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Aetna Medicare Rx offered by SilverScript

2025 Formulary

(List of Covered Drugs or "Drug List")

3T Classic Plus Formulary

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

This formulary was updated on 09/24/2024. For more recent information or other questions, please contact Aetna Medicare Rx offered by SilverScript at the number on your ID card.

Formulary ID Number: 25110

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 SilverScript[®] Insurance Company. When it refers to “plan” or “our plan,” it means Aetna Medicare Rx offered by SilverScript.

This document includes a list of the drugs (formulary) for our plan, which is current as of January 1, 2025. 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, 2026, and from time to time during the year.

What is the Aetna Medicare Rx offered by SilverScript Formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Aetna Medicare Rx offered by SilverScript 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. Aetna Medicare Rx offered by SilverScript will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an Aetna Medicare Rx offered by SilverScript network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

Please note: Aetna Medicare Rx offered by SilverScript may provide additional coverage for prescription drugs not included in your Medicare Part D benefit. For more information about your share of the cost or which prescription drugs may or may not be covered, please call Customer Care, or refer to your *Evidence of Coverage*.

Can the Formulary change?

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

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

Immediate substitutions of certain new versions of brand name drugs and original biological products. We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand-name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking that brand-name drug or original biological product, we may not tell you in advance before we make an immediate 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 for you in the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Aetna Medicare Rx offered by SilverScript Formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

Drugs removed from the market. If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later 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 remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines.

If we remove drugs from our formulary, add quantity limits, prior authorization, and/or step therapy restrictions on a drug; or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the drug you have been taking. 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 Aetna Medicare Rx offered by SilverScript Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 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 formulary for the new benefit year for any changes to drugs.

This formulary is current as of January 1, 2025. To get updated information about the drugs covered by our plan, please contact us at the number on your member ID card. Our contact information also appears on the front and back cover pages.

How do I use the Formulary?

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index at the back of this document. 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. 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.

Medical Condition

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

What are generic drugs?

Our plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For discussion of drug types, please see the *Evidence of Coverage*, Chapter 3 Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

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 (PA): Some drugs require you or your prescriber to get prior authorization. You must get an approval from us before you can get your prescription filled. If you don’t get approval, we may not cover the drug.

Quantity Limits (QL): For certain drugs, there is a quantity limit in the amount of the drug that we will cover. For example, our plan provides up to 30 tablets per 30-day prescription for *atorvastatin*. This may be in addition to a standard one-month or three-month supply.

Step Therapy (ST): In some cases, our 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, Aetna Medicare Rx offered by SilverScript will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You may 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 Aetna Medicare Rx offered by SilverScript 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 Aetna Medicare Rx offered by SilverScript Formulary?” 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 Customer Care and ask if your drug is covered.

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

- You can ask Customer Care for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.
- You can ask us 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 Aetna Medicare Rx offered by SilverScript Formulary?

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

- You can ask us to cover a 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 waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, 3T Classic Plus Formulary 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.
- You can ask us to cover a formulary drug at a lower cost-sharing tier. If approved, this would lower the amount you must pay for your drug.

Generally, we will only approve your request for an exception if the alternative drug is included on the plan's formulary or if the lower cost-sharing drug or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a tiering or formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

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 has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover or requesting a formulary exception so that we will cover the drug you take. While you and your doctor 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 has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer than 30 days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

If you experience a change in your level of care, such as a move from a home to a long-term care setting, and need a drug that is not on our formulary (or if your ability to get your drugs is limited), we may cover a one-time temporary supply from a network pharmacy for up to 31 days, unless you have a prescription for fewer days. You should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

Drug Tier Copay Levels

This comprehensive formulary is a listing of brand-name and generic drugs. This formulary covers most drugs identified by Medicare as Part D drugs, and your copay may differ depending upon the tier at which the drug resides.

The copay tiers for covered prescription medications are listed below. Please refer to your 2025 *Evidence of Coverage* for copay information specific to your plan.

Formulary Name	3T Classic Plus Formulary
Tier 1	Generic

Tier 2	Preferred Brand
Tier 3	Non-Preferred Brand

You can find complete cost-sharing and days' supply information, including costs for long-term supplies, long-term care, and out-of-network pharmacy pricing, in your *Evidence of Coverage*.

For more information

For more detailed information about your Aetna Medicare Rx offered by SilverScript prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about our plan, please contact us at the number on the back of your member ID card. 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 Part D prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. Or visit www.medicare.gov.

Aetna Medicare Rx offered by SilverScript's Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index at the back of this book.

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

The information in the Requirements/Limits column tells you if Aetna Medicare Rx offered by SilverScript has any special requirements for coverage of your drug.

PA	Prior Authorization
QL	Drug has Quantity Limits
ST	Step Therapy required
MO	Available at our mail-order pharmacies
ACS	Available at CVS Specialty Pharmacy
HRM	High Risk Medication
LD	Limited Distribution. The drug manufacturer may limit the number of pharmacies that can stock and dispense this medication.
B/D	This 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.

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
<i>allopurinol tablet 100mg, 300mg</i>	1	MO
<i>colchicine tablet 0.6mg</i>	1	QL (120 EA per 30 days) MO
<i>febuxostat</i>	1	ST MO
<i>probenecid</i>	1	MO
<i>probenecid/colchicine</i>	1	MO
MISCELLANEOUS		
<i>lidocaine hcl injection 0.5%, 1%, 1.5%, 2%, 4%</i>	1	
<i>lidocaine hydrochloride injection 0.5%, 1%, 1.5%, 2%, 4%</i>	1	
NSAIDS		
<i>celecoxib capsule 400mg</i>	1	QL (30 EA per 30 days) MO
<i>celecoxib capsule 100mg, 200mg, 50mg</i>	1	QL (60 EA per 30 days) MO
<i>diclofenac potassium tablet 50mg</i>	1	QL (120 EA per 30 days) MO
<i>diclofenac sodium dr</i>	1	MO
<i>diclofenac sodium er</i>	1	QL (60 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tablet delayed release 50mg; 200mcg</i>	1	QL (120 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tablet delayed release 75mg; 200mcg</i>	1	QL (90 EA per 30 days) MO
<i>diflunisal</i>	1	QL (90 EA per 30 days) MO
<i>ec-naproxen tablet delayed release 375mg</i>	1	QL (120 EA per 30 days)
<i>ec-naproxen tablet delayed release 500mg</i>	1	QL (90 EA per 30 days) MO
<i>etodolac er tablet extended release 24 hour 600mg</i>	1	QL (30 EA per 30 days) MO
<i>etodolac er tablet extended release 24 hour 400mg, 500mg</i>	1	QL (60 EA per 30 days) MO
<i>etodolac capsule 300mg</i>	1	QL (120 EA per 30 days) MO
<i>etodolac capsule 200mg</i>	1	QL (90 EA per 30 days) MO
<i>etodolac tablet 500mg</i>	1	QL (60 EA per 30 days) MO
<i>etodolac tablet 400mg</i>	1	QL (90 EA per 30 days) MO
FENOPROFEN CALCIUM CAPSULE 400MG	3	QL (240 EA per 30 days) MO
<i>fenopropfen calcium tablet 600mg</i>	1	QL (150 EA per 30 days) MO
<i>flurbiprofen tablet 100mg</i>	1	QL (90 EA per 30 days) MO
<i>ibu</i>	1	MO
<i>ibuprofen</i>	1	MO
<i>ketoprofen er</i>	1	QL (30 EA per 30 days) MO
<i>ketorolac tromethamine tablet 10mg</i>	1	QL (20 EA per 30 days) PA MO
<i>meclofenamate sodium</i>	1	QL (120 EA per 30 days) MO
<i>meloxicam tablet</i>	1	MO
<i>nabumetone</i>	1	MO
<i>naproxen dr tablet delayed release 375mg</i>	1	QL (120 EA per 30 days) MO
<i>naproxen dr tablet delayed release 500mg</i>	1	QL (90 EA per 30 days) MO
<i>naproxen sodium</i>	1	MO
NAPROXEN SODIUM CR	3	QL (120 EA per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
NAPROXEN SODIUM ER TABLET EXTENDED RELEASE 24 HOUR 375MG	3	QL (120 EA per 30 days) MO
NAPROXEN SODIUM ER TABLET EXTENDED RELEASE 24 HOUR 750MG	3	QL (60 EA per 30 days) MO
<i>naproxen sodium er tablet extended release 24 hour 500mg</i>	1	QL (90 EA per 30 days) MO
<i>naproxen tablet</i>	1	MO
<i>naproxen suspension</i>	1	QL (1800 ML per 30 days) PA MO
<i>naproxen tablet delayed release</i>	1	QL (90 EA per 30 days) MO
<i>oxaprozin</i>	1	QL (90 EA per 30 days) MO
<i>piroxicam capsule 20mg</i>	1	QL (30 EA per 30 days) MO
<i>piroxicam capsule 10mg</i>	1	QL (60 EA per 30 days) MO
<i>sulindac</i>	1	QL (60 EA per 30 days) MO
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine transdermal patch</i>	1	QL (4 EA per 28 days) PA MO
<i>fentanyl transdermal patch</i>	1	QL (10 EA per 30 days) PA MO
<i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent (generic Hysingla ER)</i>	1	QL (30 EA per 30 days) PA MO
METHADONE HCL INJECTION	3	PA
<i>methadone hcl oral solution</i>	1	QL (450 ML per 30 days) PA MO
<i>methadone hcl tablet</i>	1	QL (90 EA per 30 days) PA MO
<i>methadone hcl oral concentrate 10mg/ml</i>	1	QL (90 ML per 30 days) PA MO
<i>morphine sulfate er tablet extended release (generic MS Contin) 30mg, 60mg</i>	1	QL (60 EA per 30 days) MO
<i>morphine sulfate er tablet extended release (generic MS Contin) 100mg</i>	1	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tablet extended release (generic MS Contin) 15mg</i>	1	QL (90 EA per 30 days) MO
MORPHINE SULFATE/SODIUM CHLORIDE	3	B/D
<i>tramadol hcl er tablet extended release 24 hour</i>	1	QL (30 EA per 30 days) MO; HRM
<i>tramadol hydrochloride er tablet extended release 24 hour</i>	1	QL (30 EA per 30 days) MO; HRM
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen/codeine tablet</i>	1	QL (180 EA per 30 days) MO
<i>acetaminophen/codeine solution 120mg/5ml; 12mg/5ml</i>	1	QL (2700 ML per 30 days) MO
<i>butorphanol tartrate nasal solution</i>	1	QL (5 ML per 30 days) MO
<i>butorphanol tartrate injection 1mg/ml</i>	1	
<i>butorphanol tartrate injection 2mg/ml</i>	1	MO
CODEINE SULFATE TABLET	3	QL (180 EA per 30 days) MO
<i>endocet</i>	1	QL (180 EA per 30 days)
<i>fentanyl citrate oral transmucosal</i>	1	QL (120 EA per 30 days) PA MO
<i>hydrocodone bitartrate/acetaminophen tablet</i>	1	QL (180 EA per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen solution</i>	1	QL (2700 ML per 30 days) MO
<i>hydrocodone/acetaminophen tablet 7.5mg; 325mg</i>	1	QL (180 EA per 30 days) MO
<i>hydrocodone/ibuprofen</i>	1	QL (150 EA per 30 days) MO
<i>hydromorphone hcl tablet</i>	1	QL (180 EA per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl liquid</i>	1	QL (600 ML per 30 days) MO
HYDROMORPHONE HYDROCHLORIDE INJECTION 0.25MG/0.5ML	3	B/D
<i>morphine sulfate tablet</i>	1	QL (180 EA per 30 days) MO
MORPHINE SULFATE INJECTION 10MG/ML (IV VIAL AND IV PF CARPUJECT), 2MG/ML (IM OR IV PF CARPUJECT, IM OR IV PF VIAL, AND IM OR IV PREFILLED SYRINGE), 4MG/ML (IV VIAL AND IV PF CARPUJECT), 50MG/ML (IV OR IM PF VIAL), 5MG/ML (IV OR IM PF VIAL), 8MG/ML (IV VIAL AND IV PF CARPUJECT)	3	B/D
<i>morphine sulfate inj 0.5mg/ml pf vial, 10mg/ml im or iv pf vial, 4mg/ml im or iv pf vial and im or iv pf prefilled syringe, 50mg/ml iv vial, 8mg/ml im or iv pf vial</i>	1	B/D
<i>morphine sulfate injection 1mg/ml</i>	1	B/D MO
<i>morphine sulfate oral solution 100mg/5ml</i>	1	QL (180 ML per 30 days) MO
<i>morphine sulfate oral solution 10mg/5ml, 20mg/5ml</i>	1	QL (900 ML per 30 days) MO
<i>oxycodone hcl</i>	1	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride capsule</i>	1	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride concentrate</i>	1	QL (180 ML per 30 days) MO
<i>oxycodone hydrochloride solution</i>	1	QL (900 ML per 30 days) MO
<i>oxycodone hydrochloride tablet 30mg</i>	1	QL (120 EA per 30 days) MO
<i>oxycodone hydrochloride tablet 10mg, 15mg, 20mg, 5mg</i>	1	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	QL (180 EA per 30 days) MO
<i>oxymorphone hydrochloride</i>	1	QL (180 EA per 30 days) MO
<i>tramadol hydrochloride/acetaminophen</i>	1	QL (240 EA per 30 days) MO; HRM
<i>tramadol hydrochloride tablet 100mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>tramadol hydrochloride tablet 50mg</i>	1	QL (240 EA per 30 days) MO; HRM

