2024
Formulary (List of Covered Drugs)

RiverSpring STAR (HMO I-SNP)

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

HPMS Approved Formulary File Submission ID 00024283, Version: 7

This formulary was updated on 10/29/2024. For more recent information or other questions, please contact us, RiverSpring Health Plan Member Services, at 1-800-580-7000 or, for TTY users, TTY/TDD 711, seven days a week from 8 a.m. to 8 p.m., or visit https://riverspringhealthplans.org/.

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

When this drug list (formulary) refers to "we," "us", or "our," it means RiverSpring STAR (HMO I-SNP). When it refers to "plan" or "our plan," it means RiverSpring STAR (HMO I-SNP).

This document includes a list of the drugs (formulary) for our plan which is current as of August 19, 2023. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2024, and from time to time during the year.

What is the RiverSpring STAR Formulary?

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

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
    - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled "How do I request an exception to the RiverSpring STAR (HMO I-SNP)'s Formulary?"

  Drugs removed from the market. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug 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, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of August 19, 2023. To get updated information about the drugs covered by RiverSpring STAR (HMO I-SNP) please contact us. Our contact information appears on the front and back cover pages. Monthly updates to the print formularies will be made using formulary errata sheets in the event of mid-year non-maintenance formulary changes.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 8. 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, BETA BLOCKERS. If you know what your drug is used for, look for the category name in the list that begins on page 107. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 164. 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?

RiverSpring STAR (HMO I-SNP) covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** RiverSpring STAR (HMO I-SNP) requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from RiverSpring STAR (HMO I-SNP) before you fill your prescriptions. If you don't get approval, RiverSpring STAR (HMO I-SNP) may not cover the drug.

- **Quantity Limits:** For certain drugs, RiverSpring STAR (HMO I-SNP) limits the amount of the drug that RiverSpring STAR (HMO I-SNP) will cover.

- **Step Therapy:** In some cases, RiverSpring STAR (HMO I-SNP) requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, RiverSpring STAR (HMO I-SNP) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, RiverSpring STAR (HMO I-SNP) will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask RiverSpring STAR (HMO I-SNP) 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 RiverSpring STAR (HMO I-SNP)'s formulary?" on page 5 for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that RiverSpring STAR (HMO I-SNP) does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by RiverSpring STAR (HMO I-SNP). When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by RiverSpring STAR (HMO I-SNP).

- You can ask RiverSpring STAR (HMO I-SNP) 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 RiverSpring STAR's (HMO D-SNP) Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to cover a formulary drug at a lower cost-sharing level.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, RiverSpring STAR (HMO I-SNP) limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, RiverSpring STAR (HMO I-SNP) will only approve your request for an exception if the alternative drugs included on the plan's formulary, [the lower cost-sharing drug] or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a

maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

Enrollees who are undergoing a change in care are eligible for a temporary supply to ensure the continuity of needed medications across care settings. If the enrollee is not in their transition period during their care change, or is in the transition period but have already received their transition supply fill days supply maximum, the system will reject the claim and appropriate reject codes are returned to the pharmacy. The network pharmacy receives additional secondary messaging (If Level of Care) and training to inform the pharmacy of the appropriate procedure. In the circumstance where an enrollee is changing care setting and may not have access to current prescriptions, the network pharmacy may contact the Express Scripts help desk for an override to dispense a temporary transition supply. Appropriate transition notifications are generated to the enrollee and the prescriber in the required timetable. As these enrollees are vulnerable to disruption in care, Express Scripts also provides daily rejected claims data to the plans for oversight of these enrollees experiencing a change in their care to assure the transition has been effectuated.

For more information

For more detailed information about your RiverSpring STAR (HMO I-SNP) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about RiverSpring STAR (HMO I-SNP), please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

RiverSpring STAR Formulary

The formulary below provides coverage information about the drugs covered by RiverSpring STAR (HMO I-SNP)]. If you have trouble finding your drug in the list, turn to the Index that begins on page 164.

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

The information in the Requirements/Limits column tells you if RiverSpring STAR (HMO I-SNP) has any special requirements for coverage of your drug.

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

List of Abbreviations

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

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

MO: Mail-Order Drug. This prescription drug is available through our mail-order service, as well as through our retail network pharmacies. Consider using mail order for your long-term (maintenance) medications (such as high blood pressure medications). Retail network pharmacies may be more appropriate for short-term prescriptions (such as antibiotics).

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

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

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

V: This vaccine is provided to adults at no cost when used based on recommendations by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP).

Drug Name	Drug Tier	Requirements /Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	1	B/D PA
AMBISOME	1	B/D PA
amphotericin b	1	B/D PA; MO
amphotericin b liposome	1	B/D PA
ANCOBON	1	MO
CANCIDAS	1	
caspofungin	1	
clotrimazole mucous membrane	1	MO
CRESEMBA	1	PA
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	1	MO
DIFLUCAN ORAL TABLET 100 MG, 200 MG	1	MO
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	1	MO
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 50 MG	1	MO
fluconazole	1	MO

Drug Name	Drug Tier	Requirements /Limits
fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 400 mg/200 ml	1	PA
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml	1	PA; MO
flucytosine	1	MO
griseofulvin microsize	1	MO
griseofulvin ultramicrosize	1	MO
itraconazole oral capsule	1	MO; QL (120 per 30 days)
itraconazole oral solution	1	MO
ketoconazole oral	1	MO
micafungin	1	MO
MICAFUNGIN IN 0.9 % SODIUM CHL	1	
MYCAMINE	1	MO
NOXAFIL INTRAVENOUS	1	PA
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON	1	PA; MO; QL (32 per 30 days)
NOXAFIL ORAL SUSPENSION	1	PA; MO; QL (630 per 30 days)

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

This drug list was last updated on 10/17/2024.

Drug Name	Drug Tier	Requirements /Limits
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC)	1	PA; MO; QL (96 per 30 days)
nystatin oral	1	MO
posaconazole intravenous	1	PA
posaconazole oral suspension	1	PA; MO; QL (630 per 30 days)
posaconazole oral tablet,delayed release (dr/ec)	1	PA; MO; QL (96 per 30 days)
REZZAYO	1	
SPORANOX ORAL CAPSULE	1	MO; QL (120 per 30 days)
SPORANOX ORAL SOLUTION	1	MO
terbinafine hcl oral	1	MO
TOLSURA	1	PA; MO; QL (120 per 30 days)
VFEND IV	1	PA; MO
VFEND ORAL SUSPENSION FOR RECONSTITUTION	1	PA; MO
VFEND ORAL TABLET	1	PA; MO
VIVJOA	1	PA; QL (18 per 84 days)
voriconazole intravenous	1	PA; MO
voriconazole oral suspension for reconstitution	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
voriconazole oral tablet	1	PA; MO
ANTIVIRALS		
abacavir	1	MO
abacavir-lamivudine	1	MO
acyclovir oral capsule	1	MO
acyclovir oral suspension 200 mg/5 ml	1	MO
acyclovir oral tablet	1	MO
acyclovir sodium intravenous solution	1	B/D PA; MO
adefovir	1	MO
amantadine hcl	1	MO
APRETUDE	1	MO
APTIVUS	1	MO
atazanavir	1	MO
ATRIPLA	1	
BARACLUDE	1	MO
BEYFORTUS	1	
BIKTARVY	1	MO
CABENUVA	1	MO
cidofovir	1	B/D PA; MO
CIMDUO	1	MO
COMBIVIR	1	MO
COMPLERA	1	MO
darunavir	1	MO
DELSTRIGO	1	MO
DESCOVY	1	MO
DOVATO	1	MO
EDURANT	1	MO

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

This drug list was last updated on 10/17/2024.

Drug Name	Drug Tier	Requirements /Limits
efavirenz	1	MO
efavirenz-emtricitabin-tenofov	1	MO
efavirenz-lamivu-tenofov disop	1	MO
emtricitabine	1	MO
emtricitabine-tenofovir (tdf)	1	MO
EMTRIVA ORAL CAPSULE	1	MO
EMTRIVA ORAL SOLUTION	1	MO
entecavir	1	MO
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	1	PA; MO; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	1	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	1	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	1	PA; MO; QL (28 per 28 days)
EPIVIR	1	MO
EPZICOM	1	MO
etravirine	1	MO
EVOTAZ	1	MO
famciclovir	1	MO
fosamprenavir	1	MO
foscarnet	1	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
FUZEON SUBCUTANEOUS RECON SOLN	1	MO
ganciclovir sodium intravenous recon soln	1	B/D PA; MO
ganciclovir sodium intravenous solution	1	B/D PA
GENVOYA	1	MO
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	1	PA; MO; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	1	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	1	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 90-400 MG	1	PA; MO; QL (28 per 28 days)
INTELENCE ORAL TABLET 100 MG, 200 MG	1	MO
INTELENCE ORAL TABLET 25 MG	1	MO
ISENTRESS HD	1	MO
ISENTRESS ORAL POWDER IN PACKET	1	MO
ISENTRESS ORAL TABLET	1	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	1	MO

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

This drug list was last updated on 10/17/2024.

Drug Name	Drug Tier	Requirements /Limits
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	1	MO
JULUCA	1	MO
KALETRA ORAL SOLUTION	1	MO
KALETRA ORAL TABLET 100-25 MG	1	MO
KALETRA ORAL TABLET 200-50 MG	1	MO
LAGEVRIO (EUA)	1	QL (40 per 180 days)
lamivudine	1	MO
lamivudine-zidovudine	1	MO
LEDIPASVIR-SOFOSBUVIR	1	PA; MO; QL (28 per 28 days)
LEXIVA ORAL TABLET	1	
LIVTENCITY	1	PA; LA; QL (120 per 30 days)
lopinavir-ritonavir oral solution	1	MO
lopinavir-ritonavir oral tablet	1	MO
maraviroc	1	MO
MAVYRET ORAL PELLETS IN PACKET	1	PA; MO; QL (168 per 28 days)
MAVYRET ORAL TABLET	1	PA; MO; QL (84 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
nevirapine oral suspension	1	
nevirapine oral tablet	1	MO
nevirapine oral tablet extended release 24 hr	1	MO
NORVIR ORAL POWDER IN PACKET	1	MO
NORVIR ORAL TABLET	1	MO
ODEFSEY	1	MO
oseltamivir	1	MO
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	1	QL (20 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	QL (30 per 180 days)
PIFELTRO	1	MO
PREVYMIS INTRAVENOUS	1	PA
PREVYMIS ORAL	1	PA; MO; QL (30 per 30 days)
PREZCOBIX	1	MO
PREZISTA ORAL SUSPENSION	1	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	1	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	1	MO
RAPIVAB (PF)	1	

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

This drug list was last updated on 10/17/2024.

Drug Name	Drug Tier	Requirements /Limits
RELENZA DISKHALER	1	MO
RETROVIR INTRAVENOUS	1	MO
RETROVIR ORAL CAPSULE	1	MO
RETROVIR ORAL SYRUP	1	MO
REYATAZ ORAL CAPSULE 200 MG, 300 MG	1	MO
REYATAZ ORAL POWDER IN PACKET	1	MO
ribavirin oral capsule	1	MO
ribavirin oral tablet 200 mg	1	MO
rimantadine	1	MO
ritonavir	1	MO
RUKOBIA	1	MO
SELZENTRY ORAL SOLUTION	1	MO
SELZENTRY ORAL TABLET 150 MG, 300 MG	1	MO
SELZENTRY ORAL TABLET 25 MG, 75 MG	1	MO
SOFOSBUVIR-VELPATASVIR	1	PA; MO; QL (28 per 28 days)
SOVALDI ORAL PELLETS IN PACKET 150 MG	1	PA; MO; QL (28 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
SOVALDI ORAL PELLETS IN PACKET 200 MG	1	PA; MO; QL (56 per 28 days)
SOVALDI ORAL TABLET 200 MG	1	PA; MO; QL (56 per 28 days)
SOVALDI ORAL TABLET 400 MG	1	PA; MO; QL (28 per 28 days)
STRIBILD	1	MO
SUNLENCA	1	
SYMFI	1	MO
SYMFI LO	1	MO
SYMTUZA	1	MO
SYNAGIS	1	MO; LA
TAMIFLU	1	MO
tenofovir disoproxil fumarate	1	MO
TIVICAY ORAL TABLET 10 MG	1	
TIVICAY ORAL TABLET 25 MG, 50 MG	1	MO
TIVICAY PD	1	MO
TRIUMEQ	1	MO
TRIUMEQ PD	1	MO
TRIZIVIR	1	
TROGARZO	1	MO; LA
TRUVADA	1	MO
TYBOST	1	MO
valacyclovir oral tablet 1 gram	1	MO; QL (120 per 30 days)
valacyclovir oral tablet 500 mg	1	MO; QL (60 per 30 days)

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This drug list was last updated on 10/17/2024.

Drug Name	Drug Tier	Requirements /Limits
VALCYTE	1	MO
valganciclovir oral recon soln	1	MO
valganciclovir oral tablet	1	MO
VALTREX ORAL TABLET 1 GRAM	1	MO; QL (120 per 30 days)
VALTREX ORAL TABLET 500 MG	1	MO; QL (60 per 30 days)
VEKLURY	1	
VEMLIDY	1	MO
VIRACEPT ORAL TABLET	1	MO
VIREAD ORAL POWDER	1	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	MO
VIREAD ORAL TABLET 300 MG	1	MO
VOSEVI	1	PA; MO; QL (28 per 28 days)
XOFLUZA ORAL TABLET 40 MG, 80 MG	1	MO
ZEPATIER	1	PA; MO; QL (28 per 28 days)
ZIAGEN ORAL SOLUTION	1	MO
zidovudine oral capsule	1	MO
zidovudine oral syrup	1	MO
zidovudine oral tablet	1	MO
CEPHALOSPORINS		
AVYCAZ	1	PA; MO
cefaclor oral capsule	1	MO
cefaclor oral suspension for reconstitution 125 mg/5 ml	1	MO
cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml	1	
cefaclor oral tablet extended release 12 hr	1	MO
cefadroxil oral capsule	1	MO
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	MO
cefadroxil oral tablet	1	MO
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	1	MO
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML, 3 GRAM/150 ML	1	

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This drug list was last updated on 10/17/2024.

Drug Name	Drug Tier	Requirements /Limits
cefazolin injection recon soln 1 gram, 500 mg	1	MO
cefazolin injection recon soln 10 gram, 100 gram, 3 gram, 300 gram	1	
CEFAZOLIN INJECTION RECON SOLN 2 GRAM	1	
cefazolin intravenous recon soln 1 gram	1	
CEFAZOLIN INTRAVENOUS RECON SOLN 2 GRAM, 3 GRAM	1	
cefdinir oral capsule	1	MO
cefdinir oral suspension for reconstitution	1	MO
CEFEPIME IN DEXTROSE 5 %	1	MO
cefepime in dextrose,iso-osm	1	
cefepime injection	1	MO
CEFEPIME INTRAVENOUS	1	
cefixime	1	MO
cefotetan injection	1	PA
cefoxitin in dextrose, iso-osm	1	PA
cefoxitin intravenous recon soln 1 gram, 2 gram	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
cefoxitin intravenous recon soln 10 gram	1	PA
cefpodoxime	1	MO
cefprozil	1	MO
ceftazidime injection recon soln 1 gram, 2 gram	1	PA; MO
ceftazidime injection recon soln 6 gram	1	PA
ceftriaxone in dextrose,iso-os	1	MO
ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg	1	MO
ceftriaxone injection recon soln 10 gram	1	
CEFTRIAXONE INJECTION RECON SOLN 100 GRAM	1	
ceftriaxone intravenous	1	MO
cefuroxime axetil oral tablet	1	MO
cefuroxime sodium injection recon soln 750 mg	1	PA; MO
cefuroxime sodium intravenous recon soln 1.5 gram	1	PA; MO
cefuroxime sodium intravenous recon soln 7.5 gram	1	PA
cephalexin oral capsule 250 mg, 500 mg	1	MO

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Drug Name	Drug Tier	Requirements /Limits
cephalexin oral capsule 750 mg	1	MO
cephalexin oral suspension for reconstitution	1	MO
cephalexin oral tablet	1	MO
FETROJA	1	PA
tazicef injection	1	PA; MO
tazicef intravenous	1	PA
TEFLARO	1	PA; MO
ZERBAXA	1	PA
ERYTHROMYCINS / OTHER MACROLIDES		
azithromycin intravenous	1	PA; MO
azithromycin oral packet	1	MO
azithromycin oral suspension for reconstitution	1	MO
azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)	1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	MO
clarithromycin	1	MO
DIFICID ORAL SUSPENSION FOR RECONSTITUTIO N	1	QL (136 per 10 days)
DIFICID ORAL TABLET	1	MO; QL (20 per 10 days)
e.e.s. 400 oral tablet	1	MO

Drug Name	Drug Tier	Requirements /Limits
E.E.S. GRANULES	1	MO
ERYPED 200	1	MO
ERYPED 400	1	MO
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	1	MO
ERY-TAB ORAL TABLET,DELAYE D RELEASE (DR/EC) 500 MG	1	MO
erythrocin (as stearate) oral tablet 250 mg	1	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	1	PA; MO
erythromycin ethylsuccinate oral suspension for reconstitution	1	MO
erythromycin ethylsuccinate oral tablet	1	MO
erythromycin lactobionate	1	PA; MO
erythromycin oral	1	MO
ZITHROMAX INTRAVENOUS	1	PA; MO
ZITHROMAX ORAL PACKET	1	MO
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTIO N	1	MO

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This drug list was last updated on 10/17/2024.

Drug Name	Drug Tier	Requirements /Limits
ZITHROMAX ORAL TABLET 250 MG	1	
ZITHROMAX ORAL TABLET 500 MG	1	MO
ZITHROMAX TRI-PAK	1	
ZITHROMAX Z-PAK	1	MO
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO	1	MO; QL (12 per 30 days)
albendazole	1	MO
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	1	PA; MO
ARIKAYCE	1	PA; LA
atovaquone	1	MO
atovaquone-proguanil	1	MO
AZACTAM	1	PA; MO
aztreonam	1	PA; MO
bacitracin intramuscular	1	
BENZNIDAZOLE	1	MO
BETHKIS	1	PA; MO; QL (224 per 28 days)
BILTRICIDE	1	MO
CAYSTON	1	PA; MO; LA; QL (84 per 56 days)
chloramphenicol sod succinate	1	

Drug Name	Drug Tier	Requirements /Limits
chloroquine phosphate	1	MO
CLEOCIN HCL	1	MO
CLEOCIN INJECTION	1	PA; MO
CLEOCIN PEDIATRIC	1	MO
clindamycin hcl	1	MO
CLINDAMYCIN IN 0.9 % SOD CHLOR	1	PA
clindamycin in 5 % dextrose	1	PA; MO
clindamycin pediatric	1	MO
clindamycin phosphate injection	1	PA; MO
COARTEM	1	MO
colistin (colistimethate na)	1	PA; MO; QL (30 per 10 days)
COLY-MYCIN M PARENTERAL	1	PA; MO; QL (30 per 10 days)
CUBICIN RF	1	
cycloserine	1	MO
DALVANCE	1	PA; MO
dapsone oral	1	MO
DAPTOMYCIN IN 0.9 % SOD CHLOR	1	
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	1	MO
daptomycin intravenous recon soln 500 mg	1	MO

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Drug Name	Drug Tier	Requirements /Limits
DARAPRIM	1	PA
EMVERM	1	MO
ertapenem	1	PA; MO; QL (14 per 14 days)
ethambutol	1	MO
FIRVANQ	1	QL (450 per 10 days)
FLAGYL ORAL CAPSULE	1	MO
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml	1	PA; MO
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	1	PA; MO
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 120 MG/100 ML	1	PA
gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml	1	PA
gentamicin injection solution 40 mg/ml	1	PA; MO
gentamicin sulfate (ped) (pf)	1	PA; MO
HUMATIN	1	MO

Drug Name	Drug Tier	Requirements /Limits
hydroxychloroquine oral tablet 100 mg, 300 mg, 400 mg	1	MO
hydroxychloroquine oral tablet 200 mg	1	MO
imipenem-cilastatin	1	PA; MO
IMPAVIDO	1	PA; MO
INVANZ INJECTION	1	PA; QL (14 per 14 days)
isoniazid injection	1	
isoniazid oral	1	MO
ivermectin oral	1	PA; MO; QL (20 per 30 days)
KIMYRSA	1	PA
KITABIS PAK	1	PA; MO; QL (280 per 28 days)
KRINTAFEL	1	
LAMPIT	1	MO
LINCOCIN	1	PA; MO
lincomycin	1	PA
linezolid in dextrose 5%	1	PA; MO
linezolid oral suspension for reconstitution	1	MO
linezolid oral tablet	1	MO
LINEZOLID-0.9% SODIUM CHLORIDE	1	PA
MALARONE	1	MO
MALARONE PEDIATRIC	1	MO
mefloquine	1	

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Drug Name	Drug Tier	Requirements /Limits
MEPRON	1	MO
meropenem intravenous recon soln 1 gram	1	PA; QL (30 per 10 days)
meropenem intravenous recon soln 500 mg	1	PA; QL (10 per 10 days)
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	1	PA; QL (30 per 10 days)
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 500 MG/50 ML	1	PA; QL (10 per 10 days)
metro i.v.	1	PA; MO
metronidazole in nacl (iso-os)	1	PA; MO
metronidazole oral capsule	1	MO
metronidazole oral tablet	1	MO
MYCOBUTIN	1	MO
NEBUPENT	1	B/D PA; MO; QL (1 per 28 days)
neomycin	1	MO
nitazoxanide	1	MO
ORBACTIV	1	PA; MO
paromomycin	1	
PENTAM	1	MO

Drug Name	Drug Tier	Requirements /Limits
pentamidine inhalation	1	B/D PA; MO; QL (1 per 28 days)
pentamidine injection	1	MO
PLAQUENIL	1	MO
polymyxin b sulfate	1	PA; MO
praziquantel	1	MO
PRETOMANID	1	PA
PRIFTIN	1	MO
PRIMAQUINE	1	MO
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	1	PA; MO
pyrazinamide	1	MO
pyrimethamine	1	PA; MO
QUALAQUIN	1	MO
quinine sulfate	1	MO
RECARBRIO	1	
rifabutin	1	MO
RIFADIN INTRAVENOUS	1	MO
rifampin intravenous	1	MO
rifampin oral	1	MO
RIMSO-50	1	MO
SIRTURO	1	PA; LA
SIVEXTRO INTRAVENOUS	1	PA
SIVEXTRO ORAL	1	
SOLOSEC	1	MO
STREPTOMYCIN	1	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
STROMECTOL	1	PA; MO; QL (20 per 30 days)
tigecycline	1	PA; MO
tinidazole	1	MO
TOBI	1	PA; MO; QL (280 per 28 days)
TOBI PODHALER	1	MO; QL (224 per 56 days)
tobramycin in 0.225 % nacl	1	PA; MO; QL (280 per 28 days)
tobramycin inhalation	1	PA; MO; QL (224 per 28 days)
tobramycin sulfate injection recon soln	1	PA; QL (9 per 14 days)
tobramycin sulfate injection solution	1	PA; MO
TRECATOR	1	MO
TYGACIL	1	PA; MO
VABOMERE	1	PA
VANCOCIN ORAL CAPSULE 125 MG	1	PA; MO; QL (40 per 10 days)
VANCOCIN ORAL CAPSULE 250 MG	1	PA; MO; QL (80 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	1	PA; QL (4000 per 10 days)

Drug Name	Drug Tier	Requirements /Limits
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	1	PA; QL (1000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	1	PA; QL (4050 per 10 days)
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 1.25 GRAM/250 ML	1	PA; QL (4000 per 10 days)
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1.5 GRAM/300 ML	1	PA; QL (4200 per 10 days)
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 500 MG/100 ML	1	PA; QL (1000 per 10 days)
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 750 MG/150 ML	1	PA; QL (4050 per 10 days)
VANCOMYCIN INJECTION	1	PA; QL (1 per 10 days)
vancomycin intravenous recon soln 1,000 mg	1	PA; MO; QL (20 per 10 days)

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Drug Name	Drug Tier	Requirements /Limits
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM	1	PA; QL (16 per 10 days)
VANCOMYCIN INTRAVENOUS RECON SOLN 1.5 GRAM	1	PA; QL (14 per 10 days)
VANCOMYCIN INTRAVENOUS RECON SOLN 1.75 GRAM	1	PA; QL (12 per 10 days)
vancomycin intravenous recon soln 10 gram	1	PA; QL (2 per 10 days)
VANCOMYCIN INTRAVENOUS RECON SOLN 2 GRAM	1	PA; QL (10 per 10 days)
vancomycin intravenous recon soln 5 gram	1	PA; QL (4 per 10 days)
vancomycin intravenous recon soln 500 mg	1	PA; MO; QL (10 per 10 days)
vancomycin intravenous recon soln 750 mg	1	PA; MO; QL (27 per 10 days)
vancomycin oral capsule 125 mg	1	PA; MO; QL (40 per 10 days)
vancomycin oral capsule 250 mg	1	PA; MO; QL (80 per 10 days)
VANCOMYCIN ORAL RECON SOLN 25 MG/ML	1	QL (450 per 10 days)
vancomycin oral recon soln 50 mg/ml	1	MO; QL (450 per 10 days)

Drug Name	Drug Tier	Requirements /Limits
VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 1.25 GRAM/250 ML, 2 GRAM/400 ML	1	PA; QL (4000 per 10 days)
VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK 1.5 GRAM/300 ML, 1.75 GRAM/350 ML	1	PA; QL (4200 per 10 days)
VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK 500 MG/100 ML	1	PA; QL (1000 per 10 days)
VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK 750 MG/150 ML	1	PA; QL (4050 per 10 days)
VIBATIV INTRAVENOUS RECON SOLN 750 MG	1	PA
XENLETA	1	
XIFAXAN ORAL TABLET 200 MG	1	QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	1	MO; QL (90 per 30 days)
ZEMDRI	1	PA

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This drug list was last updated on 10/17/2024.

Drug Name	Drug Tier	Requirements /Limits
ZYVOX INTRAVENOUS PIGGYBACK 200 MG/100 ML	1	PA
ZYVOX INTRAVENOUS PIGGYBACK 600 MG/300 ML	1	PA; MO
ZYVOX ORAL	1	MO
PENICILLINS		
amoxicillin oral capsule	1	MO
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 400 mg/5 ml	1	MO
amoxicillin oral suspension for reconstitution 200 mg/5 ml, 250 mg/5 ml	1	MO
amoxicillin oral tablet	1	MO
amoxicillin oral tablet,chewable 125 mg, 250 mg	1	MO
amoxicillin-pot clavulanate oral suspension for reconstitution	1	MO
amoxicillin-pot clavulanate oral tablet	1	MO
amoxicillin-pot clavulanate oral tablet extended release 12 hr	1	MO

Drug Name	Drug Tier	Requirements /Limits
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg	1	MO
amoxicillin-pot clavulanate oral tablet,chewable 400-57 mg	1	
ampicillin oral capsule 500 mg	1	MO
ampicillin sodium injection	1	PA; MO
ampicillin sodium intravenous	1	PA
ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram	1	PA; MO
ampicillin-sulbactam injection recon soln 15 gram	1	PA
ampicillin-sulbactam intravenous	1	PA
AUGMENTIN ES-600	1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	1	MO
BICILLIN C-R	1	PA; MO
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
BICILLIN L-A INTRAMUSCULAR SYRINGE 600,000 UNIT/ML	1	PA
dicloxacillin	1	MO
EXTENCILLINE	1	PA
LENTOCILIN S	1	PA
nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml	1	PA
nafcillin injection recon soln 1 gram, 2 gram	1	PA; MO
nafcillin injection recon soln 10 gram	1	PA
oxacillin in dextrose(iso-osm)	1	PA
oxacillin injection recon soln 1 gram, 10 gram	1	PA
oxacillin injection recon soln 2 gram	1	PA; MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	1	PA
penicillin g potassium	1	PA; MO
penicillin g sodium	1	PA; MO
penicillin v potassium	1	MO
pfizerpen-g	1	PA

Drug Name	Drug Tier	Requirements /Limits
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	1	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram	1	MO
piperacillin-tazobactam intravenous recon soln 40.5 gram	1	
UNASYN INJECTION RECON SOLN 1.5 GRAM, 3 GRAM	1	PA; MO
UNASYN INJECTION RECON SOLN 15 GRAM	1	PA
ZOSYN IN DEXTROSE (ISO-OSM)	1	
QUINOLONES		
BAXDELA INTRAVENOUS	1	PA
BAXDELA ORAL	1	MO
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	1	
CIPRO ORAL TABLET 250 MG, 500 MG	1	MO
ciprofloxacin	1	

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This drug list was last updated on 10/17/2024.

Drug Name	Drug Tier	Requirements /Limits
ciprofloxacin hcl oral tablet 250 mg, 500 mg	1	MO
ciprofloxacin hcl oral tablet 750 mg	1	MO
ciprofloxacin in 5 % dextrose	1	PA; MO
levofloxacin in d5w intravenous piggyback 250 mg/50 ml	1	PA
levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml	1	PA; MO
levofloxacin intravenous	1	PA
levofloxacin oral solution	1	MO
levofloxacin oral tablet	1	MO
moxifloxacin oral	1	MO
MOXIFLOXACIN-SOD.ACE,SUL-WATER	1	PA
moxifloxacin-sod.chloride(iso)	1	PA; MO
ofloxacin oral tablet 300 mg, 400 mg	1	MO
SULFA'S / RELATED AGENTS		
BACTRIM	1	MO
BACTRIM DS	1	MO
sulfadiazine	1	MO
sulfamethoxazole-trimethoprim intravenous	1	PA; MO
sulfamethoxazole-trimethoprim oral suspension	1	MO
sulfamethoxazole-trimethoprim oral tablet	1	MO
TETRACYCLINES		
demeclocycline	1	MO
DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC) 60 MG	1	ST; MO
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG, 80 MG	1	ST
doxy-100	1	PA; MO
doxycycline hyclate intravenous	1	PA
doxycycline hyclate oral capsule	1	MO
doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg	1	MO
doxycycline hyclate oral tablet 150 mg, 75 mg	1	MO
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1	MO

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This drug list was last updated on 10/17/2024.

Drug Name	Drug Tier	Requirements /Limits
DOXYCYCLINE HYCLATE ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG	1	ST; MO
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	MO
doxycycline monohydrate oral capsule 150 mg, 75 mg	1	MO
doxycycline monohydrate oral capsule,ir - delay rel,biphase	1	MO
doxycycline monohydrate oral suspension for reconstitution	1	MO
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	1	MO
doxycycline monohydrate oral tablet 150 mg	1	MO
MINOCIN INTRAVENOUS	1	PA; MO
minocycline oral capsule	1	MO
minocycline oral tablet	1	MO
minocycline oral tablet extended release 24 hr	1	MO
mondoxyne nl oral capsule 100 mg	1	

Drug Name	Drug Tier	Requirements /Limits
MONODOX	1	ST
NUZYRA INTRAVENOUS	1	PA
NUZYRA ORAL	1	
ORACEA	1	ST; MO
SEYSARA ORAL TABLET 100 MG, 60 MG	1	ST; MO
SEYSARA ORAL TABLET 150 MG	1	ST; MO
TARGADOX	1	ST; MO
tetracycline oral capsule	1	MO
VIBRAMYCIN ORAL CAPSULE 100 MG	1	ST; MO
XERAVA	1	PA
XIMINO	1	ST
URINARY TRACT AGENTS		
fosfomycin tromethamine	1	MO
FURADANTIN	1	MO
HIPREX	1	
MACROBID	1	MO
MACRODANTIN	1	
methenamine hippurate	1	MO
methenamine mandelate	1	MO
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	1	MO

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This drug list was last updated on 10/17/2024.

Drug Name	Drug Tier	Requirements /Limits
nitrofurantoin macrocrystal oral capsule 25 mg	1	MO
nitrofurantoin monohyd/m-cryst	1	MO
nitrofurantoin oral suspension 25 mg/5 ml	1	MO
NITROFURANTOIN ORAL SUSPENSION 50 MG/5 ML	1	MO
trimethoprim	1	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
dexrazoxane hcl	1	B/D PA; MO
ELITEK	1	MO
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG	1	
KHAPZORY INTRAVENOUS RECON SOLN 175 MG	1	B/D PA
leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg	1	B/D PA; MO
leucovorin calcium injection recon soln 500 mg	1	B/D PA
leucovorin calcium injection solution	1	B/D PA

Drug Name	Drug Tier	Requirements /Limits
leucovorin calcium oral	1	MO
levoleucovorin calcium intravenous recon soln	1	B/D PA; MO
levoleucovorin calcium intravenous solution	1	B/D PA
mesna	1	B/D PA; MO
MESNEX INTRAVENOUS	1	B/D PA; MO
MESNEX ORAL	1	MO
VISTOGARD	1	PA
XGEVA	1	B/D PA; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
abiraterone oral tablet 250 mg	1	PA; MO; QL (120 per 30 days)
abiraterone oral tablet 500 mg	1	PA; MO; QL (60 per 30 days)
ABRAXANE	1	B/D PA; MO
ADAKVEO	1	PA
ADCETRIS	1	B/D PA; MO
ADRIAMYCIN INTRAVENOUS RECON SOLN 50 MG	1	B/D PA; MO
ADSTILADRIN	1	PA
AFINITOR	1	PA; MO; QL (30 per 30 days)

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This drug list was last updated on 10/17/2024.

