

Aetna Medicare Rx offered by SilverScript

2024 Formulary (List of Covered Drugs) 3T Classic Formulary

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

This formulary was updated on 10/17/2024. 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: 24029

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 October 17, 2024. 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, 2025, and from time to time during the year.

What is the Aetna Medicare Rx offered by SilverScript Formulary?

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 (drug list) change?

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

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

New generic drugs. We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Aetna Medicare Rx offered by SilverScript Formulary?”

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

Other changes. We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, 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 brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the 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 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

This formulary is current as of October 17, 2024. 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.

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 physician 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 cover a formulary drug at a lower cost-sharing tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, 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 additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

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

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

If you 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 2024 *Evidence of Coverage* for copay information specific to your plan.

| Formulary Name | 3T Classic Formulary |
|-----------------------|-----------------------------|
| Tier 1 | Generic |
| Tier 2 | Preferred Brand |
| Tier 3 | Non-Preferred Drug |

Please Note: Our plan, in some instances, combines higher cost generic drugs on brand tiers. Refer to the drug list to determine the tier of coverage for each drug you take.

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 |
| LA | Limited Access. This prescription may be available only at certain pharmacies. |
| B/D | This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination. |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------|
| ANALGESICS | | |
| GOUT | | |
| <i>allopurinol tablet 100mg, 300mg</i> | 1 | MO |
| <i>colchicine tablet 0.6mg</i> | 2 | QL (120 EA per 30 days) MO |
| <i>febuxostat</i> | 2 | ST MO |
| MITIGARE | 2 | QL (60 EA per 30 days) MO |
| <i>probenecid</i> | 2 | MO |
| <i>probenecid/colchicine</i> | 2 | MO |
| NSAIDS | | |
| <i>celecoxib capsule 400mg</i> | 2 | QL (30 EA per 30 days) MO |
| <i>celecoxib capsule 100mg, 200mg, 50mg</i> | 2 | QL (60 EA per 30 days) MO |
| <i>diclofenac potassium tablet 50mg</i> | 1 | QL (120 EA per 30 days) MO |
| <i>diclofenac sodium dr tablet delayed release 25mg, 50mg, 75mg</i> | 1 | MO |
| <i>diclofenac sodium er tablet extended release 24 hour 100mg</i> | 1 | QL (60 EA per 30 days) MO |
| <i>diclofenac sodium/misoprostol tablet delayed release 50mg; 200mcg</i> | 3 | QL (120 EA per 30 days) MO |
| <i>diclofenac sodium/misoprostol tablet delayed release 75mg; 200mcg</i> | 3 | QL (90 EA per 30 days) MO |
| <i>diflunisal</i> | 3 | QL (90 EA per 30 days) MO |
| <i>ec-naproxen tablet delayed release 375mg</i> | 1 | QL (120 EA per 30 days) |
| <i>ec-naproxen tablet delayed release 500mg</i> | 1 | QL (90 EA per 30 days) MO |
| <i>etodolac er tablet extended release 24 hour 600mg</i> | 3 | QL (30 EA per 30 days) MO |
| <i>etodolac er tablet extended release 24 hour 400mg, 500mg</i> | 3 | QL (60 EA per 30 days) MO |
| <i>etodolac capsule 300mg</i> | 2 | QL (120 EA per 30 days) MO |
| <i>etodolac capsule 200mg</i> | 2 | QL (90 EA per 30 days) MO |
| <i>etodolac tablet 500mg</i> | 2 | QL (60 EA per 30 days) MO |
| <i>etodolac tablet 400mg</i> | 2 | QL (90 EA per 30 days) MO |
| FENOPROFEN CALCIUM CAPSULE 400MG | 3 | QL (240 EA per 30 days) MO |
| <i>fenopropfen calcium tablet</i> | 3 | QL (150 EA per 30 days) MO |
| <i>flurbiprofen tablet 100mg</i> | 1 | QL (90 EA per 30 days) MO |
| <i>ibu tablet 400mg, 600mg, 800mg</i> | 1 | MO |
| <i>ibuprofen tablet 400mg, 600mg, 800mg</i> | 1 | MO |
| <i>ketoprofen er</i> | 3 | QL (30 EA per 30 days) MO |
| <i>ketorolac tromethamine tablet 10mg</i> | 1 | QL (20 EA per 30 days) PA MO |
| <i>meclofenamate sodium</i> | 3 | QL (120 EA per 30 days) MO |
| <i>meloxicam tablet</i> | 1 | MO |
| <i>nabumetone</i> | 1 | MO |
| <i>naproxen dr tablet delayed release 375mg</i> | 1 | QL (120 EA per 30 days) MO |
| <i>naproxen dr tablet delayed release 500mg</i> | 1 | QL (90 EA per 30 days) MO |
| <i>naproxen sodium</i> | 1 | MO |
| NAPROXEN SODIUM CR | 3 | QL (120 EA per 30 days) MO |
| NAPROXEN SODIUM ER TABLET EXTENDED RELEASE 24 HOUR 375MG | 3 | QL (120 EA per 30 days) MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------------|
| NAPROXEN SODIUM ER TABLET EXTENDED RELEASE 24 HOUR 750MG | 3 | QL (60 EA per 30 days) MO |
| <i>naproxen sodium er tablet extended release 24 hour 500mg</i> | 1 | QL (90 EA per 30 days) MO |
| <i>naproxen suspension, tablet</i> | 1 | MO |
| <i>naproxen tablet delayed release</i> | 1 | QL (90 EA per 30 days) MO |
| <i>oxaprozin</i> | 3 | QL (90 EA per 30 days) MO |
| <i>piroxicam capsule 20mg</i> | 2 | QL (30 EA per 30 days) MO |
| <i>piroxicam capsule 10mg</i> | 2 | QL (60 EA per 30 days) MO |
| <i>sulindac</i> | 1 | QL (60 EA per 30 days) MO |
| OPIOID ANALGESICS, LONG-ACTING | | |
| <i>buprenorphine transdermal patch</i> | 3 | QL (4 EA per 28 days) PA MO |
| <i>fentanyl transdermal patch</i> | 3 | QL (10 EA per 30 days) PA MO |
| <i>hydrocodone bitartrate er tablet extended release</i> | 2 | QL (30 EA per 30 days) PA MO |
| HYSINGLA ER | 2 | QL (30 EA per 30 days) PA MO |
| <i>methadone hcl oral concentrate 10mg/ml</i> | 2 | QL (90 ML per 30 days) PA MO |
| METHADONE HCL INJECTION | 3 | PA |
| <i>methadone hcl oral solution</i> | 2 | QL (450 ML per 30 days) PA MO |
| <i>methadone hcl tablet 10mg, 5mg</i> | 2 | QL (90 EA per 30 days) PA MO |
| <i>morphine sulfate er capsule extended release 24 hour (generic Avinza) 120mg, 30mg, 45mg, 60mg, 75mg, 90mg</i> | 3 | 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> | 3 | QL (60 EA per 30 days) MO |
| <i>morphine sulfate er tablet extended release 30mg, 60mg</i> | 2 | QL (60 EA per 30 days) MO |
| <i>morphine sulfate er tablet extended release 100mg, 200mg</i> | 2 | QL (60 EA per 30 days) PA MO |
| <i>morphine sulfate er tablet extended release 15mg</i> | 2 | QL (90 EA per 30 days) MO |
| MORPHINE SULFATE/SODIUM CHLORIDE | 3 | B/D |
| <i>tramadol hcl er</i> | 3 | QL (30 EA per 30 days) MO; HRM |
| <i>tramadol hydrochloride er</i> | 3 | QL (30 EA per 30 days) MO; HRM |
| OPIOID ANALGESICS, SHORT-ACTING | | |
| <i>acetaminophen/codeine tablet</i> | 2 | QL (180 EA per 30 days) MO |
| <i>acetaminophen/codeine solution</i> | 2 | QL (2700 ML per 30 days) MO |
| <i>butorphanol tartrate nasal solution</i> | 3 | QL (5 ML per 30 days) MO |
| <i>butorphanol tartrate injection 1mg/ml</i> | 3 | |
| <i>butorphanol tartrate injection 2mg/ml</i> | 3 | MO |
| CODEINE SULFATE TABLET | 3 | QL (180 EA per 30 days) MO |
| <i>endocet tablet 10mg; 325mg, 2.5mg; 325mg, 5mg; 325mg, 7.5mg; 325mg</i> | 2 | QL (180 EA per 30 days) |
| <i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i> | 1 | QL (120 EA per 30 days) PA MO |
| <i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i> | 3 | QL (120 EA per 30 days) PA MO |
| <i>hydrocodone bitartrate/acetaminophen tablet</i> | 2 | QL (180 EA per 30 days) MO |
| <i>hydrocodone bitartrate/acetaminophen solution</i> | 2 | QL (2700 ML per 30 days) MO |
| <i>hydrocodone/acetaminophen tablet 7.5mg; 325mg</i> | 2 | 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>hydrocodone/ibuprofen tablet 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i> | 2 | QL (150 EA per 30 days) MO |
| <i>hydromorphone hcl tablet</i> | 2 | QL (180 EA per 30 days) MO |
| <i>hydromorphone hcl oral liquid</i> | 3 | 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 pf injection 10mg/ml</i> | 3 | B/D |
| HYDROMORPHONE HYDROCHLORIDE INJECTION 0.25MG/0.5ML, 1MG/ML PF, 2MG/ML PF, 4MG/ML PF | 3 | B/D |
| <i>hydromorphone hydrochloride pf injection 50mg/5ml</i> | 3 | B/D |
| <i>hydromorphone hydrochloride injection 2mg/ml</i> | 3 | B/D MO |
| <i>morphine sulfate tablet 15mg, 30mg</i> | 2 | QL (180 EA per 30 days) MO |
| MORPHINE SULFATE INJECTION 10MG/ML, 2MG/ML, 4MG/ML, 50MG/ML, 5MG/ML, 8MG/ML | 3 | B/D |
| <i>morphine sulfate injection 0.5mg/ml, 10mg/ml, 4mg/ml, 50mg/ml, 8mg/ml</i> | 3 | B/D |
| <i>morphine sulfate injection 1mg/ml</i> | 3 | B/D MO |
| <i>morphine sulfate oral solution 10mg/5ml, 20mg/5ml</i> | 2 | QL (900 ML per 30 days) MO |
| <i>morphine sulfate oral solution 100mg/5ml</i> | 3 | QL (180 ML per 30 days) MO |
| <i>oxycodone hydrochloride capsule</i> | 2 | QL (180 EA per 30 days) MO |
| <i>oxycodone hydrochloride solution</i> | 2 | QL (900 ML per 30 days) MO |
| <i>oxycodone hydrochloride concentrate</i> | 3 | QL (180 ML per 30 days) MO |
| <i>oxycodone hydrochloride tablet 30mg</i> | 2 | QL (120 EA per 30 days) MO |
| <i>oxycodone hydrochloride tablet 10mg, 15mg, 20mg, 5mg</i> | 2 | QL (180 EA per 30 days) MO |
| <i>oxycodone/acetaminophen tablet 10mg; 325mg, 2.5mg; 325mg, 5mg; 325mg, 7.5mg; 325mg</i> | 2 | QL (180 EA per 30 days) MO |
| <i>oxymorphone hydrochloride tablet 10mg, 5mg</i> | 3 | QL (180 EA per 30 days) MO |
| <i>tramadol hydrochloride/acetaminophen tablet 37.5mg; 325mg</i> | 3 | QL (240 EA per 30 days) MO; HRM |
| <i>tramadol hydrochloride tablet 100mg</i> | 1 | QL (120 EA per 30 days) MO; HRM |
| <i>tramadol hydrochloride tablet 50mg</i> | 1 | QL (240 EA per 30 days) MO; HRM |

ANESTHETICS**LOCAL ANESTHETICS**

| | | |
|--|---|--|
| <i>lidocaine hcl injection 0.5%, 1.5% pf, 2% pf, 4% pf</i> | 3 | |
| <i>lidocaine hydrochloride injection 1%, 2%</i> | 3 | |

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

| | | |
|---|---|------------|
| <i>albendazole</i> | 1 | MO |
| <i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i> | 3 | MO |
| <i>atovaquone oral suspension</i> | 3 | PA MO |
| <i>aztreonam</i> | 3 | MO |
| CAYSTON | 3 | PA LA; ACS |
| <i>chloramphenical sodium succinate iv solution injection</i> | 3 | |
| <i>clindamycin hcl capsule 300mg</i> | 1 | MO |
| <i>clindamycin hydrochloride capsule 150mg, 75mg</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>clindamycin palmitate hcl solution 75mg/5ml</i> | 3 | MO |
| <i>clindamycin phosphate/dextrose</i> | 3 | |
| <i>clindamycin phosphate injection 300mg/2ml, 9000mg/60ml, 900mg/6ml</i> | 3 | |
| <i>clindamycin phosphate injection 600mg/4ml</i> | 3 | MO |
| CLINDAMYCIN/SODIUM CHLORIDE | 3 | |
| <i>colistimethate sodium</i> | 1 | PA MO |
| <i>dapsone tablet 100mg, 25mg</i> | 2 | MO |
| DAPTOMYCIN/SODIUM CHLORIDE | 3 | |
| DAPTOMYCIN INJECTION 350MG | 3 | |
| <i>daptomycin injection 500mg</i> | 1 | |
| EMVERM | 3 | QL (12 EA per 365 days) MO |
| <i>ertapenem</i> | 3 | MO |
| <i>ertapenem sodium</i> | 3 | MO |
| <i>gentamicin sulfate pediatric injection 10mg/ml</i> | 3 | MO |
| <i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i> | 3 | |
| <i>gentamicin sulfate/0.9% sodium chloride injection 1.6mg/ml; 0.9%</i> | 3 | MO |
| <i>gentamicin sulfate injection 40mg/ml</i> | 3 | MO |
| <i>imipenem/cilastatin</i> | 3 | MO |
| <i>gentamicin isotonic/0.9% sodium chloride injection 0.8mg/ml</i> | 3 | |
| <i>ivermectin tablet 3mg</i> | 2 | QL (12 EA per 90 days) PA MO |
| <i>linezolid oral suspension reconstituted 100mg/5ml</i> | 1 | QL (1800 ML per 30 days) PA MO |
| <i>linezolid tablet</i> | 3 | QL (56 EA per 28 days) PA MO |
| LINEZOLID INJECTION 600MG/300ML; 0.9% | 3 | PA |
| <i>linezolid injection 600mg/300ml</i> | 3 | PA |
| <i>meropenem</i> | 3 | MO |
| <i>methenamine hippurate</i> | 3 | MO |
| <i>methenamine mandelate tablet</i> | 3 | MO |
| <i>metronidazole capsule 375mg</i> | 2 | MO |
| <i>metronidazole injection 500mg/100ml</i> | 3 | |
| <i>metronidazole tablet 250mg, 500mg</i> | 2 | MO |
| <i>neomycin sulfate</i> | 1 | MO |
| <i>nitazoxanide</i> | 1 | QL (6 EA per 30 days) MO |
| <i>nitrofurantoin macrocrystals</i> | 2 | MO |
| <i>nitrofurantoin monohydrate/macrocrystals capsule 100mg</i> | 2 | MO |
| <i>paromomycin sulfate</i> | 3 | |
| <i>pentamidine isethionate inhalation solution reconstituted</i> | 3 | B/D MO |
| <i>pentamidine isethionate injection</i> | 3 | MO |
| <i>praziquantel</i> | 2 | MO |
| SIVEXTRO TABLET | 2 | MO |
| SIVEXTRO INJECTION | 3 | |
| <i>streptomycin sulfate</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>sulfadiazine</i> | 3 | MO |
| <i>sulfamethoxazole/trimethoprim ds</i> | 1 | MO |
| <i>sulfamethoxazole/trimethoprim tablet</i> | 1 | MO |
| <i>sulfamethoxazole/trimethoprim injection, suspension</i> | 3 | MO |
| <i>tinidazole</i> | 3 | MO |
| <i>tobramycin sulfate injection 1.2gm</i> | 1 | |
| <i>tobramycin sulfate injection 10mg/ml, 40mg/ml</i> | 3 | |
| <i>tobramycin sulfate injection 1.2gm/30ml, 80mg/2ml</i> | 3 | MO |
| <i>tobramycin nebulization solution 300mg/5ml</i> | 1 | QL (280 ML per 56 days) PA; ACS |
| <i>trimethoprim</i> | 1 | MO |
| VANCOMYCIN INJECTION 0.9%; 500MG/100ML, 0.9%; 750MG/150ML | 3 | |
| VANCOMYCIN HCL INJECTION 0.9%; 1GM/200ML | 3 | |
| <i>vancomycin hcl injection 100gm, 10gm</i> | 3 | |
| <i>vancomycin hydrochloride capsule 125mg</i> | 3 | QL (120 EA per 30 days) MO |
| <i>vancomycin hydrochloride capsule 250mg</i> | 3 | QL (240 EA per 30 days) MO |
| VANCOMYCIN HYDROCHLORIDE INJECTION 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 500MG/100ML, 750MG/150ML | 3 | |
| <i>vancomycin hydrochloride injection 1.25gm, 1.5gm, 1.75gm, 1gm, 2gm, 5gm, 750mg</i> | 3 | |
| <i>vancomycin hydrochloride injection 500mg</i> | 3 | MO |
| ANTIFUNGALS | | |
| ABELCET | 3 | B/D |
| <i>amphotericin b</i> | 3 | B/D MO |
| <i>amphotericin b liposome</i> | 1 | B/D MO |
| <i>caspofungin acetate</i> | 3 | |
| <i>fluconazole in sodium chloride injection 200mg; 100ml, 400mg; 100ml</i> | 3 | |
| <i>fluconazole/sodium chloride injection 100mg/50ml</i> | 3 | |
| <i>fluconazole tablet</i> | 1 | MO |
| <i>fluconazole suspension reconstituted</i> | 2 | MO |
| <i>flucytosine capsule 500mg</i> | 1 | PA MO |
| <i>flucytosine capsule 250mg</i> | 3 | PA MO |
| <i>griseofulvin microsize tablet 500mg, oral suspension 125mg/5ml</i> | 3 | MO |
| <i>griseofulvin ultramicrosize tablet 125mg, 250mg</i> | 3 | MO |
| <i>itraconazole capsule 200mg</i> | 3 | PA MO |
| <i>ketoconazole tablet 200mg</i> | 1 | PA MO |
| <i>micafungin</i> | 1 | |
| <i>mycamine</i> | 1 | MO |
| <i>nystatin tablet 500000unit</i> | 3 | MO |
| <i>posaconazole oral suspension</i> | 1 | QL (630 ML per 30 days) MO |
| <i>posaconazole dr tablet delayed release 100mg</i> | 1 | QL (93 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 |
|--|-----------|----------------------------|
| <i>terbinafine hcl tablet 250mg</i> | 1 | QL (90 EA per 365 days) MO |
| <i>voriconazole suspension reconstituted</i> | 1 | PA MO |
| <i>voriconazole injection</i> | 3 | PA |
| <i>voriconazole tablet 200mg</i> | 3 | QL (120 EA per 30 days) MO |
| <i>voriconazole tablet 50mg</i> | 3 | QL (480 EA per 30 days) MO |
| ANTIMALARIALS | | |
| <i>atovaquone/proguanil hcl</i> | 3 | MO |
| <i>chloroquine phosphate</i> | 3 | MO |
| COARTEM | 3 | MO |
| <i>mefloquine hcl</i> | 2 | MO |
| <i>primaquine phosphate</i> | 2 | |
| <i>quinine sulfate</i> | 3 | PA MO |
| ANTIRETROVIRAL AGENTS | | |
| <i>abacavir</i> | 3 | MO |
| APTIVUS | 3 | MO |
| <i>atazanavir capsule 150mg, 200mg</i> | 3 | MO |
| <i>atazanavir sulfate capsule 300mg</i> | 3 | 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</i> | 3 | MO |
| <i>emtricitabine</i> | 3 | MO |
| EMTRIVA ORAL SOLUTION | 3 | MO |
| <i>etravirine</i> | 1 | MO |
| <i>fosamprenavir calcium</i> | 1 | MO |
| FUZEON | 3 | LA MO |
| INTELENCE TABLET 25MG | 3 | |
| ISENTRESS | 3 | MO |
| ISENTRESS HD | 3 | MO |
| <i>lamivudine solution 10mg/ml</i> | 3 | MO |
| <i>lamivudine tablet 150mg, 300mg</i> | 3 | MO |
| <i>maraviroc</i> | 1 | MO |
| <i>nevirapine er tablet extended release 24 hour 100mg</i> | 2 | |
| <i>nevirapine er tablet extended release 24 hour 400mg</i> | 2 | MO |
| <i>nevirapine tablet</i> | 2 | MO |
| <i>nevirapine suspension</i> | 3 | MO |
| NORVIR ORAL POWDER PACKET, ORAL SOLUTION | 3 | MO |
| PIFELTRO | 3 | MO |
| PREZISTA SUSPENSION | 3 | QL (400 ML per 30 days) MO |
| PREZISTA TABLET 150MG | 3 | QL (240 EA per 30 days) MO |
| PREZISTA TABLET 75MG | 3 | QL (480 EA per 30 days) MO |
| REYATAZ ORAL POWDER PACKET | 3 | MO |
| <i>ritonavir</i> | 2 | MO |
| RUKOBIA | 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 |
|--|-----------|-------------------------------|
| SELZENTRY SOLUTION | 3 | MO |
| SELZENTRY TABLET 25MG | 2 | |
| SELZENTRY TABLET 75MG | 3 | |
| <i>stavudine</i> | 3 | MO |
| SUNLENCA INJECTION | 3 | QL (3 ML per 180 days) LA MO |
| SUNLENCA TABLET THERAPY PACK (5 TAB PACK) 300MG | 3 | QL (10 EA per 365 days) LA MO |
| SUNLENCA TABLET THERAPY PACK (4 TAB PACK) 300MG | 3 | QL (8 EA per 365 days) LA MO |
| <i>tenofovir disoproxil fumarate</i> | 3 | MO |
| TIVICAY PD | 3 | MO |
| TIVICAY TABLET 10MG | 2 | MO |
| TIVICAY TABLET 25MG, 50MG | 3 | MO |
| TROGARZO | 3 | LA MO |
| TYBOST | 3 | MO |
| VIRACEPT | 3 | MO |
| VIREAD ORAL POWDER, TABLET 150MG, 200MG, 250MG | 3 | MO |
| <i>zidovudine</i> | 2 | MO |
| ANTIRETROVIRAL COMBINATION AGENTS | | |
| <i>abacavir sulfate/lamivudine</i> | 3 | MO |
| BIKTARVY | 3 | MO |
| CIMDUO | 2 | MO |
| COMPLERA | 3 | MO |
| DELSTRIGO | 3 | MO |
| DESCOVY | 3 | MO |
| DOVATO | 3 | MO |
| <i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i> | 1 | MO |
| <i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i> | 1 | MO |
| <i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 133mg; 200mg</i> | 1 | QL (30 EA per 30 days) MO |
| <i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i> | 3 | QL (30 EA per 30 days) MO |
| <i>emtricitabine/tenofovir disoproxil tablet 167mg; 250mg</i> | 3 | QL (30 EA per 30 days) MO |
| EVOTAZ | 2 | MO |
| GENVOYA | 3 | MO |
| JULUCA | 3 | MO |
| <i>lamivudine/zidovudine</i> | 3 | MO |
| <i>lopinavir/ritonavir</i> | 3 | MO |
| ODEFSEY | 3 | MO |
| PREZCOBIX | 3 | MO |
| STRIBILD | 3 | MO |
| SYMTUZA | 3 | MO |
| TRIUMEQ | 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 |
|---|-----------|------------------------------|
| TRIUMEQ PD | 3 | MO |
| TRIZIVIR | 3 | MO |
| ANTITUBERCULAR AGENTS | | |
| <i>cycloserine</i> | 1 | MO |
| <i>ethambutol hydrochloride</i> | 3 | MO |
| <i>isoniazid syrup, tablet</i> | 1 | MO |
| <i>isoniazid injection</i> | 3 | |
| PRETOMANID | 3 | QL (30 EA per 30 days) PA |
| PRIFTIN | 3 | MO |
| <i>pyrazinamide</i> | 3 | MO |
| <i>rifabutin</i> | 3 | MO |
| <i>rifampin capsule</i> | 2 | MO |
| <i>rifampin injection</i> | 3 | |
| SIRTURO | 3 | PA LA; ACS |
| TRECTOR | 3 | MO |
| ANTIVIRALS | | |
| <i>acyclovir sodium</i> | 3 | 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> | 3 | QL (30 EA per 30 days) MO |
| BARACLUDE ORAL SOLUTION | 3 | QL (630 ML per 30 days) MO |
| <i>entecavir</i> | 3 | QL (30 EA per 30 days) MO |
| EPCLUSA PACKET 200MG; 50MG | 2 | PA; ACS |
| EPCLUSA PACKET 150MG; 37.5MG | 3 | PA; ACS |
| EPCLUSA TABLET 400MG; 100MG | 2 | PA; ACS |
| EPCLUSA TABLET 200MG; 50MG | 3 | PA; ACS |
| EPIVIR HBV ORAL SOLUTION | 3 | MO |
| <i>famciclovir tablet 500mg</i> | 1 | QL (21 EA per 30 days) MO |
| <i>famciclovir tablet 125mg, 250mg</i> | 1 | QL (60 EA per 30 days) MO |
| <i>ganciclovir</i> | 2 | B/D |
| HARVONI TABLET | 2 | PA; ACS |
| HARVONI PACKET 33.75MG; 150MG | 2 | PA; ACS |
| HARVONI PACKET 45MG; 200MG | 3 | PA; ACS |
| <i>lamivudine tablet 100mg</i> | 2 | MO |
| MAVYRET | 2 | PA; ACS |
| <i>oseltamivir phosphate capsule 30mg</i> | 2 | QL (168 EA per 365 days) MO |
| <i>oseltamivir phosphate capsule 45mg, 75mg</i> | 2 | QL (84 EA per 365 days) MO |
| <i>oseltamivir phosphate suspension reconstituted</i> | 2 | QL (1080 ML per 365 days) MO |
| PAXLOVID TABLET THERAPY PACK 150MG; 100MG | 2 | QL (40 EA per 30 days) |
| PAXLOVID TABLET THERAPY PACK 300MG; 100MG | 2 | QL (60 EA per 30 days) |
| PEGASYS | 3 | PA; ACS |
| PREVYMIS TABLET | 3 | QL (28 EA per 28 days) PA MO |
| RELENZA DISKHALER | 2 | QL (120 EA per 365 days) MO |