ANTI-INFECTIVES**ANTI-INFECTIVES - MISCELLANEOUS**

<i>albendazole</i>	1	MO
<i>amikacin sulfate</i>	1	MO
ARIKAYCE	3	PA; LD
<i>atovaquone</i>	1	PA MO
<i>aztreonam</i>	1	MO
CAYSTON	3	PA; ACS LD
<i>chloramphenicol sodium succinate</i>	1	
<i>clindamycin hcl</i>	1	MO
<i>clindamycin hydrochloride</i>	1	MO
<i>clindamycin palmitate hcl solution 75mg/5ml</i>	1	MO
<i>clindamycin phosphate/dextrose</i>	1	
<i>clindamycin phosphate injection 9000mg/60ml, 900mg/6ml</i>	1	
<i>clindamycin phosphate injection 600mg/4ml</i>	1	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
CLINDAMYCIN/SODIUM CHLORIDE	3	
<i>colistimethate sodium</i>	1	PA MO
<i>dapsone tablet 100mg, 25mg</i>	1	MO
DAPTOMYCIN/SODIUM CHLORIDE	3	
DAPTOMYCIN INJECTION 350MG	3	
<i>daptomycin injection 500mg</i>	1	
EMVERM	3	QL (12 EA per 365 days) MO
<i>ertapenem</i>	1	MO
<i>ertapenem sodium</i>	1	MO
<i>gentamicin sulfate pediatric injection 10mg/ml</i>	1	MO
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride injection 1.6mg/ml; 0.9%</i>	1	MO
<i>gentamicin sulfate injection 40mg/ml</i>	1	MO
<i>imipenem/cilastatin</i>	1	MO
IMPAVIDO	3	QL (84 EA per 28 days) PA MO
<i>isotonic gentamicin</i>	1	
<i>ivermectin tablet 3mg</i>	1	QL (12 EA per 90 days) PA MO
<i>linezolid suspension reconstituted</i>	1	QL (1800 ML per 30 days) PA MO
<i>linezolid tablet</i>	1	QL (56 EA per 28 days) PA MO
LINEZOLID IN SODIUM CHLORIDE INJECTION	3	PA
600MG/300ML; 0.9%		
<i>linezolid injection 600mg/300ml</i>	1	PA
<i>meropenem</i>	1	MO
<i>methenamine hippurate</i>	1	MO
<i>methenamine mandelate</i>	1	MO
<i>metronidazole capsule 375mg</i>	1	MO
<i>metronidazole injection 500mg/100ml</i>	1	
<i>metronidazole tablet 250mg, 500mg</i>	1	MO
<i>neomycin sulfate</i>	1	MO
<i>nitazoxanide</i>	1	QL (6 EA per 30 days) MO
<i>nitrofurantoin macrocrystals</i>	1	MO
<i>nitrofurantoin monohydrate/macrocrystals capsule 100mg</i>	1	MO
<i>pentamidine isethionate inhalation solution reconstituted</i>	1	B/D MO
<i>pentamidine isethionate injection</i>	1	MO
<i>praziquantel</i>	1	MO
<i>pyrimethamine</i>	1	QL (90 EA per 30 days) PA MO
SIVEXTRO TABLET	2	MO
SIVEXTRO INJECTION	3	
<i>streptomycin sulfate</i>	1	MO
<i>sulfadiazine</i>	1	MO
<i>sulfamethoxazole/trimethoprim</i>	1	MO
<i>sulfamethoxazole/trimethoprim ds</i>	1	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>tinidazole</i>	1	MO
TOBI PODHALER	3	QL (224 EA per 56 days) PA; ACS LD
<i>tobramycin sulfate injection 1.2gm, 10mg/ml, 40mg/ml</i>	1	
<i>tobramycin sulfate injection 1.2gm/30ml, 80mg/2ml</i>	1	MO
<i>tobramycin nebulization solution 300mg/5ml</i>	1	QL (280 ML per 56 days) PA; ACS
<i>trimethoprim</i>	1	MO
VANCOMYCIN	3	
VANCOMYCIN HCL INJECTION 0.9%; 1GM/200ML	3	
<i>vancomycin hcl injection 100gm, 10gm</i>	1	
<i>vancomycin hydrochloride capsule 125mg</i>	1	QL (120 EA per 30 days) MO
<i>vancomycin hydrochloride capsule 250mg</i>	1	QL (240 EA per 30 days) MO
VANCOMYCIN HYDROCHLORIDE INJECTION 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 500MG/100ML, 750MG/150ML	3	
<i>vancomycin hydrochloride injection 1.25gm, 1.5gm, 1.75gm, 1gm, 2gm, 5gm, 750mg</i>	1	
<i>vancomycin hydrochloride injection 500mg</i>	1	MO
ANTIFUNGALS		
ABELCET	3	B/D
<i>amphotericin b</i>	1	B/D MO
<i>amphotericin b liposome</i>	1	B/D MO
<i>caspofungin acetate</i>	1	
<i>fluconazole</i>	1	MO
<i>fluconazole in sodium chloride injection 200mg; 100ml, 400mg; 100ml</i>	1	
<i>fluconazole/sodium chloride injection 100mg/50ml</i>	1	
<i>flucytosine</i>	1	PA MO
<i>griseofulvin microsize</i>	1	MO
<i>griseofulvin ultramicrosize</i>	1	MO
<i>itraconazole capsule</i>	1	PA MO
<i>ketoconazole tablet 200mg</i>	1	PA MO
<i>micafungin</i>	1	
<i>mycamine injection 50mg</i>	1	MO
<i>nystatin tablet 500000unit</i>	1	MO
<i>posaconazole suspension</i>	1	QL (630 ML per 30 days) PA MO
<i>posaconazole dr</i>	1	QL (93 EA per 30 days) PA MO
<i>terbinafine hcl tablet 250mg</i>	1	QL (90 EA per 365 days) MO
<i>voriconazole injection</i>	1	PA
<i>voriconazole suspension reconstituted</i>	1	PA MO
<i>voriconazole tablet 200mg</i>	1	QL (120 EA per 30 days) MO
<i>voriconazole tablet 50mg</i>	1	QL (480 EA per 30 days) MO
ANTIMALARIALS		
<i>atovaquone/proguanil hcl</i>	1	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>chloroquine phosphate</i>	1	MO
COARTEM	3	MO
<i>mefloquine hcl</i>	1	MO
<i>primaquine phosphate</i>	1	
<i>quinine sulfate</i>	1	PA MO
ANTIRETROVIRAL AGENTS		
<i>abacavir</i>	1	MO
APTIVUS	3	MO
<i>atazanavir</i>	1	MO
<i>atazanavir sulfate</i>	1	MO
<i>darunavir tablet 800mg</i>	1	QL (30 EA per 30 days) MO
<i>darunavir tablet 600mg</i>	1	QL (60 EA per 30 days) MO
EDURANT	3	MO
<i>efavirenz tablet 600mg</i>	1	MO
<i>emtricitabine</i>	1	MO
EMTRIVA ORAL SOLUTION	3	MO
<i>etravirine</i>	1	MO
<i>fosamprenavir calcium</i>	1	MO
FUZEON	3	MO; LD
INTELENCE TABLET 25MG	3	
ISENTRESS	3	MO
ISENTRESS HD	3	MO
<i>lamivudine solution 10mg/ml</i>	1	MO
<i>lamivudine tablet 150mg, 300mg</i>	1	MO
<i>maraviroc</i>	1	MO
<i>nevirapine</i>	1	MO
<i>nevirapine er</i>	1	MO
NORVIR PACKET	3	MO
PIFELTRO	3	MO
PREZISTA SUSPENSION	3	QL (400 ML per 30 days) MO
PREZISTA TABLET 150MG	3	QL (240 EA per 30 days) MO
PREZISTA TABLET 75MG	3	QL (480 EA per 30 days) MO
REYATAZ PACKET	3	MO
<i>ritonavir</i>	1	MO
RUKOBIA	3	MO
SELZENTRY SOLUTION	3	MO
SELZENTRY TABLET 25MG	2	
SELZENTRY TABLET 75MG	3	
SUNLENCA INJECTION	3	QL (3 ML per 180 days) MO; LD
SUNLENCA TABLET THERAPY PACK (5 TAB PACK) 300MG	3	QL (10 EA per 365 days) MO; LD
SUNLENCA TABLET THERAPY PACK (4 TAB PACK) 300MG	3	QL (8 EA per 365 days) MO; LD
<i>tenofovir disoproxil fumarate</i>	1	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
TIVICAY PD	3	MO
TIVICAY TABLET 10MG	2	MO
TIVICAY TABLET 25MG, 50MG	3	MO
TROGARZO	3	MO; LD
TYBOST	2	MO
VIRACEPT	3	MO
VIREAD POWDER, TABLET 150MG, 200MG, 250MG	3	MO
<i>zidovudine</i>	1	MO
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate/lamivudine</i>	1	MO
BIKTARVY	3	MO
CIMDUO	2	MO
COMPLERA	3	MO
DELSTRIGO	3	MO
DESCOVY	3	MO
DOVATO	3	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	1	MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	1	MO
<i>emtricitabine/tenofovir disoproxil fumarate</i>	1	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil tablet 167mg; 250mg</i>	1	QL (30 EA per 30 days) MO
EVOTAZ	2	MO
GENVOYA	3	MO
JULUCA	3	MO
<i>lamivudine/zidovudine</i>	1	MO
<i>lopinavir/ritonavir</i>	1	MO
ODEFSEY	3	MO
PREZCOBIX	3	MO
STRIBILD	3	MO
SYMTUZA	3	MO
TRIUMEQ	3	MO
TRIUMEQ PD	3	MO
ANTITUBERCULAR AGENTS		
<i>cycloserine</i>	1	MO
<i>ethambutol hydrochloride</i>	1	MO
<i>isoniazid injection</i>	1	
<i>isoniazid syrup, tablet</i>	1	MO
PRETOMANID	3	QL (30 EA per 30 days) PA
PRIFTIN	3	MO
<i>pyrazinamide</i>	1	MO
<i>rifabutin</i>	1	MO
<i>rifampin injection</i>	1	
<i>rifampin capsule</i>	1	MO
SIRTURO	3	PA; ACS LD
TRECTOR	3	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
ANTIVIRALS		
<i>acyclovir sodium injection</i>	1	B/D
<i>acyclovir capsule 200mg</i>	1	MO
<i>acyclovir suspension 200mg/5ml</i>	1	MO
<i>acyclovir tablet 400mg, 800mg</i>	1	MO
<i>adefovir dipivoxil</i>	1	QL (30 EA per 30 days) MO
BARACLUDE ORAL SOLUTION	3	QL (630 ML per 30 days) MO
<i>entecavir</i>	1	QL (30 EA per 30 days) MO
EPCLUSA TABLET	2	PA; ACS
EPCLUSA PACKET 200MG; 50MG	2	PA; ACS
EPCLUSA PACKET 150MG; 37.5MG	3	PA; ACS
<i>famciclovir tablet 500mg</i>	1	QL (21 EA per 30 days) MO
<i>famciclovir tablet 125mg, 250mg</i>	1	QL (60 EA per 30 days) MO
<i>ganciclovir</i>	1	B/D
HARVONI	2	PA; ACS
<i>lamivudine tablet 100mg</i>	1	MO
LIVTENCITY	3	QL (336 EA per 28 days) PA; LD
MAVYRET	2	PA; ACS
<i>oseltamivir phosphate capsule 30mg</i>	1	QL (168 EA per 365 days) MO
<i>oseltamivir phosphate capsule 45mg, 75mg</i>	1	QL (84 EA per 365 days) MO
<i>oseltamivir phosphate suspension reconstituted</i>	1	QL (1080 ML per 365 days) MO
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL (40 EA per 180 days)
PAXLOVID TABLET THERAPY PACK 300MG; 100MG	3	QL (60 EA per 180 days)
PEGASYS	3	PA; ACS
PREVYMIS TABLET	3	QL (28 EA per 28 days) PA MO
RELENZA DISKHALER	2	QL (120 EA per 365 days) MO
<i>ribavirin</i>	1	ACS
<i>rimantadine hydrochloride</i>	1	MO
<i>valacyclovir hydrochloride</i>	1	MO
<i>valganciclovir hydrochloride oral solution</i>	1	MO
<i>valganciclovir tablet 450mg</i>	1	MO
VOSEVI	2	PA; ACS
CEPHALOSPORINS		
CEFACLOR ER	3	MO
<i>cefaclor suspension reconstituted</i>	1	
<i>cefaclor capsule</i>	1	MO
<i>cefadroxil</i>	1	MO
CEFAZOLIN SODIUM INJECTION 1GM/50ML; 4%	2	
CEFAZOLIN SODIUM INJECTION 100GM, 300GM	3	
<i>cefazolin sodium intravenous injection 1gm</i>	1	
<i>cefazolin sodium injection 10gm (intravenous only), 1gm (intramuscular or intravenous), 500mg (intramuscular or intravenous)</i>	1	MO
CEFAZOLIN INJECTION 2GM/100ML; 4%	2	

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Drug Name	Drug Tier	Requirements/Limits
CEFAZOLIN INTRAVENOUS SINGLE DOSE VIAL INJECTION 2GM, 3GM	3	
<i>cefazolin intramuscular or intravenous injection 3gm</i>	1	
<i>cefazolin intramuscular or intravenous injection 2gm</i>	1	MO
<i>cefdinir</i>	1	MO
<i>cefepime injection 1gm, 2gm</i>	1	MO
<i>cefixime</i>	1	MO
<i>cefotetan injection 1gm/10ml, 2gm/20ml</i>	1	
<i>cefoxitin sodium injection 1gm, 10gm, 2gm</i>	1	
<i>cefepodoxime proxetil</i>	1	MO
<i>cefprozil</i>	1	MO
<i>ceftazidime injection 6gm</i>	1	
<i>ceftazidime injection 1gm, 2gm</i>	1	MO
<i>ceftriaxone in iso-osmotic dextrose</i>	1	
CEFTRIAXONE SODIUM INJECTION 100GM	3	
<i>ceftriaxone sodium intravenous injection 1gm</i>	1	
<i>ceftriaxone sodium injection 10gm (intravenous only), 1gm (intramuscular or intravenous), 250mg (intramuscular or intravenous), 2gm (intramuscular or intravenous), 500mg (intramuscular or intravenous)</i>	1	MO
<i>cefuroxime axetil tablet</i>	1	MO
<i>cefuroxime sodium injection 1.5gm</i>	1	
<i>cefuroxime sodium injection 750mg</i>	1	MO
<i>cephalexin</i>	1	MO
<i>tazicef</i>	1	
TEFLARO	3	
ERYTHROMYCINS/MACROLIDES		
AZITHROMYCIN PACKET	2	MO
<i>azithromycin injection, suspension reconstituted, tablet</i>	1	MO
<i>clarithromycin</i>	1	MO
<i>clarithromycin er</i>	1	MO
DIFICID SUSPENSION RECONSTITUTED	2	
DIFICID TABLET	2	MO
<i>erythromycin base</i>	1	MO
<i>erythromycin dr</i>	1	MO
<i>erythromycin ethylsuccinate tablet</i>	1	MO
<i>erythromycin lactobionate</i>	1	
<i>erythromycin capsule delayed release particles 250mg</i>	1	MO
FLUOROQUINOLONES		
<i>ciprofloxacin hcl tablet 100mg, 750mg</i>	1	MO
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	1	MO
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%</i>	1	
<i>ciprofloxacin i.v.-in d5w injection 400mg/200ml; 5%</i>	1	MO
<i>levofloxacin in d5w</i>	1	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin injection 25mg/ml</i>	1	
<i>levofloxacin oral solution 25mg/ml</i>	1	MO
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	1	MO
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	1	
<i>moxifloxacin hydrochloride injection 400mg/250ml</i>	1	
<i>moxifloxacin hydrochloride tablet 400mg</i>	1	MO
PENICILLINS		
<i>amoxicillin</i>	1	MO
<i>amoxicillin/clavulanate potassium</i>	1	MO
<i>amoxicillin/clavulanate potassium er</i>	1	MO
<i>ampicillin capsule</i>	1	MO
<i>ampicillin sodium injection 10gm, 125mg, 1gm i.v., 250mg, 2gm i.v.</i>	1	
<i>ampicillin sodium injection 1gm, 2gm, 500mg</i>	1	MO
<i>ampicillin-sulbactam</i>	1	
<i>ampicillin/sulbactam</i>	1	
BICILLIN L-A	3	MO
<i>dicloxacillin sodium</i>	1	MO
EXTENCILLINE	3	
LENTOCILIN	3	
<i>nafcellin sodium injection 10gm, 1gm</i>	1	
<i>nafcellin sodium injection 2gm</i>	1	MO
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	1	
<i>penicillin g potassium</i>	1	MO
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	3	
<i>penicillin g sodium</i>	1	
<i>penicillin v potassium</i>	1	MO
<i>piperacillin sodium/tazobactam sodium</i>	1	
TETRACYCLINES		
<i>doxy 100 injection</i>	1	MO
<i>doxycycline hyclate</i>	1	MO
<i>doxycycline monohydrate</i>	1	MO
<i>doxycycline suspension reconstituted 25mg/5ml</i>	1	MO
<i>minocycline hcl capsule</i>	1	MO
<i>minocycline hcl tablet</i>	1	ST MO
<i>minocycline hydrochloride capsule</i>	1	MO
<i>mondoxyne nl</i>	1	
NUZYRA TABLET	2	ACS LD
NUZYRA INJECTION	3	ACS LD
<i>tetracycline hydrochloride capsule</i>	1	MO
<i>tigecycline</i>	1	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
CYCLOPHOSPHAMIDE TABLET	2	PA
<i>cyclophosphamide capsule</i>	1	PA MO
GLEOSTINE	3	ACS
LEUKERAN	3	MO
ANTIMETABOLITES		
INQOVI	3	QL (5 EA per 28 days) PA; ACS LD
LONSURF	3	PA; ACS LD
<i>mercaptopurine</i>	1	MO
<i>methotrexate sodium injection pf 50mg/2ml</i>	1	MO
<i>methotrexate sodium injection 1gm/40ml, 1gm</i>	1	
<i>methotrexate sodium injection 250mg/10ml, 50mg/2ml</i>	1	MO
ONUREG	3	QL (14 EA per 28 days) PA; ACS LD
PURIXAN	3	ACS LD
TABLOID	3	MO
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i>	1	PA; ACS
AKEEGA	3	QL (60 EA per 30 days) PA; LD
<i>anastrozole</i>	1	MO
<i>bicalutamide</i>	1	MO
ELIGARD	3	PA; ACS
EMCYT	3	MO
ERLEADA	2	PA; ACS LD
<i>exemestane</i>	1	MO
FIRMAGON INJECTION 120MG/VIAL	2	PA; ACS
FIRMAGON INJECTION 80MG	3	PA; ACS
<i>letrozole</i>	1	MO
<i>leuprolide acetate injection 1mg/0.2ml</i>	1	PA; ACS
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG	3	PA; ACS
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG	3	PA; ACS
LYSODREN	3	LD
<i>megestrol acetate tablet 20mg, 40mg</i>	1	MO
<i>nilutamide</i>	1	MO
NUBEQA	2	PA; ACS LD
ORGOVYX	2	PA; LD
ORSERDU TABLET 345MG	3	QL (30 EA per 30 days) PA; LD
ORSERDU TABLET 86MG	3	QL (90 EA per 30 days) PA; LD
SOLTAMOX	3	MO
<i>tamoxifen citrate</i>	1	MO
<i>toremifene citrate</i>	1	PA MO
XTANDI	2	PA; ACS LD
IMMUNOMODULATORS		
<i>lenalidomide capsule 20mg, 25mg</i>	1	QL (21 EA per 28 days) PA; ACS LD

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>lenalidomide capsule 10mg, 15mg, 2.5mg, 5mg</i>	1	QL (28 EA per 28 days) PA; ACS LD
POMALYST	3	QL (21 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 100MG	3	QL (112 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 50MG	3	QL (224 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 150MG, 200MG	3	QL (56 EA per 28 days) PA; ACS LD
MISCELLANEOUS		
<i>arsenic trioxide injection 12mg/6ml</i>	1	
ASPARLAS	3	PA; ACS LD
BESREMI	2	QL (2 ML per 28 days) PA; LD
<i>bexarotene capsule 75mg</i>	1	PA; ACS
<i>hydroxyurea</i>	1	MO
IWILFIN	3	QL (240 EA per 30 days) PA; LD
MATULANE	3	LD
ONCASPAR	3	PA; LD
<i>tretinoin capsule 10mg</i>	1	MO
WELIREG	3	QL (90 EA per 30 days) PA; LD
MOLECULAR TARGET AGENTS		
ALECENSA	2	QL (240 EA per 30 days) PA; ACS LD
ALUNBRIG TABLET THERAPY PACK	3	PA; LD
ALUNBRIG TABLET 30MG	3	QL (120 EA per 30 days) PA; LD
ALUNBRIG TABLET 180MG, 90MG	3	QL (30 EA per 30 days) PA; LD
AUGTYRO	2	QL (240 EA per 30 days) PA; ACS LD
AYVAKIT	3	QL (30 EA per 30 days) PA; LD
BALVERSA TABLET 5MG	3	QL (28 EA per 28 days) PA; ACS LD
BALVERSA TABLET 4MG	3	QL (56 EA per 28 days) PA; ACS LD
BALVERSA TABLET 3MG	3	QL (84 EA per 28 days) PA; ACS LD
BOSULIF CAPSULE 100MG	3	QL (150 EA per 25 days) PA; ACS
BOSULIF CAPSULE 50MG	3	QL (360 EA per 30 days) PA; ACS
BOSULIF TABLET 100MG	3	QL (180 EA per 30 days) PA; ACS
BOSULIF TABLET 400MG, 500MG	3	QL (30 EA per 30 days) PA; ACS
BRAFTOVI CAPSULE 75MG	3	QL (180 EA per 30 days) PA; ACS LD
BRUKINSA	2	QL (120 EA per 30 days) PA; LD

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Drug Name	Drug Tier	Requirements/Limits
CABOMETYX	2	QL (30 EA per 30 days) PA; ACS LD
CALQUENCE	2	QL (60 EA per 30 days) PA; LD
CAPRELSA TABLET 300MG	3	QL (30 EA per 30 days) PA; LD
CAPRELSA TABLET 100MG	3	QL (60 EA per 30 days) PA; LD
COMETRIQ KIT 140MG DAILY	3	QL (112 EA per 28 days) PA; ACS LD
COMETRIQ KIT 100MG DAILY	3	QL (56 EA per 28 days) PA; ACS LD
COMETRIQ KIT 60MG DAILY	3	QL (84 EA per 28 days) PA; ACS LD
COPIKTRA	3	QL (56 EA per 28 days) PA; ACS LD
COTELLIC	3	QL (63 EA per 28 days) PA; ACS LD
DAURISMO TABLET 100MG	3	QL (30 EA per 30 days) PA; ACS LD
DAURISMO TABLET 25MG	3	QL (60 EA per 30 days) PA; ACS LD
ERIVEDGE	3	PA; ACS LD
<i>erlotinib hydrochloride tablet 100mg, 150mg</i>	1	QL (30 EA per 30 days) PA; ACS
<i>erlotinib hydrochloride tablet 25mg</i>	1	QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 2mg</i>	1	QL (150 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 5mg</i>	1	QL (60 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 3mg</i>	1	QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	1	QL (30 EA per 30 days) PA; ACS
EXKIVITY	3	QL (120 EA per 30 days) PA; LD
FOTIVDA	3	QL (21 EA per 28 days) PA; LD
FRUZAQLA CAPSULE 5MG	3	QL (21 EA per 28 days) PA; LD
FRUZAQLA CAPSULE 1MG	3	QL (84 EA per 28 days) PA; LD
GAVRETO	3	QL (120 EA per 30 days) PA; ACS LD
<i>gefitinib</i>	1	QL (60 EA per 30 days) PA; ACS
GILOTRIF	3	QL (30 EA per 30 days) PA; LD
IBRANCE	2	QL (21 EA per 28 days) PA; ACS LD
ICLUSIG TABLET 10MG, 30MG	3	PA; LD
ICLUSIG TABLET 15MG, 45MG	3	QL (30 EA per 30 days) PA; LD
IDHIFA	3	QL (30 EA per 30 days) PA; ACS LD
<i>imatinib mesylate tablet 400mg</i>	1	QL (60 EA per 30 days) PA; ACS
<i>imatinib mesylate tablet 100mg</i>	1	QL (90 EA per 30 days) PA; ACS
IMBRUVICA SUSPENSION	2	QL (216 ML per 27 days) PA; LD
IMBRUVICA TABLET	2	QL (30 EA per 30 days) PA; LD

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA CAPSULE 70MG	2	QL (30 EA per 30 days) PA; LD
IMBRUVICA CAPSULE 140MG	2	QL (90 EA per 30 days) PA; LD
INLYTA TABLET 5MG	3	QL (120 EA per 30 days) PA; ACS LD
INLYTA TABLET 1MG	3	QL (180 EA per 30 days) PA; ACS LD
INREBIC	3	QL (120 EA per 30 days) PA; ACS LD
JAKAFI	3	QL (60 EA per 30 days) PA; ACS LD
JAYPIRCA TABLET 50MG	3	QL (30 EA per 30 days) PA; ACS LD
JAYPIRCA TABLET 100MG	3	QL (60 EA per 30 days) PA; ACS LD
KISQALI	2	PA; ACS
KISQALI FEMARA 200 DOSE	3	PA; ACS
KISQALI FEMARA 400 DOSE	3	PA; ACS
KISQALI FEMARA 600 DOSE	3	PA; ACS
KOSELUGO	3	PA; LD
KRAZATI	3	QL (180 EA per 30 days) PA; LD
<i>lapatinib ditosylate</i>	1	QL (180 EA per 30 days) PA; ACS LD
LENVIMA 10 MG DAILY DOSE	3	PA; ACS LD
LENVIMA 12MG DAILY DOSE	3	PA; ACS LD
LENVIMA 14 MG DAILY DOSE	3	PA; ACS LD
LENVIMA 18 MG DAILY DOSE	3	PA; ACS LD
LENVIMA 20 MG DAILY DOSE	3	PA; ACS LD
LENVIMA 24 MG DAILY DOSE	3	PA; ACS LD
LENVIMA 4 MG DAILY DOSE	3	PA; ACS LD
LENVIMA 8 MG DAILY DOSE	3	PA; ACS LD
LORBRENA TABLET 100MG	3	QL (30 EA per 30 days) PA; ACS LD
LORBRENA TABLET 25MG	3	QL (90 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 120MG	3	QL (240 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 320MG	3	QL (90 EA per 30 days) PA; ACS LD
LYNPARZA	3	QL (120 EA per 30 days) PA; ACS LD
LYTGOBI TABLET THERAPY PACK 16MG	3	QL (112 EA per 28 days) PA; LD
LYTGOBI TABLET THERAPY PACK 20MG	3	QL (140 EA per 28 days) PA; LD
LYTGOBI TABLET THERAPY PACK 12MG	3	QL (84 EA per 28 days) PA; LD

