

WellSense Medicare Advantage

2025 Formulary

(List of Covered Drugs or “Drug List”)

- WellSense Choice (HMO)
- WellSense Premium Savings (HMO)
- WellSense Signature (HMO)
- WellSense Signature Access (PPO)

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

HPMS Approved Formulary File Submission ID: 25348 Version 12

This formulary was updated on 03/27/2025. We have made no changes to this formulary since 03/14/2025. 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.

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 Medicare Advantage HMO and PPO plans.

This document includes a Drug List (formulary) for our plan, which is current as of MM/DD/YYYY.

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 Medicare Advantage 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, move them to different cost-sharing tiers, 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 that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

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

If you are currently taking 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 the drug that is being changed. For more information, see the section below titled "How do I request an exception to the WellSense Medicare Advantage'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, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. 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 Medicare Advantage 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 03/14/2025. To get updated information about the drugs covered by WellSense Medicare Advantage 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 Medicare Advantage 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 Medicare Advantage requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from WellSense Medicare Advantage before you fill your prescriptions. If you don't get approval, WellSense Medicare Advantage may not cover the drug.

- **Quantity Limits:** For certain drugs, WellSense Medicare Advantage limits the amount of the drug that WellSense Medicare Advantage will cover. For example, WellSense Medicare Advantage 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 Medicare Advantage 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 Medicare Advantage may not cover Drug B unless you try Drug A first. If Drug A does not work for you, WellSense Medicare Advantage will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online 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 Medicare Advantage 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 Medicare Advantage 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 Medicare Advantage 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 Medicare Advantage. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by WellSense Medicare Advantage.
- You can ask WellSense Medicare Advantage 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 Medicare Advantage's Formulary?

You can ask WellSense Medicare Advantage 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 Medicare Advantage

limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

Generally, WellSense Medicare Advantage will only approve your request for an exception if the alternative drugs included on the plan's formulary or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask us 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 Medicare Advantage prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about WellSense Medicare Advantage, 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 Medicare Advantage Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by WellSense Medicare Advantage. 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., OZEMPI) and generic drugs are listed in lower-case italics (e.g., *lisinopril*).

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

WellSense Medicare Advantage HMO and PPO are types of Medicare Advantage plans offered by WellSense Health Plan with a Medicare contract. Enrollment in the WellSense Medicare Advantage HMO and PPO 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 | 4 | B/D PA |
| <i>amphotericin b</i> | 4 | B/D PA; MO |
| <i>caspofungin</i> | 4 | |
| <i>clotrimazole mucous membrane</i> | 2 | MO |
| CRESEMBA ORAL | 5 | PA |
| <i>fluconazole</i> | 2 | MO |
| <i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 400 mg/200 ml</i> | 4 | PA |
| <i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i> | 4 | PA; MO |
| <i>flucytosine</i> | 5 | MO |
| <i>griseofulvin microsize</i> | 4 | MO |
| <i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i> | 4 | MO |
| <i>itraconazole oral capsule</i> | 4 | MO; QL (120 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------|
| <i>itraconazole oral solution</i> | 4 | MO |
| <i>ketoconazole oral</i> | 2 | MO |
| <i>micafungin</i> | 4 | MO |
| <i>nystatin oral</i> | 2 | MO |
| <i>posaconazole oral tablet,delayed release (dr/ec)</i> | 5 | PA; MO; QL (96 per 30 days) |
| <i>terbinafine hcl oral</i> | 2 | MO |
| <i>voriconazole intravenous</i> | 5 | PA; MO |
| <i>voriconazole oral suspension for reconstitution</i> | 5 | PA; MO |
| <i>voriconazole oral tablet</i> | 4 | PA; MO |
| ANTIVIRALS | | |
| <i>abacavir</i> | 3 | MO |
| <i>abacavir-lamivudine</i> | 3 | MO |
| <i>acyclovir oral capsule</i> | 2 | MO |
| <i>acyclovir oral suspension 200 mg/5 ml</i> | 4 | MO |
| <i>acyclovir oral tablet</i> | 2 | MO |
| <i>acyclovir sodium intravenous solution</i> | 4 | B/D PA; 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 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|--|------------------|----------------------------|
| adefovir | 4 | MO | emtricitabine-tenofovir (tdf) oral tablet 133-200 mg, 167-250 mg, 200-300 mg | 4 | MO |
| amantadine hcl | 2 | MO | EMTRIVA ORAL SOLUTION | 3 | MO |
| APTIVUS | 5 | MO | entecavir | 4 | MO |
| atazanavir | 4 | MO | etravirine | 5 | MO |
| BARACLUDE ORAL SOLUTION | 5 | MO | EVOTAZ | 5 | MO |
| BIKTARVY | 5 | MO | famciclovir | 2 | MO |
| CABENUVA | 5 | MO | fosamprenavir | 4 | MO |
| cidofovir | 5 | B/D PA; MO | FUZEON SUBCUTANEOUS RECON SOLN | 5 | |
| CIMDUO | 5 | MO | ganciclovir sodium intravenous recon soln | 2 | B/D PA; MO |
| COMPLERA | 5 | MO | ganciclovir sodium intravenous solution | 2 | B/D PA |
| darunavir | 5 | MO | GENVOYA | 5 | MO |
| DELSTRIGO | 5 | MO | INTELENCE ORAL TABLET 25 MG | 4 | MO |
| DESCOVY | 5 | MO | ISENTRESS HD | 5 | MO |
| DOVATO | 5 | MO | ISENTRESS ORAL POWDER IN PACKET | 5 | MO |
| EDURANT | 5 | MO | ISENTRESS ORAL TABLET | 5 | MO |
| efavirenz oral tablet | 4 | MO | | | |
| efavirenz-emtricitabin-tenofov | 5 | MO | | | |
| efavirenz-lamivu-tenofov disop | 5 | MO | | | |
| emtricitabine | 4 | MO | | | |
| emtricitabine-tenofovir (tdf) oral tablet 100-150 mg | 5 | 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 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|---|------------------|-----------------------------|
| ISENTRESS ORAL TABLET,CHEWABLE 100 MG | 5 | MO | <i>nevirapine oral tablet extended release 24 hr 400 mg</i> | 4 | MO |
| ISENTRESS ORAL TABLET,CHEWABLE 25 MG | 3 | MO | NORVIR ORAL POWDER IN PACKET | 4 | MO |
| JULUCA | 5 | MO | ODEFSEY | 5 | MO |
| <i>lamivudine</i> | 3 | MO | <i>oseltamivir</i> | 3 | MO |
| <i>lamivudine-zidovudine</i> | 3 | MO | PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG | 2 | QL (20 per 30 days) |
| LEDIPASVIR-SOFOSBUVIR | 5 | PA; MO; QL (28 per 28 days) | PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG | 2 | QL (30 per 30 days) |
| LIVTENCITY | 5 | PA; LA; QL (120 per 30 days) | PIFELTRO | 5 | MO |
| <i>lopinavir-ritonavir oral solution</i> | 4 | MO | PREVYMIS INTRAVENOUS | 5 | PA |
| <i>lopinavir-ritonavir oral tablet</i> | 3 | MO | PREVYMIS ORAL TABLET | 5 | PA; MO; QL (30 per 30 days) |
| maraviroc | 5 | MO | PREZCOBIX | 5 | MO |
| MAVYRET ORAL PELLETS IN PACKET | 5 | PA; MO; QL (168 per 28 days) | PREZISTA ORAL SUSPENSION | 5 | MO |
| MAVYRET ORAL TABLET | 5 | PA; MO; QL (84 per 28 days) | PREZISTA ORAL TABLET 150 MG, 75 MG | 4 | MO |
| <i>nevirapine oral suspension</i> | 4 | | RELENZA DISKHALER | 4 | MO |
| <i>nevirapine oral tablet</i> | 3 | MO | | | |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------------|------------------|-----------------------------|---|------------------|-----------------------------|
| RETROVIR INTRAVENOUS | 3 | MO | <i>valacyclovir oral tablet 1 gram</i> | 2 | MO; QL (120 per 30 days) |
| REYATAZ ORAL POWDER IN PACKET | 5 | MO | <i>valacyclovir oral tablet 500 mg</i> | 2 | MO; QL (60 per 30 days) |
| <i>ribavirin oral capsule</i> | 3 | MO | <i>valganciclovir oral recon soln</i> | 5 | MO |
| <i>ribavirin oral tablet 200 mg</i> | 3 | MO | <i>valganciclovir oral tablet</i> | 3 | MO |
| rimantadine | 4 | MO | VEMLIDY | 5 | MO |
| ritonavir | 3 | MO | VIRACEPT ORAL TABLET | 5 | MO |
| RUKOBIA | 5 | MO | VIREAD ORAL POWDER | 5 | MO |
| SELZENTRY ORAL SOLUTION | 3 | MO | VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 4 | MO |
| SOFOSBUVIR-VELPATASVIR | 5 | PA; MO; QL (28 per 28 days) | VOSEVI | 5 | PA; MO; QL (28 per 28 days) |
| STRIBILD | 5 | MO | XOFLUZA ORAL TABLET 40 MG, 80 MG | 3 | MO |
| SUNLENCA | 5 | | <i>zidovudine oral capsule</i> | 3 | MO |
| SYMTUZA | 5 | MO | <i>zidovudine oral syrup</i> | 3 | MO |
| SYNAGIS | 5 | MO; LA | <i>zidovudine oral tablet</i> | 2 | MO |
| <i>tenofovir disoproxil fumarate</i> | 4 | MO | CEPHALOSPORINS | | |
| TIVICAY ORAL TABLET 50 MG | 5 | MO | <i>cefaclor oral capsule</i> | 2 | MO |
| TIVICAY PD | 5 | MO | | | |
| TRIUMEQ | 5 | MO | | | |
| TRIUMEQ PD | 4 | MO | | | |
| TROGARZO | 5 | MO; LA | | | |

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|---|------------------|----------------------------|
| cefaclor oral suspension for reconstitution 250 mg/5 ml | 2 | | cefepime in dextrose,iso-osm | 4 | |
| cefadroxil oral capsule | 2 | MO | cefepime injection | 4 | MO |
| cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml | 2 | MO | cefixime | 4 | MO |
| cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml | 4 | MO | cefoxitin in dextrose, iso-osm | 4 | PA |
| cefazolin injection recon soln 1 gram, 500 mg | 4 | MO | cefoxitin intravenous recon soln 1 gram, 2 gram | 4 | PA; MO |
| cefazolin injection recon soln 10 gram, 100 gram, 300 gram | 4 | | cefoxitin intravenous recon soln 10 gram | 4 | PA |
| cefazolin intravenous recon soln 1 gram | 4 | | cefipodoxime | 4 | MO |
| cefdinir oral capsule | 2 | MO | cefprozil | 2 | MO |
| cefdinir oral suspension for reconstitution | 3 | MO | ceftazidime injection recon soln 1 gram, 2 gram | 4 | PA; MO |
| | | | ceftazidime injection recon soln 6 gram | 4 | PA |
| | | | ceftriaxone in dextrose,iso-os | 4 | MO |
| | | | ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg | 4 | MO |
| | | | ceftriaxone injection recon soln 10 gram | 4 | |
| | | | ceftriaxone intravenous | 4 | 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 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| cefuroxime axetil oral tablet | 2 | MO |
| cefuroxime sodium injection recon soln 750 mg | 4 | PA; MO |
| cefuroxime sodium intravenous recon soln 1.5 gram | 4 | PA; MO |
| cefuroxime sodium intravenous recon soln 7.5 gram | 4 | PA |
| cephalexin oral capsule 250 mg, 500 mg | 2 | MO |
| cephalexin oral suspension for reconstitution | 2 | MO |
| tazicef injection | 4 | PA; MO |
| tazicef intravenous | 4 | PA |
| TEFLARO | 5 | PA; MO |

ERYTHROMYCINS / OTHER MACROLIDES

| | | |
|---|---|--------|
| azithromycin intravenous | 4 | PA; MO |
| azithromycin oral packet | 3 | MO |
| azithromycin oral suspension for reconstitution | 2 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack) | 2 | |
| azithromycin oral tablet 250 mg, 500 mg, 600 mg | 2 | MO |
| clarithromycin | 2 | MO |
| DIFICID ORAL TABLET | 5 | MO; QL (20 per 10 days) |
| ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg | 4 | MO |
| erythrocin (as stearate) oral tablet 250 mg | 4 | |
| erythromycin ethylsuccinate oral tablet | 4 | |
| erythromycin oral | 4 | MO |

MISCELLANEOUS ANTIINFECTIVES

| | | |
|--|---|--------|
| albendazole | 5 | MO |
| amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml | 4 | PA; MO |
| ARIKAYCE | 5 | PA; LA |
| atovaquone | 4 | MO |
| atovaquone-proguanil | 4 | MO |

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------------|---|------------------|--------------------------------|
| aztreonam | 4 | PA; MO | <i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i> | 4 | PA; MO |
| CAYSTON | 5 | PA; MO; LA; QL (84 per 56 days) | | | |
| <i>chloramphenicol sod succinate</i> | 4 | | | | |
| <i>chloroquine phosphate</i> | 2 | MO | <i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i> | 4 | PA |
| <i>clindamycin hcl</i> | 2 | MO | | | |
| <i>clindamycin in 5 % dextrose</i> | 4 | PA; MO | | | |
| <i>clindamycin phosphate injection</i> | 4 | PA; MO | <i>gentamicin injection solution 40 mg/ml</i> | 4 | PA; MO |
| COARTEM | 4 | MO | <i>gentamicin sulfate (ped) (pf)</i> | 4 | PA; MO |
| <i>colistin (colistimethate na)</i> | 5 | PA; MO; QL (30 per 10 days) | <i>hydroxychloroquine oral tablet 200 mg</i> | 2 | MO |
| <i>dapsone oral</i> | 3 | MO | | | |
| DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG | 5 | MO | <i>imipenem-cilastatin</i> | 4 | PA; MO |
| <i>daptomycin intravenous recon soln 500 mg</i> | 5 | MO | <i>isoniazid injection</i> | 4 | |
| EMVERM | 5 | MO | <i>isoniazid oral</i> | 2 | MO |
| <i>ertapenem</i> | 4 | PA; MO; QL (14 per 14 days) | <i>ivermectin oral</i> | 3 | PA; MO; QL (20 per 30 days) |
| <i>ethambutol</i> | 3 | MO | <i>lincomycin</i> | 4 | PA |
| | | | <i>linezolid in dextrose 5%</i> | 4 | PA; MO |
| | | | <i>linezolid oral suspension for reconstitution</i> | 5 | MO |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--------------------------------|
| <i>linezolid oral tablet</i> | 4 | MO |
| <i>linezolid-0.9% sodium chloride</i> | 4 | PA |
| <i>mefloquine</i> | 2 | |
| <i>meropenem intravenous recon soln 1 gram</i> | 3 | PA; QL (30 per 10 days) |
| <i>meropenem intravenous recon soln 500 mg</i> | 3 | PA; QL (10 per 10 days) |
| <i>metro i.v.</i> | 4 | PA; MO |
| <i>metronidazole in nacl (iso-os)</i> | 4 | PA; MO |
| <i>metronidazole oral tablet 250 mg, 500 mg</i> | 2 | MO |
| <i>neomycin</i> | 2 | MO |
| <i>nitazoxanide</i> | 5 | MO; QL (12 per 30 days) |
| <i>pentamidine inhalation</i> | 4 | B/D PA; MO; QL (1 per 28 days) |
| <i>pentamidine injection</i> | 4 | MO |
| <i>praziquantel</i> | 4 | MO |
| <i>PRIFTIN</i> | 3 | MO |
| <i>PRIMAQUINE</i> | 4 | MO |
| <i>pyrazinamide</i> | 4 | MO |
| <i>pyrimethamine</i> | 5 | PA; MO |
| <i>quinine sulfate</i> | 4 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------|
| <i>rifabutin</i> | 4 | MO |
| <i>rifampin intravenous</i> | 4 | MO |
| <i>rifampin oral</i> | 3 | MO |
| <i>SIRTURO</i> | 5 | PA; LA |
| <i>STREPTOMYCIN</i> | 5 | PA; MO; QL (60 per 30 days) |
| <i>tigecycline</i> | 5 | PA; MO |
| <i>tinidazole</i> | 3 | MO |
| <i>TOBI PODHALER</i> | 5 | MO; QL (224 per 56 days) |
| <i>tobramycin in 0.225 % nacl</i> | 5 | PA; MO; QL (280 per 28 days) |
| <i>tobramycin inhalation</i> | 5 | PA; MO; QL (224 per 28 days) |
| <i>tobramycin sulfate injection recon soln</i> | 4 | PA; QL (9 per 14 days) |
| <i>tobramycin sulfate injection solution</i> | 4 | PA; MO |
| <i>TRECATOR</i> | 4 | MO |
| <i>VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML</i> | 3 | PA; QL (4000 per 10 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------|
| VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML | 3 | PA; QL (1000 per 10 days) |
| VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML | 3 | PA; QL (4050 per 10 days) |
| <i>vancomycin intravenous recon soln 1,000 mg</i> | 4 | PA; MO; QL (20 per 10 days) |
| <i>vancomycin intravenous recon soln 10 gram</i> | 4 | PA; QL (2 per 10 days) |
| <i>vancomycin intravenous recon soln 5 gram</i> | 4 | PA; QL (4 per 10 days) |
| <i>vancomycin intravenous recon soln 500 mg</i> | 4 | PA; MO; QL (10 per 10 days) |
| <i>vancomycin intravenous recon soln 750 mg</i> | 4 | PA; MO; QL (27 per 10 days) |
| <i>vancomycin oral capsule 125 mg</i> | 4 | PA; MO; QL (40 per 10 days) |
| <i>vancomycin oral capsule 250 mg</i> | 4 | PA; MO; QL (80 per 10 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------|
| VIBATIV INTRAVENOUS RECON SOLN 750 MG | 5 | PA |
| XIFAXAN ORAL TABLET 200 MG | 3 | PA; QL (9 per 30 days) |
| XIFAXAN ORAL TABLET 550 MG | 5 | PA; MO; QL (90 per 30 days) |
| PENICILLINS | | |
| <i>amoxicillin oral capsule</i> | 2 | MO |
| <i>amoxicillin oral suspension for reconstitution</i> | 2 | MO |
| <i>amoxicillin oral tablet</i> | 2 | MO |
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i> | 2 | MO |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution</i> | 2 | MO |
| <i>amoxicillin-pot clavulanate oral tablet</i> | 2 | MO |
| <i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i> | 4 | MO |

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This drug list was last updated on 03/14/2025.

