 mg)-236.79mg, 1 mg f (2.2 mg)-236.79 mg* | 2 | |
| FLUOR-A-DAY ORAL DROPS | 2 | |
| *fluoridex daily defense dental gel* | 2 | |

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| FLUORIDEX SENSITIVITY RELIEF DENTAL GEL | 4 | |
| *fluoritab oral tablet,chewable* | 2 | |
| HECTOROL INTRAVENOUS SOLUTION 2 MCG/ML (1 ML) | 4 | |
| *ludent fluoride oral tablet,chewable* | 2 | |
| *multi-vit with fluoride-iron oral drops* | 2 | |
| *multi-vitamin with fluoride oral drops* | 2 | |
| *multivitamin with fluoride oral tablet,chewable* | 2 | |
| *multi-vitamin with fluoride oral tablet,chewable* | 2 | |
| *multivitamins with fluoride oral tablet,chewable* | 2 | |
| *mvc-fluoride oral tablet,chewable* | 2 | |
| NEUT INTRAVENOUS SOLUTION | 4 | |
| PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION | 4 | |

**Drug Tier**: 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drug 5-Specialty Drugs
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**Brand-name** drugs are CAPITALIZED. **Generic** drugs are *lower-case italics*.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *paricalcitol oral capsule* | 2 | |
| *perio med dental solution* | 2 | |
| PHOSLYRA ORAL SOLUTION | 4 | |
| *prenatal vitamin oral tablet* | 4 | |
| PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE | 4 | |
| PREVIDENT 5000 DRY MOUTH DENTAL GEL | 4 | |
| PREVIDENT 5000 SENSITIVE DENTAL PASTE | 4 | |
| *sf 5000 plus dental cream* | 2 | |
| *sf dental gel* | 2 | |
| *sodium fluoride oral drops* | 2 | |
| *sodium fluoride oral tablet* | 2 | |
| *sodium fluoride oral tablet,chewable* | 2 | |
| *triple vitamin with fluoride oral drops* | 2 | |
| *tri-vit with fluoride and iron oral drops* | 2 | |
| *tri-vitamin with fluoride oral drops* | 2 | |
| *vitamins a,c,d and fluoride oral drops* | 2 | |
| ZEMPLAR INTRAVENOUS SOLUTION | 4 | |
| **WOMEN'S HEALTH** | | |
| **CONTRACEPTIVES** | | |
| *altavera (28) oral tablet* | 2 | |
| *alyacen 1/35 (28) oral tablet* | 2 | |
| *alyacen 7/7/7 (28) oral tablet* | 2 | |
| *amethia lo oral tablets,dose pack,3 month* | 2 | QL (91 per 91 days) |
| *amethia oral tablets,dose pack,3 month* | 4 | QL (91 per 91 days) |
| *amethyst oral tablet* | 2 | |
| *apri oral tablet* | 2 | |
| *aviane oral tablet* | 2 | |
| *azurette (28) oral tablet* | 2 | |
| *balziva (28) oral tablet* | 2 | |
| *bekyree (28) oral tablet* | 2 | |
| BEYAZ ORAL TABLET | 4 | |
| *blisovi 24 fe oral tablet* | 2 | |
| *blisovi fe 1.5/30 (28) oral tablet* | 2 | |