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
MEKINIST SOLUTION RECONSTITUTED	3	QL (1260 ML per 30 days) PA; ACS LD
MEKINIST TABLET 2MG	3	QL (30 EA per 30 days) PA; ACS LD
MEKINIST TABLET 0.5MG	3	QL (90 EA per 30 days) PA; ACS LD
MEKTOVI	3	QL (180 EA per 30 days) PA; ACS LD
NERLYNX	3	QL (180 EA per 30 days) PA; ACS LD
NEXAVAR	3	QL (120 EA per 30 days) PA; ACS LD
NINLARO	3	PA; ACS
ODOMZO	3	PA; ACS LD
OGSIVEO TABLET 50MG	3	QL (180 EA per 30 days) PA; LD
OGSIVEO TABLET 100MG, 150MG	3	QL (56 EA per 28 days) PA; LD
OJEMDA TABLET	3	QL (24 EA per 28 days) PA; LD
OJEMDA SUSPENSION RECONSTITUTED	3	QL (96 ML per 28 days) PA; LD
OJJAARA	3	QL (30 EA per 30 days) PA; LD
<i>pazopanib hydrochloride</i>	1	QL (120 EA per 30 days) PA; ACS
PEMAZYRE	3	QL (28 EA per 28 days) PA; LD
PIQRAY 200MG DAILY DOSE	3	QL (28 EA per 28 days) PA; ACS
PIQRAY 250MG DAILY DOSE	3	QL (56 EA per 28 days) PA; ACS
PIQRAY 300MG DAILY DOSE	3	QL (56 EA per 28 days) PA; ACS
QINLOCK	3	QL (90 EA per 30 days) PA; LD
RETEVMO CAPSULE 80MG	3	QL (120 EA per 30 days) PA; ACS LD
RETEVMO CAPSULE 40MG	3	QL (180 EA per 30 days) PA; ACS LD
RETEVMO TABLET 120MG, 160MG, 80MG	3	QL (60 EA per 30 days) PA; ACS LD
RETEVMO TABLET 40MG	3	QL (90 EA per 30 days) PA; ACS LD
REZLIDHIA	3	QL (60 EA per 30 days) PA; LD
<i>romidepsin</i>	1	ACS
ROZLYTREK PACKET	3	QL (336 EA per 28 days) PA; ACS LD
ROZLYTREK CAPSULE 100MG	3	QL (180 EA per 30 days) PA; ACS LD
ROZLYTREK CAPSULE 200MG	3	QL (90 EA per 30 days) PA; ACS LD
RUBRACA	3	PA; ACS LD
RYDAPT	3	QL (224 EA per 28 days) PA; ACS
SCSEMBLIX TABLET 100MG	3	QL (120 EA per 30 days) PA; LD

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
SCEMBLIX TABLET 40MG	3	QL (300 EA per 30 days) PA; ACS
SCEMBLIX TABLET 20MG	3	QL (60 EA per 30 days) PA; ACS
<i>sorafenib tosylate</i>	1	QL (120 EA per 30 days) PA; ACS
SPRYCEL TABLET 100MG, 140MG, 50MG, 70MG, 80MG	3	QL (30 EA per 30 days) PA; ACS
SPRYCEL TABLET 20MG	3	QL (90 EA per 30 days) PA; ACS
STIVARGA	2	QL (84 EA per 28 days) PA; ACS LD
<i>sunitinib malate</i>	1	QL (30 EA per 30 days) PA; ACS
TABRECTA	3	QL (112 EA per 28 days) PA; ACS
TAFINLAR CAPSULE	3	QL (120 EA per 30 days) PA; ACS LD
TAFINLAR TABLET SOLUBLE	3	QL (900 EA per 30 days) PA; ACS LD
TAGRISSE	3	QL (30 EA per 30 days) PA; ACS LD
TALZENNA CAPSULE 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG	3	QL (30 EA per 30 days) PA; ACS LD
TALZENNA CAPSULE 0.25MG	3	QL (90 EA per 30 days) PA; ACS LD
TASIGNA CAPSULE 150MG, 200MG	3	QL (112 EA per 28 days) PA; ACS
TASIGNA CAPSULE 50MG	3	QL (120 EA per 30 days) PA; ACS
TAZVERIK	3	QL (240 EA per 30 days) PA; LD
TECVAYLI	3	PA; LD
TEPMETKO	3	QL (60 EA per 30 days) PA; LD
TIBSOVO	3	PA; LD
<i>torpenz</i>	1	QL (30 EA per 30 days) PA
TRUQAP	3	QL (64 EA per 28 days) PA; LD
TRUXIMA	2	PA; ACS
TUKYSA TABLET 150MG	3	QL (120 EA per 30 days) PA; LD
TUKYSA TABLET 50MG	3	QL (240 EA per 30 days) PA; LD
TURALIO	3	QL (120 EA per 30 days) PA; LD
VANFLYTA	2	QL (56 EA per 28 days) PA; LD
VENCLEXTA STARTING PACK	3	QL (42 EA per 28 days) PA; LD
VENCLEXTA TABLET 10MG	2	QL (120 EA per 30 days) PA; LD
VENCLEXTA TABLET 50MG	3	QL (120 EA per 30 days) PA; LD
VENCLEXTA TABLET 100MG	3	QL (180 EA per 30 days) PA; LD
VERZENIO	2	PA; ACS LD
VITRAKVI SOLUTION	3	QL (300 ML per 30 days) PA; ACS LD
VITRAKVI CAPSULE 25MG	2	QL (180 EA per 30 days) PA; ACS LD
VITRAKVI CAPSULE 100MG	2	QL (60 EA per 30 days) PA; ACS LD

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
VIZIMPRO	3	QL (30 EA per 30 days) PA; ACS LD
VONJO	3	QL (120 EA per 30 days) PA; LD
XALKORI CAPSULE	3	QL (120 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 50MG	3	QL (120 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 150MG	3	QL (180 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 20MG	3	QL (240 EA per 30 days) PA; ACS LD
XOSPATA	3	PA; ACS LD
XPOVIO 60 MG TWICE WEEKLY	3	QL (24 EA per 28 days) PA; LD
XPOVIO 80 MG TWICE WEEKLY	3	QL (32 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK ONCE WEEKLY 40MG, 60MG	3	QL (4 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK ONCE WEEKLY 80MG, 100MG, TWICE WEEKLY 40MG	3	QL (8 EA per 28 days) PA; LD
ZEJULA TABLET	2	QL (30 EA per 30 days) PA; ACS LD
ZELBORAF	3	QL (240 EA per 30 days) PA; ACS LD
ZIRABEV	2	PA; ACS LD
ZOLINZA	3	PA; ACS
ZYDELIG	3	QL (60 EA per 30 days) PA; ACS LD
ZYKADIA	3	QL (84 EA per 28 days) PA; ACS LD
PROTECTIVE AGENTS		
<i>leucovorin calcium tablet</i>	1	MO
MESNEX TABLET	3	MO
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate/benazepril hydrochloride</i>	1	QL (30 EA per 30 days) MO
<i>benazepril hydrochloride/hydrochlorothiazide</i>	1	MO
<i>captopril/hydrochlorothiazide</i>	1	MO
<i>enalapril maleate/hydrochlorothiazide</i>	1	MO
<i>fosinopril sodium/hydrochlorothiazide</i>	1	MO
<i>lisinopril/hydrochlorothiazide</i>	1	MO
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg</i>	1	
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 20mg, 25mg; 20mg</i>	1	MO
<i>trandolapril/verapamil hcl er</i>	1	MO
ACE INHIBITORS		

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>benazepril hcl</i>	1	MO
<i>benazepril hydrochloride</i>	1	MO
<i>captopril</i>	1	MO
<i>enalapril maleate tablet</i>	1	MO
<i>fosinopril sodium</i>	1	MO
<i>lisinopril</i>	1	MO
<i>moexipril hcl</i>	1	MO
<i>perindopril erbumine</i>	1	MO
<i>quinapril hydrochloride</i>	1	MO
<i>ramipril</i>	1	MO
<i>trandolapril</i>	1	MO
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i>	1	MO
KERENDIA	2	QL (30 EA per 30 days) MO
<i>spironolactone tablet</i>	1	MO
ALPHA BLOCKERS		
<i>doxazosin mesylate</i>	1	MO
<i>prazosin hydrochloride</i>	1	MO
<i>terazosin hcl</i>	1	MO
<i>terazosin hydrochloride</i>	1	MO
ANGIOTENSIN II RECEPTOR ANTAGONIST		
COMBINATIONS		
<i>amlodipine besylate/valsartan</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine/olmesartan medoxomil</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine/valsartan/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tablet 32mg; 12.5mg, 32mg; 25mg</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg</i>	1	QL (60 EA per 30 days) MO
EDARBYCLOR	3	QL (30 EA per 30 days) MO
ENTRESTO CAPSULE SPRINKLE	2	
ENTRESTO TABLET	2	MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg</i>	1	QL (30 EA per 30 days) MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg</i>	1	QL (60 EA per 30 days) MO
<i>losartan potassium/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/amlodipine</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 80mg</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 80mg</i>	1	QL (60 EA per 30 days) MO
<i>valsartan/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tablet 32mg</i>	1	QL (30 EA per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>candesartan cilexetil tablet 16mg, 4mg, 8mg</i>	1	QL (60 EA per 30 days) MO
EDARBI	3	QL (30 EA per 30 days) MO
<i>irbesartan</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tablet 100mg</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tablet 25mg, 50mg</i>	1	QL (60 EA per 30 days) MO
<i>olmesartan medoxomil tablet 20mg, 40mg</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil tablet 5mg</i>	1	QL (60 EA per 30 days) MO
<i>telmisartan</i>	1	QL (30 EA per 30 days) MO
<i>valsartan tablet 320mg</i>	1	QL (30 EA per 30 days) MO
<i>valsartan tablet 160mg, 40mg, 80mg</i>	1	QL (60 EA per 30 days) MO
ANTIARRHYTHMICS		
<i>amiodarone hcl injection</i>	1	
<i>amiodarone hydrochloride injection</i>	1	
<i>amiodarone hydrochloride tablet</i>	1	MO
<i>disopyramide phosphate</i>	1	PA MO
<i>dofetilide</i>	1	ACS
<i>flecainide acetate</i>	1	MO
LIDOCAINE HCL IN D5W	3	
LIDOCAINE HCL INJECTION 100MG/5ML	3	
<i>lidocaine hcl injection 100mg/5ml, 50mg/5ml</i>	1	
MULTAQ	3	MO
NORPACE CR	3	MO
<i>pacerone</i>	1	
<i>propafenone hcl</i>	1	MO
<i>propafenone hydrochloride</i>	1	MO
<i>propafenone hydrochloride er</i>	1	MO
<i>quinidine sulfate</i>	1	MO
<i>sorine tablet 160mg, 80mg</i>	1	
<i>sorine tablet 120mg</i>	1	MO
<i>sotalol hcl</i>	1	MO
<i>sotalol hydrochloride (af)</i>	1	MO
ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i>	1	MO
<i>fenofibrate micronized</i>	1	MO
<i>fenofibric acid dr</i>	1	MO
<i>gemfibrozil</i>	1	MO
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i>	1	QL (30 EA per 30 days) MO
<i>fluvastatin</i>	1	QL (60 EA per 30 days) MO
<i>fluvastatin sodium er</i>	1	QL (30 EA per 30 days) MO
<i>lovastatin</i>	1	MO
<i>pravastatin sodium</i>	1	QL (30 EA per 30 days) MO
<i>rosuvastatin calcium</i>	1	QL (30 EA per 30 days) MO
<i>simvastatin</i>	1	QL (30 EA per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i>	1	MO
<i>cholestyramine light</i>	1	MO
<i>colesevelam hydrochloride</i>	1	MO
<i>colestipol hcl</i>	1	MO
<i>ezetimibe</i>	1	MO
<i>ezetimibe/simvastatin</i>	1	QL (30 EA per 30 days) MO
NEXLETOL	2	QL (30 EA per 30 days) MO
NEXLIZET	2	QL (30 EA per 30 days) MO
<i>niacin immediate release tablet 500mg</i>	1	MO
<i>niacin er tablet extended release 1000mg, 750mg</i>	1	MO
<i>niacin er tablet extended release 500mg</i>	1	QL (60 EA per 30 days) MO
<i>niacor</i>	1	MO
<i>omega-3-acid ethyl esters</i>	1	QL (120 EA per 30 days) PA MO
<i>prevalite</i>	1	
REPATHA	2	PA
REPATHA PUSHTRONEX SYSTEM	2	PA
REPATHA SURECLICK	2	PA
VASCEPA	3	MO
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol/chlorthalidone</i>	1	MO
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	MO
<i>metoprolol/hydrochlorothiazide</i>	1	MO
BETA-BLOCKERS		
<i>acebutolol hydrochloride</i>	1	MO
<i>atenolol</i>	1	MO
<i>betaxolol hcl tablet 10mg, 20mg</i>	1	MO
<i>bisoprolol fumarate</i>	1	MO
<i>carvedilol phosphate er capsule extended release 24 hour</i>	1	QL (30 EA per 30 days) MO
<i>carvedilol tablet</i>	1	MO
<i>labetalol hydrochloride injection 5mg/ml</i>	1	MO
<i>metoprolol succinate er</i>	1	MO
<i>metoprolol tartrate injection</i>	1	
<i>metoprolol tartrate tablet</i>	1	MO
<i>nadolol</i>	1	MO
<i>nebivolol hydrochloride tablet 10mg, 2.5mg, 5mg</i>	1	QL (30 EA per 30 days) MO
<i>nebivolol hydrochloride tablet 20mg</i>	1	QL (60 EA per 30 days) MO
<i>pindolol</i>	1	MO
<i>propranolol hcl er</i>	1	MO
<i>propranolol hcl injection</i>	1	
<i>propranolol hcl oral solution, tablet</i>	1	MO
<i>propranolol hydrochloride er</i>	1	MO
<i>propranolol hydrochloride oral solution, tablet</i>	1	MO
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	1	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i>	1	MO
<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	MO
<i>diltiazem hcl cd capsule extended release 24 hour 360mg</i>	1	MO
<i>diltiazem hcl er</i>	1	MO
<i>diltiazem hcl tablet</i>	1	MO
DILTIAZEM HCL INJECTION 100MG	3	
<i>diltiazem hcl injection 125mg/25ml, 50mg/10ml</i>	1	
<i>diltiazem hydrochloride er</i>	1	MO
<i>diltiazem hydrochloride injection</i>	1	
<i>diltiazem hydrochloride tablet</i>	1	MO
<i>felodipine er</i>	1	MO
<i>isradipine</i>	1	MO
<i>matzim la</i>	1	MO
<i>nicardipine hcl capsule 20mg, 30mg</i>	1	MO
<i>nifedipine er</i>	1	MO
<i>nimodipine</i>	1	MO
<i>nisoldipine er</i>	1	MO
<i>tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	
<i>tiadylt er capsule extended release 24 hour 420mg</i>	1	MO
<i>verapamil hcl</i>	1	MO
<i>verapamil hcl er</i>	1	MO
VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	2	MO
<i>verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	1	MO
<i>verapamil hcl sr tablet extended release</i>	1	MO
<i>verapamil hydrochloride</i>	1	MO
<i>verapamil hydrochloride er</i>	1	MO
DIURETICS		
<i>acetazolamide er capsule extended release</i>	1	MO
<i>acetazolamide tablet</i>	1	MO
<i>amiloride hcl</i>	1	MO
<i>amiloride/hydrochlorothiazide</i>	1	MO
<i>bumetanide</i>	1	MO
<i>chlorthalidone</i>	1	MO
<i>furosemide</i>	1	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
<i>methazolamide</i>	1	MO
<i>metolazone</i>	1	MO
<i>spironolactone/hydrochlorothiazide</i>	1	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>torseamide</i>	1	MO
<i>triamterene/hydrochlorothiazide</i>	1	MO
MISCELLANEOUS		
<i>aliskiren</i>	1	MO
<i>amlodipine besylate/atorvastatin calcium</i>	1	MO
<i>clonidine</i>	1	QL (8 EA per 28 days) MO
<i>clonidine hydrochloride tablet</i>	1	MO
CORLANOR SOLUTION	3	
CORLANOR TABLET	3	MO
<i>digox tablet 250mcg, 125mcg</i>	1	QL (30 EA per 30 days)
<i>digoxin injection, oral solution</i>	1	MO
<i>digoxin tablet 125mcg, 250mcg</i>	1	QL (30 EA per 30 days) MO
<i>digoxin tablet 62.5mcg</i>	1	QL (90 EA per 30 days) MO
<i>droxidopa capsule 200mg, 300mg</i>	1	QL (180 EA per 30 days) PA; ACS
<i>droxidopa capsule 100mg</i>	1	QL (90 EA per 30 days) PA; ACS
<i>epinephrine injection 30mg/30ml</i>	1	
<i>guanfacine hydrochloride</i>	1	PA MO
<i>hydralazine hcl</i>	1	MO
<i>hydralazine hydrochloride</i>	1	MO
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	1	MO
<i>ivabradine hydrochloride</i>	1	
<i>metyrosine</i>	1	PA
<i>midodrine hcl</i>	1	MO
<i>minoxidil</i>	1	MO
<i>ranolazine er</i>	1	MO
VERQUVO	2	PA MO
NITRATES		
<i>isosorbide dinitrate</i>	1	MO
<i>isosorbide mononitrate</i>	1	MO
<i>isosorbide mononitrate er</i>	1	MO
NITRO-BID	2	MO
<i>nitroglycerin transdermal</i>	1	MO
NITROGLYCERIN INJECTION 5MG/ML	3	
<i>nitroglycerin translingual solution 0.4mg/spray</i>	1	MO
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	1	MO
PULMONARY ARTERIAL HYPERTENSION		
<i>ambrisentan</i>	1	QL (30 EA per 30 days) PA; ACS LD
<i>bosentan tablet 62.5mg</i>	1	QL (120 EA per 30 days) PA; ACS LD
<i>bosentan tablet 125mg</i>	1	QL (60 EA per 30 days) PA; ACS LD
<i>epoprostenol sodium</i>	1	B/D; ACS LD