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

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|---|------------------|----------------------------|
| PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML | 4 | PA | <i>ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml</i> | 4 | |
| <i>penicillin g potassium</i> | 4 | PA; MO | <i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i> | 4 | PA |
| <i>penicillin g sodium</i> | 4 | PA; MO | <i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i> | 4 | PA; MO |
| <i>penicillin v potassium</i> | 2 | MO | <i>levofloxacin intravenous</i> | 4 | PA |
| <i>pfiZerpen-g</i> | 4 | PA | <i>levofloxacin oral solution</i> | 4 | MO |
| <i>piperacillin- tazobactam intravenous recon soln 13.5 gram, 40.5 gram</i> | 4 | | <i>levofloxacin oral tablet</i> | 2 | MO |
| <i>piperacillin- tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i> | 4 | MO | <i>moxifloxacin oral</i> | 3 | MO |
| QUINOLONES | | | <i>moxifloxacin- sod.chloride(iso)</i> | 4 | PA; MO |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i> | 2 | MO | SULFA'S / RELATED AGENTS | | |
| <i>ciprofloxacin in 5 % dextrose</i> | 4 | PA; MO | <i>sulfadiazine</i> | 4 | MO |
| | | | <i>sulfamethoxazole- trimethoprim intravenous</i> | 4 | PA; MO |
| | | | <i>sulfamethoxazole- trimethoprim oral suspension</i> | 2 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| sulfamethoxazole-trimethoprim oral tablet | 1 | MO |
| TETRACYCLINES | | |
| demeclocycline | 4 | MO |
| doxy-100 | 4 | PA; MO |
| doxycycline hyclate intravenous | 4 | PA |
| doxycycline hyclate oral capsule | 2 | MO |
| doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg | 2 | MO |
| doxycycline monohydrate oral capsule 100 mg, 50 mg | 2 | MO |
| doxycycline monohydrate oral suspension for reconstitution | 4 | MO |
| doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg | 2 | MO |
| minocycline oral capsule | 2 | MO |
| minocycline oral tablet | 4 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| monodoxyne nl oral capsule 100 mg | 2 | |
| tetracycline oral capsule | 4 | MO |
| URINARY TRACT AGENTS | | |
| methenamine hippurate | 3 | MO |
| methenamine mandelate | 2 | MO |
| nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg | 3 | MO |
| nitrofurantoin monohyd/m-cryst | 3 | MO |
| trimethoprim | 2 | MO |
| ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS | | |
| ADJUNCTIVE AGENTS | | |
| dexrazoxane hcl | 5 | B/D PA; MO |
| ELITEK | 5 | MO |
| KHAPZORY INTRAVENOUS RECON SOLN 175 MG | 5 | B/D PA |
| leucovorin calcium oral | 3 | MO |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>levoleucovorin calcium intravenous recon soln</i> | 5 | B/D PA; MO |
| <i>levoleucovorin calcium intravenous solution</i> | 5 | B/D PA |
| <i>mesna intravenous</i> | 2 | B/D PA; MO |
| <i>mesna oral</i> | 5 | MO |
| MESNEX ORAL | 5 | MO |
| XGEVA | 5 | B/D PA; MO |

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

| | | |
|---------------------------------------|---|------------------------------|
| <i>abiraterone oral tablet 250 mg</i> | 5 | PA; MO; QL (120 per 30 days) |
| <i>abiraterone oral tablet 500 mg</i> | 5 | PA; MO; QL (60 per 30 days) |
| ABRAXANE | 5 | B/D PA; MO |
| ADCETRIS | 5 | B/D PA; MO |
| ADSTILADRIN | 5 | PA |
| AKEEGA | 5 | PA; LA; QL (60 per 30 days) |
| ALECENSA | 5 | PA; MO; QL (240 per 30 days) |
| ALIQOPA | 5 | B/D PA; LA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| ALUNBRIG ORAL TABLET 180 MG, 90 MG | 5 | PA; QL (30 per 30 days) |
| ALUNBRIG ORAL TABLET 30 MG | 5 | PA; QL (60 per 30 days) |
| ALUNBRIG ORAL TABLETS,DOSE PACK | 5 | PA; QL (30 per 180 days) |
| <i>anastrozole</i> | 2 | MO |
| ANKTIVA | 5 | PA; MO |
| <i>arsenic trioxide intravenous solution 1 mg/ml</i> | 5 | B/D PA |
| <i>arsenic trioxide intravenous solution 2 mg/ml</i> | 5 | B/D PA; MO |
| ASPARLAS | 5 | PA |
| AUGTYRO ORAL CAPSULE 160 MG | 5 | PA; MO; QL (60 per 30 days) |
| AUGTYRO ORAL CAPSULE 40 MG | 5 | PA; MO; QL (240 per 30 days) |
| AYVAKIT | 5 | PA; LA; QL (30 per 30 days) |
| <i>azacitidine</i> | 5 | B/D PA; MO |
| <i>azathioprine oral tablet 50 mg</i> | 2 | B/D PA; MO |
| <i>azathioprine sodium</i> | 2 | B/D PA; MO |
| BALVERSA | 5 | PA; LA |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------|---|------------------|----------------------------------|
| BAVENCIO | 5 | B/D PA; LA | BOSULIF ORAL TABLET 400 MG, 500 MG | 5 | PA; MO; QL (30 per 30 days) |
| BELEODAQ | 5 | B/D PA | BRAFTOVI | 5 | PA; MO; LA; QL (180 per 30 days) |
| <i>bendamustine intravenous recon soln</i> | 5 | B/D PA; MO | BRUKINSA | 5 | PA; LA; QL (120 per 30 days) |
| BENDEKA | 5 | B/D PA; MO | <i>busulfan</i> | 5 | B/D PA |
| BESPONSA | 5 | B/D PA; MO; LA | CABOMETYX | 5 | PA; MO; LA; QL (30 per 30 days) |
| <i>bexarotene</i> | 5 | PA; MO | CALQUENCE | 5 | PA; LA; QL (60 per 30 days) |
| <i>bicalutamide</i> | 2 | MO | CALQUENCE (ACALABRUTINIB MAL) | 5 | PA; LA; QL (60 per 30 days) |
| BIZENGRI | 5 | PA | CAPRELSA ORAL TABLET 100 MG | 5 | PA; LA; QL (60 per 30 days) |
| <i>bleomycin</i> | 2 | B/D PA; MO | CAPRELSA ORAL TABLET 300 MG | 5 | PA; LA; QL (30 per 30 days) |
| BLINCYTO INTRAVENOUS KIT | 5 | B/D PA | <i>carboplatin intravenous solution</i> | 2 | B/D PA; MO |
| BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG | 5 | B/D PA | <i>carmustine intravenous recon soln 100 mg</i> | 5 | B/D PA; MO |
| <i>bortezomib injection recon soln 3.5 mg</i> | 5 | B/D PA; MO | | | |
| BOSULIF ORAL CAPSULE 100 MG | 5 | PA; MO; QL (180 per 30 days) | | | |
| BOSULIF ORAL CAPSULE 50 MG | 5 | PA; MO; QL (330 per 30 days) | | | |
| BOSULIF ORAL TABLET 100 MG | 5 | PA; MO; QL (90 per 30 days) | | | |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---------------------------------|--|------------------|-----------------------------|
| <i>cisplatin intravenous solution</i> | 2 | B/D PA; MO | <i>cyclosporine modified oral capsule</i> | 3 | B/D PA; MO |
| <i>cladribine</i> | 5 | B/D PA; MO | <i>cyclosporine modified oral solution</i> | 3 | B/D PA |
| <i>clofarabine</i> | 5 | B/D PA | <i>cyclosporine oral capsule</i> | 3 | B/D PA; MO |
| COLUMVI | 5 | PA; MO | <i>CYRAMZA</i> | 5 | B/D PA; MO |
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1) | 5 | PA; MO; QL (56 per 28 days) | <i>cytarabine</i> | 2 | B/D PA; MO |
| COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3) | 5 | PA; MO; QL (112 per 28 days) | <i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i> | 2 | B/D PA; MO |
| COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY) | 5 | PA; MO; QL (84 per 28 days) | <i>cytarabine (pf) injection solution 20 mg/ml</i> | 2 | B/D PA |
| COPIKTRA | 5 | PA; LA; QL (60 per 30 days) | <i>dacarbazine</i> | 2 | B/D PA; MO |
| COTELLIC | 5 | PA; MO; LA; QL (63 per 28 days) | <i>dactinomycin</i> | 2 | B/D PA; MO |
| <i>cyclophosphamide intravenous recon soln</i> | 2 | B/D PA; MO | <i>DANYELZA</i> | 5 | B/D PA |
| <i>cyclophosphamide oral capsule</i> | 3 | B/D PA; MO | <i>DANZITEN</i> | 5 | PA; QL (112 per 28 days) |
| CYCLOPHOSPHA MIDE ORAL TABLET | 3 | B/D PA | <i>DARZALEX</i> | 5 | B/D PA; MO; LA |
| | | | <i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg</i> | 5 | PA; MO; QL (30 per 30 days) |
| | | | <i>dasatinib oral tablet 20 mg, 70 mg</i> | 5 | PA; MO; QL (60 per 30 days) |
| | | | <i>daunorubicin</i> | 2 | B/D PA |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------|--|------------------|-----------------------------|
| DAURISMO ORAL TABLET 100 MG | 5 | PA; MO; QL (30 per 30 days) | <i>doxorubicin intravenous solution 2 mg/ml</i> | 2 | B/D PA |
| DAURISMO ORAL TABLET 25 MG | 5 | PA; MO; QL (60 per 30 days) | <i>doxorubicin, peg-liposomal</i> | 5 | B/D PA; MO |
| <i>decitabine</i> | 5 | B/D PA; MO | DROXIA | 3 | MO |
| <i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i> | 5 | B/D PA | ELIGARD | 3 | 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> | 5 | B/D PA; MO | ELIGARD (3 MONTH) | 3 | PA; MO |
| <i>doxorubicin intravenous recon soln 10 mg</i> | 2 | B/D PA | ELIGARD (4 MONTH) | 3 | PA; MO |
| <i>doxorubicin intravenous recon soln 50 mg</i> | 2 | B/D PA; MO | ELIGARD (6 MONTH) | 3 | PA; MO |
| <i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i> | 2 | B/D PA; MO | ELREXFIO | 5 | PA |
| | | | ELZONRIS | 5 | B/D PA; LA |
| | | | EMPLICITI | 5 | B/D PA; MO |
| | | | ENVARSUS XR | 4 | B/D PA; MO |
| | | | <i>epirubicin intravenous solution 200 mg/100 ml</i> | 2 | B/D PA |
| | | | EPKINLY | 5 | PA |
| | | | ERBITUX | 5 | B/D PA; MO |
| | | | eribulin | 5 | B/D PA |
| | | | ERIVEDGE | 5 | PA; MO; QL (30 per 30 days) |
| | | | ERLEADA ORAL TABLET 240 MG | 5 | PA; MO; QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------|--|------------------|----------------------------|
| ERLEADA ORAL TABLET 60 MG | 5 | PA; MO; QL (120 per 30 days) | everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg | 5 | B/D PA; MO |
| erlotinib oral tablet 100 mg, 150 mg | 5 | PA; MO; QL (30 per 30 days) | exemestane | 4 | MO |
| erlotinib oral tablet 25 mg | 5 | PA; MO; QL (60 per 30 days) | FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG | 5 | PA; MO |
| ERWINASE | 5 | B/D PA | FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG | 4 | PA; MO |
| ETOPOPHOS | 4 | B/D PA; MO | floxuridine | 2 | B/D PA |
| etoposide intravenous | 2 | B/D PA; MO | fludarabine intravenous recon soln | 2 | B/D PA; MO |
| everolimus (antineoplastic) oral tablet | 5 | PA; MO; QL (30 per 30 days) | fludarabine intravenous solution | 2 | B/D PA |
| everolimus (antineoplastic) oral tablet for suspension 2 mg | 5 | PA; MO; QL (330 per 30 days) | fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml | 2 | B/D PA; MO |
| everolimus (antineoplastic) oral tablet for suspension 3 mg | 5 | PA; MO; QL (240 per 30 days) | fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml | 2 | B/D PA |
| everolimus (antineoplastic) oral tablet for suspension 5 mg | 5 | PA; MO; QL (180 per 30 days) | | | |
| everolimus (immunosuppressive) oral tablet 0.25 mg | 3 | B/D PA; MO | | | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---------------------------------|
| FOTIVDA | 5 | PA; LA; QL (21 per 28 days) |
| FRUZAQLA ORAL CAPSULE 1 MG | 5 | PA; QL (84 per 28 days) |
| FRUZAQLA ORAL CAPSULE 5 MG | 5 | PA; QL (21 per 28 days) |
| <i>fulvestrant</i> | 5 | B/D PA; MO |
| FYARRO | 5 | PA |
| GAVRETO | 5 | PA; LA; QL (120 per 30 days) |
| GAZYVA | 5 | B/D PA; MO |
| <i>gefitinib</i> | 5 | PA; MO; QL (30 per 30 days) |
| <i>gemcitabine intravenous recon soln 1 gram, 200 mg</i> | 2 | B/D PA; MO |
| <i>gemcitabine intravenous recon soln 2 gram</i> | 2 | B/D PA |
| <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> | 2 | B/D PA; MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------------|
| GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML | 3 | B/D PA |
| <i>gengraf</i> | 3 | B/D PA; MO |
| GILOTrif | 5 | PA; MO; QL (30 per 30 days) |
| GLEOSTINE ORAL CAPSULE 10 MG | 4 | MO |
| GLEOSTINE ORAL CAPSULE 100 MG, 40 MG | 5 | MO |
| <i>hydroxyurea</i> | 2 | MO |
| IBRANCE | 5 | PA; MO; QL (21 per 28 days) |
| ICLUSIG | 5 | PA; QL (30 per 30 days) |
| <i>idarubicin</i> | 2 | B/D PA; MO |
| IDHIFA | 5 | PA; MO; LA; QL (30 per 30 days) |
| <i>ifosfamide intravenous recon soln</i> | 2 | B/D PA; MO |
| <i>ifosfamide intravenous solution 1 gram/20 ml</i> | 2 | B/D PA; MO |