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>ribavirin</i> | 2 | ACS |
| <i>rimantadine hydrochloride</i> | 3 | MO |
| <i>valacyclovir hydrochloride tablet 1gm, 500mg</i> | 2 | MO |
| <i>valganciclovir hydrochloride oral solution</i> | 1 | MO |
| <i>valganciclovir tablet 450mg</i> | 2 | MO |
| VOSEVI | 2 | PA; ACS |
| CEPHALOSPORINS | | |
| CEFACLOR ER | 3 | MO |
| <i>cefaclor suspension reconstituted</i> | 1 | |
| <i>cefaclor capsule</i> | 1 | MO |
| <i>cefadroxil</i> | 1 | MO |
| CEFAZOLIN SODIUM INJECTION 1GM/50ML; 4% | 2 | |
| CEFAZOLIN SODIUM INJECTION 100GM, 300GM | 3 | |
| <i>cefazolin sodium injection 1gm</i> | 3 | |
| <i>cefazolin sodium injection 10gm, 1gm, 500mg</i> | 3 | MO |
| CEFAZOLIN/DEXTROSE | 2 | |
| CEFAZOLIN INJECTION 2GM/100ML; 4% | 2 | |
| CEFAZOLIN INJECTION 2GM, 3GM | 3 | |
| <i>cefazolin injection 3gm</i> | 3 | |
| <i>cefazolin injection 2gm</i> | 3 | MO |
| <i>cefdinir capsule</i> | 1 | MO |
| <i>cefdinir suspension reconstituted</i> | 2 | MO |
| <i>cefepime injection iv</i> | 3 | MO |
| <i>cefixime capsule</i> | 2 | MO |
| <i>cefixime suspension reconstituted</i> | 3 | MO |
| <i>cefotetan</i> | 3 | |
| <i>cefoxitin sodium injection 10gm, 1gm, 2gm</i> | 3 | |
| <i>cefpodoxime proxetil</i> | 3 | MO |
| <i>cefprozil</i> | 2 | MO |
| CEFTAZIDIME/DEXTROSE | 3 | |
| <i>ceftazidime injection 6gm</i> | 3 | |
| <i>ceftazidime injection 1gm, 2gm</i> | 3 | MO |
| <i>ceftriaxone in iso-osmotic dextrose</i> | 3 | |
| CEFTRIAXONE SODIUM INJECTION 100GM | 3 | |
| <i>ceftriaxone sodium injection 1gm</i> | 3 | |
| <i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i> | 3 | MO |
| <i>cefuroxime axetil</i> | 2 | MO |
| <i>cefuroxime sodium injection 1.5gm</i> | 3 | |
| <i>cefuroxime sodium injection 750mg</i> | 3 | MO |
| <i>cephalexin oral suspension reconstituted, tablet, capsule</i> | 1 | MO |
| <i>tazicef injection</i> | 3 | |
| TEFLARO | 3 | |
| ERYTHROMYCINS/MACROLIDES | | |
| AZITHROMYCIN PACKET | 2 | MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>azithromycin suspension reconstituted, tablet</i> | 1 | MO |
| <i>azithromycin injection</i> | 3 | MO |
| <i>clarithromycin er tablet extended release 24 hour 500mg</i> | 3 | MO |
| <i>clarithromycin immediate release tablet, oral suspension</i> | 2 | MO |
| DIFICID SUSPENSION RECONSTITUTED | 2 | |
| DIFICID TABLET | 2 | MO |
| <i>erythromycin base</i> | 2 | MO |
| <i>erythromycin dr capsule delayed release particles</i> | 2 | MO |
| <i>erythromycin dr tablet delayed release</i> | 3 | MO |
| <i>erythromycin ethylsuccinate tablet</i> | 2 | MO |
| <i>erythromycin lactobionate</i> | 1 | |
| FLUOROQUINOLONES | | |
| <i>ciprofloxacin hcl tablet 100mg, 750mg</i> | 1 | MO |
| <i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i> | 1 | MO |
| <i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%</i> | 3 | |
| <i>ciprofloxacin i.v.-in d5w injection 400mg/200ml; 5%</i> | 3 | MO |
| <i>levofloxacin in d5w</i> | 3 | |
| <i>levofloxacin injection 25mg/ml</i> | 3 | |
| <i>levofloxacin oral solution 25mg/ml</i> | 2 | MO |
| <i>levofloxacin tablet 250mg, 500mg, 750mg</i> | 1 | MO |
| <i>moxifloxacin hydrochloride/sodium hydrochloride</i> | 3 | |
| <i>moxifloxacin hydrochloride injection 400mg/250ml</i> | 3 | |
| <i>moxifloxacin hydrochloride tablet 400mg</i> | 3 | MO |
| PENICILLINS | | |
| <i>amoxicillin</i> | 1 | MO |
| <i>amoxicillin/clavulanate potassium</i> | 1 | MO |
| <i>amoxicillin/clavulanate potassium er</i> | 3 | MO |
| <i>ampicillin capsule</i> | 1 | MO |
| <i>ampicillin sodium injection 10gm, 125mg, 1gm, 250mg, 2gm</i> | 3 | |
| <i>ampicillin sodium injection 1gm, 2gm, 500mg</i> | 3 | MO |
| <i>ampicillin-sulfactam injection</i> | 3 | |
| <i>ampicillin/sulbactam</i> | 3 | |
| BICILLIN L-A | 3 | MO |
| <i>dicloxacillin sodium</i> | 2 | MO |
| EXTENCILLINE | 3 | |
| LENTOCILIN | 3 | |
| <i>nafcillin sodium injection 10gm, 2gm</i> | 1 | |
| <i>nafcillin sodium injection 1gm</i> | 3 | |
| <i>nafcillin sodium injection 2gm</i> | 3 | MO |
| <i>oxacillin sodium</i> | 3 | |
| <i>penicillin g potassium</i> | 3 | MO |
| PENICILLIN G POTASSIUM IN ISO-OSMOTIC | 3 | |
| DEXTROSE | | |
| PENICILLIN G PROCAINE | 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>penicillin g sodium</i> | 3 | |
| <i>penicillin v potassium</i> | 1 | MO |
| <i>piperacillin sodium/tazobactam sodium</i> | 3 | |
| TETRACYCLINES | | |
| <i>doxy 100 injection</i> | 3 | MO |
| <i>doxycycline hyclate capsule</i> | 1 | MO |
| <i>doxycycline hyclate injection</i> | 3 | MO |
| <i>doxycycline hyclate tablet 100mg</i> | 1 | MO |
| <i>doxycycline hyclate tablet 20mg</i> | 2 | MO |
| <i>doxycycline monohydrate tablet</i> | 1 | MO |
| <i>doxycycline monohydrate capsule</i> | 3 | MO |
| <i>doxycycline suspension reconstituted 25mg/5ml</i> | 2 | MO |
| <i>minocycline hcl capsule</i> | 1 | MO |
| <i>minocycline hcl tablet</i> | 3 | ST MO |
| <i>minocycline hydrochloride capsule 50mg, 100mg</i> | 1 | MO |
| <i>mondoxyne nl</i> | 3 | |
| NUZYRA TABLET | 2 | LA; ACS |
| NUZYRA INJECTION | 3 | LA; ACS |
| <i>tetracycline hydrochloride</i> | 3 | MO |
| <i>tigecycline</i> | 1 | |
| ANTINEOPLASTIC AGENTS | | |
| ALKYLATING AGENTS | | |
| CYCLOPHOSPHAMIDE TABLET | 2 | PA |
| <i>cyclophosphamide capsule</i> | 2 | PA MO |
| GLEOSTINE | 3 | ACS |
| LEUKERAN | 3 | MO |
| <i>melphalan tablet 2mg</i> | 3 | B/D MO |
| ANTIMETABOLITES | | |
| INQOVI | 3 | QL (5 EA per 28 days) PA LA; ACS |
| LONSURF | 3 | PA LA; ACS |
| <i>mercaptopurine</i> | 3 | MO |
| <i>methotrexate</i> | 2 | MO |
| <i>methotrexate sodium injection 1gm</i> | 2 | |
| <i>methotrexate sodium injection 250mg/10ml, 50mg/2ml</i> | 2 | MO |
| ONUREG | 3 | QL (14 EA per 28 days) PA LA; ACS |
| PURIXAN | 3 | LA; ACS |
| TABLOID | 3 | MO |
| HORMONAL ANTINEOPLASTIC AGENTS | | |
| <i>abiraterone acetate</i> | 1 | PA; ACS |
| AKEEGA | 3 | QL (60 EA per 30 days) PA LA |
| <i>anastrozole</i> | 1 | MO |
| <i>bicalutamide</i> | 2 | MO |
| ELIGARD | 3 | PA; ACS |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------------|
| ERLEADA | 2 | PA LA; ACS |
| <i>exemestane</i> | 3 | MO |
| FIRMAGON INJECTION 120MG/VIAL | 2 | PA; ACS |
| FIRMAGON INJECTION 80MG | 3 | PA; ACS |
| <i>letrozole</i> | 1 | MO |
| <i>leuprolide acetate injection kit 1mg/0.2ml</i> | 3 | PA; ACS |
| LUPRON DEPOT (1-MONTH) INJECTION 3.75MG | 3 | PA; ACS |
| LUPRON DEPOT (3-MONTH) INJECTION 11.25MG | 3 | PA; ACS |
| LYSODREN | 3 | LA |
| <i>megestrol acetate tablet 20mg, 40mg</i> | 2 | MO |
| <i>nilutamide</i> | 1 | MO |
| NUBEQA | 2 | PA LA; ACS |
| ORGOVYX | 2 | PA LA |
| ORSERDU TABLET 345MG | 3 | QL (30 EA per 30 days) PA LA |
| ORSERDU TABLET 86MG | 3 | QL (90 EA per 30 days) PA LA |
| SOLTAMOX | 3 | MO |
| <i>tamoxifen citrate</i> | 1 | MO |
| <i>toremifene citrate</i> | 1 | PA MO |
| XTANDI | 2 | PA LA; ACS |
| ZYTIGA TABLET 500MG | 2 | PA LA; ACS |
| IMMUNOMODULATORS | | |
| <i>lenalidomide capsule 20mg, 25mg</i> | 1 | QL (21 EA per 28 days) PA LA; ACS |
| <i>lenalidomide capsule 10mg, 15mg, 2.5mg, 5mg</i> | 1 | QL (28 EA per 28 days) PA LA; ACS |
| POMALYST | 3 | QL (21 EA per 28 days) PA LA; ACS |
| THALOMID CAPSULE 100MG | 3 | QL (112 EA per 28 days) PA LA; ACS |
| THALOMID CAPSULE 150MG, 200MG | 3 | QL (56 EA per 28 days) PA LA; ACS |
| THALOMID CAPSULE 50MG | 3 | QL (84 EA per 28 days) PA LA; ACS |
| MISCELLANEOUS | | |
| <i>arsenic trioxide</i> | 1 | |
| ASPARLAS | 3 | PA LA; ACS |
| BESREMI | 3 | QL (2 ML per 28 days) PA LA |
| <i>bexarotene capsule 75mg</i> | 1 | PA; ACS |
| <i>hydroxyurea</i> | 1 | MO |
| IWILFIN | 3 | QL (240 EA per 30 days) PA LA |
| KISQALI FEMARA 200 DOSE | 3 | PA; ACS |
| KISQALI FEMARA 400 DOSE | 3 | PA; ACS |
| KISQALI FEMARA 600 DOSE | 3 | PA; ACS |
| MATULANE | 3 | LA |

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 |
|--|-----------|---------------------------------------|
| ONCASPAR | 3 | PA LA |
| <i>tretinoin capsule 10mg</i> | 1 | MO |
| WELIREG | 3 | QL (90 EA per 30 days) PA LA |
| MOLECULAR TARGET AGENTS | | |
| ALECENSA | 2 | QL (240 EA per 30 days) PA LA; ACS |
| ALUNBRIG TABLET THERAPY PACK | 3 | PA LA |
| ALUNBRIG TABLET 30MG | 3 | QL (120 EA per 30 days) PA LA |
| ALUNBRIG TABLET 180MG, 90MG | 3 | QL (30 EA per 30 days) PA LA |
| AUGTYRO | 3 | QL (240 EA per 30 days) PA LA; ACS |
| AYVAKIT | 3 | QL (30 EA per 30 days) PA LA |
| BALVERSA TABLET 5MG | 3 | QL (28 EA per 28 days) PA LA; ACS |
| BALVERSA TABLET 4MG | 3 | QL (56 EA per 28 days) PA LA; ACS |
| BALVERSA TABLET 3MG | 3 | QL (84 EA per 28 days) PA LA; 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 LA; ACS |
| BRUKINSA | 2 | QL (120 EA per 30 days) PA LA |
| CABOMETYX | 2 | QL (30 EA per 30 days) PA LA; ACS |
| CALQUENCE | 3 | QL (60 EA per 30 days) PA LA |
| CAPRELSA TABLET 300MG | 3 | QL (30 EA per 30 days) PA LA |
| CAPRELSA TABLET 100MG | 3 | QL (60 EA per 30 days) PA LA |
| COMETRIQ KIT 140MG/DAY | 3 | QL (112 EA per 28 days) PA LA; ACS |
| COMETRIQ KIT 100MG/DAY | 3 | QL (56 EA per 28 days) PA LA; ACS |
| COMETRIQ KIT 20MG | 3 | QL (84 EA per 28 days) PA LA; ACS |
| COPIKTRA | 3 | QL (56 EA per 28 days) PA LA; ACS |
| COTELLIC | 3 | QL (63 EA per 28 days) PA LA; ACS |
| <i>dasatinib tablet 100mg, 140mg, 50mg, 70mg, 80mg</i> | 1 | QL (30 EA per 30 days) PA; ACS |
| <i>dasatinib tablet 20mg</i> | 1 | QL (90 EA per 30 days) PA; ACS |
| DAURISMO TABLET 100MG | 3 | QL (30 EA per 30 days) PA LA; 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 |
|--|-----------|------------------------------------|
| DAURISMO TABLET 25MG | 3 | QL (60 EA per 30 days) PA LA; ACS |
| ERIVEDGE | 3 | PA LA; ACS |
| <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 LA |
| FOTIVDA | 3 | QL (21 EA per 28 days) PA LA |
| FRUZAQLA CAPSULE 5MG | 3 | QL (21 EA per 28 days) PA LA |
| FRUZAQLA CAPSULE 1MG | 3 | QL (84 EA per 28 days) PA LA |
| GAVRETO | 3 | QL (120 EA per 30 days) PA LA; ACS |
| <i>gefitinib</i> | 1 | QL (30 EA per 30 days) PA; ACS |
| GILOTRIF | 3 | QL (30 EA per 30 days) PA LA |
| IBRANCE | 2 | QL (21 EA per 28 days) PA LA; ACS |
| ICLUSIG TABLET 10MG, 30MG | 3 | PA LA |
| ICLUSIG TABLET 15MG, 45MG | 3 | QL (30 EA per 30 days) PA LA |
| IDHIFA | 3 | QL (30 EA per 30 days) PA LA; ACS |
| <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 LA |
| IMBRUVICA TABLET | 2 | QL (30 EA per 30 days) PA LA |
| IMBRUVICA CAPSULE 70MG | 2 | QL (30 EA per 30 days) PA LA |
| IMBRUVICA CAPSULE 140MG | 2 | QL (90 EA per 30 days) PA LA |
| INLYTA TABLET 5MG | 3 | QL (120 EA per 30 days) PA LA; ACS |
| INLYTA TABLET 1MG | 3 | QL (180 EA per 30 days) PA LA; ACS |
| INREBIC | 3 | QL (120 EA per 30 days) PA LA; ACS |
| JAKAFI | 3 | QL (60 EA per 30 days) PA LA; ACS |
| JAYPIRCA TABLET 50MG | 3 | QL (30 EA per 30 days) PA LA; ACS |
| JAYPIRCA TABLET 100MG | 3 | QL (60 EA per 30 days) PA LA; ACS |
| KISQALI | 3 | PA; ACS |
| KOSELUGO | 3 | PA LA |
| KRAZATI | 3 | QL (180 EA per 30 days) PA LA |

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>lapatinib ditosylate</i> | 1 | QL (180 EA per 30 days) PA LA; ACS |
| LAZCLUZE TABLET 240MG | 3 | QL (30 EA per 30 days) PA |
| LAZCLUZE TABLET 80MG | 3 | QL (60 EA per 30 days) PA |
| LENVIMA 10 MG DAILY DOSE | 3 | PA LA; ACS |
| LENVIMA 12MG DAILY DOSE | 3 | PA LA; ACS |
| LENVIMA 14 MG DAILY DOSE | 3 | PA LA; ACS |
| LENVIMA 18 MG DAILY DOSE | 3 | PA LA; ACS |
| LENVIMA 20 MG DAILY DOSE | 3 | PA LA; ACS |
| LENVIMA 24 MG DAILY DOSE | 3 | PA LA; ACS |
| LENVIMA 4 MG DAILY DOSE | 3 | PA LA; ACS |
| LENVIMA 8 MG DAILY DOSE | 3 | PA LA; ACS |
| LORBRENA TABLET 100MG | 3 | QL (30 EA per 30 days) PA LA; ACS |
| LORBRENA TABLET 25MG | 3 | QL (90 EA per 30 days) PA LA; ACS |
| LUMAKRAS TABLET 120MG | 3 | QL (240 EA per 30 days) PA LA; ACS |
| LUMAKRAS TABLET 320MG | 3 | QL (90 EA per 30 days) PA LA; ACS |
| LYNPARZA | 3 | QL (120 EA per 30 days) PA LA; ACS |
| LYTGOBI TABLET THERAPY PACK 16MG | 3 | QL (112 EA per 28 days) PA LA |
| LYTGOBI TABLET THERAPY PACK 20MG | 3 | QL (140 EA per 28 days) PA LA |
| LYTGOBI TABLET THERAPY PACK 12MG | 3 | QL (84 EA per 28 days) PA LA |
| MEKINIST SOLUTION RECONSTITUTED | 3 | QL (1260 ML per 30 days) PA LA; ACS |
| MEKINIST TABLET 2MG | 3 | QL (30 EA per 30 days) PA LA; ACS |
| MEKINIST TABLET 0.5MG | 3 | QL (90 EA per 30 days) PA LA; ACS |
| MEKTOVI | 3 | QL (180 EA per 30 days) PA LA; ACS |
| NERLYNX | 3 | QL (180 EA per 30 days) PA LA; ACS |
| NEXAVAR | 2 | QL (120 EA per 30 days) PA LA; ACS |
| NINLARO | 3 | PA; ACS |
| ODOMZO | 3 | PA LA; ACS |
| OGSIVEO TABLET 50MG | 3 | QL (180 EA per 30 days) PA LA |
| OGSIVEO TABLET 100MG, 150MG | 3 | QL (56 EA per 28 days) PA LA |
| OJEMDA TABLET | 3 | QL (24 EA per 28 days) PA LA |
| OJEMDA SUSPENSION RECONSTITUTED | 3 | QL (96 ML per 28 days) PA LA |
| OJJAARA | 3 | QL (30 EA per 30 days) PA LA |

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>pazopanib hydrochloride</i> | 1 | QL (120 EA per 30 days) PA; ACS |
| PEMAZYRE | 3 | QL (28 EA per 28 days) PA LA |
| PIQRAY 200MG DAILY DOSE | 3 | QL (28 EA per 28 days) PA; ACS |
| PIQRAY 250MG DAILY DOSE | 3 | QL (56 EA per 28 days) PA; ACS |
| PIQRAY 300MG DAILY DOSE | 3 | QL (56 EA per 28 days) PA; ACS |
| QINLOCK | 3 | QL (90 EA per 30 days) PA LA |
| RETEVMO CAPSULE 80MG | 3 | QL (120 EA per 30 days) PA LA; ACS |
| RETEVMO CAPSULE 40MG | 3 | QL (180 EA per 30 days) PA LA; ACS |
| RETEVMO TABLET 120MG, 160MG, 80MG | 3 | QL (60 EA per 30 days) PA LA |
| RETEVMO TABLET 40MG | 3 | QL (90 EA per 30 days) PA LA |
| REZLIDHIA | 3 | QL (60 EA per 30 days) PA LA |
| <i>romidepsin</i> | 1 | ACS |
| ROZLYTREK PACKET | 3 | QL (336 EA per 28 days) PA LA; ACS |
| ROZLYTREK CAPSULE 100MG | 3 | QL (150 EA per 30 days) PA LA; ACS |
| ROZLYTREK CAPSULE 200MG | 3 | QL (90 EA per 30 days) PA LA; ACS |
| RUBRACA | 3 | PA LA; ACS |
| RYDAPT | 3 | QL (224 EA per 28 days) PA; ACS |
| SCEMBLIX TABLET 100MG | 3 | QL (120 EA per 30 days) PA LA |
| 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 | 3 | QL (84 EA per 28 days) PA LA; ACS |
| <i>sunitinib malate</i> | 1 | QL (30 EA per 30 days) PA; ACS |
| TABRECTA | 3 | QL (112 EA per 28 days) PA; ACS |
| TAFINLAR CAPSULE | 3 | QL (120 EA per 30 days) PA LA; ACS |
| TAFINLAR TABLET SOLUBLE | 3 | QL (900 EA per 30 days) PA LA; ACS |
| TAGRISSE | 3 | QL (30 EA per 30 days) PA LA; ACS |
| TALZENNA CAPSULE 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG | 3 | QL (30 EA per 30 days) PA LA; ACS |
| TALZENNA CAPSULE 0.25MG | 3 | QL (90 EA per 30 days) PA LA; ACS |
| 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 |