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
OPSUMIT	2	QL (30 EA per 30 days) PA; ACS LD
<i>sildenafil injection</i>	1	QL (1125 ML per 30 days) PA; ACS
<i>sildenafil citrate tablet (generic Revatio)</i>	1	QL (360 EA per 30 days) PA; ACS
<i>tadalafil tablet (generic Adcirca) 20mg</i>	1	PA; ACS
<i>treprostinil</i>	1	PA; ACS LD
CENTRAL NERVOUS SYSTEM		
ANTI-ANXIETY		
<i>alprazolam er tablet extended release 24 hour 0.5mg</i>	1	QL (150 EA per 30 days) MO; HRM
<i>alprazolam er tablet extended release 24 hour 1mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>alprazolam er tablet extended release 24 hour 3mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>alprazolam er tablet extended release 24 hour 2mg</i>	1	QL (90 EA per 30 days) MO; HRM
ALPRAZOLAM INTENSOL	3	QL (300 ML per 30 days) MO; HRM
<i>alprazolam tablet 0.25mg, 0.5mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>alprazolam tablet 1mg, 2mg</i>	1	QL (150 EA per 30 days) MO; HRM
<i>bupirone hcl</i>	1	MO
<i>bupirone hydrochloride</i>	1	MO
<i>chlordiazepoxide hcl</i>	1	QL (120 EA per 30 days) PA MO; HRM
<i>chlordiazepoxide hydrochloride</i>	1	QL (120 EA per 30 days) PA MO; HRM
<i>fluvoxamine maleate</i>	1	MO; HRM
<i>fluvoxamine maleate er</i>	1	QL (60 EA per 30 days) MO; HRM
<i>lorazepam intensol</i>	1	QL (150 ML per 30 days) MO; HRM
<i>lorazepam injection</i>	1	QL (150 ML per 30 days) MO; HRM
<i>lorazepam tablet 0.5mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>lorazepam tablet 1mg, 2mg</i>	1	QL (150 EA per 30 days) MO; HRM
<i>meprobamate</i>	1	PA MO
<i>oxazepam</i>	1	QL (120 EA per 30 days) PA MO; HRM
ANTIDEMENTIA		
<i>donepezil hcl</i>	1	QL (30 EA per 30 days) MO
<i>donepezil hydrochloride</i>	1	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide er</i>	1	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide solution</i>	1	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide tablet</i>	1	QL (60 EA per 30 days) MO
<i>memantine hcl titration pak</i>	1	QL (98 EA per 365 days) PA MO
<i>memantine hydrochloride er</i>	1	PA MO
<i>memantine hydrochloride solution</i>	1	QL (360 ML per 30 days) PA MO
<i>memantine hydrochloride tablet</i>	1	QL (60 EA per 30 days) PA MO
NAMZARIC	3	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine tartrate capsule</i>	1	QL (60 EA per 30 days) MO
<i>rivastigmine transdermal system</i>	1	QL (30 EA per 30 days) MO
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i>	1	PA MO; HRM
<i>amitriptyline hydrochloride</i>	1	PA MO; HRM
<i>amoxapine</i>	1	MO; HRM
AUVELITY	3	QL (60 EA per 30 days) PA MO
<i>bupropion hcl</i>	1	QL (120 EA per 30 days) MO
<i>bupropion hydrochloride</i>	1	QL (180 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	1	QL (60 EA per 30 days) MO
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg</i>	1	QL (30 EA per 30 days) MO
<i>chlordiazepoxide/amitriptyline</i>	1	PA MO; HRM
<i>citalopram hydrobromide solution</i>	1	QL (600 ML per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 10mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 40mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 20mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>clomipramine hydrochloride</i>	1	PA MO; HRM
<i>desipramine hydrochloride</i>	1	PA MO; HRM
<i>desvenlafaxine er tablet (generic Pristiq) extended release 24 hour 100mg, 25mg, 50mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>doxepin hcl caps 75mg, concentrate 10mg/ml</i>	1	PA MO; HRM
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	1	PA MO; HRM
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 30MG, 60MG	3	QL (60 EA per 30 days) PA MO
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	3	QL (90 EA per 30 days) PA MO
<i>duloxetine hydrochloride (generic Cymbalta) capsule 20mg, 30mg, 60mg</i>	1	QL (60 EA per 30 days) MO; HRM
EMSAM	2	QL (30 EA per 30 days) PA MO
<i>escitalopram oxalate solution</i>	1	QL (600 ML per 30 days) MO; HRM
<i>escitalopram oxalate tablet 20mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>escitalopram oxalate tablet 10mg, 5mg</i>	1	QL (45 EA per 30 days) MO; HRM
FETZIMA TITRATION PACK	3	PA MO; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	3	QL (30 EA per 30 days) PA MO; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG, 40MG	3	QL (60 EA per 30 days) PA MO; HRM
<i>fluoxetine dr capsule delayed release 90mg</i>	1	QL (4 EA per 28 days) MO; HRM
<i>fluoxetine hydrochloride capsule 20mg</i>	1	QL (120 EA per 30 days) MO; HRM

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hydrochloride capsule 10mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride capsule 40mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride solution, tablet (generic Prozac)</i>	1	MO; HRM
<i>imipramine hcl</i>	1	PA MO; HRM
<i>imipramine hydrochloride</i>	1	PA MO; HRM
<i>imipramine pamoate</i>	1	PA MO; HRM
MARPLAN	3	QL (180 EA per 30 days) MO
<i>mirtazapine</i>	1	QL (30 EA per 30 days) MO
<i>mirtazapine odt</i>	1	QL (30 EA per 30 days) MO
<i>nefazodone hydrochloride</i>	1	MO
<i>nortriptyline hcl</i>	1	MO; HRM
<i>nortriptyline hydrochloride</i>	1	MO; HRM
<i>paroxetine hcl er tablet extended release 24 hour 37.5mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>paroxetine hcl er tablet extended release 24 hour 12.5mg, 25mg</i>	1	QL (90 EA per 30 days) MO; HRM
<i>paroxetine hcl tablet 40mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>paroxetine hcl tablet 30mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>paroxetine hydrochloride tablet</i>	1	QL (30 EA per 30 days) MO; HRM
<i>paroxetine hydrochloride suspension</i>	1	QL (900 ML per 30 days) MO; HRM
<i>perphenazine/amitriptyline</i>	1	PA MO; HRM
<i>phenelzine sulfate</i>	1	MO
<i>protriptyline hcl</i>	1	PA MO; HRM
<i>sertraline hcl concentrate</i>	1	QL (300 ML per 30 days) MO; HRM
<i>sertraline hcl tablet 50mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>sertraline hydrochloride tablet 25mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>sertraline hydrochloride tablet 100mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>tranylcypromine sulfate</i>	1	MO
<i>trazodone hydrochloride</i>	1	MO
<i>trimipramine maleate capsule 50mg</i>	1	QL (120 EA per 30 days) PA MO; HRM
<i>trimipramine maleate capsule 25mg</i>	1	QL (240 EA per 30 days) PA MO; HRM
<i>trimipramine maleate capsule 100mg</i>	1	QL (60 EA per 30 days) PA MO; HRM
TRINTELLIX	3	QL (30 EA per 30 days) PA MO
VENLAFAXINE BESYLATE ER TABLET EXTENDED RELEASE 24 HOUR 112.5MG	3	QL (60 EA per 30 days) MO; HRM
<i>venlafaxine hcl er</i>	1	QL (30 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride</i>	1	MO; HRM
<i>venlafaxine hydrochloride er capsule extended release 24 hour 37.5mg, 75mg</i>	1	QL (30 EA per 30 days) MO; HRM

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hydrochloride er capsule extended release 24 hour 150mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride er tablet extended release 24 hour 225mg, 37.5mg, 75mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride er tablet extended release 24 hour 150mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>vilazodone hydrochloride</i>	1	QL (30 EA per 30 days) MO
ZURZUVAE CAPSULE 30MG	3	QL (14 EA per 14 days) PA; ACS
ZURZUVAE CAPSULE 20MG, 25MG	3	QL (28 EA per 14 days) PA; ACS
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl solution, tablet</i>	1	MO
<i>amantadine hcl capsule</i>	1	QL (120 EA per 30 days) MO
<i>benztropine mesylate injection</i>	1	MO
<i>benztropine mesylate tablet</i>	1	PA MO; HRM
<i>bromocriptine mesylate</i>	1	MO
<i>carbidopa</i>	1	MO
<i>carbidopa/levodopa</i>	1	MO
<i>carbidopa/levodopa er</i>	1	MO
<i>carbidopa/levodopa odt</i>	1	MO
CARBIDOPA/LEVODOPA/ENTACAPONE	3	MO
<i>entacapone</i>	1	MO
INBRIJA	2	QL (300 EA per 30 days) PA; LD
<i>pramipexole dihydrochloride</i>	1	MO
<i>pramipexole dihydrochloride er</i>	1	QL (30 EA per 30 days) MO
<i>rasagiline mesylate</i>	1	MO
<i>ropinirole er tablet extended release 24 hour 6mg</i>	1	QL (120 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 4mg</i>	1	QL (150 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 2mg</i>	1	QL (30 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 12mg</i>	1	QL (60 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 8mg</i>	1	QL (90 EA per 30 days) MO
<i>ropinirole hcl</i>	1	MO
<i>ropinirole hydrochloride</i>	1	MO
<i>selegiline hcl</i>	1	MO
<i>trihexyphenidyl hcl</i>	1	PA MO; HRM
<i>trihexyphenidyl hydrochloride</i>	1	PA MO; HRM
ANTIPSYCHOTICS		
ABILIFY MAINTENA	2	QL (1 EA per 28 days) MO; HRM
<i>aripiprazole odt</i>	1	QL (60 EA per 30 days) MO; HRM
<i>aripiprazole tablet</i>	1	QL (30 EA per 30 days) MO; HRM
<i>aripiprazole solution</i>	1	QL (900 ML per 30 days) MO; HRM
ARISTADA INITIO	2	HRM
ARISTADA INJECTION 441MG/1.6ML	2	QL (1.6 ML per 28 days); HRM
ARISTADA INJECTION 662MG/2.4ML	2	QL (2.4 ML per 28 days); HRM

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INJECTION 882MG/3.2ML	2	QL (3.2 ML per 28 days); HRM
ARISTADA INJECTION 1064MG/3.9ML	2	QL (3.9 ML per 56 days); HRM
<i>asenapine maleate sl</i>	1	QL (60 EA per 30 days) MO; HRM
CAPLYTA	2	QL (30 EA per 30 days) MO; HRM
<i>chlorpromazine hcl tablet</i>	1	MO; HRM
<i>chlorpromazine hcl injection 50mg/2ml</i>	1	HRM
<i>chlorpromazine hcl injection 25mg/ml</i>	1	MO; HRM
<i>chlorpromazine hydrochloride concentrate</i>	1	HRM
<i>chlorpromazine hydrochloride tablet</i>	1	MO; HRM
CLOZAPINE ODT TABLET DISINTEGRATING 200MG	3	QL (120 EA per 30 days) PA; HRM
CLOZAPINE ODT TABLET DISINTEGRATING 150MG	3	QL (180 EA per 30 days) PA; HRM
<i>clozapine odt tablet disintegrating 12.5mg, 25mg</i>	1	PA; HRM
<i>clozapine odt tablet disintegrating 100mg</i>	1	QL (270 EA per 30 days) PA; HRM
<i>clozapine tablet 25mg, 50mg</i>	1	HRM
<i>clozapine tablet 200mg</i>	1	QL (120 EA per 30 days); HRM
<i>clozapine tablet 100mg</i>	1	QL (270 EA per 30 days); HRM
FANAPT	3	QL (60 EA per 30 days) PA MO; HRM
FANAPT TITRATION PACK	3	PA MO; HRM
<i>fluphenazine decanoate</i>	1	MO; HRM
<i>fluphenazine hcl</i>	1	MO; HRM
<i>fluphenazine hydrochloride</i>	1	MO; HRM
<i>haloperidol</i>	1	MO; HRM
<i>haloperidol decanoate</i>	1	MO; HRM
<i>haloperidol lactate</i>	1	MO; HRM
INVEGA HAFYERA INJECTION 1092MG/3.5ML	2	QL (3.5 ML per 180 days); HRM
INVEGA HAFYERA INJECTION 1560MG/5ML	2	QL (5 ML per 180 days); HRM
INVEGA SUSTENNA INJECTION 78MG/0.5ML	2	QL (0.5 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 117MG/0.75ML	2	QL (0.75 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 156MG/ML	2	QL (1 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 234MG/1.5ML	2	QL (1.5 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 39MG/0.25ML	3	QL (0.25 ML per 28 days) MO; HRM
INVEGA TRINZA INJECTION 273MG/0.88ML	2	QL (0.88 ML per 90 days); HRM
INVEGA TRINZA INJECTION 410MG/1.32ML	2	QL (1.32 ML per 90 days); HRM
INVEGA TRINZA INJECTION 546MG/1.75ML	2	QL (1.75 ML per 90 days); HRM
INVEGA TRINZA INJECTION 819MG/2.63ML	2	QL (2.63 ML per 90 days); HRM
<i>loxapine</i>	1	MO; HRM
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>lurasidone hydrochloride tablet 80mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>molindone hydrochloride</i>	1	HRM
NUPLAZID	3	QL (30 EA per 30 days) PA; ACS HRM LD

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Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine odt</i>	1	QL (30 EA per 30 days) MO; HRM
<i>olanzapine injection</i>	1	QL (3 EA per 1 days) MO; HRM
<i>olanzapine tablet 10mg, 15mg, 20mg, 7.5mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>olanzapine tablet 2.5mg, 5mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>paliperidone er tablet extended release 24 hour 6mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>perphenazine</i>	1	MO; HRM
<i>pimozide</i>	1	MO
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 200mg</i>	1	QL (30 EA per 30 days) PA MO; HRM
<i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg, 50mg</i>	1	QL (60 EA per 30 days) PA MO; HRM
<i>quetiapine fumarate tablet 200mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 25mg</i>	1	QL (180 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 300mg, 400mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 100mg, 150mg, 50mg</i>	1	QL (90 EA per 30 days) MO; HRM
REXULTI TABLET 3MG, 4MG	2	QL (30 EA per 30 days) MO; HRM
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG	2	QL (60 EA per 30 days) MO; HRM
<i>risperidone er injection 25mg, 37.5mg, 50mg</i>	1	QL (2 EA per 28 days) MO
<i>risperidone er injection 12.5mg</i>	1	QL (2 EA per 28 days) MO; HRM
<i>risperidone odt tablet disintegrating 4mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 1mg, 2mg, 3mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 0.25mg, 0.5mg</i>	1	QL (90 EA per 30 days) MO; HRM
<i>risperidone solution</i>	1	QL (480 ML per 30 days) MO; HRM
<i>risperidone tablet 4mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>risperidone tablet 1mg, 2mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>risperidone tablet 0.25mg, 0.5mg, 3mg</i>	1	QL (90 EA per 30 days) MO; HRM
SECUADO	2	QL (30 EA per 30 days) MO; HRM
<i>thioridazine hcl</i>	1	PA MO; HRM
<i>thiothixene</i>	1	MO; HRM
<i>trifluoperazine hcl</i>	1	MO; HRM
<i>trifluoperazine hydrochloride</i>	1	MO; HRM
VERSACLOZ	3	QL (600 ML per 30 days) PA; HRM
VRAYLAR CAPSULE THERAPY PACK	3	MO; HRM
VRAYLAR CAPSULE 3MG, 4.5MG, 6MG	2	QL (30 EA per 30 days) MO; HRM
VRAYLAR CAPSULE 1.5MG	2	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone hcl capsule</i>	1	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone mesylate injection</i>	1	QL (6 EA per 3 days) MO; HRM
ZYPREXA RELPREVV INJECTION 405MG	3	QL (1 EA per 28 days) PA; ACS HRM
ZYPREXA RELPREVV INJECTION 210MG, 300MG	3	QL (2 EA per 28 days) PA; ACS HRM

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
ANTISEIZURE AGENTS		
APTIOM TABLET 200MG, 400MG	2	QL (30 EA per 30 days) MO
APTIOM TABLET 600MG, 800MG	2	QL (60 EA per 30 days) MO
BRIVIACT TABLET	2	QL (60 EA per 30 days) PA MO
BRIVIACT INJECTION	2	QL (600 ML per 30 days) PA
BRIVIACT ORAL SOLUTION	2	QL (600 ML per 30 days) PA MO
<i>carbamazepine</i>	1	MO; HRM
<i>carbamazepine er</i>	1	MO; HRM
<i>clobazam suspension</i>	1	QL (480 ML per 30 days) PA MO; HRM
<i>clobazam tablet</i>	1	QL (60 EA per 30 days) PA MO; HRM
<i>clonazepam odt tablet disintegrating 2mg</i>	1	QL (300 EA per 30 days) MO
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	1	QL (90 EA per 30 days) MO
<i>clonazepam tablet 2mg</i>	1	QL (300 EA per 30 days) MO
<i>clonazepam tablet 0.5mg, 1mg</i>	1	QL (90 EA per 30 days) MO
<i>clorazepate dipotassium tablet 15mg</i>	1	QL (180 EA per 30 days) PA MO; HRM
<i>clorazepate dipotassium tablet 3.75mg, 7.5mg</i>	1	QL (90 EA per 30 days) PA MO; HRM
DIACOMIT CAPSULE 500MG	3	QL (180 EA per 30 days) PA; LD
DIACOMIT CAPSULE 250MG	3	QL (360 EA per 30 days) PA; LD
DIACOMIT PACKET 500MG	3	QL (180 EA per 30 days) PA; LD
DIACOMIT PACKET 250MG	3	QL (360 EA per 30 days) PA; LD
<i>diazepam intensol</i>	1	QL (240 ML per 30 days) PA MO; HRM
DIAZEPAM RECTAL GEL	3	QL (5 EA per 30 days) MO; HRM
<i>diazepam tablet</i>	1	QL (120 EA per 30 days) PA MO; HRM
<i>diazepam oral solution</i>	1	QL (1200 ML per 30 days) PA MO; HRM
<i>diazepam concentrate, injection</i>	1	QL (240 ML per 30 days) PA MO; HRM
DILANTIN	3	MO
DILANTIN INFATABS	3	MO
DILANTIN-125	3	MO
<i>divalproex sodium capsule delayed release sprinkle</i>	1	MO
<i>divalproex sodium dr</i>	1	MO
<i>divalproex sodium er</i>	1	MO
EPIDIOLEX	2	QL (600 ML per 30 days) PA; ACS LD
<i>epitol</i>	1	HRM
EPRONTIA	3	QL (480 ML per 30 days) PA MO

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Drug Name	Drug Tier	Requirements/Limits
<i>ethosuximide</i>	1	MO
<i>felbamate</i>	1	MO
FINTEPLA	3	QL (360 ML per 30 days) PA; LD
<i>fosphenytoin sodium injection 100mg pe/2ml</i>	1	
<i>fosphenytoin sodium injection 500mg pe/10ml</i>	1	MO
FYCOMPA SUSPENSION	3	QL (720 ML per 30 days) PA MO
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	3	QL (30 EA per 30 days) PA MO
FYCOMPA TABLET 2MG	3	QL (60 EA per 30 days) PA MO
<i>gabapentin (generic Neurontin) capsule 100mg</i>	1	QL (180 EA per 30 days) MO
<i>gabapentin (generic Neurontin) capsule 400mg</i>	1	QL (270 EA per 30 days) MO
<i>gabapentin (generic Neurontin) capsule 300mg</i>	1	QL (360 EA per 30 days) MO
<i>gabapentin (generic Neurontin) solution</i>	1	QL (2160 ML per 30 days) MO
<i>gabapentin (generic Neurontin) tablet 600mg</i>	1	QL (180 EA per 30 days) MO
<i>gabapentin (generic Neurontin) tablet 800mg</i>	1	QL (90 EA per 30 days) MO
<i>lacosamide injection</i>	1	
<i>lacosamide oral solution</i>	1	QL (1200 ML per 30 days) MO
<i>lacosamide tablet 50mg</i>	1	QL (120 EA per 30 days) MO
<i>lacosamide tablet 100mg, 150mg, 200mg</i>	1	QL (60 EA per 30 days) MO
<i>lamotrigine</i>	1	MO
<i>lamotrigine er</i>	1	MO
<i>lamotrigine odt</i>	1	MO
<i>lamotrigine starter kit/blue</i>	1	MO
<i>lamotrigine starter kit/green</i>	1	MO
<i>lamotrigine starter kit/orange</i>	1	MO
<i>levetiracetam er</i>	1	MO
<i>levetiracetam/sodium chloride</i>	1	
<i>levetiracetam injection</i>	1	
<i>levetiracetam oral solution, tablet</i>	1	MO
LIBERVANT	3	QL (10 EA per 30 days) PA
<i>methsuximide</i>	1	MO
NAYZILAM	3	QL (10 EA per 30 days) PA MO
<i>oxcarbazepine</i>	1	MO; HRM
<i>phenobarbital sodium injection</i>	1	PA; HRM
<i>phenobarbital tablet</i>	1	QL (120 EA per 30 days) PA MO; HRM
<i>phenobarbital elixir</i>	1	QL (1500 ML per 30 days) PA MO; HRM
<i>phenytek</i>	1	
<i>phenytoin oral suspension, tablet chewable</i>	1	MO
<i>phenytoin sodium extended release capsule</i>	1	MO
<i>phenytoin sodium injection</i>	1	
<i>pregabalin capsule 100mg, 150mg, 25mg, 50mg, 75mg</i>	1	QL (120 EA per 30 days) PA MO
<i>pregabalin capsule 225mg, 300mg</i>	1	QL (60 EA per 30 days) PA MO
<i>pregabalin capsule 200mg</i>	1	QL (90 EA per 30 days) PA MO

