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Aetna Medicare Rx offered by SilverScript

2025 Formulary

(List of Covered Drugs or "Drug List")

3T Comprehensive 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:

Substitutions of certain new versions of brand name drugs and original biological products. When adding a new generic drug, we may move the brand drug to a different cost-sharing tier or add new restrictions.

We can make these 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 a 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 add a new generic drug to replace a brand-name drug currently on the formulary, or add a new biosimilar to replace an original biological product currently on the formulary, or add new restrictions or move a drug we are keeping on the formulary to a higher cost-sharing tier or both after we add a corresponding drug. 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 Comprehensive 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 Comprehensive 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 sodium</i>	1	
ALLOPURINOL TABLET 200MG	3	MO
<i>allopurinol tablet 100mg, 300mg</i>	1	MO
ALOPRIM	3	
COLCHICINE CAPSULE	3	QL (60 EA per 30 days) MO
<i>colchicine tablet 0.6mg</i>	1	QL (120 EA per 30 days) MO
COLCRYS	3	QL (120 EA per 30 days) MO
<i>febuxostat</i>	1	ST MO
GLOPERBA	3	QL (300 ML per 30 days) PA MO
KRYSTEXXA	3	QL (2 ML per 28 days) PA; ACS LD
MITIGARE	3	QL (60 EA per 30 days) MO
<i>probenecid</i>	1	MO
<i>probenecid/colchicine</i>	1	MO
ULORIC	3	ST MO
MISCELLANEOUS		
<i>acetaminophen injection 10mg/ml</i>	1	
ALLZITAL	3	QL (180 EA per 30 days) PA MO
<i>bupap tablet 50mg; 300mg</i>	1	QL (180 EA per 30 days) PA
<i>bupivacaine fisiopharma injection 2.5mg/ml</i>	1	
<i>bupivacaine fisiopharma injection 5mg/ml</i>	1	MO
<i>bupivacaine hcl injection 0.25%</i>	1	
<i>bupivacaine hcl injection 0.5%</i>	1	MO
<i>bupivacaine hydrochloride injection preservative free 0.25%, 0.75%</i>	1	
<i>bupivacaine hydrochloride injection preservative free 0.5%</i>	1	MO
<i>bupivacaine/epinephrine injection 0.25%; 1:200000, 0.5%; 1:200000 preservative free</i>	1	
<i>bupivacaine/epinephrine injection 0.5%; 1:200000</i>	1	MO
<i>butalbital/acetaminophen</i>	1	QL (180 EA per 30 days) PA MO
<i>butalbital/acetaminophen/caffeine</i>	1	QL (180 EA per 30 days) PA MO
<i>butalbital/aspirin/caffeine</i>	1	QL (180 EA per 30 days) PA MO
<i>clonidine hcl</i>	1	
DURACLON	3	
ESGIC TABLET	3	QL (180 EA per 30 days) PA MO
<i>esgic capsule</i>	1	QL (180 EA per 30 days) PA
FIORICET	3	QL (180 EA per 30 days) PA MO
<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	
<i>lidocaine/epinephrine</i>	1	
MARCAINE/EPINEPHRINE INJECTION 0.25%; 1:200000, 0.5%; 1:200000	3	
MARCAINE/EPINEPHRINE INJECTION 0.5%; 1:200000	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
MARCAINE INJECTION 0.25%, 0.75%	3	
MARCAINE INJECTION 0.5%	3	MO
NAROPIN	3	
PRIALT	3	B/D
<i>ropivacaine hydrochloride</i>	1	
<i>sensorcaine-mpf</i>	1	
SENSORCAINE-MPF/EPINEPHRINE INJECTION 0.5%; 1:200000, 0.75%; 1:200000	3	
<i>sensorcaine-mpf/epinephrine injection 0.25%; 1:200000</i>	1	
<i>sensorcaine/epinephrine</i>	1	
SENSORCAINE INJECTION 0.25%	3	
SENSORCAINE INJECTION 0.5%	3	MO
<i>tencon</i>	1	QL (180 EA per 30 days) PA
XYLOCAINE	3	
XYLOCAINE-MPF	3	
XYLOCAINE-MPF/EPINEPHRINE	3	
XYLOCAINE/EPINEPHRINE	3	
NSAIDS		
ARTHROTEC 50	3	QL (120 EA per 30 days) MO
ARTHROTEC 75	3	QL (90 EA per 30 days) MO
CALDOLOR	3	
CELEBREX CAPSULE 400MG	3	QL (30 EA per 30 days) ST MO
CELEBREX CAPSULE 100MG, 200MG, 50MG	3	QL (60 EA per 30 days) ST MO
<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
COMBOGESIC	3	
DAYPRO	3	QL (90 EA per 30 days) MO
<i>diclofenac potassium capsule 25mg</i>	1	QL (120 EA per 30 days) PA MO
<i>diclofenac potassium tablet 50mg</i>	1	QL (120 EA per 30 days) MO
<i>diclofenac potassium tablet 25mg</i>	1	QL (120 EA per 30 days) PA 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
DUEXIS	3	QL (90 EA per 30 days) PA 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

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>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
FELDENE CAPSULE 20MG	3	QL (30 EA per 30 days) MO
FELDENE CAPSULE 10MG	3	QL (60 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>ibuprofen/famotidine</i>	1	QL (90 EA per 30 days) PA MO
INDOCIN SUSPENSION	3	PA MO
<i>indocin suppository</i>	1	PA MO; HRM
<i>indomethacin er</i>	1	PA MO
<i>indomethacin capsule, suspension</i>	1	PA MO
<i>indomethacin suppository</i>	1	PA MO; HRM
<i>ketoprofen er</i>	1	QL (30 EA per 30 days) MO
<i>ketoprofen capsule 25mg</i>	1	QL (120 EA per 30 days)
<i>ketoprofen capsule 50mg</i>	1	QL (180 EA per 30 days)
<i>ketorolac tromethamine injection 15mg/ml, 30mg/ml</i>	1	QL (20 ML per 30 days) MO
<i>ketorolac tromethamine tablet 10mg</i>	1	QL (20 EA per 30 days) PA MO
<i>kiprofen</i>	1	QL (120 EA per 30 days)
LODINE	3	QL (90 EA per 30 days) ST MO
<i>lofena</i>	1	QL (120 EA per 30 days) PA
<i>meclofenamate sodium</i>	1	QL (120 EA per 30 days) MO
<i>mefenamic acid</i>	1	MO
<i>meloxicam</i>	1	MO
<i>nabumetone</i>	1	MO
NALFON TABLET	3	QL (150 EA per 30 days) ST
NALFON CAPSULE	3	QL (240 EA per 30 days) ST MO
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 375MG	3	QL (120 EA per 30 days) ST MO
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 750MG	3	QL (60 EA per 30 days) ST MO
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 500MG	3	QL (90 EA per 30 days) ST MO
NAPROSYN	3	QL (1800 ML per 30 days) PA 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
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

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Drug Name	Drug Tier	Requirements/Limits
<i>naproxen sodium er tablet extended release 24 hour 500mg</i>	1	QL (90 EA per 30 days) MO
<i>naproxen/esomeprazole magnesium</i>	1	QL (60 EA per 30 days) PA 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
RELAFEN DS	3	QL (60 EA per 30 days) ST MO
<i>salsalate tablet 750mg</i>	1	QL (120 EA per 30 days) MO
<i>salsalate tablet 500mg</i>	1	QL (180 EA per 30 days) MO
SPRIX	3	QL (5 EA per 30 days) PA; ACS LD
<i>sulindac</i>	1	QL (60 EA per 30 days) MO
TOLECTIN 600	3	QL (90 EA per 30 days) ST
<i>tolmetin sodium capsule</i>	1	MO
<i>tolmetin sodium tablet</i>	1	QL (90 EA per 30 days) MO
VIMOVO	3	QL (60 EA per 30 days) PA MO
ZIPSOR	3	QL (120 EA per 30 days) PA MO
OPIOID ANALGESICS, LONG-ACTING		
BELBUCA FILM 750MCG, 900MCG	2	QL (60 EA per 30 days) PA MO
BELBUCA FILM 150MCG, 300MCG, 450MCG, 600MCG, 75MCG	3	QL (60 EA per 30 days) PA MO
<i>buprenorphine transdermal patch</i>	1	QL (4 EA per 28 days) PA MO
BUTRANS	3	QL (4 EA per 28 days) PA MO
CONZIP	3	QL (30 EA per 30 days) MO; HRM
<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
<i>hydrocodone bitartrate er capsule extended release 12 hour (generic Zohydro ER)</i>	1	QL (60 EA per 30 days) PA MO
<i>hydromorphone hcl er</i>	1	QL (30 EA per 30 days) PA MO
<i>hydromorphone hydrochloride er</i>	1	QL (30 EA per 30 days) PA MO
HYSINGLA ER	3	QL (30 EA per 30 days) PA MO
<i>levorphanol tartrate</i>	1	QL (180 EA per 30 days) 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
METHADOSE	3	QL (90 ML per 30 days) PA MO
METHADOSE SUGAR-FREE	3	QL (90 ML per 30 days) PA MO
<i>morphine sulfate er capsule extended release 24 hour (generic Avinza) 120mg, 30mg, 45mg, 60mg, 75mg, 90mg</i>	1	QL (30 EA per 30 days) MO
<i>morphine sulfate er capsule extended release 24 hour (generic Kadian) 100mg, 10mg, 20mg, 30mg, 50mg, 60mg, 80mg</i>	1	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
<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, 200mg</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
MS CONTIN TABLET EXTENDED RELEASE 30MG, 60MG	3	QL (60 EA per 30 days) MO
MS CONTIN TABLET EXTENDED RELEASE 100MG, 200MG	3	QL (60 EA per 30 days) PA MO
MS CONTIN TABLET EXTENDED RELEASE 15MG	3	QL (90 EA per 30 days) MO
NUCYNTA ER	3	QL (60 EA per 30 days) PA MO
OXYCODONE HCL ER	3	QL (60 EA per 30 days) PA
OXYCODONE HYDROCHLORIDE ER	3	QL (60 EA per 30 days) PA
OXYCONTIN	3	QL (60 EA per 30 days) PA MO
<i>oxymorphone hydrochloride er</i>	1	QL (60 EA per 30 days) PA MO
<i>oxymorphone hydrochloride er tablet extended release 12 hour 40mg</i>	1	QL (60 EA per 30 days) PA MO
TRAMADOL HCL ER CAPSULE EXTENDED RELEASE 24 HOUR	3	QL (30 EA per 30 days) MO; HRM
<i>tramadol hcl er tablet extended release 24 hour</i>	1	QL (30 EA per 30 days) MO; HRM
<i>tramadol hydrochloride er</i>	1	QL (30 EA per 30 days) MO; HRM
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 36MG	2	QL (240 EA per 30 days) PA MO
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 27MG	2	QL (60 EA per 30 days) PA MO
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5MG, 18MG, 9MG	3	QL (60 EA per 30 days) PA MO
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen/caffeine/dihydrocodeine</i>	1	QL (300 EA per 30 days) MO
<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
APADAZ	3	QL (168 EA per 30 days)
<i>ascomp/codeine</i>	1	QL (180 EA per 30 days) PA MO; HRM
BENZHYDROCODONE/ACETAMINOPHEN	3	QL (168 EA per 30 days)
<i>buprenorphine hcl injection 0.3mg/ml</i>	1	MO
<i>butalbital/acetaminophen/caffeine/codeine</i>	1	QL (180 EA per 30 days) PA MO
<i>butalbital/aspirin/caffeine/codeine</i>	1	QL (180 EA per 30 days) PA MO; HRM
<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

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
CODEINE SULFATE TABLET	3	QL (180 EA per 30 days) MO
DEMEROL	3	PA; HRM
DILAUDID INJECTION	3	B/D
DILAUDID TABLET	3	QL (180 EA per 30 days) MO
DILAUDID LIQUID	3	QL (600 ML per 30 days) MO
DURAMORPH	3	B/D
<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
FENTANYL CITRATE TABLET 200MCG, 400MCG, 600MCG, 800MCG	3	QL (120 EA per 30 days) PA MO
FENTANYL CITRATE INJECTION 1000MCG/20ML, 100MCG/2ML, 2500MCG/50ML, 250MCG/5ML, 500MCG/10ML, 50MCG/ML	3	B/D
<i>fentanyl citrate prefilled syringe injection 100mcg/2ml, 50mcg/ml</i>	1	
FENTORA	3	QL (120 EA per 30 days) PA MO
FIORICET/CODEINE	3	QL (180 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
<i>hydromorphone hcl liquid</i>	1	QL (600 ML per 30 days) MO
HYDROMORPHONE HCL INJECTION 4MG/ML	3	B/D
HYDROMORPHONE HCL INJECTION 1MG/ML	3	B/D MO
<i>hydromorphone hcl injection 10mg/ml</i>	1	B/D
HYDROMORPHONE HYDROCHLORIDE INJECTION 0.25MG/0.5ML, 1MG/ML PF, 2MG/ML PF, 4MG/ML PF	3	B/D
<i>hydromorphone hydrochloride injection 50mg/5ml</i>	1	B/D
<i>hydromorphone hydrochloride injection 2mg/ml</i>	1	B/D MO
INFUMORPH 200	3	B/D
INFUMORPH 500	3	B/D
<i>meperidine hcl tablet</i>	1	QL (120 EA per 30 days) PA MO; HRM
<i>meperidine hcl oral solution</i>	1	QL (3600 ML per 30 days) PA MO; HRM
<i>meperidine hcl injection 25mg/ml</i>	1	PA MO; HRM
<i>meperidine hcl injection 100mg/ml, 50mg/ml</i>	1	PA; HRM
<i>mitigo</i>	1	B/D
<i>morphine sulfate 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
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>morphine sulfate suppository 30mg, 5mg</i>	1	QL (60 EA per 30 days)
<i>morphine sulfate suppository 10mg, 20mg</i>	1	QL (60 EA per 30 days) MO
<i>nalbuphine hcl</i>	1	MO
<i>nalocet</i>	1	QL (180 EA per 30 days)
NUCYNTA	3	QL (180 EA per 30 days) MO
OXAYDO	3	QL (180 EA per 30 days) MO
OXYCODONE AND ACETAMINOPHEN	3	QL (180 EA per 30 days) PA
<i>oxycodone hcl</i>	1	QL (180 EA per 30 days) MO
OXYCODONE HYDROCHLORIDE/ACETAMINOPHEN SOLUTION 325MG/5ML; 5MG/5ML	3	QL (1800 ML per 30 days) MO
<i>oxycodone hydrochloride/acetaminophen solution 300mg/5ml; 10mg/5ml</i>	1	QL (900 ML per 30 days) PA
<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 300mg; 2.5mg</i>	1	QL (180 EA per 30 days)
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen tablet 300mg; 10mg, 300mg; 5mg</i>	1	QL (180 EA per 30 days) PA
<i>oxymorphone hydrochloride</i>	1	QL (180 EA per 30 days) MO
<i>pentazocine/naloxone hcl</i>	1	QL (360 EA per 30 days) PA MO
PERCOCET	3	QL (180 EA per 30 days) MO
PROLATE TABLET	3	QL (180 EA per 30 days) PA
PROLATE SOLUTION	3	QL (900 ML per 30 days) PA
QDOLO	3	QL (1800 ML per 30 days) PA MO
ROXICODONE TABLET 30MG	3	QL (120 EA per 30 days) MO
ROXICODONE TABLET 15MG	3	QL (180 EA per 30 days) MO
ROXYBOND TABLET ABUSE-DETERRENT 15MG	3	QL (180 EA per 30 days)
ROXYBOND TABLET ABUSE-DETERRENT 30MG, 5MG	3	QL (180 EA per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
SEGLENTIS	3	QL (120 EA per 30 days) PA MO; HRM
<i>tramadol hydrochloride/acetaminophen</i>	1	QL (240 EA per 30 days) MO; HRM
<i>tramadol hydrochloride solution</i>	1	QL (1800 ML per 30 days) PA MO; HRM
<i>tramadol hydrochloride tablet 100mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>tramadol hydrochloride tablet 25mg</i>	1	QL (120 EA per 30 days) PA MO
<i>tramadol hydrochloride tablet 50mg</i>	1	QL (240 EA per 30 days) MO; HRM
<i>trezix</i>	1	QL (300 EA per 30 days)
ANESTHETICS		
LOCAL ANESTHETICS		
EXPAREL	3	
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
AEMCOLO	3	MO
<i>albendazole</i>	1	MO
<i>amikacin sulfate</i>	1	MO
ARIKAYCE	3	PA; LD
<i>atovaquone</i>	1	PA MO
AZACTAM	3	
<i>aztreonam</i>	1	MO
BACTRIM	3	MO
BACTRIM DS	3	MO
BENZNIDAZOLE	3	PA
BETHKIS	3	QL (224 ML per 56 days) PA; ACS LD
BILTRICIDE	3	MO
CAYSTON	3	PA; ACS LD
<i>chloramphenicol sodium succinate</i>	1	
CLEOCIN PEDIATRIC GRANULES	3	MO
CLEOCIN PHOSPHATE INJECTION 300MG/2ML, 9GM/60ML	3	
CLEOCIN PHOSPHATE INJECTION 600MG/4ML, 900MG/6ML	3	MO
CLEOCIN CAPSULE 150MG, 300MG, 75MG	3	MO
<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
CLINDAMYCIN/SODIUM CHLORIDE	3	
<i>colistimethate sodium</i>	1	PA MO
COLY-MYCIN M	3	PA MO

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Drug Name	Drug Tier	Requirements/Limits
CUBICIN RF	3	
DALVANCE	3	
<i>dapsone tablet 100mg, 25mg</i>	1	MO
DAPTOMYCIN/SODIUM CHLORIDE	3	
DAPTOMYCIN INJECTION 350MG	3	
<i>daptomycin injection 500mg</i>	1	
DARAPRIM	3	QL (90 EA per 30 days) PA MO
EMVERM	3	QL (12 EA per 365 days) MO
<i>ertapenem</i>	1	MO
<i>ertapenem sodium</i>	1	MO
FIRVANQ	3	QL (1800 ML per 180 days)
FLAGYL	3	MO
<i>fosfomicin tromethamine</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
HIPREX	3	MO
HUMATIN	3	MO
<i>imipenem/cilastatin</i>	1	MO
IMPAVIDO	3	QL (84 EA per 28 days) PA MO
INVANZ	3	MO
<i>isotonic gentamicin</i>	1	
<i>ivermectin tablet 3mg</i>	1	QL (12 EA per 90 days) PA MO
KIMYRSA	3	
KITABIS PAK	3	QL (280 ML per 56 days) PA; ACS LD
LAMPIT	3	PA
LINCOCIN	3	MO
<i>lincomycin hcl</i>	1	
<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 600MG/300ML; 0.9%	3	PA
<i>linezolid injection 600mg/300ml</i>	1	PA
MACROBID	3	MO
MACRODANTIN	3	MO
<i>me/naphos/mb/hyo 1</i>	1	MO; HRM
MEPRON	3	PA MO
<i>meropenem</i>	1	MO
MEROPENEM/SODIUM CHLORIDE	3	
<i>methenamine hippurate</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>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
NEBUPENT	3	B/D MO
<i>neomycin sulfate</i>	1	MO
<i>nitazoxanide</i>	1	QL (6 EA per 30 days) MO
<i>nitrofurantoin oral suspension 25mg/5ml</i>	1	MO
<i>nitrofurantoin macrocrystals</i>	1	MO
<i>nitrofurantoin monohydrate/macrocrystals capsule 100mg</i>	1	MO
ORBACTIV	3	MO
PENTAM 300	3	MO
<i>pentamidine isethionate inhalation solution reconstituted</i>	1	B/D MO
<i>pentamidine isethionate injection</i>	1	MO
<i>polymyxin b sulfate</i>	1	
<i>praziquantel</i>	1	MO
PRIMAXIN IV	3	MO
<i>pyrimethamine</i>	1	QL (90 EA per 30 days) PA MO
RECARBRIO	3	PA
SIVEXTRO TABLET	2	MO
SIVEXTRO INJECTION	3	
SOLOSEC	3	MO
<i>streptomycin sulfate</i>	1	MO
STROMECTOL	3	QL (12 EA per 90 days) PA MO
<i>sulfadiazine</i>	1	MO
<i>sulfamethoxazole/trimethoprim</i>	1	MO
<i>sulfamethoxazole/trimethoprim ds</i>	1	MO
<i>tinidazole</i>	1	MO
TOBI	2	QL (280 ML per 56 days) PA; ACS LD
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/4ml</i>	1	QL (224 ML per 56 days) PA; ACS
<i>tobramycin nebulization solution 300mg/5ml</i>	1	QL (280 ML per 56 days) PA; ACS
<i>trimethoprim</i>	1	MO
UROGESIC-BLUE	3	MO; HRM
VABOMERE	3	PA
VANCOCIN CAPSULE 125MG	3	QL (120 EA per 30 days) MO
VANCOCIN CAPSULE 250MG	3	QL (240 EA per 30 days) MO
VANCOMYCIN	3	
VANCOMYCIN HCL INJECTION 0.9%; 1GM/200ML	3	
<i>vancomycin hcl injection 100gm, 10gm</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
VANCOMYCIN HYDROCHLORIDE/DEXTROSE	3	
<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	3	
1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 500MG/100ML, 750MG/150ML		
<i>vancomycin hydrochloride injection 1.25gm, 1.5gm, 1.75gm, 1gm, 2gm, 5gm, 750mg</i>	1	
<i>vancomycin hydrochloride injection 500mg</i>	1	MO
<i>vancomycin hydrochloride oral solution reconstituted 25mg/ml</i>	1	QL (1800 ML per 180 days)
<i>vancomycin hydrochloride oral solution reconstituted 250mg/5ml</i>	1	QL (1800 ML per 180 days) MO
VIBATIV	2	PA
XIFAXAN TABLET 200MG	3	QL (9 EA per 30 days) PA MO
ZEMDRI	3	PA
ZYVOX INJECTION	3	PA
ZYVOX SUSPENSION RECONSTITUTED	3	QL (1800 ML per 30 days) PA MO
ZYVOX TABLET	3	QL (56 EA per 28 days) PA MO
ANTIFUNGALS		
ABELCET	3	B/D
AMBISOME	3	B/D MO
<i>amphotericin b</i>	1	B/D MO
<i>amphotericin b liposome</i>	1	B/D MO
ANCOBON CAPSULE 250MG	3	PA
ANCOBON CAPSULE 500MG	3	PA MO
CANCIDAS INJECTION 50MG	3	
CANCIDAS INJECTION 70MG	3	MO
<i>caspofungin acetate</i>	1	
CRESEMBA INJECTION	3	QL (34 EA per 30 days)
CRESEMBA CAPSULE 74.5MG	3	QL (175 EA per 30 days)
CRESEMBA CAPSULE 186MG	3	QL (70 EA per 30 days) MO
DIFLUCAN	3	MO
ERAXIS	3	PA
<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</i>	1	PA MO
<i>ketoconazole tablet 200mg</i>	1	PA MO
<i>micafungin</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
MICAFUNGIN/SODIUM CHLORIDE	3	
MYCAMINE INJECTION 100MG	3	
<i>mycamine injection 50mg</i>	1	MO
NOXAFIL INJECTION	3	
NOXAFIL PACKET	3	QL (32 EA per 30 days) PA MO
NOXAFIL SUSPENSION	3	QL (630 ML per 30 days) PA MO
NOXAFIL TABLET DELAYED RELEASE	3	QL (93 EA per 30 days) PA MO
<i>nystatin tablet 500000unit</i>	1	MO
<i>posaconazole dr</i>	1	QL (93 EA per 30 days) PA MO
<i>posaconazole injection</i>	1	
<i>posaconazole suspension</i>	1	QL (630 ML per 30 days) PA MO
REZZAYO	3	PA
SPORANOX	3	PA MO
<i>terbinafine hcl tablet 250mg</i>	1	QL (90 EA per 365 days) MO
TOLSURA	3	PA MO
VFEND IV	3	PA
VFEND SUSPENSION RECONSTITUTED	3	PA MO
VFEND TABLET 200MG	3	QL (120 EA per 30 days) MO
VFEND TABLET 50MG	3	QL (480 EA per 30 days) MO
VIVJOA	3	QL (18 EA per 84 days) PA
<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
<i>chloroquine phosphate</i>	1	MO
COARTEM	3	MO
KRINTAFEL	3	PA MO
MALARONE	3	MO
<i>mefloquine hcl</i>	1	MO
<i>primaquine phosphate</i>	1	
QUALAQUIN	3	PA MO
<i>quinine sulfate</i>	1	PA MO
ANTIRETROVIRAL AGENTS		
<i>abacavir</i>	1	MO
APRETUDE	3	QL (21 ML per 365 days) MO; LD
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

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Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine</i>	1	MO
EMTRIVA	3	MO
EPIVIR	3	MO
<i>etravirine</i>	1	MO
<i>fosamprenavir calcium</i>	1	MO
FUZEON	3	MO; LD
INTELENCE TABLET 25MG	3	
INTELENCE TABLET 100MG, 200MG	3	MO
ISENTRESS	3	MO
ISENTRESS HD	3	MO
<i>lamivudine solution 10mg/ml</i>	1	MO
<i>lamivudine tablet 150mg, 300mg</i>	1	MO
LEXIVA TABLET	3	MO
<i>maraviroc</i>	1	MO
<i>nevirapine</i>	1	MO
<i>nevirapine er</i>	1	MO
NORVIR	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 800MG	3	QL (30 EA per 30 days) MO
PREZISTA TABLET 75MG	3	QL (480 EA per 30 days) MO
PREZISTA TABLET 600MG	3	QL (60 EA per 30 days) MO
RETROVIR CAPSULE, ORAL SYRUP	3	MO
RETROVIR IV INFUSION	3	
REYATAZ	3	MO
<i>ritonavir</i>	1	MO
RUKOBIA	3	MO
SELZENTRY SOLUTION	3	MO
SELZENTRY TABLET 25MG	2	
SELZENTRY TABLET 75MG	3	
SELZENTRY TABLET 150MG, 300MG	3	MO
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
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

