



# 2022 Part D Formulary

(List of Covered Drugs)



**Register on our website to choose to receive plan communications by email or online.**

Anthem Medicare Preferred (PPO) with Senior Rx Plus  
with Select Generics

**Please read:** This document contains information about the drugs we cover in this plan.

This *Formulary* was updated on May 1, 2022.

Pharmacy-related benefits questions:



Pharmacy Member Services

**1-833-360-3662 (TTY: 711)**

24 hours a day, 7 days a week

All other questions:

Member Services

**1-833-848-8730 (TTY: 711)**

Monday through Friday, 8 a.m. to 9 p.m. ET,  
except holidays

[www.anthem.com/ca](http://www.anthem.com/ca)



Note to members:

Please review this document to make sure that it contains the drugs you take.

If this document does not contain the drugs you take, please refer to the "What if my drug is not on the *Part D Formulary*" section for more information.

When this *Formulary (Drug List)* refers to "we," "us" or "our," it means Anthem BC Health Insurance Company. When it refers to "plan" or "your plan," it means your 2022 group retiree drug plan.

This document includes a list of the covered Part D drugs for your plan which is current as of 6/1/2022. For an updated *Formulary*, please review the *Formulary* online at [www.anthem.com/ca](http://www.anthem.com/ca), or call Pharmacy Member Services. Our contact information, along with the date we last updated the *Formulary*, appears on the front and back covers.

You must generally use network pharmacies to use your prescription drug benefit. Your *Formulary* and pharmacy network may change on January 1, 2023, and from time to time during the year. You will receive notice when necessary.

Depending on your group sponsor's renewal date, your benefits, copayments/coinsurance may also change on January 1, 2023. The benefit information provided is not a complete description of benefits. Limitations, copayments and restrictions may apply. Please refer to your *Evidence of Coverage* online at [www.anthem.com/ca](http://www.anthem.com/ca), or call the Pharmacy Member Services number listed on the front and back covers, for information specific to your plan.

This document may be available in an alternate format. Please call the Member Services number listed on the front and back covers for additional information.

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## What is the Anthem Medicare Preferred (PPO) with Senior Rx Plus Part D Formulary?

A *Formulary* is a list of covered Part D drugs selected by us in consultation with a team of health care providers, which represents the prescription therapies believed to be necessary parts of a quality treatment program.

Your plan will generally cover the drugs listed in the *Formulary* as long as you follow these basic rules:

- The drug is medically necessary.
- The prescription is filled at a network pharmacy, and other plan rules are followed.
- The drug is a Medicare Part D eligible drug. Medicare Part D eligible drugs are all approved by the Food and Drug Administration (FDA) and if brand, the drug manufacturer has agreed to provide the Coverage Gap Discount.
- The drugs covered under your retiree drug coverage are listed in this document.

Your plan provides coverage for many Medicare Part D eligible drugs. The drugs on this list are selected by the plan with the help of a team of doctors and pharmacists. Not all drugs are on your *Formulary*.

Some drugs may be covered under the medical benefits of your plan rather than under the drug benefits of your plan. Some of the drugs that are covered under your medical benefits are marked with a B/D in this *Drug List*.

You may also have coverage for certain additional drugs not covered by Medicare Part D plans. These drugs are referred to as “*Extra Covered Drugs*” and are covered by your Senior Rx Plus supplemental benefits. You can find out which specific drugs are covered by checking your *Extra Covered Drug List* online at [www.anthem.com/ca](http://www.anthem.com/ca), or by calling the Pharmacy Member Services number listed on the front and back covers.

To find out if your plan includes coverage for additional drugs, please check the benefits chart located at the front of your *Evidence of Coverage*. For more information on how to fill your prescriptions, please review your *Evidence of Coverage* online at [www.anthem.com/ca](http://www.anthem.com/ca), or call the Pharmacy Member Services number listed on the front and back covers.

## Can the Part D 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.

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 also find information in the section below entitled, “How do I request an exception to the Anthem Medicare Preferred (PPO) with Senior Rx Plus Part D Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our *Formulary* to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our *Formulary* and provide notice to members who take the drug.
- **Drugs that are no longer considered Part D eligible.** If CMS changes the Part D status of a drug, CMS will notify us that the drug is no longer deemed eligible for coverage under your Part D plan. If this happens, we will immediately remove the drug from the *Part D Drug List*.
- **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 one-month 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 Anthem Medicare Preferred (PPO) with Senior Rx Plus Part D Formulary?”

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

We evaluate new drugs as they come onto the market. Once we have completed a full evaluation based upon clinical effectiveness and cost relative to other drug therapies, the drug will be assigned to a drug plan tier or non-formulary designation. If a new Part D eligible drug is designated as non-formulary following our review, this drug will not be covered on your *Formulary*. If your provider feels you should use the new drug, you or your provider may request a coverage exception.

This *Formulary* is current as of 6/1/2022. To get updated information about the drugs covered by your plan, please refer to your *Formulary* online at [www.anthem.com/ca](http://www.anthem.com/ca), or call Pharmacy Member Services. Our contact information appears on the front and back covers.

## How do I use the *Part D Formulary*?

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

### Medical Condition

The *Formulary* begins on page 11. The drugs in this *Formulary* are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular, Hypertension, and Lipids." If you know what your drug is used for, look for the category name in the list that begins on page 11, then look under the category name for your drug.

Please refer to section "Your plan's *Part D Formulary*" to see an example of how to read your *Drug List*.

### Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 85. 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?

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

## Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. If you have any questions on the below restrictions, please contact the Pharmacy Member Services number listed on the front and back covers.

These requirements and limits may include:

- **Prior authorization:** Your plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, your plan may not cover the drug.
- **Quantity limits:** For certain drugs, we limit the amount of the drug that we will cover. For example, we cover 30 tablets per 30 days of *irbesartan 75 mg tablets*. This may be in addition to a standard one-month or three-month supply.
- **Step therapy:** In some cases, we 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.
- **Day supply limits:** Short and long acting opioids are limited to a 7-day supply per fill for members who have not filled an opioid drug in the past 180 days. Members with cancer or members in hospice will be excluded from the 7-day supply limit.

You can find out if your drug has any additional requirements or limits by looking in the *Formulary* that begins on page 11. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online at [www.anthem.com/ca](http://www.anthem.com/ca) the 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 covers.

You can ask us 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 Anthem Medicare Preferred (PPO) with Senior Rx Plus Part D Formulary?" on page 5 for information about how to request an exception.

## What if my drug is not on the *Part D Formulary*?

If your drug is not included in this *Formulary* (*List of Covered Drugs*), you should first contact Pharmacy Member Services, our contact information appears on the front and back covers, and ask if your drug is covered.

If you learn that your plan does not cover your drug, you have two options:

- You can ask Pharmacy Member Services for a list of similar drugs that are covered by your plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by your plan.
- You can ask your plan 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 Anthem Medicare Preferred (PPO) with Senior Rx Plus Part D Formulary?

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

- You can ask us to cover a Part D eligible 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, **unless** the drug is on the specialty tier.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, we 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, your 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 call Pharmacy Member Services to ask us for an initial coverage decision for a *Formulary*, tiering or utilization restriction exception. Our contact information appears on the front and back covers.

**When you request a *Formulary*, tiering or utilization restriction exception, you should submit a statement from your prescribing provider supporting your request.** Generally, we must make our decision within 72 hours of getting your prescribing provider'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 prescribing provider.

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

As a new or continuing member in your 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 your 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 one-month supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum of a one-month supply of medication. After your first one-month supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will cover a temporary one-month transition supply consistent with dispensing increment (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of your plan. If you need a drug that is not on our *Formulary* or if your ability to get your drugs is limited, but you are past the first 90 days of membership in your plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a *Formulary* exception.

## For more information

For more detailed information about your plan's prescription drug coverage, please review your *Evidence of Coverage* and other plan materials online at [www.anthem.com/ca](http://www.anthem.com/ca), or call Pharmacy Member Services. Our contact information, along with the date we last updated this *Formulary*, appears on the front and back covers.

If you have questions about your plan, please call Pharmacy Member Services. Our contact information, along with the date we last updated this *Formulary*, appears on the front and back covers.

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

## Your plan's Part D *Formulary*

The *Formulary* that begins on page 11 provides coverage information about the drugs covered by your plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 85.

The **first column** of the chart lists the drug name. Brand name drugs are capitalized (e.g., HUMALOG) and generic drugs are listed in lowercase italics (e.g., *enalapril*).

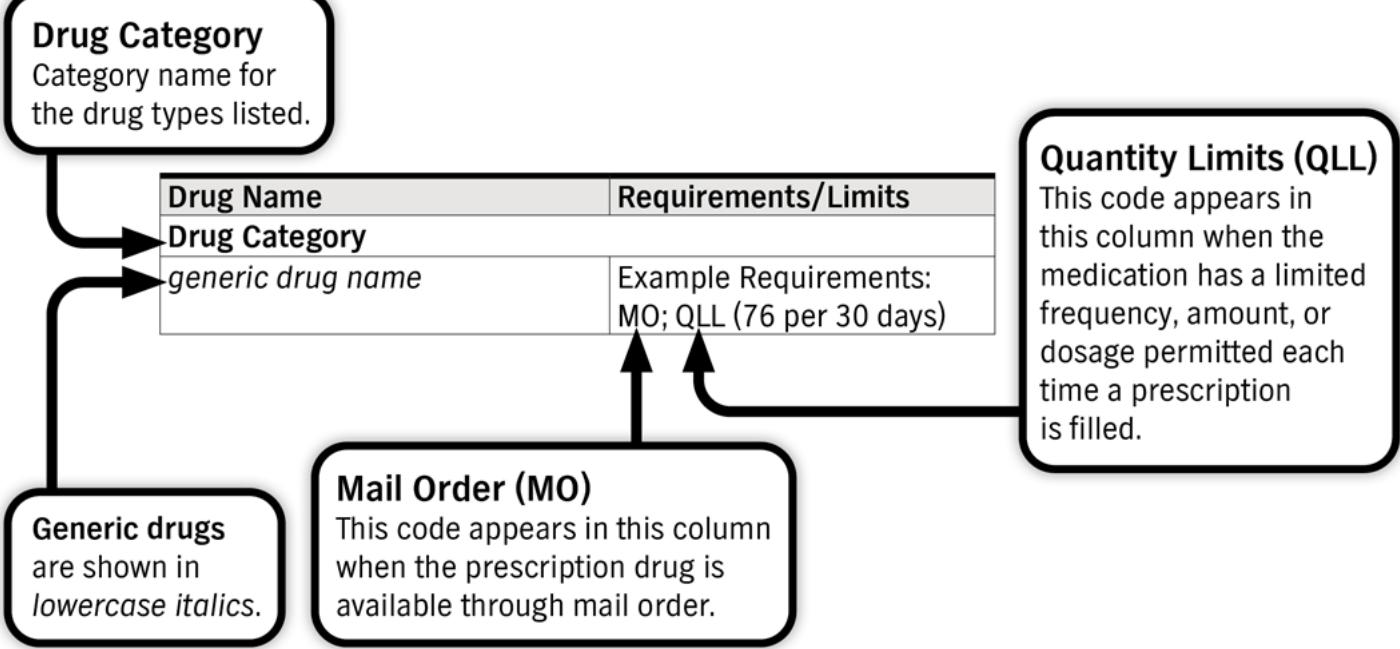
The **second column** of the chart identifies the tier placement of each medication covered in your *Formulary*. Our drug plan groups drugs based upon cost with the lowest cost drugs in Tier 1. These are typically generic drugs. Some newer, more expensive generic drugs may be on a higher tier. To find out what your copayment or coinsurance is for each drug tier, please check the benefits chart located at the front of your *Evidence of Coverage*, which can be found online at [www.anthem.com/ca](http://www.anthem.com/ca), or call the Pharmacy Member Services number listed on the front and back covers. Your drug plan benefits chart uses the following tier labels:

Tier Number	Tier Label
1	Generics
2	Preferred Brands
3	Non-Preferred Drugs
4	Specialty Drugs

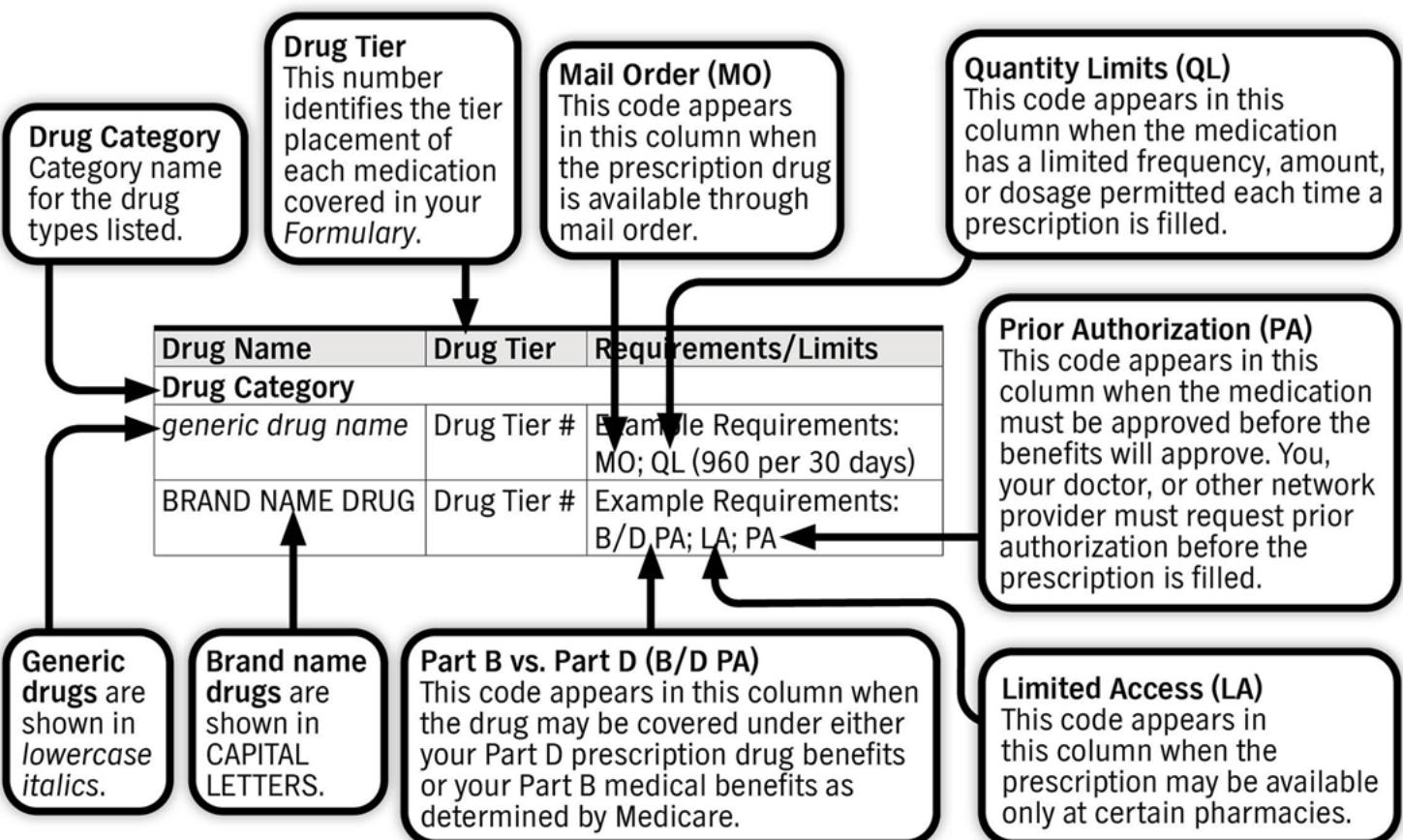
The benefits chart in your *Evidence of Coverage* will also tell you if the amount that you pay for covered drugs changes after the total drug cost paid by you and the plan reaches the initial coverage amount of \$4,430. Please check your benefits chart and *Evidence of Coverage* online at [www.anthem.com/ca](http://www.anthem.com/ca), for complete details on the cost you must pay for drugs covered by your drug plan.

The **third column** tells you if your plan has any special requirements for coverage of your drug. The *Formulary* chart legend, located on page 11, contains the list of special requirements which can be applied to drugs in your plan. The legend also gives you a description of the restriction and the code used in the drug chart to tell you that the restriction applies to a specific drug.

Below you will find an example of how to read the Select Generics List.



Below you will find an example of how to read your *Formulary Drug List*, which has more requirements than the Select Generics List.



## Select Generics for 2022

You may fill up to a 100-day supply of Select Generics if prescribed by your provider. These drugs are covered under your retiree drug plan at a reduced copay (see the benefits chart in your *Evidence of Coverage*).

### Legend

**QLL - Quantity Limits:** Restricts the frequency, amount or dosage of medication for which you can obtain benefits each time you get a prescription filled. This is most often set on a monthly basis.

**MO - Mail Order:** Prescription drugs available through mail order.

Drug Name	Requirements /Limits	Drug Name	Requirements /Limits
<b>Blood Glucose Regulators</b>			
glimepiride tab 1 mg	MO; QLL (240 per 30 days)	atenolol & chlorthalidone tab 50-25 mg, tab 100-25 mg	MO
glimepiride tab 2 mg	MO; QLL (120 per 30 days)	atenolol tab 25 mg, tab 50 mg, tab 100 mg	MO
glimepiride tab 4 mg	MO; QLL (60 per 30 days)	atorvastatin calcium tab 10 mg equivalent), tab 20 mg equivalent), tab 40 mg equivalent), tab 80 mg equivalent)	MO
glipizide tab 10 mg	MO; QLL (120 per 30 days)	benazepril & hydrochlorothiazide tab 5-6.25 mg, tab 10-12.5 mg, tab 20-12.5 mg, tab 20-25 mg	MO
glipizide tab er 24hr 2.5 mg	MO; QLL (240 per 30 days)	benazepril hcl tab 5 mg, tab 10 mg, tab 20 mg, tab 40 mg	MO
glipizide tab er 24hr 10 mg	MO; QLL (60 per 30 days)	bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, tab 5-6.25 mg, tab 10-6.25 mg	MO
glipizide tab er 24hr 5 mg	MO; QLL (120 per 30 days)	bisoprolol fumarate tab 5 mg, tab 10 mg	MO
glipizide-metformin hcl tab 2.5-250 mg	MO; QLL (240 per 30 days)	carvedilol tab 3.125 mg, tab 6.25 mg, tab 12.5 mg, tab 25 mg	MO
glipizide-metformin hcl tab 2.5-500 mg, tab 5-500 mg	MO; QLL (120 per 30 days)	chlorthalidone tab 25 mg, tab 50 mg	MO
metformin hcl tab 1000 mg, tab er 24hr 750 mg	MO; QLL (60 per 30 days)	enalapril maleate & hydrochlorothiazide tab 5-12.5 mg, tab 10-25 mg	MO
metformin hcl tab 500 mg	MO; QLL (150 per 30 days)	enalapril maleate tab 2.5 mg, tab 5 mg, tab 10 mg, tab 20 mg	MO
metformin hcl tab 850 mg	MO; QLL (90 per 30 days)	fosinopril sodium tab 10 mg, tab 20 mg, tab 40 mg	MO
metformin hcl tab er 24hr 500 mg	MO; QLL (120 per 30 days)		
<b>Cardiovascular Agents</b>			

<b>Drug Name</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Requirements /Limits</b>
furosemide tab 20 mg, tab 40 mg, tab 80 mg	MO	pravastatin sodium tab 10 mg, tab 20 mg, tab 40 mg, tab 80 mg	MO
hydrochlorothiazide cap 12.5 mg, tab 12.5 mg, tab 25 mg, tab 50 mg	MO	quinapril hcl tab 5 mg, tab 10 mg, tab 20 mg, tab 40 mg	MO
irbesartan tab 75 mg, tab 150 mg, tab 300 mg	MO	ramipril cap 1.25 mg, cap 2.5 mg, cap 5 mg, cap 10 mg	MO
irbesartan-hydrochlorothiazide tab 150-12.5 mg, tab 300-12.5 mg	MO	rosuvastatin calcium tab 5 mg, tab 10 mg, tab 20 mg, tab 40 mg	MO
lisinopril & hydrochlorothiazide tab 10-12.5 mg, tab 20-12.5 mg, tab 20-25 mg	MO	simvastatin tab 5 mg, tab 10 mg, tab 20 mg, tab 40 mg	MO
lisinopril tab 2.5 mg, tab 5 mg, tab 10 mg, tab 20 mg, tab 30 mg, tab 40 mg	MO	trandolapril tab 1 mg, tab 2 mg, tab 4 mg	MO
losartan potassium & hydrochlorothiazide tab 50-12.5 mg, tab 100-12.5 mg, tab 100-25 mg	MO	valsartan tab 40 mg, tab 80 mg, tab 160 mg, tab 320 mg	MO
losartan potassium tab 25 mg, tab 50 mg, tab 100 mg	MO	valsartan-hydrochlorothiazide tab 80-12.5 mg, tab 160-12.5 mg, tab 160-25 mg, tab 320-12.5 mg, tab 320-25 mg	MO
lovastatin tab 10 mg, tab 20 mg, tab 40 mg	MO	<b>Metabolic Bone Disease Agents</b>	
metoprolol tartrate tab 25 mg, tab 50 mg, tab 100 mg	MO	alendronate sodium tab 35 mg, tab 70 mg	MO; QLL (4 per 28 days)
		alendronate sodium tab 5 mg, tab 10 mg, tab 40 mg	MO; QLL (30 per 30 days)

## Covered Medications by Therapeutic Category - Part D Eligible Drugs

### Legend

Generic drugs are shown in lowercase italics (example: *enalapril*).

Brand name drugs are shown in capital letters (example: HUMALOG).

**QL - Quantity Limits:** Restricts the frequency, amount or dosage of medication for which you can obtain benefits each time you get a prescription filled. This is most often set on a monthly basis.

**PA - Prior Authorization:** The process of obtaining approval for certain prescriptions before benefits will be approved. You, your doctor or other network provider will need to request prior authorization before you fill the prescription.

**ST - Step Therapy:** The process of first trying a certain drug or drugs to determine if that drug or drugs will treat your medical condition before your plan will cover another drug for that condition.

**B/D PA - Part B vs Part D:** This drug may be covered under either your Part D prescription drug benefits or as a Part B drug under your medical benefits, as determined by Medicare.

**LA - Limited Access:** This prescription may be available only at certain pharmacies. For more information, consult your *Pharmacy Directory* or call Pharmacy Member Services. The phone numbers are listed on the front and back covers.

**INJ - Injectable:** The drug is available in injectable form.

**MO - Mail Order:** Prescription drugs available through mail order.

**NEDS - Non-extended Day Supply:** Drugs that will be limited to a 30-day supply per fill. This day supply is different from a Quantity Limit.

**S - Specialty:** Specialty drugs cost \$830 or more for a 30-day supply. Most plans limit Specialty drug fills to a 30-day supply. You can find out if Specialty drug fills are limited to a 30-day supply by checking the benefits chart in the front of your *Evidence of Coverage* which can be found online at [www.anthem.com/ca](http://www.anthem.com/ca), or call the Pharmacy Member Services number listed on the front and back covers.