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Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin solution</i>	1	QL (900 ML per 30 days) PA MO
<i>primidone</i>	1	MO
<i>roweepra</i>	1	
<i>rufinamide suspension</i>	1	QL (2760 ML per 30 days) PA MO
<i>rufinamide tablet 400mg</i>	1	QL (240 EA per 30 days) PA MO
<i>rufinamide tablet 200mg</i>	1	QL (480 EA per 30 days) PA MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 750MG	3	QL (120 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 500MG	3	QL (180 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG	3	QL (360 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG	3	QL (90 EA per 30 days) MO
<i>subvenite</i>	1	
<i>subvenite starter kit/blue</i>	1	
<i>subvenite starter kit/green</i>	1	
<i>subvenite starter kit/orange</i>	1	
SYMPAZAN	3	QL (60 EA per 30 days) PA MO; HRM
<i>tiagabine hydrochloride</i>	1	MO
<i>topiramate er</i>	1	MO
<i>topiramate capsule sprinkle</i>	1	MO
<i>topiramate tablet 100mg</i>	1	QL (120 EA per 30 days) MO
<i>topiramate tablet 200mg</i>	1	QL (60 EA per 30 days) MO
<i>topiramate tablet 25mg, 50mg</i>	1	QL (90 EA per 30 days) MO
<i>valproate sodium injection</i>	1	
<i>valproic acid capsule, oral solution</i>	1	MO
VALTOCO 10 MG DOSE	3	QL (10 EA per 30 days) PA MO
VALTOCO 15 MG DOSE	3	QL (10 EA per 30 days) PA MO
VALTOCO 20 MG DOSE	3	QL (10 EA per 30 days) PA MO
VALTOCO 5 MG DOSE	3	QL (10 EA per 30 days) PA MO
<i>vigabatrin</i>	1	QL (180 EA per 30 days) PA; ACS LD
<i>vigadrone</i>	1	QL (180 EA per 30 days) PA; LD
VIGAFYDE	3	QL (750 ML per 30 days) PA; LD
<i>vigpoder</i>	1	QL (180 EA per 30 days) PA; LD
XCOPRI TITRATION PACK 12.5MG; 25MG	2	QL (28 EA per 28 days) MO
XCOPRI MAINTENANCE PACK 100MG; 150MG, 150MG; 200MG	2	QL (56 EA per 28 days) MO
XCOPRI TITRATION PACK 12.5MG; 25MG, 150MG; 200MG, 50MG; 100MG	3	QL (28 EA per 28 days) MO
XCOPRI TABLET 25MG	2	QL (30 EA per 30 days)
XCOPRI TABLET 100MG, 50MG	2	QL (30 EA per 30 days) MO
XCOPRI TABLET 150MG, 200MG	2	QL (60 EA per 30 days) MO
ZONISADE	3	QL (900 ML per 30 days) PA MO
<i>zonisamide capsule 100mg, 25mg</i>	1	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>zonisamide capsule 50mg</i>	1	MO; HRM
ZTALMY	3	QL (1100 ML per 30 days) PA; LD
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine/dextroamphetamine capsule extended release 241 hour</i>		QL (30 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tablet 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	1	QL (60 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tablet 20mg</i>	1	QL (90 EA per 30 days) MO
<i>atomoxetine hydrochloride capsule 10mg, 25mg</i>	1	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 18mg</i>	1	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 100mg, 60mg, 80mg</i>	1	QL (30 EA per 30 days) MO
<i>atomoxetine capsule 40mg</i>	1	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hcl</i>	1	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hcl er</i>	1	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride er</i>	1	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride capsule extended release 24 hour</i>	1	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride tablet</i>	1	QL (60 EA per 30 days) MO
<i>dextroamphetamine sulfate er</i>	1	QL (120 EA per 30 days) MO
<i>dextroamphetamine sulfate tablet 10mg, 5mg</i>	1	QL (180 EA per 30 days) MO
<i>dextroamphetamine sulfate solution</i>	1	QL (1800 ML per 30 days) MO
<i>guanfacine hydrochloride er tablet extended release 24 hour 1mg, 2mg, 4mg</i>	1	QL (30 EA per 30 days) PA MO
<i>guanfacine hydrochloride er tablet extended release 24 hour 3mg</i>	1	QL (60 EA per 30 days) PA MO
<i>lisdexamfetamine dimesylate</i>	1	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride cd</i>	1	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er (la) capsule extended release 24 hour (generic Ritalin LA) 60mg</i>	1	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er capsule extended release 241 hour (generic Ritalin LA) 10mg, 20mg, 40mg</i>		QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er capsule extended release 241 hour (generic Ritalin LA) 30mg</i>		QL (60 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release 24 hour 18mg, 27mg, 36mg, 54mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er capsule extended release (generic Metadate CD) 40mg</i>	1	QL (30 EA per 30 days) MO
METHYLPHENIDATE HYDROCHLORIDE ER TABLET EXTENDED RELEASE (GENERIC RELEXXII) 45MG, 63MG, 72MG	1	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release (generic Concerta and Relexxii) 18mg, 27mg, 36mg, 54mg</i>	1	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release (generic Metadate ER and Ritalin SR) 10mg, 20mg</i>	1	QL (90 EA per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hydrochloride tablet chewable</i>	1	QL (180 EA per 30 days) MO
<i>methylphenidate hydrochloride tablet</i>	1	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	1	QL (1800 ML per 30 days) MO
<i>methylphenidate hydrochloride solution 10mg/5ml</i>	1	QL (900 ML per 30 days) MO
<i>zenzedi tablet 10mg, 5mg</i>	1	QL (180 EA per 30 days)
HYPNOTICS		
DAYVIGO	2	QL (30 EA per 30 days) MO
<i>doxepin hydrochloride tablet 3mg, 6mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>eszopiclone</i>	1	QL (30 EA per 30 days) PA MO; HRM
<i>tasimelteon</i>	1	QL (30 EA per 30 days) PA; ACS
<i>temazepam</i>	1	QL (30 EA per 30 days) PA MO; HRM
<i>triazolam</i>	1	QL (60 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 5mg</i>	1	QL (30 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 10mg</i>	1	QL (60 EA per 30 days) PA MO; HRM
<i>zolpidem tartrate tablet</i>	1	QL (30 EA per 30 days) PA MO; HRM
MIGRAINE		
AIMOVIG	2	QL (1 ML per 30 days) PA; ACS
<i>almotriptan</i>	1	QL (8 EA per 30 days) MO
<i>almotriptan malate</i>	1	QL (8 EA per 30 days) MO
<i>dihydroergotamine mesylate injection</i>	1	PA MO
<i>dihydroergotamine mesylate nasal solution</i>	1	QL (8 ML per 30 days) PA MO
<i>eletriptan hydrobromide</i>	1	QL (12 EA per 30 days) MO
<i>ergotamine tartrate/caffeine</i>	1	QL (40 EA per 28 days) PA MO
<i>frovatriptan succinate</i>	1	QL (12 EA per 30 days) MO
<i>naratriptan hcl</i>	1	QL (9 EA per 30 days) MO
NURTEC	2	QL (16 EA per 30 days) PA MO
QULIPTA	2	QL (30 EA per 30 days) PA MO
<i>rizatriptan benzoate</i>	1	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate odt</i>	1	QL (12 EA per 30 days) MO
<i>sumatriptan nasal spray</i>	1	QL (12 EA per 30 days) MO
<i>sumatriptan succinate refill</i>	1	QL (4 ML per 30 days) MO
<i>sumatriptan succinate injection</i>	1	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tablet 100mg</i>	1	QL (12 EA per 30 days) MO
<i>sumatriptan succinate tablet 25mg, 50mg</i>	1	QL (9 EA per 30 days) MO
<i>sumatriptan/naproxen sodium</i>	1	QL (9 EA per 30 days) MO
UBRELVY	2	QL (16 EA per 30 days) PA MO
<i>zolmitriptan tablet</i>	1	QL (6 EA per 30 days) MO
<i>zolmitriptan odt</i>	1	QL (6 EA per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>zomig</i>	1	QL (6 EA per 30 days)
MISCELLANEOUS		
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 12MG; 18MG; 24MG; 30MG	2	QL (56 EA per 365 days) PA; ACS
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 6MG; 12MG; 24MG	2	QL (84 EA per 365 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	2	QL (120 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18MG, 30MG, 36MG, 42MG, 48MG	2	QL (30 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	2	QL (60 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	2	QL (90 EA per 30 days) PA; ACS
AUSTEDO TABLET 12MG, 9MG	2	QL (120 EA per 30 days) PA; ACS LD
AUSTEDO TABLET 6MG	2	QL (60 EA per 30 days) PA; ACS LD
<i>lithium</i>	1	MO
<i>lithium carbonate</i>	1	MO
<i>lithium carbonate er</i>	1	MO
NUEDEXTA	2	QL (60 EA per 30 days) PA MO
<i>pregabalin er tablet extended release 24 hour 330mg</i>	1	QL (60 EA per 30 days) PA MO
<i>pregabalin er tablet extended release 24 hour 165mg, 82.5mg</i>	1	QL (90 EA per 30 days) PA MO
<i>pyridostigmine bromide tablet</i>	1	MO
<i>pyridostigmine bromide er</i>	1	MO
<i>riluzole</i>	1	MO
<i>tetrabenazine tablet 25mg</i>	1	QL (120 EA per 30 days) PA; ACS LD
<i>tetrabenazine tablet 12.5mg</i>	1	QL (90 EA per 30 days) PA; ACS LD
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM	2	QL (120 EA per 30 days) PA; ACS LD
BETASERON	2	QL (14 EA per 28 days) PA; ACS
<i>dalfampridine er</i>	1	PA; ACS
<i>fingolimod hydrochloride</i>	1	QL (30 EA per 30 days) PA; ACS
<i>glatiramer acetate injection 40mg/ml</i>	1	QL (12 ML per 28 days) PA; ACS
<i>glatiramer acetate injection 20mg/ml</i>	1	QL (30 ML per 30 days) PA; ACS
<i>glatopa injection 40mg/ml</i>	1	QL (12 ML per 28 days) PA; ACS
<i>glatopa injection 20mg/ml</i>	1	QL (30 ML per 30 days) PA; ACS

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
KESIMPTA	2	QL (6.4 ML per 365 days) PA; ACS LD
<i>teriflunomide</i>	1	QL (30 EA per 30 days) PA; ACS
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen tablet</i>	1	MO
<i>chlorzoxazone tablet 500mg</i>	1	QL (180 EA per 30 days) PA MO
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	1	QL (90 EA per 30 days) PA MO; HRM
<i>dantrolene sodium capsule 25mg, 50mg, 100mg</i>	1	MO
<i>tizanidine hcl</i>	1	MO
<i>tizanidine hydrochloride</i>	1	MO
NARCOLEPSY/CATAPLEXY		
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	1	QL (30 EA per 30 days) PA MO
<i>armodafinil tablet 50mg</i>	1	QL (60 EA per 30 days) PA MO
<i>modafinil tablet 100mg</i>	1	QL (30 EA per 30 days) PA MO
<i>modafinil tablet 200mg</i>	1	QL (60 EA per 30 days) PA MO
SODIUM OXYBATE	3	QL (540 ML per 30 days) PA; LD
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium dr</i>	1	MO
<i>buprenorphine hcl tablet sublingual 2mg, 8mg</i>	1	QL (90 EA per 30 days) PA MO
<i>buprenorphine hcl/naloxone hcl sublingual tablet</i>	1	QL (90 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	1	QL (60 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	1	QL (90 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tablet (smoking deterrent) extended release 12 hour 150mg</i>	1	QL (60 EA per 30 days) MO
<i>disulfiram</i>	1	MO
<i>naloxone hcl</i>	1	MO
<i>naloxone hydrochloride nasal spray</i>	1	MO
<i>naloxone hydrochloride injection 0.4mg/ml cartridge and prefilled syringe, 2mg/2ml prefilled syringe</i>	1	
<i>naloxone hydrochloride vial injection 0.4mg/ml</i>	1	MO
<i>naltrexone hcl</i>	1	MO
NICOTROL INHALER	3	MO
NICOTROL NS	3	QL (360 ML per 365 days) MO
<i>varenicline starting month box</i>	1	PA MO
<i>varenicline tartrate tablet 1mg, 0.5mg</i>	1	PA MO
VIVITROL	3	ACS
ENDOCRINE AND METABOLIC		
ANDROGENS		
<i>danazol</i>	1	MO
<i>methyltestosterone</i>	1	PA MO
<i>testosterone cypionate</i>	1	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone enanthate</i>	1	PA MO
<i>testosterone pump gel 1%</i>	1	QL (300 GM per 30 days) MO
<i>testosterone pump gel 2% (10mg/act)</i>	1	QL (120 GM per 30 days) MO
<i>testosterone gel 1% (25mg/2.5gm, 50mg/5gm)</i>	1	QL (300 GM per 30 days) MO
<i>testosterone topical solution</i>	1	QL (180 ML per 30 days) MO
ANTIDIABETICS, INSULINS		
ADMELOG	2	MO
ADMELOG SOLOSTAR	2	MO
BD ALCOHOL SWABS	2	PA MO
BD INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	PA MO
BASAGLAR KWIKPEN	2	MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	PA MO
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 1/2"	2	PA MO
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16"	2	PA MO
BD PEN	2	
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 1/2"	2	PA MO
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 15/64"	2	PA MO
CURITY GAUZE PADS 2"X2" 12 PLY	2	PA MO
FIASP	2	MO
FIASP FLEXTOUCH	2	MO
FIASP PENFILL	2	MO
FIASP PUMPCART	2	B/D MO
HUMULIN R U-500 (CONCENTRATED)	2	B/D MO
HUMULIN R U-500 KWIKPEN	2	MO
LANTUS	2	MO
LANTUS SOLOSTAR	2	MO
NOVOLIN 70/30 (BRAND RELION NOT COVERED)	2	MO
NOVOLIN 70/30 FLEXPEN (BRAND RELION NOT COVERED)	2	MO
NOVOLIN N (BRAND RELION NOT COVERED)	2	MO
NOVOLIN N FLEXPEN (BRAND RELION NOT COVERED)	2	MO
NOVOLIN R (BRAND RELION NOT COVERED)	2	MO
NOVOLIN R FLEXPEN (BRAND RELION NOT COVERED)	2	MO
NOVOLOG (BRAND RELION NOT COVERED)	2	MO
NOVOLOG FLEXPEN (BRAND RELION NOT COVERED)	2	MO
NOVOLOG MIX 70/30 (BRAND RELION NOT COVERED)	2	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN (BRAND RELION NOT COVERED)	2	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG PENFILL	2	MO
SOLIQUA 100/33	2	QL (15 ML per 25 days) MO
TOUJEO MAX SOLOSTAR	2	MO
TOUJEO SOLOSTAR	2	MO
TRESIBA	2	MO
TRESIBA FLEXTOUCH	2	MO
XULTOPHY 100/3.6	2	QL (15 ML per 30 days) MO
ANTIDIABETICS		
<i>acarbose</i>	1	QL (90 EA per 30 days) MO
BYDUREON BCISE	2	QL (3.4 ML per 28 days) PA MO
FARXIGA	2	QL (30 EA per 30 days) MO
<i>glimepiride tablet 4mg</i>	1	QL (60 EA per 30 days) MO
<i>glimepiride tablet 1mg, 2mg</i>	1	QL (90 EA per 30 days) MO
<i>glipizide er tablet extended release 24 hour 10mg</i>	1	QL (60 EA per 30 days) MO
<i>glipizide er tablet extended release 24 hour 2.5mg, 5mg</i>	1	QL (90 EA per 30 days) MO
<i>glipizide xl tablet extended release 24 hour 10mg</i>	1	QL (60 EA per 30 days) MO
<i>glipizide xl tablet extended release 24 hour 2.5mg, 5mg</i>	1	QL (90 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	1	QL (120 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg</i>	1	QL (240 EA per 30 days) MO
<i>glipizide tablet 10mg</i>	1	QL (120 EA per 30 days) MO
<i>glipizide tablet 2.5mg, 5mg</i>	1	QL (240 EA per 30 days) MO
GLYXAMBI	2	QL (30 EA per 30 days) MO
JANUMET	2	QL (60 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	2	QL (30 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	2	QL (60 EA per 30 days) MO
JANUVIA	2	QL (30 EA per 30 days) MO
JARDIANCE	2	QL (30 EA per 30 days) MO
JENTADUETO	2	QL (60 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	2	QL (30 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	2	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er (generic Glucophage XR) tablet extended release 24 hour 500mg</i>	1	QL (120 EA per 30 days) MO
<i>metformin hydrochloride er (generic Fortamet and Glumetza) tablet extended release 24 hour 500mg</i>	1	QL (120 EA per 30 days) PA MO
<i>metformin hydrochloride er tablet extended release 24 hour (generic Glucophage XR) 750mg</i>	1	QL (60 EA per 30 days) MO
<i>metformin hydrochloride tablet 500mg</i>	1	QL (150 EA per 30 days) MO
<i>metformin hydrochloride tablet 1000mg</i>	1	QL (75 EA per 30 days) MO
<i>metformin hydrochloride tablet 850mg</i>	1	QL (90 EA per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>migliitol</i>	1	QL (90 EA per 30 days) MO
MOUNJARO INJECTION 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	2	QL (2 ML per 28 days) PA
MOUNJARO INJECTION 2.5MG/0.5ML	2	QL (4 ML per 365 days) PA
<i>nateglinide</i>	1	QL (90 EA per 30 days) MO
OZEMPIC	2	QL (3 ML per 28 days) PA MO
<i>pioglitazone hcl</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hcl-glimepiride</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hcl/metformin hcl</i>	1	QL (90 EA per 30 days) MO
<i>pioglitazone hydrochloride</i>	1	QL (30 EA per 30 days) MO
<i>repaglinide tablet 0.5mg, 1mg</i>	1	QL (120 EA per 30 days) MO
<i>repaglinide tablet 2mg</i>	1	QL (240 EA per 30 days) MO
RYBELSUS	2	QL (30 EA per 30 days) PA MO
SYMLINPEN 120	3	QL (10.8 ML per 30 days) PA MO
SYMLINPEN 60	3	QL (6 ML per 30 days) PA MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	2	QL (30 EA per 30 days) MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	2	QL (60 EA per 30 days) MO
SYNJARDY TABLET 5MG; 500MG	2	QL (120 EA per 30 days) MO
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	2	QL (60 EA per 30 days) MO
TRADJENTA	2	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	2	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	2	QL (60 EA per 30 days) MO
TRULICITY	2	QL (2 ML per 28 days) PA
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG	2	QL (30 EA per 30 days) MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	2	QL (60 EA per 30 days) MO
CALCIUM REGULATORS		
<i>alendronate sodium solution</i>	1	MO
<i>alendronate sodium tablet 10mg</i>	1	QL (120 EA per 30 days) MO
<i>alendronate sodium tablet 35mg, 70mg</i>	1	QL (4 EA per 28 days) MO
<i>calcitonin-salmon nasal spray</i>	1	MO
<i>ibandronate sodium tablet</i>	1	QL (1 EA per 30 days) MO
<i>ibandronate sodium injection</i>	1	QL (3 ML per 90 days) MO
PAMIDRONATE DISODIUM INJECTION 6MG/ML	3	
<i>pamidronate disodium injection 30mg/10ml, 90mg/10ml</i>	1	
PROLIA	3	QL (1 ML per 180 days); ACS
<i>risedronate sodium dr tablet delayed release 35mg</i>	1	QL (4 EA per 28 days) MO
<i>risedronate sodium tablet 150mg</i>	1	QL (1 EA per 28 days) MO