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Drug Name	Drug Tier	Requirements/Limits
VIREAD	3	MO
ZIAGEN SOLUTION 20MG/ML	3	MO
<i>zidovudine</i>	1	MO
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate/lamivudine</i>	1	MO
BIKTARVY	3	MO
CABENUVA INJECTION 400MG/2ML; 600MG/2ML	3	QL (4 ML per 30 days) MO
CABENUVA INJECTION 600MG/3ML; 900MG/3ML	3	QL (6 ML per 30 days) MO
CIMDUO	2	MO
COMBIVIR	3	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
EPZICOM	3	MO
EVOTAZ	2	MO
GENVOYA	3	MO
JULUCA	3	MO
KALETRA	3	MO
<i>lamivudine/zidovudine</i>	1	MO
<i>lopinavir/ritonavir</i>	1	MO
ODEFSEY	3	MO
PREZCOBIX	3	MO
STRIBILD	3	MO
SYMFI	2	MO
SYMFI LO	3	MO
SYMTUZA	3	MO
TRIUMEQ	3	MO
TRIUMEQ PD	3	MO
TRUVADA	3	QL (30 EA per 30 days) 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
MYCOBUTIN	3	MO
PRETOMANID	3	QL (30 EA per 30 days) PA
PRIFTIN	3	MO
<i>pyrazinamide</i>	1	MO
<i>rifabutin</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
RIFADIN	3	
<i>rifampin injection</i>	1	
<i>rifampin capsule</i>	1	MO
SIRTURO	3	PA; ACS LD
TRECTOR	3	MO
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 TABLET	3	QL (30 EA per 30 days) MO
BARACLUDE SOLUTION	3	QL (630 ML per 30 days) MO
<i>cidofovir</i>	1	
<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>foscarnet sodium</i>	1	PA
<i>ganciclovir</i>	1	B/D
HARVONI	2	PA; ACS
LAGEVRIO	3	QL (80 EA per 180 days) PA
<i>lamivudine tablet 100mg</i>	1	MO
LEDIPASVIR/SOFOSBUVIR	3	PA; ACS
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 INJECTION	3	
PREVYMIS TABLET	3	QL (28 EA per 28 days) PA MO
RAPIVAB	3	
RELENZA DISKHALER	2	QL (120 EA per 365 days) MO
<i>ribavirin</i>	1	ACS
<i>rimantadine hydrochloride</i>	1	MO
SOFOSBUVIR/VELPATASVIR	3	PA; ACS
SOVALDI PACKET 150MG	3	QL (28 EA per 28 days) PA; ACS
SOVALDI PACKET 200MG	3	QL (56 EA per 28 days) PA; ACS
SOVALDI TABLET 400MG	2	QL (28 EA 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
SOVALDI TABLET 200MG	3	QL (28 EA per 28 days) PA; ACS
TAMIFLU SUSPENSION RECONSTITUTED	3	QL (1080 ML per 365 days) MO
TAMIFLU CAPSULE 30MG	3	QL (168 EA per 365 days) MO
TAMIFLU CAPSULE 45MG, 75MG	3	QL (84 EA per 365 days) MO
<i>valacyclovir hydrochloride</i>	1	MO
VALCYTE	3	MO
<i>valganciclovir hydrochloride oral solution</i>	1	MO
<i>valganciclovir tablet 450mg</i>	1	MO
VALTREX	3	MO
VEKLURY	3	QL (4 EA per 30 days) PA
VEMLIDY	2	MO
VOSEVI	2	PA; ACS
XOFLUZA	3	QL (1 EA per 180 days) MO
ZEPATIER	3	PA; ACS
CEPHALOSPORINS		
AVYCAZ	3	PA
CEFACTOR ER	3	MO
<i>cefaclor suspension reconstituted</i>	1	
<i>cefaclor capsule</i>	1	MO
<i>cefadroxil</i>	1	MO
CEFAZOLIN SODIUM/DEXTROSE	3	
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	
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
CEFEPIME HYDROCHLORIDE INJECTION 100GM	3	
CEFEPIME HYDROCHLORIDE INJECTION 2GM	3	MO
CEFEPIME/DEXTROSE	3	
CEFEPIME INJECTION 1GM/50ML, 2GM/100ML	3	
<i>cefepime injection 1gm, 2gm</i>	1	MO
<i>cefixime</i>	1	MO
<i>cefotetan injection 1gm/10ml, 2gm/20ml</i>	1	
CEFOXITIN SODIUM INJECTION 1GM; 4%, 2GM; 2.2%	3	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	1	
<i>cefpodoxime proxetil</i>	1	MO
<i>cefprozil</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>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
CEFTRIAXONE/DEXTROSE	3	
<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
FETROJA	3	
<i>tazicef</i>	1	
TEFLARO	3	
ZERBAXA	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>e.e.s. 400</i>	1	MO
E.E.S. GRANULES	3	MO
<i>ery-tab</i>	1	
ERYPED 200	3	MO
ERYPED 400	3	MO
ERYTHROCIN LACTOBIONATE	3	
<i>erythromycin base</i>	1	MO
<i>erythromycin dr</i>	1	MO
<i>erythromycin ethylsuccinate</i>	1	MO
<i>erythromycin lactobionate</i>	1	
<i>erythromycin stearate</i>	1	MO
<i>erythromycin capsule delayed release particles 250mg</i>	1	MO
ZITHROMAX	3	MO
ZITHROMAX TRI-PAK	3	MO
ZITHROMAX Z-PAK	3	MO
FLUOROQUINOLONES		
BAXDELA TABLET	2	PA MO
BAXDELA INJECTION	3	PA
CIPRO	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>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	
<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
<i>ofloxacin tablet 300mg, 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	
AUGMENTIN ES-600	3	
AUGMENTIN SUSPENSION RECONSTITUTED	3	
AUGMENTIN TABLET	3	MO
BICILLIN C-R INJECTION 900000UNIT/2ML; 300000UNIT/2ML	3	
BICILLIN C-R INJECTION 300000UNIT/ML; 300000UNIT/ML	3	MO
BICILLIN L-A	3	MO
<i>dicloxacillin sodium</i>	1	MO
EXTENCILLINE	3	
LENTOCILIN	3	
NAFCILLIN	3	
<i>nafcillin sodium injection 10gm, 1gm</i>	1	
<i>nafcillin sodium injection 2gm</i>	1	MO
OXACILLIN SODIUM INJECTION 1.5GM/50ML; 1GM/50ML, 300MG/50ML; 2GM/50ML	3	
<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

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Drug Name	Drug Tier	Requirements/Limits
<i>pfizerpen injection 2000000unit</i>	1	
<i>pfizerpen injection 5000000unit</i>	1	MO
<i>piperacillin sodium/tazobactam sodium</i>	1	
UNASYN BULK PACK	3	
UNASYN INJECTION 1GM; 0.5GM	3	
UNASYN INJECTION 2GM; 1GM	3	MO
ZOSYN	3	
TETRACYCLINES		
<i>demeclocycline hcl</i>	1	MO
DORYX MPC TABLET DELAYED RELEASE 60MG	3	ST
DORYX MPC TABLET DELAYED RELEASE 120MG	3	ST MO
<i>doxy 100 injection</i>	1	MO
<i>doxycycline hyclate</i>	1	MO
<i>doxycycline hyclate dr</i>	1	MO
<i>doxycycline monohydrate</i>	1	MO
<i>doxycycline suspension reconstituted 25mg/5ml</i>	1	MO
MINOCIN	3	
<i>minocycline hcl capsule</i>	1	MO
<i>minocycline hcl tablet</i>	1	ST MO
<i>minocycline hydrochloride capsule</i>	1	MO
<i>minocycline hydrochloride er</i>	1	ST MO
<i>mondoxyne nl</i>	1	
NUZYRA TABLET	2	ACS LD
NUZYRA INJECTION	3	ACS LD
SEYSARA	3	QL (30 EA per 30 days) PA MO
SOLODYN	3	ST MO
<i>targadox</i>	1	
<i>tetracycline hydrochloride capsule</i>	1	MO
<i>tetracycline hydrochloride tablet</i>	1	PA
<i>tigecycline</i>	1	
TYGACIL	3	
XERAVA	3	

ANTINEOPLASTIC AGENTS**ALKYLATING AGENTS**

BENDAMUSTINE HYDROCHLORIDE INJECTION 100MG/4ML	3	ACS
<i>bendamustine hydrochloride injection 100mg, 25mg</i>	1	ACS
BENDEKA	3	ACS LD
<i>busulfan</i>	1	
BUSULFEX	3	
<i>carboplatin</i>	1	
<i>carmustine</i>	1	
<i>cisplatin</i>	1	
CYCLOPHOSPHAMIDE MONOHYDRATE	3	

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
CYCLOPHOSPHAMIDE INJECTION 1000MG/10ML, 1GM/5ML, 2000MG/20ML, 500MG/2.5ML, 500MG/5ML, 500MG/ML	3	
<i>cyclophosphamide injection 1gm, 2gm, 500mg</i>	1	
EVOMELA	3	ACS
GLEOSTINE	3	ACS
IFEX	3	
IFOSFAMIDE INJECTION 3GM	3	
<i>ifosfamide injection 1gm/20ml, 1gm, 3gm/60ml</i>	1	
LEUKERAN	3	MO
<i>melphalan hydrochloride injection</i>	1	
<i>oxaliplatin</i>	1	
<i>paraplatin</i>	1	
TEMODAR	3	ACS
TEPADINA	3	ACS
<i>thiotepa</i>	1	
TREANDA	3	ACS LD
YONDELIS	3	PA; ACS
ZANOSAR	3	
ZEPZELCA	3	PA; ACS LD
ANTIBIOTICS		
<i>adriamycin</i>	1	B/D
ANTIMETABOLITES		
ALIMTA	3	
ARRANON	3	
<i>azacitidine</i>	1	ACS
<i>cladribine</i>	1	B/D
<i>clofarabine</i>	1	
CLOLAR	3	
<i>cytarabine injection 100mg/ml</i>	1	B/D
<i>cytarabine aqueous injection 20mg/ml</i>	1	B/D
<i>decitabine</i>	1	ACS
<i>fludarabine phosphate</i>	1	
<i>fluorouracil injection 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	1	B/D
FOLOTYN	3	ACS
<i>gemcitabine hcl</i>	1	
GEMCITABINE HYDROCHLORIDE INJECTION 1GM/10ML, 2GM/20ML	3	
<i>gemcitabine hydrochloride injection 1gm/26.3ml, 200mg/2ml, 200mg/5.26ml, 2gm/52.6ml</i>	1	
INQOVI	3	QL (5 EA per 28 days) PA; ACS LD

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Drug Name	Drug Tier	Requirements/Limits
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
<i>nelarabine</i>	1	
ONUREG	3	QL (14 EA per 28 days) PA; ACS LD
PEMETREXED INJECTION 100MG/4ML, 100MG, 1GM/40ML, 500MG/20ML, 500MG	3	
PEMETREXED INJECTION 500MG/20ML	3	LD
<i>pemetrexed injection 1000mg, 100mg, 500mg, 750mg</i>	1	
PEMRYDI RTU	3	
<i>pralatrexate</i>	1	ACS
PURIXAN	3	ACS LD
TABLOID	3	MO
VIDAZA	3	ACS LD
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
ARIMIDEX	3	MO
AROMASIN	3	MO
<i>bicalutamide</i>	1	MO
CASODEX	3	MO
ELIGARD	3	PA; ACS
EMCYT	3	MO
ERLEADA	2	PA; ACS LD
EULEXIN	3	
<i>exemestane</i>	1	MO
FARESTON	3	PA MO
FASLODEX	3	
FEMARA	3	MO
FIRMAGON INJECTION 120MG/VIAL	2	PA; ACS
FIRMAGON INJECTION 80MG	3	PA; ACS
<i>fulvestrant</i>	1	
<i>letrozole</i>	1	MO
LEUPROLIDE ACETATE INJECTION 22.5MG	3	PA; ACS
<i>leuprolide acetate injection 1mg/0.2ml</i>	1	PA; ACS
LUPRON DEPOT (1-MONTH)	3	PA; ACS
LUPRON DEPOT (3-MONTH)	3	PA; ACS
LUPRON DEPOT (4-MONTH)	3	PA; ACS
LUPRON DEPOT (6-MONTH)	3	PA; ACS
LYSODREN	3	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>megestrol acetate tablet 20mg, 40mg</i>	1	MO
NILANDRON	3	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
TRELSTAR MIXJECT INJECTION 11.25MG, 22.5MG	2	PA; ACS
TRELSTAR MIXJECT INJECTION 3.75MG	3	PA; ACS
XTANDI	2	PA; ACS LD
YONSA	2	PA; ACS LD
ZOLADEX	3	ACS
ZYTIGA TABLET 500MG	2	PA; ACS LD
ZYTIGA TABLET 250MG	3	PA; ACS LD
IMMUNOMODULATORS		
<i>lenalidomide capsule 20mg, 25mg</i>	1	QL (21 EA per 28 days) PA; ACS LD
<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
REVLIMID CAPSULE 20MG, 25MG	3	QL (21 EA per 28 days) PA; ACS LD
REVLIMID CAPSULE 10MG, 15MG, 2.5MG, 5MG	3	QL (28 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</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>bleomycin sulfate</i>	1	B/D
CAMPTOSAR	3	
<i>dacarbazine</i>	1	
<i>dactinomycin</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
DAUNORUBICIN HYDROCHLORIDE INJECTION 50MG/10ML <i>daunorubicin hydrochloride injection 20mg/4ml</i>	3 1	
DOXIL <i>doxorubicin hcl</i>	3 1	B/D
<i>doxorubicin hydrochloride</i>	1	B/D
<i>doxorubicin hydrochloride liposomal</i>	1	
ELLEENCE	3	
HYCAMTIN	3	
HYDREA <i>hydroxyurea</i>	3 1	MO MO
IDAMYCIN PFS <i>idarubicin hcl</i>	3 1	
IMLYGIC <i>irinotecan</i>	3 1	PA
<i>irinotecan hydrochloride</i>	1	
IWILFIN	3	QL (240 EA per 30 days) PA; LD
MATULANE <i>mitomycin</i>	3 1	LD
<i>mitoxantrone hcl</i>	1	ACS
<i>mutamycin</i>	1	
NIPENT	3	
ONCASPAR	3	PA; LD
ONIVYDE	3	PA; ACS LD
RYLAZE	3	PA; ACS LD
SYLVANT	3	PA; ACS
TARGRETIN CAPSULE 75MG	3	PA; ACS
TICE BCG	3	
TOPOTECAN HCL INJECTION 4MG/4ML <i>topotecan hcl injection 4mg</i>	3 1	
<i>tretinoin capsule 10mg</i>	1	MO
TRISENOX <i>valrubicin</i>	3 1	ACS
VALSTAR	3	ACS LD
VYXEOS	3	PA; ACS
WELIREG	3	QL (90 EA per 30 days) PA; LD
MITOTIC INHIBITORS		
ABRAXANE	3	ACS LD
DOCETAXEL INJECTION 160MG/16ML, 160MG/8ML, 20MG/2ML, 80MG/8ML <i>docetaxel injection 20mg/ml, 80mg/4ml</i>	3 1	
<i>eribulin mesylate</i>	1	PA
ETOPOPHOS <i>etoposide</i>	3 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
HALAVEN	3	PA; ACS
IXEMPRA KIT	3	PA; ACS
JEVTANA	3	PA; ACS LD
<i>paclitaxel</i>	1	
<i>vinblastine sulfate</i>	1	B/D
<i>vincristine sulfate</i>	1	B/D
<i>vinorelbine tartrate</i>	1	
MOLECULAR TARGET AGENTS		
AFINITOR	3	QL (30 EA per 30 days) PA; ACS
AFINITOR DISPERZ TABLET SOLUBLE 2MG	3	QL (150 EA per 30 days) PA; ACS
AFINITOR DISPERZ TABLET SOLUBLE 5MG	3	QL (60 EA per 30 days) PA; ACS
AFINITOR DISPERZ TABLET SOLUBLE 3MG	3	QL (90 EA per 30 days) PA; ACS
ALECENSA	2	QL (240 EA per 30 days) PA; ACS LD
ALIQOPA	3	QL (3 EA per 28 days) PA; 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
ALYMSYS	3	PA; ACS
ARZERRA	3	PA; ACS LD
AUGTYRO	2	QL (240 EA per 30 days) PA; ACS LD
AVASTIN	3	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
BAVENCIO	3	PA; ACS LD
BELEODAQ	3	PA; ACS LD
BESPONSA	3	PA; ACS LD
BLINCYTO	3	PA; ACS
BORTEZOMIB INJECTION 1MG, 2.5MG, 3.5MG IV	3	PA; ACS
<i>bortezomib injection 3.5mg</i>	1	PA; ACS
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

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
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
COLUMVI	3	PA; ACS 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
CYRAMZA	3	PA; ACS LD
DARZALEX	3	PA; ACS LD
DARZALEX FASPRO	3	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
ELREXFIO	3	PA; LD
EMPLICITI	3	PA; ACS LD
ENHERTU	3	PA; ACS LD
EPKINLY	3	PA; LD
ERBITUX	3	PA; ACS
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
FYARRO	3	PA; LD
GAVRETO	3	QL (120 EA per 30 days) PA; ACS LD
GAZYVA	3	PA; ACS LD
<i>gefitinib</i>	1	QL (60 EA per 30 days) PA; ACS

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Drug Name	Drug Tier	Requirements/Limits
GILOTRIF	3	QL (30 EA per 30 days) PA; LD
GLEEVEC TABLET 400MG	3	QL (60 EA per 30 days) PA; ACS
GLEEVEC TABLET 100MG	3	QL (90 EA per 30 days) PA; ACS
HERCEPTIN	3	PA; ACS LD
HERCEPTIN HYLECTA	3	PA; ACS LD
HERZUMA	3	PA; ACS
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
IMBRUVICA CAPSULE 70MG	2	QL (30 EA per 30 days) PA; LD
IMBRUVICA CAPSULE 140MG	2	QL (90 EA per 30 days) PA; LD
IMDELLTRA	3	PA; ACS LD
IMFINZI	3	PA; ACS LD
IMJUDO	3	PA; ACS 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
IRESSA	3	QL (60 EA per 30 days) PA; ACS LD
ISTODAX	3	ACS
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
JEMPERLI	3	PA; ACS LD
KADCYLA	3	ACS LD
KANJINTI	3	PA; ACS LD
KEYTRUDA INJECTION 100MG/4ML	3	PA; ACS LD
KIMMTRAK	3	PA; LD
KISQALI	2	PA; ACS
KISQALI FEMARA 200 DOSE	3	PA; ACS
KISQALI FEMARA 400 DOSE	3	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
KISQALI FEMARA 600 DOSE	3	PA; ACS
KOSELUGO	3	PA; LD
KRAZATI	3	QL (180 EA per 30 days) PA; LD
KYPROLIS	3	PA; ACS 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
LIBTAYO	3	PA; LD
LOQTORZI	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
LUNSUMIO	3	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
MARGENZA	3	PA; ACS LD
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
MONJUVI	3	PA; LD
MVASI	3	PA; ACS LD
MYLOTARG	3	PA; ACS LD
NERLYNX	3	QL (180 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
NEXAVAR	3	QL (120 EA per 30 days) PA; ACS LD
NINLARO	3	PA; ACS
ODOMZO	3	PA; ACS LD
OGIVRI	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
ONTRUZANT	3	PA; ACS LD
OPDIVO	3	PA; ACS LD
OPDUALAG	3	PA; ACS LD
PADCEV	3	PA; ACS LD
<i>pazopanib hydrochloride</i>	1	QL (120 EA per 30 days) PA; ACS
PEMAZYRE	3	QL (28 EA per 28 days) PA; LD
PERJETA	3	PA; ACS LD
PHESGO	3	PA; ACS 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
POLIVY	3	PA; ACS LD
PORTRAZZA	3	PA; ACS LD
POTELIGEO	3	PA; ACS LD
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
RIABNI	3	PA; ACS LD
RITUXAN	3	PA; ACS LD
RITUXAN HYCELA	3	PA; ACS 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

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Drug Name	Drug Tier	Requirements/Limits
RUBRACA	3	PA; ACS LD
RUXIENCE	2	PA; ACS
RYBREVANT	3	PA; ACS LD
RYDAPT	3	QL (224 EA per 28 days) PA; ACS
SARCLISA	3	PA; ACS LD
SCEMBLIX TABLET 100MG	3	QL (120 EA per 30 days) PA; LD
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
SUTENT	3	QL (30 EA per 30 days) PA; ACS LD
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
TAGRISO	3	QL (30 EA per 30 days) PA; ACS LD
TALVEY	3	PA; 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
TARCEVA TABLET 100MG, 150MG	3	QL (30 EA per 30 days) PA; ACS LD
TARCEVA TABLET 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
TECENTRIQ	3	PA; ACS LD
TECVAYLI	3	PA; LD
<i>temsirolimus</i>	1	ACS
TEPMETKO	3	QL (60 EA per 30 days) PA; LD
TIBSOVO	3	PA; LD
TIVDAK	3	PA; ACS LD
TORISEL	3	ACS
<i>torpenz</i>	1	QL (30 EA per 30 days) PA
TRAZIMERA	2	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
TRODELVY	3	PA; LD
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
TYKERB	3	QL (180 EA per 30 days) PA; ACS LD
VANFLYTA	2	QL (56 EA per 28 days) PA; LD
VECTIBIX	3	PA; ACS LD
VEGZELMA	3	PA; ACS
VELCADE	3	PA; ACS
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
VIZIMPRO	3	QL (30 EA per 30 days) PA; ACS LD
VONJO	3	QL (120 EA per 30 days) PA; LD
VOTRIENT	3	QL (120 EA per 30 days) PA; ACS 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
YERVOY	3	PA; ACS LD

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Drug Name	Drug Tier	Requirements/Limits
ZALTRAP	3	PA; ACS 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
ZYNLONTA	3	PA; LD
ZYNYZ	3	PA; ACS LD
PROTECTIVE AGENTS		
<i>dexrazoxane</i>	1	
ELITEK	3	
KEPIVANCE	3	
KHAPZORY	3	B/D; ACS LD
<i>leucovorin calcium injection</i>	1	
<i>leucovorin calcium tablet</i>	1	MO
<i>levoleucovorin calcium injection 50mg</i>	1	ACS
<i>levoleucovorin calcium</i>	1	ACS
<i>mesna</i>	1	
MESNEX INJECTION	3	
MESNEX TABLET	3	MO
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
ACCURETIC	3	MO
<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
LOTENSIN HCT	3	MO
LOTREL	3	QL (30 EA per 30 days) 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
VASERETIC	3	MO
ZESTORETIC	3	MO
ACE INHIBITORS		
ACCUPRIL	3	MO

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Drug Name	Drug Tier	Requirements/Limits
ALTACE	3	MO
<i>benazepril hcl</i>	1	MO
<i>benazepril hydrochloride</i>	1	MO
<i>captopril</i>	1	MO
<i>enalapril maleate</i>	1	MO
<i>enalaprilat</i>	1	
EPANED	3	MO
<i>fosinopril sodium</i>	1	MO
<i>lisinopril</i>	1	MO
LOTENSIN	3	MO
<i>moexipril hcl</i>	1	MO
<i>perindopril erbumine</i>	1	MO
QBRELIS	3	MO
<i>quinapril hydrochloride</i>	1	MO
<i>ramipril</i>	1	MO
<i>trandolapril</i>	1	MO
VASOTEC	3	MO
ZESTRIL	3	MO
ALDOSTERONE RECEPTOR ANTAGONISTS		
ALDACTONE	3	MO
CAROSPIR	3	MO
<i>eplerenone</i>	1	MO
INSPRA	3	MO
KERENDIA	2	QL (30 EA per 30 days) MO
<i>spironolactone</i>	1	MO
ALPHA BLOCKERS		
CARDURA	3	MO
<i>doxazosin mesylate</i>	1	MO
MINIPRESS	3	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
ATACAND HCT TABLET 32MG; 12.5MG, 32MG; 25MG	3	QL (30 EA per 30 days) ST MO
ATACAND HCT TABLET 16MG; 12.5MG	3	QL (60 EA per 30 days) ST MO
AVALIDE TABLET 12.5MG; 300MG	3	QL (30 EA per 30 days) ST MO
AVALIDE TABLET 12.5MG; 150MG	3	QL (60 EA per 30 days) ST MO
AZOR	3	QL (30 EA per 30 days) ST MO
BENICAR HCT	3	QL (30 EA per 30 days) ST 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/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
DIOVAN HCT	3	QL (30 EA per 30 days) ST MO
EDARBYCLOR	3	QL (30 EA per 30 days) MO
ENTRESTO CAPSULE SPRINKLE	2	
ENTRESTO TABLET	2	MO
EXFORGE	3	QL (30 EA per 30 days) ST MO
EXFORGE HCT	3	QL (30 EA per 30 days) ST MO
HYZAAR	3	QL (30 EA per 30 days) ST 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
MICARDIS HCT TABLET 12.5MG; 40MG, 25MG; 80MG	3	QL (30 EA per 30 days) ST MO
MICARDIS HCT TABLET 12.5MG; 80MG	3	QL (60 EA per 30 days) ST 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
TRIBENZOR	3	QL (30 EA per 30 days) ST MO
<i>valsartan/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND TABLET 32MG	3	QL (30 EA per 30 days) ST MO
ATACAND TABLET 16MG, 4MG, 8MG	3	QL (60 EA per 30 days) ST MO
AVAPRO	3	QL (30 EA per 30 days) ST MO
BENICAR TABLET 20MG, 40MG	3	QL (30 EA per 30 days) ST MO
BENICAR TABLET 5MG	3	QL (60 EA per 30 days) ST MO
<i>candesartan cilexetil tablet 32mg</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil tablet 16mg, 4mg, 8mg</i>	1	QL (60 EA per 30 days) MO
COZAAR TABLET 100MG	3	QL (30 EA per 30 days) ST MO
COZAAR TABLET 25MG, 50MG	3	QL (60 EA per 30 days) ST MO
DIOVAN TABLET 320MG	3	QL (30 EA per 30 days) ST MO
DIOVAN TABLET 160MG, 40MG, 80MG	3	QL (60 EA per 30 days) ST 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
MICARDIS	3	QL (30 EA per 30 days) ST 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

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Drug Name	Drug Tier	Requirements/Limits
VALSARTAN SOLUTION	3	QL (2400 ML per 30 days) PA 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
BETAPACE	3	MO
BETAPACE AF	3	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	
<i>mexiletine hcl</i>	1	MO
MULTAQ	3	MO
NEXTERONE	3	
NORPACE	3	PA MO
NORPACE CR	3	MO
<i>pacerone</i>	1	
<i>procainamide hcl</i>	1	
<i>propafenone hcl</i>	1	MO
<i>propafenone hydrochloride</i>	1	MO
<i>propafenone hydrochloride er</i>	1	MO
<i>quinidine gluconate cr</i>	1	MO
<i>quinidine gluconate 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
SOTYLIZE	3	MO
TIKOSYN	3	ST; ACS
ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i>	1	MO
<i>fenofibrate micronized</i>	1	MO
FENOFIBRIC ACID	3	
<i>fenofibric acid dr</i>	1	MO
FENOGLIDE	3	MO
<i>gemfibrozil</i>	1	MO
LIPOFEN	3	MO
LOPID	3	MO
TRICOR	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
TRILIPIX	3	MO
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV TABLET EXTENDED RELEASE 24 HOUR 20MG, 40MG, 60MG	3	QL (30 EA per 30 days) ST MO
ATORVALIQ	3	QL (600 ML per 30 days) ST MO
<i>atorvastatin calcium</i>	1	QL (30 EA per 30 days) MO
CRESTOR	3	QL (30 EA per 30 days) ST MO
EZALLOR SPRINKLE	3	QL (30 EA per 30 days) ST MO
FLOLIPID	3	QL (300 ML per 30 days) ST
<i>fluvastatin</i>	1	QL (60 EA per 30 days) MO
<i>fluvastatin sodium er</i>	1	QL (30 EA per 30 days) MO
LESCOL XL	3	QL (30 EA per 30 days) ST MO
LIPITOR	3	QL (30 EA per 30 days) ST MO
LIVALO	3	QL (30 EA per 30 days) ST MO
<i>lovastatin</i>	1	MO
<i>pitavastatin calcium</i>	1	QL (30 EA per 30 days) 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
ZOCOR	3	QL (30 EA per 30 days) ST MO
ZYPITAMAG	3	QL (30 EA per 30 days) ST MO
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i>	1	MO
<i>cholestyramine light</i>	1	MO
<i>colesevelam hydrochloride</i>	1	MO
COLESTID	3	MO
<i>colestipol hcl</i>	1	MO
EVKEEZA	3	PA; LD
<i>ezetimibe</i>	1	MO
<i>ezetimibe/simvastatin</i>	1	QL (30 EA per 30 days) MO
<i>icosapent ethyl</i>	1	MO
JUXTAPID	3	PA; LD
LEQVIO	3	PA; ACS LD
LOVAZA	3	QL (120 EA per 30 days) PA 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
PRALUENT	2	PA
<i>prevalite</i>	1	
QUESTRAN	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
QUESTRAN LIGHT	3	MO
REPATHA	2	PA
REPATHA PUSHTRONEX SYSTEM	2	PA
REPATHA SURECLICK	2	PA
ROSZET	3	QL (30 EA per 30 days) ST MO
VASCEPA	3	MO
VYTORIN	3	QL (30 EA per 30 days) ST MO
WELCHOL	3	MO
ZETIA	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
TENORETIC 100	3	MO
TENORETIC 50	3	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
BYSTOLIC TABLET 10MG, 2.5MG, 5MG	3	QL (30 EA per 30 days) MO
BYSTOLIC TABLET 20MG	3	QL (60 EA per 30 days) 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
COREG	3	MO
COREG CR	3	QL (30 EA per 30 days) MO
HEMANGEOL	3	ACS
INDERAL LA	3	MO
INDERAL XL	3	MO
INNOPRAN XL	3	MO
KAPSPARGO SPRINKLE	3	MO
LABETALOL HYDROCHLORIDE/DEXTROSE	3	
LABETALOL HYDROCHLORIDE/SODIUM CHLORIDE	3	
<i>labetalol hydrochloride tablet</i>	1	MO
LABETALOL HYDROCHLORIDE INJECTION 10MG/2ML	3	
<i>labetalol hydrochloride injection 5mg/ml</i>	1	MO
LOPRESSOR	3	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