**Drug Tier**: 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drug 5-Specialty Drugs
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**Brand-name** drugs are CAPITALIZED. **Generic** drugs are *lower-case italics*.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *blisovi fe 1/20 (28) oral tablet* | 2 | |
| *camila oral tablet* | 2 | |
| *camrese lo oral tablets,dose pack,3 month* | 2 | QL (91 per 91 days) |
| *camrese oral tablets,dose pack,3 month* | 2 | QL (91 per 91 days) |
| *caziant (28) oral tablet* | 2 | |
| *chateal oral tablet* | 2 | |
| *cryselle (28) oral tablet* | 2 | |
| *cyclafem 1/35 (28) oral tablet* | 2 | |
| *cyred oral tablet* | 2 | |
| *dasetta 1/35 (28) oral tablet* | 2 | |
| *dasetta 7/7/7 (28) oral tablet* | 2 | |
| *daysee oral tablets,dose pack,3 month* | 2 | QL (91 per 91 days) |
| *desogestrel-ethinyl estradiol oral tablet* | 2 | |
| *elinest oral tablet* | 2 | |
| ELLA ORAL TABLET | 3 | QL (6 per 84 days) |
| *emoquette oral tablet* | 2 | |
| *enpresse oral tablet* | 2 | |
| *enskyce oral tablet* | 2 | |
| *errin oral tablet* | 2 | |
| *estarylla oral tablet* | 2 | |
| *falmina (28) oral tablet* | 2 | |
| *gianvi (28) oral tablet* | 2 | |
| *gildess 1/20 (21) oral tablet* | 2 | |
| *gildess 24 fe oral tablet* | 2 | |
| *gildess fe 1.5/30 (28) oral tablet* | 2 | |
| *gildess fe 1/20 (28) oral tablet* | 2 | |
| *heather oral tablet* | 2 | |
| *jencycla oral tablet* | 2 | |
| *jolessa oral tablets,dose pack,3 month* | 2 | QL (91 per 91 days) |
| *jolivette oral tablet* | 2 | |
| *juleber oral tablet* | 2 | |
| *junel 1/20 (21) oral tablet* | 2 | |
| *junel fe 1/20 (28) oral tablet* | 2 | |
| *kaitlib fe oral tablet,chewable* | 2 | |
| *kariva (28) oral tablet* | 2 | |
| *kelnor 1/35 (28) oral tablet* | 2 | |
| *kimidess (28) oral tablet* | 2 | |

**Drug Tier**: 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drug 5-Specialty Drugs
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**Brand-name** drugs are CAPITALIZED. **Generic** drugs are *lower-case italics*.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *kurvelo oral tablet* | 2 | |
| *l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)* | 2 | QL (91 per 91 days) |
| *larin 24 fe oral tablet* | 2 | |
| *larin fe 1.5/30 (28) oral tablet* | 2 | |
| *larin fe 1/20 (28) oral tablet* | 2 | |
| *layolis fe oral tablet,chewable* | 2 | |
| *leena 28 oral tablet* | 2 | |
| *levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg* | 2 | |
| *levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month* | 2 | |
| *levora-28 oral tablet* | 2 | |
| LO LOESTRIN FE ORAL TABLET | 4 | |
| *loryna (28) oral tablet* | 2 | |
| *low-ogestrel (28) oral tablet* | 2 | |
| *lutera (28) oral tablet* | 2 | |
| *lyza oral tablet* | 2 | |
| *microgestin 1/20 (21) oral tablet* | 2 | |
| *microgestin fe 1.5/30 (28) oral tablet* | 2 | |
| *microgestin fe 1/20 (28) oral tablet* | 2 | |
| *mono-linyah oral tablet* | 2 | |
| *mononessa (28) oral tablet* | 2 | |
| *my way oral tablet* | 2 | |
| *myzilra oral tablet* | 2 | |
| NATAZIA ORAL TABLET | 4 | |
| *necon 1/35 (28) oral tablet* | 2 | |
| *necon 7/7/7 (28) oral tablet* | 2 | |
| *next choice one dose oral tablet* | 2 | |
| *nora-be oral tablet* | 2 | |
| *noreth-ethinyl estradiol-iron oral tablet,chewable* | 2 | |
| *norethindrone (contraceptive) oral tablet* | 2 | |
| *norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg* | 2 | |
| *norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)* | 2 | |
| *norgestimate-ethinyl estradiol oral tablet* | 2 | |