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------|---|------------------|----------------------------------|
| <i>ifosfamide intravenous solution 3 gram/60 ml</i> | 2 | B/D PA | INQOVI | 5 | PA; MO; QL (5 per 28 days) |
| <i>imatinib oral tablet 100 mg</i> | 5 | PA; MO; QL (180 per 30 days) | INREBIC | 5 | PA; MO; LA; QL (120 per 30 days) |
| <i>imatinib oral tablet 400 mg</i> | 5 | PA; MO; QL (60 per 30 days) | <i>irinotecan intravenous solution 100 mg/5 ml</i> | 2 | B/D PA; MO |
| IMBRUICA ORAL CAPSULE 140 MG | 5 | PA; QL (120 per 30 days) | <i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i> | 5 | B/D PA |
| IMBRUICA ORAL CAPSULE 70 MG | 5 | PA; QL (30 per 30 days) | <i>irinotecan intravenous solution 40 mg/2 ml</i> | 5 | B/D PA; MO |
| IMBRUICA ORAL SUSPENSION | 5 | PA; QL (324 per 30 days) | ISTODAX | 5 | B/D PA; MO |
| IMBRUICA ORAL TABLET 140 MG, 280 MG, 420 MG | 5 | PA; QL (30 per 30 days) | ITOVEBI ORAL TABLET 3 MG | 5 | PA; MO; QL (60 per 30 days) |
| IMDELLTRA | 5 | PA; MO | ITOVEBI ORAL TABLET 9 MG | 5 | PA; MO; QL (30 per 30 days) |
| IMFINZI | 5 | B/D PA; MO; LA | IWILFIN | 5 | PA; LA; QL (240 per 30 days) |
| IMJUDO | 5 | PA; MO | IXEMPRA | 5 | B/D PA; MO |
| IMKELDI | 5 | PA; MO; QL (280 per 28 days) | JAKAFI | 5 | PA; MO; QL (60 per 30 days) |
| INLYTA ORAL TABLET 1 MG | 5 | PA; MO; QL (180 per 30 days) | | | |
| INLYTA ORAL TABLET 5 MG | 5 | PA; MO; QL (120 per 30 days) | | | |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------|
| JAYPIRCA ORAL TABLET 100 MG | 5 | PA; MO; QL (60 per 30 days) |
| JAYPIRCA ORAL TABLET 50 MG | 5 | PA; MO; QL (30 per 30 days) |
| JEMPERLI | 5 | PA; MO |
| JEVTANA | 5 | B/D PA; MO |
| JYLAMVO | 4 | B/D PA; MO |
| KADCYLA | 5 | PA; MO |
| KEYTRUDA | 5 | PA; MO |
| KIMMTRAK | 5 | B/D PA |
| KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG | 5 | PA; QL (70 per 28 days) |
| KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG | 5 | PA; QL (91 per 28 days) |
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1) | 5 | PA; MO; QL (21 per 28 days) |
| KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2) | 5 | PA; MO; QL (42 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3) | 5 | PA; MO; QL (63 per 28 days) |
| KOSELUGO | 5 | PA |
| KRAZATI | 5 | PA; QL (180 per 30 days) |
| KYPROLIS | 5 | B/D PA |
| <i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i> | 5 | PA; MO |
| <i>lapatinib</i> | 5 | PA; MO; QL (180 per 30 days) |
| LAZCLUZE ORAL TABLET 240 MG | 5 | PA; LA; QL (30 per 30 days) |
| LAZCLUZE ORAL TABLET 80 MG | 5 | PA; LA; QL (60 per 30 days) |
| <i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i> | 5 | PA; MO; QL (28 per 28 days) |
| <i>lenalidomide oral capsule 2.5 mg, 20 mg</i> | 5 | PA; QL (28 per 28 days) |
| LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG | 5 | PA; MO; QL (30 per 30 days) |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|--|------------------|------------------------------|
| LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X1) | 5 | PA; MO; QL (90 per 30 days) | LUMAKRAS ORAL TABLET 320 MG | 5 | PA; MO; QL (90 per 30 days) |
| LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2) | 5 | PA; MO; QL (60 per 30 days) | LUNSUMIO | 5 | PA; MO |
| <i>letrozole</i> | 2 | MO | LUPRON DEPOT | 5 | PA; MO |
| <i>leuprolide subcutaneous kit</i> | 4 | PA; MO | LYNPARZA | 5 | PA; MO; QL (120 per 30 days) |
| LIBTAYO | 5 | PA; LA | LYSODREN | 5 | |
| LONSURF | 5 | PA; MO | LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3) | 5 | PA; LA; QL (84 per 28 days) |
| LOQTORZI | 5 | PA; MO | LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4) | 5 | PA; LA; QL (112 per 28 days) |
| LORBRENA ORAL TABLET 100 MG | 5 | PA; MO; QL (30 per 30 days) | LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5) | 5 | PA; LA; QL (140 per 28 days) |
| LORBRENA ORAL TABLET 25 MG | 5 | PA; MO; QL (90 per 30 days) | MARGENZA | 5 | B/D PA |
| LUMAKRAS ORAL TABLET 120 MG | 5 | PA; MO; QL (240 per 30 days) | MATULANE | 5 | |
| LUMAKRAS ORAL TABLET 240 MG | 5 | PA; MO; QL (120 per 30 days) | <i>megestrol oral suspension 400 mg/10 ml (10 ml)</i> | 3 | PA |
| | | | <i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i> | 3 | PA; MO |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------------|---|------------------|----------------------------------|
| <i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i> | 4 | PA; MO | <i>mitomycin intravenous recon soln 40 mg</i> | 5 | B/D PA; MO |
| <i>megestrol oral tablet</i> | 3 | PA; MO | <i>mitoxantrone</i> | 2 | B/D PA; MO |
| MEKINIST ORAL RECON SOLN | 5 | PA; MO; QL (1260 per 30 days) | MONJUVI | 5 | PA; LA |
| MEKINIST ORAL TABLET 0.5 MG | 5 | PA; MO; QL (90 per 30 days) | <i>mycophenolate mofetil (hcl)</i> | 4 | B/D PA; MO |
| MEKINIST ORAL TABLET 2 MG | 5 | PA; MO; QL (30 per 30 days) | <i>mycophenolate mofetil oral capsule</i> | 3 | B/D PA; MO |
| MEKTOVI | 5 | PA; MO; LA; QL (180 per 30 days) | <i>mycophenolate mofetil oral suspension for reconstitution</i> | 5 | B/D PA; MO |
| <i>melphalan hcl</i> | 5 | B/D PA | <i>mycophenolate mofetil oral tablet</i> | 3 | B/D PA; MO |
| <i>mercaptopurine oral tablet</i> | 3 | MO | <i>mycophenolate sodium</i> | 4 | B/D PA; MO |
| <i>methotrexate sodium</i> | 2 | B/D PA; MO | MYHIBBIN | 5 | B/D PA; MO |
| <i>methotrexate sodium (pf) injection recon soln</i> | 2 | B/D PA | MYLOTARG | 5 | B/D PA; MO; LA |
| <i>methotrexate sodium (pf) injection solution</i> | 2 | B/D PA; MO | <i>nelarabine</i> | 5 | B/D PA; MO |
| <i>mitomycin intravenous recon soln 20 mg, 5 mg</i> | 2 | B/D PA; MO | NERLYNX | 5 | PA; MO; LA |
| | | | <i>nilutamide</i> | 5 | PA; MO |
| | | | NINLARO | 5 | PA; MO; QL (3 per 28 days) |
| | | | NUBEQA | 5 | PA; MO; LA; QL (120 per 30 days) |
| | | | NULOJIX | 5 | B/D PA; MO |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---------------------------------|--|------------------|-----------------------------|
| <i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i> | 5 | PA; MO | OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4) | 5 | PA; QL (16 per 28 days) |
| <i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i> | 4 | PA; MO | OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5) | 5 | PA; QL (20 per 28 days) |
| <i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i> | 4 | PA; MO | OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6) | 5 | PA; QL (24 per 28 days) |
| <i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i> | 5 | PA; MO | OJJAARA | 5 | PA; QL (30 per 30 days) |
| <i>octreotide,microparticles</i> | 5 | PA | ONCASPAR | 5 | B/D PA |
| ODOMZO | 5 | PA; MO; LA; QL (30 per 30 days) | ONIVYDE | 5 | B/D PA |
| OGSIVEO ORAL TABLET 100 MG, 150 MG | 5 | PA; QL (56 per 28 days) | ONUREG | 5 | PA; MO; QL (14 per 28 days) |
| OGSIVEO ORAL TABLET 50 MG | 5 | PA; QL (180 per 30 days) | OPDIVO | 5 | PA; MO |
| OJEMDA ORAL SUSPENSION FOR RECONSTITUTION | 5 | PA; QL (96 per 28 days) | OPDUALAG | 5 | PA; MO |
| | | | ORGOVYX | 5 | PA; LA; QL (30 per 28 days) |
| | | | ORSERDU ORAL TABLET 345 MG | 5 | PA; QL (30 per 30 days) |
| | | | ORSERDU ORAL TABLET 86 MG | 5 | PA; QL (90 per 30 days) |
| | | | <i>oxaliplatin intravenous recon soln 100 mg</i> | 2 | B/D PA |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------------|--|------------------|---------------------------------------|
| <i>oxaliplatin</i> <i>intravenous recon</i> <i>soln 50 mg</i> | 2 | B/D PA; MO | <i>pemetrexed</i> <i>disodium</i> <i>intravenous recon</i> <i>soln 750 mg</i> | 5 | B/D PA |
| <i>oxaliplatin</i> <i>intravenous</i> <i>solution 100</i> <i>mg/20 ml, 50</i> <i>mg/10 ml (5</i> <i>mg/ml)</i> | 2 | B/D PA; MO | PERJETA | 5 | B/D PA; MO |
| <i>oxaliplatin</i> <i>intravenous</i> <i>solution 200</i> <i>mg/40 ml</i> | 2 | B/D PA | PIQRAY ORAL TABLET 200 MG/DAY (200 MG X1) | 5 | PA; MO; QL (28 per 28 days) |
| <i>paclitaxel</i> | 2 | B/D PA; MO | PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) | 5 | PA; MO; QL (56 per 28 days) |
| <i>paclitaxel protein-</i> <i>bound</i> | 5 | B/D PA; MO | POLIVY | 5 | PA; MO |
| PADCEV | 5 | PA; MO | POMALYST | 5 | PA; MO; LA; QL (21 per 28 days) |
| <i>paraplatin</i> | 2 | B/D PA | PORTRAZZA | 5 | B/D PA; MO |
| <i>pazopanib</i> | 5 | PA; MO; QL (120 per 30 days) | POTELIGEO | 5 | PA |
| PEMAZYRE | 5 | PA; LA; QL (28 per 28 days) | PRALATREXATE | 5 | B/D PA; MO |
| <i>pemetrexed</i> <i>disodium</i> <i>intravenous recon</i> <i>soln 1,000 mg, 500</i> <i>mg</i> | 5 | B/D PA; MO | PROGRAF INTRAVENOUS | 3 | B/D PA; MO |
| <i>pemetrexed</i> <i>disodium</i> <i>intravenous recon</i> <i>soln 100 mg</i> | 4 | B/D PA; MO | PROGRAF ORAL GRANULES IN PACKET | 4 | B/D PA; MO |
| | | | PURIXAN | 5 | |
| | | | QINLOCK | 5 | PA; LA; QL (90 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------------|
| RETEVMO ORAL CAPSULE 40 MG | 5 | PA; MO; LA; QL (180 per 30 days) |
| RETEVMO ORAL CAPSULE 80 MG | 5 | PA; MO; LA; QL (120 per 30 days) |
| RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG | 5 | PA; MO; LA; QL (60 per 30 days) |
| RETEVMO ORAL TABLET 40 MG | 5 | PA; MO; LA; QL (90 per 30 days) |
| REVLIMID | 5 | PA; MO; LA; QL (28 per 28 days) |
| REVUFORJ | 5 | PA; QL (60 per 30 days) |
| REZLIDHIA | 5 | PA; QL (60 per 30 days) |
| REZUROCK | 5 | PA; LA; QL (30 per 30 days) |
| <i>romidepsin intravenous recon soln</i> | 5 | B/D PA |
| ROZLYTREK ORAL CAPSULE 100 MG | 5 | PA; MO; QL (150 per 30 days) |
| ROZLYTREK ORAL CAPSULE 200 MG | 5 | PA; MO; QL (90 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------------|
| ROZLYTREK ORAL PELLETS IN PACKET | 5 | PA; MO; QL (336 per 28 days) |
| RUBRACA | 5 | PA; MO; LA; QL (120 per 30 days) |
| RUXIENCE | 5 | PA; MO |
| RYBREVANT | 5 | PA; MO |
| RYDAPT | 5 | PA; MO; QL (224 per 28 days) |
| RYLAZE | 5 | B/D PA |
| RYTELO | 5 | PA |
| SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXT ENDED REL RECON | 5 | PA; MO |
| SARCLISA | 5 | PA; LA |
| SCEMBLIX ORAL TABLET 100 MG | 5 | PA; QL (120 per 30 days) |
| SCEMBLIX ORAL TABLET 20 MG | 5 | PA; QL (600 per 30 days) |
| SCEMBLIX ORAL TABLET 40 MG | 5 | PA; QL (300 per 30 days) |
| SIGNIFOR | 5 | PA |
| SIMULECT | 3 | B/D PA; MO |
| <i>sirolimus oral solution</i> | 5 | B/D PA; MO |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|-------------------------------------|------------------|---------------------------------|
| <i>sirolimus oral tablet</i> | 4 | B/D PA; MO | TAFINLAR ORAL TABLET FOR SUSPENSION | 5 | PA; MO; QL (840 per 28 days) |
| SOLTAMOX | 5 | MO | TAGRISSO | 5 | PA; MO; LA; QL (30 per 30 days) |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML | 5 | PA; MO | TALVEY | 5 | PA |
| <i>sorafenib</i> | 5 | PA; MO; QL (120 per 30 days) | TALZENNA | 5 | PA; MO; QL (30 per 30 days) |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG | 5 | PA; MO; QL (30 per 30 days) | <i>tamoxifen</i> | 2 | MO |
| SPRYCEL ORAL TABLET 20 MG, 70 MG | 5 | PA; MO; QL (60 per 30 days) | TASIGNA ORAL CAPSULE 150 MG, 200 MG | 5 | PA; MO; QL (112 per 28 days) |
| STIVARGA | 5 | PA; MO; QL (84 per 28 days) | TASIGNA ORAL CAPSULE 50 MG | 5 | PA; MO; QL (120 per 30 days) |
| <i>sunitinib malate</i> | 5 | PA; MO; QL (30 per 30 days) | TAZVERIK | 5 | PA; LA |
| SYLVANT | 5 | B/D PA; MO | TECENTRIQ | 5 | B/D PA; MO; LA |
| TABRECTA | 5 | PA; MO | TECENTRIQ | 5 | B/D PA; MO; LA |
| <i>tacrolimus oral capsule</i> | 3 | B/D PA; MO | TECVAYLI | 5 | PA |
| TAFINLAR ORAL CAPSULE | 5 | PA; MO; QL (120 per 30 days) | TEMODAR INTRAVENOUS | 5 | B/D PA; MO |
| | | | <i>temsirolimus</i> | 5 | B/D PA; MO |
| | | | TEPMETKO | 5 | PA; LA |
| | | | TEVIMBRA | 5 | PA |
| | | | THALOMID ORAL CAPSULE 100 MG | 5 | PA; MO; QL (112 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| THALOMID ORAL CAPSULE 50 MG | 5 | PA; MO; QL (28 per 28 days) |
| <i>thiotepa injection recon soln 100 mg</i> | 5 | B/D PA |
| <i>thiotepa injection recon soln 15 mg</i> | 5 | B/D PA; MO |
| TIBSOVO | 5 | PA |
| TIVDAK | 5 | PA; MO |
| <i>topotecan</i> | 5 | B/D PA; MO |
| <i>toremifene</i> | 5 | MO |
| <i>torpenz</i> | 5 | PA; QL (30 per 30 days) |
| TRAZIMERA | 5 | B/D PA; MO |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION | 4 | PA; MO |
| <i>tretinoin (antineoplastic)</i> | 5 | MO |
| TRODELVY | 5 | PA; LA |
| TRUQAP | 5 | PA; QL (64 per 28 days) |
| TUKYSA ORAL TABLET 150 MG | 5 | PA; LA; QL (120 per 30 days) |
| TUKYSA ORAL TABLET 50 MG | 5 | PA; LA; QL (300 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|------------------------------|------------------|----------------------------------|
| TURALIO ORAL CAPSULE 125 MG | 5 | PA; LA; QL (120 per 30 days) |
| UNITUXIN | 5 | B/D PA |
| <i>valrubicin</i> | 5 | B/D PA; MO |
| VANFLYTA | 5 | PA; QL (56 per 28 days) |
| VECTIBIX | 5 | B/D PA; MO |
| VENCLEXTA ORAL TABLET 10 MG | 3 | PA; LA; QL (60 per 30 days) |
| VENCLEXTA ORAL TABLET 100 MG | 5 | PA; LA; QL (180 per 30 days) |
| VENCLEXTA ORAL TABLET 50 MG | 5 | PA; LA; QL (30 per 30 days) |
| VENCLEXTA STARTING PACK | 5 | PA; LA; QL (42 per 180 days) |
| VERZENIO | 5 | PA; MO; LA; QL (60 per 30 days) |
| <i>vinblastine</i> | 2 | B/D PA; MO |
| <i>vincristine</i> | 2 | B/D PA; MO |
| <i>vinorelbine</i> | 2 | B/D PA; MO |
| VITRAKVI ORAL CAPSULE 100 MG | 5 | PA; MO; LA; QL (60 per 30 days) |
| VITRAKVI ORAL CAPSULE 25 MG | 5 | PA; MO; LA; QL (180 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|----------------------------------|------------------|----------------------------------|--------------------------|------------------|---------------------------------|
| VITRAKVI ORAL SOLUTION | 5 | PA; MO; LA; QL (300 per 30 days) | XTANDI ORAL CAPSULE | 5 | PA; MO; QL (120 per 30 days) |
| VIZIMPRO | 5 | PA; MO; QL (30 per 30 days) | XTANDI ORAL TABLET 40 MG | 5 | PA; MO; QL (120 per 30 days) |
| VONJO | 5 | PA; QL (120 per 30 days) | XTANDI ORAL TABLET 80 MG | 5 | PA; MO; QL (60 per 30 days) |
| VORANIGO ORAL TABLET 10 MG | 5 | PA; QL (60 per 30 days) | YERVOY | 5 | B/D PA; MO |
| VORANIGO ORAL TABLET 40 MG | 5 | PA; QL (30 per 30 days) | YONDELIS | 5 | B/D PA |
| VYLOY | 5 | PA; LA | ZALTRAP | 5 | B/D PA; MO |
| VYXEOS | 5 | B/D PA | ZANOSAR | 4 | B/D PA; MO |
| WELIREG | 5 | PA; LA | ZEJULA ORAL TABLET | 5 | PA; MO; LA; QL (30 per 30 days) |
| XALKORI ORAL CAPSULE | 5 | PA; MO; QL (60 per 30 days) | ZELBORAF | 5 | PA; MO; QL (240 per 30 days) |
| XALKORI ORAL PELLET 150 MG | 5 | PA; MO; QL (180 per 30 days) | ZEPZELCA | 5 | PA |
| XALKORI ORAL PELLET 20 MG, 50 MG | 5 | PA; MO; QL (120 per 30 days) | ZIIHERA | 5 | PA |
| XERMELO | 5 | PA; LA; QL (84 per 28 days) | ZIRABEV | 5 | B/D PA; MO |
| XOSPATA | 5 | PA; LA; QL (90 per 30 days) | ZOLADEX | 4 | PA; MO |
| XPOVIO | 5 | PA; LA | ZOLINZA | 5 | PA; MO; QL (120 per 30 days) |
| | | | ZYDELIG | 5 | PA; MO; QL (60 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------|
| ZYKADIA | 5 | PA; MO; QL (90 per 30 days) |
| ZYNLONTA | 5 | PA; LA |
| ZYNYZ | 5 | PA; MO |
| AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH | | |
| ANTICONVULSANTS | | |
| APTIOM ORAL TABLET 200 MG | 5 | MO; QL (180 per 30 days) |
| APTIOM ORAL TABLET 400 MG | 5 | MO; QL (90 per 30 days) |
| APTIOM ORAL TABLET 600 MG, 800 MG | 5 | MO; QL (60 per 30 days) |
| BRIVIACT INTRAVENOUS | 4 | MO; QL (600 per 30 days) |
| BRIVIACT ORAL SOLUTION | 5 | MO; QL (600 per 30 days) |
| BRIVIACT ORAL TABLET | 5 | MO; QL (60 per 30 days) |
| <i>carbamazepine oral capsule, er multiphase 12 hr</i> | 3 | MO |
| <i>carbamazepine oral suspension 100 mg/5 ml</i> | 2 | MO |
| <i>carbamazepine oral suspension 100 mg/5 ml (5 ml), 200 mg/10 ml</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------|
| <i>carbamazepine oral tablet</i> | 2 | MO |
| <i>carbamazepine oral tablet extended release 12 hr</i> | 3 | MO |
| <i>carbamazepine oral tablet, chewable 100 mg</i> | 2 | MO |
| <i>clobazam oral suspension</i> | 4 | PA; MO; QL (480 per 30 days) |
| <i>clobazam oral tablet</i> | 4 | PA; MO; QL (60 per 30 days) |
| <i>clonazepam oral tablet 0.5 mg, 1 mg</i> | 2 | MO; QL (90 per 30 days) |
| <i>clonazepam oral tablet 2 mg</i> | 2 | MO; QL (300 per 30 days) |
| <i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i> | 2 | MO; QL (90 per 30 days) |
| <i>clonazepam oral tablet, disintegrating 2 mg</i> | 2 | MO; QL (300 per 30 days) |
| DIACOMIT | 5 | PA; LA |
| <i>diazepam rectal</i> | 4 | MO |
| DILANTIN 30 MG | 4 | MO |
| <i>divalproex</i> | 2 | MO |
| EPIDIOLEX | 5 | PA; MO; LA |