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 |
|--|-----------|---------------------------------------|
| TAZVERIK | 3 | QL (240 EA per 30 days) PA LA |
| TECVAYLI | 3 | PA LA |
| TEPMETKO | 3 | QL (60 EA per 30 days) PA LA |
| TIBSOVO | 3 | PA LA |
| <i>torpenz</i> | 1 | QL (30 EA per 30 days) PA LA |
| TRUQAP | 3 | QL (64 EA per 28 days) PA LA |
| TRUSELTIQ CAPSULE THERAPY PACK 100MG | 3 | QL (21 EA per 28 days) PA LA; ACS |
| TRUSELTIQ CAPSULE THERAPY PACK 0, 25MG | 3 | QL (42 EA per 28 days) PA LA; ACS |
| TRUSELTIQ CAPSULE THERAPY PACK 25MG | 3 | QL (63 EA per 28 days) PA LA; ACS |
| TRUXIMA | 2 | PA; ACS |
| TUKYSA TABLET 150MG | 3 | QL (120 EA per 30 days) PA LA |
| TUKYSA TABLET 50MG | 3 | QL (240 EA per 30 days) PA LA |
| TURALIO | 3 | QL (120 EA per 30 days) PA LA |
| VANFLYTA | 3 | QL (56 EA per 28 days) PA LA |
| VENCLEXTA STARTING PACK | 3 | QL (42 EA per 28 days) PA LA |
| VENCLEXTA TABLET 10MG, 50MG | 3 | QL (120 EA per 30 days) PA LA |
| VENCLEXTA TABLET 100MG | 3 | QL (180 EA per 30 days) PA LA |
| VERZENIO | 2 | PA LA; ACS |
| VITRAKVI SOLUTION | 3 | QL (300 ML per 30 days) PA LA; ACS |
| VITRAKVI CAPSULE 25MG | 2 | QL (180 EA per 30 days) PA LA; ACS |
| VITRAKVI CAPSULE 100MG | 2 | QL (60 EA per 30 days) PA LA; ACS |
| VIZIMPRO | 3 | QL (30 EA per 30 days) PA LA; ACS |
| VONJO | 3 | QL (120 EA per 30 days) PA LA |
| VORANIGO TABLET 40MG | 3 | QL (30 EA per 30 days) PA |
| VORANIGO TABLET 10MG | 3 | QL (60 EA per 30 days) PA |
| VOTRIENT | 3 | QL (120 EA per 30 days) PA LA; ACS |
| XALKORI CAPSULE | 3 | QL (120 EA per 30 days) PA LA; ACS |
| XALKORI CAPSULE SPRINKLE 50MG | 3 | QL (120 EA per 30 days) PA LA; ACS |
| XALKORI CAPSULE SPRINKLE 150MG | 3 | QL (180 EA per 30 days) PA LA; ACS |
| XALKORI CAPSULE SPRINKLE 20MG | 3 | QL (240 EA per 30 days) PA LA; ACS |
| XOSPATA | 3 | PA LA; ACS |
| XPOVIO 60 MG TWICE WEEKLY | 3 | QL (24 EA per 28 days) PA LA |

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 |
|---------------------------------------|-----------|---------------------------------------|
| XPOVIO 80 MG TWICE WEEKLY | 3 | QL (32 EA per 28 days) PA LA |
| XPOVIO TABLET THERAPY PACK 40MG, 60MG | 3 | QL (4 EA per 28 days) PA LA |
| XPOVIO TABLET THERAPY PACK 40MG, 50MG | 3 | QL (8 EA per 28 days) PA LA |
| ZEJULA | 3 | QL (30 EA per 30 days) PA LA; ACS |
| ZELBORAF | 3 | QL (240 EA per 30 days) PA LA; ACS |
| ZIRABEV | 2 | PA LA; ACS |
| ZOLINZA | 3 | PA; ACS |
| ZYDELIG | 3 | QL (60 EA per 30 days) PA LA; ACS |
| ZYKADIA | 3 | QL (84 EA per 28 days) PA LA; ACS |

PROTECTIVE AGENTS*leucovorin calcium tablet*

2 MO

MESNEX TABLET 400MG

3 MO

CARDIOVASCULAR**ACE INHIBITOR COMBINATIONS***amlodipine besylate/benazepril hydrochloride*

1 QL (30 EA per 30 days) MO

captopril/hydrochlorothiazide

1 MO

enalapril maleate/hydrochlorothiazide

1 MO

fosinopril sodium/hydrochlorothiazide

1 MO

lisinopril/hydrochlorothiazide

1 MO

quinapril/hydrochlorothiazide tablet 12.5mg; 10mg

1 MO

*quinapril/hydrochlorothiazide tablet 12.5mg; 20mg, 25mg;
20mg*

1 MO

trandolapril/verapamil hcl er

1 MO

ACE INHIBITORS*benazepril hcl tablet 10mg, 40mg, 5mg*

1 MO

benazepril hydrochloride tablet 20mg

1 MO

captopril

1 MO

enalapril maleate tablet

1 MO

fosinopril sodium

1 MO

lisinopril

1 MO

moexipril hcl

1 MO

perindopril erbumine

1 MO

quinapril hydrochloride tablet 10mg, 5mg

1 MO

ramipril

1 MO

trandolapril

1 MO

ALDOSTERONE RECEPTOR ANTAGONISTS*eplerenone*

3 MO

KERENDIA

2 QL (30 EA per 30 days) MO

spironolactone

1 MO

ALPHA BLOCKERS

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>doxazosin mesylate</i> | 1 | MO |
| <i>prazosin hydrochloride</i> | 2 | MO |
| <i>terazosin hcl capsule 10mg, 1mg, 5mg</i> | 1 | MO |
| <i>terazosin hydrochloride capsule 2mg</i> | 1 | MO |
| ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS | | |
| <i>amlodipine besylate/valsartan</i> | 1 | QL (30 EA per 30 days) MO |
| <i>amlodipine/olmesartan medoxomil</i> | 1 | QL (30 EA per 30 days) MO |
| <i>amlodipine/valsartan/hydrochlorothiazide</i> | 1 | QL (30 EA per 30 days) MO |
| <i>candesartan cilexetil/hydrochlorothiazide tablet 32mg; 12.5mg, 32mg; 25mg</i> | 1 | QL (30 EA per 30 days) MO |
| <i>candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg</i> | 1 | QL (60 EA per 30 days) MO |
| EDARBYCLOR | 3 | QL (30 EA per 30 days) MO |
| ENTRESTO | 2 | MO |
| <i>irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg</i> | 1 | QL (30 EA per 30 days) MO |
| <i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg</i> | 1 | QL (60 EA per 30 days) MO |
| <i>losartan potassium/hydrochlorothiazide</i> | 1 | QL (30 EA per 30 days) MO |
| <i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i> | 1 | QL (30 EA per 30 days) MO |
| <i>olmesartan medoxomil/hydrochlorothiazide</i> | 1 | QL (30 EA per 30 days) MO |
| <i>telmisartan/amlodipine</i> | 1 | QL (30 EA per 30 days) MO |
| <i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 80mg</i> | 1 | QL (30 EA per 30 days) MO |
| <i>telmisartan/hydrochlorothiazide tablet 12.5mg; 80mg</i> | 1 | QL (60 EA per 30 days) MO |
| <i>valsartan/hydrochlorothiazide</i> | 1 | QL (30 EA per 30 days) MO |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | | |
| <i>candesartan cilexetil tablet 32mg</i> | 1 | QL (30 EA per 30 days) MO |
| <i>candesartan cilexetil tablet 16mg, 4mg, 8mg</i> | 1 | QL (60 EA per 30 days) MO |
| EDARBI | 3 | QL (30 EA per 30 days) MO |
| <i>irbesartan</i> | 1 | QL (30 EA per 30 days) MO |
| <i>losartan potassium tablet 100mg</i> | 1 | QL (30 EA per 30 days) MO |
| <i>losartan potassium tablet 25mg, 50mg</i> | 1 | QL (60 EA per 30 days) MO |
| <i>olmesartan medoxomil tablet 20mg, 40mg</i> | 1 | QL (30 EA per 30 days) MO |
| <i>olmesartan medoxomil tablet 5mg</i> | 1 | QL (60 EA per 30 days) MO |
| <i>telmisartan</i> | 1 | QL (30 EA per 30 days) MO |
| <i>valsartan tablet 320mg</i> | 1 | QL (30 EA per 30 days) MO |
| <i>valsartan tablet 160mg, 40mg, 80mg</i> | 1 | QL (60 EA per 30 days) MO |
| ANTIARRHYTHMICS | | |
| <i>amiodarone hcl injection 50mg/ml</i> | 3 | |
| <i>amiodarone hydrochloride tablet</i> | 1 | MO |
| <i>amiodarone hydrochloride injection 150mg/3ml, 450mg/9ml, 900mg/18ml</i> | 3 | |
| <i>disopyramide phosphate</i> | 3 | PA MO |
| <i>dofetilide</i> | 3 | 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 |
|---|-----------|---------------------------|
| <i>flecainide acetate</i> | 2 | MO |
| LIDOCAINE HCL IN D5W | 3 | |
| LIDOCAINE HCL INJECTION 100MG/5ML | 3 | |
| <i>lidocaine hcl injection 100mg/5ml, 50mg/5ml</i> | 3 | |
| MULTAQ | 3 | MO |
| NORPACE CR | 3 | MO |
| <i>pacerone</i> | 1 | |
| <i>propafenone hcl tablet</i> | 2 | MO |
| <i>propafenone hydrochloride</i> | 2 | MO |
| <i>propafenone hydrochloride er capsule extended release 12 hour</i> | 3 | MO |
| <i>quinidine sulfate</i> | 1 | MO |
| <i>sorine tablet 160mg, 240mg</i> | 1 | |
| <i>sorine tablet 120mg</i> | 1 | MO |
| <i>sotalol hcl</i> | 1 | MO |
| <i>sotalol hydrochloride (af)</i> | 1 | MO |
| ANTILIPEMICS, FIBRATES | | |
| <i>fenofibrate micronized capsule 134mg, 130mg, 200mg, 43mg, 67mg</i> | 2 | MO |
| <i>fenofibrate capsule</i> | 2 | MO |
| <i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i> | 2 | MO |
| <i>fenofibrate tablet 120mg, 40mg</i> | 3 | MO |
| <i>fenofibric acid dr capsule delayed release 135mg, 45mg</i> | 3 | MO |
| <i>gemfibrozil</i> | 1 | MO |
| ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS | | |
| <i>atorvastatin calcium</i> | 1 | QL (30 EA per 30 days) MO |
| <i>fluvastatin capsule 20mg, 40mg</i> | 1 | QL (60 EA per 30 days) MO |
| <i>fluvastatin sodium er tablet extended release 24 hour 80mg</i> | 1 | QL (30 EA per 30 days) MO |
| <i>lovastatin</i> | 1 | MO |
| <i>pravastatin sodium</i> | 1 | QL (30 EA per 30 days) MO |
| <i>rosuvastatin calcium</i> | 1 | QL (30 EA per 30 days) MO |
| <i>simvastatin</i> | 1 | QL (30 EA per 30 days) MO |
| ANTILIPEMICS, MISCELLANEOUS | | |
| <i>cholestyramine</i> | 3 | MO |
| <i>cholestyramine light</i> | 3 | MO |
| <i>colesevelam hydrochloride</i> | 2 | MO |
| <i>colestipol hcl</i> | 3 | MO |
| <i>ezetimibe</i> | 3 | MO |
| <i>ezetimibe/simvastatin</i> | 1 | QL (30 EA per 30 days) MO |
| NEXLETOL | 2 | QL (30 EA per 30 days) MO |
| NEXLIZET | 2 | QL (30 EA per 30 days) MO |
| <i>niacin er tablet extended release 1000mg, 750mg</i> | 3 | MO |
| <i>niacin er tablet extended release 500mg</i> | 3 | QL (60 EA per 30 days) MO |
| <i>niacin immediate release tablet 500mg</i> | 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>niacor</i> | 3 | MO |
| <i>omega-3-acid ethyl esters</i> | 3 | QL (120 EA per 30 days) PA MO |
| <i>prevalite</i> | 3 | |
| REPATHA | 2 | PA |
| REPATHA PUSHTRONEX SYSTEM | 2 | PA |
| REPATHA SURECLICK | 2 | PA |
| VASCEPA | 3 | MO |
| BETA-BLOCKER/DIURETIC COMBINATIONS | | |
| <i>atenolol/chlorthalidone</i> | 1 | MO |
| <i>bisoprolol fumarate/hydrochlorothiazide</i> | 1 | MO |
| <i>metoprolol/hydrochlorothiazide</i> | 2 | MO |
| BETA-BLOCKERS | | |
| <i>acebutolol hydrochloride</i> | 1 | MO |
| <i>atenolol</i> | 1 | MO |
| <i>betaxolol hcl tablet 10mg, 20mg</i> | 2 | MO |
| <i>bisoprolol fumarate</i> | 1 | MO |
| <i>carvedilol phosphate er capsule extended release 24 hour</i> | 3 | QL (30 EA per 30 days) MO |
| <i>carvedilol tablet</i> | 1 | MO |
| <i>labetalol hydrochloride tablet</i> | 2 | MO |
| <i>labetalol hydrochloride injection</i> | 3 | MO |
| <i>metoprolol succinate er</i> | 1 | MO |
| <i>metoprolol tartrate tablet</i> | 1 | MO |
| <i>metoprolol tartrate injection</i> | 3 | |
| <i>nadolol</i> | 3 | MO |
| <i>nebivolol hydrochloride tablet 10mg, 2.5mg, 5mg</i> | 2 | QL (30 EA per 30 days) MO |
| <i>nebivolol hydrochloride tablet 20mg</i> | 2 | QL (60 EA per 30 days) MO |
| <i>pindolol</i> | 2 | MO |
| <i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i> | 3 | MO |
| <i>propranolol hcl er capsule extended release 24 hour 60mg, 80mg</i> | 3 | MO |
| <i>propranolol hcl tablet 10mg, 20mg, 80mg, 60mg</i> | 2 | MO |
| <i>propranolol hcl oral solution 20mg/5ml, 40mg/5ml, tablet 40mg</i> | 2 | MO |
| <i>propranolol hcl injection</i> | 3 | |
| <i>timolol maleate tablet 10mg, 20mg, 5mg</i> | 1 | MO |
| CALCIUM CHANNEL BLOCKERS | | |
| <i>amlodipine besylate</i> | 1 | MO |
| <i>cartia xt</i> | 1 | |
| <i>dilt-xr</i> | 1 | MO |
| <i>diltiazem hcl cd</i> | 1 | MO |
| <i>diltiazem hcl immediate release tablet</i> | 1 | MO |
| DILTIAZEM HCL INJECTION 100MG | 3 | |
| <i>diltiazem hcl injection 125mg/25ml, 50mg/10ml</i> | 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 |
|--|------------------|----------------------------|
| <i>diltiazem hydrochloride er</i> | 1 | MO |
| <i>diltiazem hydrochloride tablet</i> | 1 | MO |
| <i>diltiazem hydrochloride injection</i> | 3 | |
| <i>felodipine er</i> | 3 | MO |
| <i>isradipine</i> | 1 | MO |
| <i>matzim la</i> | 1 | MO |
| <i>nicardipine hcl capsule 20mg, 30mg</i> | 3 | MO |
| <i>nifedipine er tablet extended release 24 hour</i> | 2 | MO |
| <i>nimodipine</i> | 1 | MO |
| <i>nisoldipine er</i> | 3 | MO |
| <i>taztia xt</i> | 1 | |
| <i>tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i> | 1 | |
| <i>tiadylt er capsule extended release 24 hour 420mg</i> | 1 | MO |
| <i>verapamil hcl er capsule extended release 24 hour</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 hcl tablet 40mg, 80mg</i> | 1 | MO |
| <i>verapamil hydrochloride er tablet extended release</i> | 1 | MO |
| <i>verapamil hydrochloride tablet</i> | 1 | MO |
| <i>verapamil hydrochloride injection</i> | 3 | MO |
| DIURETICS | | |
| <i>acetazolamide tablet</i> | 2 | MO |
| <i>acetazolamide er capsule extended release</i> | 3 | MO |
| <i>amiloride hcl</i> | 2 | MO |
| <i>amiloride/hydrochlorothiazide</i> | 1 | MO |
| <i>bumetanide injection, tablet</i> | 2 | MO |
| <i>chlorthalidone</i> | 1 | MO |
| <i>furosemide oral solution, tablet</i> | 1 | MO |
| <i>furosemide injection</i> | 3 | MO |
| <i>hydrochlorothiazide</i> | 1 | MO |
| <i>indapamide</i> | 1 | MO |
| <i>methazolamide</i> | 3 | MO |
| <i>metolazone</i> | 3 | MO |
| <i>spironolactone/hydrochlorothiazide</i> | 2 | MO |
| <i>toremide</i> | 2 | MO |
| <i>triamterene/hydrochlorothiazide</i> | 1 | MO |
| MISCELLANEOUS | | |
| <i>aliskiren</i> | 1 | MO |
| <i>amlodipine besylate/atorvastatin calcium</i> | 1 | MO |
| <i>clonidine hcl patch weekly</i> | 2 | QL (8 EA per 28 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>clonidine hydrochloride tablet</i> | 1 | MO |
| CORLANOR SOLUTION | 3 | |
| CORLANOR TABLET | 3 | MO |
| <i>digox</i> | 2 | QL (30 EA per 30 days) |
| <i>digoxin oral solution</i> | 2 | MO |
| <i>digoxin injection</i> | 3 | MO |
| <i>digoxin tablet 125mcg, 250mcg</i> | 2 | QL (30 EA per 30 days) MO |
| <i>digoxin tablet 62.5mcg</i> | 2 | QL (90 EA per 30 days) MO |
| <i>droxidopa capsule 200mg, 300mg</i> | 1 | QL (180 EA per 30 days) PA; ACS |
| <i>droxidopa capsule 100mg</i> | 3 | QL (90 EA per 30 days) PA; ACS |
| <i>epinephrine injection 30mg/30ml</i> | 2 | |
| <i>guanfacine hydrochloride</i> | 3 | PA MO |
| <i>hydralazine hcl tablet 10mg</i> | 1 | MO |
| <i>hydralazine hcl injection</i> | 3 | MO |
| <i>hydralazine hydrochloride tablet 100mg, 25mg, 50mg</i> | 1 | MO |
| <i>isosorbide dinitrate/hydralazine hydrochloride</i> | 3 | MO |
| <i>ivabradine hydrochloride</i> | 3 | MO |
| <i>metyrosine</i> | 1 | PA |
| <i>midodrine hcl</i> | 3 | MO |
| <i>minoxidil tablet 10mg, 2.5mg</i> | 1 | MO |
| <i>ranolazine er</i> | 2 | MO |
| VERQUVO | 2 | PA MO |
| NITRATES | | |
| <i>isosorbide dinitrate tablet 40mg</i> | 1 | MO |
| <i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i> | 2 | MO |
| <i>isosorbide mononitrate</i> | 1 | MO |
| <i>isosorbide mononitrate er</i> | 1 | MO |
| NITRO-BID OINTMENT 2% | 2 | MO |
| <i>nitroglycerin transdermal</i> | 1 | MO |
| NITROGLYCERIN INJECTION 5MG/ML | 3 | |
| <i>nitroglycerin translingual solution 0.4mg/spray</i> | 3 | MO |
| <i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i> | 2 | MO |
| PULMONARY ARTERIAL HYPERTENSION | | |
| ADEMPAS | 2 | QL (90 EA per 30 days) PA LA; ACS |
| <i>alyq</i> | 1 | PA; ACS |
| <i>ambrisentan</i> | 1 | QL (30 EA per 30 days) PA LA; ACS |
| <i>bosentan tablet 62.5mg</i> | 1 | QL (120 EA per 30 days) PA LA; ACS |
| <i>bosentan tablet 125mg</i> | 1 | QL (60 EA per 30 days) PA LA; ACS |
| <i>epoprostenol sodium</i> | 3 | B/D LA; 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 |
|---|-----------|------------------------------------|
| OPSUMIT | 2 | QL (30 EA per 30 days) PA LA; ACS |
| <i>sildenafil injection</i> | 1 | QL (1125 ML per 30 days) PA; ACS |
| <i>sildenafil citrate (generic Revatio) tablet 20mg</i> | 2 | QL (360 EA per 30 days) PA; ACS |
| <i>tadalafil tablet (generic Adcirca) 20mg</i> | 1 | PA; ACS |
| TRACLEER | 3 | QL (120 EA per 30 days) PA LA; ACS |
| <i>treprostinil</i> | 1 | PA LA; ACS |
| VENTAVIS | 3 | PA LA; ACS |

CENTRAL NERVOUS SYSTEM**ANTI-ANXIETY**

| | | |
|--|---|------------------------------------|
| <i>alprazolam er tablet extended release 24 hour 1mg</i> | 3 | QL (30 EA per 30 days) MO; HRM |
| <i>alprazolam er tablet extended release 24 hour 3mg</i> | 3 | QL (60 EA per 30 days) MO; HRM |
| <i>alprazolam er tablet extended release 24 hour 0.5mg</i> | 3 | QL (600 EA per 30 days) MO; HRM |
| <i>alprazolam er tablet extended release 24 hour 2mg</i> | 3 | QL (90 EA per 30 days) MO; HRM |
| ALPRAZOLAM INTENSOL | 3 | QL (300 ML per 30 days) MO; HRM |
| <i>alprazolam tablet 0.25mg, 0.5mg</i> | 2 | QL (120 EA per 30 days) MO; HRM |
| <i>alprazolam tablet 1mg, 2mg</i> | 2 | QL (150 EA per 30 days) MO; HRM |
| <i>bupirone hcl tablet 15mg, 30mg</i> | 1 | MO |
| <i>bupirone hydrochloride tablet 5mg, 7.5mg, 10mg</i> | 1 | MO |
| <i>chlordiazepoxide hcl capsule 5mg, 10mg</i> | 3 | QL (120 EA per 30 days) PA MO; HRM |
| <i>chlordiazepoxide hydrochloride capsule 25mg</i> | 3 | QL (120 EA per 30 days) PA MO; HRM |
| <i>fluvoxamine maleate er capsule extended release 24 hour</i> | 3 | QL (60 EA per 30 days) MO; HRM |
| <i>fluvoxamine maleate tablet 100mg, 25mg, 50mg</i> | 2 | MO; HRM |
| <i>lorazepam intensol</i> | 1 | QL (150 ML per 30 days) MO; HRM |
| <i>lorazepam injection</i> | 3 | QL (150 ML per 30 days) MO; HRM |
| <i>lorazepam tablet 0.5mg</i> | 1 | QL (120 EA per 30 days) MO; HRM |
| <i>lorazepam tablet 1mg, 2mg</i> | 1 | QL (150 EA per 30 days) MO; HRM |
| <i>meprobamate</i> | 3 | PA MO |
| <i>oxazepam</i> | 3 | QL (120 EA per 30 days) PA MO; HRM |