Drug Name	Drug Tier	Requirements /Limits
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG	1	PA; MO; QL (330 per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG	1	PA; MO; QL (240 per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 5 MG	1	PA; MO; QL (180 per 30 days)
AKEEGA	1	PA; LA; QL (60 per 30 days)
ALECENSA	1	PA; MO; QL (240 per 30 days)
ALIMTA	1	B/D PA; MO
ALIQOPA	1	B/D PA; LA
ALKERAN	1	B/D PA; MO
ALKERAN (AS HCL)	1	B/D PA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	1	PA; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	1	PA; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	1	PA; QL (30 per 180 days)
ALYMSYS	1	PA; MO
anastrozole	1	MO
ANKTIVA	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
ARIMIDEX	1	MO
AROMASIN	1	MO
ARRANON	1	B/D PA; MO
arsenic trioxide intravenous solution 1 mg/ml	1	B/D PA
arsenic trioxide intravenous solution 2 mg/ml	1	B/D PA; MO
ASPARLAS	1	PA
ASTAGRAF XL	1	B/D PA; MO
AUGTYRO	1	PA; MO; QL (240 per 30 days)
AVASTIN	1	PA; MO
AYVAKIT	1	PA; LA; QL (30 per 30 days)
azacitidine	1	B/D PA; MO
AZASAN	1	B/D PA; MO
azathioprine oral tablet 100 mg, 75 mg	1	B/D PA; MO
azathioprine oral tablet 50 mg	1	B/D PA; MO
azathioprine sodium	1	B/D PA; MO
BALVERSA	1	PA; LA
BAVENCIO	1	B/D PA; LA
BELEODAQ	1	B/D PA
bendamustine intravenous recon soln	1	B/D PA; MO
BENDAMUSTINE INTRAVENOUS SOLUTION	1	B/D PA
BENDEKA	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
BESPONSA	1	B/D PA; MO; LA
bexarotene	1	PA; MO
bicalutamide	1	MO
BICNU	1	B/D PA
bleomycin	1	B/D PA; MO
BLINCYTO INTRAVENOUS KIT	1	B/D PA
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	1	B/D PA
bortezomib injection recon soln 3.5 mg	1	B/D PA; MO
BOSULIF ORAL CAPSULE 100 MG	1	PA; MO; QL (90 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	1	PA; MO; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	1	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	1	PA; MO; QL (30 per 30 days)
BRAFTOVI	1	PA; MO; LA; QL (180 per 30 days)
BRUKINSA	1	PA; LA; QL (120 per 30 days)
busulfan	1	B/D PA
BUSULFEX	1	B/D PA

Drug Name	Drug Tier	Requirements /Limits
CABOMETYX	1	PA; MO; LA; QL (30 per 30 days)
CALQUENCE	1	PA; LA; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL)	1	PA; LA; QL (60 per 30 days)
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5 ML, 40 MG/2 ML	1	B/D PA; MO
CAMPTOSAR INTRAVENOUS SOLUTION 300 MG/15 ML	1	B/D PA
CAPRELSA ORAL TABLET 100 MG	1	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	1	PA; LA; QL (30 per 30 days)
carboplatin intravenous solution	1	B/D PA; MO
carmustine intravenous recon soln 100 mg	1	B/D PA; MO
CASODEX	1	MO
CELLCEPT INTRAVENOUS	1	B/D PA; MO
CELLCEPT ORAL CAPSULE	1	B/D PA; MO
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
CELLCEPT ORAL TABLET	1	B/D PA; MO
cisplatin intravenous solution	1	B/D PA; MO
cladribine	1	B/D PA; MO
clofarabine	1	B/D PA
COLUMVI	1	PA; MO
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	1	PA; MO; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	1	PA; MO; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	1	PA; MO; QL (84 per 28 days)
COPIKTRA	1	PA; LA; QL (60 per 30 days)
COSELA	1	PA
COSMEGEN	1	B/D PA; MO
COTELLIC	1	PA; MO; LA; QL (63 per 28 days)
cyclophosphamide intravenous recon soln	1	B/D PA; MO
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 100 MG/ML	1	B/D PA

Drug Name	Drug Tier	Requirements /Limits
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 200 MG/ML	1	B/D PA; MO
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 500 MG/ML	1	B/D PA
cyclophosphamide oral capsule	1	B/D PA; MO
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG	1	B/D PA
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	1	B/D PA; MO
cyclosporine intravenous	1	B/D PA
cyclosporine modified oral capsule	1	B/D PA; MO
cyclosporine modified oral solution	1	B/D PA
cyclosporine oral capsule	1	B/D PA; MO
CYRAMZA	1	B/D PA; MO
cytarabine	1	B/D PA; MO
cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)	1	B/D PA; MO
cytarabine (pf) injection solution 20 mg/ml	1	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
dacarbazine	1	B/D PA; MO
DACOGEN	1	B/D PA; MO
dactinomycin	1	B/D PA; MO
DANYELZA	1	PA
DARZALEX	1	B/D PA; MO; LA
DARZALEX FASPRO	1	B/D PA; MO
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg	1	PA; QL (30 per 30 days)
dasatinib oral tablet 20 mg, 70 mg	1	PA; QL (60 per 30 days)
daunorubicin	1	B/D PA
DAURISMO ORAL TABLET 100 MG	1	PA; MO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	1	PA; MO; QL (60 per 30 days)
decitabine	1	B/D PA; MO
docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)	1	B/D PA
docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)	1	B/D PA; MO
DOXIL	1	B/D PA; MO
doxorubicin intravenous recon soln 10 mg	1	B/D PA

Drug Name	Drug Tier	Requirements /Limits
doxorubicin intravenous recon soln 50 mg	1	B/D PA; MO
doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml	1	B/D PA; MO
doxorubicin intravenous solution 2 mg/ml	1	B/D PA
doxorubicin, peg-liposomal	1	B/D PA; MO
DROXIA	1	MO
ELIGARD	1	PA; MO
ELIGARD (3 MONTH)	1	PA; MO
ELIGARD (4 MONTH)	1	PA; MO
ELIGARD (6 MONTH)	1	PA; MO
ELLENCE	1	B/D PA; MO
ELREXFIO	1	PA
ELZONRIS	1	PA; LA
EMPLICITI	1	B/D PA; MO
ENHERTU	1	PA; MO
ENSPRYNG	1	PA; MO
ENVARSUS XR	1	B/D PA; MO
epirubicin intravenous solution 200 mg/100 ml	1	B/D PA
EPKINLY	1	PA
ERBITUX	1	B/D PA; MO
eribulin	1	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
ERIVEDGE	1	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET 240 MG	1	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	1	PA; MO; QL (120 per 30 days)
erlotinib oral tablet 100 mg, 150 mg	1	PA; MO; QL (30 per 30 days)
erlotinib oral tablet 25 mg	1	PA; MO; QL (60 per 30 days)
ERWINASE	1	B/D PA
ETOPOPHOS	1	B/D PA; MO
etoposide intravenous	1	B/D PA; MO
EULEXIN	1	
everolimus (antineoplastic) oral tablet	1	PA; MO; QL (30 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 2 mg	1	PA; MO; QL (330 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 3 mg	1	PA; MO; QL (240 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 5 mg	1	PA; MO; QL (180 per 30 days)
everolimus (immunosuppressive) oral tablet 0.25 mg	1	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg	1	B/D PA; MO
EVOMELA	1	B/D PA
exemestane	1	MO
FARESTON	1	MO
FASLODEX	1	B/D PA; MO
FEMARA	1	MO
FENSOLVI	1	PA; MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	1	PA; MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	1	PA; MO
floxuridine	1	B/D PA
fludarabine intravenous recon soln	1	B/D PA; MO
fludarabine intravenous solution	1	B/D PA
fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml	1	B/D PA; MO
fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml	1	B/D PA
FOLOTYN	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
FOTIVDA	1	PA; LA; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	1	PA; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	1	PA; QL (21 per 28 days)
fulvestrant	1	B/D PA; MO
FYARRO	1	PA
GAMIFANT	1	PA; LA
GAVRETO	1	PA; LA; QL (120 per 30 days)
GAZYVA	1	B/D PA; MO
gefitinib	1	PA; MO; QL (30 per 30 days)
gemcitabine intravenous recon soln 1 gram, 200 mg	1	B/D PA; MO
gemcitabine intravenous recon soln 2 gram	1	B/D PA
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)	1	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	1	B/D PA
gengraf	1	B/D PA; MO
GILOTRIF	1	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
GLEEVEC ORAL TABLET 100 MG	1	PA; MO; QL (180 per 30 days)
GLEEVEC ORAL TABLET 400 MG	1	PA; MO; QL (60 per 30 days)
GLEOSTINE	1	MO
HALAVEN	1	B/D PA; MO
HERCEPTIN HYLECTA	1	PA; MO
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	1	PA; MO
HERZUMA	1	PA; MO
HYDREA	1	MO
hydroxyurea	1	MO
IBRANCE	1	PA; MO; QL (21 per 28 days)
ICLUSIG	1	PA; QL (30 per 30 days)
IDAMYCIN PFS	1	B/D PA; MO
idarubicin	1	B/D PA; MO
IDHIFA	1	PA; MO; LA; QL (30 per 30 days)
IFEX	1	B/D PA; MO
ifosfamide intravenous recon soln	1	B/D PA; MO
ifosfamide intravenous solution 1 gram/20 ml	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
ifosfamide intravenous solution 3 gram/60 ml	1	B/D PA
imatinib oral tablet 100 mg	1	PA; MO; QL (180 per 30 days)
imatinib oral tablet 400 mg	1	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	1	PA; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	1	PA; QL (30 per 30 days)
IMBRUVICA ORAL SUSPENSION	1	PA; QL (324 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	1	PA; QL (30 per 30 days)
IMDELLTRA	1	PA
IMFINZI	1	B/D PA; MO; LA
IMJUDO	1	PA; MO
IMURAN	1	B/D PA; MO
INFUGEM	1	B/D PA
INLYTA ORAL TABLET 1 MG	1	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	1	PA; MO; QL (120 per 30 days)
INQOVI	1	PA; MO; QL (5 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
INREBIC	1	PA; MO; LA; QL (120 per 30 days)
IRESSA	1	PA; MO; QL (30 per 30 days)
irinotecan intravenous solution 100 mg/5 ml	1	B/D PA; MO
irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml	1	B/D PA
irinotecan intravenous solution 40 mg/2 ml	1	B/D PA; MO
ISTODAX	1	B/D PA; MO
IWILFIN	1	PA; LA; QL (240 per 30 days)
IXEMPRA	1	B/D PA; MO
JAKAFI	1	PA; MO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	1	PA; MO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	1	PA; MO; QL (30 per 30 days)
JEMPERLI	1	PA; MO
JEVTANA	1	B/D PA; MO
JYLAMVO	1	B/D PA; MO
KADCYLA	1	PA; MO
KANJINTI	1	PA; MO
KEYTRUDA	1	PA

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Drug Name	Drug Tier	Requirements /Limits
KIMMTRAK	1	PA
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	1	PA; MO; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	1	PA; MO; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	1	PA; MO; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA; MO; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	1	PA; MO; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	1	PA; MO; QL (63 per 28 days)
KLISYRI	1	MO
KOSELUGO	1	PA
KRAZATI	1	PA; QL (180 per 30 days)
KYPROLIS	1	B/D PA
LANREOTIDE SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
lapatinib	1	PA; MO; QL (180 per 30 days)
LAZCLUZE ORAL TABLET 240 MG	1	PA; LA; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	1	PA; LA; QL (60 per 30 days)
lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg	1	PA; MO; QL (28 per 28 days)
lenalidomide oral capsule 2.5 mg, 20 mg	1	PA; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	1	PA; MO; QL (30 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	1	PA; MO; QL (90 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	1	PA; MO; QL (60 per 30 days)
letrozole	1	MO
LEUKERAN	1	MO
LEUPROLIDE (3 MONTH)	1	PA; MO
leuprolide subcutaneous kit	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
LIBTAYO	1	PA; LA
LONSURF	1	PA; MO
LOQTORZI	1	PA
LORBRENA ORAL TABLET 100 MG	1	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	1	PA; MO; QL (90 per 30 days)
LUMAKRAS	1	PA; MO
LUNSUMIO	1	PA; MO
LUPKYNIS	1	PA; LA; QL (180 per 30 days)
LUPRON DEPOT	1	PA; MO
LUPRON DEPOT (3 MONTH)	1	PA; MO
LUPRON DEPOT (4 MONTH)	1	PA; MO
LUPRON DEPOT (6 MONTH)	1	PA; MO
LUPRON DEPOT-PED	1	PA; MO
LUPRON DEPOT-PED (3 MONTH)	1	PA; MO
LYNPARZA	1	PA; MO; QL (120 per 30 days)
LYSODREN	1	
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	1	PA; LA

Drug Name	Drug Tier	Requirements /Limits
MARGENZA	1	PA
MATULANE	1	
megestrol oral suspension 400 mg/10 ml (10 ml)	1	PA
megestrol oral suspension 400 mg/10 ml (40 mg/ml)	1	PA; MO
megestrol oral suspension 625 mg/5 ml (125 mg/ml)	1	PA; MO
megestrol oral tablet	1	PA; MO
MEKINIST ORAL RECON SOLN	1	PA; MO; QL (1200 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	1	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	1	PA; MO; QL (30 per 30 days)
MEKTOVI	1	PA; MO; LA; QL (180 per 30 days)
melphalan hcl	1	B/D PA
mercaptopurine	1	MO
methotrexate sodium	1	B/D PA; MO
methotrexate sodium (pf) injection recon soln	1	B/D PA
methotrexate sodium (pf) injection solution	1	B/D PA; MO
mitomycin intravenous recon soln 20 mg, 5 mg	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
mitomycin intravenous recon soln 40 mg	1	B/D PA; MO
mitoxantrone	1	B/D PA; MO
MONJUVI	1	PA; LA
MVASI	1	PA; MO
MYCAPSSA	1	PA; LA
mycophenolate mofetil (hcl)	1	B/D PA; MO
mycophenolate mofetil oral capsule	1	B/D PA; MO
mycophenolate mofetil oral suspension for reconstitution	1	B/D PA; MO
mycophenolate mofetil oral tablet	1	B/D PA; MO
mycophenolate sodium	1	B/D PA; MO
MYFORTIC	1	B/D PA; MO
MYHIBBIN	1	B/D PA
MYLOTARG	1	B/D PA; MO; LA
nelarabine	1	B/D PA; MO
NEORAL	1	B/D PA; MO
NERLYNX	1	PA; MO; LA
NEXAVAR	1	PA; MO; LA; QL (120 per 30 days)
NILANDRON	1	PA; MO
nilutamide	1	PA; MO
NINLARO	1	PA; MO; QL (3 per 28 days)
NIPENT	1	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
NUBEQA	1	PA; MO; LA; QL (120 per 30 days)
NULOJIX	1	B/D PA; MO
octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml	1	PA; MO
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	1	PA; MO
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)	1	PA; MO
octreotide acetate injection syringe 500 mcg/ml (1 ml)	1	PA; MO
ODOMZO	1	PA; MO; LA; QL (30 per 30 days)
OGIVRI	1	PA; MO
OGSIVEO ORAL TABLET 100 MG, 150 MG	1	PA; QL (56 per 28 days)
OGSIVEO ORAL TABLET 50 MG	1	PA; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTIO N	1	PA; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	1	PA; QL (16 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	1	PA; QL (20 per 28 days)
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	1	PA; QL (24 per 28 days)
OJJAARA	1	PA; QL (30 per 30 days)
ONCASPAR	1	B/D PA
ONIVYDE	1	B/D PA
ONTRUZANT	1	PA
ONUREG	1	PA; MO; QL (14 per 28 days)
OPDIVO	1	PA; MO
OPDUALAG	1	PA; MO
ORGOVYX	1	PA; LA; QL (30 per 28 days)
ORSERDU ORAL TABLET 345 MG	1	PA; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	1	PA; QL (90 per 30 days)
oxaliplatin intravenous recon soln 100 mg	1	B/D PA
oxaliplatin intravenous recon soln 50 mg	1	B/D PA; MO
oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)	1	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
oxaliplatin intravenous solution 200 mg/40 ml	1	B/D PA
paclitaxel	1	B/D PA; MO
PACLITAXEL PROTEIN-BOUND	1	B/D PA; MO
PADCEV	1	PA; MO
paraplatin	1	B/D PA
pazopanib	1	PA; MO; QL (120 per 30 days)
PEMAZYRE	1	PA; LA; QL (28 per 28 days)
pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg	1	B/D PA; MO
pemetrexed disodium intravenous recon soln 100 mg	1	B/D PA; MO
PEMETREXED DISODIUM INTRAVENOUS RECON SOLN 750 MG	1	B/D PA
PEMETREXED DISODIUM INTRAVENOUS SOLUTION	1	B/D PA
PEMETREXED INTRAVENOUS RECON SOLN 100 MG	1	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
PEMETREXED INTRAVENOUS RECON SOLN 500 MG	1	B/D PA
PEMETREXED INTRAVENOUS SOLUTION	1	B/D PA
PEMRYDI RTU	1	B/D PA
PERJETA	1	B/D PA; MO
PHESGO	1	PA; MO
PIQRAY	1	PA; MO
POLIVY	1	PA; MO
POMALYST	1	PA; MO; LA
PORTRAZZA	1	B/D PA; MO
POTELIGEO	1	PA
PRALATREXATE	1	B/D PA; MO
PROGRAF INTRAVENOUS	1	B/D PA; MO
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG	1	B/D PA; MO
PROGRAF ORAL CAPSULE 5 MG	1	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET	1	B/D PA; MO
PURIXAN	1	
QINLOCK	1	PA; LA; QL (90 per 30 days)
RAPAMUNE ORAL SOLUTION	1	B/D PA
RAPAMUNE ORAL TABLET 0.5 MG	1	B/D PA

Drug Name	Drug Tier	Requirements /Limits
RAPAMUNE ORAL TABLET 1 MG	1	B/D PA; MO
RAPAMUNE ORAL TABLET 2 MG	1	B/D PA
RETEVMO ORAL CAPSULE 40 MG	1	PA; MO; LA; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	1	PA; MO; LA; QL (120 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	1	PA; MO; LA; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	1	PA; MO; LA; QL (90 per 30 days)
REVLIMID	1	PA; MO; LA; QL (28 per 28 days)
REZLIDHIA	1	PA; QL (60 per 30 days)
REZUROCK	1	PA; LA; QL (30 per 30 days)
RIABNI	1	PA; MO
RITUXAN	1	PA; MO
RITUXAN HYCELA	1	PA; MO
romidepsin intravenous recon soln	1	B/D PA
ROMIDEPSIN INTRAVENOUS SOLUTION	1	B/D PA

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This drug list was last updated on 10/17/2024.

Drug Name	Drug Tier	Requirements /Limits
ROZLYTREK ORAL CAPSULE 100 MG	1	PA; MO; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	1	PA; MO; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET	1	PA; MO; QL (336 per 28 days)
RUBRACA	1	PA; MO; LA; QL (120 per 30 days)
RUXIENCE	1	PA; MO
RYBREVANT	1	PA; MO
RYDAPT	1	PA; MO; QL (224 per 28 days)
RYLAZE	1	PA
RYTELO	1	PA
SANDIMMUNE INTRAVENOUS	1	B/D PA
SANDIMMUNE ORAL CAPSULE	1	B/D PA; MO
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	1	PA; MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	1	PA; MO
SAPHNELO	1	PA; LA
SARCLISA	1	PA; LA

Drug Name	Drug Tier	Requirements /Limits
SCEMBLIX ORAL TABLET 100 MG	1	PA; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	1	PA; QL (600 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	1	PA; QL (300 per 30 days)
SIGNIFOR	1	PA
SIGNIFOR LAR	1	PA
SIKLOS ORAL TABLET 1,000 MG	1	MO
SIKLOS ORAL TABLET 100 MG	1	MO
SIMULECT	1	B/D PA; MO
sirolimus oral solution	1	B/D PA; MO
sirolimus oral tablet	1	B/D PA; MO
SOLTAMOX	1	MO
SOMATULINE DEPOT	1	PA; MO
sorafenib	1	PA; MO; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	1	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	1	PA; MO; QL (60 per 30 days)
STIVARGA	1	PA; MO; QL (84 per 28 days)
sunitinib malate	1	PA; MO; QL (30 per 30 days)
SUPPRELIN LA	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
SUTENT	1	PA; MO; QL (30 per 30 days)
SYLVANT	1	B/D PA; MO
TABLOID	1	MO
TABRECTA	1	PA; MO
tacrolimus oral capsule	1	B/D PA; MO
TAFINLAR ORAL CAPSULE	1	PA; MO; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION	1	PA; MO; QL (840 per 28 days)
TAGRISSO	1	PA; MO; LA; QL (30 per 30 days)
TALVEY	1	PA
TALZENNA	1	PA; MO; QL (30 per 30 days)
tamoxifen	1	MO
TARCEVA ORAL TABLET 100 MG	1	PA; QL (30 per 30 days)
TARGRETIN	1	PA; MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	1	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	1	PA; MO; QL (120 per 30 days)
TAZVERIK	1	PA; LA
TECENTRIQ	1	B/D PA; MO; LA
TECENTRIQ HYBREZA	1	B/D PA; LA

Drug Name	Drug Tier	Requirements /Limits
TECVAYLI	1	PA
TEMODAR INTRAVENOUS	1	B/D PA; MO
temsirolimus	1	B/D PA; MO
TEPADINA	1	B/D PA
TEPMETKO	1	PA; LA
TEVIMBRA	1	PA
THALOMID ORAL CAPSULE 100 MG, 50 MG	1	PA; MO; QL (28 per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	1	PA; QL (56 per 28 days)
thiotepa injection recon soln 100 mg	1	B/D PA
thiotepa injection recon soln 15 mg	1	B/D PA; MO
TIBSOVO	1	PA
TIVDAK	1	PA; MO
topotecan	1	B/D PA; MO
toremifene	1	MO
TORISEL	1	B/D PA; MO
torpenz	1	PA; QL (30 per 30 days)
TRAZIMERA	1	B/D PA; MO
TREANDA	1	B/D PA; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	1	PA; MO
tretinoin (antineoplastic)	1	MO
TREXALL	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
TRIPTODUR	1	PA
TRISENOX	1	B/D PA; MO
TRODELVY	1	PA; LA
TRUQAP	1	PA; QL (64 per 28 days)
TRUXIMA	1	PA; MO
TUKYSA ORAL TABLET 150 MG	1	PA; LA; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	1	PA; LA; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG	1	PA; LA; QL (120 per 30 days)
TYKERB	1	PA; MO; LA; QL (180 per 30 days)
UNITUXIN	1	B/D PA
UPLIZNA	1	PA; MO; LA
valrubicin	1	B/D PA; MO
VALSTAR	1	B/D PA; MO
VANFLYTA	1	PA; QL (56 per 28 days)
VECTIBIX	1	B/D PA; MO
VEGZELMA	1	PA
VELCADE	1	B/D PA; MO
VENCLEXTA ORAL TABLET 10 MG	1	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	1	PA; LA; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
VENCLEXTA ORAL TABLET 50 MG	1	PA; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK	1	PA; LA; QL (42 per 180 days)
VERZENIO	1	PA; MO; LA; QL (60 per 30 days)
VIDAZA	1	B/D PA; MO
VIJOICE ORAL GRANULES IN PACKET	1	PA; QL (28 per 28 days)
VIJOICE ORAL TABLET 125 MG, 50 MG	1	PA; QL (28 per 28 days)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	1	PA; QL (56 per 28 days)
vinblastine	1	B/D PA; MO
vincristine	1	B/D PA; MO
vinorelbine	1	B/D PA; MO
VITRAKVI ORAL CAPSULE 100 MG	1	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	1	PA; MO; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	1	PA; MO; LA; QL (300 per 30 days)
VIZIMPRO	1	PA; MO; QL (30 per 30 days)
VONJO	1	PA; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
VORANIGO ORAL TABLET 10 MG	1	PA; QL (60 per 30 days)
VORANIGO ORAL TABLET 40 MG	1	PA; QL (30 per 30 days)
VOTRIENT	1	PA; MO; QL (120 per 30 days)
VYXEOS	1	B/D PA
WELIREG	1	PA; LA
XALKORI ORAL CAPSULE	1	PA; MO; QL (60 per 30 days)
XALKORI ORAL PELLET 150 MG	1	PA; MO; QL (180 per 30 days)
XALKORI ORAL PELLET 20 MG, 50 MG	1	PA; MO; QL (120 per 30 days)
XATMEP	1	B/D PA; MO
XERMELO	1	PA; LA; QL (84 per 28 days)
XOSPATA	1	PA; LA; QL (90 per 30 days)
XPOVIO	1	PA; LA
XTANDI ORAL CAPSULE	1	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	1	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	1	PA; MO; QL (60 per 30 days)
YERVOY	1	B/D PA; MO
YONDELIS	1	B/D PA

Drug Name	Drug Tier	Requirements /Limits
YONSA	1	PA; MO; QL (120 per 30 days)
ZALTRAP	1	B/D PA; MO
ZANOSAR	1	B/D PA; MO
ZEJULA ORAL TABLET 100 MG	1	PA; MO; LA; QL (90 per 30 days)
ZEJULA ORAL TABLET 200 MG, 300 MG	1	PA; MO; LA; QL (30 per 30 days)
ZELBORAF	1	PA; MO; QL (240 per 30 days)
ZEPZELCA	1	PA
ZIRABEV	1	B/D PA; MO
ZOLADEX	1	PA; MO
ZOLINZA	1	PA; MO; QL (120 per 30 days)
ZORTRESS ORAL TABLET 0.25 MG	1	B/D PA; MO
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG, 1 MG	1	B/D PA; MO
ZYDELIG	1	PA; MO; QL (60 per 30 days)
ZYKADIA	1	PA; MO; QL (90 per 30 days)
ZYNLONTA	1	PA; LA
ZYNYZ	1	PA
ZYTIGA ORAL TABLET 250 MG	1	PA; MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ZYTIGA ORAL TABLET 500 MG	1	PA; MO; QL (60 per 30 days)
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG	1	MO; QL (180 per 30 days)
APTIOM ORAL TABLET 400 MG	1	MO; QL (90 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	1	MO; QL (60 per 30 days)
BANZEL	1	PA; MO
BRIVIACT INTRAVENOUS	1	MO; QL (600 per 30 days)
BRIVIACT ORAL SOLUTION	1	MO; QL (600 per 30 days)
BRIVIACT ORAL TABLET	1	MO; QL (60 per 30 days)
carbamazepine oral capsule, er multiphase 12 hr	1	MO
carbamazepine oral suspension 100 mg/5 ml	1	MO
carbamazepine oral suspension 100 mg/5 ml (5 ml), 200 mg/10 ml	1	
carbamazepine oral tablet	1	MO
carbamazepine oral tablet extended release 12 hr	1	MO

Drug Name	Drug Tier	Requirements /Limits
carbamazepine oral tablet,chewable	1	MO
CARBATROL	1	MO
CELONTIN ORAL CAPSULE 300 MG	1	MO
CEREBYX	1	
clobazam oral suspension	1	PA; MO; QL (480 per 30 days)
clobazam oral tablet	1	PA; MO; QL (60 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	1	MO; QL (90 per 30 days)
clonazepam oral tablet 2 mg	1	MO; QL (300 per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	1	MO; QL (90 per 30 days)
clonazepam oral tablet,disintegrating 2 mg	1	MO; QL (300 per 30 days)
DEPAKOTE	1	MO
DEPAKOTE ER	1	MO
DEPAKOTE SPRINKLES	1	MO
DIACOMIT	1	PA; LA
diazepam rectal	1	MO
DILANTIN 30 MG	1	MO
DILANTIN EXTENDED 100 MG	1	MO
DILANTIN INFATABS 50 MG	1	MO

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Drug Name	Drug Tier	Requirements /Limits
DILANTIN-125 125 MG/5 ML	1	MO
divalproex	1	MO
EPIDIOLEX	1	PA; MO; LA
epitol	1	MO
EPRONTIA	1	PA; MO
EQUETRO	1	MO
ethosuximide	1	MO
felbamate oral suspension	1	MO
felbamate oral tablet	1	MO
FELBATOL ORAL TABLET	1	MO
FINTEPLA	1	PA; LA; QL (360 per 30 days)
fosphenytoin	1	MO
FYCOMPA ORAL SUSPENSION	1	MO; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	1	MO; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	1	MO; QL (60 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	1	MO; QL (60 per 30 days)
gabapentin oral capsule 100 mg, 400 mg	1	MO; QL (270 per 30 days)
gabapentin oral capsule 300 mg	1	MO; QL (360 per 30 days)
gabapentin oral solution 250 mg/5 ml	1	MO; QL (2160 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)	1	QL (2160 per 30 days)
gabapentin oral tablet 600 mg	1	MO; QL (180 per 30 days)
gabapentin oral tablet 800 mg	1	MO; QL (120 per 30 days)
gabapentin oral tablet extended release 24 hr 300 mg	1	PA; MO; QL (30 per 30 days)
gabapentin oral tablet extended release 24 hr 600 mg	1	PA; MO; QL (90 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	1	PA; MO; QL (30 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG	1	PA; MO; QL (60 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	1	PA; MO; QL (90 per 30 days)
KEPPRA	1	MO
KEPPRA XR	1	MO
KLONOPIN ORAL TABLET 0.5 MG, 1 MG	1	MO; QL (90 per 30 days)
KLONOPIN ORAL TABLET 2 MG	1	MO; QL (300 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
lacosamide intravenous	1	MO; QL (1200 per 30 days)
lacosamide oral solution	1	MO; QL (1200 per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg	1	MO; QL (60 per 30 days)
lacosamide oral tablet 50 mg	1	MO; QL (120 per 30 days)
LAMICTAL ODT	1	MO
LAMICTAL ODT STARTER (BLUE)	1	MO
LAMICTAL ODT STARTER (GREEN)	1	MO
LAMICTAL ODT STARTER (ORANGE)	1	MO
LAMICTAL ORAL TABLET	1	MO
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	1	MO
LAMICTAL STARTER (BLUE) KIT	1	MO
LAMICTAL STARTER (GREEN) KIT	1	MO
LAMICTAL STARTER (ORANGE) KIT	1	MO
LAMICTAL XR	1	MO
LAMICTAL XR STARTER (BLUE)	1	MO

Drug Name	Drug Tier	Requirements /Limits
LAMICTAL XR STARTER (GREEN)	1	MO
LAMICTAL XR STARTER (ORANGE)	1	MO
lamotrigine oral tablet	1	MO
lamotrigine oral tablet disintegrating, dose pk	1	MO
lamotrigine oral tablet extended release 24hr	1	MO
lamotrigine oral tablet, chewable dispersible	1	MO
lamotrigine oral tablet,disintegrating	1	MO
lamotrigine oral tablets,dose pack	1	MO
levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml	1	MO
levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml	1	
levetiracetam intravenous	1	MO
levetiracetam oral solution 100 mg/ml	1	MO
levetiracetam oral solution 500 mg/5 ml (5 ml)	1	

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Drug Name	Drug Tier	Requirements /Limits
levetiracetam oral tablet	1	MO
levetiracetam oral tablet extended release 24 hr	1	MO
LIBERVANT	1	PA; QL (10 per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	1	PA; MO; QL (30 per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	1	PA; MO; QL (60 per 30 days)
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	1	MO; QL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	1	MO; QL (60 per 30 days)
LYRICA ORAL SOLUTION	1	MO; QL (900 per 30 days)
methsuximide	1	MO
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	1	ST; MO; QL (120 per 30 days)
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 200 MG	1	ST; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
MYSOLINE	1	MO
NAYZILAM	1	PA; MO; QL (10 per 30 days)
NEURONTIN ORAL CAPSULE 100 MG, 400 MG	1	MO; QL (270 per 30 days)
NEURONTIN ORAL CAPSULE 300 MG	1	MO; QL (360 per 30 days)
NEURONTIN ORAL SOLUTION	1	MO; QL (2160 per 30 days)
NEURONTIN ORAL TABLET 600 MG	1	MO; QL (180 per 30 days)
NEURONTIN ORAL TABLET 800 MG	1	MO; QL (120 per 30 days)
ONFI ORAL SUSPENSION	1	PA; MO; QL (480 per 30 days)
ONFI ORAL TABLET	1	PA; MO; QL (60 per 30 days)
oxcarbazepine oral suspension	1	MO
oxcarbazepine oral tablet	1	MO
oxcarbazepine oral tablet extended release 24 hr	1	MO
OXTELLAR XR	1	MO
phenobarbital oral elixir	1	PA; MO
phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg	1	PA