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|---|------------------|-----------------------------|
| <i>epitol</i> | 2 | MO | <i>gabapentin oral tablet 800 mg</i> | 2 | MO; QL (120 per 30 days) |
| EPRONTIA | 4 | PA; MO | <i>gabapentin oral tablet extended release 24 hr 300 mg</i> | 3 | PA; MO; QL (30 per 30 days) |
| <i>ethosuximide</i> | 3 | MO | <i>gabapentin oral tablet extended release 24 hr 600 mg</i> | 3 | PA; MO; QL (90 per 30 days) |
| <i>felbamate</i> | 4 | MO | <i>lacosamide intravenous</i> | 3 | MO; QL (1200 per 30 days) |
| FINTEPLA | 5 | PA; LA; QL (360 per 30 days) | <i>lacosamide oral solution</i> | 4 | MO; QL (1200 per 30 days) |
| <i>fosphenytoin</i> | 2 | MO | <i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i> | 4 | MO; QL (60 per 30 days) |
| FYCOMPA ORAL SUSPENSION | 5 | MO; QL (720 per 30 days) | <i>lacosamide oral tablet 50 mg</i> | 4 | MO; QL (120 per 30 days) |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG | 5 | MO; QL (30 per 30 days) | <i>lamotrigine oral tablet</i> | 1 | MO |
| FYCOMPA ORAL TABLET 2 MG | 4 | MO; QL (60 per 30 days) | <i>lamotrigine oral tablet, chewable dispersible</i> | 2 | MO |
| FYCOMPA ORAL TABLET 4 MG, 6 MG | 5 | MO; QL (60 per 30 days) | <i>lamotrigine oral tablet,disintegrating</i> | 4 | MO |
| <i>gabapentin oral capsule 100 mg, 400 mg</i> | 2 | MO; QL (270 per 30 days) | | | |
| <i>gabapentin oral capsule 300 mg</i> | 2 | MO; QL (360 per 30 days) | | | |
| <i>gabapentin oral solution 250 mg/5 ml</i> | 3 | MO; QL (2160 per 30 days) | | | |
| <i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i> | 3 | QL (2160 per 30 days) | | | |
| <i>gabapentin oral tablet 600 mg</i> | 2 | MO; QL (180 per 30 days) | | | |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------|---|------------------|----------------------------|
| <i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i> | 2 | MO | <i>oxcarbazepine oral tablet</i> | 3 | MO |
| <i>levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i> | 2 | | <i>phenobarbital oral elixir</i> | 4 | PA; MO |
| <i>levetiracetam intravenous</i> | 2 | MO | <i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i> | 3 | PA |
| <i>levetiracetam oral solution 100 mg/ml</i> | 2 | MO | <i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i> | 3 | PA; MO |
| <i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i> | 2 | | <i>phenobarbital sodium injection solution 130 mg/ml</i> | 2 | MO |
| <i>levetiracetam oral tablet</i> | 2 | MO | <i>phenobarbital sodium injection solution 65 mg/ml</i> | 2 | |
| <i>levetiracetam oral tablet extended release 24 hr</i> | 2 | MO | <i>phenytoin oral suspension 100 mg/4 ml</i> | 2 | |
| LIBERVANT | 5 | PA; MO; QL (10 per 30 days) | <i>phenytoin oral suspension 125 mg/5 ml</i> | 2 | MO |
| <i>methsuximide</i> | 4 | MO | <i>phenytoin oral tablet, chewable</i> | 2 | MO |
| NAYZILAM | 3 | PA; MO; QL (10 per 30 days) | <i>phenytoin sodium extended oral capsule 100 mg</i> | 2 | MO |
| <i>oxcarbazepine oral suspension</i> | 4 | MO | <i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> | 2 | |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------|--|------------------|-----------------------------|
| <i>phenytoin sodium intravenous solution</i> | 2 | | SYMPAZAN ORAL FILM 5 MG | 4 | PA; MO; QL (60 per 30 days) |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> | 3 | MO; QL (90 per 30 days) | <i>tiagabine</i> | 4 | MO |
| <i>pregabalin oral capsule 225 mg, 300 mg</i> | 3 | MO; QL (60 per 30 days) | <i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> | 2 | PA; MO |
| <i>pregabalin oral solution</i> | 3 | MO; QL (900 per 30 days) | <i>topiramate oral tablet</i> | 2 | PA; MO |
| PRIMIDONE ORAL TABLET 125 MG | 4 | MO | <i>valproate sodium</i> | 2 | MO |
| <i>primidone oral tablet 250 mg, 50 mg</i> | 2 | MO | <i>valproic acid</i> | 2 | MO |
| <i>roweepra oral tablet 500 mg</i> | 2 | MO | <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i> | 2 | MO |
| <i>rufinamide oral suspension</i> | 5 | PA; MO | <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i> | 2 | |
| <i>rufinamide oral tablet 200 mg</i> | 4 | PA; MO | VALTOCO | 3 | PA; MO; QL (10 per 30 days) |
| <i>rufinamide oral tablet 400 mg</i> | 5 | PA; MO | <i>vigabatrin</i> | 5 | PA; MO; LA |
| SPRITAM | 4 | MO | <i>vigadron</i> | 5 | PA; LA |
| <i>subvenite</i> | 1 | MO | <i>vigpoder</i> | 5 | PA; LA |
| SYMPAZAN ORAL FILM 10 MG, 20 MG | 5 | PA; MO; QL (60 per 30 days) | XCOPRI MAINTENANCE PACK | 5 | MO; QL (56 per 28 days) |
| | | | XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG | 5 | MO; QL (30 per 30 days) |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-------------------------------|
| XCOPRI ORAL TABLET 150 MG, 200 MG | 5 | MO; QL (60 per 30 days) |
| XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14) | 4 | 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) | 5 | MO; QL (28 per 180 days) |
| ZONISADE | 5 | PA; MO |
| zonisamide | 2 | PA; MO |
| ZTALMY | 5 | PA; LA; QL (1100 per 30 days) |

| ANTIPARKINSONISM AGENTS | | |
|--------------------------------|---|--------|
| benztropine injection | 2 | MO |
| benztropine oral | 2 | PA; MO |
| bromocriptine | 4 | MO |
| carbidopa | 4 | MO |
| carbidopa-levodopa | 2 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>carbidopa-levodopa-entacapone</i> | 4 | MO |
| <i>entacapone</i> | 4 | MO |
| INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE | 5 | PA; QL (300 per 30 days) |
| NEUPRO | 4 | MO |
| <i>pramipexole oral tablet</i> | 2 | MO |
| <i>rasagiline</i> | 4 | MO |
| <i>ropinirole oral tablet</i> | 2 | MO |
| <i>ropinirole oral tablet extended release 24 hr</i> | 4 | MO |
| <i>selegiline hcl</i> | 2 | MO |
| <i>trihexyphenidyl oral tablet</i> | 1 | MO |

| MIGRAINE / CLUSTER HEADACHE THERAPY | | |
|--|---|----------------------------|
| AIMOVIG AUTOINJECTOR | 3 | PA; MO; QL (1 per 30 days) |
| <i>dihydroergotamine injection</i> | 5 | |
| <i>dihydroergotamine nasal</i> | 5 | QL (8 per 28 days) |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--------------------------------|
| EMGALITY PEN | 3 | PA; MO; QL (2 per 30 days) |
| EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML | 3 | PA; MO; QL (2 per 30 days) |
| ergotamine-caffeine | 3 | MO |
| <i>naratriptan</i> | 3 | MO; QL (18 per 28 days) |
| NURTEC ODT | 3 | PA; QL (16 per 30 days) |
| QULIPTA | 3 | PA; MO; QL (30 per 30 days) |
| <i>rizatriptan oral tablet</i> | 2 | MO; QL (24 per 28 days) |
| <i>rizatriptan oral tablet,disintegrating</i> | 3 | MO; QL (24 per 28 days) |
| <i>sumatriptan</i> | 4 | MO; QL (18 per 28 days) |
| <i>sumatriptan succinate oral</i> | 2 | MO; QL (18 per 28 days) |
| <i>sumatriptan succinate subcutaneous cartridge</i> | 4 | QL (8 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i> | 4 | QL (8 per 28 days) |
| <i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i> | 4 | MO; QL (8 per 28 days) |
| <i>sumatriptan succinate subcutaneous solution</i> | 4 | MO; QL (8 per 28 days) |
| UBRELVY | 3 | PA; QL (20 per 30 days) |

| MISCELLANEOUS NEUROLOGICAL THERAPY | | |
|---|---|------------------------------|
| AUSTEDO ORAL TABLET 12 MG, 9 MG | 5 | PA; MO; QL (120 per 30 days) |
| AUSTEDO ORAL TABLET 6 MG | 5 | PA; MO; QL (60 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG | 5 | PA; MO; QL (90 per 30 days) |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------------|---|------------------|-------------------------------------|
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG | 5 | PA; MO; QL (30 per 30 days) | <i>dalfampridine</i> | 3 | PA; MO; QL (60 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG | 5 | PA; MO; QL (60 per 30 days) | <i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg</i> | 5 | PA; MO; QL (56 per 28 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG | 5 | PA; MO; QL (210 per 30 days) | <i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i> | 5 | PA; MO; QL (120 per 180 days) |
| AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG | 5 | PA; MO; QL (28 per 180 days) | <i>dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg</i> | 5 | PA; MO; QL (60 per 30 days) |
| AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14) | 5 | PA; QL (42 per 180 days) | <i>donepezil oral tablet 10 mg, 5 mg</i> | 1 | MO |
| BRIUMVI | 5 | PA; MO; QL (24 per 180 days) | <i>donepezil oral tablet,disintegratin g</i> | 4 | MO |
| | | | <i>fingolimod</i> | 5 | PA; MO; QL (30 per 30 days) |
| | | | <i>galantamine oral capsule,ext rel. pellets 24 hr</i> | 3 | MO |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|--|------------------|------------------------------|
| galantamine oral solution | 4 | MO | memantine oral tablet | 2 | PA; MO |
| galantamine oral tablet | 3 | MO | memantine-donepezil oral capsule,sprinkle,er 24hr 14-10 mg, 28-10 mg | 3 | PA; MO |
| glatiramer subcutaneous syringe 20 mg/ml | 5 | PA; QL (30 per 30 days) | memantine-donepezil oral capsule,sprinkle,er 24hr 21-10 mg | 3 | PA |
| glatiramer subcutaneous syringe 40 mg/ml | 5 | PA; QL (12 per 28 days) | NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK | 3 | PA |
| glatopa subcutaneous syringe 20 mg/ml | 5 | PA; MO; QL (30 per 30 days) | NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR | 3 | PA; MO |
| glatopa subcutaneous syringe 40 mg/ml | 5 | PA; MO; QL (12 per 28 days) | NUEDEXTA | 5 | PA; MO |
| INGREZZA | 5 | PA; LA; QL (30 per 30 days) | RADICAVA ORS | 5 | PA; MO |
| INGREZZA INITIATION PK(TARDIV) | 5 | PA; LA; QL (28 per 180 days) | RADICAVA ORS STARTER KIT SUSP | 5 | PA; MO |
| INGREZZA SPRINKLE | 5 | PA; LA; QL (30 per 30 days) | rivastigmine | 4 | MO |
| KESIMPTA PEN | 5 | PA; MO; QL (1.6 per 28 days) | rivastigmine tartrate | 3 | MO |
| memantine oral capsule,sprinkle,er 24hr | 4 | PA; MO | teriflunomide | 5 | PA; MO; QL (30 per 30 days) |
| memantine oral solution | 3 | PA; MO | tetrabenazine oral tablet 12.5 mg | 5 | PA; MO; QL (240 per 30 days) |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------|
| tetrabenazine oral tablet 25 mg | 5 | PA; MO; QL (120 per 30 days) |
| VUMERITY | 5 | PA; MO; QL (120 per 30 days) |
| ZEPOSIA | 5 | PA; MO; QL (30 per 30 days) |
| ZEPOSIA STARTER KIT (28-DAY) | 5 | PA; MO; QL (28 per 180 days) |
| ZEPOSIA STARTER PACK (7-DAY) | 5 | PA; MO; QL (7 per 180 days) |
| MUSCLE RELAXANTS / ANTISPASMODIC THERAPY | | |
| baclofen oral tablet | 2 | MO |
| cyclobenzaprine oral tablet 10 mg, 5 mg | 4 | PA; MO |
| dantrolene intravenous | 2 | |
| dantrolene oral | 4 | MO |
| pyridostigmine bromide oral tablet 60 mg | 3 | MO |
| pyridostigmine bromide oral tablet extended release | 3 | MO |
| revonto | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------|
| tizanidine oral tablet | 2 | MO |
| VYVGART | 5 | PA; MO; LA |
| VYVGART HYTRULO | 5 | PA; MO; LA |
| NARCOTIC ANALGESICS | | |
| acetaminophen-codeine oral solution 120 mg-12 mg/5 ml (5 ml), 300 mg-30 mg/12.5 ml | 2 | QL (4500 per 30 days) |
| acetaminophen-codeine oral solution 120-12 mg/5 ml | 2 | MO; QL (4500 per 30 days) |
| acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg | 2 | MO; QL (360 per 30 days) |
| acetaminophen-codeine oral tablet 300-60 mg | 2 | MO; QL (180 per 30 days) |
| BELBUCA | 3 | PA; MO; QL (60 per 30 days) |
| buprenorphine hcl injection syringe | 2 | |
| buprenorphine hcl sublingual | 2 | MO |
| buprenorphine transdermal patch | 4 | PA; MO; QL (4 per 28 days) |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------|--|------------------|-----------------------------|
| endocet | 3 | MO; QL (360 per 30 days) | hydrocodone-acetaminophen oral tablet 2.5-325 mg | 3 | QL (360 per 30 days) |
| fentanyl citrate (pf) injection solution | 2 | | hydrocodone-ibuprofen oral tablet 7.5-200 mg | 3 | MO; QL (50 per 30 days) |
| fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml) | 2 | | hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml, 2 mg/ml | 4 | |
| fentanyl citrate buccal lozenge on a handle 1,200 mcg | 5 | PA; MO; QL (120 per 30 days) | hydromorphone injection solution 2 mg/ml | 4 | MO |
| fentanyl citrate buccal lozenge on a handle 200 mcg | 4 | PA; MO; QL (120 per 30 days) | hydromorphone injection syringe 1 mg/ml, 4 mg/ml | 4 | MO |
| fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr | 4 | PA; MO; QL (10 per 30 days) | hydromorphone injection syringe 2 mg/ml | 4 | |
| hydrocodone-acetaminophen oral solution 10-325 mg/15 ml | 3 | QL (5550 per 30 days) | hydromorphone oral liquid | 4 | MO; QL (2400 per 30 days) |
| hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml | 3 | MO; QL (5550 per 30 days) | hydromorphone oral tablet | 3 | MO; QL (180 per 30 days) |
| hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg | 3 | MO; QL (360 per 30 days) | hydromorphone oral tablet extended release 24 hr | 4 | PA; MO; QL (60 per 30 days) |
| | | | methadone injection solution | 3 | |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-------------------------------|--|------------------|------------------------------|
| <i>methadone intensol</i> | 3 | PA; MO; QL (90 per 30 days) | <i>morphine intravenous solution 10 mg/ml, 4 mg/ml</i> | 4 | MO |
| <i>methadone oral concentrate</i> | 3 | PA; QL (90 per 30 days) | <i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i> | 4 | |
| <i>methadone oral solution 10 mg/5 ml</i> | 3 | PA; MO; QL (600 per 30 days) | <i>morphine oral solution</i> | 3 | MO; QL (900 per 30 days) |
| <i>methadone oral solution 5 mg/5 ml</i> | 3 | PA; MO; QL (1200 per 30 days) | <i>morphine oral tablet</i> | 3 | MO; QL (180 per 30 days) |
| <i>methadone oral tablet 10 mg</i> | 3 | PA; MO; QL (120 per 30 days) | <i>morphine oral tablet extended release</i> | 3 | PA; MO; QL (120 per 30 days) |
| <i>methadone oral tablet 5 mg</i> | 3 | PA; MO; QL (240 per 30 days) | <i>oxycodone oral capsule</i> | 3 | MO; QL (360 per 30 days) |
| <i>methadose oral concentrate</i> | 3 | PA; MO; QL (90 per 30 days) | <i>oxycodone oral concentrate</i> | 4 | MO; QL (180 per 30 days) |
| <i>morphine (pf) injection solution 0.5 mg/ml</i> | 4 | | <i>oxycodone oral solution</i> | 3 | MO; QL (1200 per 30 days) |
| <i>morphine (pf) injection solution 1 mg/ml</i> | 4 | MO | <i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i> | 3 | MO; QL (180 per 30 days) |
| <i>morphine concentrate oral solution</i> | 3 | MO; QL (900 per 30 days) | <i>oxycodone oral tablet 5 mg</i> | 3 | MO; QL (360 per 30 days) |
| <i>morphine injection syringe 4 mg/ml</i> | 4 | MO | <i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i> | 3 | MO; QL (360 per 30 days) |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------|
| oxycodone-acetaminophen oral tablet 2.5-325 mg | 3 | QL (360 per 30 days) |
| OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG | 3 | PA; MO; QL (90 per 30 days) |
| OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 80 MG | 5 | PA; MO; QL (60 per 30 days) |
| SUBLOCADE | 5 | MO |
| NON-NARCOTIC ANALGESICS | | |
| buprenorphine-naloxone sublingual film 12-3 mg | 3 | MO; QL (60 per 30 days) |
| buprenorphine-naloxone sublingual film 2-0.5 mg | 3 | MO; QL (360 per 30 days) |
| buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg | 3 | MO; QL (90 per 30 days) |
| buprenorphine-naloxone sublingual tablet 2-0.5 mg | 2 | MO; QL (360 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| buprenorphine-naloxone sublingual tablet 8-2 mg | 2 | MO; QL (90 per 30 days) |
| butorphanol injection | 2 | MO |
| butorphanol nasal | 4 | MO; QL (10 per 28 days) |
| celecoxib | 2 | MO |
| clonidine (pf) epidural solution 5,000 mcg/10 ml | 2 | |
| diclofenac potassium oral tablet 50 mg | 2 | MO |
| diclofenac sodium oral | 2 | MO |
| diclofenac sodium topical gel 1% | 3 | MO; QL (1000 per 28 days) |
| diclofenac sodium topical solution in metered-dose pump | 5 | MO; QL (224 per 28 days) |
| diclofenac-misoprostol | 4 | MO |
| diflunisal | 3 | MO |
| etodolac oral capsule | 3 | MO |
| etodolac oral tablet | 3 | MO |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| etodolac oral tablet extended release 24 hr | 4 | MO |
| flurbiprofen oral tablet 100 mg | 2 | MO |
| ibu | 1 | MO |
| ibuprofen oral suspension | 2 | MO |
| ibuprofen oral tablet 400 mg, 800 mg | 1 | MO |
| ibuprofen oral tablet 600 mg | 1 | |
| meloxicam oral tablet | 1 | MO; QL (30 per 30 days) |
| nabumetone | 2 | MO |
| nalbuphine | 2 | |
| naloxone injection solution | 2 | MO |
| naloxone injection syringe 0.4 mg/ml (prefilled syringe) | 2 | |
| naloxone injection syringe 0.4 mg/ml, 1 mg/ml | 2 | MO |
| naloxone nasal | 2 | MO |
| naltrexone | 2 | MO |
| naproxen oral tablet | 1 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| naproxen oral tablet, delayed release (dr/ec) | 2 | MO |
| naproxen sodium oral tablet 275 mg, 550 mg | 2 | MO |
| oxaprozin oral tablet | 4 | MO |
| piroxicam | 3 | MO |
| salsalate | 1 | MO |
| sulindac | 2 | MO |
| tramadol oral tablet 50 mg | 2 | MO; QL (240 per 30 days) |
| tramadol-acetaminophen | 2 | MO; QL (240 per 30 days) |
| VIVITROL | 5 | MO |
| 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 | 3 | MO; QL (30 per 30 days) |
| ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG | 3 | MO; QL (60 per 30 days) |

