

WellSense Added Value (HMO)

2025 Formulary

(List of Covered Drugs or "Drug List")

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

HPMS Approved Formulary File Submission ID: 25347 Version 15

This formulary was updated on 06/25/25. We have made no changes to this formulary since 06/11/25. For more recent information or other questions, please contact the WellSense Member Service department at 855-833-8128 (TTY users should call 711), Monday through Friday 8 a.m. to 8 p.m. (April 1 through September 30, except holidays) or seven days a week (October 1 through March 31) or visit wellsense.org/medicare.

H6851_NHMA_AVFormulary_2025_C

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 WellSense Health Plan. When it refers to "plan" or "our plan," it means WellSense Added Value (HMO).

This document includes a Drug List (formulary) for our plan, which is current as of 06/11/2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026 and from time to time during the year.

What is the WellSense Added Value Formulary?

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

Can the formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: wellsense.org/medicare.

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

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

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

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you drug that is being changed. For more information, see the section below titled "How do I request an exception to the WellSense Added Value's Formulary?" Some of these drug types may be new to you. For more information, see the section below titled "What are original biological products and how are they related to biosimilars?"

- **Drugs removed from the market.** If a drug is withdrawn from sales by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the WellSense Added Value's Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 06/11/2025. To get updated information about the drugs covered by WellSense Added Value please contact us. Our contact information appears on the front and back cover pages. Printed formularies are available upon request and may be updated throughout the year. You can review our plan's up-to-date formulary online at wellsense.org/medicare or by contacting Member Services to request a copy. We will notify you via mail if mid-year non-maintenance formulary changes occur.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category Cardiovascular, Hypertension/Lipids. If you know what your drug is used for, look for the category name in the list that begins on page 8. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 115. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

WellSense Added Value 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 work just as well and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original

biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

Are there any restrictions on my coverage?

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

- **Prior Authorization:** WellSense Added Value requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from WellSense Added Value before you fill your prescriptions. If you don't get approval, WellSense Added Value may not cover the drug.
- **Quantity Limits:** For certain drugs, WellSense Added Value limits the amount of the drug that WellSense Added Value will cover. For example, WellSense Added Value provides 30 capsules per prescription for omeprazole. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, WellSense Added Value 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, WellSense Added Value may not cover Drug B unless you try Drug A first. If Drug A does not work for you, WellSense Added Value 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 9. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask WellSense Added Value 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 WellSense Added Value's formulary?" on page 5 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered. For more information, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you learn that WellSense Added Value does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by WellSense Added Value. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by WellSense Added Value
- You can ask WellSense Added Value 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 WellSense Added Value's Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, WellSense Added Value 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, WellSense Added Value will only approve your request for an exception if the alternative drugs included on the plan's formulary or applying the restrictions would not be as effective for you and/or would cause you to have adverse effects.

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

For more information

For more detailed information about your WellSense Added Value prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about WellSense Added Value, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

WellSense Added Value Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by WellSense Added Value. If you have trouble finding your drug in the list, turn to the Index that begins on page 115.

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

The information in the Requirements/Limits column tells you if WellSense Added Value has any special requirements for coverage of your drug.

WellSense Health Plan is an HMO plan with a Medicare contract. Enrollment in WellSense Medicare Advantage HMO plans depends on contract renewal.

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

List of Abbreviations

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	1	B/D PA
<i>amphotericin b</i>	1	B/D PA; MO
<i>caspofungin</i>	1	
<i>clotrimazole mucous membrane</i>	1	MO
CRESEMBA ORAL	1	PA
<i>fluconazole</i>	1	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 400 mg/200 ml</i>	1	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	1	PA; MO
<i>flucytosine</i>	1	MO
<i>griseofulvin microsize</i>	1	MO
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	MO
<i>itraconazole oral capsule</i>	1	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>itraconazole oral solution</i>	1	MO
<i>ketoconazole oral</i>	1	MO
<i>micafungin</i>	1	MO
<i>nystatin oral</i>	1	MO
<i>posaconazole oral tablet,delayed release (dr/ec)</i>	1	PA; MO; QL (96 per 30 days)
<i>terbinafine hcl oral</i>	1	MO
<i>voriconazole intravenous</i>	1	PA; MO
<i>voriconazole oral suspension for reconstitution</i>	1	PA; MO
<i>voriconazole oral tablet</i>	1	PA; MO
ANTIVIRALS		
<i>abacavir</i>	1	MO
<i>abacavir-lamivudine</i>	1	MO
<i>acyclovir oral capsule</i>	1	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	MO
<i>acyclovir oral suspension 200 mg/5 ml (5 ml)</i>	1	
<i>acyclovir oral tablet</i>	1	MO

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

This drug list was last updated on 06/11/2025.

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir sodium intravenous solution</i>	1	B/D PA; MO	<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg</i>	1	MO
<i>adefovir</i>	1	MO	<i>emtricitabine-tenofovir (tdf) oral tablet 133-200 mg, 167-250 mg, 200-300 mg</i>	1	MO
<i>amantadine hcl</i>	1	MO	<i>EMTRIVA ORAL SOLUTION</i>	1	MO
<i>APTIVUS</i>	1	MO	<i>entecavir</i>	1	MO
<i>atazanavir</i>	1	MO	<i>etravirine</i>	1	MO
<i>BARACLUDE ORAL SOLUTION</i>	1	MO	<i>EVOTAZ</i>	1	MO
<i>BIKTARVY</i>	1	MO	<i>famciclovir</i>	1	MO
<i>CABENUVA</i>	1	MO	<i>fosamprenavir</i>	1	MO
<i>cidofovir</i>	1	B/D PA; MO	<i>FUZEON SUBCUTANEOUS RECON SOLN</i>	1	
<i>CIMDUO</i>	1	MO	<i>ganciclovir sodium intravenous recon soln</i>	1	B/D PA; MO
<i>COMPLERA</i>	1	MO	<i>ganciclovir sodium intravenous solution</i>	1	B/D PA
<i>darunavir</i>	1	MO	<i>GENVOYA</i>	1	MO
<i>DELSTRIGO</i>	1	MO	<i>INTELENCE ORAL TABLET 25 MG</i>	1	MO
<i>DESCOVY</i>	1	MO	<i>ISENTRESS HD</i>	1	MO
<i>DOVATO</i>	1	MO	<i>ISENTRESS ORAL POWDER IN PACKET</i>	1	MO
<i>EDURANT</i>	1	MO			
<i>efavirenz oral tablet</i>	1	MO			
<i>efavirenz- emtricitabin- tenofov</i>	1	MO			
<i>efavirenz-lamivu- tenofov disop</i>	1	MO			
<i>emtricitabine</i>	1	MO			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ISENTRESS ORAL TABLET	1	MO	<i>nevirapine oral suspension</i>	1	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	1	MO	<i>nevirapine oral tablet</i>	1	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	1	MO	<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	1	MO
JULUCA	1	MO	NORVIR ORAL POWDER IN PACKET	1	MO
LAGEVRIO (EUA)	1	QL (40 per 30 days)	ODEFSEY	1	MO
<i>lamivudine</i>	1	MO	<i>oseltamivir</i>	1	MO
<i>lamivudine-zidovudine</i>	1	MO	PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	1	QL (20 per 30 days)
LEDIPASVIR-SOFOSBUVIR	1	PA; MO; QL (28 per 28 days)	PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	1	QL (11 per 30 days)
LIVTENCITY	1	PA; LA; QL (120 per 30 days)	PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	QL (30 per 30 days)
<i>lopinavir-ritonavir oral solution</i>	1	MO	PIFELTRO	1	MO
<i>lopinavir-ritonavir oral tablet</i>	1	MO	PREVYMIS INTRAVENOUS	1	PA
maraviroc	1	MO	PREVYMIS ORAL TABLET	1	PA; MO; QL (30 per 30 days)
MAVYRET ORAL PELLETS IN PACKET	1	PA; MO; QL (168 per 28 days)			
MAVYRET ORAL TABLET	1	PA; MO; QL (84 per 28 days)			

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This drug list was last updated on 06/11/2025.

Drug Name	Drug Tier	Requirements/Limits
PREZCOBIX	1	MO
PREZISTA ORAL SUSPENSION	1	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	1	MO
RELENZA DISKHALER	1	MO
RETROVIR INTRAVENOUS	1	MO
REYATAZ ORAL POWDER IN PACKET	1	MO
<i>ribavirin oral capsule</i>	1	MO
<i>ribavirin oral tablet 200 mg</i>	1	MO
<i>rimantadine</i>	1	MO
<i>ritonavir</i>	1	MO
RUKOBIA	1	MO
SELZENTRY ORAL SOLUTION	1	MO
SOFOSBUVIR-VELPATASVIR	1	PA; MO; QL (28 per 28 days)
STRIBILD	1	MO
SUNLENCA	1	
SYMTUZA	1	MO
SYNAGIS	1	MO; LA
<i>tenofovir disoproxil fumarate</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
TIVICAY ORAL TABLET 50 MG	1	MO
TIVICAY PD	1	MO
TRIUMEQ	1	MO
TRIUMEQ PD	1	MO
TROGARZO	1	MO; LA
<i>valacyclovir oral tablet 1 gram</i>	1	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	1	MO; QL (60 per 30 days)
<i>valganciclovir oral recon soln</i>	1	MO
<i>valganciclovir oral tablet</i>	1	MO
VEMLIDY	1	MO
VIRACEPT ORAL TABLET	1	MO
VIREAD ORAL POWDER	1	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	MO
VOSEVI	1	PA; MO; QL (28 per 28 days)
XOFLUZA ORAL TABLET 40 MG, 80 MG	1	MO
<i>zidovudine oral capsule</i>	1	MO

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

This drug list was last updated on 06/11/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine oral syrup</i>	1	MO
<i>zidovudine oral tablet</i>	1	MO
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	1	MO
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i>	1	
<i>cefadroxil oral capsule</i>	1	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	MO
<i>cefaezolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	MO
<i>cefaezolin injection recon soln 1 gram, 500 mg</i>	1	MO
<i>cefaezolin injection recon soln 10 gram, 100 gram, 300 gram</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cefaezolin intravenous recon soln 1 gram</i>	1	
<i>cefdinir oral capsule</i>	1	MO
<i>cefdinir oral suspension for reconstitution</i>	1	MO
<i>cefepime in dextrose, iso-osm</i>	1	
<i>cefepime injection</i>	1	MO
<i>cefixime</i>	1	MO
<i>cefoxitin in dextrose, iso-osm</i>	1	PA
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	1	PA; MO
<i>cefoxitin intravenous recon soln 10 gram</i>	1	PA
<i>cefpodoxime</i>	1	MO
<i>cefprozil</i>	1	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	1	PA; MO
<i>ceftazidime injection recon soln 6 gram</i>	1	PA
<i>ceftriaxone in dextrose, iso-osm</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ceftriaxone <i>injection recon soln</i> 1 gram, 2 gram, 250 mg, 500 mg	1	MO	<i>azithromycin intravenous</i>	1	PA; MO
ceftriaxone <i>injection recon soln</i> 10 gram	1		<i>azithromycin oral packet</i>	1	MO
ceftriaxone <i>intravenous</i>	1	MO	<i>azithromycin oral suspension for reconstitution</i>	1	MO
cefuroxime axetil <i>oral tablet</i>	1	MO	<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	1	
cefuroxime sodium <i>injection recon soln</i> 750 mg	1	PA; MO	<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	MO
cefuroxime sodium <i>intravenous recon soln</i> 1.5 gram	1	PA; MO	<i>clarithromycin</i>	1	MO
cefuroxime sodium <i>intravenous recon soln</i> 7.5 gram	1	PA	DIFICID ORAL TABLET	1	MO; QL (20 per 10 days)
cephalexin oral capsule 250 mg, 500 mg	1	MO	<i>ery-tab oral tablet, delayed release (dr/ec)</i> 250 mg, 333 mg	1	MO
cephalexin oral suspension for reconstitution	1	MO	<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
tazicef injection	1	PA; MO	<i>erythromycin ethylsuccinate oral tablet</i>	1	
tazicef intravenous	1	PA	<i>erythromycin oral</i>	1	MO
TEFLARO	1	PA; MO	MISCELLANEOUS ANTIINFECTIVES		
ERYTHROMYCINS / OTHER MACROLIDES			<i>albendazole</i>	1	MO

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

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Drug Name	Drug Tier	Requirements/Limits
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	PA; MO
ARIKAYCE	1	PA; LA
<i>atovaquone</i>	1	MO
<i>atovaquone-proguanil</i>	1	MO
<i>aztreonam</i>	1	PA; MO
CAYSTON	1	PA; MO; LA; QL (84 per 56 days)
<i>chloramphenicol sod succinate</i>	1	
<i>chloroquine phosphate</i>	1	MO
<i>clindamycin hcl</i>	1	MO
<i>clindamycin in 5 % dextrose</i>	1	PA; MO
<i>clindamycin phosphate injection</i>	1	PA; MO
COARTEM	1	MO
<i>colistin (colistimethate na)</i>	1	PA; MO; QL (30 per 10 days)
<i>dapsone oral</i>	1	MO
DAPTO MYCIN INTRAVENOUS RECON SOLN 350 MG	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>daptomycin intravenous recon soln 500 mg</i>	1	MO
EMVERM	1	MO
<i>ertapenem</i>	1	PA; MO; QL (14 per 14 days)
<i>ethambutol</i>	1	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	1	PA; MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	1	PA
<i>gentamicin injection</i>	1	PA; MO
<i>gentamicin sulfate (ped) (pf)</i>	1	PA; MO
<i>hydroxychloroquine oral tablet 200 mg</i>	1	MO
<i>imipenem-cilastatin</i>	1	PA; MO
<i>isoniazid injection</i>	1	
<i>isoniazid oral</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ivermectin oral tablet 3 mg</i>	1	PA; MO; QL (20 per 30 days)	<i>pentamidine inhalation</i>	1	B/D PA; MO; QL (1 per 28 days)
<i>ivermectin oral tablet 6 mg</i>	1	PA; QL (8 per 30 days)	<i>pentamidine injection</i>	1	MO
<i>lincomycin</i>	1	PA	<i>praziquantel</i>	1	MO
<i>linezolid in dextrose 5%</i>	1	PA; MO	<i>PRIFTIN</i>	1	MO
<i>linezolid oral suspension for reconstitution</i>	1	MO	<i>PRIMAQUINE</i>	1	MO
<i>linezolid oral tablet</i>	1	MO	<i>pyrazinamide</i>	1	MO
<i>linezolid-0.9% sodium chloride</i>	1	PA	<i>pyrimethamine</i>	1	PA; MO
<i>mefloquine</i>	1		<i>quinine sulfate</i>	1	MO
<i>meropenem intravenous recon soln 1 gram</i>	1	PA; QL (30 per 10 days)	<i>rifabutin</i>	1	MO
<i>meropenem intravenous recon soln 500 mg</i>	1	PA; QL (10 per 10 days)	<i>rifampin intravenous</i>	1	MO
<i>metro i.v.</i>	1	PA; MO	<i>rifampin oral</i>	1	MO
<i>metronidazole in nacl (iso-os)</i>	1	PA; MO	<i>SIRTURO</i>	1	PA; LA
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	MO	<i>STREPTOMYCIN</i>	1	PA; MO; QL (60 per 30 days)
<i>neomycin</i>	1	MO	<i>tigecycline</i>	1	PA; MO
<i>nitazoxanide</i>	1	MO; QL (12 per 30 days)	<i>tinidazole</i>	1	MO
			<i>TOBI PODHALER</i>	1	MO; QL (224 per 56 days)
			<i>tobramycin in 0.225 % nacl</i>	1	PA; MO; QL (280 per 28 days)
			<i>tobramycin inhalation</i>	1	PA; MO; QL (224 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin sulfate injection recon soln</i>	1	PA; QL (9 per 14 days)	<i>vancomycin intravenous recon soln 500 mg</i>	1	PA; MO; QL (10 per 10 days)
<i>tobramycin sulfate injection solution</i>	1	PA; MO	<i>vancomycin intravenous recon soln 750 mg</i>	1	PA; MO; QL (27 per 10 days)
TRECATOR	1	MO	<i>vancomycin oral capsule 125 mg</i>	1	PA; MO; QL (40 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	1	PA; QL (4000 per 10 days)	<i>vancomycin oral capsule 250 mg</i>	1	PA; MO; QL (80 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	1	PA; QL (1000 per 10 days)	VIBATIV INTRAVENOUS RECON SOLN 750 MG	1	PA
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	1	PA; QL (4050 per 10 days)	XIFAXAN ORAL TABLET 200 MG	1	PA; QL (9 per 30 days)
<i>vancomycin intravenous recon soln 1,000 mg</i>	1	PA; MO; QL (20 per 10 days)	XIFAXAN ORAL TABLET 550 MG	1	PA; MO; QL (90 per 30 days)
<i>vancomycin intravenous recon soln 10 gram</i>	1	PA; QL (2 per 10 days)	PENICILLINS		
<i>vancomycin intravenous recon soln 5 gram</i>	1	PA; QL (4 per 10 days)	<i>amoxicillin oral capsule</i>	1	MO
			<i>amoxicillin oral suspension for reconstitution</i>	1	MO
			<i>amoxicillin oral tablet</i>	1	MO
			<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	1	MO	AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	1	MO
<i>amoxicillin-pot clavulanate oral tablet</i>	1	MO	BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML	1	PA; MO
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	1	MO	BICILLIN L-A INTRAMUSCULAR SYRINGE 600,000 UNIT/ML	1	PA
<i>ampicillin oral capsule 500 mg</i>	1	MO	<i>dicloxacillin</i>	1	MO
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	1	PA; MO	<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	1	PA
<i>ampicillin sodium intravenous</i>	1	PA	<i>nafcillin injection recon soln 1 gram, 2 gram</i>	1	PA; MO
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	1	PA; MO	<i>nafcillin injection recon soln 10 gram</i>	1	PA
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	1	PA	<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	1	PA
<i>ampicillin-sulbactam intravenous</i>	1	PA			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
oxacillin injection recon soln 1 gram, 10 gram	1	PA	ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	MO
oxacillin injection recon soln 2 gram	1	PA; MO	ciprofloxacin in 5 % dextrose	1	PA; MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	1	PA	ciprofloxacin oral suspension,microc apsule recon 500 mg/5 ml	1	
penicillin g potassium	1	PA; MO	levofloxacin in d5w intravenous piggyback 250 mg/50 ml	1	PA
penicillin g sodium	1	PA; MO	levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml	1	PA; MO
penicillin v potassium	1	MO	levofloxacin intravenous	1	PA
pifizerpen-g	1	PA	levofloxacin oral solution	1	MO
piperacillin- tazobactam intravenous recon soln 13.5 gram, 40.5 gram	1		levofloxacin oral tablet	1	MO
piperacillin- tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram	1	MO	moxifloxacin oral	1	MO
QUINOLONES					
SULFA'S / RELATED AGENTS					
sulfadiazine	1	MO	sulfamethoxazole- trimethoprim intravenous	1	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
sulfamethoxazole-trimethoprim oral suspension	1	MO
sulfamethoxazole-trimethoprim oral tablet	1	MO
TETRACYCLINES		
demeclocycline	1	MO
doxy-100	1	PA; MO
doxycycline hyclate intravenous	1	PA
doxycycline hyclate oral capsule	1	MO
doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg	1	MO
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	MO
doxycycline monohydrate oral suspension for reconstitution	1	MO
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	1	MO
minocycline oral capsule	1	MO

