MASSACHUSETTS

Medicare Advantage Group

# 2023 FORMULARY

## (List of Covered Drugs) 3–Tier

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

**23217, Version 6**

This formulary was updated on 10/01/2022.

**Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you. Call Member Service for more information.

**Important Message About What You Pay for Insulin** - You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

For more recent information or other questions, please contact Blue Cross Blue Shield of Massachusetts at **1-800-200-4255**, or, for TTY users, **711**, from April 1 through September 30, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday, and from October 1 through March 31, 8:00 a.m. to 8:00 p.m. ET, seven days a week, or visit **bluecrossma.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 formulary (drug list) refers to “we,” “us,” or “our,” it means Blue Cross Blue Shield of Massachusetts. When it refers to “plan” or “our plan,” it means Medicare HMO Blue or Medicare PPO Blue.

This document includes a list of the drugs (formulary) for our plan, which is current as of 10/01/2022. 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/co-insurance may change on January 1, 2024, and from time to time during the year.

## WHAT IS THE MEDICARE ADVANTAGE GROUP PLAN'S FORMULARY?

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

## CAN THE FORMULARY (DRUG LIST) CHANGE?

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

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

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

» If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Medicare Advantage Group Plan's Formulary?"

**Changes that will not affect you if you are currently taking the drug**. Generally, if you are taking a drug on our 2023 Formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the drug list for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/01/2022. To get updated information about the drugs covered by our plans, please contact us. Our contact information appears on the front and back cover pages.

If we have a mid-year, non-maintenance formulary change, we will provide a notice in the monthly Explanation of Benefits and on our website, **bluecrossma.com/medicare**. You may ask for a copy of the most recent formulary by contacting us. Our contact information appears on the front and back cover pages.

## HOW DO I USE THE FORMULARY?

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

- **Medical Condition.** The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents." If you know what your drug is used for, look for the category name in the list that begins on page 153.Then look under the category name for your drug.

- **AlphabeticalListing.** If you are not sure what category to look under, you should look for your drug in the index that begins on page 153. 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?

Our plans 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:** Our plans require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plans limit the amount of the drug that our plans will cover. For example, our plans provide up to 30 tablets per 30 days per prescription of Simvastatin 10 mg tablets. This may be in addition to a standard one-month or three-month supply.
- **Opioid Safety Edits**: For certain drugs or combinations of drugs, there may be a safety edit applied to prevent opioid overutilization. The safety edit on these medications may be cumulative with other similar, medications that you may be taking in the same class. A dosage adjustment by your physician or an exception may be required if you exceed the safety edit.
- **Step Therapy:** In some cases, our plans require 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, our plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plans 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 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan 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 Advantage Group Plan's formulary?" on page 4 for information about how to request an exception.

## WHAT IF MY DRUG IS NOT ON THE FORMULARY?

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

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

- You can ask Member Service for a list of similar drugs that are covered by our plans. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plans.
- You can ask our plans 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 ADVANTAGE GROUP PLAN'S FORMULARY?

You can ask your Medicare Advantage Group Plan 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.
- 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, our plans limit 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, our Medicare Advantage Group Plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

## WHAT SHOULD I DO BEFORE I CAN TALK TO MY DOCTOR ABOUT CHANGING MY DRUGS OR REQUESTING AN EXCEPTION?

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

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

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

If you change your level of care, such as a move from a hospital to a home setting, and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover up to a temporary 30-day supply (or 31-day supply if you are a long-term care resident) when you go to a network pharmacy. After your first 30-day supply, you are required to use the plan's exception process.

Our transition supply will not cover drugs that Medicare does not allow Part D plans to cover, or drugs that might be covered under Medicare Part B.

## FOR MORE INFORMATION

For more detailed information about your Medicare Advantage Group Plan's prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our Medicare Advantage Group Plans, 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 **medicare.gov**.

## MEDICARE ADVANTAGE GROUP PLAN'S FORMULARY

The formulary that begins on page 7 provides coverage information about the drugs covered by our Medicare Advantage Group Plans. If you have trouble finding your drug in the list, turn to the index that begins on page 153.

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

The information in the Requirements/Limits column tells you if our plans have any special requirements for coverage of your drug.

**The abbreviations you may see in the formulary (list of covered drugs) include:**

**Quantity Limits (QL):** To help ensure that the quantity and dosage of your medications remains consistent with manufacturer, clinical, and FDA recommendations, we maintain a list of medications subject to QL. When you fill a prescription for a medication subject to QL, your prescription is reviewed for:

- **Dose Consolidation.** Dose consolidation checks to see whether you're taking two or more daily doses of medicine that could be replaced with one daily dose providing the same total amount of medication.
- **Recommended Monthly Dosing Level.** This process checks to see that your monthly dosage of medication is consistent with both the manufacturer's and the FDA's monthly dosing recommendations and clinical information. Your doctor can also apply for an exception to QL guidelines when medically necessary.
- **Mail Order (MO):** These prescription drugs are available through mail order.

**Home Infusion (HI):** This prescription drug may be covered under our medical benefit. For more information, call us. Our contact information appears on the front and back cover pages.

**Medical Benefit (MB):** These drugs and supplies are covered under your plan's medical benefit and are available through network retail pharmacies or mail order service.*

**Prior Authorization (PA):** These prescription drugs require prior authorization from the plan.

**Step Therapy (ST):** These prescription drugs require you to first try another drug to treat your medical condition.

**Limited Pharmacy Availability (LA):** This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call us. Our contact information appears on the front and back cover pages.

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

**Non-Extended Day Supply (NEDS):** In an effort to control drug costs, certain high-cost drugs will be limited up to a 30-day supply per fill.

*Coverage for diabetic test strips and blood glucose monitors at a participating retail or mail order pharmacy is limited to those listed on our formulary and provided at no cost to you. There is no coverage for other brand-name test strips and blood glucose monitors that are not listed on our formulary when purchased at a retail or mail order pharmacy.

## ANALGESICS: GOUT

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *allopurinol tab 100 mg* | 1 | MO |
| *allopurinol tab 300 mg* | 1 | MO |
| *colchicine tab 0.6 mg* | 1 | MO, QL ( 120 tabs every 30 days) |
| *colchicine w/ probenecid tab 0.5-500 mg* | 1 | MO |
| *febuxostat tab 40 mg* | 1 | PA, MO |
| *febuxostat tab 80 mg* | 1 | PA, MO |
| MITIGARE CAP 0.6MG | 2 | MO, QL ( 60 caps every 30 days) |
| *probenecid tab 500 mg* | 1 | MO |

## ANALGESICS: NSAIDS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *celecoxib cap 100 mg* | 1 | MO, QL ( 60 caps every 30 days) |
| *celecoxib cap 200 mg* | 1 | MO, QL ( 60 caps every 30 days) |
| *celecoxib cap 400 mg* | 1 | MO, QL ( 30 caps every 30 days) |
| *celecoxib cap 50 mg* | 1 | MO, QL ( 60 caps every 30 days) |
| *diclofenac potassium tab 50 mg* | 1 | MO, QL ( 120 tabs every 30 days) |
| *diclofenac sodium tab delayed release 25 mg* | 1 | MO |
| *diclofenac sodium tab delayed release 50 mg* | 1 | MO |
| *diclofenac sodium tab delayed release 75 mg* | 1 | MO |
| *diclofenac sodium tab er 24hr 100 mg* | 1 | MO |
| *diclofenac w/ misoprostol tab delayed release 50-0.2 mg* | 1 | MO |
| *diclofenac w/ misoprostol tab delayed release 75-0.2 mg* | 1 | MO |
| *diflunisal tab 500 mg* | 1 | MO |
| *ec-naproxen tab 375mg* | 1 | MO, QL ( 120 tabs every 30 days) |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

| ANALGESICS: NSAIDS (continued) | | |
|---|---|---|
| **Drug Name** | **Tier** | **Requirements/ Limits** |
| *ec-naproxen tab 500mg* | 1 | MO, QL ( 90 tabs every 30 days) |
| *etodolac cap 200 mg* | 1 | MO |
| *etodolac cap 300 mg* | 1 | MO |
| *etodolac tab 400 mg* | 1 | MO |
| *etodolac tab 500 mg* | 1 | MO |
| *etodolac tab er 24hr 400 mg* | 1 | MO |
| *etodolac tab er 24hr 500 mg* | 1 | MO |
| *etodolac tab er 24hr 600 mg* | 1 | MO |
| *flurbiprofen tab 100 mg* | 1 | MO |
| *ibu tab 600mg* | 1 | MO |
| *ibu tab 800mg* | 1 | MO |
| *ibuprofen susp 100 mg/5ml* | 1 | MO |
| *ibuprofen tab 400 mg* | 1 | MO |
| *ibuprofen tab 600 mg* | 1 | MO |
| *ibuprofen tab 800 mg* | 1 | MO |
| *meloxicam tab 15 mg* | 1 | MO |
| *meloxicam tab 7.5 mg* | 1 | MO |
| *nabumetone tab 500 mg* | 1 | MO |
| *nabumetone tab 750 mg* | 1 | MO |
| *naproxen sodium tab 275 mg* | 1 | MO |
| *naproxen sodium tab 550 mg* | 1 | MO |
| *naproxen tab 250 mg* | 1 | MO |
| *naproxen tab 375 mg* | 1 | MO |

| ANALGESICS: NSAIDS (continued) | | |
|---|---|---|
| **Drug Name** | **Tier** | **Requirements/ Limits** |
| *naproxen tab 500 mg* | 1 | MO |
| *naproxen tab ec 375 mg* | 1 | MO, QL ( 120 tabs every 30 days) |
| *naproxen tab ec 500 mg* | 1 | MO, QL ( 90 tabs every 30 days) |
| *oxaprozin tab 600 mg* | 1 | MO |
| *piroxicam cap 10 mg* | 1 | MO |
| *piroxicam cap 20 mg* | 1 | MO |
| *sulindac tab 150 mg* | 1 | MO |
| *sulindac tab 200 mg* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**



**This drug list was last updated on 10/01/2022.**

## ANALGESICS: OPIOID ANALGESICS, LONG-ACTING

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *fentanyl td patch 72hr 100 mcg/hr* | 1 | PA, MO, QL ( 10 patches every 30 days) |
| *fentanyl td patch 72hr 12 mcg/hr* | 1 | PA, MO, QL ( 10 patches every 30 days) |
| *fentanyl td patch 72hr 25 mcg/hr* | 1 | PA, MO, QL ( 10 patches every 30 days) |
| *fentanyl td patch 72hr 50 mcg/hr* | 1 | PA, MO, QL ( 10 patches every 30 days) |
| *fentanyl td patch 72hr 75 mcg/hr* | 1 | PA, MO, QL ( 10 patches every 30 days) |
| *hydrocodone bitartrate tab er 24hr deter 100 mg* | 2 | PA, MO, QL ( 30 tabs every 30 days) |
| *hydrocodone bitartrate tab er 24hr deter 120 mg* | 2 | PA, MO, QL ( 30 tabs every 30 days) |
| *hydrocodone bitartrate tab er 24hr deter 20 mg* | 1 | PA, MO, QL ( 30 tabs every 30 days) |
| *hydrocodone bitartrate tab er 24hr deter 30 mg* | 1 | PA, MO, QL ( 30 tabs every 30 days) |
| *hydrocodone bitartrate tab er 24hr deter 40 mg* | 1 | PA, MO, QL ( 30 tabs every 30 days) |
| *hydrocodone bitartrate tab er 24hr deter 60 mg* | 1 | PA, MO, QL ( 30 tabs every 30 days) |
| *hydrocodone bitartrate tab er 24hr deter 80 mg* | 2 | PA, MO, QL ( 30 tabs every 30 days) |

## ANALGESICS: OPIOID ANALGESICS, LONG-ACTING (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| HYSINGLA ER TAB 100 MG | 2 | PA, MO, QL ( 30 tabs every 30 days) |
| HYSINGLA ER TAB 120 MG | 2 | PA, MO, QL ( 30 tabs every 30 days) |
| HYSINGLA ER TAB 20 MG | 2 | PA, MO, QL ( 30 tabs every 30 days) |
| HYSINGLA ER TAB 30 MG | 2 | PA, MO, QL ( 30 tabs every 30 days) |
| HYSINGLA ER TAB 40 MG | 2 | PA, MO, QL ( 30 tabs every 30 days) |
| HYSINGLA ER TAB 60 MG | 2 | PA, MO, QL ( 30 tabs every 30 days) |
| HYSINGLA ER TAB 80 MG | 2 | PA, MO, QL ( 30 tabs every 30 days) |
| *methadone con 10mg/ml* | 1 | PA, MO, QL ( 90 mL every 30 days) |
| *methadone hcl soln 10 mg/5ml* | 1 | PA, MO, QL ( 450 mL every 30 days) |
| *methadone hcl soln 5 mg/5ml* | 1 | PA, MO, QL ( 450 mL every 30 days) |
| *methadone hcl tab 10 mg* | 1 | PA, MO, QL ( 90 tabs every 30 days) |
| *methadone hcl tab 5 mg* | 1 | PA, MO, QL ( 90 tabs every 30 days) |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## ANALGESICS: OPIOID ANALGESICS, LONG-ACTING (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *morphine sulfate tab er 100 mg* | 1 | PA, MO, QL ( 90 tabs every 30 days) |
| *morphine sulfate tab er 15 mg* | 1 | PA, MO, QL ( 90 tabs every 30 days) |
| *morphine sulfate tab er 200 mg* | 1 | PA, MO, QL ( 90 tabs every 30 days) |
| *morphine sulfate tab er 30 mg* | 1 | PA, MO, QL ( 90 tabs every 30 days) |
| *morphine sulfate tab er 60 mg* | 1 | PA, MO, QL ( 90 tabs every 30 days) |

## ANALGESICS: OPIOID ANALGESICS, SHORT-ACTING

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *acetaminophen w/ codeine soln 120-12 mg/5ml* | 1 | MO, QL ( 2700 mL every 30 days) |
| *acetaminophen w/ codeine tab 300-15 mg* | 1 | MO, QL ( 400 tabs every 30 days) |
| *acetaminophen w/ codeine tab 300-30 mg* | 1 | MO, QL ( 360 tabs every 30 days) |
| *acetaminophen w/ codeine tab 300-60 mg* | 1 | MO, QL ( 180 tabs every 30 days) |
| *butorphanol tartrate inj 1 mg/ml* | 3 | MO |
| *butorphanol tartrate inj 2 mg/ml* | 3 | MO |
| *butorphanol tartrate nasal soln 10 mg/ml* | 1 | MO, QL ( 10 mL every 30 days) |
| ENDOCET TAB 10-325MG | 1 | MO, QL ( 180 tabs every 30 days) |
| ENDOCET TAB 2.5-325MG | 1 | MO, QL ( 360 tabs every 30 days) |
| ENDOCET TAB 5-325MG | 1 | MO, QL ( 360 tabs every 30 days) |
| ENDOCET TAB 7.5-325MG | 1 | MO, QL ( 240 tabs every 30 days) |
| *fentanyl citrate lozenge on a handle 1200 mcg* | 1 | PA, MO, QL ( 120 lozenges every 30 days) |
| *fentanyl citrate lozenge on a handle 1600 mcg* | 1 | PA, MO, QL ( 120 lozenges every 30 days) |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**



**This drug list was last updated on 10/01/2022.**

| ANALGESICS: OPIOID ANALGESICS, SHORT-ACTING (continued) | | |
|---|---|---|
| **Drug Name** | **Tier** | **Requirements/ Limits** |
| *fentanyl citrate lozenge on a handle 200 mcg* | 1 | PA, MO, QL ( 120 lozenges every 30 days) |
| *fentanyl citrate lozenge on a handle 400 mcg* | 1 | PA, MO, QL ( 120 lozenges every 30 days) |
| *fentanyl citrate lozenge on a handle 600 mcg* | 1 | PA, MO, QL ( 120 lozenges every 30 days) |
| *fentanyl citrate lozenge on a handle 800 mcg* | 1 | PA, MO, QL ( 120 lozenges every 30 days) |
| *hydrocodone-acetaminophen soln 7.5-325 mg/15ml* | 1 | MO, QL ( 2700 mL every 30 days) |
| *hydrocodone-acetaminophen tab 10-325 mg* | 1 | MO, QL ( 180 tabs every 30 days) |
| *hydrocodone-acetaminophen tab 5-325 mg* | 1 | MO, QL ( 240 tabs every 30 days) |
| *hydrocodone-acetaminophen tab 7.5-325 mg* | 1 | MO, QL ( 180 tabs every 30 days) |
| *hydrocodone-ibuprofen tab 7.5-200 mg* | 1 | MO, QL ( 150 tabs every 30 days) |
| *hydromorphone hcl liqd 1 mg/ml* | 1 | MO, QL ( 600 mL every 30 days) |
| *hydromorphone hcl tab 2 mg* | 1 | MO, QL ( 180 tabs every 30 days) |
| *hydromorphone hcl tab 4 mg* | 1 | MO, QL ( 180 tabs every 30 days) |

| ANALGESICS: OPIOID ANALGESICS, SHORT-ACTING (continued) | | |
|---|---|---|
| **Drug Name** | **Tier** | **Requirements/ Limits** |
| *hydromorphone hcl tab 8 mg* | 1 | MO, QL ( 180 tabs every 30 days) |
| MORPHINE SUL INJ 10MG/ML | 3 | B/D PA, MO |
| MORPHINE SUL INJ 2MG/ML | 3 | B/D PA, MO |
| MORPHINE SUL INJ 4MG/ML | 3 | B/D PA, MO |
| MORPHINE SUL INJ 5MG/ML | 3 | B/D PA, MO |
| MORPHINE SUL INJ 8MG/ML | 3 | B/D PA, MO |
| *morphine sulfate iv soln 10 mg/ml* | 3 | B/D PA, MO |
| *morphine sulfate iv soln 4 mg/ml* | 3 | B/D PA, MO |
| *morphine sulfate iv soln 8 mg/ml* | 3 | B/D PA, MO |
| *morphine sulfate oral soln 10 mg/5ml* | 1 | MO, QL ( 900 mL every 30 days) |
| *morphine sulfate oral soln 100 mg/5ml (20 mg/ml)* | 1 | MO, QL ( 180 mL every 30 days) |
| *morphine sulfate oral soln 20 mg/5ml* | 1 | MO, QL ( 900 mL every 30 days) |
| *morphine sulfate tab 15 mg* | 1 | MO, QL ( 180 tabs every 30 days) |
| *morphine sulfate tab 30 mg* | 1 | MO, QL ( 180 tabs every 30 days) |
| *nalbuphine hcl inj 10 mg/ml* | 3 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## ANALGESICS: OPIOID ANALGESICS, SHORT-ACTING (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *nalbuphine hcl inj 20 mg/ml* | 3 | MO |
| *oxycodone hcl cap 5 mg* | 1 | MO, QL ( 180 caps every 30 days) |
| *oxycodone hcl conc 100 mg/5ml (20 mg/ml)* | 1 | MO, QL ( 180 mL every 30 days) |
| *oxycodone hcl soln 5 mg/5ml* | 1 | MO, QL ( 900 mL every 30 days) |
| *oxycodone hcl tab 10 mg* | 1 | MO, QL ( 180 tabs every 30 days) |
| *oxycodone hcl tab 15 mg* | 1 | MO, QL ( 180 tabs every 30 days) |
| *oxycodone hcl tab 20 mg* | 1 | MO, QL ( 180 tabs every 30 days) |
| *oxycodone hcl tab 30 mg* | 1 | MO, QL ( 180 tabs every 30 days) |
| *oxycodone hcl tab 5 mg* | 1 | MO, QL ( 180 tabs every 30 days) |
| *oxycodone w/ acetaminophen tab 10-325 mg* | 1 | MO, QL ( 180 tabs every 30 days) |
| *oxycodone w/ acetaminophen tab 2.5-325 mg* | 1 | MO, QL ( 360 tabs every 30 days) |
| *oxycodone w/ acetaminophen tab 5-325 mg* | 1 | MO, QL ( 360 tabs every 30 days) |

## ANALGESICS: OPIOID ANALGESICS, SHORT-ACTING (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *oxycodone w/ acetaminophen tab 7.5-325 mg* | 1 | MO, QL ( 240 tabs every 30 days) |
| *tramadol hcl tab 50 mg* | 1 | MO, QL ( 240 tabs every 30 days) |
| *tramadol-acetaminophen tab 37.5-325 mg* | 1 | MO, QL ( 240 tabs every 30 days) |

## ANESTHETICS: LOCAL ANESTHETICS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *lidocaine hcl local inj 0.5%* | 1 | B/D PA, MO |
| *lidocaine hcl local inj 1%* | 1 | B/D PA, MO |
| *lidocaine hcl local inj 2%* | 1 | B/D PA, MO |
| *lidocaine hcl local preservative free (pf) inj 0.5%* | 1 | B/D PA, MO |
| *lidocaine hcl local preservative free (pf) inj 1%* | 1 | B/D PA, MO |
| *lidocaine hcl local preservative free (pf) inj 1.5%* | 1 | B/D PA, MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**



**This drug list was last updated on 10/01/2022.**

## ANTI-INFECTIVES: ANTIFUNGALS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| ABELCET INJ 5MG/ ML | 3 | B/D PA, MO |
| *amphotericin b for iv soln 50 mg* | 1 | B/D PA, HI, MO |
| *amphotericin b liposome iv for susp 50 mg* | 1 | B/D PA, MO |
| *caspofungin acetate for iv soln 50 mg* | 1 | HI, MO |
| *caspofungin acetate for iv soln 70 mg* | 1 | HI, MO |
| *fluconazole for susp 10 mg/ml* | 1 | MO |
| *fluconazole for susp 40 mg/ml* | 1 | MO |
| *fluconazole in nacl 0.9% inj 200 mg/100ml* | 1 | HI, MO |
| *fluconazole in nacl 0.9% inj 400 mg/200ml* | 1 | HI, MO |
| *fluconazole tab 100 mg* | 1 | MO |
| *fluconazole tab 150 mg* | 1 | MO |
| *fluconazole tab 200 mg* | 1 | MO |
| *fluconazole tab 50 mg* | 1 | MO |
| *flucytosine cap 250 mg* | 1 | PA, MO |
| *flucytosine cap 500 mg* | 1 | PA, MO |
| *griseofulvin microsize susp 125 mg/5ml* | 1 | MO |
| *griseofulvin microsize tab 500 mg* | 1 | MO |

## ANTI-INFECTIVES: ANTIFUNGALS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *griseofulvin ultramicrosize tab 125 mg* | 1 | MO |
| *griseofulvin ultramicrosize tab 250 mg* | 1 | MO |
| *itraconazole cap 100 mg* | 1 | PA, MO |
| *ketoconazole tab 200 mg* | 1 | PA, MO |
| *micafungin sodium for iv soln 100 mg* | 1 | HI, MO |
| *micafungin sodium for iv soln 50 mg* | 1 | HI, MO |
| NOXAFIL SUS 40MG/ ML | 2 | PA, MO, QL ( 630 mL every 30 days) |
| *nystatin tab 500000 unit* | 1 | MO |
| *posaconazole tab delayed release 100 mg* | 1 | PA, MO, QL ( 93 tabs every 30 days) |
| *terbinafine hcl tab 250 mg* | 1 | MO, QL ( 90 tabs every year) |
| *voriconazole for inj 200 mg* | 1 | PA, HI, MO |
| *voriconazole for susp 40 mg/ml* | 1 | PA, MO |
| *voriconazole tab 200 mg* | 1 | PA, MO, QL ( 120 tabs every 30 days) |
| *voriconazole tab 50 mg* | 1 | PA, MO, QL ( 480 tabs every 30 days) |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## ANTI-INFECTIVES: ANTI-INFECTIVES - MISCELLANEOUS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *albendazole tab 200 mg* | 1 | MO |
| *amikacin sulfate inj 1 gm/4ml (250 mg/ml)* | 1 | MO |
| *amikacin sulfate inj 500 mg/2ml (250 mg/ml)* | 1 | HI, MO |
| *atovaquone susp 750 mg/5ml* | 1 | MO |
| *aztreonam for inj 1 gm* | 1 | HI, MO |
| *aztreonam for inj 2 gm* | 1 | MO |
| CAYSTON INH 75MG | 2 | PA, LA |
| *clindamycin hcl cap 150 mg* | 1 | MO |
| *clindamycin hcl cap 300 mg* | 1 | MO |
| *clindamycin hcl cap 75 mg* | 1 | MO |
| *clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)* | 1 | MO |
| *clindamycin phosphate in d5w iv soln 300 mg/50ml* | 1 | HI, MO |
| *clindamycin phosphate in d5w iv soln 600 mg/50ml* | 1 | HI, MO |
| *clindamycin phosphate in d5w iv soln 900 mg/50ml* | 1 | HI, MO |
| *clindamycin phosphate inj 300 mg/2ml* | 1 | HI, MO |
| *clindamycin phosphate inj 600 mg/4ml* | 1 | HI, MO |

## ANTI-INFECTIVES: ANTI-INFECTIVES - MISCELLANEOUS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *clindamycin phosphate inj 9 gm/60ml* | 1 | MO |
| *clindamycin phosphate inj 900 mg/6ml* | 1 | HI, MO |
| CLINDMYC/NAC INJ 300/50ML | 3 | MO |
| CLINDMYC/NAC INJ 600/50ML | 3 | MO |
| CLINDMYC/NAC INJ 900/50ML | 3 | MO |
| *colistimethate sod for inj 150 mg (colistin base activity)* | 1 | HI, MO |
| *dapsone tab 100 mg* | 1 | MO |
| *dapsone tab 25 mg* | 1 | MO |
| *daptomycin for iv soln 350 mg* | 1 | HI, MO |
| *daptomycin for iv soln 500 mg* | 1 | HI, MO |
| DAPTOMYCIN SOL 350MG | 2 | HI, MO |
| EMVERM CHW 100MG | 2 | MO, QL ( 12 tabs every year) |
| *ertapenem sodium for inj 1 gm (base equivalent)* | 1 | HI, MO |
| *gentamicin in saline inj 0.8 mg/ml* | 1 | HI, MO |
| *gentamicin in saline inj 1 mg/ml* | 1 | HI, MO |
| *gentamicin in saline inj 1.2 mg/ml* | 1 | HI, MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**



**This drug list was last updated on 10/01/2022.**

## ANTI-INFECTIVES: ANTI-INFECTIVES - MISCELLANEOUS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *gentamicin in saline inj 1.6 mg/ml* | 1 | HI, MO |
| *gentamicin in saline inj 2 mg/ml* | 1 | MO |
| *gentamicin sulfate inj 10 mg/ml* | 1 | MO |
| *gentamicin sulfate inj 40 mg/ml* | 1 | HI, MO |
| *imipenem-cilastatin intravenous for soln 250 mg* | 1 | HI, MO |
| *imipenem-cilastatin intravenous for soln 500 mg* | 1 | HI, MO |
| *ivermectin tab 3 mg* | 1 | PA, MO, QL ( 12 tabs every 90 days) |
| *linezolid for susp 100 mg/5ml* | 1 | MO, QL ( 1800 mL every 30 days) |
| *linezolid in sodium chloride iv soln 600 mg/300ml-0.9%* | 1 | HI, MO |
| *linezolid iv soln 600 mg/300ml (2 mg/ml)* | 1 | HI, MO |
| *linezolid tab 600 mg* | 1 | MO, QL ( 60 tabs every 30 days) |
| *meropenem iv for soln 1 gm* | 1 | HI, MO |
| *meropenem iv for soln 500 mg* | 1 | HI, MO |
| *methenamine hippurate tab 1 gm* | 1 | MO |
| *metronidazole iv soln 500 mg/100ml* | 1 | HI, MO |

## ANTI-INFECTIVES: ANTI-INFECTIVES - MISCELLANEOUS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *metronidazole tab 250 mg* | 1 | MO |
| *metronidazole tab 500 mg* | 1 | MO |
| *neomycin sulfate tab 500 mg* | 1 | MO |
| *nitazoxanide tab 500 mg* | 1 | MO, QL ( 6 tabs every 30 days) |
| *nitrofurantoin macrocrystalline cap 100 mg* | 2 | MO |
| *nitrofurantoin macrocrystalline cap 50 mg* | 2 | MO |
| *nitrofurantoin monohydrate macrocrystalline cap 100 mg* | 2 | MO |
| *paromomycin sulfate cap 250 mg* | 1 | MO |
| *pentamidine isethionate for inj soln 300 mg* | 1 | MO |
| *pentamidine isethionate for nebulization soln 300 mg* | 1 | B/D PA, MO |
| *praziquantel tab 600 mg* | 1 | MO |
| SIVEXTRO INJ 200MG | 2 | HI, MO |
| SIVEXTRO TAB 200MG | 2 | MO |
| *streptomycin sulfate for inj 1 gm* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

| ANTI-INFECTIVES: ANTI-INFECTIVES - MISCELLANEOUS (continued) | | |
|---|---|---|
| **Drug Name** | **Tier** | **Requirements/ Limits** |
| *sulfadiazine tab 500 mg* | 3 | MO |
| *sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml* | 1 | MO |
| *sulfamethoxazole-trimethoprim susp 200-40 mg/5ml* | 1 | MO |
| *sulfamethoxazole-trimethoprim tab 400-80 mg* | 1 | MO |
| *sulfamethoxazole-trimethoprim tab 800-160 mg* | 1 | MO |
| SYNERCID INJ 500MG | 2 | MO |
| *tinidazole tab 250 mg* | 1 | MO |
| *tinidazole tab 500 mg* | 1 | MO |
| *tobramycin nebu soln 300 mg/5ml* | 1 | PA |
| *tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)* | 1 | MO |
| *tobramycin sulfate inj 10 mg/ml (base equivalent)* | 1 | HI, MO |
| *tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)* | 1 | MO |
| *tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)* | 1 | HI, MO |
| TRIMETHOPRIM TAB 100MG | 2 | MO |

| ANTI-INFECTIVES: ANTI-INFECTIVES - MISCELLANEOUS (continued) | | |
|---|---|---|
| **Drug Name** | **Tier** | **Requirements/ Limits** |
| *vancomycin hcl cap 125 mg (base equivalent)* | 1 | MO, QL ( 80 caps every 180 days) |
| *vancomycin hcl cap 250 mg (base equivalent)* | 1 | MO, QL ( 160 caps every 180 days) |
| *vancomycin hcl for iv soln 1 gm (base equivalent)* | 1 | HI, MO |
| *vancomycin hcl for iv soln 10 gm (base equivalent)* | 1 | HI, MO |
| *vancomycin hcl for iv soln 5 gm (base equivalent)* | 1 | MO |
| *vancomycin hcl for iv soln 500 mg (base equivalent)* | 1 | HI, MO |
| *vancomycin hcl for iv soln 750 mg (base equivalent)* | 1 | HI, MO |
| VANCOMYCIN INJ 1 GM | 3 | MO |
| VANCOMYCIN INJ 500MG | 3 | MO |
| VANCOMYCIN INJ 750MG | 3 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**



**This drug list was last updated on 10/01/2022.**

## ANTI-INFECTIVES: ANTIMALARIALS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *atovaquone-proguanil hcl tab 250-100 mg* | 1 | MO |
| *atovaquone-proguanil hcl tab 62.5-25 mg* | 1 | MO |
| *chloroquine phosphate tab 250 mg* | 1 | MO |
| *chloroquine phosphate tab 500 mg* | 1 | MO |
| COARTEM TAB 20-120MG | 3 | MO |
| *mefloquine hcl tab 250 mg* | 1 | MO |
| *primaquine phosphate tab 26.3 mg (15 mg base)* | 1 | MO |
| PRIMAQUINE TAB 26.3MG | 2 | MO |
| *quinine sulfate cap 324 mg* | 1 | PA, MO |

## ANTI-INFECTIVES: ANTIRETROVIRAL AGENTS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *abacavir sulfate soln 20 mg/ml (base equiv)* | 1 | MO |
| *abacavir sulfate tab 300 mg (base equiv)* | 1 | MO |
| APTIVUS CAP 250MG | 2 | MO |
| *atazanavir sulfate cap 150 mg (base equiv)* | 1 | MO |
| *atazanavir sulfate cap 200 mg (base equiv)* | 1 | MO |
| *atazanavir sulfate cap 300 mg (base equiv)* | 1 | MO |
| EDURANT TAB 25MG | 2 | MO |
| *efavirenz cap 200 mg* | 1 | MO |
| *efavirenz cap 50 mg* | 1 | MO |
| *efavirenz tab 600 mg* | 1 | MO |
| *emtricitabine caps 200 mg* | 1 | MO |
| EMTRIVA SOL 10MG/ ML | 3 | MO |
| *etravirine tab 100 mg* | 1 | MO |
| *etravirine tab 200 mg* | 1 | MO |
| *fosamprenavir calcium tab 700 mg (base equiv)* | 1 | MO |
| FUZEON INJ 90MG | 2 | |
| INTELENCE TAB 25MG | 3 | MO |
| ISENTRESS CHW 100MG | 2 | MO |
| ISENTRESS CHW 25MG | 3 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

| ANTI-INFECTIVES: ANTIRETROVIRAL AGENTS (continued) | | |
|---|---|---|
| **Drug Name** | **Tier** | **Requirements/ Limits** |
| ISENTRESS HD TAB 600MG | 2 | MO |
| ISENTRESS POW 100MG | 2 | MO |
| ISENTRESS TAB 400MG | 2 | MO |
| *lamivudine oral soln 10 mg/ml* | 1 | MO |
| *lamivudine tab 150 mg* | 1 | MO |
| *lamivudine tab 300 mg* | 1 | MO |
| LEXIVA SUS 50MG/ ML | 3 | MO |
| *maraviroc tab 150 mg* | 1 | MO |
| *maraviroc tab 300 mg* | 1 | MO |
| *nevirapine susp 50 mg/5ml* | 1 | MO |
| *nevirapine tab 200 mg* | 1 | MO |
| *nevirapine tab er 24hr 100 mg* | 1 | MO |
| *nevirapine tab er 24hr 400 mg* | 1 | MO |
| NORVIR POW 100MG | 3 | MO |
| NORVIR SOL 80MG/ ML | 3 | MO |
| PIFELTRO TAB 100MG | 2 | MO |
| PREZISTA SUS 100MG/ML | 2 | MO, QL ( 400 mL every 30 days) |
| PREZISTA TAB 150MG | 2 | MO, QL ( 240 tabs every 30 days) |

| ANTI-INFECTIVES: ANTIRETROVIRAL AGENTS (continued) | | |
|---|---|---|
| **Drug Name** | **Tier** | **Requirements/ Limits** |
| PREZISTA TAB 600MG | 2 | MO, QL ( 60 tabs every 30 days) |
| PREZISTA TAB 75MG | 3 | MO, QL ( 480 tabs every 30 days) |
| PREZISTA TAB 800MG | 2 | MO, QL ( 30 tabs every 30 days) |
| REYATAZ POW 50MG | 2 | MO |
| *ritonavir tab 100 mg* | 1 | MO |
| RUKOBIA TAB 600MG ER | 2 | MO |
| SELZENTRY SOL 20MG/ML | 2 | MO |
| SELZENTRY TAB 25MG | 3 | MO |
| SELZENTRY TAB 75MG | 2 | MO |
| *stavudine cap 15 mg* | 1 | MO |
| *stavudine cap 20 mg* | 1 | MO |
| *stavudine cap 30 mg* | 1 | MO |
| *stavudine cap 40 mg* | 1 | MO |
| *tenofovir disoproxil fumarate tab 300 mg* | 1 | MO |
| TIVICAY PD TAB 5MG | 2 | MO |
| TIVICAY TAB 10MG | 2 | MO |
| TIVICAY TAB 25MG | 2 | MO |
| TIVICAY TAB 50MG | 2 | MO |
| TROGARZO INJ 150MG/ML | 2 | LA, MO |
| TYBOST TAB 150MG | 2 | MO |
| VIRACEPT TAB 250MG | 2 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**



**This drug list was last updated on 10/01/2022.**

## ANTI-INFECTIVES: ANTIRETROVIRAL AGENTS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| VIRACEPT TAB 625MG | 2 | MO |
| VIREAD POW 40MG/ GM | 2 | MO |
| VIREAD TAB 150MG | 2 | MO |
| VIREAD TAB 200MG | 2 | MO |
| VIREAD TAB 250MG | 2 | MO |
| *zidovudine cap 100 mg* | 1 | MO |
| *zidovudine syrup 10 mg/ml* | 1 | MO |
| *zidovudine tab 300 mg* | 1 | MO |

## ANTI-INFECTIVES: ANTIRETROVIRAL COMBINATION AGENTS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *abacavir sulfate-lamivudine tab 600-300 mg* | 1 | MO |
| BIKTARVY TAB | 2 | MO |
| CIMDUO TAB 300-300 | 2 | MO |
| COMPLERA TAB | 2 | MO |
| DELSTRIGO TAB | 2 | MO |
| DESCOVY TAB 120-15MG | 2 | MO, QL ( 30 tabs every 30 days) |
| DESCOVY TAB 200/25MG | 2 | MO, QL ( 30 tabs every 30 days) |
| DOVATO TAB 50-300MG | 2 | MO |
| *efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg* | 1 | MO |
| *efavirenz-lamivudine-tenofovir df tab 400-300-300 mg* | 1 | MO |
| *efavirenz-lamivudine-tenofovir df tab 600-300-300 mg* | 1 | MO |
| *emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg* | 1 | MO, QL ( 30 tabs every 30 days) |

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**This drug list was last updated on 10/01/2022.**

## ANTI-INFECTIVES: ANTIRETROVIRAL COMBINATION AGENTS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| EVOTAZ TAB 300-150 | 2 | MO |
| GENVOYA TAB | 2 | MO |
| JULUCA TAB 50-25MG | 2 | MO |
| *lamivudine-zidovudine tab 150-300 mg* | 1 | MO |
| *lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)* | 1 | MO |
| *lopinavir-ritonavir tab 100-25 mg* | 1 | MO |
| *lopinavir-ritonavir tab 200-50 mg* | 1 | MO |
| ODEFSEY TAB | 2 | MO |
| PREZCOBIX TAB 800-150 | 2 | MO |
| STRIBILD TAB | 2 | MO |
| SYMTUZA TAB | 2 | MO |
| TRIUMEQ PD TAB | 2 | MO |
| TRIUMEQ TAB | 2 | MO |
| TRIZIVIR TAB | 2 | MO |

## ANTI-INFECTIVES: ANTITUBERCULAR AGENTS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *cycloserine cap 250 mg* | 1 | MO |
| *ethambutol hcl tab 100 mg* | 1 | MO |
| *ethambutol hcl tab 400 mg* | 1 | MO |
| *isoniazid syrup 50 mg/5ml* | 1 | MO |
| *isoniazid tab 100 mg* | 1 | MO |
| *isoniazid tab 300 mg* | 1 | MO |
| PASER GRA 4GM | 3 | MO |
| PRIFTIN TAB 150MG | 3 | MO |
| *pyrazinamide tab 500 mg* | 1 | MO |
| *rifabutin cap 150 mg* | 1 | MO |
| *rifampin cap 150 mg* | 1 | MO |
| *rifampin cap 300 mg* | 1 | MO |
| *rifampin for inj 600 mg* | 1 | HI, MO |
| SIRTURO TAB 100MG | 2 | PA, LA, MO |
| SIRTURO TAB 20MG | 2 | PA, LA, MO |
| TRECATOR TAB 250MG | 3 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**



**This drug list was last updated on 10/01/2022.**

## ANTI-INFECTIVES: ANTIVIRALS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *acyclovir cap 200 mg* | 1 | MO |
| *acyclovir sodium iv soln 50 mg/ml* | 1 | B/D PA, HI, MO |
| *acyclovir susp 200 mg/5ml* | 1 | MO |
| *acyclovir tab 400 mg* | 1 | MO |
| *acyclovir tab 800 mg* | 1 | MO |
| *adefovir dipivoxil tab 10 mg* | 1 | MO |
| BARACLUDE SOL | 2 | MO |
| *entecavir tab 0.5 mg* | 1 | MO |
| *entecavir tab 1 mg* | 1 | MO |
| EPCLUSA PAK 150-37.5 | 2 | PA |
| EPCLUSA PAK 200-50MG | 2 | PA |
| EPCLUSA TAB 200-50MG | 2 | PA |
| EPCLUSA TAB 400-100 | 2 | PA |
| EPIVIR HBV SOL 5MG/ML | 3 | MO |
| *famciclovir tab 125 mg* | 1 | MO |
| *famciclovir tab 250 mg* | 1 | MO |
| *famciclovir tab 500 mg* | 1 | MO |
| *ganciclovir sodium for inj 500 mg* | 1 | B/D PA, MO |
| HARVONI PAK | 2 | PA |
| HARVONI PAK 45-200MG | 2 | PA |
| HARVONI TAB 45-200MG | 2 | PA |
| HARVONI TAB 90-400MG | 2 | PA |

## ANTI-INFECTIVES: ANTIVIRALS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *lamivudine tab 100 mg (hbv)* | 1 | MO |
| MAVYRET PAK 50-20MG | 2 | PA |
| MAVYRET TAB 100-40MG | 2 | PA |
| *oseltamivir phosphate cap 30 mg (base equiv)* | 1 | MO, QL ( 168 caps every year) |
| *oseltamivir phosphate cap 45 mg (base equiv)* | 1 | MO, QL ( 84 caps every year) |
| *oseltamivir phosphate cap 75 mg (base equiv)* | 1 | MO, QL ( 84 caps every year) |
| *oseltamivir phosphate for susp 6 mg/ml (base equiv)* | 1 | MO, QL ( 1080 mL every year) |
| PEGASYS INJ | 2 | PA |
| PEGASYS INJ 180MCG/M | 2 | PA |
| PREVYMIS TAB 240MG | 2 | PA, MO, QL ( 28 tabs every 28 days) |
| PREVYMIS TAB 480MG | 2 | PA, MO, QL ( 28 tabs every 28 days) |
| RELENZA MIS DISKHALE | 2 | MO, QL ( 6 inhalers every year) |
| *ribavirin cap 200 mg* | 1 | |
| *ribavirin tab 200 mg* | 1 | |
| *rimantadine hydrochloride tab 100 mg* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## ANTI-INFECTIVES: ANTIVIRALS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *valacyclovir hcl tab 1 gm* | 1 | MO |
| *valacyclovir hcl tab 500 mg* | 1 | MO |
| *valganciclovir hcl for soln 50 mg/ml (base equiv)* | 1 | MO |
| *valganciclovir hcl tab 450 mg (base equivalent)* | 1 | MO |
| VEMLIDY TAB 25MG | 2 | PA, MO |
| VOSEVI TAB | 2 | PA |