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Drug Name	Drug Tier	Requirements /Limits
phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg	1	PA; MO
phenobarbital sodium injection solution 130 mg/ml	1	MO
phenobarbital sodium injection solution 65 mg/ml	1	
PHENYTEK	1	MO
phenytoin oral suspension 100 mg/4 ml	1	
phenytoin oral suspension 125 mg/5 ml	1	MO
phenytoin oral tablet,chewable	1	MO
phenytoin sodium extended oral capsule 100 mg	1	MO
phenytoin sodium extended oral capsule 200 mg, 300 mg	1	
phenytoin sodium intravenous solution	1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	1	MO; QL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg	1	MO; QL (60 per 30 days)
pregabalin oral solution	1	MO; QL (900 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg	1	PA; MO; QL (30 per 30 days)
pregabalin oral tablet extended release 24 hr 330 mg	1	PA; MO; QL (60 per 30 days)
PRIMIDONE ORAL TABLET 125 MG	1	MO
primidone oral tablet 250 mg, 50 mg	1	MO
QUDEXY XR	1	PA; MO
roweepra oral tablet 500 mg	1	MO
rufinamide oral suspension	1	PA; MO
rufinamide oral tablet 200 mg	1	PA; MO
rufinamide oral tablet 400 mg	1	PA; MO
SABRIL	1	PA; MO; LA
SEZABY	1	
SPRITAM	1	MO
subvenite oral tablet 100 mg, 200 mg, 25 mg	1	MO
subvenite oral tablet 150 mg	1	
subvenite starter (blue) kit	1	MO
subvenite starter (green) kit	1	MO
subvenite starter (orange) kit	1	MO

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Drug Name	Drug Tier	Requirements /Limits
SYMPAZAN ORAL FILM 10 MG, 20 MG	1	PA; MO; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	1	PA; MO; QL (60 per 30 days)
TEGRETOL ORAL SUSPENSION	1	MO
TEGRETOL ORAL TABLET	1	MO
TEGRETOL XR	1	MO
tiagabine	1	MO
TOPAMAX	1	PA; MO
topiramate oral capsule, sprinkle	1	PA; MO
topiramate oral capsule,extended release 24hr 100 mg, 25 mg, 50 mg	1	PA; MO
topiramate oral capsule,extended release 24hr 200 mg	1	PA; MO
topiramate oral capsule,sprinkle,er 24hr	1	PA; MO
topiramate oral tablet	1	PA; MO
TRILEPTAL	1	MO
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	1	PA; MO
valproate sodium	1	MO
valproic acid	1	MO
valproic acid (as sodium salt) oral solution 250 mg/5 ml	1	MO
valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)	1	
VALTOCO	1	PA; MO; QL (10 per 30 days)
vigabatrin	1	PA; MO; LA
vigadrone	1	PA; LA
vigpoder	1	PA; LA
VIMPAT INTRAVENOUS	1	MO; QL (1200 per 30 days)
VIMPAT ORAL SOLUTION	1	MO; QL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	1	MO; QL (60 per 30 days)
VIMPAT ORAL TABLET 50 MG	1	MO; QL (120 per 30 days)
XCOPRI MAINTENANCE PACK	1	MO; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG	1	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
XCOPRI ORAL TABLET 150 MG, 200 MG	1	MO; QL (60 per 30 days)
XCOPRI ORAL TABLET 25 MG	1	MO; QL (30 per 30 days)
XCOPRI ORAL TABLET 50 MG	1	MO; QL (240 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	1	MO; QL (28 per 180 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	1	MO; QL (28 per 180 days)
ZARONTIN	1	MO
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	1	PA; MO
ZONISADE	1	PA; MO
zonisamide	1	PA; MO
ZTALMY	1	PA; LA; QL (1100 per 30 days)
ANTIPARKINSONISM AGENTS		
APOKYN	1	PA; MO; LA; QL (90 per 30 days)
apomorphine	1	PA; QL (90 per 30 days)
AZILECT	1	MO

Drug Name	Drug Tier	Requirements /Limits
benztropine injection	1	MO
benztropine oral	1	PA; MO
bromocriptine	1	MO
carbidopa	1	MO
carbidopa-levodopa oral tablet	1	MO
carbidopa-levodopa oral tablet extended release	1	MO
carbidopa-levodopa oral tablet,disintegrating	1	
carbidopa-levodopa-entacapone	1	MO
COMTAN	1	
CREXONT	1	MO
DHIVY	1	MO
DUOPA	1	B/D PA; MO
entacapone	1	MO
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG	1	PA; QL (60 per 30 days)
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 68.5 MG	1	PA; QL (30 per 30 days)
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	1	PA; QL (300 per 30 days)
LODOSYN	1	MO
NEUPRO	1	MO

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Drug Name	Drug Tier	Requirements /Limits
NOURIANZ	1	PA; MO; LA; QL (30 per 30 days)
ONGENTYS	1	PA; MO; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG	1	PA; QL (30 per 30 days)
PARLODEL ORAL CAPSULE	1	MO
PARLODEL ORAL TABLET	1	
pramipexole oral tablet	1	MO
pramipexole oral tablet extended release 24 hr	1	MO
rasagiline	1	MO
ropinirole oral tablet	1	MO
ropinirole oral tablet extended release 24 hr	1	MO
RYTARY	1	MO
selegiline hcl	1	MO
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	1	MO
STALEVO 100	1	MO
STALEVO 125	1	MO
STALEVO 150	1	MO
STALEVO 200	1	
STALEVO 50	1	MO
STALEVO 75	1	MO

Drug Name	Drug Tier	Requirements /Limits
TASMAR ORAL TABLET 100 MG	1	PA; MO
tolcapone	1	PA
XADAGO	1	MO
ZELAPAR	1	PA; MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	1	PA; MO; QL (1 per 30 days)
AJOVY AUTOINJECTOR	1	PA; MO; QL (1.5 per 30 days)
AJOVY SYRINGE	1	PA; MO; QL (1.5 per 30 days)
almotriptan malate oral tablet 12.5 mg	1	MO; QL (24 per 28 days)
almotriptan malate oral tablet 6.25 mg	1	MO; QL (18 per 28 days)
dihydroergotamine injection	1	
dihydroergotamine nasal	1	QL (8 per 28 days)
eletriptan	1	MO; QL (18 per 28 days)
ELYXYB	1	PA; MO; QL (28.8 per 28 days)
EMGALITY PEN	1	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	1	PA; MO; QL (2 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
EMGALITY SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	1	PA; MO; QL (3 per 30 days)
ERGOMAR	1	
ergotamine-caffeine	1	MO
FROVA	1	MO; QL (27 per 28 days)
frovatriptan	1	MO; QL (27 per 28 days)
IMITREX ORAL TABLET 100 MG	1	MO; QL (18 per 28 days)
IMITREX ORAL TABLET 25 MG, 50 MG	1	QL (18 per 28 days)
IMITREX STATDOSE PEN	1	MO; QL (8 per 28 days)
IMITREX STATDOSE REFILL	1	MO; QL (8 per 28 days)
MAXALT ORAL TABLET 10 MG	1	MO; QL (36 per 28 days)
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG	1	MO; QL (36 per 28 days)
migergot	1	MO
MIGRANAL	1	QL (8 per 28 days)
naratriptan	1	MO; QL (18 per 28 days)
NURTEC ODT	1	PA; QL (16 per 30 days)
ONZETRA XSAIL	1	MO; QL (32 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
QULIPTA	1	PA; MO; QL (30 per 30 days)
RELPAX	1	MO; QL (18 per 28 days)
REYVOW ORAL TABLET 100 MG	1	PA; QL (16 per 30 days)
REYVOW ORAL TABLET 50 MG	1	PA; QL (8 per 30 days)
rizatriptan oral tablet	1	MO; QL (36 per 28 days)
rizatriptan oral tablet,disintegrating	1	MO; QL (36 per 28 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation	1	MO; QL (18 per 28 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	1	MO; QL (36 per 28 days)
sumatriptan succinate oral	1	MO; QL (18 per 28 days)
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml	1	MO; QL (8 per 28 days)
sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml	1	QL (8 per 28 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml	1	QL (8 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	1	MO; QL (8 per 28 days)
sumatriptan succinate subcutaneous solution	1	MO; QL (8 per 28 days)
sumatriptan-naproxen	1	MO; QL (18 per 28 days)
TOSYMRA	1	MO; QL (24 per 28 days)
TREXIMET	1	MO; QL (18 per 28 days)
TRUDHESA	1	ST; QL (8 per 28 days)
UBRELVY	1	PA; QL (20 per 30 days)
VYEPTI	1	PA
ZAVZPRET	1	PA; MO; QL (6 per 28 days)
ZEMBRACE SYMTOUCH	1	MO; QL (8 per 28 days)
ZOLMITRIPTAN NASAL SPRAY,NON-AEROSOL 2.5 MG	1	QL (18 per 28 days)
zolmitriptan nasal spray,non-aerosol 5 mg	1	MO; QL (18 per 28 days)
zolmitriptan oral	1	MO; QL (18 per 28 days)
ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG	1	QL (18 per 28 days)
ZOMIG NASAL SPRAY,NON-AEROSOL 5 MG	1	MO; QL (18 per 28 days)
ZOMIG ORAL	1	MO; QL (18 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
ADLARITY	1	MO
AMONDYS-45	1	PA; LA
AMPYRA	1	PA; MO; LA; QL (60 per 30 days)
AMVUTTRA	1	PA; MO
ARICEPT	1	MO
AUBAGIO	1	PA; MO; QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	1	PA; MO; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	1	PA; MO; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	1	PA; MO; QL (120 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	1	PA; MO; QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	1	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	1	PA; MO; QL (240 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	1	PA; MO; QL (28 per 180 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14)	1	PA; QL (42 per 180 days)
BAFIERTAM	1	PA; MO; QL (120 per 30 days)
BRIUMVI	1	PA; MO; QL (24 per 180 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	1	PA; MO; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	1	PA; MO; QL (12 per 28 days)
dalfampridine	1	PA; MO; QL (60 per 30 days)
DAYBUE	1	PA; LA
dichlorphenamide	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg	1	PA; MO; QL (14 per 30 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	1	PA; MO; QL (120 per 180 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg	1	PA; MO; QL (60 per 30 days)
donepezil oral tablet 10 mg, 5 mg	1	MO
donepezil oral tablet 23 mg	1	MO
donepezil oral tablet,disintegrating	1	MO
edaravone intravenous solution 30 mg/100 ml	1	PA
EVRYSDI	1	PA; MO; LA; QL (240 per 30 days)
EXELON PATCH	1	MO
EXONDYS-51	1	PA
fingolimod	1	PA; MO; QL (30 per 30 days)
FIRDAPSE	1	PA; LA
galantamine oral capsule,ext rel. pellets 24 hr	1	MO
galantamine oral solution	1	MO
galantamine oral tablet	1	MO

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Drug Name	Drug Tier	Requirements /Limits
GILENYA ORAL CAPSULE 0.25 MG	1	PA; QL (30 per 30 days)
GILENYA ORAL CAPSULE 0.5 MG	1	PA; MO; QL (30 per 30 days)
glatiramer subcutaneous syringe 20 mg/ml	1	PA; QL (30 per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	1	PA; QL (12 per 28 days)
glatopa subcutaneous syringe 20 mg/ml	1	PA; MO; QL (30 per 30 days)
glatopa subcutaneous syringe 40 mg/ml	1	PA; MO; QL (12 per 28 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	1	PA; MO; QL (30 per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	1	PA; MO; QL (60 per 30 days)
INGREZZA	1	PA; LA; QL (30 per 30 days)
INGREZZA INITIATION PK(TARDIV)	1	PA; LA; QL (28 per 180 days)
INGREZZA SPRINKLE	1	PA; LA; QL (30 per 30 days)
KESIMPTA PEN	1	PA; MO; QL (1.6 per 28 days)
KEVEYIS	1	PA

Drug Name	Drug Tier	Requirements /Limits
KISUNLA	1	PA
LEMTRADA	1	PA; MO; QL (6 per 365 days)
LEQEMBI	1	PA
MAVENCLAD (10 TABLET PACK)	1	PA; MO; LA; QL (40 per 720 days)
MAVENCLAD (4 TABLET PACK)	1	PA; MO; LA; QL (16 per 720 days)
MAVENCLAD (5 TABLET PACK)	1	PA; MO; LA; QL (20 per 720 days)
MAVENCLAD (6 TABLET PACK)	1	PA; MO; LA; QL (24 per 720 days)
MAVENCLAD (7 TABLET PACK)	1	PA; MO; LA; QL (28 per 720 days)
MAVENCLAD (8 TABLET PACK)	1	PA; MO; LA; QL (32 per 720 days)
MAVENCLAD (9 TABLET PACK)	1	PA; MO; LA; QL (36 per 720 days)
MAYZENT ORAL TABLET 0.25 MG	1	PA; MO; QL (120 per 30 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	1	PA; MO; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT)	1	PA; MO; QL (7 per 180 days)
MAYZENT STARTER(FOR 2MG MAINT)	1	PA; MO; QL (12 per 180 days)

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Drug Name	Drug Tier	Requirements /Limits
memantine oral capsule,sprinkle,er 24hr	1	PA; MO
memantine oral solution	1	PA; MO
memantine oral tablet	1	PA; MO
MEMANTINE ORAL TABLETS,DOSE PACK	1	PA; MO
NAMENDA TITRATION PAK	1	PA; MO
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR	1	PA
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	1	PA
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	1	PA; MO
NUEDEXTA	1	PA; MO
NULIBRY	1	PA; LA
OCREVUS	1	PA; MO; LA; QL (20 per 180 days)
ONPATTRO	1	PA; MO; LA
ormalvi	1	PA
PONVORY	1	PA; MO; QL (30 per 30 days)
PONVORY 14-DAY STARTER PACK	1	PA; MO; QL (14 per 180 days)
RADICAVA	1	PA
RADICAVA ORS	1	PA; MO
RADICAVA ORS STARTER KIT SUSP	1	PA; MO
RELYVRIO	1	PA
rivastigmine	1	MO
rivastigmine tartrate	1	MO
SKYCLARYS	1	PA; LA
TASCENSO ODT	1	MO
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG	1	PA; MO; LA; QL (14 per 30 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	1	PA; MO; LA; QL (120 per 180 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 240 MG	1	PA; MO; LA; QL (60 per 30 days)
TEGSEDI	1	PA; MO; LA
teriflunomide	1	PA; MO; QL (30 per 30 days)
tetrabenazine oral tablet 12.5 mg	1	PA; MO; QL (240 per 30 days)
tetrabenazine oral tablet 25 mg	1	PA; MO; QL (120 per 30 days)
TYSABRI	1	PA; MO; LA; QL (15 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
VILTEPSO	1	PA; LA
VUMERITY	1	PA; MO; QL (120 per 30 days)
VYONDYS-53	1	PA; LA
WAINUA	1	PA; LA; QL (0.8 per 28 days)
XENAZINE ORAL TABLET 12.5 MG	1	PA; MO; LA; QL (240 per 30 days)
XENAZINE ORAL TABLET 25 MG	1	PA; MO; LA; QL (120 per 30 days)
ZEPOSIA	1	PA; MO; QL (30 per 30 days)
ZEPOSIA STARTER KIT (28-DAY)	1	PA; MO; QL (28 per 180 days)
ZEPOSIA STARTER PACK (7-DAY)	1	PA; MO; QL (7 per 180 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
baclofen intrathecal	1	B/D PA; MO
BACLOFEN ORAL SOLUTION 10 MG/5 ML (2 MG/ML)	1	MO
BACLOFEN ORAL SOLUTION 5 MG/5 ML	1	
baclofen oral suspension	1	MO
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	MO

Drug Name	Drug Tier	Requirements /Limits
BACLOFEN ORAL TABLET 15 MG	1	MO
cyclobenzaprine oral tablet	1	PA; MO
DANTRIUM INTRAVENOUS	1	
DANTRIUM ORAL CAPSULE 25 MG	1	MO
dantrolene intravenous	1	
dantrolene oral	1	MO
FEXMID	1	PA
FLEQSUVY	1	MO
GABLOFEN	1	B/D PA; MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	1	B/D PA; MO
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	1	B/D PA
LYVISPAH ORAL GRANULES IN PACKET 10 MG, 5 MG	1	MO
LYVISPAH ORAL GRANULES IN PACKET 20 MG	1	MO
MESTINON ORAL	1	MO
MESTINON TIMESPAN	1	MO
OZOBAX DS	1	
pyridostigmine bromide oral syrup	1	MO

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Drug Name	Drug Tier	Requirements /Limits
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	1	MO
pyridostigmine bromide oral tablet 60 mg	1	MO
pyridostigmine bromide oral tablet extended release	1	
revonto	1	
RYSTIGGO	1	PA
tizanidine oral capsule	1	MO
tizanidine oral tablet	1	MO
VYVGART	1	PA; MO; LA
VYVGART HYTRULO	1	PA; MO; LA
ZANAFLEX	1	MO
ZILBRYSQ	1	PA; LA
NARCOTIC ANALGESICS		
acetaminophen-caff-dihydrocod	1	QL (300 per 30 days)
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml	1	QL (4500 per 30 days)
acetaminophen-codeine oral solution 120-12 mg/5 ml	1	MO; QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	1	MO; QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	1	MO; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
BELBUCA	1	PA; MO; QL (60 per 30 days)
BRIXADI	1	MO
buprenorphine hcl injection solution	1	MO
buprenorphine hcl injection syringe	1	
buprenorphine hcl sublingual	1	MO
buprenorphine transdermal patch	1	PA; MO; QL (4 per 28 days)
BUTRANS	1	PA; MO; QL (4 per 28 days)
codeine sulfate	1	MO; QL (180 per 30 days)
DILAUDID (PF) INJECTION SYRINGE 0.2 MG/ML, 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML	1	
DILAUDID ORAL LIQUID	1	MO; QL (2400 per 30 days)
DILAUDID ORAL TABLET	1	MO; QL (180 per 30 days)
duramorph (pf) injection solution 0.5 mg/ml	1	MO
duramorph (pf) injection solution 1 mg/ml	1	
endocet	1	QL (360 per 30 days)
fentanyl	1	PA; MO; QL (10 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
fentanyl citrate (pf) injection solution	1	
FENTANYL CITRATE (PF) INJECTION SYRINGE 25 MCG/0.5 ML	1	
fentanyl citrate (pf) injection syringe 50 mcg/ml	1	
fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)	1	
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg	1	PA; MO; QL (120 per 30 days)
fentanyl citrate buccal lozenge on a handle 200 mcg	1	PA; MO; QL (120 per 30 days)
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 100 MCG, 400 MCG, 800 MCG	1	PA; QL (120 per 30 days)
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 200 MCG, 600 MCG	1	PA; MO; QL (120 per 30 days)
FENTORA	1	PA; MO; QL (120 per 30 days)
hydrocodone bitartrate, oral only, er 12hr	1	PA; MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
hydrocodone bitartrate, oral only,ext.rel.24 hr 100 mg, 120 mg	1	PA; MO; QL (60 per 30 days)
hydrocodone bitartrate, oral only,ext.rel.24 hr 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	1	PA; MO; QL (60 per 30 days)
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml	1	QL (5550 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	1	MO; QL (5550 per 30 days)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	1	MO; QL (390 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	MO; QL (360 per 30 days)
hydrocodone-ibuprofen	1	MO; QL (50 per 30 days)
HYDROMORPHONE (PF) INJECTION SOLUTION 1 MG/ML, 4 MG/ML	1	
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml, 2 mg/ml	1	
hydromorphone (pf) injection syringe 0.2 mg/ml, 0.5 mg/0.5 ml, 1 mg/ml	1	

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Drug Name	Drug Tier	Requirements /Limits
hydromorphone injection solution 1 mg/ml	1	
hydromorphone injection solution 2 mg/ml	1	MO
HYDROMORPHONE INJECTION SYRINGE 0.25 MG/0.5 ML, 0.5 MG/0.5 ML	1	
hydromorphone injection syringe 1 mg/ml, 4 mg/ml	1	MO
hydromorphone injection syringe 2 mg/ml	1	
hydromorphone oral liquid	1	MO; QL (2400 per 30 days)
hydromorphone oral tablet	1	MO; QL (180 per 30 days)
hydromorphone oral tablet extended release 24 hr	1	PA; MO; QL (60 per 30 days)
HYSINGLA ER, ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 80 MG	1	PA; MO; QL (60 per 30 days)
HYSINGLA ER, ORAL ONLY,EXT.REL.24 HR 20 MG, 30 MG, 40 MG, 60 MG	1	PA; MO; QL (60 per 30 days)
INFUMORPH P/F	1	B/D PA; MO
levorphanol tartrate	1	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
methadone injection solution	1	
methadone intensol	1	PA; MO; QL (90 per 30 days)
methadone oral concentrate	1	PA; QL (90 per 30 days)
methadone oral solution 10 mg/5 ml	1	PA; MO; QL (600 per 30 days)
methadone oral solution 5 mg/5 ml	1	PA; MO; QL (1200 per 30 days)
methadone oral tablet 10 mg	1	PA; MO; QL (120 per 30 days)
methadone oral tablet 5 mg	1	PA; MO; QL (240 per 30 days)
methadose oral concentrate	1	PA; MO; QL (90 per 30 days)
MITIGO (PF)	1	
morphine (pf) injection solution 0.5 mg/ml	1	
morphine (pf) injection solution 1 mg/ml	1	MO
morphine (pf) intravenous patient control.analgesia soln	1	B/D PA
morphine concentrate oral solution	1	MO; QL (900 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML	1	
MORPHINE INJECTION SYRINGE 2 MG/ML	1	
morphine injection syringe 4 mg/ml	1	MO
morphine intravenous solution 10 mg/ml, 50 mg/ml	1	MO
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML	1	MO
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML, 8 MG/ML	1	
morphine intravenous syringe 2 mg/ml, 4 mg/ml	1	
morphine oral capsule, er multiphase 24 hr	1	PA; MO; QL (60 per 30 days)
morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	1	PA; MO; QL (90 per 30 days)
morphine oral solution	1	MO; QL (900 per 30 days)
morphine oral tablet	1	MO; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
morphine oral tablet extended release	1	PA; MO; QL (120 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG, 60 MG	1	PA; MO; QL (120 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG	1	PA; MO; QL (120 per 30 days)
NALOCET	1	MO; QL (390 per 30 days)
oxycodone oral capsule	1	MO; QL (360 per 30 days)
oxycodone oral concentrate	1	MO; QL (180 per 30 days)
oxycodone oral solution	1	MO; QL (1200 per 30 days)
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	MO; QL (180 per 30 days)
oxycodone oral tablet 5 mg	1	MO; QL (360 per 30 days)
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 20 MG, 40 MG	1	PA; QL (90 per 30 days)
OXYCODONE, ORAL ONLY, EXT.REL.12 HR 80 MG	1	PA; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
oxycodone-acetaminophen oral solution 10-300 mg/5 ml	1	QL (2000 per 30 days)
oxycodone-acetaminophen oral solution 5-325 mg/5 ml	1	QL (1860 per 30 days)
oxycodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	1	QL (390 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	MO; QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 2.5-300 mg	1	QL (390 per 30 days)
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	1	PA; MO; QL (90 per 30 days)
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 80 MG	1	PA; MO; QL (60 per 30 days)
oxymorphone oral tablet 10 mg	1	MO; QL (360 per 30 days)
oxymorphone oral tablet 5 mg	1	MO; QL (180 per 30 days)
oxymorphone oral tablet extended release 12 hr	1	PA; MO; QL (90 per 30 days)
PERCOCET	1	MO; QL (360 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
PROLATE ORAL SOLUTION	1	MO; QL (2000 per 30 days)
prolate oral tablet	1	MO; QL (390 per 30 days)
ROXICODONE ORAL TABLET 15 MG, 30 MG	1	MO; QL (180 per 30 days)
ROXYBOND ORAL TABLET, ORAL ONLY 15 MG, 30 MG	1	MO; QL (180 per 30 days)
ROXYBOND ORAL TABLET, ORAL ONLY 5 MG	1	MO; QL (360 per 30 days)
SEGLENTIS	1	ST; MO; QL (120 per 30 days)
SUBLOCADE	1	MO
TREZIX	1	QL (300 per 30 days)
XTAMPZA ER	1	PA; MO; QL (90 per 30 days)
NON-NARCOTIC ANALGESICS		
ACETAMINOPHEN INTRAVENOUS SOLUTION 1,000 MG/100 ML (10 MG/ML), 500 MG/50 ML (10 MG/ML)	1	MO
ARTHROTEC 50	1	ST; MO
ARTHROTEC 75	1	ST; MO
buprenorphine-naloxone sublingual film 12-3 mg	1	MO; QL (60 per 30 days)

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This drug list was last updated on 10/17/2024.

Drug Name	Drug Tier	Requirements /Limits
buprenorphine-naloxone sublingual film 2-0.5 mg	1	MO; QL (360 per 30 days)
buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg	1	MO; QL (90 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg	1	MO; QL (360 per 30 days)
buprenorphine-naloxone sublingual tablet 8-2 mg	1	MO; QL (90 per 30 days)
butorphanol injection	1	MO
butorphanol nasal	1	MO; QL (10 per 28 days)
CALDOLOR INTRAVENOUS PIGGYBACK	1	
CALDOLOR INTRAVENOUS RECON SOLN	1	MO
CAMBIA	1	ST; MO; QL (9 per 30 days)
CELEBREX	1	
celecoxib	1	MO
clonidine (pf) epidural solution 5,000 mcg/10 ml	1	
COMBOGESIC IV	1	
CONZIP	1	PA; MO; QL (30 per 30 days)
DAYPRO	1	ST; MO
DICLOFENAC EPOLAMINE	1	PA; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
diclofenac potassium oral capsule	1	MO
diclofenac potassium oral powder in packet	1	MO; QL (9 per 30 days)
diclofenac potassium oral tablet 25 mg	1	MO
diclofenac potassium oral tablet 50 mg	1	MO
diclofenac sodium oral	1	MO
diclofenac sodium topical drops	1	MO; QL (300 per 28 days)
diclofenac sodium topical gel 1 %	1	MO; QL (1000 per 28 days)
diclofenac sodium topical solution in metered-dose pump	1	MO; QL (224 per 28 days)
diclofenac-misoprostol	1	MO
diflunisal	1	MO
DUEXIS	1	ST
ec-naproxen	1	
etodolac oral capsule	1	MO
etodolac oral tablet	1	MO
etodolac oral tablet extended release 24 hr	1	MO
fenoprofen oral capsule 400 mg	1	MO
fenoprofen oral tablet	1	
FLECTOR	1	PA; MO; QL (60 per 30 days)

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This drug list was last updated on 10/17/2024.

Drug Name	Drug Tier	Requirements /Limits
flurbiprofen oral tablet 100 mg	1	MO
ibu	1	MO
ibuprofen lysine (pf)	1	
ibuprofen oral suspension	1	MO
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	MO
ibuprofen-famotidine	1	MO
INDOCIN RECTAL	1	MO
indomethacin rectal suppository 50 mg	1	MO
ketoprofen oral capsule 25 mg, 50 mg	1	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	1	MO
KETOROLAC NASAL	1	ST
KLOXXADO	1	MO
LICART	1	PA; MO; QL (30 per 30 days)
LODINE ORAL TABLET	1	ST
lofena	1	MO
lofexidine	1	PA
LUCEMYRA	1	PA; MO
meclofenamate	1	MO
mefenamic acid	1	MO
meloxicam oral tablet	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
meloxicam submicronized	1	MO; QL (30 per 30 days)
nabumetone	1	MO
nalbuphine	1	
NALFON ORAL CAPSULE 400 MG	1	ST; MO
NALFON ORAL TABLET	1	ST; MO
naloxone injection solution	1	MO
naloxone injection syringe 0.4 mg/ml (prefilled syringe)	1	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	1	MO
naloxone nasal	1	MO
naltrexone	1	MO
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 750 MG	1	ST; MO
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 500 MG	1	ST
NAPROSYN ORAL SUSPENSION	1	ST
naproxen oral suspension	1	MO
naproxen oral tablet	1	MO
naproxen oral tablet,delayed release (dr/ec)	1	MO

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Drug Name	Drug Tier	Requirements /Limits
naproxen sodium oral tablet 275 mg, 550 mg	1	MO
naproxen sodium oral tablet, er multiphase 24 hr	1	MO
naproxen-esomeprazole	1	MO
NARCAN	1	MO
NEOPROFEN (IBUPROFEN LYSN)(PF)	1	
NUCYNTA ER	1	PA; MO; QL (60 per 30 days)
NUCYNTA ORAL TABLET 100 MG	1	MO; QL (181 per 30 days)
NUCYNTA ORAL TABLET 50 MG	1	MO; QL (362 per 30 days)
NUCYNTA ORAL TABLET 75 MG	1	MO; QL (242 per 30 days)
OLINVYK INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN	1	B/D PA
OLINVYK INTRAVENOUS SOLUTION	1	
OPVEE	1	
oxaprozin oral tablet	1	MO
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	1	ST; QL (224 per 28 days)
piroxicam	1	MO

Drug Name	Drug Tier	Requirements /Limits
PRIALT	1	B/D PA
QDOLO	1	QL (2400 per 30 days)
RELAFEN DS	1	ST; MO
salsalate	1	MO
SPRIX	1	ST
SUBOXONE SUBLINGUAL FILM 12-3 MG	1	MO; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	1	MO; QL (360 per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	1	MO; QL (90 per 30 days)
sulindac	1	MO
TOLECTIN 600	1	ST
tolmetin oral capsule	1	MO
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	1	PA; MO; QL (30 per 30 days)
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	1	PA; MO; QL (30 per 30 days)
TRAMADOL ORAL SOLUTION	1	MO; QL (2400 per 30 days)
TRAMADOL ORAL TABLET 100 MG, 25 MG	1	MO; QL (120 per 30 days)
tramadol oral tablet 50 mg	1	MO; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
tramadol oral tablet extended release 24 hr	1	PA; MO; QL (30 per 30 days)
tramadol oral tablet, er multiphase 24 hr	1	PA; QL (30 per 30 days)
tramadol-acetaminophen	1	MO; QL (240 per 30 days)
VIMOVO ORAL TABLET,IR,DELAYED REL,BIPHASIC 375-20 MG	1	ST; MO
VIMOVO ORAL TABLET,IR,DELAYED REL,BIPHASIC 500-20 MG	1	ST
VIVITROL	1	MO
VIVLODEX	1	ST; MO; QL (30 per 30 days)
ZIMHI	1	
ZIPSOR	1	ST; MO
ZORVOLEX	1	ST
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	1	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	1	MO; QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		

Drug Name	Drug Tier	Requirements /Limits
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	1	MO; QL (2.4 per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	1	MO; QL (3.2 per 56 days)
ABILIFY MAINTENA	1	MO; QL (1 per 28 days)
ABILIFY MYCITE MAINTENANCE KIT	1	QL (30 per 30 days)
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 10 MG	1	QL (30 per 30 days)
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	1	QL (30 per 180 days)
ABILIFY ORAL TABLET 10 MG, 15 MG, 30 MG, 5 MG	1	QL (30 per 30 days)
ABILIFY ORAL TABLET 2 MG, 20 MG	1	MO; QL (30 per 30 days)
ADDERALL	1	MO