Drug Name	Drug Tier	Requirements/Limits
minocycline oral tablet	1	MO
monodoxine nl oral capsule 100 mg	1	
URINARY TRACT AGENTS		
methenamine hippurate	1	MO
methenamine mandelate	1	MO
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	1	MO
nitrofurantoin monohyd/m-cryst	1	MO
trimethoprim	1	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
dexrazoxane hcl	1	B/D PA; MO
ELITEK	1	MO
KHAPZORY INTRAVENOUS RECON SOLN 175 MG	1	B/D PA
leucovorin calcium oral	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>levoleucovorin calcium intravenous recon soln</i>	1	B/D PA; MO
<i>levoleucovorin calcium intravenous solution</i>	1	B/D PA
<i>mesna intravenous</i>	1	B/D PA; MO
<i>mesna oral</i>	1	MO
MESNEX ORAL	1	MO
XGEVA	1	B/D PA; MO

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

<i>abiraterone oral tablet 250 mg</i>	1	PA; MO; QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>abirtega</i>	1	PA; QL (120 per 30 days)
ABRAXANE	1	B/D PA; MO
ADCETRIS	1	B/D PA; MO
ADSTILADRIN	1	PA
AKEEGA	1	PA; LA; QL (60 per 30 days)
ALECENSA	1	PA; MO; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ALIQOPA	1	B/D PA; LA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	1	PA; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	1	PA; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	1	PA; QL (30 per 180 days)
<i>anastrozole</i>	1	MO
ANKTIVA	1	PA; MO
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	1	B/D PA
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	1	B/D PA; MO
ASPARLAS	1	PA
AUGTYRO ORAL CAPSULE 160 MG	1	PA; MO; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	1	PA; MO; QL (240 per 30 days)
AYVAKIT	1	PA; LA; QL (30 per 30 days)
<i>azacitidine</i>	1	B/D PA; MO
<i>azathioprine oral tablet 50 mg</i>	1	B/D PA; MO
<i>azathioprine sodium</i>	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
BALVERSA	1	PA; LA
BAVENCIO	1	B/D PA; LA
BELEODAQ	1	B/D PA
<i>bendamustine intravenous recon soln</i>	1	B/D PA; MO
BENDEKA	1	B/D PA; MO
BESPONSA	1	B/D PA; MO; LA
<i>bexarotene</i>	1	PA; MO
<i>bicalutamide</i>	1	MO
BIZENGRI	1	PA
<i>bleomycin</i>	1	B/D PA; MO
BLINCYTO INTRAVENOUS KIT	1	B/D PA
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	1	B/D PA
<i>bortezomib injection recon soln 3.5 mg</i>	1	B/D PA; MO
BOSULIF ORAL CAPSULE 100 MG	1	PA; MO; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	1	PA; MO; QL (330 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
BOSULIF ORAL TABLET 100 MG	1	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	1	PA; MO; QL (30 per 30 days)
BRAFTOVI	1	PA; MO; LA; QL (180 per 30 days)
BRUKINSA	1	PA; LA; QL (120 per 30 days)
<i>busulfan</i>	1	B/D PA
CABOMETYX	1	PA; MO; LA; QL (30 per 30 days)
CALQUENCE	1	PA; LA; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL)	1	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	1	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	1	PA; LA; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>carmustine intravenous recon soln 100 mg</i>	1	B/D PA; MO
<i>cisplatin intravenous solution</i>	1	B/D PA; MO
<i>cladribine</i>	1	B/D PA; MO
<i>clofarabine</i>	1	B/D PA
<i>COLUMVI</i>	1	PA; MO
<i>COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)</i>	1	PA; MO; QL (56 per 28 days)
<i>COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)</i>	1	PA; MO; QL (112 per 28 days)
<i>COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)</i>	1	PA; MO; QL (84 per 28 days)
<i>COPIKTRA</i>	1	PA; LA; QL (60 per 30 days)
<i>COTELLIC</i>	1	PA; MO; LA; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln</i>	1	B/D PA; MO
<i>cyclophosphamide oral capsule</i>	1	B/D PA; MO

Drug Name	Drug Tier	Requirements/Limits
<i>CYCLOPHOSPHAMIDE ORAL TABLET</i>	1	B/D PA
<i>cyclosporine modified oral capsule</i>	1	B/D PA; MO
<i>cyclosporine modified oral solution</i>	1	B/D PA
<i>cyclosporine oral capsule</i>	1	B/D PA; MO
<i>CYRAMZA</i>	1	B/D PA; MO
<i>cytarabine</i>	1	B/D PA; MO
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	1	B/D PA; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	1	B/D PA
<i>dacarbazine</i>	1	B/D PA; MO
<i>dactinomycin</i>	1	B/D PA; MO
<i>DANYELZA</i>	1	B/D PA
<i>DANZITEN</i>	1	PA; QL (112 per 28 days)
<i>DARZALEX</i>	1	B/D PA; MO; LA
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg</i>	1	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>dasatinib oral tablet 20 mg</i>	1	PA; MO; QL (90 per 30 days)	<i>doxorubicin intravenous recon soln 50 mg</i>	1	B/D PA; MO
<i>dasatinib oral tablet 70 mg</i>	1	PA; MO; QL (60 per 30 days)	<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	1	B/D PA; MO
DATROWAY	1	PA; MO	<i>doxorubicin intravenous solution 2 mg/ml</i>	1	B/D PA
<i>daunorubicin</i>	1	B/D PA	<i>doxorubicin, peg-liposomal</i>	1	B/D PA; MO
DAURISMO ORAL TABLET 100 MG	1	PA; MO; QL (30 per 30 days)	DROXIA	1	MO
DAURISMO ORAL TABLET 25 MG	1	PA; MO; QL (60 per 30 days)	ELAHERE	1	PA; LA
<i>decitabine</i>	1	B/D PA; MO	ELIGARD	1	PA; MO
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	1	B/D PA	ELIGARD (3 MONTH)	1	PA; MO
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	1	B/D PA; MO	ELIGARD (4 MONTH)	1	PA; MO
<i>doxorubicin intravenous recon soln 10 mg</i>	1	B/D PA	ELIGARD (6 MONTH)	1	PA; MO
			ELREXFIO	1	PA
			ELZONRIS	1	B/D PA; LA
			EMPLICITI	1	B/D PA; MO
			ENVARSUS XR	1	B/D PA; MO
			<i>epirubicin intravenous solution 200 mg/100 ml</i>	1	B/D PA
			EPKINLY	1	PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ERBITUX	1	B/D PA; MO	everolimus <i>(antineoplastic)</i> oral tablet for suspension 3 mg	1	PA; MO; QL (240 per 30 days)
eribulin	1	B/D PA	everolimus <i>(antineoplastic)</i> oral tablet for suspension 5 mg	1	PA; MO; QL (180 per 30 days)
ERIVEDGE	1	PA; MO; QL (30 per 30 days)	everolimus <i>(immunosuppressive)</i> oral tablet 0.25 mg	1	B/D PA; MO
ERLEADA ORAL TABLET 240 MG	1	PA; MO; QL (30 per 30 days)	everolimus <i>(immunosuppressive)</i> oral tablet 0.5 mg, 0.75 mg, 1 mg	1	B/D PA; MO
ERLEADA ORAL TABLET 60 MG	1	PA; MO; QL (120 per 30 days)	exemestane	1	MO
erlotinib oral tablet 100 mg, 150 mg	1	PA; MO; QL (30 per 30 days)	FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	1	PA; MO
erlotinib oral tablet 25 mg	1	PA; MO; QL (60 per 30 days)	FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	1	PA; MO
ERWINASE	1	B/D PA	floxuridine	1	B/D PA
ETOPOPHOS	1	B/D PA; MO	fludarabine <i>intravenous recon soln</i>	1	B/D PA; MO
etoposide <i>intravenous</i>	1	B/D PA; MO			
EULEXIN	1				
everolimus <i>(antineoplastic)</i> oral tablet	1	PA; MO; QL (30 per 30 days)			
everolimus <i>(antineoplastic)</i> oral tablet for suspension 2 mg	1	PA; MO; QL (330 per 30 days)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fludarabine intravenous solution</i>	1	B/D PA	<i>gemcitabine intravenous recon soln 2 gram</i>	1	B/D PA
<i>fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml</i>	1	B/D PA; MO	<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	1	B/D PA; MO
<i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i>	1	B/D PA	GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	1	B/D PA
FOTIVDA	1	PA; LA; QL (21 per 28 days)	genograf	1	B/D PA; MO
FRUZAQLA ORAL CAPSULE 1 MG	1	PA; QL (84 per 28 days)	GILOTrif	1	PA; MO; QL (30 per 30 days)
FRUZAQLA ORAL CAPSULE 5 MG	1	PA; QL (21 per 28 days)	GLEOSTINE ORAL CAPSULE 10 MG	1	MO
<i>fulvestrant</i>	1	B/D PA; MO	GLEOSTINE ORAL CAPSULE 100 MG, 40 MG	1	MO
FYARRO	1	PA	GOMEKLI ORAL CAPSULE 1 MG	1	PA; QL (126 per 28 days)
GAVRETO	1	PA; LA; QL (120 per 30 days)	GOMEKLI ORAL CAPSULE 2 MG	1	PA; QL (84 per 28 days)
GAZYVA	1	B/D PA; MO	GOMEKLI ORAL TABLET FOR SUSPENSION	1	PA; QL (168 per 28 days)
<i>gefitinib</i>	1	PA; MO; QL (30 per 30 days)			
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	1	B/D PA; MO			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GRAFAPEX	1	B/D PA	IMBRUVICA ORAL SUSPENSION	1	PA; QL (324 per 30 days)
<i>hydroxyurea</i>	1	MO	IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	1	PA; QL (30 per 30 days)
IBRANCE	1	PA; MO; QL (21 per 28 days)	IMDELLTRA	1	PA; MO
ICLUSIG	1	PA; QL (30 per 30 days)	IMFINZI	1	B/D PA; MO; LA
<i>idarubicin</i>	1	B/D PA; MO	IMJUDO	1	PA; MO
IDHIFA	1	PA; MO; LA; QL (30 per 30 days)	IMKELDI	1	PA; MO; QL (280 per 28 days)
<i>ifosfamide intravenous recon soln</i>	1	B/D PA; MO	INLYTA ORAL TABLET 1 MG	1	PA; MO; QL (180 per 30 days)
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	1	B/D PA; MO	INLYTA ORAL TABLET 5 MG	1	PA; MO; QL (120 per 30 days)
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	1	B/D PA	INQOVI	1	PA; MO; QL (5 per 28 days)
<i>imatinib oral tablet 100 mg</i>	1	PA; MO; QL (180 per 30 days)	INREBIC	1	PA; MO; LA; QL (120 per 30 days)
<i>imatinib oral tablet 400 mg</i>	1	PA; MO; QL (60 per 30 days)	<i>irinotecan intravenous solution 100 mg/5 ml</i>	1	B/D PA; MO
IMBRUVICA ORAL CAPSULE 140 MG	1	PA; QL (120 per 30 days)	<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	1	B/D PA
IMBRUVICA ORAL CAPSULE 70 MG	1	PA; QL (30 per 30 days)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
irinotecan intravenous solution 40 mg/2 ml	1	B/D PA; MO	KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	1	PA; QL (70 per 28 days)
ISTODAX	1	B/D PA; MO	KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	1	PA; QL (91 per 28 days)
ITOVEBI ORAL TABLET 3 MG	1	PA; MO; QL (60 per 30 days)	KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA; MO; QL (21 per 28 days)
ITOVEBI ORAL TABLET 9 MG	1	PA; MO; QL (30 per 30 days)	KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	1	PA; MO; QL (42 per 28 days)
IWILFIN	1	PA; LA; QL (240 per 30 days)	KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	1	PA; MO; QL (63 per 28 days)
IXEMPRA	1	B/D PA; MO	KOSELUGO	1	PA
JAKAFI	1	PA; MO; QL (60 per 30 days)	KRAZATI	1	PA; QL (180 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	1	PA; MO; QL (60 per 30 days)	KYPROLIS	1	B/D PA
JAYPIRCA ORAL TABLET 50 MG	1	PA; MO; QL (30 per 30 days)	<i>lanreotide</i> subcutaneous syringe 120 mg/0.5 ml	1	PA; MO
JEMPERLI	1	PA; MO	<i>lapatinib</i>	1	PA; MO; QL (180 per 30 days)
JEVTANA	1	B/D PA; MO			
JYLAMVO	1	B/D PA; MO			
KADCYLA	1	PA; MO			
KEYTRUDA	1	PA; MO			
KIMMTRAK	1	B/D PA			

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This drug list was last updated on 06/11/2025.

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LAZCLUZE ORAL TABLET 240 MG	1	PA; LA; QL (30 per 30 days)	<i>leuprolide subcutaneous kit</i>	1	PA; MO
LAZCLUZE ORAL TABLET 80 MG	1	PA; LA; QL (60 per 30 days)	LIBTAYO	1	PA; LA
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	1	PA; MO; QL (28 per 28 days)	LONSURF	1	PA; MO
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	1	PA; QL (28 per 28 days)	LOQTORZI	1	PA; MO
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	1	PA; MO; QL (30 per 30 days)	LORBRENA ORAL TABLET 100 MG	1	PA; MO; QL (30 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1)	1	PA; MO; QL (90 per 30 days)	LORBRENA ORAL TABLET 25 MG	1	PA; MO; QL (90 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	1	PA; MO; QL (60 per 30 days)	LUMAKRAS ORAL TABLET 120 MG	1	PA; MO; QL (240 per 30 days)
<i>letrozole</i>	1	MO	LUMAKRAS ORAL TABLET 240 MG	1	PA; MO; QL (120 per 30 days)
LEUKERAN	1	MO	LUMAKRAS ORAL TABLET 320 MG	1	PA; MO; QL (90 per 30 days)
			LUNSUMIO	1	PA; MO
			LUPRON DEPOT	1	PA; MO
			LYNPARZA	1	PA; MO; QL (120 per 30 days)
			LYSODREN	1	
			LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	1	PA; LA; QL (84 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	1	PA; LA; QL (112 per 28 days)	MEKTOVI	1	PA; MO; LA; QL (180 per 30 days)
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	1	PA; LA; QL (140 per 28 days)	<i>melphalan hcl</i>	1	B/D PA
MARGENZA	1	B/D PA	<i>mercaptopurine oral suspension</i>	1	MO
MATULANE	1		<i>mercaptopurine oral tablet</i>	1	MO
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	1	PA	<i>methotrexate sodium</i>	1	B/D PA; MO
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	1	PA; MO	<i>methotrexate sodium (pf) injection recon soln</i>	1	B/D PA
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	1	PA; MO	<i>methotrexate sodium (pf) injection solution</i>	1	B/D PA; MO
<i>megestrol oral tablet</i>	1	PA; MO	<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	1	B/D PA; MO
MEKINIST ORAL RECON SOLN	1	PA; MO; QL (1260 per 30 days)	<i>mitomycin intravenous recon soln 40 mg</i>	1	B/D PA; MO
MEKINIST ORAL TABLET 0.5 MG	1	PA; MO; QL (90 per 30 days)	<i>mitoxantrone</i>	1	B/D PA; MO
MEKINIST ORAL TABLET 2 MG	1	PA; MO; QL (30 per 30 days)	MONJUVI	1	PA; LA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil oral suspension for reconstitution</i>	1	B/D PA; MO	<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	1	PA; MO
<i>mycophenolate mofetil oral tablet</i>	1	B/D PA; MO	<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	1	PA; MO
<i>mycophenolate sodium</i>	1	B/D PA; MO	<i>octreotide, microspheres</i>	1	PA
MYHIBBIN	1	B/D PA; MO	ODOMZO	1	PA; MO; LA; QL (30 per 30 days)
MYLOTARG	1	B/D PA; MO; LA	OGSIVEO ORAL TABLET 100 MG, 150 MG	1	PA; QL (56 per 28 days)
<i>nelarabine</i>	1	B/D PA; MO	OGSIVEO ORAL TABLET 50 MG	1	PA; QL (180 per 30 days)
NERLYNX	1	PA; MO; LA	OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	1	PA; QL (96 per 28 days)
<i>nilutamide</i>	1	PA; MO	OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	1	PA; QL (16 per 28 days)
NINLARO	1	PA; MO; QL (3 per 28 days)	OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	1	PA; QL (20 per 28 days)
NUBEQA	1	PA; MO; LA; QL (120 per 30 days)			
NULOJIX	1	B/D PA; MO			
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	1	PA; MO			
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	1	PA; MO			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	1	PA; QL (24 per 28 days)	<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	1	B/D PA; MO
OJJAARA	1	PA; QL (30 per 30 days)	<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	1	B/D PA
ONCASPAR	1	B/D PA	<i>paclitaxel</i>	1	B/D PA; MO
ONIVYDE	1	B/D PA	<i>paclitaxel protein-bound</i>	1	B/D PA; MO
ONUREG	1	PA; MO; QL (14 per 28 days)	<i>PADCEV</i>	1	PA; MO
OPDIVO	1	PA; MO	<i>paraplatin</i>	1	B/D PA
OPDIVO QVANTIG	1	PA; MO	<i>pazopanib</i>	1	PA; MO; QL (120 per 30 days)
OPDUALAG	1	PA; MO	<i>PEMAZYRE</i>	1	PA; LA; QL (28 per 28 days)
ORGOVYX	1	PA; LA; QL (30 per 28 days)	<i>pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg</i>	1	B/D PA; MO
ORSERDU ORAL TABLET 345 MG	1	PA; QL (30 per 30 days)	<i>pemetrexed disodium intravenous recon soln 100 mg</i>	1	B/D PA; MO
ORSERDU ORAL TABLET 86 MG	1	PA; QL (90 per 30 days)			
<i>oxaliplatin intravenous recon soln 100 mg</i>	1	B/D PA			
<i>oxaliplatin intravenous recon soln 50 mg</i>	1	B/D PA; MO			