## ANTI-INFECTIVES: CEPHALOSPORINS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *cefaclor cap 250 mg* | 1 | MO |
| *cefaclor cap 500 mg* | 1 | MO |
| CEFACLOR ER TAB 500MG | 3 | MO |
| *cefaclor for susp 125 mg/5ml* | 1 | MO |
| *cefaclor for susp 250 mg/5ml* | 1 | MO |
| *cefaclor for susp 375 mg/5ml* | 1 | MO |
| *cefadroxil cap 500 mg* | 1 | MO |
| *cefadroxil for susp 250 mg/5ml* | 1 | MO |
| *cefadroxil for susp 500 mg/5ml* | 1 | MO |
| CEFAZOLIN INJ 1GM/50ML | 3 | MO |
| *cefazolin sodium for inj 1 gm* | 1 | HI, MO |
| *cefazolin sodium for inj 10 gm* | 1 | HI, MO |
| *cefazolin sodium for inj 2 gm* | 1 | MO |
| *cefazolin sodium for inj 500 mg* | 1 | HI, MO |
| *cefazolin sodium for iv soln 1 gm* | 1 | MO |
| CEFAZOLIN SOL | 3 | MO |
| *cefdinir cap 300 mg* | 1 | MO |
| *cefdinir for susp 125 mg/5ml* | 1 | MO |
| *cefdinir for susp 250 mg/5ml* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

| ANTI-INFECTIVES: CEPHALOSPORINS (continued) | | |
|---|---|---|
| **Drug Name** | **Tier** | **Requirements/ Limits** |
| *cefepime hcl for inj 1 gm* | 1 | HI, MO |
| *cefepime hcl for inj 2 gm* | 1 | HI, MO |
| *cefepime hcl for iv soln 2 gm* | 1 | MO |
| *cefixime cap 400 mg* | 1 | MO |
| *cefixime for susp 100 mg/5ml* | 1 | MO |
| *cefixime for susp 200 mg/5ml* | 1 | MO |
| *cefoxitin sodium for iv soln 1 gm* | 1 | HI, MO |
| *cefoxitin sodium for iv soln 10 gm* | 1 | HI, MO |
| *cefoxitin sodium for iv soln 2 gm* | 1 | HI, MO |
| *cefpodoxime proxetil for susp 100 mg/5ml* | 1 | MO |
| *cefpodoxime proxetil for susp 50 mg/5ml* | 1 | MO |
| *cefpodoxime proxetil tab 100 mg* | 1 | MO |
| *cefpodoxime proxetil tab 200 mg* | 1 | MO |
| *cefprozil for susp 125 mg/5ml* | 1 | MO |
| *cefprozil for susp 250 mg/5ml* | 1 | MO |
| *cefprozil tab 250 mg* | 1 | MO |
| *cefprozil tab 500 mg* | 1 | MO |
| *ceftazidime for inj 1 gm* | 1 | HI |

| ANTI-INFECTIVES: CEPHALOSPORINS (continued) | | |
|---|---|---|
| **Drug Name** | **Tier** | **Requirements/ Limits** |
| *ceftazidime for inj 6 gm* | 1 | HI |
| *ceftazidime for iv soln 2 gm* | 1 | HI |
| CEFTAZIDIME/ SOL D5W 1GM | 3 | |
| CEFTAZIDIME/ SOL D5W 2GM | 3 | HI |
| *ceftriaxone sodium for inj 1 gm* | 1 | HI, MO |
| *ceftriaxone sodium for inj 10 gm* | 1 | HI, MO |
| *ceftriaxone sodium for inj 2 gm* | 1 | HI, MO |
| *ceftriaxone sodium for inj 250 mg* | 1 | HI, MO |
| *ceftriaxone sodium for inj 500 mg* | 1 | HI, MO |
| *ceftriaxone sodium for iv soln 1 gm* | 1 | MO |
| *ceftriaxone sodium for iv soln 2 gm* | 1 | MO |
| *cefuroxime axetil tab 250 mg* | 1 | MO |
| *cefuroxime axetil tab 500 mg* | 1 | MO |
| *cefuroxime sodium for inj 750 mg* | 1 | HI, MO |
| *cefuroxime sodium for iv soln 1.5 gm* | 1 | HI, MO |
| *cephalexin cap 250 mg* | 1 | MO |
| *cephalexin cap 500 mg* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## ANTI-INFECTIVES: CEPHALOSPORINS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *cephalexin for susp 125 mg/5ml* | 1 | MO |
| *cephalexin for susp 250 mg/5ml* | 1 | MO |
| *tazicef inj 1gm* | 1 | HI |
| *tazicef inj 2gm* | 1 | HI |
| *tazicef inj 6gm* | 1 | HI |
| TEFLARO INJ 400MG | 2 | HI, MO |
| TEFLARO INJ 600MG | 2 | HI, MO |

## ANTI-INFECTIVES: ERYTHROMYCINS/MACROLIDES

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *azithromycin for susp 100 mg/5ml* | 1 | MO |
| *azithromycin for susp 200 mg/5ml* | 1 | MO |
| *azithromycin iv for soln 500 mg* | 1 | HI, MO |
| *azithromycin powd pack for susp 1 gm* | 1 | MO |
| *azithromycin tab 250 mg* | 1 | MO |
| *azithromycin tab 500 mg* | 1 | MO |
| *azithromycin tab 600 mg* | 1 | MO |
| *clarithromycin for susp 125 mg/5ml* | 1 | MO |
| *clarithromycin for susp 250 mg/5ml* | 1 | MO |
| *clarithromycin tab 250 mg* | 1 | MO |
| *clarithromycin tab 500 mg* | 1 | MO |
| *clarithromycin tab er 24hr 500 mg* | 1 | MO |
| DIFICID SUS | 2 | MO |
| DIFICID TAB 200MG | 2 | MO |
| *e.e.s. 400 tab 400mg* | 1 | MO |
| *ery-tab tab 250mg ec* | 1 | MO |
| *ery-tab tab 333mg ec* | 1 | MO |
| *ery-tab tab 500mg ec* | 1 | MO |
| ERYTHROCIN INJ 500MG | 3 | HI, MO |
| *erythrocin tab 250mg* | 1 | MO |

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**This drug list was last updated on 10/01/2022.**

## ANTI-INFECTIVES: ERYTHROMYCINS/MACROLIDES (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *erythromycin ethylsuccinate tab 400 mg* | 1 | MO |
| *erythromycin lactobionate for inj 500 mg* | 1 | HI, MO |
| *erythromycin tab 250 mg* | 1 | MO |
| *erythromycin tab 500 mg* | 1 | MO |
| *erythromycin tab delayed release 250 mg* | 1 | MO |
| *erythromycin tab delayed release 333 mg* | 1 | MO |
| *erythromycin tab delayed release 500 mg* | 1 | MO |
| *erythromycin w/ delayed release particles cap 250 mg* | 1 | MO |

## ANTI-INFECTIVES: FLUOROQUINOLONES

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| CIPRO (10%) SUS 500MG/5 | 3 | MO |
| *ciprofloxacin 200 mg/100ml in d5w* | 1 | HI, MO |
| *ciprofloxacin 400 mg/200ml in d5w* | 1 | MO |
| *ciprofloxacin hcl tab 100 mg (base equiv)* | 1 | MO |
| *ciprofloxacin hcl tab 250 mg (base equiv)* | 1 | MO |
| *ciprofloxacin hcl tab 500 mg (base equiv)* | 1 | MO |
| *ciprofloxacin hcl tab 750 mg (base equiv)* | 1 | MO |
| *levofloxacin in d5w iv soln 250 mg/50ml* | 1 | MO |
| *levofloxacin in d5w iv soln 500 mg/100ml* | 1 | HI, MO |
| *levofloxacin in d5w iv soln 750 mg/150ml* | 1 | HI, MO |
| *levofloxacin iv soln 25 mg/ml* | 1 | HI, MO |
| *levofloxacin oral soln 25 mg/ml* | 1 | MO |
| *levofloxacin tab 250 mg* | 1 | MO |
| *levofloxacin tab 500 mg* | 1 | MO |
| *levofloxacin tab 750 mg* | 1 | MO |
| *moxifloxacin hcl tab 400 mg (base equiv)* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## ANTI-INFECTIVES: PENICILLINS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *amoxicillin & k clavulanate chew tab 200-28.5 mg* | 1 | MO |
| *amoxicillin & k clavulanate chew tab 400-57 mg* | 1 | MO |
| *amoxicillin & k clavulanate for susp 200-28.5 mg/5ml* | 1 | MO |
| *amoxicillin & k clavulanate for susp 250-62.5 mg/5ml* | 1 | MO |
| *amoxicillin & k clavulanate for susp 400-57 mg/5ml* | 1 | MO |
| *amoxicillin & k clavulanate for susp 600-42.9 mg/5ml* | 1 | MO |
| *amoxicillin & k clavulanate tab 250-125 mg* | 1 | MO |
| *amoxicillin & k clavulanate tab 500-125 mg* | 1 | MO |
| *amoxicillin & k clavulanate tab 875-125 mg* | 1 | MO |
| *amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg* | 1 | MO |
| *amoxicillin (trihydrate) cap 250 mg* | 1 | MO |
| *amoxicillin (trihydrate) cap 500 mg* | 1 | MO |
| *amoxicillin (trihydrate) chew tab 125 mg* | 1 | MO |
| *amoxicillin (trihydrate) chew tab 250 mg* | 1 | MO |

## ANTI-INFECTIVES: PENICILLINS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *amoxicillin (trihydrate) for susp 125 mg/5ml* | 1 | MO |
| *amoxicillin (trihydrate) for susp 200 mg/5ml* | 1 | MO |
| *amoxicillin (trihydrate) for susp 250 mg/5ml* | 1 | MO |
| *amoxicillin (trihydrate) for susp 400 mg/5ml* | 1 | MO |
| *amoxicillin (trihydrate) tab 500 mg* | 1 | MO |
| *amoxicillin (trihydrate) tab 875 mg* | 1 | MO |
| *ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm* | 1 | HI, MO |
| *ampicillin & sulbactam sodium for inj 3 (2-1) gm* | 1 | HI, MO |
| *ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm* | 1 | MO |
| *ampicillin & sulbactam sodium for iv soln 15 (10-5) gm* | 1 | HI, MO |
| *ampicillin & sulbactam sodium for iv soln 3 (2-1) gm* | 1 | MO |
| *ampicillin cap 500 mg* | 1 | MO |
| *ampicillin sodium for inj 1 gm* | 1 | HI, MO |
| *ampicillin sodium for inj 125 mg* | 1 | HI, MO |
| *ampicillin sodium for inj 2 gm* | 1 | MO |
| *ampicillin sodium for inj 250 mg* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

| ANTI-INFECTIVES: PENICILLINS (continued) | | |
|---|---|---|
| **Drug Name** | **Tier** | **Requirements/ Limits** |
| *ampicillin sodium for inj 500 mg* | 1 | MO |
| *ampicillin sodium for iv soln 1 gm* | 1 | MO |
| *ampicillin sodium for iv soln 10 gm* | 1 | HI, MO |
| *ampicillin sodium for iv soln 2 gm* | 1 | MO |
| BICILLIN L-A INJ 1200000 | 3 | |
| BICILLIN L-A INJ 2400000 | 3 | |
| BICILLIN L-A INJ 600000 | 3 | |
| *dicloxacillin sodium cap 250 mg* | 1 | MO |
| *dicloxacillin sodium cap 500 mg* | 1 | MO |
| *nafcillin sodium for inj 1 gm* | 1 | HI, MO |
| *nafcillin sodium for inj 2 gm* | 1 | HI, MO |
| *nafcillin sodium for iv soln 1 gm* | 1 | MO |
| *nafcillin sodium for iv soln 10 gm* | 1 | HI, MO |
| *nafcillin sodium for iv soln 2 gm* | 1 | MO |
| *oxacillin sodium for inj 1 gm (base equivalent)* | 1 | HI, MO |
| *oxacillin sodium for inj 2 gm (base equivalent)* | 1 | HI, MO |

| ANTI-INFECTIVES: PENICILLINS (continued) | | |
|---|---|---|
| **Drug Name** | **Tier** | **Requirements/ Limits** |
| *oxacillin sodium for iv soln 10 gm (base equivalent)* | 1 | HI, MO |
| PEN G PROC INJ 600000 | 3 | MO |
| PEN GK/DEXTR INJ 40000/ML | 3 | MO |
| PEN GK/DEXTR INJ 60000/ML | 3 | MO |
| *penicillin g potassium for inj 20000000 unit* | 1 | HI, MO |
| *penicillin g potassium for inj 5000000 unit* | 1 | HI, MO |
| *penicillin g sodium for inj 5000000 unit* | 1 | HI, MO |
| *penicillin v potassium for soln 125 mg/5ml* | 1 | MO |
| *penicillin v potassium for soln 250 mg/5ml* | 1 | MO |
| *penicillin v potassium tab 250 mg* | 1 | MO |
| *penicillin v potassium tab 500 mg* | 1 | MO |
| *pfizerpen inj 20000000* | 1 | HI, MO |
| *pfizerpen inj 5mu* | 1 | HI, MO |
| *piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)* | 1 | HI, MO |
| *piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## ANTI-INFECTIVES: PENICILLINS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)* | 1 | HI, MO |
| *piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)* | 1 | HI, MO |
| *piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)* | 1 | HI, MO |

## ANTI-INFECTIVES: TETRACYCLINES

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *doxy 100 inj 100mg* | 1 | HI, MO |
| *doxycycline hyclate cap 100 mg* | 1 | MO |
| *doxycycline hyclate cap 50 mg* | 1 | MO |
| *doxycycline hyclate for inj 100 mg* | 1 | HI, MO |
| *doxycycline hyclate tab 100 mg* | 1 | MO |
| *doxycycline hyclate tab 20 mg* | 1 | MO |
| *doxycycline monohydrate cap 100 mg* | 1 | MO |
| *doxycycline monohydrate cap 50 mg* | 1 | MO |
| *doxycycline monohydrate tab 100 mg* | 1 | MO |
| *doxycycline monohydrate tab 50 mg* | 1 | MO |
| *doxycycline monohydrate tab 75 mg* | 1 | MO |
| *minocycline hcl cap 100 mg* | 1 | MO |
| *minocycline hcl cap 50 mg* | 1 | MO |
| *minocycline hcl cap 75 mg* | 1 | MO |
| NUZYRA INJ 100MG | 2 | LA, HI, MO |
| NUZYRA TAB 150MG | 2 | LA, MO |
| *tetracycline hcl cap 250 mg* | 1 | PA, MO |

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**This drug list was last updated on 10/01/2022.**

## ANTI-INFECTIVES: TETRACYCLINES (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *tetracycline hcl cap 500 mg* | 1 | PA, MO |
| *tigecycline for iv soln 50 mg* | 1 | HI, MO |
| TIGECYCLINE INJ 50MG | 2 | HI, MO |

## ANTINEOPLASTIC AGENTS: ALKYLATING AGENTS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| BENDEKA INJ 100/4ML | 2 | B/D PA, LA, MO |
| *carboplatin iv soln 150 mg/15ml* | 1 | B/D PA |
| *carboplatin iv soln 450 mg/45ml* | 1 | B/D PA |
| *carboplatin iv soln 50 mg/5ml* | 1 | B/D PA |
| *carboplatin iv soln 600 mg/60ml* | 1 | B/D PA |
| *cisplatin inj 100 mg/100ml (1 mg/ml)* | 1 | B/D PA |
| *cisplatin inj 200 mg/200ml (1 mg/ml)* | 1 | B/D PA |
| *cisplatin inj 50 mg/50ml (1 mg/ml)* | 1 | B/D PA |
| CYCLOPHOSPH INJ 1GM | 2 | B/D PA |
| CYCLOPHOSPH TAB 25MG | 3 | B/D PA |
| CYCLOPHOSPH TAB 50MG | 3 | B/D PA |
| CYCLOPHOSPHA INJ 2GM/10ML | 2 | B/D PA |
| CYCLOPHOSPHA INJ 500MG | 2 | B/D PA |
| *cyclophosphamide cap 25 mg* | 1 | B/D PA |
| *cyclophosphamide cap 50 mg* | 1 | B/D PA |
| *cyclophosphamide for inj 1 gm* | 1 | B/D PA |
| *cyclophosphamide for inj 2 gm* | 1 | B/D PA |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## ANTINEOPLASTIC AGENTS: ALKYLATING AGENTS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *cyclophosphamide for inj 500 mg* | 1 | B/D PA |
| LEUKERAN TAB 2MG | 3 | MO |
| *oxaliplatin for iv inj 100 mg* | 1 | B/D PA |
| *oxaliplatin for iv inj 50 mg* | 1 | B/D PA |
| *oxaliplatin iv soln 100 mg/20ml* | 1 | B/D PA |
| *oxaliplatin iv soln 200 mg/40ml* | 1 | B/D PA |
| *oxaliplatin iv soln 50 mg/10ml* | 1 | B/D PA |
| *paraplatin inj 1000mg* | 1 | B/D PA, MO |

## ANTINEOPLASTIC AGENTS: ANTIBIOTICS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *doxorubicin hcl inj 2 mg/ml* | 1 | B/D PA |
| *doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml* | 1 | B/D PA, MO |
| ELLENCE INJ 2MG/ML | 3 | B/D PA |

## ANTINEOPLASTIC AGENTS: ANTIMETABOLITES

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *azacitidine for inj 100 mg* | 1 | B/D PA, MO |
| *cytarabine inj 20 mg/ml* | 1 | B/D PA |
| *fluorouracil iv soln 1 gm/20ml (50 mg/ml)* | 1 | B/D PA |
| *fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)* | 1 | B/D PA |
| *fluorouracil iv soln 5 gm/100ml (50 mg/ml)* | 1 | B/D PA |
| *fluorouracil iv soln 500 mg/10ml (50 mg/ml)* | 1 | B/D PA |
| *gemcitabine hcl for inj 1 gm* | 1 | B/D PA |
| *gemcitabine hcl for inj 2 gm* | 1 | B/D PA |
| *gemcitabine hcl for inj 200 mg* | 1 | B/D PA |
| *gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)* | 1 | B/D PA |
| *gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)* | 1 | B/D PA |
| *gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)* | 1 | B/D PA |
| INQOVI TAB 35-100MG | 2 | PA, LA |
| LONSURF TAB 15-6.14 | 2 | PA, LA |
| LONSURF TAB 20-8.19 | 2 | PA, LA |
| *mercaptopurine tab 50 mg* | 1 | MO |

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## ANTINEOPLASTIC AGENTS: ANTIMETABOLITES (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *methotrexate sodium for inj 1 gm* | 1 | B/D PA |
| *methotrexate sodium inj 250 mg/10ml (25 mg/ml)* | 1 | B/D PA, HI |
| *methotrexate sodium inj 50 mg/2ml (25 mg/ml)* | 1 | B/D PA, HI |
| *methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)* | 1 | B/D PA |
| *methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)* | 1 | B/D PA |
| *methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)* | 1 | B/D PA, HI |
| ONUREG TAB 200MG | 2 | PA, LA |
| ONUREG TAB 300MG | 2 | PA, LA |
| *pemetrexed disodium for iv soln 100 mg (base equiv)* | 1 | B/D PA, MO |
| *pemetrexed disodium for iv soln 1000 mg (base equiv)* | 1 | B/D PA, MO |
| *pemetrexed disodium for iv soln 500 mg (base equiv)* | 1 | B/D PA, MO |
| *pemetrexed disodium for iv soln 750 mg (base equiv)* | 1 | B/D PA, MO |
| PURIXAN SUS 20MG/ML | 2 | MO |
| TABLOID TAB 40MG | 3 | MO |

## ANTINEOPLASTIC AGENTS: HORMONAL ANTINEOPLASTIC AGENTS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *abiraterone acetate tab 250 mg* | 1 | PA |
| *abiraterone acetate tab 500 mg* | 1 | PA |
| *anastrozole tab 1 mg* | 1 | MO |
| *bicalutamide tab 50 mg* | 1 | MO |
| ELIGARD INJ 22.5MG | 3 | PA |
| ELIGARD INJ 30MG | 3 | PA |
| ELIGARD INJ 45MG | 3 | PA |
| ELIGARD INJ 7.5MG | 3 | PA |
| EMCYT CAP 140MG | 2 | MO |
| ERLEADA TAB 60MG | 2 | PA, LA |
| *exemestane tab 25 mg* | 1 | MO |
| *fulvestrant inj 250 mg/5ml* | 1 | B/D PA |
| *letrozole tab 2.5 mg* | 1 | MO |
| *leuprolide acetate inj kit 5 mg/ml* | 1 | PA |
| LUPRON DEPOT INJ 11.25MG | 2 | PA |
| LUPRON DEPOT INJ 3.75MG | 2 | PA |
| LYSODREN TAB 500MG | 2 | MO |
| *megestrol acetate tab 20 mg* | 2 | MO |
| *megestrol acetate tab 40 mg* | 2 | MO |
| *nilutamide tab 150 mg* | 1 | MO |
| NUBEQA TAB 300MG | 2 | PA, LA |

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**This drug list was last updated on 10/01/2022.**

## ANTINEOPLASTIC AGENTS: HORMONAL ANTINEOPLASTIC AGENTS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| ORGOVYX TAB 120MG | 2 | PA, LA, MO |
| SOLTAMOX SOL 10MG/5ML | 2 | MO |
| *tamoxifen citrate tab 10 mg (base equivalent)* | 1 | MO |
| *tamoxifen citrate tab 20 mg (base equivalent)* | 1 | MO |
| *toremifene citrate tab 60 mg (base equivalent)* | 1 | MO |
| XTANDI CAP 40MG | 2 | PA, LA |
| XTANDI TAB 40MG | 2 | PA, LA |
| XTANDI TAB 80MG | 2 | PA, LA |

## ANTINEOPLASTIC AGENTS: IMMUNOMODULATORS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *lenalidomide cap 10 mg* | 1 | PA, LA, QL ( 28 caps every 28 days) |
| *lenalidomide cap 15 mg* | 1 | PA, LA, QL ( 28 caps every 28 days) |
| *lenalidomide cap 25 mg* | 1 | PA, LA, QL ( 21 caps every 28 days) |
| *lenalidomide cap 5 mg* | 1 | PA, LA, QL ( 28 caps every 28 days) |
| POMALYST CAP 1MG | 2 | PA, LA, QL ( 21 caps every 28 days) |
| POMALYST CAP 2MG | 2 | PA, LA, QL ( 21 caps every 28 days) |
| POMALYST CAP 3MG | 2 | PA, LA, QL ( 21 caps every 28 days) |
| POMALYST CAP 4MG | 2 | PA, LA, QL ( 21 caps every 28 days) |
| REVLIMID CAP 10MG | 2 | PA, LA, QL ( 28 caps every 28 days) |
| REVLIMID CAP 15MG | 2 | PA, LA, QL ( 28 caps every 28 days) |
| REVLIMID CAP 2.5MG | 2 | PA, LA, QL ( 28 caps every 28 days) |
| REVLIMID CAP 20MG | 2 | PA, LA, QL ( 21 caps every 28 days) |

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**This drug list was last updated on 10/01/2022.**

## ANTINEOPLASTIC AGENTS: IMMUNOMODULATORS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| REVLIMID CAP 25MG | 2 | PA, LA, QL ( 21 caps every 28 days) |
| REVLIMID CAP 5MG | 2 | PA, LA, QL ( 28 caps every 28 days) |
| THALOMID CAP 100MG | 2 | PA, LA, QL ( 28 caps every 28 days) |
| THALOMID CAP 150MG | 2 | PA, LA, QL ( 56 caps every 28 days) |
| THALOMID CAP 200MG | 2 | PA, LA, QL ( 56 caps every 28 days) |
| THALOMID CAP 50MG | 2 | PA, LA, QL ( 28 caps every 28 days) |

## ANTINEOPLASTIC AGENTS: MISCELLANEOUS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| BESREMI SOL 500MCG | 2 | PA, LA, MO |
| *bexarotene cap 75 mg* | 1 | PA, MO |
| *hydroxyurea cap 500 mg* | 1 | MO |
| *irinotecan hcl inj 100 mg/5ml (20 mg/ml)* | 1 | B/D PA |
| *irinotecan hcl inj 300 mg/15ml (20 mg/ml)* | 1 | B/D PA |
| *irinotecan hcl inj 40 mg/2ml (20 mg/ml)* | 1 | B/D PA |
| *irinotecan hcl inj 500 mg/25ml (20 mg/ml)* | 1 | B/D PA |
| KISQALI 200 PAK FEMARA | 2 | PA, QL ( 49 tabs every 28 days) |
| KISQALI 400 PAK FEMARA | 2 | PA, QL ( 70 tabs every 28 days) |
| KISQALI 600 PAK FEMARA | 2 | PA, QL ( 91 tabs every 28 days) |
| MATULANE CAP 50MG | 2 | LA, MO |
| SYNRIBO INJ 3.5MG | 2 | PA |
| *tretinoin cap 10 mg* | 1 | MO |
| WELIREG TAB 40MG | 2 | PA, LA |

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**This drug list was last updated on 10/01/2022.**

## ANTINEOPLASTIC AGENTS: MITOTIC INHIBITORS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *docetaxel for inj conc 160 mg/8ml (20 mg/ml)* | 1 | B/D PA |
| *docetaxel for inj conc 20 mg/ml* | 1 | B/D PA |
| *docetaxel for inj conc 80 mg/4ml (20 mg/ml)* | 1 | B/D PA |
| DOCETAXEL INJ 160/16ML | 2 | B/D PA |
| DOCETAXEL INJ 160/8ML | 2 | B/D PA |
| DOCETAXEL INJ 20MG/2ML | 2 | B/D PA |
| DOCETAXEL INJ 80MG/4ML | 2 | B/D PA |
| DOCETAXEL INJ 80MG/8ML | 2 | B/D PA |
| *docetaxel soln for iv infusion 160 mg/16ml* | 1 | B/D PA |
| *docetaxel soln for iv infusion 20 mg/2ml* | 1 | B/D PA |
| *docetaxel soln for iv infusion 80 mg/8ml* | 1 | B/D PA |
| *etoposide inj 100 mg/5ml (20 mg/ml)* | 1 | B/D PA |
| *etoposide inj 500 mg/25ml (20 mg/ml)* | 1 | B/D PA |
| *paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)* | 1 | B/D PA |
| *paclitaxel iv conc 150 mg/25ml (6 mg/ml)* | 1 | B/D PA |
| *paclitaxel iv conc 30 mg/5ml (6 mg/ml)* | 1 | B/D PA |

## ANTINEOPLASTIC AGENTS: MITOTIC INHIBITORS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *paclitaxel iv conc 300 mg/50ml (6 mg/ml)* | 1 | B/D PA |
| *paclitaxel protein-bound particles for iv susp 100 mg* | 1 | B/D PA, MO |
| *toposar inj 100/5ml* | 1 | B/D PA |
| *toposar inj 1gm/50ml* | 1 | B/D PA |
| *vincristine sulfate iv soln 1 mg/ml* | 1 | B/D PA |
| *vinorelbine tartrate inj 10 mg/ml (base equiv)* | 1 | B/D PA |
| *vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)* | 1 | B/D PA |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

## ANTINEOPLASTIC AGENTS: MOLECULAR TARGET AGENTS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| ALECENSA CAP 150MG | 2 | PA, LA |
| ALUNBRIG PAK | 2 | PA, LA |
| ALUNBRIG TAB 180MG | 2 | PA, LA |
| ALUNBRIG TAB 30MG | 2 | PA, LA |
| ALUNBRIG TAB 90MG | 2 | PA, LA |
| AYVAKIT TAB 100MG | 2 | PA, LA, QL ( 30 tabs every 30 days) |
| AYVAKIT TAB 200MG | 2 | PA, LA, QL ( 30 tabs every 30 days) |
| AYVAKIT TAB 25MG | 2 | PA, LA, QL ( 30 tabs every 30 days) |
| AYVAKIT TAB 300MG | 2 | PA, LA, QL ( 30 tabs every 30 days) |
| AYVAKIT TAB 50MG | 2 | PA, LA, QL ( 30 tabs every 30 days) |
| BALVERSA TAB 3MG | 2 | PA, LA |
| BALVERSA TAB 4MG | 2 | PA, LA |
| BALVERSA TAB 5MG | 2 | PA, LA |
| *bortezomib for inj 3.5 mg* | 1 | PA |
| BORTEZOMIB INJ 3.5MG | 2 | PA |
| BOSULIF TAB 100MG | 2 | PA |
| BOSULIF TAB 400MG | 2 | PA |
| BOSULIF TAB 500MG | 2 | PA |

## ANTINEOPLASTIC AGENTS: MOLECULAR TARGET AGENTS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| BRAFTOVI CAP 75MG | 2 | PA, LA |
| BRUKINSA CAP 80MG | 2 | PA, LA |
| CABOMETYX TAB 20MG | 2 | PA, LA, QL ( 30 tabs every 30 days) |
| CABOMETYX TAB 40MG | 2 | PA, LA, QL ( 30 tabs every 30 days) |
| CABOMETYX TAB 60MG | 2 | PA, LA, QL ( 30 tabs every 30 days) |
| CALQUENCE CAP 100MG | 2 | PA, LA, QL ( 60 caps every 30 days) |
| CAPRELSA TAB 100MG | 2 | PA, LA, MO |
| CAPRELSA TAB 300MG | 2 | PA, LA, MO |
| COMETRIQ KIT 100MG | 2 | PA, LA |
| COMETRIQ KIT 140MG | 2 | PA, LA |
| COMETRIQ KIT 60MG | 2 | PA, LA |
| COPIKTRA CAP 15MG | 2 | PA, LA |
| COPIKTRA CAP 25MG | 2 | PA, LA |
| COTELLIC TAB 20MG | 2 | PA, LA |
| DAURISMO TAB 100MG | 2 | PA, LA |
| DAURISMO TAB 25MG | 2 | PA, LA |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## ANTINEOPLASTIC AGENTS: MOLECULAR TARGET AGENTS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| ERIVEDGE CAP 150MG | 2 | PA, LA |
| *erlotinib hcl tab 100 mg (base equivalent)* | 1 | PA, QL ( 30 tabs every 30 days) |
| *erlotinib hcl tab 150 mg (base equivalent)* | 1 | PA, QL ( 30 tabs every 30 days) |
| *erlotinib hcl tab 25 mg (base equivalent)* | 1 | PA, QL ( 90 tabs every 30 days) |
| *everolimus tab 10 mg* | 1 | PA, QL ( 30 tabs every 30 days) |
| *everolimus tab 2.5 mg* | 1 | PA, QL ( 30 tabs every 30 days) |
| *everolimus tab 5 mg* | 1 | PA, QL ( 30 tabs every 30 days) |
| *everolimus tab 7.5 mg* | 1 | PA, QL ( 30 tabs every 30 days) |
| *everolimus tab for oral susp 2 mg* | 1 | PA, QL ( 150 tabs every 30 days) |
| *everolimus tab for oral susp 3 mg* | 1 | PA, QL ( 90 tabs every 30 days) |
| *everolimus tab for oral susp 5 mg* | 1 | PA, QL ( 60 tabs every 30 days) |
| EXKIVITY CAP 40MG | 2 | PA, LA |
| FOTIVDA CAP 0.89MG | 2 | PA, LA, QL ( 21 caps every 28 days) |

## ANTINEOPLASTIC AGENTS: MOLECULAR TARGET AGENTS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| FOTIVDA CAP 1.34MG | 2 | PA, LA, QL ( 21 caps every 28 days) |
| GAVRETO CAP 100MG | 2 | PA, LA |
| GILOTRIF TAB 20MG | 2 | PA, LA |
| GILOTRIF TAB 30MG | 2 | PA, LA |
| GILOTRIF TAB 40MG | 2 | PA, LA |
| HERCEP HYLEC SOL 60-10000 | 2 | PA, LA, MO |
| HERCEPTIN INJ 150MG | 2 | PA, LA, MO |
| HERZUMA INJ 150MG | 2 | PA, LA, MO |
| HERZUMA INJ 420MG | 2 | PA, LA, MO |
| IBRANCE CAP 100MG | 2 | PA, LA, QL ( 21 caps every 28 days) |
| IBRANCE CAP 125MG | 2 | PA, LA, QL ( 21 caps every 28 days) |
| IBRANCE CAP 75MG | 2 | PA, LA, QL ( 21 caps every 28 days) |
| IBRANCE TAB 100MG | 2 | PA, LA, QL ( 21 tabs every 28 days) |
| IBRANCE TAB 125MG | 2 | PA, LA, QL ( 21 tabs every 28 days) |
| IBRANCE TAB 75MG | 2 | PA, LA, QL ( 21 tabs every 28 days) |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

| ANTINEOPLASTIC AGENTS: MOLECULAR TARGET AGENTS (continued) | | |
|---|---|---|
| **Drug Name** | **Tier** | **Requirements/ Limits** |
| ICLUSIG TAB 10MG | 2 | PA, LA, QL ( 30 tabs every 30 days) |
| ICLUSIG TAB 15MG | 2 | PA, LA, QL ( 30 tabs every 30 days) |
| ICLUSIG TAB 30MG | 2 | PA, LA, QL ( 30 tabs every 30 days) |
| ICLUSIG TAB 45MG | 2 | PA, LA, QL ( 30 tabs every 30 days) |
| IDHIFA TAB 100MG | 2 | PA, LA, QL ( 30 tabs every 30 days) |
| IDHIFA TAB 50MG | 2 | PA, LA, QL ( 30 tabs every 30 days) |
| *imatinib mesylate tab 100 mg (base equivalent)* | 1 | PA, QL ( 90 tabs every 30 days) |
| *imatinib mesylate tab 400 mg (base equivalent)* | 1 | PA, QL ( 60 tabs every 30 days) |
| IMBRUVICA CAP 140MG | 2 | PA, LA, QL ( 120 caps every 30 days) |
| IMBRUVICA CAP 70MG | 2 | PA, LA, QL ( 30 caps every 30 days) |
| IMBRUVICA TAB 140MG | 2 | PA, LA, QL ( 30 tabs every 30 days) |
| IMBRUVICA TAB 280MG | 2 | PA, LA, QL ( 30 tabs every 30 days) |

| ANTINEOPLASTIC AGENTS: MOLECULAR TARGET AGENTS (continued) | | |
|---|---|---|
| **Drug Name** | **Tier** | **Requirements/ Limits** |
| IMBRUVICA TAB 420MG | 2 | PA, LA, QL ( 30 tabs every 30 days) |
| IMBRUVICA TAB 560MG | 2 | PA, LA, QL ( 30 tabs every 30 days) |
| INLYTA TAB 1MG | 2 | PA, LA, QL ( 180 tabs every 30 days) |
| INLYTA TAB 5MG | 2 | PA, LA, QL ( 120 tabs every 30 days) |
| INREBIC CAP 100MG | 2 | PA, LA |
| IRESSA TAB 250MG | 2 | PA, LA |
| JAKAFI TAB 10MG | 2 | PA, LA, QL ( 60 tabs every 30 days) |
| JAKAFI TAB 15MG | 2 | PA, LA, QL ( 60 tabs every 30 days) |
| JAKAFI TAB 20MG | 2 | PA, LA, QL ( 60 tabs every 30 days) |
| JAKAFI TAB 25MG | 2 | PA, LA, QL ( 60 tabs every 30 days) |
| JAKAFI TAB 5MG | 2 | PA, LA, QL ( 60 tabs every 30 days) |
| KADCYLA INJ 100MG | 2 | B/D PA, LA, MO |
| KADCYLA INJ 160MG | 2 | B/D PA, LA, MO |
| KANJINTI INJ 420MG | 2 | PA, LA, MO |
| KANJINTI SOL 150MG | 2 | PA, LA, MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## ANTINEOPLASTIC AGENTS: MOLECULAR TARGET AGENTS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| KEYTRUDA INJ 100MG/4M | 2 | PA, LA, MO |
| KISQALI TAB 200DOSE | 2 | PA, QL ( 21 tabs every 28 days) |
| KISQALI TAB 400DOSE | 2 | PA, QL ( 42 tabs every 28 days) |
| KISQALI TAB 600DOSE | 2 | PA, QL ( 63 tabs every 28 days) |
| *lapatinib ditosylate tab 250 mg (base equiv)* | 1 | PA |
| LENVIMA CAP 10 MG | 2 | PA, LA, QL ( 30 caps every 30 days) |
| LENVIMA CAP 12MG | 2 | PA, LA, QL ( 90 caps every 30 days) |
| LENVIMA CAP 14 MG | 2 | PA, LA, QL ( 60 caps every 30 days) |
| LENVIMA CAP 18 MG | 2 | PA, LA, QL ( 90 caps every 30 days) |
| LENVIMA CAP 20 MG | 2 | PA, LA, QL ( 60 caps every 30 days) |
| LENVIMA CAP 24 MG | 2 | PA, LA, QL ( 90 caps every 30 days) |
| LENVIMA CAP 4MG | 2 | PA, LA, QL ( 30 caps every 30 days) |

## ANTINEOPLASTIC AGENTS: MOLECULAR TARGET AGENTS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| LENVIMA CAP 8 MG | 2 | PA, LA, QL ( 60 caps every 30 days) |
| LORBRENA TAB 100MG | 2 | PA, LA |
| LORBRENA TAB 25MG | 2 | PA, LA |
| LUMAKRAS TAB 120MG | 2 | PA, LA |
| LYNPARZA TAB 100MG | 2 | PA, LA, QL ( 120 tabs every 30 days) |
| LYNPARZA TAB 150MG | 2 | PA, LA, QL ( 120 tabs every 30 days) |
| MEKINIST TAB 0.5MG | 2 | PA, LA |
| MEKINIST TAB 2MG | 2 | PA, LA |
| MEKTOVI TAB 15MG | 2 | PA, LA |
| MONJUVI INJ 200MG | 2 | PA, LA, MO |
| MVASI INJ 100MG | 2 | PA, LA, MO |
| MVASI INJ 400MG | 2 | PA, LA, MO |
| NERLYNX TAB 40MG | 2 | PA, LA |
| NEXAVAR TAB 200MG | 2 | PA, LA, QL ( 120 tabs every 30 days) |
| NINLARO CAP 2.3MG | 2 | PA, QL ( 3 caps every 28 days) |
| NINLARO CAP 3MG | 2 | PA, QL ( 3 caps every 28 days) |
| NINLARO CAP 4MG | 2 | PA, QL ( 3 caps every 28 days) |
| ODOMZO CAP 200MG | 2 | PA, LA |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

## ANTINEOPLASTIC AGENTS: MOLECULAR TARGET AGENTS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| OGIVRI INJ 150MG | 2 | PA, LA, MO |
| OGIVRI INJ 420MG | 2 | PA, LA, MO |
| ONTRUZANT INJ 150MG | 2 | PA, LA, MO |
| ONTRUZANT INJ 420MG | 2 | PA, LA, MO |
| PEMAZYRE TAB 13.5MG | 2 | PA, LA |
| PEMAZYRE TAB 4.5MG | 2 | PA, LA |
| PEMAZYRE TAB 9MG | 2 | PA, LA |
| PHESGO SOL | 2 | PA, LA, MO |
| PIQRAY 200MG TAB DOSE | 2 | PA |
| PIQRAY 250MG TAB DOSE | 2 | PA |
| PIQRAY 300MG TAB DOSE | 2 | PA |
| QINLOCK TAB 50MG | 2 | PA, LA |
| RETEVMO CAP 40MG | 2 | PA, LA |
| RETEVMO CAP 80MG | 2 | PA, LA |
| ROZLYTREK CAP 100MG | 2 | PA, LA |
| ROZLYTREK CAP 200MG | 2 | PA, LA |
| RUBRACA TAB 200MG | 2 | PA, LA, QL ( 120 tabs every 30 days) |
| RUBRACA TAB 250MG | 2 | PA, LA, QL ( 120 tabs every 30 days) |