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Drug Name	Drug Tier	Requirements /Limits
ADDERALL XR	1	ST; MO
ADZENYS XR-ODT	1	ST; MO
AMBIEN	1	QL (30 per 30 days)
AMBIEN CR	1	QL (30 per 30 days)
amitriptyline	1	MO
amoxapine	1	MO
amphetamine sulfate	1	PA; MO
ANAFRANIL	1	MO
APLENZIN	1	MO; QL (30 per 30 days)
APTENSIO XR	1	ST; MO
aripiprazole oral solution	1	MO
aripiprazole oral tablet	1	MO; QL (30 per 30 days)
aripiprazole oral tablet,disintegrating	1	MO; QL (60 per 30 days)
ARISTADA INITIO	1	MO; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	1	MO; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	1	MO; QL (1.6 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	1	MO; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	1	MO; QL (3.2 per 28 days)
armodafinil	1	PA; MO; QL (30 per 30 days)
asenapine maleate	1	MO; QL (60 per 30 days)
ATIVAN INJECTION	1	PA; MO
ATIVAN ORAL TABLET 0.5 MG, 1 MG	1	PA; MO; QL (90 per 30 days)
ATIVAN ORAL TABLET 2 MG	1	PA; MO; QL (150 per 30 days)
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	1	MO; QL (60 per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	1	MO; QL (30 per 30 days)
AUVELITY	1	ST; QL (60 per 30 days)
AZSTARYS	1	ST; MO
BELSOMRA	1	PA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
bupropion hcl oral tablet	1	MO
bupropion hcl oral tablet extended release 24 hr 150 mg	1	MO; QL (90 per 30 days)
bupropion hcl oral tablet extended release 24 hr 300 mg	1	MO; QL (30 per 30 days)
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	1	MO; QL (30 per 30 days)
bupropion hcl oral tablet sustained-release 12 hr	1	MO; QL (60 per 30 days)
buspirone	1	MO
CAPLYTA	1	MO; QL (30 per 30 days)
CELEXA ORAL TABLET	1	MO; QL (30 per 30 days)
chlorpromazine	1	MO
CITALOPRAM ORAL CAPSULE	1	MO; QL (30 per 30 days)
citalopram oral solution	1	MO
citalopram oral tablet	1	MO; QL (30 per 30 days)
clomipramine	1	MO
clonidine hcl oral tablet extended release 12 hr	1	MO
clorazepate dipotassium oral tablet 15 mg	1	PA; MO; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
clorazepate dipotassium oral tablet 3.75 mg	1	PA; MO; QL (90 per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	1	PA; MO; QL (360 per 30 days)
clozapine oral tablet	1	
clozapine oral tablet,disintegrating	1	
CLOZARIL ORAL TABLET 100 MG	1	
CLOZARIL ORAL TABLET 200 MG, 25 MG, 50 MG	1	
CONCERTA	1	ST; MO
COTEMPLA XR-ODT	1	ST; MO
CYMBALTA	1	MO; QL (60 per 30 days)
DAYTRANA	1	ST; MO
DAYVIGO	1	PA; MO; QL (30 per 30 days)
desipramine	1	MO
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	1	MO; QL (120 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	1	MO; QL (30 per 30 days)
desvenlafaxine succinate	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG	1	ST; MO
dexmethylphenidate	1	MO
dextroamphetamine sulfate	1	MO
dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr	1	MO
dextroamphetamine-amphetamine oral capsule,extended release 24hr	1	MO
dextroamphetamine-amphetamine oral tablet	1	MO
diazepam injection	1	PA
diazepam intensol	1	PA; MO; QL (240 per 30 days)
diazepam oral concentrate	1	PA; QL (240 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1	PA; MO; QL (1200 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)	1	PA; QL (1200 per 30 days)
diazepam oral tablet	1	PA; MO; QL (120 per 30 days)
DOPRAM	1	
doxepin oral capsule	1	MO
doxepin oral concentrate	1	MO

Drug Name	Drug Tier	Requirements /Limits
doxepin oral tablet	1	MO; QL (30 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	1	MO; QL (60 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	1	MO; QL (90 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	1	MO; QL (60 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 40 mg	1	MO; QL (90 per 30 days)
DYANAVEL XR	1	ST; MO
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 37.5 MG	1	QL (30 per 30 days)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 75 MG	1	QL (90 per 30 days)
EMSAM	1	MO
ergoloid	1	
escitalopram oxalate oral solution	1	MO
escitalopram oxalate oral tablet	1	MO; QL (30 per 30 days)
eszopiclone	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
EVEKEO	1	PA; MO
FANAPT ORAL TABLET	1	MO; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	1	MO; QL (8 per 180 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	1	QL (28 per 180 days)
FETZIMA ORAL CAPSULE,EXTEN DED RELEASE 24 HR	1	QL (30 per 30 days)
flumazenil	1	
fluoxetine (pmdd) oral tablet 10 mg	1	QL (240 per 30 days)
fluoxetine (pmdd) oral tablet 20 mg	1	QL (120 per 30 days)
fluoxetine oral capsule 10 mg	1	MO; QL (30 per 30 days)
fluoxetine oral capsule 20 mg	1	MO; QL (90 per 30 days)
fluoxetine oral capsule 40 mg	1	MO; QL (60 per 30 days)
fluoxetine oral capsule,delayed release(dr/ec)	1	MO; QL (4 per 28 days)
fluoxetine oral solution	1	MO
fluoxetine oral tablet 10 mg	1	MO; QL (240 per 30 days)
fluoxetine oral tablet 20 mg	1	MO; QL (120 per 30 days)
fluoxetine oral tablet 60 mg	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
fluphenazine decanoate	1	MO
fluphenazine hcl	1	MO
fluvoxamine oral capsule,extended release 24hr	1	MO; QL (60 per 30 days)
fluvoxamine oral tablet 100 mg	1	MO; QL (90 per 30 days)
fluvoxamine oral tablet 25 mg	1	MO; QL (30 per 30 days)
fluvoxamine oral tablet 50 mg	1	MO; QL (60 per 30 days)
FOCALIN	1	MO
FOCALIN XR	1	ST; MO
FORFIVO XL	1	MO; QL (30 per 30 days)
GEODON INTRAMUSCULA R	1	MO
GEODON ORAL CAPSULE 20 MG	1	MO; QL (60 per 30 days)
GEODON ORAL CAPSULE 40 MG, 60 MG, 80 MG	1	MO; QL (60 per 30 days)
HALDOL DECANOATE	1	MO
haloperidol	1	MO
haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)	1	

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Drug Name	Drug Tier	Requirements /Limits
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	1	MO
haloperidol lactate injection	1	MO
haloperidol lactate intramuscular	1	
haloperidol lactate oral	1	MO
HETLIOZ	1	PA; MO; QL (30 per 30 days)
HETLIOZ LQ	1	PA; MO; QL (158 per 30 days)
imipramine hcl	1	MO
imipramine pamoate	1	MO
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	1	MO; QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	1	MO; QL (5 per 180 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 9 MG	1	MO; QL (30 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	1	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	1	MO; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	1	MO; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	1	MO; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	1	MO; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	1	MO; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	1	MO; QL (0.88 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	1	MO; QL (1.32 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	1	MO; QL (1.75 per 90 days)

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Drug Name	Drug Tier	Requirements /Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	1	MO; QL (2.63 per 90 days)
JORNAY PM	1	ST; MO
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	1	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	1	MO; QL (60 per 30 days)
LEXAPRO ORAL TABLET	1	QL (30 per 30 days)
lisdexamfetamine	1	MO
lithium carbonate	1	MO
lithium citrate	1	
LITHOBID	1	MO
lorazepam injection solution	1	PA; MO
lorazepam injection syringe 2 mg/ml	1	PA; MO
lorazepam intensol	1	PA; QL (150 per 30 days)
lorazepam oral concentrate	1	PA; MO; QL (150 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	1	PA; MO; QL (90 per 30 days)
lorazepam oral tablet 2 mg	1	PA; MO; QL (150 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 1 MG, 1.5 MG	1	PA; MO; QL (30 per 30 days)
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 2 MG	1	PA; MO; QL (150 per 30 days)
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 3 MG	1	PA; MO; QL (90 per 30 days)
loxapine succinate	1	MO
LUMRYZ	1	PA; MO; QL (30 per 30 days)
LUNESTA	1	MO; QL (30 per 30 days)
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	1	MO; QL (30 per 30 days)
lurasidone oral tablet 80 mg	1	MO; QL (60 per 30 days)
LYBALVI	1	ST; MO; QL (30 per 30 days)
MARPLAN	1	MO
METADATE CD	1	ST
methamphetamine	1	PA; MO
METHYLIN ORAL SOLUTION	1	MO
methylphenidate	1	MO

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Drug Name	Drug Tier	Requirements /Limits
methylphenidate hcl oral cap,er sprinkle,biphasic 40-60	1	MO
methylphenidate hcl oral capsule, er biphasic 30-70	1	MO
methylphenidate hcl oral capsule,er biphasic 50-50	1	MO
methylphenidate hcl oral solution	1	MO
methylphenidate hcl oral tablet	1	MO
methylphenidate hcl oral tablet extended release	1	MO
methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 36 mg (bx rating), 54 mg (bx rating)	1	
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg	1	MO
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG	1	ST; MO
methylphenidate hcl oral tablet,chewable	1	MO
midazolam (pf) in 0.9 % nacl intravenous solution	1	

Drug Name	Drug Tier	Requirements /Limits
mirtazapine oral tablet	1	MO
mirtazapine oral tablet,disintegrating	1	MO
modafinil oral tablet 100 mg	1	PA; MO; QL (30 per 30 days)
modafinil oral tablet 200 mg	1	PA; MO; QL (60 per 30 days)
molindone oral tablet 10 mg, 25 mg	1	
molindone oral tablet 5 mg	1	MO
MYDAYIS	1	ST; MO
NARDIL	1	MO
nefazodone	1	MO
NORPRAMIN ORAL TABLET 10 MG, 25 MG	1	
nortriptyline oral capsule	1	MO
nortriptyline oral solution	1	MO
NUPLAZID	1	PA; MO; QL (30 per 30 days)
NUVIGIL	1	PA; MO; QL (30 per 30 days)
olanzapine intramuscular	1	MO
olanzapine oral tablet	1	MO; QL (30 per 30 days)
olanzapine oral tablet,disintegrating	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
olanzapine-fluoxetine	1	MO
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	1	MO; QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	1	MO; QL (60 per 30 days)
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG	1	MO
PAMELOR ORAL CAPSULE 75 MG	1	
PARNATE	1	MO
paroxetine hcl oral suspension	1	MO
paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg	1	MO; QL (30 per 30 days)
paroxetine hcl oral tablet 30 mg	1	MO; QL (60 per 30 days)
paroxetine hcl oral tablet extended release 24 hr	1	MO; QL (60 per 30 days)
paroxetine mesylate(menop.sym)	1	MO; QL (30 per 30 days)
PAXIL CR	1	MO; QL (60 per 30 days)
PAXIL ORAL SUSPENSION	1	
PAXIL ORAL TABLET 10 MG, 20 MG, 40 MG	1	MO; QL (30 per 30 days)
PAXIL ORAL TABLET 30 MG	1	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
pentobarbital sodium injection solution	1	
perphenazine	1	MO
PERSERIS	1	MO; QL (1 per 30 days)
phenelzine	1	MO
pimozide	1	MO
PRISTIQ	1	MO; QL (30 per 30 days)
procentra	1	MO
protriptyline	1	MO
PROVIGIL ORAL TABLET 100 MG	1	PA; MO; QL (30 per 30 days)
PROVIGIL ORAL TABLET 200 MG	1	PA; MO; QL (60 per 30 days)
PROZAC ORAL CAPSULE 10 MG	1	QL (30 per 30 days)
PROZAC ORAL CAPSULE 20 MG	1	QL (90 per 30 days)
PROZAC ORAL CAPSULE 40 MG	1	QL (60 per 30 days)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG	1	ST; QL (30 per 30 days)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	1	ST; QL (60 per 30 days)
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	MO; QL (90 per 30 days)

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This drug list was last updated on 10/17/2024.

Drug Name	Drug Tier	Requirements /Limits
QUETIAPINE ORAL TABLET 150 MG	1	MO; QL (90 per 30 days)
quetiapine oral tablet 300 mg, 400 mg	1	MO; QL (60 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	1	MO; QL (30 per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	1	MO; QL (60 per 30 days)
QUILLICHEW ER	1	ST; MO
QUILLIVANT XR	1	ST; MO
QUVIVIQ	1	PA; MO; QL (30 per 30 days)
ramelteon	1	MO; QL (30 per 30 days)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG	1	ST
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG	1	ST; MO
REMERON ORAL TABLET 15 MG, 30 MG	1	MO
REMERON SOLTAB	1	MO

Drug Name	Drug Tier	Requirements /Limits
REXULTI ORAL TABLET	1	MO; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	1	MO; QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	1	MO; QL (2 per 28 days)
RISPERDAL ORAL SOLUTION	1	MO
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG	1	MO; QL (60 per 30 days)
RISPERDAL ORAL TABLET 4 MG	1	MO; QL (120 per 30 days)
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml	1	MO; QL (2 per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml	1	MO; QL (2 per 28 days)
risperidone oral solution	1	MO

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Drug Name	Drug Tier	Requirements /Limits
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	1	MO; QL (60 per 30 days)
risperidone oral tablet 4 mg	1	MO; QL (120 per 30 days)
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	1	MO; QL (60 per 30 days)
risperidone oral tablet,disintegrating 4 mg	1	MO; QL (120 per 30 days)
RITALIN	1	MO
RITALIN LA	1	ST; MO
ROZEREM	1	MO; QL (30 per 30 days)
SAPHRIS	1	MO; QL (60 per 30 days)
SECUADO	1	MO; QL (30 per 30 days)
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	1	MO; QL (90 per 30 days)
SEROQUEL ORAL TABLET 300 MG, 400 MG	1	MO; QL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 400 MG, 50 MG	1	MO; QL (60 per 30 days)
SERTRALINE ORAL CAPSULE	1	MO; QL (30 per 30 days)
sertraline oral concentrate	1	MO
sertraline oral tablet 100 mg, 50 mg	1	MO; QL (60 per 30 days)
sertraline oral tablet 25 mg	1	MO; QL (30 per 30 days)
SILENOR	1	MO; QL (30 per 30 days)
SODIUM OXYBATE	1	PA; LA; QL (540 per 30 days)
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	1	PA; MO
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	1	ST; MO; QL (60 per 30 days)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	1	ST; MO; QL (30 per 30 days)
SUNOSI	1	PA; QL (30 per 30 days)
SYMBYAX ORAL CAPSULE 3-25 MG	1	

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Drug Name	Drug Tier	Requirements /Limits
SYMBYAX ORAL CAPSULE 6-25 MG	1	MO
tasimelteon	1	PA; MO; QL (30 per 30 days)
thioridazine	1	MO
thiothixene	1	MO
tranylcypromine	1	MO
trazodone	1	MO
trifluoperazine	1	MO
trimipramine	1	MO
TRINTELLIX	1	QL (30 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	1	MO; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	1	MO; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	1	MO; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	1	MO; QL (0.56 per 56 days)

Drug Name	Drug Tier	Requirements /Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	1	MO; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	1	MO; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	1	MO; QL (0.21 per 28 days)
VALIUM	1	PA; MO; QL (120 per 30 days)
VENLAFAXINE BESYLATE	1	MO; QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg	1	MO; QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 75 mg	1	MO; QL (90 per 30 days)
venlafaxine oral tablet	1	MO; QL (90 per 30 days)
venlafaxine oral tablet extended release 24hr	1	MO; QL (30 per 30 days)
VERSACLOZ	1	
VIIBRYD ORAL TABLET	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
vilazodone	1	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	1	MO; QL (30 per 30 days)
VYVANSE	1	ST; MO
WAKIX	1	PA; MO; LA; QL (60 per 30 days)
WELLBUTRIN SR	1	QL (60 per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	1	QL (90 per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	1	QL (30 per 30 days)
XELSTRYM	1	ST; MO
XYREM	1	PA; LA; QL (540 per 30 days)
XYWAV	1	PA; LA; QL (540 per 30 days)
zaleplon oral capsule 10 mg	1	MO; QL (60 per 30 days)
zaleplon oral capsule 5 mg	1	MO; QL (30 per 30 days)
zenzedi oral tablet 10 mg, 5 mg	1	MO
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	1	MO

Drug Name	Drug Tier	Requirements /Limits
ziprasidone hcl	1	MO; QL (60 per 30 days)
ziprasidone mesylate	1	MO
ZOLOFT ORAL CONCENTRATE	1	
ZOLOFT ORAL TABLET 100 MG, 50 MG	1	QL (60 per 30 days)
ZOLOFT ORAL TABLET 25 MG	1	QL (30 per 30 days)
zolpidem oral tablet	1	MO; QL (30 per 30 days)
zolpidem oral tablet,ext release multiphase	1	MO; QL (30 per 30 days)
ZURZUVAE	1	PA; MO
ZYPREXA INTRAMUSCULAR	1	MO
ZYPREXA ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	1	MO; QL (30 per 30 days)
ZYPREXA ORAL TABLET 15 MG, 20 MG	1	MO; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	1	MO; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	1	MO; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	1	MO; QL (1 per 28 days)
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG, 5 MG	1	MO; QL (30 per 30 days)
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 15 MG, 20 MG	1	MO; QL (30 per 30 days)
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
adenosine	1	
amiodarone intravenous solution	1	B/D PA; MO
amiodarone intravenous syringe	1	B/D PA
amiodarone oral tablet 100 mg, 200 mg	1	MO
amiodarone oral tablet 400 mg	1	
BETAPACE AF	1	MO

Drug Name	Drug Tier	Requirements /Limits
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	1	MO
CORVERT	1	
dofetilide	1	MO
flecainide	1	MO
ibutilide fumarate	1	
lidocaine (pf) intravenous	1	
lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)	1	
mexiletine	1	MO
MULTAQ	1	MO
NEXTERONE	1	B/D PA
pacerone oral tablet 100 mg, 200 mg, 400 mg	1	MO
procainamide injection	1	
PROCAINAMIDE INTRAVENOUS	1	
propafenone oral capsule,extended release 12 hr	1	MO
propafenone oral tablet	1	MO
quinidine gluconate oral	1	MO
quinidine sulfate oral tablet	1	MO
RYTHMOL SR	1	

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Drug Name	Drug Tier	Requirements /Limits
sorine oral tablet 120 mg	1	
sorine oral tablet 160 mg	1	MO
sotalol af	1	
sotalol oral	1	MO
SOTYLIZE	1	MO
TIKOSYN	1	MO
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL	1	
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG	1	
acebutolol	1	MO
ALDACTONE	1	MO
aliskiren	1	MO
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG	1	MO
ALTACE ORAL CAPSULE 5 MG	1	
amiloride	1	MO
amiloride-hydrochlorothiazide	1	MO
amlodipine	1	MO
amlodipine-benazepril	1	MO
amlodipine-olmesartan	1	MO
amlodipine-valsartan	1	MO
amlodipine-valsartan-hcthiazid	1	MO

Drug Name	Drug Tier	Requirements /Limits
ATACAND	1	ST; MO
ATACAND HCT	1	ST; MO
atenolol	1	MO
atenolol-chlorthalidone	1	MO
AVALIDE	1	ST; MO
AVAPRO	1	ST; MO
AZOR	1	ST; MO
benazepril	1	MO
benazepril-hydrochlorothiazide	1	MO
BENICAR	1	ST; MO
BENICAR HCT	1	ST; MO
betaxolol oral	1	MO
BIDIL	1	MO; QL (180 per 30 days)
bisoprolol fumarate	1	MO
bisoprolol-hydrochlorothiazide	1	MO
BREVIBLOC IN NACL (ISO-OSM)	1	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10 ML (10 MG/ML)	1	
bumetanide injection	1	MO
bumetanide oral	1	MO
BYSTOLIC	1	MO
candesartan	1	MO
candesartan-hydrochlorothiazid	1	MO
captopril oral tablet 100 mg, 50 mg	1	MO

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Drug Name	Drug Tier	Requirements /Limits
captopril oral tablet 12.5 mg, 25 mg	1	MO
captopril-hydrochlorothiazide	1	
CARDENE IV IN SODIUM CHLORIDE	1	
CARDIZEM CD	1	MO
CARDIZEM LA	1	MO
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	1	MO
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG	1	ST; MO; QL (30 per 30 days)
CARDURA ORAL TABLET 8 MG	1	ST; MO; QL (60 per 30 days)
CARDURA XL	1	ST; MO; QL (30 per 30 days)
CAROSPIR	1	MO
cartia xt	1	MO
carvedilol	1	MO
carvedilol phosphate	1	MO
chlorothiazide sodium	1	MO
chlorthalidone oral tablet 25 mg, 50 mg	1	MO
CLEVIPREX	1	
clonidine	1	MO; QL (4 per 28 days)
clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)	1	

Drug Name	Drug Tier	Requirements /Limits
clonidine hcl oral tablet	1	MO
CLONIDINE HCL ORAL TABLET EXTENDED RELEASE 24 HR	1	MO
CONJUPRI	1	
COREG	1	MO
COREG CR	1	MO
COZAAR	1	ST; MO
DEMSER	1	PA; MO
DIBENZYLINE	1	PA; MO
diltiazem hcl intravenous	1	
diltiazem hcl oral	1	MO
dilt-xr	1	MO
DIOVAN	1	ST; MO
DIOVAN HCT	1	ST; MO
DIURIL	1	MO
doxazosin oral tablet 1 mg, 2 mg, 4 mg	1	MO; QL (30 per 30 days)
doxazosin oral tablet 8 mg	1	MO; QL (60 per 30 days)
DYRENIUM	1	MO
EDARBI	1	MO
EDARBYCLOR	1	MO
EDECRIN	1	MO
enalapril maleate oral solution	1	MO
enalapril maleate oral tablet	1	MO
enalaprilat intravenous solution	1	

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Drug Name	Drug Tier	Requirements /Limits
enalapril-hydrochlorothiazide	1	MO
EPANED	1	MO
eplerenone	1	MO
epoprostenol	1	B/D PA; MO
esmolol in nacl (iso-osm)	1	
esmolol intravenous solution	1	
ethacrynate sodium	1	
ethacrynic acid	1	MO
EXFORGE	1	ST; MO
EXFORGE HCT	1	ST; MO
felodipine	1	MO
FLOLAN	1	B/D PA; MO
fosinopril	1	MO
fosinopril-hydrochlorothiazide	1	MO
FUROSCIX	1	ST
furosemide injection solution	1	MO
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	MO
furosemide oral tablet	1	MO
HEMANGEOL	1	
hydralazine	1	MO
hydrochlorothiazide	1	MO
HYZAAR	1	ST; MO
indapamide	1	MO
INDERAL LA	1	MO

Drug Name	Drug Tier	Requirements /Limits
INDERAL XL	1	MO
INNOPRAN XL	1	MO
INSPRA	1	MO
irbesartan	1	MO
irbesartan-hydrochlorothiazide	1	MO
isosorbide-hydralazine	1	MO; QL (180 per 30 days)
isradipine	1	
KAPSPARGO SPRINKLE	1	MO
KATERZIA	1	MO
KERENDIA	1	PA; QL (30 per 30 days)
labetalol intravenous solution	1	
LABETALOL INTRAVENOUS SYRINGE 10 MG/2 ML (5 MG/ML)	1	
labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)	1	
labetalol oral	1	MO
LASIX ORAL TABLET 20 MG, 40 MG	1	MO
LASIX ORAL TABLET 80 MG	1	
LEVAMLODIPINE	1	
lisinopril	1	MO
lisinopril-hydrochlorothiazide	1	MO

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This drug list was last updated on 10/17/2024.

Drug Name	Drug Tier	Requirements /Limits
LOPRESSOR ORAL	1	MO
losartan	1	MO
losartan-hydrochlorothiazide	1	MO
LOTENSIN HCT ORAL TABLET 10-12.5 MG	1	
LOTENSIN HCT ORAL TABLET 20-12.5 MG, 20-25 MG	1	MO
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	1	
LOTREL	1	MO
mannitol 20 %	1	
mannitol 25 % intravenous solution	1	MO
matzim la	1	MO
metolazone	1	MO
metoprolol succinate	1	MO
metoprolol ta-hydrochlorothiaz	1	MO
metoprolol tartrate intravenous	1	
metoprolol tartrate oral	1	MO
metyrosine	1	PA; MO
MICARDIS HCT	1	ST; MO
MICARDIS ORAL TABLET 20 MG, 40 MG	1	ST; MO
MICARDIS ORAL TABLET 80 MG	1	ST
minoxidil oral	1	MO

Drug Name	Drug Tier	Requirements /Limits
moexipril	1	
nadolol	1	MO
nebivolol	1	MO
NEXICLON XR	1	
NICARDIPINE IN NACL (ISO-OS)	1	
nicardipine intravenous solution	1	
nicardipine oral	1	MO
nifedipine oral tablet extended release	1	MO
nifedipine oral tablet extended release 24hr	1	MO
nimodipine oral capsule	1	MO
nisoldipine	1	MO
NORLIQVA	1	MO
NORVASC	1	
NYMALIZE ORAL SOLUTION	1	MO
NYMALIZE ORAL SYRINGE	1	
olmesartan	1	MO
olmesartan-amlodipin-hcthiazid	1	MO
olmesartan-hydrochlorothiazide	1	MO
ORENITRAM MONTH 1 TITRATION KT	1	PA; MO
ORENITRAM MONTH 2 TITRATION KT	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
ORENITRAM MONTH 3 TITRATION KT	1	PA; MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	1	PA; MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	1	PA; MO
OSMITROL 10 %	1	
osmitrol 20 %	1	
perindopril erbumine	1	MO
phenoxybenzamine	1	PA; MO
phentolamine	1	
pindolol	1	MO
prazosin	1	MO
PROCARDIA XL	1	MO
propranolol intravenous	1	
propranolol oral capsule,extended release 24 hr	1	MO
propranolol oral solution	1	MO
propranolol oral tablet	1	MO
QBRELIS	1	MO
quinapril	1	MO
quinapril-hydrochlorothiazide	1	MO

Drug Name	Drug Tier	Requirements /Limits
ramipril	1	MO
REMODULIN	1	PA; MO; LA
SOAANZ ORAL TABLET 20 MG, 40 MG	1	ST; MO
SOAANZ ORAL TABLET 60 MG	1	ST
spironolactone oral suspension	1	MO
spironolactone oral tablet	1	MO
spironolacton-hydrochlorothiaz	1	MO
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	1	MO
TEKTURNA	1	MO
telmisartan	1	MO
telmisartan-amlodipine	1	MO
telmisartan-hydrochlorothiazid	1	MO
TENORETIC 100	1	MO
TENORETIC 50	1	MO
TENORMIN	1	MO
terazosin oral capsule 1 mg, 2 mg, 5 mg	1	MO; QL (30 per 30 days)
terazosin oral capsule 10 mg	1	MO; QL (60 per 30 days)
THALITONE	1	MO
tiadylt er	1	MO

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Drug Name	Drug Tier	Requirements /Limits
TIAZAC	1	MO
timolol maleate oral	1	MO
TOPROL XL	1	MO
torsemide oral	1	MO
trandolapril	1	MO
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg	1	MO
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 2-240 mg, 4-240 mg	1	
treprostinil sodium	1	PA; MO; LA
triamterene	1	MO
triamterene-hydrochlorothiazid	1	MO
TRIBENZOR	1	ST; MO
UPTRAVI INTRAVENOUS	1	PA; LA
UPTRAVI ORAL	1	PA; MO; LA
VALSARTAN ORAL SOLUTION	1	ST; MO
valsartan oral tablet	1	MO
valsartan-hydrochlorothiazide	1	MO
VASERETIC	1	MO
VASOTEC	1	MO
veletri	1	B/D PA; MO
verapamil intravenous	1	
verapamil oral capsule, 24 hr er pellet ct	1	MO
verapamil oral capsule,ext rel. pellets 24 hr	1	MO
verapamil oral tablet	1	MO
verapamil oral tablet extended release	1	MO
VERELAN	1	
VERELAN PM	1	MO
ZESTORETIC	1	MO
ZESTRIL	1	MO
COAGULATION THERAPY		
ADZYNMA	1	PA; LA
AGGRASTAT CONCENTRATE	1	B/D PA
AGGRASTAT IN SODIUM CHLORIDE	1	B/D PA
ALVAIZ	1	PA; MO
aminocaproic acid intravenous	1	MO
aminocaproic acid oral	1	MO
ANDEXXA	1	
ARGATROBAN	1	
argatroban in 0.9 % sod chlor	1	
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	1	MO

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Drug Name	Drug Tier	Requirements /Limits
ARIXTRA SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	1	MO
aspirin-dipyridamole	1	MO
BRILINTA	1	MO
CABLIVI INJECTION KIT	1	PA; LA
CEPROTIN (BLUE BAR)	1	PA; MO
CEPROTIN (GREEN BAR)	1	PA; MO
cilostazol	1	MO
clopidogrel oral tablet 300 mg	1	MO
clopidogrel oral tablet 75 mg	1	MO; QL (30 per 30 days)
dabigatran etexilate	1	MO
dipyridamole intravenous	1	
dipyridamole oral	1	MO
DOPTELET (10 TAB PACK)	1	PA; MO; LA
DOPTELET (15 TAB PACK)	1	PA; MO; LA
DOPTELET (30 TAB PACK)	1	PA; MO; LA
EFFIENT	1	MO
ELIQUIS	1	MO
ELIQUIS DVT-PE TREAT 30D START	1	MO
enoxaparin subcutaneous solution	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	1	MO; QL (28 per 28 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	1	MO; QL (22.4 per 28 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml	1	MO; QL (16.8 per 28 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	1	MO; QL (11.2 per 28 days)
fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	1	MO
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	1	MO
FRAGMIN SUBCUTANEOUS SOLUTION	1	MO
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 7,500 ANTI-XA UNIT/0.3 ML	1	MO

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Drug Name	Drug Tier	Requirements /Limits
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	1	MO
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)	1	
heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	1	MO
heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml	1	MO
HEPARIN (PORCINE) IN NACL (PF) INTRAVENOUS PARENTERAL SOLUTION 2,000 UNIT/1,000 ML	1	
heparin (porcine) injection cartridge	1	MO
heparin (porcine) injection solution	1	MO
heparin (porcine) injection syringe 5,000 unit/ml	1	MO

Drug Name	Drug Tier	Requirements /Limits
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	1	
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	1	MO
heparin, porcine (pf) injection solution 1,000 unit/ml	1	
HEPARIN, PORCINE (PF) INJECTION SOLUTION 5,000 UNIT/0.5 ML	1	MO
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml	1	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	1	MO
jantoven	1	MO
LOVENOX SUBCUTANEOUS SOLUTION	1	MO; QL (30 per 30 days)
LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 150 MG/ML	1	MO; QL (28 per 28 days)

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This drug list was last updated on 10/17/2024.

Drug Name	Drug Tier	Requirements /Limits
LOVENOX SUBCUTANEOUS SYRINGE 120 MG/0.8 ML, 80 MG/0.8 ML	1	MO; QL (22.4 per 28 days)
LOVENOX SUBCUTANEOUS SYRINGE 30 MG/0.3 ML, 60 MG/0.6 ML	1	MO; QL (16.8 per 28 days)
LOVENOX SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	1	MO; QL (11.2 per 28 days)
MULPLETA	1	PA; MO
NPLATE	1	PA; MO
OCTAPLAS (BLOOD GROUP A)	1	
OCTAPLAS (BLOOD GROUP AB)	1	
OCTAPLAS (BLOOD GROUP B)	1	
OCTAPLAS (BLOOD GROUP O)	1	
pentoxifylline	1	MO
PLAVIX ORAL TABLET 75 MG	1	MO; QL (30 per 30 days)
PRADAXA ORAL CAPSULE	1	PA; MO
PRADAXA ORAL PELLETS IN PACKET	1	PA
prasugrel	1	MO
PRAXBIND	1	

Drug Name	Drug Tier	Requirements /Limits
PROMACTA	1	PA; MO; LA
protamine	1	
SAVAYSA	1	PA; MO
TAVALISSE	1	PA; LA; QL (60 per 30 days)
THROMBATE III	1	
THROMBIN-JMI NASAL	1	
tirofiban-0.9% sodium chloride	1	B/D PA
warfarin	1	MO
XARELTO	1	MO
XARELTO DVT-PE TREAT 30D START	1	MO
ZONTIVITY	1	
LIPID/CHOLESTEROL LOWERING AGENTS		
ALTOPREV	1	ST; MO; QL (30 per 30 days)
amlodipine-atorvastatin	1	MO; QL (30 per 30 days)
ATORVALIQ	1	ST; MO; QL (600 per 30 days)
atorvastatin	1	MO; QL (30 per 30 days)
CADUET	1	ST; MO; QL (30 per 30 days)
cholestyramine (with sugar)	1	MO
cholestyramine light	1	

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This drug list was last updated on 10/17/2024.