ANTIDEMENTIA

| | | |
|---|---|----------------------------|
| <i>donepezil hcl tablet disintegrating 10mg, 5mg</i> | 1 | QL (30 EA per 30 days) MO |
| <i>donepezil hcl tablet 10mg</i> | 1 | QL (30 EA per 30 days) MO |
| <i>donepezil hcl tablet 23mg</i> | 2 | QL (30 EA per 30 days) MO |
| <i>donepezil hydrochloride tablet 5mg</i> | 1 | QL (30 EA per 30 days) MO |
| <i>galantamine hydrobromide er capsule extended release 24 hour</i> | 3 | QL (30 EA per 30 days) MO |
| <i>galantamine hydrobromide solution</i> | 3 | QL (200 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>galantamine hydrobromide tablet</i> | 3 | 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 capsule extended release 24 hour</i> | 3 | PA MO |
| <i>memantine hydrochloride solution</i> | 2 | QL (360 ML per 30 days) PA MO |
| <i>memantine hydrochloride tablet</i> | 2 | QL (60 EA per 30 days) PA MO |
| NAMZARIC | 3 | MO |
| <i>rivastigmine tartrate capsule</i> | 3 | QL (60 EA per 30 days) MO |
| <i>rivastigmine transdermal system</i> | 3 | QL (30 EA per 30 days) MO |
| ANTIDEPRESSANTS | | |
| <i>amitriptyline hcl tablet 100mg, 150mg, 75mg, 25mg</i> | 2 | PA MO; HRM |
| <i>amitriptyline hydrochloride tablet 10mg, 50mg</i> | 2 | PA MO; HRM |
| <i>amoxapine</i> | 2 | MO; HRM |
| AUVELITY | 3 | QL (60 EA per 30 days) PA MO |
| <i>bupropion hcl tablet 100mg</i> | 2 | QL (120 EA per 30 days) MO |
| <i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i> | 2 | QL (60 EA per 30 days) MO |
| <i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg</i> | 2 | QL (30 EA per 30 days) MO |
| <i>bupropion hydrochloride tablet 75mg</i> | 2 | QL (180 EA per 30 days) MO |
| <i>chlordiazepoxide/amitriptyline</i> | 3 | PA MO; HRM |
| <i>citalopram hydrobromide solution</i> | 2 | 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 capsule</i> | 3 | PA MO; HRM |
| <i>desipramine hydrochloride tablet</i> | 3 | PA MO; HRM |
| DESVENLAFAXINE ER TABLET (GENERIC KHEDEZLA) EXTENDED RELEASE 24 HOUR 100MG, 50MG | 2 | QL (30 EA per 30 days); HRM |
| <i>desvenlafaxine er tablet (generic Pristiq) extended release 24 hour 100mg, 25mg, 50mg</i> | 2 | QL (30 EA per 30 days) PA MO; HRM |
| <i>doxepin hcl capsule 75mg, oral concentrate 10mg/ml</i> | 2 | PA MO; HRM |
| <i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i> | 2 | PA MO; HRM |
| DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 30MG, 60MG | 3 | QL (60 EA per 30 days) PA MO; HRM |
| DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG | 3 | QL (90 EA per 30 days) PA MO; HRM |
| <i>duloxetine hydrochloride capsule 20mg, 30mg, 60mg</i> | 2 | QL (60 EA per 30 days) MO; HRM |
| EMSAM | 3 | QL (30 EA per 30 days) PA MO |
| <i>escitalopram oxalate solution</i> | 2 | QL (600 ML per 30 days) MO; HRM |
| <i>escitalopram oxalate tablet 20mg</i> | 2 | QL (30 EA per 30 days) MO; HRM |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------------------|
| <i>escitalopram oxalate tablet 10mg, 5mg</i> | 2 | 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> | 3 | 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</i> | 1 | MO; HRM |
| <i>fluoxetine hydrochloride (generic Prozac) tablet 60mg</i> | 2 | MO; HRM |
| <i>imipramine hcl tablet 25mg, 50mg</i> | 2 | PA MO; HRM |
| <i>imipramine hydrochloride tablet 10mg</i> | 2 | PA MO; HRM |
| <i>imipramine pamoate</i> | 3 | PA MO; HRM |
| MARPLAN | 3 | QL (180 EA per 30 days) MO |
| <i>mirtazapine odt</i> | 2 | QL (30 EA per 30 days) MO |
| <i>mirtazapine tablet</i> | 1 | QL (30 EA per 30 days) MO |
| <i>nefazodone hydrochloride</i> | 3 | MO |
| <i>nortriptyline hcl caps 25mg, 75mg, oral solution 10mg/5ml</i> | 2 | MO; HRM |
| <i>nortriptyline hydrochloride capsule 10mg, 50mg</i> | 2 | MO; HRM |
| <i>paroxetine hcl er tablet extended release 24 hour 37.5mg</i> | 3 | QL (60 EA per 30 days) MO; HRM |
| <i>paroxetine hcl er tablet extended release 24 hour 12.5mg, 25mg</i> | 3 | 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 hcl tablet 10mg, 20mg</i> | 1 | QL (30 EA per 30 days) MO; HRM |
| <i>paroxetine hydrochloride suspension</i> | 3 | QL (900 ML per 30 days) MO; HRM |
| <i>perphenazine/amitriptyline</i> | 3 | PA MO; HRM |
| <i>phenelzine sulfate</i> | 2 | MO |
| <i>protriptyline hcl</i> | 3 | PA MO; HRM |
| <i>sertraline hcl tablet</i> | 1 | QL (60 EA per 30 days) MO; HRM |
| <i>sertraline hcl concentrate</i> | 2 | QL (300 ML per 30 days) MO; HRM |
| <i>sertraline hydrochloride tablet 25mg</i> | 1 | QL (30 EA per 30 days) MO; HRM |
| <i>sertraline hydrochloride tablet 100mg</i> | 1 | QL (60 EA per 30 days) MO; HRM |
| <i>tranylcypromine sulfate</i> | 3 | MO |
| <i>trazodone hydrochloride tablet</i> | 1 | MO |
| <i>trimipramine maleate capsule 50mg</i> | 3 | QL (120 EA per 30 days) PA MO; HRM |
| <i>trimipramine maleate capsule 25mg</i> | 3 | QL (240 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 |
|---|-----------|-----------------------------------|
| <i>trimipramine maleate capsule 100mg</i> | 3 | QL (60 EA per 30 days) PA MO; HRM |
| TRINTELLIX | 3 | QL (30 EA per 30 days) 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 tablet 100mg, 25mg, 37.5mg, 50mg, 75mg</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 STARTER PACK | 3 | MO |
| <i>vilazodone hydrochloride</i> | 3 | QL (30 EA per 30 days) MO |
| ZURZUVAE CAPSULE 30MG | 3 | QL (14 EA per 14 days) PA; ACS |
| ZURZUVAE CAPSULE 20MG, 25MG | 3 | QL (28 EA per 14 days) PA; ACS |
| ANTIPARKINSONIAN AGENTS | | |
| <i>amantadine hcl tablet</i> | 2 | MO |
| <i>amantadine hcl solution</i> | 3 | MO |
| <i>amantadine hcl capsule</i> | 3 | QL (120 EA per 30 days) MO |
| <i>benztropine mesylate injection</i> | 1 | MO |
| <i>benztropine mesylate tablet</i> | 1 | PA MO; HRM |
| <i>bromocriptine mesylate capsule, tablet</i> | 3 | MO |
| <i>carbidopa tablet</i> | 3 | MO |
| <i>carbidopa/levodopa</i> | 1 | MO |
| <i>carbidopa/levodopa er</i> | 3 | MO |
| <i>carbidopa/levodopa odt</i> | 2 | MO |
| CARBIDOPA/LEVODOPA/ENTACAPONE | 3 | MO |
| <i>entacapone</i> | 3 | MO |
| INBRIJA | 2 | QL (300 EA per 30 days) PA LA |
| NEUPRO | 3 | MO |
| <i>pramipexole dihydrochloride er</i> | 3 | QL (30 EA per 30 days) MO |
| <i>pramipexole dihydrochloride immediate release tablet</i> | 1 | MO |
| <i>rasagiline mesylate</i> | 2 | MO |
| <i>ropinirole er tablet extended release 24 hour 6mg</i> | 3 | QL (120 EA per 30 days) MO |
| <i>ropinirole er tablet extended release 24 hour 4mg</i> | 3 | QL (150 EA per 30 days) MO |
| <i>ropinirole er tablet extended release 24 hour 2mg</i> | 3 | QL (30 EA per 30 days) MO |
| <i>ropinirole er tablet extended release 24 hour 12mg</i> | 3 | QL (60 EA per 30 days) MO |
| <i>ropinirole er tablet extended release 24 hour 8mg</i> | 3 | QL (90 EA per 30 days) MO |
| <i>ropinirole hcl immediate release tablet 0.25mg, 3mg</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>ropinirole hcl immediate release tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i> | 1 | MO |
| <i>selegiline hcl capsule, tablet</i> | 1 | MO |
| <i>trihexyphenidyl hcl oral solution</i> | 1 | PA MO; HRM |
| <i>trihexyphenidyl hydrochloride tablet</i> | 1 | PA MO; HRM |
| ANTIPSYCHOTICS | | |
| ABILIFY MAINTENA | 2 | QL (1 EA per 28 days) MO; HRM |
| <i>aripiprazole odt</i> | 3 | QL (60 EA per 30 days) MO; HRM |
| <i>aripiprazole tablet</i> | 3 | QL (30 EA per 30 days) MO; HRM |
| <i>aripiprazole solution</i> | 3 | 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> | 3 | QL (60 EA per 30 days) MO; HRM |
| CAPLYTA | 3 | QL (30 EA per 30 days) MO; HRM |
| <i>chlorpromazine hcl tablet</i> | 3 | MO; HRM |
| <i>chlorpromazine hcl injection 50mg/2ml</i> | 3 | HRM |
| <i>chlorpromazine hcl injection 25mg/ml</i> | 3 | MO; HRM |
| <i>chlorpromazine hydrochloride oral concentrate</i> | 3 | HRM |
| <i>chlorpromazine hydrochloride tablet</i> | 3 | 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> | 3 | PA; HRM |
| <i>clozapine odt tablet disintegrating 100mg</i> | 3 | QL (270 EA per 30 days) PA; HRM |
| <i>clozapine tablet 25mg, 50mg</i> | 2 | HRM |
| <i>clozapine tablet 200mg</i> | 2 | QL (120 EA per 30 days); HRM |
| <i>clozapine tablet 100mg</i> | 2 | QL (270 EA per 30 days); HRM |
| FANAPT | 3 | QL (60 EA per 30 days) PA MO; HRM |
| FANAPT TITRATION PACK | 3 | PA MO; HRM |
| <i>fluphenazine decanoate injection</i> | 3 | MO; HRM |
| <i>fluphenazine hcl</i> | 1 | MO; HRM |
| <i>fluphenazine hydrochloride oral elixir elixir, tablet</i> | 1 | MO; HRM |
| <i>fluphenazine hydrochloride oral elixir injection</i> | 3 | MO; HRM |
| <i>haloperidol tablet, oral concentrate</i> | 2 | MO; HRM |
| <i>haloperidol decanoate</i> | 3 | MO; HRM |
| <i>haloperidol lactate injection</i> | 3 | 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 |