## Part D Eligible Drugs

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<b>Analgesics</b>					
acetaminophen-codeine #2	1	QL (180 per 30 days); MO; NEDS	acetaminophen-codeine 120-12 mg/5ml solution	1	QL (900 per 30 days); MO; NEDS
acetaminophen-codeine #3	1	QL (180 per 30 days); MO; NEDS	acetaminophen-codeine 300-15 mg tab, 300-30 mg tab, 300-60 mg tab	1	QL (180 per 30 days); MO; NEDS
acetaminophen-codeine #4	1	QL (180 per 30 days); MO; NEDS	ACTIQ	4	PA; QL (120 per 30 days); MO; NEDS; S

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

Effective 6/1/2022

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ascomp-codeine	1	PA; QL (180 per 30 days); MO; NEDS	diclofenac potassium 50 mg tab	1	MO
buprenorphine 10 mcg/hr patch wk, 15 mcg/hr patch wk	3	PA; QL (4 per 28 days); MO; NEDS	diclofenac sodium 1 % gel	1	QL (1000 per 30 days); MO
buprenorphine 5 mcg/hr patch wk, 20 mcg/hr patch wk	1	PA; QL (4 per 28 days); MO; NEDS	diclofenac sodium 1.5 % solution	1	QL (300 per 30 days); MO
buprenorphine 7.5 mcg/hr patch wk	3	PA; MO	diclofenac sodium 25 mg tab dr, 50 mg tab dr, 75 mg tab dr	1	MO
butalbital-apap-caff-cod	1	PA; QL (180 per 30 days); MO; NEDS	diclofenac sodium er	1	MO
butalbital-asa-caff-codeine	1	PA; QL (180 per 30 days); MO; NEDS	diclofenac-misoprostol	1	MO
butalbital-aspirin-caffeine 50-325-40 mg cap	1	PA; QL (180 per 30 days); MO	diflunisal	1	MO
BUTALBITAL-ASPIRIN-CAFFEINE 50-325-40 MG TAB	2	PA; QL (180 per 30 days); MO	DILAUDID 1 MG/ML LIQUID	3	QL (720 per 30 days); MO; NEDS
butorphanol tartrate 1 mg/ml solution	1	QL (240 per 30 days); MO; NEDS	DILAUDID 2 MG TAB, 4 MG TAB	3	QL (180 per 30 days); MO; NEDS
butorphanol tartrate 10 mg/ml solution	1	QL (5 per 30 days); MO; NEDS	duramorph	1	QL (180 per 30 days); MO; NEDS
butorphanol tartrate 2 mg/ml solution	1	QL (120 per 30 days); MO; NEDS	ec-naproxen	1	MO
BUTTRANS 5 MCG/HR PATCH WK	3	PA; QL (4 per 28 days); MO; NEDS	endocet	1	QL (180 per 30 days); MO; NEDS
BUTTRANS 7.5 MCG/HR PATCH WK	3	PA; MO	etodolac	1	MO
CELEBREX	3	MO	etodolac er	1	MO
celecoxib	1	MO	FELDENE	3	MO
codeine sulfate 15 mg tab, 30 mg tab, 60 mg tab	2	QL (180 per 30 days); MO; NEDS	fenoprofen calcium 600 mg tab	1	MO
CONZIP	3	PA; QL (30 per 30 days); MO; NEDS	fentanyl 12 mcg/hr patch 72hr, 25 mcg/hr patch 72hr, 50 mcg/hr patch 72hr, 75 mcg/hr patch 72hr, 100 mcg/hr patch 72hr	1	PA; QL (15 per 30 days); MO; NEDS
DAYPRO	3	MO	mcg handle, 400 mcg tab, 600 mcg loz handle, 600 mcg tab, 800 mcg loz handle, 800 mcg tab, 1200 mcg loz handle, 1600 mcg loz handle	4	PA; QL (120 per 30 days); MO; NEDS; S
DEMEROL 25 MG/ML SOLUTION, 50 MG/ML SOLUTION	3	PA; QL (120 per 30 days); MO; NEDS	fentanyl citrate 200 mcg loz handle	3	PA; QL (120 per 30 days); MO; NEDS

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
FENTORA	4	PA; QL (120 per 30 days); MO; NEDS; S	ketorolac tromethamine 10 mg tab, 15 mg/ml solution, 30 mg/ml solution, 60 mg/2ml solution	1	PA; MO
FLECTOR	3	PA; QL (60 per 30 days); MO	LAZANDA	4	PA; QL (30 per 30 days); MO; NEDS; S
flurbiprofen	1	MO	levorphanol tartrate 2 mg tab	4	QL (180 per 30 days); MO; NEDS; S
hydrocodone-acetaminophen 2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 7.5-325 mg/15ml solution	1	QL (2700 per 30 days); MO; NEDS	meclofenamate sodium	1	MO
hydrocodone-acetaminophen 5-300 mg tab, 5-325 mg tab, 7.5-300 mg tab, 7.5-325 mg tab, 10-300 mg tab, 10-325 mg tab	1	QL (180 per 30 days); MO; NEDS	mefenamic acid	1	MO
hydrocodone-ibuprofen	1	QL (50 per 10 days); MO; NEDS	meloxicam 7.5 mg tab, 15 mg tab	1	MO
hydromorphone hcl 1 mg/ml liquid	1	QL (720 per 30 days); MO; NEDS	methadone hcl 10 mg/ml conc	1	QL (180 per 30 days); NEDS
hydromorphone hcl 1 mg/ml solution, 2 mg tab, 2 mg/ml solution, 4 mg tab, 8 mg tab	1	QL (180 per 30 days); MO; NEDS	methadone hcl 10 mg/ml solution	1	QL (20 per 30 days); MO; NEDS
hydromorphone hcl 4 mg/ml solution	1	QL (60 per 30 days); MO; NEDS	methadone hcl 5 mg tab, 10 mg tab	1	PA; QL (180 per 30 days); MO; NEDS
HYDROMORPHONE HCL PF 1 MG/ML SOLUTION	2	QL (180 per 30 days); MO; NEDS	methadone hcl 5 mg/5ml solution, 10 mg/5ml solution	1	QL (900 per 30 days); MO; NEDS
hydromorphone hcl pf 10 mg/ml solution, 50 mg/5ml solution, 500 mg/50ml solution	1	QL (120 per 30 days); MO; NEDS	methadone hcl intensol	1	QL (180 per 30 days); NEDS
HYDROMORPHONE HCL PF 4 MG/ML SOLUTION	2	QL (60 per 30 days); MO; NEDS	METHADOSE	2	QL (180 per 30 days); NEDS
ibu	1	MO	METHADOSE SUGAR-FREE	2	QL (180 per 30 days); NEDS
ibuprofen 100 mg/5ml suspension, 400 mg tab, 600 mg tab, 800 mg tab	1	MO	morphine sulfate (concentrate)	1	QL (180 per 30 days); MO; NEDS
indomethacin	1	PA; MO	morphine sulfate (pf) 0.5 mg/ml solution, 1 mg/ml solution	1	QL (180 per 30 days); MO; NEDS
indomethacin er	1	PA; MO	MORPHINE SULFATE (PF) 1 MG/ML SOLUTION	2	QL (180 per 30 days); NEDS
ketoprofen 25 mg cap	4	S	MORPHINE SULFATE (PF) 2 MG/ML SOLUTION IV	2	QL (180 per 30 days); MO; NEDS
ketoprofen er	1	MO	MORPHINE SULFATE (PF) 4 MG/ML SOLUTION, 5 MG/ML SOLUTION, 10 MG/ML SOLUTION	2	QL (180 per 30 days); MO; NEDS

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MORPHINE SULFATE (PF) 8 MG/ML SOLUTION	3	QL (180 per 30 days); MO; NEDS	naproxen 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr	1	MO
morphine sulfate 1 mg/ml solution, 15 mg tab, 30 mg tab	1	QL (180 per 30 days); MO; NEDS	naproxen sodium	1	MO
morphine sulfate 10 mg/5ml solution, 20 mg/5ml solution	1	QL (900 per 30 days); MO; NEDS	oxaprozin	1	MO
morphine sulfate 2 mg/ml solution, 4 mg/ml solution	2	QL (180 per 30 days); MO; NEDS	oxycodone hcl 5 mg cap, 5 mg tab, 10 mg tab, 10 mg/0.5ml conc, 15 mg tab, 20 mg tab, 30 mg tab, 100 mg/5ml conc	1	QL (180 per 30 days); MO; NEDS
morphine sulfate 50 mg/ml solution	1	QL (60 per 30 days); MO; NEDS	oxycodone hcl 5 mg/5ml solution	1	QL (900 per 30 days); MO; NEDS
morphine sulfate 8 mg/ml solution	3	QL (180 per 30 days); MO; NEDS	oxycodone-acetaminophen 2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab	1	QL (180 per 30 days); MO; NEDS
morphine sulfate er 10 mg cap er 24h, 20 mg cap er 24h, 30 mg cap er 24h, 50 mg cap er 24h, 60 mg cap er 24h, 80 mg cap er 24h	3	PA; QL (60 per 30 days); MO; NEDS	pentazocine-naloxone hcl	1	PA; QL (360 per 30 days); MO; NEDS
morphine sulfate er 100 mg tab er, 200 mg tab er	1	PA; QL (60 per 30 days); MO; NEDS	PERCOCET 2.5-325 MG TAB	3	QL (180 per 30 days); MO; NEDS
morphine sulfate er 15 mg tab er, 30 mg tab er, 60 mg tab er	1	PA; QL (90 per 30 days); MO; NEDS	piroxicam	1	MO
morphine sulfate er 40 mg cap er 24h, 100 mg cap er 24h	4	PA; QL (60 per 30 days); MO; NEDS; S	relafen	1	MO
morphine sulfate iv soln pf 10 mg/ml	1	QL (180 per 30 days); MO; NEDS	ROXICODONE 5 MG TAB, 15 MG TAB	3	QL (180 per 30 days); MO; NEDS
MS CONTIN 15 MG TAB ER, 30 MG TAB ER	3	PA; QL (90 per 30 days); MO; NEDS	salsalate	1	MO
nabumetone	1	MO	SUBSYS	4	PA; QL (120 per 30 days); MO; NEDS; S
nalbuphine hcl 10 mg/ml solution	1	QL (60 per 30 days); MO; NEDS	sulindac 150 mg tab	1	MO
nalbuphine hcl 20 mg/ml solution	1	QL (90 per 30 days); MO; NEDS	sulindac 200 mg tab	1	MO
NALFON 600 MG TAB	3	MO	tramadol hcl 50 mg tab	1	QL (240 per 30 days); MO; NEDS
naproxen 125 mg/5ml suspension	1	MO	tramadol hcl er (biphasic)	1	PA; QL (30 per 30 days); MO; NEDS
			tramadol hcl er 100 mg tab er 24h, 200 mg tab er 24h, 300 mg tab er 24h	1	PA; QL (30 per 30 days); MO; NEDS
			tramadol-acetaminophen	1	QL (40 per 5 days); MO; NEDS
			VOLTAREN	3	QL (1000 per 30 days); MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<b>Anesthetics</b>					
bupivacaine hcl (pf) 0.5 % solution	1	MO	acamprosate calcium	1	MO
bupivacaine hcl 0.5 % solution	1	MO	APO-VARENICLINE 0.5 MG TAB	3	PA; QL (60 per 30 days); MO
glydo	1	MO	APO-VARENICLINE 1 MG TAB	3	PA; QL (56 per 28 days); MO
lidocaine 5 % ointment	1	PA; QL (150 per 30 days); MO	buprenorphine hcl 0.3 mg/ml solution	1	QL (90 per 30 days); MO; NEDS
lidocaine 5 % patch	1	PA; QL (90 per 30 days); MO	buprenorphine hcl 2 mg sl tab	1	QL (240 per 30 days); MO; NEDS
lidocaine hcl (cardiac) 50 mg/5ml soln prsyr	1	MO	buprenorphine hcl 8 mg sl tab	1	QL (60 per 30 days); MO; NEDS
LIDOCAINE HCL (CARDIAC) PF 100 MG/5ML SOLUTION	2	MO	buprenorphine hcl-naloxone hcl 12-3 mg film	1	QL (60 per 30 days); MO; NEDS
lidocaine hcl (cardiac) pf 50 mg/5ml soln prsyr	1	MO	buprenorphine hcl-naloxone hcl 2-0.5 mg film, 2-0.5 mg sl tab	1	QL (360 per 30 days); MO; NEDS
lidocaine hcl (pf) 1 % solution, 1.5 % solution	1	MO	buprenorphine hcl-naloxone hcl 4-1 mg film	1	QL (180 per 30 days); MO; NEDS
lidocaine hcl 0.5 % solution, 1 % solution, 2 % solution	1	MO	buprenorphine hcl-naloxone hcl 8-2 mg film, 8-2 mg sl tab	1	QL (90 per 30 days); MO; NEDS
lidocaine hcl 4 % solution	1	PA; QL (300 per 30 days); MO	bupropion hcl er (smoking det)	1	QL (60 per 30 days); MO
lidocaine hcl urethral/mucosal	1	MO	CHANTIX 0.5 MG TAB	3	PA; QL (60 per 30 days); MO
lidocaine viscous hcl	1	MO	CHANTIX 1 MG TAB	3	PA; QL (56 per 28 days); MO
lidocaine-prilocaine	1	QL (30 per 30 days); MO	CHANTIX CONTINUING MONTH PAK	3	PA; QL (56 per 28 days); MO
LIDODERM	3	PA; QL (90 per 30 days); MO	CHANTIX STARTING MONTH PAK	3	PA; MO
midazolam hcl (pf)	1	MO	disulfiram	1	MO
midazolam hcl 2 mg/2ml solution, 5 mg/5ml solution, 5 mg/ml solution, 10 mg/10ml solution, 10 mg/2ml solution, 25 mg/5ml solution, 50 mg/10ml solution	1	MO	naloxone hcl 0.4 mg/ml soln cart, 0.4 mg/ml solution, 2 mg/2ml soln prsyr, 4 mg/10ml solution	1	MO
NAYZILAM	3	MO	naloxone hcl 4 mg/0.1ml liquid	2	MO
sensorcaine 0.5 % solution	1	MO	naltrexone hcl	1	MO
sensorcaine-mpf 0.5 % solution	1	MO	NARCAN	2	MO

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NICOTROL	3	MO	ampicillin-sulbactam sodium	1	MO
NICOTROL NS	3	QL (120 per 30 days); MO	AZACTAM	3	MO
SUBOXONE 12-3 MG FILM	3	QL (60 per 30 days); MO; NEDS	azithromycin 1 gm packet, 100 mg/5ml recon susp, 200 mg/5ml recon susp, 500 mg recon soln, 500 mg tab, 600 mg tab	1	MO
varenicline tartrate 0.5 mg tab	3	PA; QL (60 per 30 days); MO	azithromycin 250 mg tab	1	MO
VARENICLINE TARTRATE 1 MG TAB	3	PA; QL (56 per 28 days); MO	aztreonam	1	MO
<b>Antibacterials</b>					
acetic acid	1	MO	bacitracin 50000 unit recon soln	1	MO
ACTICLATE	3	MO	BACTRIM	3	MO
amikacin sulfate	1	MO	BACTRIM DS	3	MO
amoxicillin 125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab	1	MO	BICILLIN C-R	2	MO
amoxicillin-pot clavulanate 200-28.5 mg chew tab, 200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg chew tab, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab	1	MO	BICILLIN C-R 900/300	2	MO
amoxicillin-pot clavulanate er	1	MO	BICILLIN L-A	3	MO
ampicillin	1	MO	cefaclor 125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 375 mg/5ml recon susp, 500 mg cap	1	MO
ampicillin sodium 1 gm recon soln, 10 gm recon soln, 125 mg recon soln, 250 mg recon soln, 500 mg recon soln	1	MO	CEFACLOR ER	2	MO
ampicillin sodium 2 gm recon soln for inj	1	MO	cefadroxil 1 gm tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp	1	MO
ampicillin sodium 2 gm recon soln for iv	1	MO	cefazolin sodium 1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 500 mg recon soln	1	MO
CEFAZOLIN SODIUM 100 GM RECON SOLN, 300 GM RECON SOLN					
CEFAZOLIN SODIUM-DEXTROSE 1-4 GM-%(50ML) RECON SOLN, 1-4 GM/50ML-% SOLUTION, 2-3 GM-%(50ML) RECON SOLN, 2-4 GM/100ML-% SOLUTION					

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cefdinir 125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap	1	MO	cefuroxime axetil 500 mg tab	1	MO
cefepime hcl 1 gm recon soln, 2 gm recon soln	1	MO	cefuroxime sodium	1	MO
CEFEPIME HCL 1 GM/50ML SOLUTION, 2 GM/100ML SOLUTION, 100 GM RECON SOLN	2	MO	cephalexin 125 mg/5ml recon susp, 250 mg cap, 250 mg tab, 500 mg cap, 500 mg tab	1	MO
cefixime 100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap	1	MO	cephalexin 250 mg/5ml recon susp, 750 mg cap	1	MO
cefotetan disodium	1	MO	chloramphenicol sod succinate	1	MO
cefoxitin sodium	1	MO	CILOXAN 0.3 % SOLUTION	3	MO
CEFOXITIN SODIUM-DEXTROSE	2	MO	CIPRO 250 MG/5ML (5%) RECON SUSP, 500 MG/5ML (10%) RECON SUSP	3	MO
cefpodoxime proxetil 50 mg/5ml recon susp, 100 mg tab, 100 mg/5ml recon susp, 200 mg tab	1	MO	ciprofloxacin hcl 0.3 % solution, 100 mg tab, 750 mg tab	1	MO
ceprozil 125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab	1	MO	ciprofloxacin hcl 250 mg tab, 500 mg tab	1	MO
ceftazidime	1	MO	ciprofloxacin in d5w	1	MO
CEFTAZIDIME AND DEXTROSE	2	MO	clarithromycin 125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab	1	MO
ceftriaxone sodium 1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 250 mg recon soln, 500 mg recon soln	1	MO	clarithromycin er	1	MO
CEFTRIAXONE SODIUM 100 GM RECON SOLN	2	MO	CLEOCIN 2 % CREAM, 75 MG CAP, 75 MG/5ML RECON SOLN, 100 MG SUPPOS, 300 MG CAP	3	MO
ceftriaxone sodium for inj 1 gm	1	MO	CLEOCIN PHOSPHATE 900 MG/6ML SOLUTION	3	MO
ceftriaxone sodium for inj 2 gm	1	MO	clindacin etz	1	MO
ceftriaxone sodium in dextrose	1	MO	clindacin-p	1	MO
CEFTRIAXONE SODIUM-DEXTROSE	2	MO	clindamycin hcl	1	MO
cefuroxime axetil 250 mg tab	1	MO	clindamycin palmitate hcl	1	MO
			clindamycin phosphate 1 % swab, 2 % cream, 9 gm/60ml solution, 300 mg/2ml solution, 600 mg/4ml solution, 9000 mg/60ml solution	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
clindamycin phosphate in d5w	1	MO	erythromycin stearate	1	MO
colistimethate sodium (cba)	1	MO	FIRVANQ	3	QL (1200 per 30 days); MO
CUBICIN	4	MO; S	FLAGYL	3	MO
CUBICIN RF	4	MO; S	fosfomycin tromethamine	1	MO
DAPTOMYCIN , 350 MG RECON SOLN	4	MO; S	gentamicin in saline 0.8-0.9 mg/ml-% solution, 1-0.9 mg/ml-% solution, 1.2-0.9 mg/ml-% solution, 1.6-0.9 mg/ml-% solution	1	MO
DAPTOMYCIN 500 MG RECON SOLN	4	S	gentamicin in saline 2-0.9 mg/ml-% solution	2	MO
demeccycline hcl	1	MO	gentamicin sulfate 0.1 % cream, 0.1 % ointment	1	QL (30 per 30 days); MO
dicloxacillin sodium	1	MO	gentamicin sulfate 10 mg/ml solution, 40 mg/ml solution	1	MO
DIFICID 40 MG/ML RECON SUSP, 200 MG TAB	4	PA; S	imipenem-cilastatin	1	MO
doxy 100	1	MO	KLARON	3	MO
doxycycline hydiate 20 mg tab, 50 mg cap, 50 mg tab dr, 75 mg tab dr, 100 mg cap, 100 mg recon soln, 100 mg tab	1	MO	levofloxacin 25 mg/ml solution iv	1	MO
doxycycline monohydrate 25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg cap, 75 mg tab, 100 mg cap, 100 mg tab, 150 mg tab	1	MO	levofloxacin 25 mg/ml solution oral	1	MO
e.e.s. 400	1	MO	levofloxacin 250 mg tab, 500 mg tab, 750 mg tab	1	MO
E.E.S. GRANULES	4	MO; S	levofloxacin in d5w	1	MO
ertapenem sodium	3	MO	LINCOIN	3	MO
ery-tab	1	MO	lincomycin hcl	1	MO
ERYPED 200	4	MO; S	linezolid 100 mg/5ml recon susp	4	PA; QL (1800 per 30 days); MO; S
ERYPED 400	4	MO; S	linezolid 600 mg tab	3	PA; QL (56 per 28 days); MO
erythrococin lactobionate	3	MO	linezolid 600 mg/300ml solution	1	MO
erythrococin stearate	1	MO	linezolid in sodium chloride	3	MO
erythromycin 250 mg tab dr, 333 mg tab dr, 500 mg tab dr	1	MO	MACRODANTIN	3	MO
erythromycin base	1	MO	meropenem	1	MO
erythromycin ethylsuccinate 200 mg/5ml recon susp, 400 mg tab, 400 mg/5ml recon susp	1	MO	methenamine hippurate	1	MO
erythromycin lactobionate	3	MO	methenamine mandelate	1	MO
			METROCREAM	3	MO