PSYCHOTHERAPEUTIC DRUGS

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 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|---|------------------|-----------------------------|
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 720 MG/2.4 ML | 5 | MO; QL (2.4 per 56 days) | ARISTADA INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 1,064 MG/3.9 ML | 5 | MO; QL (3.9 per 56 days) |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 960 MG/3.2 ML | 5 | MO; QL (3.2 per 56 days) | ARISTADA INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 441 MG/1.6 ML | 5 | MO; QL (1.6 per 28 days) |
| ABILIFY MAINTENA | 5 | MO; QL (1 per 28 days) | ARISTADA INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 662 MG/2.4 ML | 5 | MO; QL (2.4 per 28 days) |
| <i>amitriptyline</i> | 2 | MO | ARISTADA INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 882 MG/3.2 ML | 5 | MO; QL (3.2 per 28 days) |
| <i>amoxapine</i> | 3 | MO | <i>armodafinil</i> | 4 | PA; MO; QL (30 per 30 days) |
| <i>ariPIPRAZOLE oral solution</i> | 4 | MO | <i>asenapine maleate</i> | 4 | MO; QL (60 per 30 days) |
| <i>ariPIPRAZOLE oral tablet</i> | 2 | MO; QL (30 per 30 days) | <i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> | 4 | MO; QL (60 per 30 days) |
| <i>ariPIPRAZOLE oral tablet,disintegrating</i> | 4 | MO; QL (60 per 30 days) | | | |
| ARISTADA INITIO | 5 | MO; QL (4.8 per 365 days) | | | |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|--|------------------|------------------------------|
| atomoxetine oral capsule 100 mg, 60 mg, 80 mg | 4 | MO; QL (30 per 30 days) | clonidine hcl oral tablet extended release 12 hr | 4 | MO |
| AUVELITY | 5 | ST; QL (60 per 30 days) | clorazepate dipotassium oral tablet 15 mg | 3 | PA; MO; QL (180 per 30 days) |
| BELSOMRA | 3 | PA; QL (30 per 30 days) | clorazepate dipotassium oral tablet 3.75 mg | 3 | PA; MO; QL (90 per 30 days) |
| bupropion hcl oral tablet | 2 | MO | clorazepate dipotassium oral tablet 7.5 mg | 3 | PA; MO; QL (360 per 30 days) |
| bupropion hcl oral tablet extended release 24 hr 150 mg | 2 | MO; QL (90 per 30 days) | clozapine oral tablet | 3 | |
| bupropion hcl oral tablet extended release 24 hr 300 mg | 2 | MO; QL (30 per 30 days) | clozapine oral tablet,disintegrating | 4 | |
| bupropion hcl oral tablet sustained-release 12 hr | 2 | MO; QL (60 per 30 days) | COBENFY | 4 | MO; QL (60 per 30 days) |
| buspirone | 2 | MO | COBENFY STARTER PACK | 4 | MO; QL (56 per 180 days) |
| CAPLYTA | 4 | MO; QL (30 per 30 days) | desipramine | 2 | MO |
| chlorpromazine injection | 2 | MO | desvenlafaxine succinate | 3 | MO; QL (30 per 30 days) |
| chlorpromazine oral | 4 | MO | dextroamphetamine e-amphetamine oral capsule,extended release 24hr | 4 | MO |
| citalopram oral solution | 3 | MO | dextroamphetamine e-amphetamine oral tablet | 3 | MO |
| citalopram oral tablet | 1 | MO; QL (30 per 30 days) | | | |
| clomipramine | 4 | 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 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-------------------------------|---|------------------|-----------------------------|
| <i>diazepam injection</i> | 2 | PA | <i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i> | 2 | MO; QL (60 per 30 days) |
| <i>diazepam intensol</i> | 2 | PA; MO; QL (240 per 30 days) | EMSAM | 5 | MO |
| <i>diazepam oral concentrate</i> | 2 | PA; QL (240 per 30 days) | <i>escitalopram oxalate oral solution</i> | 2 | MO |
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i> | 2 | PA; MO; QL (1200 per 30 days) | <i>escitalopram oxalate oral tablet</i> | 1 | MO; QL (30 per 30 days) |
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i> | 2 | PA; QL (1200 per 30 days) | <i>eszopiclone</i> | 4 | MO; QL (30 per 30 days) |
| <i>diazepam oral tablet</i> | 2 | PA; MO; QL (120 per 30 days) | FANAPT ORAL TABLET | 4 | ST; MO; QL (60 per 30 days) |
| <i>doxepin oral capsule</i> | 4 | MO | FANAPT ORAL TABLETS,DOSE PACK | 4 | ST; MO; QL (8 per 180 days) |
| <i>doxepin oral concentrate</i> | 4 | MO | FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26) | 3 | QL (28 per 180 days) |
| <i>doxepin oral tablet</i> | 3 | MO; QL (30 per 30 days) | FETZIMA ORAL CAPSULE,EXTEN DED RELEASE 24 HR | 3 | QL (30 per 30 days) |
| DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG | 4 | MO; QL (60 per 30 days) | <i>flumazenil</i> | 2 | |
| DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG | 4 | MO; QL (90 per 30 days) | <i>fluoxetine oral capsule 10 mg</i> | 1 | MO; QL (30 per 30 days) |
| | | | <i>fluoxetine oral capsule 20 mg</i> | 1 | MO; QL (90 per 30 days) |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|--|------------------|----------------------------|
| <i>fluoxetine oral capsule 40 mg</i> | 1 | MO; QL (60 per 30 days) | INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML | 5 | MO; QL (3.5 per 180 days) |
| <i>fluoxetine oral solution</i> | 2 | MO | INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML | 5 | MO; QL (5 per 180 days) |
| <i>fluphenazine decanoate</i> | 4 | MO | INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML | 5 | MO; QL (0.75 per 28 days) |
| <i>fluphenazine hcl</i> | 4 | MO | INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML | 5 | MO; QL (1 per 28 days) |
| <i>fluvoxamine oral tablet 100 mg</i> | 2 | MO; QL (90 per 30 days) | INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML | 5 | MO; QL (1.5 per 28 days) |
| <i>fluvoxamine oral tablet 25 mg</i> | 2 | MO; QL (30 per 30 days) | INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML | 3 | MO; QL (0.25 per 28 days) |
| <i>fluvoxamine oral tablet 50 mg</i> | 2 | MO; QL (60 per 30 days) | INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML | 5 | MO; QL (0.5 per 28 days) |
| <i>haloperidol</i> | 2 | MO | | | |
| <i>haloperidol decanoate intramuscular solution 100 mg/ml (1ml), 50 mg/ml(1ml)</i> | 4 | | | | |
| <i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i> | 4 | MO | | | |
| <i>haloperidol lactate injection</i> | 4 | MO | | | |
| <i>haloperidol lactate intramuscular</i> | 2 | | | | |
| <i>haloperidol lactate oral</i> | 2 | MO | | | |
| <i>imipramine hcl</i> | 4 | MO | | | |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------|---|------------------|-----------------------------|
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML | 5 | MO; QL (0.88 per 90 days) | <i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> | 4 | MO; QL (30 per 30 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML | 5 | MO; QL (1.32 per 90 days) | <i>lurasidone oral tablet 80 mg</i> | 4 | MO; QL (60 per 30 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML | 5 | MO; QL (1.75 per 90 days) | MARPLAN | 4 | MO |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML | 5 | MO; QL (2.63 per 90 days) | <i>methylphenidate hcl oral capsule,er biphasic 50-50</i> | 4 | MO |
| <i>lithium carbonate</i> | 2 | MO | <i>methylphenidate hcl oral solution</i> | 4 | MO |
| <i>lithium citrate</i> | 2 | | <i>methylphenidate hcl oral tablet</i> | 3 | MO |
| <i>lorazepam injection</i> | 2 | PA; MO | <i>methylphenidate hcl oral tablet,extended release</i> | 4 | MO |
| <i>lorazepam intensol</i> | 2 | PA; QL (150 per 30 days) | <i>mirtazapine oral tablet</i> | 2 | MO |
| <i>lorazepam oral concentrate</i> | 2 | PA; MO; QL (150 per 30 days) | <i>mirtazapine oral tablet,disintegrating</i> | 3 | MO |
| <i>lorazepam oral tablet 0.5 mg, 1 mg</i> | 2 | PA; MO; QL (90 per 30 days) | <i>modafinil oral tablet 100 mg</i> | 3 | PA; MO; QL (30 per 30 days) |
| <i>lorazepam oral tablet 2 mg</i> | 2 | PA; MO; QL (150 per 30 days) | <i>modafinil oral tablet 200 mg</i> | 3 | PA; MO; QL (60 per 30 days) |
| <i>loxapine succinate</i> | 2 | MO | | | |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------|--|------------------|----------------------------|
| <i>molindone oral tablet 10 mg, 25 mg</i> | 4 | | <i>paroxetine hcl oral tablet 30 mg</i> | 2 | MO; QL (60 per 30 days) |
| <i>molindone oral tablet 5 mg</i> | 4 | MO | <i>paroxetine hcl oral tablet extended release 24 hr</i> | 3 | MO; QL (60 per 30 days) |
| <i>nefazodone</i> | 4 | MO | <i>pentobarbital sodium injection solution</i> | 4 | |
| <i>nortriptyline oral capsule</i> | 2 | MO | <i>perphenazine</i> | 4 | MO |
| <i>nortriptyline oral solution</i> | 4 | MO | <i>phenelzine</i> | 3 | MO |
| <i>NUPLAZID</i> | 4 | PA; MO; QL (30 per 30 days) | <i>pimozide</i> | 4 | MO |
| <i>olanzapine intramuscular</i> | 4 | MO | <i>protriptyline</i> | 4 | MO |
| <i>olanzapine oral tablet</i> | 2 | MO; QL (30 per 30 days) | <i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> | 2 | MO; QL (90 per 30 days) |
| <i>olanzapine oral tablet,disintegrating</i> | 4 | MO; QL (30 per 30 days) | <i>quetiapine oral tablet 300 mg, 400 mg</i> | 2 | MO; QL (60 per 30 days) |
| <i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i> | 4 | MO; QL (30 per 30 days) | <i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i> | 3 | MO; QL (30 per 30 days) |
| <i>paliperidone oral tablet extended release 24hr 6 mg</i> | 4 | MO; QL (60 per 30 days) | <i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i> | 3 | MO; QL (60 per 30 days) |
| <i>paroxetine hcl oral suspension</i> | 4 | MO | <i>ramelteon</i> | 3 | MO; QL (30 per 30 days) |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i> | 2 | MO; QL (30 per 30 days) | <i>REXULTI ORAL TABLET</i> | 4 | MO; QL (30 per 30 days) |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|---|------------------|------------------------------|
| <i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i> | 3 | MO; QL (2 per 28 days) | <i>sertraline oral tablet 100 mg, 50 mg</i> | 1 | MO; QL (60 per 30 days) |
| <i>risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i> | 5 | MO; QL (2 per 28 days) | <i>sertraline oral tablet 25 mg</i> | 1 | MO; QL (30 per 30 days) |
| <i>risperidone oral solution</i> | 2 | MO | SODIUM OXYBATE (PREFERRED NDCS STARTING WITH 00054) | 5 | PA; LA; QL (540 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) | SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3) | 5 | PA; MO |
| <i>risperidone oral tablet 4 mg</i> | 1 | MO; QL (120 per 30 days) | <i>thioridazine</i> | 3 | MO |
| <i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i> | 4 | MO; QL (60 per 30 days) | <i>thiothixene</i> | 2 | MO |
| <i>risperidone oral tablet,disintegrating 4 mg</i> | 4 | MO; QL (120 per 30 days) | <i>tranylcypromine</i> | 4 | MO |
| SECUADO | 5 | MO; QL (30 per 30 days) | <i>trazodone</i> | 1 | MO |
| <i>sertraline oral concentrate</i> | 4 | MO | <i>trifluoperazine</i> | 3 | MO |
| | | | <i>trimipramine</i> | 4 | MO |
| | | | TRINTELLIX | 3 | QL (30 per 30 days) |
| | | | <i>UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML</i> | 5 | MO; QL (0.28 per 28 days) |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|---|------------------|----------------------------|
| UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 125 MG/0.35 ML | 5 | MO; QL (0.35 per 28 days) | UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 75 MG/0.21 ML | 5 | MO; QL (0.21 per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 150 MG/0.42 ML | 5 | MO; QL (0.42 per 56 days) | <i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i> | 2 | MO; QL (30 per 30 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 200 MG/0.56 ML | 5 | MO; QL (0.56 per 56 days) | <i>venlafaxine oral capsule,extended release 24hr 75 mg</i> | 2 | MO; QL (90 per 30 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 250 MG/0.7 ML | 5 | MO; QL (0.7 per 56 days) | <i>venlafaxine oral tablet</i> | 2 | MO; QL (90 per 30 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 50 MG/0.14 ML | 5 | MO; QL (0.14 per 28 days) | VERSACLOZ | 5 | |
| | | | <i>vilazodone</i> | 3 | MO; QL (30 per 30 days) |
| | | | VRAYLAR ORAL CAPSULE | 4 | MO; QL (30 per 30 days) |
| | | | <i>zaleplon oral capsule 10 mg</i> | 4 | MO; QL (60 per 30 days) |
| | | | <i>zaleplon oral capsule 5 mg</i> | 4 | MO; QL (30 per 30 days) |
| | | | <i>ziprasidone hcl</i> | 3 | MO; QL (60 per 30 days) |
| | | | <i>ziprasidone mesylate</i> | 4 | MO |
| | | | <i>zolpidem oral tablet</i> | 2 | MO; QL (30 per 30 days) |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG | 5 | PA; MO; QL (28 per 365 days) |
| ZURZUVAE ORAL CAPSULE 30 MG | 5 | PA; MO; QL (14 per 365 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG | 4 | MO; QL (2 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG | 5 | MO; QL (2 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG | 5 | MO; QL (1 per 28 days) |
| CARDIOVASCULAR, HYPERTENSION / LIPIDS ANTIARRHYTHMIC AGENTS | | |
| adenosine | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>amiodarone intravenous solution</i> | 2 | B/D PA; MO |
| <i>amiodarone oral tablet 100 mg, 200 mg</i> | 2 | MO |
| <i>amiodarone oral tablet 400 mg</i> | 2 | |
| <i>dofetilide</i> | 4 | MO |
| <i>flecainide</i> | 2 | MO |
| <i>ibutilide fumarate</i> | 2 | |
| <i>lidocaine (pf) intravenous</i> | 2 | |
| <i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i> | 4 | |
| <i>mexiletine</i> | 3 | MO |
| <i>MULTAQ</i> | 3 | MO |
| <i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i> | 2 | MO |
| <i>procainamide injection</i> | 2 | |
| <i>propafenone oral capsule,extended release 12 hr</i> | 4 | MO |
| <i>propafenone oral tablet</i> | 2 | MO |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>quinidine sulfate oral tablet</i> | 2 | MO |
| <i>sotalol af</i> | 2 | |
| <i>sotalol oral</i> | 2 | MO |
| ANTIHYPERTENSIVE THERAPY | | |
| <i>acebutolol</i> | 2 | MO |
| <i>aliskiren</i> | 4 | MO |
| <i>amiloride</i> | 2 | MO |
| <i>amiloride-hydrochlorothiazide</i> | 2 | MO |
| <i>amlodipine</i> | 1 | MO |
| <i>amlodipine-benazepril</i> | 1 | MO |
| <i>amlodipine-olmesartan</i> | 1 | MO |
| <i>amlodipine-valsartan</i> | 1 | MO |
| <i>amlodipine-valsartan-hcthiazide</i> | 2 | MO |
| <i>atenolol</i> | 1 | MO |
| <i>atenolol-chlorthalidone</i> | 1 | MO |
| <i>benazepril</i> | 1 | MO |
| <i>benazepril-hydrochlorothiazide</i> | 1 | MO |
| <i>betaxolol oral</i> | 3 | MO |
| <i>bisoprolol fumarate</i> | 2 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>bisoprolol-hydrochlorothiazide</i> | 1 | MO |
| <i>bumetanide injection</i> | 4 | MO |
| <i>bumetanide oral</i> | 2 | MO |
| <i>candesartan</i> | 1 | MO |
| <i>candesartan-hydrochlorothiazide</i> | 2 | MO |
| <i>captopril</i> | 1 | MO |
| <i>captopril-hydrochlorothiazide</i> | 2 | |
| <i>cartia xt oral capsule,extended release 24hr 120 mg</i> | 2 | |
| <i>cartia xt oral capsule,extended release 24hr 180 mg, 240 mg, 300 mg</i> | 2 | MO |
| <i>carvedilol</i> | 1 | MO |
| <i>chlorothiazide sodium</i> | 2 | MO |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i> | 2 | MO |
| <i>clonidine transdermal patch</i> | 4 | MO; QL (4 per 28 days) |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml) | 2 | |
| clonidine hcl oral tablet | 1 | MO |
| diltiazem hcl intravenous | 2 | |
| diltiazem hcl oral | 2 | MO |
| dilt-xr | 2 | MO |
| doxazosin oral tablet 1 mg, 2 mg, 4 mg | 2 | MO; QL (30 per 30 days) |
| doxazosin oral tablet 8 mg | 2 | MO; QL (60 per 30 days) |
| EDARBI | 3 | MO |
| EDARBYCLOR | 3 | MO |
| enalapril maleate oral tablet | 1 | MO |
| enalaprilat intravenous solution | 2 | |
| enalapril- hydrochlorothiazide | 1 | MO |
| eplerenone | 3 | MO |
| esmolol intravenous solution | 2 | |
| ethacrynone sodium | 5 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------|
| felodipine | 2 | MO |
| fosinopril | 1 | MO |
| fosinopril- hydrochlorothiazide | 1 | MO |
| furosemide injection solution | 4 | MO |
| furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml) | 2 | MO |
| furosemide oral tablet | 1 | MO |
| hydralazine | 2 | MO |
| hydrochlorothiazide | 1 | MO |
| indapamide | 1 | MO |
| irbesartan | 1 | MO |
| irbesartan- hydrochlorothiazide | 1 | MO |
| isosorbide- hydralazine | 3 | MO; QL (180 per 30 days) |
| isradipine | 2 | |
| KERENDIA | 3 | PA; QL (30 per 30 days) |
| labetalol intravenous solution | 2 | |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>labetalol</i> <i>intravenous syringe</i> <i>20 mg/4 ml (5 mg/ml)</i> | 2 | |
| <i>labetalol oral tablet</i> <i>100 mg, 200 mg, 300 mg</i> | 2 | MO |
| <i>lisinopril</i> | 1 | MO |
| <i>lisinopril-hydrochlorothiazide</i> | 1 | MO |
| <i>losartan</i> | 1 | MO |
| <i>losartan-hydrochlorothiazide</i> | 1 | MO |
| <i>mannitol 20 %</i> | 4 | |
| <i>mannitol 25 %</i> <i>intravenous solution</i> | 2 | MO |
| <i>matzim la</i> | 2 | MO |
| <i>metolazone</i> | 2 | MO |
| <i>metoprolol succinate</i> | 1 | MO |
| <i>metoprolol tar-hydrochlorothiazide</i> | 2 | MO |
| <i>metoprolol tartrate</i> <i>intravenous</i> | 2 | |
| <i>metoprolol tartrate</i> <i>oral tablet 100 mg, 25 mg, 50 mg</i> | 1 | MO |
| <i>metyrosine</i> | 5 | PA; MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>minoxidil oral</i> | 2 | MO |
| <i>moexipril</i> | 1 | MO |
| <i>nadolol</i> | 4 | MO |
| <i>nebivolol</i> | 2 | MO |
| <i>nicardipine intravenous solution</i> | 2 | |
| <i>nicardipine oral</i> | 4 | MO |
| <i>nifedipine oral tablet extended release</i> | 2 | MO |
| <i>nifedipine oral tablet extended release 24hr</i> | 2 | MO |
| <i>nimodipine oral capsule</i> | 4 | MO |
| <i>olmesartan</i> | 1 | MO |
| <i>olmesartanamlodipin-hcthiazide</i> | 2 | MO |
| <i>olmesartanhydrochlorothiazide</i> | 1 | MO |
| <i>osmitrol 20 %</i> | 4 | |
| <i>perindopril erbumine</i> | 1 | MO |
| <i>phentolamine</i> | 2 | |
| <i>pindolol</i> | 3 | MO |
| <i>prazosin</i> | 2 | MO |
| <i>propranolol intravenous</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>propranolol oral capsule,extended release 24 hr</i> | 2 | MO |
| <i>propranolol oral solution</i> | 2 | MO |
| <i>propranolol oral tablet</i> | 1 | MO |
| <i>quinapril</i> | 1 | MO |
| <i>quinapril-hydrochlorothiazide</i> | 1 | MO |
| <i>ramipril</i> | 1 | MO |
| <i>spironolactone oral tablet</i> | 1 | MO |
| <i>spironolactone-hydrochlorothiazide</i> | 2 | MO |
| <i>telmisartan</i> | 1 | MO |
| <i>telmisartanamlodipine</i> | 2 | MO |
| <i>telmisartanhydrochlorothiazide</i> | 2 | MO |
| <i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i> | 1 | MO; QL (30 per 30 days) |
| <i>terazosin oral capsule 10 mg</i> | 1 | MO; QL (60 per 30 days) |
| <i>tiadylt er</i> | 2 | MO |
| <i>timolol maleate oral</i> | 4 | MO |
| <i>torsemide oral</i> | 2 | MO |
| <i>trandolapril</i> | 1 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------------|
| <i>trandolapril-verapamil</i> | 2 | MO |
| <i>treprostinil sodium</i> | 5 | PA; MO; LA |
| <i>triamterene-hydrochlorothiazide</i> | 1 | MO |
| <i>UPTRAVI ORAL TABLET</i> | 5 | PA; MO; LA; QL (60 per 30 days) |
| <i>UPTRAVI ORAL TABLETS,DOSE PACK</i> | 5 | PA; MO; LA; QL (200 per 180 days) |
| <i>valsartan oral tablet</i> | 1 | MO |
| <i>valsartanhydrochlorothiazide</i> | 1 | MO |
| <i>veletri</i> | 2 | B/D PA; MO |
| <i>verapamil intravenous</i> | 2 | |
| <i>verapamil oral capsule, 24 hr er pellet ct</i> | 2 | MO |
| <i>verapamil oral capsule,ext rel. pellets 24 hr</i> | 2 | MO |
| <i>verapamil oral tablet</i> | 1 | MO |
| <i>verapamil oral tablet extended release</i> | 2 | MO |