## ANTINEOPLASTIC AGENTS: MOLECULAR TARGET AGENTS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| RUBRACA TAB 300MG | 2 | PA, LA, QL ( 120 tabs every 30 days) |
| RYDAPT CAP 25MG | 2 | PA |
| SCEMBLIX TAB 20MG | 2 | PA, QL ( 60 tabs every 30 days) |
| SCEMBLIX TAB 40MG | 2 | PA, QL ( 300 tabs every 30 days) |
| *sorafenib tosylate tab 200 mg (base equivalent)* | 1 | PA, QL ( 120 tabs every 30 days) |
| SPRYCEL TAB 100MG | 2 | PA |
| SPRYCEL TAB 140MG | 2 | PA |
| SPRYCEL TAB 20MG | 2 | PA |
| SPRYCEL TAB 50MG | 2 | PA |
| SPRYCEL TAB 70MG | 2 | PA |
| SPRYCEL TAB 80MG | 2 | PA |
| STIVARGA TAB 40MG | 2 | PA, LA |
| *sunitinib malate cap 12.5 mg (base equivalent)* | 1 | PA, QL ( 30 caps every 30 days) |
| *sunitinib malate cap 25 mg (base equivalent)* | 1 | PA, QL ( 30 caps every 30 days) |
| *sunitinib malate cap 37.5 mg (base equivalent)* | 1 | PA, QL ( 30 caps every 30 days) |
| *sunitinib malate cap 50 mg (base equivalent)* | 1 | PA, QL ( 30 caps every 30 days) |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## ANTINEOPLASTIC AGENTS: MOLECULAR TARGET AGENTS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| TABRECTA TAB 150MG | 2 | PA |
| TABRECTA TAB 200MG | 2 | PA |
| TAFINLAR CAP 50MG | 2 | PA, LA |
| TAFINLAR CAP 75MG | 2 | PA, LA |
| TAGRISSO TAB 40MG | 2 | PA, LA, QL ( 30 tabs every 30 days) |
| TAGRISSO TAB 80MG | 2 | PA, LA, QL ( 30 tabs every 30 days) |
| TALZENNA CAP 0.25MG | 2 | PA, LA, QL ( 90 caps every 30 days) |
| TALZENNA CAP 0.5MG | 2 | PA, LA, MO, QL ( 30 caps every 30 days) |
| TALZENNA CAP 0.75MG | 2 | PA, LA, MO, QL ( 30 caps every 30 days) |
| TALZENNA CAP 1MG | 2 | PA, LA, QL ( 30 caps every 30 days) |
| TASIGNA CAP 150MG | 2 | PA |
| TASIGNA CAP 200MG | 2 | PA |
| TASIGNA CAP 50MG | 2 | PA |
| TAZVERIK TAB 200MG | 2 | PA, LA |
| TECENTRIQ INJ 1200/20 | 2 | PA, LA, MO |

## ANTINEOPLASTIC AGENTS: MOLECULAR TARGET AGENTS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| TECENTRIQ INJ 840/14 | 2 | PA, LA, MO |
| TEPMETKO TAB 225MG | 2 | PA, LA |
| TIBSOVO TAB 250MG | 2 | PA, LA, MO |
| TRAZIMERA INJ 150MG | 2 | PA, MO |
| TRAZIMERA INJ 420MG | 2 | PA, MO |
| TRUSELTIQ CAP 100MG | 2 | PA, LA |
| TRUSELTIQ CAP 125MG | 2 | PA, LA |
| TRUSELTIQ CAP 50MG | 2 | PA, LA |
| TRUSELTIQ CAP 75MG | 2 | PA, LA |
| TRUXIMA INJ 100/10ML | 2 | PA |
| TRUXIMA INJ 500/50ML | 2 | PA |
| TUKYSA TAB 150MG | 2 | PA, LA |
| TUKYSA TAB 50MG | 2 | PA, LA |
| TURALIO CAP 200MG | 2 | PA, LA |
| VENCLEXTA TAB 100MG | 2 | PA, LA, QL ( 180 tabs every 30 days) |
| VENCLEXTA TAB 10MG | 3 | PA, LA, QL ( 112 tabs every 28 days) |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

## ANTINEOPLASTIC AGENTS: MOLECULAR TARGET AGENTS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| VENCLEXTA TAB 50MG | 2 | PA, LA, QL ( 112 tabs every 28 days) |
| VENCLEXTA TAB START PK | 2 | PA, LA, QL ( 42 tabs every 28 days) |
| VERZENIO TAB 100MG | 2 | PA, LA, QL ( 56 tabs every 28 days) |
| VERZENIO TAB 150MG | 2 | PA, LA, QL ( 56 tabs every 28 days) |
| VERZENIO TAB 200MG | 2 | PA, LA, QL ( 56 tabs every 28 days) |
| VERZENIO TAB 50MG | 2 | PA, LA, QL ( 56 tabs every 28 days) |
| VITRAKVI CAP 100MG | 2 | PA, LA |
| VITRAKVI CAP 25MG | 2 | PA, LA |
| VITRAKVI SOL 20MG/ML | 2 | PA, LA |
| VIZIMPRO TAB 15MG | 2 | PA, LA |
| VIZIMPRO TAB 30MG | 2 | PA, LA |
| VIZIMPRO TAB 45MG | 2 | PA, LA |
| VONJO CAP 100MG | 2 | PA, LA, MO, QL ( 120 caps every 30 days) |
| VOTRIENT TAB 200MG | 2 | PA, LA |
| XALKORI CAP 200MG | 2 | PA, LA |
| XALKORI CAP 250MG | 2 | PA, LA |

## ANTINEOPLASTIC AGENTS: MOLECULAR TARGET AGENTS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| XOSPATA TAB 40MG | 2 | PA, LA |
| XPOVIO 100 MG ONCE WEEKLY | 2 | PA, LA, QL ( 8 tabs every 28 days) |
| XPOVIO 40 MG ONCE WEEKLY | 2 | PA, LA, QL ( 4 tabs every 28 days) |
| XPOVIO 40 MG TWICE WEEKLY | 2 | PA, LA, QL ( 8 tabs every 28 days) |
| XPOVIO 60 MG ONCE WEEKLY | 2 | PA, LA, QL ( 4 tabs every 28 days) |
| XPOVIO 60 MG TWICE WEEKLY | 2 | PA, LA, QL ( 24 tabs every 28 days) |
| XPOVIO 80 MG ONCE WEEKLY | 2 | PA, LA, QL ( 8 tabs every 28 days) |
| XPOVIO 80 MG TWICE WEEKLY | 2 | PA, LA, QL ( 32 tabs every 28 days) |
| ZEJULA CAP 100MG | 2 | PA, LA, QL ( 90 caps every 30 days) |
| ZELBORAF TAB 240MG | 2 | PA, LA |
| ZIRABEV INJ 100/4ML | 2 | PA, LA, MO |
| ZIRABEV INJ 400/16ML | 2 | PA, LA, MO |
| ZOLINZA CAP 100MG | 2 | PA |
| ZYDELIG TAB 100MG | 2 | PA, LA |
| ZYDELIG TAB 150MG | 2 | PA, LA |
| ZYKADIA TAB 150MG | 2 | PA, LA |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## ANTINEOPLASTIC AGENTS: PROTECTIVE AGENTS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *leucovorin calcium for inj 100 mg* | 1 | B/D PA |
| *leucovorin calcium for inj 200 mg* | 1 | B/D PA |
| *leucovorin calcium for inj 350 mg* | 1 | B/D PA |
| *leucovorin calcium for inj 50 mg* | 1 | B/D PA |
| *leucovorin calcium for inj 500 mg* | 1 | B/D PA |
| *leucovorin calcium inj 500 mg/50ml (10 mg/ml)* | 1 | B/D PA |
| *leucovorin calcium tab 10 mg* | 1 | MO |
| *leucovorin calcium tab 15 mg* | 1 | MO |
| *leucovorin calcium tab 25 mg* | 1 | MO |
| *leucovorin calcium tab 5 mg* | 1 | MO |
| MESNEX TAB 400MG | 2 | |

## CARDIOVASCULAR: ACE INHIBITOR COMBINATIONS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *amlodipine besylate-benazepril hcl cap 10-20 mg* | 1 | MO, QL ( 30 caps every 30 days) |
| *amlodipine besylate-benazepril hcl cap 10-40 mg* | 1 | MO, QL ( 30 caps every 30 days) |
| *amlodipine besylate-benazepril hcl cap 2.5-10 mg* | 1 | MO, QL ( 30 caps every 30 days) |
| *amlodipine besylate-benazepril hcl cap 5-10 mg* | 1 | MO, QL ( 30 caps every 30 days) |
| *amlodipine besylate-benazepril hcl cap 5-20 mg* | 1 | MO, QL ( 30 caps every 30 days) |
| *amlodipine besylate-benazepril hcl cap 5-40 mg* | 1 | MO, QL ( 30 caps every 30 days) |
| *benazepril & hydrochlorothiazide tab 10-12.5 mg* | 1 | MO |
| *benazepril & hydrochlorothiazide tab 20-12.5 mg* | 1 | MO |
| *benazepril & hydrochlorothiazide tab 20-25 mg* | 1 | MO |
| *benazepril & hydrochlorothiazide tab 5-6.25 mg* | 1 | MO |
| *enalapril maleate & hydrochlorothiazide tab 10-25 mg* | 1 | MO |
| *enalapril maleate & hydrochlorothiazide tab 5-12.5 mg* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

## CARDIOVASCULAR: ACE INHIBITOR COMBINATIONS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg* | 1 | MO |
| *fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg* | 1 | MO |
| *lisinopril & hydrochlorothiazide tab 10-12.5 mg* | 1 | MO |
| *lisinopril & hydrochlorothiazide tab 20-12.5 mg* | 1 | MO |
| *lisinopril & hydrochlorothiazide tab 20-25 mg* | 1 | MO |
| *quinapril-hydrochlorothiazide tab 10-12.5 mg* | 1 | MO |
| *quinapril-hydrochlorothiazide tab 20-12.5 mg* | 1 | MO |
| *quinapril-hydrochlorothiazide tab 20-25 mg* | 1 | MO |

## CARDIOVASCULAR: ACE INHIBITORS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *benazepril hcl tab 10 mg* | 1 | MO |
| *benazepril hcl tab 20 mg* | 1 | MO |
| *benazepril hcl tab 40 mg* | 1 | MO |
| *benazepril hcl tab 5 mg* | 1 | MO |
| *captopril tab 100 mg* | 1 | MO |
| *captopril tab 12.5 mg* | 1 | MO |
| *captopril tab 25 mg* | 1 | MO |
| *captopril tab 50 mg* | 1 | MO |
| *enalapril maleate tab 10 mg* | 1 | MO |
| *enalapril maleate tab 2.5 mg* | 1 | MO |
| *enalapril maleate tab 20 mg* | 1 | MO |
| *enalapril maleate tab 5 mg* | 1 | MO |
| *fosinopril sodium tab 10 mg* | 1 | MO |
| *fosinopril sodium tab 20 mg* | 1 | MO |
| *fosinopril sodium tab 40 mg* | 1 | MO |
| *lisinopril tab 10 mg* | 1 | MO |
| *lisinopril tab 2.5 mg* | 1 | MO |
| *lisinopril tab 20 mg* | 1 | MO |
| *lisinopril tab 30 mg* | 1 | MO |
| *lisinopril tab 40 mg* | 1 | MO |
| *lisinopril tab 5 mg* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## CARDIOVASCULAR: ACE INHIBITORS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *moexipril hcl tab 15 mg* | 1 | MO |
| *moexipril hcl tab 7.5 mg* | 1 | MO |
| *perindopril erbumine tab 2 mg* | 1 | MO |
| *perindopril erbumine tab 4 mg* | 1 | MO |
| *perindopril erbumine tab 8 mg* | 1 | MO |
| *quinapril hcl tab 10 mg* | 1 | MO |
| *quinapril hcl tab 20 mg* | 1 | MO |
| *quinapril hcl tab 40 mg* | 1 | MO |
| *quinapril hcl tab 5 mg* | 1 | MO |
| *ramipril cap 1.25 mg* | 1 | MO |
| *ramipril cap 10 mg* | 1 | MO |
| *ramipril cap 2.5 mg* | 1 | MO |
| *ramipril cap 5 mg* | 1 | MO |
| *trandolapril tab 1 mg* | 1 | MO |
| *trandolapril tab 2 mg* | 1 | MO |
| *trandolapril tab 4 mg* | 1 | MO |

## CARDIOVASCULAR: ALDOSTERONE RECEPTOR ANTAGONISTS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *eplerenone tab 25 mg* | 1 | MO |
| *eplerenone tab 50 mg* | 1 | MO |
| KERENDIA TAB 10MG | 2 | MO, QL ( 30 tabs every 30 days) |
| KERENDIA TAB 20MG | 2 | MO, QL ( 30 tabs every 30 days) |
| *spironolactone tab 100 mg* | 1 | MO |
| *spironolactone tab 25 mg* | 1 | MO |
| *spironolactone tab 50 mg* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

## CARDIOVASCULAR: ALPHA BLOCKERS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *doxazosin mesylate tab 1 mg* | 1 | MO |
| *doxazosin mesylate tab 2 mg* | 1 | MO |
| *doxazosin mesylate tab 4 mg* | 1 | MO |
| *doxazosin mesylate tab 8 mg* | 1 | MO |
| *prazosin hcl cap 1 mg* | 1 | MO |
| *prazosin hcl cap 2 mg* | 1 | MO |
| *prazosin hcl cap 5 mg* | 1 | MO |
| *terazosin hcl cap 1 mg (base equivalent)* | 1 | MO |
| *terazosin hcl cap 10 mg (base equivalent)* | 1 | MO |
| *terazosin hcl cap 2 mg (base equivalent)* | 1 | MO |
| *terazosin hcl cap 5 mg (base equivalent)* | 1 | MO |

## CARDIOVASCULAR: ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *amlodipine besylate-olmesartan medoxomil tab 10-20 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *amlodipine besylate-olmesartan medoxomil tab 10-40 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *amlodipine besylate-olmesartan medoxomil tab 5-20 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *amlodipine besylate-olmesartan medoxomil tab 5-40 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *amlodipine besylate-valsartan tab 10-160 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *amlodipine besylate-valsartan tab 10-320 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *amlodipine besylate-valsartan tab 5-160 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *amlodipine besylate-valsartan tab 5-320 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg* | 1 | MO, QL ( 60 tabs every 30 days) |
| *candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *candesartan cilexetil-hydrochlorothiazide tab 32-25 mg* | 1 | MO, QL ( 30 tabs every 30 days) |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## CARDIOVASCULAR: ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| EDARBYCLOR TAB 40-12.5 | 3 | MO, QL ( 30 tabs every 30 days) |
| EDARBYCLOR TAB 40-25MG | 3 | MO, QL ( 30 tabs every 30 days) |
| ENTRESTO TAB 24-26MG | 2 | MO |
| ENTRESTO TAB 49-51MG | 2 | MO |
| ENTRESTO TAB 97-103MG | 2 | MO |
| *irbesartan-hydrochlorothiazide tab 150-12.5 mg* | 1 | MO, QL ( 60 tabs every 30 days) |
| *irbesartan-hydrochlorothiazide tab 300-12.5 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *losartan potassium & hydrochlorothiazide tab 100-12.5 mg* | 1 | MO |
| *losartan potassium & hydrochlorothiazide tab 100-25 mg* | 1 | MO |
| *losartan potassium & hydrochlorothiazide tab 50-12.5 mg* | 1 | MO |
| *olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg* | 1 | MO, QL ( 30 tabs every 30 days) |

## CARDIOVASCULAR: ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *telmisartan-amlodipine tab 40-10 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *telmisartan-amlodipine tab 40-5 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *telmisartan-amlodipine tab 80-10 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *telmisartan-amlodipine tab 80-5 mg* | 1 | MO, QL ( 30 tabs every 30 days) |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

## CARDIOVASCULAR: ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *telmisartan-hydrochlorothiazide tab 40-12.5 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *telmisartan-hydrochlorothiazide tab 80-12.5 mg* | 1 | MO, QL ( 60 tabs every 30 days) |
| *telmisartan-hydrochlorothiazide tab 80-25 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *valsartan-hydrochlorothiazide tab 160-12.5 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *valsartan-hydrochlorothiazide tab 160-25 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *valsartan-hydrochlorothiazide tab 320-12.5 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *valsartan-hydrochlorothiazide tab 320-25 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *valsartan-hydrochlorothiazide tab 80-12.5 mg* | 1 | MO, QL ( 30 tabs every 30 days) |

## CARDIOVASCULAR: ANGIOTENSIN II RECEPTOR ANTAGONISTS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *candesartan cilexetil tab 16 mg* | 1 | MO, QL ( 60 tabs every 30 days) |
| *candesartan cilexetil tab 32 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *candesartan cilexetil tab 4 mg* | 1 | MO, QL ( 60 tabs every 30 days) |
| *candesartan cilexetil tab 8 mg* | 1 | MO, QL ( 60 tabs every 30 days) |
| EDARBI TAB 40MG | 3 | MO, QL ( 30 tabs every 30 days) |
| EDARBI TAB 80MG | 3 | MO, QL ( 30 tabs every 30 days) |
| *irbesartan tab 150 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *irbesartan tab 300 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *irbesartan tab 75 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *losartan potassium tab 100 mg* | 1 | MO |
| *losartan potassium tab 25 mg* | 1 | MO |
| *losartan potassium tab 50 mg* | 1 | MO |
| *olmesartan medoxomil tab 20 mg* | 1 | MO, QL ( 30 tabs every 30 days) |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## CARDIOVASCULAR: ANGIOTENSIN II RECEPTOR ANTAGONISTS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *olmesartan medoxomil tab 40 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *olmesartan medoxomil tab 5 mg* | 1 | MO, QL ( 60 tabs every 30 days) |
| *telmisartan tab 20 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *telmisartan tab 40 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *telmisartan tab 80 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *valsartan tab 160 mg* | 1 | MO, QL ( 60 tabs every 30 days) |
| *valsartan tab 320 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *valsartan tab 40 mg* | 1 | MO, QL ( 60 tabs every 30 days) |
| *valsartan tab 80 mg* | 1 | MO, QL ( 60 tabs every 30 days) |

## CARDIOVASCULAR: ANTIARRHYTHMICS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *amiodarone hcl inj 150 mg/3ml (50 mg/ml)* | 1 | MO |
| *amiodarone hcl inj 450 mg/9ml (50 mg/ml)* | 1 | MO |
| *amiodarone hcl inj 900 mg/18ml (50 mg/ml)* | 1 | MO |
| *amiodarone hcl tab 100 mg* | 1 | MO |
| *amiodarone hcl tab 200 mg* | 1 | MO |
| *amiodarone hcl tab 400 mg* | 1 | MO |
| *disopyramide phosphate cap 100 mg* | 3 | MO |
| *disopyramide phosphate cap 150 mg* | 3 | MO |
| *dofetilide cap 125 mcg (0.125 mg)* | 1 | MO |
| *dofetilide cap 250 mcg (0.25 mg)* | 1 | MO |
| *dofetilide cap 500 mcg (0.5 mg)* | 1 | MO |
| *flecainide acetate tab 100 mg* | 1 | MO |
| *flecainide acetate tab 150 mg* | 1 | MO |
| *flecainide acetate tab 50 mg* | 1 | MO |
| MULTAQ TAB 400MG | 3 | MO |
| NORPACE CAP 100MG CR | 3 | MO |
| NORPACE CAP 150MG CR | 3 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

## CARDIOVASCULAR: ANTIARRHYTHMICS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *pacerone tab 100mg* | 1 | MO |
| *pacerone tab 200mg* | 1 | MO |
| *pacerone tab 400mg* | 1 | MO |
| *propafenone hcl cap er 12hr 225 mg* | 1 | MO |
| *propafenone hcl cap er 12hr 325 mg* | 1 | MO |
| *propafenone hcl cap er 12hr 425 mg* | 1 | MO |
| *propafenone hcl tab 150 mg* | 1 | MO |
| *propafenone hcl tab 225 mg* | 1 | MO |
| *propafenone hcl tab 300 mg* | 1 | MO |
| *quinidine sulfate tab 200 mg* | 1 | MO |
| *quinidine sulfate tab 300 mg* | 1 | MO |
| *sorine tab 120mg* | 1 | MO |
| *sorine tab 160mg* | 1 | MO |
| *sorine tab 240mg* | 1 | MO |
| *sorine tab 80mg* | 1 | MO |
| *sotalol hcl (afib/afl) tab 120 mg* | 1 | MO |
| *sotalol hcl (afib/afl) tab 160 mg* | 1 | MO |
| *sotalol hcl (afib/afl) tab 80 mg* | 1 | MO |
| *sotalol hcl tab 120 mg* | 1 | MO |
| *sotalol hcl tab 160 mg* | 1 | MO |
| *sotalol hcl tab 240 mg* | 1 | MO |
| *sotalol hcl tab 80 mg* | 1 | MO |

## CARDIOVASCULAR: ANTILIPEMICS, FIBRATES

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *choline fenofibrate cap dr 135 mg (fenofibric acid equiv)* | 1 | MO |
| *choline fenofibrate cap dr 45 mg (fenofibric acid equiv)* | 1 | MO |
| *fenofibrate micronized cap 134 mg* | 1 | MO |
| *fenofibrate micronized cap 200 mg* | 1 | MO |
| *fenofibrate micronized cap 67 mg* | 1 | MO |
| *fenofibrate tab 145 mg* | 1 | MO |
| *fenofibrate tab 160 mg* | 1 | MO |
| *fenofibrate tab 48 mg* | 1 | MO |
| *fenofibrate tab 54 mg* | 1 | MO |
| *gemfibrozil tab 600 mg* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## CARDIOVASCULAR: ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| ALTOPREV TAB 20MG ER | 2 | ST, MO, QL ( 30 tabs every 30 days) |
| ALTOPREV TAB 40MG ER | 2 | ST, MO, QL ( 30 tabs every 30 days) |
| ALTOPREV TAB 60MG ER | 2 | ST, MO, QL ( 30 tabs every 30 days) |
| *atorvastatin calcium tab 10 mg (base equivalent)* | 1 | MO, QL ( 30 tabs every 30 days) |
| *atorvastatin calcium tab 20 mg (base equivalent)* | 1 | MO, QL ( 30 tabs every 30 days) |
| *atorvastatin calcium tab 40 mg (base equivalent)* | 1 | MO, QL ( 30 tabs every 30 days) |
| *atorvastatin calcium tab 80 mg (base equivalent)* | 1 | MO, QL ( 30 tabs every 30 days) |
| EZALLOR SPR CAP 10MG | 3 | ST, MO, QL ( 30 caps every 30 days) |
| EZALLOR SPR CAP 20MG | 3 | ST, MO, QL ( 30 caps every 30 days) |
| EZALLOR SPR CAP 40MG | 3 | ST, MO, QL ( 30 caps every 30 days) |
| EZALLOR SPR CAP 5MG | 3 | ST, MO, QL ( 30 caps every 30 days) |
| *fluvastatin sodium cap 20 mg (base equivalent)* | 1 | MO, QL ( 60 caps every 30 days) |

## CARDIOVASCULAR: ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *fluvastatin sodium cap 40 mg (base equivalent)* | 1 | MO, QL ( 60 caps every 30 days) |
| *fluvastatin sodium tab er 24 hr 80 mg (base equivalent)* | 1 | MO, QL ( 30 tabs every 30 days) |
| LIVALO TAB 1MG | 3 | ST, MO, QL ( 30 tabs every 30 days) |
| LIVALO TAB 2MG | 3 | ST, MO, QL ( 30 tabs every 30 days) |
| LIVALO TAB 4MG | 3 | ST, MO, QL ( 30 tabs every 30 days) |
| *lovastatin tab 10 mg* | 1 | MO, QL ( 60 tabs every 30 days) |
| *lovastatin tab 20 mg* | 1 | MO, QL ( 60 tabs every 30 days) |
| *lovastatin tab 40 mg* | 1 | MO, QL ( 60 tabs every 30 days) |
| *pravastatin sodium tab 10 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *pravastatin sodium tab 20 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *pravastatin sodium tab 40 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *pravastatin sodium tab 80 mg* | 1 | MO, QL ( 30 tabs every 30 days) |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**



**This drug list was last updated on 10/01/2022.**

## CARDIOVASCULAR: ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *rosuvastatin calcium tab 10 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *rosuvastatin calcium tab 20 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *rosuvastatin calcium tab 40 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *rosuvastatin calcium tab 5 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *simvastatin tab 10 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *simvastatin tab 20 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *simvastatin tab 40 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *simvastatin tab 5 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *simvastatin tab 80 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| ZYPITAMAG TAB 2MG | 3 | ST, MO, QL ( 30 tabs every 30 days) |
| ZYPITAMAG TAB 4MG | 3 | ST, MO, QL ( 30 tabs every 30 days) |

## CARDIOVASCULAR: ANTILIPEMICS, MISCELLANEOUS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *cholestyramine light powder 4 gm/dose* | 1 | MO |
| *cholestyramine light powder packets 4 gm* | 1 | MO |
| *cholestyramine powder 4 gm/dose* | 1 | MO |
| *cholestyramine powder packets 4 gm* | 1 | MO |
| *colesevelam hcl packet for susp 3.75 gm* | 1 | MO |
| *colesevelam hcl tab 625 mg* | 1 | MO |
| *colestipol hcl granule packets 5 gm* | 1 | MO |
| *colestipol hcl granules 5 gm* | 1 | MO |
| *colestipol hcl tab 1 gm* | 1 | MO |
| *ezetimibe tab 10 mg* | 1 | MO |
| *ezetimibe-simvastatin tab 10-10 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *ezetimibe-simvastatin tab 10-20 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *ezetimibe-simvastatin tab 10-40 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *ezetimibe-simvastatin tab 10-80 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *niacin tab er 1000 mg (antihyperlipidemic)* | 1 | MO, QL ( 60 tabs every 30 days) |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## CARDIOVASCULAR: ANTILIPEMICS, MISCELLANEOUS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *niacin tab er 500 mg (antihyperlipidemic)* | 1 | MO, QL ( 60 tabs every 30 days) |
| *niacin tab er 750 mg (antihyperlipidemic)* | 1 | MO, QL ( 60 tabs every 30 days) |
| PRALUENT INJ 150MG/ML | 2 | PA, MO |
| PRALUENT INJ 75MG/ML | 2 | PA, MO |
| *prevalite pow 4gm* | 1 | MO |
| *prevalite pow 4gm pk* | 1 | MO |
| VASCEPA CAP 0.5GM | 3 | MO |
| VASCEPA CAP 1GM | 3 | MO |

## CARDIOVASCULAR: BETA-BLOCKER/DIURETIC COMBINATIONS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *atenolol & chlorthalidone tab 100-25 mg* | 1 | MO |
| *atenolol & chlorthalidone tab 50-25 mg* | 1 | MO |
| *bisoprolol & hydrochlorothiazide tab 10-6.25 mg* | 1 | MO |
| *bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg* | 1 | MO |
| *bisoprolol & hydrochlorothiazide tab 5-6.25 mg* | 1 | MO |
| *metoprolol & hydrochlorothiazide tab 100-25 mg* | 1 | MO |
| *metoprolol & hydrochlorothiazide tab 100-50 mg* | 1 | MO |
| *metoprolol & hydrochlorothiazide tab 50-25 mg* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

## CARDIOVASCULAR: BETA-BLOCKERS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *acebutolol hcl cap 200 mg* | 1 | MO |
| *acebutolol hcl cap 400 mg* | 1 | MO |
| *atenolol tab 100 mg* | 1 | MO |
| *atenolol tab 25 mg* | 1 | MO |
| *atenolol tab 50 mg* | 1 | MO |
| *bisoprolol fumarate tab 10 mg* | 1 | MO |
| *bisoprolol fumarate tab 5 mg* | 1 | MO |
| *carvedilol tab 12.5 mg* | 1 | MO |
| *carvedilol tab 25 mg* | 1 | MO |
| *carvedilol tab 3.125 mg* | 1 | MO |
| *carvedilol tab 6.25 mg* | 1 | MO |
| *labetalol hcl tab 100 mg* | 1 | MO |
| *labetalol hcl tab 200 mg* | 1 | MO |
| *labetalol hcl tab 300 mg* | 1 | MO |
| *metoprolol succinate tab er 24hr 100 mg (tartrate equiv)* | 1 | MO |
| *metoprolol succinate tab er 24hr 200 mg (tartrate equiv)* | 1 | MO |
| *metoprolol succinate tab er 24hr 25 mg (tartrate equiv)* | 1 | MO |
| *metoprolol succinate tab er 24hr 50 mg (tartrate equiv)* | 1 | MO |

## CARDIOVASCULAR: BETA-BLOCKERS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *metoprolol tartrate iv soln 5 mg/5ml* | 1 | MO |
| *metoprolol tartrate tab 100 mg* | 1 | MO |
| *metoprolol tartrate tab 25 mg* | 1 | MO |
| *metoprolol tartrate tab 50 mg* | 1 | MO |
| *nadolol tab 20 mg* | 1 | MO |
| *nadolol tab 40 mg* | 1 | MO |
| *nadolol tab 80 mg* | 1 | MO |
| *nebivolol hcl tab 10 mg (base equivalent)* | 1 | MO, QL ( 30 tabs every 30 days) |
| *nebivolol hcl tab 2.5 mg (base equivalent)* | 1 | MO, QL ( 30 tabs every 30 days) |
| *nebivolol hcl tab 20 mg (base equivalent)* | 1 | MO, QL ( 60 tabs every 30 days) |
| *nebivolol hcl tab 5 mg (base equivalent)* | 1 | MO, QL ( 30 tabs every 30 days) |
| *pindolol tab 10 mg* | 1 | MO |
| *pindolol tab 5 mg* | 1 | MO |
| *propranolol hcl cap er 24hr 120 mg* | 1 | MO |
| *propranolol hcl cap er 24hr 160 mg* | 1 | MO |
| *propranolol hcl cap er 24hr 60 mg* | 1 | MO |
| *propranolol hcl cap er 24hr 80 mg* | 1 | MO |
| *propranolol hcl oral soln 20 mg/5ml* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## CARDIOVASCULAR: BETA-BLOCKERS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *propranolol hcl oral soln 40 mg/5ml* | 1 | MO |
| *propranolol hcl tab 10 mg* | 1 | MO |
| *propranolol hcl tab 20 mg* | 1 | MO |
| *propranolol hcl tab 40 mg* | 1 | MO |
| *propranolol hcl tab 60 mg* | 1 | MO |
| *propranolol hcl tab 80 mg* | 1 | MO |
| *timolol maleate tab 10 mg* | 1 | MO |
| *timolol maleate tab 20 mg* | 1 | MO |
| *timolol maleate tab 5 mg* | 1 | MO |

## CARDIOVASCULAR: CALCIUM CHANNEL BLOCKERS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *amlodipine besylate tab 10 mg (base equivalent)* | 1 | MO |
| *amlodipine besylate tab 2.5 mg (base equivalent)* | 1 | MO |
| *amlodipine besylate tab 5 mg (base equivalent)* | 1 | MO |
| *cartia xt cap 120/24hr* | 1 | MO |
| *cartia xt cap 180/24hr* | 1 | MO |
| *cartia xt cap 240/24hr* | 1 | MO |
| *cartia xt cap 300/24hr* | 1 | MO |
| *diltiazem hcl cap er 12hr 120 mg* | 1 | MO |
| *diltiazem hcl cap er 12hr 60 mg* | 1 | MO |
| *diltiazem hcl cap er 12hr 90 mg* | 1 | MO |
| *diltiazem hcl coated beads cap er 24hr 120 mg* | 1 | MO |
| *diltiazem hcl coated beads cap er 24hr 180 mg* | 1 | MO |
| *diltiazem hcl coated beads cap er 24hr 240 mg* | 1 | MO |
| *diltiazem hcl coated beads cap er 24hr 300 mg* | 1 | MO |
| *diltiazem hcl coated beads cap er 24hr 360 mg* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

## CARDIOVASCULAR: CALCIUM CHANNEL BLOCKERS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *diltiazem hcl coated beads tab er 24hr 180 mg* | 1 | MO |
| *diltiazem hcl coated beads tab er 24hr 240 mg* | 1 | MO |
| *diltiazem hcl coated beads tab er 24hr 300 mg* | 1 | MO |
| *diltiazem hcl coated beads tab er 24hr 360 mg* | 1 | MO |
| *diltiazem hcl coated beads tab er 24hr 420 mg* | 1 | MO |
| *diltiazem hcl extended release beads cap er 24hr 120 mg* | 1 | MO |
| *diltiazem hcl extended release beads cap er 24hr 180 mg* | 1 | MO |
| *diltiazem hcl extended release beads cap er 24hr 240 mg* | 1 | MO |
| *diltiazem hcl extended release beads cap er 24hr 300 mg* | 1 | MO |
| *diltiazem hcl extended release beads cap er 24hr 360 mg* | 1 | MO |
| *diltiazem hcl extended release beads cap er 24hr 420 mg* | 1 | MO |
| *diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)* | 1 | MO |

## CARDIOVASCULAR: CALCIUM CHANNEL BLOCKERS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)* | 1 | MO |
| *diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)* | 1 | MO |
| *diltiazem hcl tab 120 mg* | 1 | MO |
| *diltiazem hcl tab 30 mg* | 1 | MO |
| *diltiazem hcl tab 60 mg* | 1 | MO |
| *diltiazem hcl tab 90 mg* | 1 | MO |
| *dilt-xr cap 120mg* | 1 | MO |
| *dilt-xr cap 180mg* | 1 | MO |
| *dilt-xr cap 240mg* | 1 | MO |
| *felodipine tab er 24hr 10 mg* | 1 | MO |
| *felodipine tab er 24hr 2.5 mg* | 1 | MO |
| *felodipine tab er 24hr 5 mg* | 1 | MO |
| *isradipine cap 2.5 mg* | 1 | MO |
| *isradipine cap 5 mg* | 1 | MO |
| *matzim la tab 180mg/24* | 1 | MO |
| *matzim la tab 240mg/24* | 1 | MO |
| *matzim la tab 300mg/24* | 1 | MO |
| *matzim la tab 360mg/24* | 1 | MO |
| *matzim la tab 420mg/24* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

| CARDIOVASCULAR: CALCIUM CHANNEL BLOCKERS (continued) | | |
|---|---|---|
| **Drug Name** | **Tier** | **Requirements/ Limits** |
| *nicardipine hcl cap 20 mg* | 1 | MO |
| *nicardipine hcl cap 30 mg* | 1 | MO |
| *nifedipine tab er 24hr 30 mg* | 1 | MO |
| *nifedipine tab er 24hr 60 mg* | 1 | MO |
| *nifedipine tab er 24hr 90 mg* | 1 | MO |
| *nifedipine tab er 24hr osmotic release 30 mg* | 1 | MO |
| *nifedipine tab er 24hr osmotic release 60 mg* | 1 | MO |
| *nifedipine tab er 24hr osmotic release 90 mg* | 1 | MO |
| *nimodipine cap 30 mg* | 1 | MO |
| *nisoldipine tab er 24hr 17 mg* | 1 | MO |
| *nisoldipine tab er 24hr 20 mg* | 1 | MO |
| *nisoldipine tab er 24hr 25.5 mg* | 1 | MO |
| *nisoldipine tab er 24hr 30 mg* | 1 | MO |
| *nisoldipine tab er 24hr 34 mg* | 1 | MO |
| *nisoldipine tab er 24hr 40 mg* | 1 | MO |
| *nisoldipine tab er 24hr 8.5 mg* | 1 | MO |
| NYMALIZE SOL | 2 | MO |

| CARDIOVASCULAR: CALCIUM CHANNEL BLOCKERS (continued) | | |
|---|---|---|
| **Drug Name** | **Tier** | **Requirements/ Limits** |
| *taztia xt cap 120mg/24* | 1 | MO |
| *taztia xt cap 180mg/24* | 1 | MO |
| *taztia xt cap 240mg/24* | 1 | MO |
| *taztia xt cap 300mg er* | 1 | MO |
| *taztia xt cap 360mg/24* | 1 | MO |
| *tiadylt cap 120mg/24* | 1 | MO |
| *tiadylt cap 180mg/24* | 1 | MO |
| *tiadylt cap 240mg/24* | 1 | MO |
| *tiadylt cap 300mg/24* | 1 | MO |
| *tiadylt cap 360mg/24* | 1 | MO |
| *tiadylt cap 420mg/24* | 1 | MO |
| *verapamil hcl cap er 24hr 100 mg* | 1 | MO |
| *verapamil hcl cap er 24hr 120 mg* | 1 | MO |
| *verapamil hcl cap er 24hr 180 mg* | 1 | MO |
| *verapamil hcl cap er 24hr 200 mg* | 1 | MO |
| *verapamil hcl cap er 24hr 240 mg* | 1 | MO |
| *verapamil hcl cap er 24hr 300 mg* | 1 | MO |
| *verapamil hcl cap er 24hr 360 mg* | 1 | MO |
| *verapamil hcl iv soln 2.5 mg/ml* | 1 | MO |
| *verapamil hcl tab 120 mg* | 1 | MO |
| *verapamil hcl tab 40 mg* | 1 | MO |
| *verapamil hcl tab 80 mg* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

## CARDIOVASCULAR: CALCIUM CHANNEL BLOCKERS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *verapamil hcl tab er 120 mg* | 1 | MO |
| *verapamil hcl tab er 180 mg* | 1 | MO |
| *verapamil hcl tab er 240 mg* | 1 | MO |

## CARDIOVASCULAR: DIURETICS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *acetazolamide cap er 12hr 500 mg* | 1 | MO |
| *acetazolamide tab 125 mg* | 1 | MO |
| *acetazolamide tab 250 mg* | 1 | MO |
| *amiloride & hydrochlorothiazide tab 5-50 mg* | 1 | MO |
| *amiloride hcl tab 5 mg* | 1 | MO |
| *bumetanide inj 0.25 mg/ml* | 1 | HI, MO |
| *bumetanide tab 0.5 mg* | 1 | MO |
| *bumetanide tab 1 mg* | 1 | MO |
| *bumetanide tab 2 mg* | 1 | MO |
| *chlorthalidone tab 25 mg* | 1 | MO |
| *chlorthalidone tab 50 mg* | 1 | MO |
| *furosemide inj 10 mg/ml* | 1 | HI, MO |
| *furosemide oral soln 10 mg/ml* | 1 | MO |
| *furosemide oral soln 8 mg/ml* | 1 | MO |
| *furosemide tab 20 mg* | 1 | MO |
| *furosemide tab 40 mg* | 1 | MO |
| *furosemide tab 80 mg* | 1 | MO |
| *hydrochlorothiazide cap 12.5 mg* | 1 | MO |
| *hydrochlorothiazide tab 12.5 mg* | 1 | MO |
| *hydrochlorothiazide tab 25 mg* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## CARDIOVASCULAR: DIURETICS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *hydrochlorothiazide tab 50 mg* | 1 | MO |
| *indapamide tab 1.25 mg* | 1 | MO |
| *indapamide tab 2.5 mg* | 1 | MO |
| *methazolamide tab 25 mg* | 1 | MO |
| *methazolamide tab 50 mg* | 1 | MO |
| *metolazone tab 10 mg* | 1 | MO |
| *metolazone tab 2.5 mg* | 1 | MO |
| *metolazone tab 5 mg* | 1 | MO |
| *spironolactone & hydrochlorothiazide tab 25-25 mg* | 1 | MO |
| *torsemide tab 10 mg* | 1 | MO |
| *torsemide tab 100 mg* | 1 | MO |
| *torsemide tab 20 mg* | 1 | MO |
| *torsemide tab 5 mg* | 1 | MO |
| *triamterene & hydrochlorothiazide cap 37.5-25 mg* | 1 | MO |
| *triamterene & hydrochlorothiazide tab 37.5-25 mg* | 1 | MO |
| *triamterene & hydrochlorothiazide tab 75-50 mg* | 1 | MO |

## CARDIOVASCULAR: MISCELLANEOUS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| ADRENALIN INJ 1MG/ML | 3 | MO |
| *aliskiren fumarate tab 150 mg (base equivalent)* | 1 | MO |
| *aliskiren fumarate tab 300 mg (base equivalent)* | 1 | MO |
| *amlodipine besylate-atorvastatin calcium tab 10-10 mg* | 1 | MO |
| *amlodipine besylate-atorvastatin calcium tab 10-20 mg* | 1 | MO |
| *amlodipine besylate-atorvastatin calcium tab 10-40 mg* | 1 | MO |
| *amlodipine besylate-atorvastatin calcium tab 10-80 mg* | 1 | MO |
| *amlodipine besylate-atorvastatin calcium tab 2.5-10 mg* | 1 | MO |
| *amlodipine besylate-atorvastatin calcium tab 2.5-20 mg* | 1 | MO |
| *amlodipine besylate-atorvastatin calcium tab 2.5-40 mg* | 1 | MO |
| *amlodipine besylate-atorvastatin calcium tab 5-10 mg* | 1 | MO |
| *amlodipine besylate-atorvastatin calcium tab 5-20 mg* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**



**This drug list was last updated on 10/01/2022.**

## CARDIOVASCULAR: MISCELLANEOUS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *amlodipine besylate-atorvastatin calcium tab 5-40 mg* | 1 | MO |
| *amlodipine besylate-atorvastatin calcium tab 5-80 mg* | 1 | MO |
| *clonidine hcl tab 0.1 mg* | 1 | MO |
| *clonidine hcl tab 0.2 mg* | 1 | MO |
| *clonidine hcl tab 0.3 mg* | 1 | MO |
| *clonidine td patch weekly 0.1 mg/24hr* | 1 | MO |
| *clonidine td patch weekly 0.2 mg/24hr* | 1 | MO |
| *clonidine td patch weekly 0.3 mg/24hr* | 1 | MO |
| CORLANOR SOL 5MG/5ML | 3 | MO |
| CORLANOR TAB 5MG | 3 | MO |
| CORLANOR TAB 7.5MG | 3 | MO |
| *digox tab 0.125mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *digox tab 0.25mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *digoxin inj 0.25 mg/ml* | 1 | MO |
| *digoxin oral soln 0.05 mg/ml* | 1 | MO |
| *digoxin tab 125 mcg (0.125 mg)* | 1 | MO, QL ( 30 tabs every 30 days) |