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METROGEL	3	MO	OXACILLIN SODIUM IN DEXTROSE	2	MO
METROLOTION	3	MO	<i>paromomycin sulfate</i>	1	MO
metronidazole 0.75 % cream, 0.75 % lotion, 1 % gel, 250 mg tab, 375 mg cap, 500 mg tab, 500 mg/100ml solution	1	MO	PENICILLIN G POT IN DEXTROSE	3	MO
metronidazole 0.75 % gel (topical)	1	MO	<i>penicillin g potassium</i>	1	MO
metronidazole 0.75 % gel vaginal	1	MO	PENICILLIN G PROCAINE	2	MO
minocycline hcl	1	MO	<i>penicillin g sodium</i>	1	MO
monodoxine nl	1	MO	<i>penicillin v potassium 125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab</i>	1	MO
MONUROL	3	MO	<i>pfiberpen</i>	1	MO
moxifloxacin hcl 400 mg tab	1	MO	<i>piperacillin sod-tazobactam soln</i>	1	MO
moxifloxacin hcl in nacl	1	MO	<i>polymyxin b sulfate</i>	1	MO
nafcillin sodium 1 gm recon soln for inj	3	MO	PRIMAXIN IV	3	MO
nafcillin sodium 1 gm recon soln for iv	3	MO	<i>rosadan</i>	1	MO
nafcillin sodium 10 gm recon soln	4	MO; S	SOLODYN 55 MG TAB ER 24H, 65 MG TAB ER 24H	3	MO
nafcillin sodium 2 gm recon soln	3	MO	<i>streptomycin sulfate</i>	4	MO; S
NAFCILLIN SODIUM IN DEXTROSE	4	MO; S	<i>sulfacetamide sodium (acne)</i>	1	MO
neomycin sulfate	1	MO	<i>sulfadiazine</i>	2	MO
neomycin-polymyxin b gu	1	MO	<i>sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension, 400-80 mg/5ml solution</i>	1	MO
nitrofurantoin	4	MO; S	<i>sulfamethoxazole-trimethoprim 400-80 mg tab, 800-160 mg tab</i>	1	MO
nitrofurantoin macrocrystal	1	MO	SUPRAX 100 MG CHEW TAB, 100 MG/5ML RECON SUSP, 200 MG CHEW TAB, 200 MG/5ML RECON SUSP, 400 MG CAP, 500 MG/5ML RECON SUSP	3	MO
nitrofurantoin monohyd macro	1	MO	SYNERCID	4	MO; S
ofloxacin 300 mg tab, 400 mg tab	1	MO	<i>tazicef 1 gm inj recon soln</i>	1	MO
okebo	1	MO	<i>tazicef 2 gm inj recon soln</i>	1	MO
ORACEA	3	MO	<i>tazicef 2 gm iv recon soln</i>	1	MO
oxacillin sodium 1 gm recon soln, 2 gm recon soln	1	MO			
oxacillin sodium 10 gm recon soln	3	MO			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits	
tazicef 6 gm inj recon soln	1	MO	ZITHROMAX 1 GM PACKET, 100 MG/5ML RECON SUSP, 200 MG/5ML RECON SUSP, 250 MG TAB, 500 MG RECON SOLN, 500 MG TAB	3	MO	
TEFLARO	4	MO; S	ZYVOX 100 MG/5ML RECON SUSP	4	PA; QL (1800 per 30 days); MO; S	
tetracycline hcl	1	MO	ZYVOX 200 MG/100ML SOLUTION	4	MO; S	
TIGECYCLINE	4	MO; S	ZYVOX 600 MG/300ML SOLUTION	3	MO	
tinidazole	1	MO	<b>Anticonvulsants</b>			
tobramycin sulfate 1.2 gm recon soln, 1.2 gm/30ml solution, 2 gm/50ml solution, 10 mg/ml solution, 80 mg/2ml solution	1	MO	APTIOM	4	ST; MO; S	
trimethoprim	1	MO	BANZEL 200 MG TAB	4	PA; QL (480 per 30 days); MO; S	
UNASYN 3 (2-1) GM RECON SOLN, 15 (10-5) GM RECON SOLN	3	MO	BANZEL 40 MG/ML SUSPENSION	4	PA; QL (2400 per 30 days); MO; S	
vancomycin hcl 1 gm recon soln, 5 gm recon soln, 10 gm recon soln, 100 gm recon soln, 500 mg recon soln	1	MO	BANZEL 400 MG TAB	4	PA; QL (240 per 30 days); MO; S	
VANCOMYCIN HCL 1.25 GM RECON SOLN, 1.5 GM RECON SOLN, 500 MG/100ML SOLUTION, 750 MG RECON SOLN, 750 MG/150ML SOLUTION, 1000 MG/200ML SOLUTION, 1250 MG/250ML SOLUTION, 1500 MG/300ML SOLUTION, 1750 MG/350ML SOLUTION, 2000 MG/400ML SOLUTION	2	MO	BRIVIACT 10 MG TAB	3	PA; QL (60 per 30 days); MO	
vancomycin hcl 125 mg cap	1	PA; QL (240 per 30 days); MO	BRIVIACT 10 MG/ML SOLUTION	4	PA; QL (600 per 30 days); MO; S	
vancomycin hcl 250 mg cap	3	PA; QL (240 per 30 days); MO	BRIVIACT 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB	4	PA; QL (60 per 30 days); MO; S	
VANCOMYCIN HCL IN DEXTROSE	2	MO	BRIVIACT 50 MG/5ML SOLUTION	3	PA; MO	
VANCOMYCIN HCL IN NACL	2	MO	carbamazepine 100 mg chew tab, 100 mg/5ml suspension, 200 mg tab	1	MO	
VANDAZOLE	1	MO	carbamazepine er	1	MO	
VIBATIV	4	PA; MO; S	CARBATROL 100 MG CAP ER 12H, 200 MG CAP ER 12H	3	MO	
VIBRAMYCIN 100 MG CAP	3	MO	CELONTIN	3	MO	
VIBRAMYCIN 25 MG/5ML RECON SUSP	4	MO; S	clobazam 10 mg tab	1	PA; QL (120 per 30 days); MO	
XIFAXAN 550 MG TAB	4	PA; QL (84 per 28 days); MO; S	clobazam 2.5 mg/ml suspension	1	PA; QL (480 per 30 days); MO	
			clobazam 20 mg tab	1	PA; QL (60 per 30 days); MO	
			DEPAKOTE	3	MO	

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DEPAKOTE ER	3	MO	<i>gabapentin 250 mg/5ml solution, 300 mg/6ml solution</i>	1	QL (2160 per 30 days); MO
DEPAKOTE SPRINKLES	3	MO	<i>gabapentin 300 mg cap</i>	1	QL (360 per 30 days); MO
DIACOMIT 250 MG CAP, 250 MG PACKET	4	PA; LA; QL (360 per 30 days); S	<i>gabapentin 400 mg cap</i>	1	QL (270 per 30 days); MO
DIACOMIT 500 MG CAP, 500 MG PACKET	4	PA; LA; QL (180 per 30 days); S	<i>gabapentin 600 mg tab</i>	1	QL (180 per 30 days); MO
DIASTAT ACUDIAL	3	MO	<i>gabapentin 800 mg tab</i>	1	QL (120 per 30 days); MO
DIASTAT PEDIATRIC	3	MO	<b>GABITRIL</b>	3	MO
<i>diazepam 2.5 mg gel, 10 mg gel, 20 mg gel</i>	1	MO	<i>lacosamide 100 mg tab, 150 mg tab, 200 mg tab</i>	3	QL (60 per 30 days)
DILANTIN 30 MG CAP, 100 MG CAP, 125 MG/5ML SUSPENSION	3	MO	<i>lacosamide 200 mg/20ml solution</i>	4	QL (1200 per 30 days); S
DILANTIN INFATABS	3	MO	<i>lacosamide 50 mg tab</i>	3	QL (60 per 30 days)
<i>divalproex sodium</i>	1	MO	<b>LAMICTAL 5 MG CHEW TAB, 25 MG CHEW TAB</b>	3	MO
<i>divalproex sodium er</i>	1	MO	<b>LAMICTAL ODT 25 MG TAB DISP, 50 MG TAB DISP, 100 MG TAB DISP, 200 MG TAB DISP</b>	3	MO
EPIDIOLEX	4	PA; LA; S	<b>LAMICTAL STARTER 35 X 25 MG KIT, 42 X 25 MG &amp; 7 X 100 MG KIT</b>	3	MO
<i>epitol</i>	1	MO	<b>LAMICTAL XR 50 &amp; 100 &amp; 200 MG KIT</b>	4	MO; S
EPRONTIA	3	MO	<i>lamotrigine 5 mg chew tab, 25 mg chew tab, 25 mg tab, 25 mg tab disp, 50 mg tab disp, 100 mg tab, 100 mg tab disp, 150 mg tab, 200 mg tab, 200 mg tab disp</i>	1	MO
<i>ethosuximide 250 mg cap, 250 mg/5ml solution</i>	1	MO	<i>lamotrigine er</i>	3	MO
<i>felbamate 400 mg tab, 600 mg tab, 600 mg/5ml suspension</i>	1	MO	<i>levetiracetam 100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab</i>	1	MO
FELBATOL 400 MG TAB, 600 MG TAB	4	MO; S	<i>levetiracetam er 500 mg tab er 24h</i>	1	QL (180 per 30 days); MO
FELBATOL 600 MG/5ML SUSPENSION	3	MO			
FINTEPLA	4	PA; LA; S			
<i>fosphenytoin sodium</i>	1	MO			
FYCOMPA 0.5 MG/ML SUSPENSION	3	QL (720 per 30 days); MO			
FYCOMPA 2 MG TAB	3	QL (30 per 30 days); MO			
FYCOMPA 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB	4	QL (30 per 30 days); MO; S			
<i>gabapentin 100 mg cap</i>	1	QL (1080 per 30 days); MO			

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levetiracetam er 750 mg tab er 24h	1	QL (120 per 30 days); MO	phenytoin 50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension	1	MO
levetiracetam in nacl 1000 mg/100ml solution, 1500 mg/100ml solution	1	MO	phenytoin infatabs	1	MO
levetiracetam in nacl 500 mg/100ml solution	4	MO; S	phenytoin sodium	1	MO
NEURONTIN 250 MG/5ML SOLUTION	3	QL (2160 per 30 days); MO	phenytoin sodium extended	1	MO
ONFI 10 MG TAB	4	PA; QL (120 per 30 days); MO; S	primidone	1	MO
ONFI 2.5 MG/ML SUSPENSION	4	PA; QL (480 per 30 days); MO; S	QUDEXY XR 25 MG CP24 SPRNK, 50 MG CP24 SPRNK, 100 MG CP24 SPRNK	3	MO
ONFI 20 MG TAB	4	PA; QL (60 per 30 days); MO; S	roweepra	1	MO
oxcarbazepine 150 mg tab, 300 mg tab, 300 mg/5ml suspension, 600 mg tab	1	MO	rufinamide 200 mg tab	4	PA; QL (480 per 30 days); MO; S
phenobarbital 100 mg tab	1	PA; QL (120 per 30 days); MO	rufinamide 40 mg/ml suspension	4	PA; QL (2400 per 30 days); MO; S
phenobarbital 15 mg tab	1	PA; QL (800 per 30 days); MO	rufinamide 400 mg tab	4	PA; QL (240 per 30 days); MO; S
phenobarbital 16.2 mg tab	1	PA; QL (741 per 30 days); MO	SABRIL 500 MG PACKET	3	PA; LA; QL (180 per 30 days)
phenobarbital 20 mg/5ml elixir	1	PA; QL (3000 per 30 days); MO	SABRIL 500 MG TAB	4	PA; LA; QL (180 per 30 days); S
phenobarbital 30 mg tab	1	PA; QL (400 per 30 days); MO	SPRITAM 250 MG TAB, 500 MG TAB, 1000 MG TAB	3	PA; QL (60 per 30 days); MO
phenobarbital 32.4 mg tab	1	PA; QL (370 per 30 days); MO	SPRITAM 750 MG TAB	3	PA; QL (120 per 30 days); MO
phenobarbital 60 mg tab	1	PA; QL (200 per 30 days); MO	subvenite	1	MO
phenobarbital 64.8 mg tab	1	PA; QL (185 per 30 days); MO	SYMPAZAN 10 MG FILM, 20 MG FILM	4	PA; QL (60 per 30 days); MO; S
phenobarbital 97.2 mg tab	1	PA; QL (123 per 30 days); MO	SYMPAZAN 5 MG FILM	3	PA; QL (30 per 30 days); MO
phenobarbital sodium 130 mg/ml solution	1	PA; MO	TEGRETOL 100 MG/5ML SUSPENSION	3	MO
phenobarbital sodium 65 mg/ml solution	2	PA; MO	TEGRETOL-XR	3	MO
PHENYTEK	3	MO	tiagabine hcl	1	MO
			topiramate	1	MO
			TRILEPTAL 150 MG TAB, 300 MG TAB, 300 MG/5ML SUSPENSION	3	MO
			TROKENDI XR 100 MG CAP ER 24H	4	QL (30 per 30 days); MO; S

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
TROKENDI XR 200 MG CAP ER 24H	4	QL (60 per 30 days); MO; S	ARICEPT 23 MG TAB	3	ST; QL (30 per 30 days); MO
TROKENDI XR 25 MG CAP ER 24H, 50 MG CAP ER 24H	3	QL (30 per 30 days); MO	ARICEPT 5 MG TAB	3	QL (30 per 30 days); MO
valproate sodium	1	MO	donepezil hcl 23 mg tab	1	ST; QL (30 per 30 days); MO
valproic acid 250 mg cap, 250 mg/5ml solution	1	MO	donepezil hcl 5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp	1	QL (30 per 30 days); MO
VALTOCO 10 MG DOSE	4	MO; S	ergoloid mesylates	1	PA; MO
VALTOCO 15 MG DOSE	3		galantamine hydrobromide 4 mg tab, 8 mg tab, 12 mg tab	1	QL (60 per 30 days); MO
VALTOCO 20 MG DOSE	3		galantamine hydrobromide 4 mg/ml solution	1	QL (200 per 30 days); MO
VALTOCO 5 MG DOSE	3	MO	galantamine hydrobromide er	1	QL (30 per 30 days); MO
vigabatrin	4	PA; LA; QL (180 per 30 days); S	memantine hcl 10 mg tab, 28 x 5 mg & 21 x 10 mg tab	1	PA; QL (60 per 30 days); MO
vigadronne	4	PA; LA; QL (180 per 30 days); S	memantine hcl 2 mg/ml solution, 10 mg/5ml solution	1	PA; QL (300 per 30 days); MO
VIMPAT 10 MG/ML SOLUTION	4	QL (1200 per 30 days); S	memantine hcl 5 mg tab	1	PA; QL (90 per 30 days); MO
VIMPAT 100 MG TAB, 150 MG TAB, 200 MG TAB	4	QL (60 per 30 days); S	memantine hcl er	1	PA; QL (30 per 30 days); MO
VIMPAT 200 MG/20ML SOLUTION	4	QL (1200 per 30 days); S	NAMENDA XR	3	PA; QL (30 per 30 days); MO
VIMPAT 50 MG TAB	3	QL (60 per 30 days); MO	NAMZARIC	3	MO
XCOPRI (250 MG DAILY DOSE)	4	QL (56 per 28 days); MO; S	RAZADYNE ER	3	QL (30 per 30 days); MO
XCOPRI (350 MG DAILY DOSE)	4	QL (56 per 28 days); MO; S	rivastigmine	1	QL (30 per 30 days); MO
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK	3	QL (56 per 365 over time); MO; NEDS	rivastigmine tartrate	1	QL (60 per 30 days); MO
XCOPRI 14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK	4	QL (56 per 365 over time); MO; NEDS; S	<b>Antidepressants</b>		
XCOPRI 150 MG TAB, 200 MG TAB	4	QL (60 per 30 days); MO; S	amitriptyline hcl	1	MO
XCOPRI 50 MG TAB, 100 MG TAB	4	QL (30 per 30 days); MO; S	amoxapine	1	PA; MO
ZARONTIN 250 MG CAP, 250 MG/5ML SOLUTION	3	MO	bupropion hcl 100 mg tab	1	QL (135 per 30 days); MO
zonisamide	1	MO	bupropion hcl 75 mg tab	1	QL (180 per 30 days); MO
<b>Antidementia Agents</b>					

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
bupropion hcl er (sr) 100 mg tab er 12h	1	QL (120 per 30 days); MO	fluoxetine hcl (pmdd) 10 mg tab	1	QL (45 per 30 days); MO
bupropion hcl er (sr) 150 mg tab er 12h, 200 mg tab er 12h	1	QL (60 per 30 days); MO	fluoxetine hcl (pmdd) 20 mg tab	3	QL (120 per 30 days); MO
bupropion hcl er (xl) 150 mg tab er 24h	1	QL (90 per 30 days); MO	fluoxetine hcl 10 mg cap	1	MO
bupropion hcl er (xl) 300 mg tab er 24h, 450 mg tab er 24h	1	QL (30 per 30 days); MO	fluoxetine hcl 10 mg tab	1	MO
chlor diazepoxide-amitriptyline	1	PA; MO	fluoxetine hcl 20 mg cap	1	QL (120 per 30 days); MO
citalopram hydrobromide 10 mg tab	1	QL (120 per 30 days); MO	fluoxetine hcl 20 mg tab	1	QL (120 per 30 days); MO
citalopram hydrobromide 10 mg/5ml solution	1	QL (600 per 30 days); MO	fluoxetine hcl 20 mg/5ml solution	1	QL (600 per 30 days); MO
citalopram hydrobromide 20 mg tab	1	QL (60 per 30 days); MO	fluoxetine hcl 40 mg cap	1	QL (60 per 30 days); MO
citalopram hydrobromide 40 mg tab	1	QL (30 per 30 days); MO	FLUOXETINE HCL 60 MG TAB	3	QL (30 per 30 days); MO
clomipramine hcl	1	PA; MO	fluoxetine hcl 90 mg cap dr	1	QL (4 per 28 days); MO
desipramine hcl	1	PA; MO	fluvoxamine maleate 100 mg tab	1	QL (90 per 30 days); MO
DESVENLAFAKINE ER	3	QL (30 per 30 days); MO	fluvoxamine maleate 25 mg tab, 50 mg tab	1	MO
desvenlafaxine succinate er	1	MO	fluvoxamine maleate er 100 mg cap er 24h	1	QL (90 per 30 days); MO
doxepin hcl 10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap	1	PA; MO	fluvoxamine maleate er 150 mg cap er 24h	1	QL (60 per 30 days); MO
EMSAM	4	PA; QL (30 per 30 days); MO; S	imipramine hcl	1	PA; MO
escitalopram oxalate 10 mg tab	1	QL (60 per 30 days); MO	imipramine pamoate 125 mg cap, 150 mg cap	1	PA; MO
escitalopram oxalate 20 mg tab	1	QL (30 per 30 days); MO	LYBALVI	4	QL (30 per 30 days); S
escitalopram oxalate 5 mg tab	1	QL (120 per 30 days); MO	MARPLAN	3	MO
escitalopram oxalate 5 mg/5ml solution	1	QL (600 per 30 days); MO	mirtazapine 15 mg tab disp, 30 mg tab disp, 45 mg tab, 45 mg tab disp	1	QL (30 per 30 days); MO
FETZIMA	3	PA; QL (30 per 30 days); MO	mirtazapine 7.5 mg tab, 15 mg tab, 30 mg tab	1	MO
FETZIMA TITRATION	3	PA; MO	nefazodone hcl 200 mg tab	1	QL (90 per 30 days); MO
			nefazodone hcl 50 mg tab, 100 mg tab, 150 mg tab, 250 mg tab	1	QL (60 per 30 days); MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
NORPRAMIN	3	PA; MO	sertraline hcl 20 mg/ml conc	1	QL (300 per 30 days); MO
nortriptyline hcl 10 mg cap, 25 mg cap	1	MO	sertraline hcl 25 mg tab	1	QL (240 per 30 days); MO
nortriptyline hcl 10 mg/5ml solution, 50 mg cap, 75 mg cap	1	MO	sertraline hcl 50 mg tab	1	QL (120 per 30 days); MO
olanzapine-fluoxetine hcl 3-25 mg cap, 6-25 mg cap	1	QL (90 per 30 days); MO	SPRAVATO (56 MG DOSE)	4	PA; QL (16 per 28 days); S
olanzapine-fluoxetine hcl 6-50 mg cap, 12-25 mg cap, 12-50 mg cap	1	QL (30 per 30 days); MO	SPRAVATO (84 MG DOSE)	4	PA; QL (24 per 28 days); S
PAMELOR	4	MO; S	SYMBYAX	3	QL (90 per 30 days); MO
paroxetine hcl 10 mg tab, 20 mg tab	1	MO	tranylcypromine sulfate	1	MO
paroxetine hcl 10 mg/5ml suspension	3	QL (900 per 30 days); MO	trazodone hcl 300 mg tab	1	MO
paroxetine hcl 30 mg tab	1	QL (60 per 30 days); MO	trazodone hcl 50 mg tab, 100 mg tab, 150 mg tab	1	MO
paroxetine hcl 40 mg tab	1	QL (45 per 30 days); MO	trimipramine maleate	1	MO
paroxetine hcl er 12.5 mg tab er 24h	1	QL (30 per 30 days); MO	TRINTELLIX	3	QL (30 per 30 days); MO
paroxetine hcl er 25 mg tab er 24h, 37.5 mg tab er 24h	1	QL (60 per 30 days); MO	venlafaxine hcl 25 mg tab, 37.5 mg tab, 50 mg tab, 100 mg tab	1	QL (90 per 30 days); MO
PAXIL 10 MG TAB	3	MO	venlafaxine hcl 75 mg tab	1	MO
PAXIL 10 MG/5ML SUSPENSION	3	QL (900 per 30 days); MO	venlafaxine hcl er 37.5 mg cap er 24h, 75 mg cap er 24h, 75 mg tab er 24h, 150 mg cap er 24h, 150 mg tab er 24h	1	MO
perphenazine-amitriptyline	1	PA; MO	venlafaxine hcl er 37.5 mg tab er 24h, 225 mg tab er 24h	1	QL (30 per 30 days); MO
PEXEVA 10 MG TAB, 40 MG TAB	3	QL (45 per 30 days); MO	VIIBRYD	3	ST; QL (30 per 30 days); MO
PEXEVA 20 MG TAB	3	QL (30 per 30 days); MO	VIIBRYD STARTER PACK	3	ST; MO
PEXEVA 30 MG TAB	3	QL (60 per 30 days); MO	WELLBUTRIN SR 100 MG TAB ER 12H	3	QL (120 per 30 days); MO
phenelzine sulfate	1	MO	ZOLOFT 20 MG/ML CONC	3	QL (300 per 30 days); MO
protriptyline hcl	1	PA; MO	ZULRESSO	4	PA; S
PROZAC 20 MG CAP	3	QL (120 per 30 days); MO	<b>Antiemetics</b>		
REMERON SOLTAB	3	QL (30 per 30 days); MO	aprepitant 125 mg cap	1	B/D PA; QL (5 per 30 days); MO
sertraline hcl 100 mg tab	1	QL (60 per 30 days); MO			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
aprepitant 40 mg cap	1	B/D PA; QL (1 per 28 days); MO	prochlorperazine	1	MO
aprepitant 80 & 125 mg cap, 80 & 125 mg misc	1	B/D PA; QL (15 per 30 days); MO	prochlorperazine edisylate	1	MO
aprepitant 80 mg cap	1	B/D PA; QL (10 per 30 days); MO	prochlorperazine maleate	1	MO
compro	1	MO	promethazine hcl 12.5 mg suppos, 25 mg suppos	1	PA; MO
DICLEGIS	3	PA; QL (120 per 30 days); MO	promethazine hcl 12.5 mg tab, 25 mg tab, 50 mg tab	1	MO
dronabinol	1	B/D PA; QL (120 per 30 days); MO	promethegan	1	PA; MO
EMEND 125 MG/5ML RECON SUSP	3	B/D PA; QL (15 per 30 days); MO	REGLAN	3	MO
EMEND 80 MG CAP	3	B/D PA; QL (10 per 30 days); MO	SANCUSO	4	PA; QL (4 per 28 days); MO; S
EMEND TRI-PACK	4	B/D PA; QL (15 per 30 days); MO; S	scopolamine	1	QL (10 per 28 days); MO
granisetron hcl 1 mg tab	1	B/D PA; QL (30 per 30 days); MO	TRANSDERM SCOP (1.5 MG)	2	QL (10 per 28 days); MO
granisetron hcl 1 mg/ml solution, 4 mg/4ml solution	1	MO	TRANSDERM-SCOP	2	QL (10 per 28 days); MO
meclizine hcl	1	MO	trimethobenzamide hcl	1	MO
metoclopramide hcl 5 mg tab disp, 5 mg/5ml solution, 5 mg/ml solution, 10 mg/10ml solution	1	MO	<b>Antifungals</b>		
metoclopramide hcl 5 mg tab, 10 mg tab	1	MO	ABELCET	3	B/D PA; MO
ondansetron	1	B/D PA; QL (90 per 30 days); MO	AMBISOME	4	B/D PA; MO; S
ondansetron hcl 24 mg tab	1	B/D PA; QL (30 per 30 days); MO	amphotericin b	1	B/D PA; MO
ondansetron hcl 4 mg tab, 8 mg tab	1	B/D PA; QL (90 per 30 days); MO	amphotericin b liposome	4	B/D PA; S
ondansetron hcl 4 mg/2ml soln prsyr, 4 mg/2ml solution, 40 mg/20ml solution	1	MO	ANCOBON	3	MO
ondansetron hcl 4 mg/5ml solution	1	B/D PA; QL (450 per 30 days); MO	ciclopirox olamine 0.77 % cream	1	QL (90 per 30 days); MO
perphenazine	1	MO	ciclopirox olamine 0.77 % suspension	1	MO
			clotrimazole 1 % cream, 1 % solution	1	MO
			clotrimazole 10 mg troche	1	QL (150 per 30 days); MO
			DIFLUCAN 10 MG/ML RECON SUSP, 40 MG/ML RECON SUSP, 50 MG TAB, 100 MG TAB	3	MO
			econazole nitrate	1	QL (90 per 30 days); MO
			EXTINA	3	QL (100 per 30 days); MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
fluconazole 10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab	1	MO	terbinafine hcl	1	MO
fluconazole in sodium chloride 200-0.9 mg/100ml-% solution, 400-0.9 mg/200ml-% solution	1	MO	terconazole 0.4 % cream, 0.8 % cream, 80 mg suppos	1	MO
flucytosine	4	MO; S	VFEND 40 MG/ML RECON SUSP	4	PA; QL (300 per 30 days); MO; S
griseofulvin microsize 125 mg/5ml suspension, 500 mg tab	1	MO	VFEND 50 MG TAB	3	PA; MO
griseofulvin ultramicrosize	1	MO	VFEND IV	3	PA; MO
itraconazole 100 mg cap	1	PA; MO	voriconazole 200 mg recon soln	4	PA; MO; S
ketoconazole 2 % cream, 2 % shampoo	1	QL (120 per 30 days); MO	voriconazole 200 mg tab	4	PA; QL (60 per 30 days); MO; S
ketoconazole 200 mg tab	1	MO	voriconazole 40 mg/ml recon susp	4	PA; QL (300 per 30 days); MO; S
ketodan	1	QL (100 per 30 days); MO	voriconazole 50 mg tab	1	PA; MO
LOPROX 0.77 % CREAM	3	QL (90 per 30 days); MO	<b>Antigout Agents</b>		
LUZU	3	MO	allopurinol	1	MO
micafungin sodium	4	S	allopurinol sodium	1	MO
miconazole 3	1	MO	colchicine	1	MO
MYCAMINE	4	S	colchicine-probenecid	1	MO
naftifine hcl	1	MO	COLCRYS	3	MO
NAFTIN	3	MO	febuxostat	1	ST; MO
NOXAFILE 40 MG/ML SUSPENSION	4	PA; MO; S	MITIGARE	3	MO
nyamyc	1	MO	probenecid	1	MO
nystatin 100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder, 100000 unit/ml suspension, 500000 unit tab	1	MO	ULORIC	3	ST; MO
nystop	1	MO	ZYLOPRIM	3	MO
oxiconazole nitrate	4	QL (60 per 30 days); MO; S	<b>Antimigraine Agents</b>		
OXISTAT 1 % LOTION	3	MO	AIMOVIG 140 MG/ML SOLN A-INJ	2	PA; QL (1 per 28 days); MO
posaconazole	4	PA; MO; S	AIMOVIG 70 MG/ML SOLN A-INJ	2	PA; QL (2 per 28 days); MO
			almotriptan malate	1	QL (9 per 30 days); MO
			AMERGE 1 MG TAB	3	QL (9 per 30 days); MO
			AMERGE 2.5 MG TAB	4	QL (9 per 30 days); MO; S
			dihydroergotamine mesylate 1 mg/ml solution	4	PA; MO; S