COAGULATION THERAPY

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 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|--|------------------|----------------------------|
| aminocaproic acid <i>intravenous</i> | 2 | MO | ELIQUIS DVT-PE TREAT 30D START | 3 | MO; QL (74 per 180 days) |
| aminocaproic acid <i>oral</i> | 5 | MO | enoxaparin <i>subcutaneous solution</i> | 2 | MO; QL (30 per 30 days) |
| aspirin- <i>dipyridamole</i> | 4 | MO | enoxaparin <i>subcutaneous syringe 100 mg/ml, 150 mg/ml</i> | 4 | MO; QL (28 per 28 days) |
| BRILINTA | 3 | MO | enoxaparin <i>subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i> | 4 | MO; QL (22.4 per 28 days) |
| CABLIVI INJECTION KIT | 5 | PA; LA | enoxaparin <i>subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i> | 4 | MO; QL (16.8 per 28 days) |
| CEPROTIN (BLUE BAR) | 3 | PA; MO | enoxaparin <i>subcutaneous syringe 40 mg/0.4 ml</i> | 4 | MO; QL (11.2 per 28 days) |
| CEPROTIN (GREEN BAR) | 3 | PA; MO | fondaparinux <i>subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i> | 5 | MO |
| cilostazol | 2 | MO | fondaparinux <i>subcutaneous syringe 2.5 mg/0.5 ml</i> | 4 | MO |
| clopidogrel oral tablet 300 mg | 2 | MO | | | |
| clopidogrel oral tablet 75 mg | 1 | MO; QL (30 per 30 days) | | | |
| dabigatran etexilate | 4 | MO; QL (60 per 30 days) | | | |
| dipyridamole <i>intravenous</i> | 2 | | | | |
| dipyridamole oral | 4 | MO | | | |
| DOPTELET (10 TAB PACK) | 5 | PA; MO; LA | | | |
| DOPTELET (15 TAB PACK) | 5 | PA; MO; LA | | | |
| DOPTELET (30 TAB PACK) | 5 | PA; MO; LA | | | |
| ELIQUIS | 3 | MO; QL (60 per 30 days) | | | |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|--|------------------|----------------------------|
| <i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i> | 3 | | HEPARIN(PORCINE) IN 0.45% NAACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML | 3 | |
| <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> | 3 | MO | <i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i> | 3 | MO |
| <i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i> | 3 | MO | <i>heparin, porcine (pf) injection solution 1,000 unit/ml</i> | 3 | |
| <i>heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml</i> | 3 | | <i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i> | 3 | MO |
| <i>heparin (porcine) injection cartridge</i> | 3 | MO | <i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i> | 3 | MO |
| <i>heparin (porcine) injection solution</i> | 3 | MO | HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML | 3 | |
| <i>heparin (porcine) injection syringe 5,000 unit/ml</i> | 3 | MO | HEPARIN, PORCINE (PF) SUBCUTANEOUS | 3 | MO |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| jantoven | 1 | MO |
| pentoxifylline | 2 | MO |
| prasugrel hcl | 3 | MO |
| PROMACTA | 5 | PA; MO; LA |
| protamine | 2 | |
| warfarin | 1 | MO |
| XARELTO DVT-PE TREAT 30D START | 3 | MO; QL (51 per 180 days) |
| XARELTO ORAL SUSPENSION FOR RECONSTITUTION | 3 | MO; QL (775 per 28 days) |
| XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG | 3 | MO; QL (30 per 30 days) |
| XARELTO ORAL TABLET 2.5 MG | 3 | MO; QL (60 per 30 days) |

LIPID/CHOLESTEROL LOWERING AGENTS

| | | |
|-----------------------------|---|-------------------------|
| amlodipine-atorvastatin | 2 | MO; QL (30 per 30 days) |
| atorvastatin | 1 | MO; QL (30 per 30 days) |
| cholestyramine (with sugar) | 3 | MO |
| cholestyramine light | 3 | |
| colesevelam | 4 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| colestipol oral granules | 4 | MO |
| colestipol oral packet | 4 | |
| colestipol oral tablet | 4 | MO |
| ezetimibe | 2 | MO |
| ezetimibe-simvastatin | 2 | MO; QL (30 per 30 days) |
| fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg | 2 | MO |
| fenofibrate nanocrystallized | 2 | MO |
| fenofibrate oral tablet 160 mg, 54 mg | 2 | MO |
| fenofibric acid | 2 | |
| fenofibric acid (choline) | 4 | MO |
| fluvastatin oral capsule 20 mg | 2 | MO; QL (30 per 30 days) |
| fluvastatin oral capsule 40 mg | 2 | MO; QL (60 per 30 days) |
| gemfibrozil | 1 | MO |
| icosapent ethyl | 3 | MO |
| lovastatin oral tablet 10 mg | 1 | MO; QL (30 per 30 days) |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|---|------------------|-----------------------------|
| <i>lovastatin oral tablet 20 mg, 40 mg</i> | 1 | MO; QL (60 per 30 days) | CAMZYOS | 5 | PA; MO; QL (30 per 30 days) |
| NEXLETOL | 3 | PA; MO | <i>digoxin oral solution</i> | 3 | MO |
| NEXLIZET | 3 | PA; MO | <i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> | 2 | MO |
| <i>niacin oral tablet 500 mg</i> | 2 | MO | <i>dobutamine</i> | 2 | B/D PA |
| <i>niacin oral tablet extended release 24 hr</i> | 4 | MO | <i>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)</i> | 2 | B/D PA |
| <i>omega-3 acid ethyl esters</i> | 2 | MO | <i>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)</i> | 2 | B/D PA |
| <i>pitavastatin calcium</i> | 1 | MO; QL (30 per 30 days) | | | |
| <i>pravastatin</i> | 1 | MO; QL (30 per 30 days) | | | |
| <i>prevalite</i> | 3 | MO | | | |
| REPATHA | 3 | PA; QL (6 per 28 days) | | | |
| REPATHA PUSHTRONEX | 3 | PA; QL (7 per 28 days) | | | |
| REPATHA SURECLICK | 3 | PA; QL (6 per 28 days) | | | |
| <i>rosuvastatin</i> | 1 | MO; QL (30 per 30 days) | | | |
| <i>simvastatin</i> | 1 | MO; QL (30 per 30 days) | | | |
| MISCELLANEOUS CARDIOVASCULAR AGENTS | | | | | |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i> | 2 | B/D PA; MO |
| <i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i> | 2 | B/D PA |
| <i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i> | 2 | B/D PA; MO |
| ENTRESTO | 3 | QL (60 per 30 days) |
| ENTRESTO SPRINKLE | 3 | QL (240 per 30 days) |
| ivabradine | 3 | MO; QL (60 per 30 days) |
| milrinone | 2 | B/D PA |
| <i>milrinone in 5 % dextrose</i> | 2 | B/D PA |
| <i>norepinephrine bitartrate</i> | 2 | |
| ranolazine | 3 | MO |
| sodium nitroprusside | 2 | B/D PA |
| VERQUVO | 3 | MO; QL (30 per 30 days) |
| VYNDAMAX | 5 | PA; MO |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| NITRATES | | |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i> | 2 | MO |
| <i>isosorbide mononitrate</i> | 1 | MO |
| <i>nitro-bid</i> | 3 | 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> | 2 | B/D PA |
| <i>nitroglycerin intravenous</i> | 2 | B/D PA |
| <i>nitroglycerin sublingual</i> | 2 | MO |
| <i>nitroglycerin transdermal patch 24 hour</i> | 2 | MO |
| <i>nitroglycerin translingual</i> | 4 | MO |
| DERMATOLOGICALS/TOPICAL THERAPY | | |
| ANTIPSORIATIC / ANTISEBORRHEIC | | |
| acitretin | 4 | MO |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| <i>calcipotriene scalp</i> | 3 | MO; QL (120 per 30 days) |
| <i>calcipotriene topical cream</i> | 4 | MO; QL (120 per 30 days) |
| <i>calcipotriene topical ointment</i> | 4 | MO; QL (120 per 30 days) |
| COSENTYX (2 SYRINGES) | 5 | PA; MO; QL (10 per 28 days) |
| COSENTYX INTRAVENOUS | 5 | PA; QL (20 per 28 days) |
| COSENTYX PEN | 5 | PA; MO; QL (5 per 28 days) |
| COSENTYX PEN (2 PENS) | 5 | PA; MO; QL (10 per 28 days) |
| COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML | 5 | PA; MO; QL (5 per 28 days) |
| COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML | 5 | PA; MO; QL (2.5 per 28 days) |
| COSENTYX UNOREADY PEN | 5 | PA; MO; QL (10 per 28 days) |
| <i>selenium sulfide topical lotion</i> | 2 | MO |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR | 5 | PA; MO; QL (2 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-------------------------------|
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML | 5 | PA; MO; QL (2 per 28 days) |
| SOTYKTU | 5 | PA; MO; QL (30 per 30 days) |
| STELARA INTRAVENOUS | 5 | PA; MO; QL (104 per 180 days) |
| STELARA SUBCUTANEOUS SOLUTION | 5 | PA; MO; QL (0.5 per 28 days) |
| STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML | 5 | PA; MO; QL (0.5 per 28 days) |
| STELARA SUBCUTANEOUS SYRINGE 90 MG/ML | 5 | PA; MO; QL (1 per 28 days) |
| TREMFYA INTRAVENOUS | 5 | PA; MO; QL (20 per 28 days) |
| TREMFYA PEN | 5 | PA; MO; QL (2 per 28 days) |
| TREMFYA SUBCUTANEOUS | 5 | PA; MO; QL (2 per 28 days) |
| YESINTEK INTRAVENOUS | 5 | PA; QL (104 per 180 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-------------------------------|
| YESINTEK SUBCUTANEOUS SOLUTION | 5 | PA; QL (0.5 per 28 days) |
| YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML | 5 | PA; QL (0.5 per 28 days) |
| YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML | 5 | PA; QL (1 per 28 days) |
| MISCELLANEOUS Dermatologicals | | |
| ADBRY | 5 | PA; MO; QL (6 per 28 days) |
| ammonium lactate | 2 | MO |
| chloroprocaine (pf) | 2 | |
| CIBINQO | 5 | PA; MO; QL (30 per 30 days) |
| dermacinrx lidocan | 4 | PA; QL (90 per 30 days) |
| diclofenac sodium topical gel 3 % | 4 | PA; MO; QL (100 per 28 days) |
| DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML | 5 | PA; MO; QL (4.56 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-------------------------------|
| DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML | 5 | PA; MO; QL (8 per 28 days) |
| DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML | 5 | PA; MO; QL (4.56 per 28 days) |
| DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML | 5 | PA; MO; QL (8 per 28 days) |
| <i>fluorouracil topical cream 5 %</i> | 3 | MO |
| <i>fluorouracil topical solution</i> | 3 | MO |
| glydo | 2 | MO; QL (60 per 30 days) |
| <i>imiquimod topical cream in packet 5 %</i> | 3 | MO |
| <i>lidocaine (pf) injection solution</i> | 2 | |
| <i>lidocaine hcl injection solution</i> | 2 | |
| <i>lidocaine hcl laryngotracheal</i> | 3 | |
| <i>lidocaine hcl mucous membrane jelly in applicator</i> | 2 | MO; QL (60 per 30 days) |
| <i>lidocaine hcl mucous membrane solution 2 %</i> | 2 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------|
| <i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i> | 3 | MO |
| <i>lidocaine topical adhesive patch,medicated 5 %</i> | 4 | PA; MO; QL (90 per 30 days) |
| <i>lidocaine topical ointment</i> | 4 | MO; QL (36 per 30 days) |
| <i>lidocaine viscous</i> | 2 | |
| <i>lidocaine-epinephrine</i> | 2 | |
| <i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000</i> | 2 | |
| <i>lidocaine-prilocaine topical cream</i> | 3 | MO; QL (30 per 30 days) |
| <i>lidocan iii</i> | 4 | PA; QL (90 per 30 days) |
| <i>lidocan iv</i> | 4 | PA; QL (90 per 30 days) |
| <i>lidocan v</i> | 4 | PA; QL (90 per 30 days) |
| <i>methoxsalen</i> | 5 | MO |
| <i>PANRETIN</i> | 5 | PA; MO |
| <i>pimecrolimus</i> | 4 | PA; MO; QL (100 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| <i>podofilox topical solution</i> | 3 | MO |
| <i>polocaine injection solution 1 % (10 mg/ml)</i> | 2 | |
| <i>polocaine-mpf</i> | 2 | |
| <i>REGRANEX</i> | 5 | MO; QL (15 per 30 days) |
| <i>SANTYL</i> | 3 | MO; QL (180 per 30 days) |
| <i>silver sulfadiazine</i> | 2 | MO |
| <i>ssd</i> | 2 | MO |
| <i>tacrolimus topical</i> | 4 | PA; MO; QL (100 per 30 days) |
| <i>tridacaine ii</i> | 4 | PA; QL (90 per 30 days) |
| <i>VALCHLOR</i> | 5 | PA; MO |
| THERAPY FOR ACNE | | |
| <i>accutane</i> | 4 | |
| <i>amnesteem</i> | 4 | |
| <i>azelaic acid</i> | 4 | MO |
| <i>claravis</i> | 4 | |
| <i>clindamycin phosphate topical gel</i> | 3 | MO; QL (120 per 30 days) |
| <i>clindamycin phosphate topical gel, once daily</i> | 3 | MO; QL (150 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>clindamycin phosphate topical lotion</i> | 3 | MO; QL (120 per 30 days) |
| <i>clindamycin phosphate topical solution</i> | 3 | MO; QL (120 per 30 days) |
| <i>ery pads</i> | 3 | MO |
| <i>erythromycin with ethanol topical solution</i> | 2 | MO |
| <i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> | 4 | |
| <i>metronidazole topical</i> | 4 | MO |
| <i>tazarotene topical cream</i> | 4 | PA; MO |
| <i>tazarotene topical gel</i> | 4 | PA; MO |
| <i>tretinoi topical cream 0.025 %, 0.05 %, 0.1 %</i> | 4 | PA; MO |
| <i>tretinoi topical gel 0.01 %, 0.025 %, 0.05 %</i> | 3 | PA; MO |
| <i>zenatane</i> | 4 | |