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Drug Name	Drug Tier	Requirements/Limits
pemetrexed disodium intravenous recon soln 750 mg	1	B/D PA
PERJETA	1	B/D PA; MO
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA; MO; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	1	PA; MO; QL (56 per 28 days)
POLIVY	1	PA; MO
POMALYST	1	PA; MO; LA; QL (21 per 28 days)
POTELIGEO	1	PA
PRALATREXATE	1	B/D PA; MO
PROGRAF INTRAVENOUS	1	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET	1	B/D PA; MO
PURIXAN	1	
QINLOCK	1	PA; LA; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
RETEVMO ORAL CAPSULE 40 MG	1	PA; MO; LA; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	1	PA; MO; LA; QL (120 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	1	PA; MO; LA; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	1	PA; MO; LA; QL (90 per 30 days)
REVLIMID	1	PA; MO; LA; QL (28 per 28 days)
REVUFORJ ORAL TABLET 110 MG, 160 MG	1	PA; QL (60 per 30 days)
REVUFORJ ORAL TABLET 25 MG	1	PA; QL (240 per 30 days)
REZLIDHIA	1	PA; QL (60 per 30 days)
REZUROCK	1	PA; LA; QL (30 per 30 days)
romidepsin intravenous recon soln	1	B/D PA
ROMVIMZA	1	PA; LA; QL (8 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK ORAL CAPSULE 100 MG	1	PA; MO; QL (150 per 30 days)	SIGNIFOR	1	PA
ROZLYTREK ORAL CAPSULE 200 MG	1	PA; MO; QL (90 per 30 days)	SIMULECT	1	B/D PA; MO
ROZLYTREK ORAL PELLETS IN PACKET	1	PA; MO; QL (336 per 28 days)	<i>sirolimus oral solution</i>	1	B/D PA; MO
RUBRACA	1	PA; MO; LA; QL (120 per 30 days)	<i>sirolimus oral tablet</i>	1	B/D PA; MO
RUXIENCE	1	PA; MO	SOLTAMOX	1	MO
RYBREVANT	1	PA; MO	SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML	1	PA; MO
RYDAPT	1	PA; MO; QL (224 per 28 days)	<i>sorafenib</i>	1	PA; MO; QL (120 per 30 days)
RYLAZE	1	B/D PA	SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	1	PA; MO; QL (30 per 30 days)
RYTELO	1	PA	SPRYCEL ORAL TABLET 20 MG	1	PA; MO; QL (90 per 30 days)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXT ENDED REL RECON	1	PA; MO	SPRYCEL ORAL TABLET 70 MG	1	PA; MO; QL (60 per 30 days)
SARCLISA	1	PA; LA	STIVARGA	1	PA; MO; QL (84 per 28 days)
SCEMBLIX ORAL TABLET 100 MG	1	PA; QL (120 per 30 days)	<i>sunitinib malate</i>	1	PA; MO; QL (30 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	1	PA; QL (600 per 30 days)			
SCEMBLIX ORAL TABLET 40 MG	1	PA; QL (300 per 30 days)			

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

Drug Name	Drug Tier	Requirements/Limits
TEMODAR INTRAVENOUS	1	B/D PA; MO
<i>temsirolimus</i>	1	B/D PA; MO
TEPMETKO	1	PA; LA
TEVIMBRA	1	PA
THALOMID ORAL CAPSULE 100 MG	1	PA; MO; QL (112 per 28 days)
THALOMID ORAL CAPSULE 50 MG	1	PA; MO; QL (28 per 28 days)
<i>thiotepa injection recon soln 100 mg</i>	1	B/D PA
<i>thiotepa injection recon soln 15 mg</i>	1	B/D PA; MO
TIBSOVO	1	PA
TIVDAK	1	PA; MO
<i>topotecan</i>	1	B/D PA; MO
<i>toremifene</i>	1	MO
<i>torpenz</i>	1	PA; QL (30 per 30 days)
TRAZIMERA	1	B/D PA; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	1	PA; MO
<i>tretinoin (antineoplastic)</i>	1	MO
TRODELVY	1	PA; LA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRUQAP	1	PA; QL (64 per 28 days)	<i>vincristine</i>	1	B/D PA; MO
TUKYSA ORAL TABLET 150 MG	1	PA; LA; QL (120 per 30 days)	<i>vinorelbine</i>	1	B/D PA; MO
TUKYSA ORAL TABLET 50 MG	1	PA; LA; QL (300 per 30 days)	VITRAKVI ORAL CAPSULE 100 MG	1	PA; MO; LA; QL (60 per 30 days)
TURALIO ORAL CAPSULE 125 MG	1	PA; LA; QL (120 per 30 days)	VITRAKVI ORAL CAPSULE 25 MG	1	PA; MO; LA; QL (180 per 30 days)
UNITUXIN	1	B/D PA	VITRAKVI ORAL SOLUTION	1	PA; MO; LA; QL (300 per 30 days)
<i>valrubicin</i>	1	B/D PA; MO	VIZIMPRO	1	PA; MO; QL (30 per 30 days)
VANFLYTA	1	PA; QL (56 per 28 days)	VONJO	1	PA; QL (120 per 30 days)
VECTIBIX	1	B/D PA; MO	VORANIGO ORAL TABLET 10 MG	1	PA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 10 MG	1	PA; LA; QL (60 per 30 days)	VORANIGO ORAL TABLET 40 MG	1	PA; QL (30 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	1	PA; LA; QL (180 per 30 days)	VYLOY INTRAVENOUS RECON SOLN 100 MG	1	PA; LA
VENCLEXTA ORAL TABLET 50 MG	1	PA; LA; QL (30 per 30 days)	VYLOY INTRAVENOUS RECON SOLN 300 MG	1	PA
VENCLEXTA STARTING PACK	1	PA; LA; QL (42 per 180 days)	VYXEOS	1	B/D PA
VERZENIO	1	PA; MO; LA; QL (60 per 30 days)	WELIREG	1	PA; LA
<i>vinblastine</i>	1	B/D PA; MO			

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Drug Name	Drug Tier	Requirements/Limits
XALKORI ORAL CAPSULE	1	PA; MO; QL (60 per 30 days)
XALKORI ORAL PELLET 150 MG	1	PA; MO; QL (180 per 30 days)
XALKORI ORAL PELLET 20 MG, 50 MG	1	PA; MO; QL (120 per 30 days)
XERMELO	1	PA; LA; QL (84 per 28 days)
XOSPATA	1	PA; LA; QL (90 per 30 days)
XPOVIO	1	PA; LA
XTANDI ORAL CAPSULE	1	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	1	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	1	PA; MO; QL (60 per 30 days)
YEROVY	1	B/D PA; MO
YONDELIS	1	B/D PA
ZALTRAP	1	B/D PA; MO
ZANOSAR	1	B/D PA; MO
ZEJULA ORAL TABLET	1	PA; MO; LA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ZELBORAF	1	PA; MO; QL (240 per 30 days)
ZEPZELCA	1	PA
ZIIHERA	1	PA
ZIRABEV	1	B/D PA; MO
ZOLADEX	1	PA; MO
ZOLINZA	1	PA; MO; QL (120 per 30 days)
ZYDELIG	1	PA; MO; QL (60 per 30 days)
ZYKADIA	1	PA; MO; QL (90 per 30 days)
ZYNLONTA	1	PA; LA
ZYNYZ	1	PA; MO
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG	1	MO; QL (180 per 30 days)
APTIOM ORAL TABLET 400 MG	1	MO; QL (90 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	1	MO; QL (60 per 30 days)
BRIVIACT INTRAVENOUS	1	MO; QL (600 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BRIVIACT ORAL SOLUTION	1	MO; QL (600 per 30 days)	clonazepam oral tablet 2 mg	1	MO; QL (300 per 30 days)
BRIVIACT ORAL TABLET	1	MO; QL (60 per 30 days)	clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	1	MO; QL (90 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	MO	clonazepam oral tablet,disintegrating 2 mg	1	MO; QL (300 per 30 days)
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	MO	DIACOMIT	1	PA; LA
<i>carbamazepine oral suspension 100 mg/5 ml (5 ml), 200 mg/10 ml</i>	1		<i>diazepam rectal</i>	1	MO
<i>carbamazepine oral tablet</i>	1	MO	DILANTIN 30 MG	1	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	1	MO	<i>divalproex</i>	1	MO
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	MO	EPIDIOLEX	1	PA; MO; LA
<i>clobazam oral suspension</i>	1	PA; MO; QL (480 per 30 days)	<i>epitol</i>	1	MO
<i>clobazam oral tablet</i>	1	PA; MO; QL (60 per 30 days)	EPRONTIA	1	PA; MO
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)	<i>ethosuximide</i>	1	MO
			<i>felbamate</i>	1	MO
			FINTEPLA	1	PA; LA; QL (360 per 30 days)
			<i>fosphenytoin</i>	1	MO
			FYCOMPA ORAL SUSPENSION	1	MO; QL (720 per 30 days)
			FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	1	MO; QL (30 per 30 days)
			FYCOMPA ORAL TABLET 2 MG	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FYCOMPA ORAL TABLET 4 MG, 6 MG	1	MO; QL (60 per 30 days)	<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	1	MO; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	MO; QL (270 per 30 days)	<i>lacosamide oral tablet 50 mg</i>	1	MO; QL (120 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	MO; QL (360 per 30 days)	<i>lamotrigine oral tablet</i>	1	MO
<i>gabapentin oral solution 250 mg/5 ml</i>	1	MO; QL (2160 per 30 days)	<i>lamotrigine oral tablet, chewable dispersible</i>	1	MO
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	1	QL (2160 per 30 days)	<i>lamotrigine oral tablet,disintegrating</i>	1	MO
<i>gabapentin oral tablet 600 mg</i>	1	MO; QL (180 per 30 days)	<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	1	MO
<i>gabapentin oral tablet 800 mg</i>	1	MO; QL (120 per 30 days)	<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i>	1	
<i>gabapentin oral tablet extended release 24 hr 300 mg</i>	1	PA; MO; QL (30 per 30 days)	<i>levetiracetam intravenous</i>	1	MO
<i>gabapentin oral tablet extended release 24 hr 600 mg</i>	1	PA; MO; QL (90 per 30 days)	<i>levetiracetam oral solution 100 mg/ml</i>	1	MO
<i>lacosamide intravenous</i>	1	MO; QL (1200 per 30 days)	<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	1	
<i>lacosamide oral solution</i>	1	MO; QL (1200 per 30 days)	<i>levetiracetam oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
levetiracetam oral tablet extended release 24 hr	1	MO	phenytoin sodium extended oral capsule 100 mg	1	MO
methsuximide	1	MO	phenytoin sodium extended oral capsule 200 mg, 300 mg	1	
NAYZILAM	1	PA; MO; QL (10 per 30 days)	phenytoin sodium intravenous solution	1	
oxcarbazepine oral suspension	1	MO	pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	1	MO; QL (90 per 30 days)
oxcarbazepine oral tablet	1	MO	pregabalin oral capsule 225 mg, 300 mg	1	MO; QL (60 per 30 days)
phenobarbital oral elixir	1	PA; MO	pregabalin oral solution	1	MO; QL (900 per 30 days)
phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg	1	PA	PRIMIDONE ORAL TABLET 125 MG	1	MO
phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg	1	PA; MO	primidone oral tablet 250 mg, 50 mg	1	MO
phenobarbital sodium injection solution 130 mg/ml	1	MO	roweepra oral tablet 500 mg	1	MO
phenobarbital sodium injection solution 65 mg/ml	1		rufinamide oral suspension	1	PA; MO
phenytoin oral suspension 125 mg/5 ml	1	MO	rufinamide oral tablet 200 mg	1	PA; MO
phenytoin oral tablet, chewable	1	MO			

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Drug Name	Drug Tier	Requirements/Limits
rufinamide oral tablet 400 mg	1	PA; MO
SPRITAM	1	MO
subvenite	1	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	1	PA; MO; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	1	PA; MO; QL (60 per 30 days)
tiagabine	1	MO
topiramate oral capsule, sprinkle 15 mg, 25 mg	1	PA; MO
topiramate oral tablet	1	PA; MO
valproate sodium	1	MO
valproic acid	1	MO
valproic acid (as sodium salt) oral solution 250 mg/5 ml	1	MO
valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)	1	
VALTOCO	1	PA; MO; QL (10 per 30 days)
vigabatrin	1	PA; MO; LA
vigadronе	1	PA; LA

Drug Name	Drug Tier	Requirements/Limits
vigoder	1	PA; LA
XCOPRI MAINTENANCE PACK	1	MO; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	1	MO; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	1	MO; QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	1	MO; QL (28 per 180 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	1	MO; QL (28 per 180 days)
ZONISADE	1	PA; MO
zonisamide	1	PA; MO
ZTALMY	1	PA; LA; QL (1100 per 30 days)

ANTIPARKINSONISM AGENTS

benztropine injection	1	MO
benztropine oral	1	PA; MO

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This drug list was last updated on 06/11/2025.

Drug Name	Drug Tier	Requirements/Limits
bromocriptine	1	MO
carbidopa	1	MO
carbidopa-levodopa	1	MO
carbidopa-levodopa-entacapone	1	MO
entacapone	1	MO
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	1	PA; QL (300 per 30 days)
NEUPRO	1	MO
pramipexole oral tablet	1	MO
rasagiline	1	MO
ropinirole oral tablet	1	MO
ropinirole oral tablet extended release 24 hr	1	MO
selegiline hcl	1	MO
trihexyphenidyl oral tablet	1	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	1	PA; MO; QL (1 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
dihydroergotamine injection	1	
dihydroergotamine nasal	1	QL (8 per 28 days)
EMGALITY PEN	1	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	1	PA; MO; QL (2 per 30 days)
ergotamine-caffeine	1	MO
naratriptan	1	MO; QL (18 per 28 days)
NURTEC ODT	1	PA; QL (16 per 30 days)
QULIPTA	1	PA; MO; QL (30 per 30 days)
rizatriptan oral tablet 10 mg	1	QL (24 per 28 days)
rizatriptan oral tablet 5 mg	1	MO; QL (24 per 28 days)
rizatriptan oral tablet,disintegrating	1	MO; QL (24 per 28 days)
sumatriptan	1	MO; QL (18 per 28 days)
sumatriptan succinate oral	1	MO; QL (18 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml	1	QL (8 per 28 days)	AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	1	PA; MO; QL (30 per 30 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml	1	QL (8 per 28 days)	AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	1	PA; MO; QL (60 per 30 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	1	MO; QL (8 per 28 days)	AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	1	PA; MO; QL (210 per 30 days)
sumatriptan succinate subcutaneous solution	1	MO; QL (8 per 28 days)	AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	1	PA; MO; QL (28 per 180 days)
UBRELVY	1	PA; QL (20 per 30 days)	BRIUMVI	1	PA; MO; QL (24 per 180 days)
MISCELLANEOUS NEUROLOGICAL THERAPY					
AUSTEDO ORAL TABLET 12 MG, 9 MG	1	PA; MO; QL (120 per 30 days)	dalfampridine	1	PA; MO; QL (60 per 30 days)
AUSTEDO ORAL TABLET 6 MG	1	PA; MO; QL (60 per 30 days)	dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg	1	PA; MO; QL (56 per 28 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	1	PA; MO; QL (90 per 30 days)			

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Drug Name	Drug Tier	Requirements/Limits
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	1	PA; MO; QL (120 per 180 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg	1	PA; MO; QL (60 per 30 days)
donepezil oral tablet 10 mg, 5 mg	1	MO
donepezil oral tablet 23 mg	1	MO
donepezil oral tablet,disintegratin g	1	MO
fingolimod	1	PA; MO; QL (30 per 30 days)
galantamine oral capsule,ext rel. pellets 24 hr	1	MO
galantamine oral solution	1	MO
galantamine oral tablet	1	MO
glatiramer subcutaneous syringe 20 mg/ml	1	PA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
glatiramer subcutaneous syringe 40 mg/ml	1	PA; QL (12 per 28 days)
glatopa subcutaneous syringe 20 mg/ml	1	PA; MO; QL (30 per 30 days)
glatopa subcutaneous syringe 40 mg/ml	1	PA; MO; QL (12 per 28 days)
INGREZZA	1	PA; LA; QL (30 per 30 days)
INGREZZA INITIATION PK(TARDIV)	1	PA; LA; QL (28 per 180 days)
INGREZZA SPRINKLE	1	PA; LA; QL (30 per 30 days)
KESIMPTA PEN	1	PA; MO; QL (1.6 per 28 days)
memantine oral capsule,sprinkle,er 24hr	1	PA; MO
memantine oral solution	1	PA; MO
memantine oral tablet	1	PA; MO
memantine- donepezil	1	PA; MO
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	1	PA

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Drug Name	Drug Tier	Requirements/Limits
NAMZARIC ORAL CAPSULE,SPRINK LE,ER 24HR	1	PA; MO
NUEDEXTA	1	PA; MO
RADICAVA ORS	1	PA; MO
RADICAVA ORS STARTER KIT SUSP	1	PA; MO
<i>rivastigmine</i>	1	MO
<i>rivastigmine tartrate</i>	1	MO
<i>teriflunomide</i>	1	PA; MO; QL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	1	PA; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	1	PA; MO; QL (120 per 30 days)
VUMERTY	1	PA; MO; QL (120 per 30 days)
ZEPOSIA	1	PA; MO; QL (30 per 30 days)
ZEPOSIA STARTER KIT (28-DAY)	1	PA; MO; QL (28 per 180 days)
ZEPOSIA STARTER PACK (7-DAY)	1	PA; MO; QL (7 per 180 days)