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
dihydroergotamine mesylate 4 mg/ml solution	4	QL (8 per 28 days); MO; S	UBRELVY	4	PA; QL (16 per 30 days); MO; S
eletriptan hydrobromide	1	QL (9 per 30 days); MO	zolmitriptan 2.5 mg solution, 5 mg solution	1	MO
EMGALITY	2	PA; QL (2 per 28 days); MO	zolmitriptan 2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp	1	QL (9 per 30 days); MO
EMGALITY (300 MG DOSE)	2	PA; QL (3 per 28 days); MO	ZOMIG 2.5 MG SOLUTION, 5 MG SOLUTION	3	MO
ERGOMAR	4	MO; S	ZOMIG 2.5 MG TAB	3	QL (9 per 30 days); MO
ergotamine-caffeine	1	MO	ZOMIG 5 MG TAB	4	QL (9 per 30 days); MO; S
frovatriptan succinate	1	QL (12 per 30 days); MO	ZOMIG ZMT 2.5 MG TAB DISP	3	QL (9 per 30 days); MO
IMITREX 25 MG TAB	3	QL (9 per 30 days); MO	ZOMIG ZMT 5 MG TAB DISP	4	QL (9 per 30 days); MO; S
IMITREX 5 MG/ACT SOLUTION	3	MO	<b>Antimyasthenic Agents</b>		
IMITREX STATDOSE REFILL 4 MG/0.5ML SOLN CART	3	QL (6 per 30 days); MO	MESTINON 60 MG/5ML SOLUTION, 180 MG TAB ER	4	MO; S
IMITREX STATDOSE SYSTEM 4 MG/0.5ML SOLN A-INJ	3	QL (6 per 30 days); MO	pyridostigmine bromide 30 mg tab, 60 mg tab, 60 mg/5ml solution	1	MO
MAXALT	3	QL (12 per 30 days); MO	pyridostigmine bromide er	1	MO
MAXALT-MLT	3	QL (12 per 30 days); MO	REGONOL	2	MO
migergot	4	MO; S	<b>Antimycobacterials</b>		
naratriptan hcl	1	QL (9 per 30 days); MO	CAPASTAT SULFATE	2	MO
RELPAX	3	QL (9 per 30 days); MO	dapsone 25 mg tab, 100 mg tab	1	MO
rizatriptan benzoate	1	QL (12 per 30 days); MO	ethambutol hcl	1	MO
sumatriptan	1	MO	isoniazid 100 mg tab, 300 mg tab	1	MO
sumatriptan succinate 25 mg tab, 50 mg tab, 100 mg tab	1	QL (9 per 30 days); MO	isoniazid 50 mg/5ml syrup, 100 mg/ml solution	1	MO
sumatriptan succinate 4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution	1	QL (6 per 30 days); MO	MYAMBUTOL	3	MO
sumatriptan succinate refill	1	QL (6 per 30 days); MO	MYCOBUTIN	4	MO; S
			PASER	3	MO
			PRIFTIN	2	MO
			pyrazinamide	1	MO
			rifabutin	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
rifampin	1	MO	BALVERSA 4 MG TAB	4	PA; LA; QL (60 per 30 days); S
SIRTURO	4	PA; LA; S	BALVERSA 5 MG TAB	4	PA; LA; QL (30 per 30 days); S
TRECATOR	3	MO	BAVENCIO	4	PA; LA; S
<b>Antineoplastics</b>					
abiraterone acetate 250 mg tab	4	PA; QL (120 per 30 days); S	BELEODAQ	4	PA; S
abiraterone acetate 500 mg tab	4	PA; QL (60 per 30 days); S	BENDEKA	4	B/D PA; S
ABRAXANE	4	PA; S	BESPONSA	4	B/D PA; LA; S
adriamycin 2 mg/ml solution, 10 mg recon soln, 50 mg recon soln	1	B/D PA	BESREMI	4	PA; LA; S
AFINITOR	4	PA; S	bexarotene	4	PA; QL (300 per 30 days); S
AFINITOR DISPERZ	4	PA; S	bicalutamide	1	QL (30 per 30 days); MO
ALECensa	4	PA; LA; QL (240 per 30 days); S	BLENREP	4	PA; S
ALIMTA	4	PA; S	bleomycin sulfate	1	B/D PA
ALIQOPA	4	PA; LA; S	BLINCYTO	4	PA; S
ALUNBRIG 180 MG TAB	4	PA; LA; QL (30 per 30 days); S	BORTEZOMIB	4	PA; S
ALUNBRIG 30 MG TAB	4	PA; LA; QL (180 per 30 days); S	BOSULIF 100 MG TAB	4	PA; QL (120 per 30 days); S
ALUNBRIG 90 & 180 MG TAB THPK	4	PA; LA; QL (30 per 180 over time); NEDS; S	BOSULIF 400 MG TAB, 500 MG TAB	4	PA; QL (30 per 30 days); S
ALUNBRIG 90 MG TAB	4	PA; LA; QL (60 per 30 days); S	BRAFTOVI	4	PA; LA; QL (180 per 30 days); S
anastrozole	1	QL (30 per 30 days); MO	BRUKINSA	4	PA; LA; QL (120 per 30 days); S
ARRANON	2	B/D PA	busulfan	1	B/D PA
arsenic trioxide	4	B/D PA; S	CABOMETYX	4	PA; LA; QL (30 per 30 days); S
ARZERRA	4	PA; S	CALQUENCE	4	PA; LA; S
ASPARLAS	4	PA; S	CAPRELSA 100 MG TAB	4	PA; LA; QL (90 per 30 days); S
AVASTIN	4	PA; LA; S	CAPRELSA 300 MG TAB	4	PA; LA; QL (30 per 30 days); S
AYVAKIT	4	PA; LA; QL (30 per 30 days); S	carboplatin	1	B/D PA
azacitidine	4	PA; LA; S	carmustine	4	B/D PA; S
BALVERSA 3 MG TAB	4	PA; LA; QL (90 per 30 days); S	cisplatin	1	B/D PA
			cladribine	4	B/D PA; S
			clofarabine	4	B/D PA; S
			COMETRIQ (100 MG DAILY DOSE)	4	PA; LA; QL (56 per 28 days); S

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
COMETRIQ (140 MG DAILY DOSE)	4	PA; LA; QL (112 per 28 days); S	doxorubicin hcl liposomal	4	PA; S
COMETRIQ (60 MG DAILY DOSE)	4	PA; LA; QL (84 per 28 days); S	DROXIA	2	MO
COPIKTRA	4	PA; LA; QL (60 per 30 days); S	ELITEK	4	PA; S
COTELLIC	4	PA; LA; QL (90 per 30 days); S	EMCYT	3	
CYCLOPHOSPHAMIDE 1 GM/5ML SOLUTION, 2 GM/10ML SOLUTION, 500 MG/2.5ML SOLUTION	4	S	EMPLICITI	4	PA; LA; S
cyclophosphamide 25 mg cap, 50 mg cap	2	B/D PA	ENHERTU	4	PA; S
CYRAMZA	4	PA; LA; S	epirubicin hcl	1	B/D PA
cytarabine	1	B/D PA	ERBITUX	4	PA; S
cytarabine (pf)	1	B/D PA	ERIVEDGE	4	PA; LA; QL (30 per 30 days); S
dacarbazine	1	B/D PA	ERLEADA	4	PA; LA; S
dactinomycin	4	B/D PA; S	erlotinib hcl 100 mg tab, 150 mg tab	4	PA; QL (30 per 30 days); S
DARZALEX	4	PA; LA; S	erlotinib hcl 25 mg tab	4	PA; QL (90 per 30 days); S
DARZALEX FASPRO	4	PA; S	ETOPOPHOS	4	B/D PA; S
daunorubicin hcl 20 mg/4ml solution, 50 mg/10ml solution	2	B/D PA	etoposide	1	B/D PA
DAURISMO 100 MG TAB	4	PA; LA; QL (30 per 30 days); S	everolimus 2 mg tab sol, 2.5 mg tab, 3 mg tab sol, 5 mg tab, 5 mg tab sol, 7.5 mg tab, 10 mg tab	4	PA; S
DAURISMO 25 MG TAB	4	PA; LA; QL (60 per 30 days); S	EVOMELA	4	B/D PA; S
decitabine	4	B/D PA; S	exemestane	1	QL (60 per 30 days); MO
dexrazoxane hcl	4	B/D PA; S	EXKIVITY	4	PA; LA; QL (120 per 30 days); S
docetaxel 160 mg/16ml solution	3	B/D PA	FARESTON	4	QL (30 per 30 days); S
docetaxel 20 mg/2ml solution, 20 mg/ml conc, 80 mg/8ml solution, 160 mg/8ml conc	4	B/D PA; S	FARYDAK 10 MG CAP	4	PA; LA; QL (60 per 30 days); S
DOCETAXEL 80 MG/4ML CONC	1	B/D PA	FARYDAK 15 MG CAP, 20 MG CAP	4	PA; LA; QL (30 per 30 days); S
doxorubicin hcl 10 mg recon soln	1	B/D PA	fludarabine phosphate 50 mg recon soln	1	B/D PA
doxorubicin hcl 2 mg/ml solution	4	B/D PA; S	fludarabine phosphate 50 mg/2ml solution	4	B/D PA; S
			fluorouracil 1 gm/20ml solution, 2.5 gm/50ml solution, 5 gm/100ml solution, 500 mg/10ml solution	1	B/D PA

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flutamide	1	MO	imatinib mesylate	4	PA; QL (60 per 30 days); S
FOLOTYN	4	B/D PA; S	IMBRUVICA 140 MG CAP, 140 MG TAB	4	PA; LA; QL (90 per 30 days); S
FOTIVDA	4	PA; QL (21 per 28 days); S	IMBRUVICA 70 MG CAP, 280 MG TAB, 420 MG TAB, 560 MG TAB	4	PA; LA; QL (30 per 30 days); S
fulvestrant	4	PA; S	IMFINZI	4	PA; LA; S
GAVRETO	4	PA; LA; QL (120 per 30 days); S	IMLYGIC 1000000 UNIT/ML SUSPENSION	3	PA
GAZYVA	4	PA; LA; S	IMLYGIC 100000000 UNIT/ML SUSPENSION	4	PA; S
gemcitabine hcl 1 gm recon soln, 1 gm/26.3ml solution, 2 gm recon soln, 200 mg/5.26ml solution	1	B/D PA	INLYTA 1 MG TAB	4	PA; LA; QL (180 per 30 days); S
gemcitabine hcl 1 gm/10ml solution, 2 gm/20ml solution, 2 gm/52.6ml solution, 200 mg/2ml solution	4	B/D PA; S	INLYTA 5 MG TAB	4	PA; LA; QL (120 per 30 days); S
gemcitabine hcl 200 mg recon soln	3	B/D PA	INQOVI	4	PA; LA; QL (5 per 28 days); S
GILOTrif	4	PA; LA; QL (30 per 30 days); S	INREBIC	4	PA; LA; QL (120 per 30 days); S
HALAVEN	4	PA; S	IRESSA	4	PA; LA; QL (30 per 30 days); S
HERCEPTIN	4	B/D PA; S	irinotecan hcl 100 mg/5ml solution	4	B/D PA; S
HERCEPTIN HYLECTA	4	B/D PA; S	irinotecan hcl 40 mg/2ml solution, 300 mg/15ml solution, 500 mg/25ml solution	1	B/D PA
HYDREA	3	MO	ISTODAX (OVERFILL)	4	PA; S
hydroxyurea	1	MO	IXEMPRA KIT	4	PA; S
IBRANCE	4	PA; LA; QL (21 per 28 days); S	JAKAFI	4	PA; LA; QL (60 per 30 days); S
ICLUSIG	4	PA; LA; QL (30 per 30 days); S	JEMPERLI	4	PA; S
idarubicin hcl	4	B/D PA; S	JEVTANA	4	PA; S
IDHIFA 100 MG TAB	4	PA; LA; QL (30 per 30 days); S	KADCYLA	4	PA; S
IDHIFA 50 MG TAB	4	PA; LA; QL (60 per 30 days); S	KEYTRUDA	4	PA; S
IFEX 3 GM RECON SOLN	3	B/D PA	KHAPZORY	4	PA; S
ifosfamide 1 gm recon soln, 1 gm/20ml solution, 3 gm/60ml solution	1	B/D PA	KISQALI (200 MG DOSE)	4	PA; QL (21 per 21 days); S
IFOSFAMIDE 3 GM RECON SOLN	3	B/D PA	KISQALI (400 MG DOSE)	4	PA; QL (42 per 21 days); S

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
KISQALI (600 MG DOSE)	4	PA; QL (63 per 21 days); S	leucovorin calcium 50 mg recon soln, 100 mg recon soln, 200 mg recon soln, 350 mg recon soln, 500 mg recon soln	1	B/D PA; MO
KISQALI FEMARA (400 MG DOSE)	4	PA; QL (70 per 28 days); S	LEUKERAN	2	MO
KISQALI FEMARA (600 MG DOSE)	4	PA; QL (91 per 28 days); S	LIBTAYO	4	PA; LA; S
KISQALI FEMARA(200 MG DOSE)	4	PA; QL (49 per 28 days); S	LONSURF	4	PA; S
KOSELUGO	4	PA; S	LORBRENA 100 MG TAB	4	PA; LA; QL (30 per 30 days); S
KYPROLIS	4	PA; LA; S	LORBRENA 25 MG TAB	4	PA; LA; QL (90 per 30 days); S
<i>lapatinib ditosylate</i>	4	PA; QL (180 per 30 days); S	LUMAKRAS	4	PA; LA; QL (240 per 30 days); S
<i>lenalidomide 10 mg cap</i>	4	PA; LA; QL (60 per 30 days); S	LUMOXITI	4	PA; LA; S
<i>lenalidomide 15 mg cap, 25 mg cap</i>	4	PA; LA; QL (30 per 30 days); S	LYNPARZA	4	PA; LA; QL (120 per 30 days); S
<i>lenalidomide 5 mg cap</i>	4	PA; LA; QL (150 per 30 days); S	MARQIBO	4	S
LENVIMA (10 MG DAILY DOSE)	4	PA; LA; QL (30 per 30 days); S	MATULANE	4	LA; S
LENVIMA (12 MG DAILY DOSE)	4	PA; LA; QL (90 per 30 days); S	MEKINIST 0.5 MG TAB	4	PA; LA; QL (90 per 30 days); S
LENVIMA (14 MG DAILY DOSE)	4	PA; LA; QL (60 per 30 days); S	MEKINIST 2 MG TAB	4	PA; LA; QL (30 per 30 days); S
LENVIMA (18 MG DAILY DOSE)	4	PA; LA; QL (90 per 30 days); S	MEKTOVI	4	PA; LA; QL (180 per 30 days); S
LENVIMA (20 MG DAILY DOSE)	4	PA; LA; QL (60 per 30 days); S	<i>melphalan</i>	1	B/D PA
LENVIMA (24 MG DAILY DOSE)	4	PA; LA; QL (90 per 30 days); S	<i>melphalan hcl</i>	1	B/D PA
LENVIMA (4 MG DAILY DOSE)	4	PA; LA; QL (30 per 30 days); S	<i>mercaptopurine</i>	1	MO
LENVIMA (8 MG DAILY DOSE)	4	PA; LA; QL (60 per 30 days); S	<i>mesna</i>	1	MO
<i>letrozole</i>	1	QL (30 per 30 days); MO	MESNEX 400 MG TAB	4	MO; S
<i>leucovorin calcium 100 mg/10ml solution</i>	1	MO	<i>mitomycin 20 mg recon soln, 40 mg recon soln</i>	4	B/D PA; S
<i>leucovorin calcium 5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab</i>	1	MO	<i>mitomycin 5 mg recon soln</i>	1	B/D PA
			<i>mitoxantrone hcl</i>	1	B/D PA
			MONJUVI	4	PA; S
			<i>mutamycin 40 mg recon soln</i>	4	B/D PA; S
			<i>mutamycin 5 mg recon soln, 20 mg recon soln</i>	1	B/D PA
			MYLOTARG	4	PA; LA; S

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nelarabine	2	B/D PA	PHESGO	4	PA; S
NERLYNX	4	PA; LA; QL (180 per 30 days); S	PIQRAY (200 MG DAILY DOSE)	4	PA; QL (28 per 28 days); S
NEXAVAR	4	PA; LA; QL (120 per 30 days); S	PIQRAY (250 MG DAILY DOSE)	4	PA; QL (56 per 28 days); S
NILANDRON	4	QL (30 per 30 days); MO; S	PIQRAY (300 MG DAILY DOSE)	4	PA; QL (56 per 28 days); S
nilutamide	4	QL (30 per 30 days); MO; S	POLIVY	4	B/D PA; S
NINLARO	4	PA; QL (3 per 28 days); S	POMALYST	4	PA; LA; QL (21 per 28 days); S
NIPENT	4	B/D PA; S	PORTRAZZA	4	LA; S
NUBEQA	4	PA; LA; QL (120 per 30 days); S	POTELIGEO	4	B/D PA; LA; S
ODOMZO	4	PA; LA; QL (30 per 30 days); S	PURIXAN	4	PA; S
ONCASPAR	4	PA; S	QINLOCK	4	PA; QL (90 per 30 days); S
ONUREG	4	PA; LA; QL (14 per 28 days); S	RETEVMO 40 MG CAP	4	PA; QL (180 per 30 days); S
OPDIVO	4	PA; LA; S	RETEVMO 80 MG CAP	4	PA; QL (120 per 30 days); S
oxaliplatin 50 mg recon soln, 100 mg recon soln	4	B/D PA; S	REVLIMID 10 MG CAP	4	PA; LA; QL (60 per 30 days); S
oxaliplatin 50 mg/10ml solution, 100 mg/20ml solution, 200 mg/40ml solution	1	B/D PA	REVLIMID 2.5 MG CAP, 15 MG CAP, 20 MG CAP, 25 MG CAP	4	PA; LA; QL (30 per 30 days); S
paclitaxel 100 mg/16.7ml conc	1	B/D PA	REVLIMID 5 MG CAP	4	PA; LA; QL (150 per 30 days); S
paclitaxel 30 mg/5ml conc, 150 mg/25ml conc	1	B/D PA	RIABNI	4	B/D PA; S
paclitaxel 300 mg/50ml conc	1		RITUXAN	4	B/D PA; LA; S
paclitaxel protein-bound part	4	PA; S	RITUXAN HYCELA	4	B/D PA; LA; S
PADCEV	4	PA; S	ROMIDEPSIN 10 MG RECON SOLN, 27.5 MG/5.5ML SOLUTION	4	PA; S
PANRETIN	4	S	ROZLYTREK 100 MG CAP	4	PA; LA; QL (150 per 30 days); S
paraplatin	1	B/D PA	ROZLYTREK 200 MG CAP	4	PA; LA; QL (90 per 30 days); S
PEMAZYRE	4	PA; LA; QL (14 per 21 days); S	RUBRACA	4	PA; LA; QL (120 per 30 days); S
PEPAXTO	4	S	RYBREVANT	4	PA; S
PERJETA	4	PA; S	RYDAPT	4	PA; QL (240 per 30 days); S

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
RYLAZE	4	PA; MO; S	TECENTRIQ 1200 MG/20ML SOLUTION	4	PA; LA; QL (20 per 21 days); S
SARCLISA	4	PA; S	TECENTRIQ 840 MG/14ML SOLUTION	4	PA; LA; QL (28 per 28 days); S
SCEMBLIX 20 MG TAB	4	PA; QL (60 per 30 days); S	TEPMETKO	4	PA; LA; QL (60 per 30 days); S
SCEMBLIX 40 MG TAB	4	PA; QL (300 per 30 days); S	THALOMID 150 MG CAP, 200 MG CAP	4	PA; QL (60 per 30 days); S
SOLTAMOX	4	MO; S	THALOMID 50 MG CAP, 100 MG CAP	4	PA; QL (30 per 30 days); S
SPRYCEL	4	PA; QL (30 per 30 days); S	<i>thiotepa</i>	1	B/D PA
STIVARGA	4	PA; LA; QL (84 per 28 days); S	TIBSOVO	4	PA; LA; QL (60 per 30 days); S
<i>sunitinib malate</i>	4	PA; QL (30 per 30 days); S	TICE BCG	2	B/D PA
SUTENT	4	PA; QL (30 per 30 days); S	<i>toposar</i>	1	B/D PA
SYNRIBO	4	PA; S	<i>topotecan hcl 4 mg recon soln, 4 mg/4ml solution</i>	4	B/D PA; S
TABLOID	3	MO	<i>toremifene citrate</i>	4	QL (30 per 30 days); S
TABRECTA	4	PA; QL (120 per 30 days); S	TREANDA	4	B/D PA; S
TAFINLAR	4	PA; LA; QL (120 per 30 days); S	<i>tretinoin 10 mg cap</i>	4	MO; S
TAGRISSO	4	PA; LA; QL (30 per 30 days); S	TRUSELTIQ (100MG DAILY DOSE)	4	PA; LA; QL (21 per 28 days); S
TALZENNA 0.25 MG CAP	4	PA; LA; QL (90 per 30 days); S	TRUSELTIQ (125MG DAILY DOSE)	4	PA; LA; QL (42 per 28 days); S
TALZENNA 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP	4	PA; LA; QL (30 per 30 days); S	TRUSELTIQ (50MG DAILY DOSE)	4	PA; LA; QL (42 per 28 days); S
<i>tamoxifen citrate</i>	1	MO	TRUSELTIQ (75MG DAILY DOSE)	4	PA; LA; QL (63 per 28 days); S
TARCEVA 100 MG TAB, 150 MG TAB	4	PA; LA; QL (30 per 30 days); S	TUKYSA	4	PA; LA; QL (120 per 30 days); S
TARCEVA 25 MG TAB	4	PA; LA; QL (90 per 30 days); S	TURALIO	4	PA; LA; QL (120 per 30 days); S
TARGETIN 1 % GEL	4	PA; QL (60 per 30 days); S	TYKERB	4	PA; LA; QL (180 per 30 days); S
TARGETIN 75 MG CAP	4	PA; QL (300 per 30 days); S	UKONIQ	4	PA; LA; QL (120 per 30 days); S
TASIGNA	4	PA; QL (112 per 28 days); S	VALCHLOR	4	PA; LA; S
TAZVERIK	4	PA; LA; QL (240 per 30 days); S	VECTIBIX	4	PA; S
			VELCADE	4	PA; S