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 |
|--|-----------|---------------------------------------|
| INVEGA SUSTENNA INJECTION 117MG/0.75ML | 2 | QL (0.75 ML per 28 days) MO; HRM |
| INVEGA SUSTENNA INJECTION 156MG/ML | 2 | QL (1 ML per 28 days) MO; HRM |
| INVEGA SUSTENNA INJECTION 234MG/1.5ML | 2 | QL (1.5 ML per 28 days) MO; HRM |
| INVEGA SUSTENNA INJECTION 39MG/0.25ML | 3 | QL (0.25 ML per 28 days) MO; HRM |
| INVEGA TRINZA INJECTION 273MG/0.88ML | 2 | QL (0.88 ML per 90 days); HRM |
| INVEGA TRINZA INJECTION 410MG/1.32ML | 2 | QL (1.32 ML per 90 days); HRM |
| INVEGA TRINZA INJECTION 546MG/1.75ML | 2 | QL (1.75 ML per 90 days); HRM |
| INVEGA TRINZA INJECTION 819MG/2.63ML | 2 | QL (2.63 ML per 90 days); HRM |
| <i>loxapine</i> | 2 | MO; HRM |
| <i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i> | 1 | QL (30 EA per 30 days) MO; HRM |
| <i>lurasidone hydrochloride tablet 80mg</i> | 1 | QL (60 EA per 30 days) MO; HRM |
| <i>molindone hydrochloride tablet 10mg, 5mg</i> | 2 | HRM |
| <i>molindone hydrochloride tablet 25mg</i> | 3 | HRM |
| NUPLAZID | 3 | QL (30 EA per 30 days) PA LA; ACS HRM |
| <i>olanzapine odt</i> | 3 | QL (30 EA per 30 days) MO; HRM |
| <i>olanzapine injection</i> | 3 | QL (3 EA per 1 days) MO; HRM |
| <i>olanzapine tablet 10mg, 15mg, 20mg, 7.5mg</i> | 2 | QL (30 EA per 30 days) MO; HRM |
| <i>olanzapine tablet 2.5mg, 5mg</i> | 2 | QL (60 EA per 30 days) MO; HRM |
| <i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i> | 3 | QL (30 EA per 30 days) MO; HRM |
| <i>paliperidone er tablet extended release 24 hour 6mg</i> | 3 | QL (60 EA per 30 days) MO; HRM |
| <i>perphenazine</i> | 3 | MO; HRM |
| PERSERIS | 2 | QL (1 EA per 30 days); HRM |
| <i>pimozide</i> | 3 | MO |
| <i>quetiapine fumarate er tablet extended release 24 hour 150mg, 200mg</i> | 3 | QL (30 EA per 30 days) PA MO; HRM |
| <i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg, 50mg</i> | 3 | QL (60 EA per 30 days) PA MO; HRM |
| <i>quetiapine fumarate tablet 200mg</i> | 2 | QL (120 EA per 30 days) MO; HRM |
| <i>quetiapine fumarate tablet 25mg</i> | 2 | QL (180 EA per 30 days) MO; HRM |
| <i>quetiapine fumarate tablet 300mg, 400mg</i> | 2 | QL (60 EA per 30 days) MO; HRM |
| <i>quetiapine fumarate tablet 100mg, 150mg, 50mg</i> | 2 | 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 INJECTION 37.5MG, 50MG | 2 | QL (2 EA per 28 days) MO; HRM |
| RISPERDAL CONSTA INJECTION 12.5MG, 25MG | 3 | QL (2 EA per 28 days) MO; HRM |
| <i>risperidone odt tablet disintegrating 4mg</i> | 3 | QL (120 EA per 30 days) MO; HRM |
| <i>risperidone odt tablet disintegrating 1mg, 2mg, 3mg</i> | 3 | QL (60 EA per 30 days) MO; HRM |
| <i>risperidone odt tablet disintegrating 0.25mg, 0.5mg</i> | 3 | QL (90 EA per 30 days) MO; HRM |
| <i>risperidone solution</i> | 1 | QL (480 ML 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>risperidone tablet 4mg</i> | 1 | QL (120 EA per 30 days) MO; HRM |
| <i>risperidone tablet 1mg, 2mg</i> | 1 | QL (60 EA per 30 days) MO; HRM |
| <i>risperidone tablet 0.25mg, 0.5mg, 3mg</i> | 1 | QL (90 EA per 30 days) MO; HRM |
| SECUADO | 2 | QL (30 EA per 30 days) MO; HRM |
| <i>thioridazine hcl tablet</i> | 2 | PA MO; HRM |
| <i>thiothixene</i> | 3 | MO; HRM |
| <i>trifluoperazine hcl tablet 2mg, 5mg, 10mg</i> | 3 | MO; HRM |
| <i>trifluoperazine hydrochloride tablet 1mg</i> | 3 | MO; HRM |
| VERSACLOZ | 3 | QL (600 ML per 30 days) PA; 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> | 2 | QL (60 EA per 30 days) MO; HRM |
| <i>ziprasidone mesylate injection</i> | 3 | 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 |
| ANTISEIZURE AGENTS | | |
| APTIOM TABLET 200MG, 400MG | 2 | QL (30 EA per 30 days) MO |
| APTIOM TABLET 600MG, 800MG | 2 | QL (60 EA per 30 days) MO |
| BRIVIACT TABLET | 3 | QL (60 EA per 30 days) PA MO |
| BRIVIACT INJECTION | 3 | QL (600 ML per 30 days) PA |
| BRIVIACT ORAL SOLUTION | 3 | QL (600 ML per 30 days) PA MO |
| <i>carbamazepine</i> | 1 | MO; HRM |
| <i>carbamazepine er</i> | 3 | MO; HRM |
| <i>clobazam suspension</i> | 3 | QL (480 ML per 30 days) PA MO; HRM |
| <i>clobazam tablet</i> | 3 | QL (60 EA per 30 days) PA MO; HRM |
| <i>clonazepam odt tablet disintegrating 2mg</i> | 2 | QL (300 EA per 30 days) MO |
| <i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 2mg</i> | 2 | QL (90 EA per 30 days) MO |
| <i>clonazepam tablet 2mg</i> | 1 | QL (300 EA per 30 days) MO |
| <i>clonazepam tablet 0.5mg, 1mg</i> | 1 | QL (90 EA per 30 days) MO |
| <i>clorazepate dipotassium tablet 15mg</i> | 2 | QL (180 EA per 30 days) PA MO; HRM |
| <i>clorazepate dipotassium tablet 3.75mg, 7.5mg</i> | 2 | QL (90 EA per 30 days) PA MO; HRM |
| DIACOMIT CAPSULE 500MG | 3 | QL (180 EA per 30 days) PA LA |
| DIACOMIT CAPSULE 250MG | 3 | QL (360 EA per 30 days) PA LA |
| DIACOMIT PACKET 500MG | 3 | QL (180 EA per 30 days) PA LA |
| DIACOMIT PACKET 250MG | 3 | QL (360 EA per 30 days) PA LA |
| <i>diazepam intensol</i> | 2 | QL (240 ML 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 |
|---|-----------|-------------------------------------|
| DIAZEPAM RECTAL GEL | 3 | MO; HRM |
| <i>diazepam tablet</i> | 2 | QL (120 EA per 30 days) PA MO; HRM |
| <i>diazepam concentrate</i> | 2 | QL (240 ML per 30 days) PA MO; HRM |
| <i>diazepam oral solution</i> | 3 | QL (1200 ML per 30 days) PA MO; HRM |
| <i>diazepam injection</i> | 3 | QL (240 ML per 30 days) PA MO; HRM |
| DILANTIN | 3 | MO |
| DILANTIN INFATABS | 3 | MO |
| DILANTIN-125 | 3 | MO |
| <i>divalproex sodium dr tablet delayed release</i> | 2 | MO |
| <i>divalproex sodium er tablet extended release 24 hour</i> | 3 | MO |
| <i>divalproex sodium sprinkle capsule</i> | 2 | MO |
| EPIDIOLEX | 2 | QL (600 ML per 30 days) PA LA; ACS |
| <i>epitol</i> | 1 | HRM |
| EPRONTIA | 3 | QL (480 ML per 30 days) PA MO |
| <i>ethosuximide capsule</i> | 2 | MO |
| <i>ethosuximide solution</i> | 3 | MO |
| <i>felbamate</i> | 3 | MO |
| FINTEPLA | 3 | QL (360 ML per 30 days) PA LA |
| <i>fosphenytoin sodium injection 100mg pe/2ml</i> | 3 | |
| <i>fosphenytoin sodium injection 500mg pe/10ml</i> | 3 | 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 capsule (generic Neurontin) 100mg</i> | 2 | QL (180 EA per 30 days) MO |
| <i>gabapentin capsule (generic Neurontin) 400mg</i> | 2 | QL (270 EA per 30 days) MO |
| <i>gabapentin capsule (generic Neurontin) 300mg</i> | 2 | QL (360 EA per 30 days) MO |
| <i>gabapentin solution</i> | 2 | QL (2160 ML per 30 days) MO |
| <i>gabapentin tablet (generic Neurontin) 600mg</i> | 2 | QL (180 EA per 30 days) MO |
| <i>gabapentin tablet (generic Neurontin) 800mg</i> | 2 | QL (90 EA per 30 days) MO |
| <i>lacosamide injection</i> | 3 | |
| <i>lacosamide oral solution</i> | 3 | QL (1200 ML per 30 days) MO |
| <i>lacosamide tablet 50mg</i> | 3 | QL (120 EA per 30 days) MO |
| <i>lacosamide tablet 100mg, 150mg, 200mg</i> | 3 | QL (60 EA per 30 days) MO |
| <i>lamotrigine er</i> | 3 | MO |
| <i>lamotrigine immediate release tablet, chewable tablet</i> | 1 | MO |
| <i>lamotrigine odt tablet disintegrating 100mg, 200mg, 25mg, 50mg</i> | 3 | MO |
| <i>lamotrigine starter kit/blue</i> | 3 | MO |
| <i>lamotrigine starter kit/green</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>lamotrigine starter kit/orange</i> | 3 | MO |
| <i>levetiracetam er</i> | 3 | MO |
| <i>levetiracetam/sodium chloride injection</i> | 3 | |
| <i>levetiracetam oral solution, tablet</i> | 1 | MO |
| LIBERVANT | 3 | QL (10 EA per 30 days) PA |
| <i>methsuximide</i> | 3 | MO |
| NAYZILAM | 3 | QL (10 EA per 30 days) PA MO |
| <i>oxcarbazepine tablet</i> | 2 | MO; HRM |
| <i>oxcarbazepine suspension</i> | 3 | MO; HRM |
| <i>phenobarbital sodium injection</i> | 3 | PA; HRM |
| <i>phenobarbital tablet</i> | 3 | QL (120 EA per 30 days) PA MO; HRM |
| <i>phenobarbital elixir</i> | 3 | QL (1500 ML per 30 days) PA MO; HRM |
| <i>phenytek capsule 200mg</i> | 2 | |
| <i>phenytek capsule 300mg</i> | 2 | MO |
| <i>phenytoin oral suspension, tablet chewable</i> | 2 | MO |
| <i>phenytoin sodium extended release capsule</i> | 2 | MO |
| <i>phenytoin sodium injection</i> | 3 | |
| <i>pregabalin capsule 100mg, 150mg, 25mg, 50mg, 75mg</i> | 2 | QL (120 EA per 30 days) PA MO |
| <i>pregabalin capsule 225mg, 300mg</i> | 2 | QL (60 EA per 30 days) PA MO |
| <i>pregabalin capsule 200mg</i> | 2 | QL (90 EA per 30 days) PA MO |
| <i>pregabalin solution</i> | 2 | QL (900 ML per 30 days) PA MO |
| <i>primidone</i> | 1 | MO |
| <i>roweepra</i> | 1 | |
| <i>rufinamide suspension</i> | 1 | QL (2760 ML per 30 days) PA MO |
| <i>rufinamide tablet 400mg</i> | 1 | QL (240 EA per 30 days) PA MO |
| <i>rufinamide tablet 200mg</i> | 3 | QL (480 EA per 30 days) PA MO |
| SPRITAM | 3 | MO |
| <i>subvenite</i> | 1 | |
| <i>subvenite starter kit/blue</i> | 3 | |
| <i>subvenite starter kit/green</i> | 1 | |
| <i>subvenite starter kit/orange</i> | 3 | |
| SYMPAZAN | 3 | QL (60 EA per 30 days) PA MO; HRM |
| <i>tiagabine hydrochloride</i> | 3 | MO |
| <i>topiramate er</i> | 3 | MO |
| <i>topiramate immediate release capsule sprinkle</i> | 1 | MO |
| <i>topiramate tablet 100mg</i> | 1 | QL (120 EA per 30 days) MO |
| <i>topiramate tablet 200mg</i> | 1 | QL (60 EA per 30 days) MO |
| <i>topiramate tablet 25mg, 50mg</i> | 1 | QL (90 EA per 30 days) MO |
| <i>valproate sodium injection</i> | 3 | |
| <i>valproic acid capsule, oral solution</i> | 1 | MO |
| VALTOCO 10 MG DOSE | 3 | QL (10 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 |
|---|-----------|---------------------------------------|
| VALTOCO 15 MG DOSE | 2 | QL (10 EA per 30 days) PA MO |
| VALTOCO 20 MG DOSE | 2 | 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 LA; ACS |
| <i>vigadrone tablet</i> | 1 | QL (180 EA per 30 days) PA LA |
| <i>vigadrone packet</i> | 3 | QL (180 EA per 30 days) PA LA |
| VIGAFYDE | 3 | QL (750 ML per 30 days) PA |
| <i>vigpoder</i> | 1 | QL (180 EA per 30 days) PA LA |
| XCOPRI TITRATION PACK 50MG; 100MG, 150MG; 200MG | 2 | QL (28 EA per 28 days) MO |
| XCOPRI MAINTENANCE PACK 100MG; 150MG, 150MG; 200MG | 2 | QL (56 EA per 28 days) MO |
| XCOPRI TITRATION PACK 12.5MG; 25MG | 3 | QL (28 EA per 28 days) MO |
| XCOPRI TABLET 100MG, 50MG | 2 | QL (30 EA per 30 days) MO |
| XCOPRI TABLET 150MG, 200MG | 2 | QL (60 EA per 30 days) MO |
| XCOPRI TABLET 25MG | 3 | QL (30 EA per 30 days) 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 LA |
| ATTENTION DEFICIT HYPERACTIVITY DISORDER | | |
| <i>amphetamine/dextroamphetamine capsule extended release 243 hour</i> | 243 | QL (30 EA per 30 days) MO |
| <i>amphetamine/dextroamphetamine tablet 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i> | 2 | QL (60 EA per 30 days) MO |
| <i>amphetamine/dextroamphetamine tablet 20mg</i> | 2 | QL (90 EA per 30 days) MO |
| <i>atomoxetine hydrochloride capsule 10mg, 25mg</i> | 3 | QL (120 EA per 30 days) MO |
| <i>atomoxetine capsule 18mg</i> | 3 | QL (120 EA per 30 days) MO |
| <i>atomoxetine capsule 100mg, 60mg, 80mg</i> | 3 | QL (30 EA per 30 days) MO |
| <i>atomoxetine capsule 40mg</i> | 3 | QL (60 EA per 30 days) MO |
| <i>dexmethylphenidate hcl er capsule extended release 24 hour 20mg, 35mg</i> | 3 | QL (30 EA per 30 days) MO |
| <i>dexmethylphenidate hcl tablet 5mg, 10mg</i> | 3 | QL (60 EA per 30 days) MO |
| <i>dexmethylphenidate hydrochloride er capsule extended release 24 hour 10mg, 15mg, 25mg, 30mg, 40mg, 5mg</i> | 3 | QL (30 EA per 30 days) MO |
| <i>dexmethylphenidate hydrochloride tablet 2.5mg</i> | 3 | QL (60 EA per 30 days) MO |
| <i>dextroamphetamine sulfate er</i> | 3 | QL (120 EA per 30 days) MO |
| <i>dextroamphetamine sulfate immediate release tablet 10mg, 5mg</i> | 3 | QL (180 EA per 30 days) MO |
| <i>dextroamphetamine sulfate solution</i> | 3 | QL (1800 ML per 30 days) MO |
| <i>guanfacine hydrochloride er tablet extended release 24 hour 1mg, 2mg, 4mg</i> | 2 | 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 |
|---|-----------|-----------------------------------|
| <i>guanfacine hydrochloride er tablet extended release 24 hour 3mg</i> | 2 | QL (60 EA per 30 days) PA MO |
| <i>lisdexamphetamine dimesylate</i> | 3 | QL (30 EA per 30 days) MO |
| <i>methylphenidate hydrochloride cd capsule extended release 20mg, 30mg, 50mg, 60mg</i> | 3 | QL (30 EA per 30 days) MO |
| <i>methylphenidate hydrochloride extended release capsule 24 hour (generic Ritalin LA) 60mg</i> | 3 | QL (30 EA per 30 days) MO |
| <i>methylphenidate hydrochloride er capsule extended release 243 hour (generic Ritalin LA) 10mg, 20mg, 40mg</i> | | QL (30 EA per 30 days) MO |
| <i>methylphenidate hydrochloride er capsule extended release 243 hour (generic Ritalin LA) 30mg</i> | | QL (60 EA per 30 days) MO |
| <i>methylphenidate hydrochloride er tablet extended release 24 hour</i> | 3 | QL (30 EA per 30 days) |
| <i>methylphenidate hydrochloride cd capsule extended release 10mg, 40mg</i> | 3 | QL (30 EA per 30 days) MO |
| <i>methylphenidate hydrochloride er tablet extended release 18mg, 27mg, 36mg, 45mg, 54mg, 63mg, 72mg</i> | 3 | QL (30 EA per 30 days) MO |
| <i>methylphenidate hydrochloride er tablet extended release 10mg, 20mg</i> | 3 | QL (90 EA per 30 days) MO |
| <i>methylphenidate hydrochloride tablet</i> | 2 | QL (90 EA per 30 days) MO |
| <i>methylphenidate hydrochloride tablet chewable</i> | 3 | QL (180 EA per 30 days) MO |
| <i>methylphenidate hydrochloride solution 5mg/5ml</i> | 3 | QL (1800 ML per 30 days) MO |
| <i>methylphenidate hydrochloride solution 10mg/5ml</i> | 3 | QL (900 ML per 30 days) MO |
| VYVANSE | 3 | QL (30 EA per 30 days) MO |
| <i>zenzedi tablet 10mg, 5mg</i> | 3 | QL (180 EA per 30 days) |
| HYPNOTICS | | |
| DAYVIGO | 2 | QL (30 EA per 30 days) MO |
| <i>doxepin hydrochloride tablet 3mg, 6mg</i> | 2 | QL (30 EA per 30 days) MO; HRM |
| <i>eszopiclone</i> | 3 | QL (30 EA per 30 days) PA MO; HRM |
| HETLIOZ LQ ORAL SUSPENSION | 3 | QL (158 ML per 30 days) PA LA |
| <i>tasimelteon</i> | 1 | QL (30 EA per 30 days) PA; ACS |
| <i>temazepam</i> | 3 | QL (30 EA per 30 days) PA MO; HRM |
| <i>triazolam</i> | 3 | QL (60 EA per 30 days) PA MO; HRM |
| <i>zaleplon capsule 5mg</i> | 2 | QL (30 EA per 30 days) PA MO; HRM |
| <i>zaleplon capsule 10mg</i> | 2 | QL (60 EA per 30 days) PA MO; HRM |
| <i>zolpidem tartrate immediate release tablet 10mg, 5mg</i> | 1 | QL (30 EA per 30 days) PA MO; HRM |
| MIGRAINE | | |
| AIMOVIG | 2 | QL (1 ML per 30 days) PA; ACS |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------------|
| <i>almotriptan maleate tablet 6.25mg, 12.5mg</i> | 3 | QL (8 EA per 30 days) MO |
| <i>dihydroergotamine mesylate injection</i> | 1 | PA MO |
| <i>dihydroergotamine mesylate nasal solution</i> | 1 | QL (8 ML per 30 days) PA MO |
| <i>eletriptan hydrobromide</i> | 2 | QL (12 EA per 30 days) MO |
| <i>ergotamine tartrate/caffeine</i> | 2 | QL (40 EA per 28 days) PA MO |
| <i>frovatriptan succinate</i> | 3 | QL (12 EA per 30 days) MO |
| <i>naratriptan hcl</i> | 2 | QL (9 EA per 30 days) MO |
| NURTEC | 2 | QL (16 EA per 30 days) PA MO |
| QULIPTA | 2 | QL (30 EA per 30 days) PA MO |
| <i>rizatriptan benzoate odt</i> | 2 | QL (12 EA per 30 days) MO |
| <i>rizatriptan benzoate tablet</i> | 2 | QL (12 EA per 30 days) MO |
| <i>sumatriptan nasal spray</i> | 1 | QL (12 EA per 30 days) MO |
| <i>sumatriptan succinate refill injection</i> | 3 | QL (4 ML per 30 days) MO |
| <i>sumatriptan succinate injection</i> | 3 | 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> | 3 | QL (9 EA per 30 days) MO |
| UBRELVY | 2 | QL (16 EA per 30 days) PA MO |
| <i>zolmitriptan tablet</i> | 3 | QL (6 EA per 30 days) MO |
| <i>zolmitriptan odt</i> | 3 | QL (6 EA per 30 days) MO |
| <i>zomig</i> | 3 | QL (6 EA per 30 days) |
| MISCELLANEOUS | | |
| AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 12MG; 18MG; 24MG; 30MG | 2 | QL (56 EA per 365 days) PA; ACS |
| AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 6MG; 12MG; 24MG | 2 | QL (84 EA per 365 days) PA; ACS |
| AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG | 2 | QL (120 EA per 30 days) PA; ACS |
| AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18MG, 30MG, 36MG, 42MG, 48MG | 2 | QL (30 EA per 30 days) PA; ACS |
| AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG | 2 | QL (60 EA per 30 days) PA; ACS |
| AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG | 2 | QL (90 EA per 30 days) PA; ACS |
| AUSTEDO TABLET 12MG, 9MG | 2 | QL (120 EA per 30 days) PA LA; ACS |
| AUSTEDO TABLET 6MG | 2 | QL (60 EA per 30 days) PA LA; ACS |
| <i>lithium</i> | 3 | MO |
| <i>lithium carbonate capsule, tablet</i> | 1 | MO |
| <i>lithium carbonate er</i> | 1 | MO |
| NUEDEXTA | 2 | 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 |
|--|------------------|--|
| <i>pregabalin er tablet extended release 24 hour 330mg</i> | 2 | QL (60 EA per 30 days) PA MO |
| <i>pregabalin er tablet extended release 24 hour 165mg, 82.5mg</i> | 2 | QL (90 EA per 30 days) PA MO |
| <i>pyridostigmine bromide tablet 60mg, 30mg</i> | 2 | MO |
| <i>pyridostigmine bromide er</i> | 2 | MO |
| <i>riluzole</i> | 2 | MO |
| <i>tetrabenazine tablet 25mg</i> | 1 | QL (120 EA per 30 days) PA LA; ACS |
| <i>tetrabenazine tablet 12.5mg</i> | 1 | QL (90 EA per 30 days) PA LA; ACS |
| MULTIPLE SCLEROSIS AGENTS | | |
| AUBAGIO | 2 | QL (30 EA per 30 days) PA LA; ACS |
| AVONEX | 2 | QL (1 EA per 28 days) PA; ACS |
| AVONEX PEN | 2 | QL (1 EA per 28 days) PA; ACS |
| BETASERON | 2 | QL (14 EA per 28 days) PA; ACS |
| COPAXONE INJECTION 40MG/ML | 2 | QL (12 ML per 28 days) PA; ACS |
| COPAXONE INJECTION 20MG/ML | 2 | QL (30 ML per 30 days) PA; ACS |
| <i>dalfampridine er</i> | 2 | PA; ACS |
| <i>fingolimod hydrochloride</i> | 1 | QL (30 EA per 30 days) PA; ACS |
| KESIMPTA | 2 | QL (6.4 ML per 365 days) PA LA |
| TECFIDERA STARTER PACK | 2 | QL (120 EA per 365 days) PA LA; ACS |
| TECFIDERA CAPSULE DELAYED RELEASE 120MG | 2 | QL (14 EA per 7 days) PA LA; ACS |
| TECFIDERA CAPSULE DELAYED RELEASE 240MG | 2 | QL (60 EA per 30 days) PA LA; ACS |
| VUMERITY | 2 | QL (120 EA per 30 days) PA LA; ACS |
| MUSCULOSKELETAL THERAPY AGENTS | | |
| <i>baclofen tablet 10mg, 20mg, 5mg</i> | 2 | MO |
| <i>baclofen tablet 15mg</i> | 3 | MO |
| <i>chlorzoxazone tablet 500mg</i> | 2 | QL (180 EA per 30 days) PA MO |
| <i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i> | 2 | QL (90 EA per 30 days) PA MO; HRM |
| <i>dantrolene sodium capsule 25mg, 50mg, 100mg</i> | 3 | MO |
| <i>tizanidine hcl capsule 4mg, tablet 2mg</i> | 1 | MO |
| <i>tizanidine hydrochloride capsule 2mg, 6mg, tablet 4mg</i> | 1 | MO |
| NARCOLEPSY/CATAPLEXY | | |
| <i>armodafinil tablet 150mg, 200mg, 250mg</i> | 3 | QL (30 EA per 30 days) PA MO |
| <i>armodafinil tablet 50mg</i> | 3 | QL (60 EA per 30 days) PA MO |
| <i>modafinil tablet 100mg</i> | 2 | QL (30 EA per 30 days) PA MO |
| <i>modafinil tablet 200mg</i> | 2 | QL (60 EA per 30 days) PA MO |
| SODIUM OXYBATE | 3 | QL (540 ML per 30 days) PA LA |
| PSYCHOTHERAPEUTIC-MISC | | |
| <i>acamprosate calcium dr</i> | 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>buprenorphine hcl sublingual tablet 2mg, 8mg</i> | 1 | QL (90 EA per 30 days) PA MO |
| <i>buprenorphine hcl/naloxone hcl sublingual tablet</i> | 1 | QL (90 EA per 30 days) MO |
| <i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i> | 3 | QL (60 EA per 30 days) MO |
| <i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i> | 3 | QL (90 EA per 30 days) MO |
| <i>bupropion hydrochloride er (sr) tablet (smoking deterrent) extended release 12 hour 150mg</i> | 2 | QL (60 EA per 30 days) MO |
| <i>disulfiram tablet</i> | 3 | MO |
| <i>naloxone hcl</i> | 1 | MO |
| <i>naloxone hydrochloride nasal spray</i> | 2 | MO |
| <i>naloxone hydrochloride cartridge injection 0.4mg/ml</i> | 1 | |
| <i>naloxone hydrochloride vial injection 0.4mg/ml</i> | 1 | MO |
| <i>naloxone hydrochloride injection 0.4mg/ml, 2mg/2ml</i> | 2 | |
| <i>naltrexone hcl tablet</i> | 2 | MO |
| NICOTROL INHALER | 3 | MO |
| NICOTROL NASAL SPRAY | 3 | QL (360 ML per 365 days) MO |
| OPVEE | 3 | |
| <i>varenicline starting month box</i> | 3 | PA MO |
| <i>varenicline tartrate</i> | 3 | PA MO |
| VIVITROL | 3 | ACS |

ENDOCRINE AND METABOLIC**ANDROGENS**

| | | |
|---|---|-------------------------------|
| <i>methyltestosterone capsule</i> | 1 | PA MO |
| <i>oxandrolone tablet 2.5mg</i> | 2 | QL (120 EA per 30 days) PA MO |
| <i>oxandrolone tablet 10mg</i> | 3 | QL (60 EA per 30 days) PA MO |
| <i>testosterone cypionate injection</i> | 3 | MO |
| <i>testosterone enanthate injection</i> | 3 | PA MO |
| <i>testosterone pump gel 1%</i> | 2 | QL (300 GM per 30 days) MO |
| <i>testosterone pump gel 2% (10mg/act)</i> | 2 | QL (120 GM per 30 days) MO |
| <i>testosterone gel 1% (25mg/2.5gm, 50mg/5gm)</i> | 2 | QL (300 GM per 30 days) MO |
| <i>testosterone topical solution</i> | 2 | QL (180 ML per 30 days) MO |

ANTIDIABETICS, INSULINS

| | | |
|--|---|----|
| ADMELOG | 2 | MO |
| ADMELOG SOLOSTAR | 2 | MO |
| BD ALCOHOL SWABS | 2 | MO |
| B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" | 2 | MO |
| BASAGLAR KWIKPEN | 2 | MO |
| BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" | 2 | MO |
| BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 1/2" | 2 | MO |
| BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16" | 2 | MO |
| BD/NOVO PEN NEEDLE ULTRA-FINE | 2 | MO |
| BD PEN | 2 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------------|
| BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 15/64" | 2 | MO |
| CURITY GAUZE PADS 2"X2" 12 PLY | 2 | MO |
| FIASP | 2 | MO |
| FIASP FLEXTOUCH | 2 | MO |
| FIASP PENFILL | 2 | MO |
| FIASP PUMPCART | 2 | B/D MO |
| HUMULIN R U-500 (CONCENTRATED) | 2 | B/D MO |
| HUMULIN R U-500 KWIKPEN | 2 | MO |
| LANTUS | 2 | MO |
| LANTUS SOLOSTAR | 2 | MO |
| NOVOLIN 70/30 (BRAND RELION NOT COVERED) | 2 | MO |
| NOVOLIN 70/30 FLEXPEN (BRAND RELION NOT COVERED) | 2 | MO |
| NOVOLIN N (BRAND RELION NOT COVERED) | 2 | MO |
| NOVOLIN N FLEXPEN (BRAND RELION NOT COVERED) | 2 | MO |
| NOVOLIN R (BRAND RELION NOT COVERED) | 2 | MO |
| NOVOLIN R FLEXPEN (BRAND RELION NOT COVERED) | 2 | MO |
| NOVOLOG (BRAND RELION NOT COVERED) | 2 | MO |
| NOVOLOG FLEXPEN (BRAND RELION NOT COVERED) | 2 | MO |
| NOVOLOG MIX 70/30 (BRAND RELION NOT COVERED) | 2 | MO |
| NOVOLOG MIX 70/30 PREFILLED FLEXPEN (BRAND RELION NOT COVERED) | 2 | MO |
| NOVOLOG PENFILL | 2 | MO |
| SOLIQUA 100/33 | 2 | QL (15 ML per 25 days) MO |
| TOUJEO MAX SOLOSTAR | 2 | MO |
| TOUJEO SOLOSTAR | 2 | MO |
| TRESIBA | 2 | MO |
| TRESIBA FLEXTOUCH | 2 | MO |
| XULTOPHY 100/3.6 | 2 | QL (15 ML per 30 days) MO |
| ANTIDIABETICS | | |
| <i>acarbose tablet</i> | 1 | QL (90 EA per 30 days) 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 |
| FARXIGA | 2 | QL (30 EA per 30 days) MO |
| <i>glimepiride tablet 4mg</i> | 1 | QL (60 EA per 30 days) MO |
| <i>glimepiride tablet 1mg, 2mg</i> | 1 | QL (90 EA per 30 days) MO |
| <i>glipizide er tablet extended release 24 hour 10mg</i> | 1 | QL (60 EA per 30 days) MO |
| <i>glipizide er tablet extended release 24 hour 2.5mg, 5mg</i> | 1 | QL (90 EA per 30 days) MO |

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>glipizide xl tablet extended release 24 hour 10mg</i> | 1 | QL (60 EA per 30 days) MO |
| <i>glipizide xl tablet extended release 24 hour 2.5mg, 5mg</i> | 1 | QL (90 EA per 30 days) MO |
| <i>glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i> | 1 | QL (120 EA per 30 days) MO |
| <i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg</i> | 1 | QL (240 EA per 30 days) MO |
| <i>glipizide tablet 10mg</i> | 1 | QL (120 EA per 30 days) MO |
| <i>glipizide tablet 2.5mg, 5mg</i> | 1 | QL (240 EA per 30 days) MO |
| GLYXAMBI | 2 | QL (30 EA per 30 days) MO |
| JANUMET | 2 | QL (60 EA per 30 days) MO |
| JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG | 2 | QL (30 EA per 30 days) MO |
| JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG | 2 | QL (60 EA per 30 days) MO |
| JANUVIA | 2 | QL (30 EA per 30 days) MO |
| JARDIANCE | 2 | QL (30 EA per 30 days) MO |
| JENTADUETO | 2 | QL (60 EA per 30 days) MO |
| JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG | 2 | QL (30 EA per 30 days) MO |
| JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG | 2 | QL (60 EA per 30 days) MO |
| <i>metformin hydrochloride er (generic Glucophage XR) tablet extended release 24 hour 500mg</i> | 1 | QL (120 EA per 30 days) MO |
| <i>metformin hydrochloride er tablet extended release 24 hour (generic Glucophage XR) 750mg</i> | 1 | QL (60 EA per 30 days) MO |
| <i>metformin hydrochloride er (generic Fortamet and Glumetza) tablet extended release 24 hour 500mg</i> | 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 |
| OZEMPIC INJECTION 2MG/1.5ML | 2 | QL (1.5 ML per 28 days) PA |
| OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML | 2 | QL (3 ML per 28 days) PA MO |
| <i>pioglitazone hcl tablet 45mg</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 tablet 15mg, 30mg</i> | 1 | QL (30 EA per 30 days) MO |
| <i>repaglinide tablet 0.5mg, 1mg</i> | 1 | QL (120 EA per 30 days) MO |
| <i>repaglinide tablet 2mg</i> | 1 | QL (240 EA per 30 days) MO |
| RYBELSUS | 2 | QL (30 EA per 30 days) PA MO |
| SYMLINPEN 120 | 3 | QL (10.8 ML per 30 days) PA MO |

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 |
|---|-----------|-----------------------------|
| SYMLINPEN 60 | 3 | QL (6 ML per 30 days) PA MO |
| SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG | 2 | QL (30 EA per 30 days) MO |
| SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG | 2 | QL (60 EA per 30 days) MO |
| SYNJARDY TABLET 5MG; 500MG | 2 | QL (120 EA per 30 days) MO |
| SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG | 2 | QL (60 EA per 30 days) MO |
| TRADJENTA | 2 | QL (30 EA per 30 days) MO |
| TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG | 2 | QL (30 EA per 30 days) MO |
| TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG | 2 | QL (60 EA per 30 days) MO |
| TRULICITY | 2 | QL (2 ML per 28 days) PA |
| XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG | 2 | QL (30 EA per 30 days) MO |
| XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG | 2 | QL (60 EA per 30 days) MO |
| CALCIUM REGULATORS | | |
| <i>alendronate sodium solution</i> | 1 | MO |
| <i>alendronate sodium tablet 10mg</i> | 1 | QL (120 EA per 30 days) MO |
| <i>alendronate sodium tablet 35mg, 70mg</i> | 1 | QL (4 EA per 28 days) MO |
| <i>calcitonin-salmon nasal spray</i> | 2 | MO |
| <i>ibandronate sodium tablet</i> | 2 | QL (1 EA per 30 days) MO |
| <i>ibandronate sodium injection</i> | 3 | QL (3 ML per 90 days) MO |
| PAMIDRONATE DISODIUM INJECTION 6MG/ML | 3 | |
| <i>pamidronate disodium injection 30mg/10ml, 90mg/10ml</i> | 3 | |
| PROLIA | 3 | QL (1 ML per 180 days); ACS |
| <i>risedronate sodium dr tablet 35mg</i> | 3 | QL (4 EA per 28 days) MO |
| <i>risedronate sodium tablet 150mg</i> | 3 | QL (1 EA per 28 days) MO |
| <i>risedronate sodium tablet 30mg, 5mg</i> | 3 | QL (30 EA per 30 days) MO |
| <i>risedronate sodium tablet 35mg</i> | 3 | QL (4 EA per 28 days) MO |
| TERIPARATIDE INJ 620 MCG/2.48 ML (BRAND BY ALVOGEN) | 2 | PA; ACS |
| XGEVA | 3 | PA; ACS |
| ZOLEDRONIC ACID INJECTION 4MG/100ML | 3 | ACS |
| <i>zoledronic acid injection 4mg/5ml, 5mg/100ml</i> | 3 | ACS |
| CHELATING AGENTS | | |
| CHEMET | 3 | MO |
| <i>deferasirox packet</i> | 1 | PA; ACS |
| <i>deferasirox tablet soluble 250mg, 500mg</i> | 1 | PA; ACS |
| <i>deferasirox tablet soluble 125mg</i> | 2 | PA; ACS |
| <i>deferasirox tablet 360mg</i> | 1 | PA; ACS |
| <i>deferasirox tablet 90mg</i> | 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 |
|---|------------------|----------------------------|
| <i>deferasirox tablet 180mg</i> | 3 | PA; ACS |
| KIONEX | 2 | |
| <i>penicillamine tablet</i> | 1 | ACS |
| <i>sodium polystyrene sulfonate oral powder</i> | 2 | MO |
| <i>sps oral suspension 15gm/60ml</i> | 2 | MO |
| <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 | |
| <i>alyacen 1/35</i> | 1 | MO |
| <i>alyacen 7/7/7</i> | 1 | |
| <i>amethia</i> | 1 | |
| <i>amethyst</i> | 1 | |
| <i>apri</i> | 1 | |
| <i>aranelle</i> | 1 | MO |
| <i>ashlyna</i> | 1 | |
| <i>aubra eq</i> | 1 | |
| <i>aurovela 1.5/30</i> | 1 | |
| <i>aurovela 1/20</i> | 1 | |
| <i>aurovela 24 fe</i> | 1 | |
| <i>aurovela fe 1.5/30</i> | 1 | |
| <i>aurovela fe 1/20</i> | 1 | MO |
| <i>aviane</i> | 1 | |
| <i>ayuna</i> | 1 | |
| <i>azurette</i> | 1 | |
| <i>balziva</i> | 1 | |
| <i>blisovi 24 fe</i> | 1 | MO |
| <i>blisovi fe 1.5/30</i> | 1 | MO |
| <i>blisovi fe 1/20</i> | 1 | |
| <i>briellyn</i> | 1 | |
| <i>camila</i> | 2 | 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</i> | 1 | |
| <i>cyred eq</i> | 1 | |
| <i>dasetta 1/35</i> | 1 | |
| <i>dasetta 7/7/7</i> | 1 | |
| <i>daysee</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>deblitane</i> | 2 | |
| <i>delyla</i> | 1 | |
| DEPO-SUBQ PROVERA 104 | 3 | MO |
| <i>desogestrel/ethinyl estradiol</i> | 1 | MO |
| <i>dolishale</i> | 1 | |
| <i>drospirenone/ethinyl estradiol</i> | 1 | MO |
| <i>drospirenone/ethinyl estradiol/levomefolate calcium tablet</i> 3mg; 0.03mg; 0.451mg | 1 | MO |
| <i>elinest</i> | 1 | |
| <i>eluryng</i> | 3 | |
| <i>emzahh</i> | 2 | |
| <i>enilloring</i> | 3 | |
| <i>enpresse-28</i> | 1 | |
| <i>enskyce</i> | 1 | MO |
| <i>errin</i> | 2 | MO |
| <i>estarylla</i> | 1 | MO |
| <i>ethynodiol diacetate/ethinyl estradiol</i> | 1 | MO |
| <i>falmina</i> | 1 | |
| <i>fayosim</i> | 1 | |
| <i>femynor</i> | 1 | |
| <i>finzala</i> | 1 | |
| <i>hailey 1.5/30</i> | 1 | MO |
| <i>hailey 24 fe</i> | 1 | |
| <i>hailey fe 1.5/30</i> | 1 | |
| <i>hailey fe 1/20</i> | 1 | |
| <i>haloette</i> | 3 | |
| <i>heather</i> | 2 | MO |
| <i>iclevia</i> | 1 | |
| <i>incassia</i> | 2 | |
| <i>introvale</i> | 1 | |
| <i>isibloom</i> | 1 | |
| <i>jaimiess</i> | 1 | |
| <i>jasmiel</i> | 1 | |
| <i>jencycla</i> | 2 | |
| JOLESSA | 2 | |
| <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 | |