TOPICAL ANTIBACTERIALS

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------|------------------|----------------------------|
| <i>gentamicin topical</i> | 3 | MO; QL (60 per 30 days) |
| <i>mupirocin</i> | 2 | MO; QL (44 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>sulfacetamide sodium (acne)</i> | 4 | MO |
| TOPICAL ANTIFUNGALS | | |
| <i>ciclodan topical solution</i> | 2 | QL (6.6 per 28 days) |
| <i>ciclopirox topical cream</i> | 2 | MO; QL (90 per 28 days) |
| <i>ciclopirox topical gel</i> | 3 | MO; QL (100 per 28 days) |
| <i>ciclopirox topical shampoo</i> | 3 | MO; QL (120 per 28 days) |
| <i>ciclopirox topical solution</i> | 2 | MO; QL (6.6 per 28 days) |
| <i>ciclopirox topical suspension</i> | 3 | MO; QL (60 per 28 days) |
| <i>clotrimazole topical cream</i> | 2 | MO; QL (45 per 28 days) |
| <i>clotrimazole topical solution</i> | 2 | MO; QL (30 per 28 days) |
| <i>clotrimazole-betamethasone topical cream</i> | 3 | MO; QL (45 per 28 days) |
| <i>clotrimazole-betamethasone topical lotion</i> | 4 | MO; QL (60 per 28 days) |
| <i>econazole nitrate</i> | 4 | MO; QL (85 per 28 days) |
| <i>ketoconazole topical cream</i> | 2 | MO; QL (60 per 28 days) |
| <i>ketoconazole topical shampoo</i> | 2 | MO; QL (120 per 28 days) |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits |
|----------------------------------|------------------|----------------------------|
| <i>klayesta</i> | 3 | MO; QL (180 per 30 days) |
| <i>naftifine topical gel</i> | 4 | MO; QL (60 per 28 days) |
| <i>nyamyc</i> | 3 | MO; QL (180 per 30 days) |
| <i>nystatin topical cream</i> | 2 | MO; QL (30 per 28 days) |
| <i>nystatin topical ointment</i> | 2 | MO; QL (30 per 28 days) |
| <i>nystatin topical powder</i> | 3 | MO; QL (180 per 30 days) |
| <i>nystatin-triamcinolone</i> | 3 | MO; QL (60 per 28 days) |
| <i>nystop</i> | 3 | MO; QL (180 per 30 days) |

TOPICAL ANTIVIRALS

| | | |
|-----------------------------------|---|-----------------------------|
| <i>acyclovir topical ointment</i> | 4 | PA; MO; QL (30 per 30 days) |
| <i>penciclovir</i> | 4 | MO; QL (5 per 30 days) |

TOPICAL CORTICOSTEROIDS

| | | |
|---|---|----|
| <i>ala-cort topical cream 1 %</i> | 2 | MO |
| <i>alclometasone</i> | 3 | |
| <i>betamethasone dipropionate</i> | 3 | MO |
| <i>betamethasone valerate topical cream</i> | 3 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>betamethasone valerate topical lotion</i> | 3 | MO |
| <i>betamethasone valerate topical ointment</i> | 3 | MO |
| <i>betamethasone, augmented topical cream</i> | 2 | MO |
| <i>betamethasone, augmented topical gel</i> | 3 | MO |
| <i>betamethasone, augmented topical lotion</i> | 3 | MO |
| <i>betamethasone, augmented topical ointment</i> | 3 | MO |
| <i>clobetasol scalp</i> | 4 | MO; QL (100 per 28 days) |
| <i>clobetasol topical cream 0.05 %</i> | 4 | MO; QL (120 per 28 days) |
| <i>clobetasol topical foam</i> | 4 | MO; QL (100 per 28 days) |
| <i>clobetasol topical gel</i> | 4 | MO; QL (120 per 28 days) |
| <i>clobetasol topical lotion</i> | 4 | MO; QL (118 per 28 days) |
| <i>clobetasol topical ointment</i> | 4 | MO; QL (120 per 28 days) |
| <i>clobetasol topical shampoo</i> | 4 | MO; QL (236 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>clobetasol-emollient topical cream</i> | 4 | MO; QL (120 per 28 days) |
| <i>desonide topical cream</i> | 4 | MO |
| <i>desonide topical ointment</i> | 4 | MO |
| <i>fluocinolone</i> | 4 | MO |
| <i>fluocinolone and shower cap</i> | 4 | MO |
| <i>fluocinonide topical cream 0.05 %</i> | 4 | MO; QL (120 per 30 days) |
| <i>fluocinonide topical gel</i> | 4 | MO; QL (120 per 30 days) |
| <i>fluocinonide topical ointment</i> | 4 | MO; QL (120 per 30 days) |
| <i>fluocinonide topical solution</i> | 4 | MO; QL (120 per 30 days) |
| <i>fluocinonide-emollient</i> | 4 | MO; QL (120 per 30 days) |
| <i>fluticasone propionate topical cream</i> | 3 | MO |
| <i>fluticasone propionate topical ointment</i> | 3 | MO |
| <i>halobetasol propionate topical cream</i> | 4 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>halobetasol propionate topical ointment</i> | 4 | MO |
| <i>hydrocortisone topical cream 1%, 2.5 %</i> | 2 | MO |
| <i>hydrocortisone topical lotion 2.5 %</i> | 2 | MO |
| <i>hydrocortisone topical ointment 1 %, 2.5 %</i> | 2 | MO |
| <i>mometasone topical</i> | 2 | MO |
| <i>prednicarbate topical ointment</i> | 4 | |
| <i>triamcinolone acetonide topical cream</i> | 2 | MO |
| <i>triamcinolone acetonide topical lotion</i> | 2 | MO |
| <i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i> | 2 | MO |
| <i>triderm topical cream 0.5 %</i> | 2 | |
| TOPICAL SCABICIDES / PEDICULICIDES | | |
| <i>malathion</i> | 4 | MO |
| <i>permethrin</i> | 3 | MO; QL (60 per 30 days) |

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

This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| DIAGNOSTICS / MISCELLANEOUS AGENTS | | |
| ANTIDOTES | | |
| acetylcysteine <i>intravenous</i> | 3 | |
| IRRIGATING SOLUTIONS | | |
| lactated ringers <i>irrigation</i> | 4 | |
| neomycin- polymyxin b gu | 2 | |
| ringer's irrigation | 4 | MO |
| MISCELLANEOUS AGENTS | | |
| acamprostate | 4 | MO |
| acetic acid <i>irrigation</i> | 2 | MO |
| anagrelide | 3 | MO |
| caffeine citrate <i>intravenous</i> | 2 | |
| caffeine citrate <i>oral</i> | 2 | MO |
| carglumic acid | 5 | PA; MO |
| cevimeline | 4 | MO |
| CHEMET | 3 | PA |
| CLINIMIX 4.25%/D5W SULFIT FREE | 4 | B/D PA |
| d10 %-0.45 % sodium chloride | 4 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| d2.5 %-0.45 % sodium chloride | 4 | |
| d5 % and 0.9 % sodium chloride | 4 | MO |
| d5 %-0.45 % sodium chloride | 4 | MO |
| deferasirox oral <i>granules in packet</i> | 5 | PA; MO |
| deferasirox oral <i>tablet</i> | 3 | PA; MO |
| deferasirox oral <i>tablet, dispersible</i> 125 mg | 3 | PA; MO |
| deferasirox oral <i>tablet, dispersible</i> 250 mg, 500 mg | 5 | PA; MO |
| deferiprone | 5 | PA; MO |
| deferoxamine | 2 | B/D PA; MO |
| dextrose 10 % and 0.2 % nacl | 4 | |
| dextrose 10 % in water (d10w) | 4 | |
| dextrose 25 % in water (d25w) | 4 | |
| dextrose 5 % in water (d5w) | 4 | MO |
| dextrose 5 %- lactated ringers | 4 | MO |
| dextrose 5%-0.2 % sod chloride | 4 | |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---------------------------------------|------------------|----------------------------|--|------------------|-----------------------------|
| dextrose 5%-0.3 % sod.chloride | 4 | | REZDIFFRA | 5 | PA; MO; QL (30 per 30 days) |
| dextrose 50 % in water (d50w) | 4 | | riluzole | 3 | PA; MO |
| dextrose 70 % in water (d70w) | 4 | | risedronate oral tablet 30 mg | 3 | MO; QL (30 per 30 days) |
| disulfiram oral tablet 250 mg | 2 | MO | sevelamer carbonate oral tablet | 4 | PA; MO |
| disulfiram oral tablet 500 mg | 2 | | sodium benzoate-sod phenylacet | 5 | |
| droxidopa | 5 | PA; MO | sodium chloride 0.9 % intravenous | 4 | MO |
| glutamine (sickle cell) | 5 | PA; MO | sodium chloride irrigation | 4 | MO |
| INCRELEX | 5 | LA | sodium phenylbutyrate oral powder | 5 | PA; MO |
| kionex (with sorbitol) | 3 | | sodium phenylbutyrate oral tablet | 5 | PA |
| levocarnitine (with sugar) | 4 | MO | sodium polystyrene sulfonate oral powder | 3 | MO |
| levocarnitine oral solution 100 mg/ml | 4 | MO | sps (with sorbitol) oral | 3 | MO |
| levocarnitine oral tablet | 4 | MO | sps (with sorbitol) rectal | 3 | |
| LOKELMA | 3 | MO | trientine oral capsule 250 mg | 5 | PA; MO |
| midodrine | 3 | MO | VELPHORO | 5 | PA; MO |
| nitisinone | 5 | PA; MO | | | |
| pilocarpine hcl oral | 4 | MO | | | |
| PROLASTIN-C INTRAVENOUS SOLUTION | 5 | PA; MO; LA | | | |

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|--|------------------|----------------------------|
| VELTASSA ORAL POWDER IN PACKET 1 GRAM, 25.2 GRAM | 3 | | <i>azelastine nasal spray, non-aerosol</i> 137 mcg (0.1%) | 3 | MO; QL (60 per 30 days) |
| VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 8.4 GRAM | 3 | MO | <i>azelastine nasal spray, non-aerosol</i> 205.5 mcg (0.15 %) | 3 | QL (60 per 30 days) |
| <i>water for irrigation, sterile</i> | 4 | MO | <i>chlorhexidine gluconate mucous membrane</i> | 1 | MO |
| XIAFLEX | 5 | PA | <i>denta 5000 plus</i> | 2 | MO |
| <i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i> | 2 | PA; MO | <i>dentagel</i> | 2 | MO |
| SMOKING DETERRENTS | | | | | |
| <i>bupropion hcl (smoking deter)</i> | 2 | MO | <i>fluoride (sodium) dental cream</i> | 2 | |
| NICOTROL NS | 4 | MO | <i>fluoride (sodium) dental gel</i> | 2 | |
| <i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i> | 4 | MO | <i>fluoride (sodium) dental paste</i> | 2 | MO |
| <i>varenicline tartrate oral tablet 1 mg (56 pack)</i> | 4 | | <i>fraiche 5000</i> | 2 | |
| <i>varenicline tartrate oral tablets, dose pack</i> | 4 | MO | <i>ipratropium bromide nasal</i> | 2 | MO; QL (30 per 30 days) |
| EAR, NOSE / THROAT MEDICATIONS | | | | | |
| MISCELLANEOUS AGENTS | | | | | |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------------|------------------|----------------------------|
| triamicinolone acetonide dental | 2 | MO |

MISCELLANEOUS OTIC PREPARATIONS

| | | |
|------------------------------|---|----|
| acetic acid otic (ear) | 2 | MO |
| ciprofloxacin hcl otic (ear) | 4 | MO |
| flac otic oil | 4 | |
| fluocinolone acetonide oil | 4 | MO |
| hydrocortisone-acetic acid | 4 | MO |
| ofloxacin otic (ear) | 3 | MO |

OTIC STEROID / ANTIBIOTIC

| | | |
|----------------------------------|---|-------------------------|
| ciprofloxacin-dexamethasone | 3 | MO; QL (7.5 per 7 days) |
| neomycin-polymyxin-hc otic (ear) | 3 | MO |

ENDOCRINE/DIABETES

ADRENAL HORMONES

| | | |
|-----------------------------|---|----|
| cortisone | 2 | |
| dexamethasone intensol | 2 | MO |
| dexamethasone oral elixir | 2 | MO |
| dexamethasone oral solution | 2 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------|------------------|----------------------------|
| dexamethasone oral tablet | 2 | MO |

| | | |
|--|---|----|
| dexamethasone sodium phos (pf) injection solution 10 mg/ml | 2 | MO |
|--|---|----|

| | | |
|--|---|----|
| dexamethasone sodium phosphate injection | 2 | MO |
|--|---|----|

| | | |
|-----------------|---|----|
| fludrocortisone | 2 | MO |
|-----------------|---|----|

| | | |
|---------------------|---|----|
| hydrocortisone oral | 2 | MO |
|---------------------|---|----|

| | | |
|----------------------------|---|----|
| methylprednisolone acetate | 2 | MO |
|----------------------------|---|----|

| | | |
|--------------------------------|---|------------|
| methylprednisolone oral tablet | 2 | B/D PA; MO |
|--------------------------------|---|------------|

| | | |
|--|---|----|
| methylprednisolone oral tablets, dose pack | 2 | MO |
|--|---|----|

| | | |
|---|---|----|
| methylprednisolone sodium succ injection recon soln 125 mg, 40 mg | 2 | MO |
|---|---|----|

| | | |
|--|---|----|
| methylprednisolone sodium succ intravenous | 2 | MO |
|--|---|----|

| | | |
|----------------------------|---|----|
| prednisolone oral solution | 2 | MO |
|----------------------------|---|----|

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <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> | 2 | MO |
| <i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i> | 2 | |
| <i>prednisone intensol</i> | 4 | MO |
| <i>prednisone oral solution</i> | 2 | 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> | 2 | MO |
| ANTITHYROID AGENTS | | |
| <i>methimazole oral tablet 10 mg, 5 mg</i> | 2 | MO |
| <i>propylthiouracil</i> | 2 | MO |
| DIABETES THERAPY | | |
| <i>acarbose oral tablet 100 mg</i> | 2 | MO; QL (90 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| <i>acarbose oral tablet 25 mg</i> | 2 | MO; QL (360 per 30 days) |
| <i>acarbose oral tablet 50 mg</i> | 2 | MO; QL (180 per 30 days) |
| <i>alcohol pads</i> | 3 | PA; MO |
| <i>BAQSIMI</i> | 3 | MO |
| <i>BYDUREON BCISE</i> | 3 | PA; MO; QL (4 per 28 days) |
| <i>BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML</i> | 3 | PA; MO; QL (2.4 per 30 days) |
| <i>BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML</i> | 3 | PA; MO; QL (1.2 per 30 days) |
| <i>diazoxide</i> | 5 | MO |
| <i>DROPSAFE ALCOHOL PREP PADS</i> | 3 | PA |
| <i>FARXIGA ORAL TABLET 10 MG</i> | 3 | MO; QL (30 per 30 days) |
| <i>FARXIGA ORAL TABLET 5 MG</i> | 3 | MO; QL (60 per 30 days) |
| <i>FREESTYLE INSULINX STRIP</i> | 3 | MO |
| <i>FREESTYLE INSULINX TEST STRIPS</i> | 3 | MO |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|---|------------------|----------------------------|
| FREESTYLE LITE STRIPS | 3 | MO | GLYXAMBI | 3 | MO; QL (30 per 30 days) |
| FREESTYLE PRECISION NEO STRIPS | 3 | MO | GVOKE | 3 | MO |
| FREESTYLE TEST | 3 | MO | GVOKE | 3 | |
| <i>glimepiride oral tablet 1 mg</i> | 1 | MO; QL (240 per 30 days) | HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML | | |
| <i>glimepiride oral tablet 2 mg</i> | 1 | MO; QL (120 per 30 days) | GVOKE | 3 | MO |
| <i>glimepiride oral tablet 4 mg</i> | 1 | MO; QL (60 per 30 days) | HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML | | |
| <i>glipizide oral tablet 10 mg</i> | 1 | MO; QL (120 per 30 days) | GVOKE | 3 | MO |
| <i>glipizide oral tablet 5 mg</i> | 1 | MO; QL (240 per 30 days) | HYPOPEN 2-PACK | | |
| <i>glipizide oral tablet extended release 24hr 10 mg</i> | 1 | MO; QL (60 per 30 days) | GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML | | |
| <i>glipizide oral tablet extended release 24hr 2.5 mg</i> | 1 | MO; QL (240 per 30 days) | GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML | | |
| <i>glipizide oral tablet extended release 24hr 5 mg</i> | 1 | MO; QL (120 per 30 days) | HUMALOG JUNIOR KWIKPEN U-100 | 3 | MO |
| <i>glipizide-metformin oral tablet 2.5-250 mg</i> | 1 | MO; QL (240 per 30 days) | HUMALOG KWIKPEN INSULIN | 3 | MO |
| <i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i> | 1 | MO; QL (120 per 30 days) | | | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------------------|------------------|-----------------------------------|
| HUMALOG MIX 50-50 KWIKPEN | 3 | MO |
| HUMALOG MIX 75-25 KWIKPEN | 3 | MO |
| HUMALOG MIX 75-25(U- 100)INSULN | 3 | MO |
| HUMALOG U-100 INSULIN | 3 | MO |
| HUMULIN 70/30 U-100 INSULIN | 3 | MO |
| HUMULIN 70/30 U-100 KWIKPEN | 3 | MO |
| HUMULIN N NPH INSULIN KWIKPEN | 3 | MO |
| HUMULIN N NPH U-100 INSULIN | 3 | MO |
| HUMULIN R REGULAR U-100 INSULN | 3 | MO |
| HUMULIN R U- 500 (CONC) INSULIN | 3 | MO |
| HUMULIN R U- 500 (CONC) KWIKPEN | 3 | MO |
| INPEFA | 3 | PA; MO; QL (30 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| INSULIN LISPRO SUBCUTANEOUS SOLUTION | 3 | MO |
| JANUMET | 3 | MO; QL (60 per 30 days) |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG | 3 | MO; QL (30 per 30 days) |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG | 3 | MO; QL (60 per 30 days) |
| JANUVIA | 3 | MO; QL (30 per 30 days) |
| JARDIANCE | 3 | MO; QL (30 per 30 days) |
| JENTADUETO | 3 | MO; QL (60 per 30 days) |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG | 3 | MO; QL (60 per 30 days) |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG | 3 | MO; QL (30 per 30 days) |
| LANTUS SOLOSTAR U-100 INSULIN | 3 | MO |