## CARDIOVASCULAR: MISCELLANEOUS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *digoxin tab 250 mcg (0.25 mg)* | 1 | MO, QL ( 30 tabs every 30 days) |
| *droxidopa cap 100 mg* | 1 | PA, QL ( 90 caps every 30 days) |
| *droxidopa cap 200 mg* | 1 | PA, QL ( 180 caps every 30 days) |
| *droxidopa cap 300 mg* | 1 | PA, QL ( 180 caps every 30 days) |
| *guanfacine hcl tab 1 mg* | 1 | PA, MO |
| *guanfacine hcl tab 2 mg* | 1 | PA, MO |
| *hydralazine hcl inj 20 mg/ml* | 1 | MO |
| *hydralazine hcl tab 10 mg* | 1 | MO |
| *hydralazine hcl tab 100 mg* | 1 | MO |
| *hydralazine hcl tab 25 mg* | 1 | MO |
| *hydralazine hcl tab 50 mg* | 1 | MO |
| *metyrosine cap 250 mg* | 1 | PA, MO |
| *midodrine hcl tab 10 mg* | 1 | MO |
| *midodrine hcl tab 2.5 mg* | 1 | MO |
| *midodrine hcl tab 5 mg* | 1 | MO |
| *minoxidil tab 10 mg* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

| CARDIOVASCULAR: MISCELLANEOUS (continued) | | |
|---|---|---|
| **Drug Name** | **Tier** | **Requirements/ Limits** |
| *minoxidil tab 2.5 mg* | 1 | MO |
| *ranolazine tab er 12hr 1000 mg* | 1 | MO |
| *ranolazine tab er 12hr 500 mg* | 1 | MO |
| VERQUVO TAB 10MG | 2 | MO |
| VERQUVO TAB 2.5MG | 2 | MO |
| VERQUVO TAB 5MG | 2 | MO |

| CARDIOVASCULAR: NITRATES | | |
|---|---|---|
| **Drug Name** | **Tier** | **Requirements/ Limits** |
| *isosorbide dinitrate tab 10 mg* | 1 | MO |
| *isosorbide dinitrate tab 20 mg* | 1 | MO |
| *isosorbide dinitrate tab 30 mg* | 1 | MO |
| *isosorbide dinitrate tab 5 mg* | 1 | MO |
| *isosorbide mononitrate tab 10 mg* | 1 | MO |
| *isosorbide mononitrate tab 20 mg* | 1 | MO |
| *isosorbide mononitrate tab er 24hr 120 mg* | 1 | MO |
| *isosorbide mononitrate tab er 24hr 30 mg* | 1 | MO |
| *isosorbide mononitrate tab er 24hr 60 mg* | 1 | MO |
| NITRO-BID OIN 2% | 2 | MO |
| *nitroglycerin sl tab 0.3 mg* | 1 | MO |
| *nitroglycerin sl tab 0.4 mg* | 1 | MO |
| *nitroglycerin sl tab 0.6 mg* | 1 | MO |
| *nitroglycerin td patch 24hr 0.1 mg/hr* | 1 | MO |
| *nitroglycerin td patch 24hr 0.2 mg/hr* | 1 | MO |
| *nitroglycerin td patch 24hr 0.4 mg/hr* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

## CARDIOVASCULAR: NITRATES (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *nitroglycerin td patch 24hr 0.6 mg/hr* | 1 | MO |

## CARDIOVASCULAR: PULMONARY ARTERIAL HYPERTENSION

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| ADEMPAS TAB 0.5MG | 2 | PA, LA, QL ( 90 tabs every 30 days) |
| ADEMPAS TAB 1.5MG | 2 | PA, LA, QL ( 90 tabs every 30 days) |
| ADEMPAS TAB 1MG | 2 | PA, LA, QL ( 90 tabs every 30 days) |
| ADEMPAS TAB 2.5MG | 2 | PA, LA, QL ( 90 tabs every 30 days) |
| ADEMPAS TAB 2MG | 2 | PA, LA, QL ( 90 tabs every 30 days) |
| *ambrisentan tab 10 mg* | 1 | PA, LA, QL ( 30 tabs every 30 days) |
| *ambrisentan tab 5 mg* | 1 | PA, LA, QL ( 30 tabs every 30 days) |
| *bosentan tab 125 mg* | 1 | PA, LA, QL ( 60 tabs every 30 days) |
| *bosentan tab 62.5 mg* | 1 | PA, LA, QL ( 60 tabs every 30 days) |
| OPSUMIT TAB 10MG | 2 | PA, LA, QL ( 30 tabs every 30 days) |
| *sildenafil citrate tab 20 mg* | 1 | PA, QL ( 90 tabs every 30 days) |
| *treprostinil inj soln 100 mg/20ml (5 mg/ml)* | 1 | PA, LA, MO |
| *treprostinil inj soln 20 mg/20ml (1 mg/ml)* | 1 | PA, LA, MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## CARDIOVASCULAR: PULMONARY ARTERIAL HYPERTENSION (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *treprostinil inj soln 200 mg/20ml (10 mg/ml)* | 1 | PA, LA, MO |
| *treprostinil inj soln 50 mg/20ml (2.5 mg/ml)* | 1 | PA, LA, MO |
| VENTAVIS SOL 10MCG/ML | 2 | PA, LA |
| VENTAVIS SOL 20MCG/ML | 2 | PA, LA |

## CENTRAL NERVOUS SYSTEM: ANTIANXIETY

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *alprazolam tab 0.25 mg* | 1 | MO, QL ( 150 tabs every 30 days) |
| *alprazolam tab 0.5 mg* | 1 | MO, QL ( 150 tabs every 30 days) |
| *alprazolam tab 1 mg* | 1 | MO, QL ( 150 tabs every 30 days) |
| *alprazolam tab 2 mg* | 1 | MO, QL ( 150 tabs every 30 days) |
| *buspirone hcl tab 10 mg* | 1 | MO |
| *buspirone hcl tab 15 mg* | 1 | MO |
| *buspirone hcl tab 30 mg* | 1 | MO |
| *buspirone hcl tab 5 mg* | 1 | MO |
| *buspirone hcl tab 7.5 mg* | 1 | MO |
| *fluvoxamine maleate tab 100 mg* | 1 | MO |
| *fluvoxamine maleate tab 25 mg* | 1 | MO |
| *fluvoxamine maleate tab 50 mg* | 1 | MO |
| *lorazepam con 2mg/ml* | 1 | MO, QL ( 150 mL every 30 days) |
| *lorazepam conc 2 mg/ml* | 1 | MO, QL ( 150 mL every 30 days) |
| *lorazepam inj 2 mg/ml* | 1 | MO |
| *lorazepam inj 4 mg/ml* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

## CENTRAL NERVOUS SYSTEM: ANTIANXIETY (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *lorazepam tab 0.5 mg* | 1 | MO, QL ( 150 tabs every 30 days) |
| *lorazepam tab 1 mg* | 1 | MO, QL ( 150 tabs every 30 days) |
| *lorazepam tab 2 mg* | 1 | MO, QL ( 150 tabs every 30 days) |

## CENTRAL NERVOUS SYSTEM: ANTICONVULSANTS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| APTIOM TAB 200MG | 2 | MO, QL ( 30 tabs every 30 days) |
| APTIOM TAB 400MG | 2 | MO, QL ( 30 tabs every 30 days) |
| APTIOM TAB 600MG | 2 | MO, QL ( 60 tabs every 30 days) |
| APTIOM TAB 800MG | 2 | MO, QL ( 60 tabs every 30 days) |
| BRIVIACT INJ 50MG/5ML | 3 | PA, MO |
| BRIVIACT SOL 10MG/ML | 2 | PA, MO, QL ( 600 mL every 30 days) |
| BRIVIACT TAB 100MG | 2 | PA, MO, QL ( 60 tabs every 30 days) |
| BRIVIACT TAB 10MG | 2 | PA, MO, QL ( 60 tabs every 30 days) |
| BRIVIACT TAB 25MG | 2 | PA, MO, QL ( 60 tabs every 30 days) |
| BRIVIACT TAB 50MG | 2 | PA, MO, QL ( 60 tabs every 30 days) |
| BRIVIACT TAB 75MG | 2 | PA, MO, QL ( 60 tabs every 30 days) |
| *carbamazepine cap er 12hr 100 mg* | 1 | MO |
| *carbamazepine cap er 12hr 200 mg* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## CENTRAL NERVOUS SYSTEM: ANTICONVULSANTS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *carbamazepine cap er 12hr 300 mg* | 1 | MO |
| *carbamazepine chew tab 100 mg* | 1 | MO |
| *carbamazepine susp 100 mg/5ml* | 1 | MO |
| *carbamazepine tab 200 mg* | 1 | MO |
| *carbamazepine tab er 12hr 100 mg* | 1 | MO |
| *carbamazepine tab er 12hr 200 mg* | 1 | MO |
| *carbamazepine tab er 12hr 400 mg* | 1 | MO |
| CELONTIN CAP 300MG | 3 | MO |
| *clobazam suspension 2.5 mg/ml* | 1 | PA, MO, QL ( 480 mL every 30 days) |
| *clobazam tab 10 mg* | 1 | PA, MO, QL ( 60 tabs every 30 days) |
| *clobazam tab 20 mg* | 1 | PA, MO, QL ( 60 tabs every 30 days) |
| *clonazepam orally disintegrating tab 0.125 mg* | 1 | MO, QL ( 90 tabs every 30 days) |
| *clonazepam orally disintegrating tab 0.25 mg* | 1 | MO, QL ( 90 tabs every 30 days) |
| *clonazepam orally disintegrating tab 0.5 mg* | 1 | MO, QL ( 90 tabs every 30 days) |

## CENTRAL NERVOUS SYSTEM: ANTICONVULSANTS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *clonazepam orally disintegrating tab 1 mg* | 1 | MO, QL ( 90 tabs every 30 days) |
| *clonazepam orally disintegrating tab 2 mg* | 1 | MO, QL ( 300 tabs every 30 days) |
| *clonazepam tab 0.5 mg* | 1 | MO, QL ( 90 tabs every 30 days) |
| *clonazepam tab 1 mg* | 1 | MO, QL ( 90 tabs every 30 days) |
| *clonazepam tab 2 mg* | 1 | MO, QL ( 300 tabs every 30 days) |
| *clorazepate dipotassium tab 15 mg* | 1 | PA, MO, QL ( 180 tabs every 30 days) |
| *clorazepate dipotassium tab 3.75 mg* | 1 | PA, MO, QL ( 180 tabs every 30 days) |
| *clorazepate dipotassium tab 7.5 mg* | 1 | PA, MO, QL ( 180 tabs every 30 days) |
| DIACOMIT CAP 250MG | 2 | PA, LA, QL ( 360 caps every 30 days) |
| DIACOMIT CAP 500MG | 2 | PA, LA, QL ( 180 caps every 30 days) |
| DIACOMIT PAK 250MG | 2 | PA, LA, QL ( 360 packets every 30 days) |
| DIACOMIT PAK 500MG | 2 | PA, LA, QL ( 180 packets every 30 days) |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

| CENTRAL NERVOUS SYSTEM: ANTICONVULSANTS (continued) | | |
|---|---|---|
| **Drug Name** | **Tier** | **Requirements/ Limits** |
| *diazepam conc 5 mg/ml* | 1 | PA, MO, QL ( 240 mL every 30 days) |
| *diazepam inj 5 mg/ml* | 1 | MO |
| *diazepam oral soln 1 mg/ml* | 1 | PA, MO, QL ( 1200 mL every 30 days) |
| *diazepam rectal gel delivery system 10 mg* | 1 | MO |
| *diazepam rectal gel delivery system 2.5 mg* | 1 | MO |
| *diazepam rectal gel delivery system 20 mg* | 1 | MO |
| *diazepam tab 10 mg* | 1 | PA, MO, QL ( 120 tabs every 30 days) |
| *diazepam tab 2 mg* | 1 | PA, MO, QL ( 120 tabs every 30 days) |
| *diazepam tab 5 mg* | 1 | PA, MO, QL ( 120 tabs every 30 days) |
| DILANTIN CAP 100MG | 3 | MO |
| DILANTIN CAP 30MG | 3 | MO |
| DILANTIN CHW 50MG | 3 | MO |
| DILANTIN-125 SUS 125/5ML | 3 | MO |
| *divalproex sodium cap delayed release sprinkle 125 mg* | 1 | MO |

| CENTRAL NERVOUS SYSTEM: ANTICONVULSANTS (continued) | | |
|---|---|---|
| **Drug Name** | **Tier** | **Requirements/ Limits** |
| *divalproex sodium tab delayed release 125 mg* | 1 | MO |
| *divalproex sodium tab delayed release 250 mg* | 1 | MO |
| *divalproex sodium tab delayed release 500 mg* | 1 | MO |
| *divalproex sodium tab er 24 hr 250 mg* | 1 | MO |
| *divalproex sodium tab er 24 hr 500 mg* | 1 | MO |
| EPIDIOLEX SOL 100MG/ML | 2 | PA, LA, MO, QL ( 600 mL every 30 days) |
| *epitol tab 200mg* | 1 | MO |
| EPRONTIA SOL 25MG/ML | 3 | PA, MO, QL ( 480 mL every 30 days) |
| *ethosuximide cap 250 mg* | 1 | MO |
| *ethosuximide soln 250 mg/5ml* | 1 | MO |
| *felbamate susp 600 mg/5ml* | 1 | MO |
| *felbamate tab 400 mg* | 1 | MO |
| *felbamate tab 600 mg* | 1 | MO |
| FINTEPLA SOL 2.2MG/ML | 2 | PA, LA, QL ( 360 mL every 30 days) |
| FYCOMPA SUS 0.5MG/ML | 2 | PA, MO, QL ( 720 mL every 30 days) |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## CENTRAL NERVOUS SYSTEM: ANTICONVULSANTS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| FYCOMPA TAB 10MG | 2 | PA, MO, QL ( 30 tabs every 30 days) |
| FYCOMPA TAB 12MG | 2 | PA, MO, QL ( 30 tabs every 30 days) |
| FYCOMPA TAB 2MG | 3 | PA, MO, QL ( 60 tabs every 30 days) |
| FYCOMPA TAB 4MG | 2 | PA, MO, QL ( 30 tabs every 30 days) |
| FYCOMPA TAB 6MG | 2 | PA, MO, QL ( 30 tabs every 30 days) |
| FYCOMPA TAB 8MG | 2 | PA, MO, QL ( 30 tabs every 30 days) |
| *gabapentin cap 100 mg* | 1 | MO, QL ( 180 caps every 30 days) |
| *gabapentin cap 300 mg* | 1 | MO, QL ( 180 caps every 30 days) |
| *gabapentin cap 400 mg* | 1 | MO, QL ( 180 caps every 30 days) |
| *gabapentin oral soln 250 mg/5ml* | 1 | MO, QL ( 2160 mL every 30 days) |
| *gabapentin tab 600 mg* | 1 | MO, QL ( 180 tabs every 30 days) |
| *gabapentin tab 800 mg* | 1 | MO, QL ( 120 tabs every 30 days) |

## CENTRAL NERVOUS SYSTEM: ANTICONVULSANTS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *lacosamide iv inj 200 mg/20ml (10 mg/ml)* | 1 | MO |
| *lacosamide oral solution 10 mg/ml* | 1 | MO, QL ( 1200 mL every 30 days) |
| *lacosamide tab 100 mg* | 1 | MO, QL ( 60 tabs every 30 days) |
| *lacosamide tab 150 mg* | 1 | MO, QL ( 60 tabs every 30 days) |
| *lacosamide tab 200 mg* | 1 | MO, QL ( 60 tabs every 30 days) |
| *lacosamide tab 50 mg* | 1 | MO, QL ( 120 tabs every 30 days) |
| *lamotrigine orally disintegrating tab 100 mg* | 1 | MO |
| *lamotrigine orally disintegrating tab 200 mg* | 1 | MO |
| *lamotrigine orally disintegrating tab 25 mg* | 1 | MO |
| *lamotrigine orally disintegrating tab 50 mg* | 1 | MO |
| *lamotrigine tab 100 mg* | 1 | MO |
| *lamotrigine tab 150 mg* | 1 | MO |
| *lamotrigine tab 200 mg* | 1 | MO |
| *lamotrigine tab 25 mg* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

| CENTRAL NERVOUS SYSTEM: ANTICONVULSANTS (continued) | | |
|---|---|---|
| Drug Name | Tier | Requirements/ Limits |
| *lamotrigine tab chewable dispersible 25 mg* | 1 | MO |
| *lamotrigine tab chewable dispersible 5 mg* | 1 | MO |
| *lamotrigine tab er 24hr 100 mg* | 1 | MO |
| *lamotrigine tab er 24hr 200 mg* | 1 | MO |
| *lamotrigine tab er 24hr 25 mg* | 1 | MO |
| *lamotrigine tab er 24hr 250 mg* | 1 | MO |
| *lamotrigine tab er 24hr 300 mg* | 1 | MO |
| *lamotrigine tab er 24hr 50 mg* | 1 | MO |
| *levetiracetam in sodium chloride iv soln 1000 mg/100ml* | 1 | MO |
| *levetiracetam in sodium chloride iv soln 1500 mg/100ml* | 1 | MO |
| *levetiracetam in sodium chloride iv soln 500 mg/100ml* | 1 | MO |
| *levetiracetam inj 500 mg/5ml (100 mg/ml)* | 1 | MO |
| *levetiracetam oral soln 100 mg/ml* | 1 | MO |
| *levetiracetam tab 1000 mg* | 1 | MO |
| *levetiracetam tab 250 mg* | 1 | MO |

| CENTRAL NERVOUS SYSTEM: ANTICONVULSANTS (continued) | | |
|---|---|---|
| Drug Name | Tier | Requirements/ Limits |
| *levetiracetam tab 500 mg* | 1 | MO |
| *levetiracetam tab 750 mg* | 1 | MO |
| *levetiracetam tab er 24hr 500 mg* | 1 | MO |
| *levetiracetam tab er 24hr 750 mg* | 1 | MO |
| NAYZILAM SPR 5MG | 3 | MO |
| *oxcarbazepine susp 300 mg/5ml (60 mg/ml)* | 1 | MO |
| *oxcarbazepine tab 150 mg* | 1 | MO |
| *oxcarbazepine tab 300 mg* | 1 | MO |
| *oxcarbazepine tab 600 mg* | 1 | MO |
| *phenobarbital elixir 20 mg/5ml* | 3 | PA, MO |
| *phenobarbital sodium inj 130 mg/ml* | 3 | PA, MO |
| *phenobarbital sodium inj 65 mg/ml* | 3 | PA, MO |
| *phenobarbital tab 100 mg* | 2 | PA, MO |
| *phenobarbital tab 15 mg* | 2 | PA, MO |
| *phenobarbital tab 16.2 mg* | 2 | PA, MO |
| *phenobarbital tab 30 mg* | 2 | PA, MO |
| *phenobarbital tab 32.4 mg* | 2 | PA, MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## CENTRAL NERVOUS SYSTEM: ANTICONVULSANTS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *phenobarbital tab 60 mg* | 2 | PA, MO |
| *phenobarbital tab 64.8 mg* | 2 | PA, MO |
| *phenobarbital tab 97.2 mg* | 2 | PA, MO |
| PHENYTEK CAP 200MG | 3 | MO |
| PHENYTEK CAP 300MG | 3 | MO |
| *phenytoin chew tab 50 mg* | 1 | MO |
| *phenytoin sodium extended cap 100 mg* | 1 | MO |
| *phenytoin sodium extended cap 200 mg* | 1 | MO |
| *phenytoin sodium extended cap 300 mg* | 1 | MO |
| *phenytoin sodium inj 50 mg/ml* | 1 | MO |
| *phenytoin susp 125 mg/5ml* | 1 | MO |
| *pregabalin cap 100 mg* | 1 | PA, MO, QL ( 120 caps every 30 days) |
| *pregabalin cap 150 mg* | 1 | PA, MO, QL ( 120 caps every 30 days) |
| *pregabalin cap 200 mg* | 1 | PA, MO, QL ( 90 caps every 30 days) |
| *pregabalin cap 225 mg* | 1 | PA, MO, QL ( 60 caps every 30 days) |

## CENTRAL NERVOUS SYSTEM: ANTICONVULSANTS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *pregabalin cap 25 mg* | 1 | PA, MO, QL ( 120 caps every 30 days) |
| *pregabalin cap 300 mg* | 1 | PA, MO, QL ( 60 caps every 30 days) |
| *pregabalin cap 50 mg* | 1 | PA, MO, QL ( 120 caps every 30 days) |
| *pregabalin cap 75 mg* | 1 | PA, MO, QL ( 120 caps every 30 days) |
| *pregabalin soln 20 mg/ml* | 1 | PA, MO, QL ( 900 mL every 30 days) |
| *primidone tab 250 mg* | 1 | MO |
| *primidone tab 50 mg* | 1 | MO |
| *roweepra tab 500mg* | 1 | MO |
| *rufinamide susp 40 mg/ml* | 1 | PA, MO, QL ( 2400 mL every 30 days) |
| *rufinamide tab 200 mg* | 1 | PA, MO, QL ( 480 tabs every 30 days) |
| *rufinamide tab 400 mg* | 1 | PA, MO, QL ( 240 tabs every 30 days) |
| SPRITAM TAB 1000MG | 3 | MO, QL ( 90 tabs every 30 days) |
| SPRITAM TAB 250MG | 3 | MO, QL ( 360 tabs every 30 days) |
| SPRITAM TAB 500MG | 3 | MO, QL ( 180 tabs every 30 days) |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

## CENTRAL NERVOUS SYSTEM: ANTICONVULSANTS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| SPRITAM TAB 750MG | 3 | MO, QL ( 120 tabs every 30 days) |
| *subvenite tab 100mg* | 1 | MO |
| *subvenite tab 150mg* | 1 | MO |
| *subvenite tab 200mg* | 1 | MO |
| *subvenite tab 25mg* | 1 | MO |
| SYMPAZAN MIS 10MG | 2 | PA, MO, QL ( 60 films every 30 days) |
| SYMPAZAN MIS 20MG | 2 | PA, MO, QL ( 60 films every 30 days) |
| SYMPAZAN MIS 5MG | 2 | PA, MO, QL ( 60 films every 30 days) |
| *tiagabine hcl tab 12 mg* | 1 | MO |
| *tiagabine hcl tab 16 mg* | 1 | MO |
| *tiagabine hcl tab 2 mg* | 1 | MO |
| *tiagabine hcl tab 4 mg* | 1 | MO |
| *topiramate sprinkle cap 15 mg* | 1 | MO |
| *topiramate sprinkle cap 25 mg* | 1 | MO |
| *topiramate tab 100 mg* | 1 | MO |
| *topiramate tab 200 mg* | 1 | MO |
| *topiramate tab 25 mg* | 1 | MO |
| *topiramate tab 50 mg* | 1 | MO |
| *valproate sodium inj 100 mg/ml* | 1 | MO |

## CENTRAL NERVOUS SYSTEM: ANTICONVULSANTS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *valproate sodium oral soln 250 mg/5ml (base equiv)* | 1 | MO |
| *valproic acid cap 250 mg* | 1 | MO |
| VALTOCO SPR 10MG | 3 | MO |
| VALTOCO SPR 15MG | 3 | MO |
| VALTOCO SPR 20MG | 3 | MO |
| VALTOCO SPR 5MG | 3 | MO |
| *vigabatrin powd pack 500 mg* | 1 | PA, LA, QL ( 180 packets every 30 days) |
| *vigabatrin tab 500 mg* | 1 | PA, LA, QL ( 180 tabs every 30 days) |
| *vigadrone pow 500mg* | 1 | PA, LA, QL ( 180 packets every 30 days) |
| VIMPAT SOL 10MG/ ML | 2 | MO, QL ( 1200 mL every 30 days) |
| XCOPRI PAK 100-150 | 2 | MO, QL ( 56 tabs every 28 days) |
| XCOPRI PAK 12.5-25 | 3 | MO, QL ( 28 tabs every 28 days) |
| XCOPRI PAK 150-200MG (MAINTENANCE) | 2 | MO, QL ( 56 tabs every 28 days) |
| XCOPRI PAK 150-200MG (TITRATION) | 2 | MO, QL ( 28 tabs every 28 days) |
| XCOPRI PAK 50-100MG | 2 | MO, QL ( 28 tabs every 28 days) |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## CENTRAL NERVOUS SYSTEM: ANTICONVULSANTS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| XCOPRI TAB 100MG | 2 | MO, QL ( 30 tabs every 30 days) |
| XCOPRI TAB 150MG | 2 | MO, QL ( 60 tabs every 30 days) |
| XCOPRI TAB 200MG | 2 | MO, QL ( 60 tabs every 30 days) |
| XCOPRI TAB 50MG | 2 | MO, QL ( 30 tabs every 30 days) |
| *zonisamide cap 100 mg* | 1 | MO |
| *zonisamide cap 25 mg* | 1 | MO |
| *zonisamide cap 50 mg* | 1 | MO |

## CENTRAL NERVOUS SYSTEM: ANTIDEMENTIA

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *donepezil hydrochloride orally disintegrating tab 10 mg* | 1 | MO |
| *donepezil hydrochloride orally disintegrating tab 5 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *donepezil hydrochloride tab 10 mg* | 1 | MO |
| *donepezil hydrochloride tab 5 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *galantamine hydrobromide cap er 24hr 16 mg* | 1 | MO, QL ( 30 caps every 30 days) |
| *galantamine hydrobromide cap er 24hr 24 mg* | 1 | MO, QL ( 30 caps every 30 days) |
| *galantamine hydrobromide cap er 24hr 8 mg* | 1 | MO, QL ( 30 caps every 30 days) |
| *galantamine hydrobromide oral soln 4 mg/ml* | 1 | MO |
| *galantamine hydrobromide tab 12 mg* | 1 | MO, QL ( 60 tabs every 30 days) |
| *galantamine hydrobromide tab 4 mg* | 1 | MO, QL ( 60 tabs every 30 days) |
| *galantamine hydrobromide tab 8 mg* | 1 | MO, QL ( 60 tabs every 30 days) |
| *memantine hcl cap er 24hr 14 mg* | 1 | PA, MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

## CENTRAL NERVOUS SYSTEM: ANTIDEMENTIA (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *memantine hcl cap er 24hr 21 mg* | 1 | PA, MO |
| *memantine hcl cap er 24hr 28 mg* | 1 | PA, MO |
| *memantine hcl cap er 24hr 7 mg* | 1 | PA, MO |
| *memantine hcl oral solution 2 mg/ml* | 1 | PA, MO |
| *memantine hcl tab 10 mg* | 1 | PA, MO |
| *memantine hcl tab 5 mg* | 1 | PA, MO |
| NAMZARIC CAP | 3 | MO |
| NAMZARIC CAP 14-10MG | 3 | MO |
| NAMZARIC CAP 21-10MG | 3 | MO |
| NAMZARIC CAP 28-10MG | 3 | MO |
| NAMZARIC CAP 7-10MG | 3 | MO |
| *rivastigmine tartrate cap 1.5 mg (base equivalent)* | 1 | MO, QL ( 60 caps every 30 days) |
| *rivastigmine tartrate cap 3 mg (base equivalent)* | 1 | MO, QL ( 60 caps every 30 days) |
| *rivastigmine tartrate cap 4.5 mg (base equivalent)* | 1 | MO, QL ( 60 caps every 30 days) |
| *rivastigmine tartrate cap 6 mg (base equivalent)* | 1 | MO, QL ( 60 caps every 30 days) |
| *rivastigmine td patch 24hr 13.3 mg/24hr* | 1 | MO, QL ( 30 patches every 30 days) |
| *rivastigmine td patch 24hr 4.6 mg/24hr* | 1 | MO, QL ( 30 patches every 30 days) |
| *rivastigmine td patch 24hr 9.5 mg/24hr* | 1 | MO, QL ( 30 patches every 30 days) |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## CENTRAL NERVOUS SYSTEM: ANTIDEPRESSANTS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *amitriptyline hcl tab 10 mg* | 2 | MO |
| *amitriptyline hcl tab 100 mg* | 2 | MO |
| *amitriptyline hcl tab 150 mg* | 2 | MO |
| *amitriptyline hcl tab 25 mg* | 2 | MO |
| *amitriptyline hcl tab 50 mg* | 2 | MO |
| *amitriptyline hcl tab 75 mg* | 2 | MO |
| *amoxapine tab 100 mg* | 2 | MO |
| *amoxapine tab 150 mg* | 2 | MO |
| *amoxapine tab 25 mg* | 2 | MO |
| *amoxapine tab 50 mg* | 2 | MO |
| *bupropion hcl tab 100 mg* | 1 | MO |
| *bupropion hcl tab 75 mg* | 1 | MO |
| *bupropion hcl tab er 12hr 100 mg* | 1 | MO |
| *bupropion hcl tab er 12hr 150 mg* | 1 | MO |
| *bupropion hcl tab er 12hr 200 mg* | 1 | MO |
| *bupropion hcl tab er 24hr 150 mg* | 1 | MO |
| *bupropion hcl tab er 24hr 300 mg* | 1 | MO |
| *citalopram hydrobromide oral soln 10 mg/5ml* | 1 | MO |

## CENTRAL NERVOUS SYSTEM: ANTIDEPRESSANTS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *citalopram hydrobromide tab 10 mg (base equiv)* | 1 | MO |
| *citalopram hydrobromide tab 20 mg (base equiv)* | 1 | MO |
| *citalopram hydrobromide tab 40 mg (base equiv)* | 1 | MO |
| *clomipramine hcl cap 25 mg* | 3 | PA, MO |
| *clomipramine hcl cap 50 mg* | 3 | PA, MO |
| *clomipramine hcl cap 75 mg* | 3 | PA, MO |
| *desipramine hcl tab 10 mg* | 3 | MO |
| *desipramine hcl tab 100 mg* | 3 | MO |
| *desipramine hcl tab 150 mg* | 3 | MO |
| *desipramine hcl tab 25 mg* | 3 | MO |
| *desipramine hcl tab 50 mg* | 3 | MO |
| *desipramine hcl tab 75 mg* | 3 | MO |
| *desvenlafaxine succinate tab er 24hr 100 mg (base equiv)* | 1 | PA, MO, QL ( 30 tabs every 30 days) |
| *desvenlafaxine succinate tab er 24hr 25 mg (base equiv)* | 1 | PA, MO, QL ( 30 tabs every 30 days) |
| *desvenlafaxine succinate tab er 24hr 50 mg (base equiv)* | 1 | PA, MO, QL ( 30 tabs every 30 days) |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

## CENTRAL NERVOUS SYSTEM: ANTIDEPRESSANTS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *doxepin hcl cap 10 mg* | 2 | MO |
| *doxepin hcl cap 100 mg* | 2 | MO |
| *doxepin hcl cap 150 mg* | 3 | MO |
| *doxepin hcl cap 25 mg* | 2 | MO |
| *doxepin hcl cap 50 mg* | 2 | MO |
| *doxepin hcl cap 75 mg* | 2 | MO |
| *doxepin hcl conc 10 mg/ml* | 2 | MO |
| DRIZALMA CAP 20MG DR | 3 | PA, MO, QL ( 60 caps every 30 days) |
| DRIZALMA CAP 30MG DR | 3 | PA, MO, QL ( 60 caps every 30 days) |
| DRIZALMA CAP 40MG DR | 3 | PA, MO, QL ( 60 caps every 30 days) |
| DRIZALMA CAP 60MG DR | 3 | PA, MO, QL ( 60 caps every 30 days) |
| *duloxetine hcl enteric coated pellets cap 20 mg (base eq)* | 1 | MO, QL ( 60 caps every 30 days) |
| *duloxetine hcl enteric coated pellets cap 30 mg (base eq)* | 1 | MO, QL ( 60 caps every 30 days) |
| *duloxetine hcl enteric coated pellets cap 40 mg (base eq)* | 1 | MO, QL ( 60 caps every 30 days) |
| *duloxetine hcl enteric coated pellets cap 60 mg (base eq)* | 1 | MO, QL ( 60 caps every 30 days) |

## CENTRAL NERVOUS SYSTEM: ANTIDEPRESSANTS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| EMSAM DIS 12MG/24H | 2 | PA, MO, QL ( 30 patches every 30 days) |
| EMSAM DIS 6MG/24HR | 2 | PA, MO, QL ( 30 patches every 30 days) |
| EMSAM DIS 9MG/24HR | 2 | PA, MO, QL ( 30 patches every 30 days) |
| *escitalopram oxalate soln 5 mg/5ml (base equiv)* | 1 | MO |
| *escitalopram oxalate tab 10 mg (base equiv)* | 1 | MO |
| *escitalopram oxalate tab 20 mg (base equiv)* | 1 | MO |
| *escitalopram oxalate tab 5 mg (base equiv)* | 1 | MO |
| FETZIMA CAP 120MG | 3 | PA, MO, QL ( 30 caps every 30 days) |
| FETZIMA CAP 20MG | 3 | PA, MO, QL ( 60 caps every 30 days) |
| FETZIMA CAP 40MG | 3 | PA, MO, QL ( 60 caps every 30 days) |
| FETZIMA CAP 80MG | 3 | PA, MO, QL ( 30 caps every 30 days) |
| FETZIMA CAP TITRATIO | 3 | PA, MO |
| *fluoxetine hcl cap 10 mg* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## CENTRAL NERVOUS SYSTEM: ANTIDEPRESSANTS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *fluoxetine hcl cap 20 mg* | 1 | MO |
| *fluoxetine hcl cap 40 mg* | 1 | MO |
| *fluoxetine hcl solution 20 mg/5ml* | 1 | MO |
| *imipramine hcl tab 10 mg* | 1 | MO |
| *imipramine hcl tab 25 mg* | 1 | MO |
| *imipramine hcl tab 50 mg* | 1 | MO |
| MARPLAN TAB 10MG | 3 | MO, QL ( 180 tabs every 30 days) |
| *mirtazapine orally disintegrating tab 15 mg* | 1 | MO |
| *mirtazapine orally disintegrating tab 30 mg* | 1 | MO |
| *mirtazapine orally disintegrating tab 45 mg* | 1 | MO |
| *mirtazapine tab 15 mg* | 1 | MO |
| *mirtazapine tab 30 mg* | 1 | MO |
| *mirtazapine tab 45 mg* | 1 | MO |
| *mirtazapine tab 7.5 mg* | 1 | MO |
| *nefazodone hcl tab 100 mg* | 1 | MO |
| *nefazodone hcl tab 150 mg* | 1 | MO |
| *nefazodone hcl tab 200 mg* | 1 | MO |

## CENTRAL NERVOUS SYSTEM: ANTIDEPRESSANTS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *nefazodone hcl tab 250 mg* | 1 | MO |
| *nefazodone hcl tab 50 mg* | 1 | MO |
| *nortriptyline hcl cap 10 mg* | 1 | MO |
| *nortriptyline hcl cap 25 mg* | 1 | MO |
| *nortriptyline hcl cap 50 mg* | 1 | MO |
| *nortriptyline hcl cap 75 mg* | 1 | MO |
| *nortriptyline hcl soln 10 mg/5ml* | 3 | MO |
| *paroxetine hcl oral susp 10 mg/5ml (base equiv)* | 3 | PA, MO, QL ( 900 mL every 30 days) |
| *paroxetine hcl tab 10 mg* | 1 | MO |
| *paroxetine hcl tab 20 mg* | 1 | MO |
| *paroxetine hcl tab 30 mg* | 1 | MO |
| *paroxetine hcl tab 40 mg* | 1 | MO |
| *paroxetine hcl tab er 24hr 12.5 mg* | 3 | MO, QL ( 60 tabs every 30 days) |
| *paroxetine hcl tab er 24hr 25 mg* | 3 | MO, QL ( 60 tabs every 30 days) |
| *paroxetine hcl tab er 24hr 37.5 mg* | 3 | MO, QL ( 60 tabs every 30 days) |
| *phenelzine sulfate tab 15 mg* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

## CENTRAL NERVOUS SYSTEM: ANTIDEPRESSANTS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *protriptyline hcl tab 10 mg* | 3 | MO |
| *protriptyline hcl tab 5 mg* | 3 | MO |
| *sertraline hcl oral concentrate for solution 20 mg/ml* | 1 | MO |
| *sertraline hcl tab 100 mg* | 1 | MO |
| *sertraline hcl tab 25 mg* | 1 | MO |
| *sertraline hcl tab 50 mg* | 1 | MO |
| *tranylcypromine sulfate tab 10 mg* | 1 | MO |
| *trazodone hcl tab 100 mg* | 1 | MO |
| *trazodone hcl tab 150 mg* | 1 | MO |
| *trazodone hcl tab 50 mg* | 1 | MO |
| *trimipramine maleate cap 100 mg* | 3 | MO, QL ( 60 caps every 30 days) |
| *trimipramine maleate cap 25 mg* | 3 | MO, QL ( 120 caps every 30 days) |
| *trimipramine maleate cap 50 mg* | 3 | MO, QL ( 120 caps every 30 days) |
| TRINTELLIX TAB 10MG | 3 | MO, QL ( 30 tabs every 30 days) |
| TRINTELLIX TAB 20MG | 3 | MO, QL ( 30 tabs every 30 days) |

## CENTRAL NERVOUS SYSTEM: ANTIDEPRESSANTS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| TRINTELLIX TAB 5MG | 3 | MO, QL ( 30 tabs every 30 days) |
| *venlafaxine hcl cap er 24hr 150 mg (base equivalent)* | 1 | MO |
| *venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)* | 1 | MO |
| *venlafaxine hcl cap er 24hr 75 mg (base equivalent)* | 1 | MO |
| *venlafaxine hcl tab 100 mg (base equivalent)* | 1 | MO |
| *venlafaxine hcl tab 25 mg (base equivalent)* | 1 | MO |
| *venlafaxine hcl tab 37.5 mg (base equivalent)* | 1 | MO |
| *venlafaxine hcl tab 50 mg (base equivalent)* | 1 | MO |
| *venlafaxine hcl tab 75 mg (base equivalent)* | 1 | MO |
| VIIBRYD KIT STARTER | 3 | MO |
| *vilazodone hcl tab 10 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *vilazodone hcl tab 20 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *vilazodone hcl tab 40 mg* | 1 | MO, QL ( 30 tabs every 30 days) |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## CENTRAL NERVOUS SYSTEM: ANTIPARKINSONIAN AGENTS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *amantadine hcl cap 100 mg* | 1 | MO, QL ( 120 caps every 30 days) |
| *amantadine hcl soln 50 mg/5ml* | 1 | MO |
| *amantadine hcl tab 100 mg* | 1 | MO |
| *benztropine mesylate inj 1 mg/ml* | 1 | MO |
| *benztropine mesylate tab 0.5 mg* | 2 | PA, MO |
| *benztropine mesylate tab 1 mg* | 2 | PA, MO |
| *benztropine mesylate tab 2 mg* | 2 | PA, MO |
| *bromocriptine mesylate cap 5 mg (base equivalent)* | 1 | MO |
| *bromocriptine mesylate tab 2.5 mg (base equivalent)* | 1 | MO |
| *carbidopa & levodopa orally disintegrating tab 10-100 mg* | 1 | MO |
| *carbidopa & levodopa orally disintegrating tab 25-100 mg* | 1 | MO |
| *carbidopa & levodopa orally disintegrating tab 25-250 mg* | 1 | MO |
| *carbidopa & levodopa tab 10-100 mg* | 1 | MO |
| *carbidopa & levodopa tab 25-100 mg* | 1 | MO |
| *carbidopa & levodopa tab 25-250 mg* | 1 | MO |

## CENTRAL NERVOUS SYSTEM: ANTIPARKINSONIAN AGENTS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *carbidopa & levodopa tab er 25-100 mg* | 1 | MO |
| *carbidopa & levodopa tab er 50-200 mg* | 1 | MO |
| *carbidopa tab 25 mg* | 1 | MO |
| *carbidopa-levodopa-entacapone tabs 12.5-50-200 mg* | 1 | MO |
| *carbidopa-levodopa-entacapone tabs 18.75-75-200 mg* | 1 | MO |
| *carbidopa-levodopa-entacapone tabs 25-100-200 mg* | 1 | MO |
| *carbidopa-levodopa-entacapone tabs 31.25-125-200 mg* | 1 | MO |
| *carbidopa-levodopa-entacapone tabs 37.5-150-200 mg* | 1 | MO |
| *carbidopa-levodopa-entacapone tabs 50-200-200 mg* | 1 | MO |
| *entacapone tab 200 mg* | 1 | MO |
| KYNMOBI MIS 10MG | 2 | PA, MO, QL ( 150 films every 30 days) |
| KYNMOBI MIS 15MG | 2 | PA, MO, QL ( 150 films every 30 days) |
| KYNMOBI MIS 20MG | 2 | PA, MO, QL ( 150 films every 30 days) |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

| CENTRAL NERVOUS SYSTEM: ANTIPARKINSONIAN AGENTS (continued) | | |
|---|---|---|
| **Drug Name** | **Tier** | **Requirements/ Limits** |
| KYNMOBI MIS 25MG | 2 | PA, MO, QL ( 150 films every 30 days) |
| KYNMOBI MIS 30MG | 2 | PA, MO, QL ( 150 films every 30 days) |
| NEUPRO DIS 1MG/24HR | 3 | MO |
| NEUPRO DIS 2MG/24HR | 3 | MO |
| NEUPRO DIS 3MG/24HR | 3 | MO |
| NEUPRO DIS 4MG/24HR | 3 | MO |
| NEUPRO DIS 6MG/24HR | 3 | MO |
| NEUPRO DIS 8MG/24HR | 3 | MO |
| *pramipexole dihydrochloride tab 0.125 mg* | 1 | MO |
| *pramipexole dihydrochloride tab 0.25 mg* | 1 | MO |
| *pramipexole dihydrochloride tab 0.5 mg* | 1 | MO |
| *pramipexole dihydrochloride tab 0.75 mg* | 1 | MO |
| *pramipexole dihydrochloride tab 1 mg* | 1 | MO |
| *pramipexole dihydrochloride tab 1.5 mg* | 1 | MO |

| CENTRAL NERVOUS SYSTEM: ANTIPARKINSONIAN AGENTS (continued) | | |
|---|---|---|
| **Drug Name** | **Tier** | **Requirements/ Limits** |
| *pramipexole dihydrochloride tab er 24hr 0.375 mg* | 1 | MO |
| *pramipexole dihydrochloride tab er 24hr 0.75 mg* | 1 | MO |
| *pramipexole dihydrochloride tab er 24hr 1.5 mg* | 1 | MO |
| *pramipexole dihydrochloride tab er 24hr 2.25 mg* | 1 | MO |
| *pramipexole dihydrochloride tab er 24hr 3 mg* | 1 | MO |
| *pramipexole dihydrochloride tab er 24hr 3.75 mg* | 1 | MO |
| *pramipexole dihydrochloride tab er 24hr 4.5 mg* | 1 | MO |
| *rasagiline mesylate tab 0.5 mg (base equiv)* | 1 | MO, QL ( 30 tabs every 30 days) |
| *rasagiline mesylate tab 1 mg (base equiv)* | 1 | MO, QL ( 30 tabs every 30 days) |
| *ropinirole hydrochloride tab 0.25 mg* | 1 | MO |
| *ropinirole hydrochloride tab 0.5 mg* | 1 | MO |
| *ropinirole hydrochloride tab 1 mg* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## CENTRAL NERVOUS SYSTEM: ANTIPARKINSONIAN AGENTS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *ropinirole hydrochloride tab 2 mg* | 1 | MO |
| *ropinirole hydrochloride tab 3 mg* | 1 | MO |
| *ropinirole hydrochloride tab 4 mg* | 1 | MO |
| *ropinirole hydrochloride tab 5 mg* | 1 | MO |
| *ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)* | 1 | MO |
| *ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)* | 1 | MO |
| *ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)* | 1 | MO |
| *ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)* | 1 | MO |
| *ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)* | 1 | MO |
| *selegiline hcl cap 5 mg* | 1 | MO |
| *selegiline hcl tab 5 mg* | 1 | MO |