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>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
TENORMIN	3	MO
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	1	MO
TOPROL XL	3	MO
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i>	1	MO
CARDENE IV	3	
CARDIZEM	3	MO
CARDIZEM CD	3	MO
CARDIZEM LA	3	MO
<i>cartia xt</i>	1	
CONJUPRI	3	
<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
KATERZIA	3	MO
LEVAMLODIPINE	3	
<i>matzim la</i>	1	MO
<i>nicardipine hcl capsule 20mg, 30mg</i>	1	MO
NICARDIPINE HYDROCHLORIDE/SODIUM CHLORIDE INJECTION 40MG/200ML; 0.9%	3	
NICARDIPINE HYDROCHLORIDE INJECTION 20MG/200ML; 0.9%	3	
<i>nicardipine hydrochloride injection 2.5mg/ml</i>	1	
<i>nifedipine</i>	1	PA MO
<i>nifedipine er</i>	1	MO
<i>nimodipine</i>	1	MO
<i>nisoldipine er</i>	1	MO
NORLIQVA	3	MO
NORVASC	3	MO
NYMALIZE	3	

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
PROCARDIA XL	3	MO
SULAR	3	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
TIAZAC	3	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
VERELAN	3	MO
VERELAN PM	3	MO
DIURETICS		
<i>acetazolamide er capsule extended release</i>	1	MO
<i>acetazolamide sodium injection</i>	1	
<i>acetazolamide tablet</i>	1	MO
<i>amiloride hcl</i>	1	MO
<i>amiloride/hydrochlorothiazide</i>	1	MO
<i>bumetanide</i>	1	MO
BUMEX TABLET 0.5MG	3	
<i>chlorothiazide sodium</i>	1	
<i>chlorthalidone</i>	1	MO
<i>dichlorphenamide</i>	1	QL (120 EA per 30 days) PA; ACS LD
DIURIL	3	MO
DYRENIUM	3	MO
EDECIN TABLET 25MG	3	MO
<i>ethacrynic acid</i>	1	
<i>ethacrynic acid</i>	1	MO
FUROSCIX	2	
<i>furosemide</i>	1	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
KEVEYIS	3	QL (120 EA per 30 days) PA; LD
LASIX	3	MO
MANNITOL INJECTION 20%	3	
<i>mannitol injection 25%</i>	1	MO
<i>methazolamide</i>	1	MO
<i>metolazone</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>ormalvi</i>	1	QL (120 EA per 30 days) PA
OSMITROL VIAFLEX	3	
SOAANZ	3	MO
SODIUM EDECIN	3	
<i>spironolactone/hydrochlorothiazide</i>	1	MO
THALITONE	3	QL (390 EA per 30 days) MO
<i>toremide</i>	1	MO
<i>triamterene</i>	1	MO
<i>triamterene/hydrochlorothiazide</i>	1	MO
MISCELLANEOUS		
ADRENALIN INJECTION 30MG/30ML	3	
ADRENALIN INJECTION 1MG/ML	3	MO
<i>aliskiren</i>	1	MO
<i>amlodipine besylate/atorvastatin calcium</i>	1	MO
ASPRUZYO SPRINKLE	3	QL (60 EA per 30 days) PA MO
BIDIL	3	MO
CADUET	3	MO
CAMZYOS	3	QL (30 EA per 30 days) PA; ACS LD
<i>clonidine</i>	1	QL (8 EA per 28 days) MO
<i>clonidine hydrochloride er tablet extended release 24 hour 0.17mg</i>	1	MO
<i>clonidine hydrochloride tablet</i>	1	MO
CORLANOR SOLUTION	3	
CORLANOR TABLET	3	MO
DEMSER	3	PA
DIBENZYLINE	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>dobutamine hcl</i>	1	B/D
DOBUTAMINE HCL/D5W	3	B/D
DOBUTAMINE HYDROCHLORIDE/DEXTROSE 5%	3	B/D
DOPAMINE HYDROCHLORIDE INJECTION 40MG/ML	3	B/D
DOPAMINE HYDROCHLORIDE/DEXTROSE	3	B/D
DOPAMINE/D5W	3	B/D
<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 1mg/ml, 30mg/30ml</i>	1	
<i>guanfacine hydrochloride</i>	1	PA MO
<i>hydralazine hcl</i>	1	MO
<i>hydralazine hydrochloride</i>	1	MO
INPEFA	3	QL (30 EA per 30 days) PA MO

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Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	1	MO
<i>ivabradine hydrochloride</i>	1	
LANOXIN PEDIATRIC	3	
LANOXIN INJECTION	3	
LANOXIN TABLET 125MCG, 250MCG	3	QL (30 EA per 30 days) MO
LANOXIN TABLET 62.5MCG	3	QL (90 EA per 30 days) MO
LODOCO	3	QL (30 EA per 30 days) PA MO
<i>metirosine</i>	1	PA
<i>midodrine hcl</i>	1	MO
<i>milrinone lactate</i>	1	B/D
<i>milrinone lactate in dextrose</i>	1	B/D
<i>minoxidil</i>	1	MO
NEXICLON XR	3	MO
NORTHERA CAPSULE 200MG, 300MG	3	QL (180 EA per 30 days) PA; ACS LD
NORTHERA CAPSULE 100MG	3	QL (90 EA per 30 days) PA; ACS LD
<i>phenoxybenzamine hydrochloride</i>	1	MO
<i>ranolazine er</i>	1	MO
TEKTURNA	3	MO
VECAMYL	3	QL (300 EA per 30 days) PA
VERQUVO	2	MO
VYNDAMAX	3	QL (30 EA per 30 days) PA; ACS LD
VYNDAQEL	3	QL (120 EA per 30 days) PA; ACS LD
NITRATES		
ISORDIL TITRADOSE	3	MO
<i>isosorbide dinitrate</i>	1	MO
<i>isosorbide mononitrate</i>	1	MO
<i>isosorbide mononitrate er</i>	1	MO
NITRO-BID	2	MO
NITRO-DUR	3	MO
NITROGLYCERIN IN DEXTROSE 5%	3	
<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
NITROLINGUAL	3	MO
NITROSTAT	3	MO
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA	3	PA; ACS
ADEMPAS	2	QL (90 EA per 30 days) PA; ACS LD

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Drug Name	Drug Tier	Requirements/Limits
<i>alyq</i>	1	PA; ACS
<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
FLOLAN	3	B/D; ACS LD
LETAIRIS	3	QL (30 EA per 30 days) PA; ACS LD
LIQREV	3	QL (244 ML per 30 days) PA; ACS
OPSUMIT	2	QL (30 EA per 30 days) PA; ACS LD
OPSYNVI	3	QL (30 EA per 30 days) PA; ACS LD
ORENITRAM	3	PA; ACS LD
ORENITRAM TITRATION KIT MONTH 1	3	PA; ACS LD
ORENITRAM TITRATION KIT MONTH 2	3	PA; ACS LD
ORENITRAM TITRATION KIT MONTH 3	3	PA; ACS LD
REMODULIN	3	PA; ACS LD
REVATIO INJECTION	3	QL (1125 ML per 30 days) PA; ACS
REVATIO TABLET	3	QL (360 EA per 30 days) PA; ACS
<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>sildenafil citrate suspension reconstituted (generic Revatio)</i>	1	QL (784 ML per 30 days) PA; ACS
<i>tadalafil tablet (generic Adcirca) 20mg</i>	1	PA; ACS
TADLIQ	3	QL (300 ML per 30 days) PA; ACS LD
TRACLEER TABLET SOLUBLE	3	QL (120 EA per 30 days) PA; ACS LD
TRACLEER TABLET 62.5MG	3	QL (120 EA per 30 days) PA; ACS LD
TRACLEER TABLET 125MG	3	QL (60 EA per 30 days) PA; ACS LD
<i>treprostinil</i>	1	PA; ACS LD
TYVASO	2	PA; ACS LD
TYVASO DPI MAINTENANCE KIT POWDER 16MCG, 32MCG, 48MCG, 64MCG	3	QL (112 EA per 28 days) PA; ACS LD
TYVASO DPI MAINTENANCE KIT POWDER 32MCG; 48MCG	3	QL (224 EA per 28 days) PA; ACS LD
TYVASO DPI TITRATION KIT	3	QL (252 EA per 28 days) PA; ACS LD
TYVASO REFILL KIT	3	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
TYVASO STARTER KIT	3	PA; ACS
UPTRAVI TITRATION PACK	2	PA; ACS LD
UPTRAVI INJECTION	3	QL (60 EA per 30 days) PA; LD
UPTRAVI TABLET 800MCG	2	QL (120 EA per 30 days) PA; ACS LD
UPTRAVI TABLET 600MCG	2	QL (150 EA per 30 days) PA; ACS LD
UPTRAVI TABLET 400MCG	2	QL (240 EA per 30 days) PA; ACS LD
UPTRAVI TABLET 200MCG	2	QL (480 EA per 30 days) PA; ACS LD
UPTRAVI TABLET 1200MCG, 1400MCG, 1600MCG	2	QL (60 EA per 30 days) PA; ACS LD
UPTRAVI TABLET 1000MCG	2	QL (90 EA per 30 days) PA; ACS LD
VELETRI	3	B/D; ACS LD
VENTAVIS	3	PA; ACS LD
WINREVAIR	3	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 odt tablet disintegrating 0.25mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>alprazolam odt tablet disintegrating 0.5mg, 1mg, 2mg</i>	1	QL (150 EA per 30 days) MO; HRM
ALPRAZOLAM XR TABLET EXTENDED RELEASE 24 HOUR 1MG	3	QL (30 EA per 30 days) MO; HRM
ALPRAZOLAM XR TABLET EXTENDED RELEASE 24 HOUR 3MG	3	QL (60 EA per 30 days) MO; HRM
ALPRAZOLAM XR TABLET EXTENDED RELEASE 24 HOUR 2MG	3	QL (90 EA 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
ATIVAN INJECTION 2MG/ML	3	QL (150 ML per 30 days) MO; HRM
ATIVAN INJECTION 4MG/ML	3	QL (150 ML per 30 days); HRM
ATIVAN TABLET 0.5MG	3	QL (120 EA per 30 days) MO; HRM
ATIVAN TABLET 1MG, 2MG	3	QL (150 EA per 30 days) MO; HRM
<i>bupirone hcl</i>	1	MO
<i>bupirone hydrochloride</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>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>droperidol</i>	1	
<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
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 1.5MG, 1MG, 2MG	3	QL (150 EA per 30 days) PA MO; HRM
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 3MG	3	QL (90 EA per 30 days) PA MO; HRM
<i>meprobamate</i>	1	PA MO
<i>oxazepam</i>	1	QL (120 EA per 30 days) PA MO; HRM
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 0.5MG	3	QL (150 EA per 30 days) ST MO; HRM
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 1MG	3	QL (30 EA per 30 days) ST MO; HRM
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 3MG	3	QL (60 EA per 30 days) ST MO; HRM
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 2MG	3	QL (90 EA per 30 days) ST MO; HRM
XANAX TABLET 0.25MG, 0.5MG	3	QL (120 EA per 30 days) ST MO; HRM
XANAX TABLET 1MG, 2MG	3	QL (150 EA per 30 days) ST MO; HRM
ANTIDEMENTIA		
ADLARITY	3	QL (4 EA per 28 days) PA MO
ARICEPT	3	QL (30 EA per 30 days) MO
<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>ergoloid mesylates</i>	1	PA MO
EXELON	3	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

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>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
NAMENDA	3	QL (60 EA per 30 days) PA MO
NAMENDA TITRATION PAK	3	QL (98 EA per 365 days) PA MO
NAMENDA XR	3	PA MO
NAMZARIC	3	MO
<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
ANAFRANIL	3	PA MO; HRM
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 348MG, 522MG	3	QL (30 EA per 30 days) ST MO
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 174MG	3	QL (60 EA per 30 days) ST MO
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
BUPROPION HYDROCHLORIDE ER (XL) TABLET EXTENDED RELEASE 24 HOUR 450MG	3	QL (30 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
CELEXA TABLET 10MG	3	QL (120 EA per 30 days) ST MO; HRM
CELEXA TABLET 40MG	3	QL (30 EA per 30 days) ST MO; HRM
CELEXA TABLET 20MG	3	QL (60 EA per 30 days) ST MO; HRM
<i>chlordiazepoxide/amitriptyline</i>	1	PA MO; HRM
CITALOPRAM HYDROBROMIDE CAPSULE	3	QL (30 EA per 30 days) 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
CYMBALTA	3	QL (60 EA per 30 days) MO; HRM
<i>desipramine hydrochloride</i>	1	PA 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
DESVENLAFAXINE ER TABLET (GENERIC KHEDEZLA) EXTENDED RELEASE 24 HOUR 100MG, 50MG	3	QL (30 EA per 30 days) PA; 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 hcl (generic Irenka) capsule 40mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>duloxetine hydrochloride (generic Cymbalta) capsule 20mg, 30mg, 60mg</i>	1	QL (60 EA per 30 days) MO; HRM
EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 37.5MG, 75MG	3	QL (30 EA per 30 days) ST MO; HRM
EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 150MG	3	QL (60 EA per 30 days) ST 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
<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</i>	1	MO; HRM
<i>fluoxetine hydrochloride (generic Prozac) tablet 10mg, 20mg, 60mg</i>	1	MO; HRM
<i>fluoxetine hydrochloride (generic Sarafem) tablet 20mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride (generic Sarafem) tablet 10mg</i>	1	QL (30 EA per 30 days) 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
LEXAPRO TABLET 20MG	3	QL (30 EA per 30 days) MO; HRM
LEXAPRO TABLET 10MG, 5MG	3	QL (45 EA per 30 days) MO; HRM
MARPLAN	3	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>mirtazapine</i>	1	QL (30 EA per 30 days) MO
<i>mirtazapine odt</i>	1	QL (30 EA per 30 days) MO
NARDIL	3	MO
<i>nefazodone hydrochloride</i>	1	MO
NORPRAMIN	3	PA MO; HRM
<i>nortriptyline hcl</i>	1	MO; HRM
<i>nortriptyline hydrochloride</i>	1	MO; HRM
<i>olanzapine/fluoxetine</i>	1	QL (30 EA per 30 days) MO; HRM
PAMELOR	3	MO; HRM
PARNATE	3	MO
<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
PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 37.5MG	3	QL (60 EA per 30 days) ST MO; HRM
PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 12.5MG, 25MG	3	QL (90 EA per 30 days) ST MO; HRM
PAXIL SUSPENSION	3	QL (900 ML per 30 days) MO; HRM
PAXIL TABLET 10MG, 20MG, 40MG	3	QL (30 EA per 30 days) ST MO; HRM
PAXIL TABLET 30MG	3	QL (60 EA per 30 days) ST MO; HRM
<i>perphenazine/amitriptyline</i>	1	PA MO; HRM
<i>phenelzine sulfate</i>	1	MO
PRISTIQ	3	QL (30 EA per 30 days) ST MO; HRM
<i>protriptyline hcl</i>	1	PA MO; HRM
PROZAC CAPSULE 20MG	3	QL (120 EA per 30 days) ST MO; HRM
PROZAC CAPSULE 10MG	3	QL (30 EA per 30 days) ST MO; HRM
PROZAC CAPSULE 40MG	3	QL (60 EA per 30 days) ST MO; HRM
REMERON	3	QL (30 EA per 30 days) MO
REMERON SOLTAB	3	QL (30 EA per 30 days) MO
<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

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
SERTRALINE HYDROCHLORIDE CAPSULE	3	QL (30 EA per 30 days) ST 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
SYMBYAX	3	QL (30 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
<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
VIIBRYD	3	QL (30 EA per 30 days) MO
<i>vilazodone hydrochloride</i>	1	QL (30 EA per 30 days) MO
WELLBUTRIN SR	3	QL (60 EA per 30 days) ST MO
WELLBUTRIN XL	3	QL (30 EA per 30 days) ST MO
ZOLOFT CONCENTRATE	3	QL (300 ML per 30 days) MO; HRM
ZOLOFT TABLET 25MG	3	QL (30 EA per 30 days) ST MO; HRM
ZOLOFT TABLET 100MG, 50MG	3	QL (60 EA per 30 days) ST MO; HRM
ZULRESSO	3	B/D; ACS LD
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
APOKYN	2	QL (60 ML per 30 days) PA; ACS LD

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Drug Name	Drug Tier	Requirements/Limits
<i>apomorphine hydrochloride</i>	1	QL (60 ML per 30 days) PA; ACS
AZILECT	3	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
COMTAN	3	MO
CREXONT	3	ST
DHIVY	3	MO
DUOPA	3	B/D; ACS LD
<i>entacapone</i>	1	MO
GOCOVRI CAPSULE EXTENDED RELEASE 24 HOUR 68.5MG	2	QL (30 EA per 30 days); ACS LD
GOCOVRI CAPSULE EXTENDED RELEASE 24 HOUR 137MG	2	QL (60 EA per 30 days); ACS LD
INBRIJA	2	QL (300 EA per 30 days) PA; LD
LODOSYN	3	MO
NEUPRO	3	MO
NOURIANZ	2	QL (30 EA per 30 days) PA; ACS LD
ONGENTYS	3	QL (30 EA per 30 days) PA MO
OSMOLEX ER	3	QL (30 EA per 30 days) ST; ACS LD
PARLODEL	3	MO
<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
RYTARY	3	ST MO
<i>selegiline hcl</i>	1	MO
SINEMET	3	MO
STALEVO 100	3	ST MO
STALEVO 125	3	ST MO
STALEVO 150	3	ST 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
STALEVO 200	3	ST MO
STALEVO 50	3	ST MO
STALEVO 75	3	ST MO
TASMAR	3	MO
<i>tolcapone</i>	1	MO
<i>trihexyphenidyl hcl</i>	1	PA MO; HRM
<i>trihexyphenidyl hydrochloride</i>	1	PA MO; HRM
XADAGO	2	QL (30 EA per 30 days) ST MO
ZELAPAR	3	QL (60 EA per 30 days) MO
ANTIPSYCHOTICS		
ABILIFY	3	QL (30 EA per 30 days) MO; HRM
ABILIFY ASIMTUFII INJECTION 720MG/2.4ML	2	QL (2.4 ML per 56 days) PA MO
ABILIFY ASIMTUFII INJECTION 960MG/3.2ML	2	QL (3.2 ML per 56 days) PA MO
ABILIFY MAINTENA	2	QL (1 EA per 28 days) MO; HRM
ABILIFY MYCITE MAINTENANCE KIT	3	QL (30 EA per 30 days) PA; HRM
ABILIFY MYCITE STARTER KIT	3	QL (30 EA per 30 days) PA; 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
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
CLOZARIL TABLET 25MG, 50MG	3	HRM
CLOZARIL TABLET 200MG	3	QL (120 EA per 30 days); HRM
CLOZARIL TABLET 100MG	3	QL (270 EA per 30 days); HRM
FANAPT	3	QL (60 EA per 30 days) PA 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
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
GEODON INJECTION	3	QL (6 EA per 3 days) MO; HRM
GEODON CAPSULE	3	QL (60 EA per 30 days) MO; HRM
HALDOL DECANOATE 100	3	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
INVEGA TABLET EXTENDED RELEASE 24 HOUR 3MG, 9MG	3	QL (30 EA per 30 days) MO; HRM
INVEGA TABLET EXTENDED RELEASE 24 HOUR 6MG	3	QL (60 EA per 30 days) MO; HRM
LATUDA TABLET 120MG, 20MG, 40MG, 60MG	3	QL (30 EA per 30 days) MO; HRM
LATUDA TABLET 80MG	3	QL (60 EA per 30 days) MO; 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
LYBALVI	2	QL (30 EA per 30 days) PA MO; HRM
<i>molindone hydrochloride</i>	1	HRM
NUPLAZID	3	QL (30 EA per 30 days) PA; ACS HRM LD
<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

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Drug Name	Drug Tier	Requirements/Limits
PERSERIS	2	QL (1 EA per 30 days); 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
RISPERDAL CONSTA	3	QL (2 EA per 28 days) MO; HRM
RISPERDAL SOLUTION	3	QL (480 ML per 30 days) MO; HRM
RISPERDAL TABLET 4MG	3	QL (120 EA per 30 days) MO; HRM
RISPERDAL TABLET 1MG, 2MG	3	QL (60 EA per 30 days) MO; HRM
RISPERDAL TABLET 0.5MG, 3MG	3	QL (90 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
SAPHRIS	3	QL (60 EA per 30 days) MO; HRM
SECUADO	2	QL (30 EA per 30 days) MO; HRM
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 150MG, 200MG	3	QL (30 EA per 30 days) PA MO; HRM
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 300MG, 400MG, 50MG	3	QL (60 EA per 30 days) PA MO; HRM
SEROQUEL TABLET 200MG	3	QL (120 EA per 30 days) MO; HRM
SEROQUEL TABLET 25MG	3	QL (180 EA per 30 days) MO; HRM
SEROQUEL TABLET 300MG, 400MG	3	QL (60 EA per 30 days) MO; HRM
SEROQUEL TABLET 100MG, 50MG	3	QL (90 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
UZEDY INJECTION 50MG/0.14ML	3	QL (0.14 ML per 30 days) PA MO
UZEDY INJECTION 75MG/0.21ML	3	QL (0.21 ML per 30 days) PA 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
UZEDY INJECTION 100MG/0.28ML	3	QL (0.28 ML per 30 days) PA MO
UZEDY INJECTION 125MG/0.35ML	3	QL (0.35 ML per 30 days) PA MO
UZEDY INJECTION 150MG/0.42ML	3	QL (0.42 ML per 60 days) PA MO
UZEDY INJECTION 200MG/0.56ML	3	QL (0.56 ML per 60 days) PA MO
UZEDY INJECTION 250MG/0.7ML	3	QL (0.7 ML per 60 days) PA MO
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
ZYPREXA ZYDIS TABLET DISINTEGRATING 5MG	3	QL (30 EA per 30 days) MO
ZYPREXA ZYDIS TABLET DISINTEGRATING 10MG, 15MG, 20MG	3	QL (30 EA per 30 days) MO; HRM
ZYPREXA INJECTION	3	QL (3 EA per 1 days) MO; HRM
ZYPREXA TABLET 10MG, 15MG, 20MG, 7.5MG	3	QL (30 EA per 30 days) MO; HRM
ZYPREXA TABLET 2.5MG, 5MG	3	QL (60 EA per 30 days) MO; HRM
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
BANZEL SUSPENSION	3	QL (2760 ML per 30 days) PA MO
BANZEL TABLET 400MG	3	QL (240 EA per 30 days) PA MO
BANZEL TABLET 200MG	3	QL (480 EA per 30 days) PA 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
CARBATROL	3	MO; HRM
CELONTIN	3	MO
CEREBYX INJECTION 100MG PE/2ML	3	
CEREBYX INJECTION 500MG PE/10ML	3	MO
<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

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>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
DEPAKOTE	3	MO
DEPAKOTE ER	3	MO
DEPAKOTE SPRINKLES	3	MO
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
<i>ethosuximide</i>	1	MO
<i>felbamate</i>	1	MO
FELBATOL	3	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