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
VENCLEXTA 10 MG TAB	2	PA; LA; QL (60 per 30 days)	XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	4	PA; LA; QL (8 per 28 days); S
VENCLEXTA 100 MG TAB	4	PA; LA; QL (180 per 30 days); S	XPOVIO (60 MG ONCE WEEKLY) 20 MG TAB THPK	4	PA; LA; QL (12 per 28 days); S
VENCLEXTA 50 MG TAB	2	PA; LA; QL (30 per 30 days)	XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	4	PA; LA; QL (4 per 28 days); S
VENCLEXTA STARTING PACK	4	PA; LA; S	XPOVIO (60 MG TWICE WEEKLY)	4	PA; LA; QL (24 per 28 days); S
VERZENIO	4	PA; LA; QL (60 per 30 days); S	XPOVIO (80 MG ONCE WEEKLY) 20 MG TAB THPK	4	PA; LA; QL (16 per 28 days); S
<i>vinblastine sulfate</i>	1	B/D PA	XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	4	PA; LA; QL (8 per 28 days); S
<i>vincasar pfs</i>	1	B/D PA	XPOVIO (80 MG TWICE WEEKLY)	4	PA; LA; QL (32 per 28 days); S
<i>vincristine sulfate</i>	1	B/D PA	XTANDI 40 MG CAP	4	PA; LA; QL (120 per 30 days); S
<i>vinorelbine tartrate</i>	1	B/D PA	XTANDI 40 MG TAB	4	PA; QL (120 per 30 days); S
VITRAKVI 100 MG CAP	4	PA; LA; QL (60 per 30 days); S	XTANDI 80 MG TAB	4	PA; QL (60 per 30 days); S
VITRAKVI 20 MG/ML SOLUTION	4	PA; LA; QL (300 per 30 days); S	YERVOY	4	PA; S
VITRAKVI 25 MG CAP	4	PA; LA; QL (180 per 30 days); S	YONDELIS	4	B/D PA; S
VIZIMPRO	4	PA; LA; QL (30 per 30 days); S	YONSA	4	PA; QL (120 per 30 days); S
VOTRIENT	4	PA; LA; QL (120 per 30 days); S	ZALTRAP	4	PA; LA; S
VYXEOS	4	B/D PA; S	ZANOSAR	4	B/D PA; S
WELIREG	4	PA; LA; QL (90 per 30 days); S	ZEJULA	4	PA; LA; QL (90 per 30 days); S
XALKORI	4	PA; LA; QL (120 per 30 days); S	ZELBORAF	4	PA; LA; QL (240 per 30 days); S
XOSPATA	4	PA; LA; QL (90 per 30 days); S	ZEPZELCA	4	S
XPOVIO (100 MG ONCE WEEKLY) 20 MG TAB THPK	4	PA; LA; QL (20 per 28 days); S	ZOLINZA	4	PA; QL (120 per 30 days); S
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	4	PA; LA; QL (8 per 28 days); S	ZYDELIG	4	PA; LA; QL (60 per 30 days); S
XPOVIO (40 MG ONCE WEEKLY) 20 MG TAB THPK	4	PA; LA; QL (8 per 28 days); S	ZYKADIA	4	PA; LA; QL (90 per 30 days); S
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	4	PA; LA; QL (4 per 28 days); S	ZYNLONTA	4	PA; S
XPOVIO (40 MG TWICE WEEKLY) 20 MG TAB THPK	4	PA; LA; QL (16 per 28 days); S	<b>Antiparasitics</b>		
			<i>albendazole</i>	4	MO; S

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ALBENZA	4	MO; S	carbidopa-levodopa	1	MO
atovaquone	4	PA; MO; S	carbidopa-levodopa er	1	MO
atovaquone-proguanil hcl	1	MO	carbidopa-levodopa-entacapone	1	MO
BILTRICIDE	4	MO; S	COMTAN	3	MO
chloroquine phosphate	1	MO	entacapone	1	MO
COARTEM	3	MO	LODOSYN	4	MO; S
hydroxychloroquine sulfate 200 mg tab	1	MO	MIRAPEX ER 0.75 MG TAB ER 24H, 1.5 MG TAB ER 24H, 3 MG TAB ER 24H, 3.75 MG TAB ER 24H	3	MO
ivermectin 3 mg tab	1	PA; MO	NEUPRO	3	QL (30 per 30 days); MO
MALARONE	3	MO	PARLODEL	3	MO
mefloquine hcl	1	MO	pramipexole dihydrochloride	1	MO
NEBUPENT	3	B/D PA; MO	pramipexole dihydrochloride er	3	MO
nitazoxanide	3	QL (6 per 30 days); MO	rasagiline mesylate	1	MO
PENTAM	3		ropinirole hcl	1	MO
pentamidine isethionate	1		ropinirole hcl er	1	MO
pentamidine isethionate 300 mg recon soln for nebulization	1	B/D PA; MO	RYTARY	4	ST; MO; S
praziquantel	1	MO	selegiline hcl	1	MO
primaquine phosphate	2	MO	SINEMET	3	MO
pyrimethamine	4	MO; S	STALEVO 50	3	MO
QUALAQUIN	3	PA; MO	STALEVO 75	3	MO
quinine sulfate	1	PA; MO	tolcapone	4	PA; QL (180 per 30 days); MO; S
STROMECTOL	3	PA; MO	trihexyphenidyl hcl 0.4 mg/ml solution	1	PA; MO
<b>Antiparkinson Agents</b>			trihexyphenidyl hcl 2 mg tab, 5 mg tab	1	MO
amantadine hcl 50 mg/5ml solution, 100 mg cap, 100 mg tab	1	MO	ZELAPAR	4	MO; S
APOKYN	4	PA; LA; QL (60 per 30 days); S	<b>Antipsychotics</b>		
apomorphine hcl	4	PA; QL (60 per 30 days); S	ABILIFY MAINTENA	4	QL (1 per 28 days); MO; S
AZILECT	3	MO	ariPIPRAZOLE 1 mg/ml solution	1	QL (900 per 30 days); MO
benztropine mesylate 0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab	1	PA; MO	ariPIPRAZOLE 10 mg tab disp	4	QL (90 per 30 days); MO; S
bromocriptine mesylate	1	MO			
carbidopa	1	MO			

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aripiprazole 15 mg tab disp	4	QL (60 per 30 days); MO; S	clozapine 200 mg tab disp	4	QL (120 per 30 days); MO; S
aripiprazole 2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab	1	MO	clozapine 25 mg tab, 25 mg tab disp	1	QL (1080 per 30 days); MO
aripiprazole 20 mg tab, 30 mg tab	1	QL (30 per 30 days); MO	clozapine 50 mg tab	1	QL (540 per 30 days); MO
ARISTADA 1064 MG/3.9ML PRSYR	4	QL (3.9 per 60 days); MO; NEDS; S	FANAPT 1 MG TAB	3	QL (720 per 30 days); MO
ARISTADA 441 MG/1.6ML PRSYR	4	QL (1.6 per 28 days); MO; S	FANAPT 10 MG TAB, 12 MG TAB	4	QL (60 per 30 days); MO; S
ARISTADA 662 MG/2.4ML PRSYR	4	QL (2.4 per 28 days); MO; S	FANAPT 2 MG TAB	4	QL (360 per 30 days); MO; S
ARISTADA 882 MG/3.2ML PRSYR	4	QL (3.2 per 28 days); MO; S	FANAPT 4 MG TAB	4	QL (180 per 30 days); MO; S
ARISTADA INITIO	4	QL (4.8 per 365 over time); MO; NEDS; S	FANAPT 6 MG TAB	4	QL (120 per 30 days); MO; S
asenapine maleate 10 mg sl tab	3	QL (60 per 30 days); MO	FANAPT 8 MG TAB	4	QL (90 per 30 days); MO; S
asenapine maleate 2.5 mg sl tab	1	QL (240 per 30 days); MO	FANAPT TITRATION PACK	3	MO
asenapine maleate 5 mg sl tab	1	QL (120 per 30 days); MO	fluphenazine decanoate	1	MO
CAPLYTA	4	PA; QL (30 per 30 days); MO; S	fluphenazine hcl 1 mg tab, 2.5 mg tab, 2.5 mg/5ml elixir, 2.5 mg/ml solution, 5 mg tab, 5 mg/ml conc, 10 mg tab	1	MO
chlorpromazine hcl 10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab	1	MO	GEODON 20 MG RECON SOLN	2	QL (6 per 3 days); MO
chlorpromazine hcl 25 mg/ml solution, 50 mg/2ml solution	2	MO	haloperidol	1	MO
CHLORPROMAZINE HCL 30 MG/ML CONC, 100 MG/ML CONC	4	S	haloperidol decanoate	1	MO
clozapine 100 mg tab, 100 mg tab disp	1	QL (270 per 30 days); MO	haloperidol lactate	1	MO
clozapine 12.5 mg tab disp	1	QL (2160 per 30 days); MO	INVEGA 1.5 MG TAB ER 24H, 3 MG TAB ER 24H, 9 MG TAB ER 24H	4	QL (30 per 30 days); MO; S
clozapine 150 mg tab disp	1	QL (180 per 30 days); MO	INVEGA 6 MG TAB ER 24H	4	QL (60 per 30 days); MO; S
clozapine 200 mg tab	1	QL (120 per 30 days); MO	INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	4	QL (3.5 per 180 over time); NEDS; S

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	4	QL (0.75 per 28 days); MO; S	PERSERIS 90 MG PRSYR	4	QL (1 per 28 days); MO; S
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	4	QL (1 per 28 days); MO; S	pimozide	1	MO
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	4	QL (1.5 per 28 days); MO; S	quetiapine fumarate 100 mg tab	1	QL (240 per 30 days); MO
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	3	QL (0.25 per 28 days); MO	quetiapine fumarate 200 mg tab	1	QL (120 per 30 days); MO
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	4	QL (0.5 per 28 days); MO; S	quetiapine fumarate 25 mg tab	1	QL (960 per 30 days); MO
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	4	QL (0.875 per 84 days); MO; NEDS; S	quetiapine fumarate 300 mg tab	1	QL (80 per 30 days); MO
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	4	QL (1.315 per 84 days); MO; NEDS; S	quetiapine fumarate 400 mg tab	1	QL (60 per 30 days); MO
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	4	QL (1.75 per 84 days); MO; NEDS; S	quetiapine fumarate 50 mg tab	1	QL (480 per 30 days); MO
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	4	QL (2.625 per 84 days); MO; NEDS; S	quetiapine fumarate er 150 mg tab er 24h, 200 mg tab er 24h	1	QL (30 per 30 days); MO
loxapine succinate	1	MO	quetiapine fumarate er 50 mg tab er 24h, 300 mg tab er 24h, 400 mg tab er 24h	1	QL (60 per 30 days); MO
molindone hcl	1	MO	REXULTI 0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB	4	QL (60 per 30 days); MO; S
NUPLAZID	4	PA; LA; QL (30 per 30 days); S	REXULTI 3 MG TAB, 4 MG TAB	4	QL (30 per 30 days); MO; S
olanzapine 10 mg recon soln	1	QL (90 per 30 days); MO	RISPERDAL CONSTA 12.5 MG, 25 MG	3	QL (2 per 28 days); MO
olanzapine 2.5 mg tab, 5 mg tab, 5 mg tab disp, 7.5 mg tab, 10 mg tab, 10 mg tab disp, 15 mg tab, 15 mg tab disp	1	MO	RISPERDAL CONSTA 37.5 MG, 50 MG	4	QL (2 per 28 days); MO; S
olanzapine 20 mg tab, 20 mg tab disp	1	QL (30 per 30 days); MO	risperidone 0.25 mg tab, 0.25 mg tab disp	1	QL (1920 per 30 days); MO
paliperidone er 1.5 mg tab er 24h, 3 mg tab er 24h	1	QL (30 per 30 days); MO	risperidone 0.5 mg tab, 0.5 mg tab disp	1	QL (960 per 30 days); MO
paliperidone er 6 mg tab er 24h	1	QL (60 per 30 days); MO	risperidone 1 mg tab, 1 mg tab disp, 1 mg/ml solution	1	QL (480 per 30 days); MO
paliperidone er 9 mg tab er 24h	3	QL (30 per 30 days); MO	risperidone 2 mg tab, 2 mg tab disp	1	QL (240 per 30 days); MO
PERSERIS 120 MG PRSYR	4	QL (1 per 28 days); S	risperidone 3 mg tab disp	1	QL (150 per 30 days); MO
			risperidone 3 mg tab, 4 mg tab, 4 mg tab disp	1	QL (120 per 30 days); MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
SAPHRIS 10 MG SL TAB	4	QL (60 per 30 days); MO; S	baclofen 5 mg tab, 10 mg tab	1	QL (90 per 30 days); MO
SAPHRIS 2.5 MG SL TAB	3	QL (240 per 30 days); MO	DANTRIUM	3	MO
SAPHRIS 5 MG SL TAB	3	QL (120 per 30 days); MO	dantrolene sodium	1	MO
SECUADO	4	QL (30 per 30 days); MO; S	tizanidine hcl	1	MO
SEROQUEL XR 150 MG TAB ER 24H, 200 MG TAB ER 24H	3	QL (30 per 30 days); MO	ZANAFLEX	3	MO
SEROQUEL XR 400 MG TAB ER 24H	4	QL (60 per 30 days); MO; S	<b>Antivirals</b>		
SEROQUEL XR 50 MG TAB ER 24H, 300 MG TAB ER 24H	3	QL (60 per 30 days); MO	abacavir sulfate 20 mg/ml solution	1	QL (960 per 30 days)
thioridazine hcl	1	MO	abacavir sulfate 300 mg tab	1	QL (60 per 30 days)
thiothixene	1	MO	abacavir sulfate-lamivudine	1	QL (30 per 30 days)
trifluoperazine hcl	1	MO	abacavir-lamivudine-zidovudine	4	QL (60 per 30 days); S
VERSACLOZ	3	QL (600 per 30 days); MO	acyclovir 200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab	1	MO
VRAYLAR 1.5 & 3 MG CAP THPK	3	MO	acyclovir sodium	1	B/D PA; MO
VRAYLAR 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP	4	QL (30 per 30 days); MO; S	adefovir dipivoxil	1	PA
ziprasidone hcl 20 mg cap	1	QL (240 per 30 days); MO	APTIVUS 100 MG/ML SOLUTION	4	QL (380 per 30 days); S
ziprasidone hcl 40 mg cap	1	QL (120 per 30 days); MO	APTIVUS 250 MG CAP	4	QL (120 per 30 days); S
ziprasidone hcl 60 mg cap, 80 mg cap	1	QL (60 per 30 days); MO	atazanavir sulfate 150 mg cap, 200 mg cap	3	QL (60 per 30 days)
ziprasidone mesylate	3	QL (6 per 3 days); MO	atazanavir sulfate 300 mg cap	3	QL (30 per 30 days)
ZYPREXA 10 MG RECON SOLN	3	QL (90 per 30 days); MO	ATRIPLA	4	QL (30 per 30 days); S
ZYPREXA RELPREVV 210 MG RECON SUSP	3	QL (2 per 28 days)	BARACLUDE 0.05 MG/ML SOLUTION	4	PA; S
ZYPREXA RELPREVV 300 MG RECON SUSP, 405 MG RECON SUSP	4	QL (2 per 28 days); S	BIKTARVY	4	QL (30 per 30 days); S
<b>Antispasticity Agents</b>			CABENUVA 400 & 600 MG/2ML SUSP	4	QL (4 per 28 days); MO; S
baclofen 20 mg tab	1	QL (120 per 30 days); MO	CABENUVA 600 & 900 MG/3ML SUSP	4	QL (6 per 28 days); MO; S
			cidofovir	1	B/D PA
			CIMDUO	4	QL (30 per 30 days); S

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
COMBIVIR	4	QL (60 per 30 days); S	EPIVIR 150 MG TAB	3	QL (60 per 30 days)
COMPLERA	4	QL (30 per 30 days); S	EPIVIR 300 MG TAB	3	QL (30 per 30 days)
CRIXIVAN 200 MG CAP	3	QL (360 per 30 days)	EPIVIR HBV 100 MG TAB	3	
CRIXIVAN 400 MG CAP	3	QL (180 per 30 days)	EPIVIR HBV 5 MG/ML SOLUTION	2	
DELSTRIGO	4	QL (30 per 30 days); S	EPZICOM	4	QL (30 per 30 days); S
DESCOVY	4	QL (30 per 30 days); S	etravirine 100 mg tab	4	QL (120 per 30 days); S
DOVATO	4	QL (30 per 30 days); S	etravirine 200 mg tab	4	QL (60 per 30 days); S
EDURANT	4	QL (30 per 30 days); S	EVOTAZ	4	QL (30 per 30 days); S
efavirenz 200 mg cap	1	QL (120 per 30 days)	famciclovir 125 mg tab, 250 mg tab	1	QL (60 per 30 days); MO
efavirenz 50 mg cap	1	QL (360 per 30 days)	famciclovir 500 mg tab	1	QL (21 per 7 days); MO
efavirenz 600 mg tab	3	QL (30 per 30 days)	fosamprenavir calcium	4	QL (120 per 30 days); S
efavirenz-emtricitab-tenofovir	4	QL (30 per 30 days); S	FUZEON	4	QL (60 per 30 days); S
efavirenz-lamivudine-tenofovir	4	QL (30 per 30 days); S	ganciclovir sodium 500 mg recon soln	1	B/D PA
emtricitabine	1	QL (30 per 30 days)	GENVOYA	4	QL (30 per 30 days); S
emtricitabine-tenofovir df	4	QL (30 per 30 days); S	HARVONI	4	PA; QL (28 per 28 days); S
EMTRIVA 10 MG/ML SOLUTION	3	QL (850 per 30 days)	HEPSERA	4	PA; S
EMTRIVA 200 MG CAP	3	QL (30 per 30 days)	INTELENCE 100 MG TAB	4	QL (120 per 30 days); S
entecavir	1	PA	INTELENCE 200 MG TAB	4	QL (60 per 30 days); S
EPCLUSA 150-37.5 MG PACKET, 400-100 MG TAB	4	PA; QL (30 per 30 days); S	INTELENCE 25 MG TAB	3	QL (480 per 30 days)
EPCLUSA 200-50 MG PACKET, 200-50 MG TAB	4	PA; QL (60 per 30 days); S	INVIRASE 500 MG TAB	4	QL (120 per 30 days); S
EPIVIR 10 MG/ML SOLUTION	3	QL (960 per 30 days)	ISENTRESS 100 MG CHEW TAB	3	QL (180 per 30 days)
			ISENTRESS 100 MG PACKET	4	QL (180 per 30 days); S