Drug Name	Drug Tier	Requirements/Limits
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet</i>	1	MO
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	PA; MO
<i>dantrolene intravenous</i>	1	
<i>dantrolene oral</i>	1	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	MO
<i>pyridostigmine bromide oral tablet extended release</i>	1	MO
<i>revonto</i>	1	
<i>tizanidine oral tablet</i>	1	MO
VYVGART	1	PA; MO; LA
VYVGART HYTRULO	1	PA; MO; LA
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120 mg-12 mg/5 ml (5 ml), 300 mg-30 mg /12.5 ml</i>	1	QL (4500 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
acetaminophen-codeine oral solution 120-12 mg/5 ml	1	MO; QL (4500 per 30 days)	fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)	1	
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	1	MO; QL (360 per 30 days)	fentanyl citrate buccal lozenge on a handle 1,200 mcg	1	PA; MO; QL (120 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	1	MO; QL (180 per 30 days)	fentanyl citrate buccal lozenge on a handle 200 mcg	1	PA; MO; QL (120 per 30 days)
BELBUCA	1	PA; MO; QL (60 per 30 days)	fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA; MO; QL (10 per 30 days)
buprenorphine hcl injection syringe	1		hydrocodone-acetaminophen oral solution 10-325 mg/15 ml	1	QL (5550 per 30 days)
buprenorphine hcl sublingual	1	MO	hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	1	MO; QL (5550 per 30 days)
buprenorphine transdermal patch	1	PA; MO; QL (4 per 28 days)	hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	MO; QL (360 per 30 days)
endocet oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg	1	QL (360 per 30 days)	hydrocodone-acetaminophen oral tablet 2.5-325 mg	1	QL (360 per 30 days)
endocet oral tablet 5-325 mg	1	MO; QL (360 per 30 days)			
fentanyl citrate (pf) injection solution	1				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
hydrocodone-ibuprofen oral tablet 7.5-200 mg	1	MO; QL (50 per 30 days)	<i>methadone oral solution 10 mg/5 ml</i>	1	PA; MO; QL (600 per 30 days)
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml, 2 mg/ml	1		<i>methadone oral solution 5 mg/5 ml</i>	1	PA; MO; QL (1200 per 30 days)
hydromorphone injection solution 2 mg/ml	1	MO	<i>methadone oral tablet 10 mg</i>	1	PA; MO; QL (120 per 30 days)
hydromorphone injection syringe 1 mg/ml, 4 mg/ml	1	MO	<i>methadone oral tablet 5 mg</i>	1	PA; MO; QL (240 per 30 days)
hydromorphone injection syringe 2 mg/ml	1		<i>methadose oral concentrate</i>	1	PA; MO; QL (90 per 30 days)
hydromorphone oral liquid	1	MO; QL (2400 per 30 days)	<i>morphine (pf) injection solution 0.5 mg/ml</i>	1	
hydromorphone oral tablet	1	MO; QL (180 per 30 days)	<i>morphine (pf) injection solution 1 mg/ml</i>	1	MO
hydromorphone oral tablet extended release 24 hr	1	PA; MO; QL (60 per 30 days)	<i>morphine concentrate oral solution</i>	1	MO; QL (900 per 30 days)
methadone injection solution	1		<i>morphine injection syringe 4 mg/ml</i>	1	MO
methadone intensol	1	PA; MO; QL (90 per 30 days)	<i>morphine intravenous solution 10 mg/ml, 4 mg/ml</i>	1	MO
methadone oral concentrate	1	PA; QL (90 per 30 days)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	1		OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	1	PA; MO; QL (90 per 30 days)	
<i>morphine oral solution</i>	1	MO; QL (900 per 30 days)	OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 80 MG	1	PA; MO; QL (60 per 30 days)	
<i>morphine oral tablet</i>	1	MO; QL (180 per 30 days)	SUBLOCADE	1	MO	
<i>morphine oral tablet extended release</i>	1	PA; MO; QL (120 per 30 days)	NON-NARCOTIC ANALGESICS			
<i>oxycodone oral capsule</i>	1	MO; QL (360 per 30 days)	<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	MO; QL (60 per 30 days)	
<i>oxycodone oral concentrate</i>	1	MO; QL (180 per 30 days)	<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	1	MO; QL (360 per 30 days)	
<i>oxycodone oral solution</i>	1	MO; QL (1200 per 30 days)	<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	1	MO; QL (90 per 30 days)	
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	1	MO; QL (180 per 30 days)	<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	MO; QL (360 per 30 days)	
<i>oxycodone oral tablet 5 mg</i>	1	MO; QL (360 per 30 days)	<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	MO; QL (90 per 30 days)	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)				
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>	1	QL (360 per 30 days)				

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Drug Name	Drug Tier	Requirements/Limits
<i>butorphanol injection</i>	1	MO
<i>butorphanol nasal</i>	1	MO; QL (10 per 28 days)
<i>celecoxib</i>	1	MO
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	1	
<i>diclofenac potassium oral tablet 50 mg</i>	1	MO
<i>diclofenac sodium oral</i>	1	MO
<i>diclofenac sodium topical gel 1%</i>	1	MO; QL (1000 per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump</i>	1	MO; QL (224 per 28 days)
<i>diclofenac-misoprostol</i>	1	MO
<i>diflunisal</i>	1	MO
<i>etodolac oral capsule</i>	1	MO
<i>etodolac oral tablet</i>	1	MO
<i>etodolac oral tablet extended release 24 hr</i>	1	MO
<i>flurbiprofen oral tablet 100 mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>ibu</i>	1	MO
<i>ibuprofen oral suspension</i>	1	MO
<i>ibuprofen oral tablet 400 mg, 800 mg</i>	1	MO
<i>ibuprofen oral tablet 600 mg</i>	1	
<i>JOURNAVX</i>	1	MO; QL (30 per 90 days)
<i>meloxicam oral tablet</i>	1	MO; QL (30 per 30 days)
<i>nabumetone</i>	1	MO
<i>nalbuphine</i>	1	
<i>naloxone injection solution</i>	1	MO
<i>naloxone injection syringe 0.4 mg/ml (prefilled syringe)</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	MO
<i>naloxone nasal</i>	1	MO
<i>naltrexone</i>	1	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
naproxen sodium oral tablet 275 mg, 550 mg	1	MO	ABILIFY	1	MO; QL (3.2 per 56 days)
oxaprozin oral tablet	1	MO	ASIMTUFII INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 960 MG/3.2 ML		
piroxicam	1	MO	ABILIFY	1	MO; QL (1 per 28 days)
salsalate	1	MO	amitriptyline	1	MO
sulindac	1	MO	amoxapine	1	MO
tramadol oral tablet 50 mg	1	MO; QL (240 per 30 days)	ariPIPRAZOLE oral solution	1	MO
tramadol-acetaminophen	1	MO; QL (240 per 30 days)	ariPIPRAZOLE oral tablet	1	MO; QL (30 per 30 days)
VIVITROL	1	MO	ariPIPRAZOLE oral tablet,disintegrating	1	MO; QL (60 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	1	MO; QL (30 per 30 days)	ARISTADA INITIO	1	MO; QL (4.8 per 365 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	1	MO; QL (60 per 30 days)	ARISTADA INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 1,064 MG/3.9 ML	1	MO; QL (3.9 per 56 days)
PSYCHOTHERAPEUTIC DRUGS			ARISTADA INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 441 MG/1.6 ML	1	MO; QL (1.6 per 28 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 720 MG/2.4 ML	1	MO; QL (2.4 per 56 days)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 662 MG/2.4 ML	1	MO; QL (2.4 per 28 days)	<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	MO; QL (30 per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 882 MG/3.2 ML	1	MO; QL (3.2 per 28 days)	<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	MO; QL (60 per 30 days)
<i>armodafinil</i>	1	PA; MO; QL (30 per 30 days)	<i>buspirone</i>	1	MO
<i>asenapine maleate</i>	1	MO; QL (60 per 30 days)	<i>CAPLYTA</i>	1	MO; QL (30 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	MO; QL (60 per 30 days)	<i>chlorpromazine injection</i>	1	MO
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	MO; QL (30 per 30 days)	<i>chlorpromazine oral</i>	1	MO
AUVELITY	1	ST; QL (60 per 30 days)	<i>citalopram oral solution</i>	1	MO
BELSOMRA	1	PA; QL (30 per 30 days)	<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet</i>	1	MO	<i>clomipramine</i>	1	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	MO; QL (90 per 30 days)	<i>clonidine hcl oral tablet extended release 12 hr</i>	1	MO
			<i>clorazepate dipotassium oral tablet 15 mg</i>	1	PA; MO; QL (180 per 30 days)
			<i>clorazepate dipotassium oral tablet 3.75 mg</i>	1	PA; MO; QL (90 per 30 days)
			<i>clorazepate dipotassium oral tablet 7.5 mg</i>	1	PA; MO; QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>clozapine oral tablet</i>	1		<i>diazepam oral tablet</i>	1	PA; MO; QL (120 per 30 days)
<i>clozapine oral tablet,disintegrating</i>	1		<i>doxepin oral capsule</i>	1	MO
<i>COBENFY</i>	1	MO; QL (60 per 30 days)	<i>doxepin oral concentrate</i>	1	MO
<i>COBENFY STARTER PACK</i>	1	MO; QL (56 per 180 days)	<i>doxepin oral tablet</i>	1	MO; QL (30 per 30 days)
<i>desipramine</i>	1	MO	<i>DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG</i>	1	MO; QL (60 per 30 days)
<i>desvenlafaxine succinate</i>	1	MO; QL (30 per 30 days)	<i>DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG</i>	1	MO; QL (90 per 30 days)
<i>dextroamphetamine oral capsule,extended release 24hr</i>	1	MO	<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	MO; QL (60 per 30 days)
<i>dextroamphetamine oral tablet</i>	1	MO	<i>EMSAM</i>	1	MO
<i>diazepam injection</i>	1	PA	<i>escitalopram oxalate oral solution</i>	1	MO
<i>diazepam intensol</i>	1	PA; MO; QL (240 per 30 days)	<i>escitalopram oxalate oral tablet</i>	1	MO; QL (30 per 30 days)
<i>diazepam oral concentrate</i>	1	PA; QL (240 per 30 days)	<i>eszopiclone</i>	1	MO; QL (30 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	PA; MO; QL (1200 per 30 days)	<i>FANAPT ORAL TABLET</i>	1	ST; MO; QL (60 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	1	PA; QL (1200 per 30 days)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FANAPT ORAL TABLETS,DOSE PACK	1	ST; MO; QL (8 per 180 days)	<i>haloperidol decanoate intramuscular solution 100 mg/ml (1ml), 50 mg/ml(1ml)</i>	1	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	1	QL (28 per 180 days)	<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	MO
FETZIMA ORAL CAPSULE,EXTEN DED RELEASE 24 HR	1	QL (30 per 30 days)	<i>haloperidol lactate injection</i>	1	MO
flumazenil	1		<i>haloperidol lactate intramuscular</i>	1	
fluoxetine oral capsule 10 mg	1	MO; QL (30 per 30 days)	<i>haloperidol lactate oral</i>	1	MO
fluoxetine oral capsule 20 mg	1	MO; QL (90 per 30 days)	<i>imipramine hcl</i>	1	MO
fluoxetine oral capsule 40 mg	1	MO; QL (60 per 30 days)	INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	1	MO; QL (3.5 per 180 days)
fluoxetine oral solution	1	MO	INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	1	MO; QL (5 per 180 days)
fluphenazine decanoate	1	MO	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	1	MO; QL (0.75 per 28 days)
fluphenazine hcl	1	MO			
fluvoxamine oral tablet 100 mg	1	MO; QL (90 per 30 days)			
fluvoxamine oral tablet 25 mg	1	MO; QL (30 per 30 days)			
fluvoxamine oral tablet 50 mg	1	MO; QL (60 per 30 days)			
haloperidol	1	MO			

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

Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	1	MO; QL (2.63 per 90 days)
<i>lithium carbonate</i>	1	MO
<i>lithium citrate</i>	1	
<i>lorazepam injection</i>	1	PA; MO
<i>lorazepam intensol</i>	1	PA; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	1	PA; MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	PA; MO; QL (150 per 30 days)
<i>loxapine succinate</i>	1	MO
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	1	MO; QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i>	1	MO; QL (60 per 30 days)
MARPLAN	1	MO
<i>methylphenidate hcl oral capsule, er biphasic 50-50</i>	1	MO
<i>methylphenidate hcl oral solution</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl oral tablet</i>	1	MO	<i>olanzapine intramuscular</i>	1	MO
<i>methylphenidate hcl oral tablet extended release</i>	1	MO	<i>olanzapine oral tablet</i>	1	MO; QL (30 per 30 days)
<i>methylphenidate hcl oral tablet, chewable</i>	1	MO	<i>olanzapine oral tablet, disintegrating</i>	1	MO; QL (30 per 30 days)
<i>mirtazapine oral tablet</i>	1	MO	<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	1	MO; QL (30 per 30 days)
<i>mirtazapine oral tablet, disintegrating</i>	1	MO	<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	MO; QL (60 per 30 days)
<i>modafinil oral tablet 100 mg</i>	1	PA; MO; QL (30 per 30 days)	<i>paroxetine hcl oral suspension</i>	1	MO
<i>modafinil oral tablet 200 mg</i>	1	PA; MO; QL (60 per 30 days)	<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
<i>molindone oral tablet 10 mg, 25 mg</i>	1		<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
<i>molindone oral tablet 5 mg</i>	1	MO	<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	MO; QL (60 per 30 days)
<i>nefazodone</i>	1	MO	<i>pentobarbital sodium injection solution</i>	1	
<i>nortriptyline oral capsule</i>	1	MO	<i>perphenazine</i>	1	MO
<i>nortriptyline oral solution</i>	1	MO	<i>phenelzine</i>	1	MO
<i>NUPLAZID</i>	1	PA; MO; QL (30 per 30 days)	<i>pimozide</i>	1	MO
			<i>protriptyline</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	MO; QL (90 per 30 days)	<i>risperidone microspheres intramuscular suspension,extended rel recon 50 mg/2 ml</i>	1	MO; QL (2 per 28 days)
quetiapine oral tablet 300 mg, 400 mg	1	MO; QL (60 per 30 days)	<i>risperidone oral solution</i>	1	MO
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	1	MO; QL (30 per 30 days)	<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	1	MO; QL (60 per 30 days)	<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)
RALDESY	1	MO	<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
ramelteon	1	MO; QL (30 per 30 days)	<i>risperidone oral tablet,disintegrating 4 mg</i>	1	MO; QL (120 per 30 days)
REXULTI ORAL TABLET	1	MO; QL (30 per 30 days)	SECUADO	1	MO; QL (30 per 30 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i>	1	MO; QL (2 per 28 days)	<i>sertraline oral concentrate</i>	1	MO
<i>risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml</i>	1	QL (2 per 28 days)	<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
			<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SODIUM OXYBATE (PREFERRED NDCS STARTING WITH 00054)	1	PA; LA; QL (540 per 30 days)	UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 150 MG/0.42 ML	1	MO; QL (0.42 per 56 days)
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	1	PA; MO	UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 200 MG/0.56 ML	1	MO; QL (0.56 per 56 days)
<i>thioridazine</i>	1	MO	UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 250 MG/0.7 ML	1	MO; QL (0.7 per 56 days)
<i>thiothixene</i>	1	MO	UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 50 MG/0.14 ML	1	MO; QL (0.14 per 28 days)
<i>tranylcypromine</i>	1	MO	UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 75 MG/0.21 ML	1	MO; QL (0.21 per 28 days)
<i>trazodone</i>	1	MO	<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i>	1	MO; QL (30 per 30 days)
<i>trifluoperazine</i>	1	MO			
<i>trimipramine</i>	1	MO			
TRINTELLIX	1	QL (30 per 30 days)			
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 100 MG/0.28 ML	1	MO; QL (0.28 per 28 days)			
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 125 MG/0.35 ML	1	MO; QL (0.35 per 28 days)			

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Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	1	MO; QL (90 per 30 days)
VERSACLOZ	1	
<i>vilazodone</i>	1	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	1	MO; QL (30 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	1	MO; QL (30 per 30 days)
<i>ziprasidone hcl</i>	1	MO; QL (60 per 30 days)
<i>ziprasidone mesylate</i>	1	MO
<i>zolpidem oral tablet</i>	1	MO; QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	1	PA; MO; QL (28 per 365 days)
ZURZUVAE ORAL CAPSULE 30 MG	1	PA; MO; QL (14 per 365 days)
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>adenosine</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amiodarone intravenous solution</i>	1	B/D PA; MO
<i>amiodarone oral</i>	1	MO
<i>dofetilide</i>	1	MO
<i>flecainide</i>	1	MO
<i>ibutilide fumarate</i>	1	
<i>lidocaine (pf) intravenous</i>	1	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	1	
<i>mexiletine</i>	1	MO
MULTAQ	1	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	MO
<i>procainamide injection</i>	1	
<i>propafenone oral capsule,extended release 12 hr</i>	1	MO
<i>propafenone oral tablet</i>	1	MO
<i>quinidine sulfate oral tablet</i>	1	MO
<i>sotalol af</i>	1	
<i>sotalol oral</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
ANTIHYPERTENSIVE THERAPY		
acebutolol	1	MO
aliskiren	1	MO
amiloride	1	MO
amiloride-hydrochlorothiazide	1	MO
amlodipine	1	MO
amlodipine-benazepril	1	MO
amlodipine-olmesartan	1	MO
amlodipine-valsartan	1	MO
amlodipine-valsartan-hcthiazide	1	MO
atenolol	1	MO
atenolol-chlorthalidone	1	MO
benazepril	1	MO
benazepril-hydrochlorothiazide	1	MO
betaxolol oral	1	MO
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	MO
bisoprolol-hydrochlorothiazide	1	MO