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>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
KEPPRA XR	3	MO
KEPPRA INJECTION	3	
KEPPRA ORAL SOLUTION, TABLET	3	MO
KLONOPIN TABLET 2MG	3	QL (300 EA per 30 days) MO
KLONOPIN TABLET 0.5MG, 1MG	3	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
LAMICTAL	3	MO
LAMICTAL CHEWABLE DISPERSIBLE	3	MO
LAMICTAL ODT	3	MO
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	3	MO
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	3	MO
LAMICTAL STARTER/TAKING VALPROATE	3	MO
LAMICTAL XR	3	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>lamotrigine odt titration kit (blue and green)</i>	1	
<i>lamotrigine odt titration 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
LYRICA SOLUTION	3	QL (900 ML per 30 days) PA MO
LYRICA CAPSULE 100MG, 150MG, 25MG, 50MG, 75MG	3	QL (120 EA per 30 days) PA MO
LYRICA CAPSULE 225MG, 300MG	3	QL (60 EA per 30 days) PA MO
LYRICA CAPSULE 200MG	3	QL (90 EA per 30 days) PA MO
<i>methsuximide</i>	1	MO
MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 100MG	2	QL (120 EA per 30 days) PA MO
MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 150MG, 200MG	2	QL (60 EA per 30 days) PA MO
MYSOLINE	3	MO
NAYZILAM	3	QL (10 EA per 30 days) PA MO
NEURONTIN SOLUTION	3	QL (2160 ML 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
NEURONTIN CAPSULE 100MG	3	QL (180 EA per 30 days) MO
NEURONTIN CAPSULE 400MG	3	QL (270 EA per 30 days) MO
NEURONTIN CAPSULE 300MG	3	QL (360 EA per 30 days) MO
NEURONTIN TABLET 600MG	3	QL (180 EA per 30 days) MO
NEURONTIN TABLET 800MG	3	QL (90 EA per 30 days) MO
ONFI SUSPENSION	3	QL (480 ML per 30 days) PA MO; HRM
ONFI TABLET	3	QL (60 EA per 30 days) PA MO; HRM
<i>oxcarbazepine</i>	1	MO; HRM
OXTELLAR XR	3	PA 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
<i>pregabalin solution</i>	1	QL (900 ML per 30 days) PA MO
<i>primidone</i>	1	MO
QUDEXY XR	3	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
SABRIL	3	QL (180 EA per 30 days) PA; ACS LD
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
TEGRETOL	3	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
TEGRETOL-XR	3	MO; HRM
<i>tiagabine hydrochloride</i>	1	MO
TOPAMAX SPRINKLE	3	MO
TOPAMAX TABLET 100MG	3	QL (120 EA per 30 days) MO
TOPAMAX TABLET 200MG	3	QL (60 EA per 30 days) MO
TOPAMAX TABLET 25MG, 50MG	3	QL (90 EA per 30 days) 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
TRILEPTAL	3	MO; HRM
TROKENDI XR	3	PA MO
VALIUM	3	QL (120 EA per 30 days) PA MO; HRM
<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
VIMPAT INJECTION	3	
VIMPAT ORAL SOLUTION	3	QL (1200 ML per 30 days) MO
VIMPAT TABLET 50MG	3	QL (120 EA per 30 days) MO
VIMPAT TABLET 100MG, 150MG, 200MG	3	QL (60 EA per 30 days) MO
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 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
ZARONTIN	3	MO
ZONEGRAN	3	MO
ZONISADE	3	QL (900 ML per 30 days) PA MO
<i>zonisamide capsule 100mg, 25mg</i>	1	MO
<i>zonisamide capsule 50mg</i>	1	MO; HRM
ZTALMY	3	QL (1100 ML 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
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
ADDERALL XR	3	QL (30 EA per 30 days) MO
ADDERALL TABLET 5MG, 7.5MG, 10MG, 12.5MG, 15MG, 30MG	3	QL (60 EA per 30 days) MO
ADDERALL TABLET 20MG	3	QL (90 EA per 30 days) MO
ADZENYS XR-ODT	3	QL (30 EA per 30 days) MO
<i>amphetamine sulfate</i>	1	QL (180 EA per 30 days) MO
<i>amphetamine/dextroamphetamine er</i>	1	QL (30 EA per 30 days) MO
<i>amphetamine/dextroamphetamine capsule extended release 241 hour</i>	1	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
APTENSIO XR	3	QL (30 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
AZSTARYS	3	QL (30 EA per 30 days) MO
<i>clonidine hydrochloride er tablet extended release 12 hour 0.1mg</i>	1	MO
CONCERTA	3	QL (30 EA per 30 days) MO
COTEMPLA XR-ODT	3	QL (30 EA per 30 days) MO
DAYTRANA	3	QL (30 EA per 30 days) MO
DEXEDRINE	3	QL (120 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 solution</i>	1	QL (1800 ML per 30 days) MO
<i>dextroamphetamine sulfate tablet 15mg</i>	1	QL (120 EA per 30 days) MO
<i>dextroamphetamine sulfate tablet 10mg, 2.5mg, 5mg</i>	1	QL (180 EA per 30 days) MO
<i>dextroamphetamine sulfate tablet 7.5mg</i>	1	QL (240 EA per 30 days) MO
<i>dextroamphetamine sulfate tablet 30mg</i>	1	QL (60 EA per 30 days) MO
<i>dextroamphetamine sulfate tablet 20mg</i>	1	QL (90 EA per 30 days) MO
DYANAVAL XR SUSPENSION EXTENDED RELEASE	3	QL (240 ML per 30 days) MO
DYANAVAL XR TABLET CHEWABLE EXTENDED RELEASE 10MG, 15MG, 20MG	3	QL (30 EA per 30 days) MO
DYANAVAL XR TABLET CHEWABLE EXTENDED RELEASE 5MG	3	QL (60 EA per 30 days) MO
EVEKEO	3	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
EVEKEO ODT	3	QL (60 EA per 30 days) MO
FOCALIN	3	QL (60 EA per 30 days) MO
FOCALIN XR	3	QL (30 EA 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
INTUNIV TABLET EXTENDED RELEASE 24 HOUR 1MG, 2MG, 4MG	3	QL (30 EA per 30 days) PA MO
INTUNIV TABLET EXTENDED RELEASE 24 HOUR 3MG3	3	QL (60 EA per 30 days) PA MO
JORNAY PM	3	QL (30 EA per 30 days) MO
<i>lisdexamfetamine dimesylate</i>	1	QL (30 EA per 30 days) MO
METADATE CD	3	QL (30 EA per 30 days) MO
<i>methamphetamine hcl</i>	1	QL (150 EA per 30 days) MO
METHYLIN SOLUTION 5MG/5ML	3	QL (1800 ML per 30 days) MO
METHYLIN SOLUTION 10MG/5ML	3	QL (900 ML per 30 days) MO
<i>methylphenidate transdermal patch</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 Aptensio XR) 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	1	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er capsule extended release 241 hour (generic Ritalin LA) 10mg, 20mg, 30mg, 40mg</i>	1	QL (60 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release 24 hour (generic Concerta and Relexxii)</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 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
<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
MYDAYIS	3	QL (30 EA per 30 days) MO
<i>procentra</i>	1	QL (1800 ML per 30 days)
QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 100MG	3	QL (30 EA per 30 days) PA 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
QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 150MG	3	QL (60 EA per 30 days) PA MO
QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 200MG	3	QL (90 EA per 30 days) PA MO
QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 40MG	3	QL (30 EA per 30 days) MO
QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 30MG	3	QL (60 EA per 30 days) MO
QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 20MG	3	QL (90 EA per 30 days) MO
QUILLIVANT XR	3	QL (360 ML per 30 days) MO
RELEXXII	3	QL (30 EA per 30 days) MO
RITALIN	3	QL (90 EA per 30 days) MO
RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 10MG, 20MG, 40MG	3	QL (30 EA per 30 days) MO
RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 30MG	3	QL (60 EA per 30 days) MO
STRATTERA CAPSULE 10MG, 18MG, 25MG	3	QL (120 EA per 30 days) MO
STRATTERA CAPSULE 100MG, 60MG, 80MG	3	QL (30 EA per 30 days) MO
STRATTERA CAPSULE 40MG	3	QL (60 EA per 30 days) MO
VYVANSE	3	QL (30 EA per 30 days) MO
XELSTRYM	3	QL (30 EA per 30 days) MO
<i>zenzedi tablet 15mg</i>	1	QL (120 EA per 30 days)
<i>zenzedi tablet 10mg, 2.5mg, 5mg</i>	1	QL (180 EA per 30 days)
<i>zenzedi tablet 7.5mg</i>	1	QL (240 EA per 30 days)
<i>zenzedi tablet 30mg</i>	1	QL (60 EA per 30 days)
<i>zenzedi tablet 20mg</i>	1	QL (90 EA per 30 days)
HYPNOTICS		
AMBIEN	3	QL (30 EA per 30 days) PA MO; HRM
AMBIEN CR	3	QL (30 EA per 30 days) PA MO; HRM
BELSOMRA	2	QL (30 EA per 30 days) MO
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
EDLUAR TABLET SUBLINGUAL 10MG	3	QL (30 EA per 30 days) PA MO; HRM
EDLUAR TABLET SUBLINGUAL 5MG	3	QL (60 EA per 30 days) PA MO; HRM
<i>estazolam</i>	1	QL (30 EA per 30 days) PA MO; HRM
<i>eszopiclone</i>	1	QL (30 EA per 30 days) PA MO; HRM
<i>flurazepam hydrochloride capsule 15mg</i>	1	QL (30 EA per 30 days)

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>flurazepam hydrochloride capsule 30mg</i>	1	QL (30 EA per 30 days) MO
HALCION	3	QL (60 EA per 30 days) PA MO; HRM
HETLIOZ CAPSULE	3	QL (30 EA per 30 days) PA; LD
HETLIOZ LQ ORAL SUSPENSION	3	QL (158 ML per 30 days) PA; LD
IGALMI	3	QL (60 EA per 30 days) PA
LUNESTA	3	QL (30 EA per 30 days) PA MO; HRM
<i>midazolam hcl injection 10mg/2ml, 2mg/2ml, 5mg/5ml, 5mg/ml</i>	1	HRM
<i>midazolam hcl syrup</i>	1	QL (300 ML per 30 days); HRM
<i>midazolam hydrochloride injection 10mg/10ml, 25mg/5ml, 2mg/2ml, 50mg/10ml, 5mg/5ml, 5mg/ml</i>	1	HRM
<i>midazolam hydrochloride injection 10mg/2ml</i>	1	MO; HRM
<i>pentobarbital sodium</i>	1	
QUVIVIQ	2	QL (30 EA per 30 days) MO
<i>ramelteon</i>	1	QL (30 EA per 30 days) MO
RESTORIL	3	QL (30 EA per 30 days) PA MO; HRM
ROZEREM	3	QL (30 EA per 30 days) MO
SILENOR	3	QL (30 EA per 30 days) 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 er</i>	1	QL (30 EA per 30 days) PA MO; HRM
ZOLPIDEM TARTRATE CAPSULE	3	QL (30 EA per 30 days) PA MO
<i>zolpidem tartrate tablet sublingual, tablet</i>	1	QL (30 EA per 30 days) PA MO; HRM
MIGRAINE		
AIMOVIG	2	QL (1 ML per 30 days) PA; ACS
AJOVY AUTO-INJECTOR 225MG/1.5ML	2	QL (1.5 ML per 28 days) PA; ACS
AJOVY PREFILLED SYRINGE 225MG/1.5ML	2	QL (4.5 ML per 90 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
CAMBIA	3	QL (9 EA per 30 days) PA MO
<i>diclofenac potassium packet 50mg</i>	1	QL (9 EA per 30 days) PA MO
<i>dihydroergotamine mesylate injection</i>	1	PA 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>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
ELYXYB	3	QL (28.8 ML per 21 days) PA MO
EMGALITY INJECTION 120MG/ML	2	QL (2 ML per 30 days) PA; ACS
EMGALITY INJECTION 100MG/ML	2	QL (3 ML per 30 days) PA; ACS
ERGOMAR	3	
<i>ergotamine tartrate/caffeine</i>	1	QL (40 EA per 28 days) PA MO
FROVA	3	QL (12 EA per 30 days) ST MO
<i>frovatriptan succinate</i>	1	QL (12 EA per 30 days) MO
IMITREX STATDOSE REFILL	3	QL (4 ML per 30 days) ST MO
IMITREX STATDOSE SYSTEM	3	QL (4 ML per 30 days) ST MO
IMITREX TABLET 100MG	3	QL (12 EA per 30 days) ST MO
IMITREX TABLET 25MG, 50MG	3	QL (9 EA per 30 days) ST MO
MAXALT	3	QL (12 EA per 30 days) ST MO
MAXALT-MLT	3	QL (12 EA per 30 days) ST MO
<i>migergot</i>	1	QL (20 EA per 28 days) PA MO
MIGRANAL	3	QL (8 ML per 30 days) PA MO
<i>naratriptan hcl</i>	1	QL (9 EA per 30 days) MO
NURTEC	2	QL (16 EA per 30 days) PA MO
ONZETRA XSAIL	3	QL (16 EA per 30 days) ST MO
QULIPTA	2	QL (30 EA per 30 days) PA MO
RELPAX	3	QL (12 EA per 30 days) MO
REYVOW TABLET 100MG	2	QL (8 EA per 30 days) PA MO
REYVOW TABLET 50MG	3	QL (8 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
TOSYMRA	3	QL (12 EA per 30 days) ST MO
TREXIMET	3	QL (9 EA per 30 days) ST MO
TRUDHESA	2	QL (12 ML per 28 days) PA
UBRELVY	2	QL (16 EA per 30 days) PA MO
VYEPTI	3	QL (1 ML per 90 days) PA; ACS LD
ZAVZPRET	3	QL (6 EA per 21 days) PA MO
ZEMBRACE SYMTOUCH	2	QL (8 ML per 30 days) ST MO
<i>zolmitriptan odt</i>	1	QL (6 EA per 30 days) MO
<i>zolmitriptan solution</i>	1	QL (12 EA per 30 days) MO
<i>zolmitriptan tablet</i>	1	QL (6 EA per 30 days) MO
ZOMIG SOLUTION	3	QL (12 EA per 30 days) ST MO
<i>zomig tablet</i>	1	QL (6 EA per 30 days)

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
MISCELLANEOUS		
AMONDYS 45	3	PA
AMVUTTRA	3	QL (0.5 ML per 90 days) PA; ACS LD
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
DAYBUE	3	QL (3600 ML per 30 days) PA; LD
DUVYZAT	3	QL (420 ML per 30 days) PA; LD
<i>edaravone</i>	1	QL (2800 ML per 28 days) PA; ACS
ENSPRYNG	3	PA; ACS LD
EQUETRO	3	MO; HRM
EVRYSDI	3	QL (80 ML per 12 days) PA; LD
EXONDYS 51	3	PA
FIRDAPSE	3	PA; LD
<i>flumazenil</i>	1	
<i>gabapentin once-daily (generic Gralise) tablet 300mg</i>	1	QL (150 EA per 30 days) MO
<i>gabapentin once-daily (generic Gralise) tablet 600mg</i>	1	QL (90 EA per 30 days) MO
GRALISE TABLET 300MG	3	QL (150 EA per 30 days) MO
GRALISE TABLET 750MG, 900MG	3	QL (60 EA per 30 days) MO
GRALISE TABLET 450MG, 600MG	3	QL (90 EA per 30 days) MO
HORIZANT	3	QL (60 EA per 30 days) MO
INGREZZA CAPSULE THERAPY PACK	2	QL (28 EA per 28 days) PA; ACS LD
INGREZZA CAPSULE, CAPSULE SPRINKLE	2	QL (30 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

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
LITHOBID	3	MO
LYRICA CR TABLET EXTENDED RELEASE 24 HOUR 330MG	3	QL (60 EA per 30 days) PA MO
LYRICA CR TABLET EXTENDED RELEASE 24 HOUR 165MG, 82.5MG	3	QL (90 EA per 30 days) PA MO
MESTINON	3	MO
MESTINON TIMESPAN	3	MO
NUEDEXTA	2	QL (60 EA per 30 days) PA MO
<i>paroxetine</i>	1	PA MO; HRM
<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</i>	1	MO
<i>pyridostigmine bromide er</i>	1	MO
RADICAVA INJECTION	3	QL (2800 ML per 28 days) PA; ACS LD
RADICAVA ORS ORAL SUSPENSION	2	QL (50 ML per 28 days) PA; ACS LD
RADICAVA ORS ORAL SUSPENSION STARTER KIT	2	QL (140 ML per 365 days) PA; ACS LD
REGONOL	3	
RELYVRIO	3	QL (56 EA per 28 days) PA; ACS LD
RILUTEK	3	MO
<i>riluzole</i>	1	MO
SAVELLA	3	QL (60 EA per 30 days) PA MO
SAVELLA TITRATION PACK	3	QL (110 EA per 365 days) PA MO
SKYCLARYS	3	QL (90 EA per 30 days) PA; LD
TEGLUTIK	3	QL (600 ML per 30 days); ACS LD
TEGSEDI	3	QL (6 ML per 28 days) PA; LD
<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
TIGLUTIK	2	QL (600 ML per 30 days); ACS LD
UPLIZNA	3	PA; ACS LD
VILTEPSO	3	PA
VYONDYS 53	3	PA
WAINUA	3	QL (0.8 ML per 30 days) PA; LD
XENAZINE TABLET 25MG	3	QL (120 EA per 30 days) PA; ACS LD
XENAZINE TABLET 12.5MG	3	QL (90 EA per 30 days) PA; ACS LD
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	3	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
AUBAGIO	3	QL (30 EA per 30 days) PA; ACS LD
AVONEX	2	QL (1 EA per 28 days) PA; ACS
AVONEX PEN	2	QL (1 EA per 28 days) PA; ACS
BAFIERTAM	2	QL (120 EA per 30 days) PA; ACS LD
BETASERON	2	QL (14 EA per 28 days) PA; ACS
BRIUMVI	3	QL (42 ML per 365 days) PA; ACS LD
COPAXONE INJECTION 40MG/ML	3	QL (12 ML per 28 days) PA; ACS
COPAXONE INJECTION 20MG/ML	3	QL (30 ML per 30 days) PA; ACS
<i>dalfampridine er</i>	1	PA; ACS
<i>dimethyl fumarate starterpack</i>	1	QL (120 EA per 365 days) PA; ACS LD
<i>dimethyl fumarate capsule delayed release 120mg</i>	1	QL (14 EA per 7 days) PA; ACS LD
<i>dimethyl fumarate capsule delayed release 240mg</i>	1	QL (60 EA per 30 days) PA; ACS LD
EXTAVIA	3	QL (15 EA per 30 days) PA; ACS
<i>fingolimod hydrochloride</i>	1	QL (30 EA per 30 days) PA; ACS
GILENYA CAPSULE 0.25MG	3	QL (28 EA per 28 days) PA; ACS
GILENYA CAPSULE 0.5MG	3	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
KESIMPTA	2	QL (6.4 ML per 365 days) PA; ACS LD
LEMTRADA	3	QL (6 ML per 365 days) PA; ACS LD
MAVENCLAD TABLET THERAPY PACK (4 TAB PACK) 10MG	3	QL (16 EA per 999 days) PA; ACS LD
MAVENCLAD TABLET THERAPY PACK (5 TAB PACK) 10MG	3	QL (20 EA per 999 days) PA; ACS LD
MAVENCLAD TABLET THERAPY PACK (6 TAB PACK) 10MG	3	QL (24 EA per 999 days) PA; ACS LD
MAVENCLAD TABLET THERAPY PACK (7 TAB PACK) 10MG	3	QL (28 EA per 999 days) PA; ACS LD
MAVENCLAD TABLET THERAPY PACK (8 TAB PACK) 10MG	3	QL (32 EA per 999 days) PA; ACS LD
MAVENCLAD TABLET THERAPY PACK (9 TAB PACK) 10MG	3	QL (36 EA per 999 days) PA; ACS LD
MAVENCLAD TABLET THERAPY PACK (10 TAB PACK) 10MG	3	QL (40 EA per 999 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
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG (FOR 2MG MAINTENANCE DOSAGE)	2	QL (24 EA per 365 days) PA; ACS LD
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG (FOR 1MG MAINTENANCE DOSAGE)	3	QL (14 EA per 365 days) PA; ACS LD
MAYZENT TABLET 0.25MG	2	QL (112 EA per 28 days) PA; ACS LD
MAYZENT TABLET 1MG, 2MG	2	QL (30 EA per 30 days) PA; ACS LD
OCREVUS	3	QL (20 ML per 180 days) PA; ACS LD
PLEGRIDY	2	QL (1 ML per 28 days) PA; ACS LD
PLEGRIDY STARTER PACK	2	QL (2 ML per 365 days) PA; ACS LD
PONVORY	3	QL (30 EA per 30 days) PA; ACS LD
PONVORY 14-DAY STARTER PACK	3	QL (28 EA per 365 days) PA; ACS LD
REBIF	3	QL (6 ML per 28 days) PA; ACS
REBIF REBIDOSE	3	QL (6 ML per 28 days) PA; ACS
REBIF REBIDOSE TITRATION PACK	3	QL (8.4 ML per 365 days) PA; ACS
REBIF TITRATION PACK	3	QL (8.4 ML per 365 days) PA; ACS
TASCENSO ODT	3	QL (30 EA per 30 days) PA; LD
TECFIDERA STARTER PACK	3	QL (120 EA per 365 days) PA; ACS LD
TECFIDERA CAPSULE DELAYED RELEASE 120MG	3	QL (14 EA per 7 days) PA; ACS LD
TECFIDERA CAPSULE DELAYED RELEASE 240MG	3	QL (60 EA per 30 days) PA; ACS LD
<i>teriflunomide</i>	1	QL (30 EA per 30 days) PA; ACS
TYSABRI	3	PA; ACS LD
VUMERITY	2	QL (120 EA per 30 days) PA; ACS LD
ZEPOSIA	2	QL (30 EA per 30 days) PA; ACS LD
ZEPOSIA 7-DAY STARTER PACK	3	QL (14 EA per 365 days) PA; ACS LD
ZEPOSIA STARTER KIT	2	QL (56 EA per 365 days) PA; ACS LD
MUSCULOSKELETAL THERAPY AGENTS		
AMRIX	3	QL (30 EA per 30 days) PA MO; HRM
BACLOFEN SUSPENSION	3	QL (480 ML per 30 days) PA MO
<i>baclofen tablet</i>	1	MO
BACLOFEN INJECTION 50MCG/ML	3	B/D
<i>baclofen injection 20000mcg/20ml, 40mg/20ml, 500mcg/ml</i>	1	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>baclofen oral solution 5mg/5ml</i>	1	QL (1200 ML per 30 days) PA
<i>baclofen oral solution 10mg/5ml</i>	1	QL (1200 ML per 30 days) PA MO
BOTOX INJECTION 200UNIT	3	QL (2 EA per 84 days) PA
BOTOX INJECTION 100UNIT	3	QL (4 EA per 84 days) PA
<i>carisoprodol</i>	1	QL (84 EA per 30 days) PA MO
CHLORZOXAZONE TABLET 250MG	3	QL (120 EA per 30 days) PA MO
<i>chlorzoxazone tablet 375mg, 750mg</i>	1	QL (120 EA per 30 days) PA MO
<i>chlorzoxazone tablet 500mg</i>	1	QL (180 EA per 30 days) PA MO
<i>cyclobenzaprine hydrochloride</i>	1	QL (90 EA per 30 days) PA MO; HRM
<i>cyclobenzaprine hydrochloride er</i>	1	QL (30 EA per 30 days) PA MO; HRM
DANTRIUM CAPSULE 25MG	3	MO
<i>dantrone sodium capsule 25mg, 50mg, 100mg</i>	1	MO
DYSPORT	3	PA; ACS
<i>fexmid</i>	1	QL (90 EA per 30 days) PA; HRM
FLEQSUVY	3	QL (480 ML per 30 days) PA MO
GABLOFEN	3	B/D
LYVISPAH PACKET 10MG, 20MG	3	QL (120 EA per 30 days) PA MO
LYVISPAH PACKET 5MG	3	QL (360 EA per 30 days) PA MO
<i>metaxalone</i>	1	QL (120 EA per 30 days) PA MO
<i>methocarbamol injection</i>	1	PA
<i>methocarbamol tablet 1000mg</i>	1	QL (120 EA per 30 days) PA; HRM
<i>methocarbamol tablet 750mg</i>	1	QL (240 EA per 30 days) PA MO
<i>methocarbamol tablet 500mg</i>	1	QL (360 EA per 30 days) PA MO
MYOBLOC INJECTION 10000UNIT/2ML	2	PA; ACS
MYOBLOC INJECTION 2500UNIT/0.5ML, 5000UNIT/ML	3	PA; ACS
<i>norgesic</i>	1	QL (120 EA per 30 days) PA; HRM
NORGESIC FORTE	3	QL (120 EA per 30 days) PA; HRM
<i>orphenadrine citrate</i>	1	PA MO; HRM
<i>orphenadrine citrate er</i>	1	QL (60 EA per 30 days) PA MO; HRM
<i>orphenadrine/aspirin/caffeine</i>	1	QL (120 EA per 30 days) PA; HRM
<i>orphengesic forte</i>	1	QL (120 EA per 30 days) PA; HRM
OZOBAX DS	3	QL (1200 ML per 30 days) PA
ROBAXIN	3	PA MO
SOHONOS	3	PA; ACS LD
SOMA	3	QL (84 EA per 30 days) PA MO
<i>tanlor</i>	1	QL (120 EA per 30 days) PA
<i>tizanidine hcl</i>	1	MO
<i>tizanidine hydrochloride</i>	1	MO
XEOMIN	3	PA; ACS LD
ZANAFLEX	3	MO

NARCOLEPSY/CATAPLEXY

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>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
LUMRYZ	2	QL (30 EA per 30 days) PA; LD
<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
NUVIGIL TABLET 150MG, 200MG, 250MG	3	QL (30 EA per 30 days) PA MO
NUVIGIL TABLET 50MG	3	QL (60 EA per 30 days) PA MO
PROVIGIL TABLET 100MG	3	QL (30 EA per 30 days) PA MO
PROVIGIL TABLET 200MG	3	QL (60 EA per 30 days) PA MO
SODIUM OXYBATE	3	QL (540 ML per 30 days) PA; LD
SUNOSI TABLET 75MG	2	QL (30 EA per 30 days) PA MO
SUNOSI TABLET 150MG	3	QL (30 EA per 30 days) PA MO
WAKIX	3	QL (60 EA per 30 days) PA; ACS LD
XYREM	3	QL (540 ML per 30 days) PA; LD
XYWAV	2	QL (540 ML per 30 days) PA; LD
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium dr</i>	1	MO
BRIXADI INJECTION 64MG/0.18ML	2	QL (0.18 ML per 28 days) PA; ACS LD
BRIXADI INJECTION 96MG/0.27ML	2	QL (0.27 ML per 28 days) PA; ACS LD
BRIXADI INJECTION 128MG/0.36ML	2	QL (0.36 ML per 28 days) PA; ACS LD
BRIXADI INJECTION 8MG/0.16ML	2	QL (0.64 ML per 28 days) PA; ACS LD
BRIXADI INJECTION 16MG/0.32ML	2	QL (1.28 ML per 28 days) PA; ACS LD
BRIXADI INJECTION 24MG/0.48ML	2	QL (1.92 ML per 28 days) PA; ACS LD
BRIXADI INJECTION 32MG/0.64ML	2	QL (2.56 ML per 28 days) PA; ACS LD
<i>buprenorphine hcl/naloxone hcl sublingual tablet</i>	1	QL (90 EA per 30 days) MO
<i>buprenorphine hcl tablet sublingual 2mg, 8mg</i>	1	QL (90 EA per 30 days) PA 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
disulfiram	1	MO
KLOXXADO	3	MO
<i>lofexidine hydrochloride</i>	1	QL (224 EA per 14 days) PA
LUCEMYRA	2	QL (224 EA per 14 days) PA 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>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
NARCAN	3	MO
NICOTROL INHALER	3	MO
NICOTROL NS	3	QL (360 ML per 365 days) MO
OPVEE	3	
SUBLOCADE	3	QL (1.5 ML per 30 days) PA; ACS LD
SUBOXONE FILM 12MG; 3MG	3	QL (60 EA per 30 days) MO
SUBOXONE FILM 2MG; 0.5MG, 4MG; 1MG, 8MG; 2MG	3	QL (90 EA per 30 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
ZIMHI	3	
ZUBSOLV TABLET SUBLINGUAL 11.4MG; 2.9MG	3	QL (30 EA per 30 days) MO
ZUBSOLV TABLET SUBLINGUAL 1.4MG; 0.36MG, 2.9MG; 0.71MG, 5.7MG; 1.4MG, 8.6MG; 2.1MG	3	QL (60 EA per 30 days) MO
ZUBSOLV TABLET SUBLINGUAL 0.7MG; 0.18MG	3	QL (90 EA per 30 days) MO

ENDOCRINE AND METABOLIC**ANDROGENS**

ANDRODERM	3	QL (30 EA per 30 days) PA MO
ANDROGEL PUMP	3	QL (150 GM per 30 days) PA MO
AVEED	3	ACS LD
<i>danazol</i>	1	MO
DEPO-TESTOSTERONE	3	PA
JATENZO CAPSULE 237MG	2	QL (60 EA per 30 days) PA MO
JATENZO CAPSULE 158MG, 198MG	3	QL (120 EA per 30 days) PA MO
METHITEST	3	PA
<i>methyltestosterone</i>	1	PA MO
NATESTO	3	QL (21.96 GM per 30 days) PA MO
TESTIM	3	QL (300 GM per 30 days) PA MO
TESTOPEL	3	PA; ACS
<i>testosterone cypionate</i>	1	MO
<i>testosterone enanthate</i>	1	PA MO
<i>testosterone pump gel 1.62%</i>	1	QL (150 GM per 30 days) 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 1.62% (20.25mg/1.25gm, 40.5mg/2.5gm)</i>	1	QL (150 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