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ISENTRESS 25 MG CHEW TAB	2	QL (720 per 30 days)	nevirapine 200 mg tab	1	QL (60 per 30 days)
ISENTRESS 400 MG TAB	4	QL (120 per 30 days); S	nevirapine 50 mg/5ml suspension	1	QL (1200 per 30 days)
ISENTRESS HD	4	QL (60 per 30 days); S	nevirapine er 100 mg tab er 24h	1	QL (90 per 30 days)
JULUCA	4	QL (30 per 30 days); S	nevirapine er 400 mg tab er 24h	1	QL (30 per 30 days)
KALETRA 100-25 MG TAB	3	QL (300 per 30 days)	NORVIR 100 MG PACKET, 100 MG TAB	3	QL (360 per 30 days)
KALETRA 200-50 MG TAB	4	QL (120 per 30 days); S	NORVIR 80 MG/ML SOLUTION	2	QL (480 per 30 days)
KALETRA 400-100 MG/5ML SOLUTION	4	QL (480 per 30 days); S	ODEFSEY	4	QL (30 per 30 days); S
lamivudine 10 mg/ml solution	1	QL (960 per 30 days)	oseltamivir phosphate 6 mg/ml recon susp, 30 mg cap, 45 mg cap, 75 mg cap	1	
lamivudine 100 mg tab	1		PIFELTRO	4	QL (30 per 30 days); S
lamivudine 150 mg tab	1	QL (60 per 30 days)	PREVYMIS 240 MG TAB, 480 MG TAB	4	S
lamivudine 300 mg tab	1	QL (30 per 30 days)	PREZCOBIX	4	QL (30 per 30 days); S
lamivudine-zidovudine	1	QL (60 per 30 days)	PREZISTA 100 MG/ML SUSPENSION	4	QL (400 per 30 days); S
LEDIPASVIR-SOFOSBUVIR	4	PA; QL (28 per 28 days); S	PREZISTA 150 MG TAB	3	QL (180 per 30 days)
LEXIVA 50 MG/ML SUSPENSION	3	QL (1800 per 30 days)	PREZISTA 600 MG TAB, 800 MG TAB	4	QL (60 per 30 days); S
LEXIVA 700 MG TAB	4	QL (120 per 30 days); S	PREZISTA 75 MG TAB	3	QL (300 per 30 days)
lopinavir-ritonavir 100-25 mg tab	3	QL (300 per 30 days)	RELENZA DISKHALER	2	QL (60 per 180 over time); MO; NEDS
lopinavir-ritonavir 200-50 mg tab	4	QL (120 per 30 days); S	RETROVIR 10 MG/ML SOLUTION	2	
lopinavir-ritonavir 400-100 mg/5ml solution	1	QL (480 per 30 days)	RETROVIR 100 MG CAP	3	QL (180 per 30 days)
maraviroc	4	QL (120 per 30 days); S	RETROVIR 50 MG/5ML SYRUP	3	QL (1920 per 30 days)
MAVYRET 100-40 MG TAB	4	PA; QL (90 per 30 days); S	REYATAZ 150 MG CAP, 200 MG CAP	4	QL (60 per 30 days); S
MAVYRET 50-20 MG PACKET	4	PA; QL (180 per 30 days); S			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
REYATAZ 300 MG CAP	4	QL (30 per 30 days); S	<i>tenofovir disoproxil fumarate</i>	1	QL (30 per 30 days)
REYATAZ 50 MG PACKET	3	QL (240 per 30 days)	TIVICAY 10 MG TAB	3	QL (120 per 30 days)
<i>ribavirin</i>	1		TIVICAY 25 MG TAB, 50 MG TAB	4	QL (60 per 30 days); S
<i>rimantadine hcl</i>	1	MO	TIVICAY PD	4	QL (360 per 30 days); S
<i>ritonavir</i>	1	QL (360 per 30 days)	<i>trifluridine</i>	1	MO
RUKOBIA	4	QL (60 per 30 days); MO; S	TRIUMEQ	4	QL (30 per 30 days); S
SELZENTRY 150 MG TAB, 300 MG TAB	4	QL (120 per 30 days); S	TRIUMEQ PD	4	QL (180 per 30 days); S
SELZENTRY 20 MG/ML SOLUTION	4	QL (1840 per 30 days); S	TRIZIVIR	4	QL (60 per 30 days); S
SELZENTRY 25 MG TAB	3	QL (120 per 30 days)	TROGARZO	4	PA; LA; QL (23.94 per 28 days); S
SELZENTRY 75 MG TAB	3	QL (60 per 30 days)	TRUVADA	4	QL (30 per 30 days); S
SOFOSBUVIR-VELPATASVIR	4	PA; QL (30 per 30 days); S	TYBOST	2	QL (30 per 30 days)
<i>stavudine 15 mg cap, 20 mg cap</i>	1	QL (120 per 30 days)	<i>valacyclovir hcl 1 gm tab</i>	1	QL (90 per 30 days); MO
<i>stavudine 30 mg cap, 40 mg cap</i>	1	QL (60 per 30 days)	<i>valacyclovir hcl 500 mg tab</i>	1	QL (60 per 30 days); MO
STRIBILD	4	QL (30 per 30 days); S	VALCYTE 50 MG/ML RECON SOLN	4	S
SUSTIVA 200 MG CAP	3	QL (120 per 30 days)	<i>valganciclovir hcl 450 mg tab</i>	2	
SUSTIVA 50 MG CAP	3	QL (360 per 30 days)	<i>valganciclovir hcl 50 mg/ml recon soln</i>	4	S
SYMFI	4	QL (30 per 30 days); S	VEMLIDY	4	PA; QL (30 per 30 days); S
SYMFI LO	4	QL (30 per 30 days); S	VIRACEPT 250 MG TAB	4	QL (300 per 30 days); S
SYMTUZA	4	QL (30 per 30 days); S	VIRACEPT 625 MG TAB	4	QL (120 per 30 days); S
TAMIFLU 6 MG/ML RECON SUSP, 30 MG CAP, 45 MG CAP, 75 MG CAP	3		VIRAMUNE	3	QL (1200 per 30 days)
TEMIXYS	4	QL (30 per 30 days); S	VIRAMUNE XR	3	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
VIREAD 150 MG TAB, 200 MG TAB, 250 MG TAB, 300 MG TAB	4	QL (30 per 30 days); S	clonazepam 0.5 mg tab, 0.5 mg tab disp	1	QL (1200 per 30 days); MO
VIREAD 40 MG/GM POWDER	4	QL (240 per 30 days); S	clonazepam 1 mg tab, 1 mg tab disp	1	QL (600 per 30 days); MO
VOSEVI	4	PA; QL (30 per 30 days); S	clonazepam 2 mg tab, 2 mg tab disp	1	QL (300 per 30 days); MO
XOFLUZA (40 MG DOSE)	2		clorazepate dipotassium	1	MO
XOFLUZA (80 MG DOSE)	2		diazepam 10 mg tab	1	QL (120 per 30 days); MO
ZIAGEN 20 MG/ML SOLUTION	3	QL (960 per 30 days)	diazepam 2 mg tab	1	QL (600 per 30 days); MO
ZIAGEN 300 MG TAB	3	QL (60 per 30 days)	diazepam 5 mg tab, 5 mg/ml conc	1	QL (240 per 30 days); MO
zidovudine 100 mg cap	1	QL (180 per 30 days)	diazepam 5 mg/5ml solution	1	QL (1200 per 30 days); MO
zidovudine 300 mg tab	1	QL (60 per 30 days)	diazepam 5 mg/ml solution	1	MO
zidovudine 50 mg/5ml syrup	1	QL (1920 per 30 days)	diazepam intensol	1	QL (240 per 30 days); MO
ZIRGAN	3	MO	hydroxyzine pamoate	1	MO
ZOVIRAX 200 MG/5ML SUSPENSION	3	MO	KLONOPIN 0.5 MG TAB	3	QL (1200 per 30 days); MO
<b>Anxiolytics</b>					
alprazolam 0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp	1	MO	KLONOPIN 1 MG TAB	3	QL (600 per 30 days); MO
alprazolam 0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg tab disp	1	QL (120 per 30 days); MO	KLONOPIN 2 MG TAB	3	QL (300 per 30 days); MO
alprazolam er	1	QL (120 per 30 days); MO	lorazepam 0.5 mg tab, 1 mg tab	1	QL (90 per 30 days); MO
ALPRAZOLAM INTENSOL	2	QL (300 per 30 days); MO	lorazepam 1 mg/0.5ml conc, 2 mg tab, 2 mg/ml conc	1	QL (150 per 30 days); MO
alprazolam xr	1	QL (120 per 30 days); MO	lorazepam 2 mg/ml solution, 4 mg/ml solution	1	MO
buspirone hcl	1	MO	lorazepam intensol	1	QL (150 per 30 days); MO
chlordiazepoxide hcl	1	QL (120 per 30 days); MO	meprobamate	1	PA; MO
clonazepam 0.125 mg tab disp	1	QL (4800 per 30 days); MO	midazolam hcl 2 mg/ml syrup	1	MO
clonazepam 0.25 mg tab disp	1	QL (2400 per 30 days); MO	oxazepam	1	QL (120 per 30 days); MO
			TRANXENE-T	3	MO

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XANAX XR	3	QL (120 per 30 days); MO	AMARYL 1 MG TAB	3	QL (240 per 30 days); MO
<b>Bipolar Agents</b>					
EQUETRO 100 MG CAP ER 12H	3	QL (480 per 30 days); MO	AMARYL 2 MG TAB	3	QL (120 per 30 days); MO
EQUETRO 200 MG CAP ER 12H	3	QL (240 per 30 days); MO	AMARYL 4 MG TAB	3	QL (60 per 30 days); MO
EQUETRO 300 MG CAP ER 12H	3	QL (180 per 30 days); MO	BYDUREON	2	QL (4 per 28 days); MO
LATUDA 20 MG TAB, 40 MG TAB, 60 MG TAB, 120 MG TAB	4	QL (30 per 30 days); MO; S	BYDUREON BCISE	2	QL (4 per 28 days); MO
LATUDA 80 MG TAB	4	QL (60 per 30 days); MO; S	BYETTA 10 MCG PEN	2	QL (2.4 per 30 days); MO
LITHIUM	2	MO	BYETTA 5 MCG PEN	2	QL (1.2 per 30 days); MO
<i>lithium carbonate 150 mg cap, 300 mg cap</i>	1	MO	CYCLOSET	3	ST; QL (180 per 30 days); MO
<i>lithium carbonate 300 mg tab, 600 mg cap</i>	1	MO	<i>diazoxide</i>	1	MO
<i>lithium carbonate er</i>	1	MO	DUETACT	3	QL (30 per 30 days); MO
<b>Blood Glucose Regulators</b>					
acarbose	1	QL (90 per 30 days); MO	FARXIGA	2	QL (30 per 30 days); MO
ACTOPLUS MET	3	QL (90 per 30 days); MO	<i>glimepiride 1 mg tab</i>	1	QL (240 per 30 days); MO
ACTOS 45 MG TAB	3	QL (30 per 30 days); MO	<i>glimepiride 2 mg tab</i>	1	QL (120 per 30 days); MO
<i>alogliptin benzoate 12.5 mg tab</i>	1	PA; QL (60 per 30 days); MO	<i>glimepiride 4 mg tab</i>	1	QL (60 per 30 days); MO
<i>alogliptin benzoate 25 mg tab</i>	1	PA; QL (30 per 30 days); MO	<i>glipizide 10 mg tab</i>	1	QL (120 per 30 days); MO
<i>alogliptin benzoate 6.25 mg tab</i>	1	PA; QL (120 per 30 days); MO	<i>glipizide 5 mg tab</i>	1	QL (240 per 30 days); MO
<i>alogliptin-metformin hcl</i>	1	PA; QL (60 per 30 days); MO	<i>glipizide er 10 mg tab er 24h</i>	1	QL (60 per 30 days); MO
<i>alogliptin-pioglitazone 12.5-15 mg tab</i>	1	PA; QL (60 per 30 days); MO	<i>glipizide er 2.5 mg tab er 24h</i>	1	QL (240 per 30 days); MO
<i>alogliptin-pioglitazone 12.5-30 mg tab, 12.5-45 mg tab, 25-15 mg tab, 25-30 mg tab, 25-45 mg tab</i>	1	PA; QL (30 per 30 days); MO	<i>glipizide er 5 mg tab er 24h</i>	1	QL (120 per 30 days); MO
			<i>glipizide xl 10 mg tab er 24h</i>	1	QL (60 per 30 days); MO
			<i>glipizide xl 2.5 mg tab er 24h</i>	1	QL (240 per 30 days); MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
glipizide xl 5 mg tab er 24h	1	QL (120 per 30 days); MO	HUMALOG	2	MO
glipizide-metformin hcl 2.5-250 mg tab	1	QL (240 per 30 days); MO	HUMALOG JUNIOR KWIKPEN	2	MO
glipizide-metformin hcl 2.5-500 mg tab, 5-500 mg tab	1	QL (120 per 30 days); MO	HUMALOG KWIKPEN	2	MO
GLUCAGEN HYPOKIT	2	MO	HUMALOG MIX 50/50	2	MO
GLUCAGON EMERGENCY 1 MG KIT	2	MO	HUMALOG MIX 50/50 KWIKPEN	2	MO
glucagon emergency 1 mg kit	1	MO	HUMALOG MIX 75/25	2	MO
GLUCOTROL XL 10 MG TAB ER 24H	3	QL (60 per 30 days); MO	HUMALOG MIX 75/25 KWIKPEN	2	MO
GLUCOTROL XL 2.5 MG TAB ER 24H	3	QL (240 per 30 days); MO	HUMULIN 70/30	2	MO
GLUCOTROL XL 5 MG TAB ER 24H	3	QL (120 per 30 days); MO	HUMULIN 70/30 KWIKPEN	2	MO
glyburide 1.25 mg tab	1	QL (480 per 30 days); MO	HUMULIN N	2	MO
glyburide 2.5 mg tab	1	QL (240 per 30 days); MO	HUMULIN N KWIKPEN	2	MO
glyburide 5 mg tab	1	QL (120 per 30 days); MO	HUMULIN R	2	MO
glyburide micronized 1.5 mg tab	1	QL (240 per 30 days); MO	HUMULIN R U-500 (CONCENTRATED)	4	PA; MO; S
glyburide micronized 3 mg tab	1	QL (120 per 30 days); MO	HUMULIN R U-500 KWIKPEN	4	PA; MO; S
glyburide micronized 6 mg tab	1	QL (60 per 30 days); MO	INSULIN LISPRO	2	MO
glyburide-metformin 1.25-250 mg tab	1	QL (240 per 30 days); MO	INSULIN LISPRO (1 UNIT DIAL)	2	MO
glyburide-metformin 2.5-500 mg tab, 5-500 mg tab	1	QL (120 per 30 days); MO	INSULIN LISPRO JUNIOR KWIKPEN	2	MO
GLYNASE 1.5 MG TAB	3	QL (240 per 30 days); MO	INSULIN LISPRO PROT & LISPRO	2	MO
GLYNASE 3 MG TAB	3	QL (120 per 30 days); MO	INVOKAMET	3	QL (60 per 30 days); MO
GLYNASE 6 MG TAB	3	QL (60 per 30 days); MO	INVOKAMET XR	3	QL (60 per 30 days); MO
GLYXAMBI	2	QL (30 per 30 days); MO	INVOKANA 100 MG TAB	3	QL (90 per 30 days); MO
			INVOKANA 300 MG TAB	3	QL (30 per 30 days); MO
			JANUMET	2	QL (60 per 30 days); MO
			JANUMET XR 100-1000 MG TAB ER 24H	2	QL (30 per 30 days); MO
			JANUMET XR 50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H	2	QL (60 per 30 days); MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
JANUVIA 100 MG TAB	2	QL (30 per 30 days); MO	OSENI 12.5-15 MG TAB	3	PA; QL (60 per 30 days); MO
JANUVIA 25 MG TAB	2	QL (120 per 30 days); MO	OSENI 12.5-30 MG TAB, 12.5-45 MG TAB, 25-30 MG TAB, 25-45 MG TAB	3	PA; QL (30 per 30 days); MO
JANUVIA 50 MG TAB	2	QL (60 per 30 days); MO	OZEMPIK (0.25 OR 0.5 MG/DOSE)	2	MO
JARDIANCE	2	QL (30 per 30 days); MO	OZEMPIK (1 MG/DOSE)	2	MO
JENTADUETO	2	QL (60 per 30 days); MO	OZEMPIK (2 MG/DOSE)	2	MO
JENTADUETO XR 2.5-1000 MG TAB ER 24H	2	QL (60 per 30 days); MO	pioglitazone hcl 15 mg tab	1	QL (90 per 30 days); MO
JENTADUETO XR 5-1000 MG TAB ER 24H	2	QL (30 per 30 days); MO	pioglitazone hcl 30 mg tab	1	QL (45 per 30 days); MO
KAZANO	3	PA; QL (60 per 30 days); MO	pioglitazone hcl 45 mg tab	1	QL (30 per 30 days); MO
LANTUS	2	MO	pioglitazone hcl-glimepiride	1	QL (30 per 30 days); MO
LANTUS SOLOSTAR	2	MO	pioglitazone hcl-metformin hcl	1	QL (90 per 30 days); MO
LEVEMIR	2	MO	PROGLYCEM	3	MO
LEVEMIR FLEXTOUCH	2	MO	repaglinide 0.5 mg tab	1	QL (960 per 30 days); MO
LYUMJEV	2	MO	repaglinide 1 mg tab	1	QL (480 per 30 days); MO
LYUMJEV KWIKPEN	2	MO	repaglinide 2 mg tab	1	QL (240 per 30 days); MO
metformin hcl 1000 mg tab	1	QL (60 per 30 days); MO	RYBELSUS 3 MG TAB	2	QL (30 per 180 over time); MO; NEDS
metformin hcl 500 mg tab	1	QL (150 per 30 days); MO	RYBELSUS 7 MG TAB, 14 MG TAB	2	QL (30 per 30 days); MO
metformin hcl 850 mg tab	1	QL (90 per 30 days); MO	SOLIQUA	3	MO
metformin hcl er 500 mg tab er 24h	1	QL (120 per 30 days); MO	SYMLINPEN 120	4	PA; QL (11 per 30 days); MO; S
metformin hcl er 750 mg tab er 24h	1	QL (60 per 30 days); MO	SYMLINPEN 60	4	PA; QL (6 per 30 days); MO; S
miglitol	1	QL (90 per 30 days); MO	SYNJARDY	2	QL (60 per 30 days); MO
nateglinide 120 mg tab	1	QL (90 per 30 days); MO	SYNJARDY XR 25-1000 MG TAB ER 24H	2	QL (30 per 30 days); MO
nateglinide 60 mg tab	1	QL (180 per 30 days); MO			
NESINA 12.5 MG TAB	3	PA; QL (60 per 30 days); MO			

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SYNJARDY XR 5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H	2	QL (60 per 30 days); MO	ARANESP (ALBUMIN FREE) 60 MCG/0.3ML SOLN PRSYR, 100 MCG/0.5ML SOLN PRSYR, 100 MCG/ML SOLUTION, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN PRSYR, 200 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR, 300 MCG/ML SOLUTION, 500 MCG/ML SOLN PRSYR	4	PA; S
TOUJEON MAX SOLOSTAR	2	MO			
TOUJEON SOLOSTAR	2	MO			
TRADJENTA	2	QL (30 per 30 days); MO			
TRESIBA	2	QL (30 per 30 days); MO			
TRESIBA FLEXTOUCH 100 UNIT/ML SOLN PEN	2	QL (30 per 30 days); MO	ARIIXTRA 10 MG/0.8ML SOLUTION	4	QL (24 per 30 days); MO; S
TRESIBA FLEXTOUCH 200 UNIT/ML SOLN PEN	2	QL (18 per 30 days); MO	ARIIXTRA 2.5 MG/0.5ML SOLUTION	4	QL (15 per 30 days); MO; S
TRIJARDY XR 10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H	2	QL (30 per 30 days); MO	ARIIXTRA 5 MG/0.4ML SOLUTION	4	QL (12 per 30 days); MO; S
TRIJARDY XR 5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H	2	QL (60 per 30 days); MO	ARIIXTRA 7.5 MG/0.6ML SOLUTION	4	QL (18 per 30 days); MO; S
TRULICITY	2	QL (2 per 28 days); MO	aspirin-dipyridamole er	1	ST; QL (60 per 30 days); MO
VICTOZA	2	QL (9 per 30 days); MO	BRILINTA	2	QL (60 per 30 days); MO
XIGDUO XR 2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H	2	QL (60 per 30 days); MO	cilostazol	1	MO
XIGDUO XR 5-500 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H	2	QL (30 per 30 days); MO	clopidogrel bisulfate 300 mg tab	1	QL (1 per 30 days); MO
<b>Blood Products And Modifiers</b>			clopidogrel bisulfate 75 mg tab	1	QL (30 per 30 days); MO
anagrelide hcl	1	MO	dipyridamole	1	PA; MO
ARANESP (ALBUMIN FREE) 10 MCG/0.4ML SOLN PRSYR, 25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 40 MCG/ML SOLUTION, 60 MCG/ML SOLUTION	2	PA	EFFIENT 5 MG TAB	3	QL (30 per 30 days); MO
			ELIQUIS	2	QL (60 per 30 days); MO
			ELIQUIS DVT/PE STARTER PACK	2	QL (74 per 180 over time); MO; NEDS
			enoxaparin sodium 100 mg/ml soln prsyr, 150 mg/ml soln prsyr	1	QL (56 per 28 days); MO
			enoxaparin sodium 30 mg/0.3ml soln prsyr	1	QL (16.8 per 28 days); MO
			enoxaparin sodium 300 mg/3ml solution	1	QL (168 per 28 days); MO

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enoxaparin sodium 40 mg/0.4ml soln prsyr	1	QL (22.4 per 28 days); MO	heparin sodium (porcine) 1000 unit/ml solution, 5000 unit/ml solution, 10000 unit/ml solution, 20000 unit/ml solution	1	B/D PA; MO
enoxaparin sodium 60 mg/0.6ml soln prsyr	1	QL (33.6 per 28 days); MO	jantoven	1	MO
enoxaparin sodium 80 mg/0.8ml soln prsyr, 120 mg/0.8ml soln prsyr	1	QL (44.8 per 28 days); MO	LEUKINE	4	PA; S
EPOGEN	3	PA	LOVENOX 100 MG/ML SOLN PRSYR, 150 MG/ML SOLN PRSYR	4	QL (56 per 28 days); MO; S
fondaparinux sodium 10 mg/0.8ml solution	4	QL (24 per 30 days); MO; S	LOVENOX 30 MG/0.3ML SOLN PRSYR	3	QL (16.8 per 28 days); MO
fondaparinux sodium 2.5 mg/0.5ml solution	1	QL (15 per 30 days); MO	LOVENOX 40 MG/0.4ML SOLN PRSYR	3	QL (22.4 per 28 days); MO
fondaparinux sodium 5 mg/0.4ml solution	4	QL (12 per 30 days); MO; S	LOVENOX 60 MG/0.6ML SOLN PRSYR	4	QL (33.6 per 28 days); MO; S
fondaparinux sodium 7.5 mg/0.6ml solution	4	QL (18 per 30 days); MO; S	LOVENOX 80 MG/0.8ML SOLN PRSYR, 120 MG/0.8ML SOLN PRSYR	4	QL (44.8 per 28 days); MO; S
FRAGMIN 2500 UNIT/0.2ML SOLN PRSYR, 5000 UNIT/0.2ML SOLN PRSYR	3	MO	LYSTEDA	3	MO
FRAGMIN 7500 UNIT/0.3ML SOLN PRSYR, 10000 UNIT/ML SOLN PRSYR, 12500 UNIT/0.5ML SOLN PRSYR, 15000 UNIT/0.6ML SOLN PRSYR, 18000 UNIT/0.72ML SOLN PRSYR, 95000 UNIT/3.8ML SOLUTION	4	MO; S	MOZOBIL	4	PA; S
FULPHILA	4	PA; QL (1.2 per 28 days); S	NEULASTA	4	PA; QL (1.2 per 28 days); S
GRANIX	4	PA; S	NEULASTA ONPRO	4	PA; QL (1.2 per 28 days); S
HEPARIN (PORCINE) IN NACL 12500-0.45 UT/250ML-% SOLUTION, 25000-0.45 UT/500ML-% SOLUTION	2	B/D PA; MO	NEUPOGEN	4	PA; S
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% SOLUTION	2	MO	NIVESTYM	4	PA; S
heparin sod (porcine) in d5w , 100 unit/ml solution, 25000-5 ut/500ml-% solution	1	MO	PRADAXA	3	QL (60 per 30 days); MO
			prasugrel hcl	1	QL (30 per 30 days); MO
			PROCRIT 2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION	3	PA
			PROCRIT 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION	4	PA; S
			PROMACTA 12.5 MG PACKET	4	PA; LA; QL (360 per 30 days); S
			PROMACTA 12.5 MG TAB, 25 MG TAB	4	PA; LA; QL (30 per 30 days); S