## CENTRAL NERVOUS SYSTEM: ANTIPARKINSONIAN AGENTS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *trihexyphenidyl hcl oral soln 0.4 mg/ml* | 2 | PA, MO |
| *trihexyphenidyl hcl tab 2 mg* | 1 | PA, MO |
| *trihexyphenidyl hcl tab 5 mg* | 1 | PA, MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

## CENTRAL NERVOUS SYSTEM: ANTIPSYCHOTICS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| ABILIFY MAIN INJ 300MG | 2 | MO, QL ( 1 syringe every 28 days) |
| ABILIFY MAIN INJ 300MG | 2 | MO, QL ( 1 injection every 28 days) |
| ABILIFY MAIN INJ 400MG | 2 | MO, QL ( 1 syringe every 28 days) |
| ABILIFY MAIN INJ 400MG | 2 | MO, QL ( 1 injection every 28 days) |
| *aripiprazole oral solution 1 mg/ml* | 1 | MO, QL ( 900 mL every 30 days) |
| *aripiprazole orally disintegrating tab 10 mg* | 1 | MO, QL ( 60 tabs every 30 days) |
| *aripiprazole orally disintegrating tab 15 mg* | 1 | MO, QL ( 60 tabs every 30 days) |
| *aripiprazole tab 10 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *aripiprazole tab 15 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *aripiprazole tab 2 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *aripiprazole tab 20 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *aripiprazole tab 30 mg* | 1 | MO, QL ( 30 tabs every 30 days) |

## CENTRAL NERVOUS SYSTEM: ANTIPSYCHOTICS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *aripiprazole tab 5 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| ARISTADA INJ 1064MG | 2 | MO, QL ( 1 syringe every 56 days) |
| ARISTADA INJ 441MG/1. | 2 | MO, QL ( 1 syringe every 28 days) |
| ARISTADA INJ 662MG/2 | 2 | MO, QL ( 1 syringe every 28 days) |
| ARISTADA INJ 882MG/3 | 2 | MO, QL ( 1 syringe every 28 days) |
| ARISTADA INJ INITIO | 2 | MO |
| *asenapine maleate sl tab 10 mg (base equiv)* | 1 | MO, QL ( 60 tabs every 30 days) |
| *asenapine maleate sl tab 2.5 mg (base equiv)* | 1 | MO, QL ( 60 tabs every 30 days) |
| *asenapine maleate sl tab 5 mg (base equiv)* | 1 | MO, QL ( 60 tabs every 30 days) |
| CAPLYTA CAP 42MG | 2 | PA, MO, QL ( 30 caps every 30 days) |
| CHLORPROMAZI CON 100MG/ML | 3 | MO |
| CHLORPROMAZI CON 30MG/ML | 3 | MO |
| *chlorpromazine hcl inj 25 mg/ml* | 1 | MO |
| *chlorpromazine hcl inj 50 mg/2ml* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

| CENTRAL NERVOUS SYSTEM: ANTIPSYCHOTICS (continued) | | |
|---|---|---|
| **Drug Name** | **Tier** | **Requirements/ Limits** |
| *chlorpromazine hcl tab 10 mg* | 1 | MO |
| *chlorpromazine hcl tab 100 mg* | 1 | MO |
| *chlorpromazine hcl tab 200 mg* | 1 | MO |
| *chlorpromazine hcl tab 25 mg* | 1 | MO |
| *chlorpromazine hcl tab 50 mg* | 1 | MO |
| *clozapine orally disintegrating tab 100 mg* | 1 | PA, MO, QL ( 270 tabs every 30 days) |
| *clozapine orally disintegrating tab 12.5 mg* | 1 | PA, MO |
| *clozapine orally disintegrating tab 150 mg* | 1 | PA, MO, QL ( 180 tabs every 30 days) |
| *clozapine orally disintegrating tab 200 mg* | 1 | PA, MO, QL ( 120 tabs every 30 days) |
| *clozapine orally disintegrating tab 25 mg* | 1 | PA, MO |
| *clozapine tab 100 mg* | 1 | MO, QL ( 270 tabs every 30 days) |
| *clozapine tab 200 mg* | 1 | MO, QL ( 120 tabs every 30 days) |
| *clozapine tab 25 mg* | 1 | MO |
| *clozapine tab 50 mg* | 1 | MO |
| FANAPT PAK | 3 | PA, MO |

| CENTRAL NERVOUS SYSTEM: ANTIPSYCHOTICS (continued) | | |
|---|---|---|
| **Drug Name** | **Tier** | **Requirements/ Limits** |
| FANAPT TAB 10MG | 2 | PA, MO, QL ( 60 tabs every 30 days) |
| FANAPT TAB 12MG | 2 | PA, MO, QL ( 60 tabs every 30 days) |
| FANAPT TAB 1MG | 2 | PA, MO, QL ( 60 tabs every 30 days) |
| FANAPT TAB 2MG | 2 | PA, MO, QL ( 60 tabs every 30 days) |
| FANAPT TAB 4MG | 2 | PA, MO, QL ( 60 tabs every 30 days) |
| FANAPT TAB 6MG | 2 | PA, MO, QL ( 60 tabs every 30 days) |
| FANAPT TAB 8MG | 2 | PA, MO, QL ( 60 tabs every 30 days) |
| *fluphenazine decanoate inj 25 mg/ml* | 1 | MO |
| *fluphenazine hcl elixir 2.5 mg/5ml* | 1 | MO |
| *fluphenazine hcl inj 2.5 mg/ml* | 1 | MO |
| *fluphenazine hcl oral conc 5 mg/ml* | 1 | MO |
| *fluphenazine hcl tab 1 mg* | 1 | MO |
| *fluphenazine hcl tab 10 mg* | 1 | MO |
| *fluphenazine hcl tab 2.5 mg* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

## CENTRAL NERVOUS SYSTEM: ANTIPSYCHOTICS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *fluphenazine hcl tab 5 mg* | 1 | MO |
| *haloperidol decanoate im soln 100 mg/ml* | 1 | MO |
| *haloperidol decanoate im soln 50 mg/ml* | 1 | MO |
| *haloperidol lactate inj 5 mg/ml* | 1 | MO |
| *haloperidol lactate oral conc 2 mg/ml* | 1 | MO |
| *haloperidol tab 0.5 mg* | 1 | MO |
| *haloperidol tab 1 mg* | 1 | MO |
| *haloperidol tab 10 mg* | 1 | MO |
| *haloperidol tab 2 mg* | 1 | MO |
| *haloperidol tab 20 mg* | 1 | MO |
| *haloperidol tab 5 mg* | 1 | MO |
| INVEGA SUST INJ 117/0.75 | 2 | MO, QL ( 1 syringe every 28 days) |
| INVEGA SUST INJ 156MG/ML | 2 | MO, QL ( 1 syringe every 28 days) |
| INVEGA SUST INJ 234/1.5 | 2 | MO, QL ( 1 syringe every 28 days) |
| INVEGA SUST INJ 39/0.25 | 3 | MO, QL ( 1 syringe every 28 days) |
| INVEGA SUST INJ 78/0.5ML | 2 | MO, QL ( 1 syringe every 28 days) |
| LATUDA TAB 120MG | 2 | MO, QL ( 30 tabs every 30 days) |

## CENTRAL NERVOUS SYSTEM: ANTIPSYCHOTICS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| LATUDA TAB 20MG | 2 | MO, QL ( 30 tabs every 30 days) |
| LATUDA TAB 40MG | 2 | MO, QL ( 30 tabs every 30 days) |
| LATUDA TAB 60MG | 2 | MO, QL ( 30 tabs every 30 days) |
| LATUDA TAB 80MG | 2 | MO, QL ( 60 tabs every 30 days) |
| *loxapine succinate cap 10 mg* | 1 | MO |
| *loxapine succinate cap 25 mg* | 1 | MO |
| *loxapine succinate cap 5 mg* | 1 | MO |
| *loxapine succinate cap 50 mg* | 1 | MO |
| *molindone hcl tab 10 mg* | 1 | MO |
| *molindone hcl tab 25 mg* | 1 | MO |
| *molindone hcl tab 5 mg* | 1 | MO |
| NUPLAZID CAP 34MG | 2 | PA, LA, QL ( 30 caps every 30 days) |
| NUPLAZID TAB 10MG | 2 | PA, LA, QL ( 30 tabs every 30 days) |
| *olanzapine for im inj 10 mg* | 1 | MO, QL ( 3 vials every 1 day) |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

| CENTRAL NERVOUS SYSTEM: ANTIPSYCHOTICS (continued) | | |
|---|---|---|
| **Drug Name** | **Tier** | **Requirements/ Limits** |
| *olanzapine orally disintegrating tab 10 mg* | 1 | MO, QL ( 60 tabs every 30 days) |
| *olanzapine orally disintegrating tab 15 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *olanzapine orally disintegrating tab 20 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *olanzapine orally disintegrating tab 5 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *olanzapine tab 10 mg* | 1 | MO, QL ( 60 tabs every 30 days) |
| *olanzapine tab 15 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *olanzapine tab 2.5 mg* | 1 | MO, QL ( 60 tabs every 30 days) |
| *olanzapine tab 20 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *olanzapine tab 5 mg* | 1 | MO, QL ( 60 tabs every 30 days) |
| *olanzapine tab 7.5 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *paliperidone tab er 24hr 1.5 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *paliperidone tab er 24hr 3 mg* | 1 | MO, QL ( 30 tabs every 30 days) |

| CENTRAL NERVOUS SYSTEM: ANTIPSYCHOTICS (continued) | | |
|---|---|---|
| **Drug Name** | **Tier** | **Requirements/ Limits** |
| *paliperidone tab er 24hr 6 mg* | 1 | MO, QL ( 60 tabs every 30 days) |
| *paliperidone tab er 24hr 9 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *perphenazine tab 16 mg* | 1 | MO |
| *perphenazine tab 2 mg* | 1 | MO |
| *perphenazine tab 4 mg* | 1 | MO |
| *perphenazine tab 8 mg* | 1 | MO |
| PERSERIS INJ 120MG | 2 | MO, QL ( 1 syringe every 30 days) |
| PERSERIS INJ 90MG | 2 | MO, QL ( 1 syringe every 30 days) |
| *pimozide tab 1 mg* | 1 | MO |
| *pimozide tab 2 mg* | 1 | MO |
| *quetiapine fumarate tab 100 mg* | 1 | MO |
| *quetiapine fumarate tab 200 mg* | 1 | MO |
| *quetiapine fumarate tab 25 mg* | 1 | MO |
| *quetiapine fumarate tab 300 mg* | 1 | MO |
| *quetiapine fumarate tab 400 mg* | 1 | MO |
| *quetiapine fumarate tab 50 mg* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

## CENTRAL NERVOUS SYSTEM: ANTIPSYCHOTICS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *quetiapine fumarate tab er 24hr 150 mg* | 1 | PA, MO, QL ( 30 tabs every 30 days) |
| *quetiapine fumarate tab er 24hr 200 mg* | 1 | PA, MO, QL ( 30 tabs every 30 days) |
| *quetiapine fumarate tab er 24hr 300 mg* | 1 | PA, MO, QL ( 60 tabs every 30 days) |
| *quetiapine fumarate tab er 24hr 400 mg* | 1 | PA, MO, QL ( 60 tabs every 30 days) |
| *quetiapine fumarate tab er 24hr 50 mg* | 1 | PA, MO, QL ( 60 tabs every 30 days) |
| REXULTI TAB 0.25MG | 2 | MO, QL ( 60 tabs every 30 days) |
| REXULTI TAB 0.5MG | 2 | MO, QL ( 60 tabs every 30 days) |
| REXULTI TAB 1MG | 2 | MO, QL ( 60 tabs every 30 days) |
| REXULTI TAB 2MG | 2 | MO, QL ( 60 tabs every 30 days) |
| REXULTI TAB 3MG | 2 | MO, QL ( 30 tabs every 30 days) |
| REXULTI TAB 4MG | 2 | MO, QL ( 30 tabs every 30 days) |
| *risperidone orally disintegrating tab 0.25 mg* | 1 | MO, QL ( 90 tabs every 30 days) |

## CENTRAL NERVOUS SYSTEM: ANTIPSYCHOTICS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *risperidone orally disintegrating tab 0.5 mg* | 1 | MO, QL ( 90 tabs every 30 days) |
| *risperidone orally disintegrating tab 1 mg* | 1 | MO, QL ( 60 tabs every 30 days) |
| *risperidone orally disintegrating tab 2 mg* | 1 | MO, QL ( 60 tabs every 30 days) |
| *risperidone orally disintegrating tab 3 mg* | 1 | MO, QL ( 60 tabs every 30 days) |
| *risperidone orally disintegrating tab 4 mg* | 1 | MO, QL ( 120 tabs every 30 days) |
| *risperidone soln 1 mg/ml* | 1 | MO, QL ( 240 mL every 30 days) |
| *risperidone tab 0.25 mg* | 1 | MO |
| *risperidone tab 0.5 mg* | 1 | MO |
| *risperidone tab 1 mg* | 1 | MO |
| *risperidone tab 2 mg* | 1 | MO |
| *risperidone tab 3 mg* | 1 | MO |
| *risperidone tab 4 mg* | 1 | MO |
| SECUADO DIS 3.8MG | 3 | MO, QL ( 30 patches every 30 days) |
| SECUADO DIS 5.7MG | 3 | MO, QL ( 30 patches every 30 days) |
| SECUADO DIS 7.6MG | 3 | MO, QL ( 30 patches every 30 days) |
| *thioridazine hcl tab 10 mg* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

| CENTRAL NERVOUS SYSTEM: ANTIPSYCHOTICS (continued) | | |
|---|---|---|
| **Drug Name** | **Tier** | **Requirements/ Limits** |
| *thioridazine hcl tab 100 mg* | 1 | MO |
| *thioridazine hcl tab 25 mg* | 1 | MO |
| *thioridazine hcl tab 50 mg* | 1 | MO |
| *thiothixene cap 1 mg* | 1 | MO |
| *thiothixene cap 10 mg* | 1 | MO |
| *thiothixene cap 2 mg* | 1 | MO |
| *thiothixene cap 5 mg* | 1 | MO |
| *trifluoperazine hcl tab 1 mg (base equivalent)* | 1 | MO |
| *trifluoperazine hcl tab 10 mg (base equivalent)* | 1 | MO |
| *trifluoperazine hcl tab 2 mg (base equivalent)* | 1 | MO |
| *trifluoperazine hcl tab 5 mg (base equivalent)* | 1 | MO |
| VERSACLOZ SUS 50MG/ML | 2 | PA, MO, QL ( 600 mL every 30 days) |
| VRAYLAR CAP 1.5-3MG | 3 | MO |
| VRAYLAR CAP 1.5MG | 2 | MO, QL ( 60 caps every 30 days) |
| VRAYLAR CAP 3MG | 2 | MO, QL ( 30 caps every 30 days) |
| VRAYLAR CAP 4.5MG | 2 | MO, QL ( 30 caps every 30 days) |

| CENTRAL NERVOUS SYSTEM: ANTIPSYCHOTICS (continued) | | |
|---|---|---|
| **Drug Name** | **Tier** | **Requirements/ Limits** |
| VRAYLAR CAP 6MG | 2 | MO, QL ( 30 caps every 30 days) |
| *ziprasidone hcl cap 20 mg* | 1 | MO, QL ( 60 caps every 30 days) |
| *ziprasidone hcl cap 40 mg* | 1 | MO, QL ( 60 caps every 30 days) |
| *ziprasidone hcl cap 60 mg* | 1 | MO, QL ( 60 caps every 30 days) |
| *ziprasidone hcl cap 80 mg* | 1 | MO, QL ( 60 caps every 30 days) |
| *ziprasidone mesylate for inj 20 mg (base equivalent)* | 1 | MO, QL ( 6 injections every 3 days) |
| ZYPREXA RELP INJ 210MG | 3 | PA, MO, QL ( 2 vials every 28 days) |
| ZYPREXA RELP INJ 300MG | 2 | PA, MO, QL ( 2 vials every 28 days) |
| ZYPREXA RELP INJ 405MG | 2 | PA, MO, QL ( 1 vial every 28 days) |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

## CENTRAL NERVOUS SYSTEM: ATTENTION DEFICIT HYPERACTIVITY DISORDER

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *amphetamine-dextroamphetamine cap er 24hr 10 mg* | 1 | PA, MO, QL ( 30 caps every 30 days) |
| *amphetamine-dextroamphetamine cap er 24hr 15 mg* | 1 | PA, MO, QL ( 30 caps every 30 days) |
| *amphetamine-dextroamphetamine cap er 24hr 20 mg* | 1 | PA, MO, QL ( 30 caps every 30 days) |
| *amphetamine-dextroamphetamine cap er 24hr 25 mg* | 1 | PA, MO, QL ( 30 caps every 30 days) |
| *amphetamine-dextroamphetamine cap er 24hr 30 mg* | 1 | PA, MO, QL ( 30 caps every 30 days) |
| *amphetamine-dextroamphetamine cap er 24hr 5 mg* | 1 | PA, MO, QL ( 30 caps every 30 days) |
| *amphetamine-dextroamphetamine tab 10 mg* | 1 | PA, MO, QL ( 60 tabs every 30 days) |
| *amphetamine-dextroamphetamine tab 12.5 mg* | 1 | PA, MO, QL ( 60 tabs every 30 days) |
| *amphetamine-dextroamphetamine tab 15 mg* | 1 | PA, MO, QL ( 60 tabs every 30 days) |
| *amphetamine-dextroamphetamine tab 20 mg* | 1 | PA, MO, QL ( 90 tabs every 30 days) |
| *amphetamine-dextroamphetamine tab 30 mg* | 1 | PA, MO, QL ( 60 tabs every 30 days) |
| *amphetamine-dextroamphetamine tab 5 mg* | 1 | PA, MO, QL ( 60 tabs every 30 days) |

## CENTRAL NERVOUS SYSTEM: ATTENTION DEFICIT HYPERACTIVITY DISORDER (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *amphetamine-dextroamphetamine tab 7.5 mg* | 1 | PA, MO, QL ( 60 tabs every 30 days) |
| *atomoxetine hcl cap 10 mg (base equiv)* | 1 | MO, QL ( 120 caps every 30 days) |
| *atomoxetine hcl cap 100 mg (base equiv)* | 1 | MO, QL ( 30 caps every 30 days) |
| *atomoxetine hcl cap 18 mg (base equiv)* | 1 | MO, QL ( 120 caps every 30 days) |
| *atomoxetine hcl cap 25 mg (base equiv)* | 1 | MO, QL ( 120 caps every 30 days) |
| *atomoxetine hcl cap 40 mg (base equiv)* | 1 | MO, QL ( 60 caps every 30 days) |
| *atomoxetine hcl cap 60 mg (base equiv)* | 1 | MO, QL ( 30 caps every 30 days) |
| *atomoxetine hcl cap 80 mg (base equiv)* | 1 | MO, QL ( 30 caps every 30 days) |
| *dexmethylphenidate hcl tab 10 mg* | 1 | PA, MO, QL ( 60 tabs every 30 days) |
| *dexmethylphenidate hcl tab 2.5 mg* | 1 | PA, MO, QL ( 120 tabs every 30 days) |
| *dexmethylphenidate hcl tab 5 mg* | 1 | PA, MO, QL ( 120 tabs every 30 days) |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## CENTRAL NERVOUS SYSTEM: ATTENTION DEFICIT HYPERACTIVITY DISORDER (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *guanfacine hcl tab er 24hr 1 mg (base equiv)* | 2 | PA, MO, QL ( 30 tabs every 30 days) |
| *guanfacine hcl tab er 24hr 2 mg (base equiv)* | 2 | PA, MO, QL ( 30 tabs every 30 days) |
| *guanfacine hcl tab er 24hr 3 mg (base equiv)* | 2 | PA, MO, QL ( 60 tabs every 30 days) |
| *guanfacine hcl tab er 24hr 4 mg (base equiv)* | 2 | PA, MO, QL ( 30 tabs every 30 days) |
| *metadate tab 20mg er* | 1 | PA, MO, QL ( 90 tabs every 30 days) |
| *methylphenidate hcl chew tab 10 mg* | 1 | PA, MO, QL ( 180 tabs every 30 days) |
| *methylphenidate hcl chew tab 2.5 mg* | 1 | PA, MO, QL ( 180 tabs every 30 days) |
| *methylphenidate hcl chew tab 5 mg* | 1 | PA, MO, QL ( 180 tabs every 30 days) |
| *methylphenidate hcl soln 10 mg/5ml* | 1 | PA, MO, QL ( 900 mL every 30 days) |
| *methylphenidate hcl soln 5 mg/5ml* | 1 | PA, MO, QL ( 1800 mL every 30 days) |
| *methylphenidate hcl tab 10 mg* | 1 | PA, MO, QL ( 180 tabs every 30 days) |

## CENTRAL NERVOUS SYSTEM: ATTENTION DEFICIT HYPERACTIVITY DISORDER (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *methylphenidate hcl tab 20 mg* | 1 | PA, MO, QL ( 90 tabs every 30 days) |
| *methylphenidate hcl tab 5 mg* | 1 | PA, MO, QL ( 180 tabs every 30 days) |
| *methylphenidate hcl tab er 10 mg* | 1 | PA, MO, QL ( 90 tabs every 30 days) |
| *methylphenidate hcl tab er 20 mg* | 1 | PA, MO, QL ( 90 tabs every 30 days) |
| VYVANSE CAP 10MG | 3 | PA, MO, QL ( 60 caps every 30 days) |
| VYVANSE CAP 20MG | 3 | PA, MO, QL ( 60 caps every 30 days) |
| VYVANSE CAP 30MG | 3 | PA, MO, QL ( 60 caps every 30 days) |
| VYVANSE CAP 40MG | 3 | PA, MO, QL ( 30 caps every 30 days) |
| VYVANSE CAP 50MG | 3 | PA, MO, QL ( 30 caps every 30 days) |
| VYVANSE CAP 60MG | 3 | PA, MO, QL ( 30 caps every 30 days) |
| VYVANSE CAP 70MG | 3 | PA, MO, QL ( 30 caps every 30 days) |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

## CENTRAL NERVOUS SYSTEM: ATTENTION DEFICIT HYPERACTIVITY DISORDER (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| VYVANSE CHW 10MG | 3 | PA, MO, QL ( 60 tabs every 30 days) |
| VYVANSE CHW 20MG | 3 | PA, MO, QL ( 60 tabs every 30 days) |
| VYVANSE CHW 30MG | 3 | PA, MO, QL ( 60 tabs every 30 days) |
| VYVANSE CHW 40MG | 3 | PA, MO, QL ( 30 tabs every 30 days) |
| VYVANSE CHW 50MG | 3 | PA, MO, QL ( 30 tabs every 30 days) |
| VYVANSE CHW 60MG | 3 | PA, MO, QL ( 30 tabs every 30 days) |

## CENTRAL NERVOUS SYSTEM: HYPNOTICS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| BELSOMRA TAB 10MG | 3 | MO, QL ( 30 tabs every 30 days) |
| BELSOMRA TAB 15MG | 3 | MO, QL ( 30 tabs every 30 days) |
| BELSOMRA TAB 20MG | 3 | MO, QL ( 30 tabs every 30 days) |
| BELSOMRA TAB 5MG | 3 | MO, QL ( 30 tabs every 30 days) |
| *doxepin hcl (sleep) tab 3 mg (base equiv)* | 1 | MO, QL ( 30 tabs every 30 days) |
| *doxepin hcl (sleep) tab 6 mg (base equiv)* | 1 | MO, QL ( 30 tabs every 30 days) |
| HETLIOZ CAP 20MG | 2 | PA, LA, QL ( 30 caps every 30 days) |
| *temazepam cap 15 mg* | 1 | PA, MO, QL ( 60 caps every 30 days) |
| *temazepam cap 30 mg* | 1 | PA, MO, QL ( 30 caps every 30 days) |
| *temazepam cap 7.5 mg* | 1 | PA, MO, QL ( 30 caps every 30 days) |
| *zolpidem tartrate tab 10 mg* | 1 | PA, MO, QL ( 30 tabs every 30 days) |
| *zolpidem tartrate tab 5 mg* | 1 | PA, MO, QL ( 30 tabs every 30 days) |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## CENTRAL NERVOUS SYSTEM: MIGRAINE

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| AIMOVIG INJ 140MG/ ML | 2 | PA, MO, QL ( 1 pen every 30 days) |
| AIMOVIG INJ 70MG/ ML | 2 | PA, MO, QL ( 1 pen every 30 days) |
| *dihydroergotamine mesylate inj 1 mg/ml* | 1 | MO |
| *dihydroergotamine mesylate nasal spray 4 mg/ml* | 1 | PA, MO, QL ( 8 mL every 30 days) |
| *ergotamine w/ caffeine tab 1-100 mg* | 1 | PA, MO, QL ( 40 tabs every 28 days) |
| *naratriptan hcl tab 1 mg (base equiv)* | 1 | MO, QL ( 12 tabs every 30 days) |
| *naratriptan hcl tab 2.5 mg (base equiv)* | 1 | MO, QL ( 12 tabs every 30 days) |
| NURTEC TAB 75MG ODT | 2 | PA, MO, QL ( 16 tabs every 30 days) |
| *rizatriptan benzoate oral disintegrating tab 10 mg (base eq)* | 1 | MO, QL ( 18 tabs every 30 days) |
| *rizatriptan benzoate oral disintegrating tab 5 mg (base eq)* | 1 | MO, QL ( 18 tabs every 30 days) |
| *rizatriptan benzoate tab 10 mg (base equivalent)* | 1 | MO, QL ( 18 tabs every 30 days) |
| *rizatriptan benzoate tab 5 mg (base equivalent)* | 1 | MO, QL ( 18 tabs every 30 days) |

## CENTRAL NERVOUS SYSTEM: MIGRAINE (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *sumatriptan nasal spray 20 mg/act* | 1 | MO, QL ( 12 units every 30 days) |
| *sumatriptan nasal spray 5 mg/act* | 1 | MO, QL ( 24 units every 30 days) |
| *sumatriptan succinate inj 6 mg/0.5ml* | 1 | MO, QL ( 12 injections every 30 days) |
| *sumatriptan succinate solution auto-injector 4 mg/0.5ml* | 1 | MO, QL ( 18 injections every 30 days) |
| *sumatriptan succinate solution auto-injector 6 mg/0.5ml* | 1 | MO, QL ( 12 injections every 30 days) |
| *sumatriptan succinate solution cartridge 4 mg/0.5ml* | 1 | MO, QL ( 18 injections every 30 days) |
| *sumatriptan succinate solution cartridge 6 mg/0.5ml* | 1 | MO, QL ( 12 injections every 30 days) |
| *sumatriptan succinate tab 100 mg* | 1 | MO, QL ( 12 tabs every 30 days) |
| *sumatriptan succinate tab 25 mg* | 1 | MO, QL ( 12 tabs every 30 days) |
| *sumatriptan succinate tab 50 mg* | 1 | MO, QL ( 12 tabs every 30 days) |
| *zolmitriptan orally disintegrating tab 2.5 mg* | 1 | MO, QL ( 12 tabs every 30 days) |
| *zolmitriptan orally disintegrating tab 5 mg* | 1 | MO, QL ( 12 tabs every 30 days) |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

## CENTRAL NERVOUS SYSTEM: MIGRAINE (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *zolmitriptan tab 2.5 mg* | 1 | MO, QL ( 12 tabs every 30 days) |
| *zolmitriptan tab 5 mg* | 1 | MO, QL ( 12 tabs every 30 days) |

## CENTRAL NERVOUS SYSTEM: MISCELLANEOUS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| AUSTEDO TAB 12MG | 2 | PA, LA, QL ( 120 tabs every 30 days) |
| AUSTEDO TAB 6MG | 2 | PA, LA, QL ( 60 tabs every 30 days) |
| AUSTEDO TAB 9MG | 2 | PA, LA, QL ( 120 tabs every 30 days) |
| GRALISE TAB 300MG | 3 | PA, MO, QL ( 180 tabs every 30 days) |
| GRALISE TAB 600MG | 3 | PA, MO, QL ( 90 tabs every 30 days) |
| INGREZZA CAP 40-80MG | 2 | PA, LA, QL ( 28 caps every 28 days) |
| INGREZZA CAP 40MG | 2 | PA, LA, QL ( 30 caps every 30 days) |
| INGREZZA CAP 60MG | 2 | PA, LA, QL ( 30 caps every 30 days) |
| INGREZZA CAP 80MG | 2 | PA, LA, QL ( 30 caps every 30 days) |
| *lithium carbonate cap 150 mg* | 1 | MO |
| *lithium carbonate cap 300 mg* | 1 | MO |
| *lithium carbonate cap 600 mg* | 1 | MO |
| *lithium carbonate tab 300 mg* | 1 | MO |
| *lithium carbonate tab er 300 mg* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## CENTRAL NERVOUS SYSTEM: MISCELLANEOUS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *lithium carbonate tab er 450 mg* | 1 | MO |
| NUEDEXTA CAP 20-10MG | 3 | PA, MO, QL ( 60 caps every 30 days) |
| *pyridostigmine bromide tab 60 mg* | 1 | MO |
| *riluzole tab 50 mg* | 1 | |
| SAVELLA MIS TITR PAK | 3 | PA, MO |
| SAVELLA TAB 100MG | 3 | PA, MO, QL ( 60 tabs every 30 days) |
| SAVELLA TAB 12.5MG | 3 | PA, MO, QL ( 60 tabs every 30 days) |
| SAVELLA TAB 25MG | 3 | PA, MO, QL ( 60 tabs every 30 days) |
| SAVELLA TAB 50MG | 3 | PA, MO, QL ( 60 tabs every 30 days) |
| *tetrabenazine tab 12.5 mg* | 1 | PA, QL ( 90 tabs every 30 days) |
| *tetrabenazine tab 25 mg* | 1 | PA, QL ( 120 tabs every 30 days) |

## CENTRAL NERVOUS SYSTEM: MULTIPLE SCLEROSIS AGENTS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| BAFIERTAM CAP 95MG | 2 | PA, LA, QL ( 120 caps every 30 days) |
| BETASERON INJ 0.3MG | 2 | PA, QL ( 14 syringes every 28 days) |
| *dalfampridine tab er 12hr 10 mg* | 1 | PA |
| GILENYA CAP 0.5MG | 2 | PA, QL ( 28 caps every 28 days) |
| *glatiramer acetate soln prefilled syringe 20 mg/ml* | 1 | PA, QL ( 30 syringes every 30 days) |
| *glatiramer acetate soln prefilled syringe 40 mg/ml* | 1 | PA, QL ( 12 syringes every 28 days) |
| *glatopa inj 20mg/ml* | 1 | PA, QL ( 30 syringes every 30 days) |
| *glatopa inj 40mg/ml* | 1 | PA, QL ( 12 syringes every 28 days) |
| KESIMPTA INJ 20/.4ML | 2 | PA, LA, QL ( 16 pens every year) |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

## CENTRAL NERVOUS SYSTEM: MUSCULOSKELETAL THERAPY AGENTS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *baclofen tab 10 mg* | 1 | MO |
| *baclofen tab 20 mg* | 1 | MO |
| *baclofen tab 5 mg* | 1 | MO |
| *cyclobenzaprine hcl tab 10 mg* | 2 | PA, MO |
| *cyclobenzaprine hcl tab 5 mg* | 2 | PA, MO |
| *dantrolene sodium cap 100 mg* | 1 | MO |
| *dantrolene sodium cap 25 mg* | 1 | MO |
| *dantrolene sodium cap 50 mg* | 1 | MO |
| *tizanidine hcl tab 2 mg (base equivalent)* | 1 | MO |
| *tizanidine hcl tab 4 mg (base equivalent)* | 1 | MO |

## CENTRAL NERVOUS SYSTEM: NARCOLEPSY/CATAPLEXY

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *armodafinil tab 150 mg* | 1 | PA, MO, QL ( 30 tabs every 30 days) |
| *armodafinil tab 200 mg* | 1 | PA, MO, QL ( 30 tabs every 30 days) |
| *armodafinil tab 250 mg* | 1 | PA, MO, QL ( 30 tabs every 30 days) |
| *armodafinil tab 50 mg* | 1 | PA, MO, QL ( 60 tabs every 30 days) |
| *modafinil tab 100 mg* | 1 | PA, MO, QL ( 30 tabs every 30 days) |
| *modafinil tab 200 mg* | 1 | PA, MO, QL ( 60 tabs every 30 days) |
| XYREM SOL 500MG/ ML | 2 | PA, LA, QL ( 540 mL every 30 days) |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

## CENTRAL NERVOUS SYSTEM: PSYCHOTHERAPEUTIC-MISC

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *acamprosate calcium tab delayed release 333 mg* | 1 | MO |
| *buprenorphine hcl sl tab 2 mg (base equiv)* | 1 | PA, MO, QL ( 90 tabs every 30 days) |
| *buprenorphine hcl sl tab 8 mg (base equiv)* | 1 | PA, MO, QL ( 90 tabs every 30 days) |
| *buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)* | 1 | MO, QL ( 60 films every 30 days) |
| *buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)* | 1 | MO, QL ( 90 films every 30 days) |
| *buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)* | 1 | MO, QL ( 90 films every 30 days) |
| *buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)* | 1 | MO, QL ( 90 films every 30 days) |
| *buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)* | 1 | MO, QL ( 90 tabs every 30 days) |
| *buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)* | 1 | MO, QL ( 90 tabs every 30 days) |
| *bupropion hcl (smoking deterrent) tab er 12hr 150 mg* | 1 | MO |
| *disulfiram tab 250 mg* | 1 | MO |
| *disulfiram tab 500 mg* | 1 | MO |
| *naloxone hcl inj 0.4 mg/ml* | 1 | MO |

## CENTRAL NERVOUS SYSTEM: PSYCHOTHERAPEUTIC-MISC (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *naloxone hcl inj 4 mg/10ml* | 1 | MO |
| *naloxone hcl nasal spray 4 mg/0.1ml* | 1 | MO |
| *naloxone hcl soln cartridge 0.4 mg/ml* | 1 | MO |
| *naloxone hcl soln prefilled syringe 2 mg/2ml* | 1 | MO |
| *naltrexone hcl tab 50 mg* | 1 | MO |
| NICOTROL INH | 3 | MO |
| NICOTROL NS SPR 10MG/ML | 3 | MO |
| *varenicline tartrate tab 0.5 mg (base equiv)* | 1 | PA, MO, QL ( 56 tabs every 28 days) |
| *varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack* | 1 | PA, MO |
| *varenicline tartrate tab 1 mg (base equiv)* | 1 | PA, MO, QL ( 56 tabs every 28 days) |
| VIVITROL INJ 380MG | 2 | |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

## ENDOCRINE AND METABOLIC: ANDROGENS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *oxandrolone tab 10 mg* | 1 | PA, MO, QL ( 60 tabs every 30 days) |
| *oxandrolone tab 2.5 mg* | 1 | PA, MO, QL ( 120 tabs every 30 days) |
| *testosterone cypionate im inj in oil 100 mg/ml* | 1 | PA, MO |
| *testosterone cypionate im inj in oil 200 mg/ml* | 1 | PA, MO |
| *testosterone enanthate im inj in oil 200 mg/ml* | 1 | PA |
| *testosterone td gel 12.5 mg/act (1%)* | 1 | PA, MO, QL ( 300 gm every 30 days) |
| *testosterone td gel 20.25 mg/act (1.62%)* | 1 | PA, MO, QL ( 150 gm every 30 days) |
| *testosterone td gel 25 mg/2.5gm (1%)* | 1 | PA, MO, QL ( 300 gm every 30 days) |
| *testosterone td gel 50 mg/5gm (1%)* | 1 | PA, MO, QL ( 300 gm every 30 days) |

## ENDOCRINE AND METABOLIC: ANTIDIABETICS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *acarbose tab 100 mg* | 1 | MO |
| *acarbose tab 25 mg* | 1 | MO |
| *acarbose tab 50 mg* | 1 | MO |
| BYDUREON BC INJ 2/0.85ML | 2 | MO, QL ( 4 pens every 28 days) |
| BYETTA INJ 10MCG | 3 | MO, QL ( 1 pen every 30 days) |
| BYETTA INJ 5MCG | 3 | MO, QL ( 1 pen every 30 days) |
| DEXCOM G6 MIS RECEIVER | MB | MO, QL ( 1 each every year) |
| DEXCOM G6 MIS SENSOR | MB | MO |
| DEXCOM G6 MIS TRANSMIT | MB | MO, QL ( 1 box every year) |
| FARXIGA TAB 10MG | 2 | MO, QL ( 30 tabs every 30 days) |
| FARXIGA TAB 5MG | 2 | MO, QL ( 30 tabs every 30 days) |
| FREESTY LIBR KIT 2 SENSOR | MB | MO |
| FREESTY LIBR MIS 2 READER | MB | MO, QL ( 1 each every year) |
| FREESTYLE KIT FREEDOM | MB | MO, QL ( 1 box every year) |
| FREESTYLE KIT INSULINX | MB | MO, QL ( 1 box every year) |
| FREESTYLE KIT LITE | MB | MO, QL ( 1 box every year) |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## ENDOCRINE AND METABOLIC: ANTIDIABETICS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| FREESTYLE KIT SENSOR | MB | MO |
| FREESTYLE MIS READER | MB | MO, QL ( 1 each every year) |
| FREESTYLE TES | MB | MO, QL of 100/90 days for non-insulin users and 300/90 days for insulin users |
| FREESTYLE TES INSULINX | MB | MO, QL of 100/90 days for non-insulin users and 300/90 days for insulin users |
| FREESTYLE TES LITE | MB | MO, QL of 100/90 days for non-insulin users and 300/90 days for insulin users |
| FREESTYLE TES PREC NEO | MB | MO, QL of 100/90 days for non-insulin users and 300/90 days for insulin users |
| *glimepiride tab 1 mg* | 1 | MO, QL ( 90 tabs every 30 days) |
| *glimepiride tab 2 mg* | 1 | MO, QL ( 90 tabs every 30 days) |
| *glimepiride tab 4 mg* | 1 | MO, QL ( 60 tabs every 30 days) |