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
TLANDO	3	QL (120 EA per 30 days) PA MO
VOGELXO	3	QL (300 GM per 30 days) PA MO
VOGELXO PUMP	3	QL (300 GM per 30 days) PA MO
XYOSTED	3	PA MO
ANTIDIABETICS, INSULINS		
ADMELOG	2	MO
ADMELOG SOLOSTAR	2	MO
AFREZZA	3	MO
BD ALCOHOL SWABS	2	PA MO
APIDRA	3	ST MO
APIDRA SOLOSTAR	3	ST MO
BD INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	PA MO
BASAGLAR KWIKPEN	2	MO
BASAGLAR TEMPO PEN	3	ST 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
CEQR SIMPLICITY 2U	3	MO
CEQR SIMPLICITY INSERTER	3	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
HUMALOG	3	ST MO
HUMALOG JUNIOR KWIKPEN	3	ST MO
HUMALOG KWIKPEN	3	ST MO
HUMALOG MIX 50/50 KWIKPEN	3	ST MO
HUMALOG MIX 75/25	3	ST MO
HUMALOG MIX 75/25 KWIKPEN	3	ST MO
HUMALOG TEMPO PEN	3	ST MO
HUMULIN 70/30	3	ST MO
HUMULIN 70/30 KWIKPEN	3	ST MO
HUMULIN N	3	ST MO
HUMULIN N KWIKPEN	3	ST MO
HUMULIN R	3	ST MO
HUMULIN R U-500 (CONCENTRATED)	2	B/D MO
HUMULIN R U-500 KWIKPEN	2	MO
INSULIN ASPART	3	ST 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
INSULIN ASPART FLEXPEN	3	ST MO
INSULIN ASPART PENFILL	3	ST MO
INSULIN ASPART PROTAMINE/INSULIN ASPART	3	ST MO
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN	3	ST MO
INSULIN DEGLUDEC	3	ST MO
INSULIN DEGLUDEC FLEXTOUCH	3	ST MO
INSULIN GLARGINE	3	ST
INSULIN GLARGINE MAX SOLOSTAR	3	ST MO
INSULIN GLARGINE SOLOSTAR	3	ST MO
INSULIN GLARGINE-YFGN	3	ST MO
INSULIN LISPRO	3	ST MO
INSULIN LISPRO JUNIOR KWIKPEN	3	ST MO
INSULIN LISPRO KWIKPEN	3	ST MO
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN	3	ST MO
LANTUS	2	MO
LANTUS SOLOSTAR	2	MO
LYUMJEV	3	ST MO
LYUMJEV KWIKPEN	3	ST MO
LYUMJEV TEMPO PEN	3	ST MO
MYXREDLIN	3	ST
NOVOLIN 70/30	2	MO
NOVOLIN 70/30 FLEXPEN	2	MO
NOVOLIN 70/30 FLEXPEN RELION	3	ST MO
NOVOLIN 70/30 RELION	3	ST MO
NOVOLIN N	2	MO
NOVOLIN N FLEXPEN	2	MO
NOVOLIN N FLEXPEN RELION	3	ST MO
NOVOLIN N RELION	3	ST MO
NOVOLIN R	2	MO
NOVOLIN R FLEXPEN	2	MO
NOVOLIN R FLEXPEN RELION	3	ST MO
NOVOLIN R RELION	3	ST MO
NOVOLOG	2	MO
NOVOLOG FLEXPEN	2	MO
NOVOLOG FLEXPEN RELION	3	ST MO
NOVOLOG MIX 70/30	2	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	3	ST MO
NOVOLOG MIX 70/30 RELION	3	ST MO
NOVOLOG PENFILL	2	MO
NOVOLOG RELION	3	ST MO
OMNIPOD 5 G6 INTRO KIT (GEN 5)	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
OMNIPOD 5 G6 PODS (GEN 5)	3	MO
OMNIPOD 5 G7 INTRO KIT (GEN 5)	3	
OMNIPOD 5 G7 PODS (GEN 5)	3	
OMNIPOD CLASSIC PODS (GEN 3)	3	MO
OMNIPOD DASH INTRO KIT (GEN 4)	3	MO
OMNIPOD DASH PODS (GEN 4)	3	MO
OMNIPOD GO 10 UNITS/DAY	3	
OMNIPOD GO 15 UNITS/DAY	3	
OMNIPOD GO 20 UNITS/DAY	3	MO
OMNIPOD GO 25 UNITS/DAY	3	
OMNIPOD GO 30 UNITS/DAY	3	MO
OMNIPOD GO 35 UNITS/DAY	3	
OMNIPOD GO 40 UNITS/DAY	3	MO
OMNIPOD POD PALS	3	
REZVOGLAR KWIKPEN	3	ST MO
SEMGLEE	3	ST 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
V-GO 20	3	QL (30 EA per 30 days) MO
V-GO 30	3	QL (30 EA per 30 days) MO
V-GO 40	3	QL (30 EA per 30 days) 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
ACTOPLUS MET	3	QL (90 EA per 30 days) MO
ACTOS	3	QL (30 EA per 30 days) MO
ALOGLIPTIN	3	QL (30 EA per 30 days) ST MO
ALOGLIPTIN/METFORMIN HCL	3	QL (60 EA per 30 days) ST MO
ALOGLIPTIN/METFORMIN HYDROCHLORIDE	3	QL (60 EA per 30 days) ST MO
ALOGLIPTIN/PIOGLITAZONE	3	QL (30 EA per 30 days) ST MO
BYDUREON BCISE	2	QL (3.4 ML per 28 days) PA MO
BYETTA INJECTION 5MCG/0.02ML	3	QL (1.2 ML per 30 days) PA MO
BYETTA INJECTION 10MCG/0.04ML	3	QL (2.4 ML per 30 days) PA MO
CYCLOSET	3	QL (180 EA per 30 days) PA MO
<i>dapagliflozin propanediol</i>	1	QL (30 EA per 30 days) PA MO
<i>dapagliflozin propanediol/metformin hydrochloride tablet extended release 24 hour 10mg; 1000mg</i>	1	QL (30 EA per 30 days) PA MO
<i>dapagliflozin propanediol/metformin hydrochloride tablet extended release 24 hour 5mg; 1000mg</i>	1	QL (60 EA per 30 days) PA MO
DUETACT	3	QL (30 EA per 30 days) MO
FARXIGA	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>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
GLUCOTROL XL TABLET EXTENDED RELEASE 24 HOUR 10MG	3	QL (60 EA per 30 days) MO
GLUCOTROL XL TABLET EXTENDED RELEASE 24 HOUR 2.5MG, 5MG	3	QL (90 EA per 30 days) MO
GLUMETZA TABLET EXTENDED RELEASE 24 HOUR 500MG	3	QL (120 EA per 30 days) PA MO
GLUMETZA TABLET EXTENDED RELEASE 24 HOUR 1000MG	3	QL (60 EA per 30 days) PA MO
<i>glyburide</i>	1	PA MO
<i>glyburide micronized</i>	1	PA MO
<i>glyburide/metformin hydrochloride</i>	1	PA MO
GLYXAMBI	2	QL (30 EA per 30 days) MO
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50MG; 500MG	3	QL (120 EA per 30 days) ST MO
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150MG; 1000MG, 150MG; 500MG, 50MG; 1000MG	3	QL (60 EA per 30 days) ST MO
INVOKAMET TABLET 50MG; 500MG	3	QL (120 EA per 30 days) ST MO
INVOKAMET TABLET 150MG; 1000MG, 150MG; 500MG, 50MG; 1000MG	3	QL (60 EA per 30 days) ST MO
INVOKANA TABLET 300MG	3	QL (30 EA per 30 days) ST MO
INVOKANA TABLET 100MG	3	QL (60 EA per 30 days) ST 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

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
KAZANO	3	QL (60 EA per 30 days) ST MO
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 5MG, 500MG; 5MG	3	QL (30 EA per 30 days) ST MO
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 2.5MG	3	QL (60 EA per 30 days) ST MO
LIRAGLUTIDE	3	QL (9 ML per 30 days) PA
<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 er tablet extended release 24 hour 1000mg</i>	1	QL (60 EA per 30 days) PA MO
<i>metformin hydrochloride solution</i>	1	MO
METFORMIN HYDROCHLORIDE TABLET 625MG	3	QL (120 EA per 30 days) PA 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
<i>miglitol</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
NESINA	3	QL (30 EA per 30 days) ST MO
ONGLYZA	3	QL (30 EA per 30 days) ST MO
OSENI	3	QL (30 EA per 30 days) ST 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
QTERN	3	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
RIOMET	3	MO
RYBELSUS	2	QL (30 EA per 30 days) PA MO
<i>saxagliptin hydrochloride</i>	1	QL (30 EA per 30 days) ST MO
<i>saxagliptin hydrochloride/metformin hydrochloride er tablet extended release 24 hour 1000mg; 5mg, 500mg; 5mg</i>	1	QL (30 EA per 30 days) ST MO
<i>saxagliptin hydrochloride/metformin hydrochloride er tablet extended release 24 hour 1000mg; 2.5mg</i>	1	QL (60 EA per 30 days) ST MO
SEGLUROMET TABLET 2.5MG; 500MG	3	QL (120 EA per 30 days) ST 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
SEGLUROMET TABLET 2.5MG; 1000MG, 7.5MG; 1000MG, 7.5MG; 500MG	3	QL (60 EA per 30 days) ST MO
SITAGLIPTIN	3	QL (30 EA per 30 days) ST MO
SITAGLIPTIN/METFORMIN HYDROCHLORIDE	3	QL (60 EA per 30 days) ST
STEGLATRO	3	QL (30 EA per 30 days) ST MO
STEGLUJAN	3	QL (30 EA per 30 days) 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
TZIELD	3	PA; LD
VICTOZA	3	QL (9 ML per 30 days) PA MO
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
ZITUVIO TABLET 25MG	3	QL (30 EA per 30 days) ST
ZITUVIO TABLET 100MG, 50MG	3	QL (30 EA per 30 days) ST MO
CALCIUM REGULATORS		
ACTONEL TABLET 150MG	3	QL (1 EA per 28 days) ST MO
ACTONEL TABLET 35MG	3	QL (4 EA per 28 days) ST MO
<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
ATELVIA	3	QL (4 EA per 28 days) ST MO
BINOSTO	3	QL (4 EA per 28 days) ST MO
<i>calcitonin salmon injection</i>	1	PA MO
<i>calcitonin-salmon nasal spray</i>	1	MO
EVENITY	3	QL (2.34 ML per 28 days) PA; ACS
FORTEO	2	PA; ACS
FOSAMAX	3	QL (4 EA per 28 days) ST MO
FOSAMAX PLUS D	3	QL (4 EA per 28 days) ST MO
<i>ibandronate sodium tablet</i>	1	QL (1 EA per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
<i>ibandronate sodium injection</i>	1	QL (3 ML per 90 days) MO
MIACALCIN	3	PA 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
RECLAST	3	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
<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 620MCG/2.48ML	2	PA; ACS
<i>teriparatide injection 600mcg/2.4ml</i>	1	PA; ACS
TYMLOS	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
CUPRIMINE	3	ACS
CUVRIOR	3	PA; LD
<i>deferasirox</i>	1	PA; ACS
<i>deferiprone</i>	1	PA; ACS LD
<i>deferoxamine mesylate</i>	1	B/D; ACS
DEPEN TITRATABS	3	ACS
DESFERAL	3	B/D; ACS
EXJADE	3	PA; ACS LD
FERRIPROX	3	PA; LD
FERRIPROX TWICE-A-DAY	3	PA; LD
JADENU	3	PA; ACS LD
JADENU SPRINKLE	3	PA; ACS LD
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</i>	1	ACS
<i>sodium polystyrene sulfonate oral powder</i>	1	MO
<i>sps</i>	1	MO
SYPRINE	3	PA; ACS
<i>trientine hydrochloride capsule 500mg</i>	1	PA
<i>trientine hydrochloride capsule 250mg</i>	1	PA; ACS
VELTASSA PACKET 16.8GM, 25.2GM	2	QL (30 EA per 30 days) MO
VELTASSA PACKET 8.4GM	2	QL (90 EA per 30 days) MO
CONTRACEPTIVES		
<i>afirmelle</i>	1	
<i>altavera</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>alyacen 1/35</i>	1	MO
<i>alyacen 7/7/7</i>	1	
<i>amethia</i>	1	
<i>amethyst</i>	1	
ANNOVERA	3	QL (1 EA per 365 days) MO
<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	
BALCOLTRA	3	MO
<i>balziva</i>	1	
BEYAZ	3	MO
<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	
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-PROVERA CONTRACEPTIVE	3	MO
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</i>	1	MO
<i>elinest</i>	1	
<i>eluryng</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<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>gemmily</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>joyeaux</i>	1	MO
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<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	
KYLEENA	3	ACS
<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	

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Drug Name	Drug Tier	Requirements/Limits
LAYOLIS FE	3	
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>levonorgestrel/ethinyl estradiol/ferrous bisglycinate</i>	1	MO
<i>levora 0.15/30-28</i>	1	
LILETTA	2	ACS
LO LOESTRIN FE	3	MO
<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>merzee</i>	1	
<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	
MIRENA	3	ACS
<i>mono-linyah</i>	1	
NATAZIA	3	MO
<i>necon 0.5/35-28</i>	1	
NEXPLANON	2	ACS
NEXTSTELLIS	3	MO
<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</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg</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
<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	
NUVARING	3	MO
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	MO
<i>nymyo</i>	1	
OCELLA	2	
<i>orsythia</i>	1	
PHEXXI	3	MO
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>portia-28</i>	1	
QUARTETTE	3	MO
<i>reclipsen</i>	1	
RIVELSA	2	
SAFYRAL	3	MO
SEASONIQUE	3	MO
<i>setlakin</i>	1	
<i>sharobel</i>	1	
<i>simliya</i>	1	
<i>simpesse</i>	1	MO
SKYLA	3	ACS
SLYND	2	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	
<i>taysofy</i>	1	
TAYTULLA	3	MO
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	

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>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	
TYBLUME	3	MO
<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	
YASMIN 28	3	MO
YAZ	3	MO
<i>zafemy</i>	1	
<i>zovia 1/35</i>	1	
<i>zumandimine</i>	1	
ESTROGENS		
ACTIVELLA	3	MO
<i>amabelz</i>	1	MO
ANGELIQ	3	MO
BIJUVA	3	QL (30 EA per 30 days) MO
CLIMARA	3	QL (4 EA per 28 days) MO
CLIMARA PRO	3	QL (4 EA per 28 days) MO
COMBIPATCH	3	QL (8 EA per 28 days) MO
DELESTROGEN INJECTION 10MG/ML, 20MG/ML	3	MO
DEPO-ESTRADIOL	3	MO
DIVIGEL	3	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
ELESTRIN	3	MO
ESTRACE	3	MO
<i>estradiol valerate</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>estradiol/norethindrone acetate tablet 1mg/0.5mg, 0.5mg/0.1mg</i>	1	MO
<i>estradiol vaginal cream, gel, 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
ESTROGEL	3	MO
EVAMIST	3	QL (16.2 ML per 30 days) MO
FEMRING	3	QL (1 EA per 90 days) MO
<i>fyavolv</i>	1	MO
IMVEXXY MAINTENANCE PACK	3	PA MO
IMVEXXY STARTER PACK	3	PA MO
<i>jinteli</i>	1	
<i>lyllana</i>	1	QL (8 EA per 28 days)
MENEST	3	MO
MENOSTAR	3	QL (4 EA per 28 days) MO
<i>mimvey</i>	1	
MINIVELLE	3	QL (8 EA per 28 days) MO
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	1	MO
PREMARIN	3	MO
PREMPHASE	3	MO
PREMPRO	3	MO
VAGIFEM	3	MO
VIVELLE-DOT	3	QL (8 EA per 28 days) MO
<i>yuvafem</i>	1	
GLUCOCORTICOIDS		
AGAMREE	3	QL (200 ML per 26 days) PA; LD
ALKINDI SPRINKLE	3	PA; ACS LD
<i>betamethasone sodium phosphate/betamethasone acetate</i>	1	MO
CELESTONE-SOLUSPAN	3	MO
CORTEF	3	MO
CORTISONE ACETATE TABLET	3	
<i>deflazacort</i>	1	PA; ACS
DEPO-MEDROL	3	B/D MO
DEXABLISS	3	
<i>dexamethasone</i>	1	MO
<i>dexamethasone 10-day dose pack</i>	1	
<i>dexamethasone 13-day dose pack</i>	1	MO
<i>dexamethasone 6-day dose pack</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

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
EMFLAZA	3	PA
<i>fludrocortisone acetate</i>	1	MO
HEMADY	3	
HEXATRIONE	3	
<i>hidex 6-day</i>	1	
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	1	MO
KENALOG-10	3	MO
KENALOG-40	3	MO
KENALOG-80	3	MO
MEDROL	3	B/D MO
MEDROL DOSEPAK	3	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
ORAPRED ODT	3	B/D MO
PEDIAPRED	3	B/D MO
<i>prednisolone</i>	1	B/D MO
<i>prednisolone sodium phosphate odt</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
PREDNISON INTENSOL	3	B/D MO
<i>prednisone solution, tablet</i>	1	B/D MO
<i>prednisone tablet therapy pack</i>	1	MO
RAYOS	3	B/D MO
SOLU-CORTEF	3	MO
SOLU-MEDROL INJECTION 2GM	3	B/D
SOLU-MEDROL INJECTION 1000MG, 125MG, 40MG, 500MG	3	B/D MO
<i>taperdex 12-day</i>	1	
<i>taperdex 6-day</i>	1	MO
<i>taperdex 7-day</i>	1	
<i>triamcinolone acetonide injection 40mg/ml</i>	1	MO
ZILRETTA	3	ACS LD
GLUCOSE ELEVATING AGENTS		
BAQSIMI ONE PACK	3	MO
BAQSIMI TWO PACK	3	MO
<i>diazoxide</i>	1	MO
GLUCAGON EMERGENCY KIT	3	MO
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG/ML	3	

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
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG	3	MO
GVOKE HYPOPEN 1-PACK	2	MO
GVOKE HYPOPEN 2-PACK	2	MO
GVOKE KIT	2	MO
GVOKE PFS	2	MO
PROGLYCEM	3	MO
ZEGALOGUE	2	MO
MISCELLANEOUS		
ACETADOTE	3	
<i>acetylcysteine injection 200mg/ml</i>	1	
ACTHAR	2	QL (1.5 ML per 1 days) PA; ACS LD
ACTHAR GEL INJECTION 40UNIT/0.5ML	2	QL (15 ML per 30 days) PA; ACS LD
ACTHAR GEL INJECTION 80UNIT/ML	2	QL (30 ML per 30 days) PA; ACS LD
ALDURAZYME	3	PA; ACS LD
<i>betaine anhydrous</i>	1	LD
BUPHENYL	3	PA; ACS LD
<i>cabergoline</i>	1	MO
CARBAGLU	2	PA; LD
<i>carglumic acid</i>	1	PA; LD
CARNITOR	3	MO
CARNITOR SF	3	MO
CERDELGA	3	PA; ACS LD
CEREZYME	3	PA; ACS LD
CHORIONIC GONADOTROPIN	3	PA; ACS
<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
CORTROPHIN	3	QL (1.5 ML per 1 days) PA; ACS LD
CRYSVITA	3	PA; ACS LD
CYSTADANE	3	LD
CYSTAGON	3	PA; ACS LD
DDAVP	3	MO
<i>desmopressin acetate</i>	1	MO
DOJOLVI	3	PA; ACS LD
EGRIFTA SV	3	QL (30 EA per 30 days) PA; ACS LD
ELAPRASE	3	PA; ACS LD
ELELYSO	3	PA; ACS LD
ELFABRIO INJECTION 5MG/2.5ML	3	PA; ACS LD
ELFABRIO INJECTION 20MG/10ML	3	PA; LD

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Drug Name	Drug Tier	Requirements/Limits
EVISTA	3	MO
FABRAZYME	3	PA; ACS LD
FENSOLVI	3	PA; ACS LD
<i>fomepizole</i>	1	
GALAFOLD	3	QL (14 EA per 28 days) PA; LD
GENOTROPIN	2	PA; ACS
GENOTROPIN MINIQUICK	2	PA; ACS
HUMATROPE	2	PA; ACS
INCRELEX	3	PA; ACS LD
ISTURISA TABLET 1MG	3	QL (240 EA per 30 days) PA; LD
ISTURISA TABLET 5MG	3	QL (360 EA per 30 days) PA; LD
<i>javygtor</i>	1	PA; LD
JYNARQUE	3	PA; LD
KANUMA	3	PA; ACS LD
KORLYM	3	PA; LD
KUVAN	3	PA; ACS LD
LAMZEDE	3	PA; LD
LANREOTIDE ACETATE	3	PA; ACS
LEVOCARNITINE TABLET	3	MO
<i>levocarnitine injection</i>	1	
<i>levocarnitine oral solution</i>	1	MO
LUMIZYME	3	PA; ACS LD
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
MEPSEVII	3	PA
<i>methergine</i>	1	
<i>methylergonovine maleate tablet</i>	1	MO
<i>mifepristone</i>	1	PA
<i>miglustat</i>	1	QL (90 EA per 30 days) PA; ACS LD
MYALEPT	3	QL (30 EA per 30 days) PA; LD
MYCAPSSA	3	QL (112 EA per 28 days) PA; LD
MYFEMBREE	3	QL (28 EA per 28 days) PA MO
NAGLAZYME	3	PA; ACS LD
NEXVIAZYME	3	PA; ACS LD
NGENLA	3	PA; ACS LD
<i>nitisinone</i>	1	PA; ACS
NITYR	3	PA; LD
NORDITROPIN FLEXPRO	3	PA; ACS
NOVAREL	3	PA; ACS
NULIBRY	3	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
NUTROPIN AQ NUSPIN 10	3	PA; ACS LD
NUTROPIN AQ NUSPIN 20	3	PA; ACS LD
NUTROPIN AQ NUSPIN 5	3	PA; ACS LD
<i>octreotide acetate</i>	1	PA; ACS
OLPRUVA	3	PA; ACS LD
OMNITROPE	2	PA; ACS LD
OPFOLDA	3	QL (8 EA per 28 days) PA; ACS LD
ORFADIN	3	PA; LD
ORIAHNN	3	QL (56 EA per 28 days) PA MO
ORLISSA TABLET 150MG	3	QL (28 EA per 28 days) PA MO
ORLISSA TABLET 200MG	3	QL (56 EA per 28 days) PA MO
OSPHENA	3	QL (30 EA per 30 days) PA MO
PALYNZIQ	3	PA; ACS LD
PHEBURANE	3	PA; LD
POMBILITI	3	PA; ACS LD
PREGNYL INJECTION	3	PA; ACS
PROCYSBI PACKET	3	PA; LD
PROCYSBI CAPSULE DELAYED RELEASE 25MG	3	QL (120 EA per 30 days) PA; LD
PROCYSBI CAPSULE DELAYED RELEASE 75MG	3	QL (810 EA per 30 days) PA; LD
<i>raloxifene hydrochloride</i>	1	MO
RAVICTI	3	PA; ACS LD
RECORLEV	3	QL (240 EA per 30 days) PA; LD
REVCOVI	3	PA; LD
REZDIFFRA	3	QL (30 EA per 30 days) PA; ACS LD
SAMSCA TABLET 15MG	3	QL (30 EA per 30 days) PA; ACS LD
SAMSCA TABLET 30MG	3	QL (60 EA per 30 days) PA; ACS LD
SANDOSTATIN	3	PA; ACS
SANDOSTATIN LAR DEPOT KIT	3	PA; ACS
<i>sapropterin dihydrochloride</i>	1	PA; ACS
SENSIPAR TABLET 90MG	3	QL (120 EA per 30 days); ACS
SENSIPAR TABLET 30MG, 60MG	3	QL (60 EA per 30 days); ACS
SEROSTIM	3	PA; ACS LD
SIGNIFOR INJECTION	3	PA; LD
SIGNIFOR LAR INJECTION	3	QL (1 EA per 28 days) PA; LD
SKYTROFA	3	PA; ACS LD
<i>sodium phenylbutyrate</i>	1	PA; ACS
SOGROYA	3	PA; ACS LD
SOMATULINE DEPOT	2	PA; ACS LD
SOMAVERT	3	PA; ACS LD
STRENSIQ	3	PA; LD
SYNAREL	3	MO

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Drug Name	Drug Tier	Requirements/Limits
TEPEZZA	3	PA; ACS LD
<i>tolvaptan tablet 15mg</i>	1	QL (30 EA per 30 days) PA; ACS LD
<i>tolvaptan tablet 30mg</i>	1	QL (60 EA per 30 days) PA; ACS LD
TRIPTODUR	3	PA
<i>vasopressin</i>	1	
VASOPRESSIN/SODIUM CHLORIDE	3	
VASOSTRICT	3	
VEOZAH	3	QL (30 EA per 30 days) PA MO
VIJOICE PACKET	3	QL (28 EA per 28 days) PA; ACS LD
VIJOICE TABLET THERAPY PACK 125MG, 50MG	3	QL (28 EA per 28 days) PA; ACS LD
VIJOICE TABLET THERAPY PACK 250MG	3	QL (56 EA per 28 days) PA; ACS LD
VIMIZIM	3	PA; ACS LD
VISTOGARD	3	QL (20 EA per 166 days)
VOXZOGO	3	QL (30 EA per 30 days) PA; ACS LD
VPRIV	3	PA; ACS LD
XENPOZYME	3	PA; ACS LD
XIAFLEX	3	PA; ACS
XPHOZAH	3	QL (60 EA per 30 days) PA; LD
XURIDEN	3	QL (120 EA per 30 days) PA
<i>yargesa</i>	1	QL (90 EA per 30 days) PA; LD
ZAVESCA	3	QL (90 EA per 30 days) PA; LD
ZOKINVY	3	QL (120 EA per 30 days) PA; ACS
ZOMACTON	3	PA; ACS
PROGESTINS		
CRINONE	3	PA MO
<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
PROMETRIUM	3	MO
PROVERA	3	MO
THYROID AGENTS		
ADTHYZA	3	MO
ARMOUR THYROID	3	MO
CYTOMEL	3	MO
ERMEZA	3	MO
<i>euthyrox</i>	1	MO
<i>levo-t</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
LEVOTHYROXINE SODIUM CAPSULE	3	MO
<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
NIVA THYROID	3	MO
NP THYROID 120	3	MO
NP THYROID 15	3	MO
NP THYROID 30	3	MO
NP THYROID 60	3	MO
NP THYROID 90	3	MO
<i>propylthiouracil</i>	1	MO
SYNTHROID	3	MO
THYQUIDITY	3	MO
TIROSINT	3	MO
TIROSINT-SOL	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	
<i>doxercalciferol capsule</i>	1	MO
HECTOROL	3	
<i>paricalcitol</i>	1	MO
RAYALDEE	2	MO
ROCALTROL	3	MO
ZEMPLAR	3	MO
GASTROINTESTINAL		
ANTIEMETICS		
AKYNZEO INJECTION	3	ACS LD
AKYNZEO CAPSULE	3	QL (4 EA per 30 days) B/D
ANTIVERT	3	HRM
ANZEMET	3	B/D
APONVIE	3	
<i>aprepitant</i>	1	B/D MO
BONJESTA	3	QL (60 EA per 30 days) MO; HRM
CINVANTI	3	PA
<i>compro</i>	1	MO; HRM