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Drug Name	Drug Tier	Requirements/Limits
<i>risedronate sodium tablet 30mg, 5mg</i>	1	QL (30 EA per 30 days) MO
<i>risedronate sodium tablet 35mg</i>	1	QL (4 EA per 28 days) MO
TERIPARATIDE INJECTION 620 MCG/2.48 ML (BRAND BY ALVOGEN)	2	PA; ACS
XGEVA	3	PA; ACS
ZOLEDRONIC ACID INJECTION 4MG/100ML	3	ACS
<i>zoledronic acid injection 4mg/5ml, 5mg/100ml</i>	1	ACS
CHELATING AGENTS		
CHEMET	3	MO
<i>deferasirox</i>	1	PA; ACS
KIONEX	1	
LOKELMA PACKET 10GM	2	QL (34 EA per 30 days) MO
LOKELMA PACKET 5GM	2	QL (96 EA per 30 days) MO
<i>penicillamine tablet</i>	1	ACS
<i>sodium polystyrene sulfonate oral powder</i>	1	MO
<i>sps</i>	1	MO
<i>trientine hydrochloride capsule 500mg</i>	1	PA
<i>trientine hydrochloride capsule 250mg</i>	1	PA; ACS
CONTRACEPTIVES		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	MO
<i>alyacen 7/7/7</i>	1	
<i>amethia</i>	1	
<i>amethyst</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	MO
<i>ashlyna</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1.5/30</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	MO
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	MO
<i>blisovi fe 1.5/30</i>	1	MO
<i>blisovi fe 1/20</i>	1	
<i>briellyn</i>	1	
<i>camila</i>	1	MO
CAMRESE	2	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
CAMRESE LO	2	
<i>charlotte 24 fe</i>	1	
<i>chateal eq</i>	1	
<i>cryselle-28</i>	1	MO
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>deblitane</i>	1	
<i>delyla</i>	1	
DEPO-SUBQ PROVERA 104	2	MO
<i>desogestrel/ethinyl estradiol</i>	1	MO
<i>dolishale</i>	1	
<i>drospirenone/ethinyl estradiol</i>	1	MO
<i>drospirenone/ethinyl estradiol/levomefolate calcium tablet</i>	1	MO
<i>3mg; 0.03mg; 0.451mg</i>		
<i>elinest</i>	1	
<i>eluryng</i>	1	
<i>emzahh</i>	1	
<i>enilloring</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	MO
<i>errin</i>	1	MO
<i>estarylla</i>	1	MO
<i>ethynodiol diacetate/ethinyl estradiol</i>	1	MO
<i>etonogestrel/ethinyl estradiol</i>	1	MO
<i>falmina</i>	1	
<i>finzala</i>	1	
<i>hailey 1.5/30</i>	1	MO
<i>hailey 24 fe</i>	1	
<i>hailey fe 1.5/30</i>	1	
<i>hailey fe 1/20</i>	1	
<i>haloette</i>	1	
<i>heather</i>	1	
<i>iclevia</i>	1	
<i>incassia</i>	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jaimiess</i>	1	
<i>jasmiel</i>	1	
<i>jencycla</i>	1	
JOLESSA	2	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	MO
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	MO
<i>kalliga</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	MO
<i>kelnor 1/50</i>	1	MO
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
LEENA	2	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorgestrel and ethinyl estradiol</i>	1	MO
<i>levonorgestrel/ethinyl estradiol</i>	1	MO
<i>levora 0.15/30-28</i>	1	
LILETTA	2	ACS
<i>lo-zumandimine</i>	1	MO
<i>loestrin 1.5/30-21</i>	1	
<i>loestrin 1/20-21</i>	1	
<i>loestrin fe 1.5/30</i>	1	
<i>loestrin fe 1/20</i>	1	
<i>lojaimiess</i>	1	MO
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lutera</i>	1	MO
<i>lyleq</i>	1	
<i>lyza</i>	1	
<i>marlissa</i>	1	MO
<i>medroxyprogesterone acetate injection 150mg/ml</i>	1	MO
<i>mibelas 24 fe</i>	1	
MICROGESTIN 1.5/30	2	
MICROGESTIN 1/20	2	
<i>microgestin 24 fe</i>	1	
MICROGESTIN FE 1.5/30	2	
MICROGESTIN FE 1/20	2	
<i>mili</i>	1	
<i>mono-linyah</i>	1	
<i>necon 0.5/35-28</i>	1	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
NEXPLANON	2	ACS
<i>nikki</i>	1	
NORA-BE	2	
<i>norelgestromin/ethinyl estradiol</i>	1	MO
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet, tablet chewable</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg</i>	1	MO
<i>norethindrone tablet 0.35mg</i>	1	MO
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	1	MO
<i>norgestimate/ethinyl estradiol</i>	1	MO
<i>norlyda</i>	1	
<i>norlyroc</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	MO
<i>nortrel 1/35 28-day regimen</i>	1	
<i>nortrel 1/35 21-day regimen</i>	1	MO
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	MO
<i>nymyo</i>	1	
OCELLA	2	
<i>orsythia</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>portia-28</i>	1	
<i>reclipsen</i>	1	
RIVELSA	2	
<i>setlakin</i>	1	
<i>sharobel</i>	1	
<i>simliya</i>	1	
<i>simpesse</i>	1	MO
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	MO
<i>syeda</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20 eq</i>	1	
TILIA FE	2	
<i>tri femynor</i>	1	
<i>tri-estarylla</i>	1	MO
<i>tri-legest fe</i>	1	MO
<i>tri-linyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>tri-lo-mili</i>	1	MO
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>trivora-28</i>	1	MO
<i>turqoz</i>	1	
<i>tydemy</i>	1	
<i>velivet</i>	1	MO
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	MO
<i>volnea</i>	1	
<i>vyfemla</i>	1	MO
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
<i>xulane</i>	1	
<i>zafemy</i>	1	
<i>zovia 1/35</i>	1	
<i>zumandimine</i>	1	
ESTROGENS		
<i>amabelz</i>	1	MO
<i>dotti patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr</i>	1	QL (8 EA per 28 days)
<i>dotti patch twice weekly 0.1mg/24hr</i>	1	QL (8 EA per 28 days) MO
DUAVEE	3	MO
<i>estradiol valerate</i>	1	MO
<i>estradiol/norethindrone acetate tablet 1mg/0.5mg, 0.5mg/0.1mg</i>	1	MO
<i>estradiol vaginal cream, oral tablet, vaginal tablet</i>	1	MO
<i>estradiol patch weekly</i>	1	QL (4 EA per 28 days) MO
<i>estradiol patch twice weekly</i>	1	QL (8 EA per 28 days) MO
ESTRING	3	QL (1 EA per 90 days) MO
<i>fyavolv</i>	1	MO
<i>jinteli</i>	1	
<i>lyllana</i>	1	QL (8 EA per 28 days)
<i>mimvey</i>	1	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	1	MO
PREMARIN	3	MO
PREMPRO	3	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>yuvafem</i>	1	
GLUCOCORTICOIDS		
<i>dexamethasone</i>	1	MO
DEXAMETHASONE INTENSOL	3	MO
<i>dexamethasone sodium phosphate injection 10mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	1	MO
<i>fludrocortisone acetate</i>	1	MO
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	1	MO
<i>methylprednisolone tablet</i>	1	B/D MO
<i>methylprednisolone acetate injection</i>	1	B/D MO
<i>methylprednisolone dose pack</i>	1	MO
<i>methylprednisolone sodium succinate injection 40mg</i>	1	B/D MO
<i>methylprednisolone sodium succinate injection 500mg</i>	1	B/D
<i>methylprednisolone sodium succinate injection 1000mg, 125mg</i>	1	B/D MO
<i>prednisolone solution</i>	1	B/D MO
<i>prednisolone sodium phosphate oral solution 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	1	B/D MO
PREDNISONE INTENSOL	3	B/D MO
<i>prednisone solution, tablet</i>	1	B/D MO
<i>prednisone tablet therapy pack</i>	1	MO
SOLU-CORTEF	3	MO
<i>triamcinolone acetonide injection 40mg/ml</i>	1	MO
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i>	1	MO
ZEGALOGUE	2	MO
MISCELLANEOUS		
<i>acetylcysteine injection 200mg/ml</i>	1	
<i>betaine anhydrous</i>	1	LD
<i>cabergoline</i>	1	MO
<i>carglumic acid</i>	1	PA; LD
CERDELGA	3	PA; ACS LD
<i>cinacalcet hydrochloride tablet 90mg</i>	1	QL (120 EA per 30 days); ACS
<i>cinacalcet hydrochloride tablet 30mg, 60mg</i>	1	QL (60 EA per 30 days); ACS
CYSTAGON	3	PA; ACS LD
<i>desmopressin acetate</i>	1	MO
<i>fomepizole</i>	1	
GENOTROPIN	2	PA; ACS
GENOTROPIN MINIQUICK	2	PA; ACS
INCRELEX	3	PA; ACS LD
<i>javygtor</i>	1	PA; LD
LEVOCARNITINE TABLET	3	MO
<i>levocarnitine injection</i>	1	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>levocarnitine oral solution</i>	1	MO
LUPRON DEPOT-PED (1-MONTH) INJECTION 11.25MG, 15MG, 7.5MG	3	PA; ACS
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG, 30MG	3	PA; ACS
LUPRON DEPOT-PED (6-MONTH) INJECTION 45MG	3	PA; ACS
<i>methergine</i>	1	
<i>methylergonovine maleate tablet</i>	1	MO
<i>mifepristone</i>	1	PA
<i>nitisinone</i>	1	PA; ACS
<i>octreotide acetate</i>	1	PA; ACS
<i>raloxifene hydrochloride</i>	1	MO
<i>sapropterin dihydrochloride</i>	1	PA; ACS
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	3	PA; LD
<i>sodium phenylbutyrate</i>	1	PA; ACS
SOMATULINE DEPOT	2	PA; ACS LD
SOMAVERT	3	PA; ACS LD
SYNAREL	3	MO
VEOZAH	3	QL (30 EA per 30 days) PA MO
PROGESTINS		
<i>medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg</i>	1	MO
<i>megestrol acetate suspension 40mg/ml, 625mg/5ml</i>	1	MO
<i>norethindrone acetate tablet 5mg</i>	1	MO
<i>progesterone</i>	1	MO
THYROID AGENTS		
<i>euthyrox</i>	1	MO
<i>levo-t</i>	1	
<i>levothyroxine sodium tablet</i>	1	MO
LEVOTHYROXINE SODIUM INJECTION 100MCG/5ML, 100MCG/ML, 200MCG/5ML, 500MCG/5ML	3	
<i>levothyroxine sodium injection 100mcg</i>	1	
<i>levothyroxine sodium injection 200mcg, 500mcg</i>	1	MO
<i>levoxyl</i>	1	MO
<i>liothyronine sodium injection</i>	1	
<i>liothyronine sodium tablet</i>	1	MO
<i>methimazole</i>	1	MO
<i>propylthiouracil</i>	1	MO
SYNTHROID	3	MO
<i>unithroid</i>	1	
VITAMIN D ANALOGS		
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	1	MO
<i>calcitriol injection 1mcg/ml</i>	1	
<i>calcitriol oral solution 1mcg/ml</i>	1	MO
<i>doxercalciferol injection</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>paricalcitol</i>	1	MO
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant</i>	1	B/D MO
<i>compro</i>	1	MO; HRM
DIMENHYDRINATE	3	
<i>dronabinol</i>	1	QL (60 EA per 30 days) PA MO
EMEND SUSPENSION RECONSTITUTED	3	B/D
<i>granisetron hydrochloride tablet</i>	1	QL (60 EA per 30 days) B/D MO
<i>meclizine hcl</i>	1	MO; HRM
<i>meclizine hydrochloride</i>	1	MO
<i>metoclopramide hcl</i>	1	MO
<i>metoclopramide hydrochloride</i>	1	MO
<i>metoclopramide odt</i>	1	MO
<i>ondansetron hcl tablet</i>	1	B/D
<i>ondansetron hcl solution</i>	1	QL (900 ML per 30 days) B/D MO
<i>ondansetron hydrochloride tablet</i>	1	B/D MO
<i>ondansetron hydrochloride injection</i>	1	MO
<i>ondansetron odt tablet disintegrating 16mg</i>	1	B/D
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	1	B/D MO
<i>prochlorperazine edisylate injection</i>	1	MO; HRM
<i>prochlorperazine maleate</i>	1	MO; HRM
<i>prochlorperazine rectal suppository</i>	1	MO; HRM
<i>promethazine hcl</i>	1	PA MO; HRM
<i>promethazine hydrochloride</i>	1	PA MO; HRM
<i>promethazine hydrochloride plain</i>	1	PA MO; HRM
<i>promethegan suppository 50mg</i>	1	PA MO; HRM
<i>promethegan suppository 12.5mg, 25mg</i>	1	PA; HRM
<i>scopolamine</i>	1	QL (10 EA per 30 days) PA MO; HRM
<i>trimethobenzamide hydrochloride</i>	1	PA MO
ANTISPASMODICS		
<i>dicyclomine hcl</i>	1	PA MO; HRM
<i>dicyclomine hydrochloride</i>	1	PA MO; HRM
<i>glycopyrrolate oral solution, tablet 1mg, 2mg</i>	1	MO
GLYCOPYRROLATE INJECTION 0.6MG/3ML	3	
<i>glycopyrrolate injection 0.2mg/ml (preservative free, prefilled syringe), 0.4mg/2ml</i>	1	
<i>glycopyrrolate injection 0.2mg/ml, 1mg/5ml, 4mg/20ml</i>	1	MO
<i>methscopolamine bromide</i>	1	PA MO
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine tablet</i>	1	MO
<i>famotidine premixed</i>	1	
<i>famotidine injection</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>famotidine suspension reconstituted, tablet</i>	1	MO
<i>nizatidine</i>	1	MO
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i>	1	MO
<i>budesonide er tablet extended release 24 hour 9mg</i>	1	MO
<i>budesonide capsule delayed release particles 3mg</i>	1	MO
<i>hydrocortisone enema 100mg/60ml</i>	1	MO
<i>mesalamine</i>	1	MO
<i>mesalamine dr</i>	1	MO
<i>sulfasalazine</i>	1	MO
LAXATIVES		
CLENPIQ SOLUTION 12GM/160ML; 3.5GM/160ML; 10MG/160ML	3	
CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML	3	MO
<i>constulose</i>	1	
<i>enulose</i>	1	MO
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-n/ flavor pack</i>	1	
<i>generlac</i>	1	
GOLYTELY	2	MO
KRISTALOSE	3	PA MO
<i>lactulose solution</i>	1	MO
<i>peg-3350/electrolytes</i>	1	MO
<i>peg-3350/nacl/na bicarbonate/kcl</i>	1	MO
PLENVU	3	MO
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	3	MO
SUPREP BOWEL PREP KIT	3	MO
SUTAB	3	MO
MISCELLANEOUS		
<i>alosetron hydrochloride</i>	1	QL (60 EA per 30 days) PA MO
CREON	2	MO
<i>cromolyn sodium concentrate 100mg/5ml</i>	1	MO
<i>diphenoxylate hydrochloride/atropine sulfate tablet</i>	1	MO; HRM
<i>diphenoxylate/atropine oral solution</i>	1	MO; HRM
GATTEX	3	PA; ACS LD
<i>lansoprazole/amoxicillin/clarithromycin</i>	1	QL (224 EA per 365 days) MO
LINZESS	2	QL (30 EA per 30 days) MO
<i>loperamide hcl</i>	1	MO
<i>misoprostol</i>	1	MO
MOVANTIK TABLET 25MG	2	QL (30 EA per 30 days) MO
MOVANTIK TABLET 12.5MG	2	QL (60 EA per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
SUCRALFATE SUSPENSION	3	MO
<i>sucralfate tablet</i>	1	MO
<i>ursodiol capsule 300mg, tablet 250mg, 500mg</i>	1	MO
VOWST	3	PA; LD
XERMELO	3	QL (84 EA per 28 days) PA; LD
XIFAXAN TABLET 550MG	2	PA MO
ZENPEP	3	MO
PROTON PUMP INHIBITORS		
<i>dexlansoprazole</i>	1	QL (30 EA per 30 days) MO
<i>esomeprazole magnesium capsule delayed release</i>	1	QL (30 EA per 30 days) MO
<i>esomeprazole sodium injection</i>	1	
<i>lansoprazole capsule delayed release 15mg</i>	1	QL (30 EA per 30 days) MO
<i>lansoprazole capsule delayed release 30mg</i>	1	QL (42 EA per 30 days) MO
<i>omeprazole</i>	1	QL (60 EA per 30 days) MO
<i>omeprazole dr</i>	1	QL (30 EA per 30 days) MO
<i>pantoprazole sodium injection</i>	1	
<i>pantoprazole sodium tablet delayed release 20mg</i>	1	QL (30 EA per 30 days) MO
<i>pantoprazole sodium tablet delayed release 40mg</i>	1	QL (60 EA per 30 days) MO
<i>rabeprazole sodium</i>	1	QL (30 EA per 30 days) MO
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl er</i>	1	QL (30 EA per 30 days) MO
<i>dutasteride</i>	1	QL (30 EA per 30 days) MO
<i>dutasteride/tamsulosin hydrochloride</i>	1	QL (30 EA per 30 days) MO
<i>finasteride tablet 5mg</i>	1	QL (30 EA per 30 days) MO
<i>silodosin</i>	1	QL (30 EA per 30 days) MO
<i>tadalafil tablet 5mg</i>	1	QL (30 EA per 30 days) PA MO
<i>tamsulosin hydrochloride</i>	1	QL (60 EA per 30 days) MO
MISCELLANEOUS		
<i>acetic acid 0.25% irrigation solution</i>	1	MO
<i>bethanechol chloride</i>	1	MO
<i>potassium citrate er</i>	1	MO
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide er</i>	1	QL (30 EA per 30 days) MO; HRM
<i>fesoterodine fumarate er</i>	1	QL (30 EA per 30 days) MO; HRM
GEMTESA	3	QL (30 EA per 30 days) MO
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR	3	QL (30 EA per 30 days) MO
MYRBETRIQ SUSPENSION RECONSTITUTED ER	3	QL (300 ML per 28 days) MO
<i>oxybutynin chloride er tablet extended release 24 hour 5mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>oxybutynin chloride tablet 5mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>oxybutynin chloride solution</i>	1	QL (600 ML per 30 days) MO; HRM