## ENDOCRINE AND METABOLIC: ANTIDIABETICS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *glipizide tab 10 mg* | 1 | MO, QL ( 120 tabs every 30 days) |
| *glipizide tab 5 mg* | 1 | MO, QL ( 240 tabs every 30 days) |
| *glipizide tab er 24hr 10 mg* | 1 | MO, QL ( 60 tabs every 30 days) |
| *glipizide tab er 24hr 2.5 mg* | 1 | MO, QL ( 90 tabs every 30 days) |
| *glipizide tab er 24hr 5 mg* | 1 | MO, QL ( 90 tabs every 30 days) |
| *glipizide xl tab 10mg* | 1 | MO, QL ( 60 tabs every 30 days) |
| *glipizide xl tab 2.5mg* | 1 | MO, QL ( 90 tabs every 30 days) |
| *glipizide xl tab 5mg* | 1 | MO, QL ( 90 tabs every 30 days) |
| *glipizide-metformin hcl tab 2.5-250 mg* | 1 | MO, QL ( 240 tabs every 30 days) |
| *glipizide-metformin hcl tab 2.5-500 mg* | 1 | MO, QL ( 120 tabs every 30 days) |
| *glipizide-metformin hcl tab 5-500 mg* | 1 | MO, QL ( 120 tabs every 30 days) |
| GLYXAMBI TAB 10-5 MG | 2 | MO, QL ( 30 tabs every 30 days) |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

| ENDOCRINE AND METABOLIC: ANTIDIABETICS (continued) | | |
|---|---|---|
| **Drug Name** | **Tier** | **Requirements/ Limits** |
| GLYXAMBI TAB 25-5 MG | 2 | MO, QL ( 30 tabs every 30 days) |
| JANUMET TAB 50-1000 | 2 | MO, QL ( 60 tabs every 30 days) |
| JANUMET TAB 50-500MG | 2 | MO, QL ( 60 tabs every 30 days) |
| JANUMET XR TAB 100-1000 | 2 | MO, QL ( 30 tabs every 30 days) |
| JANUMET XR TAB 50-1000 | 2 | MO, QL ( 60 tabs every 30 days) |
| JANUMET XR TAB 50-500MG | 2 | MO, QL ( 60 tabs every 30 days) |
| JANUVIA TAB 100MG | 2 | MO, QL ( 30 tabs every 30 days) |
| JANUVIA TAB 25MG | 2 | MO, QL ( 30 tabs every 30 days) |
| JANUVIA TAB 50MG | 2 | MO, QL ( 30 tabs every 30 days) |
| JARDIANCE TAB 10MG | 2 | MO, QL ( 60 tabs every 30 days) |
| JARDIANCE TAB 25MG | 2 | MO, QL ( 30 tabs every 30 days) |
| JENTADUETO TAB 2.5-1000 | 2 | MO, QL ( 60 tabs every 30 days) |

| ENDOCRINE AND METABOLIC: ANTIDIABETICS (continued) | | |
|---|---|---|
| **Drug Name** | **Tier** | **Requirements/ Limits** |
| JENTADUETO TAB 2.5-500 | 2 | MO, QL ( 60 tabs every 30 days) |
| JENTADUETO TAB 2.5-850 | 2 | MO, QL ( 60 tabs every 30 days) |
| JENTADUETO TAB XR 2.5-1000MG | 2 | MO, QL ( 60 tabs every 30 days) |
| JENTADUETO TAB XR 5-1000MG | 2 | MO, QL ( 30 tabs every 30 days) |
| *metformin hcl tab 1000 mg* | 1 | MO, QL ( 75 tabs every 30 days) |
| *metformin hcl tab 500 mg* | 1 | MO, QL ( 150 tabs every 30 days) |
| *metformin hcl tab 850 mg* | 1 | MO, QL ( 90 tabs every 30 days) |
| *metformin hcl tab er 24hr 500 mg* | 1 | MO, QL ( 120 tabs every 30 days) |
| *metformin hcl tab er 24hr 750 mg* | 1 | MO, QL ( 60 tabs every 30 days) |
| *nateglinide tab 120 mg* | 1 | MO, QL ( 90 tabs every 30 days) |
| *nateglinide tab 60 mg* | 1 | MO, QL ( 90 tabs every 30 days) |
| ONE TOUCH KIT VERIO FL | MB | MO, QL ( 1 box every year) |
| ONETOUCH KIT ULT MINI | MB | MO, QL ( 1 box every year) |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## ENDOCRINE AND METABOLIC: ANTIDIABETICS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| ONETOUCH KIT ULTRA 2 | MB | MO, QL ( 1 box every year) |
| ONETOUCH KIT VERIO | MB | MO, QL ( 1 box every year) |
| ONETOUCH KIT VERIO FL | MB | MO, QL ( 1 box every year) |
| ONETOUCH KIT VERIO IQ | MB | MO, QL ( 1 box every year) |
| ONETOUCH KIT VERIO RE | MB | MO, QL ( 1 box every year) |
| ONETOUCH TES ULTRA | MB | MO, QL of 100/90 days for non-insulin users and 300/90 days for insulin users |
| ONETOUCH TES VERIO | MB | MO, QL of 100/90 days for non-insulin users and 300/90 days for insulin users |
| OZEMPIC INJ 2/1.5ML | 2 | MO, QL ( 1 pen every 28 days) |
| OZEMPIC INJ 4MG/3ML | 2 | MO, QL ( 1 pen every 28 days) |
| OZEMPIC INJ 8MG/3ML | 2 | MO, QL ( 1 pen every 28 days) |
| *pioglitazone hcl tab 15 mg (base equiv)* | 1 | MO, QL ( 30 tabs every 30 days) |
| *pioglitazone hcl tab 30 mg (base equiv)* | 1 | MO, QL ( 30 tabs every 30 days) |
| *pioglitazone hcl tab 45 mg (base equiv)* | 1 | MO, QL ( 30 tabs every 30 days) |

## ENDOCRINE AND METABOLIC: ANTIDIABETICS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| PREC NEO SYS KIT FREESTYL | MB | MO, QL ( 1 box every year) |
| PRECISION MIS XTRA | MB | MO, QL ( 1 each every year) |
| PRECISION TES XTRA | MB | MO, QL of 100/90 days for non-insulin users and 300/90 days for insulin users |
| *repaglinide tab 0.5 mg* | 1 | MO, QL ( 120 tabs every 30 days) |
| *repaglinide tab 1 mg* | 1 | MO, QL ( 120 tabs every 30 days) |
| *repaglinide tab 2 mg* | 1 | MO, QL ( 240 tabs every 30 days) |
| RYBELSUS TAB 14MG | 2 | MO, QL ( 30 tabs every 30 days) |
| RYBELSUS TAB 3MG | 2 | MO, QL ( 30 tabs every 30 days) |
| RYBELSUS TAB 7MG | 2 | MO, QL ( 30 tabs every 30 days) |
| SYNJARDY TAB | 2 | MO, QL ( 60 tabs every 30 days) |
| SYNJARDY TAB 12.5-500 | 2 | MO, QL ( 60 tabs every 30 days) |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

| ENDOCRINE AND METABOLIC: ANTIDIABETICS (continued) | | |
|---|---|---|
| Drug Name | Tier | Requirements/ Limits |
| SYNJARDY TAB 5-1000MG | 2 | MO, QL ( 60 tabs every 30 days) |
| SYNJARDY TAB 5-500MG | 2 | MO, QL ( 120 tabs every 30 days) |
| SYNJARDY XR TAB | 2 | MO, QL ( 60 tabs every 30 days) |
| SYNJARDY XR TAB 10-1000 | 2 | MO, QL ( 60 tabs every 30 days) |
| SYNJARDY XR TAB 25-1000 | 2 | MO, QL ( 30 tabs every 30 days) |
| SYNJARDY XR TAB 5-1000MG | 2 | MO, QL ( 60 tabs every 30 days) |
| TRADJENTA TAB 5MG | 2 | MO, QL ( 30 tabs every 30 days) |
| TRIJARDY XR TAB ER 24HR 10-5-1000MG | 2 | MO, QL ( 30 tabs every 30 days) |
| TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG | 2 | MO, QL ( 60 tabs every 30 days) |
| TRIJARDY XR TAB ER 24HR 25-5-1000MG | 2 | MO, QL ( 30 tabs every 30 days) |
| TRIJARDY XR TAB ER 24HR 5-2.5-1000MG | 2 | MO, QL ( 60 tabs every 30 days) |
| TRULICITY INJ 0.75/0.5 | 2 | MO, QL ( 4 pens every 28 days) |

| ENDOCRINE AND METABOLIC: ANTIDIABETICS (continued) | | |
|---|---|---|
| Drug Name | Tier | Requirements/ Limits |
| TRULICITY INJ 1.5/0.5 | 2 | MO, QL ( 4 pens every 28 days) |
| TRULICITY INJ 3/0.5 | 2 | MO, QL ( 4 pens every 28 days) |
| TRULICITY INJ 4.5/0.5 | 2 | MO, QL ( 4 pens every 28 days) |
| VICTOZA INJ 18MG/3ML | 2 | MO, QL ( 3 pens every 30 days) |
| XIGDUO XR TAB 10-1000 | 2 | MO, QL ( 30 tabs every 30 days) |
| XIGDUO XR TAB 10-500MG | 2 | MO, QL ( 30 tabs every 30 days) |
| XIGDUO XR TAB 2.5-1000 | 2 | MO, QL ( 60 tabs every 30 days) |
| XIGDUO XR TAB 5-1000MG | 2 | MO, QL ( 60 tabs every 30 days) |
| XIGDUO XR TAB 5-500MG | 2 | MO, QL ( 60 tabs every 30 days) |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## ENDOCRINE AND METABOLIC: ANTIDIABETICS, INSULINS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| BASAGLAR INJ 100UNIT | 2 | MO |
| BD ALCOHOL SWABS | 2 | MO |
| FIASP FLEX INJ TOUCH | 2 | MO |
| FIASP INJ 100/ML | 2 | MO |
| FIASP PENFIL INJ U-100 | 2 | MO |
| GAUZE PADS 2" X 2" | 2 | MO |
| HUMULIN R INJ U-500 | 2 | B/D PA, MO |
| HUMULIN R U-500 KWIKPEN | 2 | MO |
| INSULIN PEN NEEDLES: BD/ NOVO | 2 | MO |
| INSULIN SAFETY NEEDLES | 2 | MO |
| INSULIN SYRINGES: BD | 2 | MO |
| LANTUS INJ 100/ML | 2 | MO |
| LANTUS SOLOS INJ 100/ML | 2 | MO |
| LEVEMIR INJ | 2 | MO |
| LEVEMIR INJ FLEXTOUC | 2 | MO |
| NOVOLIN INJ 70/30 | 2 | MO |
| NOVOLIN INJ 70/30 FP | 2 | MO |
| NOVOLIN N INJ 100 UNIT | 2 | MO |
| NOVOLIN N INJ U-100 | 2 | MO |

## ENDOCRINE AND METABOLIC: ANTIDIABETICS, INSULINS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| NOVOLIN R INJ 100 UNIT | 2 | MO |
| NOVOLIN R INJ U-100 | 2 | MO |
| NOVOLOG INJ 100/ ML | 2 | MO |
| NOVOLOG INJ FLEXPEN | 2 | MO |
| NOVOLOG INJ PENFILL | 2 | MO |
| NOVOLOG MIX INJ 70/30 | 2 | MO |
| NOVOLOG MIX INJ FLEXPEN | 2 | MO |
| OMNIPOD 5 G6 KIT INTRO | 3 | PA, MO, QL ( 1 kit every year) |
| OMNIPOD 5 G6 MIS PODS | 3 | PA, MO, QL ( 15 pods every 30 days) |
| OMNIPOD DASH KIT INTRO | 3 | PA, MO, QL ( 1 kit every year) |
| OMNIPOD DASH MIS PODS | 3 | PA, MO, QL ( 15 pods every 30 days) |
| OMNIPOD MIS CLASSIC | 3 | PA, MO, QL ( 15 pods every 30 days) |
| OMNIPOD PDM KIT CLASSIC | 3 | PA, MO, QL ( 1 kit every year) |
| SOLIQUA INJ 100/33 | 2 | MO, QL ( 5 pens every 25 days) |
| TOUJEO MAX INJ 300IU/ML | 2 | MO |
| TOUJEO SOLO INJ 300IU/ML | 2 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**



**This drug list was last updated on 10/01/2022.**

## ENDOCRINE AND METABOLIC: ANTIDIABETICS, INSULINS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| TRESIBA FLEX INJ 100UNIT | 2 | MO |
| TRESIBA FLEX INJ 200UNIT | 2 | MO |
| TRESIBA INJ 100UNIT | 2 | MO |
| V-GO 20 KIT | 3 | PA, MO, QL ( 1 kit every 30 days) |
| V-GO 30 KIT | 3 | PA, MO, QL ( 1 kit every 30 days) |
| V-GO 40 KIT | 3 | PA, MO, QL ( 1 kit every 30 days) |
| XULTOPHY INJ 100/3.6 | 2 | MO, QL ( 5 pens every 30 days) |

## ENDOCRINE AND METABOLIC: CALCIUM REGULATORS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *alendronate sodium oral soln 70 mg/75ml* | 1 | MO |
| *alendronate sodium tab 10 mg* | 1 | MO |
| *alendronate sodium tab 35 mg* | 1 | MO |
| *alendronate sodium tab 70 mg* | 1 | MO |
| *calcitonin (salmon) nasal soln 200 unit/ act* | 1 | B/D PA, MO |
| FORTEO INJ 600/2.4 | 2 | PA |
| FOSAMAX + D TAB 70-2800 | 3 | ST, MO |
| FOSAMAX + D TAB 70-5600 | 3 | ST, MO |
| *ibandronate sodium iv soln 3 mg/3ml (base equivalent)* | 1 | B/D PA, QL ( 1 injection every 90 days) |
| *ibandronate sodium tab 150 mg (base equivalent)* | 1 | B/D PA |
| NATPARA INJ 100MCG | 2 | PA, LA |
| NATPARA INJ 25MCG | 2 | PA, LA |
| NATPARA INJ 50MCG | 2 | PA, LA |
| NATPARA INJ 75MCG | 2 | PA, LA |
| *pamidronate disodium iv soln 3 mg/ml* | 1 | B/D PA |
| *pamidronate disodium iv soln 9 mg/ml* | 1 | B/D PA |
| PAMIDRONATE INJ 6MG/ML | 2 | B/D PA |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## ENDOCRINE AND METABOLIC: CALCIUM REGULATORS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| PROLIA INJ 60MG/ML | 3 | QL ( 1 syringe every 180 days) |
| *risedronate sodium tab 150 mg* | 1 | MO |
| *risedronate sodium tab 30 mg* | 1 | MO |
| *risedronate sodium tab 35 mg* | 1 | MO |
| *risedronate sodium tab 5 mg* | 1 | MO |
| *risedronate sodium tab delayed release 35 mg* | 1 | MO |
| TERIPARATIDE INJ | 2 | PA |
| XGEVA INJ | 2 | PA |
| *zoledronic acid inj conc for iv infusion 4 mg/5ml* | 1 | B/D PA, MO |
| *zoledronic acid iv soln 4 mg/100ml* | 1 | B/D PA, MO |
| *zoledronic acid iv soln 5 mg/100ml* | 1 | B/D PA, MO |

## ENDOCRINE AND METABOLIC: CHELATING AGENTS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| CHEMET CAP 100MG | 3 | MO |
| *deferasirox granules packet 180 mg* | 1 | PA |
| *deferasirox granules packet 360 mg* | 1 | PA |
| *deferasirox granules packet 90 mg* | 1 | PA |
| *deferasirox tab 180 mg* | 1 | PA |
| *deferasirox tab 360 mg* | 1 | PA |
| *deferasirox tab 90 mg* | 1 | PA |
| *deferasirox tab for oral susp 125 mg* | 1 | PA |
| *deferasirox tab for oral susp 250 mg* | 1 | PA |
| *deferasirox tab for oral susp 500 mg* | 1 | PA |
| LOKELMA PAK 10GM | 2 | MO |
| LOKELMA PAK 5GM | 2 | MO |
| *penicillamine tab 250 mg* | 1 | MO |
| SODIUM POLYSTYRENE SULFONATE POWDER | 1 | MO |
| *sps sus 15gm/60* | 1 | MO |
| *trientine hcl cap 250 mg* | 1 | PA, MO |
| VELTASSA POW 16.8GM | 2 | |
| VELTASSA POW 25.2GM | 2 | |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

## ENDOCRINE AND METABOLIC: CHELATING AGENTS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| VELTASSA POW 8.4GM | 2 | |

## ENDOCRINE AND METABOLIC: CONTRACEPTIVES

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *afirmelle tab 0.1-0.02* | 1 | MO |
| *altavera tab* | 1 | MO |
| *alyacen tab 1/35* | 1 | MO |
| *alyacen tab 7/7/7* | 1 | MO |
| *apri tab* | 1 | MO |
| *aranelle tab* | 1 | MO |
| *aubra eq tab 0.1-0.02* | 1 | MO |
| *aurovela fe tab 1.5/30* | 1 | MO |
| *aurovela fe tab 1/20* | 1 | MO |
| *aurovela tab 1/20* | 1 | MO |
| *aviane tab* | 1 | MO |
| *ayuna tab* | 1 | MO |
| *azurette tab* | 1 | MO |
| *balziva tab* | 1 | MO |
| *blisovi fe tab 1.5/30* | 1 | MO |
| *briellyn tab* | 1 | MO |
| *camila tab 0.35mg* | 1 | MO |
| *caziant pak* | 1 | MO |
| *chateal tab 0.15/30* | 1 | MO |
| *cryselle-28 tab 28 tabs* | 1 | MO |
| *cyred eq tab* | 1 | MO |
| *dasetta tab 1/35* | 1 | MO |
| *dasetta tab 7/7/7* | 1 | MO |
| *deblitane tab 0.35mg* | 1 | MO |
| *desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg (21/5)* | 1 | MO |
| *desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

| ENDOCRINE AND METABOLIC: CONTRACEPTIVES (continued) | | |
|---|---|---|
| Drug Name | Tier | Requirements/ Limits |
| *drospirenone-ethinyl estradiol tab 3-0.02 mg* | 1 | MO |
| *drospirenone-ethinyl estradiol tab 3-0.03 mg* | 1 | MO |
| *elinest tab* | 1 | MO |
| ELLA TAB 30MG | 2 | MO |
| *eluryng mis* | 1 | MO |
| *emoquette tab* | 1 | MO |
| *enpresse-28 tab* | 1 | MO |
| *enskyce tab* | 1 | MO |
| *errin tab 0.35mg* | 1 | MO |
| *estarylla tab 0.25-35* | 1 | MO |
| *ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg* | 1 | MO |
| *ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg* | 1 | MO |
| *etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr* | 1 | MO |
| *falmina tab* | 1 | MO |
| *femynor tab 0.25-35* | 1 | MO |
| *hailey tab 1.5/30* | 1 | MO |
| *heather tab 0.35mg* | 1 | MO |
| *iclevia tab* | 1 | MO |
| *incassia tab 0.35mg* | 1 | MO |
| *introvale tab* | 1 | MO |
| *isibloom tab* | 1 | MO |
| *jasmiel tab 3-0.02mg* | 1 | MO |
| *jolessa tab* | 1 | MO |

| ENDOCRINE AND METABOLIC: CONTRACEPTIVES (continued) | | |
|---|---|---|
| Drug Name | Tier | Requirements/ Limits |
| *juleber tab* | 1 | MO |
| *junel 1.5/30 tab* | 1 | MO |
| *junel 1/20 tab* | 1 | MO |
| *junel fe tab 1.5/30* | 1 | MO |
| *junel fe tab 1/20* | 1 | MO |
| *kariva tab 28 day* | 1 | MO |
| *kelnor 1/50 tab* | 1 | MO |
| *kelnor tab 1/35* | 1 | MO |
| *kurvelo tab 0.15/30* | 1 | MO |
| *larin fe tab 1.5/30* | 1 | MO |
| *larin fe tab 1/20* | 1 | MO |
| *larin tab 1.5/30* | 1 | MO |
| *larin tab 1/20* | 1 | MO |
| *larissia tab* | 1 | MO |
| *leena tab* | 1 | MO |
| *lessina tab* | 1 | MO |
| *levonest tab* | 1 | MO |
| *levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg* | 1 | MO |
| *levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg* | 1 | MO |
| *levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg* | 1 | MO |
| *levonorgestrel-eth estra tab 0.05-30/0.075-40/0.1-25-30mg-mcg* | 1 | MO |
| *levora-28 tab 0.15/30* | 1 | MO |
| *lillow tab 0.15/30* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

## ENDOCRINE AND METABOLIC: CONTRACEPTIVES (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *loestrin 21 tab 1.5/30* | 1 | MO |
| *loestrin fe tab 1.5/30* | 1 | MO |
| *loestrin fe tab 1/20* | 1 | MO |
| *loestrin tab 1/20-21* | 1 | MO |
| *loryna tab 3-0.02mg* | 1 | MO |
| *low-ogestrel tab* | 1 | MO |
| *lutera tab* | 1 | MO |
| *lyleq tab 0.35mg* | 1 | MO |
| *lyza tab 0.35mg* | 1 | MO |
| *marlissa tab 0.15/30* | 1 | MO |
| *medroxyprogesterone acetate im susp 150 mg/ml* | 1 | MO |
| *medroxyprogesterone acetate im susp prefilled syr 150 mg/ml* | 1 | MO |
| *microgestin tab 1.5/30* | 1 | MO |
| *microgestin tab 1/20* | 1 | MO |
| *microgestin tab fe 1/20* | 1 | MO |
| *microgestin tab fe1.5/30* | 1 | MO |
| *mili tab 0.25/35* | 1 | MO |
| *mono-linyah tab 0.25-35* | 1 | MO |
| *necon tab 0.5/35* | 1 | MO |
| *nikki tab 3-0.02mg* | 1 | MO |
| *nora-be tab 0.35mg* | 1 | MO |
| *norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg* | 1 | MO |

## ENDOCRINE AND METABOLIC: CONTRACEPTIVES (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg* | 1 | MO |
| *norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg* | 1 | MO |
| *norethindrone tab 0.35 mg* | 1 | MO |
| *norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg* | 1 | MO |
| *norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg* | 1 | MO |
| *norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg* | 1 | MO |
| *norlyroc tab 0.35mg* | 1 | MO |
| NORTREL 1/35 (21) | 1 | MO |
| NORTREL 1/35 (28) | 1 | MO |
| *nortrel tab 0.5/35* | 1 | MO |
| *nortrel tab 7/7/7* | 1 | MO |
| *nylia tab 1/35* | 1 | MO |
| *nylia tab 7/7/7* | 1 | MO |
| *nymyo tab 0.25-35* | 1 | MO |
| *ocella tab 3-0.03mg* | 1 | MO |
| *philith tab 0.4-35* | 1 | MO |
| *pimtrea tab* | 1 | MO |
| *pirmella tab 1/35* | 1 | MO |
| *portia-28 tab* | 1 | MO |
| *reclipsen tab* | 1 | MO |
| *setlakin tab* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## ENDOCRINE AND METABOLIC: CONTRACEPTIVES (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *sharobel tab 0.35mg* | 1 | MO |
| *simliya tab 28 day* | 1 | MO |
| *sprintec 28 tab 28 day* | 1 | MO |
| *sronyx tab* | 1 | MO |
| *syeda tab 3-0.03mg* | 1 | MO |
| *tarina fe tab 1/20 eq* | 1 | MO |
| *tilia fe tab* | 1 | MO |
| *tri-estaryll tab* | 1 | MO |
| *tri-legest tab fe* | 1 | MO |
| *tri-linyah tab* | 1 | MO |
| *tri-lo tab estaryll* | 1 | MO |
| *tri-lo- tab marzia* | 1 | MO |
| *tri-lo- tab sprintec* | 1 | MO |
| *tri-lo-mili tab* | 1 | MO |
| *tri-mili tab* | 1 | MO |
| *tri-nymyo tab* | 1 | MO |
| *tri-sprintec tab* | 1 | MO |
| *trivora-28 tab* | 1 | MO |
| *tri-vylibra tab* | 1 | MO |
| *tri-vylibra tab lo* | 1 | MO |
| *velivet pak* | 1 | MO |
| *vestura tab 3-0.02mg* | 1 | MO |
| *vienva tab 0.1-20* | 1 | MO |
| *viorele tab* | 1 | MO |
| *vyfemla tab 0.4-35* | 1 | MO |
| *vylibra tab 0.25-35* | 1 | MO |
| *wera tab 0.5/35* | 1 | MO |
| *xulane dis 150-35* | 1 | MO |
| *zafemy dis 150/35* | 1 | MO |
| *zovia 1/35 tab* | 1 | MO |

## ENDOCRINE AND METABOLIC: CONTRACEPTIVES (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *zumandimine tab 3-0.03mg* | 1 | MO |

## ENDOCRINE AND METABOLIC: ENDOMETRIOSIS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *danazol cap 100 mg* | 1 | MO |
| *danazol cap 200 mg* | 1 | MO |
| *danazol cap 50 mg* | 1 | MO |
| SYNAREL SOL 2MG/ ML | 2 | |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

## ENDOCRINE AND METABOLIC: ESTROGENS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *amabelz tab 0.5-0.1* | 2 | MO |
| *amabelz tab 1-0.5mg* | 2 | MO |
| DELESTROGEN INJ 10MG/ML | 3 | |
| *dotti dis 0.025mg* | 2 | MO |
| *dotti dis 0.0375mg* | 2 | MO |
| *dotti dis 0.05mg* | 2 | MO |
| *dotti dis 0.075mg* | 2 | MO |
| *dotti dis 0.1mg* | 2 | MO |
| *estradiol & norethindrone acetate tab 0.5-0.1 mg* | 2 | MO |
| *estradiol & norethindrone acetate tab 1-0.5 mg* | 2 | MO |
| *estradiol tab 0.5 mg* | 1 | MO |
| *estradiol tab 1 mg* | 1 | MO |
| *estradiol tab 2 mg* | 1 | MO |
| *estradiol td patch twice weekly 0.025 mg/24hr* | 2 | MO |
| *estradiol td patch twice weekly 0.0375 mg/24hr* | 2 | MO |
| *estradiol td patch twice weekly 0.05 mg/24hr* | 2 | MO |
| *estradiol td patch twice weekly 0.075 mg/24hr* | 2 | MO |
| *estradiol td patch twice weekly 0.1 mg/24hr* | 2 | MO |

## ENDOCRINE AND METABOLIC: ESTROGENS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *estradiol td patch weekly 0.025 mg/24hr* | 2 | MO |
| *estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)* | 2 | MO |
| *estradiol td patch weekly 0.05 mg/24hr* | 2 | MO |
| *estradiol td patch weekly 0.06 mg/24hr* | 2 | MO |
| *estradiol td patch weekly 0.075 mg/24hr* | 2 | MO |
| *estradiol td patch weekly 0.1 mg/24hr* | 2 | MO |
| *estradiol vaginal cream 0.1 mg/gm* | 1 | MO |
| *estradiol vaginal tab 10 mcg* | 1 | MO |
| *estradiol valerate im in oil 20 mg/ml* | 1 | |
| *estradiol valerate im in oil 40 mg/ml* | 1 | |
| FYAVOLV TAB 0.5MG-2.5MCG | 2 | MO |
| FYAVOLV TAB 1MG-5MCG | 2 | MO |
| *jinteli tab 1mg-5mcg* | 2 | MO |
| *lyllana dis 0.025mg* | 2 | MO |
| *lyllana dis 0.0375mg* | 2 | MO |
| *lyllana dis 0.05mg* | 2 | MO |
| *lyllana dis 0.075mg* | 2 | MO |
| *lyllana dis 0.1mg* | 2 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

## ENDOCRINE AND METABOLIC: ESTROGENS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *mimvey tab 1-0.5mg* | 2 | MO |
| *norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg* | 2 | MO |
| *norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg* | 2 | MO |
| *yuvafem tab 10mcg* | 1 | MO |

## ENDOCRINE AND METABOLIC: GLUCOCORTICOIDS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| DEXAMETHASON CON 1MG/ML | 3 | MO |
| *dexamethasone elixir 0.5 mg/5ml* | 1 | MO |
| *dexamethasone sod phosphate preservative free inj 10 mg/ml* | 1 | MO |
| *dexamethasone sodium phosphate inj 10 mg/ml* | 1 | MO |
| *dexamethasone sodium phosphate inj 100 mg/10ml* | 1 | MO |
| *dexamethasone sodium phosphate inj 120 mg/30ml* | 1 | MO |
| *dexamethasone sodium phosphate inj 20 mg/5ml* | 1 | MO |
| *dexamethasone sodium phosphate inj 4 mg/ml* | 1 | MO |
| *dexamethasone soln 0.5 mg/5ml* | 1 | MO |
| *dexamethasone tab 0.5 mg* | 1 | MO |
| *dexamethasone tab 0.75 mg* | 1 | MO |
| *dexamethasone tab 1 mg* | 1 | MO |
| *dexamethasone tab 1.5 mg* | 1 | MO |
| *dexamethasone tab 2 mg* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

## ENDOCRINE AND METABOLIC: GLUCOCORTICOIDS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *dexamethasone tab 4 mg* | 1 | MO |
| *dexamethasone tab 6 mg* | 1 | MO |
| *fludrocortisone acetate tab 0.1 mg* | 1 | MO |
| *hydrocortisone tab 10 mg* | 1 | MO |
| *hydrocortisone tab 20 mg* | 1 | MO |
| *hydrocortisone tab 5 mg* | 1 | MO |
| *methylprednisolone acetate inj susp 40 mg/ml* | 1 | B/D PA, MO |
| *methylprednisolone acetate inj susp 80 mg/ml* | 1 | B/D PA, MO |
| *methylprednisolone sod succ for inj 1000 mg (base equiv)* | 1 | B/D PA, MO |
| *methylprednisolone sod succ for inj 125 mg (base equiv)* | 1 | B/D PA, MO |
| *methylprednisolone sod succ for inj 40 mg (base equiv)* | 1 | B/D PA, MO |
| *methylprednisolone tab 16 mg* | 1 | B/D PA, MO |
| *methylprednisolone tab 32 mg* | 1 | B/D PA, MO |
| *methylprednisolone tab 4 mg* | 1 | B/D PA, MO |
| *methylprednisolone tab 8 mg* | 1 | B/D PA, MO |

## ENDOCRINE AND METABOLIC: GLUCOCORTICOIDS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *methylprednisolone tab therapy pack 4 mg (21)* | 1 | MO |
| *prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)* | 1 | B/D PA, MO |
| *prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)* | 1 | B/D PA, MO |
| *prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)* | 1 | B/D PA, MO |
| *prednisolone syrup 15 mg/5ml (usp solution equivalent)* | 1 | B/D PA, MO |
| PREDNISONE CON 5MG/ML | 3 | B/D PA, MO |
| *prednisone oral soln 5 mg/5ml* | 1 | B/D PA, MO |
| *prednisone tab 1 mg* | 1 | B/D PA, MO |
| *prednisone tab 10 mg* | 1 | B/D PA, MO |
| *prednisone tab 2.5 mg* | 1 | B/D PA, MO |
| *prednisone tab 20 mg* | 1 | B/D PA, MO |
| *prednisone tab 5 mg* | 1 | B/D PA, MO |
| *prednisone tab 50 mg* | 1 | B/D PA, MO |
| *prednisone tab therapy pack 10 mg (21)* | 1 | MO |
| *prednisone tab therapy pack 10 mg (48)* | 1 | MO |
| *prednisone tab therapy pack 5 mg (21)* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## ENDOCRINE AND METABOLIC: GLUCOCORTICOIDS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *prednisone tab therapy pack 5 mg (48)* | 1 | MO |
| SOLU-CORTEF INJ 1000MG | 3 | MO |
| SOLU-CORTEF INJ 100MG | 3 | MO |
| SOLU-CORTEF INJ 250MG | 3 | MO |
| SOLU-CORTEF INJ 500MG | 3 | MO |

## ENDOCRINE AND METABOLIC: GLUCOSE ELEVATING AGENTS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *diazoxide susp 50 mg/ml* | 1 | MO |
| GVOKE HYPO 2 INJ .5/.1ML | 2 | MO |
| GVOKE HYPO 2 INJ 1MG/.2ML | 2 | MO |
| GVOKE KIT SOL 1MG/0.2M | 2 | MO |
| GVOKE PFS INJ | 2 | MO |

## ENDOCRINE AND METABOLIC: MISCELLANEOUS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| ALDURAZYME INJ 2.9MG/5M | 2 | PA, LA, MO |
| BETAINE POWDER FOR ORAL SOLUTION | 1 | LA, MO |
| *cabergoline tab 0.5 mg* | 1 | MO |
| *carglumic acid soluble tab 200 mg* | 1 | PA, LA |
| CERDELGA CAP 84MG | 2 | PA, LA |
| CEREZYME INJ 400UNIT | 2 | PA, LA |
| *cinacalcet hcl tab 30 mg (base equiv)* | 1 | B/D PA, MO, QL ( 60 tabs every 30 days) |
| *cinacalcet hcl tab 60 mg (base equiv)* | 1 | B/D PA, MO, QL ( 60 tabs every 30 days) |
| *cinacalcet hcl tab 90 mg (base equiv)* | 1 | B/D PA, MO, QL ( 120 tabs every 30 days) |
| CYSTAGON CAP 150MG | 3 | PA, LA |
| CYSTAGON CAP 50MG | 3 | PA, LA |
| *desmopressin acetate inj 4 mcg/ml* | 1 | |
| *desmopressin acetate nasal spray soln 0.01%* | 1 | MO |
| *desmopressin acetate nasal spray soln 0.01% (refrigerated)* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

## ENDOCRINE AND METABOLIC: MISCELLANEOUS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *desmopressin acetate preservative free (pf) inj 4 mcg/ml* | 1 | |
| *desmopressin acetate tab 0.1 mg* | 1 | |
| *desmopressin acetate tab 0.2 mg* | 1 | |
| FABRAZYME INJ 35MG | 2 | PA, LA, MO |
| FABRAZYME INJ 5MG | 2 | PA, LA, MO |
| GENOTROPIN INJ 0.2MG | 2 | PA |
| GENOTROPIN INJ 0.4MG | 2 | PA |
| GENOTROPIN INJ 0.6MG | 2 | PA |
| GENOTROPIN INJ 0.8MG | 2 | PA |
| GENOTROPIN INJ 1.2MG | 2 | PA |
| GENOTROPIN INJ 1.4MG | 2 | PA |
| GENOTROPIN INJ 1.6MG | 2 | PA |
| GENOTROPIN INJ 1.8MG | 2 | PA |
| GENOTROPIN INJ 12MG | 2 | PA |
| GENOTROPIN INJ 1MG | 2 | PA |
| GENOTROPIN INJ 2MG | 2 | PA |
| GENOTROPIN INJ 5MG | 2 | PA |

## ENDOCRINE AND METABOLIC: MISCELLANEOUS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| INCRELEX INJ 40MG/4ML | 2 | PA, LA |
| KORLYM TAB 300MG | 2 | PA, LA |
| *levocarnitine oral soln 1 gm/10ml (10%)* | 1 | B/D PA, MO |
| *levocarnitine tab 330 mg* | 1 | B/D PA, MO |
| LUMIZYME INJ 50MG | 2 | PA, LA, MO |
| LUPR DEP-PED INJ 11.25MG | 2 | PA |
| LUPR DEP-PED INJ 15MG | 2 | PA |
| LUPR DEP-PED INJ 3M 30MG | 2 | PA |
| LUPR DEP-PED INJ 7.5MG | 2 | PA |
| *miglustat cap 100 mg* | 1 | PA, QL ( 90 caps every 30 days) |
| NAGLAZYME INJ 1MG/ML | 2 | PA, LA, MO |
| *nitisinone cap 10 mg* | 1 | PA |
| *nitisinone cap 2 mg* | 1 | PA |
| *nitisinone cap 5 mg* | 1 | PA |
| *octreotide acetate inj 100 mcg/ml (0.1 mg/ml)* | 1 | PA |
| *octreotide acetate inj 1000 mcg/ml (1 mg/ml)* | 1 | PA |
| *octreotide acetate inj 200 mcg/ml (0.2 mg/ml)* | 1 | PA |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## ENDOCRINE AND METABOLIC: MISCELLANEOUS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *octreotide acetate inj 50 mcg/ml (0.05 mg/ml)* | 1 | PA |
| *octreotide acetate inj 500 mcg/ml (0.5 mg/ml)* | 1 | PA |
| *octreotide acetate subcutaneous soln pref syr 100 mcg/ml* | 1 | PA |
| *octreotide acetate subcutaneous soln pref syr 50 mcg/ml* | 1 | PA |
| *octreotide acetate subcutaneous soln pref syr 500 mcg/ml* | 1 | PA |
| *raloxifene hcl tab 60 mg* | 1 | MO |
| *sapropterin dihydrochloride powder packet 100 mg* | 1 | PA |
| *sapropterin dihydrochloride powder packet 500 mg* | 1 | PA |
| *sapropterin dihydrochloride tab 100 mg* | 1 | PA |
| SIGNIFOR INJ 0.3MG/ML | 2 | PA, LA |
| SIGNIFOR INJ 0.6MG/ML | 2 | PA, LA |
| SIGNIFOR INJ 0.9MG/ML | 2 | PA, LA |
| *sodium phenylbutyrate oral powder 3 gm/teaspoonful* | 1 | PA, MO |

## ENDOCRINE AND METABOLIC: MISCELLANEOUS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *sodium phenylbutyrate tab 500 mg* | 1 | PA, MO |
| SOMATULINE INJ 120/.5ML | 2 | PA, LA |
| SOMATULINE INJ 60/0.2ML | 2 | PA, LA |
| SOMATULINE INJ 90/0.3ML | 2 | PA, LA |
| SOMAVERT INJ 10MG | 2 | PA, LA |
| SOMAVERT INJ 15MG | 2 | PA, LA |
| SOMAVERT INJ 20MG | 2 | PA, LA |
| SOMAVERT INJ 25MG | 2 | PA, LA |
| SOMAVERT INJ 30MG | 2 | PA, LA |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

## ENDOCRINE AND METABOLIC: PHOSPHATE BINDER AGENTS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *calcium acetate (phosphate binder) cap 667 mg (169 mg ca)* | 1 | MO, QL ( 360 caps every 30 days) |
| *calcium acetate (phosphate binder) tab 667 mg* | 1 | MO, QL ( 360 tabs every 30 days) |
| *sevelamer carbonate packet 0.8 gm* | 1 | MO, QL ( 540 packets every 30 days) |
| *sevelamer carbonate packet 2.4 gm* | 1 | MO, QL ( 180 packets every 30 days) |
| *sevelamer carbonate tab 800 mg* | 1 | MO, QL ( 540 tabs every 30 days) |
| VELPHORO CHW 500MG | 2 | MO, QL ( 180 tabs every 30 days) |

## ENDOCRINE AND METABOLIC: PROGESTINS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *medroxyprogesterone acetate tab 10 mg* | 1 | MO |
| *medroxyprogesterone acetate tab 2.5 mg* | 1 | MO |
| *medroxyprogesterone acetate tab 5 mg* | 1 | MO |
| *megestrol acetate susp 40 mg/ml* | 2 | MO |
| *megestrol acetate susp 625 mg/5ml* | 3 | PA, MO |
| *norethindrone acetate tab 5 mg* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## ENDOCRINE AND METABOLIC: THYROID AGENTS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *euthyrox tab 100mcg* | 1 | MO |
| *euthyrox tab 112mcg* | 1 | MO |
| *euthyrox tab 125mcg* | 1 | MO |
| *euthyrox tab 137mcg* | 1 | MO |
| *euthyrox tab 150mcg* | 1 | MO |
| *euthyrox tab 175mcg* | 1 | MO |
| *euthyrox tab 200mcg* | 1 | MO |
| *euthyrox tab 25mcg* | 1 | MO |
| *euthyrox tab 50mcg* | 1 | MO |
| *euthyrox tab 75mcg* | 1 | MO |
| *euthyrox tab 88mcg* | 1 | MO |
| *levo-t tab 100mcg* | 1 | MO |
| *levo-t tab 112mcg* | 1 | MO |
| *levo-t tab 125mcg* | 1 | MO |
| *levo-t tab 137mcg* | 1 | MO |
| *levo-t tab 150mcg* | 1 | MO |
| *levo-t tab 175mcg* | 1 | MO |
| *levo-t tab 200 mcg* | 1 | MO |
| *levo-t tab 25mcg* | 1 | MO |
| *levo-t tab 300 mcg* | 1 | MO |
| *levo-t tab 50mcg* | 1 | MO |
| *levo-t tab 75mcg* | 1 | MO |
| *levo-t tab 88mcg* | 1 | MO |
| *levothyroxine sodium tab 100 mcg* | 1 | MO |
| *levothyroxine sodium tab 112 mcg* | 1 | MO |
| *levothyroxine sodium tab 125 mcg* | 1 | MO |
| *levothyroxine sodium tab 137 mcg* | 1 | MO |

## ENDOCRINE AND METABOLIC: THYROID AGENTS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *levothyroxine sodium tab 150 mcg* | 1 | MO |
| *levothyroxine sodium tab 175 mcg* | 1 | MO |
| *levothyroxine sodium tab 200 mcg* | 1 | MO |
| *levothyroxine sodium tab 25 mcg* | 1 | MO |
| *levothyroxine sodium tab 300 mcg* | 1 | MO |
| *levothyroxine sodium tab 50 mcg* | 1 | MO |
| *levothyroxine sodium tab 75 mcg* | 1 | MO |
| *levothyroxine sodium tab 88 mcg* | 1 | MO |
| *levoxyl tab 100mcg* | 1 | MO |
| *levoxyl tab 112mcg* | 1 | MO |
| *levoxyl tab 125mcg* | 1 | MO |
| *levoxyl tab 137mcg* | 1 | MO |
| *levoxyl tab 150mcg* | 1 | MO |
| *levoxyl tab 175mcg* | 1 | MO |
| *levoxyl tab 200mcg* | 1 | MO |
| *levoxyl tab 25mcg* | 1 | MO |
| *levoxyl tab 50mcg* | 1 | MO |
| *levoxyl tab 75mcg* | 1 | MO |
| *levoxyl tab 88mcg* | 1 | MO |
| *liothyronine sodium tab 25 mcg* | 1 | MO |
| *liothyronine sodium tab 5 mcg* | 1 | MO |
| *liothyronine sodium tab 50 mcg* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

## ENDOCRINE AND METABOLIC: THYROID AGENTS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *methimazole tab 10 mg* | 1 | MO |
| *methimazole tab 5 mg* | 1 | MO |
| *propylthiouracil tab 50 mg* | 1 | MO |
| SYNTHROID TAB 100MCG | 3 | MO |
| SYNTHROID TAB 112MCG | 3 | MO |
| SYNTHROID TAB 125MCG | 3 | MO |
| SYNTHROID TAB 137MCG | 3 | MO |
| SYNTHROID TAB 150MCG | 3 | MO |
| SYNTHROID TAB 175MCG | 3 | MO |
| SYNTHROID TAB 200MCG | 3 | MO |
| SYNTHROID TAB 25MCG | 3 | MO |
| SYNTHROID TAB 300MCG | 3 | MO |
| SYNTHROID TAB 50MCG | 3 | MO |
| SYNTHROID TAB 75MCG | 3 | MO |
| SYNTHROID TAB 88MCG | 3 | MO |
| *unithroid tab 100mcg* | 1 | MO |
| *unithroid tab 112mcg* | 1 | MO |
| *unithroid tab 125mcg* | 1 | MO |
| *unithroid tab 137mcg* | 1 | MO |
| *unithroid tab 150mcg* | 1 | MO |