Drug Name	Drug Tier	Requirements/Limits
bumetanide injection	1	MO
bumetanide oral	1	MO
candesartan	1	MO
candesartan-hydrochlorothiazide	1	MO
captopril	1	MO
captopril-hydrochlorothiazide	1	
cartia xt	1	MO
carvedilol	1	MO
chlorothiazide sodium	1	MO
chlorthalidone oral tablet 25 mg, 50 mg	1	MO
clonidine transdermal patch	1	MO; QL (4 per 28 days)
clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)	1	
clonidine hcl oral tablet	1	MO
diltiazem hcl intravenous	1	
diltiazem hcl oral	1	MO
dilt-xr	1	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (30 per 30 days)	<i>furosemide oral tablet</i>	1	MO
<i>doxazosin oral tablet 8 mg</i>	1	MO; QL (60 per 30 days)	<i>hydralazine</i>	1	MO
<i>EDARBI</i>	1	MO	<i>hydrochlorothiazide</i>	1	MO
<i>EDARBYCLOR</i>	1	MO	<i>indapamide</i>	1	MO
<i>enalapril maleate oral tablet</i>	1	MO	<i>irbesartan</i>	1	MO
<i>enalaprilat intravenous solution</i>	1		<i>irbesartan-hydrochlorothiazide</i>	1	MO
<i>enalapril-hydrochlorothiazide</i>	1	MO	<i>isosorbide-hydralazine</i>	1	MO; QL (180 per 30 days)
<i>eplerenone</i>	1	MO	<i>isradipine</i>	1	
<i>esmolol intravenous solution</i>	1		<i>KERENDIA</i>	1	PA; QL (30 per 30 days)
<i>ethacrynone sodium</i>	1		<i>labetalol intravenous solution</i>	1	
<i>felodipine</i>	1	MO	<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	1	
<i>fosinopril</i>	1	MO	<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	1	MO	<i>lisinopril</i>	1	MO
<i>furosemide injection solution</i>	1	MO	<i>lisinopril-hydrochlorothiazide</i>	1	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	MO	<i>losartan</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>losartan-hydrochlorothiazide</i>	1	MO	<i>nifedipine oral tablet extended release 24hr</i>	1	MO
<i>mannitol 20 %</i>	1		<i>nimodipine oral capsule</i>	1	MO
<i>mannitol 25 % intravenous solution</i>	1	MO	<i>olmesartan</i>	1	MO
<i>matzim la</i>	1	MO	<i>olmesartan-amlodipin-hcthiazid</i>	1	MO
<i>metolazone</i>	1	MO	<i>olmesartan-hydrochlorothiazide</i>	1	MO
<i>metoprolol succinate</i>	1	MO	<i>osmitrol 20 %</i>	1	
<i>metoprolol ta-hydrochlorothiaz</i>	1	MO	<i>perindopril erbumine</i>	1	MO
<i>metoprolol tartrate intravenous</i>	1		<i>phentolamine</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO	<i>pindolol</i>	1	MO
<i>metyrosine</i>	1	PA; MO	<i>prazosin</i>	1	MO
<i>minoxidil oral</i>	1	MO	<i>propranolol intravenous</i>	1	
<i>moexipril</i>	1	MO	<i>propranolol oral capsule,extended release 24 hr</i>	1	MO
<i>nadolol</i>	1	MO	<i>propranolol oral solution 20 mg/5 ml (4 mg/ml)</i>	1	MO
<i>nebivolol</i>	1	MO	<i>propranolol oral solution 40 mg/5 ml (8 mg/ml)</i>	1	
<i>nicardipine intravenous solution</i>	1		<i>propranolol oral tablet</i>	1	MO
<i>nicardipine oral</i>	1	MO			
<i>nifedipine oral tablet extended release</i>	1	MO			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>quinapril</i>	1	MO	UPTRAVI ORAL TABLET	1	PA; MO; LA; QL (60 per 30 days)
<i>quinapril-hydrochlorothiazide</i>	1	MO	UPTRAVI ORAL TABLETS,DOSE PACK	1	PA; MO; LA; QL (200 per 180 days)
<i>ramipril</i>	1	MO	<i>valsartan oral tablet</i>	1	MO
<i>spironolactone oral tablet</i>	1	MO	<i>valsartan-hydrochlorothiazide</i>	1	MO
<i>spironolactone-hydrochlorothiazide</i>	1	MO	<i>veletri</i>	1	B/D PA; MO
<i>telmisartan</i>	1	MO	<i>verapamil intravenous</i>	1	
<i>telmisartanamlodipine</i>	1	MO	<i>verapamil oral capsule, 24 hr er pellet ct</i>	1	MO
<i>telmisartan-hydrochlorothiazide</i>	1	MO	<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	1	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)	<i>verapamil oral tablet</i>	1	MO
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)	<i>verapamil oral tablet extended release</i>	1	MO
<i>tiadylt er</i>	1	MO	COAGULATION THERAPY		
<i>timolol maleate oral</i>	1	MO	<i>aminocaproic acid intravenous</i>	1	MO
<i>torsemide oral</i>	1	MO	<i>aminocaproic acid oral</i>	1	MO
<i>trandolapril</i>	1	MO	<i>aspirin-dipyridamole</i>	1	MO
<i>trandolapril-verapamil</i>	1	MO			
<i>treprostinil sodium</i>	1	PA; MO; LA			
<i>triamterene-hydrochlorothiazide</i>	1	MO			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BRILINTA	1	MO	<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	1	MO; QL (28 per 28 days)
CABLIVI INJECTION KIT	1	PA; LA	<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	1	MO; QL (22.4 per 28 days)
CEPROTIN (BLUE BAR)	1	PA; MO	<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	1	MO; QL (16.8 per 28 days)
CEPROTIN (GREEN BAR)	1	PA; MO	<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	1	MO; QL (11.2 per 28 days)
<i>cilostazol</i>	1	MO	<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	1	MO
<i>clopidogrel oral tablet 300 mg</i>	1	MO	<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	1	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)	<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	1	
<i>dabigatran etexilate</i>	1	MO; QL (60 per 30 days)			
<i>dipyridamole intravenous</i>	1				
<i>dipyridamole oral</i>	1	MO			
DOPTELET (10 TAB PACK)	1	PA; MO; LA			
DOPTELET (15 TAB PACK)	1	PA; MO; LA			
DOPTELET (30 TAB PACK)	1	PA; MO; LA			
ELIQUIS	1	MO; QL (60 per 30 days)			
ELIQUIS DVT-PE TREAT 30D START	1	MO; QL (74 per 180 days)			
<i>enoxaparin subcutaneous solution</i>	1	MO; QL (30 per 30 days)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	1	MO	<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	1	MO	<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	1	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml</i>	1		<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	1	MO
<i>heparin (porcine) injection cartridge</i>	1	MO	<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	MO
<i>heparin (porcine) injection solution</i>	1	MO	<i>HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML</i>	1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	MO	<i>HEPARIN, PORCINE (PF) SUBCUTANEOUS</i>	1	MO
<i>HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML</i>	1		<i>jantoven</i>	1	MO
			<i>pentoxifylline</i>	1	MO
			<i>prasugrel hcl</i>	1	MO
			<i>PROMACTA</i>	1	PA; MO; LA
			<i>protamine</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
rivaroxaban	1	MO; QL (60 per 30 days)
ticagrelor	1	MO
warfarin	1	MO
XARELTO DVT-PE TREAT 30D START	1	MO; QL (51 per 180 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	1	MO; QL (775 per 28 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	1	MO; QL (30 per 30 days)
XARELTO ORAL TABLET 2.5 MG	1	MO; QL (60 per 30 days)
LIPID/CHOLESTEROL LOWERING AGENTS		
amlodipine-atorvastatin	1	MO; QL (30 per 30 days)
atorvastatin	1	MO; QL (30 per 30 days)
cholestyramine (with sugar)	1	MO
cholestyramine light oral powder	1	
cholestyramine light oral powder in packet	1	MO
colesevelam	1	MO

Drug Name	Drug Tier	Requirements/Limits
colestipol oral granules	1	MO
colestipol oral packet	1	
colestipol oral tablet	1	MO
ezetimibe	1	MO
ezetimibe-simvastatin	1	MO; QL (30 per 30 days)
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	1	MO
fenofibrate nanocrystallized	1	MO
fenofibrate oral tablet 160 mg, 54 mg	1	MO
fenofibric acid	1	
fenofibric acid (choline)	1	MO
fluvastatin oral capsule 20 mg	1	MO; QL (30 per 30 days)
fluvastatin oral capsule 40 mg	1	MO; QL (60 per 30 days)
gemfibrozil	1	MO
icosapent ethyl	1	MO
lovastatin oral tablet 10 mg	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
lovastatin oral tablet 20 mg, 40 mg	1	MO; QL (60 per 30 days)	CAMZYOS	1	PA; MO; QL (30 per 30 days)
NEXLETOL	1	PA; MO	digoxin oral solution	1	MO
NEXLIZET	1	PA; MO	digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1	MO
niacin oral tablet 500 mg	1	MO	dobutamine	1	B/D PA
niacin oral tablet extended release 24 hr	1	MO	dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)	1	B/D PA
omega-3 acid ethyl esters	1	MO	dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)	1	B/D PA
pitavastatin calcium	1	MO; QL (30 per 30 days)			
pravastatin	1	MO; QL (30 per 30 days)			
prevalite	1	MO			
REPATHA	1	PA; QL (6 per 28 days)			
REPATHA PUSHTRONEX	1	PA; QL (7 per 28 days)			
REPATHA SURECLICK	1	PA; QL (6 per 28 days)			
rosuvastatin	1	MO; QL (30 per 30 days)			
simvastatin	1	MO; QL (30 per 30 days)			
MISCELLANEOUS CARDIOVASCULAR AGENTS					

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Drug Name	Drug Tier	Requirements/Limits
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	1	B/D PA; MO
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	1	B/D PA
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	1	B/D PA; MO
ENTRESTO	1	QL (60 per 30 days)
ENTRESTO SPRINKLE	1	QL (240 per 30 days)
ivabradine	1	MO; QL (60 per 30 days)
milrinone	1	B/D PA
<i>milrinone in 5 % dextrose</i>	1	B/D PA
<i>norepinephrine bitartrate</i>	1	
ranolazine	1	MO
sodium nitroprusside	1	B/D PA
VERQUVO	1	MO; QL (30 per 30 days)
VYNDAMAX	1	PA; MO

Drug Name	Drug Tier	Requirements/Limits
VYNDAQEL	1	PA; MO
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	MO
<i>isosorbide mononitrate</i>	1	MO
<i>nitro-bid</i>	1	MO
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	1	B/D PA
<i>nitroglycerin intravenous</i>	1	B/D PA
<i>nitroglycerin sublingual</i>	1	MO
<i>nitroglycerin transdermal patch 24 hour</i>	1	MO
<i>nitroglycerin translingual</i>	1	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		

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This drug list was last updated on 06/11/2025.

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
acitretin	1	MO	SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)
calcipotriene scalp	1	MO; QL (120 per 30 days)	SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; MO; QL (1 per 28 days)
calcipotriene topical cream	1	MO; QL (120 per 30 days)	selenium sulfide topical lotion	1	MO
calcipotriene topical ointment	1	MO; QL (120 per 30 days)	SKYRIZI SUBCUTANEOUS PEN INJECTOR	1	PA; MO; QL (2 per 28 days)
COSENTYX (2 SYRINGES)	1	PA; MO; QL (10 per 28 days)	SKYRIZI SUBCUTANEOUS SYRINGE	1	PA; MO; QL (2 per 28 days)
COSENTYX INTRAVENOUS	1	PA; QL (20 per 28 days)	SOTYKTU	1	PA; MO; QL (30 per 30 days)
COSENTYX PEN	1	PA; MO; QL (5 per 28 days)	STELARA INTRAVENOUS	1	PA; MO; QL (104 per 180 days)
COSENTYX PEN (2 PENS)	1	PA; MO; QL (10 per 28 days)	STELARA SUBCUTANEOUS SOLUTION	1	PA; MO; QL (0.5 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; QL (5 per 28 days)	STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; MO; QL (2.5 per 28 days)	STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; MO; QL (1 per 28 days)
COSENTYX UNOREADY PEN	1	PA; MO; QL (10 per 28 days)			
SELARSDI INTRAVENOUS	1	PA; MO; QL (104 per 180 days)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TREMFYA INTRAVENOUS	1	PA; MO; QL (20 per 28 days)	CIBINQO	1	PA; MO; QL (30 per 30 days)
TREMFYA PEN	1	PA; MO; QL (2 per 28 days)	<i>dermacinrx lidocan</i>	1	PA; QL (90 per 30 days)
TREMFYA PEN INDUCTION PK-CROHN	1	PA; MO; QL (12 per 180 days)	<i>diclofenac sodium topical gel 3 %</i>	1	PA; MO; QL (100 per 28 days)
TREMFYA SUBCUTANEOUS	1	PA; MO; QL (2 per 28 days)	DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	1	PA; MO; QL (4.56 per 28 days)
YESINTEK INTRAVENOUS	1	PA; MO; QL (104 per 180 days)	DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	1	PA; MO; QL (8 per 28 days)
YESINTEK SUBCUTANEOUS SOLUTION	1	PA; MO; QL (0.5 per 28 days)	DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	1	PA; MO; QL (4.56 per 28 days)
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)	DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	1	PA; MO; QL (8 per 28 days)
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; MO; QL (1 per 28 days)	<i>fluorouracil topical cream 5 %</i>	1	MO
MISCELLANEOUS DERMATOLOGICALS			<i>fluorouracil topical solution</i>	1	MO
ADBRY	1	PA; MO; QL (6 per 28 days)	glydo	1	MO; QL (60 per 30 days)
<i>ammonium lactate</i>	1	MO	<i>imiquimod topical cream in packet 5 %</i>	1	MO
<i>chloroprocaine (pf)</i>	1				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine (pf) injection solution</i>	1		<i>lidocaine-prilocaine topical cream</i>	1	MO; QL (30 per 30 days)
<i>lidocaine hcl injection solution</i>	1		<i>lidocan iii</i>	1	PA; QL (90 per 30 days)
<i>lidocaine hcl laryngotracheal</i>	1		<i>lidocan iv</i>	1	PA; QL (90 per 30 days)
<i>lidocaine hcl mucous membrane jelly</i>	1	MO; QL (60 per 30 days)	<i>lidocan v</i>	1	PA; QL (90 per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	MO; QL (60 per 30 days)	<i>methoxsalen</i>	1	MO
<i>lidocaine hcl mucous membrane solution 2 %</i>	1	MO	<i>PANRETIN</i>	1	PA; MO
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	MO	<i>pimecrolimus</i>	1	PA; MO; QL (100 per 30 days)
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	PA; MO; QL (90 per 30 days)	<i>podofilox topical solution</i>	1	MO
<i>lidocaine topical ointment</i>	1	MO; QL (36 per 30 days)	<i>poloclaine injection solution 1 % (10 mg/ml)</i>	1	
<i>lidocaine viscous</i>	1		<i>poloclaine-mdpf</i>	1	
<i>lidocaine-epinephrine</i>	1		<i>REGRANEX</i>	1	QL (15 per 30 days)
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000</i>	1		<i>SANTYL</i>	1	MO; QL (180 per 30 days)
			<i>silver sulfadiazine</i>	1	MO
			<i>ssd</i>	1	MO
			<i>tacrolimus topical</i>	1	PA; MO; QL (100 per 30 days)
			<i>tridacaine ii</i>	1	PA; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VALCHLOR	1	PA; MO
THERAPY FOR ACNE		
accutane	1	
amnesteem	1	
azelaic acid	1	MO
claravis	1	
clindamycin phosphate topical gel	1	MO; QL (120 per 30 days)
clindamycin phosphate topical gel, once daily	1	MO; QL (150 per 30 days)
clindamycin phosphate topical lotion	1	MO; QL (120 per 30 days)
clindamycin phosphate topical solution	1	MO; QL (120 per 30 days)
ery pads	1	MO
erythromycin with ethanol topical solution	1	MO
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
metronidazole topical	1	MO
tazarotene topical cream	1	PA; MO
tazarotene topical gel	1	PA; MO

Drug Name	Drug Tier	Requirements/Limits
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	1	PA; MO
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	1	PA; MO
TOPICAL ANTIBACTERIALS		
gentamicin topical	1	MO; QL (60 per 30 days)
mupirocin	1	MO; QL (44 per 30 days)
sulfacetamide sodium (acne)	1	MO
TOPICAL ANTIFUNGALS		
ciclodan topical solution	1	QL (6.6 per 28 days)
ciclopirox topical cream	1	MO; QL (90 per 28 days)
ciclopirox topical gel	1	MO; QL (100 per 28 days)
ciclopirox topical shampoo	1	MO; QL (120 per 28 days)
ciclopirox topical solution	1	MO; QL (6.6 per 28 days)
ciclopirox topical suspension	1	MO; QL (60 per 28 days)
clotrimazole topical cream	1	MO; QL (45 per 28 days)
clotrimazole topical solution	1	MO; QL (30 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole-betamethasone topical cream</i>	1	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	1	MO; QL (60 per 28 days)
<i>econazole nitrate</i>	1	MO; QL (85 per 28 days)
<i>ketoconazole topical cream</i>	1	MO; QL (60 per 28 days)
<i>ketoconazole topical shampoo</i>	1	MO; QL (120 per 28 days)
<i>klayesta</i>	1	MO; QL (180 per 30 days)
<i>naftifine topical gel</i>	1	MO; QL (60 per 28 days)
<i>nyamyc</i>	1	MO; QL (180 per 30 days)
<i>nystatin topical cream</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	1	MO; QL (180 per 30 days)
<i>nystatin-triamcinolone</i>	1	MO; QL (60 per 28 days)
<i>nystop</i>	1	MO; QL (180 per 30 days)
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment</i>	1	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>penciclovir</i>	1	MO; QL (5 per 30 days)
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1%</i>	1	MO
<i>alclometasone</i>	1	
<i>betamethasone dipropionate</i>	1	MO
<i>betamethasone valerate topical cream</i>	1	MO
<i>betamethasone valerate topical lotion</i>	1	MO
<i>betamethasone valerate topical ointment</i>	1	MO
<i>betamethasone, augmented topical cream</i>	1	MO
<i>betamethasone, augmented topical gel</i>	1	MO
<i>betamethasone, augmented topical lotion</i>	1	MO
<i>betamethasone, augmented topical ointment</i>	1	MO
<i>clobetasol scalp</i>	1	MO; QL (100 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol topical cream 0.05 %</i>	1	MO; QL (120 per 28 days)	<i>fluocinonide-emollient</i>	1	MO; QL (120 per 30 days)
<i>clobetasol topical foam</i>	1	MO; QL (100 per 28 days)	<i>fluticasone propionate topical cream</i>	1	MO
<i>clobetasol topical gel</i>	1	MO; QL (120 per 28 days)	<i>fluticasone propionate topical ointment</i>	1	MO
<i>clobetasol topical lotion</i>	1	MO; QL (118 per 28 days)	<i>halobetasol propionate topical cream</i>	1	MO
<i>clobetasol topical ointment</i>	1	MO; QL (120 per 28 days)	<i>halobetasol propionate topical ointment</i>	1	MO
<i>clobetasol topical shampoo</i>	1	MO; QL (236 per 28 days)	<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	MO
<i>clobetasol-emollient topical cream</i>	1	MO; QL (120 per 28 days)	<i>hydrocortisone topical lotion 2.5 %</i>	1	MO
<i>desonide topical cream</i>	1	MO	<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	MO
<i>desonide topical ointment</i>	1	MO	<i>mometasone topical</i>	1	MO
<i>fluocinolone</i>	1	MO	<i>prednicarbate topical ointment</i>	1	
<i>fluocinolone and shower cap</i>	1	MO	<i>triamcinolone acetonide topical cream</i>	1	MO
<i>fluocinonide topical cream 0.05 %</i>	1	MO; QL (120 per 30 days)	<i>triamcinolone acetonide topical lotion</i>	1	MO
<i>fluocinonide topical gel</i>	1	MO; QL (120 per 30 days)			
<i>fluocinonide topical ointment</i>	1	MO; QL (120 per 30 days)			
<i>fluocinonide topical solution</i>	1	MO; QL (120 per 30 days)			