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Drug Name	Drug Tier	Requirements/Limits
<i>solifenacin succinate</i>	1	QL (30 EA per 30 days) MO; HRM
<i>tolterodine tartrate</i>	1	QL (60 EA per 30 days) MO; HRM
<i>tolterodine tartrate er</i>	1	QL (30 EA per 30 days) MO; HRM
<i>trospium chloride</i>	1	QL (60 EA per 30 days) MO; HRM
<i>trospium chloride er</i>	1	QL (30 EA per 30 days) MO; HRM
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate cream 2%</i>	1	MO
<i>metronidazole vaginal</i>	1	MO
<i>miconazole 3 vaginal suppository</i>	1	MO
<i>terconazole vaginal cream, suppository</i>	1	MO
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate capsule 110mg</i>	1	QL (120 EA per 30 days) MO
<i>dabigatran etexilate capsule 150mg, 75mg</i>	1	QL (60 EA per 30 days) MO
ELIQUIS STARTER PACK	2	QL (74 EA per 30 days) MO
ELIQUIS TABLET 2.5MG	2	QL (60 EA per 30 days) MO
ELIQUIS TABLET 5MG	2	QL (74 EA per 30 days) MO
<i>enoxaparin sodium</i>	1	MO
<i>fondaparinux sodium</i>	1	MO
FRAGMIN INJECTION 10000UNIT/4ML	3	
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	3	MO
HEPARIN SODIUM/D5W	3	
HEPARIN SODIUM/DEXTROSE	3	
HEPARIN SODIUM/NACL 0.45%	2	
HEPARIN SODIUM/SODIUM CHLORIDE	2	
HEPARIN SODIUM INJECTION 5000UNIT/0.5ML, 5000UNIT/ML	2	
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	1	MO
<i>jantoven</i>	1	MO
PRADAXA PACKET 110MG, 30MG, 40MG, 50MG	3	QL (120 EA per 30 days)
PRADAXA PACKET 150MG, 20MG	3	QL (60 EA per 30 days)
<i>warfarin sodium</i>	1	MO
XARELTO STARTER PACK	2	QL (51 EA per 30 days) MO
XARELTO SUSPENSION RECONSTITUTED	2	QL (620 ML per 30 days) MO
XARELTO TABLET 10MG, 15MG, 20MG	2	QL (30 EA per 30 days) MO
XARELTO TABLET 2.5MG	2	QL (60 EA per 30 days) MO
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT	2	PA; ACS
ZARXIO	2	PA; ACS
MISCELLANEOUS		

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
ALVAIZ TABLET 54MG, 9MG	3	QL (60 EA per 30 days) PA; ACS LD
ALVAIZ TABLET 18MG, 36MG	3	QL (90 EA per 30 days) PA; ACS LD
<i>anagrelide hydrochloride</i>	1	MO
BERINERT	3	QL (24 EA per 30 days) PA; ACS LD
<i>cilostazol</i>	1	MO
DOPTELET	2	QL (60 EA per 30 days) PA; ACS LD
DROXIA	2	MO
ENDARI	3	PA; ACS LD
HAEGARDA INJECTION 3000UNIT	3	QL (20 EA per 30 days) PA; ACS LD
HAEGARDA INJECTION 2000UNIT	3	QL (30 EA per 30 days) PA; ACS LD
<i>icatibant acetate</i>	1	QL (27 ML per 30 days) PA; ACS
<i>l-glutamine</i>	1	PA; ACS
<i>pentoxifylline er</i>	1	MO
<i>sajazir</i>	1	QL (27 ML per 30 days) PA; LD
TAVNEOS	3	QL (180 EA per 30 days) PA; LD
<i>tranexamic acid/sodium chloride</i>	1	
<i>tranexamic acid injection</i>	1	
<i>tranexamic acid tablet</i>	1	MO
PLATELET AGGREGATION INHIBITORS		
<i>aspirin/dipyridamole er</i>	1	QL (60 EA per 30 days) MO
BRILINTA	2	MO
<i>clopidogrel tablet 300mg</i>	1	QL (2 EA per 365 days) MO
<i>clopidogrel tablet 75mg</i>	1	QL (30 EA per 30 days) MO
<i>dipyridamole</i>	1	PA MO
<i>prasugrel hydrochloride</i>	1	MO
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-AACF (2 PEN)	2	QL (28 EA per 365 days) PA; ACS
ADALIMUMAB-AACF (2 SYRINGE)	2	QL (28 EA per 365 days) PA
COSENTYX SENSOREADY PEN	2	QL (32 ML per 365 days) PA; ACS LD
COSENTYX UNOREADY	3	QL (32 ML per 365 days) PA; ACS LD
COSENTYX INJECTION 125MG/5ML	2	PA; ACS LD
COSENTYX INJECTION 150MG/ML	2	QL (32 ML per 365 days) PA; ACS LD
COSENTYX INJECTION 75MG/0.5ML	3	QL (8 ML per 365 days) PA; ACS LD

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT INJECTION 100MG/0.67ML	2	QL (1.34 ML per 28 days) PA; ACS
DUPIXENT INJECTION 200MG/1.14ML	2	QL (4.56 ML per 28 days) PA; ACS
DUPIXENT INJECTION 300MG/2ML	2	QL (8 ML per 28 days) PA; ACS
ENBREL	2	QL (8 ML per 28 days) PA; ACS
ENBREL MINI	2	QL (8 ML per 28 days) PA; ACS
ENBREL SURECLICK	2	QL (8 ML per 28 days) PA; ACS
HUMIRA PEN-CD/UC/HS STARTER	2	QL (6 EA per 365 days) PA; ACS
HUMIRA PEN-PEDIATRIC UC STARTER PACK (BRAND CORDAVIS NOT COVERED)	2	QL (8 EA per 365 days) PA; ACS
HUMIRA PEN-PS/UV STARTER	2	QL (6 EA per 365 days) PA; ACS
HUMIRA PEN INJECTION 80MG/0.8ML	2	QL (28 EA per 365 days) PA; ACS
HUMIRA PEN INJECTION 40MG/0.4ML (BRAND CORDAVIS NOT COVERED), 40MG/0.8ML	2	QL (56 EA per 365 days) PA; ACS
HUMIRA INJECTION 10MG/0.1ML (BRAND CORDAVIS NOT COVERED)	2	QL (26 EA per 365 days) PA; ACS
HUMIRA INJECTION 20MG/0.2ML (BRAND CORDAVIS NOT COVERED)	2	QL (52 EA per 365 days) PA; ACS
HUMIRA INJECTION 40MG/0.4ML (BRAND CORDAVIS NOT COVERED), 40MG/0.8ML	2	QL (56 EA per 365 days) PA; ACS
IDACIO (2 PEN)	2	QL (28 EA per 365 days) PA; ACS
IDACIO (2 SYRINGE)	2	QL (28 EA per 365 days) PA; ACS
IDACIO STARTER PACKAGE FOR CROHNS DISEASE	2	PA; ACS
IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS	2	PA; ACS
RINVOQ LQ	2	QL (360 ML per 30 days) PA; ACS
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 45MG	2	QL (168 EA per 365 days) PA; ACS
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG, 30MG	2	QL (30 EA per 30 days) PA; ACS
SKYRIZI PEN	2	QL (6 ML per 365 days) PA; ACS
SKYRIZI INJECTION 180MG/1.2ML	2	QL (1.2 ML per 56 days) PA; ACS
SKYRIZI INJECTION 360MG/2.4ML	2	QL (2.4 ML per 56 days) PA; ACS
SKYRIZI INJECTION 150MG/ML	2	QL (6 ML per 365 days) PA; ACS
SKYRIZI INJECTION 600MG/10ML	2	QL (60 ML per 365 days) PA; ACS
SOTYKTU	2	QL (30 EA per 30 days) PA; ACS LD
STELARA INJECTION 45MG/0.5ML PREFILLED SYRINGE	2	QL (0.5 ML per 28 days) PA; ACS
STELARA INJECTION 45MG/0.5ML VIAL	2	QL (0.5 ML per 28 days) PA; ACS LD
STELARA INJECTION 90MG/ML	2	QL (1 ML per 28 days) PA; ACS
STELARA INJECTION 130MG/26ML	2	QL (208 ML per 365 days) PA; ACS LD
TREMFYA	2	QL (1 ML per 28 days) PA; ACS
TYENNE INJECTION 162MG/0.9ML	2	QL (3.6 ML per 28 days) PA; ACS

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
TYENNE INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	3	QL (40 ML per 28 days) PA; ACS
VELSIPITY	2	QL (30 EA per 30 days) PA; ACS
XELJANZ XR	2	QL (30 EA per 30 days) PA; ACS
XELJANZ SOLUTION	2	QL (480 ML per 24 days) PA; ACS
XELJANZ TABLET	2	QL (60 EA per 30 days) PA; ACS
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
<i>hydroxychloroquine sulfate tablet 200mg</i>	1	MO
JYLAMVO	3	
<i>leflunomide</i>	1	QL (30 EA per 30 days) MO
<i>methotrexate sodium tablet 2.5mg</i>	1	MO
XATMEP	3	MO
IMMUNOGLOBULINS		
GAMASTAN	2	B/D; ACS LD
GAMMAKED	3	PA; ACS
GAMUNEX-C	3	PA; ACS
OCTAGAM	3	PA; ACS
PRIVIGEN	3	PA; ACS
IMMUNOMODULATORS		
ACTIMMUNE	3	PA; ACS LD
ARCALYST	3	PA; ACS LD
IMMUNOSUPPRESSANTS		
ASTAGRAF XL	3	B/D MO
AZATHIOPRINE INJECTION	3	B/D
<i>azathioprine tablet 50mg</i>	1	B/D MO
BENLYSTA INJECTION 200MG/ML	3	PA; ACS LD
<i>cyclosporine capsule, injection</i>	1	B/D MO
<i>cyclosporine modified</i>	1	B/D MO
<i>everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg</i>	1	B/D MO
<i>gengraf capsule</i>	1	B/D
<i>gengraf solution</i>	1	B/D MO
<i>mycophenolate mofetil</i>	1	B/D MO
<i>mycophenolic acid dr</i>	1	B/D MO
NULOJIX	3	B/D
PROGRAF PACKET	3	B/D MO
REZUROCK	3	QL (30 EA per 30 days) PA; LD
SANDIMMUNE ORAL SOLUTION	3	B/D MO
<i>sirolimus</i>	1	B/D MO
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	1	B/D MO
VACCINES		
ABRYSVO	2	
ACTHIB	1	
ADACEL	1	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
AREXVY	2	
BCG VACCINE	1	
BEXSERO	1	
BOOSTRIX	1	
DAPTACEL	1	
DENGVAXIA	1	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	1	
ENGERIX-B	1	B/D
GARDASIL 9	1	
HAVRIX	1	
HEPLISA V-B	1	B/D
HIBERIX	1	
IMOVAX RABIES (H.D.C.V.)	1	B/D
INFANRIX	1	
IPOL INACTIVATED IPV	1	
IXCHIQ	2	
IXIARO	1	
JYNNEOS	1	B/D
KINRIX	1	
M-M-R II	1	
MENACTRA	1	
MENQUADFI	1	
MENVEO	1	
MRESVIA	2	QL (0.5 ML per 999 days)
PEDIARIX	1	
PEDVAX HIB	1	
PENBRAYA	1	
PENTACEL	1	
PREHEVBRIO	1	B/D
PRIORIX	1	
PROQUAD	1	
QUADRACEL	1	
RABAVERT	1	B/D
RECOMBIVAX HB	1	B/D
ROTARIX	1	
ROTATEQ	1	
SHINGRIX	1	QL (2 EA per 999 days)
TDVAX	1	
TENIVAC	1	
TICOVAC	1	
TRUMENBA	1	
TWINRIX	1	
TYPHIM VI	1	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
VAQTA	1	
VARIVAX	1	
YF-VAX	1	
NUTRITIONAL/SUPPLEMENTS		
<i>ELECTROLYTES/MINERALS, INJECTABLE</i>		
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	2	
DEXTROSE 10%/SODIUM CHLORIDE 0.2%	3	
DEXTROSE 10%/SODIUM CHLORIDE 0.45%	3	
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45%	3	
DEXTROSE 5%/LACTATED RINGERS	3	
DEXTROSE 5%/NACL 0.33%	3	
DEXTROSE 5%/SODIUM CHLORIDE 0.2%	3	
<i>dextrose 5%/sodium chloride 0.3%</i>	1	
DEXTROSE 5%/SODIUM CHLORIDE 0.45%	3	
DEXTROSE 5%/SODIUM CHLORIDE 0.9%	3	MO
DEXTROSE 5%/NACL 0.225%	3	
ISOLYTE-P/DEXTROSE 5%	3	
ISOLYTE-S	3	B/D
ISOLYTE-S PH 7.4	3	B/D
KCL 0.075%/D5W/NACL 0.45%	3	
KCL 0.15%/D5W/NACL 0.2%	3	
KCL 0.15%/D5W/NACL 0.45%	3	
KCL 0.15%/D5W/NACL 0.9%	3	
KCL 0.3%/D5W/NACL 0.45%	3	
KCL 0.3%/D5W/NACL 0.9%	3	
<i>lactated ringers</i>	1	
MAGNESIUM SULFATE INJECTION 20GM/500ML, 40GM/1000ML, 4GM/50ML	3	
<i>magnesium sulfate injection 2gm/50ml, 4gm/100ml, 50%</i>	1	
<i>multiple electrolytes injection type 1</i>	1	
POTASSIUM CHLORIDE/DEXTROSE	3	
POTASSIUM CHLORIDE/DEXTROSE/SODIUM CHLORIDE	3	
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJECTION 40MEQ/L; 0.9%	3	
<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 1 20meq/l; 0.9%</i>	1	
POTASSIUM CHLORIDE INJECTION 0.4MEQ/ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 40MEQ/100ML	3	
<i>potassium chloride injection 2meq/ml</i>	1	MO
RINGERS INJECTION	2	
SODIUM BICARBONATE INJECTION 7.5%	3	
<i>sodium bicarbonate injection 4.2%</i>	1	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>sodium bicarbonate injection 8.4%</i>	1	MO
<i>sodium chloride injection 0.45%</i>	1	
SODIUM CHLORIDE INJECTION 2.5MEQ/ML, 5%	3	MO
<i>sodium chloride injection 0.9%, 3%, 4meq/ml</i>	1	MO
TPN ELECTROLYTES	3	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>effer-k tablet effervescent 25meq</i>	1	MO
<i>fluoride chewable tablet</i>	1	MO
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	MO
<i>klor-con m15</i>	1	MO
<i>klor-con m20</i>	1	MO
<i>klor-con powder packet 20meq</i>	1	
<i>klor-con effervescent tablet</i>	1	
M-NATAL PLUS	2	MO
<i>multi vitamin/fluoride</i>	1	
<i>multi-vitamin/fluoride drops</i>	1	MO
<i>multi-vitamin/fluoride/iron</i>	1	MO
<i>multivitamin/fluoride</i>	1	MO
NEONATAL PLUS	2	MO
NIVA-PLUS	2	MO
PNV PRENATAL PLUS MULTIVITAMIN	2	MO
<i>potassium chloride er capsule extended release</i>	1	MO
<i>potassium chloride er tablet extended release 15meq</i>	1	
<i>potassium chloride er tablet extended release 10meq, 20meq, 8meq</i>	1	MO
<i>potassium chloride packet 20meq</i>	1	MO
<i>potassium chloride oral solution 10%, 20%</i>	1	MO
PRENATAL	2	MO
PRENATAL PLUS	2	MO
<i>sodium fluoride solution 0.5mg/ml</i>	1	MO
<i>sodium fluoride tablet chewable 0.25mg, 0.5mg, 1mg</i>	1	MO
<i>tri-vite/fluoride</i>	1	MO
<i>vitamins a/c/d/fluoride</i>	1	MO
WESTAB PLUS	2	MO
<i>IV NUTRITION</i>		
CLINIMIX 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX 6/5	3	B/D
CLINIMIX 8/10	3	B/D
CLINIMIX 8/14	3	B/D

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>clinisol sf 15%</i>	1	B/D MO
CLINOLIPID	2	B/D
<i>dextrose 10%</i>	1	
<i>dextrose 5%</i>	1	MO
DEXTROSE 50%	2	B/D
DEXTROSE 70%	2	B/D
NUTRILIPID	2	B/D
<i>plenamine</i>	1	B/D
PREMASOL	3	B/D
PROSOL	3	B/D
TRAVASOL	3	B/D
TROPHAMINE	3	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>neo-polycin hc</i>	1	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	1	MO
<i>neomycin/polymyxin/dexamethasone</i>	1	MO
<i>neomycin/polymyxin/hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	1	MO
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	MO
TOBRADEX OINTMENT	2	MO
TOBRADEX ST SUSPENSION	2	MO
<i>tobramycin/dexamethasone</i>	1	MO
ZYLET	2	MO
ANTI-INFECTIVES		
<i>bacitracin ophthalmic ointment 500units/gm</i>	1	MO
<i>bacitracin/polymyxin b ophthalmic ointment</i>	1	MO
BESIVANCE	2	MO
CILOXAN OINTMENT	2	QL (42 GM per 30 days) MO
<i>ciprofloxacin hydrochloride solution 0.3%</i>	1	QL (30 ML per 30 days) MO
<i>erythromycin ointment 5mg/gm</i>	1	QL (42 GM per 30 days) MO
<i>gatifloxacin</i>	1	QL (20 ML per 30 days) MO
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	1	QL (30 ML per 30 days) MO
<i>levofloxacin ophthalmic solution 1.5%</i>	1	QL (20 ML per 30 days) MO
<i>levofloxacin ophthalmic solution 0.5%</i>	1	QL (30 ML per 30 days) MO
<i>moxifloxacin hydrochloride ophthalmic solution 0.5%</i>	1	QL (12 ML per 30 days) MO
NATACYN	3	MO
<i>neo-polycin</i>	1	
<i>neomycin/bacitracin/polymyxin</i>	1	MO
<i>neomycin/polymyxin/gramicidin</i>	1	MO
<i>ofloxacin ophthalmic solution 0.3%</i>	1	QL (60 ML per 30 days) MO
<i>polycin</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	MO
<i>sulfacetamide sodium ointment 10%</i>	1	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium solution 10%</i>	1	QL (90 ML per 30 days) MO
<i>tobramycin solution 0.3%</i>	1	QL (30 ML per 30 days) MO
<i>trifluridine</i>	1	MO
XDEMVY	2	QL (10 ML per 42 days) PA; ACS LD
ZIRGAN	3	MO
ANTI-INFLAMMATORIES		
ALREX	2	MO
<i>bromfenac</i>	1	MO
BROMSITE	3	MO
<i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>	1	MO
<i>diclofenac sodium ophthalmic solution 0.1%</i>	1	QL (10 ML per 30 days) MO
<i>difluprednate</i>	1	MO
FLAREX	3	MO
FLUOROMETHOLONE	2	MO
<i>flurbiprofen sodium ophthalmic solution 0.03%</i>	1	MO
<i>ketorolac tromethamine solution 0.4%, 0.5%</i>	1	MO
LOTEMAX OINTMENT	2	MO
LOTEMAX SM	2	MO
<i>loteprednol etabonate gel 0.5%, suspension 0.5%</i>	1	MO
<i>prednisolone acetate</i>	1	MO
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1%	2	MO
PROLENSA	2	MO
ANTIALLERGICS		
<i>azelastine hcl ophthalmic solution 0.05%</i>	1	MO
<i>cromolyn sodium solution 4%</i>	1	MO
<i>epinastine hcl</i>	1	MO
ZERVIAE	3	MO
ANTIGLAUCOMA		
<i>betaxolol hcl solution 0.5%</i>	1	MO
BETOPTIC-S	2	MO
<i>brimonidine tartrate/timolol maleate</i>	1	MO
BRIMONIDINE TARTRATE SOLUTION 0.15%	2	MO
<i>brimonidine tartrate solution 0.2%</i>	1	MO
<i>brinzolamide</i>	1	MO
<i>carteolol hcl</i>	1	MO
COMBIGAN	2	MO
<i>dorzolamide hcl/timolol maleate</i>	1	MO
<i>dorzolamide hydrochloride</i>	1	MO
<i>dorzolamide hydrochloride/timolol maleate preservative free solution 2%; 0.5%</i>	1	MO
<i>latanoprost</i>	1	MO
<i>levobunolol hcl</i>	1	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
LUMIGAN	2	MO
PHOSPHOLINE IODIDE	3	
<i>pilocarpine hcl ophthalmic solution</i>	1	MO
RHOPRESSA	3	MO
ROCKLATAN	3	MO
SIMBRINZA	3	MO
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLUTION	3	MO
<i>timolol maleate (generic Timoptic) soln 0.25%, 0.5%</i>	1	MO
<i>travoprost</i>	1	MO
VYZULTA	3	MO
MISCELLANEOUS		
ATROPINE SULFATE OPHTHALMIC SOLUTION 1%	2	MO
CYSTARAN	3	PA; LD
EYSUVIS	3	MO
MIEBO	2	QL (12 ML per 30 days) MO
<i>proparacaine hcl</i>	1	MO
RESTASIS	2	QL (60 EA per 30 days) MO
RESTASIS MULTIDOSE	2	QL (5.5 ML per 30 days) MO
XIIDRA	2	QL (60 EA per 30 days) MO
OTIC		
OTIC AGENTS		
<i>acetic acid</i>	1	MO
CIPRO HC	3	MO
CIPROFLOXACIN	2	MO
<i>ciprofloxacin/dexamethasone flac</i>	1	MO
<i>fluocinolone acetonide oil 0.01%</i>	1	MO
<i>hydrocortisone/acetic acid</i>	1	MO
<i>neomycin/polymyxin/hc</i>	1	MO
<i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	1	MO
<i>ofloxacin otic solution 0.3%</i>	1	MO
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA	2	QL (60 EA per 30 days) MO
BEVESPI AEROSPHERE	2	QL (10.7 GM per 30 days) MO
BREZTRI AEROSPHERE	2	QL (10.7 GM per 30 days) MO
COMBIVENT RESPIMAT	3	QL (8 GM per 30 days) MO
<i>ipratropium bromide/albuterol sulfate</i>	1	B/D MO
TRELEGY ELLIPTA	2	QL (60 EA per 30 days) MO
ANTICHOLINERGICS		
ATROVENT HFA	3	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA	2	QL (30 EA per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide inhalation solution 0.02%</i>	1	B/D MO
<i>ipratropium bromide nasal solution 0.03%</i>	1	QL (30 ML per 28 days) MO
<i>ipratropium bromide nasal solution 0.06%</i>	1	QL (45 ML per 30 days) MO
ANTIHISTAMINES		
<i>azelastine hcl nasal solution 0.15%</i>	1	QL (30 ML per 25 days) MO
<i>azelastine hydrochloride nasal spray 0.1%</i>	1	QL (30 ML per 25 days) MO
<i>carbinoxamine maleate oral solution, tablet 4mg</i>	1	PA MO
<i>cetirizine hydrochloride oral solution 1mg/ml</i>	1	QL (300 ML per 30 days) MO
<i>clemapastine fumarate tablet</i>	1	PA MO
<i>cyproheptadine hcl syrup</i>	1	PA MO; HRM
<i>cyproheptadine hydrochloride tablet</i>	1	PA MO; HRM
<i>desloratadine</i>	1	QL (30 EA per 30 days) MO
<i>desloratadine odt</i>	1	QL (30 EA per 30 days) MO
<i>diphenhydramine hcl injection</i>	1	MO; HRM
<i>hydroxyzine hcl</i>	1	PA MO; HRM
<i>hydroxyzine hydrochloride</i>	1	PA MO; HRM
<i>hydroxyzine pamoate</i>	1	PA MO; HRM
<i>levocetirizine dihydrochloride solution</i>	1	MO
<i>levocetirizine dihydrochloride tablet</i>	1	QL (30 EA per 30 days) MO
<i>olopatadine hcl</i>	1	QL (30.5 GM per 30 days) MO
BETA AGONISTS		
<i>albuterol sulfate hfa (generic Proventil HFA) aerosol solution 108mcg/act</i>	1	QL (13.4 GM per 30 days) MO
<i>albuterol sulfate hfa (generic ProAir HFA) aerosol solution 108mcg/act</i>	1	QL (17 GM per 30 days) MO
<i>albuterol sulfate hfa (generic Ventolin HFA) aerosol solution 108mcg/act</i>	1	QL (36 GM per 30 days) MO
<i>albuterol sulfate nebulization solution</i>	1	B/D MO
<i>albuterol sulfate syrup, tablet</i>	1	MO
<i>levalbuterol hcl</i>	1	B/D MO
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	1	B/D MO
<i>levalbuterol nebulization solution 1.25mg/0.5ml</i>	1	B/D MO
LEVALBUTEROL TARTRATE HFA	2	QL (30 GM per 30 days) MO
SEREVENT DISKUS	2	QL (60 EA per 30 days) MO
<i>terbutaline sulfate</i>	1	MO
VENTOLIN HFA	2	QL (36 GM per 30 days) MO
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i>	1	QL (30 EA per 30 days) MO
<i>zafirlukast</i>	1	QL (60 EA per 30 days) MO
MISCELLANEOUS		
<i>acetylcysteine inhalation solution 10%, 20%</i>	1	B/D MO
<i>aminophylline</i>	1	
BRONCHITOL	3	QL (560 EA per 28 days) PA