Drug Name	Drug Tier	Requirements /Limits
colesevelam	1	MO
COLESTID ORAL GRANULES	1	MO
COLESTID ORAL TABLET	1	
colestipol oral granules	1	MO
colestipol oral packet	1	
colestipol oral tablet	1	MO
CRESTOR	1	ST; MO; QL (30 per 30 days)
EVKEEZA	1	PA; LA
EZALLOR SPRINKLE	1	ST; QL (30 per 30 days)
ezetimibe	1	MO
EZETIMIBE-ROSUVASTATIN	1	ST; QL (30 per 30 days)
ezetimibe-simvastatin	1	MO; QL (30 per 30 days)
fenofibrate micronized oral capsule 130 mg	1	MO
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	1	MO
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	1	
fenofibrate nanocrystallized	1	MO
FENOFIBRATE ORAL CAPSULE	1	MO

Drug Name	Drug Tier	Requirements /Limits
fenofibrate oral tablet 120 mg, 40 mg	1	MO
fenofibrate oral tablet 160 mg, 54 mg	1	MO
fenofibric acid	1	
fenofibric acid (choline)	1	MO
FENOGLIDE	1	MO
FIBRICOR	1	MO
FLOLIPID	1	ST; QL (300 per 30 days)
fluvastatin oral capsule 20 mg	1	MO; QL (30 per 30 days)
fluvastatin oral capsule 40 mg	1	MO; QL (60 per 30 days)
fluvastatin oral tablet extended release 24 hr	1	MO; QL (30 per 30 days)
gemfibrozil	1	MO
icosapent ethyl	1	MO
JUXTAPID	1	PA; MO; LA
LEQVIO	1	PA; QL (3 per 180 days)
LESCOL XL	1	ST; MO; QL (30 per 30 days)
LIPITOR	1	ST; MO; QL (30 per 30 days)
LIPOFEN	1	MO
LIVALO	1	ST; MO; QL (30 per 30 days)
LOPID	1	

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Drug Name	Drug Tier	Requirements /Limits
lovastatin oral tablet 10 mg	1	MO; QL (30 per 30 days)
lovastatin oral tablet 20 mg, 40 mg	1	MO; QL (60 per 30 days)
LOVAZA	1	ST; MO
NEXLETOL	1	PA; MO
NEXLIZET	1	PA; MO
niacin oral tablet 500 mg	1	MO
niacin oral tablet extended release 24 hr	1	MO
NIACOR	1	MO
omega-3 acid ethyl esters	1	MO
pitavastatin calcium	1	MO; QL (30 per 30 days)
PRALUENT PEN	1	PA; QL (2 per 28 days)
pravastatin	1	MO; QL (30 per 30 days)
prevalite	1	MO
QUESTRAN	1	MO
QUESTRAN LIGHT	1	
REPATHA	1	PA; QL (6 per 28 days)
REPATHA PUSHTRONEX	1	PA; QL (7 per 28 days)
REPATHA SURECLICK	1	PA; QL (6 per 28 days)
rosuvastatin	1	MO; QL (30 per 30 days)
ROSZET	1	ST; QL (30 per 30 days)
simvastatin	1	MO; QL (30 per 30 days)
TRICOR ORAL TABLET 145 MG	1	
TRICOR ORAL TABLET 48 MG	1	MO
TRILIPIX	1	MO
VASCEPA	1	ST; MO
VYTORIN 10-10	1	ST; MO; QL (30 per 30 days)
VYTORIN 10-20	1	ST; MO; QL (30 per 30 days)
VYTORIN 10-40	1	ST; MO; QL (30 per 30 days)
VYTORIN 10-80	1	ST; MO; QL (30 per 30 days)
WELCHOL	1	MO
ZETIA	1	MO
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	1	ST; MO; QL (30 per 30 days)
ZYPITAMAG	1	ST; MO; QL (30 per 30 days)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ASPRUZYO SPRINKLE ORAL EXTEND RELEASE GRANULES,PACKET 1,000 MG	1	MO

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Drug Name	Drug Tier	Requirements /Limits
ASPRUZYO SPRINKLE ORAL EXTEND RELEASE GRANULES,PACKET 500 MG	1	
CAMZYOS	1	PA; MO; QL (30 per 30 days)
CORLANOR ORAL SOLUTION	1	QL (450 per 30 days)
CORLANOR ORAL TABLET	1	MO; QL (60 per 30 days)
digoxin oral solution	1	MO
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1	MO
digoxin oral tablet 62.5 mcg (0.0625 mg)	1	MO
dobutamine	1	B/D PA
dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)	1	B/D PA
dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)	1	B/D PA

Drug Name	Drug Tier	Requirements /Limits
dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)	1	B/D PA; MO
dopamine intravenous solution 200 mg/5 ml (40 mg/ml)	1	B/D PA
dopamine intravenous solution 400 mg/10 ml (40 mg/ml)	1	B/D PA; MO
ENTRESTO	1	QL (60 per 30 days)
ENTRESTO SPRINKLE	1	QL (240 per 30 days)
FILSPARI	1	PA; QL (30 per 30 days)
isoproterenol hcl	1	
ivabradine	1	MO; QL (60 per 30 days)
LANOXIN ORAL	1	MO
LEVOPHED (BITARTRATE)	1	
LODOCO	1	PA; MO
milrinone	1	B/D PA
milrinone in 5 % dextrose	1	B/D PA
nitroprusside in 0.9 % nacl	1	B/D PA
norepinephrine bitartrate	1	
norepinephrine bitartrate-d5w intravenous solution 16 mg/250 ml (64 mcg/ml)	1	

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Drug Name	Drug Tier	Requirements /Limits
NOREPINEPHRINE BITARTRATE-D5W INTRAVENOUS SOLUTION 4 MG/250 ML (16 MCG/ML), 8 MG/250 ML (32 MCG/ML)	1	
ranolazine	1	MO
sodium nitroprusside	1	B/D PA
VECAMYL	1	
VERQUVO	1	MO; QL (30 per 30 days)
VYNDAMAX	1	PA; MO
VYNDAQEL	1	PA; MO
NITRATES		
ISORDIL	1	MO
ISORDIL TITRADOSE ORAL TABLET 5 MG	1	MO
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	MO
isosorbide dinitrate oral tablet 40 mg	1	MO
isosorbide mononitrate oral tablet	1	
isosorbide mononitrate oral tablet extended release 24 hr	1	MO
nitro-bid	1	MO
NITRO-DUR	1	MO

Drug Name	Drug Tier	Requirements /Limits
nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)	1	B/D PA
nitroglycerin intravenous	1	B/D PA
nitroglycerin sublingual	1	MO
nitroglycerin transdermal patch 24 hour	1	MO
nitroglycerin translingual	1	MO
NITROLINGUAL	1	MO
NITROSTAT	1	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin	1	MO
ANALPRAM-HC TOPICAL	1	MO
BIMZELX	1	PA; MO; QL (2 per 21 days)
BIMZELX AUTOINJECTOR	1	PA; MO; QL (2 per 21 days)
calcipotriene scalp	1	MO; QL (120 per 30 days)
calcipotriene topical cream	1	MO; QL (120 per 30 days)
CALCIPOTRIENE TOPICAL FOAM	1	QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
calcipotriene topical ointment	1	MO; QL (120 per 30 days)
calcipotriene-betamethasone	1	MO; QL (400 per 30 days)
calcitriol topical	1	
COSENTYX (2 SYRINGES)	1	PA; MO; QL (10 per 28 days)
COSENTYX INTRAVENOUS	1	PA; QL (20 per 28 days)
COSENTYX PEN	1	PA; MO; QL (5 per 28 days)
COSENTYX PEN (2 PENS)	1	PA; MO; QL (10 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; QL (5 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; MO; QL (2.5 per 28 days)
COSENTYX UNOREADY PEN	1	PA; MO; QL (10 per 28 days)
ENSTILAR	1	MO; QL (400 per 30 days)
EPIFOAM	1	MO
ILUMYA	1	PA; MO; QL (2 per 28 days)
PRAMOSONE TOPICAL CREAM 1-1 %	1	MO
PRAMOSONE TOPICAL LOTION	1	MO

Drug Name	Drug Tier	Requirements /Limits
selenium sulfide topical lotion	1	MO
SILIQ	1	PA; MO; QL (6 per 28 days)
SKYRIZI SUBCUTANEOUS PEN INJECTOR	1	PA; MO; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; QL (2 per 28 days)
SORILUX	1	QL (120 per 30 days)
SOTYKTU	1	PA; MO
SPEVIGO INTRAVENOUS	1	PA; MO; LA; QL (30 per 365 days)
SPEVIGO SUBCUTANEOUS	1	PA; MO; QL (4 per 28 days)
STELARA INTRAVENOUS	1	PA; MO; QL (104 per 180 days)
STELARA SUBCUTANEOUS SOLUTION	1	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; MO; QL (1 per 28 days)
TACLONEX TOPICAL SUSPENSION	1	MO; QL (400 per 30 days)
TALTZ AUTOINJECTOR	1	PA; MO; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
TALTZ AUTOINJECTOR (2 PACK)	1	PA; MO; QL (4 per 28 days)
TALTZ AUTOINJECTOR (3 PACK)	1	PA; MO; QL (3 per 180 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML	1	PA; MO; QL (0.25 per 28 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 40 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)
TALTZ SUBCUTANEOUS SYRINGE 80 MG/ML	1	PA; MO; QL (1 per 28 days)
TREMFYA SUBCUTANEOUS AUTO-INJECTOR	1	PA; MO; QL (2 per 28 days)
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA; MO; QL (2 per 28 days)
VECTICAL	1	
VTAMA	1	PA; MO
ZORYVE TOPICAL CREAM 0.3 %	1	PA; MO
ZORYVE TOPICAL FOAM	1	PA; MO; QL (60 per 30 days)
MISCELLANEOUS DERMATOLOGICALS		
ADBRY	1	PA; MO; QL (6 per 28 days)
ammonium lactate	1	MO

Drug Name	Drug Tier	Requirements /Limits
CARAC	1	
chloroprocaine (pf)	1	
CIBINQO	1	PA; MO; QL (30 per 30 days)
CITANEST PLAIN DENTAL	1	
CONDYLOX TOPICAL GEL	1	MO
dermacinrx lidocan	1	PA; QL (90 per 30 days)
diclofenac sodium topical gel 3 %	1	PA; MO; QL (100 per 28 days)
doxepin topical	1	MO; QL (45 per 30 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	1	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	1	PA; MO; QL (8 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	1	PA; QL (1.34 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	1	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	1	PA; MO; QL (8 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
EFUDEX TOPICAL CREAM	1	MO
ELIDEL	1	PA; MO; QL (100 per 30 days)
EUCRISA	1	PA; MO; QL (120 per 30 days)
FILSUVEZ	1	PA; LA
FLUOROPLEX	1	
FLUOROURACIL TOPICAL CREAM 0.5 %	1	
fluorouracil topical cream 5 %	1	MO
fluorouracil topical solution	1	MO
glydo	1	MO; QL (60 per 30 days)
HYFTOR	1	PA
imiquimod topical cream in metered-dose pump	1	MO
imiquimod topical cream in packet 3.75 %	1	MO
imiquimod topical cream in packet 5 %	1	MO
lidocaine (pf) injection solution	1	
lidocaine hcl injection solution	1	
lidocaine hcl laryngotracheal	1	
lidocaine hcl mucous membrane jelly in applicator	1	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
lidocaine hcl mucous membrane solution 2 %	1	MO
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	1	MO
lidocaine topical adhesive patch,medicated 5 %	1	PA; MO; QL (90 per 30 days)
lidocaine topical ointment	1	MO; QL (36 per 30 days)
lidocaine viscous	1	
lidocaine-epinephrine	1	
lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000	1	
LIDOCAINE-EPINEPHRINE BIT INJECTION CARTRIDGE 2 %-1:100,000	1	
lidocaine-prilocaine topical cream	1	MO; QL (30 per 30 days)
lidocan iii	1	PA; QL (90 per 30 days)
lidocan iv	1	PA; QL (90 per 30 days)
lidocan v	1	PA; QL (90 per 30 days)
LIDODERM	1	PA; QL (90 per 30 days)
methoxsalen	1	MO
NESACAINE	1	
NESACAINE-MPF	1	

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Drug Name	Drug Tier	Requirements /Limits
OPZELURA	1	PA; MO; QL (240 per 28 days)
PANRETIN	1	PA; MO
pimecrolimus	1	PA; MO; QL (100 per 30 days)
PLIAGLIS	1	PA; QL (30 per 30 days)
podofilox topical gel	1	MO
podofilox topical solution	1	MO
polocaine injection solution 1 % (10 mg/ml)	1	
POLOCAINE INJECTION SOLUTION 2 %	1	
polocaine-mpf	1	
prudoxin	1	MO; QL (45 per 30 days)
QBREXZA	1	MO
QUTENZA	1	QL (1 per 90 days)
REGRANEX	1	MO; QL (15 per 30 days)
SANTYL	1	MO; QL (180 per 30 days)
SILVADENE	1	MO
silver sulfadiazine	1	MO
ssd	1	MO
tacrolimus topical	1	PA; MO; QL (100 per 30 days)
TOLAK	1	

Drug Name	Drug Tier	Requirements /Limits
tridacaine ii	1	PA; QL (90 per 30 days)
tridacaine iii	1	PA; QL (90 per 30 days)
VALCHLOR	1	PA; MO
VEREGEN	1	MO; QL (30 per 30 days)
VYJUVEK	1	PA
xylocaine dental-epinephrine	1	
XYLOCAINE INJECTION SOLUTION 10 MG/ML (1 %), 20 MG/ML (2 %)	1	
XYLOCAINE WITH EPINEPHRINE	1	
XYLOCAINE-MPF	1	
XYLOCAINE-MPF/EPINEPHRINE	1	
YCANTH	1	MO
ZONALON	1	MO; QL (45 per 30 days)
ZTLIDO	1	PA; MO; QL (90 per 30 days)
ZYCLARA	1	MO
THERAPY FOR ACNE		
ABSORICA	1	
ABSORICA LD	1	
ACANYA TOPICAL GEL WITH PUMP	1	MO
accutane	1	

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Drug Name	Drug Tier	Requirements /Limits
ACZONE	1	MO
adapalene topical cream	1	PA; MO
adapalene topical gel 0.3 %	1	PA; MO
adapalene topical gel with pump	1	PA; MO
adapalene topical solution	1	PA
adapalene topical swab	1	PA
adapalene-benzoyl peroxide	1	PA; MO
AKLIEF	1	PA; MO
ALTRENO	1	PA; MO
amnesteem	1	
AMZEEQ	1	MO
ARAZLO	1	PA; MO
ATRALIN	1	PA; MO
azelaic acid	1	MO
AZELEX	1	MO
BENZAMYCIN	1	MO
brimonidine topical	1	PA; MO
CABTREO	1	MO
claravis	1	
CLEOCIN T TOPICAL LOTION	1	MO; QL (120 per 30 days)
clindacin	1	QL (100 per 30 days)
clindacin etz topical swab	1	MO; QL (69 per 30 days)
clindacin p	1	QL (69 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
CLINDAGEL	1	QL (150 per 30 days)
clindamycin phosphate topical foam	1	QL (100 per 30 days)
clindamycin phosphate topical gel	1	MO; QL (120 per 30 days)
clindamycin phosphate topical gel, once daily	1	MO; QL (150 per 30 days)
clindamycin phosphate topical lotion	1	MO; QL (120 per 30 days)
clindamycin phosphate topical solution	1	MO; QL (120 per 30 days)
clindamycin phosphate topical swab	1	MO; QL (60 per 30 days)
clindamycin-benzoyl peroxide	1	MO
clindamycin-tretinoin	1	PA; MO
dapsone topical	1	MO
DIFFERIN TOPICAL CREAM	1	PA; MO
DIFFERIN TOPICAL GEL WITH PUMP	1	PA; MO
DIFFERIN TOPICAL LOTION	1	PA; MO
EPIDUO FORTE	1	PA; MO
EPIDUO TOPICAL GEL WITH PUMP	1	PA
EPSOLAY	1	ST; MO
ery pads	1	MO

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Drug Name	Drug Tier	Requirements /Limits
erygel	1	MO
erythromycin with ethanol topical gel	1	MO
erythromycin with ethanol topical solution	1	MO
erythromycin-benzoyl peroxide	1	MO
FABIOR	1	PA; MO
FINACEA TOPICAL FOAM	1	ST; MO
FINACEA TOPICAL GEL	1	ST
isotretinoin	1	
ivermectin topical cream	1	MO; QL (90 per 30 days)
METROCREAM	1	ST
METROGEL TOPICAL GEL 1 %	1	ST; MO
METROLOTION	1	ST
metronidazole topical	1	MO
MIRVASO	1	PA; MO
neuac	1	MO
NORITATE	1	ST; MO
ONEXTON TOPICAL GEL WITH PUMP	1	MO
RETIN-A	1	PA; MO
RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 %	1	PA; MO
RETIN-A MICRO TOPICAL GEL WITH PUMP 0.04 %, 0.1 %	1	PA
RETIN-A MICRO TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	1	PA; MO
SOOLANTRA	1	ST; MO; QL (90 per 30 days)
tazarotene topical cream	1	PA; MO
TAZAROTENE TOPICAL FOAM	1	PA
tazarotene topical gel	1	PA; MO
TAZORAC	1	PA; MO
tretinoin microspheres	1	PA; MO
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	1	PA; MO
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	1	PA; MO
TWYNEO	1	PA; MO
VELTIN	1	PA
WINLEVI	1	PA; MO
zenatane	1	
ZIANA	1	PA
ZILXI	1	ST; MO
TOPICAL ANTIBACTERIALS		
ALTABAX	1	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
gentamicin topical	1	MO; QL (60 per 30 days)
KLARON	1	MO
mafenide acetate	1	MO
mupirocin	1	MO; QL (44 per 30 days)
mupirocin calcium	1	MO; QL (30 per 30 days)
NEO-SYNALAR	1	MO
sulfacetamide sodium (acne)	1	MO
SULFAMYLON TOPICAL CREAM	1	MO
TOPICAL ANTIFUNGALS		
ciclodan topical solution	1	QL (6.6 per 28 days)
ciclopirox topical cream	1	MO; QL (90 per 28 days)
ciclopirox topical gel	1	MO; QL (100 per 28 days)
ciclopirox topical shampoo	1	MO; QL (120 per 28 days)
ciclopirox topical solution	1	MO; QL (6.6 per 28 days)
ciclopirox topical suspension	1	MO; QL (60 per 28 days)
clotrimazole topical cream	1	MO; QL (45 per 28 days)
clotrimazole topical solution	1	MO; QL (30 per 28 days)
clotrimazole-betamethasone topical cream	1	MO; QL (45 per 28 days)
clotrimazole-betamethasone topical lotion	1	MO; QL (60 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
econazole	1	MO; QL (85 per 28 days)
ERTACZO	1	QL (60 per 28 days)
EXELDERM	1	MO; QL (60 per 28 days)
JUBLIA	1	QL (8 per 30 days)
ketoconazole topical cream	1	MO; QL (60 per 28 days)
ketoconazole topical foam	1	MO; QL (100 per 28 days)
ketoconazole topical shampoo	1	MO; QL (120 per 28 days)
ketodan	1	QL (100 per 28 days)
klayesta	1	MO; QL (180 per 30 days)
LOPROX (AS OLAMINE) TOPICAL SUSPENSION	1	QL (60 per 28 days)
LOPROX TOPICAL SHAMPOO	1	QL (120 per 28 days)
LULICONAZOLE	1	MO; QL (60 per 28 days)
LUZU	1	MO; QL (60 per 28 days)
MICONAZOLE NITRATE-ZINC OX-PET	1	QL (50 per 28 days)
naftifine topical cream	1	MO; QL (60 per 28 days)
naftifine topical gel 2 %	1	MO; QL (60 per 28 days)
NAFTIN TOPICAL GEL 1 %	1	QL (60 per 28 days)

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This drug list was last updated on 10/17/2024.

Drug Name	Drug Tier	Requirements /Limits
NAFTIN TOPICAL GEL 2 %	1	MO; QL (60 per 28 days)
nyamyc	1	MO; QL (180 per 30 days)
nystatin topical cream	1	MO; QL (30 per 28 days)
nystatin topical ointment	1	MO; QL (30 per 28 days)
nystatin topical powder	1	MO; QL (180 per 30 days)
nystatin-triamcinolone	1	MO; QL (60 per 28 days)
nystop	1	MO; QL (180 per 30 days)
oxiconazole	1	MO; QL (90 per 28 days)
OXISTAT TOPICAL LOTION	1	MO; QL (60 per 28 days)
tavaborole	1	MO; QL (10 per 30 days)
VUSION	1	MO; QL (50 per 28 days)
TOPICAL ANTIVIRALS		
acyclovir topical cream	1	PA; MO; QL (5 per 30 days)
acyclovir topical ointment	1	PA; MO; QL (30 per 30 days)
DENAVIR	1	MO; QL (5 per 30 days)
penciclovir	1	MO; QL (5 per 30 days)
XERESE	1	MO
ZOVIRAX TOPICAL CREAM	1	PA; MO; QL (5 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ZOVIRAX TOPICAL OINTMENT	1	PA; MO; QL (30 per 30 days)
TOPICAL CORTICOSTEROIDS		
ala-cort topical cream 1 %	1	MO
ala-cort topical cream 2.5 %	1	
ALA-SCALP	1	MO
alclometasone	1	MO
amcinonide topical cream	1	
amcinonide topical ointment	1	
apexicon e	1	QL (120 per 30 days)
betamethasone dipropionate	1	MO
betamethasone valerate topical cream	1	MO
betamethasone valerate topical foam	1	MO
betamethasone valerate topical lotion	1	MO
betamethasone valerate topical ointment	1	MO
betamethasone, augmented	1	MO
BRYHALI	1	MO
CAPEX	1	
clobetasol scalp	1	MO; QL (100 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
clobetasol topical cream	1	MO; QL (120 per 28 days)
clobetasol topical foam	1	MO; QL (100 per 28 days)
clobetasol topical gel	1	MO; QL (120 per 28 days)
clobetasol topical lotion	1	MO; QL (118 per 28 days)
clobetasol topical ointment	1	MO; QL (120 per 28 days)
clobetasol topical shampoo	1	MO; QL (236 per 28 days)
clobetasol topical spray,non-aerosol	1	MO; QL (125 per 28 days)
clobetasol-emollient topical cream	1	MO; QL (120 per 28 days)
clobetasol-emollient topical foam	1	MO; QL (100 per 28 days)
CLOBEX TOPICAL LOTION	1	QL (118 per 28 days)
CLOBEX TOPICAL SHAMPOO	1	MO; QL (236 per 28 days)
CLOBEX TOPICAL SPRAY,NON-AEROSOL	1	QL (125 per 28 days)
clocortolone pivalate	1	MO
clodan	1	MO; QL (236 per 28 days)
CORDRAN TAPE LARGE ROLL	1	MO
CORDRAN TOPICAL CREAM 0.05 %	1	QL (120 per 30 days)
CORDRAN TOPICAL LOTION	1	QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
DERMA-SMOOTHE/FS BODY OIL	1	MO
DERMA-SMOOTHE/FS SCALP OIL	1	MO
desonide	1	MO
DESOWEN TOPICAL CREAM	1	
desoximetasone	1	MO
diflorasone	1	MO; QL (120 per 30 days)
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	1	MO
DUOBRII	1	MO; QL (200 per 30 days)
fluocinolone	1	MO
fluocinolone and shower cap	1	MO
fluocinonide	1	MO; QL (120 per 30 days)
fluocinonide-emollient	1	MO; QL (120 per 30 days)
flurandrenolide topical cream	1	QL (120 per 30 days)
flurandrenolide topical lotion	1	MO; QL (120 per 30 days)
flurandrenolide topical ointment	1	QL (120 per 30 days)
fluticasone propionate topical	1	MO
halcinonide topical cream	1	MO

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Drug Name	Drug Tier	Requirements /Limits
halobetasol propionate topical cream	1	MO
halobetasol propionate topical foam	1	
halobetasol propionate topical ointment	1	MO
HALOG TOPICAL CREAM	1	MO
HALOG TOPICAL OINTMENT	1	
HALOG TOPICAL SOLUTION	1	
hydrocortisone butyrate topical cream	1	MO; QL (120 per 30 days)
hydrocortisone butyrate topical lotion	1	MO; QL (118 per 30 days)
hydrocortisone butyrate topical ointment	1	MO; QL (120 per 30 days)
hydrocortisone butyrate topical solution	1	MO; QL (120 per 30 days)
hydrocortisone topical cream 1 %, 2.5 %	1	MO
hydrocortisone topical lotion 2 %	1	
hydrocortisone topical lotion 2.5 %	1	MO
hydrocortisone topical ointment 1 %, 2.5 %	1	MO

Drug Name	Drug Tier	Requirements /Limits
hydrocortisone valerate	1	MO
KENALOG TOPICAL	1	QL (126 per 28 days)
LEXETTE	1	
LOCOID LIPOCREAM	1	MO; QL (120 per 30 days)
LOCOID TOPICAL LOTION	1	MO; QL (118 per 30 days)
mometasone topical	1	MO
PANDEL	1	MO
prednicarbate topical ointment	1	
PROCTOCORT TOPICAL	1	MO
SYNALAR TOPICAL CREAM	1	MO
SYNALAR TOPICAL OINTMENT	1	MO
SYNALAR TOPICAL SOLUTION	1	
TEXACORT	1	MO
TOPICORT	1	
tovet emollient	1	MO; QL (100 per 28 days)
triamcinolone acetonide topical aerosol	1	MO; QL (126 per 28 days)
triamcinolone acetonide topical cream	1	MO
triamcinolone acetonide topical lotion	1	MO

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Drug Name	Drug Tier	Requirements /Limits
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1	MO
triamcinolone acetonide topical ointment 0.05 %	1	MO
triderm topical cream	1	
ULTRAVATE TOPICAL LOTION	1	
VANOS	1	MO; QL (120 per 30 days)
VERDESO	1	MO
TOPICAL SCABICIDES / PEDICULICIDES		
crotan	1	
malathion	1	MO
NATROBA	1	MO
OVIDE	1	MO
permethrin	1	MO; QL (60 per 30 days)
spinosad	1	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANOREXIANTS		
ORLISTAT	1	PA; MO
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML	1	PA; MO; QL (4 per 365 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	1	PA; MO; QL (3 per 28 days)
XENICAL	1	PA; MO
ANTIDOTES		
ACETADOTE	1	
acetylcysteine intravenous	1	
PROTOPAM CHLORIDE	1	
IRRIGATING SOLUTIONS		
lactated ringers irrigation	1	
neomycin-polymyxin b gu	1	
PHYSIOLYTE	1	
ringer's irrigation	1	MO
SORBITOL IRRIGATION	1	
tis-u-sol pentalyte	1	
MISCELLANEOUS AGENTS		
acamprosate	1	MO
acetic acid irrigation	1	MO
AGRYLIN	1	MO
AMMONUL	1	
anagrelide	1	MO
ARALAST NP	1	PA; MO; LA
AURYXIA	1	PA; MO
BUPHENYL	1	PA
CAFCIT	1	

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Drug Name	Drug Tier	Requirements /Limits
caffeine citrate intravenous	1	
caffeine citrate oral	1	MO
CARBAGLU	1	PA; MO; LA
carglumic acid	1	PA; MO
CARNITOR	1	MO
CARNITOR (SUGAR-FREE)	1	MO
cevimeline	1	MO
CHEMET	1	PA
CLINIMIX 4.25%/D5W SULFIT FREE	1	B/D PA
CLINIMIX E 2.75%/D5W SULF FREE	1	B/D PA
CUVRIOR	1	PA; LA
d10 %-0.45 % sodium chloride	1	
d2.5 %-0.45 % sodium chloride	1	
d5 % and 0.9 % sodium chloride	1	MO
d5 %-0.45 % sodium chloride	1	MO
deferasirox oral granules in packet	1	PA; MO
deferasirox oral tablet 180 mg, 360 mg	1	PA; MO
deferasirox oral tablet 90 mg	1	PA; MO
deferasirox oral tablet, dispersible 125 mg	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
deferasirox oral tablet, dispersible 250 mg, 500 mg	1	PA; MO
deferiprone	1	PA; MO
deferoxamine	1	B/D PA; MO
DESFERAL	1	B/D PA; MO
dextrose 10 % and 0.2 % nacl	1	
dextrose 10 % in water (d10w)	1	
dextrose 25 % in water (d25w)	1	
dextrose 5 % in water (d5w)	1	MO
dextrose 5 %-lactated ringers	1	MO
dextrose 5%-0.2 % sod chloride	1	
dextrose 5%-0.3 % sod.chloride	1	
dextrose 50 % in water (d50w)	1	
dextrose 70 % in water (d70w)	1	
disulfiram oral tablet 250 mg	1	MO
disulfiram oral tablet 500 mg	1	
droxidopa	1	PA; MO
DUVYZAT	1	PA
EMPAVELI	1	PA; LA
ENDARI	1	PA; MO
ENJAYMO	1	PA; LA
EVOXAC	1	MO
EXJADE	1	PA; MO; LA

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Drug Name	Drug Tier	Requirements /Limits
EXSERVAN	1	PA
FABHALTA	1	PA
FERRIPROX	1	PA
FERRIPROX (2 TIMES A DAY)	1	PA
FOSRENOL ORAL POWDER IN PACKET 1,000 MG	1	MO; QL (135 per 30 days)
FOSRENOL ORAL POWDER IN PACKET 750 MG	1	MO; QL (180 per 30 days)
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG	1	MO; QL (135 per 30 days)
FOSRENOL ORAL TABLET,CHEWABLE 500 MG	1	MO; QL (270 per 30 days)
FOSRENOL ORAL TABLET,CHEWABLE 750 MG	1	MO; QL (180 per 30 days)
GIVLAARI	1	PA; MO; LA
GLASSIA	1	PA; MO; LA
glutamine (sickle cell)	1	PA; MO
INCRELEX	1	MO; LA
JADENU	1	PA; MO
JADENU SPRINKLE	1	PA; MO
JOENJA	1	PA; LA; QL (60 per 30 days)
kionex (with sorbitol)	1	
LAMZEDE	1	PA; LA

Drug Name	Drug Tier	Requirements /Limits
lanthanum oral tablet,chewable 1,000 mg	1	MO; QL (135 per 30 days)
lanthanum oral tablet,chewable 500 mg	1	MO; QL (270 per 30 days)
lanthanum oral tablet,chewable 750 mg	1	MO; QL (180 per 30 days)
levocarnitine (with sugar)	1	MO
levocarnitine intravenous	1	
levocarnitine oral solution 100 mg/ml	1	MO
levocarnitine oral tablet	1	MO
LITFULO	1	PA; MO; QL (28 per 28 days)
LITHOSTAT	1	
LOKELMA	1	MO
midodrine	1	MO
nitisinone	1	PA; MO
NITYR	1	PA; MO; LA
NORTHERA	1	PA; MO
OLPRUVA	1	PA; LA
ORFADIN	1	PA; LA
OXBRYTA ORAL TABLET 300 MG	1	PA; MO; LA; QL (150 per 30 days)
OXBRYTA ORAL TABLET 500 MG	1	PA; MO; LA; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
OXBRYTA ORAL TABLET FOR SUSPENSION	1	PA; MO; LA; QL (150 per 30 days)
PANHEMATIN	1	
PEDMARK	1	B/D PA
PHEBURANE	1	PA; MO
PIASKY	1	PA
pilocarpine hcl oral	1	MO
PROLASTIN-C INTRAVENOUS SOLUTION	1	PA; MO; LA
PYRUKYND ORAL TABLET 20 MG, 5 MG (4-WEEK PACK), 50 MG	1	PA; LA; QL (56 per 28 days)
PYRUKYND ORAL TABLET 5 MG	1	PA; LA; QL (7 per 180 days)
PYRUKYND ORAL TABLETS,DOSE PACK	1	PA; LA; QL (14 per 180 days)
RAVICTI	1	PA; MO
RECLAST	1	PA; MO
RENVELA ORAL POWDER IN PACKET 0.8 GRAM	1	MO; QL (180 per 30 days)
RENVELA ORAL POWDER IN PACKET 2.4 GRAM	1	MO; QL (90 per 30 days)
RENVELA ORAL TABLET	1	MO; QL (270 per 30 days)
REVCOVI	1	PA; LA

Drug Name	Drug Tier	Requirements /Limits
REZDIFFRA	1	PA; MO; QL (30 per 30 days)
RILUTEK	1	PA
riluzole	1	PA; MO
risedronate oral tablet 30 mg	1	MO; QL (30 per 30 days)
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	1	MO
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	1	
sevelamer carbonate oral powder in packet 0.8 gram	1	MO; QL (180 per 30 days)
sevelamer carbonate oral powder in packet 2.4 gram	1	MO; QL (90 per 30 days)
sevelamer carbonate oral tablet	1	MO; QL (270 per 30 days)
sevelamer hcl	1	MO
sodium benzoate-sod phenylacet	1	
sodium chloride 0.9 % intravenous	1	MO
sodium chloride irrigation	1	MO
sodium phenylbutyrate oral powder	1	PA; MO
sodium phenylbutyrate oral tablet	1	PA

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Drug Name	Drug Tier	Requirements /Limits
sodium polystyrene sulfonate oral powder	1	MO
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG	1	PA; LA; QL (112 per 28 days)
SOHONOS ORAL CAPSULE 10 MG	1	PA; LA; QL (56 per 28 days)
SOHONOS ORAL CAPSULE 2.5 MG	1	PA; LA; QL (140 per 28 days)
SOHONOS ORAL CAPSULE 5 MG	1	PA; LA; QL (84 per 28 days)
SOLIRIS	1	PA; MO
sps (with sorbitol) oral	1	MO
sps (with sorbitol) rectal	1	
SURVANTA	1	
SYPRINE	1	PA; MO
TAVNEOS	1	PA; LA; QL (180 per 30 days)
TEGLUTIK	1	PA
THIOLA	1	PA
THIOLA EC	1	PA
TIGLUTIK	1	PA
tiopronin	1	PA; MO
trientine oral capsule 250 mg	1	PA; MO
TRIENTINE ORAL CAPSULE 500 MG	1	PA; MO
TZIELD	1	