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Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	MO
<i>triderm topical cream 0.5 %</i>	1	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>malathion</i>	1	MO
<i>permethrin</i>	1	MO; QL (60 per 30 days)
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
<i>acetylcysteine intravenous</i>	1	
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</i>	1	
<i>neomycin-polymyxin b gu</i>	1	
<i>ringer's irrigation</i>	1	MO
MISCELLANEOUS AGENTS		
<i>acamprostate</i>	1	MO
<i>acetic acid irrigation</i>	1	MO
<i>anagrelide</i>	1	MO
<i>caffeine citrate intravenous</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>caffeine citrate oral</i>	1	MO
<i>carglumic acid</i>	1	PA; MO
<i>cevimeline</i>	1	MO
<i>CHEMET</i>	1	PA
<i>CLINIMIX 4.25%/D5W SULFIT FREE</i>	1	B/D PA
<i>d10 %-0.45 % sodium chloride</i>	1	
<i>d2.5 %-0.45 % sodium chloride</i>	1	
<i>d5 % and 0.9 % sodium chloride</i>	1	MO
<i>d5 %-0.45 % sodium chloride</i>	1	MO
<i>deferasirox oral granules in packet</i>	1	PA; MO
<i>deferasirox oral tablet</i>	1	PA; MO
<i>deferasirox oral tablet, dispersible 125 mg</i>	1	PA; MO
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>	1	PA; MO
<i>deferiprone</i>	1	PA; MO
<i>deferoxamine</i>	1	B/D PA; MO
<i>dextrose 10 % and 0.2 % nacl</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
dextrose 10 % in water (d10w)	1		levocarnitine oral tablet	1	MO
dextrose 25 % in water (d25w)	1		LOKELMA	1	MO
dextrose 5 % in water (d5w)	1	MO	midodrine	1	MO
dextrose 5 %-lactated ringers	1	MO	nitisinone	1	PA; MO
dextrose 5%-0.2 % sod chloride	1		pilocarpine hcl oral	1	MO
dextrose 5%-0.3 % sod.chloride	1		PROLASTIN-C INTRAVENOUS SOLUTION	1	PA; MO; LA
dextrose 50 % in water (d50w)	1		REZDIFFRA	1	PA; MO; QL (30 per 30 days)
dextrose 70 % in water (d70w)	1		riluzole	1	PA; MO
disulfiram oral tablet 250 mg	1	MO	risedronate oral tablet 30 mg	1	MO; QL (30 per 30 days)
disulfiram oral tablet 500 mg	1		sevelamer carbonate oral tablet	1	PA; MO
droxidopa	1	PA; MO	sodium benzoate-sod phenylacet	1	
glutamine (sickle cell)	1	PA; MO	sodium chloride 0.9 % intravenous	1	MO
INCRELEX	1	LA	sodium chloride irrigation	1	MO
kionex (with sorbitol)	1		sodium phenylbutyrate oral powder	1	PA; MO
levocarnitine (with sugar)	1	MO	sodium phenylbutyrate oral tablet	1	PA
levocarnitine oral solution 100 mg/ml	1	MO			

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Drug Name	Drug Tier	Requirements/Limits
sodium polystyrene sulfonate oral powder	1	MO
sps (with sorbitol) oral	1	MO
sps (with sorbitol) rectal	1	
trientine oral capsule 250 mg	1	PA; MO
VELPHORO	1	PA; MO
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 25.2 GRAM	1	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 8.4 GRAM	1	MO
water for irrigation, sterile	1	MO
XIAFLEX	1	PA
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	1	PA; MO
SMOKING DETERRENTS		
bupropion hcl (smoking deter)	1	MO
NICOTROL NS	1	MO

Drug Name	Drug Tier	Requirements/Limits
varenicline tartrate oral tablet 0.5 mg, 1 mg	1	MO
varenicline tartrate oral tablet 1 mg (56 pack)	1	
varenicline tartrate oral tablets, dose pack	1	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal spray, non-aerosol 137 mcg (0.1 %)	1	MO; QL (60 per 30 days)
azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)	1	QL (60 per 30 days)
chlorhexidine gluconate mucous membrane	1	MO
denta 5000 plus	1	MO
dentagel	1	MO
fluoride (sodium) dental cream	1	
fluoride (sodium) dental gel	1	
fluoride (sodium) dental paste	1	MO
ipratropium bromide nasal	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
kourzeq	1	
oralone	1	
periogard	1	MO
sf	1	MO
sf 5000 plus	1	MO
sodium fluoride 5000 dry mouth	1	MO
sodium fluoride 5000 plus	1	
sodium fluoride- pot nitrate	1	MO
triamcinolone acetonide dental	1	MO
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear)	1	MO
ciprofloxacin hcl otic (ear)	1	MO
flac otic oil	1	
fluocinolone acetonide oil	1	MO
hydrocortisone- acetic acid	1	MO
ofloxacin otic (ear)	1	MO
OTIC STEROID / ANTIBIOTIC		
ciprofloxacin- dexamethasone	1	MO; QL (7.5 per 7 days)

Drug Name	Drug Tier	Requirements/Limits
neomycin- polymyxin-hc otic (ear)	1	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
cortisone	1	
dexamethasone intensol	1	MO
dexamethasone oral elixir	1	MO
dexamethasone oral solution	1	
dexamethasone oral tablet	1	MO
dexamethasone sodium phos (pf) injection solution 10 mg/ml	1	MO
dexamethasone sodium phosphate injection	1	MO
fludrocortisone	1	MO
hydrocortisone oral	1	MO
methylprednisolon e acetate	1	MO
methylprednisolon e oral tablet	1	B/D PA; MO
methylprednisolon e oral tablets, dose pack	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	1	MO
<i>methylprednisolone sodium succ intravenous</i>	1	MO
<i>prednisolone oral solution</i>	1	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>	1	MO
<i>prednisone intensol</i>	1	MO
<i>prednisone oral solution</i>	1	MO
<i>prednisone oral tablet</i>	1	MO
<i>prednisone oral tablets, dose pack</i>	1	MO
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	1	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	1	MO; QL (180 per 30 days)
<i>alcohol pads</i>	1	PA; MO
<i>BAQSIMI</i>	1	MO
<i>BYDUREON BCISE</i>	1	PA; QL (4 per 28 days)
<i>diazoxide</i>	1	MO
<i>DROPSAFE ALCOHOL PREP PADS</i>	1	PA
<i>exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml</i>	1	PA; QL (2.4 per 30 days)
<i>FARXIGA ORAL TABLET 10 MG</i>	1	MO; QL (30 per 30 days)
<i>FARXIGA ORAL TABLET 5 MG</i>	1	MO; QL (60 per 30 days)
<i>FREESTYLE INSULIN X STRIP</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FREESTYLE INSULINX TEST STRIPS	1	MO	glipizide- <i>metformin oral</i> tablet 2.5-500 mg, 5-500 mg	1	MO; QL (120 per 30 days)
FREESTYLE LITE STRIPS	1	MO	GLYXAMBI	1	MO; QL (30 per 30 days)
FREESTYLE PRECISION NEO STRIPS	1	MO	GVOKE	1	MO
FREESTYLE TEST	1	MO	GVOKE	1	
<i>glimepiride oral</i> tablet 1 mg	1	MO; QL (240 per 30 days)	HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML		
<i>glimepiride oral</i> tablet 2 mg	1	MO; QL (120 per 30 days)	GVOKE	1	MO
<i>glimepiride oral</i> tablet 4 mg	1	MO; QL (60 per 30 days)	HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML		
<i>glipizide oral tablet</i> 10 mg	1	MO; QL (120 per 30 days)	GVOKE	1	MO
<i>glipizide oral tablet</i> 5 mg	1	MO; QL (240 per 30 days)	HYPOPEN 2- PACK		
<i>glipizide oral tablet</i> <i>extended release</i> 24hr 10 mg	1	MO; QL (60 per 30 days)	GVOKE PFS 1- PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	1	MO
<i>glipizide oral tablet</i> <i>extended release</i> 24hr 2.5 mg	1	MO; QL (240 per 30 days)	GVOKE PFS 2- PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	1	MO
<i>glipizide oral tablet</i> <i>extended release</i> 24hr 5 mg	1	MO; QL (120 per 30 days)	HUMALOG JUNIOR KWIKPEN U-100	1	MO
<i>glipizide-</i> <i>metformin oral</i> tablet 2.5-250 mg	1	MO; QL (240 per 30 days)			

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This drug list was last updated on 06/11/2025.

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HUMALOG	1	MO	INPEFA	1	PA; MO; QL (30 per 30 days)
KWIKPEN			INSULIN LISPRO SUBCUTANEOUS SOLUTION	1	MO
INSULIN			JANUMET	1	MO; QL (60 per 30 days)
HUMALOG MIX 50-50 KWIKPEN	1	MO	JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	1	MO; QL (30 per 30 days)
HUMALOG MIX 75-25 KWIKPEN	1	MO	JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	1	MO; QL (60 per 30 days)
HUMALOG MIX 75-25(U-100)INSULN	1	MO	JANUVIA	1	MO; QL (30 per 30 days)
HUMALOG U-100 INSULIN	1	MO	JARDIANCE	1	MO; QL (30 per 30 days)
HUMULIN 70/30 U-100 INSULIN	1	MO	JENTADUETO	1	MO; QL (60 per 30 days)
HUMULIN 70/30 U-100 KWIKPEN	1	MO	JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	1	MO; QL (60 per 30 days)
HUMULIN N NPH INSULIN KWIKPEN	1	MO	JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	1	MO; QL (30 per 30 days)
HUMULIN N NPH U-100 INSULIN	1	MO			
HUMULIN R REGULAR U-100 INSULN	1	MO			
HUMULIN R U-500 (CONC) INSULIN	1	MO			
HUMULIN R U-500 (CONC) KWIKPEN	1	MO			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LANTUS SOLOSTAR U-100 INSULIN	1	MO	<i>nateglinide oral tablet 60 mg</i>	1	MO; QL (180 per 30 days)
LANTUS U-100 INSULIN	1	MO	ONETOUCH ULTRA TEST	1	MO
LYUMJEV KWIKPEN U-100 INSULIN	1	MO	ONETOUCH VERIO TEST STRIPS	1	MO
LYUMJEV KWIKPEN U-200 INSULIN	1	MO	OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	1	PA; MO; QL (3 per 28 days)
LYUMJEV U-100 INSULIN	1	MO	<i>pioglitazone</i>	1	MO; QL (30 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)	PRECISION XTRA TEST	1	MO
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)	<i>repaglinide oral tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)	<i>repaglinide oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)	<i>repaglinide oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (60 per 30 days)	RYBELSUS	1	PA; MO; QL (30 per 30 days)
MOUNJARO	1	PA; MO; QL (2 per 28 days)	<i>saxagliptin</i>	1	MO; QL (30 per 30 days)
<i>nateglinide oral tablet 120 mg</i>	1	MO; QL (90 per 30 days)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg	1	MO; QL (60 per 30 days)	SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	1	MO; QL (30 per 30 days)
saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg	1	MO; QL (30 per 30 days)	SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	1	MO; QL (60 per 30 days)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	1	MO; QL (60 per 30 days)	TOUJEO MAX U-300 SOLOSTAR	1	MO
SEGLUROMET ORAL TABLET 2.5-500 MG	1	MO; QL (120 per 30 days)	TOUJEO SOLOSTAR U-300 INSULIN	1	MO
SOLIQUA 100/33	1	MO; QL (90 per 30 days)	TRADJENTA	1	MO; QL (30 per 30 days)
STEGLATRO	1	MO; QL (30 per 30 days)	TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	1	MO; QL (30 per 30 days)
SYMLINPEN 120	1	PA; MO; QL (10.8 per 30 days)	TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	1	MO; QL (60 per 30 days)
SYMLINPEN 60	1	PA; MO; QL (6 per 30 days)	TRULICITY	1	PA; MO; QL (2 per 28 days)
SYNJARDY	1	MO; QL (60 per 30 days)			

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Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	1	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	1	MO; QL (60 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME	1	PA; MO
<i>cabergoline</i>	1	MO
<i>calcitonin (salmon) injection</i>	1	MO
<i>calcitonin (salmon) nasal</i>	1	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	
<i>calcitriol oral capsule</i>	1	MO
<i>calcitriol oral solution</i>	1	
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	1	PA; MO
<i>cinacalcet oral tablet 90 mg</i>	1	PA; MO
<i>clomid</i>	1	PA; MO
<i>clomiphene citrate</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
CRYSVITA	1	PA; MO; LA
<i>danazol</i>	1	MO
<i>desmopressin injection</i>	1	MO
<i>desmopressin nasal spray with pump</i>	1	MO
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin oral</i>	1	MO
<i>doxercalciferol intravenous</i>	1	MO
<i>doxercalciferol oral</i>	1	MO
ELAPRASE	1	PA; MO
FABRAZYME	1	PA; MO
KANUMA	1	PA; MO
LUMIZYME	1	PA; MO
MEPSEVII	1	PA; MO
<i>mifepristone oral tablet 300 mg</i>	1	PA; MO
NAGLAZYME	1	PA; MO; LA
<i>pamidronate intravenous solution</i>	1	MO
<i>paricalcitol intravenous</i>	1	
<i>paricalcitol oral</i>	1	MO
<i>sapropterin</i>	1	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	1	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	1	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	1	PA; MO; QL (180 per 30 days)
<i>tolvaptan</i>	1	PA; MO
<i>tolvaptan (polycys kidney dis) oral tablet</i>	1	PA
VIMIZIM	1	PA; MO; LA
<i>zoledronic acid intravenous solution</i>	1	B/D PA; MO
THYROID HORMONES		
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>euthyrox oral tablet 200 mcg</i>	1	MO
<i>levo-t</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
levothyroxine <i>intravenous recon soln</i>	1	
levothyroxine oral tablet	1	MO
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	MO
liothyronine	1	MO
unithroid	1	MO

GASTROENTEROLOGY

ANTIDIARRHEALS / ANTISPASMODICS

atropine injection solution 0.4 mg/ml	1	
atropine injection syringe 0.1 mg/ml	1	
atropine <i>intravenous</i> solution 0.4 mg/ml	1	
atropine <i>intravenous syringe</i> 0.25 mg/5 ml (0.05 mg/ml)	1	
dicyclomine <i>intramuscular</i>	1	MO
dicyclomine oral capsule	1	MO

Drug Name	Drug Tier	Requirements/Limits
dicyclomine oral solution	1	MO
dicyclomine oral tablet	1	MO
diphenoxylate-atropine oral liquid	1	
diphenoxylate-atropine oral tablet	1	MO
glycopyrrolate (pf) in water <i>intravenous syringe</i> 0.4 mg/2 ml (0.2 mg/ml)	1	MO
glycopyrrolate injection	1	MO
glycopyrrolate oral tablet 1 mg, 2 mg	1	MO
loperamide oral capsule	1	MO
opium tincture	1	MO

MISCELLANEOUS GASTROINTESTINAL AGENTS

alosetron oral tablet 0.5 mg	1	PA; MO
alosetron oral tablet 1 mg	1	PA; MO
aprepitant	1	B/D PA; MO
balsalazide	1	MO
betaine	1	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
budesonide oral capsule, delayed, extend.release	1	MO	ENTYVIO	1	PA; MO; QL (2 per 28 days)
budesonide oral tablet, delayed and ext.release	1	MO	enulose	1	MO
CIMZIA POWDER FOR RECONST	1	PA; MO; QL (2 per 28 days)	Gattex 30-VIAL	1	PA; MO
CIMZIA STARTER KIT	1	PA; MO; QL (3 per 180 days)	GATTEx ONE-VIAL	1	PA; MO
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	1	PA; MO; QL (2 per 28 days)	gavilyte-c	1	MO
CINVANTI	1	MO	gavilyte-g	1	MO
compro	1	MO	gavilyte-n	1	
constulose	1	MO	generlac	1	MO
CORTIFOAM	1	MO	granisetron (pf) intravenous solution 1 mg/ml (1 ml)	1	MO
CREON	1	MO	granisetron hcl intravenous solution 1 mg/ml	1	MO
cromolyn oral	1	MO	granisetron hcl intravenous solution 1 mg/ml (1 ml)	1	
dimenhydrinate injection solution	1	MO	granisetron hcl oral	1	B/D PA; MO
dronabinol oral capsule 10 mg, 5 mg	1	B/D PA; MO	hydrocortisone rectal	1	MO
dronabinol oral capsule 2.5 mg	1	B/D PA	hydrocortisone topical cream with perineal applicator	1	MO
droperidol injection solution	1	MO	lactulose oral solution	1	MO

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Drug Name	Drug Tier	Requirements/Limits
LINZESS	1	MO; QL (30 per 30 days)
<i>lubiprostone</i>	1	MO; QL (60 per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>mesalamine oral capsule (with delayed release tablets)</i>	1	MO
<i>mesalamine oral capsule, extended release</i>	1	
<i>mesalamine oral capsule, extended release 24hr</i>	1	MO
<i>mesalamine oral tablet, delayed release (dr/ec)</i>	1	MO
<i>mesalamine rectal</i>	1	MO
<i>mesalamine with cleansing wipe</i>	1	MO
<i>metoclopramide hcl injection solution</i>	1	MO
<i>metoclopramide hcl injection syringe</i>	1	
<i>metoclopramide hcl oral solution</i>	1	MO
<i>metoclopramide hcl oral tablet</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin rectal</i>	1	MO
<i>OCALIVA</i>	1	PA; MO; LA; QL (30 per 30 days)
<i>ondansetron hcl (pf) injection solution</i>	1	MO
<i>ondansetron hcl (pf) injection syringe</i>	1	
<i>ondansetron hcl intravenous</i>	1	MO
<i>ondansetron hcl oral solution</i>	1	B/D PA; MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D PA; MO
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	1	B/D PA; MO
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	1	MO
<i>palonosetron intravenous syringe</i>	1	
<i>peg 3350-electrolytes</i>	1	
<i>peg-electrolyte</i>	1	MO
<i>prochlorperazine</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	1	MO	SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	1	PA; MO; QL (1.2 per 56 days)
<i>prochlorperazine maleate oral</i>	1	MO	SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	1	PA; MO; QL (2.4 per 56 days)
<i>procto-med hc</i>	1	MO	sodium,potassium, mag sulfates oral recon soln 17.5-3.13-1.6 gram	1	MO
<i>proctosol hc topical</i>	1	MO	sodium,potassium, mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)	1	
<i>protozone-hc</i>	1	MO	SUCRAID	1	PA
RELISTOR SUBCUTANEOUS SOLUTION	1	ST; MO; QL (18 per 30 days)	<i>sulfasalazine</i>	1	MO
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	1	ST; MO; QL (18 per 30 days)	SYMPROIC	1	MO; QL (30 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	1	ST; MO; QL (12 per 30 days)	TRULANCE	1	QL (30 per 30 days)
REMICADE	1	PA; MO; QL (20 per 28 days)	<i>ursodiol oral capsule 300 mg</i>	1	MO
SANCUSO	1	MO	<i>ursodiol oral tablet</i>	1	MO
<i>scopolamine base</i>	1	MO	VARUBI	1	B/D PA
SKYRIZI INTRAVENOUS	1	PA; MO; QL (30 per 180 days)	VIBERZI	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VOWST	1	PA; LA
ZENPEP ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	1	MO
ZENPEP ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 60,000-189,600- 252,600 UNIT	1	MO
ZYMFENTRA	1	PA; MO; QL (2 per 28 days)
ULCER THERAPY		
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	1	MO; QL (60 per 30 days)
esomeprazole sodium intravenous recon soln 40 mg	1	MO
famotidine (pf)	1	MO
famotidine (pf)-nacl (iso-os)	1	MO
famotidine intravenous	1	MO
famotidine oral tablet 20 mg, 40 mg	1	MO
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	1	MO; QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	1	MO; QL (60 per 30 days)
misoprostol	1	MO
nizatidine oral capsule	1	MO
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
omeprazole oral capsule, delayed release (dr/ec) 40 mg	1	MO; QL (60 per 30 days)
pantoprazole intravenous	1	MO
pantoprazole oral tablet, delayed release (dr/ec) 20 mg	1	MO; QL (30 per 30 days)
pantoprazole oral tablet, delayed release (dr/ec) 40 mg	1	MO; QL (60 per 30 days)
sucralfate oral suspension	1	MO
sucralfate oral tablet	1	MO