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>kelnor 1/35</i> | 1 | MO |
| <i>kelnor 1/50</i> | 1 | MO |
| <i>kurvelo</i> | 1 | |
| <i>larin 1.5/30</i> | 1 | |
| <i>larin 1/20</i> | 1 | |
| <i>larin 24 fe</i> | 1 | |
| <i>larin fe 1.5/30</i> | 1 | |
| <i>larin fe 1/20</i> | 1 | |
| LEENA | 2 | |
| <i>lessina</i> | 1 | |
| <i>levonest</i> | 1 | |
| <i>levonorgestrel and ethinyl estradiol</i> | 1 | MO |
| <i>levonorgestrel/ethinyl estradiol</i> | 1 | MO |
| <i>levora 0.15/30-28</i> | 1 | |
| <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> | 2 | |
| <i>lyza</i> | 2 | |
| <i>marlissa</i> | 1 | MO |
| <i>medroxyprogesterone acetate injection 150mg/ml</i> | 3 | MO |
| <i>mibelas 24 fe</i> | 1 | |
| MICROGESTIN 1.5/30 | 2 | |
| MICROGESTIN 1/20 | 2 | |
| <i>microgestin 24 fe</i> | 1 | |
| MICROGESTIN FE 1.5/30 | 2 | |
| MICROGESTIN FE 1/20 | 2 | |
| <i>mili</i> | 1 | |
| <i>mono-linyah</i> | 1 | |
| <i>necon 0.5/35-28</i> | 1 | |
| <i>nikki</i> | 1 | |
| NORA-BE | 2 | |
| <i>norethindrone tablet 0.35mg</i> | 2 | MO |
| <i>norethindrone & ethinyl estradiol ferrous fumarate</i> | 1 | MO |
| <i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet chewable, tablet</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/ethinyl estradiol/ferrous fumarate</i> | 1 | MO |
| <i>norgestimate/ethinyl estradiol</i> | 1 | MO |
| <i>norlyda</i> | 2 | |
| <i>norlyroc</i> | 2 | |
| <i>nortrel 0.5/35 (28)</i> | 1 | MO |
| <i>nortrel 1/35 28-day regimen</i> | 1 | |
| <i>nortrel 1/35 21-day regimen</i> | 1 | MO |
| <i>nortrel 7/7/7</i> | 1 | |
| <i>nylia 1/35</i> | 1 | |
| <i>nylia 7/7/7</i> | 1 | MO |
| <i>nymyo</i> | 1 | |
| OCELLA | 2 | |
| <i>orsythia</i> | 1 | |
| <i>philith</i> | 1 | |
| <i>pimtrea</i> | 1 | |
| <i>pirmella 1/35</i> | 1 | MO |
| <i>pirmella 7/7/7</i> | 1 | MO |
| <i>portia-28</i> | 1 | |
| <i>reclipsen</i> | 1 | |
| RIVELSA | 2 | |
| <i>setlakin</i> | 1 | |
| <i>sharobel</i> | 2 | |
| <i>simliya</i> | 1 | |
| <i>simpesse</i> | 1 | MO |
| <i>sprintec 28</i> | 1 | |
| <i>sronyx</i> | 1 | MO |
| <i>syeda</i> | 1 | |
| <i>tarina fe 1/20 eq</i> | 1 | |
| TILIA FE | 2 | |
| <i>tri femynor</i> | 1 | |
| <i>tri-estarylla</i> | 1 | MO |
| <i>tri-legest fe</i> | 1 | MO |
| <i>tri-linyah</i> | 1 | |
| <i>tri-lo-estarylla</i> | 1 | |
| <i>tri-lo-marzia</i> | 1 | |
| <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 | |

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>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 | MO |
| <i>vyfemla</i> | 1 | MO |
| <i>vylibra</i> | 1 | |
| <i>wera</i> | 1 | |
| <i>wymzya fe</i> | 1 | |
| <i>zovia 1/35</i> | 1 | |
| <i>zumandimine</i> | 1 | |
| ENDOMETRIOSIS | | |
| <i>danazol capsule</i> | 3 | MO |
| SYNAREL | 3 | MO |
| ESTROGENS | | |
| <i>dotti patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr</i> | 2 | QL (8 EA per 28 days) |
| <i>dotti patch twice weekly 0.1mg/24hr</i> | 2 | QL (8 EA per 28 days) MO |
| DUAVEE | 3 | MO |
| <i>estradiol valerate injection</i> | 3 | MO |
| <i>estradiol/norethindrone acetate tablet 1mg/0.5mg, 0.5mg/0.1mg</i> | 2 | MO |
| <i>estradiol vaginal cream, oral tablet, vaginal tablet</i> | 2 | MO |
| <i>estradiol patch weekly</i> | 2 | QL (4 EA per 28 days) MO |
| <i>estradiol patch twice weekly</i> | 2 | QL (8 EA per 28 days) MO |
| ESTRING | 3 | QL (1 EA per 90 days) MO |
| <i>fyavolv</i> | 2 | MO |
| <i>jinteli</i> | 2 | |
| <i>lyllana</i> | 2 | QL (8 EA per 28 days) |
| <i>mimvey</i> | 2 | |
| <i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i> | 2 | MO |
| PREMARIN | 3 | MO |
| PREMPRO | 3 | MO |
| <i>yuvafem</i> | 2 | |
| GLUCOCORTICOIDS | | |
| DEXAMETHASONE INTENSOL | 3 | MO |
| <i>dexamethasone sodium phosphate injection vial 10mg/ml</i> | 3 | |
| <i>dexamethasone sodium phosphate injection vial 100mg/10ml, 10mg/ml pf, 120mg/30ml, 20mg/5ml, 4mg/ml</i> | 3 | MO |
| <i>dexamethasone tablet, oral solution, oral elixir</i> | 1 | MO |
| <i>fludrocortisone acetate tablet</i> | 1 | MO |
| <i>hydrocortisone tablet 10mg, 20mg, 5mg</i> | 2 | MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------|
| <i>methylprednisolone acetate injection</i> | 1 | B/D MO |
| <i>methylprednisolone dose pack</i> | 1 | MO |
| <i>methylprednisolone sodium succinate injection 500mg</i> | 3 | B/D |
| <i>methylprednisolone sodium succinate injection 1000mg, 125mg</i> | 3 | B/D MO |
| <i>methylprednisolone sodium succinate injection 125mg, 40mg</i> | 3 | B/D MO |
| <i>methylprednisolone tablet</i> | 1 | B/D MO |
| <i>prednisolone</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 |
| SOLU-CORTEF | 3 | MO |
| <i>triamcinolone acetonide injection 40mg/ml</i> | 3 | MO |
| GLUCOSE ELEVATING AGENTS | | |
| <i>diazoxide oral suspension</i> | 1 | MO |
| GVOKE HYPOPEN 1-PACK | 2 | MO |
| GVOKE HYPOPEN 2-PACK | 2 | MO |
| GVOKE KIT | 2 | MO |
| GVOKE PFS | 2 | MO |
| MISCELLANEOUS | | |
| <i>acetylcysteine injection 200mg/ml</i> | 3 | |
| <i>betaine anhydrous</i> | 1 | LA |
| <i>cabergoline</i> | 2 | MO |
| <i>carglumic acid</i> | 1 | PA LA |
| CERDELGA | 3 | PA LA; ACS |
| <i>cinacalcet hydrochloride tablet 90mg</i> | 1 | QL (120 EA per 30 days); ACS |
| <i>cinacalcet hydrochloride tablet 60mg</i> | 1 | QL (60 EA per 30 days); ACS |
| <i>cinacalcet hydrochloride tablet 30mg</i> | 3 | QL (60 EA per 30 days); ACS |
| CYSTAGON | 3 | PA LA; ACS |
| <i>desmopressin acetate nasal solution, tablet</i> | 2 | MO |
| <i>desmopressin acetate pf injection 4mcg/ml</i> | 1 | MO |
| <i>desmopressin acetate injection 4mcg/ml</i> | 3 | MO |
| <i>fomepizole</i> | 1 | |
| GENOTROPIN | 2 | PA; ACS |
| GENOTROPIN MINIQUICK INJECTION 0.2MG, 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1MG, 2MG | 2 | PA; ACS |
| GENOTROPIN MINIQUICK INJECTION 1.8MG | 3 | PA; ACS |
| INCRELEX | 3 | PA LA; ACS |
| <i>javygtor</i> | 1 | PA LA |
| KORLYM | 3 | PA LA |
| LEVOCARNITINE TABLET | 3 | MO |
| <i>levocarnitine injection</i> | 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 |
|--|-----------|----------------------------|
| <i>levocarnitine oral solution</i> | 3 | MO |
| LUPRON DEPOT-PED (1-MONTH) INJECTION 11.25MG, 15MG, 7.5MG | 3 | PA; ACS |
| LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG, 30MG | 3 | PA; ACS |
| LUPRON DEPOT-PED (6-MONTH) INJECTION 45MG | 3 | PA; ACS |
| <i>methergine</i> | 3 | |
| <i>methylergonovine maleate tablet</i> | 1 | MO |
| <i>mifepristone</i> | 1 | PA; ACS |
| <i>nitisinone</i> | 1 | PA; ACS |
| <i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i> | 1 | PA; ACS |
| <i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i> | 3 | PA; ACS |
| <i>raloxifene hydrochloride</i> | 2 | MO |
| SANDOSTATIN LAR DEPOT KIT | 3 | PA; ACS |
| <i>sapropterin dihydrochloride</i> | 1 | PA; ACS |
| SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML | 3 | PA LA |
| <i>sodium phenylbutyrate tablet, oral powder</i> | 1 | PA; ACS |
| SOMATULINE DEPOT | 3 | PA LA; ACS |
| SOMAVERT | 3 | PA LA; ACS |
| PHOSPHATE BINDER AGENTS | | |
| <i>calcium acetate capsule, tablet 667mg</i> | 2 | QL (360 EA per 30 days) MO |
| <i>lanthanum carbonate</i> | 1 | MO |
| <i>sevelamer carbonate</i> | 2 | QL (540 EA per 30 days) MO |
| PROGESTINS | | |
| <i>medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg</i> | 1 | MO |
| <i>megestrol acetate suspension 40mg/ml</i> | 2 | MO |
| <i>megestrol acetate suspension 625mg/5ml</i> | 3 | MO |
| <i>norethindrone acetate tablet 5mg</i> | 1 | MO |
| <i>progesterone capsule</i> | 2 | MO |
| <i>progesterone injection</i> | 3 | MO |
| THYROID AGENTS | | |
| <i>euthyrox</i> | 1 | MO |
| <i>levo-t</i> | 1 | |
| <i>levothyroxine sodium tablet</i> | 1 | MO |
| LEVOTHYROXINE SODIUM INJECTION 100MCG/5ML, 100MCG/ML, 200MCG/5ML, 500MCG/5ML | 3 | |
| <i>levothyroxine sodium injection 100mcg</i> | 1 | |
| <i>levothyroxine sodium injection 200mcg, 500mcg</i> | 1 | MO |
| <i>levoxyl</i> | 1 | MO |
| <i>liothyronine sodium injection</i> | 1 | |
| <i>liothyronine sodium tablet</i> | 2 | MO |
| <i>methimazole tablet</i> | 1 | MO |
| <i>propylthiouracil tablet</i> | 2 | MO |
| SYNTHROID | 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>unithroid</i> | 1 | |
| VITAMIN D ANALOGS | | |
| <i>calcitriol capsule 0.25mcg, 0.5mcg</i> | 2 | MO |
| <i>calcitriol injection 1mcg/ml</i> | 3 | |
| <i>calcitriol oral solution 1mcg/ml</i> | 3 | MO |
| <i>doxercalciferol injection</i> | 3 | |
| <i>paricalcitol</i> | 3 | MO |
| GASTROINTESTINAL | | |
| ANTIEMETICS | | |
| <i>aprepitant capsule 125mg</i> | 1 | B/D MO |
| <i>aprepitant capsule therapy pack, 40mg, 80mg</i> | 3 | B/D MO |
| <i>compro</i> | 1 | MO; HRM |
| DIMENHYDRINATE INJECTION | 3 | |
| <i>dronabinol</i> | 3 | QL (60 EA per 30 days) PA MO |
| EMEND ORAL SUSPENSION | 3 | B/D |
| <i>granisetron hydrochloride tablet</i> | 2 | QL (60 EA per 30 days) B/D MO |
| <i>meclizine hcl tablet 12.5mg, 25mg</i> | 1 | MO; HRM |
| <i>meclizine hydrochloride</i> | 1 | MO |
| <i>metoclopramide hcl tablet 5mg</i> | 1 | MO |
| <i>metoclopramide hcl oral solution</i> | 3 | MO |
| <i>metoclopramide hydrochloride tablet</i> | 1 | MO |
| <i>metoclopramide hydrochloride injection</i> | 3 | MO |
| <i>metoclopramide odt</i> | 2 | MO |
| <i>ondansetron hcl tablet 24mg</i> | 1 | B/D |
| <i>ondansetron hcl oral solution</i> | 2 | QL (900 ML per 30 days) B/D MO |
| <i>ondansetron hydrochloride tablet 4mg, 8mg</i> | 1 | B/D MO |
| <i>ondansetron hydrochloride injection</i> | 3 | MO |
| <i>ondansetron odt tablet disintegrating 16mg</i> | 2 | B/D |
| <i>ondansetron odt tablet disintegrating 4mg, 8mg</i> | 2 | B/D MO |
| <i>prochlorperazine edisylate injection</i> | 3 | MO; HRM |
| <i>prochlorperazine maleate tablet</i> | 1 | MO; HRM |
| <i>prochlorperazine rectal suppository</i> | 1 | MO; HRM |
| <i>promethazine hcl tablet 12.5mg</i> | 1 | PA MO; HRM |
| <i>promethazine hcl injection, suppository</i> | 3 | PA MO; HRM |
| <i>promethazine hydrochloride plain</i> | 3 | PA MO; HRM |
| <i>promethazine hydrochloride tablet 25mg, 50mg</i> | 1 | PA MO; HRM |
| <i>promethegan suppository 50mg</i> | 3 | PA MO; HRM |
| <i>promethegan suppository 12.5mg, 25mg</i> | 3 | PA; HRM |
| <i>scopolamine patch</i> | 3 | QL (10 EA per 30 days) PA MO; HRM |
| <i>trimethobenzamide hydrochloride capsule</i> | 3 | PA MO |
| ANTISPASMODICS | | |
| <i>dicyclomine hcl oral solution</i> | 2 | PA MO; HRM |
| <i>dicyclomine hydrochloride capsule, tablet</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 |
|---|-----------|------------------------------|
| <i>dicyclomine hydrochloride injection</i> | 3 | PA MO; HRM |
| <i>glycopyrrolate tablet 1mg, 2mg</i> | 2 | MO |
| <i>glycopyrrolate oral solution</i> | 3 | MO |
| <i>glycopyrrolate injection 0.2mg/ml pf, 0.4mg/2ml, 0.6mg/3ml</i> | 3 | |
| <i>glycopyrrolate injection 0.2mg/ml, 1mg/5ml, 4mg/20ml</i> | 3 | MO |
| <i>methscopolamine bromide tablet</i> | 3 | PA MO |
| H2-RECEPTOR ANTAGONISTS | | |
| <i>cimetidine tablet</i> | 3 | MO |
| <i>famotidine premixed injection 20mg/50ml</i> | 3 | |
| <i>famotidine tablet</i> | 1 | MO |
| <i>famotidine oral suspension reconstituted</i> | 2 | MO |
| <i>famotidine injection</i> | 3 | |
| <i>nizatidine</i> | 1 | MO |
| INFLAMMATORY BOWEL DISEASE | | |
| <i>balsalazide disodium</i> | 2 | MO |
| <i>budesonide er tablet extended release 24 hour 9mg</i> | 1 | MO |
| <i>budesonide capsule delayed release particles 3mg</i> | 3 | MO |
| <i>hydrocortisone enema 100mg/60ml</i> | 1 | MO |
| <i>mesalamine kit, suppository, enema</i> | 3 | MO |
| <i>mesalamine dr capsule delayed release 400mg, tablet delayed release 1.2gm, 800mg</i> | 3 | MO |
| <i>sulfasalazine tablet delayed release</i> | 1 | MO |
| <i>sulfasalazine tablet</i> | 2 | MO |
| LAXATIVES | | |
| CLENPIQ | 3 | MO |
| <i>constulose</i> | 1 | |
| <i>enulose</i> | 1 | MO |
| <i>gavilyte-c</i> | 1 | MO |
| <i>gavilyte-g</i> | 1 | MO |
| <i>gavilyte-n/flavor pack</i> | 1 | |
| <i>generlac</i> | 1 | |
| GOLYTELY | 2 | MO |
| KRISTALOSE | 3 | PA MO |
| <i>lactulose oral solution (constipation)</i> | 1 | MO |
| <i>peg-3350/electrolytes</i> | 1 | MO |
| <i>peg-3350/nacl/na bicarbonate/kcl</i> | 1 | MO |
| PLENVU | 3 | MO |
| SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE | 3 | MO |
| SUPREP BOWEL PREP KIT | 3 | MO |
| SUTAB | 3 | MO |
| MISCELLANEOUS | | |
| <i>alosetron hydrochloride tablet 1mg</i> | 1 | QL (60 EA per 30 days) PA MO |
| <i>alosetron hydrochloride tablet 0.5mg</i> | 3 | QL (60 EA per 30 days) PA MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------|
| <i>cromolyn sodium oral concentrate 100mg/5ml</i> | 3 | MO |
| <i>diphenoxylate hydrochloride/atropine sulfate tablet</i> | 2 | MO; HRM |
| <i>diphenoxylate/atropine oral solution</i> | 2 | MO; HRM |
| GATTEX | 3 | PA LA; ACS |
| <i>lansoprazole/amoxicillin/clarithromycin</i> | 3 | QL (224 EA per 365 days) MO |
| LINZESS | 3 | QL (30 EA per 30 days) MO |
| <i>loperamide hcl capsule</i> | 2 | MO |
| <i>misoprostol tablet</i> | 2 | MO |
| MOVANTIK TABLET 25MG | 2 | QL (30 EA per 30 days) MO |
| MOVANTIK TABLET 12.5MG | 2 | QL (60 EA per 30 days) MO |
| SUCRALFATE SUSPENSION | 3 | MO |
| <i>sucralfate tablet</i> | 1 | MO |
| <i>ursodiol capsule 300mg</i> | 2 | MO |
| <i>ursodiol tablet</i> | 3 | MO |
| XERMELO | 3 | QL (84 EA per 28 days) PA LA |
| XIFAXAN TABLET 550MG | 2 | PA MO |
| PANCREATIC ENZYMES | | |
| CREON | 2 | MO |
| ZENPEP | 3 | MO |
| PROTON PUMP INHIBITORS | | |
| <i>dexlansoprazole</i> | 3 | QL (30 EA per 30 days) MO |
| <i>esomeprazole magnesium capsule delayed release</i> | 3 | QL (30 EA per 30 days) MO |
| <i>esomeprazole sodium injection</i> | 2 | |
| <i>lansoprazole capsule delayed release 15mg</i> | 3 | QL (30 EA per 30 days) MO |
| <i>lansoprazole capsule delayed release 30mg</i> | 3 | QL (42 EA per 30 days) MO |
| <i>omeprazole dr capsule delayed release 20mg, 40mg</i> | 1 | QL (60 EA per 30 days) MO |
| <i>omeprazole dr capsule delayed release 10mg</i> | 1 | QL (30 EA per 30 days) MO |
| <i>pantoprazole sodium injection</i> | 3 | |
| <i>pantoprazole sodium tablet delayed release 20mg</i> | 1 | QL (30 EA per 30 days) MO |
| <i>pantoprazole sodium tablet delayed release 40mg</i> | 1 | QL (60 EA per 30 days) MO |
| <i>rabeprazole sodium delayed release tablet 20mg</i> | 3 | QL (30 EA per 30 days) MO |
| GENITOURINARY | | |
| BENIGN PROSTATIC HYPERPLASIA | | |
| <i>alfuzosin hcl er</i> | 2 | QL (30 EA per 30 days) MO |
| <i>dutasteride</i> | 3 | QL (30 EA per 30 days) MO |
| <i>dutasteride/tamsulosin hydrochloride</i> | 3 | QL (30 EA per 30 days) MO |
| <i>finasteride tablet 5mg</i> | 1 | QL (30 EA per 30 days) MO |
| <i>silodosin</i> | 3 | QL (30 EA per 30 days) MO |
| <i>tamsulosin hydrochloride</i> | 1 | QL (60 EA per 30 days) MO |
| MISCELLANEOUS | | |
| <i>acetic acid 0.25% irrigation soln</i> | 1 | MO |
| <i>bethanechol chloride tablet</i> | 2 | MO |
| ELMIRON | 3 | QL (90 EA per 30 days) MO |
| <i>potassium citrate er</i> | 2 | MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------------|
| URINARY ANTISPASMODICS | | |
| <i>darifenacin hydrobromide er</i> | 3 | QL (30 EA per 30 days) MO; HRM |
| <i>fesoterodine fumarate er</i> | 3 | QL (30 EA per 30 days) MO; HRM |
| GEMTESA | 3 | QL (30 EA per 30 days) MO |
| MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR | 3 | QL (30 EA per 30 days) MO |
| MYRBETRIQ SUSPENSION RECONSTITUTED ER | 3 | QL (300 ML per 28 days) MO |
| <i>oxybutynin chloride er tablet extended release 24 hour 5mg</i> | 2 | QL (30 EA per 30 days) MO; HRM |
| <i>oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg</i> | 2 | QL (60 EA per 30 days) MO; HRM |
| <i>oxybutynin chloride tablet 5mg</i> | 1 | QL (120 EA per 30 days) MO; HRM |
| <i>oxybutynin chloride solution</i> | 1 | QL (600 ML per 30 days) MO; HRM |
| <i>solifenacin succinate</i> | 1 | QL (30 EA per 30 days) MO; HRM |
| <i>tolterodine tartrate</i> | 3 | QL (60 EA per 30 days) MO; HRM |
| <i>tolterodine tartrate er</i> | 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 |
| VAGINAL ANTI-INFECTIVES | | |
| <i>clindamycin phosphate vaginal cream 2%</i> | 3 | MO |
| <i>metronidazole vaginal gel 0.75%</i> | 3 | MO |
| <i>miconazole 3 vaginal suppository</i> | 3 | MO |
| <i>terconazole cream</i> | 2 | MO |
| <i>terconazole suppository</i> | 3 | MO |
| HEMATOLOGIC | | |
| ANTICOAGULANTS | | |
| <i>dabigatran etexilate capsule 110mg</i> | 3 | QL (120 EA per 30 days) MO |
| <i>dabigatran etexilate capsule 150mg, 75mg</i> | 3 | 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> | 3 | MO |
| <i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i> | 1 | MO |
| <i>fondaparinux sodium injection 2.5mg/0.5ml</i> | 3 | MO |
| FRAGMIN INJECTION 10000UNIT/4ML | 3 | |
| FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 9500UNIT/3.8ML | 3 | MO |
| HEPARIN SODIUM/D5W INJ 20000UNIT/500ML, 25000UNIT/500ML | 3 | |
| HEPARIN SODIUM/DEXTROSE 25000UNIT/250ML (100UNIT/ML) | 3 | |
| HEPARIN SODIUM/NAACL 0.45% | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------------------|
| HEPARIN SODIUM/SODIUM CHLORIDE 0.45% | 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> | 2 | MO |
| <i>jantoven</i> | 1 | MO |
| PRADAXA CAPSULE 110MG | 3 | QL (120 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) |
| <i>warfarin sodium</i> | 1 | MO |
| XARELTO STARTER PACK | 2 | QL (51 EA per 30 days) MO |
| XARELTO SUSPENSION RECONSTITUTED | 2 | QL (620 ML per 30 days) MO |
| XARELTO TABLET 10MG, 15MG, 20MG | 2 | QL (30 EA per 30 days) MO |
| XARELTO TABLET 2.5MG | 2 | QL (60 EA per 30 days) MO |
| HEMATOPOIETIC GROWTH FACTORS | | |
| PROCRIT | 2 | PA; ACS |
| ZARXIO | 2 | PA; ACS |
| MISCELLANEOUS | | |
| ALVAIZ TABLET 54MG, 9MG | 2 | QL (60 EA per 30 days) PA LA; ACS |
| ALVAIZ TABLET 18MG, 36MG | 2 | QL (90 EA per 30 days) PA LA; ACS |
| <i>anagrelide hydrochloride</i> | 2 | MO |
| BERINERT | 3 | QL (24 EA per 30 days) PA LA; ACS |
| <i>cilostazol</i> | 1 | MO |
| DOPTELET | 2 | QL (60 EA per 30 days) PA LA; ACS |
| DROXIA | 2 | MO |
| ENDARI | 3 | PA LA; ACS |
| HAEGARDA INJECTION 3000UNIT | 3 | QL (20 EA per 30 days) PA LA; ACS |
| HAEGARDA INJECTION 2000UNIT | 3 | QL (30 EA per 30 days) PA LA; ACS |
| <i>icatibant acetate</i> | 1 | QL (27 ML per 30 days) PA; ACS |
| <i>l-glutamine</i> | 1 | PA; ACS |
| <i>pentoxifylline er</i> | 1 | MO |
| PROMACTA PACKET 25MG | 3 | QL (180 EA per 30 days) PA LA; ACS |
| PROMACTA PACKET 12.5MG | 3 | QL (360 EA per 30 days) PA LA; ACS |
| PROMACTA TABLET 12.5MG, 25MG | 3 | QL (30 EA per 30 days) PA LA; 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 |
|---|-----------|-----------------------------------|
| PROMACTA TABLET 50MG, 75MG | 3 | QL (60 EA per 30 days) PA LA; ACS |
| <i>sajazir</i> | 1 | QL (27 ML per 30 days) PA LA |
| <i>tranexamic acid/sodium chloride</i> | 3 | |
| <i>tranexamic acid tablet</i> | 2 | MO |
| <i>tranexamic acid injection</i> | 3 | |
| PLATELET AGGREGATION INHIBITORS | | |
| <i>aspirin/dipyridamole er</i> | 2 | 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 tablet</i> | 3 | PA MO |
| <i>prasugrel hydrochloride</i> | 3 | MO |
| IMMUNOLOGIC AGENTS | | |
| AUTOIMMUNE AGENTS | | |
| ADALIMUMAB-AACF (2 PEN) | 2 | QL (28 EA per 365 days) PA; ACS |
| ADALIMUMAB-AACF (2 SYRINGE) | 3 | QL (28 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 |
| ENBREL MINI | 2 | QL (8 ML per 28 days) PA; ACS |
| ENBREL SURECLICK | 2 | QL (8 ML per 28 days) PA; ACS |
| HUMIRA PEN-CD/UC/HS STARTER | 2 | PA; ACS |
| HUMIRA PEN-PEDIATRIC UC STARTER PACK | 3 | PA; ACS |
| HUMIRA PEN-PS/UV STARTER | 2 | PA; ACS |
| HUMIRA PEN INJECTION 80MG/0.8ML | 2 | PA; ACS |
| HUMIRA PEN INJECTION 40MG/0.4ML, 40MG/0.8ML | 2 | QL (6 EA per 28 days) PA; ACS |
| HUMIRA INJECTION 10MG/0.1ML | 2 | QL (2 EA per 28 days) PA; ACS |
| HUMIRA INJECTION 20MG/0.2ML | 2 | QL (4 EA per 28 days) PA; ACS |
| HUMIRA INJECTION 40MG/0.4ML, 40MG/0.8ML | 2 | QL (6 EA per 28 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 |
| KEVZARA | 2 | QL (2.28 ML per 28 days) PA; ACS |
| OTEZLA TABLET THERAPY PACK | 2 | QL (110 EA per 365 days) PA; ACS |
| OTEZLA TABLET | 2 | QL (60 EA per 30 days) PA; ACS |
| RINVOQ | 2 | QL (30 EA per 30 days) PA; ACS |
| RINVOQ LQ | 2 | QL (360 ML per 30 days) PA; ACS |
| SKYRIZI PEN | 2 | QL (6 ML per 365 days) PA; ACS |
| SKYRIZI INJECTION 180MG/1.2ML | 2 | QL (1.2 ML per 56 days) PA; ACS |
| SKYRIZI INJECTION 360MG/2.4ML | 2 | QL (2.4 ML per 56 days) PA; ACS |
| SKYRIZI INJECTION 150MG/ML | 2 | QL (6 ML per 365 days) PA; ACS |