Drug Name	Drug Tier	Requirements /Limits
ULTOMIRIS	1	PA; MO
VELPHORO	1	MO; QL (180 per 30 days)
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 8.4 GRAM	1	MO
VELTASSA ORAL POWDER IN PACKET 25.2 GRAM	1	
VEOPOZ	1	PA; LA
VOYDEYA ORAL TABLET 100 MG	1	PA; LA; QL (180 per 30 days)
VOYDEYA ORAL TABLET 150 MG (50 MG X 1-100 MG X 1)	1	PA; LA; QL (90 per 30 days)
water for irrigation, sterile	1	MO
XENPOZYME	1	PA; MO
XIAFLEX	1	PA
XPHOZAH	1	PA
XURIDEN	1	PA
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	1	PA; MO; LA
ZEMAIRA INTRAVENOUS RECON SOLN 4,000 MG, 5,000 MG	1	PA; MO; LA
ZOKINVY	1	PA; LA; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	1	PA; MO
SMOKING DETERRENTS		
bupropion hcl (smoking deter)	1	MO
CHANTIX CONTINUING MONTH BOX	1	
CHANTIX ORAL TABLET 1 MG	1	
CHANTIX STARTING MONTH BOX	1	
NICOTROL	1	
NICOTROL NS	1	MO
varenicline oral tablet 0.5 mg, 1 mg	1	MO
varenicline oral tablet 1 mg (56 pack)	1	
varenicline oral tablets,dose pack	1	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
ARESTIN	1	MO
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	1	MO; QL (60 per 30 days)
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)	1	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
chlorhexidine gluconate mucous membrane	1	MO
CLINPRO 5000	1	MO
denta 5000 plus	1	MO
denta 5000 plus sensitive	1	MO
dentagel	1	MO
fluoride (sodium) dental cream	1	
fluoride (sodium) dental gel	1	
fluoride (sodium) dental paste	1	MO
fluoride (sodium) dental solution	1	MO
FLUORIDEX DAILY DEFENSE	1	
FLUORIDEX SENSITIVITY RELIEF	1	
FLUORIMAX 5000	1	
FLUORIMAX 5000 SENSITIVE	1	
fraiche 5000	1	
FRAICHE 5000 PREVI	1	
FRAICHE 5000 SENSITIVE	1	
ipratropium bromide nasal	1	MO; QL (30 per 30 days)
JUST RIGHT 5000	1	
kourzeq	1	
olopatadine nasal	1	MO; QL (30.5 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
oralone	1	
PATANASE	1	QL (30.5 per 30 days)
periogard	1	MO
PREVIDENT	1	MO
PREVIDENT 5000 BOOSTER PLUS	1	MO
PREVIDENT 5000 DRY MOUTH	1	MO
PREVIDENT 5000 ENAMEL PROTECT	1	MO
PREVIDENT 5000 ORTHO DEFENSE	1	MO
PREVIDENT 5000 PLUS	1	MO
PREVIDENT 5000 SENSITIVE	1	MO
PREVIDENT KIDS	1	MO
sf	1	MO
sf 5000 plus	1	MO
sodium fluoride 5000 dry mouth	1	MO
sodium fluoride 5000 plus	1	
sodium fluoride-pot nitrate	1	MO
triamcinolone acetonide dental	1	MO
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear)	1	MO
CETRAXAL	1	MO
ciprofloxacin hcl otic (ear)	1	MO
DERMOTIC OIL	1	MO
flac otic oil	1	
fluocinolone acetonide oil	1	MO
hydrocortisone-acetic acid	1	MO
ofloxacin otic (ear)	1	MO
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	1	MO
ciprofloxacin-dexamethasone	1	MO; QL (7.5 per 7 days)
CIPROFLOXACIN-FLUOCINOLONE	1	MO
CORTISPORIN-TC	1	
neomycin-polymyxin-hc otic (ear)	1	MO
OTOVEL	1	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR	1	PA; MO
ACTHAR SELFJECT	1	PA; MO
AGAMREE	1	PA; LA
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG	1	
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 2 MG, 5 MG	1	

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Drug Name	Drug Tier	Requirements /Limits
betamethasone acet,sod phos	1	MO
CELESTONE SOLUSPAN	1	MO
CORTEF	1	MO
cortisone	1	
CORTROPHIN GEL	1	PA; MO
deflazacort oral suspension	1	PA
deflazacort oral tablet	1	PA; MO
DEPO-MEDROL	1	MO
dexabliss	1	
dexamethasone intensol	1	MO
dexamethasone oral elixir	1	MO
dexamethasone oral solution	1	MO
dexamethasone oral tablet	1	MO
dexamethasone oral tablets,dose pack	1	MO
dexamethasone sodium phos (pf) injection solution 10 mg/ml	1	MO
DEXAMETHASONE SODIUM PHOS (PF) INJECTION SYRINGE	1	
dexamethasone sodium phosphate injection	1	MO
EMFLAZA	1	PA; MO; LA

Drug Name	Drug Tier	Requirements /Limits
fludrocortisone	1	MO
HEMADY	1	
HEXATRIONE	1	
hydrocortisone oral	1	MO
hydrocortisone sod succinate	1	
KENALOG INJECTION	1	MO
KENALOG-80	1	MO
MEDROL (PAK)	1	MO
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	1	B/D PA; MO
MEDROL ORAL TABLET 2 MG	1	B/D PA
methylprednisolone acetate	1	MO
methylprednisolone oral tablet	1	B/D PA; MO
methylprednisolone oral tablets,dose pack	1	MO
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	1	MO
methylprednisolone sodium succ intravenous	1	MO
ORAPRED ODT	1	B/D PA; MO
prednisolone oral solution	1	MO
prednisolone oral tablet	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	1	MO
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	1	MO
prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)	1	
prednisolone sodium phosphate oral tablet,disintegrating 10 mg	1	B/D PA
prednisolone sodium phosphate oral tablet,disintegrating 15 mg, 30 mg	1	B/D PA; MO
prednisone intensol	1	MO
prednisone oral solution	1	MO
prednisone oral tablet	1	MO
prednisone oral tablets,dose pack	1	MO
RAYOS	1	MO
SOLU-CORTEF	1	
SOLU-CORTEF ACT-O-VIAL (PF)	1	MO
SOLU-MEDROL (PF)	1	MO

Drug Name	Drug Tier	Requirements /Limits
SOLU-MEDROL INTRAVENOUS RECON SOLN 1,000 MG	1	
SOLU-MEDROL INTRAVENOUS RECON SOLN 2 GRAM, 500 MG	1	MO
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS)	1	MO
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (27 TABS), 1.5 MG (49 TABS)	1	
TARPEYO	1	PA; QL (120 per 30 days)
triamcinolone acetonide injection suspension 40 mg/ml	1	MO
TRIESENCE (PF)	1	
XIPERE (PF)	1	MO
ZILRETTA	1	
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	1	MO
propylthiouracil	1	MO
DIABETES THERAPY		
acarbose oral tablet 100 mg	1	MO; QL (90 per 30 days)
acarbose oral tablet 25 mg	1	MO; QL (360 per 30 days)
acarbose oral tablet 50 mg	1	MO; QL (180 per 30 days)

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This drug list was last updated on 10/17/2024.

Drug Name	Drug Tier	Requirements /Limits
ACTOPLUS MET ORAL TABLET 15-850 MG	1	MO; QL (90 per 30 days)
ACTOS	1	MO; QL (30 per 30 days)
ADMELOG SOLOSTAR U-100 INSULIN	1	ST; MO
ADMELOG U-100 INSULIN LISPRO	1	PA; MO
AFREZZA	1	MO
alcohol pads	1	MO
ALOGLIPTIN	1	ST; MO; QL (30 per 30 days)
ALOGLIPTIN-METFORMIN	1	ST; MO; QL (60 per 30 days)
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	1	MO; QL (30 per 30 days)
APIDRA SOLOSTAR U-100 INSULIN	1	ST; MO
APIDRA U-100 INSULIN	1	PA; MO
BAQSIMI	1	MO
BASAGLAR KWIKPEN U-100 INSULIN	1	ST; MO
BASAGLAR TEMPO PEN(U-100)INSLN	1	ST; MO
BYDUREON BCISE	1	PA; MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	1	PA; MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	1	PA; MO; QL (1.2 per 30 days)
CYCLOSET	1	MO; QL (180 per 30 days)
DAPAGLIFLOZ PROPANED-METFORMIN ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG	1	ST; MO; QL (30 per 30 days)
DAPAGLIFLOZ PROPANED-METFORMIN ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	1	ST; MO; QL (60 per 30 days)
DAPAGLIFLOZIN PROPANEDIOL ORAL TABLET 10 MG	1	ST; MO; QL (30 per 30 days)
DAPAGLIFLOZIN PROPANEDIOL ORAL TABLET 5 MG	1	ST; MO; QL (60 per 30 days)
diazoxide	1	MO
DROPSAFE ALCOHOL PREP PADS	1	
DUETACT	1	MO; QL (30 per 30 days)

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This drug list was last updated on 10/17/2024.

Drug Name	Drug Tier	Requirements /Limits
FARXIGA ORAL TABLET 10 MG	1	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	1	MO; QL (60 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN	1	ST; MO
FIASP PENFILL U-100 INSULIN	1	ST; MO
FIASP U-100 INSULIN	1	PA
FREESTYLE INSULINX STRIP	1	MO
FREESTYLE INSULINX TEST STRIPS	1	MO
FREESTYLE LITE STRIPS	1	MO
FREESTYLE PRECISION NEO STRIPS	1	MO
FREESTYLE TEST	1	MO
glimepiride oral tablet 1 mg	1	MO; QL (240 per 30 days)
glimepiride oral tablet 2 mg	1	MO; QL (120 per 30 days)
glimepiride oral tablet 4 mg	1	MO; QL (60 per 30 days)
glipizide oral tablet 10 mg	1	MO; QL (120 per 30 days)
GLIPIZIDE ORAL TABLET 2.5 MG	1	MO; QL (30 per 30 days)
glipizide oral tablet 5 mg	1	MO; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 10 mg	1	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
glipizide oral tablet extended release 24hr 2.5 mg	1	MO; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 5 mg	1	MO; QL (120 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	1	MO; QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	MO; QL (120 per 30 days)
GLUCAGON (HCL) EMERGENCY KIT	1	ST
glucagon emergency kit (human)	1	MO
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG	1	MO; QL (60 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 2.5 MG	1	QL (240 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	1	MO; QL (120 per 30 days)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG	1	ST; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG	1	ST; QL (120 per 30 days)
GLYXAMBI	1	MO; QL (30 per 30 days)
GVOKE	1	MO
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	1	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	1	MO
GVOKE HYPOPEN 2-PACK	1	MO
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	1	MO
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	1	MO
HUMALOG JUNIOR KWIKPEN U-100	1	MO
HUMALOG KWIKPEN INSULIN	1	MO
HUMALOG MIX 50-50 KWIKPEN	1	MO
HUMALOG MIX 75-25 KWIKPEN	1	MO

Drug Name	Drug Tier	Requirements /Limits
HUMALOG MIX 75-25(U-100)INSULN	1	MO
HUMALOG TEMPO PEN(U-100)INSULN	1	ST; MO
HUMALOG U-100 INSULIN	1	MO
HUMULIN 70/30 U-100 INSULIN	1	MO
HUMULIN 70/30 U-100 KWIKPEN	1	MO
HUMULIN N NPH INSULIN KWIKPEN	1	MO
HUMULIN N NPH U-100 INSULIN	1	MO
HUMULIN R REGULAR U-100 INSULN	1	MO
HUMULIN R U-500 (CONC) INSULIN	1	MO
HUMULIN R U-500 (CONC) KWIKPEN	1	MO
INPEFA ORAL TABLET 200 MG	1	PA; MO; QL (60 per 30 days)
INPEFA ORAL TABLET 400 MG	1	PA; MO; QL (30 per 30 days)
INSULIN ASP PRT-INSULIN ASPART	1	ST; MO
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE	1	ST; MO

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Drug Name	Drug Tier	Requirements /Limits
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN	1	ST; MO
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION	1	PA; MO
INSULIN DEGLUDEC	1	ST; MO
INSULIN GLARGINE U-300 CONC	1	ST; MO
INSULIN GLARGINE-YFGN	1	ST; MO
INSULIN LISPRO PROTAMIN-LISPRO	1	ST; MO
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN	1	ST; MO
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT	1	ST; MO
INSULIN LISPRO SUBCUTANEOUS SOLUTION	1	MO
INVOKAMET	1	ST; MO; QL (60 per 30 days)
INVOKAMET XR	1	ST; MO; QL (60 per 30 days)
INVOKANA	1	ST; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
JANUMET	1	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	1	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	1	MO; QL (60 per 30 days)
JANUVIA	1	MO; QL (30 per 30 days)
JARDIANCE	1	MO; QL (30 per 30 days)
JENTADUETO	1	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	1	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	1	MO; QL (30 per 30 days)
KAZANO ORAL TABLET 12.5-1,000 MG	1	ST; MO; QL (60 per 30 days)
KAZANO ORAL TABLET 12.5-500 MG	1	ST; QL (60 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	1	MO
LANTUS U-100 INSULIN	1	MO

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This drug list was last updated on 10/17/2024.

Drug Name	Drug Tier	Requirements /Limits
LEVEMIR FLEXPEN	1	ST; MO
LEVEMIR U-100 INSULIN	1	ST; MO
LIRAGLUTIDE	1	PA; MO; QL (9 per 30 days)
LYUMJEV KWIKPEN U-100 INSULIN	1	MO
LYUMJEV KWIKPEN U-200 INSULIN	1	MO
LYUMJEV TEMPO PEN(U-100)INSULN	1	ST; MO
LYUMJEV U-100 INSULIN	1	MO
metformin oral solution	1	MO; QL (765 per 30 days)
metformin oral tablet 1,000 mg	1	MO; QL (75 per 30 days)
metformin oral tablet 500 mg	1	MO; QL (150 per 30 days)
METFORMIN ORAL TABLET 625 MG	1	MO; QL (120 per 30 days)
metformin oral tablet 850 mg	1	MO; QL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg	1	MO; QL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg	1	MO; QL (60 per 30 days)
metformin oral tablet extended release (osm) 24 hr 1,000 mg	1	ST; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
metformin oral tablet extended release (osm) 24 hr 500 mg	1	ST; MO; QL (150 per 30 days)
metformin oral tablet,er gast.retention 24 hr 1,000 mg	1	ST; MO; QL (60 per 30 days)
metformin oral tablet,er gast.retention 24 hr 500 mg	1	ST; MO; QL (120 per 30 days)
miglitol oral tablet 100 mg	1	MO; QL (90 per 30 days)
miglitol oral tablet 25 mg	1	MO; QL (360 per 30 days)
miglitol oral tablet 50 mg	1	MO; QL (180 per 30 days)
MOUNJARO	1	PA; MO; QL (2 per 28 days)
MYXREDLIN	1	
nateglinide oral tablet 120 mg	1	MO; QL (90 per 30 days)
nateglinide oral tablet 60 mg	1	MO; QL (180 per 30 days)
NESINA	1	ST; QL (30 per 30 days)
NOVOLIN 70/30 U-100 INSULIN	1	ST; MO
NOVOLIN 70-30 FLEXPEN U-100	1	ST; MO
NOVOLIN N FLEXPEN	1	ST; MO
NOVOLIN N NPH U-100 INSULIN	1	ST; MO
NOVOLIN R FLEXPEN	1	ST; MO

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Drug Name	Drug Tier	Requirements /Limits
NOVOLIN R REGULAR U100 INSULIN	1	ST; MO
NOVOLOG FLEXPEN U-100 INSULIN	1	ST; MO
NOVOLOG MIX 70-30 U-100 INSULN	1	ST; MO
NOVOLOG MIX 70-30FLEXPEN U-100	1	ST; MO
NOVOLOG PENFILL U-100 INSULIN	1	ST; MO
NOVOLOG U-100 INSULIN ASPART	1	PA; MO
ONETOUCH ULTRA TEST	1	MO
ONETOUCH VERIO TEST STRIPS	1	MO
ONGLYZA ORAL TABLET 5 MG	1	ST; MO; QL (30 per 30 days)
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	1	QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	1	PA; MO; QL (3 per 28 days)
pioglitazone	1	MO; QL (30 per 30 days)
pioglitazone-glimepiride	1	MO; QL (30 per 30 days)
pioglitazone-metformin	1	MO; QL (90 per 30 days)
PRECISION XTRA TEST	1	MO
PROGLYCEM	1	MO
QTERN	1	MO; QL (30 per 30 days)
repaglinide oral tablet 0.5 mg	1	MO; QL (960 per 30 days)
repaglinide oral tablet 1 mg	1	MO; QL (480 per 30 days)
repaglinide oral tablet 2 mg	1	MO; QL (240 per 30 days)
REZVOGLAR KWIKPEN	1	ST; MO
RIOMET	1	QL (765 per 30 days)
RYBELSUS	1	PA; MO; QL (30 per 30 days)
saxagliptin	1	MO; QL (30 per 30 days)
saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg	1	MO; QL (60 per 30 days)
saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg	1	MO; QL (30 per 30 days)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
SEGLUROMET ORAL TABLET 2.5-500 MG	1	MO; QL (120 per 30 days)
SEMGLEE(INSULIN GLARGINE-YFGN)	1	ST; MO
SEMGLEE(INSULIN GLARG-YFGN)PEN	1	ST; MO
SITAGLIPTIN	1	ST; QL (30 per 30 days)
SITAGLIPTIN-METFORMIN	1	ST; QL (60 per 30 days)
SOLIQUA 100/33	1	MO; QL (90 per 30 days)
STEGLATRO	1	MO; QL (30 per 30 days)
STEGLUJAN	1	ST; MO; QL (30 per 30 days)
SYMLINPEN 120	1	PA; MO; QL (10.8 per 30 days)
SYMLINPEN 60	1	PA; MO; QL (6 per 30 days)
SYNJARDY	1	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	1	MO; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	1	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
TOUJEO MAX U-300 SOLOSTAR	1	MO
TOUJEO SOLOSTAR U-300 INSULIN	1	MO
TRADJENTA	1	MO; QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100	1	ST; MO
TRESIBA FLEXTOUCH U-200	1	ST; MO
TRESIBA U-100 INSULIN	1	ST; MO
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	1	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	1	MO; QL (60 per 30 days)
TRULICITY	1	PA; MO; QL (2 per 28 days)
VICTOZA 2-PAK	1	PA; MO; QL (9 per 30 days)
VICTOZA 3-PAK	1	PA; MO; QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	1	MO; QL (30 per 30 days)

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This drug list was last updated on 10/17/2024.

Drug Name	Drug Tier	Requirements /Limits
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	1	MO; QL (60 per 30 days)
XULTOPHY 100/3.6	1	ST; MO; QL (15 per 30 days)
ZEGALOGUE AUTOINJECTOR	1	MO
ZEGALOGUE SYRINGE	1	MO
ZITUVIO	1	ST; QL (30 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME	1	PA; MO
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP	1	PA; MO; QL (150 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	1	PA; QL (37.5 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	1	PA; QL (150 per 30 days)
AVEED	1	PA; LA
cabergoline	1	MO
calcitonin (salmon) injection	1	MO
calcitonin (salmon) nasal	1	MO

Drug Name	Drug Tier	Requirements /Limits
calcitriol intravenous solution 1 mcg/ml	1	
calcitriol oral capsule	1	MO
calcitriol oral solution	1	
CERDELGA	1	PA; MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	1	PA; MO
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR	1	PA; MO
cinacalcet	1	PA; MO
clomid	1	PA; MO
clomiphene citrate	1	PA
CRYSVITA	1	PA; MO; LA
danazol	1	MO
DDAVP INJECTION	1	MO
DDAVP ORAL	1	MO
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML	1	PA; MO
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 200 MG/ML	1	PA
desmopressin injection	1	MO
desmopressin nasal spray with pump	1	MO

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This drug list was last updated on 10/17/2024.

Drug Name	Drug Tier	Requirements /Limits
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	1	
desmopressin oral	1	MO
doxercalciferol intravenous	1	MO
doxercalciferol oral	1	MO
ELAPRASE	1	PA; MO
ELELYSO	1	PA; MO
ELFABRIO	1	PA; LA
FABRAZYME	1	PA; MO
GALAFOLD	1	PA; MO; LA; QL (15 per 30 days)
HECTOROL INTRAVENOUS	1	
ISTURISA ORAL TABLET 1 MG	1	PA; LA; QL (240 per 30 days)
ISTURISA ORAL TABLET 5 MG	1	PA; LA; QL (60 per 30 days)
JATENZO ORAL CAPSULE 158 MG, 198 MG	1	PA; MO; QL (120 per 30 days)
JATENZO ORAL CAPSULE 237 MG	1	PA; MO; QL (60 per 30 days)
javygtor oral powder in packet 100 mg	1	PA; MO
javygtor oral powder in packet 500 mg	1	PA; MO
javygtor oral tablet,soluble	1	PA; MO
JYNARQUE	1	PA; LA

Drug Name	Drug Tier	Requirements /Limits
KANUMA	1	PA; MO
KORLYM	1	PA
KUVAN	1	PA; MO
LUMIZYME	1	PA; MO
MEPSEVII	1	PA; MO
METHITEST	1	MO
methyltestosterone oral capsule	1	MO
MIACALCIN INJECTION	1	MO
mifepristone oral tablet 300 mg	1	PA; MO
miglustat	1	PA; MO; LA
MYALEPT	1	PA; MO; LA
NAGLAZYME	1	PA; MO; LA
NATESTO	1	PA; MO; QL (21.96 per 30 days)
NEXVIAZYME	1	PA; MO
NOCDURNA (MEN)	1	PA; QL (30 per 30 days)
NOCDURNA (WOMEN)	1	PA; QL (30 per 30 days)
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	1	PA; MO
OPFOLDA	1	PA; MO; QL (8 per 28 days)
ORILISSA	1	MO
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	1	PA; MO; LA; QL (15 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	1	PA; MO; LA; QL (4 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	1	PA; MO; LA; QL (60 per 30 days)
pamidronate intravenous solution	1	MO
paricalcitol intravenous	1	
paricalcitol oral	1	MO
POMBILITI	1	PA; MO
PREGNYL	1	PA; MO
RAYALDEE	1	MO
RECORLEV	1	PA
ROCALTROL	1	
SAMSCA	1	PA; MO
sapropterin	1	PA; MO
SENSIPAR ORAL TABLET 30 MG	1	PA; MO
SENSIPAR ORAL TABLET 60 MG, 90 MG	1	PA; MO
SOMAVERT	1	PA; MO
STRENSIQ	1	PA; LA
SYNAREL	1	PA; MO
TEPEZZA	1	PA; MO; LA
TESTIM	1	PA; MO; QL (300 per 30 days)
TESTOPEL	1	PA

Drug Name	Drug Tier	Requirements /Limits
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	1	PA; MO
testosterone cypionate intramuscular oil 200 mg/ml (1 ml)	1	PA
testosterone enanthate	1	PA; MO
testosterone transdermal gel	1	PA; MO; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	1	PA; QL (120 per 30 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	1	PA; MO; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	1	PA; MO; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	1	PA; MO; QL (300 per 30 days)
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)	1	PA; MO; QL (37.5 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)	1	PA; QL (150 per 30 days)
testosterone transdermal solution in metered pump w/app	1	PA; MO; QL (180 per 30 days)
TLANDO	1	PA; MO; QL (120 per 30 days)
tolvaptan	1	PA; MO
vasopressin	1	
VASOPRESSIN IN 0.9 % SOD CHLOR INTRAVENOUS SOLUTION 20 UNIT/100 ML (0.2 UNIT/ML), 40 UNIT/100 ML (0.4 UNIT/ML)	1	
VASOSTRICT	1	
VIMIZIM	1	PA; MO; LA
VOGELXO	1	PA; QL (300 per 30 days)
VOXZOGO	1	PA; MO
VPRIV	1	PA; MO
XYOSTED	1	PA; MO; QL (2 per 28 days)
yargesa	1	PA; LA
ZAVESCA	1	PA; MO; LA
ZEMPLAR INTRAVENOUS	1	MO
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	1	MO

Drug Name	Drug Tier	Requirements /Limits
zoledronic acid intravenous solution	1	B/D PA; MO
ZOLEDRONIC AC-MANNITOL-0.9NACL	1	B/D PA; MO
THYROID HORMONES		
CYTOMEL	1	MO
ERMEZA	1	
euthyrox	1	MO
levo-t	1	
levothyroxine intravenous recon soln	1	
LEVOTHYROXINE INTRAVENOUS SOLUTION	1	
LEVOTHYROXINE ORAL CAPSULE	1	MO
levothyroxine oral tablet	1	MO
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	MO
liothyronine	1	MO
SYNTHROID	1	ST; MO
THYQUIDITY	1	MO
TIROSINT	1	MO
TIROSINT-SOL	1	MO
unithroid	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		

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This drug list was last updated on 10/17/2024.

Drug Name	Drug Tier	Requirements /Limits
atropine injection solution 0.4 mg/ml	1	
atropine injection syringe 0.1 mg/ml	1	
atropine intravenous solution 0.4 mg/ml	1	
atropine intravenous solution 1 mg/ml	1	
ATROPINE INTRAVENOUS SYRINGE 0.25 MG/5 ML (0.05 MG/ML)	1	
BENTYL INTRAMUSCULAR	1	MO
CUVPOSA	1	MO
dicyclomine intramuscular	1	MO
dicyclomine oral capsule	1	MO
dicyclomine oral solution	1	MO
dicyclomine oral tablet	1	MO
diphenoxylate-atropine oral liquid	1	MO
diphenoxylate-atropine oral tablet	1	MO
GLYCATE	1	
glycopyrrolate (pf)	1	
GLYCOPYRROLATE (PF) IN WATER INJECTION	1	
glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)	1	MO
glycopyrrolate injection	1	MO
glycopyrrolate oral solution	1	MO
glycopyrrolate oral tablet 1 mg, 2 mg	1	MO
glycopyrrolate oral tablet 1.5 mg	1	
LOMOTIL	1	MO
loperamide oral capsule	1	MO
methscopolamine	1	MO
MOTOFEN	1	MO
MYTESI	1	MO
opium tincture	1	MO
ROBINUL FORTE	1	MO
ROBINUL ORAL	1	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN	1	MO
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION	1	MO
alosetron oral tablet 0.5 mg	1	PA; MO
alosetron oral tablet 1 mg	1	PA; MO

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This drug list was last updated on 10/17/2024.

Drug Name	Drug Tier	Requirements /Limits
AMITIZA	1	ST; MO; QL (60 per 30 days)
ANALPRAM-HC RECTAL CREAM 1-1 %	1	MO
ANTIVERT ORAL TABLET 50 MG	1	
ANTIVERT ORAL TABLET,CHEWABLE	1	
ANUSOL-HC TOPICAL	1	MO
ANZEMET ORAL TABLET 50 MG	1	B/D PA; MO
aprepitant	1	B/D PA; MO
APRISO	1	MO
AVSOLA	1	PA; MO; QL (20 per 28 days)
AZULFIDINE	1	MO
AZULFIDINE EN-TABS	1	MO
balsalazide	1	MO
betaine	1	MO
BONJESTA	1	MO
budesonide oral capsule,delayed,extend.release	1	MO
budesonide oral tablet,delayed and ext.release	1	MO
budesonide rectal	1	MO
BYLVAY	1	PA; MO; LA
CANASA	1	MO

Drug Name	Drug Tier	Requirements /Limits
CHENODAL	1	PA; LA
CHOLBAM ORAL CAPSULE 250 MG	1	PA
CHOLBAM ORAL CAPSULE 50 MG	1	PA; QL (120 per 30 days)
CIMZIA POWDER FOR RECONST	1	PA; MO; QL (2 per 28 days)
CIMZIA STARTER KIT	1	PA; MO; QL (3 per 180 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	1	PA; MO; QL (2 per 28 days)
CINVANTI	1	MO
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	1	ST; MO
COLAZAL	1	MO
COMPAZINE RECTAL	1	
compro	1	MO
constulose	1	MO
CORTENEMA	1	MO
CORTIFOAM	1	MO
CREON	1	MO
cromolyn oral	1	MO
CYSTADANE	1	
DELZICOL	1	
DICLEGIS	1	MO
dimenhydrinate injection solution	1	MO
DIPENTUM	1	MO

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This drug list was last updated on 10/17/2024.

Drug Name	Drug Tier	Requirements /Limits
doxylamine-pyridoxine (vit b6)	1	MO
dronabinol oral capsule 10 mg	1	B/D PA; MO
dronabinol oral capsule 2.5 mg, 5 mg	1	B/D PA
droperidol injection solution	1	MO
EMEND (FOSAPREPITANT)	1	MO
EMEND ORAL CAPSULE 80 MG	1	B/D PA; MO
EMEND ORAL CAPSULE,DOSE PACK	1	B/D PA; MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	1	B/D PA
ENTYVIO	1	PA; MO; QL (2 per 28 days)
ENTYVIO PEN	1	PA; MO; QL (1.36 per 28 days)
enulose	1	MO
EOHILIA	1	PA; MO; QL (600 per 30 days)
FOCINVEZ	1	
fosaprepitant	1	MO
GASTROCROM	1	MO
GATTEX 30-VIAL	1	PA; MO
GATTEX ONE-VIAL	1	PA; MO
gavilyte-c	1	MO

Drug Name	Drug Tier	Requirements /Limits
gavilyte-g	1	MO
gavilyte-n	1	
generlac	1	
GIMOTI	1	
GOLYTELY	1	ST; MO
granisetron (pf) intravenous solution 1 mg/ml (1 ml)	1	MO
granisetron hcl intravenous solution 1 mg/ml	1	MO
granisetron hcl intravenous solution 1 mg/ml (1 ml)	1	
granisetron hcl oral	1	B/D PA; MO
hydrocortisone rectal	1	MO
hydrocortisone topical cream with perineal applicator	1	MO
hydrocortisone-pramoxine rectal cream 1-1 %	1	MO
IBSRELA	1	ST; QL (60 per 30 days)
INFLECTRA	1	PA; MO; QL (20 per 28 days)
INFLIXIMAB	1	PA; QL (20 per 28 days)
IQIRVO	1	PA; MO; QL (30 per 30 days)
KRISTALOSE	1	MO
lactulose oral packet	1	

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Drug Name	Drug Tier	Requirements /Limits
lactulose oral solution 10 gram/15 ml	1	MO
lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml	1	
LIALDA	1	
LINZESS	1	MO; QL (30 per 30 days)
LIVMARLI	1	PA; LA
LOTRONEX	1	PA; MO
lubiprostone	1	MO; QL (60 per 30 days)
MARINOL ORAL CAPSULE 10 MG, 5 MG	1	B/D PA
MARINOL ORAL CAPSULE 2.5 MG	1	B/D PA
meclizine oral tablet 12.5 mg, 25 mg	1	MO
MECLIZINE ORAL TABLET 50 MG	1	MO
mesalamine oral capsule (with del rel tablets)	1	MO
mesalamine oral capsule, extended release	1	
mesalamine oral capsule,extended release 24hr	1	MO
mesalamine oral tablet,delayed release (dr/ec)	1	MO
mesalamine rectal	1	MO

Drug Name	Drug Tier	Requirements /Limits
mesalamine with cleansing wipe	1	MO
metoclopramide hcl injection solution	1	MO
metoclopramide hcl injection syringe	1	
metoclopramide hcl oral solution	1	MO
metoclopramide hcl oral tablet	1	MO
metoclopramide hcl oral tablet,disintegrating 5 mg	1	
MOTEGRITY	1	ST; QL (30 per 30 days)
MOVANTIK	1	MO; QL (30 per 30 days)
MOVIPREP	1	ST; MO
nitroglycerin rectal	1	MO
OCALIVA	1	PA; MO; LA; QL (30 per 30 days)
OMVOH INTRAVENOUS	1	PA; MO; QL (45 per 180 days)
OMVOH PEN	1	PA; MO; QL (2 per 28 days)
OMVOH SUBCUTANEOUS	1	PA; MO; QL (2 per 28 days)
ondansetron hcl (pf) injection solution	1	MO
ondansetron hcl (pf) injection syringe	1	
ondansetron hcl intravenous	1	MO

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Drug Name	Drug Tier	Requirements /Limits
ondansetron hcl oral solution	1	B/D PA; MO
ondansetron hcl oral tablet 4 mg, 8 mg	1	B/D PA; MO
ONDANSETRON ORAL TABLET,DISINTEGRATING 16 MG	1	B/D PA
ondansetron oral tablet,disintegrating 4 mg, 8 mg	1	B/D PA; MO
PALONOSETRON INTRAVENOUS SOLUTION 0.25 MG/2 ML	1	
palonosetron intravenous solution 0.25 mg/5 ml	1	MO
palonosetron intravenous syringe	1	
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800-98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700-83,900 UNIT, 4,200-14,200- 24,600 UNIT	1	ST; MO

Drug Name	Drug Tier	Requirements /Limits
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 37,000-97,300-149,900 UNIT	1	ST; MO
peg 3350-electrolytes	1	
peg3350-sod sul-nacl-kcl-asb-c	1	MO
peg-electrolyte	1	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	1	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	1	MO
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500-60,500 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	1	ST; MO
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 24,000-86,250-90,750 UNIT	1	ST; MO
PLENVU	1	ST; MO
prochlorperazine	1	MO

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Drug Name	Drug Tier	Requirements /Limits
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)	1	MO
prochlorperazine maleate oral	1	MO
PROCTOFOAM HC	1	MO
procto-med hc	1	MO
proctosol hc topical	1	MO
proctozone-hc	1	MO
REBYOTA	1	MO
RECTIV	1	MO
REGLAN ORAL	1	MO
RELISTOR ORAL	1	MO; QL (90 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION	1	MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	1	MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	1	MO; QL (12 per 30 days)
RELTONE	1	
REMICADE	1	PA; MO; QL (20 per 28 days)
RENFLEXIS	1	PA; MO; QL (20 per 28 days)
ROWASA RECTAL ENEMA KIT	1	MO
SANCUSO	1	MO

Drug Name	Drug Tier	Requirements /Limits
scopolamine base	1	MO
SFROWASA	1	MO
SKYRIZI INTRAVENOUS	1	PA; MO; QL (30 per 180 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	1	PA; MO; QL (1.2 per 56 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	1	PA; MO; QL (2.4 per 56 days)
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	1	MO
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)	1	
SUCRAID	1	PA
SUFLAVE	1	ST; MO
sulfasalazine	1	MO
SUPREP BOWEL PREP KIT	1	ST; MO
SUSTOL	1	
SUTAB	1	ST; MO
SYMPROIC	1	MO; QL (30 per 30 days)
SYNDROS	1	B/D PA; MO

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This drug list was last updated on 10/17/2024.