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	1	PA; MO
ARCALYST	1	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	1	PA; MO; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	1	PA; MO; QL (1 per 28 days)
BESREMI	1	PA; LA

Drug Name	Drug Tier	Requirements/Limits
BETASERON SUBCUTANEOUS KIT	1	PA; MO; QL (14 per 28 days)
FULPHILA	1	PA; MO
ILARIS (PF)	1	PA; MO; LA; QL (2 per 28 days)
NIVESTYM	1	PA; MO
NYVEPRIA	1	PA; MO
OMNITROPE	1	PA; MO
PEGASYS SUBCUTANEOUS SOLUTION	1	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	1	MO; QL (2 per 28 days)
PLEGRIDY INTRAMUSCULAR	1	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	1	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	1	PA; MO; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML - 94 MCG/0.5 ML	1	PA; MO; QL (1 per 180 days)
plerixafor	1	B/D PA; MO
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	1	PA; MO
RELEUKO SUBCUTANEOUS	1	PA; MO
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA; MO

Drug Name	Drug Tier	Requirements/Limits
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	1	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
IMMUNOLOGICALS		
ABRYSVO (PF)	1	V
ACTHIB (PF)	1	
ADACEL(TDAP ADOLESN/ADULT)(PF)	1	V
AREXVY (PF)	1	V
BCG VACCINE, LIVE (PF)	1	V
BEXZERO	1	V
BOOSTRIX TDAP	1	V
DAPTACEL (DTAP PEDIATRIC) (PF)	1	
DENGVAXIA (PF)	1	
ENGERIX-B (PF)	1	B/D PA; V
ENGERIX-B PEDIATRIC (PF)	1	B/D PA; V
fomepizole	1	
GAMASTAN	1	MO
GARDASIL 9 (PF)	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	V

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	1		PENBRAYA (PF)	1	V
HEPLISAV-B (PF)	1	B/D PA; V	PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG- 5LF- 62 DU/0.5 ML	1	
HIBERIX (PF)	1		PRIORIX (PF)	1	V
HIZENTRA	1	B/D PA; MO	PRIVIGEN	1	PA; MO
HYPERHEP B	1		PROQUAD (PF)	1	
HYPERHEP B NEONATAL	1		QUADRACEL (PF)	1	
IMOVAX RABIES VACCINE (PF)	1	V	RABAVERT (PF)	1	V
INFANRIX (DTAP) (PF)	1		RECOMBIVAX HB (PF)	1	B/D PA; V
IPOPOL	1	V	ROTARIX ORAL SUSPENSION	1	
IXCHIQ (PF)	1	V	ROTATEQ VACCINE	1	
IXIARO (PF)	1	V	SHINGRIX (PF)	1	V; QL (2 per 720 days)
JYNNEOS (PF)	1	B/D PA; V	TENIVAC (PF)	1	V
KINRIX (PF)	1		TICE BCG	1	B/D PA
MENACTRA (PF) INTRAMUSCULAR SOLUTION	1	V	TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	1	
MENQUADFI (PF)	1	V	TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	1	V
MENVEO A-C-Y- W-135-DIP (PF)	1	V	TRUMENBA	1	V
M-M-R II (PF)	1	V	TWINRIX (PF)	1	V
MRESVIA (PF)	1	V			
PEDIARIX (PF)	1				
PEDVAX HIB (PF)	1				

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This drug list was last updated on 06/11/2025.

Drug Name	Drug Tier	Requirements/Limits
TYPHIM VI	1	V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	1	V
VARIVAX (PF)	1	V
VARIZIG	1	
VAXCHORA VACCINE	1	V
VIMKUNYA	1	V
VIVOTIF	1	MO; V
YF-VAX (PF)	1	V
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		
NOVO PEN NEEDLE	1	PA; MO
CEQUR SIMPLICITY	1	MO

Drug Name	Drug Tier	Requirements/Limits
CEQUR	1	MO
SIMPLICITY INSERTER		
DEXCOM G6 RECEIVER	1	MO
DEXCOM G6 SENSOR	1	MO
DEXCOM G6 TRANSMITTER	1	MO
DEXCOM G7 RECEIVER	1	MO
DEXCOM G7 SENSOR	1	
FREESTYLE FREEDOM LITE	1	MO
FREESTYLE INSULINX	1	
FREESTYLE LIBRE 14 DAY READER	1	
FREESTYLE LIBRE 14 DAY SENSOR	1	
FREESTYLE LIBRE 2 PLUS SENSOR	1	MO
FREESTYLE LIBRE 2 READER	1	MO
FREESTYLE LIBRE 2 SENSOR	1	

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Drug Name	Drug Tier	Requirements/Limits
FREESTYLE LIBRE 3 PLUS SENSOR	1	MO
FREESTYLE LIBRE 3 READER	1	MO
FREESTYLE LIBRE 3 SENSOR	1	
FREESTYLE LITE METER	1	MO
GAUZE PADS 2 X 2	1	PA; MO
EMBECTA INSULIN SYRINGE	1	PA; MO
BD PEN NEEDLE	1	PA; MO
OMNIPOD 5 (G6/LIBRE 2 PLUS)	1	MO
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	1	MO; QL (1 per 720 days)
OMNIPOD 5 G6-G7 PODS (GEN 5)	1	MO
OMNIPOD 5 INTRO(G6/LIBRE 2PLUS)	1	MO; QL (1 per 720 days)
OMNIPOD DASH INTRO KIT (GEN 4)	1	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4)	1	MO
ONETOUCH ULTRA2 METER	1	MO

Drug Name	Drug Tier	Requirements/Limits
ONETOUCH VERIO FLEX METER	1	MO
ONETOUCH VERIO REFLECT METER	1	
EMBECTA PEN NEEDLE	1	PA; MO
PRECISION XTRA MONITOR	1	MO
BD INSULIN SYRINGE	1	PA; MO
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<i>allopurinol sodium</i>	1	
<i>aloprim</i>	1	
<i>colchicine oral tablet</i>	1	MO
<i>febuxostat</i>	1	MO
<i>probenecid</i>	1	MO
<i>probenecid-colchicine</i>	1	MO
OSTEOPOROSIS THERAPY		
<i>alendronate oral solution</i>	1	MO; QL (300 per 28 days)

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This drug list was last updated on 06/11/2025.

Drug Name	Drug Tier	Requirements/Limits
alendronate oral tablet 10 mg	1	MO; QL (30 per 30 days)
alendronate oral tablet 35 mg, 70 mg	1	MO; QL (4 per 28 days)
ibandronate intravenous solution	1	PA
ibandronate intravenous syringe	1	PA; MO
ibandronate oral	1	MO; QL (1 per 30 days)
PROLIA	1	PA; MO; QL (1 per 180 days)
raloxifene	1	MO
risedronate oral tablet 150 mg	1	MO; QL (1 per 30 days)
risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	1	MO; QL (4 per 28 days)
risedronate oral tablet 5 mg	1	MO; QL (30 per 30 days)
risedronate oral tablet, delayed release (dr/ec)	1	MO; QL (4 per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	1	PA; QL (2.48 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
OTHER RHEUMATOLOGICALS		
ACTEMRA	1	PA; MO; QL
ACTPEN		(3.6 per 28 days)
ACTEMRA INTRAVENOUS	1	PA; MO; QL (160 per 28 days)
ACTEMRA SUBCUTANEOUS	1	PA; MO; QL (3.6 per 28 days)
BENLYSTA	1	PA; MO
CYLTEZO(CF) PEN	1	PA; MO; QL (4 per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS	1	PA; QL (6 per 180 days)
CYLTEZO(CF) PEN PSORIASIS-UV	1	PA; QL (4 per 180 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	1	PA; MO; QL (2 per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML	1	PA; MO; QL (4 per 28 days)
ENBREL MINI	1	PA; MO; QL (8 per 28 days)

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This drug list was last updated on 06/11/2025.

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ENBREL SUBCUTANEOUS SOLUTION	1	PA; MO; QL (8 per 28 days)	HUMIRA(CF) PEN (PREFERRED NDCS NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE	1	PA; MO; QL (4 per 28 days)
ENBREL SURECLICK	1	PA; MO; QL (8 per 28 days)	SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML		
HUMIRA (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; MO; QL (4 per 28 days)	HUMIRA(CF) PEN (PREFERRED NDCS NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA; MO; QL (2 per 28 days)
HUMIRA PEN (PREFERRED NDCS STARTING WITH 00074)	1	PA; MO; QL (4 per 28 days)	HUMIRA(CF) PEN CROHNS-UC-HS (PREFERRED NDCS NDCS STARTING WITH 00074)	1	PA; MO; QL (3 per 180 days)
HUMIRA(CF) (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	1	PA; MO; QL (2 per 28 days)	HUMIRA(CF) PEN PSOR-UV-ADOL HS (PREFERRED NDCS NDCS STARTING WITH 00074)	1	PA; MO; QL (3 per 180 days)
HUMIRA(CF) (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; MO; QL (4 per 28 days)	<i>leflunomide</i>	1	MO; QL (30 per 30 days)
			ORENCIA (WITH MALTOSE)	1	PA; MO; QL (12 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ORENCIA CLICKJECT	1	PA; MO; QL (4 per 28 days)	RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	1	PA; MO; QL (30 per 30 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	1	PA; MO; QL (4 per 28 days)	RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	1	PA; MO; QL (84 per 180 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	1	PA; MO; QL (1.6 per 28 days)	SAVELLA ORAL TABLET	1	QL (60 per 30 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	1	PA; MO; QL (2.8 per 28 days)	SAVELLA ORAL TABLETS,DOSE PACK	1	QL (55 per 180 days)
OTEZLA	1	PA; MO; QL (60 per 30 days)	TYENNE AUTOINJECTOR	1	PA; QL (3.6 per 28 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	1	PA; MO; QL (55 per 180 days)	TYENNE INTRAVENOUS	1	PA; MO; QL (160 per 28 days)
<i>penicillamine oral tablet</i>	1	PA; MO	TYENNE SUBCUTANEOUS	1	PA; MO; QL (3.6 per 28 days)
RIDAURA	1	MO	XELJANZ ORAL SOLUTION	1	PA; MO; QL (480 per 24 days)
RINVOQ LQ	1	PA; MO; QL (360 per 30 days)	XELJANZ ORAL TABLET	1	PA; MO; QL (60 per 30 days)
			XELJANZ XR	1	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
YUFLYMA(CF) AI CROHN'S-UC-HS	1	PA; MO; QL (3 per 180 days)
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	1	PA; MO; QL (4 per 28 days)
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	1	PA; MO; QL (2 per 28 days)
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	1	PA; MO; QL (2 per 28 days)
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; MO; QL (4 per 28 days)

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

camila	1	MO
deblitane	1	MO
DEPO-SUBQ PROVERA 104	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>dotti</i>	1	PA; MO; QL (8 per 28 days)
DUAVEE	1	MO
<i>emzahh</i>	1	
<i>errin</i>	1	MO
<i>estradiol oral</i>	1	PA; MO
<i>estradiol transdermal patch semiweekly</i>	1	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	1	PA; MO; QL (4 per 28 days)
<i>estradiol vaginal</i>	1	MO
<i>estradiol valerate</i>	1	MO
<i>estradiol-norethindrone acet</i>	1	PA; MO
<i>fyavolv</i>	1	PA; MO
<i>gallifrey</i>	1	MO
<i>heather</i>	1	MO
IMVEXXY MAINTENANCE PACK	1	MO
IMVEXXY STARTER PACK	1	MO
<i>incassia</i>	1	MO
<i>jencycla</i>	1	MO
<i>jinteli</i>	1	PA; MO
<i>lyleq</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
lyllana	1	PA; MO; QL (8 per 28 days)
lyza	1	
medroxyprogesterone	1	MO
mimvey	1	PA; MO
nora-be	1	MO
norethindrone (contraceptive)	1	
norethindrone acetate	1	MO
norethindrone aceth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	PA; MO
PREMARIN ORAL	1	MO
PREMARIN VAGINAL	1	MO
PREMPHASE	1	
PREMPRO	1	MO
progesterone	1	MO
progesterone micronized	1	MO
sharobel	1	MO
yuvafem	1	
MISCELLANEOUS OB/GYN		
clindamycin phosphate vaginal	1	MO
eluryng	1	MO

Drug Name	Drug Tier	Requirements/Limits
etongestrel-ethinyl estradiol	1	
LILETTA	1	MO
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	1	MO
mifepristone oral tablet 200 mg	1	LA
MYFEMBREE	1	PA; MO
NEXPLANON	1	
norelgestromin-ethin.estriadiol	1	
terconazole	1	MO
tranexamic acid oral	1	MO
xulane	1	
zafemy	1	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
altavera (28)	1	MO
alyacen 1/35 (28)	1	MO
alyacen 7/7/7 (28)	1	MO
amethyst (28)	1	MO
apri	1	MO
aranelle (28)	1	MO
aubra eq	1	MO
aviane	1	MO
azurette (28)	1	MO
camrese	1	MO

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Drug Name	Drug Tier	Requirements/Limits
cryselle (28)	1	MO
cyred eq	1	MO
dasetta 1/35 (28)	1	MO
dasetta 7/7/7 (28)	1	MO
daysee	1	MO
desog-e.estriadiol/e.estriadiol	1	
drospirenone-e.estriadiol-Im.fa oral tablet 3-0.03-0.451 mg (21) (7)	1	MO
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	1	MO
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	1	
elinest	1	MO
enpresse	1	MO
enskyce	1	MO
estarrylla	1	MO
ethynodiol diacetate/eth estradiol	1	
falmina (28)	1	MO
introvale	1	
isibloom	1	MO
jasmiel (28)	1	MO

Drug Name	Drug Tier	Requirements/Limits
jolessa	1	MO
juleber	1	MO
kalliga	1	
kariva (28)	1	
kelnor 1/35 (28)	1	MO
kelnor 1/50 (28)	1	MO
kurvelo (28)	1	MO
/norgest/e.estriadiol-ethinyl estradiol oral tablets, dose pack, 3 month 0.1 mg-20 mcg (84)/10 mcg (7)	1	
/norgest/e.estriadiol-ethinyl estradiol tablets, dose pack, 3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	1	MO
larin 1.5/30 (21)	1	MO
larin 1/20 (21)	1	MO
larin 24 fe	1	MO
larin fe 1.5/30 (28)	1	MO
larin fe 1/20 (28)	1	MO
lessina	1	MO
levonest (28)	1	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg	1		norethindrone acetate estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	MO
levonorgestrel-ethinyl estradiol tablets, dose pack, 3 month	1		norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	
levonorg-eth estrad triphasic	1	MO	norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.25-0.035 mg	1	
levora-28	1		norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	1	MO
loryna (28)	1	MO	nortrel 0.5/35 (28)	1	MO
low-ogestrel (28)	1		nortrel 1/35 (21)	1	MO
lo-zumandimine (28)	1	MO	nortrel 1/35 (28)	1	MO
lutera (28)	1		nortrel 7/7/7 (28)	1	MO
marlissa (28)	1	MO	philith	1	MO
microgestin 1.5/30 (21)	1	MO	pimtrea (28)	1	MO
microgestin 1/20 (21)	1	MO	portia 28	1	MO
microgestin fe 1.5/30 (28)	1	MO	reclipsen (28)	1	MO
microgestin fe 1/20 (28)	1	MO	setlakin	1	MO
mili	1	MO	sprintec (28)	1	MO
mono-linyah	1	MO	sronyx	1	
nikki (28)	1	MO			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
syeda	1	MO	<i>bacitracin-polymyxin b</i>	1	MO
<i>tarina fe 1-20 eq (28)</i>	1	MO	<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	MO
<i>tilia fe</i>	1	MO	<i>erythromycin ophthalmic (eye)</i>	1	MO; QL (3.5 per 14 days)
<i>tri-estarrylla</i>	1	MO	<i>gatifloxacin</i>	1	MO
<i>tri-legest fe</i>	1	MO	<i>gentamicin ophthalmic (eye) drops</i>	1	MO; QL (70 per 30 days)
<i>tri-linyah</i>	1	MO	<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>tri-lo-estarrylla</i>	1	MO	<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	1	
<i>tri-lo-marzia</i>	1	MO	<i>moxifloxacin ophthalmic (eye) drops</i>	1	MO
<i>tri-lo-sprintec</i>	1		<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	1	
<i>tri-sprintec (28)</i>	1	MO	NATACYN	1	
<i>trivora (28)</i>	1		<i>neomycin-bacitracin-polymyxin</i>	1	MO
<i>turqoz (28)</i>	1	MO	<i>neomycin-polymyxin-gramicidin</i>	1	MO
<i>velivet triphasic regimen (28)</i>	1	MO	<i>neo-polycin</i>	1	
<i>vestura (28)</i>	1	MO	<i>ofloxacin ophthalmic (eye)</i>	1	MO
<i>vienna</i>	1	MO			
<i>viorele (28)</i>	1	MO			
<i>wera (28)</i>	1	MO			
<i>zovia 1-35 (28)</i>	1	MO			
<i>zumandimine (28)</i>	1	MO			
OXYTOCICS					
<i>methylergonovine oral</i>	1	PA			
OPHTHALMOLOGY					
ANTIBIOTICS					
<i>bacitracin ophthalmic (eye)</i>	1				