## ENDOCRINE AND METABOLIC: THYROID AGENTS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *unithroid tab 175mcg* | 1 | MO |
| *unithroid tab 200mcg* | 1 | MO |
| *unithroid tab 25mcg* | 1 | MO |
| *unithroid tab 300mcg* | 1 | MO |
| *unithroid tab 50mcg* | 1 | MO |
| *unithroid tab 75mcg* | 1 | MO |
| *unithroid tab 88mcg* | 1 | MO |

## ENDOCRINE AND METABOLIC: VITAMIN D ANALOGS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *calcitriol cap 0.25 mcg* | 1 | B/D PA, MO |
| *calcitriol cap 0.5 mcg* | 1 | B/D PA, MO |
| *calcitriol inj 1 mcg/ml* | 1 | B/D PA, MO |
| *calcitriol oral soln 1 mcg/ml* | 1 | B/D PA, MO |
| *doxercalciferol cap 0.5 mcg* | 1 | B/D PA, MO |
| *doxercalciferol cap 1 mcg* | 1 | B/D PA, MO |
| *doxercalciferol cap 2.5 mcg* | 1 | B/D PA, MO |
| *paricalcitol cap 1 mcg* | 1 | B/D PA, MO |
| *paricalcitol cap 2 mcg* | 1 | B/D PA, MO |
| *paricalcitol cap 4 mcg* | 1 | B/D PA, MO |
| RAYALDEE CAP 30MCG | 2 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## GASTROINTESTINAL: ANTIEMETICS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *aprepitant capsule 125 mg* | 1 | B/D PA, MO |
| *aprepitant capsule 40 mg* | 1 | B/D PA, MO |
| *aprepitant capsule 80 mg* | 1 | B/D PA, MO |
| *aprepitant capsule therapy pack 80 & 125 mg* | 1 | B/D PA, MO |
| *compro sup 25mg* | 1 | MO |
| *dronabinol cap 10 mg* | 1 | B/D PA, MO, QL ( 60 caps every 30 days) |
| *dronabinol cap 2.5 mg* | 1 | B/D PA, MO, QL ( 60 caps every 30 days) |
| *dronabinol cap 5 mg* | 1 | B/D PA, MO, QL ( 60 caps every 30 days) |
| *granisetron hcl inj 1 mg/ml* | 1 | MO |
| *granisetron hcl inj 4 mg/4ml (1 mg/ml)* | 1 | MO |
| *granisetron hcl tab 1 mg* | 1 | B/D PA, MO |
| *meclizine hcl tab 12.5 mg* | 1 | MO |
| *meclizine hcl tab 25 mg* | 1 | MO |
| *metoclopramide hcl inj 5 mg/ml (base equivalent)* | 1 | MO |
| *metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)* | 1 | MO |

## GASTROINTESTINAL: ANTIEMETICS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *metoclopramide hcl tab 10 mg (base equivalent)* | 1 | MO |
| *metoclopramide hcl tab 5 mg (base equivalent)* | 1 | MO |
| *ondansetron hcl inj 4 mg/2ml (2 mg/ml)* | 1 | MO |
| *ondansetron hcl inj 40 mg/20ml (2 mg/ml)* | 1 | MO |
| *ondansetron hcl inj soln pref syr 4 mg/2ml* | 1 | MO |
| *ondansetron hcl oral soln 4 mg/5ml* | 1 | B/D PA, MO |
| *ondansetron hcl tab 4 mg* | 1 | B/D PA, MO |
| *ondansetron hcl tab 8 mg* | 1 | B/D PA, MO |
| *ondansetron orally disintegrating tab 4 mg* | 1 | B/D PA, MO |
| *ondansetron orally disintegrating tab 8 mg* | 1 | B/D PA, MO |
| *prochlorperazine edisylate inj 10 mg/2ml* | 1 | MO |
| *prochlorperazine maleate tab 10 mg (base equivalent)* | 1 | MO |
| *prochlorperazine maleate tab 5 mg (base equivalent)* | 1 | MO |
| *prochlorperazine suppos 25 mg* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

## GASTROINTESTINAL: ANTIEMETICS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *promethazine hcl inj 25 mg/ml* | 2 | PA, MO |
| *promethazine hcl inj 50 mg/ml* | 2 | PA, MO |
| *promethazine hcl syrup 6.25 mg/5ml* | 1 | PA, MO |
| *promethazine hcl tab 12.5 mg* | 1 | PA, MO |
| *promethazine hcl tab 25 mg* | 1 | PA, MO |
| *promethazine hcl tab 50 mg* | 1 | PA, MO |
| *scopolamine td patch 72hr 1 mg/3days* | 3 | PA, MO, QL ( 10 patches every 30 days) |

## GASTROINTESTINAL: ANTISPASMODICS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *dicyclomine hcl cap 10 mg* | 2 | MO |
| *dicyclomine hcl oral soln 10 mg/5ml* | 3 | MO |
| *dicyclomine hcl tab 20 mg* | 2 | MO |
| *glycopyrrolate tab 1 mg* | 1 | MO |
| *glycopyrrolate tab 2 mg* | 1 | MO |

## GASTROINTESTINAL: H2-RECEPTOR ANTAGONISTS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *famotidine for susp 40 mg/5ml* | 1 | MO, QL ( 300 mL every 30 days) |
| *famotidine in nacl 0.9% iv soln 20 mg/50ml* | 1 | MO |
| *famotidine inj 200 mg/20ml* | 1 | MO |
| *famotidine inj 40 mg/4ml* | 1 | MO |
| *famotidine preservative free inj 20 mg/2ml* | 1 | MO |
| *famotidine tab 20 mg* | 1 | MO, QL ( 120 tabs every 30 days) |
| *famotidine tab 40 mg* | 1 | MO, QL ( 60 tabs every 30 days) |
| *nizatidine cap 150 mg* | 1 | MO |
| *nizatidine cap 300 mg* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## GASTROINTESTINAL: INFLAMMATORY BOWEL DISEASE

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *balsalazide disodium cap 750 mg* | 1 | MO |
| *budesonide delayed release particles cap 3 mg* | 1 | PA, MO, QL ( 90 caps every 30 days) |
| *budesonide tab er 24hr 9 mg* | 1 | PA, MO, QL ( 30 tabs every 30 days) |
| *hydrocortisone enema 100 mg/60ml* | 1 | MO |
| *mesalamine cap dr 400 mg* | 1 | MO, QL ( 180 caps every 30 days) |
| *mesalamine cap er 24hr 0.375 gm* | 1 | MO, QL ( 120 caps every 30 days) |
| *mesalamine enema 4 gm* | 1 | MO |
| *mesalamine suppos 1000 mg* | 1 | MO |
| *mesalamine tab delayed release 1.2 gm* | 1 | MO, QL ( 120 tabs every 30 days) |
| MESALAMINE W/ CLEANSER | 1 | MO |
| *sulfasalazine tab 500 mg* | 1 | MO |
| *sulfasalazine tab delayed release 500 mg* | 1 | MO |

## GASTROINTESTINAL: LAXATIVES

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *constulose sol 10gm/15* | 1 | MO |
| *enulose sol 10gm/15* | 1 | MO |
| *gavilyte-c sol* | 1 | MO |
| *gavilyte-g sol* | 1 | MO |
| *generlac sol 10gm/15* | 1 | MO |
| GOLYTELY SOL | 2 | MO |
| *lactulose (encephalopathy) solution 10 gm/15ml* | 1 | MO |
| *lactulose solution 10 gm/15ml* | 1 | MO |
| *peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm* | 1 | MO |
| *peg 3350-kcl-sod bicarb-nacl for soln 420 gm* | 1 | MO |
| PLENVU SOL | 3 | MO |
| SUPREP BOWEL SOL PREP KIT | 3 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

## GASTROINTESTINAL: MISCELLANEOUS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *alosetron hcl tab 0.5 mg (base equiv)* | 1 | PA, MO, QL ( 60 tabs every 30 days) |
| *alosetron hcl tab 1 mg (base equiv)* | 1 | PA, MO, QL ( 60 tabs every 30 days) |
| *cromolyn sodium oral conc 100 mg/5ml* | 1 | MO |
| *diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml* | 3 | MO |
| *diphenoxylate w/ atropine tab 2.5-0.025 mg* | 2 | MO |
| GATTEX KIT 5MG | 2 | PA, LA |
| LINZESS CAP 145MCG | 3 | MO, QL ( 30 caps every 30 days) |
| LINZESS CAP 290MCG | 3 | MO, QL ( 30 caps every 30 days) |
| LINZESS CAP 72MCG | 3 | MO, QL ( 30 caps every 30 days) |
| *loperamide hcl cap 2 mg* | 1 | MO |
| *misoprostol tab 100 mcg* | 1 | MO |
| *misoprostol tab 200 mcg* | 1 | MO |
| MOVANTIK TAB 12.5MG | 2 | MO, QL ( 30 tabs every 30 days) |
| MOVANTIK TAB 25MG | 2 | MO, QL ( 30 tabs every 30 days) |

## GASTROINTESTINAL: MISCELLANEOUS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| RELISTOR INJ 12/0.6ML | 2 | PA, MO |
| RELISTOR INJ 8/0.4ML | 2 | PA, MO |
| *sucralfate tab 1 gm* | 1 | MO |
| *ursodiol cap 300 mg* | 1 | MO |
| *ursodiol tab 250 mg* | 1 | MO |
| *ursodiol tab 500 mg* | 1 | MO |
| XERMELO TAB 250MG | 2 | PA, LA, QL ( 90 tabs every 30 days) |
| XIFAXAN TAB 550MG | 2 | PA, MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## GASTROINTESTINAL: PANCREATIC ENZYMES

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| CREON CAP 12000UNT | 2 | MO |
| CREON CAP 24000UNT | 2 | MO |
| CREON CAP 3000UNIT | 2 | MO |
| CREON CAP 36000UNT | 2 | MO |
| CREON CAP 6000UNIT | 2 | MO |
| ZENPEP CAP 10000UNT | 3 | MO |
| ZENPEP CAP 15000UNT | 3 | MO |
| ZENPEP CAP 20000UNT | 3 | MO |
| ZENPEP CAP 25000 | 3 | MO |
| ZENPEP CAP 3000UNIT | 3 | MO |
| ZENPEP CAP 40000 | 3 | MO |
| ZENPEP CAP 5000UNIT | 3 | MO |

## GASTROINTESTINAL: PROTON PUMP INHIBITORS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *esomeprazole magnesium cap delayed release 20 mg (base eq)* | 1 | ST, MO, QL ( 30 caps every 30 days) |
| *esomeprazole magnesium cap delayed release 40 mg (base eq)* | 1 | ST, MO, QL ( 30 caps every 30 days) |
| *lansoprazole cap delayed release 15 mg* | 1 | MO, QL ( 60 caps every 30 days) |
| *lansoprazole cap delayed release 30 mg* | 1 | MO, QL ( 60 caps every 30 days) |
| *lansoprazole tab delayed release orally disintegrating 15 mg* | 1 | ST, MO, QL ( 60 tabs every 30 days) |
| *lansoprazole tab delayed release orally disintegrating 30 mg* | 1 | ST, MO, QL ( 60 tabs every 30 days) |
| *omeprazole cap delayed release 10 mg* | 1 | MO |
| *omeprazole cap delayed release 20 mg* | 1 | MO |
| *omeprazole cap delayed release 40 mg* | 1 | MO |
| *pantoprazole sodium ec tab 20 mg (base equiv)* | 1 | MO |
| *pantoprazole sodium ec tab 40 mg (base equiv)* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

## GASTROINTESTINAL: PROTON PUMP INHIBITORS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *pantoprazole sodium for iv soln 40 mg (base equiv)* | 1 | MO |
| *rabeprazole sodium ec tab 20 mg* | 1 | MO, QL ( 30 tabs every 30 days) |

## GENITOURINARY: BENIGN PROSTATIC HYPERPLASIA

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *alfuzosin hcl tab er 24hr 10 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *dutasteride cap 0.5 mg* | 1 | MO, QL ( 30 caps every 30 days) |
| *dutasteride-tamsulosin hcl cap 0.5-0.4 mg* | 1 | MO, QL ( 30 caps every 30 days) |
| *finasteride tab 5 mg* | 1 | MO |
| *silodosin cap 4 mg* | 1 | MO, QL ( 30 caps every 30 days) |
| *silodosin cap 8 mg* | 1 | MO, QL ( 30 caps every 30 days) |
| *tamsulosin hcl cap 0.4 mg* | 1 | MO |

## GENITOURINARY: MISCELLANEOUS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *acetic acid irrigation soln 0.25%* | 1 | MO |
| *bethanechol chloride tab 10 mg* | 1 | MO |
| *bethanechol chloride tab 25 mg* | 1 | MO |
| *bethanechol chloride tab 5 mg* | 1 | MO |
| *bethanechol chloride tab 50 mg* | 1 | MO |
| *potassium citrate tab er 10 meq (1080 mg)* | 1 | MO |
| *potassium citrate tab er 15 meq (1620 mg)* | 1 | MO |
| *potassium citrate tab er 5 meq (540 mg)* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## GENITOURINARY: URINARY ANTISPASMODICS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *darifenacin hydrobromide tab er 24hr 15 mg (base equiv)* | 1 | ST, MO, QL ( 30 tabs every 30 days) |
| *darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)* | 1 | ST, MO, QL ( 30 tabs every 30 days) |
| *fesoterodine fumarate tab er 24hr 4 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *fesoterodine fumarate tab er 24hr 8 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| GEMTESA TAB 75MG | 3 | MO, QL ( 30 tabs every 30 days) |
| MYRBETRIQ SUS 8MG/ML | 3 | MO, QL ( 300 mL every 28 days) |
| MYRBETRIQ TAB 25MG | 3 | MO, QL ( 30 tabs every 30 days) |
| MYRBETRIQ TAB 50MG | 3 | MO, QL ( 30 tabs every 30 days) |
| *oxybutynin chloride syrup 5 mg/5ml* | 1 | MO |
| *oxybutynin chloride tab 5 mg* | 1 | MO |
| *oxybutynin chloride tab er 24hr 10 mg* | 1 | MO, QL ( 60 tabs every 30 days) |
| *oxybutynin chloride tab er 24hr 15 mg* | 1 | MO, QL ( 60 tabs every 30 days) |

## GENITOURINARY: URINARY ANTISPASMODICS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *oxybutynin chloride tab er 24hr 5 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *solifenacin succinate tab 10 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *solifenacin succinate tab 5 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *tolterodine tartrate cap er 24hr 2 mg* | 1 | ST, MO, QL ( 30 caps every 30 days) |
| *tolterodine tartrate cap er 24hr 4 mg* | 1 | ST, MO, QL ( 30 caps every 30 days) |
| *tolterodine tartrate tab 1 mg* | 1 | MO, QL ( 60 tabs every 30 days) |
| *tolterodine tartrate tab 2 mg* | 1 | MO, QL ( 60 tabs every 30 days) |
| *trospium chloride cap er 24hr 60 mg* | 1 | MO, QL ( 30 caps every 30 days) |
| *trospium chloride tab 20 mg* | 1 | MO, QL ( 60 tabs every 30 days) |

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

## GENITOURINARY: VAGINAL ANTI-INFECTIVES

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *clindamycin phosphate vaginal cream 2%* | 1 | MO |
| *metronidazole vaginal gel 0.75%* | 1 | MO |
| *terconazole vaginal cream 0.4%* | 1 | MO |
| *terconazole vaginal cream 0.8%* | 1 | MO |
| *terconazole vaginal suppos 80 mg* | 1 | MO |

## HEMATOLOGIC: ANTICOAGULANTS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *dabigatran etexilate mesylate cap 75 mg (etexilate base eq)* | 1 | MO, QL ( 60 caps every 30 days) |
| ELIQUIS ST P TAB 5MG | 2 | MO, QL ( 74 tabs every 30 days) |
| ELIQUIS TAB 2.5MG | 2 | MO, QL ( 60 tabs every 30 days) |
| ELIQUIS TAB 5MG | 2 | MO, QL ( 74 tabs every 30 days) |
| *enoxaparin sodium inj 300 mg/3ml* | 1 | MO |
| *enoxaparin sodium inj soln pref syr 100 mg/ml* | 1 | MO |
| *enoxaparin sodium inj soln pref syr 120 mg/0.8ml* | 1 | MO |
| *enoxaparin sodium inj soln pref syr 150 mg/ml* | 1 | MO |
| *enoxaparin sodium inj soln pref syr 30 mg/0.3ml* | 1 | MO |
| *enoxaparin sodium inj soln pref syr 40 mg/0.4ml* | 1 | MO |
| *enoxaparin sodium inj soln pref syr 60 mg/0.6ml* | 1 | MO |
| *enoxaparin sodium inj soln pref syr 80 mg/0.8ml* | 1 | MO |
| *fondaparinux sodium subcutaneous inj 10 mg/0.8ml* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

| HEMATOLOGIC: ANTICOAGULANTS (continued) | | |
|---|---|---|
| **Drug Name** | **Tier** | **Requirements/ Limits** |
| *fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml* | 1 | MO |
| *fondaparinux sodium subcutaneous inj 5 mg/0.4ml* | 1 | MO |
| *fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml* | 1 | MO |
| HEP SOD/D5W INJ 20000UNT | 1 | MO |
| HEP SOD/D5W INJ 25000UNT | 1 | MO |
| HEP SOD/NACL INJ 25000UNT | 2 | MO |
| *heparin sodium (porcine) inj 1000 unit/ml* | 1 | B/D PA, HI, MO |
| *heparin sodium (porcine) inj 10000 unit/ml* | 1 | B/D PA, HI, MO |
| *heparin sodium (porcine) inj 20000 unit/ml* | 1 | B/D PA, HI, MO |
| *heparin sodium (porcine) inj 5000 unit/ml* | 1 | B/D PA, HI, MO |
| HEPARIN/NACL INJ 25000UNT | 2 | MO |
| *jantoven tab 10mg* | 1 | MO |
| *jantoven tab 1mg* | 1 | MO |
| *jantoven tab 2.5mg* | 1 | MO |
| *jantoven tab 2mg* | 1 | MO |
| *jantoven tab 3mg* | 1 | MO |
| *jantoven tab 4mg* | 1 | MO |

| HEMATOLOGIC: ANTICOAGULANTS (continued) | | |
|---|---|---|
| **Drug Name** | **Tier** | **Requirements/ Limits** |
| *jantoven tab 5mg* | 1 | MO |
| *jantoven tab 6mg* | 1 | MO |
| *jantoven tab 7.5mg* | 1 | MO |
| PRADAXA CAP 110MG | 3 | MO, QL ( 120 caps every 30 days) |
| PRADAXA CAP 150MG | 3 | MO, QL ( 60 caps every 30 days) |
| PRADAXA CAP 75MG | 3 | MO, QL ( 60 caps every 30 days) |
| *warfarin sodium tab 1 mg* | 1 | MO |
| *warfarin sodium tab 10 mg* | 1 | MO |
| *warfarin sodium tab 2 mg* | 1 | MO |
| *warfarin sodium tab 2.5 mg* | 1 | MO |
| *warfarin sodium tab 3 mg* | 1 | MO |
| *warfarin sodium tab 4 mg* | 1 | MO |
| *warfarin sodium tab 5 mg* | 1 | MO |
| *warfarin sodium tab 6 mg* | 1 | MO |
| *warfarin sodium tab 7.5 mg* | 1 | MO |
| XARELTO STAR TAB 15/20MG | 2 | MO, QL ( 51 tabs every 30 days) |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

## HEMATOLOGIC: ANTICOAGULANTS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| XARELTO SUS 1MG/ ML | 2 | MO, QL ( 620 mL every 30 days) |
| XARELTO TAB 10MG | 2 | MO, QL ( 30 tabs every 30 days) |
| XARELTO TAB 15MG | 2 | MO, QL ( 30 tabs every 30 days) |
| XARELTO TAB 2.5MG | 2 | MO, QL ( 60 tabs every 30 days) |
| XARELTO TAB 20MG | 2 | MO, QL ( 30 tabs every 30 days) |

## HEMATOLOGIC: HEMATOPOIETIC GROWTH FACTORS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| PROCRIT INJ 10000/ ML | 2 | PA |
| PROCRIT INJ 2000/ ML | 2 | PA |
| PROCRIT INJ 20000/ ML | 2 | PA |
| PROCRIT INJ 3000/ ML | 2 | PA |
| PROCRIT INJ 4000/ ML | 2 | PA |
| PROCRIT INJ 40000/ ML | 2 | PA |
| ZARXIO INJ 300/0.5 | 2 | PA |
| ZARXIO INJ 480/0.8 | 2 | PA |
| ZIEXTENZO INJ 6/0.6ML | 2 | PA |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## HEMATOLOGIC: MISCELLANEOUS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *anagrelide hcl cap 0.5 mg* | 1 | MO |
| *anagrelide hcl cap 1 mg* | 1 | MO |
| BERINERT INJ 500UNIT | 2 | PA, LA, QL ( 24 boxes every 30 days) |
| *cilostazol tab 100 mg* | 1 | MO |
| *cilostazol tab 50 mg* | 1 | MO |
| DOPTELET TAB 20MG | 2 | PA, LA |
| DROXIA CAP 200MG | 2 | MO |
| DROXIA CAP 300MG | 2 | MO |
| DROXIA CAP 400MG | 2 | MO |
| ENDARI POW 5GM | 2 | PA, LA, MO |
| HAEGARDA INJ 2000UNIT | 2 | PA, LA, QL ( 30 vials every 30 days) |
| HAEGARDA INJ 3000UNIT | 2 | PA, LA, QL ( 20 vials every 30 days) |
| *icatibant acetate inj 30 mg/3ml (base equivalent)* | 1 | PA, QL ( 9 syringes every 30 days) |
| *pentoxifylline tab er 400 mg* | 1 | MO |
| PROMACTA PAK 25MG | 2 | PA, LA, QL ( 180 packets every 30 days) |
| PROMACTA POW 12.5MG | 2 | PA, LA, QL ( 360 packets every 30 days) |
| PROMACTA TAB 12.5MG | 2 | PA, LA, QL ( 30 tabs every 30 days) |

## HEMATOLOGIC: MISCELLANEOUS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| PROMACTA TAB 25MG | 2 | PA, LA, QL ( 30 tabs every 30 days) |
| PROMACTA TAB 50MG | 2 | PA, LA, QL ( 60 tabs every 30 days) |
| PROMACTA TAB 75MG | 2 | PA, LA, QL ( 60 tabs every 30 days) |
| *sajazir inj 30mg/3ml* | 1 | PA, LA, QL ( 9 syringes every 30 days) |
| *tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)* | 1 | MO |
| *tranexamic acid tab 650 mg* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

## HEMATOLOGIC: PLATELET AGGREGATION INHIBITORS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *aspirin-dipyridamole cap er 12hr 25-200 mg* | 1 | MO |
| BRILINTA TAB 60MG | 2 | MO |
| BRILINTA TAB 90MG | 2 | MO |
| *clopidogrel bisulfate tab 75 mg (base equiv)* | 1 | MO |
| *dipyridamole tab 25 mg* | 2 | PA, MO |
| *dipyridamole tab 50 mg* | 2 | PA, MO |
| *dipyridamole tab 75 mg* | 2 | PA, MO |
| *prasugrel hcl tab 10 mg (base equiv)* | 1 | MO |
| *prasugrel hcl tab 5 mg (base equiv)* | 1 | MO |

## IMMUNOLOGIC AGENTS: AUTOIMMUNE AGENTS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| DUPIXENT INJ 100/0.67 | 2 | PA |
| DUPIXENT INJ 200/1.14 | 2 | PA |
| DUPIXENT INJ 200MG | 2 | PA |
| DUPIXENT INJ 300/2ML | 2 | PA |
| ENBREL INJ 25/0.5ML | 2 | PA, QL ( 16 syringes every 28 days) |
| ENBREL INJ 25MG | 2 | PA, QL ( 16 vials every 28 days) |
| ENBREL INJ 50MG/ ML | 2 | PA, QL ( 8 syringes every 28 days) |
| ENBREL MINI INJ 50MG/ML | 2 | PA, QL ( 8 cartridges every 28 days) |
| ENBREL SRCLK INJ 50MG/ML | 2 | PA, QL ( 8 pens every 28 days) |
| HUMIRA INJ 10/0.1ML | 2 | PA, QL ( 2 syringes every 28 days) |
| HUMIRA INJ 20/0.2ML | 2 | PA, QL ( 2 syringes every 28 days) |
| HUMIRA INJ 40/0.4ML | 2 | PA, QL ( 6 syringes every 28 days) |
| HUMIRA KIT 40MG/0.8 | 2 | PA, QL ( 6 syringes every 28 days) |
| HUMIRA PEDIA INJ CROHNS | 2 | PA |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

| IMMUNOLOGIC AGENTS: AUTOIMMUNE AGENTS (continued) | | |
|---|---|---|
| **Drug Name** | **Tier** | **Requirements/ Limits** |
| HUMIRA PEN INJ 40/0.4ML | 2 | PA, QL ( 6 pens every 28 days) |
| HUMIRA PEN INJ 40MG/0.8 | 2 | PA, QL ( 6 pens every 28 days) |
| HUMIRA PEN INJ 80/0.8ML | 2 | PA, QL ( 4 pens every 28 days) |
| HUMIRA PEN INJ CD/ UC/HS | 2 | PA |
| HUMIRA PEN INJ PS/ UV | 2 | PA |
| HUMIRA PEN KIT CD/ UC/HS | 2 | PA |
| HUMIRA PEN KIT PED UC | 2 | PA |
| HUMIRA PEN KIT PS/ UV | 2 | PA |
| INFLIXIMAB INJ 100MG | 2 | PA, LA |
| KEVZARA INJ 150/1.14 | 2 | PA, QL ( 2 pens every 28 days) |
| KEVZARA INJ 150/1.14 | 2 | PA, QL ( 2 syringes every 28 days) |
| KEVZARA INJ 200/1.14 | 2 | PA, QL ( 2 pens every 28 days) |
| KEVZARA INJ 200/1.14 | 2 | PA, QL ( 2 syringes every 28 days) |
| OTEZLA TAB 10/20/30 | 2 | PA, QL ( 110 tabs every year) |
| OTEZLA TAB 30MG | 2 | PA, QL ( 60 tabs every 30 days) |
| REMICADE INJ 100MG | 2 | PA, LA |

| IMMUNOLOGIC AGENTS: AUTOIMMUNE AGENTS (continued) | | |
|---|---|---|
| **Drug Name** | **Tier** | **Requirements/ Limits** |
| RENFLEXIS INJ 100MG | 2 | PA, LA |
| RINVOQ TAB 15MG ER | 2 | PA, QL ( 30 tabs every 30 days) |
| RINVOQ TAB 30MG ER | 2 | PA, QL ( 30 tabs every 30 days) |
| RINVOQ TAB 45MG ER | 2 | PA, MO, QL ( 112 tabs every year) |
| SKYRIZI INJ 150MG/ ML | 2 | PA, QL ( 6 syringes every 365 days) |
| SKYRIZI PEN INJ 150MG/ML | 2 | PA, QL ( 6 pens every 365 days) |
| TALTZ INJ 80MG/ML | 2 | PA, LA, QL ( 3 syringes every 28 days) |
| XELJANZ SOL 1MG/ ML | 2 | PA, QL ( 480 mL every 24 days) |
| XELJANZ TAB 10MG | 2 | PA, QL ( 60 tabs every 30 days) |
| XELJANZ TAB 5MG | 2 | PA, QL ( 60 tabs every 30 days) |
| XELJANZ XR TAB 11MG | 2 | PA, QL ( 30 tabs every 30 days) |
| XELJANZ XR TAB 22MG | 2 | PA, QL ( 30 tabs every 30 days) |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

## IMMUNOLOGIC AGENTS: DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *hydroxychloroquine sulfate tab 200 mg* | 1 | MO |
| *leflunomide tab 10 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *leflunomide tab 20 mg* | 1 | MO, QL ( 30 tabs every 30 days) |
| *methotrexate sodium tab 2.5 mg (base equiv)* | 1 | MO |
| TREXALL TAB 10MG | 3 | B/D PA, MO |
| TREXALL TAB 15MG | 3 | B/D PA, MO |
| TREXALL TAB 5MG | 3 | B/D PA, MO |
| TREXALL TAB 7.5MG | 3 | B/D PA, MO |
| XATMEP SOL 2.5MG/ML | 3 | B/D PA, MO |

## IMMUNOLOGIC AGENTS: IMMUNOGLOBULINS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| BIVIGAM INJ 10% | 2 | PA, LA |
| FLEBOGAMMA INJ 10/100ML | 2 | PA |
| FLEBOGAMMA INJ 10/200ML | 2 | PA |
| FLEBOGAMMA INJ 20/200ML | 2 | PA |
| FLEBOGAMMA INJ 20/400ML | 2 | PA |
| FLEBOGAMMA INJ 5GM/50ML | 2 | PA |
| FLEBOGAMMA INJ DIF 5% | 2 | PA |
| GAMASTAN INJ | 3 | B/D PA, LA |
| GAMMAGARD INJ 10GM/100 | 2 | PA |
| GAMMAGARD INJ 1GM/10ML | 2 | PA, HI |
| GAMMAGARD INJ 2.5GM/25 | 2 | PA, HI |
| GAMMAGARD INJ 20GM/200 | 2 | PA |
| GAMMAGARD INJ 30GM/300 | 2 | PA |
| GAMMAGARD INJ 5GM/50ML | 2 | PA |
| GAMMAGARD SD INJ 10GM HU | 2 | PA, HI |
| GAMMAGARD SD INJ 5GM HU | 2 | PA, HI |
| GAMMAKED INJ 10GM/100 | 2 | PA |
| GAMMAKED INJ 1GM/10ML | 2 | PA |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## IMMUNOLOGIC AGENTS: IMMUNOGLOBULINS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| GAMMAKED INJ 20GM/200 | 2 | PA |
| GAMMAKED INJ 5GM/50ML | 2 | PA |
| GAMMAPLEX INJ 10% | 2 | PA, LA |
| GAMMAPLEX INJ 5% | 2 | PA, LA |
| GAMUNEX-C INJ 10GM/100 | 2 | PA |
| GAMUNEX-C INJ 1GM/10ML | 2 | PA, HI |
| GAMUNEX-C INJ 2.5GM/25 | 2 | PA, HI |
| GAMUNEX-C INJ 20GM/200 | 2 | PA |
| GAMUNEX-C INJ 40/400ML | 2 | PA |
| GAMUNEX-C INJ 5GM/50ML | 2 | PA |
| OCTAGAM INJ 10/100ML | 2 | PA |
| OCTAGAM INJ 10GM | 2 | PA |
| OCTAGAM INJ 1GM | 2 | PA |
| OCTAGAM INJ 2.5GM | 2 | PA |
| OCTAGAM INJ 20/200ML | 2 | PA |
| OCTAGAM INJ 25GM | 2 | PA |
| OCTAGAM INJ 2GM/20ML | 2 | PA |
| OCTAGAM INJ 30/300ML | 2 | PA |
| OCTAGAM INJ 5GM | 2 | PA |
| OCTAGAM INJ 5GM/50ML | 2 | PA |

## IMMUNOLOGIC AGENTS: IMMUNOGLOBULINS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| PANZYGA SOL 10/100ML | 2 | PA |
| PANZYGA SOL 1GM/10ML | 2 | PA |
| PANZYGA SOL 2.5/25ML | 2 | PA |
| PANZYGA SOL 20/200ML | 2 | PA |
| PANZYGA SOL 30/300ML | 2 | PA |
| PANZYGA SOL 5GM/50ML | 2 | PA |
| PRIVIGEN INJ 10GRAMS | 2 | PA |
| PRIVIGEN INJ 20GRAMS | 2 | PA |
| PRIVIGEN INJ 40GRAMS | 2 | PA |
| PRIVIGEN INJ 5 GRAMS | 2 | PA |

## IMMUNOLOGIC AGENTS: IMMUNOMODULATORS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| ACTIMMUNE INJ 2MU/0.5 | 2 | PA, LA |
| ARCALYST INJ 220MG | 2 | PA, LA |
| INTRON A INJ 10MU | 2 | B/D PA, LA |
| INTRON A INJ 18MU | 2 | B/D PA, LA |
| INTRON A INJ 50MU | 2 | B/D PA, LA |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**



**This drug list was last updated on 10/01/2022.**

## IMMUNOLOGIC AGENTS: IMMUNOSUPPRESSANTS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *azathioprine tab 50 mg* | 1 | B/D PA, MO |
| BENLYSTA INJ 120MG | 2 | PA, LA |
| BENLYSTA INJ 200MG/ML | 2 | PA, LA, QL ( 8 syringes every 28 days) |
| BENLYSTA INJ 400MG | 2 | PA, LA |
| *cyclosporine cap 100 mg* | 1 | B/D PA, MO |
| *cyclosporine cap 25 mg* | 1 | B/D PA, MO |
| *cyclosporine iv soln 50 mg/ml* | 1 | B/D PA |
| *cyclosporine modified cap 100 mg* | 1 | B/D PA, MO |
| *cyclosporine modified cap 25 mg* | 1 | B/D PA, MO |
| *cyclosporine modified cap 50 mg* | 1 | B/D PA, MO |
| *cyclosporine modified oral soln 100 mg/ml* | 1 | B/D PA, MO |
| *everolimus tab 0.25 mg* | 1 | B/D PA |
| *everolimus tab 0.5 mg* | 1 | B/D PA |
| *everolimus tab 0.75 mg* | 1 | B/D PA |
| *everolimus tab 1 mg* | 1 | B/D PA |
| *gengraf cap 100mg* | 1 | B/D PA, MO |
| *gengraf cap 25mg* | 1 | B/D PA, MO |
| *gengraf sol 100mg/ml* | 1 | B/D PA, MO |
| *mycophenolate mofetil cap 250 mg* | 1 | B/D PA, MO |

## IMMUNOLOGIC AGENTS: IMMUNOSUPPRESSANTS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *mycophenolate mofetil for oral susp 200 mg/ml* | 1 | B/D PA, MO |
| *mycophenolate mofetil tab 500 mg* | 1 | B/D PA, MO |
| *mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)* | 1 | B/D PA, MO |
| *mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)* | 1 | B/D PA, MO |
| NULOJIX INJ 250MG | 2 | B/D PA, MO |
| PROGRAF GRA 0.2MG | 3 | B/D PA, MO |
| PROGRAF GRA 1MG | 3 | B/D PA, MO |
| REZUROCK TAB 200MG | 2 | PA, LA |
| SANDIMMUNE SOL 100MG/ML | 3 | B/D PA, MO |
| *sirolimus oral soln 1 mg/ml* | 1 | B/D PA, MO |
| *sirolimus tab 0.5 mg* | 1 | B/D PA, MO |
| *sirolimus tab 1 mg* | 1 | B/D PA, MO |
| *sirolimus tab 2 mg* | 1 | B/D PA, MO |
| *tacrolimus cap 0.5 mg* | 1 | B/D PA, MO |
| *tacrolimus cap 1 mg* | 1 | B/D PA, MO |
| *tacrolimus cap 5 mg* | 1 | B/D PA, MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## IMMUNOLOGIC AGENTS: VACCINES

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| ACTHIB INJ | 1 | MO |
| ADACEL INJ | 1 | MO |
| BCG VACCINE INJ 50MG | 1 | MO |
| BEXSERO INJ | 1 | MO |
| BOOSTRIX INJ | 1 | MO |
| DAPTACEL INJ | 1 | MO |
| DENGVAXIA SUS | 1 | MO |
| DIP/TET PED INJ 25-5LFU | 1 | B/D PA, MO |
| ENGERIX-B INJ 10/0.5ML | 1 | B/D PA, MO |
| ENGERIX-B INJ 20MCG/ML | 1 | B/D PA, MO |
| GARDASIL 9 INJ | 1 | MO |
| HAVRIX INJ 1440UNIT | 1 | MO |
| HAVRIX INJ 720UNIT | 1 | MO |
| HIBERIX SOL 10MCG | 1 | MO |
| IMOVAX RABIE INJ 2.5/ML | 1 | B/D PA, MO |
| INFANRIX INJ | 1 | MO |
| IPOL INJ INACTIVE | 1 | MO |
| IXIARO INJ | 1 | MO |
| KINRIX INJ | 1 | MO |
| MENACTRA INJ | 1 | MO |
| MENQUADFI INJ | 1 | MO |
| MENVEO INJ | 1 | MO |
| M-M-R II INJ | 1 | MO |
| PEDIARIX INJ 0.5ML | 1 | MO |
| PEDVAX HIB INJ | 1 | MO |
| PENTACEL INJ | 1 | MO |

## IMMUNOLOGIC AGENTS: VACCINES (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| PREHEVBRIO SUS 10MCG/ML | 1 | B/D PA, MO |
| PRIORIX INJ | 1 | MO |
| PROQUAD INJ | 1 | MO |
| QUADRACEL INJ | 1 | MO |
| QUADRACEL INJ 0.5ML | 1 | MO |
| RABAVERT INJ | 1 | B/D PA, MO |
| RECOMBIVA HB INJ 10MCG/ML | 1 | B/D PA, MO |
| RECOMBIVA HB INJ 5MCG/0.5 | 1 | B/D PA, MO |
| RECOMBIVA-HB INJ 40MCG/ML | 1 | B/D PA, MO |
| ROTARIX SUS | 1 | MO |
| ROTATEQ SOL | 1 | MO |
| SHINGRIX INJ 50/0.5ML | 1 | MO, QL ( 2 vials per lifetime) |
| TDVAX INJ 2-2 LF | 1 | B/D PA, MO |
| TENIVAC INJ 5-2LF | 1 | B/D PA, MO |
| TICOVAC INJ | 1 | MO |
| TRUMENBA INJ | 1 | MO |
| TWINRIX INJ | 1 | MO |
| TYPHIM VI INJ | 1 | MO |
| VAQTA INJ 25/0.5ML | 1 | MO |
| VAQTA INJ 50UNT/ML | 1 | MO |
| VARIVAX INJ | 1 | MO |
| YF-VAX INJ | 1 | MO |

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

## NUTRITIONAL/SUPPLEMENTS: ELECTROLYTES/MINERALS, INJECTABLE

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| D10W/NACL INJ 0.2% | 2 | HI, MO |
| D2.5W/NACL INJ 0.45% | 3 | HI, MO |
| D5W/LYTES INJ #48 | 3 | MO |
| *dextrose 10% w/ sodium chloride 0.45%* | 1 | HI, MO |
| *dextrose 2.5% w/ sodium chloride 0.45%* | 1 | HI, MO |
| *dextrose 5% in lactated ringers* | 1 | MO |
| *dextrose 5% w/ sodium chloride 0.2%* | 1 | HI, MO |
| *dextrose 5% w/ sodium chloride 0.225%* | 1 | MO |
| *dextrose 5% w/ sodium chloride 0.3%* | 1 | MO |
| *dextrose 5% w/ sodium chloride 0.45%* | 1 | HI, MO |
| *dextrose 5% w/ sodium chloride 0.9%* | 1 | HI, MO |
| ISOLYTE-P INJ /D5W | 3 | MO |
| ISOLYTE-S INJ | 3 | MO |
| ISOLYTE-S INJ PH 7.4 | 3 | MO |
| *kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj* | 1 | HI, MO |
| *kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj* | 1 | HI, MO |

## NUTRITIONAL/SUPPLEMENTS: ELECTROLYTES/MINERALS, INJECTABLE (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj* | 1 | HI, MO |
| *kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj* | 1 | HI, MO |
| *kcl 20 meq/l (0.15%) in nacl 0.45% inj* | 1 | HI, MO |
| *kcl 20 meq/l (0.15%) in nacl 0.9% inj* | 1 | HI, MO |
| *kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj* | 1 | HI, MO |
| *kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj* | 1 | HI, MO |
| KCL/D5W/NACL INJ 0.3/0.9% | 3 | HI, MO |
| *lactated ringers solution* | 1 | MO |
| MAGNESIUM SU INJ 20/500ML | 2 | MO |
| MAGNESIUM SU INJ 2GM/50ML | 2 | MO |
| MAGNESIUM SU INJ 40G/1000 | 2 | MO |
| MAGNESIUM SU INJ 4G/100ML | 2 | MO |
| MAGNESIUM SU INJ 80MG/ML | 2 | MO |
| *magnesium sulfate in dextrose 5% iv soln 1 gm/100ml* | 2 | MO |
| *magnesium sulfate inj 50%* | 2 | HI, MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

| NUTRITIONAL/SUPPLEMENTS: ELECTROLYTES/MINERALS, INJECTABLE (continued) | | |
|---|---|---|
| **Drug Name** | **Tier** | **Requirements/ Limits** |
| *magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)* | 2 | MO |
| *magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)* | 2 | MO |
| *magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)* | 2 | MO |
| *magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)* | 2 | MO |
| *magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)* | 2 | MO |
| MG SO4/D5W INJ 10MG/ML | 2 | MO |
| PLASMA-LYTE INJ -148 | 3 | MO |
| PLASMA-LYTE INJ -A | 3 | MO |
| POT CHL/NACL INJ 20MEQ/L | 3 | HI, MO |
| POT CHL/NACL INJ 40MEQ/L | 3 | HI, MO |
| POT CHLORIDE INJ 10MEQ | 3 | MO |
| POT CHLORIDE INJ 20MEQ | 3 | MO |
| *potassium chloride 20 meq/l (0.15%) in dextrose 5% inj* | 1 | HI, MO |
| *potassium chloride inj 10 meq/100ml* | 1 | HI, MO |
| *potassium chloride inj 2 meq/ml* | 1 | HI, MO |

| NUTRITIONAL/SUPPLEMENTS: ELECTROLYTES/MINERALS, INJECTABLE (continued) | | |
|---|---|---|
| **Drug Name** | **Tier** | **Requirements/ Limits** |
| *potassium chloride inj 20 meq/100ml* | 1 | HI, MO |
| *potassium chloride inj 40 meq/100ml* | 1 | HI, MO |
| *sodium chloride inj 2.5 meq/ml (14.6%)* | 1 | MO |
| *sodium chloride iv soln 0.45%* | 1 | HI, MO |
| *sodium chloride iv soln 0.9%* | 1 | HI, MO |
| *sodium chloride iv soln 3%* | 1 | HI, MO |
| *sodium chloride iv soln 5%* | 1 | HI, MO |
| TPN ELECTROL INJ | 3 | B/D PA, MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