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 |
|---|-----------|-------------------------------------|
| SKYRIZI INJECTION 600MG/10ML | 2 | QL (60 ML per 365 days) PA; ACS |
| STELARA INJECTION 45MG/0.5ML VIAL | 2 | QL (0.5 ML per 28 days) PA LA; ACS |
| STELARA INJECTION 45MG/0.5ML PREFILLED SYRINGE | 2 | QL (0.5 ML per 28 days) PA; ACS |
| STELARA INJECTION 90MG/ML | 2 | QL (1 ML per 28 days) PA; ACS |
| STELARA INJECTION 130MG/26ML | 2 | QL (208 ML per 365 days) PA LA; ACS |
| TALTZ INJECTION 20MG/0.25ML | 2 | QL (0.25 ML per 28 days) PA LA; ACS |
| TALTZ INJECTION 40MG/0.5ML | 2 | QL (0.5 ML per 28 days) PA LA; ACS |
| TALTZ INJECTION 80MG/ML | 2 | QL (3 ML per 28 days) PA LA; ACS |
| TREMFYA | 2 | QL (1 ML per 28 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 |
| <i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i> | | |
| <i>hydroxychloroquine sulfate tablet 200mg</i> | 2 | MO |
| JYLAMVO | 3 | |
| <i>leflunomide</i> | 1 | QL (30 EA per 30 days) MO |
| <i>methotrexate sodium tablet 2.5mg</i> | 1 | MO |
| XATMEP | 3 | MO |
| <i>IMMUNOGLOBULINS</i> | | |
| GAMASTAN | 2 | B/D LA; ACS |
| GAMMAKED | 3 | PA; ACS |
| GAMUNEX-C | 3 | PA; ACS |
| OCTAGAM | 3 | PA; ACS |
| PRIVIGEN | 3 | PA; ACS |
| <i>IMMUNOMODULATORS</i> | | |
| ACTIMMUNE | 3 | PA LA; ACS |
| ARCALYST | 3 | PA LA; ACS |
| <i>IMMUNOSUPPRESSANTS</i> | | |
| ASTAGRAF XL | 3 | B/D MO |
| AZATHIOPRINE INJECTION | 3 | B/D |
| <i>azathioprine tablet 50mg</i> | 2 | B/D MO |
| BENLYSTA | 3 | PA LA; ACS |
| <i>cyclosporine capsule, injection</i> | 2 | B/D MO |
| <i>cyclosporine modified capsule, oral solution</i> | 2 | B/D MO |
| <i>everolimus tablet 0.5mg, 0.75mg, 1mg</i> | 1 | B/D MO |
| <i>everolimus tablet 0.25mg</i> | 3 | B/D MO |
| <i>gengraf capsule</i> | 2 | B/D |
| <i>gengraf solution</i> | 2 | B/D 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>mycophenolate mofetil oral suspension reconstituted</i> | 1 | B/D MO |
| <i>mycophenolate mofetil capsule, tablet</i> | 2 | B/D MO |
| <i>mycophenolate mofetil injection</i> | 3 | B/D MO |
| <i>mycophenolic acid dr</i> | 3 | B/D MO |
| NULOJIX | 3 | B/D |
| PROGRAF GRANULES | 3 | B/D MO |
| REZUROCK | 3 | QL (30 EA per 30 days) PA LA |
| SANDIMMUNE ORAL SOLUTION | 3 | B/D MO |
| <i>sirolimus solution</i> | 1 | B/D MO |
| <i>sirolimus tablet</i> | 3 | B/D MO |
| <i>tacrolimus capsule 0.5mg, 1mg, 5mg</i> | 3 | B/D MO |
| VACCINES | | |
| ABRYSVO | 2 | QL (1 EA per 999 days) |
| ACTHIB | 1 | |
| ADACEL | 1 | |
| AREXVY | 2 | QL (1 EA per 999 days) |
| 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 | |

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 |
|---------------|-----------|------------------------|
| 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 | |
| VARIVAX | 1 | |
| VAXCHORA | 1 | |
| YF-VAX | 1 | |

NUTRITIONAL/SUPPLEMENTS***ELECTROLYTES/MINERALS, INJECTABLE***

| | | |
|---|---|-----|
| 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> | 3 | |
| DEXTROSE 5%/SODIUM CHLORIDE 0.45% | 3 | |
| DEXTROSE 5%/SODIUM CHLORIDE 0.9% | 3 | MO |
| DEXTROSE 5%/NACL 0.225% | 3 | |
| <i>hyperlyte-cr</i> | 3 | B/D |
| 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> | 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 |
|---|-----------|---------------------|
| MAGNESIUM SULFATE INJECTION 20GM/500ML, 40GM/1000ML, 4GM/50ML | 3 | |
| <i>magnesium sulfate injection 2gm/50ml, 4gm/100ml, 50%</i> | 3 | |
| <i>multiple electrolytes injection type 1</i> | 3 | |
| PLASMA-LYTE A | 3 | |
| PLASMA-LYTE-148 | 3 | |
| POTASSIUM CHLORIDE/DEXTROSE | 3 | |
| POTASSIUM CHLORIDE/DEXTROSE/SODIUM CHLORIDE | 3 | |
| POTASSIUM CHLORIDE/SODIUM CHLORIDE INJECTION 40MEQ/L; 0.9% | 3 | |
| <i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 3 20meq/l; 0.9%</i> | 3 | |
| POTASSIUM CHLORIDE INJECTION 0.4MEQ/ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 40MEQ/100ML | 3 | |
| <i>potassium chloride injection 2meq/ml</i> | 3 | MO |
| RINGERS INJECTION | 2 | |
| SODIUM BICARBONATE INJECTION 7.5% | 3 | |
| <i>sodium bicarbonate injection 4.2%</i> | 3 | |
| <i>sodium bicarbonate injection 8.4%</i> | 3 | MO |
| <i>sodium chloride injection 0.45%</i> | 3 | |
| SODIUM CHLORIDE INJECTION 2.5MEQ/ML, 5% | 3 | MO |
| <i>sodium chloride injection 0.9%, 3%, 4meq/ml</i> | 3 | MO |
| TPN ELECTROLYTES | 3 | B/D |
| ELECTROLYTES/MINERALS/VITAMINS, ORAL | | |
| <i>effer-k tablet effervescent 25meq</i> | 2 | MO |
| <i>fluoride chewable tablet</i> | 3 | MO |
| <i>fluoritab drops</i> | 3 | |
| <i>klor-con 10</i> | 1 | |
| <i>klor-con 8</i> | 1 | |
| <i>klor-con effervescent tablet</i> | 2 | |
| <i>klor-con m10</i> | 2 | MO |
| <i>klor-con m15</i> | 2 | MO |
| <i>klor-con m20</i> | 2 | MO |
| <i>klor-con powder packet 20meq</i> | 2 | |
| M-NATAL PLUS | 2 | MO |
| <i>multi vitamin/fluoride</i> | 3 | |
| <i>multi-vitamin/fluoride drops</i> | 3 | MO |
| <i>multi-vitamin/fluoride/iron drops</i> | 3 | MO |
| <i>multivitamin/fluoride chewable tablet 1mg, 0.5mg, 0.25mg</i> | 3 | MO |
| NEONATAL PLUS | 2 | MO |
| NIVA-PLUS | 2 | MO |
| PNV PRENATAL PLUS MULTIVITAMIN | 2 | MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>potassium chloride er capsule extended release</i> | 1 | MO |
| <i>potassium chloride er tablet extended release 10meq, 20meq, 8meq</i> | 1 | MO |
| <i>potassium chloride er tablet extended release 15meq</i> | 2 | |
| <i>potassium chloride packet 20meq</i> | 2 | MO |
| <i>potassium chloride oral solution 10%, 20%</i> | 3 | MO |
| PRENATAL | 2 | MO |
| PRENATAL PLUS | 2 | MO |
| <i>sodium fluoride solution 0.5mg/ml</i> | 3 | MO |
| <i>sodium fluoride tablet chewable 0.25mg, 0.5mg, 1mg</i> | 3 | MO |
| <i>tri-vite/fluoride</i> | 3 | MO |
| TRICARE PRENATAL TABLET | 2 | MO |
| <i>vitamins a/c/d/fluoride</i> | 3 | MO |
| WESTAB PLUS | 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 |
| <i>clinisol sf 15%</i> | 3 | B/D MO |
| CLINOLIPID | 2 | B/D |
| <i>dextrose 10%</i> | 2 | |
| <i>dextrose 5%</i> | 2 | MO |
| DEXTROSE 50% | 2 | B/D |
| DEXTROSE 70% | 2 | B/D |
| HEPATAMINE | 3 | B/D |
| NUTRILIPID | 2 | B/D |
| <i>plenamine</i> | 3 | B/D |
| PREMASOL | 3 | B/D |
| PROSOL | 3 | B/D |
| TRAVASOL | 3 | B/D |
| TROPHAMINE | 3 | B/D |