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	1	B/D MO
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	1	QL (2 EA per 30 days) MO
FASENRA PEN	2	QL (1 ML per 28 days) PA; ACS LD
FASENRA INJECTION 10MG/0.5ML	2	QL (0.5 ML per 28 days) PA; ACS LD
FASENRA INJECTION 30MG/ML	2	QL (1 ML per 28 days) PA; ACS LD
KALYDECO PACKET	3	QL (56 EA per 28 days) PA; LD
KALYDECO TABLET	3	QL (60 EA per 30 days) PA; LD
OFEV	2	QL (60 EA per 30 days) PA; ACS LD
ORKAMBI TABLET	3	QL (112 EA per 28 days) PA; LD
ORKAMBI PACKET	3	QL (56 EA per 28 days) PA; LD
<i>pirfenidone capsule</i>	1	QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 267mg</i>	1	QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 534mg, 801mg</i>	1	QL (90 EA per 30 days) PA; ACS
PROLASTIN-C	2	PA; LD
PULMOZYME	3	PA; ACS
<i>roflumilast</i>	1	MO
<i>theophylline solution</i>	1	MO
<i>theophylline er tablet extended release 24 hour</i>	1	MO
<i>theophylline er tablet extended release 12 hour 200mg</i>	1	
<i>theophylline er tablet extended release 12 hour 100mg, 300mg, 450mg</i>	1	MO
TRIKAFTA GRANULES THERAPY PACK	3	QL (56 EA per 28 days) PA; LD
TRIKAFTA TABLET THERAPY PACK	3	QL (84 EA per 28 days) PA; LD
XOLAIR	2	PA; ACS LD
NASAL STEROIDS		
<i>flunisolide</i>	1	QL (75 ML per 30 days) MO
<i>fluticasone propionate suspension 50mcg/act</i>	1	QL (16 GM per 30 days) MO
<i>mometasone furoate suspension 50mcg/act</i>	1	QL (34 GM per 30 days) MO
XHANCE	3	QL (32 ML per 30 days) PA MO
STERIOD INHALANTS		
ALVESCO	3	QL (12.2 GM per 30 days) MO
ARNUITY ELLIPTA	2	QL (30 EA per 30 days) MO
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	1	B/D MO
STERIOD/BETA-AGONIST COMBINATIONS		
BREO ELLIPTA	2	QL (60 EA per 30 days) MO
<i>budesonide/formoterol fumarate dihydrate</i>	1	QL (10.2 GM per 30 days) MO
DULERA	3	QL (13 GM per 30 days) MO
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO
<i>fluticasone propionate/salmeterol diskus</i>	1	QL (60 EA per 30 days) MO
<i>fluticasone propionate/salmeterol hfa</i>	1	QL (12 GM per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
<i>wixela inhub</i>	1	QL (60 EA per 30 days) MO
TOPICAL		
DERMATOLOGY, ACNE		
<i>accutane</i>	1	PA
<i>amnesteem</i>	1	PA
<i>claravis</i>	1	PA
<i>clindacin</i>	1	QL (100 GM per 30 days)
<i>clindamycin phosphate/benzoyl peroxide</i>	1	MO
<i>clindamycin phosphate foam 1%</i>	1	QL (100 GM per 30 days) MO
<i>clindamycin phosphate gel tube 1%</i>	1	QL (75 GM per 30 days) MO
<i>clindamycin phosphate gel bottle 1%</i>	1	QL (75 ML per 30 days) MO
<i>clindamycin phosphate lotion 1%</i>	1	QL (60 ML per 30 days) MO
<i>clindamycin phosphate external solution 1%</i>	1	QL (60 ML per 30 days) MO
<i>clindamycin/benzoyl peroxide</i>	1	MO
<i>dapsone gel 5%, 7.5%</i>	1	QL (90 GM per 30 days) MO
<i>ery pad 2%</i>	1	MO
<i>erythromycin/benzoyl peroxide</i>	1	MO
<i>erythromycin gel 2%</i>	1	QL (60 GM per 30 days) MO
<i>erythromycin solution 2%</i>	1	QL (60 ML per 30 days) MO
<i>isotretinoin</i>	1	PA
<i>neuac</i>	1	
<i>sulfacetamide sodium lotion 10%</i>	1	MO
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	1	QL (45 GM per 30 days) PA MO
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	1	QL (45 GM per 30 days) PA MO
<i>zenatane</i>	1	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate cream 0.1%</i>	1	QL (30 GM per 30 days) MO
<i>gentamicin sulfate ointment 0.1%</i>	1	QL (30 GM per 30 days) MO
<i>mafenide acetate</i>	1	MO
<i>mupirocin</i>	1	QL (30 GM per 30 days) MO
<i>silver sulfadiazine</i>	1	MO
SSD	2	
SULFAMYLON CREAM 85MG/GM	3	MO
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine cream 0.77%</i>	1	QL (90 GM per 30 days) MO
<i>ciclopirox gel</i>	1	QL (100 GM per 30 days) MO
<i>ciclopirox shampoo</i>	1	QL (120 ML per 30 days) MO
<i>ciclopirox suspension</i>	1	QL (60 ML per 30 days) MO
<i>clotrimazole/betamethasone dipropionate cream</i>	1	QL (45 GM per 30 days) MO
<i>clotrimazole cream 1%</i>	1	QL (45 GM per 30 days) MO
<i>clotrimazole solution 1%</i>	1	QL (30 ML per 30 days) MO
<i>econazole nitrate</i>	1	QL (85 GM per 30 days) MO
ERTACZO	3	QL (60 GM per 30 days) MO
<i>ketoconazole cream 2%</i>	1	QL (60 GM per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>ketoconazole foam 2%</i>	1	QL (100 GM per 30 days) MO
<i>ketoconazole shampoo 2%</i>	1	QL (120 ML per 30 days) MO
<i>ketodan</i>	1	QL (100 GM per 30 days)
<i>klayesta</i>	1	QL (60 GM per 30 days)
<i>naftifine hcl cream 1%</i>	1	QL (90 GM per 30 days) MO
<i>naftifine hydrochloride cream 2%</i>	1	QL (60 GM per 28 days) MO
<i>nyamyc</i>	1	QL (60 GM per 30 days)
<i>nystatin cream 100000unit/gm</i>	1	QL (30 GM per 30 days) MO
<i>nystatin ointment 100000unit/gm</i>	1	QL (30 GM per 30 days) MO
<i>nystatin powder 100000unit/gm</i>	1	QL (60 GM per 30 days) MO
<i>nystop</i>	1	QL (60 GM per 30 days)
<i>selenium sulfide lotion</i>	1	MO
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	1	PA MO
<i>calcipotriene/betamethasone dipropionate ointment</i>	1	QL (400 GM per 28 days) PA MO
<i>calcipotriene cream, ointment</i>	1	QL (120 GM per 30 days) PA MO
<i>calcipotriene solution</i>	1	QL (60 ML per 30 days) PA MO
<i>calcitrene</i>	1	QL (120 GM per 30 days) PA MO
CALCITRIOL OINTMENT 3MCG/GM	3	QL (800 GM per 28 days) PA MO
ENSTILAR	2	QL (120 GM per 30 days) PA MO
<i>methoxsalen</i>	1	MO
<i>tazarotene gel</i>	1	QL (100 GM per 30 days) PA MO
<i>tazarotene cream</i>	1	QL (60 GM per 30 days) PA MO
TAZORAC CREAM 0.05%	3	QL (60 GM per 30 days) PA MO
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i>	1	QL (60 GM per 30 days) MO
<i>betamethasone dipropionate</i>	1	MO
<i>betamethasone dipropionate augmented cream, gel, ointment</i>	1	MO
<i>betamethasone dipropionate augmented lotion</i>	1	QL (120 ML per 30 days) MO
<i>betamethasone valerate cream, lotion, ointment</i>	1	MO
<i>clobetasol propionate e cream 0.05%</i>	1	QL (60 GM per 30 days) MO
<i>clobetasol propionate shampoo</i>	1	QL (118 ML per 30 days) MO
<i>clobetasol propionate solution</i>	1	QL (50 ML per 30 days) MO
<i>clobetasol propionate cream, gel, ointment</i>	1	QL (60 GM per 30 days) MO
<i>clodan shampoo 0.05%</i>	1	QL (118 ML per 30 days)
<i>desonide cream, ointment</i>	1	QL (60 GM per 30 days) MO
<i>desoximetasone cream 0.25%, ointment 0.25%</i>	1	QL (100 GM per 30 days) MO
<i>fluocinolone acetonide body</i>	1	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide scalp</i>	1	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide cream 0.025%</i>	1	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide cream 0.01%</i>	1	QL (60 GM per 30 days) MO
<i>fluocinolone acetonide ointment 0.025%</i>	1	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide solution 0.01%</i>	1	QL (60 ML per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide emulsified base</i>	1	QL (120 GM per 30 days) MO
<i>fluocinonide cream</i>	1	QL (120 GM per 30 days) MO
<i>fluocinonide gel, ointment</i>	1	QL (60 GM per 30 days) MO
<i>fluocinonide solution</i>	1	QL (60 ML per 30 days) MO
<i>fluticasone propionate cream 0.05%</i>	1	MO
<i>fluticasone propionate ointment 0.005%</i>	1	MO
<i>halobetasol propionate cream, ointment</i>	1	QL (50 GM per 30 days) MO
<i>hydrocortisone butyrate solution</i>	1	QL (45 GM per 30 days) MO
<i>hydrocortisone butyrate (lipophilic)</i>	1	QL (60 GM per 30 days) MO
<i>hydrocortisone valerate</i>	1	QL (60 GM per 30 days) MO
<i>hydrocortisone cream 1%</i>	1	MO
<i>hydrocortisone cream 2.5%</i>	1	QL (30 GM per 30 days) MO
<i>hydrocortisone lotion 2.5%</i>	1	MO
<i>hydrocortisone ointment 1%, 2.5%</i>	1	QL (30 GM per 30 days) MO
<i>mometasone furoate cream 0.1%</i>	1	MO
<i>mometasone furoate ointment 0.1%</i>	1	MO
<i>mometasone furoate solution 0.1%</i>	1	MO
<i>proctosol hc</i>	1	
<i>triamcinolone acetonide cream 0.025%, 0.5%</i>	1	MO
<i>triamcinolone acetonide cream 0.1%</i>	1	QL (454 GM per 30 days) MO
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	1	MO
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	1	MO
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine hydrochloride external solution 4%</i>	1	QL (50 ML per 30 days) PA MO
<i>lidocaine/prilocaine</i>	1	QL (30 GM per 30 days) MO
<i>lidocaine ointment</i>	1	QL (35.44 GM per 30 days) PA MO
<i>lidocaine patch</i>	1	QL (90 EA per 30 days) PA MO
<i>lidocan</i>	1	QL (90 EA per 30 days) PA
<i>tridacaine</i>	1	QL (90 EA per 30 days) PA
<i>tridacaine ii</i>	1	QL (90 EA per 30 days) PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir ointment 5%</i>	1	QL (30 GM per 30 days) MO
<i>ammonium lactate cream, lotion</i>	1	MO
<i>azelaic acid</i>	1	QL (50 GM per 30 days) MO
<i>bexarotene gel 1%</i>	1	QL (60 GM per 30 days) PA; ACS
<i>diclofenac sodium external solution 1.5%</i>	1	QL (300 ML per 28 days) MO
DOXEPIN HYDROCHLORIDE CREAM 5%	3	QL (45 GM per 30 days) PA MO
DOXYCYCLINE CAPSULE DELAYED RELEASE 40MG	3	QL (30 EA per 30 days) PA MO
FLUOROURACIL CREAM 0.5%	3	QL (30 GM per 30 days) PA MO
<i>fluorouracil cream 5%</i>	1	QL (40 GM per 30 days) MO
<i>fluorouracil solution</i>	1	QL (10 ML per 30 days) MO
<i>hydrocortisone perianal cream 1%</i>	1	MO
IMIQUIMOD PUMP	3	QL (15 GM per 28 days) MO

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Drug Name	Drug Tier	Requirements/Limits
<i>imiquimod cream 5%</i>	1	QL (24 EA per 30 days) MO
<i>imiquimod cream 3.75%</i>	1	QL (28 EA per 28 days) MO
<i>metronidazole cream 0.75%</i>	1	MO
<i>metronidazole gel 0.75%, 1%</i>	1	MO
<i>metronidazole lotion 0.75%</i>	1	MO
<i>nitroglycerin ointment 0.4%</i>	1	QL (30 GM per 30 days) MO
NORITATE	3	QL (60 GM per 30 days) MO
PANRETIN	3	QL (60 GM per 30 days) PA
<i>pimecrolimus</i>	1	QL (100 GM per 30 days) MO
<i>podofilox solution</i>	1	MO
<i>procto-med hc</i>	1	
<i>proctocort</i>	1	
<i>proctozone-hc</i>	1	
RECTIV	3	QL (30 GM per 30 days) MO
<i>tacrolimus ointment 0.03%, 0.1%</i>	1	QL (60 GM per 30 days) MO
VALCHLOR	3	QL (60 GM per 30 days) PA; LD
ZYCLARA PUMP CREAM 2.5%	3	QL (7.5 GM per 28 days) MO
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i>	1	MO
<i>permethrin cream 5%</i>	1	MO
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX	2	QL (30 GM per 30 days) PA MO
SANTYL	3	QL (180 GM per 30 days) MO
<i>sodium chloride 0.9% irrigation soln</i>	1	MO
<i>sterile water for irrigation</i>	1	MO
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hydrochloride</i>	1	MO
<i>chlorhexidine gluconate oral rinse 0.12%</i>	1	MO
<i>clinpro 5000</i>	1	MO
<i>clotrimazole troche 10mg</i>	1	MO
<i>denta 5000 plus sensitive</i>	1	MO
<i>dentagel</i>	1	MO
<i>fluoridex daily defense</i>	1	
<i>fluoridex sensitivity relief/sls free</i>	1	
<i>fluorimax 5000</i>	1	
<i>fluorimax 5000 sensitive</i>	1	
<i>just right 5000</i>	1	
<i>kourzeq</i>	1	
<i>lidocaine hydrochloride viscous solution 2%</i>	1	MO
<i>lidocaine viscous solution 2%</i>	1	MO
<i>nystatin suspension 100000unit/ml</i>	1	MO
<i>oralone dental paste</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hydrochloride tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>sf gel 1.1%</i>	1	MO
<i>sodium fluoride 5000 ppm paste</i>	1	MO
<i>sodium fluoride/potassium nitrate/sensitive</i>	1	
<i>sodium fluoride gel 1.1%</i>	1	MO
<i>triamcinolone acetonide dental paste</i>	1	MO

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For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10 days. If you do not receive your mail-order drugs within this timeframe, you can call Customer Care at the number on your ID card, (TTY users should call 711). Hours are 24 hours a day, 7 days a week. Members may have the option to sign-up for automated mail-order delivery. Specialty pharmacies fill high-cost specialty drugs that require special handling. Although specialty pharmacies may deliver covered medicines through the mail, they are not considered “mail-order pharmacies.” Therefore, most specialty drugs are not available at the mail-order cost share.

See *Evidence of Coverage* for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

This formulary was updated on 09/24/2024. For more recent information or other questions, please contact Customer Care at the number on your ID card, 24 hours a day, 7 days a week. TTY users should call 711.

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

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