**Drug Tier**: 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drug 5-Specialty Drugs
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**Brand-name** drugs are CAPITALIZED. **Generic** drugs are *lower-case italics*.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *nortrel 7/7/7 (28) oral tablet* | 2 | |
| *ocella oral tablet* | 2 | |
| *philith oral tablet* | 2 | |
| *pirmella oral tablet 0.5/0.75/1 mg- 35 mcg* | 2 | |
| *portia oral tablet* | 2 | |
| *quasense oral tablets,dose pack,3 month* | 2 | |
| *reclipsen (28) oral tablet* | 2 | |
| SAFYRAL ORAL TABLET | 4 | |
| *setlakin oral tablets,dose pack,3 month* | 2 | |
| *sharobel oral tablet* | 2 | |
| *sprintec (28) oral tablet* | 2 | |
| *sronyx oral tablet* | 2 | |
| *syeda oral tablet* | 2 | |
| *tilia fe oral tablet* | 2 | |
| *tri-estarylla oral tablet* | 2 | |
| *tri-linyah oral tablet* | 2 | |
| *tri-lo-estarylla oral tablet* | 2 | |
| *tri-lo-marzia oral tablet* | 2 | |
| *tri-lo-sprintec oral tablet* | 2 | |
| *trinessa (28) oral tablet* | 2 | |
| *trinessa lo oral tablet* | 2 | |
| *tri-previfem (28) oral tablet* | 2 | |
| *tri-sprintec (28) oral tablet* | 2 | |
| *trivora (28) oral tablet* | 2 | |
| *velivet triphasic regimen (28) oral tablet* | 2 | |
| *vienva oral tablet* | 2 | |
| *viorele (28) oral tablet* | 2 | |
| *wera (28) oral tablet* | 2 | |
| *xulane transdermal patch weekly* | 2 | |
| *zarah oral tablet* | 2 | |
| *zenchent (28) oral tablet* | 2 | |
| **ESTROGEN/PROGESTIN COMBINATIONS** | | |
| *fyavolv oral tablet* | 2 | PA |
| *jinteli oral tablet* | 2 | PA |
| MENEST ORAL TABLET 1.25 MG, 2.5 MG | 4 | PA |
| NUVARING VAGINAL RING | 4 | QL (3 per 84 days) |
| **ESTROGENS** | | |

**Drug Tier**: 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drug 5-Specialty Drugs
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**Brand-name** drugs are CAPITALIZED. **Generic** drugs are *lower-case italics*.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| DEPO-ESTRADIOL INTRAMUSCULAR OIL | 4 | |
| DIVIGEL TRANSDERMAL GEL IN PACKET | 4 | |
| ESTRACE VAGINAL CREAM | 3 | |
| *estradiol oral tablet* | 2 | PA |
| *estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml* | 2 | |
| ESTRING VAGINAL RING | 3 | QL (1 per 90 days) |
| FEMRING VAGINAL RING | 3 | QL (1 per 90 days) |
| PREMARIN VAGINAL CREAM | 3 | |
| VAGIFEM VAGINAL TABLET | 3 | |
| **MISCELLANEOUS WOMEN'S HEALTH** | | |
| AVC VAGINAL VAGINAL CREAM | 4 | |
| BRISDELLE ORAL CAPSULE | 3 | |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG | 5 | NEDS |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG | 5 | NEDS |
| LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT | 5 | NEDS |
| LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED) | 5 | NEDS |
| METHYLERGONOVINE INJECTION SOLUTION | 4 | |
| *methylergonovine oral tablet* | 4 | |
| SYNAREL NASAL SPRAY,NON-AEROSOL | 3 | |
| **PROGESTINS** | | |
| DEPO-PROVERA INTRAMUSCULAR SOLUTION | 3 | |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE | 4 | |
| *hydroxyprogesterone caproate intramuscular oil* | 4 | |
| MAKENA INTRAMUSCULAR OIL | 5 | NEDS |

**Drug Tier**: 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drug 5-Specialty Drugs
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**Brand-name** drugs are CAPITALIZED. **Generic** drugs are *lower-case italics*.

| Drug Name | Drug Tier | Requirements /Limits |
|---|---|---|
| *medroxyprogesterone intramuscular suspension* | 2 | |
| *medroxyprogesterone intramuscular syringe* | 2 | |
| *medroxyprogesterone oral tablet* | 2 | |
| *norethindrone acetate oral tablet* | 2 | |
| *progesterone in oil intramuscular oil* | 2 | |
| *progesterone intramuscular oil* | 2 | |
| *progesterone micronized oral capsule* | 2 | |
| **VAGINAL ANTI-INFECTIVE/ANTI-FUNGAL** | | |
| CLEOCIN VAGINAL SUPPOSITORY | 4 | |
| *clindamycin phosphate vaginal cream* | 2 | |
| CLINDESSE VAGINAL CREAM,EXTENDED RELEASE | 4 | |
| *metronidazole vaginal gel* | 2 | |
| *miconazole-3 vaginal suppository* | 2 | |
| *terconazole vaginal cream* | 2 | |
| *terconazole vaginal suppository* | 2 | |
| *vandazole vaginal gel* | 2 | |

**Drug Tier**: 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drug 5-Specialty Drugs
**Requirements/Limits**: B/D - Prior Authorization, Part D vs. Part B only LA - Limited Availability NEDS - Non-extended Day Supply PA - Prior Authorization QL - Quantity Limit ST - Step Therapy
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