Drug Name	Drug Tier	Requirements /Limits
TRANSDERM-SCOP	1	MO
TRULANCE	1	QL (30 per 30 days)
UCERIS ORAL	1	MO
UCERIS RECTAL	1	MO
URSO 250	1	
URSO FORTE	1	
ursodiol oral capsule 200 mg, 400 mg	1	
ursodiol oral capsule 300 mg	1	MO
ursodiol oral tablet	1	MO
VARUBI	1	B/D PA
VELSIPITY	1	PA; MO; QL (30 per 30 days)
VIBERZI	1	MO; QL (60 per 30 days)
VIOKACE	1	MO
VOWST	1	PA; LA

Drug Name	Drug Tier	Requirements /Limits
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT	1	MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 60,000-189,600-252,600 UNIT	1	MO
ZYMFENTRA	1	PA; MO; QL (2 per 28 days)
ULCER THERAPY		
ACIPHEX	1	QL (60 per 30 days)
amoxicil-clarithromy-lansopraz	1	MO; QL (112 per 180 days)
bismuth subcit k-metronidz-tcn	1	MO; QL (120 per 180 days)
CARAFATE ORAL SUSPENSION	1	
CARAFATE ORAL TABLET	1	MO
cimetidine	1	MO

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Drug Name	Drug Tier	Requirements /Limits
cimetidine hcl oral	1	
CYTOTEC	1	MO
DEXILANT	1	QL (30 per 30 days)
dexlansoprazole	1	QL (30 per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	1	MO; QL (30 per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	1	MO; QL (60 per 30 days)
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg	1	MO; QL (30 per 30 days)
esomeprazole magnesium oral granules dr for susp in packet 40 mg	1	MO; QL (60 per 30 days)
esomeprazole sodium intravenous recon soln 40 mg	1	MO
famotidine (pf)	1	MO
famotidine (pf)-nacl (iso-os)	1	MO
famotidine intravenous	1	MO
famotidine oral suspension for reconstitution	1	MO
famotidine oral tablet 20 mg, 40 mg	1	MO
KONVOMEP	1	QL (600 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	1	MO; QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	1	MO; QL (60 per 30 days)
lansoprazole oral tablet,disintegrat, delay rel 15 mg	1	MO; QL (30 per 30 days)
lansoprazole oral tablet,disintegrat, delay rel 30 mg	1	MO; QL (60 per 30 days)
misoprostol	1	MO
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	1	MO; QL (30 per 30 days)
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG	1	MO; QL (60 per 30 days)
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	1	MO; QL (30 per 30 days)
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	1	MO; QL (60 per 30 days)
nizatidine oral capsule	1	MO
OMECLAMOX-PAK	1	QL (80 per 180 days)

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Drug Name	Drug Tier	Requirements /Limits
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg	1	MO; QL (30 per 30 days)
omeprazole oral capsule,delayed release(dr/ec) 40 mg	1	MO; QL (60 per 30 days)
omeprazole-sodium bicarbonate oral capsule	1	MO; QL (30 per 30 days)
omeprazole-sodium bicarbonate oral packet	1	MO; QL (30 per 30 days)
PANTOPRAZOLE IN 0.9% SOD CHLOR	1	
pantoprazole intravenous	1	MO
pantoprazole oral granules dr for susp in packet	1	MO; QL (60 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1	MO; QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1	MO; QL (60 per 30 days)
PEPCID ORAL TABLET	1	MO
PREVACID	1	QL (60 per 30 days)
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 15 MG	1	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 30 MG	1	QL (60 per 30 days)
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG	1	MO; QL (120 per 30 days)
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 2.5 MG	1	MO; QL (480 per 30 days)
PROTONIX INTRAVENOUS	1	
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	1	QL (60 per 30 days)
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG	1	QL (30 per 30 days)
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 40 MG	1	QL (60 per 30 days)
PYLERA	1	MO; QL (120 per 180 days)
rabeprazole oral tablet,delayed release (dr/ec)	1	MO; QL (60 per 30 days)
sucralfate oral suspension	1	MO
sucralfate oral tablet	1	MO
TALICIA	1	MO; QL (168 per 180 days)

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Drug Name	Drug Tier	Requirements /Limits
VOQUEZNA	1	ST; MO; QL (30 per 30 days)
VOQUEZNA DUAL PAK	1	MO; QL (112 per 180 days)
VOQUEZNA TRIPLE PAK	1	MO; QL (112 per 180 days)
ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM	1	MO; QL (30 per 30 days)
ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM	1	QL (30 per 30 days)
ZEGERID ORAL PACKET	1	MO; QL (30 per 30 days)
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	1	B/D PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML	1	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML, 60 MCG/0.3 ML	1	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML	1	PA; MO
ARCALYST	1	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	1	PA; MO; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	1	PA; MO; QL (1 per 28 days)
BESREMI	1	PA; LA
BETASERON SUBCUTANEOUS KIT	1	PA; MO; QL (14 per 28 days)
EGRIFTA SV	1	PA; MO
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
EPOGEN INJECTION SOLUTION 20,000 UNIT/ML	1	PA; MO
FULPHILA	1	PA; MO
FYLNETRA	1	PA
GENOTROPIN	1	PA; MO
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	1	PA; MO
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	1	PA; MO
GRANIX	1	PA; MO
HUMATROPE INJECTION CARTRIDGE	1	PA; MO
ILARIS (PF)	1	PA; MO; LA; QL (2 per 28 days)
LEUKINE INJECTION RECON SOLN	1	PA; MO
MOZOBIL	1	B/D PA; MO
NEULASTA	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
NEULASTA ONPRO	1	PA; MO
NEUPOGEN	1	PA; MO
NGENLA	1	PA; MO
NIVESTYM	1	PA; MO
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	1	PA; MO
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 30 MG/3 ML (10 MG/ML)	1	PA
NUTROPIN AQ NUSPIN	1	PA; MO
NYVEPRIA	1	PA; MO
OMNITROPE	1	PA; MO
PEGASYS SUBCUTANEOUS SOLUTION	1	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	1	MO; QL (2 per 28 days)
PLEGRIDY INTRAMUSCULAR	1	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	1	PA; MO; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	1	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA; MO; QL (1 per 180 days)
plerixafor	1	B/D PA; MO
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	1	PA; MO
REBIF (WITH ALBUMIN)	1	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	1	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	1	PA; MO; QL (4.2 per 180 days)
REBIF TITRATION PACK	1	PA; MO; QL (4.2 per 180 days)
REBLOZYL	1	PA
RELEUKO SUBCUTANEOUS	1	PA; MO
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	1	PA; MO
ROLVEDON	1	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	1	PA; MO
SKYTROFA	1	PA; MO
SOGROYA	1	PA; MO
STIMUFEND	1	PA; MO
UDENYCA	1	PA; MO
UDENYCA AUTOINJECTOR	1	PA; MO
UDENYCA ONBODY	1	PA; MO
XOLREMDI	1	PA; LA
ZARXIO	1	PA; MO
ZIEXTENZO	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG	1	PA; MO
ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG	1	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF)	1	V
ACTHIB (PF)	1	
ADACEL(TDAP ADOLESN/ADULT)(PF)	1	V
ALYGLO	1	PA; MO
AREXVY (PF)	1	V
ASCENIV	1	PA; MO
ATGAM	1	B/D PA
BCG VACCINE, LIVE (PF)	1	V
BEXSERO	1	V
BIVIGAM	1	PA; MO
BOOSTRIX TDAP	1	V
BOTOX	1	PA; MO
CUTAQUIG	1	B/D PA; MO
CUVITRU	1	B/D PA; MO
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	1	B/D PA; MO
DAPTACEL (DTAP PEDIATRIC) (PF)	1	
DENGVAXIA (PF)	1	
DYSPORT	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
ENGERIX-B (PF)	1	B/D PA; V
ENGERIX-B PEDIATRIC (PF)	1	B/D PA; V
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	1	PA
fomepizole	1	
GAMASTAN	1	MO
GAMMAGARD LIQUID	1	PA; MO
GAMMAGARD S-D (IGA < 1 MCG/ML)	1	PA; MO
GAMMAKED	1	PA; MO
GAMMAPLEX	1	PA; MO
GAMMAPLEX (WITH SORBITOL)	1	PA; MO
GAMUNEX-C	1	PA; MO
GARDASIL 9 (PF)	1	V
GRASTEK	1	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	1	
HEPAGAM B	1	
HEPLISAV-B (PF)	1	B/D PA; V
HIBERIX (PF)	1	
HIZENTRA	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
HYPERHEP B INTRAMUSCULAR SOLUTION	1	
HYPERHEP B NEONATAL	1	
HYQVIA	1	B/D PA; MO
IMOVAX RABIES VACCINE (PF)	1	V
INFANRIX (DTAP) (PF)	1	
IPOL	1	V
IXCHIQ (PF)	1	V
IXIARO (PF)	1	V
JYNNEOS (PF)	1	B/D PA; V
KINRIX (PF)	1	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	1	V
MENQUADFI (PF)	1	V
MENVEO A-C-Y-W-135-DIP (PF)	1	V
M-M-R II (PF)	1	V
MRESVIA (PF)	1	V
MYOBLOC	1	PA; MO
NABI-HB	1	
OCTAGAM	1	PA; MO
ODACTRA	1	PA; MO
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	1	
PALFORZIA (LEVEL 1)	1	PA
PALFORZIA (LEVEL 2)	1	PA
PALFORZIA (LEVEL 3)	1	PA
PALFORZIA (LEVEL 4)	1	PA
PALFORZIA (LEVEL 5)	1	PA
PALFORZIA (LEVEL 6)	1	PA
PALFORZIA (LEVEL 7)	1	PA
PALFORZIA (LEVEL 8)	1	PA
PALFORZIA (LEVEL 9)	1	PA
PALFORZIA (LEVEL 10)	1	PA
PALFORZIA (LEVEL 11 UP-DOSE)	1	PA
PALFORZIA INITIAL DOSE	1	PA
PALFORZIA LEVEL 11 MAINTENANCE	1	PA
PANZYGA	1	PA; MO
PEDIARIX (PF)	1	
PEDVAX HIB (PF)	1	
PENBRAYA (PF)	1	V
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	1	
PREHEVBRIO (PF)	1	B/D PA; V
PRIORIX (PF)	1	V
PRIVIGEN	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
PROQUAD (PF)	1	
QUADRACEL (PF)	1	
RABAVERT (PF)	1	V
RAGWITEK	1	MO
RECOMBIVAX HB (PF)	1	B/D PA; V
ROTARIX	1	
ROTATEQ VACCINE	1	
SHINGRIX (PF)	1	V; QL (2 per 720 days)
TDVAX	1	V
TENIVAC (PF)	1	V
TETANUS,DIPHTHERIA TOX PED(PF)	1	
THYMOGLOBULIN	1	B/D PA; MO
TICE BCG	1	B/D PA
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	1	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	1	V
TRUMENBA	1	V
TWINRIX (PF)	1	V
TYPHIM VI	1	V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	1	V
VARIVAX (PF)	1	V
VARIZIG	1	
VAXCHORA VACCINE	1	V
XEMBIFY	1	B/D PA; MO; LA
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 50 UNIT	1	PA; MO
XEOMIN INTRAMUSCULAR RECON SOLN 200 UNIT	1	PA; MO
YF-VAX (PF)	1	V
ZINPLAVA	1	
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		
NOVO PEN NEEDLE	1	MO
BD AUTOSHIELD DUO PEN NEEDLE	1	MO
BD INSULIN SYRINGE (HALF UNIT)	1	MO

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Drug Name	Drug Tier	Requirements /Limits
BD INSULIN SYRINGE U-500	1	MO
BD INSULIN SYRINGE	1	MO
BD NANO 2ND GEN PEN NEEDLE	1	MO
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2"	1	MO
BD ULTRA-FINE MICRO PEN NEEDLE	1	MO
BD ULTRA-FINE MINI PEN NEEDLE	1	MO
BD ULTRA-FINE NANO PEN NEEDLE	1	
BD ULTRA-FINE SHORT PEN NEEDLE	1	MO
BD VEO INSULIN SYR (HALF UNIT)	1	MO
BD VEO INSULIN SYRINGE UF	1	MO
CEQUR SIMPLICITY	1	MO
CEQUR SIMPLICITY INSERTER	1	MO
PEN NEEDLES (NON-PREFERRED BRANDS)	1	ST
DEXCOM G6 RECEIVER	1	MO

Drug Name	Drug Tier	Requirements /Limits
DEXCOM G6 SENSOR	1	MO
DEXCOM G6 TRANSMITTER	1	MO
DEXCOM G7 RECEIVER	1	MO
DEXCOM G7 SENSOR	1	MO
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5ML 30 GAUGE X 15/64"	1	ST
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16"	1	ST; MO
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64"	1	ST

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Drug Name	Drug Tier	Requirements /Limits
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	1	ST; MO
DROPLET MICRON PEN NEEDLE	1	ST; MO
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	1	ST; MO
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 3/8", 30 GAUGE X 5/16", 32 GAUGE X 5/16"	1	ST
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	1	ST; MO
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	1	ST
FREESTYLE FREEDOM LITE	1	MO
FREESTYLE INSULINX	1	

Drug Name	Drug Tier	Requirements /Limits
FREESTYLE LIBRE 14 DAY READER	1	
FREESTYLE LIBRE 14 DAY SENSOR	1	MO
FREESTYLE LIBRE 2 READER	1	MO
FREESTYLE LIBRE 2 SENSOR	1	MO
FREESTYLE LIBRE 3 PLUS SENSOR	1	
FREESTYLE LIBRE 3 READER	1	MO
FREESTYLE LIBRE 3 SENSOR	1	MO
FREESTYLE LITE METER	1	MO
GAUZE PADS 2 X 2	1	MO
INPEN (FOR HUMALOG) BLUE	1	
INPEN (FOR HUMALOG) GREY	1	
INPEN (FOR HUMALOG) PINK	1	
INPEN (NOVOLOG OR FIASP) BLUE	1	
INPEN (NOVOLOG OR FIASP) GREY	1	
INPEN (NOVOLOG OR FIASP) PINK	1	
BD INSULIN SYRINGE	1	MO

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Drug Name	Drug Tier	Requirements /Limits
NOVO PEN NEEDLE NEEDLE 32 GAUGE X 1/4"	1	MO
NOVO PEN NEEDLE	1	
OMNIPOD 5 (G6/LIBRE 2 PLUS)	1	
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	1	MO; QL (1 per 720 days)
OMNIPOD 5 G6-G7 PODS (GEN 5)	1	MO
OMNIPOD 5 INTRO(G6/LIBRE2 PLUS)	1	QL (1 per 720 days)
OMNIPOD CLASSIC PODS (GEN 3)	1	
OMNIPOD DASH INTRO KIT (GEN 4)	1	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4)	1	MO
OMNIPOD GO PODS	1	
OMNIPOD GO PODS 10 UNITS/DAY	1	
OMNIPOD GO PODS 15 UNITS/DAY	1	
OMNIPOD GO PODS 20 UNITS/DAY	1	
OMNIPOD GO PODS 25 UNITS/DAY	1	

Drug Name	Drug Tier	Requirements /Limits
OMNIPOD GO PODS 30 UNITS/DAY	1	
OMNIPOD GO PODS 40 UNITS/DAY	1	
ONETOUCH ULTRA2 METER	1	MO
ONETOUCH VERIO FLEX METER	1	MO
ONETOUCH VERIO REFLECT METER	1	
BD PEN NEEDLE	1	MO
PEN NEEDLES (NON-PREFERRED BRANDS)	1	ST
PRECISION XTRA MONITOR	1	MO
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	1	ST; MO
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"	1	ST; MO

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Drug Name	Drug Tier	Requirements /Limits
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4"	1	ST; MO
TECHLITE PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	1	ST
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	1	ST
TRUEPLUS INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	1	ST; MO
TRUEPLUS PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	1	ST
TRUEPLUS PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	1	ST; MO

Drug Name	Drug Tier	Requirements /Limits
UNIFINE PENTIPS MAXFLOW	1	ST; MO
UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	1	ST; MO
UNIFINE PENTIPS PLUS	1	ST; MO
UNIFINE PENTIPS PLUS MAXFLOW	1	ST
UNIFINE SAFECONTROL NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16"	1	ST; MO
UNIFINE SAFECONTROL NEEDLE 32 GAUGE X 5/32"	1	ST
UNIFINE SAFECONTROL PEN NEEDLE	1	ST
UNIFINE ULTRA PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	1	ST
UNIFINE ULTRA PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	1	ST; MO

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Drug Name	Drug Tier	Requirements /Limits
INSULIN SYRINGES (NON-PREFERRED BRANDS)	1	ST
V-GO 20	1	MO
V-GO 30	1	MO
V-GO 40	1	MO
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
allopurinol oral tablet 100 mg, 300 mg	1	MO
allopurinol oral tablet 200 mg	1	
allopurinol sodium	1	
aloprim	1	
colchicine oral capsule	1	
colchicine oral tablet	1	MO
COLCRYS	1	ST; MO
febuxostat	1	MO
GLOPERBA	1	ST
KRYSTEXXA	1	PA; MO
MITIGARE	1	ST
probenecid	1	MO
probenecid-colchicine	1	MO
ULORIC	1	MO
ZYLOPRIM ORAL TABLET 100 MG	1	
OSTEOPOROSIS THERAPY		

Drug Name	Drug Tier	Requirements /Limits
ACTONEL ORAL TABLET 150 MG	1	ST; MO; QL (1 per 30 days)
ACTONEL ORAL TABLET 35 MG	1	ST; MO; QL (4 per 28 days)
alendronate oral solution	1	MO; QL (300 per 28 days)
alendronate oral tablet 10 mg	1	MO; QL (30 per 30 days)
alendronate oral tablet 35 mg, 70 mg	1	MO; QL (4 per 28 days)
ATELVIA	1	ST; MO; QL (4 per 28 days)
BINOSTO	1	ST; MO; QL (4 per 28 days)
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML	1	PA; QL (2.34 per 30 days)
EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML (105MG/1.17MLX2)	1	PA; MO; QL (2.34 per 30 days)
EVISTA	1	MO
FORTEO	1	PA; MO; QL (2.4 per 28 days)
FOSAMAX ORAL TABLET 70 MG	1	ST; MO; QL (4 per 28 days)
FOSAMAX PLUS D	1	ST; MO; QL (4 per 28 days)
ibandronate intravenous solution	1	PA
ibandronate intravenous syringe	1	PA; MO
ibandronate oral	1	MO; QL (1 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
PROLIA	1	PA; MO; QL (1 per 180 days)
raloxifene	1	MO
risedronate oral tablet 150 mg	1	MO; QL (1 per 30 days)
risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	1	MO; QL (4 per 28 days)
risedronate oral tablet 5 mg	1	MO; QL (30 per 30 days)
risedronate oral tablet,delayed release (dr/ec)	1	MO; QL (4 per 28 days)
teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)	1	PA; MO; QL (2.4 per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	1	PA; QL (2.48 per 28 days)
TYMLOS	1	PA; MO; QL (1.56 per 30 days)
OTHER RHEUMATOLOGICALS		
ABRILADA(CF) PEN	1	PA; QL (6 per 28 days)
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML	1	PA; QL (2 per 28 days)
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; QL (6 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
ACTEMRA ACTPEN	1	PA; MO; QL (3.6 per 28 days)
ACTEMRA INTRAVENOUS	1	PA; MO; QL (160 per 28 days)
ACTEMRA SUBCUTANEOUS	1	PA; MO; QL (3.6 per 28 days)
ADALIMUMAB-AACF SUBCUTANEOUS PEN INJECTOR KIT	1	PA; MO; QL (4 per 28 days)
ADALIMUMAB-AACF SUBCUTANEOUS SYRINGE KIT	1	PA; QL (6 per 28 days)
ADALIMUMAB-AACF(CF) PEN CROHNS	1	PA; QL (6 per 180 days)
ADALIMUMAB-AACF(CF) PEN PS-UV	1	PA; QL (4 per 180 days)
ADALIMUMAB-AATY SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	1	PA; QL (6 per 28 days)
ADALIMUMAB-AATY SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	1	PA; QL (2 per 28 days)
ADALIMUMAB-AATY SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	1	PA; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
ADALIMUMAB-AATY SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; QL (6 per 28 days)
ADALIMUMAB-ADAZ	1	PA; MO; QL (1.6 per 28 days)
ADALIMUMAB-ADBM (PREFERRED NDCS STARTING WITH 00597) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	1	PA; MO; QL (4 per 28 days)
ADALIMUMAB-ADBM (PREFERRED NDCS STARTING WITH 00597) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	1	PA; MO; QL (2 per 28 days)
ADALIMUMAB-ADBM (PREFERRED NDCS STARTING WITH 00597) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
ADALIMUMAB-ADBM (PREFERRED NDCS STARTING WITH 00597) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; MO; QL (4 per 28 days)
ADALIMUMAB-ADBM(CF) PEN CROHNS (PREFERRED NDCS STARTING WITH 00597)	1	PA; QL (6 per 180 days)
ADALIMUMAB-ADBM(CF) PEN PS-UV (PREFERRED NDCS STARTING WITH 00597)	1	PA; QL (4 per 180 days)
ADALIMUMAB-FKJP SUBCUTANEOUS PEN INJECTOR KIT	1	PA; QL (6 per 28 days)
ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML	1	PA; QL (2 per 28 days)
ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; QL (6 per 28 days)
ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT	1	PA; MO; QL (6 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
ADALIMUMAB-RYVK SUBCUTANEOUS SYRINGE KIT	1	PA; QL (6 per 28 days)
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	1	PA; MO; QL (2.4 per 28 days)
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	1	PA; MO; QL (4.8 per 28 days)
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.2 ML	1	PA; MO; QL (0.4 per 28 days)
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 20 MG/0.4 ML	1	PA; MO; QL (0.8 per 28 days)
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	1	PA; MO; QL (2.4 per 28 days)
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	1	PA; MO; QL (4.8 per 28 days)
ARAVA	1	MO; QL (30 per 30 days)
BENLYSTA	1	PA; MO
CUPRIMINE	1	PA; MO
CYLTEZO(CF) PEN	1	PA; MO; QL (4 per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS	1	PA; QL (6 per 180 days)
CYLTEZO(CF) PEN PSORIASIS-UV	1	PA; QL (4 per 180 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	1	PA; MO; QL (2 per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; QL (4 per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; MO; QL (4 per 28 days)
DEPEN TITRATABS	1	PA; MO
ENBREL MINI	1	PA; MO; QL (8 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
ENBREL SUBCUTANEOUS SOLUTION	1	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	1	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK	1	PA; MO; QL (8 per 28 days)
HADLIMA	1	PA; MO; QL (4.8 per 28 days)
HADLIMA PUSHTOUCH	1	PA; MO; QL (4.8 per 28 days)
HADLIMA(CF)	1	PA; MO; QL (2.4 per 28 days)
HADLIMA(CF) PUSHTOUCH	1	PA; MO; QL (2.4 per 28 days)
HULIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	1	PA; QL (6 per 28 days)
HULIO(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML	1	PA; QL (2 per 28 days)
HULIO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; QL (6 per 28 days)
HUMIRA (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
HUMIRA PEN (PREFERRED NDCS STARTING WITH 00074)	1	PA; MO; QL (4 per 28 days)
HUMIRA(CF) (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	1	PA; MO; QL (2 per 28 days)
HUMIRA(CF) (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEN (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	1	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEN (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA; MO; QL (2 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS (PREFERRED NDCS STARTING WITH 00074)	1	PA; MO; QL (3 per 180 days)

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Drug Name	Drug Tier	Requirements /Limits
HUMIRA(CF) PEN PEDIATRIC UC (PREFERRED NDCS STARTING WITH 00074)	1	PA; QL (4 per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS (PREFERRED NDCS STARTING WITH 00074)	1	PA; MO; QL (3 per 180 days)
HYRIMOZ (PREFERRED NDCS STARTING WITH 61314)	1	PA; QL (3.2 per 28 days)
HYRIMOZ PEN (PREFERRED NDCS STARTING WITH 61314)	1	PA; QL (3.2 per 28 days)
HYRIMOZ PEN CROHN'S-UC STARTER (PREFERRED NDCS STARTING WITH 61314)	1	PA; MO; QL (2.4 per 180 days)
HYRIMOZ PEN PSORIASIS STARTER (PREFERRED NDCS STARTING WITH 61314)	1	PA; MO; QL (1.6 per 180 days)
HYRIMOZ(CF) (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML	1	PA; MO; QL (0.2 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
HYRIMOZ(CF) (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML	1	PA; MO; QL (0.4 per 28 days)
HYRIMOZ(CF) (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	1	PA; QL (1.6 per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	1	PA; MO; QL (2.4 per 180 days)
HYRIMOZ(CF) PEDI CROHN STARTER (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 80 MG/0.8 ML- 40 MG/0.4 ML	1	PA; MO; QL (1.2 per 180 days)
HYRIMOZ(CF) PEN (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	1	PA; QL (1.6 per 28 days)

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This drug list was last updated on 10/17/2024.

Drug Name	Drug Tier	Requirements /Limits
HYRIMOZ(CF) PEN (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	1	PA; MO; QL (1.6 per 28 days)
IDACIO(CF)	1	PA; MO; QL (4 per 28 days)
IDACIO(CF) PEN CROHN-UC STARTR	1	PA; MO; QL (6 per 180 days)
IDACIO(CF) PEN PSORIASIS START	1	PA; MO; QL (4 per 180 days)
IDACIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	1	PA; MO; QL (4 per 28 days)
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML	1	PA; QL (2.28 per 28 days)
KEVZARA SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	1	PA; MO; QL (2.28 per 28 days)
KEVZARA SUBCUTANEOUS SYRINGE	1	PA; MO; QL (2.28 per 28 days)
KINERET	1	PA; QL (20.1 per 30 days)
leflunomide	1	MO; QL (30 per 30 days)
OLUMIANT	1	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ORENCIA (WITH MALTOSE)	1	PA; MO; QL (12 per 28 days)
ORENCIA CLICKJECT	1	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	1	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	1	PA; MO; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	1	PA; MO; QL (2.8 per 28 days)
OTEZLA ORAL TABLET 20 MG	1	PA; QL (60 per 30 days)
OTEZLA ORAL TABLET 30 MG	1	PA; MO; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51)	1	PA; QL (55 per 180 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	1	PA; MO; QL (55 per 180 days)
OTREXUP (PF)	1	MO
penicillamine	1	PA; MO
RASUVO (PF)	1	MO
RIDAURA	1	MO

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This drug list was last updated on 10/17/2024.