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Drug Name	Drug Tier	Requirements/Limits
DICLEGIS	3	QL (120 EA per 30 days) MO; HRM
DIMENHYDRINATE	3	
<i>doxylamine succinate/pyridoxine hydrochloride</i>	1	QL (120 EA per 30 days) MO; HRM
<i>dronabinol</i>	1	QL (60 EA per 30 days) PA MO
EMEND TRIPACK	3	B/D MO
EMEND SUSPENSION RECONSTITUTED	3	B/D
EMEND CAPSULE	3	B/D MO
EMEND INJECTION	3	MO
FOCINVEZ	3	
<i>fosaprepitant dimeglumine</i>	1	MO
GIMOTI	3	QL (9.8 ML per 28 days) PA
<i>granisetron hcl injection</i>	1	MO
<i>granisetron hydrochloride tablet</i>	1	QL (60 EA per 30 days) B/D MO
MARINOL	3	QL (60 EA per 30 days) PA 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
PALONOSETRON HYDROCHLORIDE INJECTION 0.25MG/2ML	3	
<i>palonosetron hydrochloride injection 0.25mg/5ml</i>	1	
PHENERGAN	3	PA MO; HRM
<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
REGLAN	3	MO
<i>scopolamine</i>	1	QL (10 EA per 30 days) PA MO; HRM
SUSTOL	3	
SYNDROS	3	PA MO
TIGAN	3	PA MO

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Drug Name	Drug Tier	Requirements/Limits
TRANSDERM-SCOP	3	QL (10 EA per 30 days) PA MO; HRM
<i>trimethobenzamide hydrochloride</i>	1	PA MO
VARUBI	3	QL (4 EA per 30 days) B/D; ACS
ANTISPASMODICS		
ATROPINE SULFATE INJECTION 0.25MG/5ML, 8MG/20ML	3	PA
ATROPINE SULFATE INJECTION 1MG/10ML	3	PA MO
<i>atropine sulfate injection 0.4mg/ml, 0.5mg/5ml, 1mg/ml, 8mg/20ml</i>	1	PA
BELLADONNA/OPIUM	3	PA MO
CHLORDIAZEPOXIDE HYDROCHLORIDE/CLIDINIUM BROMIDE	3	QL (240 EA per 30 days) PA MO; HRM
CUVPOSA	3	QL (1350 ML per 30 days) MO
<i>dicyclomine hcl</i>	1	PA MO; HRM
<i>dicyclomine hydrochloride</i>	1	PA MO; HRM
GLYCATE	3	
<i>glycopyrrolate oral solution</i>	1	MO
GLYCOPYRROLATE INJECTION 0.6MG/3ML	3	
<i>glycopyrrolate injection 0.2mg/ml (preservative free, prefilled 1 syringe), 0.4mg/2ml</i>	1	MO
<i>glycopyrrolate injection 0.2mg/ml, 1mg/5ml, 4mg/20ml</i>	1	MO
GLYCOPYRROLATE TABLET 1.5MG	3	
<i>glycopyrrolate tablet 1mg, 2mg</i>	1	MO
<i>hyoscyamine sulfate</i>	1	PA MO; HRM
<i>hyoscyamine sulfate odt</i>	1	PA MO; HRM
LEVSIN	3	PA MO; HRM
LEVSIN/SL	3	PA MO; HRM
LIBRAX	3	QL (240 EA per 30 days) PA MO; HRM
<i>methscopolamine bromide</i>	1	PA MO
<i>nulev</i>	1	PA MO; HRM
<i>oscimin tablet sublingual</i>	1	PA MO; HRM
<i>oscimin tablet</i>	1	PA; HRM
ROBINUL	3	MO
ROBINUL FORTE	3	MO
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine tablet</i>	1	MO
<i>famotidine premixed</i>	1	
<i>famotidine injection</i>	1	
<i>famotidine suspension reconstituted, tablet</i>	1	MO
<i>nizatidine</i>	1	MO
PEPCID	3	MO
INFLAMMATORY BOWEL DISEASE		

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Drug Name	Drug Tier	Requirements/Limits
APRISO	3	QL (120 EA per 30 days) MO
AZULFIDINE	3	MO
AZULFIDINE EN-TABS	3	MO
<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>budesonide foam 2mg</i>	1	QL (66.8 GM per 28 days) MO
CANASA	3	MO
COLAZAL	3	MO
CORTENEMA	3	MO
DELZICOL	3	MO
DIPENTUM	3	MO
<i>hydrocortisone enema 100mg/60ml</i>	1	MO
LIALDA	3	MO
<i>mesalamine</i>	1	MO
<i>mesalamine dr</i>	1	MO
<i>mesalamine er capsule extended release 24 hour 0.375gm</i>	1	QL (120 EA per 30 days) MO
<i>mesalamine er capsule extended release 500mg</i>	1	QL (240 EA per 30 days) MO
PENTASA CAPSULE EXTENDED RELEASE 500MG	3	QL (240 EA per 30 days) MO
PENTASA CAPSULE EXTENDED RELEASE 250MG	3	QL (480 EA per 30 days) MO
ROWASA	3	MO
SFROWASA	3	QL (1680 ML per 28 days) MO
<i>sulfasalazine</i>	1	MO
UCERIS TABLET EXTENDED RELEASE 24 HOUR	3	MO
UCERIS FOAM	3	QL (66.8 GM per 28 days) 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
LACTULOSE PACKET	3	PA MO
<i>lactulose solution</i>	1	MO
MOVIPREP	3	MO
<i>peg-3350/electrolytes</i>	1	MO
<i>peg-3350/electrolytes/ascorbate</i>	1	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
PLENVU	3	MO
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	3	MO
SUFLAVE	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
AMITIZA	3	QL (60 EA per 30 days) PA MO
<i>bismuth subcitrate pot/metronidazole/tetracycline hydrochloride</i>	1	MO
BYLVAY (PELLETS) CAPSULE SPRINKLE 200MCG	3	QL (1080 EA per 30 days) PA; LD
BYLVAY (PELLETS) CAPSULE SPRINKLE 600MCG	3	QL (360 EA per 30 days) PA; LD
BYLVAY CAPSULE 1200MCG	3	QL (180 EA per 30 days) PA; LD
BYLVAY CAPSULE 400MCG	3	QL (540 EA per 30 days) PA; LD
CARAFATE	3	MO
CHENODAL	3	PA
CHOLBAM	3	PA; LD
CREON	2	MO
<i>cromolyn sodium concentrate 100mg/5ml</i>	1	MO
CYTOTEC	3	MO
<i>diphenoxylate hydrochloride/atropine sulfate tablet</i>	1	MO; HRM
<i>diphenoxylate/atropine oral solution</i>	1	MO; HRM
EOHILIA	3	QL (600 ML per 30 days) PA MO
GASTROCROM	3	MO
GATTEX	3	PA; ACS LD
HELIDAC THERAPY	3	QL (448 EA per 365 days)
IBSRELA	3	PA MO
IQIRVO	3	QL (30 EA per 30 days) 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
LIVMARLI	3	QL (90 ML per 30 days) PA; LD
LOMOTIL	3	MO; HRM
<i>loperamide hcl</i>	1	MO
LOTRONEX	3	QL (60 EA per 30 days) PA MO
LUBIPROSTONE	3	QL (60 EA per 30 days) PA MO
<i>misoprostol</i>	1	MO
MOTEGRITY	3	QL (30 EA per 30 days) PA MO
MOTOFEN	3	QL (240 EA per 30 days) ST MO; HRM
MOVANTIK TABLET 25MG	2	QL (30 EA per 30 days) MO
MOVANTIK TABLET 12.5MG	2	QL (60 EA per 30 days) MO
MYTESI	3	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
OICALIVA	3	QL (30 EA per 30 days) PA; ACS LD
OMECLAMOX-PAK	3	QL (160 EA per 365 days) MO
<i>opium tincture</i>	1	MO
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 21000UNIT, 16800UNIT	2	MO
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 2600UNIT, 4200UNIT, 10500UNIT	3	MO
PERTZYE	3	MO
PYLERA	3	MO
REBYOTA	3	PA; LD
RELISTOR TABLET	2	QL (90 EA per 30 days) PA MO
RELISTOR INJECTION	3	PA MO
RELTONE	3	PA
SUCRAID	3	LD
SUCRALFATE SUSPENSION	3	MO
<i>sucralfate tablet</i>	1	MO
SYMPROIC	3	MO
TALICIA	3	QL (336 EA per 365 days) MO
TRULANCE	3	QL (30 EA per 30 days) MO
URSO 250	3	MO
URSO FORTE	3	MO
URSODIOL CAPSULE 200MG, 400MG	3	PA
<i>ursodiol capsule 300mg</i>	1	MO
<i>ursodiol tablet</i>	1	MO
VIBERZI	3	QL (60 EA per 30 days) PA MO
VIOKACE	3	MO
VOQUEZNA DUAL PAK	3	QL (224 EA per 365 days) MO
VOQUEZNA TRIPLE PAK	3	QL (224 EA per 365 days) 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		
ACIPHEX	3	QL (30 EA per 30 days) MO
DEXILANT	3	QL (30 EA per 30 days) MO
<i>dexlansoprazole</i>	1	QL (30 EA per 30 days) MO
<i>esomeprazole magnesium</i>	1	QL (30 EA per 30 days) MO
<i>esomeprazole sodium injection</i>	1	
KONVOMEF	3	QL (600 ML per 30 days) PA
<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>lansoprazole tablet delayed release disintegrating 15mg</i>	1	QL (30 EA per 30 days) MO
<i>lansoprazole tablet delayed release disintegrating 30mg</i>	1	QL (42 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
NEXIUM CAPSULE, PACKET	3	QL (30 EA per 30 days) MO
NEXIUM I.V. INJECTION	3	PA
<i>omeprazole</i>	1	QL (60 EA per 30 days) MO
<i>omeprazole dr</i>	1	QL (30 EA per 30 days) MO
<i>omeprazole/sodium bicarbonate</i>	1	QL (30 EA per 30 days) MO
PANTOPRAZOLE SODIUM/SODIUM CHLORIDE	3	
<i>pantoprazole sodium injection</i>	1	
<i>pantoprazole sodium packet</i>	1	QL (30 EA per 30 days) MO
<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
PREVACID CAPSULE DELAYED RELEASE 30MG	3	QL (42 EA per 30 days) MO
PREVACID SOLUTAB TABLET DELAYED RELEASE DISINTEGRATING 15MG	3	QL (30 EA per 30 days) MO
PREVACID SOLUTAB TABLET DELAYED RELEASE DISINTEGRATING 30MG	3	QL (42 EA per 30 days) MO
PRILOSEC PACKET 10MG	3	QL (120 EA per 30 days) MO
PRILOSEC PACKET 2.5MG	3	QL (90 EA per 30 days) MO
PROTONIX INJECTION	3	
PROTONIX PACKET	3	QL (30 EA per 30 days) MO
PROTONIX TABLET DELAYED RELEASE 20MG	3	QL (30 EA per 30 days) MO
PROTONIX TABLET DELAYED RELEASE 40MG	3	QL (60 EA per 30 days) MO
<i>rabeprazole sodium</i>	1	QL (30 EA per 30 days) MO
VOQUEZNA TABLET 10MG	3	QL (30 EA per 30 days) MO
VOQUEZNA TABLET 20MG	3	QL (60 EA per 30 days) MO
ZEGERID	3	QL (30 EA per 30 days) PA MO

GENITOURINARY**BENIGN PROSTATIC HYPERPLASIA**

<i>alfuzosin hcl er</i>	1	QL (30 EA per 30 days) MO
AVODART	3	QL (30 EA per 30 days) MO
CARDURA XL TABLET EXTENDED RELEASE 24 HOUR 8MG	3	QL (30 EA per 30 days) MO
CARDURA XL TABLET EXTENDED RELEASE 24 HOUR 4MG	3	QL (60 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
ENTADFI	3	QL (30 EA per 30 days) PA
<i>finasteride tablet 5mg</i>	1	QL (30 EA per 30 days) MO
FLOMAX	3	QL (60 EA per 30 days) MO
PROSCAR	3	QL (30 EA per 30 days) MO
RAPAFLO	3	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
UROXATRAL	3	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
MISCELLANEOUS		
<i>acetic acid 0.25% irrigation solution</i>	1	MO
<i>bethanechol chloride</i>	1	MO
ELMIRON	3	QL (90 EA per 30 days) MO
FILSPARI	3	QL (30 EA per 30 days) PA; ACS LD
<i>flavoxate hcl</i>	1	MO; HRM
INTRAROSA	3	QL (28 EA per 28 days) PA MO
LITHOSTAT	3	MO
<i>neomycin/polymyxin b sulfates</i>	1	MO
ORACIT	3	MO
ORAL CITRATE	3	
OXLUMO	3	PA; LD
<i>potassium citrate er</i>	1	MO
<i>potassium citrate/citric acid</i>	1	MO
RENACIDIN	3	MO
RIMSO-50	3	MO
RIVFLOZA INJECTION 128MG/0.8ML	3	QL (0.8 ML per 30 days) PA; LD
RIVFLOZA INJECTION 160MG/ML, 80MG/0.5ML	3	QL (1 ML per 30 days) PA; LD
<i>sodium citrate/citric acid</i>	1	MO
SORBITOL IRRIGATION SOLUTION	3	
TARPEYO	3	QL (120 EA per 30 days) PA; LD
THIOLA	3	LD
THIOLA EC	3	LD
<i>tiopronin</i>	1	ACS
<i>tiopronin dr</i>	1	
<i>tricitrates</i>	1	MO
UROCIT-K 10	3	MO
UROCIT-K 15	3	MO
UROCIT-K 5	3	MO
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide er</i>	1	QL (30 EA per 30 days) MO; HRM
DETROL	3	QL (60 EA per 30 days) MO; HRM
DETROL LA	3	QL (30 EA per 30 days) MO; HRM
<i>fesoterodine fumarate er</i>	1	QL (30 EA per 30 days) MO; HRM
GELNIQUE	3	QL (30 GM per 30 days) MO; HRM
GEMTESA	3	QL (30 EA per 30 days) MO
<i>mirabegron er</i>	1	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

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>oxybutynin chloride solution</i>	1	QL (600 ML per 30 days) MO; HRM
OXYBUTYNIN CHLORIDE TABLET 2.5MG	3	QL (90 EA per 30 days) MO
<i>oxybutynin chloride tablet 5mg</i>	1	QL (120 EA per 30 days) MO; HRM
OXYTROL	3	QL (8 EA per 28 days) MO; HRM
<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
TOVIAZ	3	QL (30 EA per 30 days) MO; HRM
<i>tropium chloride</i>	1	QL (60 EA per 30 days) MO; HRM
<i>tropium chloride er</i>	1	QL (30 EA per 30 days) MO; HRM
VESICARE	3	QL (30 EA per 30 days) MO; HRM
VESICARE LS	3	QL (300 ML per 30 days); HRM
VAGINAL ANTI-INFECTIVES		
CLEOCIN CREAM 2%	3	MO
CLEOCIN SUPPOSITORY 100MG	3	MO
<i>clindamycin phosphate cream 2%</i>	1	MO
CLINDESSE	3	QL (5 GM per 30 days) MO
GYNAZOLE-1	3	MO
<i>metronidazole vaginal</i>	1	MO
<i>miconazole 3 vaginal suppository</i>	1	MO
NUVESSA	3	MO
<i>terconazole vaginal cream, suppository</i>	1	MO
VANDAZOLE	3	MO
XACIATO	3	
HEMATOLOGIC		
ANTICOAGULANTS		
<i>argatroban</i>	1	
ARIXTRA	3	MO
<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/NAACL 0.45%	2	

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Drug Name	Drug Tier	Requirements/Limits
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
LOVENOX	3	MO
PRADAXA CAPSULE 110MG	3	QL (120 EA per 30 days) MO
PRADAXA CAPSULE 150MG, 75MG	3	QL (60 EA per 30 days) 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)
SAVAYSA	3	QL (30 EA per 30 days) ST MO
<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		
ARANESP ALBUMIN FREE INJECTION 500MCG/ML	2	QL (1 ML per 21 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 150MCG/0.3ML	2	QL (1.2 ML per 28 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 200MCG/0.4ML	2	QL (1.6 ML per 28 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 100MCG/0.5ML	2	QL (2 ML per 28 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 300MCG/0.6ML	2	QL (2.4 ML per 28 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 100MCG/ML, 200MCG/ML	2	QL (4 ML per 28 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 60MCG/0.3ML	3	QL (1.2 ML per 28 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 10MCG/0.4ML, 40MCG/0.4ML	3	QL (1.6 ML per 28 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 25MCG/0.42ML	3	QL (1.68 ML per 28 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 25MCG/ML, 40MCG/ML, 60MCG/ML	3	QL (4 ML per 28 days) PA; ACS
EPOGEN	3	QL (12 ML per 28 days) PA; ACS
FULPHILA	3	PA; ACS
FYLNETRA	3	PA; ACS LD
GRANIX	3	PA; ACS
LEUKINE	3	PA; ACS
MOZOBIL	3	PA; ACS LD
NEULASTA	3	PA; ACS
NEULASTA ONPRO KIT	3	PA; ACS
NEUPOGEN	2	PA; ACS
NIVESTYM	3	PA; ACS
NPLATE	3	PA; ACS
NYVEPRIA	3	PA; ACS
<i>plerixafor</i>	1	PA; ACS

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Drug Name	Drug Tier	Requirements/Limits
PROCRT	2	PA; ACS
RELEUKO INJECTION 480MCG/0.8ML	2	PA; ACS LD
RELEUKO INJECTION 300MCG/0.5ML	3	PA; ACS LD
RETACRIT INJECTION 40000UNIT/ML	2	PA; ACS
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 30000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA; ACS
ROLVEDON	3	PA; ACS LD
STIMUFEND	3	PA; ACS
UDENYCA	3	PA; ACS
UDENYCA ONBODY	3	PA; ACS
XOLREMDI	3	QL (120 EA per 30 days) PA; LD
ZARXIO	2	PA; ACS
ZIEXTENZO	2	PA; ACS
MISCELLANEOUS		
ADAKVEO	3	PA; ACS
ADZYNMA	3	PA; ACS LD
AGRYLIN	3	MO
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>aminocaproic acid injection</i>	1	
<i>aminocaproic acid oral solution, tablet</i>	1	MO
<i>anagrelide hydrochloride</i>	1	MO
BERINERT	3	QL (24 EA per 30 days) PA; ACS LD
CABLIVI	3	PA; LD
<i>cilostazol</i>	1	MO
CINRYZE	3	QL (20 EA per 30 days) PA; ACS LD
CYKLOKAPRON	3	
DOPTELET	2	QL (60 EA per 30 days) PA; ACS LD
DROXIA	2	MO
EMPAVELI	3	QL (200 ML per 30 days) PA; LD
ENDARI	3	PA; ACS LD
ENJAYMO	3	PA; ACS LD
FABHALTA	3	QL (60 EA per 30 days) PA; LD
FIRAZYR	3	QL (27 ML per 30 days) PA; ACS
GIVLAARI	3	PA; LD
HAEGARDA INJECTION 3000UNIT	3	QL (20 EA per 30 days) PA; ACS LD

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Drug Name	Drug Tier	Requirements/Limits
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
KALBITOR	3	QL (12 ML per 30 days) PA; ACS LD
<i>l-glutamine</i>	1	PA; ACS
MULPLETA	3	QL (14 EA per 365 days) PA; ACS
ORLADEYO	3	QL (28 EA per 28 days) PA; LD
OXBRYTA TABLET SOLUBLE	3	QL (150 EA per 30 days) PA; ACS LD
OXBRYTA TABLET	3	QL (90 EA per 30 days) PA; ACS LD
<i>pentoxifylline er</i>	1	MO
PIASKY	3	PA
PROMACTA PACKET 25MG	2	QL (180 EA per 30 days) PA; ACS LD
PROMACTA PACKET 12.5MG	2	QL (360 EA per 30 days) PA; ACS LD
PROMACTA TABLET 12.5MG, 25MG	2	QL (30 EA per 30 days) PA; ACS LD
PROMACTA TABLET 50MG, 75MG	2	QL (60 EA per 30 days) PA; ACS LD
PYRUKYND	3	QL (56 EA per 28 days) PA; LD
PYRUKYND TAPER PACK TABLET THERAPY PACK 20MG; 5MG, 50MG; 20MG	3	QL (14 EA per 14 days) PA; LD
PYRUKYND TAPER PACK TABLET THERAPY PACK 5MG	3	QL (7 EA per 7 days) PA; LD
REBLOZYL	3	PA; ACS LD
RUCONEST	3	QL (12 EA per 30 days) PA; ACS LD
RYPLAZIM	3	PA; LD
RYTELO	3	PA; LD
<i>sajazir</i>	1	QL (27 ML per 30 days) PA; LD
SIKLOS	3	PA MO
SOLIRIS	3	PA; ACS LD
TAKHZYRO INJECTION 150MG/ML	3	QL (2 ML per 28 days) PA; ACS LD
TAKHZYRO INJECTION 300MG/2ML	3	QL (4 ML per 28 days) PA; ACS LD
TAVALISSE	3	QL (60 EA 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
ULTOMIRIS	3	PA; ACS LD
VEOPOZ	3	PA

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Drug Name	Drug Tier	Requirements/Limits
VOYDEYA	3	QL (180 EA per 30 days) PA; LD
ZILBRYSQ INJECTION 16.6MG/0.416ML	3	QL (11.65 ML per 28 days) PA; LD
ZILBRYSQ INJECTION 23MG/0.574ML	3	QL (16.08 ML per 28 days) PA; LD
ZILBRYSQ INJECTION 32.4MG/0.81ML	3	QL (22.68 ML per 28 days) PA; LD
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
EFFIENT	3	MO
PLAVIX	3	QL (30 EA per 30 days) ST MO
<i>prasugrel hydrochloride</i>	1	MO
ZONTIVITY	3	MO
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ABRILADA 1-PEN KIT	3	QL (56 EA per 365 days) PA; ACS
ABRILADA INJECTION 20MG/0.4ML	3	QL (52 EA per 365 days) PA; ACS
ABRILADA INJECTION 40MG/0.8ML	3	QL (56 EA per 365 days) PA; ACS
ACTEMRA ACTPEN	3	QL (3.6 ML per 28 days) PA; ACS LD
ACTEMRA INJECTION 162MG/0.9ML	3	QL (3.6 ML per 28 days) PA; ACS
ACTEMRA INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	3	QL (40 ML per 28 days) PA; ACS LD
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
ADALIMUMAB-AATY 1-PEN KIT INJECTION 80MG/0.8ML	3	QL (28 EA per 365 days) PA; ACS
ADALIMUMAB-AATY 1-PEN KIT INJECTION 40MG/0.4ML	3	QL (56 EA per 365 days) PA; ACS
ADALIMUMAB-AATY 2-SYRINGE KIT INJECTION 20MG/0.2ML	3	QL (26 EA per 365 days) PA; ACS
ADALIMUMAB-AATY 2-SYRINGE KIT INJECTION 40MG/0.4ML	3	QL (56 EA per 365 days) PA; ACS
ADALIMUMAB-ADAZ	3	QL (22.4 ML per 365 days) PA; ACS
ADALIMUMAB-ADBM CROHNS/UC/HS STARTER	3	QL (12 EA per 365 days) PA; ACS
ADALIMUMAB-ADBM PSORIASIS/UEVEITIS STARTER	3	QL (8 EA per 365 days) PA; ACS
ADALIMUMAB-ADBM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	3	QL (56 EA per 365 days) PA; ACS
ADALIMUMAB-ADBM STARTER PACKAGE FOR PSORIASIS/UEVEITIS	3	QL (56 EA per 365 days) PA; ACS
ADALIMUMAB-ADBM INJECTION 10MG/0.2ML	3	QL (26 EA per 365 days) PA; ACS
ADALIMUMAB-ADBM INJECTION 20MG/0.4ML	3	QL (52 EA per 365 days) PA; ACS

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Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-ADBIM INJECTION 40MG/0.4ML	3	QL (56 EA per 365 days) PA
ADALIMUMAB-ADBIM INJECTION 40MG/0.8ML	3	QL (56 EA per 365 days) PA; ACS
ADALIMUMAB-FKJP INJECTION 20MG/0.4ML	3	QL (52 EA per 365 days) PA; ACS
ADALIMUMAB-FKJP INJECTION 40MG/0.8ML	3	QL (56 EA per 365 days) PA; ACS
ADALIMUMAB-RYVK	3	QL (56 EA per 365 days) PA; ACS
ADALIMUMAB-RYVK (2 PEN)	3	QL (56 EA per 365 days) PA; ACS
ADBRY	2	QL (56 ML per 365 days) PA; ACS LD
AMJEVITA INJECTION 20MG/0.2ML	2	QL (10.4 ML per 365 days) PA; ACS
AMJEVITA INJECTION 20MG/0.4ML	2	QL (20.8 ML per 365 days) PA; ACS
AMJEVITA INJECTION 40MG/0.4ML, 80MG/0.8ML	2	QL (22.4 ML per 365 days) PA; ACS
AMJEVITA INJECTION 40MG/0.8ML	2	QL (44.8 ML per 365 days) PA; ACS
AMJEVITA INJECTION 10MG/0.2ML	2	QL (5.2 ML per 365 days) PA; ACS
AVSOLA	3	PA; ACS LD
BIMZELX	2	QL (2 ML per 28 days) PA; ACS
CIBINQO	2	QL (30 EA per 30 days) PA; ACS
CIMZIA STARTER KIT	3	QL (6 EA per 365 days) PA; ACS
CIMZIA INJECTION 200MG	2	QL (2 EA per 28 days) PA; ACS
CIMZIA INJECTION 200MG/ML	3	QL (2 EA per 28 days) PA; ACS
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
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	3	QL (12 EA per 365 days) PA; ACS
CYLTEZO STARTER PACKAGE FOR PSORIASIS	3	QL (8 EA per 365 days) PA; ACS
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS	3	QL (8 EA per 365 days) PA; ACS
CYLTEZO INJECTION 10MG/0.2ML	3	QL (26 EA per 365 days) PA; ACS
CYLTEZO INJECTION 20MG/0.4ML	3	QL (52 EA per 365 days) PA; ACS
CYLTEZO INJECTION 40MG/0.4ML, 40MG/0.8ML	3	QL (56 EA per 365 days) PA; ACS
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