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
PROMACTA 25 MG PACKET	4	PA; LA; QL (180 per 30 days); S	<i>amlodipine besylate</i>	1	MO
PROMACTA 50 MG TAB	4	PA; LA; QL (90 per 30 days); S	<i>amlodipine besylate-valsartan</i>	1	MO
PROMACTA 75 MG TAB	4	PA; LA; QL (60 per 30 days); S	<i>amlodipine-atorvastatin</i>	1	MO
<i>tranexamic acid 650 mg tab, 1000 mg/10ml solution</i>	1	MO	<i>amlodipine-olmesartan</i>	1	MO
UDENYCA	4	PA; QL (1.2 per 28 days); S	<i>amlodipine-valsartan-hctz</i>	1	MO
<i>warfarin sodium</i>	1	MO	ATACAND	3	MO
XARELTO 10 MG TAB, 20 MG TAB	2	QL (30 per 30 days); MO	ATACAND HCT	3	MO
XARELTO 2.5 MG TAB, 15 MG TAB	2	QL (60 per 30 days); MO	<i>atenolol</i>	1	MO
XARELTO STARTER PACK	2	MO	<i>atenolol-chlorthalidone</i>	1	MO
ZARXIO	4	PA; S	<i>atorvastatin calcium</i>	1	MO
ZIEXTENZO	4	PA; QL (1.2 per 28 days); S	AVALIDE	3	MO
<b>Cardiovascular Agents</b>					
ACCUPRIL	3	MO	AVAPRO	3	MO
ACCURETIC	3	MO	AZOR	3	MO
<i>acebutolol hcl</i>	1	MO	<i>benazepril hcl</i>	1	MO
<i>acetazolamide</i>	1	MO	<i>benazepril-hydrochlorothiazide</i>	1	MO
<i>acetazolamide sodium</i>	1	MO	BENICAR	3	MO
<i>afeditab cr</i>	1	MO	BENICAR HCT	3	MO
ALDACTAZIDE	3	MO	BETAPACE AF 80 MG TAB, 120 MG TAB	3	MO
<i>aliskiren fumarate</i>	1	MO	<i>betaxolol hcl 10 mg tab, 20 mg tab</i>	1	MO
ALTACE	3	MO	BIDIL	2	QL (180 per 30 days); MO
<i>amiloride hcl</i>	1	MO	<i>bisoprolol fumarate</i>	1	MO
<i>amiloride-hydrochlorothiazide</i>	1	MO	<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>amiodarone hcl 100 mg tab, 200 mg tab, 400 mg tab</i>	1	MO	<i>bumetanide 0.25 mg/ml solution, 0.5 mg tab, 1 mg tab, 2 mg tab</i>	1	MO
<i>amiodarone hcl 150 mg/3ml solution, 450 mg/9ml solution, 900 mg/18ml solution</i>	1	B/D PA; MO	BYSTOLIC	3	MO
<i>amlodipine besy-benazepril hcl</i>	1	MO	CADUET 5-10 MG TAB, 5-40 MG TAB, 5-80 MG TAB, 10-10 MG TAB, 10-20 MG TAB, 10-40 MG TAB, 10-80 MG TAB	3	MO
			CALAN SR 120 MG TAB ER	3	MO
			<i>candesartan cilexetil</i>	1	MO
			<i>candesartan cilexetil-hctz</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
captopril	1	MO	digitek 125 mcg tab	1	MO
CARDIZEM	3	MO	digitek 250 mcg tab	1	PA; MO
CARDIZEM CD 180 MG CAP ER 24H	3	MO	digox 125 mcg tab	1	MO
CARDIZEM LA 360 MG TAB ER 24H, 420 MG TAB ER 24H	3	MO	digox 250 mcg tab	1	PA; MO
CARDURA 1 MG TAB, 8 MG TAB	3	MO	digoxin 0.05 mg/ml solution, 125 mcg tab	1	MO
cartia xt	1	MO	digoxin 250 mcg tab	1	PA; MO
carvedilol	1	MO	digoxin 62.5 mcg tab	2	MO
carvedilol phosphate er	1	MO	dilt-xr	1	MO
CATAPRES-TTS-1	3	QL (4 per 28 days); MO	DILTIAZEM HCL 100 MG RECON SOLN	2	MO
CATAPRES-TTS-3	3	QL (4 per 28 days); MO	diltiazem hcl 25 mg/5ml solution, 50 mg/10ml solution, 125 mg/25ml solution	1	MO
chlorothiazide sodium	1	MO	diltiazem hcl 30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab	1	MO
chlorthalidone	1	MO	diltiazem hcl er	1	MO
cholestyramine 4 gm packet, 4 gm/dose powder	1	MO	diltiazem hcl er beads	1	MO
cholestyramine light 4 gm packet, 4 gm/dose powder	1	MO	diltiazem hcl er coated beads	1	MO
clonidine	1	QL (4 per 28 days); MO	DIOVAN	3	MO
clonidine hcl	1	MO	DIOVAN HCT	3	MO
colesevelam hcl	1	MO	disopyramide phosphate	1	PA; MO
COLESTID 1 GM TAB, 5 GM GRANULES, 5 GM PACKET	3	MO	dofetilide	1	
COLESTID FLAVORED 5 GM GRANULES, 5 GM PACKET	3	MO	doxazosin mesylate	1	MO
colestipol hcl 1 gm tab, 5 gm granules, 5 gm packet	1	MO	droxidopa 100 mg cap	4	PA; QL (90 per 30 days); S
CORGARD	3	MO	droxidopa 200 mg cap, 300 mg cap	4	PA; QL (180 per 30 days); S
CORLANOR 5 MG TAB, 7.5 MG TAB	3	PA; QL (60 per 30 days); MO	DYRENIUM	3	MO
CORLANOR 5 MG/5ML SOLUTION	3	PA; QL (560 per 28 days); MO	EDARBI	3	MO
COZAAR	3	MO	EDARBYCLOR	3	MO
CRESTOR	3	MO	enalapril maleate 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab	1	MO
DEMSER	4	MO; S	enalapril-hydrochlorothiazide	1	MO
DIBENZYLINE	4	MO; S	ENTRESTO	2	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
eplerenone	1	MO	irbesartan-hydrochlorothiazide	1	MO
EXFORGE	3	MO	ISORDIL TITRADOSE 40 MG TAB	4	MO; S
EXFORGE HCT	3	MO	ISORDIL TITRADOSE 5 MG TAB	3	MO
ezetimibe	1	MO	isosorb dinitrate-hydralazine	2	QL (180 per 30 days); MO
ezetimibe-simvastatin	1	QL (30 per 30 days); MO	isosorbide dinitrate	1	MO
felodipine er	1	MO	isosorbide mononitrate	1	MO
fenofibrate 48 mg tab, 50 mg cap, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 150 mg cap, 160 mg tab, 200 mg cap	1	MO	isosorbide mononitrate er	1	MO
fenofibrate micronized 43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap	1	MO	isradipine	1	MO
fenofibric acid	1	MO	JUXTAPID 30 MG CAP	4	PA; LA; QL (30 per 30 days); S
FENOGLIDE 40 MG TAB	3	MO	JUXTAPID 5 MG CAP, 10 MG CAP, 20 MG CAP	4	PA; LA; S
flecainide acetate	1	MO	labetalol hcl 5 mg/ml solution, 100 mg tab, 200 mg tab, 300 mg tab	1	MO
fluvastatin sodium	1	MO	LANOXIN 125 MCG TAB	3	MO
fluvastatin sodium er	1	MO	LANOXIN 250 MCG TAB	3	PA; MO
fosinopril sodium	1	MO	LANOXIN 62.5 MCG TAB	2	MO
fosinopril sodium-hctz	1	MO	LASIX	3	MO
furosemide 10 mg/ml solution inj	1	MO	LESCOL XL	3	MO
furosemide 10 mg/ml solution oral	1	MO	LIPOFEN 150 MG CAP	3	MO
furosemide 8 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab	1	MO	LIPOFEN 50 MG CAP	2	MO
gemfibrozil	1	MO	lisinopril	1	MO
guanfacine hcl	1	PA; MO	lisinopril-hydrochlorothiazide	1	MO
hydralazine hcl 10 mg tab, 20 mg/ml solution, 25 mg tab, 50 mg tab, 100 mg tab	1	MO	LOPID	3	MO
hydrochlorothiazide	1	MO	LOPRESSOR 100 MG TAB	3	MO
HYZAAR	3	MO	losartan potassium	1	MO
indapamide	1	MO	losartan potassium-hctz	1	MO
INSPRA	3	MO	LOTENSIN	3	MO
irbesartan	1	MO	LOTREL 10-40 MG CAP	3	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
MAXZIDE-25	3	MO	NITRO-DUR 0.1 MG/HR PATCH 24HR, 0.2 MG/HR PATCH 24HR, 0.4 MG/HR PATCH 24HR, 0.6 MG/HR PATCH 24HR	3	MO
methyldopa	1	PA; MO			
metolazone	1	MO			
metoprolol succinate er	1	MO			
metoprolol tartrate 25 mg tab, 50 mg tab, 100 mg tab	1	MO	NITRO-DUR 0.3 MG/HR PATCH 24HR, 0.8 MG/HR PATCH 24HR	2	MO
metoprolol tartrate 5 mg/5ml solution, 37.5 mg tab, 75 mg tab	1	MO			
metoprolol-hydrochlorothiazide	1	MO	<i>nitroglycerin 0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.4 mg/spray solution, 0.6 mg sl tab, 0.6 mg/hr patch 24hr</i>	1	MO
metyrosine	4	MO; S			
mexiletine hcl	1	MO			
MICARDIS	3	MO	NITROGLYCERIN 5 MG/ML SOLUTION	2	B/D PA; MO
MICARDIS HCT	3	MO	NITROSTAT	3	MO
midodrine hcl	1	MO	NORPACE	3	PA; MO
MINIPRESS	3	MO	NORPACE CR	3	PA; MO
minoxidil	1	MO	NORTHERA 100 MG CAP	4	PA; LA; QL (90 per 30 days); S
moexipril hcl	1	MO	NORTHERA 200 MG CAP, 300 MG CAP	4	PA; LA; QL (180 per 30 days); S
MULTAQ	2	QL (60 per 30 days); MO	NORVASC	3	MO
nadolol	1	MO	<i>olmesartan medoxomil</i>	1	MO
nebivolol hcl	3		<i>olmesartan medoxomil-hctz</i>	1	MO
niacin (antihyperlipidemic)	1	MO	<i>olmesartan-amlodipine-hctz</i>	1	MO
niacin er (antihyperlipidemic)	1	MO	<i>omega-3-acid ethyl esters</i>	1	MO
niacor	1	MO	pacerone	1	MO
NIASPAN	3	MO	pentoxifylline er	1	MO
nicardipine hcl 2.5 mg/ml solution, 20 mg cap, 30 mg cap	1	MO	perindopril erbumine	1	MO
nifedipine	1	PA; MO	phenoxybenzamine hcl	4	MO; S
nifedipine er	1	MO	pindolol	1	MO
nifedipine er osmotic release	1	MO	PRALUENT	3	PA; QL (2 per 28 days); MO
nimodipine	1	MO	pravastatin sodium	1	MO
nisoldipine er	1	MO	prazosin hcl	1	MO
NITRO-BID	2	MO	prevalite 4 gm packet, 4 gm/dose powder	1	MO
			procainamide hcl	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
propafenone hcl	1	MO	sotalol hcl 120 mg tab, 160 mg tab, 240 mg tab	1	MO
propafenone hcl er	3	MO	sotalol hcl 80 mg tab	1	MO
propranolol hcl 1 mg/ml solution, 20 mg/5ml solution, 40 mg/5ml solution, 60 mg tab	1	MO	spironolactone 25 mg tab	1	MO
propranolol hcl 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab	1	MO	spironolactone 50 mg tab, 100 mg tab	1	MO
propranolol hcl er	1	MO	spironolactone-hctz	1	MO
QUESTRAN 4 GM PACKET, 4 GM/DOSE POWDER	3	MO	SULAR 34 MG TAB ER 24H	3	MO
QUESTRAN LIGHT	3	MO	taztia xt	1	MO
quinapril hcl	1	MO	TEKTURNNA	3	MO
quinapril-hydrochlorothiazide	1	MO	TEKTURNNA HCT	2	MO
quinidine sulfate	1	MO	telmisartan	1	MO
ramipril	1	MO	telmisartan-amlodipine	1	MO
RANEXA	3	PA; MO	telmisartan-hctz	1	MO
ranolazine er	1	PA; MO	TENORETIC 100	3	MO
RECTIV	3	QL (30 per 30 days); MO	TENORETIC 50	3	MO
REPATHA	2	PA; QL (3 per 28 days)	TENORMIN 50 MG TAB, 100 MG TAB	3	MO
REPATHA PUSHTRONEX SYSTEM	2	PA; QL (3.5 per 28 days)	terazosin hcl	1	MO
REPATHA SURECLICK	2	PA; QL (3 per 28 days)	tiadylt er	1	MO
rosuvastatin calcium	1	MO	TAZAC	3	MO
simvastatin	1	MO	TIKOSYN	3	
SOAANZ 20 MG TAB	1	MO	timolol maleate 5 mg tab, 10 mg tab, 20 mg tab	1	MO
SOAANZ 40 MG TAB, 60 MG TAB	1		TOPROL XL	3	MO
sortine 120 mg tab, 160 mg tab, 240 mg tab	1	MO	torsemide	1	MO
sortine 80 mg tab	1	MO	trandolapril	1	MO
sotalol hcl (af) 120 mg tab, 160 mg tab	1	MO	trandolapril-verapamil hcl er	1	MO
sotalol hcl (af) 80 mg tab	1	MO	triamterene	1	MO
			triamterene-hctz	1	MO
			TRIBENZOR	3	MO
			TRILIPIX	3	MO
			valsartan 40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab	1	MO
			valsartan-hydrochlorothiazide	1	MO
			VASCEPA	3	MO
			VASERETIC	3	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
VASOTEC 2.5 MG TAB, 5 MG TAB	3	MO	atomoxetine hcl 10 mg cap, 18 mg cap, 25 mg cap, 40 mg cap	1	QL (60 per 30 days); MO
VECAMYL	3	MO	atomoxetine hcl 60 mg cap, 80 mg cap, 100 mg cap	1	QL (30 per 30 days); MO
verapamil hcl 2.5 mg/ml solution	1	MO	AUBAGIO	4	PA; LA; QL (30 per 30 days); S
verapamil hcl 40 mg tab, 80 mg tab, 120 mg tab	1	MO	AUSTEDO	4	PA; LA; QL (120 per 30 days); S
verapamil hcl er 100 mg cap er 24h, 120 mg cap er 24h, 120 mg tab er, 180 mg cap er 24h, 200 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h	1	MO	AVONEX PEN	4	PA; QL (4 per 28 days); S
verapamil hcl er 180 mg tab er, 240 mg tab er	1	MO	AVONEX PREFILLED	4	PA; QL (4 per 28 days); S
VERELAN	3	MO	BETASERON	4	PA; QL (15 per 30 days); S
VERELAN PM	3	MO	butalbital-acetaminophen 50-300 mg cap, 50-300 mg tab, 50-325 mg tab	1	PA; QL (180 per 30 days); MO
VYTORIN 10-80 MG TAB	3	QL (30 per 30 days); MO	butalbital-apap-caffeine	1	PA; QL (180 per 30 days); MO
WELCHOL	3	MO	CONCERTA 27 MG TAB ER	3	PA; QL (30 per 30 days); MO
ZESTORETIC	3	MO	COPAXONE 20 MG/ML SOLN PRSYR	4	PA; QL (30 per 30 days); S
ZESTRIL 2.5 MG TAB	3	MO	COPAXONE 40 MG/ML SOLN PRSYR	4	PA; QL (12 per 28 days); S
ZIAC	3	MO	CYMBALTA 20 MG CP DR PART	3	QL (180 per 30 days); MO
ZOCOR 10 MG TAB, 80 MG TAB	3	MO	CYMBALTA 30 MG CP DR PART	3	QL (120 per 30 days); MO
<b>Central Nervous System Agents</b>					
ADDERALL 5 MG TAB, 7.5 MG TAB	3	PA; QL (90 per 30 days); MO	CYMBALTA 60 MG CP DR PART	3	QL (60 per 30 days); MO
amphetamine-dextroamphetamine	1	PA; QL (30 per 30 days); MO	dalfampridine er	4	PA; QL (60 per 30 days); S
amphetamine-dextroamphetamine 30 mg tab	1	PA; QL (60 per 30 days); MO	dexmethylphenidate hcl	1	QL (60 per 30 days); MO
amphetamine-dextroamphetamine 5 mg tab, 7.5 mg tab, 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab	1	PA; QL (90 per 30 days); MO	dexmethylphenidate hcl er 25 mg cap er 24h, 35 mg cap er 24h, 40 mg cap er 24h	1	QL (30 per 30 days); MO
AMPYRA	4	PA; LA; QL (60 per 30 days); S	dextroamphetamine sulfate 10 mg tab	1	QL (180 per 30 days); MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
dextroamphetamine sulfate 5 mg tab	1	QL (90 per 30 days); MO	glatiramer acetate 40 mg/ml soln prsyr	4	PA; QL (12 per 28 days); S
dextroamphetamine sulfate 5 mg/5ml solution	1	QL (1920 per 30 days); MO	glatopa 20 mg/ml soln prsyr	4	PA; QL (30 per 30 days); S
dextroamphetamine sulfate er 15 mg cap er 24h	1	QL (120 per 30 days); MO	glatopa 40 mg/ml soln prsyr	4	PA; QL (12 per 28 days); S
dextroamphetamine sulfate er 5 mg cap er 24h, 10 mg cap er 24h	1	QL (60 per 30 days); MO	guanfacine hcl er	1	PA; QL (30 per 30 days); MO
DRIZALMA SPRINKLE 20 MG CAP DR, 60 MG CAP DR	3	QL (60 per 30 days); MO	HORIZANT 300 MG TAB ER	3	PA; QL (120 per 30 days); MO
DRIZALMA SPRINKLE 30 MG CAP DR, 40 MG CAP DR	3	QL (30 per 30 days); MO	HORIZANT 600 MG TAB ER	3	PA; QL (60 per 30 days); MO
duloxetine hcl 20 mg cp dr part	1	QL (180 per 30 days); MO	INGREZZA 40 & 80 MG CAP THPK	4	PA; QL (56 per 365 over time); NEDS; S
duloxetine hcl 30 mg cp dr part	1	QL (120 per 30 days); MO	INGREZZA 40 MG CAP	4	PA; QL (60 per 30 days); S
duloxetine hcl 40 mg cp dr part	1	QL (90 per 30 days); MO	INGREZZA 60 MG CAP, 80 MG CAP	4	PA; QL (30 per 30 days); S
duloxetine hcl 60 mg cp dr part	1	QL (60 per 30 days); MO	INTUNIV	3	PA; QL (30 per 30 days); MO
esgc 50-325-40 mg cap	1	PA; QL (180 per 30 days); MO	KAPVAY	3	QL (120 per 30 days); MO
ESGIC 50-325-40 MG TAB	3	PA; QL (180 per 30 days); MO	KESIMPTA	4	PA; QL (1.2 per 30 days); S
EVEKEO 10 MG TAB	3	PA; QL (180 per 30 days); MO	LYRICA 20 MG/ML SOLUTION	3	QL (900 per 30 days); MO
EVEKEO 5 MG TAB	3	PA; QL (90 per 30 days); MO	LYRICA 200 MG CAP	3	QL (90 per 30 days); MO
FIRDAPSE	4	PA; LA; QL (240 per 30 days); S	LYRICA 225 MG CAP, 300 MG CAP	3	QL (60 per 30 days); MO
FOCALIN	3	QL (60 per 30 days); MO	LYRICA 25 MG CAP, 50 MG CAP, 75 MG CAP, 100 MG CAP, 150 MG CAP	3	MO
FOCALIN XR 5 MG CAP ER 24H, 10 MG CAP ER 24H, 15 MG CAP ER 24H, 25 MG CAP ER 24H, 30 MG CAP ER 24H, 35 MG CAP ER 24H, 40 MG CAP ER 24H	3	QL (30 per 30 days); MO	LYRICA CR 330 MG TAB ER 24H	3	PA; QL (60 per 30 days); MO
GILENYA	4	PA; QL (30 per 30 days); S	LYRICA CR 82.5 MG TAB ER 24H, 165 MG TAB ER 24H	3	PA; QL (30 per 30 days); MO
glatiramer acetate 20 mg/ml soln prsyr	4	PA; QL (30 per 30 days); S	MAYZENT 0.25 MG TAB	4	PA; LA; QL (120 per 30 days); S
			MAYZENT 1 MG TAB	4	PA; QL (30 per 30 days); S

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
MAYZENT 2 MG TAB	4	PA; LA; QL (30 per 30 days); S	<i>pregabalin 200 mg cap</i>	1	QL (90 per 30 days); MO
MAYZENT STARTER PACK 0.25 MG TAB THPK	4	PA; S	<i>pregabalin 225 mg cap, 300 mg cap</i>	1	QL (60 per 30 days); MO
MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK	4	PA; LA; S	<i>pregabalin 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap</i>	1	MO
METHYLIN 10 MG/5ML SOLUTION	3	PA; QL (900 per 30 days); MO	RELEXXII	1	PA; QL (30 per 30 days); MO
METHYLIN 5 MG/5ML SOLUTION	3	PA; QL (1800 per 30 days); MO	RILUTEK	4	S
<i>methylphenidate hcl 10 mg/5ml solution</i>	1	PA; QL (900 per 30 days); MO	<i>riluzole</i>	1	
<i>methylphenidate hcl 5 mg tab, 10 mg tab, 20 mg tab</i>	1	PA; QL (90 per 30 days); MO	RITALIN LA 30 MG CAP ER 24H	3	PA; QL (60 per 30 days); MO
<i>methylphenidate hcl 5 mg/5ml solution</i>	1	PA; QL (1800 per 30 days); MO	RITALIN LA 40 MG CAP ER 24H	3	PA; QL (30 per 30 days); MO
<i>methylphenidate hcl er (cd)</i>	1	PA; QL (30 per 30 days); MO	SAVELLA	3	QL (60 per 30 days); MO
<i>methylphenidate hcl er (la) 10 mg cap er 24h, 20 mg cap er 24h, 40 mg cap er 24h, 60 mg cap er 24h</i>	1	PA; QL (30 per 30 days); MO	SAVELLA TITRATION PACK	3	MO
<i>methylphenidate hcl er (la) 30 mg cap er 24h</i>	1	PA; QL (60 per 30 days); MO	STRATTERA 10 MG CAP, 18 MG CAP, 25 MG CAP, 40 MG CAP	3	QL (60 per 30 days); MO
<i>methylphenidate hcl er 10 mg tab er, 20 mg tab er</i>	1	PA; QL (90 per 30 days); MO	STRATTERA 60 MG CAP, 80 MG CAP, 100 MG CAP	3	QL (30 per 30 days); MO
<i>methylphenidate hcl er 18 mg tab er, 18 mg tab er 24h, 27 mg tab er, 27 mg tab er 24h, 54 mg tab er, 54 mg tab er 24h, 72 mg tab er</i>	1	PA; QL (30 per 30 days); MO	TECFIDERA 120 & 240 MG MISC	4	PA; LA; S
<i>methylphenidate hcl er 36 mg tab er, 36 mg tab er 24h</i>	1	PA; QL (60 per 30 days); MO	TECFIDERA 120 MG CAP DR	4	PA; LA; QL (14 per 7 days); S
NUEDEXTA	2	PA; QL (60 per 30 days); MO	TECFIDERA 240 MG CAP DR	4	PA; LA; QL (60 per 30 days); S
PLEGRIDY	4	PA; QL (1 per 28 days); S	tencon	1	PA; QL (180 per 30 days); MO
PLEGRIDY STARTER PACK	4	PA; QL (1 per 180 over time); NEDS; S	tetrabenazine 12.5 mg tab	4	PA; QL (240 per 30 days); S
<i>pregabalin 20 mg/ml solution</i>	1	QL (900 per 30 days); MO	tetrabenazine 25 mg tab	4	PA; QL (120 per 30 days); S
			TYSABRI	4	PA; LA; S
			VYVANSE 10 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP, 50 MG CAP, 60 MG CAP, 70 MG CAP	2	PA; QL (30 per 30 days); MO
			XENAZINE 12.5 MG TAB	4	PA; QL (240 per 30 days); S

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
XENAZINE 25 MG TAB	4	PA; QL (120 per 30 days); S	accutane	1	MO
zebutal	1	PA; QL (180 per 30 days); MO	acitretin	3	MO
zenzedi 10 mg tab	1	QL (180 per 30 days); MO	acyclovir 5 % cream	1	QL (5 per 30 days); MO
zenzedi 5 mg tab	1	QL (90 per 30 days); MO	acyclovir 5 % ointment	1	QL (30 per 30 days); MO
<b>Dental And Oral Agents</b>					
cevimeline hcl	1	MO	ACZONE 5 % GEL	3	MO
chlorhexidine gluconate	1	MO	adapalene 0.1 % cream, 0.1 % gel, 0.3 % gel	1	MO
denta 5000 plus	1	MO	ALA SCALP	3	MO
dentagel	1	MO	ala-cort	1	MO
oralone	1	MO	ala-scalp	1	MO
paroex	1	MO	alclometasone dipropionate 0.05 % ointment	1	MO
periogard	1	MO	amcinonide 0.1 % cream, 0.1 % lotion	1	MO
pilocarpine hcl 5 mg tab, 7.5 mg tab	1	MO	AMCINONIDE 0.1 % OINTMENT	2	MO
PREVENTID 0.2 % SOLUTION, 1.1 % GEL	3	MO	ammonium lactate	1	MO
PREVENTID 5000 BOOSTER PLUS	3	MO	amnesteem	1	MO
PREVENTID 5000 DRY MOUTH	3	MO	ANUSOL-HC	3	MO
PREVENTID 5000 ENAMEL PROTECT	3	MO	APEXICON E	2	MO
PREVENTID 5000 PLUS	3	MO	ATRALIN	3	PA; QL (45 per 30 days); MO
PREVENTID 5000 SENSITIVE	3	MO	avita	1	PA; QL (45 per 30 days); MO
SALAGEN	3	MO	azelaic acid	1	MO
sf	1	MO	BENZACLIN	3	MO
sf 5000 plus	1	MO	BENZACLIN WITH PUMP	3	MO
sodium fluoride 1.1 % cream, 1.1 % gel	1	MO	BENZAMYCIN	3	MO
sodium fluoride 5000 plus	1	MO	benzoyl peroxide-erythromycin	1	MO
sodium fluoride 5000 ppm 1.1 % cream, 1.1 % gel	1	MO	betamethasone dipropionate 0.05 % cream, 0.05 % lotion	1	MO
triamcinolone acetonide 0.1 % paste	1	MO	betamethasone dipropionate aug 0.05 % gel, 0.05 % ointment	1	MO