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Drug Name	Drug Tier	Requirements/Limits
<i>polycin</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	MO
<i>tobramycin ophthalmic (eye)</i>	1	MO; QL (10 per 14 days)
ANTIVIRALS		
<i>trifluridine</i>	1	MO
<i>ZIRGAN</i>	1	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	1	MO
<i>carteolol</i>	1	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops (not single use)</i>	1	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	1	MO
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	1	MO
<i>azelastine ophthalmic (eye)</i>	1	MO
<i>bss</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>BYOOVIZ</i>	1	PA; MO
<i>CIMERLI</i>	1	PA; MO
<i>cromolyn ophthalmic (eye)</i>	1	MO
<i>cyclosporine ophthalmic (eye)</i>	1	MO; QL (60 per 30 days)
<i>CYSTARAN</i>	1	PA
<i>epinastine</i>	1	MO
<i>EYLEA</i>	1	PA; MO
<i>MIEBO (PF)</i>	1	MO; QL (12 per 30 days)
<i>OXERVATE</i>	1	PA; MO
<i>PAVBLU</i>	1	PA; MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	MO
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1	MO
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	1	
<i>sulfacetamide-prednisolone</i>	1	MO
<i>XDEMVY</i>	1	PA; QL (10 per 42 days)
<i>XiIDRA</i>	1	MO; QL (60 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
bromfenac	1	MO	neomycin- bacitracin-poly-hc	1	MO
diclofenac sodium ophthalmic (eye)	1	MO	neomycin- polymyxin b- dexameth	1	MO
flurbiprofen sodium	1	MO	neomycin- polymyxin-hc ophthalmic (eye)	1	MO
ketorolac ophthalmic (eye)	1	MO	neo-polycin hc	1	
ORAL DRUGS FOR GLAUCOMA			TOBRADEX OPHTHALMIC (EYE) OINTMENT	1	MO; QL (3.5 per 14 days)
acetazolamide	1	MO	tobramycin- dexamethasone	1	MO; QL (10 per 14 days)
acetazolamide sodium	1	MO	STEROIDS		
methazolamide	1	MO	dexamethasone sodium phosphate ophthalmic (eye)	1	MO
OTHER GLAUCOMA DRUGS			fluorometholone	1	MO
dorzolamide	1	MO	INVELTYS	1	MO
dorzolamide- timolol	1	MO	loteprednol etabonate	1	MO
latanoprost	1	MO	OZURDEX	1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	1	MO	prednisolone acetate	1	MO
miostat	1		prednisolone sodium phosphate ophthalmic (eye)	1	MO
RHOPRESSA	1		SYMPATHOMIMETICS		
ROCKLATAN	1		apraclonidine	1	MO
SIMBRINZA	1	MO			
travoprost	1	MO			
STEROID-ANTIBIOTIC COMBINATIONS					

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Drug Name	Drug Tier	Requirements/Limits
<i>brimonidine ophthalmic (eye) drops 0.1%, 0.15 %</i>	1	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	MO
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
<i>adrenalin injection solution 1 mg/ml</i>	1	
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	1	MO
<i>cetirizine oral solution 1 mg/ml</i>	1	MO
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	MO
<i>diphenhydramine hcl injection syringe</i>	1	MO
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	1	MO; QL (4 per 30 days)
<i>epinephrine injection solution</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl oral tablet</i>	1	PA; MO
<i>levocetirizine oral solution</i>	1	MO
<i>levocetirizine oral tablet</i>	1	MO; QL (30 per 30 days)
<i>promethazine injection solution</i>	1	MO
<i>promethazine oral</i>	1	PA; MO
PULMONARY AGENTS		
<i>acetylcysteine</i>	1	B/D PA; MO
<i>ADEMPAS</i>	1	PA; MO; LA; QL (90 per 30 days)
<i>ADVAIR HFA</i>	1	MO; QL (12 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	MO; QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm</i>	1	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	1	B/D PA	ASMANEX TWISTHALER INHALATION AEROSOL	1	MO; QL (1 per 30 days)
<i>albuterol sulfate oral syrup</i>	1	MO	POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)		
<i>albuterol sulfate oral tablet</i>	1	MO	ASMANEX TWISTHALER INHALATION AEROSOL	1	MO; QL (2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATOR	1	MO; QL (12.2 per 30 days)	POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)		
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATOR	1	MO; QL (6.1 per 30 days)	ASMANEX TWISTHALER INHALATION AEROSOL	1	QL (2 per 28 days)
<i>alyq</i>	1	PA; MO; QL (60 per 30 days)	POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)		
<i>ambrisentan</i>	1	PA; MO; LA; QL (30 per 30 days)	ATROVENT HFA	1	MO; QL (25.8 per 30 days)
<i>arformoterol</i>	1	B/D PA; MO; QL (120 per 30 days)	BEVESPI AEROSPHERE	1	MO; QL (10.7 per 30 days)
ASMANEX HFA	1	MO; QL (13 per 30 days)	<i>bosentan</i>	1	PA; MO; LA; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
BREO ELLIPTA	1	MO; QL (60 per 30 days)
<i>breyna</i>	1	MO; QL (10.3 per 30 days)
BREZTRI AEROSPHERE	1	MO; QL (10.7 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	1	B/D PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	B/D PA; MO; QL (60 per 30 days)
<i>budesonide- formoterol</i>	1	QL (10.2 per 30 days)
CINRYZE	1	PA; MO
COMBIVENT RESPIMAT	1	QL (8 per 30 days)
<i>cromolyn inhalation</i>	1	B/D PA
DULERA	1	MO; QL (13 per 30 days)
ELIXOPHYLLIN	1	
FASENRA PEN	1	PA; MO; QL (1 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	1	PA; MO; QL (1 per 28 days)
<i>flunisolide</i>	1	MO; QL (50 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATIO N	1	ST; MO; QL (12 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATIO N	1	ST; MO; QL (24 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATIO N	1	ST; MO; QL (10.6 per 30 days)
<i>fluticasone propionate nasal</i>	1	MO; QL (16 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	MO; QL (60 per 30 days)	NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA; MO; LA; QL (3 per 28 days)
<i>formoterol fumarate</i>	1	B/D PA; MO; QL (120 per 30 days)	NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	1	PA; MO; LA; QL (0.4 per 28 days)
<i>icatibant</i>	1	PA; MO	OFEV	1	PA; MO; QL (60 per 30 days)
<i>ipratropium bromide inhalation</i>	1	B/D PA; MO	OPSUMIT	1	PA; MO; LA; QL (30 per 30 days)
<i>ipratropium-albuterol</i>	1	B/D PA; MO	OPSYNVI	1	PA; MO; QL (30 per 30 days)
KALYDECO	1	PA; MO; QL (56 per 28 days)	ORKAMBI ORAL GRANULES IN PACKET	1	PA; MO; QL (56 per 28 days)
<i>mometasone nasal</i>	1	MO; QL (34 per 30 days)	ORKAMBI ORAL TABLET	1	PA; MO; QL (112 per 28 days)
<i>montelukast oral granules in packet</i>	1	MO	<i>pirfenidone oral capsule</i>	1	PA; MO; QL (270 per 30 days)
<i>montelukast oral tablet</i>	1	MO	<i>pirfenidone oral tablet 267 mg</i>	1	PA; MO; QL (270 per 30 days)
<i>montelukast oral tablet, chewable</i>	1	MO	<i>pirfenidone oral tablet 801 mg</i>	1	PA; MO; QL (90 per 30 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR	1	PA; MO; LA; QL (3 per 28 days)			
NUCALA SUBCUTANEOUS RECON SOLN	1	PA; MO; LA; QL (3 per 28 days)			

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Drug Name	Drug Tier	Requirements/Limits
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	1	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	1	MO; QL (1 per 30 days)
PULMOZYME	1	B/D PA; MO
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	1	QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	1	QL (21.2 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
roflumilast	1	PA; MO; QL (30 per 30 days)
sajazir	1	PA; MO
<i>sildenafil</i> <i>(pulmonary arterial hypertension)</i> <i>intravenous solution 10 mg/12.5 ml</i>	1	
<i>sildenafil</i> <i>(pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT	1	MO; QL (4 per 30 days)
STIOLTO RESPIMAT	1	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	1	MO; QL (4 per 30 days)
SYMDEKO	1	PA; MO; QL (56 per 28 days)
<i>tadalafil</i> <i>(pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA; QL (60 per 30 days)
<i>terbutaline oral</i>	1	MO
<i>terbutaline subcutaneous</i>	1	MO
<i>theophylline oral elixir</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
theophylline oral solution	1	
theophylline oral tablet extended release 12 hr 100 mg, 300 mg, 450 mg	1	MO
theophylline oral tablet extended release 12 hr 200 mg	1	
theophylline oral tablet extended release 24 hr	1	
tiotropium bromide	1	QL (90 per 90 days)
TRELEGY ELLIPTA	1	MO; QL (60 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	1	PA; MO; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	1	PA; MO; QL (84 per 28 days)
TYVASO	1	B/D PA; MO; QL (81.2 per 28 days)
TYVASO INSTITUTIONAL START KIT	1	B/D PA; QL (11.6 per 180 days)

Drug Name	Drug Tier	Requirements/Limits
TYVASO REFILL KIT	1	B/D PA; MO; QL (81.2 per 28 days)
TYVASO STARTER KIT	1	B/D PA; MO; QL (81.2 per 180 days)
wixela inhub	1	QL (60 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	1	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	1	PA; MO; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN	1	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	1	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; MO; LA; QL (1 per 28 days)
zafirlukast	1	MO

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

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

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Drug Name	Drug Tier	Requirements/Limits
<i>mirabegron</i>	1	MO
MYRBETRIQ ORAL SUSPENSION,EXT ENDED REL RECON	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	1	MO
<i>oxybutynin chloride oral syrup</i>	1	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	1	MO
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	MO
<i>solifenacin</i>	1	MO
<i>tolterodine</i>	1	MO
<i>trospium oral tablet</i>	1	MO

BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

<i>alfuzosin</i>	1	MO
<i>dutasteride</i>	1	MO
<i>dutasteride- tamsulosin</i>	1	MO
<i>finasteride oral tablet 5 mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>tamsulosin</i>	1	MO
MISCELLANEOUS UROLOGICALS		
<i>alprostadil</i>	1	
<i>bethanechol chloride</i>	1	MO
<i>CYSTAGON</i>	1	PA; LA
<i>ELMIRON</i>	1	MO
<i>glycine urologic solution</i>	1	
<i>glycine urologic solution</i>	1	
<i>K-PHOS NO 2</i>	1	MO
<i>K-PHOS ORIGINAL</i>	1	MO
<i>potassium citrate oral tablet extended release</i>	1	MO
<i>RENACIDIN</i>	1	MO
<i>tadalafil oral tablet 2.5 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>tadalafil oral tablet 5 mg</i>	1	PA; MO; QL (30 per 30 days)

VITAMINS, HEMATINICS / ELECTROLYTES

BLOOD DERIVATIVES

<i>albumin, human 25 %</i>	1	
<i>alburx (human) 25 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
alburx (human) 5 %	1		magnesium sulfate in water	1	
albutein 25 %	1		magnesium sulfate injection solution	1	MO
albutein 5 %	1		magnesium sulfate injection syringe	1	
ELECTROLYTES					
calcium acetate(phosphat bind)	1	PA; MO	potassium acetate	1	
calcium chloride	1		potassium chlorid-d5-0.45%nacl	1	
calcium gluconate intravenous	1		potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	1	
effer-k oral tablet, effervescent 25 meq	1	MO	potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l	1	
klor-con 10	1	MO	potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l	1	
klor-con 8	1	MO	potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml	1	
klor-con m10	1	MO			
klor-con m15	1	MO			
klor-con m20	1	MO			
klor-con oral packet 20	1	MO			
klor-con/ef	1	MO			
lactated ringers intravenous	1	MO			
magnesium chloride injection	1				
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	1				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride intravenous</i>	1		<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride oral capsule, extended release</i>	1	MO	<i>potassium chloride-d5-0.9%nacl</i>	1	
<i>potassium chloride oral liquid</i>	1	MO	<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	1	
<i>potassium chloride oral packet</i>	1		<i>ringer's intravenous</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	1	MO	<i>sodium acetate</i>	1	
<i>potassium chloride oral tablet extended release 20 meq</i>	1		<i>sodium bicarbonate intravenous</i>	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	1	MO	<i>sodium chloride 0.45 % intravenous</i>	1	MO
<i>potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq</i>	1		<i>sodium chloride 3 % hypertonic</i>	1	
<i>potassium chloride-0.45 % nacl</i>	1		<i>sodium chloride 5 % hypertonic</i>	1	MO
			<i>sodium chloride intravenous</i>	1	
			<i>sodium phosphate</i>	1	MO
MISCELLANEOUS NUTRITION PRODUCTS					

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 5%/D15W SULFITE FREE	1	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	1	B/D PA
CLINIMIX 5%- D20W(SULFITE- FREE)	1	B/D PA
CLINIMIX 6%- D5W (SULFITE- FREE)	1	B/D PA
CLINIMIX 8%- D10W(SULFITE- FREE)	1	B/D PA
CLINIMIX 8%- D14W(SULFITE- FREE)	1	B/D PA
electrolyte-148	1	
electrolyte-48 in d5w	1	
electrolyte-a	1	

Drug Name	Drug Tier	Requirements/Limits
<i>intralipid</i> <i>intravenous</i> <i>emulsion 20 %</i>	1	B/D PA
ISOLYTE S PH 7.4	1	
ISOLYTE-P IN 5 % DEXTROSE	1	
ISOLYTE-S	1	
PLENAMINE	1	B/D PA
<i>premasol</i> 10 %	1	B/D PA
<i>travasol</i> 10 %	1	B/D PA
TROPHAMINE 10 %	1	B/D PA
VITAMINS / HEMATINICS		
<i>fluoride (sodium)</i> <i>oral tablet</i>	1	MO
<i>fluoride (sodium)</i> <i>oral</i> <i>tablet, chewable 1</i> <i>mg (2.2 mg sod.</i> <i>fluoride)</i>	1	MO
<i>prenatal vitamin</i> <i>oral tablet</i>	1	MO
<i>wescap-pn dha</i>	1	MO

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<i>torpenz.</i>	35	trihexyphenidyl	42	UNITUXIN	36
<i>torsemide</i>	62	TRIJARDY XR	82	UPTRAVI	62
TOUJEOL MAX U-300 SOLOSTAR	82	TRIKAFTA	110	<i>ursodiol</i>	88
TOUJEOL SOLOSTAR U-300 INSULIN	82	tri-legest fe	102	UZEDY	57
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valproate sodium	41	vigpoder	41	XCOPRI MAINTENANCE
valproic acid	41	vilazodone	58	PACK
valproic acid (as sodium salt)		VIMIZIM	84	XCOPRI TITRATION PACK
	41	VIMKUNYA	93	
valrubicin	36	vinblastine	36	XDEMVY
valsartan	62	vincristine	36	XELJANZ
valsartan-		vinorelbine	36	XELJANZ XR
hydrochlorothiazide	62	viorele (28)	102	XERMELO
VALTOCO	41	VIRACEPT	12	XGEVA
vancomycin	17	VIREAD	12	XIAFLEX
VANCOMYCIN IN 0.9 %		VITRAKVI	36	XIFAXAN
SODIUM CHL	17	VIVITROL	50	XIGDUO XR
VANFLYTA	36	VIVOTIF	93	XIIDRA
VAQTA (PF)	93	VIZIMPRO	36	XOFLUZA
varenicline tartrate	76	VONJO	36	XOLAIR
VARIVAX (PF)	93	VORANIGO	36	XOSPATA
VARIZIG	93	voriconazole	9	XPOVIO
VARUBI	88	VOSEVI	12	XTANDI
VAXCHORA VACCINE	93	VOWST	89	xulane
VECTIBIX	36	VRAYLAR	58	Y
veletri	62	VUMERTY	45	YERVOY
<i>velvet triphasic regimen</i>		VYLOY	36	YESINTEK
(28)	102	VYNDAMAX	67	YF-VAX (PF)
VELPHORO	76	VYNDAQEL	67	YONDELIS
VELTASSA	76	VYVGART	45	YUFLYMA(CF)
VEMLIDY	12	VYVGART HYTRULO	45	YUFLYMA(CF) AI
VENCLEXTA	36	VYXEOS	36	CROHN'S-UC-HS
VENCLEXTA STARTING		W		YUFLYMA(CF)
PACK	36	warfarin	65	AUTOINJECTOR
venlafaxine	57, 58	water for irrigation, sterile	76	yuvaferm
verapamil	62	WELIREG	36	Z
VERQUVO	67	weera (28)	102	zafemey
VERSACLOZ	58	wescap-pn dha	114	zaflirukast
VERZENIO	36	wixela inhub	110	zaleplon
vestura (28)	102	X		ZALTRAP
VIBATIV	17	XALKORI	37	ZANOSAR
VIBERZI	88	XARELTO	65	ZEJULA
vienna	102	XARELTO DVT-PE TREAT		ZELBORAF
vigabatrin	41	30D START	65	zenatane
vigadrone	41	XCOPRI	41	ZENPEP

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ZEPOSIA.....	45	ZIRABEV	37	<i>zovia 1-35 (28)</i>	102
ZEPOSIA STARTER KIT (28-DAY)	45	ZIRGAN.....	103	ZTALMY	41
ZEPOSIA STARTER PACK (7-DAY)	45	ZOLADEX	37	ZUBSOLV.....	50
ZEPZELCA.....	37	<i>zoledronic acid</i>	84	<i>zumandimine (28)</i>	102
<i>zidovudine</i>	12, 13	<i>zoledronic acid-mannitol-</i> <i>water</i>	76	ZURZUVAE	58
ZIIHERA.....	37	ZOLINZA.....	37	ZYDELIG	37
<i>ziprasidone hcl</i>	58	<i>zolpidem</i>	58	ZYKADIA	37
<i>ziprasidone mesylate</i>	58	ZONISADE.....	41	ZYMFENTRA.....	89
		<i>zonisamide</i>	41	ZYNLONTA	37
				ZYNYZ	37

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This formulary was updated on 06/25/2025. For more recent information or other questions, please contact the WellSense Health Plan Member Services department at 855-833-8128 (TTY users should call 711), Monday through Friday 8 a.m. to 8 p.m. (April 1 through September 30, except holidays) or seven days a week (October 1 through March 31) or visit wellsense.org/medicare.

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