Drug Name	Drug Tier	Requirements /Limits
RINVOQ LQ	1	PA; MO; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	1	PA; MO; QL (30 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	1	PA; MO; QL (84 per 180 days)
SAVELLA ORAL TABLET	1	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	1	QL (55 per 180 days)
SIMLANDI(CF) AUTOINJECTOR	1	PA; MO; QL (6 per 28 days)
SIMPONI ARIA	1	PA; MO; QL (64 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	1	PA; MO; QL (3 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA; MO; QL (3 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
TOFIDENCE	1	PA; QL (160 per 28 days)
TYENNE AUTOINJECTOR	1	PA; QL (3.6 per 28 days)
TYENNE INTRAVENOUS	1	PA; QL (160 per 28 days)
TYENNE SUBCUTANEOUS	1	PA; QL (3.6 per 28 days)
XELJANZ ORAL SOLUTION	1	PA; MO; QL (480 per 24 days)
XELJANZ ORAL TABLET	1	PA; MO; QL (60 per 30 days)
XELJANZ XR	1	PA; MO; QL (30 per 30 days)
YUFLYMA(CF) AI CROHN'S-UC-HS	1	PA; QL (3 per 180 days)
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	1	PA; QL (6 per 28 days)
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	1	PA; QL (2 per 28 days)
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	1	PA; QL (2 per 28 days)
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; QL (6 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
YUSIMRY(CF) PEN	1	PA; QL (4.8 per 28 days)
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
ACTIVELLA	1	PA; MO
ANGELIQ	1	PA; MO
BIJUVA	1	PA; MO
camila	1	MO
CLIMARA	1	PA; MO; QL (4 per 28 days)
CLIMARA PRO	1	PA; MO
COMBIPATCH	1	PA
CRINONE VAGINAL GEL 4 %	1	MO
CRINONE VAGINAL GEL 8 %	1	PA; MO
deblitane	1	MO
DELESTROGEN	1	MO
DEPO-ESTRADIOL	1	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	1	MO
DEPO-PROVERA INTRAMUSCULAR SYRINGE	1	MO
DEPO-SUBQ PROVERA 104	1	MO

Drug Name	Drug Tier	Requirements /Limits
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %)	1	PA; MO; QL (30 per 30 days)
DIVIGEL TRANSDERMAL GEL IN PACKET 1.25 MG/1.25 GRAM (0.1 %)	1	PA; MO; QL (37.5 per 30 days)
dotti	1	PA; MO; QL (8 per 28 days)
DUAVEE	1	MO
ELESTRIN	1	PA; MO; QL (70 per 30 days)
emzahh	1	
errin	1	MO
ESTRACE ORAL	1	PA; MO
ESTRACE VAGINAL	1	ST; MO
estradiol oral	1	PA; MO
estradiol transdermal gel in metered-dose pump	1	MO; QL (50 per 30 days)
estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %)	1	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)	1	PA; MO; QL (37.5 per 30 days)
estradiol transdermal patch semiweekly	1	PA; MO; QL (8 per 28 days)
estradiol transdermal patch weekly	1	PA; MO; QL (4 per 28 days)
estradiol vaginal	1	MO
estradiol valerate	1	MO
estradiol-norethindrone acet	1	PA; MO
ESTRING	1	MO
ESTROGEL	1	MO; QL (50 per 30 days)
EVAMIST	1	PA; MO; QL (16.2 per 30 days)
FEMRING	1	ST; MO
fyavolv	1	PA; MO
heather	1	MO
IMVEXXY MAINTENANCE PACK	1	MO
IMVEXXY STARTER PACK	1	MO
incassia	1	MO
jencycla	1	MO
jinteli	1	PA; MO
lyleq	1	MO
lyllana	1	PA; MO; QL (8 per 28 days)
lyza	1	

Drug Name	Drug Tier	Requirements /Limits
medroxyprogesterone	1	MO
MENEST	1	PA; MO
MENOSTAR	1	PA; MO; QL (4 per 28 days)
mimvey	1	PA; MO
MINIVELLE	1	PA; MO; QL (8 per 28 days)
nora-be	1	MO
norethindrone (contraceptive)	1	
norethindrone acetate	1	MO
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	PA; MO
PREMARIN INJECTION	1	
PREMARIN ORAL	1	MO
PREMARIN VAGINAL	1	MO
PREMPHASE	1	MO
PREMPRO	1	MO
progesterone	1	MO
progesterone micronized	1	MO
PROMETRIUM	1	MO
PROVERA	1	MO
sharobel	1	MO
VAGIFEM	1	ST; MO
VIVELLE-DOT	1	PA; MO; QL (8 per 28 days)
yuvafem	1	

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Drug Name	Drug Tier	Requirements /Limits
MISCELLANEOUS OB/GYN		
ANNOVERA	1	MO
CLEOCIN VAGINAL	1	MO
clindamycin phosphate vaginal	1	MO
CLINDESSE	1	MO
eluryng	1	MO
enilloring	1	MO
etonogestrel-ethinyl estradiol	1	
GYNAZOLE-1	1	MO
haloette	1	MO
INTRAROSA	1	MO
KYLEENA	1	
LILETTA	1	MO
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	1	MO
miconazole-3 vaginal suppository	1	MO
mifepristone oral tablet 200 mg	1	LA
MIRENA	1	
MYFEMBREE	1	PA; MO
NEXPLANON	1	
norelgestromin-ethin.estradiol	1	
NUVARING	1	MO
NUVESSA	1	MO
ORIAHNN	1	PA; MO
OSPHENA	1	MO
PHEXXI	1	MO

Drug Name	Drug Tier	Requirements /Limits
SKYLA	1	
terconazole	1	MO
tranexamic acid oral	1	MO
vandazole	1	MO
VEOZAH	1	PA; MO
XACIATO	1	ST; MO
xulane	1	
zafemy	1	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
afirmelle	1	
altavera (28)	1	MO
alyacen 1/35 (28)	1	MO
alyacen 7/7/7 (28)	1	MO
amethia	1	
amethyst (28)	1	MO
apri	1	MO
aranelle (28)	1	MO
ashlyna	1	MO
aubra eq	1	MO
aurovela 1.5/30 (21)	1	MO
aurovela 1/20 (21)	1	
aurovela 24 fe	1	MO
aurovela fe 1.5/30 (28)	1	MO
aurovela fe 1-20 (28)	1	MO
aviane	1	MO
ayuna	1	MO
azurette (28)	1	MO
BALCOLTRA	1	MO

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Drug Name	Drug Tier	Requirements /Limits
balziva (28)	1	MO
BEYAZ	1	MO
blisovi 24 fe	1	MO
blisovi fe 1.5/30 (28)	1	MO
blisovi fe 1/20 (28)	1	MO
briellyn	1	MO
camrese	1	MO
camrese lo	1	MO
charlotte 24 fe	1	MO
chateal eq (28)	1	MO
cryselle (28)	1	MO
cyred eq	1	MO
dasetta 1/35 (28)	1	MO
dasetta 7/7/7 (28)	1	MO
daysee	1	MO
desog-e.estradiol/e.estradiol	1	
desogestrel-ethinyl estradiol	1	
dolishale	1	MO
drospirenone-e.estradiol-lm.fa	1	MO
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	1	MO
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	1	
elinest	1	MO
enpresse	1	MO
enskyce	1	MO
estarylla	1	MO

Drug Name	Drug Tier	Requirements /Limits
ethynodiol diac-eth estradiol	1	
falmina (28)	1	MO
finzala	1	MO
gemmily	1	MO
hailey	1	MO
hailey 24 fe	1	MO
hailey fe 1.5/30 (28)	1	MO
hailey fe 1/20 (28)	1	MO
iclevia	1	
introvale	1	
isibloom	1	MO
jaimiess	1	MO
jasmiel (28)	1	MO
jolessa	1	MO
joyeaux	1	MO
juleber	1	MO
junel 1.5/30 (21)	1	MO
junel 1/20 (21)	1	MO
junel fe 1.5/30 (28)	1	MO
junel fe 1/20 (28)	1	MO
junel fe 24	1	MO
kaitlib fe	1	MO
kalliga	1	
kariva (28)	1	
kelnor 1/35 (28)	1	MO
kelnor 1/50 (28)	1	MO
kurvelo (28)	1	MO

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Drug Name	Drug Tier	Requirements /Limits
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)	1	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	1	MO
larin 1.5/30 (21)	1	MO
larin 1/20 (21)	1	MO
larin 24 fe	1	MO
larin fe 1.5/30 (28)	1	MO
larin fe 1/20 (28)	1	MO
layolis fe	1	MO
leena 28	1	MO
lessina	1	MO
levonest (28)	1	MO
levonorgest-eth.estradiol-iron	1	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	1	MO
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg, 90-20 mcg (28)	1	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month	1	

Drug Name	Drug Tier	Requirements /Limits
levonorg-eth estrad triphasic	1	
levora-28	1	MO
LO LOESTRIN FE	1	
LOESTRIN 1.5/30 (21)	1	MO
LOESTRIN 1/20 (21)	1	MO
LOESTRIN FE 1.5/30 (28-DAY)	1	
LOESTRIN FE 1/20 (28-DAY)	1	
lojaimiess	1	MO
loryna (28)	1	MO
low-ogestrel (28)	1	MO
lo-zumandimine (28)	1	MO
lutera (28)	1	MO
marlissa (28)	1	MO
merzee	1	MO
mibelas 24 fe	1	MO
microgestin 1.5/30 (21)	1	MO
microgestin 1/20 (21)	1	MO
microgestin 24 fe	1	
microgestin fe 1.5/30 (28)	1	MO
microgestin fe 1/20 (28)	1	MO
mili	1	MO
mono-linyah	1	MO
NATAZIA	1	MO
necon 0.5/35 (28)	1	MO

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Drug Name	Drug Tier	Requirements /Limits
NEXTSTELLIS	1	MO
nikki (28)	1	MO
noreth-ethinyl estradiol-iron	1	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	MO
norethindrone-e.estradiol-iron oral capsule	1	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	
norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7)	1	
norethindrone-e.estradiol-iron oral tablet,chewable	1	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg	1	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1	MO
nortrel 0.5/35 (28)	1	MO
nortrel 1/35 (21)	1	MO
nortrel 1/35 (28)	1	MO
nortrel 7/7/7 (28)	1	MO
nylia 1/35 (28)	1	MO

Drug Name	Drug Tier	Requirements /Limits
nylia 7/7/7 (28)	1	MO
nymyo	1	
ocella	1	
philith	1	MO
pimtrea (28)	1	MO
portia 28	1	MO
QUARTETTE	1	MO
reclipsen (28)	1	MO
rivelsa	1	MO
SAFYRAL	1	MO
setlakin	1	MO
simliya (28)	1	MO
simpesse	1	MO
SLYND	1	MO
sprintec (28)	1	MO
sronyx	1	MO
syeda	1	MO
tarina 24 fe	1	MO
tarina fe 1-20 eq (28)	1	MO
TAYTULLA	1	MO
tilia fe	1	MO
tri-estarylla	1	MO
tri-legest fe	1	MO
tri-linyah	1	MO
tri-lo-estarylla	1	MO
tri-lo-marzia	1	MO
tri-lo-mili	1	MO
tri-lo-sprintec	1	
tri-mili	1	
tri-nymyo	1	

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Drug Name	Drug Tier	Requirements /Limits
tri-sprintec (28)	1	MO
trivora (28)	1	MO
tri-vylibra	1	MO
tri-vylibra lo	1	MO
turqoz (28)	1	MO
TYBLUME	1	MO
tydemy	1	
velivet triphasic regimen (28)	1	MO
vestura (28)	1	MO
vienva	1	MO
viorele (28)	1	MO
volnea (28)	1	MO
vyfemla (28)	1	MO
vylibra	1	MO
wera (28)	1	MO
wymzya fe	1	MO
YASMIN (28)	1	MO
YAZ (28)	1	MO
zovia 1-35 (28)	1	MO
zumandimine (28)	1	MO
OXYTOCICS		
methylergonovine oral	1	PA
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE	1	MO
bacitracin ophthalmic (eye)	1	MO
bacitracin-polymyxin b	1	MO
BESIVANCE	1	MO

Drug Name	Drug Tier	Requirements /Limits
CILOXAN OPHTHALMIC (EYE) OINTMENT	1	MO
ciprofloxacin hcl ophthalmic (eye)	1	MO
erythromycin ophthalmic (eye)	1	MO; QL (3.5 per 14 days)
gatifloxacin	1	MO
gentamicin ophthalmic (eye) drops	1	MO; QL (70 per 30 days)
levofloxacin ophthalmic (eye)	1	
moxifloxacin ophthalmic (eye) drops	1	MO
moxifloxacin ophthalmic (eye) drops, viscous	1	
NATACYN	1	
neomycin-bacitracin-polymyxin	1	MO
neomycin-polymyxin-gramicidin	1	MO
neo-polycin	1	
OCUFLOX	1	MO
ofloxacin ophthalmic (eye)	1	MO
polycin	1	
polymyxin b sulf-trimethoprim	1	MO
tobramycin ophthalmic (eye)	1	MO; QL (10 per 14 days)

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Drug Name	Drug Tier	Requirements /Limits
TOBREX OPHTHALMIC (EYE) OINTMENT	1	MO; QL (3.5 per 14 days)
VIGAMOX	1	MO
ANTIVIRALS		
trifluridine	1	MO
ZIRGAN	1	MO
BETA-BLOCKERS		
betaxolol ophthalmic (eye)	1	MO
BETIMOL	1	MO
BETOPTIC S	1	MO
carteolol	1	MO
ISTALOL	1	MO
levobunolol ophthalmic (eye) drops 0.5 %	1	MO
timolol maleate (pf)	1	MO
timolol maleate ophthalmic (eye) drops	1	MO
timolol maleate ophthalmic (eye) drops, once daily	1	MO
timolol maleate ophthalmic (eye) gel forming solution	1	MO
TIMOPTIC OCUDOSE (PF)	1	MO
MISCELLANEOUS OPHTHALMOLOGICS		
ALOCRIL	1	
ALOMIDE	1	MO
atropine ophthalmic (eye) drops 1 %	1	MO

Drug Name	Drug Tier	Requirements /Limits
ATROPINE SULFATE (PF)	1	
azelastine ophthalmic (eye)	1	MO
BEOVU INTRAVITREAL SYRINGE	1	PA; MO
bepotastine besilate	1	MO
BEPREVE	1	MO
bss	1	
BSS PLUS	1	
BYOOVIZ	1	PA; MO
CEQUA	1	MO; QL (60 per 30 days)
CIMERLI	1	PA; MO
cromolyn ophthalmic (eye)	1	MO
cyclosporine ophthalmic (eye)	1	MO; QL (60 per 30 days)
CYSTADROPS	1	PA
CYSTARAN	1	PA
epinastine	1	MO
EYLEA	1	PA; MO
EYLEA HD	1	PA; MO
IZERVAY (PF)	1	PA
LUCENTIS INTRAVITREAL SYRINGE	1	PA; MO
MIEBO (PF)	1	MO
olopatadine ophthalmic (eye) drops 0.1 %	1	MO
OMIDRIA	1	
OXERVATE	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
PHOSPHOLINE IODIDE	1	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1	MO
RESTASIS	1	MO; QL (60 per 30 days)
RESTASIS MULTIDOSE	1	MO; QL (5.5 per 30 days)
sulfacetamide sodium ophthalmic (eye) drops	1	MO
sulfacetamide sodium ophthalmic (eye) ointment	1	
sulfacetamide-prednisolone	1	MO
SYFOVRE (PF)	1	PA; MO
TYRVAYA	1	MO; QL (8.4 per 30 days)
VABYSMO	1	PA; MO
VERKAZIA	1	PA; QL (120 per 30 days)
VEVYE	1	MO; QL (2 per 30 days)
VUITY	1	PA; MO
XDEMVY	1	PA; QL (10 per 42 days)
XIIDRA	1	MO; QL (60 per 30 days)
ZERVIATE	1	
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR	1	ST; MO
ACULAR LS	1	ST; MO

Drug Name	Drug Tier	Requirements /Limits
ACUVAIL (PF)	1	ST; MO
bromfenac	1	MO
BROMSITE	1	MO
diclofenac sodium ophthalmic (eye)	1	MO
flurbiprofen sodium	1	MO
ILEVRO	1	ST; MO
ketorolac ophthalmic (eye)	1	MO
NEVANAC	1	ST; MO
PROLENSA	1	MO
ORAL DRUGS FOR GLAUCOMA		
acetazolamide	1	MO
acetazolamide sodium	1	MO
methazolamide	1	MO
OTHER GLAUCOMA DRUGS		
AZOPT	1	MO
bimatoprost ophthalmic (eye)	1	MO
brimonidine-timolol	1	MO
brinzolamide	1	MO
COMBIGAN	1	MO
COSOPT	1	MO
COSOPT (PF)	1	MO
dorzolamide	1	
dorzolamide-timolol	1	MO
dorzolamide-timolol (pf) ophthalmic (eye) dropperette	1	MO
DURYSTA	1	PA; MO; LA
IYUZEH (PF)	1	ST; MO

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Drug Name	Drug Tier	Requirements /Limits
latanoprost	1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	1	MO
miostat	1	
RHOPRESSA	1	MO
ROCKLATAN	1	MO
SIMBRINZA	1	MO
tafluprost (pf)	1	MO
TRAVATAN Z	1	ST; MO
travoprost	1	MO
VYZULTA	1	ST
XALATAN	1	ST; MO
XELPROS	1	ST
ZIOPTAN (PF)	1	ST; MO
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL	1	MO
neomycin-bacitracin-poly-hc	1	MO
neomycin-polymyxin b-dexameth	1	MO
neomycin-polymyxin-hc ophthalmic (eye)	1	MO
neo-polycin hc	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	1	MO; QL (3.5 per 14 days)
TOBRADEX ST	1	MO
tobramycin-dexamethasone	1	MO; QL (10 per 14 days)
ZYLET	1	MO; QL (10 per 14 days)
STEROIDS		
ALREX	1	MO
dexamethasone sodium phosphate ophthalmic (eye)	1	MO
DEXTENZA	1	
difluprednate	1	MO
DUREZOL	1	MO
EYSUVIS	1	PA; MO; QL (8.3 per 14 days)
FLAREX	1	MO
fluorometholone	1	MO
FML FORTE	1	MO
FML LIQUIFILM	1	MO
INVELTYS	1	MO
LOTEMAX	1	MO
LOTEMAX SM	1	MO
loteprednol etabonate	1	MO
MAXIDEX	1	MO
OZURDEX	1	MO
PRED FORTE	1	MO
PRED MILD	1	MO
prednisolone acetate	1	MO
prednisolone sodium phosphate ophthalmic (eye)	1	MO
RETISERT	1	
YUTIQ	1	
SYMPATHOMIMETICS		

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This drug list was last updated on 10/17/2024.

Drug Name	Drug Tier	Requirements /Limits
ALPHAGAN P	1	MO
apraclonidine	1	MO
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %	1	MO
brimonidine ophthalmic (eye) drops 0.2 %	1	MO
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	1	MO
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
adrenalin injection solution 1 mg/ml	1	
adrenalin injection solution 1 mg/ml (1 ml)	1	MO
AUVI-Q	1	QL (4 per 30 days)
cetirizine oral solution 1 mg/ml	1	MO
CLARINEX ORAL TABLET	1	MO; QL (30 per 30 days)
CLARINEX-D 12 HOUR	1	MO; QL (60 per 30 days)
desloratadine	1	MO; QL (30 per 30 days)
diphenhydramine hcl injection solution 50 mg/ml	1	MO
diphenhydramine hcl injection syringe	1	MO
diphenhydramine hcl oral elixir	1	PA
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	1	MO; QL (4 per 30 days)
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)	1	MO; QL (4 per 30 days)
EPINEPHRINE INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML (MANUFACTURED BY MYLAN SPECIALTY)	1	QL (4 per 30 days)
epinephrine injection solution 1 mg/ml	1	
epinephrine injection syringe 0.1 mg/ml	1	
EPIPEN	1	QL (2 per 30 days)
EPIPEN 2-PAK	1	QL (4 per 30 days)
EPIPEN JR	1	QL (2 per 30 days)
EPIPEN JR 2-PAK	1	QL (4 per 30 days)
hydroxyzine hcl oral tablet	1	PA; MO
levocetirizine oral solution	1	MO

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This drug list was last updated on 10/17/2024.

Drug Name	Drug Tier	Requirements /Limits
levocetirizine oral tablet	1	MO; QL (30 per 30 days)
PHENERGAN INJECTION	1	MO
promethazine injection solution	1	MO
promethazine oral	1	PA; MO
QUZYTTIR	1	
SYMJEPI	1	QL (2 per 30 days)
PULMONARY AGENTS		
ACCOLATE	1	
acetylcysteine	1	B/D PA; MO
ADCIRCA	1	PA; MO; QL (60 per 30 days)
ADEMPAS	1	PA; MO; LA
ADVAIR DISKUS	1	MO; QL (60 per 30 days)
ADVAIR HFA	1	MO; QL (12 per 30 days)
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION	1	ST; QL (1 per 30 days)
AIRDUO RESPICLICK	1	ST; MO; QL (1 per 30 days)
AIRSUPRA	1	ST; MO; QL (32.1 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	1	MO; QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm	1	QL (13.4 per 30 days)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020983)	1	ST; QL (36 per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml	1	B/D PA; MO
albuterol sulfate inhalation solution for nebulization 5 mg/ml	1	B/D PA
albuterol sulfate oral syrup	1	MO
albuterol sulfate oral tablet	1	MO
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	1	MO; QL (12.2 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	1	MO; QL (6.1 per 30 days)
alyq	1	PA; QL (60 per 30 days)
ambrisentan	1	PA; MO; LA
aminophylline intravenous	1	
ANORO ELLIPTA	1	ST; MO; QL (60 per 30 days)
arformoterol	1	B/D PA; MO; QL (120 per 30 days)
ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG/ACTUATION, 232 MCG/ACTUATION	1	ST; QL (1 per 30 days)
ARNUITY ELLIPTA	1	ST; QL (30 per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION	1	MO; QL (13 per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 50 MCG/ACTUATION	1	QL (13 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	1	MO; QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	1	MO; QL (2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	1	QL (2 per 28 days)
ATROVENT HFA	1	MO; QL (25.8 per 30 days)
azelastine-fluticasone	1	MO; QL (23 per 30 days)
BERINERT INTRAVENOUS KIT	1	PA; MO
BEVESPI AEROSPHERE	1	MO; QL (10.7 per 30 days)
bosentan	1	PA; MO; LA
BREO ELLIPTA	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
breyna	1	MO; QL (10.3 per 30 days)
BREZTRI AEROSPHERE	1	MO; QL (10.7 per 30 days)
BRONCHITOL	1	PA; MO
BROVANA	1	B/D PA; MO; QL (120 per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	1	B/D PA; MO; QL (120 per 30 days)
budesonide inhalation suspension for nebulization 1 mg/2 ml	1	B/D PA; MO; QL (60 per 30 days)
budesonide-formoterol	1	QL (10.2 per 30 days)
CINQAIR	1	PA; LA
CINRYZE	1	PA; MO
COMBIVENT RESPIMAT	1	QL (8 per 30 days)
cromolyn inhalation	1	B/D PA; MO
CUROSURF	1	
DALIRESP	1	PA; MO; QL (30 per 30 days)
DUAKLIR PRESSAIR	1	ST; MO; QL (1 per 30 days)
DULERA	1	MO; QL (13 per 30 days)
DYMISTA	1	MO; QL (23 per 30 days)
ELIXOPHYLLIN	1	

Drug Name	Drug Tier	Requirements /Limits
ESBRIET ORAL CAPSULE	1	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	1	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	1	PA; MO; QL (90 per 30 days)
FASENRA PEN	1	PA; MO; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	1	PA; MO; QL (1 per 28 days)
FIRAZYR	1	PA; MO
flunisolide	1	MO; QL (50 per 30 days)
FLUTICASONE FUROATE-VILANTEROL	1	ST; MO; QL (60 per 30 days)
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	1	ST; MO; QL (60 per 30 days)
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	1	ST; MO; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	1	ST; MO; QL (12 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	1	ST; MO; QL (24 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	1	ST; MO; QL (10.6 per 30 days)
fluticasone propionate nasal	1	MO; QL (16 per 30 days)
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	1	ST; MO; QL (1 per 30 days)
fluticasone propion-salmeterol inhalation blister with device	1	MO; QL (60 per 30 days)
FLUTICASONE PROPION-SALMETEROL INHALATION HFA AEROSOL INHALER	1	ST; MO; QL (12 per 30 days)
formoterol fumarate	1	B/D PA; MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
HAEGARDA	1	PA; MO; LA
icatibant	1	PA; MO
INCRUSE ELLIPTA	1	ST; MO; QL (30 per 30 days)
ipratropium bromide inhalation	1	B/D PA; MO
ipratropium-albuterol	1	B/D PA; MO
KALBITOR	1	PA; MO
KALYDECO	1	PA; MO; QL (56 per 28 days)
LETAIRIS	1	PA; MO; LA
levalbuterol hcl	1	B/D PA; MO
LEVALBUTEROL TARTRATE	1	ST; MO; QL (30 per 30 days)
LIQREV	1	PA; MO; QL (180 per 30 days)
mometasone nasal	1	MO; QL (34 per 30 days)
montelukast oral granules in packet	1	MO
montelukast oral tablet	1	MO
montelukast oral tablet,chewable	1	MO
NUCALA SUBCUTANEOUS AUTO-INJECTOR	1	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN	1	PA; MO; LA; QL (3 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	1	PA; MO; LA; QL (0.4 per 28 days)
OFEV	1	PA; MO; QL (60 per 30 days)
OMNARIS	1	ST; MO; QL (12.5 per 30 days)
OPSUMIT	1	PA; MO; LA
OPSYNVI	1	PA; MO; QL (30 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET	1	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	1	PA; MO; QL (112 per 28 days)
ORLADEYO	1	PA; LA
PERFOROMIST	1	B/D PA; MO; QL (120 per 30 days)
pirfenidone oral capsule	1	PA; MO; QL (270 per 30 days)
pirfenidone oral tablet 267 mg	1	PA; MO; QL (270 per 30 days)
PIRFENIDONE ORAL TABLET 534 MG	1	PA; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
pirfenidone oral tablet 801 mg	1	PA; MO; QL (90 per 30 days)
PROAIR DIGIHALER	1	ST; QL (2 per 30 days)
PROAIR RESPICLICK	1	ST; MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	1	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	1	MO; QL (1 per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML	1	B/D PA; MO; QL (120 per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	1	B/D PA; MO; QL (60 per 30 days)
PULMOZYME	1	B/D PA; MO
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	1	ST; QL (6.8 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	1	ST; QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	1	QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	1	QL (21.2 per 30 days)
REVATIO INTRAVENOUS	1	PA; MO
REVATIO ORAL TABLET	1	PA; MO; QL (90 per 30 days)
roflumilast	1	PA; MO; QL (30 per 30 days)
RUCONEST	1	PA; MO
RYALTRIS	1	ST; MO; QL (29 per 30 days)
sajazir	1	PA; MO
SEREVENT DISKUS	1	ST; MO; QL (60 per 30 days)
sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml	1	PA

Drug Name	Drug Tier	Requirements /Limits
sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml	1	PA; MO; QL (224 per 30 days)
sildenafil (pulmonary arterial hypertension) oral tablet 20 mg	1	PA; MO; QL (90 per 30 days)
SINGULAIR	1	
SPIRIVA RESPIMAT	1	MO; QL (4 per 30 days)
SPIRIVA WITH HANDIHALER	1	ST; MO; QL (90 per 90 days)
STIOLTO RESPIMAT	1	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	1	MO; QL (4 per 30 days)
SYMBICORT	1	ST; MO; QL (10.2 per 30 days)
SYMDEKO	1	PA; MO; QL (56 per 28 days)
tadalafil (pulmonary arterial hypertension) oral tablet 20 mg	1	PA; QL (60 per 30 days)
TADLIQ	1	PA; MO; QL (300 per 30 days)
TAKHZYRO	1	PA; MO; LA
terbutaline oral	1	MO
terbutaline subcutaneous	1	MO

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Drug Name	Drug Tier	Requirements /Limits
TEZSPIRE	1	PA; MO; QL (1.91 per 30 days)
THEO-24	1	MO
theophylline oral elixir	1	MO
theophylline oral solution	1	
theophylline oral tablet extended release 12 hr	1	MO
theophylline oral tablet extended release 24 hr	1	MO
tiotropium bromide	1	QL (90 per 90 days)
TRACLEER	1	PA; MO; LA
TRELEGY ELLIPTA	1	MO; QL (60 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	1	PA; MO; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	1	PA; MO; QL (84 per 28 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	1	ST; MO; QL (1 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION (30 ACTUAT)	1	ST; QL (1 per 30 days)
TYVASO	1	B/D PA; MO
TYVASO DPI	1	PA; MO
TYVASO INSTITUTIONAL START KIT	1	B/D PA
TYVASO REFILL KIT	1	B/D PA; MO
TYVASO STARTER KIT	1	B/D PA; MO
VENTAVIS	1	B/D PA; MO
VENTOLIN HFA	1	ST; MO; QL (36 per 30 days)
WINREVAIR SUBCUTANEOUS KIT 45 MG (2 PACK), 60 MG (2 PACK)	1	PA
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG	1	PA; MO
wixela inhub	1	QL (60 per 30 days)
XHANCE	1	ST; MO; QL (32 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	1	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	1	PA; MO; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN	1	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	1	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; MO; LA; QL (1 per 28 days)
XOPENEX HFA	1	ST; MO; QL (30 per 30 days)
YUPELRI	1	B/D PA; MO; QL (90 per 30 days)
zafirlukast	1	MO
ZETONNA	1	ST; MO; QL (6.1 per 30 days)
zileuton	1	MO
ZYFLO	1	MO
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
darifenacin	1	MO
DETROL	1	MO
DETROL LA	1	MO
fesoterodine	1	MO
flavoxate	1	MO
GEMTESA	1	MO
mirabegron	1	MO
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	1	MO
oxybutynin chloride oral syrup	1	MO
OXYBUTYNIN CHLORIDE ORAL TABLET 2.5 MG	1	MO
oxybutynin chloride oral tablet 5 mg	1	MO
oxybutynin chloride oral tablet extended release 24hr	1	MO
OXYTROL	1	MO; QL (8 per 28 days)
solifenacin	1	MO
tolterodine	1	MO
TOVIAZ	1	MO
trospium oral capsule,extended release 24hr	1	MO
trospium oral tablet	1	MO
VESICARE	1	MO

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Drug Name	Drug Tier	Requirements /Limits
VESICARE LS	1	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
alfuzosin	1	MO
AVODART	1	MO
dutasteride	1	MO
dutasteride-tamsulosin	1	MO
ENTADFI	1	PA; QL (30 per 30 days)
finasteride oral tablet 5 mg	1	MO
FLOMAX	1	ST; MO
PROSCAR	1	MO
RAPAFLO	1	ST; MO
silodosin	1	MO
tamsulosin	1	MO
UROXATRAL	1	ST; MO
MISCELLANEOUS UROLOGICALS		
bethanechol chloride	1	MO
CIALIS ORAL TABLET 2.5 MG	1	PA; QL (60 per 30 days)
CIALIS ORAL TABLET 5 MG	1	PA; QL (30 per 30 days)
CYSTAGON	1	PA; LA
ELMIRON	1	MO
glycine urologic	1	
glycine urologic solution	1	
K-PHOS NO 2	1	MO
K-PHOS ORIGINAL	1	MO
OXLUMO	1	PA; LA

Drug Name	Drug Tier	Requirements /Limits
potassium citrate oral tablet extended release	1	MO
PROCYSBI	1	PA; MO
PROSTIN VR PEDIATRIC	1	
RENACIDIN	1	MO
RIVFLOZA	1	PA
tadalafil oral tablet 2.5 mg	1	PA; MO; QL (60 per 30 days)
tadalafil oral tablet 5 mg	1	PA; MO; QL (30 per 30 days)
UROCIT-K 10	1	MO
UROCIT-K 15	1	MO
UROCIT-K 5	1	MO
VITAMINS, HEMATINICS / ELECTROLYTES		
BLOOD DERIVATIVES		
ALBUKED-25	1	
ALBUKED-5	1	
albumin, human 25 %	1	
ALBUMIN, HUMAN 5 %	1	
ALBUMINEX 25 %	1	
ALBUMINEX 5 %	1	
alburx (human) 25 %	1	
ALBURX (HUMAN) 5 %	1	
ALBUTEIN 25 %	1	
ALBUTEIN 5 %	1	

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Drug Name	Drug Tier	Requirements /Limits
FLEXBUMIN 25 %	1	
FLEXBUMIN 5 %	1	
RYPLAZIM	1	PA
ELECTROLYTES		
calcium acetate(phosphat bind)	1	MO; QL (360 per 30 days)
calcium chloride	1	
CALCIUM GLUC IN NACL, ISO-OSM INTRAVENOUS SOLUTION 1 GRAM/50 ML, 2 GRAM/100 ML	1	
calcium gluconate intravenous	1	
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	1	MO
effer-k oral tablet, effervescent 25 meq	1	MO
GLYCOPHOS	1	
klor-con 10	1	MO
klor-con 8	1	MO
klor-con m10	1	MO
klor-con m15	1	MO
klor-con m20	1	MO
klor-con oral packet 20	1	MO
klor-con/ef	1	MO
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	1	

Drug Name	Drug Tier	Requirements /Limits
lactated ringers intravenous	1	MO
magnesium chloride injection	1	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	1	
magnesium sulfate in water	1	
magnesium sulfate injection solution	1	MO
magnesium sulfate injection syringe	1	
potassium acetate	1	
potassium chlorid-d5-0.45%nacl	1	
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	1	
potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l	1	
potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l	1	

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Drug Name	Drug Tier	Requirements /Limits
potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml	1	
potassium chloride intravenous	1	
potassium chloride oral capsule, extended release	1	MO
potassium chloride oral liquid	1	MO
potassium chloride oral packet	1	
potassium chloride oral tablet extended release 10 meq, 8 meq	1	MO
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	1	
potassium chloride oral tablet extended release 20 meq	1	
potassium chloride oral tablet,er particles/crystals 10 meq	1	MO
potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq	1	
potassium chloride-0.45 % nacl	1	

Drug Name	Drug Tier	Requirements /Limits
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l	1	
potassium chloride-d5-0.9%nacl	1	
potassium phos in 0.9 % nacl intravenous solution 15 mmol/250 ml	1	
potassium phosphate m-/d-basic intravenous solution 3 mmol/ml	1	
POTASSIUM PHOSPHATE M-/D-BASIC INTRAVENOUS SOLUTION 3 MMOL/ML (4.7 MEQ/ML)	1	
ringer's intravenous	1	
sodium acetate	1	
sodium bicarbonate intravenous	1	
sodium chloride 0.45 % intravenous	1	MO
sodium chloride 3 % hypertonic	1	
sodium chloride 5 % hypertonic	1	MO
sodium chloride intravenous	1	
sodium phosphate	1	MO
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Drug Name	Drug Tier	Requirements /Limits
MISCELLANEOUS NUTRITION PRODUCTS		
CLINIMIX 5%/D15W SULFITE FREE	1	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	1	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	1	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE)	1	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE)	1	B/D PA
CLINIMIX 8%-D14W(SULFITE-FREE)	1	B/D PA
CLINIMIX E 4.25%/D10W SUL FREE	1	B/D PA
CLINIMIX E 4.25%/D5W SULF FREE	1	B/D PA
CLINIMIX E 5%/D15W SULFIT FREE	1	B/D PA
CLINIMIX E 5%/D20W SULFIT FREE	1	B/D PA
CLINIMIX E 8%-D10W SULFITEFREE	1	B/D PA
CLINIMIX E 8%-D14W SULFITEFREE	1	B/D PA

Drug Name	Drug Tier	Requirements /Limits
CLINISOL SF 15 %	1	B/D PA
CLINOLIPID	1	B/D PA
DOJOLVI	1	PA; MO; LA
EDETATE CALCIUM DISODIUM INJECTION	1	
electrolyte-148	1	
electrolyte-48 in d5w	1	
electrolyte-a	1	
intralipid intravenous emulsion 20 %	1	B/D PA
INTRALIPID INTRAVENOUS EMULSION 30 %	1	B/D PA
ISOLYTE S PH 7.4	1	
ISOLYTE-P IN 5 % DEXTROSE	1	
ISOLYTE-S	1	
KABIVEN	1	B/D PA
NUTRILIPID	1	B/D PA
OMEGAVEN	1	B/D PA; MO
PERIKABIVEN	1	B/D PA
PLASMA-LYTE 148	1	
PLASMA-LYTE A	1	
PLENAMINE	1	B/D PA
premasol 10 %	1	B/D PA
PROSOL 20 %	1	B/D PA
SMOFLIPID	1	B/D PA
THAM	1	
travasol 10 %	1	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
TROPHAMINE 10 %	1	B/D PA
VITAMINS / HEMATINICS		
CITRANATAL MEDLEY	1	MO
fluoride (sodium) oral tablet	1	MO
fluoride (sodium) oral tablet,chewable 1 mg (2.2 mg sod. fluoride)	1	MO
NESTABS ONE	1	MO
prenatal vitamin oral tablet	1	MO
wescap-c dha	1	MO
wescap-pn dha	1	MO

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Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-580-7000. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-580-7000. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 1-800-580-7000。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 1-800-580-7000。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-580-7000. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-580-7000. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-800-580-7000 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-580-7000. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-580-7000 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-580-7000. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-580-7000 . سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-580-7000 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-580-7000. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-580-7000. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-580-7000. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-580-7000. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、1-800-580-7000 にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

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