## NUTRITIONAL/SUPPLEMENTS: ELECTROLYTES/MINERALS/ VITAMINS, ORAL

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *klor-con 10 tab 10meq er* | 1 | MO |
| *klor-con 8 tab 8meq er* | 1 | MO |
| *klor-con m10 tab 10meq er* | 1 | MO |
| *klor-con m15 tab 15meq er* | 1 | MO |
| *klor-con m20 tab 20meq er* | 1 | MO |
| *klor-con pak 20meq* | 1 | MO |
| M-NATAL PLUS TAB | 2 | MO |
| *potassium chloride cap er 10 meq* | 1 | MO |
| *potassium chloride cap er 8 meq* | 1 | MO |
| *potassium chloride microencapsulated crys er tab 10 meq* | 1 | MO |
| *potassium chloride microencapsulated crys er tab 15 meq* | 1 | MO |
| *potassium chloride microencapsulated crys er tab 20 meq* | 1 | MO |
| *potassium chloride oral soln 10% (20 meq/15ml)* | 1 | MO |
| *potassium chloride oral soln 20% (40 meq/15ml)* | 1 | MO |
| *potassium chloride powder packet 20 meq* | 1 | MO |
| *potassium chloride tab er 10 meq* | 1 | MO |

## NUTRITIONAL/SUPPLEMENTS: ELECTROLYTES/MINERALS/ VITAMINS, ORAL (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *potassium chloride tab er 20 meq (1500 mg)* | 1 | MO |
| *potassium chloride tab er 8 meq (600 mg)* | 1 | MO |
| PRENATAL TAB 27-1MG | 2 | MO |
| PRENATAL TAB PLUS | 2 | MO |
| PRENATAL VIT TAB LOW IRON | 2 | MO |
| SODIUM FLUORIDE CHEW; TAB; 1.1 (0.5 F) MG/ML SOLN | 1 | MO |
| TRICARE TAB PRENATAL | 2 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## NUTRITIONAL/SUPPLEMENTS: IV NUTRITION

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| CLINIMIX INJ 4.25/ D10 | 3 | B/D PA, HI, MO |
| CLINIMIX INJ 4.25/ D5W | 3 | B/D PA, HI, MO |
| CLINIMIX INJ 5%/ D15W | 3 | B/D PA, HI, MO |
| CLINIMIX INJ 5%/ D20W | 3 | B/D PA, HI, MO |
| CLINIMIX INJ 6/5 | 3 | B/D PA, MO |
| CLINIMIX INJ 8/10 | 3 | B/D PA, MO |
| CLINIMIX INJ 8/14 | 3 | B/D PA, MO |
| *clinisol sf inj 15%* | 1 | B/D PA, HI, MO |
| CLINOLIPID EMU 20% | 3 | B/D PA, MO |
| *dextrose inj 10%* | 1 | HI, MO |
| *dextrose inj 5%* | 1 | HI, MO |
| *dextrose inj 50%* | 1 | B/D PA, MO |
| *dextrose inj 70%* | 1 | B/D PA, MO |
| FREAMINE III INJ 10% | 3 | B/D PA, HI, MO |
| INTRALIPID INJ 20% | 3 | B/D PA, HI, MO |
| INTRALIPID INJ 30% | 3 | B/D PA, HI, MO |
| NUTRILIPID EMU 20% | 3 | B/D PA, MO |
| *plenamine inj 15%* | 1 | B/D PA, HI, MO |
| PREMASOL SOL 10% | 2 | B/D PA, HI, MO |
| PROCALAMINE INJ 3% | 3 | B/D PA, MO |
| PROSOL INJ 20% | 3 | B/D PA, HI, MO |
| TRAVASOL INJ 10% | 3 | B/D PA, HI, MO |
| TROPHAMINE INJ 10% | 3 | B/D PA, HI, MO |

## OPHTHALMIC: ANTIALLERGICS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *azelastine hcl ophth soln 0.05%* | 1 | MO |
| *cromolyn sodium ophth soln 4%* | 1 | MO |
| *olopatadine hcl ophth soln 0.1% (base equivalent)* | 1 | MO |
| ZERVIATE DRO 0.24% | 3 | MO |

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

## OPHTHALMIC: ANTIGLAUCOMA

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| ALPHAGAN P SOL 0.1% | 2 | MO |
| *betaxolol hcl ophth soln 0.5%* | 1 | MO |
| BETOPTIC-S SUS 0.25% OP | 2 | MO |
| *brimonidine tartrate ophth soln 0.15%* | 1 | MO |
| *brimonidine tartrate ophth soln 0.2%* | 1 | MO |
| *brinzolamide ophth susp 1%* | 1 | MO |
| *carteolol hcl ophth soln 1%* | 1 | MO |
| COMBIGAN SOL 0.2/0.5% | 2 | MO |
| *dorzolamide hcl ophth soln 2%* | 1 | MO |
| *dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml* | 1 | MO |
| *latanoprost ophth soln 0.005%* | 1 | MO |
| *levobunolol hcl ophth soln 0.5%* | 1 | MO |
| LUMIGAN SOL 0.01% | 2 | MO |
| *pilocarpine hcl ophth soln 1%* | 1 | MO |
| *pilocarpine hcl ophth soln 2%* | 1 | MO |
| *pilocarpine hcl ophth soln 4%* | 1 | MO |
| RHOPRESSA SOL 0.02% | 2 | MO |
| SIMBRINZA SUS 1-0.2% | 2 | MO |

## OPHTHALMIC: ANTIGLAUCOMA (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *timolol maleate ophth gel forming soln 0.25%* | 1 | MO |
| *timolol maleate ophth gel forming soln 0.5%* | 1 | MO |
| *timolol maleate ophth soln 0.25%* | 1 | MO |
| *timolol maleate ophth soln 0.5%* | 1 | MO |
| *travoprost ophth soln 0.004% (benzalkonium free) (bak free)* | 1 | MO |
| VYZULTA SOL 0.024% | 3 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## OPHTHALMIC: ANTI-INFECTIVE/ ANTI-INFLAMMATORY

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *bacitracin-polymyxin-neomycin-hc ophth oint 1%* | 1 | MO |
| *neomycin-polymyxin-dexamethasone ophth oint 0.1%* | 1 | MO |
| *neomycin-polymyxin-dexamethasone ophth susp 0.1%* | 1 | MO |
| *neomycin-polymyxin-hc ophth susp* | 1 | MO |
| *sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%* | 1 | MO |
| TOBRADEX OIN 0.3-0.1% | 2 | MO |
| TOBRADEX ST SUS 0.3-0.05 | 2 | MO |
| *tobramycin-dexamethasone ophth susp 0.3-0.1%* | 1 | MO |
| ZYLET SUS 0.5-0.3% | 2 | MO |

## OPHTHALMIC: ANTI-INFECTIVES

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *bacitracin ophth oint 500 unit/gm* | 1 | MO |
| *bacitracin-polymyxin b ophth oint* | 1 | MO |
| BESIVANCE SUS 0.6% | 2 | MO |
| CILOXAN OIN 0.3% OP | 2 | MO |
| *ciprofloxacin hcl ophth soln 0.3% (base equivalent)* | 1 | MO |
| *erythromycin ophth oint 5 mg/gm* | 1 | MO |
| *gatifloxacin ophth soln 0.5%* | 1 | MO |
| *gentak oin 0.3% op* | 1 | MO |
| *gentamicin sulfate ophth soln 0.3%* | 1 | MO |
| *moxifloxacin hcl ophth soln 0.5% (base equiv)* | 1 | MO |
| NATACYN SUS 5% OP | 3 | MO |
| *neomycin-bacitrac zn-polymyx 5(3.5) mg-400unt-10000unt op oin* | 1 | MO |
| *neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml* | 1 | MO |
| *ofloxacin ophth soln 0.3%* | 1 | MO |
| *polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

## OPHTHALMIC: ANTI-INFECTIVES (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *sulfacetamide sodium ophth oint 10%* | 1 | MO |
| *sulfacetamide sodium ophth soln 10%* | 1 | MO |
| *tobramycin ophth soln 0.3%* | 1 | MO |
| *trifluridine ophth soln 1%* | 1 | MO |
| ZIRGAN GEL 0.15% | 3 | MO |

## OPHTHALMIC: ANTI-INFLAMMATORIES

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| ALREX SUS 0.2% | 2 | MO |
| *bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)* | 1 | MO |
| BROMSITE DRO 0.075% | 3 | MO |
| *dexamethasone sodium phosphate ophth soln 0.1%* | 1 | MO |
| *diclofenac sodium ophth soln 0.1%* | 1 | MO |
| *difluprednate ophth emulsion 0.05%* | 1 | MO |
| FLAREX SUS 0.1% OP | 3 | MO |
| *fluorometholone ophth susp 0.1%* | 1 | MO |
| *flurbiprofen sodium ophth soln 0.03%* | 1 | MO |
| ILEVRO DRO 0.3% OP | 2 | MO |
| *ketorolac tromethamine ophth soln 0.4%* | 1 | MO |
| *ketorolac tromethamine ophth soln 0.5%* | 1 | MO |
| LOTEMAX OIN 0.5% | 2 | MO |
| PRED SOD PHO SOL 1% OP | 2 | MO |
| *prednisolone acetate ophth susp 1%* | 1 | MO |
| PROLENSA SOL 0.07% | 2 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

## OPHTHALMIC: MISCELLANEOUS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| ATROPINE SUL SOL 1% OP | 2 | MO |
| *atropine sulfate ophth soln 1%* | 1 | MO |
| CYSTADROPS SOL 0.37% | 2 | PA, LA |
| CYSTARAN SOL 0.44% | 2 | PA, LA |
| ISOPTO ATROP SOL 1% OP | 2 | MO |
| *proparacaine hcl ophth soln 0.5%* | 1 | MO |
| RESTASIS EMU 0.05% OP | 2 | MO |
| RESTASIS MUL EMU 0.05% OP | 2 | MO |
| XIIDRA DRO 5% | 2 | MO |

## OTIC: OTIC AGENTS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *acetic acid otic soln 2%* | 1 | MO |
| CIPRO HC SUS OTIC | 3 | MO |
| *ciprofloxacin-dexamethasone otic susp 0.3-0.1%* | 1 | MO |
| *flac oil 0.01%* | 1 | MO |
| *fluocinolone acetonide (otic) oil 0.01%* | 1 | MO |
| *neomycin-polymyxin-hc otic soln 1%* | 1 | MO |
| *neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%* | 1 | MO |
| *ofloxacin otic soln 0.3%* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

## RESPIRATORY: ANTICHOLINERGIC/ BETA AGONIST COMBINATIONS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| ANORO ELLIPT AER 62.5-25 | 2 | MO, QL ( 60 blisters every 30 days) |
| BEVESPI AER 9-4.8MCG | 2 | MO, QL ( 1 inhaler every 30 days) |
| BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) | 2 | MO, QL ( 4 inhalers every 28 days) |
| BREZTRI AEROSPHERE | 2 | MO, QL ( 1 inhaler every 30 days) |
| COMBIVENT AER 20-100 | 3 | MO, QL ( 2 inhalers every 30 days) |
| *ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml* | 1 | B/D PA, MO |
| TRELEGY AER ELLIPTA | 2 | MO, QL ( 60 blisters every 30 days) |

## RESPIRATORY: ANTICHOLINERGICS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| ATROVENT HFA AER 17MCG | 3 | MO, QL ( 2 inhalers every 30 days) |
| INCRUSE ELPT INH 62.5MCG | 2 | MO, QL ( 30 blisters every 30 days) |
| *ipratropium bromide inhal soln 0.02%* | 1 | B/D PA, MO |
| *ipratropium bromide nasal soln 0.03% (21 mcg/spray)* | 1 | MO |
| *ipratropium bromide nasal soln 0.06% (42 mcg/spray)* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## RESPIRATORY: ANTIHISTAMINES

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *azelastine hcl nasal spray 0.1% (137 mcg/spray)* | 1 | MO |
| *azelastine hcl nasal spray 0.15% (205.5 mcg/spray)* | 1 | MO |
| *cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)* | 1 | MO |
| *cyproheptadine hcl syrup 2 mg/5ml* | 2 | PA, MO |
| *cyproheptadine hcl tab 4 mg* | 2 | PA, MO |
| *desloratadine tab 5 mg* | 1 | MO |
| *diphenhydramine hcl inj 50 mg/ml* | 1 | MO |
| *hydroxyzine hcl im soln 25 mg/ml* | 3 | PA, MO |
| *hydroxyzine hcl im soln 50 mg/ml* | 3 | PA, MO |
| *hydroxyzine hcl syrup 10 mg/5ml* | 2 | PA, MO |
| *hydroxyzine hcl tab 10 mg* | 2 | PA, MO |
| *hydroxyzine hcl tab 25 mg* | 2 | PA, MO |
| *hydroxyzine hcl tab 50 mg* | 2 | PA, MO |
| *hydroxyzine pamoate cap 25 mg* | 2 | PA, MO |
| *hydroxyzine pamoate cap 50 mg* | 2 | PA, MO |
| *levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)* | 1 | MO |

## RESPIRATORY: ANTIHISTAMINES (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *levocetirizine dihydrochloride tab 5 mg* | 1 | MO |
| *olopatadine hcl nasal soln 0.6%* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

## RESPIRATORY: BETA AGONISTS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)* | 1 | MO, QL ( 2 inhalers every 30 days) |
| *albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)* | 1 | B/D PA, MO |
| *albuterol sulfate soln nebu 0.5% (5 mg/ml)* | 1 | B/D PA, MO |
| *albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)* | 1 | B/D PA, MO |
| *albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)* | 1 | B/D PA, MO |
| *albuterol sulfate syrup 2 mg/5ml* | 1 | MO |
| *albuterol sulfate tab 2 mg* | 1 | MO |
| *albuterol sulfate tab 4 mg* | 1 | MO |
| *arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)* | 1 | B/D PA, MO |
| *formoterol fumarate soln nebu 20 mcg/2ml* | 1 | B/D PA, MO |
| *levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)* | 1 | B/D PA, MO |
| *levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)* | 1 | B/D PA, MO |
| *levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)* | 1 | B/D PA, MO |

## RESPIRATORY: BETA AGONISTS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)* | 1 | B/D PA, MO |
| *levalbuterol tartrate inhal aerosol 45 mcg/ act (base equiv)* | 1 | ST, MO, QL ( 2 inhalers every 30 days) |
| SEREVENT DIS AER 50MCG | 2 | MO, QL ( 60 inhalations every 30 days) |
| *terbutaline sulfate tab 2.5 mg* | 1 | MO |
| *terbutaline sulfate tab 5 mg* | 1 | MO |
| VENTOLIN HFA | 2 | MO, QL ( 2 inhalers every 30 days) |
| VENTOLIN HFA (INSTITUTIONAL PACK) | 2 | MO, QL ( 6 inhalers every 30 days) |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

## RESPIRATORY: LEUKOTRIENE MODULATORS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *montelukast sodium chew tab 4 mg (base equiv)* | 1 | MO |
| *montelukast sodium chew tab 5 mg (base equiv)* | 1 | MO |
| *montelukast sodium oral granules packet 4 mg (base equiv)* | 1 | MO |
| *montelukast sodium tab 10 mg (base equiv)* | 1 | MO |
| *zafirlukast tab 10 mg* | 1 | MO |
| *zafirlukast tab 20 mg* | 1 | MO |

## RESPIRATORY: MISCELLANEOUS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *acetylcysteine inhal soln 10%* | 1 | B/D PA, MO |
| *acetylcysteine inhal soln 20%* | 1 | B/D PA, MO |
| ARALAST NP INJ 1000MG | 2 | PA, LA, HI, MO |
| ARALAST NP INJ 500MG | 2 | PA, LA, HI, MO |
| *cromolyn sodium soln nebu 20 mg/2ml* | 1 | B/D PA, MO |
| DALIRESP TAB 250MCG | 3 | MO |
| DALIRESP TAB 500MCG | 3 | MO |
| *epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)* | 1 | MO |
| *epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)* | 1 | MO |
| *epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)* | 1 | MO |
| ESBRIET CAP 267MG | 2 | PA, LA, QL ( 270 caps every 30 days) |
| FASENRA INJ 30MG/ ML | 2 | PA, LA |
| FASENRA PEN INJ 30MG/ML | 2 | PA, LA |
| KALYDECO PAK 25MG | 2 | PA, LA, QL ( 56 packs every 28 days) |
| KALYDECO PAK 50MG | 2 | PA, LA, QL ( 56 packs every 28 days) |

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

| RESPIRATORY: MISCELLANEOUS (continued) | | |
|---|---|---|
| **Drug Name** | **Tier** | **Requirements/ Limits** |
| KALYDECO PAK 75MG | 2 | PA, LA, QL ( 56 packs every 28 days) |
| KALYDECO TAB 150MG | 2 | PA, LA, QL ( 60 tabs every 30 days) |
| OFEV CAP 100MG | 2 | PA, LA, QL ( 60 caps every 30 days) |
| OFEV CAP 150MG | 2 | PA, LA, QL ( 60 caps every 30 days) |
| ORKAMBI GRA 100-125 | 2 | PA, LA, QL ( 56 packs every 28 days) |
| ORKAMBI GRA 150-188 | 2 | PA, LA, QL ( 56 packs every 28 days) |
| ORKAMBI TAB 100-125 | 2 | PA, LA, QL ( 112 tabs every 28 days) |
| ORKAMBI TAB 200-125 | 2 | PA, LA, QL ( 112 tabs every 28 days) |
| *pirfenidone tab 267 mg* | 1 | PA, QL ( 270 tabs every 30 days) |
| *pirfenidone tab 801 mg* | 1 | PA, QL ( 90 tabs every 30 days) |
| PROLASTIN-C INJ 1000MG | 2 | PA, LA, HI, MO |
| PROLASTIN-C INJ 1000MG | 2 | PA, LA, MO |
| PULMOZYME SOL 1MG/ML | 2 | PA |

| RESPIRATORY: MISCELLANEOUS (continued) | | |
|---|---|---|
| **Drug Name** | **Tier** | **Requirements/ Limits** |
| SYMDEKO TAB 100-150 | 2 | PA, LA, QL ( 56 tabs every 28 days) |
| SYMDEKO TAB 50-75MG | 2 | PA, LA, QL ( 56 tabs every 28 days) |
| SYMJEPI INJ 0.15MG | 3 | MO |
| SYMJEPI INJ 0.3MG | 3 | MO |
| THEO-24 CAP 100MG CR | 3 | MO |
| THEO-24 CAP 200MG CR | 3 | MO |
| THEO-24 CAP 300MG CR | 3 | MO |
| THEO-24 CAP 400MG ER | 3 | MO |
| *theophylline soln 80 mg/15ml* | 1 | MO |
| *theophylline tab er 12hr 300 mg* | 1 | MO |
| *theophylline tab er 12hr 450 mg* | 1 | MO |
| *theophylline tab er 24hr 400 mg* | 1 | MO |
| *theophylline tab er 24hr 600 mg* | 1 | MO |
| TRIKAFTA TAB | 2 | PA, LA, QL ( 84 tabs every 28 days) |
| XOLAIR INJ 150MG/ ML | 2 | PA, LA |
| XOLAIR INJ 75/0.5 | 2 | PA, LA |
| XOLAIR SOL 150MG | 2 | PA, LA |
| ZEMAIRA INJ 1000MG | 2 | PA, LA, MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## RESPIRATORY: NASAL STEROIDS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *flunisolide nasal soln 25 mcg/act (0.025%)* | 1 | MO, QL ( 3 bottles every 30 days) |
| *fluticasone propionate nasal susp 50 mcg/ act* | 1 | MO, QL ( 1 bottle every 30 days) |
| *mometasone furoate nasal susp 50 mcg/ act* | 1 | ST, MO, QL ( 2 inhalers every 30 days) |
| OMNARIS SPR | 3 | ST, MO, QL ( 1 inhaler every 30 days) |
| XHANCE MIS 93MCG | 3 | PA, MO, QL ( 32 mL every 30 days) |

## RESPIRATORY: STEROID INHALANTS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| ARNUITY ELPT INH 100MCG | 2 | MO, QL ( 30 inhalations every 30 days) |
| ARNUITY ELPT INH 200MCG | 2 | MO, QL ( 30 inhalations every 30 days) |
| ARNUITY ELPT INH 50MCG | 2 | MO, QL ( 30 inhalations every 30 days) |
| *budesonide inhalation susp 0.25 mg/2ml* | 1 | B/D PA, MO |
| *budesonide inhalation susp 0.5 mg/2ml* | 1 | B/D PA, MO |
| FLOVENT DISK AER 100MCG | 2 | MO, QL ( 240 inhalations every 30 days) |
| FLOVENT DISK AER 250MCG | 2 | MO, QL ( 240 inhalations every 30 days) |
| FLOVENT DISK AER 50MCG | 2 | MO, QL ( 180 inhalations every 30 days) |
| FLOVENT HFA AER 110MCG | 2 | MO, QL ( 2 inhalers every 30 days) |
| FLOVENT HFA AER 220MCG | 2 | MO, QL ( 2 inhalers every 30 days) |
| FLOVENT HFA AER 44MCG | 2 | MO, QL ( 2 inhalers every 30 days) |
| PULMICORT INH 180MCG | 3 | MO, QL ( 2 inhalers every 30 days) |
| PULMICORT INH 90MCG | 3 | MO, QL ( 3 inhalers every 30 days) |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

## RESPIRATORY: STEROID/BETA-AGONIST COMBINATIONS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| ADVAIR DISKU AER 100/50 | 2 | MO, QL ( 60 inhalations every 30 days) |
| ADVAIR DISKU AER 250/50 | 2 | MO, QL ( 60 inhalations every 30 days) |
| ADVAIR DISKU AER 500/50 | 2 | MO, QL ( 60 inhalations every 30 days) |
| ADVAIR HFA AER 115/21 | 2 | MO, QL ( 1 inhaler every 30 days) |
| ADVAIR HFA AER 230/21 | 2 | MO, QL ( 1 inhaler every 30 days) |
| ADVAIR HFA AER 45/21 | 2 | MO, QL ( 1 inhaler every 30 days) |
| BREO ELLIPTA INH 100-25 | 2 | MO, QL ( 60 blisters every 30 days) |
| BREO ELLIPTA INH 200-25 | 2 | MO, QL ( 60 blisters every 30 days) |
| SYMBICORT AER 160-4.5 | 2 | MO, QL ( 1 inhaler every 30 days) |
| SYMBICORT AER 80-4.5 | 2 | MO, QL ( 1 inhaler every 30 days) |

## TOPICAL: DERMATOLOGY, ACNE

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *accutane cap 10mg* | 1 | PA, MO |
| *accutane cap 20mg* | 1 | PA, MO |
| *accutane cap 30mg* | 1 | PA, MO |
| *accutane cap 40mg* | 1 | PA, MO |
| *amnesteem cap 10mg* | 1 | PA, MO |
| *amnesteem cap 20mg* | 1 | PA, MO |
| *amnesteem cap 40mg* | 1 | PA, MO |
| *avita cre 0.025%* | 1 | PA, MO, QL ( 45 gm every 30 days) |
| *avita gel 0.025%* | 1 | PA, MO, QL ( 45 gm every 30 days) |
| *benzoyl peroxide-erythromycin gel 5-3%* | 1 | MO, QL ( 46.6 gm every 30 days) |
| *claravis cap 10mg* | 1 | PA, MO |
| *claravis cap 20mg* | 1 | PA, MO |
| *claravis cap 30mg* | 1 | PA, MO |
| *claravis cap 40mg* | 1 | PA, MO |
| *clindamycin phosphate gel 1%* | 1 | MO, QL ( 75 gm every 30 days) |
| *clindamycin phosphate lotion 1%* | 1 | MO, QL ( 60 mL every 30 days) |
| *clindamycin phosphate soln 1%* | 1 | MO, QL ( 60 mL every 30 days) |
| *ery pad 2%* | 1 | MO, QL ( 60 pledgets every 30 days) |
| *erythromycin soln 2%* | 1 | MO, QL ( 60 mL every 30 days) |
| *isotretinoin cap 10 mg* | 1 | PA, MO |
| *isotretinoin cap 20 mg* | 1 | PA, MO |
| *isotretinoin cap 30 mg* | 1 | PA, MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## TOPICAL: DERMATOLOGY, ACNE (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *isotretinoin cap 40 mg* | 1 | PA, MO |
| *myorisan cap 10mg* | 1 | PA, MO |
| *myorisan cap 20mg* | 1 | PA, MO |
| *myorisan cap 30mg* | 1 | PA, MO |
| *myorisan cap 40mg* | 1 | PA, MO |
| *sulfacetamide sodium lotion 10% (acne)* | 1 | MO, QL ( 118 mL every 30 days) |
| *tretinoin cream 0.025%* | 1 | PA, MO, QL ( 45 gm every 30 days) |
| *tretinoin cream 0.05%* | 1 | PA, MO, QL ( 45 gm every 30 days) |
| *tretinoin cream 0.1%* | 1 | PA, MO, QL ( 45 gm every 30 days) |
| *tretinoin gel 0.01%* | 1 | PA, MO, QL ( 45 gm every 30 days) |
| *tretinoin gel 0.025%* | 1 | PA, MO, QL ( 45 gm every 30 days) |
| *zenatane cap 10mg* | 1 | PA, MO |
| *zenatane cap 20mg* | 1 | PA, MO |
| *zenatane cap 30mg* | 1 | PA, MO |
| *zenatane cap 40mg* | 1 | PA, MO |

## TOPICAL: DERMATOLOGY, ANTIBIOTICS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *gentamicin sulfate cream 0.1%* | 1 | MO, QL ( 30 gm every 30 days) |
| *gentamicin sulfate oint 0.1%* | 1 | MO, QL ( 30 gm every 30 days) |
| *mupirocin oint 2%* | 1 | MO, QL ( 220 gm every 30 days) |
| *silver sulfadiazine cream 1%* | 1 | MO |
| *ssd cre 1%* | 1 | MO |
| SULFAMYLON CRE 85MG/GM | 3 | MO, QL ( 453.6 gm every 30 days) |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

## TOPICAL: DERMATOLOGY, ANTIFUNGALS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *ciclopirox olamine cream 0.77% (base equiv)* | 1 | MO, QL ( 90 gm every 30 days) |
| *ciclopirox olamine susp 0.77% (base equiv)* | 1 | MO, QL ( 60 mL every 30 days) |
| *clotrimazole cream 1%* | 1 | MO, QL ( 45 gm every 30 days) |
| *clotrimazole soln 1%* | 1 | MO, QL ( 30 mL every 30 days) |
| *clotrimazole w/ betamethasone cream 1-0.05%* | 1 | MO, QL ( 45 gm every 30 days) |
| *ketoconazole cream 2%* | 1 | MO, QL ( 60 gm every 30 days) |
| *nyamyc pow 100000* | 1 | MO, QL ( 60 gm every 30 days) |
| *nystatin cream 100000 unit/gm* | 1 | MO, QL ( 30 gm every 30 days) |
| *nystatin oint 100000 unit/gm* | 1 | MO, QL ( 30 gm every 30 days) |
| *nystatin topical powder 100000 unit/ gm* | 1 | MO, QL ( 60 gm every 30 days) |
| *nystop pow 100000* | 1 | MO, QL ( 60 gm every 30 days) |

## TOPICAL: DERMATOLOGY, ANTIPSORIATICS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *acitretin cap 10 mg* | 1 | PA, MO |
| *acitretin cap 17.5 mg* | 1 | PA, MO |
| *acitretin cap 25 mg* | 1 | PA, MO |
| *calcipotriene oint 0.005%* | 1 | PA, MO, QL ( 120 gm every 30 days) |
| *calcipotriene soln 0.005% (50 mcg/ml)* | 1 | PA, MO, QL ( 120 mL every 30 days) |
| *calcitrene oin 0.005%* | 1 | PA, MO, QL ( 120 gm every 30 days) |
| *tazarotene cream 0.1%* | 1 | PA, MO, QL ( 60 gm every 30 days) |
| TAZORAC CRE 0.05% | 3 | PA, MO, QL ( 60 gm every 30 days) |

## TOPICAL: DERMATOLOGY, ANTISEBORRHEICS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *ketoconazole shampoo 2%* | 1 | MO, QL ( 120 mL every 30 days) |
| *selenium sulfide lotion 2.5%* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

## TOPICAL: DERMATOLOGY, CORTICOSTEROIDS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *ala-cort cre 1%* | 1 | MO |
| *ala-cort cre 2.5%* | 1 | MO |
| *alclometasone dipropionate cream 0.05%* | 1 | MO, QL ( 60 gm every 30 days) |
| *alclometasone dipropionate oint 0.05%* | 1 | MO, QL ( 60 gm every 30 days) |
| *betamethasone dipropionate augmented cream 0.05%* | 1 | MO, QL ( 120 gm every 30 days) |
| *betamethasone dipropionate augmented gel 0.05%* | 1 | MO, QL ( 120 gm every 30 days) |
| *betamethasone dipropionate augmented lotion 0.05%* | 1 | MO, QL ( 120 mL every 30 days) |
| *betamethasone dipropionate augmented oint 0.05%* | 1 | MO, QL ( 120 gm every 30 days) |
| *betamethasone dipropionate cream 0.05%* | 1 | MO, QL ( 120 gm every 30 days) |
| *betamethasone dipropionate lotion 0.05%* | 1 | MO, QL ( 120 mL every 30 days) |
| *betamethasone dipropionate oint 0.05%* | 1 | MO, QL ( 120 gm every 30 days) |
| *betamethasone valerate cream 0.1% (base equivalent)* | 1 | MO, QL ( 120 gm every 30 days) |

## TOPICAL: DERMATOLOGY, CORTICOSTEROIDS (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *betamethasone valerate lotion 0.1% (base equivalent)* | 1 | MO, QL ( 120 mL every 30 days) |
| *betamethasone valerate oint 0.1% (base equivalent)* | 1 | MO, QL ( 120 gm every 30 days) |
| *clobetasol e cre 0.05%* | 1 | MO, QL ( 60 gm every 30 days) |
| *clobetasol propionate cream 0.05%* | 1 | MO, QL ( 60 gm every 30 days) |
| *clobetasol propionate gel 0.05%* | 1 | MO, QL ( 60 gm every 30 days) |
| *clobetasol propionate oint 0.05%* | 1 | MO, QL ( 60 gm every 30 days) |
| *clobetasol propionate soln 0.05%* | 1 | MO, QL ( 50 mL every 30 days) |
| ENSTILAR AER | 3 | PA, MO, QL ( 120 gm every 30 days) |
| *fluocinolone acetonide cream 0.01%* | 1 | MO, QL ( 60 gm every 30 days) |
| *fluocinolone acetonide cream 0.025%* | 1 | MO, QL ( 120 gm every 30 days) |
| *fluocinolone acetonide oil 0.01% (body oil)* | 1 | MO, QL ( 118.28 mL every 30 days) |
| *fluocinolone acetonide oil 0.01% (scalp oil)* | 1 | MO, QL ( 118.28 mL every 30 days) |
| *fluocinolone acetonide oint 0.025%* | 1 | MO, QL ( 120 gm every 30 days) |
| *fluocinolone acetonide soln 0.01%* | 1 | MO, QL ( 90 mL every 30 days) |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

| TOPICAL: DERMATOLOGY, CORTICOSTEROIDS (continued) | | |
|---|---|---|
| **Drug Name** | **Tier** | **Requirements/ Limits** |
| *fluocinonide cream 0.05%* | 1 | MO, QL ( 120 gm every 30 days) |
| *fluocinonide emulsified base cream 0.05%* | 1 | MO, QL ( 120 gm every 30 days) |
| *fluocinonide gel 0.05%* | 1 | MO, QL ( 60 gm every 30 days) |
| *fluocinonide oint 0.05%* | 1 | MO, QL ( 60 gm every 30 days) |
| *fluocinonide soln 0.05%* | 1 | MO, QL ( 60 mL every 30 days) |
| *fluticasone propionate cream 0.05%* | 1 | MO |
| *fluticasone propionate oint 0.005%* | 1 | MO |
| *halobetasol propionate cream 0.05%* | 1 | MO, QL ( 50 gm every 30 days) |
| *halobetasol propionate oint 0.05%* | 1 | MO, QL ( 50 gm every 30 days) |
| *hydrocortisone cream 1%* | 1 | MO |
| *hydrocortisone cream 2.5%* | 1 | MO |
| *hydrocortisone lotion 2.5%* | 1 | MO |
| *hydrocortisone oint 2.5%* | 1 | MO |
| *mometasone furoate cream 0.1%* | 1 | MO |
| *mometasone furoate oint 0.1%* | 1 | MO |
| *mometasone furoate solution 0.1% (lotion)* | 1 | MO |

| TOPICAL: DERMATOLOGY, CORTICOSTEROIDS (continued) | | |
|---|---|---|
| **Drug Name** | **Tier** | **Requirements/ Limits** |
| *triamcinolone acetonide cream 0.025%* | 1 | MO |
| *triamcinolone acetonide cream 0.1%* | 1 | MO, QL ( 454 gm every 30 days) |
| *triamcinolone acetonide cream 0.5%* | 1 | MO |
| *triamcinolone acetonide lotion 0.025%* | 1 | MO |
| *triamcinolone acetonide lotion 0.1%* | 1 | MO |
| *triamcinolone acetonide oint 0.025%* | 1 | MO |
| *triamcinolone acetonide oint 0.1%* | 1 | MO |
| *triamcinolone acetonide oint 0.5%* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

**This drug list was last updated on 10/01/2022.**

## TOPICAL: DERMATOLOGY, LOCAL ANESTHETICS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *glydo gel 2%* | 1 | PA, MO, QL ( 60 mL every 30 days) |
| *lidocaine hcl soln 4%* | 1 | PA, MO, QL ( 50 mL every 30 days) |
| *lidocaine hcl urethral/ mucosal gel 2%* | 1 | PA, MO, QL ( 30 mL every 30 days) |
| *lidocaine oint 5%* | 1 | PA, MO, QL ( 50 gm every 30 days) |
| *lidocaine patch 5%* | 1 | PA, MO, QL ( 3 patches every 1 day) |
| *lidocaine-prilocaine cream 2.5-2.5%* | 1 | PA, MO, QL ( 30 gm every 30 days) |

## TOPICAL: DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *azelaic acid gel 15%* | 1 | MO, QL ( 50 gm every 30 days) |
| *bexarotene gel 1%* | 1 | PA, MO, QL ( 60 gm every 30 days) |
| *diclofenac sodium gel 1%* | 1 | MO, QL ( 1000 gm every 30 days) |
| FINACEA AER 15% | 3 | MO, QL ( 50 gm every 30 days) |
| *fluorouracil cream 5%* | 1 | MO, QL ( 40 gm every 30 days) |
| *fluorouracil soln 2%* | 1 | MO, QL ( 10 mL every 30 days) |
| *fluorouracil soln 5%* | 1 | MO, QL ( 10 mL every 30 days) |
| *hydrocortisone perianal cream 2.5%* | 1 | MO |
| *imiquimod cream 5%* | 1 | MO, QL ( 24 packets every 30 days) |
| *lactic acid (ammonium lactate) cream 12%* | 1 | MO |
| *lactic acid (ammonium lactate) lotion 12%* | 1 | MO |
| *metronidazole cream 0.75%* | 1 | MO, QL ( 45 gm every 30 days) |
| *metronidazole gel 0.75%* | 1 | MO, QL ( 45 gm every 30 days) |
| *metronidazole lotion 0.75%* | 1 | MO, QL ( 59 mL every 30 days) |
| NORITATE CRE 1% | 2 | MO, QL ( 60 gm every 30 days) |
| PANRETIN GEL 0.1% | 2 | PA, QL ( 60 gm every 30 days) |

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

## TOPICAL: DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE (continued)

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *podofilox soln 0.5%* | 1 | MO, QL ( 7 mL every 28 days) |
| *procto-med cre hc 2.5%* | 1 | MO |
| *procto-pak cre 1%* | 1 | MO |
| *proctosol hc cre 2.5%* | 1 | MO |
| *proctozone cre -hc 2.5%* | 1 | MO |
| RECTIV OIN 0.4% | 3 | MO, QL ( 30 gm every 30 days) |
| *rosadan cre 0.75%* | 1 | MO, QL ( 45 gm every 30 days) |
| *tacrolimus oint 0.03%* | 1 | MO, QL ( 100 gm every 30 days) |
| *tacrolimus oint 0.1%* | 1 | MO, QL ( 100 gm every 30 days) |
| VALCHLOR GEL 0.016% | 2 | PA, LA, QL ( 60 gm every 30 days) |
| ZYCLARA PUMP CRE 2.5% | 2 | MO, QL ( 7.5 gm every 28 days) |

## TOPICAL: DERMATOLOGY, SCABICIDES AND PEDICULIDES

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *malathion lotion 0.5%* | 1 | MO, QL ( 59 mL every 30 days) |
| *permethrin cream 5%* | 1 | MO, QL ( 60 gm every 30 days) |

## TOPICAL: DERMATOLOGY, WOUND CARE AGENTS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| REGRANEX GEL 0.01% | 2 | PA, MO, QL ( 30 gm every 30 days) |
| SANTYL OIN 250/GM | 3 | MO, QL ( 180 gm every 30 days) |
| *sodium chloride irrigation soln 0.9%* | 1 | MO |
| *water for irrigation, sterile irrigation soln* | 1 | MO |

## TOPICAL: MOUTH/THROAT/DENTAL AGENTS

| Drug Name | Tier | Requirements/ Limits |
|---|---|---|
| *cevimeline hcl cap 30 mg* | 1 | MO |
| *chlorhexidine gluconate soln 0.12%* | 1 | MO |
| *clotrimazole troche 10 mg* | 1 | MO, QL ( 150 lozenges every 30 days) |
| *lidocaine hcl viscous soln 2%* | 1 | MO |
| *nystatin susp 100000 unit/ml* | 1 | MO |
| *periogard sol 0.12%* | 1 | MO |
| *pilocarpine hcl tab 5 mg* | 1 | MO |
| *pilocarpine hcl tab 7.5 mg* | 1 | MO |
| *triamcinolone acetonide dental paste 0.1%* | 1 | MO |

**You can find information on what the symbols and abbreviations on this table mean by going to page 6.**

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# NONDISCRIMINATION NOTICE

**Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. It does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.**

## BLUE CROSS BLUE SHIELD OF MASSACHUSETTS PROVIDES:

- Free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print or other formats).
- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact the Medicare Advantage Appeals and Grievance Manager.

If you believe that Blue Cross Blue Shield of Massachusetts has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with the Medicare Advantage Appeals and Grievance Manager by mail at P.O. Box 55007, Boston, MA 02205; phone at **1-800-200-4255** (TTY: **711**) from April 1 through September 30, 30, 8:00 a.m. to 8:00 p.m., Monday through Friday, or October 1 through March 31, 8:00 a.m. to 8:00 p.m., seven days a week; fax at **617-246-8506**; or email at **MedicareAdvantageRXAppeals@bcbsma.com**. You can file a grievance in person, by mail, fax, email, or you can call **1-800-200-4255** (TTY: **711**).

If you need help filing a grievance, the Medicare Advantage Appeals and Grievance Manager is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights online at **ocrportal.hhs.gov**; by mail at U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building Washington, DC 20201; by phone at **1-800-368-1019** or **1-800-537-7697** (TDD).

Complaint forms are available at **hhs.gov**.

# TRANSLATION RESOURCES

## Proficiency of Language Assistance Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-800-200-4255** (TTY: **711**). Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-800-200-4255** (TTY: **711**). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。

如果您需要此翻译服务，请致电 **1-800-200-4255** (TTY: **711**)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-800-200-4255** (TTY: **711**)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-800-200-4255** (TTY: **711**). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-800-200-4255** (TTY: **711**). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi **1-800-200-4255** (TTY: **711**) sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-800-200-4255** (TTY: **711**). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-800-200-4255** (TTY: **711**) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-800-200-4255** (TTY: **711**). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم بمساعدتك. هذه خدمة فوري، ليس عليك سوى الاتصال بنا على **1-800-200-4255** (TTY: **711**). سيقوم شخص ما يتحدث العربية مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-800-200-4255** (TTY: **711**) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-800-200-4255** (TTY: **711**). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugués:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-800-200-4255** (TTY: **711**). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-800-200-4255** (TTY: **711**). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-800-200-4255** (TTY: **711**). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えす`るため に、無料の通訳サービスがありますございます。通訳をご用命になるには、**1-800-200-4255** (TTY: **711**) にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

## RESOURCES

**Medicare Plan Sales:**

**1-800-678-2265 (TTY: 711)**

April 1 through September 30, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday

October 1 through March 31, 8:00 a.m. to 8:00 p.m. ET, seven days a week

**bluecrossma.com/medicare**

Blue Cross Blue Shield of Massachusetts is an HMO and PPO plan with a Medicare contract. Enrollment in Blue Cross Blue Shield of Massachusetts depends on contract renewal.

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ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-200-4255** (TTY: **711**).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-800-200-4255** (TTY: **711**).

This formulary was updated on 10/01/2021. For more recent information or other questions, please contact Blue Cross Blue Shield of Massachusetts at **1-800-200-4255**, or, for TTY users, **711**, from April 1 through September 30, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday, and from October 1 through March 31, 8:00 a.m. to 8:00 p.m. ET, seven days a week, or visit **bluecrossma.com/medicare**.

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



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