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Drug Name	Drug Tier	Requirements/Limits
ENBREL MINI	2	QL (8 ML per 28 days) PA; ACS
ENBREL SURECLICK	2	QL (8 ML per 28 days) PA; ACS
ENTYVIO INJECTION 108MG/0.68ML	3	QL (1.36 ML per 28 days) PA; ACS LD
ENTYVIO INJECTION 300MG	3	QL (8 EA per 365 days) PA; ACS LD
HADLIMA PUSHTOUCH INJECTION 40MG/0.4ML	3	QL (22.4 ML per 365 days) PA; ACS
HADLIMA PUSHTOUCH INJECTION 40MG/0.8ML	3	QL (44.8 ML per 365 days) PA; ACS
HADLIMA INJECTION 40MG/0.4ML	3	QL (22.4 ML per 365 days) PA; ACS
HADLIMA INJECTION 40MG/0.8ML	3	QL (44.8 ML per 365 days) PA; ACS
HULIO INJECTION 20MG/0.4ML	3	QL (52 EA per 365 days) PA; ACS
HULIO INJECTION 40MG/0.8ML	3	QL (56 EA per 365 days) PA; ACS
HUMIRA PEN-CD/UC/HS STARTER	2	QL (6 EA per 365 days) PA; ACS
HUMIRA PEN-PEDIATRIC UC STARTER PACK	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, 40MG/0.8ML	2	QL (56 EA per 365 days) PA; ACS
HUMIRA INJECTION 10MG/0.1ML	2	QL (26 EA per 365 days) PA; ACS
HUMIRA INJECTION 20MG/0.2ML	2	QL (52 EA per 365 days) PA; ACS
HUMIRA INJECTION 40MG/0.4ML, 40MG/0.8ML	2	QL (56 EA per 365 days) PA; ACS
HYRIMOZ CROHN'S DISEASE AND ULCERATIVE COLITIS STARTER PACK	3	QL (4.8 ML per 365 days) PA; ACS
HYRIMOZ PEDIATRIC CROHN'S DISEASE STARTER PACK 80MG/0.8ML; 40MG/0.4ML	3	QL (2.4 ML per 365 days) PA; ACS
HYRIMOZ PEDIATRIC CROHN'S DISEASE STARTER PACK 80MG/0.8ML	3	QL (4.8 ML per 365 days) PA; ACS
HYRIMOZ PLAQUE PSORIASIS/UEVITIS STARTER PACK	3	QL (3.2 ML per 365 days) PA; ACS
HYRIMOZ INJECTION 20MG/0.2ML	3	QL (10.4 ML per 365 days) PA; ACS
HYRIMOZ INJECTION 10MG/0.1 ML	3	QL (2.6 ML per 365 days) PA; ACS
HYRIMOZ INJECTION 40MG/0.4ML, 80MG/0.8ML	3	QL (22.4 ML per 365 days) PA; ACS
HYRIMOZ INJECTION 40MG/0.8ML	3	QL (44.8 ML 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
ILUMYA	3	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
INFLECTRA	3	PA; ACS LD
INFLIXIMAB	3	PA; ACS LD
KEVZARA	3	QL (2.28 ML per 28 days) PA; ACS
KINERET	3	QL (18.76 ML per 28 days) PA
LITFULO	3	QL (28 EA per 28 days) PA; LD
OLUMIANT	2	QL (30 EA per 30 days) PA; ACS LD
OMVOH INJECTION 300MG/15ML	3	PA; ACS LD
OMVOH INJECTION 100MG/ML	3	QL (2 ML per 28 days) PA; ACS LD
ORENCIA CLICKJECT	3	QL (4 ML per 28 days) PA; ACS
ORENCIA INJECTION 250MG	3	PA; ACS
ORENCIA INJECTION 50MG/0.4ML	3	QL (1.6 ML per 28 days) PA; ACS
ORENCIA INJECTION 87.5MG/0.7ML	3	QL (2.8 ML per 28 days) PA; ACS
ORENCIA INJECTION 125MG/ML	3	QL (4 ML per 28 days) PA; ACS
OTEZLA TABLET THERAPY PACK	3	QL (110 EA per 365 days) PA; ACS
OTEZLA TABLET	3	QL (60 EA per 30 days) PA; ACS
REMICADE	3	PA; ACS LD
RENFLEXIS	3	PA; ACS LD
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
SILIQ	3	QL (4.5 ML per 28 days) PA; ACS
SIMLANDI 1-PEN KIT	3	QL (56 EA per 365 days) PA; ACS
SIMLANDI 2-PEN KIT	3	QL (56 EA per 365 days) PA; ACS
SIMPONI ARIA	3	PA; ACS
SIMPONI INJECTION 50MG/0.5ML	3	QL (0.5 ML per 28 days) PA; ACS
SIMPONI INJECTION 100MG/ML	3	QL (3 ML per 28 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
SPEVIGO INJECTION 450MG/7.5ML	3	PA; LD
SPEVIGO INJECTION 150MG/ML	3	QL (28 ML per 365 days) PA
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

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
STELARA INJECTION 130MG/26ML	2	QL (208 ML per 365 days) PA; ACS LD
TALTZ INJECTION 20MG/0.25ML	3	QL (0.25 ML per 28 days) PA; ACS LD
TALTZ INJECTION 40MG/0.5ML	3	QL (0.5 ML per 28 days) PA; ACS LD
TALTZ INJECTION 80MG/ML	3	QL (3 ML per 28 days) PA; ACS LD
TOFIDENCE	3	QL (40 ML per 28 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
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
YUFLYMA 1-PEN KIT INJECTION 80MG/0.8ML	3	QL (28 EA per 365 days) PA; ACS
YUFLYMA 1-PEN KIT INJECTION 40MG/0.4ML	3	QL (56 EA per 365 days) PA; ACS
YUFLYMA 2-SYRINGE KIT INJECTION 20MG/0.2ML	3	QL (26 EA per 365 days) PA; ACS
YUFLYMA 2-SYRINGE KIT INJECTION 40MG/0.4ML	3	QL (56 EA per 365 days) PA; ACS
YUFLYMA CD/UC/HS STARTER	3	QL (6 EA per 365 days) PA; ACS
YUSIMRY	3	QL (44.8 ML per 365 days) PA; ACS
ZYMFENTRA 2-PEN	3	QL (2 EA per 28 days) PA; ACS
ZYMFENTRA 2-SYRINGE	3	QL (2 EA per 28 days) PA; ACS
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
ARAVA	3	QL (30 EA per 30 days) MO
<i>hydroxychloroquine sulfate</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
OTREXUP	3	QL (1.6 ML per 28 days); ACS
PLAQUENIL	3	MO
RASUVO INJECTION 7.5MG/0.15ML	3	QL (0.6 ML per 28 days); ACS
RASUVO INJECTION 10MG/0.2ML	3	QL (0.8 ML per 28 days); ACS
RASUVO INJECTION 12.5MG/0.25ML	3	QL (1 ML per 28 days); ACS
RASUVO INJECTION 15MG/0.3ML	3	QL (1.2 ML per 28 days); ACS
RASUVO INJECTION 17.5MG/0.35ML	3	QL (1.4 ML per 28 days); ACS
RASUVO INJECTION 20MG/0.4ML	3	QL (1.6 ML per 28 days); ACS
RASUVO INJECTION 22.5MG/0.45ML	3	QL (1.8 ML per 28 days); ACS
RASUVO INJECTION 25MG/0.5ML	3	QL (2 ML per 28 days); ACS
RASUVO INJECTION 30MG/0.6ML	3	QL (2.4 ML per 28 days); ACS

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Drug Name	Drug Tier	Requirements/Limits
RIDAURA	3	MO
SOVUNA TABLET 300MG	3	
SOVUNA TABLET 200MG	3	MO
TREXALL	3	MO
XATMEP	3	MO
IMMUNOGLOBULINS		
ALYGLO	3	PA
ASCENIV	3	PA; ACS
BIVIGAM	3	PA; ACS LD
CUTAQUIG	3	PA; ACS LD
CUVITRU	3	PA; ACS LD
FLEBOGAMMA DIF	3	PA; ACS
GAMASTAN	2	B/D; ACS LD
GAMMAGARD LIQUID	3	PA; ACS
GAMMAGARD S/D INJ LESS THAN 1MCG/ML 5GM	3	PA; ACS
GAMMAKED	3	PA; ACS
GAMMAPLEX	3	PA; ACS LD
GAMUNEX-C	3	PA; ACS
HEPAGAM B	3	ACS
HIZENTRA	3	PA; ACS LD
HYPERHEP B	3	ACS
HYPERRAB	3	
HYPERRHO S/D	3	ACS
HYPERRHO S/D MINI-DOSE	3	ACS
HYPERTET	3	
HYQVIA	3	PA; ACS LD
IMOGAM RABIES-HT	3	
KEDRAB	3	
MICRHOGAM ULTRA-FILTERED PLUS	3	ACS
NABI-HB	3	ACS
OCTAGAM	3	PA; ACS
PANZYGA	3	PA; ACS
PRIVIGEN	3	PA; ACS
RHOGAM ULTRA-FILTERED PLUS	3	ACS
RHOPHYLAC	3	ACS
VARIZIG	3	ACS
WINRHO SDF INJECTION 15000UNIT/13ML, 1500UNIT/1.3ML	3	
WINRHO SDF INJECTION 2500UNIT/2.2ML, 5000UNIT/4.4ML	3	ACS
XEMBIFY	3	PA; ACS LD
IMMUNOMODULATORS		
ACTIMMUNE	3	PA; ACS LD
ARCALYST	3	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
BEYFORTUS	3	
GRASTEK	3	QL (30 EA per 30 days) PA MO
ILARIS	3	QL (2 ML per 28 days) PA; ACS LD
JOENJA	3	QL (60 EA per 30 days) PA; LD
ODACTRA	3	QL (30 EA per 30 days) PA MO
ORALAIR	3	QL (30 EA per 30 days) PA; ACS LD
PALFORZIA INITIAL DOSE ESCALATION	3	QL (26 EA per 365 days) PA; ACS LD
PALFORZIA LEVEL 1	3	QL (90 EA per 365 days) PA; ACS LD
PALFORZIA LEVEL 10	3	QL (120 EA per 365 days) PA; ACS LD
PALFORZIA LEVEL 11 (MAINTENANCE)	3	QL (30 EA per 30 days) PA; ACS LD
PALFORZIA LEVEL 11 (TITRATION)	3	QL (30 EA per 365 days) PA; ACS LD
PALFORZIA LEVEL 2	3	QL (180 EA per 365 days) PA; ACS LD
PALFORZIA LEVEL 3	3	QL (90 EA per 365 days) PA; ACS LD
PALFORZIA LEVEL 4	3	QL (30 EA per 365 days) PA; ACS LD
PALFORZIA LEVEL 5	3	QL (60 EA per 365 days) PA; ACS LD
PALFORZIA LEVEL 6	3	QL (120 EA per 365 days) PA; ACS LD
PALFORZIA LEVEL 7	3	QL (60 EA per 365 days) PA; ACS LD
PALFORZIA LEVEL 8	3	QL (120 EA per 365 days) PA; ACS LD
PALFORZIA LEVEL 9	3	QL (60 EA per 365 days) PA; ACS LD
RAGWITEK	3	QL (30 EA per 30 days) PA MO
RYSTIGGO INJECTION 420MG/3ML	3	QL (12 ML per 28 days) PA; ACS LD
RYSTIGGO INJECTION 560MG/4ML	3	QL (16 ML per 28 days) PA; ACS LD
RYSTIGGO INJECTION 840MG/6ML	3	QL (24 ML per 28 days) PA; ACS LD
RYSTIGGO INJECTION 280MG/2ML	3	QL (24 ML per 28 days) PA; LD
SYNAGIS	3	ACS
VYVGART	3	QL (240 ML per 28 days) PA; ACS LD

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Drug Name	Drug Tier	Requirements/Limits
VYVGART HYTRULO	3	QL (22.4 ML per 28 days) PA; LD
ZINPLAVA	3	PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL	3	B/D MO
ATGAM	3	B/D
<i>azasan</i>	1	B/D
AZATHIOPRINE INJECTION	3	B/D
<i>azathioprine tablet 50mg</i>	1	B/D MO
BENLYSTA	3	PA; ACS LD
CELLCEPT	3	B/D MO
CELLCEPT INTRAVENOUS	3	B/D
<i>cyclosporine modified</i>	1	B/D MO
<i>cyclosporine capsule 100mg, 25mg</i>	1	B/D MO
<i>cyclosporine injection 50mg/ml</i>	1	B/D MO
ENVARUS XR	3	B/D MO
<i>everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg</i>	1	B/D MO
<i>engraf capsule</i>	1	B/D
<i>engraf solution</i>	1	B/D MO
IMURAN	3	B/D MO
LUPKYNIS	3	QL (180 EA per 30 days) PA; LD
<i>mycophenolate mofetil</i>	1	B/D MO
<i>mycophenolic acid dr</i>	1	B/D MO
MYFORTIC	3	B/D MO
MYHIBBIN	3	B/D MO
NEORAL	3	B/D MO
NULOJIX	3	B/D
PROGRAF INJECTION	3	B/D
PROGRAF CAPSULE, PACKET	3	B/D MO
RAPAMUNE SOLUTION 1MG/ML, TABLET 1MG, TABLET 2MG	3	B/D MO
REZUROCK	3	QL (30 EA per 30 days) PA; LD
SANDIMMUNE INJECTION	3	B/D
SANDIMMUNE CAPSULE, ORAL SOLUTION	3	B/D MO
SAPHNELO	3	QL (2 ML per 28 days) PA; ACS LD
SIMULECT	3	B/D
<i>sirolimus</i>	1	B/D MO
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	1	B/D MO
THYMOGLOBULIN	3	B/D
ZORTRESS	3	B/D MO
VACCINES		
ABRYSVO	2	
ACTHIB	1	
ADACEL	1	
AREXVY	2	

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Drug Name	Drug Tier	Requirements/Limits
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	
HEPLISAV-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	
VAQTA	1	

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Drug Name	Drug Tier	Requirements/Limits
VARIVAX	1	
YF-VAX	1	
NUTRITIONAL/SUPPLEMENTS		
<i>ELECTROLYTES/MINERALS, INJECTABLE</i>		
CALCIUM GLUCONATE INJECTION SOLUTION 10%	3	
<i>calcium gluconate/sodium chloride</i>	1	
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	
<i>magnesium sulfate in d5w</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	
PLASMA-LYTE A	3	
PLASMA-LYTE-148	3	
POTASSIUM ACETATE	3	
POTASSIUM CHLORIDE/DEXTROSE	3	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	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	

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Drug Name	Drug Tier	Requirements/Limits
POTASSIUM CHLORIDE INJECTION 0.4MEQ/ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 40MEQ/100ML	3	
<i>potassium chloride injection 2meq/ml</i>	1	MO
<i>potassium phosphate</i>	1	
<i>potassium phosphates injection 236mg/ml; 224mg/ml</i>	1	
RINGERS INJECTION	2	
SODIUM ACETATE INJECTION 2MEQ/ML	3	
<i>sodium acetate injection 4meq/ml</i>	1	
SODIUM BICARBONATE INJECTION 7.5%	3	
<i>sodium bicarbonate injection 4.2%</i>	1	
<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
<i>sodium phosphate</i>	1	
<i>sodium phosphates</i>	1	
TPN ELECTROLYTES	3	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
C-NATE DHA	2	MO
CITRANATAL 90 DHA	2	MO
CITRANATAL B-CALM	2	MO
CITRANATAL HARMONY	2	MO
CITRANATAL MEDLEY	2	MO
COMPLETENATE	2	MO
CONCEPT DHA	2	MO
CONCEPT OB	2	MO
EFFER-K TABLET EFFERVESCENT 0.84GM; 1GM, 1.68GM; 2GM	3	MO
<i>effe-r-k tablet effervescent 25meq</i>	1	MO
ELITE-OB	2	MO
ENBRACE HR	2	MO
FLORAFOL PEDIATRIC	3	
FLORIVA	3	MO
<i>fluoride chewable tablet</i>	1	MO
FOLIVANE-OB	2	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

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Drug Name	Drug Tier	Requirements/Limits
<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 19	2	
NEONATAL COMPLETE	2	MO
NEONATAL FE	2	
NEONATAL PLUS	2	MO
NESTABS	2	MO
NESTABS ONE	2	MO
NIVA-PLUS	2	MO
OB COMPLETE	2	MO
OB COMPLETE ONE	2	MO
OB COMPLETE PETITE	2	MO
OB COMPLETE PREMIER	2	MO
OB COMPLETE/DHA	2	MO
PNV PRENATAL PLUS MULTIVITAMIN	2	MO
<i>pnv-dha</i>	1	MO
PNV-DHA+DOCUSATE	2	MO
PNV-OMEGA	2	MO
<i>pnv-select</i>	1	MO
POLY-VI-FLOR	3	MO
POLY-VI-FLOR/IRON TABLET CHEWABLE	3	MO
POLY-VI-FLOR/IRON SUSPENSION	3	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
PRENAISSANCE	2	MO
PRENAISSANCE PLUS	2	MO
PRENATAL	2	MO
PRENATAL PLUS	2	MO
PRENATE	2	MO
PRENATE AM	2	MO
PRENATE DHA	2	MO
PRENATE ELITE	2	MO
PRENATE ENHANCE	2	MO
PRENATE ESSENTIAL	2	MO
PRENATE MINI	2	MO
PRENATE PIXIE	2	MO
PRENATE RESTORE	2	MO
PRENATVITE COMPLETE	2	

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Drug Name	Drug Tier	Requirements/Limits
PRENATVITE PLUS	2	
PRIMACARE	2	MO
PROVIDA OB	2	MO
QUFLORA FE	3	
QUFLORA FE PEDIATRIC	3	
QUFLORA PEDIATRIC TABLET CHEWABLE	3	MO
QUFLORA PEDIATRIC SOLUTION 0.5MG/ML	3	
QUFLORA PEDIATRIC SOLUTION 0.25 MG/ML	3	MO
SE-NATAL 19	2	MO
SELECT-OB CHEWABLE TABLET 29MG; 1MG	2	
SELECT-OB CHEWABLE TABLET 29MG; 0.6MG; 0.4MG	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
TARON-C DHA	2	MO
THRIVITE RX	2	MO
TRI-VI-FLOR	3	MO
<i>tri-vite/fluoride</i>	1	MO
TRINATAL RX 1	2	MO
TRISTART DHA	2	MO
VITAFOL GUMMIES	2	MO
VITAFOL STRIPS	2	
VITAFOL ULTRA	2	MO
VITAFOL-NANO	2	MO
VITAFOL-OB	2	MO
VITAFOL-ONE	2	MO
<i>vitamins a/c/d/fluoride</i>	1	MO
WESCAP-C DHA	2	MO
WESCAP-PN DHA	2	MO
WESNATE DHA	2	MO
WESTAB PLUS	2	MO
WESTGEL DHA	2	MO
IV NUTRITION		
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
CLINIMIX E 2.75%/DEXTROSE 5%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX E 5%/DEXTROSE 15%	3	B/D
CLINIMIX E 5%/DEXTROSE 20%	3	B/D

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 8/10	3	B/D
CLINIMIX E 8/14	3	B/D
<i>clinisol sf 15%</i>	1	B/D MO
CLINOLIPID	2	B/D
<i>dextrose 10%</i>	1	
DEXTROSE 25%	3	B/D
<i>dextrose 5%</i>	1	MO
DEXTROSE 50%	2	B/D
DEXTROSE 70%	2	B/D
INTRALIPID INJECTION 20GM/100ML	2	B/D
INTRALIPID INJECTION 30GM/100ML	3	B/D
KABIVEN	3	B/D
NUTRILIPID	2	B/D
OMEGAVEN	3	B/D
PERIKABIVEN	3	B/D
<i>plenamine</i>	1	B/D
POTASSIUM PHOSPHATES INJECTION 45MMOLE/15ML; 71MEQ/15ML	3	
PREMASOL	3	B/D
PROSOL	3	B/D
SMOFLIPID	3	B/D
TRAVASOL	3	B/D
TROPHAMINE	3	B/D

OPHTHALMIC**ANTI-INFECTIVE/ANTI-INFLAMMATORY**

MAXITROL	3	MO
<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

AZASITE	3	MO
<i>bacitracin ophthalmic ointment 500units/gm</i>	1	MO
<i>bacitracin/polymyxin b ophthalmic ointment</i>	1	MO
BESIVANCE	2	MO
BETADINE OPHTHALMIC PREP	3	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

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>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
OCUFLOX	3	QL (60 ML per 30 days) 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
<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
TOBREX	3	MO
<i>trifluridine</i>	1	MO
VIGAMOX	3	QL (12 ML per 30 days) MO
XDEMVY	2	QL (10 ML per 42 days) PA; ACS LD
ZIRGAN	3	MO
ANTI-INFLAMMATORIES		
ACULAR	3	MO
ACULAR LS	3	MO
ACUVAIL	3	MO
ALREX	2	MO
<i>bromfenac</i>	1	MO
<i>bromfenac sodium</i>	1	PA MO
BROMSITE	3	MO
<i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>	1	MO
DEXYCU	3	LD
<i>diclofenac sodium ophthalmic solution 0.1%</i>	1	QL (10 ML per 30 days) MO
<i>difluprednate</i>	1	MO
DUREZOL	3	MO
FLAREX	3	MO
FLUOROMETHOLONE	2	MO
<i>flurbiprofen sodium ophthalmic solution 0.03%</i>	1	MO
FML FORTE	3	MO
FML LIQUIFILM	3	MO
ILEVRO	3	MO
INVELTYS	3	MO
<i>ketorolac tromethamine ophthalmic solution 0.4%, 0.5%</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
LOTEMAX SM	2	MO
LOTEMAX OINTMENT	2	MO
LOTEMAX GEL, SUSPENSION	3	MO
<i>loteprednol etabonate</i>	1	MO
MAXIDEX	3	MO
NEVANAC	3	MO
OZURDEX	3	ACS
PRED FORTE	3	MO
PRED MILD	3	MO
<i>prednisolone acetate</i>	1	MO
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1%	2	MO
PROLENSA	2	MO
TRIESENCE	3	MO
XIPERE	3	PA; LD
YUTIQ	3	LD
ANTIALLERGICS		
ALOCRIAL	3	MO
ALOMIDE	3	MO
<i>azelastine hcl ophthalmic solution 0.05%</i>	1	MO
<i>bepotastine besilate</i>	1	MO
BEPREVE	3	MO
<i>cromolyn sodium solution 4%</i>	1	MO
<i>epinastine hcl</i>	1	MO
ZERVIAE	3	MO
ANTIGLAUCOMA		
ALPHAGAN P SOLUTION 0.1%	2	MO
ALPHAGAN P SOLUTION 0.15%	3	MO
<i>apraclonidine</i>	1	MO
AZOPT	3	MO
<i>betaxolol hcl solution 0.5%</i>	1	MO
BETIMOL	3	MO
BETOPTIC-S	2	MO
<i>bimatoprost</i>	1	MO
<i>brimonidine tartrate/timolol maleate</i>	1	MO
BRIMONIDINE TARTRATE SOLUTION 0.15%	2	MO
<i>brimonidine tartrate solution 0.1%, 0.2%</i>	1	MO
<i>brinzolamide</i>	1	MO
<i>carteolol hcl</i>	1	MO
COMBIGAN	2	MO
COSOPT	3	MO
COSOPT PF	3	MO
<i>dorzolamide hcl/timolol maleate</i>	1	MO
<i>dorzolamide hydrochloride</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>dorzolamide hydrochloride/timolol maleate preservative free solution 2%; 0.5%</i>	1	MO
DURYSTA	3	PA; ACS
IOPIDINE	2	MO
ISTALOL	3	MO
IYUZEH	3	ST MO
<i>latanoprost</i>	1	MO
<i>levobunolol hcl</i>	1	MO
LUMIGAN	2	MO
PHOSPHOLINE IODIDE	3	
<i>pilocarpine hcl ophthalmic solution</i>	1	MO
RHOPRESSA	3	MO
ROCKLATAN	3	MO
SIMBRINZA	3	MO
<i>tafluprost</i>	1	ST MO
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLUTION	3	MO
<i>timolol maleate solution 0.25%, 0.5%</i>	1	MO
TIMOPTIC OCUDOSE	3	MO
TRAVATAN Z	3	MO
<i>travoprost</i>	1	MO
VUITY	3	PA MO
VYZULTA	3	MO
XALATAN	3	ST MO
XELPROS	3	ST
ZIOPTAN	3	ST MO
MISCELLANEOUS		
ALCAINE	3	MO
ATROPINE SULFATE OPHTHALMIC SOLUTION 1%	2	MO
BEOVU	3	PA; ACS LD
BYOOVIZ	3	PA; ACS LD
CEQUA	3	QL (60 EA per 30 days) PA MO
CIMERLI	3	PA; ACS LD
CYCLOGYL	3	MO
<i>cyclopentolate hcl ophthalmic solution 1%</i>	1	MO
<i>cyclosporine emulsion 0.05%</i>	1	QL (60 EA per 30 days) MO
CYSTADROPS	3	PA; LD
CYSTARAN	3	PA; LD
EYLEA	3	PA; ACS LD
EYLEA HD	3	PA; ACS LD
EYSUVIS	3	MO
IZERVAY	3	PA; ACS LD
LACRISERT	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
LUCENTIS SOLUTION PREFILLED SYRINGE 0.5MG/0.05ML	3	PA; ACS
LUCENTIS SOLUTION PREFILLED SYRINGE 0.3MG/0.05ML	3	PA; ACS LD
MIEBO	2	QL (12 ML per 30 days) MO
OXERVATE	3	QL (28 ML per 28 days) PA; LD
PHENYLEPHRINE HCL OPHTHALMIC SOLUTION 10%, 2.5%	3	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
SUSVIMO	3	PA; ACS LD
SYFOVRE	3	PA; LD
TETRACAINE HYDROCHLORIDE	3	MO
TYRVAYA	3	QL (8.4 ML per 30 days) MO
VABYSMO	3	PA; ACS LD
VERKAZIA	2	QL (120 EA per 30 days) PA MO
VEVYE	3	QL (2 ML per 30 days) PA MO
XIIDRA	2	QL (60 EA per 30 days) MO