## Dermatological Agents

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
betamethasone valerate 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.12 % foam	1	MO	clobetasol propionate emulsion	1	QL (100 per 30 days); MO
calcipotriene 0.005 % cream, 0.005 % ointment	1	QL (120 per 30 days); MO	clodan	1	MO
calcipotriene 0.005 % solution	1	QL (60 per 30 days); MO	clotrimazole-betamethasone 1-0.05 % cream	1	QL (120 per 30 days); MO
calcipotriene-betameth diprop 0.005-0.064 % ointment	1	QL (400 per 28 days); MO	clotrimazole-betamethasone 1-0.05 % lotion	1	MO
calcitrene	1	QL (120 per 30 days); MO	CONDYLOX	3	MO
calcitriol 3 mcg/gm ointment	1	QL (800 per 28 days); MO	CORDRAN 0.05 % CREAM, 0.05 % LOTION, 0.05 % OINTMENT	3	MO
CAPEX	3	MO	CORDRAN 4 MCG/SQCM TAPE	4	MO; S
ciclodan 8 % solution	1	MO	CORTISPORIN 1 % OINTMENT	3	MO
ciclopirox 0.77 % gel, 1 % shampoo, 8 % solution	1	MO	crotan	1	MO
claravis	1	MO	CUTIVATE	3	MO
CLEOCIN-T	3	QL (120 per 30 days); MO	dapsone 5 % gel, 7.5 % gel	3	MO
CLINDAGEL	4	PA; MO; S	DENAVIR	3	QL (5 per 30 days); MO
clindamycin phos-benzoyl peroxy 1-5 % gel, 1.2-5 % gel	1	MO	DERMA-SMOOTH/FS BODY	3	QL (120 per 30 days); MO
clindamycin phosphate 1 % foam	1	QL (100 per 30 days); MO	DERMA-SMOOTH/FS SCALP	3	QL (120 per 30 days); MO
clindamycin phosphate 1 % gel	1	MO	desonide 0.05 % cream, 0.05 % ointment	1	MO
clindamycin phosphate 1 % lotion, 1 % solution	1	QL (120 per 30 days); MO	DESOWEN	3	MO
clindamycin-tretinoin	1	PA; MO	desoximetasone 0.05 % cream, 0.25 % cream	1	QL (100 per 30 days); MO
clobetasol propionate 0.05 % cream, 0.05 % ointment	1	QL (120 per 30 days); MO	desoximetasone 0.05 % gel, 0.05 % ointment, 0.25 % ointment	1	MO
clobetasol propionate 0.05 % foam	1	QL (100 per 30 days); MO	diclofenac sodium 3 % gel	1	PA; QL (100 per 30 days); MO
clobetasol propionate 0.05 % gel	1	QL (60 per 30 days); MO	DIFFERIN 0.1 % CREAM, 0.3 % GEL	3	MO
clobetasol propionate 0.05 % liquid, 0.05 % lotion, 0.05 % shampoo	1	MO	diflorasone diacetate	1	MO
clobetasol propionate 0.05 % solution	1	QL (50 per 30 days); MO	DIPROLENE	3	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
doxepin hcl 5 % cream	4	PA; QL (45 per 30 days); MO; S	hydrocortisone 1 % cream, 1 % ointment, 2.5 % cream, 2.5 % ointment	1	MO
ELIDEL	3	PA; QL (100 per 90 days); MO; NEDS	hydrocortisone 2.5 % lotion	1	MO
EPIDUO	3	PA; MO	hydrocortisone ace-pramoxine	1	MO
ery	1	MO	hydrocortisone butyr lipo base	1	MO
ERYGEL	3	MO	hydrocortisone butyrate 0.1 % cream, 0.1 % solution	1	MO
erythromycin 2 % gel, 2 % solution	1	MO	hydrocortisone valerate 0.2 % cream	1	MO
EVOCLIN	3	QL (100 per 30 days); MO	imiquimod 5 % cream	1	MO
FINACEA 15 % GEL	3	MO	isotretinoin	1	MO
fluocinolone acetonide 0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment	1	QL (120 per 30 days); MO	KENALOG 0.147 MG/GM AERO SOLN	3	MO
fluocinolone acetonide body	1	QL (120 per 30 days); MO	lindane	1	MO
fluocinolone acetonide scalp	1	QL (120 per 30 days); MO	LOCOID	3	MO
fluocinonide 0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution	1	QL (240 per 30 days); MO	LOCOID LIPOCREAM	3	MO
fluocinonide 0.1 % cream	1	QL (120 per 30 days); MO	LUXIQ	3	MO
fluocinonide emulsified base	1	QL (240 per 30 days); MO	mafenide acetate	1	MO
fluorouracil 2 % solution, 5 % cream, 5 % solution	1	MO	malathion	1	MO
fluticasone propionate 0.005 % ointment, 0.05 % cream, 0.05 % lotion	1	MO	methoxsalen rapid	4	S
halcinonide	1	MO	mometasone furoate 0.1 % solution	1	MO
halobetasol propionate 0.05 % cream, 0.05 % ointment	1	MO	mupirocin	1	QL (120 per 30 days); MO
HALOG 0.1 % CREAM	4	MO; S	mupirocin calcium	1	QL (30 per 30 days); MO
HALOG 0.1 % OINTMENT	3	MO	myorisan	1	MO
hydrocortisone (perianal) 1 % cream	1	MO	NATROBA	3	MO
hydrocortisone (perianal) 2.5 % cream	1	MO	neuac	1	MO
			nystatin-triamcinolone	1	MO
			OLUX-E	3	QL (100 per 30 days); MO
			OTEZLA 30 MG TAB	4	PA; QL (60 per 30 days); S
			OVIDE	3	MO
			PANDEL	4	MO; S

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
permethrin	1	MO	TOPICORT 0.05 % CREAM, 0.25 % CREAM	3	QL (100 per 30 days); MO
PICATO	4	MO; S	TOPICORT 0.05 % GEL, 0.05 % OINTMENT, 0.25 % OINTMENT	3	MO
pimecrolimus	1	PA; QL (100 per 90 days); MO; NEDS	TOPICORT SPRAY	3	MO
podofilox	1	MO	tovet	1	QL (100 per 30 days); MO
procto-med hc	1	MO	tretinoin 0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.1 % cream	1	PA; QL (45 per 30 days); MO
procto-pak	1	MO	tretinoin 0.05 % gel	3	PA; QL (45 per 30 days); MO
proctosol hc	1	MO	tretinoin microsphere	3	PA; QL (50 per 30 days); MO
protozone-hc	1	MO	tretinoin microsphere pump	3	PA; QL (50 per 30 days); MO
PROTOPIC	3	PA; QL (100 per 90 days); MO; NEDS	triamcinolone acetonide 0.025 % cream, 0.1 % cream, 0.5 % cream	1	MO
PRUDOXIN	3	PA; QL (45 per 30 days); MO	triamcinolone acetonide 0.025 % lotion, 0.025 % ointment, 0.1 % lotion, 0.1 % ointment, 0.147 mg/gm aero soln, 0.5 % ointment	1	MO
RETIN-A 0.01 % GEL, 0.025 % CREAM	3	PA; QL (45 per 30 days); MO	triamcinolone acetonide 0.05 % ointment	4	MO; S
RETIN-A MICRO 0.04 % GEL	3	PA; QL (50 per 30 days); MO	triamcinolone in absorbase	4	S
RETIN-A MICRO PUMP 0.04 % GEL	3	PA; QL (50 per 30 days); MO	trianex	3	MO
SANTYL	3	QL (30 per 30 days); MO	triderm	1	MO
selenium sulfide 2.5 % lotion	1	MO	VECTICAL	3	QL (800 per 28 days); MO
SILVADENE	3	MO	XERESE	4	QL (5 per 30 days); MO; S
silver sulfadiazine	1	MO	zenatane	1	MO
ssd	1	MO	ZIANA	3	PA; MO
STELARA 130 MG/26ML SOLUTION	4	PA; LA; S	ZONALON	4	PA; QL (45 per 30 days); MO; S
SULFAMYLYON 85 MG/GM CREAM	3	MO	ZOVIRAX 5 % CREAM	4	QL (5 per 30 days); MO; S
SYNALAR 0.025 % CREAM	3	QL (120 per 30 days); MO	<b>Electrolytes/Minerals/Metals/Vitamins</b>		
tacrolimus 0.03 % ointment, 0.1 % ointment	1	PA; QL (100 per 90 days); MO; NEDS			
tazarotene 0.1 % cream	1	PA; MO			
TAZORAC	3	PA; MO			
TEMOVATE 0.05 % CREAM	3	QL (120 per 30 days); MO			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
AMINOSYN II	2	B/D PA; MO	deferasirox 125 mg tab sol, 250 mg tab sol, 500 mg tab sol	4	PA; S
AMINOSYN-PF	2	B/D PA; MO	deferiprone 1000 mg tab	4	PA; S
AURYXIA	4	PA; MO; S	deferiprone 500 mg tab	4	PA; LA; S
calcium acetate	1	MO	dextrose 250 mg/ml solution	2	MO
calcium acetate (phos binder)	1	MO	dextrose 5 % solution, 10 % solution, 50 % solution, 70 % solution	1	MO
CALCIUM GLUCONATE	1	MO	DEXTROSE 5%/ELECTROLYTE #48	2	MO
CARBAGLU	4	PA; LA; S	dextrose in lactated ringers	1	MO
carglumic acid	4	PA; LA; S	DEXTROSE-NACL 10-0.2 % SOLUTION	2	MO
CARNITOR 1 GM/10ML SOLUTION, 330 MG TAB	3	B/D PA; MO	dextrose-nacl 2.5-0.45 % solution, 5-0.2 % solution, 5-0.225 % solution, 5-0.33 % solution, 5-0.45 % solution, 5-0.9 % solution, 10-0.45 % solution	1	MO
CARNITOR SF	3	B/D PA; MO	dextrose-sodium chloride 5-0.225 % solution, 5-0.3 % solution, 5-0.45 % solution, 5-0.9 % solution	1	MO
CHEMET	3	MO	effer-k 25 meq effer tab	1	MO
CLINIMIX E/DEXTROSE (2.75/5)	2	B/D PA; MO	EXJADE	4	PA; LA; S
CLINIMIX E/DEXTROSE (4.25/10)	2	B/D PA; MO	FERRIPROX 100 MG/ML SOLUTION, 500 MG TAB, 1000 MG TAB	4	PA; LA; S
CLINIMIX E/DEXTROSE (4.25/5)	2	B/D PA; MO	FERRIPROX TWICE-A-DAY	4	PA; LA; S
CLINIMIX E/DEXTROSE (5/15)	2	B/D PA; MO	FOSRENOL 500 MG CHEW TAB, 750 MG CHEW TAB, 1000 MG CHEW TAB	4	ST; MO; S
CLINIMIX E/DEXTROSE (5/20)	2	B/D PA; MO	FREAMINE III	2	B/D PA; MO
CLINIMIX E/DEXTROSE (8/10)	2	B/D PA; MO	hepatamine	1	B/D PA; MO
CLINIMIX E/DEXTROSE (8/14)	2	B/D PA; MO	INTRALIPID 20 % EMULSION	3	B/D PA; MO
CLINIMIX/DEXTROSE (4.25/10)	2	B/D PA; MO	INTRALIPID 30 % EMULSION	2	B/D PA; MO
CLINIMIX/DEXTROSE (4.25/5)	2	B/D PA; MO	irrigation solutions, physiological	3	MO
CLINIMIX/DEXTROSE (5/15)	2	B/D PA; MO	ISOLYTE-P IN D5W	2	MO
CLINIMIX/DEXTROSE (5/20)	2	B/D PA; MO	ISOLYTE-S	2	MO
CLINIMIX/DEXTROSE (6/5)	2	B/D PA; MO			
CLINIMIX/DEXTROSE (8/10)	2	B/D PA; MO			
CLINIMIX/DEXTROSE (8/14)	2	B/D PA; MO			
clinisol sf	3	B/D PA; MO			
CLINOLIPID	1	B/D PA; MO			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ISOLYTE-S PH 7.4	2	MO	NUTRILIPID	3	B/D PA; MO
JYNARQUE 15 MG TAB, 30 MG TAB	4	PA; LA; QL (120 per 30 days); S	PHOSLYRA	3	ST; MO
K-TAB	3	MO	PLASMA-LYTE 148	2	MO
kcl in dextrose-nacl 10-5-0.45 meq/l-%-% solution, 20-5-0.2 meq/l-%-% solution, 20-5-0.45 meq/l-%-% solution, 20-5-0.9 meq/l-%-% solution, 30-5-0.45 meq/l-%-% solution, 40-5-0.45 meq/l-%-% solution	1	MO	PLASMA-LYTE A	2	MO
KCL IN DEXTROSE-NACL 40-5-0.9 MEQ/L-%-% SOLUTION	2	MO	plenamine	3	B/D PA; MO
KCL-LACTATED RINGERS-D5W	2	MO	potassium chloride 10 meq cap er	1	MO
klor-con 10	1	MO	potassium chloride 10 meq tab er	1	MO
klor-con 8 meq tab er	1	MO	POTASSIUM CHLORIDE 10 MEQ/100ML SOLUTION, 20 MEQ PACKET, 20 MEQ/100ML SOLUTION, 40 MEQ/100ML SOLUTION	3	MO
klor-con m10	1	MO	potassium chloride 2 meq/ml solution, 10 % solution, 10 meq/50ml solution, 20 meq/15ml (10%) solution, 20 meq/50ml solution, 40 meq/15ml (20%) solution	1	MO
klor-con m15	1	MO	potassium chloride 20 meq tab er	1	MO
klor-con m20	1	MO	potassium chloride 8 meq cap er	1	MO
klor-con/ef	1	MO	potassium chloride 8 meq tab er	1	MO
lactated ringers	1	MO	potassium chloride crys 10 meq tab er	1	MO
lactated ringers solution (irrigation)	1	MO	potassium chloride crys 20 meq tab er	1	MO
lanthanum carbonate	4	ST; MO; S	potassium chloride crys er 15 meq tab er	1	MO
levocarnitine 1 gm/10ml solution	1	B/D PA; MO	potassium chloride in dextrose	1	MO
levocarnitine 330 mg tab	2	B/D PA; MO	POTASSIUM CHLORIDE IN NACL 20-0.45 MEQ/L-% SOLUTION, 20-0.9 MEQ/L-% SOLUTION, 40-0.9 MEQ/L-% SOLUTION	1	MO
levocarnitine sf	1	B/D PA; MO	potassium citrate 10 meq (1080 mg) tab er	1	MO
LOKELMA	2	MO			
magnesium sulfate 2 gm/50ml solution, 4 gm/100ml solution, 4 gm/50ml solution, 20 gm/500ml solution, 40 gm/1000ml solution	2	MO			
magnesium sulfate 50 % solution	1	MO			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits	
potassium citrate 15 meq (1620 mg) tab er	1	MO	sodium chloride (pf)	1	MO	
potassium citrate 5 meq (540 mg) tab er	1	MO	sodium chloride 0.45 % solution, 2.5 meq/ml solution, 3 % solution, 4 meq/ml solution, 5 % solution	1	MO	
potassium phosphates	1	MO	sodium chloride 0.9 % solution irrigation	1	MO	
potassium phosphates(66 meq k)	1	MO	sodium chloride 0.9 % solution iv	1	MO	
PREMASOL	2	B/D PA; MO	sodium chloride irrigation soln 0.9%	1	MO	
prenatal vit w/ ferrous fumarate-l methylfolate-folic acid	1	MO	sodium fluoride 2.2 mg	1	MO	
prenatal vit w/ iron carbonyl-folic acid	1	MO	sodium phosphates	1	MO	
prenatal vitamin with minerals and folic acid greater than 0.8 mg oral tablet	1	MO	sodium polystyrene sulfonate	1	MO	
prenatal without a w/ fe fumarate-l methylfolate-fa-dha	1	MO	sps	1	MO	
PROCALAMINE	2	B/D PA; MO	tis-u-sol	1	MO	
PROSOL	2	B/D PA; MO	tolvaptan 15 mg tab	4	PA; QL (30 per 30 days); S	
RENAGEL	4	ST; MO; S	tolvaptan 30 mg tab	4	PA; QL (60 per 30 days); S	
RENELA 0.8 GM PACKET	3	QL (540 per 30 days); MO	TPN ELECTROLYTES	3	MO	
RENELA 800 MG TAB	4	QL (540 per 30 days); MO; S	TRAVASOL	2	B/D PA; MO	
ringers	1	MO	trientine hcl	4	S	
ringers irrigation	1	MO	TROPHAMINE	2	B/D PA; MO	
sevelamer carbonate 0.8 gm packet	4	QL (540 per 30 days); MO; S	UROCIT-K 10	3	MO	
sevelamer carbonate 2.4 gm packet	4	QL (180 per 30 days); MO; S	UROCIT-K 15	3	MO	
sevelamer carbonate 800 mg tab	1	QL (540 per 30 days); MO	UROCIT-K 5	3	MO	
sevelamer hcl 400 mg tab	1	ST; MO	VELPHORO	4	ST; QL (180 per 30 days); MO; S	
sevelamer hcl 800 mg tab	3	ST; MO	VELTASSA	4	S	
sodium acetate	1	MO	<b>Gastrointestinal Agents</b>			
SODIUM ACETATE 2 MEQ/ML SOLUTION	2	MO	alosetron hcl	4	PA; QL (60 per 30 days); MO; S	
sodium bicarbonate	1	MO	AMITIZA	2	QL (60 per 30 days); MO	

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
atropine sulfate 0.25 mg/5ml soln prsyr, 0.4 mg/ml solution, 0.5 mg/5ml soln prsyr, 1 mg/10ml soln prsyr, 8 mg/20ml solution	1	MO	glycopyrrolate 0.2 mg/ml solution, 0.4 mg/2ml solution, 1 mg tab, 1 mg/5ml solution, 2 mg tab, 4 mg/20ml solution	1	MO
CARAFATE 1 GM TAB, 1 GM/10ML SUSPENSION	3	MO	GOLYTELY	3	MO
chlordiazepoxide-clidinium	3	PA; MO	hyoscyamine sulfate 0.125 mg sl tab, 0.125 mg tab, 0.125 mg tab disp	1	MO
cimetidine	1	MO	KRISTALOSE	3	MO
cimetidine hcl	1	MO	lactulose 10 gm/15ml solution, 20 gm/30ml solution	1	MO
CLENPIQ	3	MO	lactulose encephalopathy	1	MO
constulose	1	MO	lansoprazole 15 mg cap dr	1	MO
DEXILANT	3	ST; QL (30 per 30 days); MO	lansoprazole 30 mg cap dr	1	QL (30 per 30 days); MO
dexlansoprazole	3	ST; QL (30 per 30 days); MO	LINZESS	2	QL (30 per 30 days); MO
dicyclomine hcl 10 mg cap	1	MO	loperamide hcl 2 mg cap	1	MO
dicyclomine hcl 10 mg/5ml solution, 20 mg tab	1	MO	lubiprostone	1	QL (60 per 30 days); MO
diphenoxylate-atropine 2.5-0.025 mg tab	1	MO	methscopolamine bromide	1	MO
diphenoxylate-atropine 2.5-0.025 mg/5ml liquid	1	MO	MOVANTIK	2	QL (30 per 30 days); MO
enulose	1	MO	MOVIPREP	3	MO
esomeprazole magnesium 20 mg cap dr, 40 mg cap dr	1	ST; QL (30 per 30 days); MO	NEXIUM 10 MG PACKET, 20 MG CAP DR, 40 MG CAP DR	3	ST; QL (30 per 30 days); MO
esomeprazole sodium	1	MO	nizatidine 150 mg cap, 300 mg cap	1	MO
famotidine (pf)	1	MO	omeprazole	1	MO
famotidine 20 mg tab, 40 mg tab	1	MO	omeprazole-sodium bicarbonate 20-1680 mg packet, 40-1680 mg packet	4	QL (30 per 30 days); MO; S
famotidine 40 mg/4ml solution, 40 mg/5ml recon susp, 200 mg/20ml solution	1	MO	opium	1	MO
famotidine premixed	1	MO	OSMOPREP	3	MO
GATTEX	4	PA; LA; S	pantoprazole sodium 20 mg tab dr, 40 mg tab dr	1	MO
gavilyte-c	1	MO	pantoprazole sodium 40 mg packet, 40 mg recon soln	1	MO
gavilyte-g	1	MO	peg 3350-kcl-na bicarb-nacl	1	MO
gavilyte-n with flavor pack	1	MO			
generlac	1	MO			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits	
peg-3350/electrolytes	1	MO	CYSTADANE	4	LA; S	
peg-3350/electrolytes/ ascorbat	1	MO	CYSTAGON	2	LA	
peg-kcl-nacl-nasulf-na asc-c	1	MO	CYSTARAN	4	LA; S	
PLENVU	3	MO	ELAPRASE	4	PA; LA; S	
PREVACID SOLUTAB 15 MG TAB DR DISP	3	MO	FABRAZYME	4	PA; LA; S	
propantheline bromide	1	PA; MO	GASTROCROM	3	MO	
PROTONIX 20 MG TAB DR, 40 MG PACKET, 40 MG TAB DR	3	MO	KUVAN	4	PA; LA; S	
rabeprazole sodium	1	QL (30 per 30 days); MO	LUMIZYME	4	PA; LA; S	
RELISTOR 12 MG/0.6ML SOLUTION	4	PA; QL (18 per 30 days); MO; S	miglustat	4	PA; LA; S	
RELISTOR 8 MG/0.4ML SOLUTION	4	PA; QL (12 per 30 days); MO; S	NAGLAZYME	4	PA; LA; S	
SUCRALFATE 1 GM TAB, 1 GM/10ML SUSPENSION	1	MO	nitisinone	4	PA; S	
SUPREP BOWEL PREP KIT	2	MO	ORFADIN 2 MG CAP, 4 MG/ML SUSPENSION, 5 MG CAP, 10 MG CAP, 20 MG CAP	4	PA; LA; S	
URSO 250	3	MO	PROLASTIN-C	4	PA; LA; S	
ursodiol 250 mg tab, 300 mg cap, 500 mg tab	1	MO	RAVICTI	4	PA; LA; QL (525 per 30 days); S	
XERMELO	4	PA; LA; QL (90 per 30 days); S	sapropterin dihydrochloride 100 mg tab, 500 mg packet	4	PA; S	
ZEGERID 20-1100 MG CAP	3	QL (30 per 30 days); MO	sodium phenylbutyrate 3 gm/tsp powder, 500 mg tab	4	PA; S	
<b>Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment</b>						
ALDURAZYME	4	PA; LA; S	SUCRAID	4	LA; S	
ARALAST NP	4	PA; LA; S	VIOKACE 10440-39150 UNIT TAB	3	MO	
betaine	4	LA; S	VIOKACE 20880 UNIT TAB	4	MO; S	
BUPHENYL 3 GM/TSP POWDER	3	PA; LA	VPRIV	4	PA; S	
BUPHENYL 500 MG TAB	4	PA; LA; S	ZENPEP 25000-79000 CP DR PART, 40000-126000 CP DR PART	4	MO; S	
CERDELGA	4	PA; S	ZENPEP 3000-10000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART	2	MO	
CEREZYME	4	PA; LA; S	<b>Genitourinary Agents</b>			
CREON	2	MO	alfuzosin hcl er	1	MO	
cromolyn sodium 100 mg/5ml conc	1	MO	AVODART	3	QL (30 per 30 days); MO	
			bethanechol chloride	1	MO	

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