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

| | | |
|---|---|----|
| <i>neo-polycin hc ophthalmic ointment</i> | 3 | |
| <i>neomycin/polymyxin/bacitracin/hydrocortisone</i> | 3 | MO |
| <i>neomycin/polymyxin/dexamethasone ophthalmic suspension, ophthalmic ointment</i> | 1 | MO |
| <i>neomycin/polymyxin/hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml</i> | 2 | MO |
| <i>sulfacetamide sodium/prednisolone sodium phosphate</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 |
|--|-----------|--------------------------------------|
| TOBRADEX OINTMENT | 2 | MO |
| TOBRADEX ST | 2 | MO |
| <i>tobramycin/dexamethasone</i> | 2 | MO |
| ZYLET | 2 | MO |
| ANTI-INFECTIVES | | |
| <i>bacitracin ophthalmic ointment 500units/gm</i> | 2 | MO |
| <i>bacitracin/polymyxin b ophthalmic ointment</i> | 1 | MO |
| BESIVANCE | 2 | MO |
| CILOXAN OINTMENT | 2 | QL (42 GM per 30 days) MO |
| <i>ciprofloxacin hydrochloride ophthalmic solution 0.3%</i> | 2 | QL (30 ML per 30 days) MO |
| <i>erythromycin ointment 5mg/gm</i> | 1 | QL (42 GM per 30 days) MO |
| <i>gatifloxacin ophthalmic solution</i> | 3 | 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> | 2 | QL (20 ML per 30 days) MO |
| <i>levofloxacin ophthalmic solution 0.5%</i> | 2 | QL (30 ML per 30 days) MO |
| <i>moxifloxacin hydrochloride ophthalmic solution 0.5%</i> | 2 | QL (12 ML per 30 days) MO |
| NATACYN | 3 | MO |
| <i>neo-polycin ophthalmic ointment</i> | 2 | |
| <i>neomycin/bacitracin/polymyxin ophthalmic ointment</i> | 2 | MO |
| <i>neomycin/polymyxin/gramicidin</i> | 2 | MO |
| <i>ofloxacin ophthalmic solution 0.3%</i> | 2 | 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> | 3 | MO |
| <i>sulfacetamide sodium ophthalmic solution 10%</i> | 2 | QL (90 ML per 30 days) MO |
| <i>tobramycin solution 0.3%</i> | 1 | QL (30 ML per 30 days) MO |
| <i>trifluridine</i> | 2 | MO |
| XDEMVI | 2 | QL (10 ML per 42 days) PA LA; ACS |
| ZIRGAN | 3 | MO |
| ANTI-INFLAMMATORIES | | |
| ALREX | 2 | MO |
| <i>bromfenac ophthalmic solution</i> | 3 | MO |
| BROMSITE | 3 | MO |
| <i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i> | 1 | MO |
| <i>diclofenac sodium ophthalmic solution 0.1%</i> | 1 | QL (10 ML per 30 days) MO |
| <i>difluprednate</i> | 2 | MO |
| EYSUVIS | 3 | MO |
| FLAREX | 3 | MO |
| FLUROMETHOLONE | 2 | MO |
| <i>flurbiprofen sodium ophthalmic solution 0.03%</i> | 1 | MO |
| <i>ketorolac tromethamine ophthalmic solution 0.4%, 0.5%</i> | 1 | MO |
| LOTEMAX OINTMENT | 2 | MO |
| LOTEMAX SM | 2 | MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>loteprednol etabonate</i> | 2 | MO |
| <i>prednisolone acetate ophthalmic suspension 1%</i> | 1 | MO |
| PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1% | 2 | MO |
| PROLENSA | 2 | MO |
| ANTIALLERGICS | | |
| <i>azelastine hcl ophthalmic solution 0.05%</i> | 2 | MO |
| <i>cromolyn sodium ophthalmic solution 4%</i> | 2 | MO |
| <i>epinastine hcl</i> | 2 | MO |
| <i>olopatadine hcl ophthalmic solution 0.1%</i> | 3 | MO |
| <i>olopatadine hydrochloride ophthalmic solution 0.2%</i> | 2 | MO |
| ZERVIAE | 3 | MO |
| ANTIGLAUCOMA | | |
| <i>betaxolol hcl solution 0.5%</i> | 2 | MO |
| BETOPTIC-S | 2 | MO |
| <i>brimonidine tartrate/timolol maleate</i> | 2 | MO |
| BRIMONIDINE TARTRATE SOLUTION 0.15% | 2 | MO |
| <i>brimonidine tartrate solution 0.2%</i> | 2 | MO |
| <i>brinzolamide</i> | 2 | MO |
| <i>carteolol hcl</i> | 1 | MO |
| COMBIGAN | 2 | MO |
| <i>dorzolamide hcl/timolol maleate</i> | 1 | MO |
| <i>dorzolamide hydrochloride</i> | 1 | MO |
| <i>dorzolamide hydrochloride/timolol maleate soln 2%-0.5% preservative free</i> | 3 | MO |
| <i>latanoprost ophthalmic solution</i> | 1 | MO |
| <i>levobunolol hcl</i> | 1 | MO |
| LUMIGAN | 2 | MO |
| PHOSPHOLINE IODIDE | 3 | |
| <i>pilocarpine hcl ophthalmic solution</i> | 3 | MO |
| RHOPRESSA | 3 | MO |
| ROCKLATAN | 3 | MO |
| SIMBRINZA | 3 | MO |
| TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLUTION | 3 | MO |
| <i>timolol maleate (generic Timoptic) soln 0.25%, 0.5%</i> | 1 | MO |
| <i>timolol maleate once-daily ophthalmic (generic Istalol) soln 0.5%</i> | 2 | MO |
| <i>travoprost</i> | 3 | MO |
| VYZULTA | 3 | MO |
| MISCELLANEOUS | | |
| ATROPINE SULFATE OPHTHALMIC SOLUTION 1% | 2 | MO |
| CYSTARAN | 3 | PA LA |
| ISOPTO ATROPINE | 2 | MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------|
| MIEBO | 2 | QL (12 ML per 30 days) MO |
| <i>proparacaine hcl</i> | 2 | MO |
| RESTASIS | 2 | QL (60 EA per 30 days) MO |
| RESTASIS MULTIDOSE | 2 | QL (5.5 ML per 30 days) MO |
| TYRVAYA | 3 | QL (8.4 ML per 30 days) MO |
| XIIDRA | 2 | QL (60 EA per 30 days) MO |
| OTIC | | |
| OTIC AGENTS | | |
| <i>acetic acid otic solution 0.25%</i> | 2 | MO |
| CIPRO HC | 3 | MO |
| CIPROFLOXACIN | 2 | MO |
| <i>ciprofloxacin/dexamethasone flac otic oil</i> | 2 | MO |
| <i>flac otic oil</i> | 3 | |
| <i>fluocinolone acetonide otic oil 0.01%</i> | 3 | MO |
| <i>hydrocortisone/acetic acid otic solution</i> | 3 | MO |
| <i>neomycin/polymyxin/hc otic solution 1%</i> | 3 | MO |
| <i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i> | 3 | MO |
| <i>ofloxacin otic solution 0.3%</i> | 2 | MO |
| RESPIRATORY | | |
| ANTICHOLINERGIC/BETA AGONIST COMBINATIONS | | |
| ANORO ELLIPTA | 2 | QL (60 EA per 30 days) MO |
| BEVESPI AEROSPHERE | 2 | QL (10.7 GM per 30 days) MO |
| BREZTRI AEROSPHERE | 2 | QL (10.7 GM per 30 days) MO |
| COMBIVENT RESPIMAT | 3 | QL (8 GM per 30 days) MO |
| <i>ipratropium bromide/albuterol sulfate nebulized solution</i> | 1 | B/D MO |
| TRELEGY ELLIPTA | 2 | QL (60 EA per 30 days) MO |
| ANTICHOLINERGICS | | |
| ATROVENT HFA | 3 | QL (25.8 GM per 30 days) MO |
| INCRUSE ELLIPTA | 2 | QL (30 EA per 30 days) MO |
| <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 |
| ANTI-HISTAMINES | | |
| <i>azelastine hcl nasal solution 0.1%</i> | 2 | QL (30 ML per 25 days) MO |
| <i>azelastine hcl nasal solution 0.15%</i> | 2 | QL (30 ML per 25 days) MO |
| <i>carbinoxamine maleate solution</i> | 3 | PA MO |
| CARBINOXAMINE MALEATE TABLET 6MG | 3 | PA MO |
| <i>carbinoxamine maleate tablet 4mg</i> | 3 | PA MO |
| <i>cetirizine hydrochloride oral solution 1mg/ml</i> | 3 | QL (300 ML per 30 days) MO |
| <i>clemastine fumarate tablet 2.68mg</i> | 2 | PA MO |
| <i>cyproheptadine hcl syrup</i> | 3 | PA MO; HRM |
| <i>cyproheptadine hydrochloride tablet</i> | 3 | PA MO; HRM |
| <i>desloratadine</i> | 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 |
|---|-----------|------------------------------------|
| <i>desloratadine odt</i> | 3 | QL (30 EA per 30 days) MO |
| <i>diphenhydramine hcl injection</i> | 3 | MO; HRM |
| <i>hydroxyzine hcl tablet</i> | 3 | PA MO; HRM |
| <i>hydroxyzine hydrochloride injection, syrup 10mg/5ml</i> | 3 | PA MO; HRM |
| <i>hydroxyzine pamoate capsule</i> | 3 | PA MO; HRM |
| <i>levocetirizine dihydrochloride tablet</i> | 1 | QL (30 EA per 30 days) MO |
| <i>levocetirizine dihydrochloride solution</i> | 2 | MO |
| <i>olopatadine hcl nasal solution 0.6%</i> | 3 | QL (30.5 GM per 30 days) MO |
| BETA AGONISTS | | |
| <i>albuterol sulfate hfa (generic Proventil HFA) aers 108mcg/act2</i> | 2 | QL (13.4 GM per 30 days) MO |
| <i>albuterol sulfate hfa (generic ProAir HFA) aers 108mcg/act</i> | 2 | QL (17 GM per 30 days) MO |
| <i>albuterol sulfate hfa (generic Ventolin HFA) aers 108mcg/act</i> | 2 | QL (36 GM per 30 days) MO |
| <i>albuterol sulfate nebulization solution</i> | 1 | B/D MO |
| <i>albuterol sulfate syrup</i> | 1 | MO |
| <i>albuterol sulfate tablet</i> | 2 | MO |
| <i>levalbuterol hcl nebulization solution 0.31mg/3ml, 0.63mg/3ml, 0.125mg/3ml</i> | 3 | B/D MO |
| <i>levalbuterol nebulization solution 1.25mg/0.5ml</i> | 3 | B/D MO |
| LEVALBUTEROL TARTRATE HFA | 2 | QL (30 GM per 30 days) MO |
| SEREVENT DISKUS | 2 | QL (60 EA per 30 days) MO |
| <i>terbutaline sulfate injection, tablet</i> | 3 | MO |
| VENTOLIN HFA | 2 | QL (36 GM per 30 days) MO |
| LEUKOTRIENE MODULATORS | | |
| <i>montelukast sodium tablet chewable, tablet</i> | 1 | QL (30 EA per 30 days) MO |
| <i>montelukast sodium packet</i> | 2 | QL (30 EA per 30 days) MO |
| <i>zafirlukast</i> | 3 | QL (60 EA per 30 days) MO |
| MISCELLANEOUS | | |
| <i>acetylcysteine inhalation solution 10%, 20%</i> | 2 | B/D MO |
| <i>aminophylline</i> | 3 | |
| BRONCHITOL | 3 | QL (560 EA per 28 days) PA LA; ACS |
| BRONCHITOL TOLERANCE TEST | 3 | QL (560 EA per 28 days) PA LA; ACS |
| <i>cromolyn sodium nebulization solution 20mg/2ml</i> | 2 | B/D MO |
| <i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i> | 2 | QL (2 EA per 30 days) MO |
| FASENRA PEN | 2 | QL (1 ML per 28 days) PA LA; ACS |
| FASENRA INJECTION 10MG/0.5ML | 2 | QL (0.5 ML per 28 days) PA LA; ACS |
| FASENRA INJECTION 30MG/ML | 2 | QL (1 ML per 28 days) PA LA; ACS |
| KALYDECO PACKET | 3 | QL (56 EA per 28 days) PA LA |
| KALYDECO TABLET | 3 | QL (60 EA per 30 days) PA LA |
| OFEV | 2 | QL (60 EA per 30 days) PA LA; 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 |
|---|-----------|---------------------------------|
| ORKAMBI TABLET | 3 | QL (112 EA per 28 days) PA LA |
| ORKAMBI PACKET | 3 | QL (56 EA per 28 days) PA LA |
| <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 LA |
| PULMOZYME | 3 | PA; ACS |
| <i>roflumilast</i> | 3 | MO |
| <i>theophylline oral solution</i> | 2 | MO |
| <i>theophylline er tablet extended release 12 hour, tablet extended release 24 hour tablet extended release 24 hour</i> | 2 | MO |
| <i>theophylline er tablet extended release 12 hour, tablet extended release 24 hour tablet extended release 12 hour 200mg</i> | 2 | |
| <i>theophylline er tablet extended release 12 hour, tablet extended release 24 hour tablet extended release 12 hour 100mg, 300mg, 450mg</i> | 2 | MO |
| TRIKAFTA THERAPY PACK | 3 | QL (56 EA per 28 days) PA LA |
| TRIKAFTA TABLET THERAPY PACK | 3 | QL (84 EA per 28 days) PA LA |
| XOLAIR | 2 | PA LA; ACS |
| NASAL STEROIDS | | |
| <i>flunisolide nasal spray 0.025%</i> | 2 | 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> | 2 | QL (34 GM per 30 days) MO |
| XHANCE | 3 | QL (32 ML per 30 days) PA MO |
| STERIOD INHALANTS | | |
| ALVESCO | 3 | QL (12.2 GM per 30 days) MO |
| ARNUITY ELLIPTA | 2 | QL (30 EA per 30 days) MO |
| <i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i> | 3 | B/D MO |
| FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/BLIST, 50MCG/BLIST | 2 | QL (120 EA per 30 days) MO |
| FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 250MCG/BLIST | 2 | QL (240 EA per 30 days) MO |
| FLOVENT HFA AEROSOL 44MCG/ACT | 2 | QL (21.2 GM per 30 days) MO |
| FLOVENT HFA AEROSOL 110MCG/ACT, 220MCG/ACT | 2 | QL (24 GM per 30 days) MO |
| STERIOD/BETA-AGONIST COMBINATIONS | | |
| ADVAIR HFA | 3 | QL (12 GM per 30 days) MO |
| BREO ELLIPTA | 2 | QL (60 EA per 30 days) MO |
| <i>breyna</i> | 2 | QL (10.3 GM per 30 days) MO |
| <i>budesonide/formoterol fumarate dihydrate</i> | 2 | QL (10.2 GM per 30 days) MO |
| DULERA | 3 | QL (13 GM per 30 days) MO |
| <i>fluticasone propionate/salmeterol</i> | 1 | QL (60 EA per 30 days) MO |
| <i>fluticasone propionate/salmeterol diskus</i> | 1 | QL (60 EA per 30 days) MO |
| <i>wixela inhub</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 |
|---|-----------|------------------------------|
| TOPICAL | | |
| DERMATOLOGY, ACNE | | |
| <i>accutane</i> | 3 | PA |
| <i>amnesteem</i> | 3 | PA |
| <i>claravis</i> | 3 | PA |
| <i>clindacin foam</i> | 3 | QL (100 GM per 30 days) |
| <i>clindamycin phosphate/benzoyl peroxide gel 1.2;2.5%, 1.2%;5%</i> | 3 | MO |
| <i>clindamycin phosphate foam 1%</i> | 3 | QL (100 GM per 30 days) MO |
| <i>clindamycin phosphate gel tube 1%</i> | 2 | QL (75 GM per 30 days) MO |
| <i>clindamycin phosphate gel bottle 1%</i> | 2 | QL (75 ML per 30 days) MO |
| <i>clindamycin phosphate lotion 1%</i> | 3 | QL (60 ML per 30 days) MO |
| <i>clindamycin phosphate external solution 1%</i> | 2 | QL (60 ML per 30 days) MO |
| <i>clindamycin/benzoyl peroxide gel 5%; 1%</i> | 3 | MO |
| <i>dapsone gel 5%, 7.5%</i> | 3 | QL (90 GM per 30 days) MO |
| <i>ery pad 2%</i> | 3 | MO |
| <i>erythromycin/benzoyl peroxide gel 5%; 3%</i> | 3 | MO |
| <i>erythromycin gel 2%</i> | 1 | QL (60 GM per 30 days) MO |
| <i>erythromycin solution 2%</i> | 1 | QL (60 ML per 30 days) MO |
| <i>isotretinoin</i> | 3 | PA |
| <i>neuac</i> | 3 | |
| <i>sulfacetamide sodium lotion 10%</i> | 2 | MO |
| TRETINOIN MICROSPHERE | 3 | QL (50 GM per 30 days) PA MO |
| TRETINOIN MICROSPHERE PUMP GEL 0.04%, 0.1% | 3 | QL (50 GM per 30 days) PA MO |
| <i>tretinoin cream 0.025%, 0.05%, 0.1%</i> | 3 | QL (45 GM per 30 days) PA MO |
| <i>tretinoin gel 0.01%, 0.025%, 0.05%</i> | 3 | QL (45 GM per 30 days) PA MO |
| <i>zenatane</i> | 3 | PA |
| DERMATOLOGY, ANTIBIOTICS | | |
| <i>gentamicin sulfate cream 0.1%</i> | 2 | QL (30 GM per 30 days) MO |
| <i>gentamicin sulfate ointment 0.1%</i> | 2 | QL (30 GM per 30 days) MO |
| <i>mafenide acetate packet</i> | 3 | MO |
| <i>mupirocin ointment</i> | 1 | QL (30 GM per 30 days) MO |
| <i>mupirocin cream</i> | 3 | QL (30 GM per 30 days) MO |
| <i>silver sulfadiazine cream</i> | 1 | MO |
| SSD | 2 | |
| SULFAMYLON CREAM 85MG/GM | 3 | MO |
| DERMATOLOGY, ANTIFUNGALS | | |
| <i>ciclopirox olamine cream 0.77%</i> | 2 | QL (90 GM per 30 days) MO |
| <i>ciclopirox gel</i> | 2 | QL (100 GM per 30 days) MO |
| <i>ciclopirox shampoo</i> | 2 | QL (120 ML per 30 days) MO |
| <i>ciclopirox olamine suspension</i> | 2 | QL (60 ML per 30 days) MO |
| <i>clotrimazole/betamethasone dipropionate cream</i> | 2 | QL (45 GM per 30 days) MO |
| <i>clotrimazole cream 1%</i> | 2 | QL (45 GM per 30 days) MO |
| <i>clotrimazole solution 1%</i> | 2 | 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>econazole nitrate cream</i> | 3 | QL (85 GM per 30 days) MO |
| ERTACZO | 3 | QL (60 GM per 30 days) MO |
| <i>ketoconazole cream 2%</i> | 2 | QL (60 GM per 30 days) MO |
| <i>ketoconazole foam 2%</i> | 3 | QL (100 GM per 30 days) MO |
| <i>ketodan foam 2%</i> | 3 | QL (100 GM per 30 days) |
| <i>klayesta</i> | 2 | QL (60 GM per 30 days) |
| <i>naftifine hcl cream 1%</i> | 3 | QL (90 GM per 30 days) MO |
| <i>naftifine hydrochloride cream 2%</i> | 3 | QL (60 GM per 30 days) MO |
| <i>nyamyc powder</i> | 2 | QL (60 GM per 30 days) |
| <i>nystatin cream 100000unit/gm</i> | 1 | QL (30 GM per 30 days) MO |
| <i>nystatin ointment 100000unit/gm</i> | 3 | QL (30 GM per 30 days) MO |
| <i>nystatin powder 100000unit/gm</i> | 2 | QL (60 GM per 30 days) MO |
| <i>nystop powder</i> | 2 | QL (60 GM per 30 days) |
| DERMATOLOGY, ANTIPSORIATICS | | |
| <i>acitretin</i> | 2 | PA MO |
| <i>calcipotriene cream, ointment</i> | 3 | QL (120 GM per 30 days) PA MO |
| <i>calcipotriene solution</i> | 3 | QL (60 ML per 30 days) PA MO |
| <i>calcitrene</i> | 3 | QL (120 GM per 30 days) PA MO |
| CALCITRIOL OINTMENT 3MCG/GM | 3 | QL (800 GM per 28 days) PA MO |
| <i>methoxsalen capsule</i> | 1 | MO |
| <i>tazarotene cream 0.1%</i> | 2 | QL (60 GM per 30 days) PA MO |
| <i>tazarotene cream 0.05%</i> | 3 | QL (60 GM per 30 days) PA |
| <i>tazarotene gel</i> | 2 | QL (100 GM per 30 days) PA MO |
| TAZORAC CREAM 0.05% | 3 | QL (60 GM per 30 days) PA MO |
| DERMATOLOGY, ANTISEBORRHEICS | | |
| <i>ketoconazole shampoo 2%</i> | 1 | MO |
| <i>selenium sulfide lotion 2.5%</i> | 1 | MO |
| DERMATOLOGY, CORTICOSTEROIDS | | |
| <i>ala-cort cream 1%</i> | 1 | |
| <i>ala-cort cream 2.5%</i> | 1 | QL (30 GM per 30 days) |
| <i>alclometasone dipropionate</i> | 3 | MO |
| <i>betamethasone dipropionate augmented cream</i> | 2 | MO |
| <i>betamethasone dipropionate augmented gel, ointment</i> | 3 | MO |
| <i>betamethasone dipropionate augmented lotion</i> | 3 | QL (120 ML per 30 days) MO |
| <i>betamethasone dipropionate lotion</i> | 2 | MO |
| <i>betamethasone dipropionate cream, ointment</i> | 3 | MO |
| <i>betamethasone valerate cream, lotion, ointment</i> | 2 | MO |
| <i>betamethasone valerate foam</i> | 3 | QL (120 GM per 30 days) MO |
| <i>calcipotriene/betamethasone dipropionate ointment</i> | 3 | QL (400 GM per 28 days) PA MO |
| <i>clobetasol propionate emollient cream 0.05%</i> | 3 | QL (60 GM per 30 days) MO |
| <i>clobetasol propionate emollient foam 0.05%</i> | 3 | QL (100 GM per 30 days) MO |
| <i>clobetasol propionate foam</i> | 3 | QL (100 GM per 30 days) MO |
| <i>clobetasol propionate shampoo</i> | 3 | QL (118 ML per 30 days) MO |
| <i>clobetasol propionate spray liquid</i> | 3 | QL (125 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>clobetasol propionate solution</i> | 3 | QL (50 ML per 30 days) MO |
| <i>clobetasol propionate cream, gel, ointment</i> | 3 | QL (60 GM per 30 days) MO |
| <i>clodan shampoo 0.05%</i> | 3 | QL (118 ML per 30 days) |
| <i>desonide lotion</i> | 3 | QL (118 ML per 30 days) MO |
| <i>desonide cream, gel, ointment</i> | 3 | QL (60 GM per 30 days) MO |
| <i>desoximetasone cream, ointment</i> | 3 | QL (100 GM per 30 days) MO |
| <i>desrx</i> | 3 | QL (60 GM per 30 days) |
| <i>diflorasone diacetate</i> | 3 | QL (60 GM per 30 days) MO |
| ENSTILAR | 2 | QL (120 GM per 30 days) PA MO |
| <i>fluocinolone acetonide body</i> | 3 | QL (118.28 ML per 30 days) MO |
| <i>fluocinolone acetonide scalp</i> | 3 | QL (118.28 ML per 30 days) MO |
| <i>fluocinolone acetonide cream 0.025%</i> | 3 | QL (120 GM per 30 days) MO |
| <i>fluocinolone acetonide cream 0.01%</i> | 3 | QL (60 GM per 30 days) MO |
| <i>fluocinolone acetonide ointment 0.025%</i> | 3 | QL (120 GM per 30 days) MO |
| <i>fluocinolone acetonide solution 0.01%</i> | 3 | QL (90 ML per 30 days) MO |
| <i>fluocinonide emulsified base cream 0.05%</i> | 3 | QL (120 GM per 30 days) MO |
| <i>fluocinonide cream 0.05%</i> | 3 | QL (120 GM per 30 days) MO |
| <i>fluocinonide gel, ointment</i> | 3 | QL (60 GM per 30 days) MO |
| <i>fluocinonide solution</i> | 3 | QL (60 ML per 30 days) MO |
| <i>fluticasone propionate cream 0.05%</i> | 2 | MO |
| <i>fluticasone propionate lotion 0.05%</i> | 3 | QL (120 ML per 30 days) MO |
| <i>fluticasone propionate ointment 0.005%</i> | 2 | MO |
| <i>halobetasol propionate cream, ointment</i> | 3 | QL (50 GM per 30 days) MO |
| <i>hydrocortisone butyrate (lipophilic)</i> | 3 | QL (60 GM per 30 days) MO |
| <i>hydrocortisone butyrate lotion</i> | 3 | QL (118 ML per 30 days) MO |
| <i>hydrocortisone butyrate cream, ointment</i> | 3 | QL (45 GM per 30 days) MO |
| <i>hydrocortisone butyrate solution</i> | 3 | QL (60 ML per 30 days) MO |
| <i>hydrocortisone valerate cream, ointment</i> | 3 | QL (60 GM per 30 days) MO |
| <i>hydrocortisone cream 1%</i> | 1 | MO |
| <i>hydrocortisone cream 2.5%</i> | 1 | QL (30 GM per 30 days) MO |
| <i>hydrocortisone lotion 2.5%</i> | 1 | MO |
| <i>hydrocortisone ointment 1%, 2.5%</i> | 1 | QL (30 GM per 30 days) MO |
| <i>mometasone furoate cream 0.1%</i> | 2 | MO |
| <i>mometasone furoate ointment 0.1%</i> | 2 | MO |
| <i>mometasone furoate solution 0.1%</i> | 2 | MO |
| <i>prednicarbate ointment</i> | 3 | QL (60 GM per 30 days) MO |
| <i>proctosol hc cream 2.5%</i> | 3 | |
| TEXACORT | 3 | MO |
| <i>tovet</i> | 3 | QL (100 GM per 30 days) |
| <i>triamcinolone acetonide aerosol solution 0.147mg/gm</i> | 3 | 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> | 2 | MO |
| <i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i> | 1 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------------|
| DERMATOLOGY, LOCAL ANESTHETICS | | |
| <i>lidocaine hydrochloride external solution 4%</i> | 3 | QL (50 ML per 30 days) PA MO |
| <i>lidocaine/prilocaine</i> | 1 | QL (30 GM per 30 days) MO |
| <i>lidocaine patch</i> | 2 | QL (90 EA per 30 days) PA MO |
| <i>lidocaine ointment</i> | 3 | QL (35.44 GM per 30 days) PA MO |
| <i>lidocan</i> | 2 | QL (90 EA per 30 days) PA |
| <i>tridacaine</i> | 2 | QL (90 EA per 30 days) PA |
| <i>tridacaine ii</i> | 2 | QL (90 EA per 30 days) PA |
| DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE | | |
| <i>acyclovir ointment 5%</i> | 3 | QL (30 GM per 30 days) MO |
| <i>ammonium lactate cream, lotion</i> | 2 | MO |
| <i>azelaic acid gel</i> | 3 | QL (50 GM per 30 days) MO |
| <i>bexarotene gel 1%</i> | 1 | QL (60 GM per 30 days) PA; ACS |
| <i>diclofenac sodium gel 1%</i> | 2 | QL (1000 GM per 30 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 |
| FINACEA FOAM, GEL | 3 | QL (50 GM per 30 days) MO |
| FLUOROURACIL CREAM 0.5% | 3 | QL (30 GM per 30 days) PA MO |
| <i>fluorouracil cream 5%</i> | 3 | QL (40 GM per 30 days) PA MO |
| <i>fluorouracil topical solution 2%, 5%</i> | 3 | QL (10 ML per 30 days) MO |
| <i>hydrocortisone perianal cream 1%</i> | 1 | MO |
| IMIQUIMOD PUMP | 3 | QL (15 GM per 28 days) MO |
| <i>imiquimod cream 5%</i> | 2 | QL (24 EA per 30 days) MO |
| <i>imiquimod cream 3.75%</i> | 3 | QL (28 EA per 28 days) MO |
| <i>metronidazole cream 0.75%</i> | 3 | MO |
| <i>metronidazole gel 0.75%, 1%</i> | 3 | MO |
| <i>metronidazole lotion 0.75%</i> | 3 | MO |
| <i>nitroglycerin ointment 0.4%</i> | 3 | QL (30 GM per 30 days) MO |
| NORITATE | 3 | QL (60 GM per 30 days) MO |
| ORACEA | 3 | QL (30 EA per 30 days) PA MO |
| PANRETIN | 3 | QL (60 GM per 30 days) PA |
| <i>podofilox</i> | 3 | MO |
| <i>procto-med hc</i> | 1 | |
| <i>proctocort</i> | 1 | |
| <i>proctozone-hc</i> | 3 | |
| RECTIV | 3 | QL (30 GM per 30 days) MO |
| <i>tacrolimus ointment 0.03%, 0.1%</i> | 3 | QL (60 GM per 30 days) MO |
| VALCHLOR | 3 | QL (60 GM per 30 days) PA LA |
| ZYCLARA PUMP CREAM 2.5% | 3 | QL (7.5 GM per 28 days) MO |
| DERMATOLOGY, SCABICIDES AND PEDICULIDES | | |
| <i>malathion</i> | 2 | MO |
| <i>permethrin cream 5%</i> | 3 | MO |
| DERMATOLOGY, WOUND CARE AGENTS | | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| REGRANEX | 2 | QL (30 GM per 30 days) PA MO |
| SANTYL | 3 | QL (180 GM per 30 days) MO |
| <i>sodium chloride 0.9% irrigation soln</i> | 1 | MO |
| <i>sterile water for irrigation</i> | 1 | MO |
| MOUTH/THROAT/DENTAL AGENTS | | |
| <i>cevimeline hydrochloride</i> | 3 | MO |
| <i>chlorhexidine gluconate oral rinse 0.12%</i> | 1 | MO |
| <i>clinpro 5000</i> | 3 | MO |
| <i>clotrimazole troche 10mg</i> | 2 | MO |
| <i>denta 5000 plus sensitive</i> | 3 | MO |
| <i>dentagel</i> | 3 | MO |
| <i>fluoridex daily defense</i> | 3 | |
| <i>fluoridex sensitivity relief/sls free</i> | 3 | |
| <i>fluorimax 5000</i> | 3 | |
| <i>fluorimax 5000 sensitive</i> | 3 | |
| <i>fraiche 5000 dental</i> | 3 | |
| <i>just right 5000</i> | 3 | |
| <i>kourzeq</i> | 3 | |
| <i>lidocaine hydrochloride viscous solution 2%</i> | 3 | MO |
| <i>nystatin suspension 100000unit/ml</i> | 3 | MO |
| <i>oralone dental paste</i> | 3 | |
| <i>periogard</i> | 1 | |
| <i>pilocarpine hydrochloride tablet</i> | 3 | MO |
| PREVIDENT 5000 ENAMEL PROTECT | 3 | MO |
| <i>sf gel 1.1%</i> | 3 | MO |
| <i>sodium fluoride 5000 ppm dental paste</i> | 3 | MO |
| <i>sodium fluoride 5000 ppm dry mouth gel</i> | 3 | MO |
| <i>sodium fluoride 5000 ppm sensitive</i> | 3 | MO |
| <i>sodium fluoride/potassium nitrate/sensitive</i> | 3 | MO |
| <i>sodium fluoride gel 1.1%</i> | 3 | MO |
| <i>triamcinolone acetonide dental paste</i> | 3 | MO |

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