OTIC**OTIC AGENTS**

<i>acetic acid</i>	1	MO
CETRAXAL	3	MO
CIPRO HC	3	MO
CIPROFLOXACIN	2	MO
<i>ciprofloxacin/dexamethasone</i>	1	MO
CIPROFLOXACIN/FLUOCINOLONE ACETONIDE PF	3	MO
CORTISPORIN-TC	3	MO
DERMOTIC	3	MO
<i>flac</i>	1	
<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
OTOVEL	3	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
DUAKLIR PRESSAIR	3	QL (1 EA per 30 days) ST 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/albuterol sulfate</i>	1	B/D MO
STIOLTO RESPIMAT	3	QL (4 GM per 30 days) 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
<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
SPIRIVA HANDIHALER	3	QL (30 EA per 30 days) MO
SPIRIVA RESPIMAT	3	QL (4 GM per 30 days) MO
<i>tiotropium bromide</i>	1	QL (30 EA per 30 days) MO
TUDORZA PRESSAIR	3	QL (1 EA per 30 days) ST MO
YUPELRI	2	QL (90 ML per 30 days) PA MO
ANTI-HISTAMINE COMBINATIONS		
<i>azelastine hydrochloride/fluticasone propionate</i>	1	QL (23 GM per 30 days) MO
CLARINEX-D 12 HOUR	3	MO
DYMISTA	3	QL (23 GM per 30 days) MO
<i>promethazine vc</i>	1	PA MO; HRM
RYALTRIS	3	MO
ANTI-HISTAMINES		
<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</i>	1	PA MO
CARBINOXAMINE MALEATE TABLET 6MG	3	PA
<i>carbinoxamine maleate tablet 4mg</i>	1	PA MO
<i>cetirizine hydrochloride oral solution 1mg/ml</i>	1	QL (300 ML per 30 days) MO
CLARINEX	3	QL (30 EA per 30 days) MO
CLEMASTINE FUMARATE SYRUP	3	QL (1800 ML per 30 days) PA
<i>clemastine 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>diphenhydramine hcl elixir</i>	1	PA; 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
QUZYTTIR	3	PA MO
<i>ryclora</i>	1	PA 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
RYVENT	3	PA MO
VISTARIL	3	PA MO; HRM
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
ARFORMOTEROL TARTRATE	3	QL (120 ML per 30 days) PA MO
BROVANA	3	QL (120 ML per 30 days) PA MO
<i>formoterol fumarate</i>	1	QL (120 ML per 30 days) PA 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
PERFOROMIST	3	QL (120 ML per 30 days) PA MO
PROAIR DIGIHALER	3	QL (2 EA per 30 days) PA MO
PROAIR RESPICLICK	3	QL (2 EA per 30 days) MO
SEREVENT DISKUS	2	QL (60 EA per 30 days) MO
STRIVERDI RESPIMAT	3	QL (4 GM per 30 days) MO
<i>terbutaline sulfate</i>	1	MO
VENTOLIN HFA	2	QL (36 GM per 30 days) MO
XOPENEX HFA	3	QL (30 GM per 30 days) MO
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i>	1	QL (30 EA per 30 days) MO
SINGULAIR	3	QL (30 EA per 30 days) ST MO
<i>zafirlukast</i>	1	QL (60 EA per 30 days) MO
<i>zileuton er</i>	1	QL (120 EA per 30 days) MO
ZYFLO	3	QL (120 EA per 30 days) MO
MISCELLANEOUS		
<i>acetylcysteine inhalation solution 10%, 20%</i>	1	B/D MO
<i>aminophylline</i>	1	
ARALAST NP	3	PA; ACS LD
AUVI-Q INJECTION 0.15MG/0.15ML, 0.3MG/0.3ML	2	QL (2 EA per 30 days) ST MO
AUVI-Q INJECTION 0.1MG/0.1ML	3	QL (2 EA per 30 days) MO
BRONCHITOL	3	QL (560 EA per 28 days) PA
CINQAIR	3	PA; ACS LD
COCAINE HYDROCHLORIDE	3	PA
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	1	B/D MO
DALIRESP	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>elixophyllin</i>	1	
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	1	QL (2 EA per 30 days) MO
EPIPEN 2-PAK	3	QL (2 EA per 30 days) MO
EPIPEN-JR 2-PAK	3	QL (2 EA per 30 days) MO
ESBRIET CAPSULE	3	QL (270 EA per 30 days) PA; ACS LD
ESBRIET TABLET 267MG	3	QL (270 EA per 30 days) PA; ACS LD
ESBRIET TABLET 801MG	3	QL (90 EA per 30 days) PA; ACS LD
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
GLASSIA	3	PA; ACS LD
GOPRELTO	3	PA
KALYDECO PACKET	3	QL (56 EA per 28 days) PA; LD
KALYDECO TABLET	3	QL (60 EA per 30 days) PA; LD
NUCALA INJECTION 40MG/0.4ML	2	QL (0.4 ML per 28 days) PA; ACS LD
NUCALA INJECTION 100MG	2	QL (3 EA per 28 days) PA; ACS LD
NUCALA INJECTION 100MG/ML	2	QL (3 ML per 28 days) PA; ACS 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
SYMDEKO	3	QL (56 EA per 28 days) PA; LD
TEZSPIRE	3	QL (1.91 ML per 28 days) PA; ACS LD
THEO-24	3	MO
<i>theophylline</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

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
XOLAIR	2	PA; ACS LD
ZEMAIRA	3	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
OMNARIS	3	QL (12.5 GM per 30 days) MO
QNASL	3	QL (10.6 GM per 30 days) MO
QNASL CHILDRENS	3	QL (6.8 GM per 30 days) MO
XHANCE	3	QL (32 ML per 30 days) PA MO
STEROID INHALANTS		
ALVESCO	3	QL (12.2 GM per 30 days) MO
ARMONAIR DIGIHALER 55MCG/ACTUATION	3	QL (1 EA per 30 days) ST MO
ARNUITY ELLIPTA	2	QL (30 EA per 30 days) MO
ASMANEX HFA	3	QL (13 GM per 30 days) ST MO
ASMANEX TWISTHALER 120 METERED DOSES	3	QL (1 EA per 30 days) ST MO
ASMANEX TWISTHALER 14 METERED DOSES	3	QL (2 EA per 28 days) ST MO
ASMANEX TWISTHALER 30 METERED DOSES	3	QL (1 EA per 30 days) ST MO
ASMANEX TWISTHALER 60 METERED DOSES	3	QL (1 EA per 30 days) ST MO
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	1	B/D MO
FLUTICASONE PROPIONATE DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 50MCG/ACT	3	QL (120 EA per 30 days) PA MO
FLUTICASONE PROPIONATE DISKUS AEROSOL POWDER BREATH ACTIVATED 250MCG/ACT	3	QL (240 EA per 30 days) PA MO
FLUTICASONE PROPIONATE HFA AEROSOL 44MCG/ACT	3	QL (21.2 GM per 30 days) PA MO
FLUTICASONE PROPIONATE HFA AEROSOL 110MCG/ACT, 220MCG/ACT	3	QL (24 GM per 30 days) PA MO
PULMICORT	3	B/D MO
PULMICORT FLEXHALER	3	QL (2 EA per 30 days) ST MO
QVAR REDIHALER	3	QL (21.2 GM per 30 days) ST MO
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS	3	QL (60 EA per 30 days) ST MO
ADVAIR HFA	3	QL (12 GM per 30 days) MO
AIRDUO DIGIHALER 55/14	3	QL (1 EA per 30 days) ST MO
AIRDUO RESPICLICK 113/14	3	QL (1 EA per 30 days) ST MO
AIRDUO RESPICLICK 232/14	3	QL (1 EA per 30 days) ST MO
AIRDUO RESPICLICK 55/14	3	QL (1 EA per 30 days) ST MO
AIRSUPRA	3	QL (32.1 GM per 30 days) MO
BREO ELLIPTA	2	QL (60 EA per 30 days) MO
<i>brey-na</i>	1	QL (10.3 GM per 30 days) ST 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

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
FLUTICASONE FUROATE/VILANTEROL ELLIPTA	3	QL (60 EA per 30 days) PA 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
FLUTICASONE PROPIONATE/SALMETEROL AEROSOL POWDER BREATH ACTIVATED 113MCG/ACT; 14MCG/ACT, 232MCG/ACT; 14MCG/ACT, 55MCG/ACT; 14MCG/ACT	3	QL (1 EA per 30 days) ST MO
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO
SYMBICORT	3	QL (10.2 GM per 30 days) ST MO
<i>wixela inhub</i>	1	QL (60 EA per 30 days) MO
TOPICAL		
DERMATOLOGY, ACNE		
ABSORICA	3	PA
ABSORICA LD	3	
ACANYA	3	MO
<i>accutane</i>	1	PA
ACZONE	3	QL (90 GM per 30 days) MO
<i>adapalene pump</i>	1	QL (45 GM per 30 days) PA MO
ADAPALENE/BENZOYL PEROXIDE PAD	3	QL (28 EA per 28 days) PA
<i>adapalene/benzoyl peroxide gel 0.1%; 2.5%</i>	1	QL (45 GM per 30 days) PA MO
<i>adapalene/benzoyl peroxide gel 0.3%; 2.5%</i>	1	QL (70 GM per 30 days) PA MO
ADAPALENE SOLUTION	3	QL (120 ML per 30 days) PA
<i>adapalene pad</i>	1	QL (28 EA per 28 days) PA
<i>adapalene cream, gel</i>	1	QL (45 GM per 30 days) PA MO
AKLIEF	3	QL (45 GM per 30 days) PA MO
ALTRENO	3	QL (45 GM per 30 days) PA MO
<i>amnestem</i>	1	PA
AMZEEQ	3	QL (30 GM per 30 days) MO
ARAZLO	3	MO
ATRALIN	3	QL (45 GM per 30 days) PA MO
AZELEX	3	QL (50 GM per 30 days) MO
BENZAMYCIN	3	MO
CABTREO	3	QL (50 GM per 30 days) PA MO
<i>claravis</i>	1	PA
CLEOCIN-T LOTION 1%	3	QL (60 ML per 30 days) MO
<i>clindacin</i>	1	QL (100 GM per 30 days)
<i>clindacin etz pledgets</i>	1	
<i>clindacin-p</i>	1	MO
CLINDAGEL	3	QL (75 ML per 30 days) MO
<i>clindamycin phosphate/benzoyl peroxide</i>	1	MO
<i>clindamycin phosphate/tretinoin</i>	1	QL (60 GM per 30 days) PA 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

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>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 phosphate swab 1%</i>	1	MO
<i>clindamycin/benzoyl peroxide</i>	1	MO
<i>dapsone gel 5%, 7.5%</i>	1	QL (90 GM per 30 days) MO
DIFFERIN LOTION	3	QL (118 ML per 30 days) PA MO
DIFFERIN CREAM, GEL	3	QL (45 GM per 30 days) PA MO
EPIDUO	3	QL (45 GM per 30 days) PA MO
EPIDUO FORTE	3	QL (70 GM per 30 days) PA MO
EPSOLAY	3	QL (30 GM per 30 days) PA MO
<i>ery pad 2%</i>	1	MO
ERYGEL	3	QL (60 GM per 30 days) 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
FABIOR	3	QL (100 GM per 30 days) MO
<i>isotretinoin</i>	1	PA
KLARON	3	MO
<i>neuac</i>	1	
ONEXTON	3	MO
RETIN-A	3	QL (45 GM per 30 days) PA MO
RETIN-A MICRO	3	QL (50 GM per 30 days) PA MO
RETIN-A MICRO PUMP	3	QL (50 GM per 30 days) PA MO
<i>sodium sulfacetamide/sulfur suspension 8%; 4%</i>	1	QL (473 ML per 30 days) MO
<i>sulfacetamide sodium lotion 10%</i>	1	MO
<i>sulfacleanse 8/4</i>	1	QL (473 ML per 30 days) MO
TAZAROTENE FOAM 0.1%	3	QL (100 GM per 30 days) MO
TRETINOIN MICROSPHERE PUMP	3	QL (50 GM per 30 days) PA MO
TRETINOIN MICROSPHERE GEL 0.04%, 0.1%	3	QL (50 GM per 30 days) PA MO
<i>tretinoin microsphere gel 0.08%</i>	1	QL (50 GM per 30 days) PA 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
TWYNEO	3	QL (30 GM per 30 days) PA MO
VELTIN	3	QL (60 GM per 30 days) PA MO
WINLEVI	3	QL (60 GM per 30 days) PA MO
<i>zenatane</i>	1	PA
ZIANA	3	QL (60 GM per 30 days) PA MO
DERMATOLOGY, ANTIBIOTICS		
ALTABAX	3	QL (30 GM per 30 days) MO
<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

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
NEO-SYNALAR	3	QL (60 GM per 30 days) MO
SILVADENE	3	MO
<i>silver sulfadiazine</i>	1	MO
SSD	2	
SULFAMYLON CREAM 85MG/GM	3	MO
DERMATOLOGY, ANTIFUNGALS		
<i>ciclodan topical solution 8%</i>	1	QL (6.6 ML per 30 days)
<i>ciclopirox nail lacquer</i>	1	QL (6.6 ML per 30 days) MO
<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 lotion</i>	1	QL (30 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
EXELDERM SOLUTION	3	QL (30 ML per 30 days) MO
EXELDERM CREAM	3	QL (60 GM per 30 days) MO
JUBLIA	2	QL (8 ML per 30 days) PA MO
KERYDIN	3	QL (10 ML per 30 days) PA MO
<i>ketconazole cream 2%</i>	1	QL (60 GM per 30 days) MO
<i>ketconazole foam 2%</i>	1	QL (100 GM per 30 days) MO
<i>ketconazole 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)
LOPROX SHAMPOO	3	QL (120 ML per 30 days) MO
LULICONAZOLE	3	QL (60 GM per 30 days) ST MO
LUZU	3	QL (60 GM per 30 days) ST MO
MICONAZOLE NITRATE/ZINC OXIDE/WHITE	3	QL (50 GM per 30 days) PA MO
PETROLATUM		
MYCOZYL HC GEL	3	QL (28 GM per 30 days) PA
MYCOZYL HC LIQUID	3	QL (30 ML per 30 days) PA
<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>naftifine hydrochloride gel 2%</i>	1	QL (60 GM per 30 days) MO
NAFTIN GEL 2%	3	QL (60 GM per 30 days) MO
NAFTIN GEL 1%	3	QL (90 GM per 30 days) MO
<i>nyamyc</i>	1	QL (60 GM per 30 days)
<i>nystatin/triamcinolone</i>	1	QL (60 GM per 30 days) MO
<i>nystatin/triamcinolone acetonide</i>	1	QL (60 GM per 30 days) MO
<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

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>nystatin powder 100000unit/gm</i>	1	QL (60 GM per 30 days) MO
<i>nystop</i>	1	QL (60 GM per 30 days)
<i>oxiconazole nitrate</i>	1	QL (90 GM per 30 days) MO
OXISTAT LOTION	3	QL (60 ML per 30 days) MO
OXISTAT CREAM	3	QL (90 GM per 30 days) MO
<i>selenium sulfide lotion</i>	1	MO
<i>selenium sulfide shampoo</i>	1	QL (180 ML per 30 days) MO
<i>tavaborole</i>	1	QL (10 ML per 30 days) PA MO
VUSION	3	QL (50 GM per 30 days) PA MO
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	1	PA MO
CALCIPOTRIENE/BETAMETHASONE DIPROPIONATE SUSPENSION	3	QL (120 GM per 30 days) PA MO
<i>calcipotriene/betamethasone dipropionate ointment</i>	1	QL (400 GM per 28 days) PA MO
CALCIPOTRIENE FOAM	3	QL (120 GM per 30 days) PA
<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
SORILUX	3	QL (120 GM per 30 days) PA MO
TACLONEX SUSPENSION	3	QL (120 GM per 30 days) PA MO
<i>tazarotene cream 0.1%</i>	1	QL (60 GM per 30 days) PA MO
<i>tazarotene gel 0.05%, 0.1%</i>	1	QL (100 GM per 30 days) PA MO
TAZORAC GEL	3	QL (100 GM per 30 days) PA MO
TAZORAC CREAM	3	QL (60 GM per 30 days) PA MO
VECTICAL	3	QL (800 GM per 28 days) PA MO
VTAMA	2	QL (60 GM per 30 days) PA MO
ZORYVE CREAM 0.3%	3	QL (60 GM per 30 days) PA MO
DERMATOLOGY, ANTISEBORRHEICS		
ZORYVE FOAM 0.3%	3	QL (60 GM per 30 days) PA
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	1	
ALA-SCALP	3	MO
<i>alclometasone dipropionate</i>	1	QL (60 GM per 30 days) MO
<i>amcinonide ointment 0.1%</i>	1	QL (60 GM per 30 days) MO
APEXICON E	3	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>betamethasone valerate foam</i>	1	QL (120 GM per 30 days) MO
BRYHALI	3	QL (100 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
CAPEX	3	QL (120 ML per 30 days) MO
<i>clobetasol propionate e cream 0.05%</i>	1	QL (60 GM per 30 days) MO
<i>clobetasol propionate emollient</i>	1	QL (100 GM per 30 days) MO
<i>clobetasol propionate foam</i>	1	QL (100 GM per 30 days) MO
<i>clobetasol propionate lotion, shampoo</i>	1	QL (118 ML per 30 days) MO
<i>clobetasol propionate liquid</i>	1	QL (125 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
CLOBEX LOTION, SHAMPOO	3	QL (118 ML per 30 days) MO
CLOBEX LIQUID	3	QL (125 ML per 30 days) MO
CLOCORTOLONE PIVALATE	3	QL (90 GM per 30 days) MO
<i>clodan shampoo 0.05%</i>	1	QL (118 ML per 30 days)
CORDRAN TAPE	3	MO
CORDRAN CREAM	3	QL (120 GM per 30 days) MO
CORDRAN LOTION	3	QL (120 ML per 30 days) MO
DERMA-SMOOTH/FS BODY	3	QL (118.28 ML per 30 days) MO
DERMA-SMOOTH/FS SCALP	3	QL (118.28 ML per 30 days) MO
<i>desonide lotion</i>	1	QL (118 ML per 30 days) MO
<i>desonide cream, gel, ointment</i>	1	QL (60 GM per 30 days) MO
DESOWEN	3	QL (60 GM per 30 days) MO
<i>desoximetasone cream, ointment</i>	1	QL (100 GM per 30 days) MO
<i>desoximetasone liquid</i>	1	QL (100 ML per 30 days) MO
<i>desoximetasone gel</i>	1	QL (60 GM per 30 days) MO
<i>diflorasone diacetate</i>	1	QL (60 GM per 30 days) MO
DIPROLENE	3	MO
DUOBRII	3	QL (200 GM per 28 days) PA MO
EPIFOAM	3	QL (10 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
<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>flurandrenolide cream</i>	1	QL (120 GM per 30 days) MO
<i>flurandrenolide lotion</i>	1	QL (120 ML per 30 days) MO
<i>fluticasone propionate cream 0.05%</i>	1	MO
<i>fluticasone propionate lotion 0.05%</i>	1	QL (120 ML per 30 days) MO
<i>fluticasone propionate ointment 0.005%</i>	1	MO
<i>halcinonide</i>	1	QL (60 GM per 30 days) MO
HALOBETASOL PROPIONATE FOAM	3	QL (100 GM per 30 days)

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>halobetasol propionate cream, ointment</i>	1	QL (50 GM per 30 days) MO
HALOG SOLUTION	3	QL (120 ML per 30 days) PA MO
HALOG CREAM, OINTMENT	3	QL (60 GM per 30 days) MO
<i>hydrocortisone butyrate (lipophilic)</i>	1	QL (60 GM per 30 days) MO
<i>hydrocortisone butyrate lotion</i>	1	QL (118 ML per 30 days) MO
<i>hydrocortisone butyrate cream, ointment</i>	1	QL (45 GM per 30 days) MO
<i>hydrocortisone butyrate solution</i>	1	QL (60 ML 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%</i>	1	MO
<i>hydrocortisone lotion 2.5%</i>	1	MO
<i>hydrocortisone ointment 1%, 2.5%</i>	1	QL (30 GM per 30 days) MO
HYDROXYM	3	QL (28 GM per 30 days) PA
KENALOG	3	MO
LEXETTE	3	QL (100 GM per 30 days) MO
LIDOTRAL/HYDROCORTISONE W/PEPTIDES & ARNICA	3	QL (85 GM per 30 days) PA
LOCOID	3	QL (118 ML per 30 days) MO
LOCOID LIPOCREAM	3	QL (60 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
PANDEL	3	QL (80 GM per 30 days) MO
<i>proctosol hc</i>	1	
SYNALAR	3	QL (120 GM per 30 days) MO
TEXACORT	3	MO
TOPICORT CREAM, OINTMENT	3	QL (100 GM per 30 days) MO
TOPICORT LIQUID	3	QL (100 ML per 30 days) MO
TOPICORT GEL	3	QL (60 GM per 30 days) MO
<i>tovet</i>	1	QL (100 GM per 30 days)
<i>triamcinolone acetonide aerosol solution 0.147mg/gm</i>	1	MO
<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
<i>triamcinolone acetonide ointment 0.05%</i>	1	QL (430 GM per 30 days) MO
<i>triderm cream 0.5%</i>	1	
<i>triderm cream 0.1%</i>	1	QL (454 GM per 30 days)
ULTRAVATE	3	QL (60 ML per 30 days) MO
VANOS	3	QL (120 GM per 30 days) MO
VERDESO	3	QL (100 GM per 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
BRUSELIX	3	QL (57 GM per 30 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
DERMACINRX LIDOGEL	3	QL (100 GM per 30 days) PA
DYCLOPRO	3	QL (30 ML per 30 days) PA
<i>glydo</i>	1	QL (60 ML per 30 days) PA MO
<i>lidocaine hcl prefilled syringe 2%</i>	1	QL (60 ML per 30 days) PA MO
<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
LIDODERM	3	QL (90 EA per 30 days) PA MO
LIDOREX	3	QL (100 GM per 30 days) PA
LIDOTRAL	3	QL (85 GM per 30 days) PA
PLIAGLIS	3	QL (30 GM per 30 days) PA
QUTENZA KIT 8% (1-PATCH)	3	QL (1 EA per 90 days) PA; LD
QUTENZA KIT 8% (2-PATCH)	3	QL (2 EA per 90 days) PA; LD
QUTENZA KIT 8% (4-PATCH)	3	QL (4 EA per 90 days) PA; LD
<i>tridacaine</i>	1	QL (90 EA per 30 days) PA
<i>tridacaine ii</i>	1	QL (90 EA per 30 days) PA
ZTLIDO	3	QL (90 EA per 30 days) PA MO
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ACYCLOVIR CREAM 5%	3	QL (5 GM per 30 days) MO
<i>acyclovir ointment 5%</i>	1	QL (30 GM per 30 days) MO
<i>ammonium lactate cream, lotion</i>	1	MO
ANUSOL-HC	3	MO
<i>azelaic acid</i>	1	QL (50 GM per 30 days) MO
BENSAL HP	3	QL (30 GM per 30 days) MO
<i>bexarotene gel 1%</i>	1	QL (60 GM per 30 days) PA; ACS
<i>brimonidine tartrate gel 0.33%</i>	1	MO
CARAC	3	QL (30 GM per 30 days) PA MO
CONDYLOX	3	QL (7 GM per 28 days) MO
CORTIFOAM	3	QL (15 GM per 30 days) MO
DENAVIR	3	QL (5 GM per 30 days) MO
DICLOFENAC EPOLAMINE	3	QL (60 EA per 30 days) PA MO
<i>diclofenac sodium gel 3%</i>	1	QL (100 GM per 30 days) PA MO
<i>diclofenac sodium external solution 2%</i>	1	QL (224 GM per 28 days) PA MO
<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
EFUDEX	3	QL (40 GM per 30 days) PA MO
ELIDEL	3	QL (100 GM per 30 days) ST MO
EUCRISA	3	QL (60 GM per 30 days) ST MO
FINACEA	3	QL (50 GM per 30 days) MO
FLECTOR	3	QL (60 EA per 30 days) PA 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
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 external solution 2%, 5%</i>	1	QL (10 ML per 30 days) MO
<i>hydrocortisone acetate/pramoxine</i>	1	QL (30 GM per 30 days) MO
<i>hydrocortisone perianal cream 1%</i>	1	MO
HYFTOR	3	QL (20 GM per 25 days) PA; ACS LD
IMIQUIMOD PUMP	3	QL (15 GM per 28 days) MO
<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>ivermectin cream 1%</i>	1	QL (45 GM per 30 days) MO
KLISYRI	2	QL (5 EA per 30 days) PA MO
LEVULAN KERASTICK	3	QL (6 EA per 30 days)
LICART	2	PA MO
METROCREAM	3	MO
METROGEL	3	MO
METROLOTION	3	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
MIRVASO	3	MO
<i>nitroglycerin ointment 0.4%</i>	1	QL (30 GM per 30 days) MO
NORITATE	3	QL (60 GM per 30 days) MO
OPZELURA	3	QL (60 GM per 28 days) PA MO
ORACEA	3	QL (30 EA per 30 days) PA MO
PANRETIN	3	QL (60 GM per 30 days) PA
<i>penciclovir</i>	1	QL (5 GM per 30 days) MO
PENNSAID	3	QL (224 GM per 28 days) PA MO
<i>pimecrolimus</i>	1	QL (100 GM per 30 days) MO
PODOCON-25	3	QL (15 ML per 30 days)
<i>podofilox solution</i>	1	MO
<i>podofilox gel</i>	1	QL (7 GM per 28 days) MO
<i>procto-med hc</i>	1	
<i>proctocort</i>	1	
PROCTOFOAM HC	3	QL (10 GM per 30 days) MO
<i>proctozone-hc</i>	1	
PRUDOXIN	3	QL (45 GM per 30 days) PA MO
QBREXZA	3	QL (30 EA per 30 days) PA MO
RECTIV	3	QL (30 GM per 30 days) MO
<i>salicylic acid wart remover</i>	1	QL (10 ML per 30 days) MO
<i>salicylic acid solution</i>	1	QL (10 ML per 30 days) MO
<i>salicylic acid shampoo</i>	1	QL (177 ML per 30 days) MO
SILVER NITRATE	3	QL (960 ML per 30 days) MO
SOOLANTRA	3	QL (45 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>tacrolimus ointment 0.03%, 0.1%</i>	1	QL (60 GM per 30 days) MO
TARGRETIN GEL 1%	3	QL (60 GM per 30 days) PA; ACS
TOLAK	3	QL (40 GM per 30 days) PA
VALCHLOR	3	QL (60 GM per 30 days) PA; LD
VEREGEN	3	QL (30 GM per 28 days) MO
VIRASAL	3	QL (10 ML per 30 days) MO
XERESE	3	QL (5 GM per 30 days) MO
YCANTH	3	PA
ZONALON	3	QL (45 GM per 30 days) PA MO
ZOVIRAX OINTMENT	3	QL (30 GM per 30 days) MO
ZOVIRAX CREAM	3	QL (5 GM per 30 days) MO
ZYCLARA	3	QL (28 EA per 28 days) MO
ZYCLARA PUMP CREAM 3.75%	3	QL (15 GM per 28 days) MO
ZYCLARA PUMP CREAM 2.5%	3	QL (7.5 GM per 28 days) MO
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>crotan</i>	1	QL (237 GM per 30 days)
<i>malathion</i>	1	MO
NATROBA	3	QL (120 ML per 30 days) MO
OVIDE	3	MO
<i>permethrin cream 5%</i>	1	MO
SPINOSAD	3	QL (120 ML per 30 days) MO
DERMATOLOGY, WOUND CARE AGENTS		
FILSUVEZ	3	QL (2106 GM per 30 days) PA; LD
LACTATED RINGERS IRRIGATION	3	
PHYSIOLYTE	3	
REGRANEX	2	QL (30 GM per 30 days) PA MO
RINGERS IRRIGATION	3	
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
TIS-U-SOL	3	
VYJUVEK	3	QL (10 ML per 28 days) PA; LD
MOUTH/THROAT/DENTAL AGENTS		
ARESTIN	3	PA; ACS
<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>denta 5000 plus cream 1.1% (2-pack)</i>	1	QL (51 GM per 30 days)
<i>denta 5000 plus cream 1.1%</i>	1	QL (51 GM per 30 days) MO
<i>dentagel</i>	1	MO
EVOXAC	3	MO
<i>fluoridex daily defense</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>fluoridex sensitivity relief/sls free</i>	1	
<i>fluorimax 5000</i>	1	
<i>fluorimax 5000 sensitive</i>	1	
FRAICHE 5000 PREVI	3	
FRAICHE 5000 SENSITIVE	3	
<i>just right 5000</i>	1	
<i>kourzeq</i>	1	
<i>lidocaine hcl mouth/throat solution 4%</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
PREVIDENT 5000 BOOSTER PLUS	3	MO
PREVIDENT 5000 DRY MOUTH	3	MO
PREVIDENT 5000 ENAMEL PROTECT	3	MO
PREVIDENT 5000 ORTHO DEFENSE	3	MO
PREVIDENT 5000 PLUS	3	QL (51 GM per 30 days) MO
PREVIDENT FLUORIDE	3	MO
PREVIDENT RINSE	3	MO
SALAGEN	3	MO
<i>sf gel 1.1%</i>	1	MO
<i>sf 5000 plus</i>	1	QL (51 GM per 30 days) MO
<i>sodium fluoride 5000 plus</i>	1	QL (51 GM per 30 days)
<i>sodium fluoride 5000 ppm paste</i>	1	MO
<i>sodium fluoride 5000 ppm cream</i>	1	QL (51 GM per 30 days)
<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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Participating health care providers are independent contractors and are neither agents nor employees of SilverScript. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

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.

Aetna Medicare Rx offered by SilverScript is a group standalone Medicare Prescription Drug Plan (PDP). This Plan is offered by SilverScript Insurance Company, which has a Medicare contract. SilverScript Insurance Company and Aetna are affiliated companies. Enrollment in the Plan depends on Medicare contract renewal.