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------------|---|------------------|-----------------------------------|
| LANTUS U-100 INSULIN | 3 | MO | ONETOUCH ULTRA TEST | 3 | MO |
| LYUMJEV KWIKPEN U-100 INSULIN | 3 | MO | ONETOUCH VERIO TEST STRIPS | 3 | MO |
| LYUMJEV KWIKPEN U-200 INSULIN | 3 | 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) | 3 | PA; MO; QL (3 per 28 days) |
| LYUMJEV U-100 INSULIN | 3 | MO | pioglitazone | 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 | 3 | MO |
| <i>metformin oral tablet 500 mg</i> | 1 | MO; QL (150 per 30 days) | <i>repaglinide oral tablet 0.5 mg</i> | 2 | 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> | 2 | 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> | 2 | 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 ORAL TABLET 14 MG, 3 MG, 7 MG | 3 | PA; MO; QL (30 per 30 days) |
| MOUNJARO | 3 | PA; MO; QL (2 per 28 days) | saxagliptin | 3 | MO; QL (30 per 30 days) |
| <i>nateglinide oral tablet 120 mg</i> | 2 | MO; QL (90 per 30 days) | | | |
| <i>nateglinide oral tablet 60 mg</i> | 2 | MO; QL (180 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 | 3 | MO; QL (60 per 30 days) | SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG | 3 | MO; QL (30 per 30 days) |
| saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg | 3 | MO; QL (30 per 30 days) | SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG | 3 | MO; QL (60 per 30 days) |
| SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG | 3 | MO; QL (60 per 30 days) | TOUJEO MAX U-300 SOLOSTAR | 3 | MO |
| SEGLUROMET ORAL TABLET 2.5-500 MG | 3 | MO; QL (120 per 30 days) | TOUJEO SOLOSTAR U-300 INSULIN | 3 | MO |
| SOLIQUA 100/33 | 3 | MO; QL (90 per 30 days) | TRADJENTA | 3 | MO; QL (30 per 30 days) |
| STEGLATRO | 3 | MO; QL (30 per 30 days) | TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG | 3 | MO; QL (30 per 30 days) |
| SYMLINPEN 120 | 5 | 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 | 3 | MO; QL (60 per 30 days) |
| SYMLINPEN 60 | 5 | PA; MO; QL (6 per 30 days) | TRULICITY | 3 | PA; MO; QL (2 per 28 days) |
| SYNJARDY | 3 | MO; QL (60 per 30 days) | | | |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|--|------------------|----------------------------|
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG | 3 | MO; QL (30 per 30 days) | CRYSVITA | 5 | PA; MO; LA |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG | 3 | MO; QL (60 per 30 days) | <i>danazol</i> | 4 | MO |
| MISCELLANEOUS HORMONES | | | | | |
| ALDURAZYME | 5 | PA; MO | <i>desmopressin injection</i> | 2 | MO |
| <i>cabergoline</i> | 3 | MO | <i>desmopressin nasal spray with pump</i> | 4 | MO |
| <i>calcitonin (salmon) injection</i> | 5 | MO | <i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i> | 4 | |
| <i>calcitonin (salmon) nasal</i> | 3 | MO | <i>desmopressin oral</i> | 3 | MO |
| <i>calcitriol intravenous solution 1 mcg/ml</i> | 2 | | <i>doxercalciferol intravenous</i> | 2 | MO |
| <i>calcitriol oral capsule</i> | 2 | MO | <i>doxercalciferol oral</i> | 4 | MO |
| <i>calcitriol oral solution</i> | 4 | | ELAPRASE | 5 | PA; MO |
| <i>cinacalcet oral tablet 30 mg, 60 mg</i> | 4 | PA; MO | FABRAZYME | 5 | PA; MO |
| <i>cinacalcet oral tablet 90 mg</i> | 5 | PA; MO | KANUMA | 5 | PA; MO |
| <i>clomid</i> | 2 | PA; MO | LUMIZYME | 5 | PA; MO |
| <i>clomiphene citrate</i> | 2 | PA | MEPSEVII | 5 | PA; MO |
| | | | <i>mifepristone oral tablet 300 mg</i> | 5 | PA; MO |
| | | | NAGLAZYME | 5 | PA; MO; LA |
| | | | <i>pamidronate intravenous solution</i> | 2 | MO |
| | | | <i>paricalcitol intravenous</i> | 2 | |
| | | | <i>paricalcitol oral</i> | 4 | MO |
| | | | <i>sapropterin</i> | 5 | PA; MO |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|---|------------------|----------------------------------|
| SOMAVERT | 5 | PA; MO | testosterone | 4 | PA; MO; QL (37.5 per 30 days) |
| STRENSIQ | 5 | PA; LA | <i>transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i> | | |
| <i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> | 3 | PA; MO | <i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i> | 4 | PA; MO; QL (150 per 30 days) |
| <i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i> | 3 | PA | <i>testosterone transdermal solution in metered pump w/app</i> | 4 | PA; MO; QL (180 per 30 days) |
| <i>testosterone enanthate</i> | 3 | PA; MO | <i>tolvaptan</i> | 5 | PA; MO |
| <i>testosterone transdermal gel</i> | 4 | PA; MO; QL (300 per 30 days) | VIMIZIM | 5 | PA; MO; LA |
| <i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1%)</i> | 3 | PA; MO; QL (300 per 30 days) | <i>zoledronic acid intravenous solution</i> | 2 | B/D PA; MO |
| <i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> | 4 | PA; MO; QL (150 per 30 days) | THYROID HORMONES | | |
| <i>testosterone transdermal gel in packet 1% (25 mg/2.5gram), 1% (50 mg/5 gram)</i> | 4 | PA; MO; QL (300 per 30 days) | euthyrox | 1 | MO |
| | | | levo-t | 1 | |
| | | | <i>levothyroxine intravenous recon soln</i> | 2 | |
| | | | <i>levothyroxine oral tablet</i> | 1 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| 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 | 2 | MO |
| unithroid | 1 | MO |

GASTROENTEROLOGY

ANTIDIARRHEALS / ANTISPASMODICS

| | | |
|---|---|----|
| atropine injection solution 0.4 mg/ml | 2 | |
| atropine injection syringe 0.1 mg/ml | 2 | |
| atropine intravenous solution 0.4 mg/ml | 2 | |
| atropine intravenous syringe 0.25 mg/5 ml (0.05 mg/ml) | 2 | |
| dicyclomine intramuscular | 2 | MO |
| dicyclomine oral capsule | 2 | MO |
| dicyclomine oral solution | 4 | MO |
| dicyclomine oral tablet | 2 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| diphenoxylate- atropine oral liquid | 4 | |
| diphenoxylate- atropine oral tablet | 3 | MO |
| glycopyrrolate (pf) in water | 2 | MO |
| intravenous syringe 0.4 mg/2 ml (0.2 mg/ml) | | |
| glycopyrrolate injection | 2 | MO |
| glycopyrrolate oral tablet 1 mg, 2 mg | 3 | MO |
| loperamide oral capsule | 2 | MO |
| opium tincture | 2 | MO |
| MISCELLANEOUS GASTROINTESTINAL AGENTS | | |
| alosetron oral tablet 0.5 mg | 4 | PA; MO |
| alosetron oral tablet 1 mg | 5 | PA; MO |
| aprepitant | 4 | B/D PA; MO |
| balsalazide | 3 | MO |
| betaine | 5 | MO |
| budesonide oral capsule, delayed, ex tend.release | 4 | MO |
| budesonide oral tablet, delayed and ext.release | 5 | MO |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------|
| CIMZIA POWDER FOR RECONST | 5 | PA; MO; QL (2 per 28 days) |
| CIMZIA STARTER KIT | 5 | PA; MO; QL (3 per 180 days) |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) | 5 | PA; MO; QL (2 per 28 days) |
| CINVANTI | 3 | MO |
| compro | 4 | MO |
| constulose | 2 | MO |
| CORTIFOAM | 3 | MO |
| CREON | 3 | MO |
| cromolyn oral | 4 | MO |
| dimenhydrinate injection solution | 2 | MO |
| dronabinol | 4 | B/D PA; MO |
| droperidol injection solution | 2 | MO |
| ENTYVIO | 5 | PA; MO; QL (2 per 28 days) |
| enulose | 2 | MO |
| fosaprepitant | 2 | MO |
| GATTEX 30-VIAL | 5 | PA; MO |
| GATTEX ONE-VIAL | 5 | PA; MO |
| gavilyte-c | 1 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| gavilyte-g | 1 | MO |
| gavilyte-n | 1 | |
| generlac | 2 | MO |
| granisetron (pf) intravenous solution 1 mg/ml (1 ml) | 2 | MO |
| granisetron hcl intravenous solution 1 mg/ml | 2 | MO |
| granisetron hcl intravenous solution 1 mg/ml (1 ml) | 2 | |
| granisetron hcl oral | 3 | B/D PA; MO |
| hydrocortisone rectal | 4 | MO |
| hydrocortisone topical cream with perineal applicator | 2 | MO |
| lactulose oral solution | 2 | MO |
| LINZESS | 3 | MO; QL (30 per 30 days) |
| lubiprostone | 4 | MO; QL (60 per 30 days) |
| meclizine oral tablet 12.5 mg, 25 mg | 2 | MO |
| mesalamine oral capsule (with del rel tablets) | 4 | MO |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---------------------------------------|--|------------------|----------------------------|
| mesalamine oral capsule, extended release | 4 | | ondansetron hcl intravenous | 2 | MO |
| mesalamine oral capsule,extended release 24hr | 4 | MO | ondansetron hcl oral solution | 4 | B/D PA; MO |
| mesalamine oral tablet,delayed release (dr/ec) | 4 | MO | ondansetron hcl oral tablet 4 mg, 8 mg | 2 | B/D PA; MO |
| mesalamine rectal | 4 | MO | ondansetron oral tablet,disintegrating 4 mg, 8 mg | 2 | B/D PA; MO |
| mesalamine with cleansing wipe | 4 | MO | palonosetron intravenous solution 0.25 mg/5 ml | 2 | MO |
| metoclopramide hcl injection solution | 2 | MO | palonosetron intravenous syringe | 2 | |
| metoclopramide hcl injection syringe | 2 | | peg 3350-electrolytes | 1 | |
| metoclopramide hcl oral solution | 2 | MO | peg-electrolyte | 1 | MO |
| metoclopramide hcl oral tablet | 2 | MO | prochlorperazine | 4 | MO |
| nitroglycerin rectal | 3 | MO | prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml) | 2 | MO |
| OCALIVA | 5 | PA; MO; LA; QL (30 per 30 days) | prochlorperazine maleate oral | 2 | MO |
| ondansetron hcl (pf) injection solution | 2 | MO | procto-med hc | 2 | MO |
| ondansetron hcl (pf) injection syringe | 2 | | proctosol hc topical | 2 | MO |
| | | | protozone-hc | 2 | MO |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---------------------------------|
| RELISTOR SUBCUTANEOUS SOLUTION | 5 | ST; MO; QL (18 per 30 days) |
| RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML | 5 | ST; MO; QL (18 per 30 days) |
| RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML | 5 | ST; MO; QL (12 per 30 days) |
| REMICADE | 5 | PA; MO; QL (20 per 28 days) |
| SANCUSO | 5 | MO |
| scopolamine base | 4 | MO |
| SKYRIZI INTRAVENOUS | 5 | PA; MO; QL (30 per 180 days) |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML) | 5 | PA; MO; QL (1.2 per 56 days) |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML) | 5 | PA; MO; QL (2.4 per 56 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| sodium,potassium, <i>mag sulfates oral</i> <i>recon soln 17.5-</i> <i>3.13-1.6 gram</i> | 4 | MO |
| sodium,potassium, <i>mag sulfates oral</i> <i>recon soln 17.5-</i> <i>3.13-1.6 gram 2</i> <i>pack (480ml)</i> | 4 | |
| SUCRAID | 5 | PA |
| <i>sulfasalazine</i> | 2 | MO |
| SYMPROIC | 3 | MO; QL (30 per 30 days) |
| TRULANCE | 3 | QL (30 per 30 days) |
| <i>ursodiol oral</i> <i>capsule 300 mg</i> | 3 | MO |
| <i>ursodiol oral tablet</i> | 3 | MO |
| VARUBI | 3 | B/D PA |
| VIBERZI | 5 | MO; QL (60 per 30 days) |
| VOWST | 5 | PA; LA |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|---|------------------|----------------------------|
| 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 | 3 | MO | <i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i> | 3 | MO; QL (60 per 30 days) |
| ZENPEP ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 60,000-189,600- 252,600 UNIT | 5 | MO | <i>esomeprazole sodium intravenous recon soln 40 mg</i> | 2 | MO |
| ZYMFENTRA | 5 | PA; MO; QL (2 per 28 days) | <i>famotidine (pf)</i> | 2 | MO |
| ULCER THERAPY | | | <i>famotidine (pf)-nacl (iso-os)</i> | 2 | MO |
| <i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i> | 3 | MO; QL (30 per 30 days) | <i>famotidine intravenous</i> | 2 | MO |
| | | | <i>famotidine oral tablet 20 mg, 40 mg</i> | 1 | MO |
| | | | <i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i> | 3 | MO; QL (30 per 30 days) |
| | | | <i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i> | 3 | MO; QL (60 per 30 days) |
| | | | <i>misoprostol</i> | 3 | MO |
| | | | <i>nizatidine oral capsule</i> | 3 | MO |
| | | | <i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg</i> | 1 | MO; QL (30 per 30 days) |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| omeprazole oral capsule, delayed release (dr/ec) 40 mg | 1 | MO; QL (60 per 30 days) |
| pantoprazole intravenous | 2 | 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 | 4 | MO |
| sucralfate oral tablet | 2 | MO |

| IMMUNOLOGY, VACCINES / BIOTECHNOLOGY | | |
|---|---|----------------------------|
| BIOTECHNOLOGY DRUGS | | |
| ACTIMMUNE | 5 | PA; MO |
| ARCALYST | 5 | PA |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT | 5 | PA; MO; QL (1 per 28 days) |
| AVONEX INTRAMUSCULAR SYRINGE KIT | 5 | PA; MO; QL (1 per 28 days) |
| BESREMI | 5 | PA; LA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--------------------------------|
| BETASERON SUBCUTANEOUS KIT | 5 | PA; MO; QL (14 per 28 days) |
| FULPHILA | 5 | PA; MO |
| ILARIS (PF) | 5 | PA; MO; LA; QL (2 per 28 days) |
| NIVESTYM | 5 | PA; MO |
| NYVEPRIA | 5 | PA; MO |
| OMNITROPE | 5 | PA; MO |
| PEGASYS SUBCUTANEOUS SOLUTION | 5 | MO; QL (4 per 28 days) |
| PEGASYS SUBCUTANEOUS SYRINGE | 5 | MO; QL (2 per 28 days) |
| PLEGRIDY INTRAMUSCULAR | 5 | PA; MO; QL (1 per 28 days) |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML | 5 | PA; MO; QL (1 per 28 days) |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML | 5 | PA; MO; QL (1 per 180 days) |
| PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML | 5 | 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 | 5 | PA; MO; QL (1 per 180 days) |
| plerixafor | 5 | 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 | 3 | PA; MO |
| PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML | 5 | PA; MO |
| RELEUKO SUBCUTANEOUS | 4 | 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 | 3 | PA; MO |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| RETACRIT INJECTION SOLUTION 40,000 UNIT/ML | 5 | PA; MO |
| VACCINES / MISCELLANEOUS IMMUNOLOGICALS | | |
| IMMUNOLOGICALS | | |
| ABRYSVO (PF) | 1 | V |
| ACTHIB (PF) | 3 | |
| 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) | 3 | |
| DENGVAXIA (PF) | 3 | |
| ENGERIX-B (PF) | 1 | B/D PA; V |
| ENGERIX-B PEDIATRIC (PF) | 1 | B/D PA; V |
| fomepizole | 2 | |
| GAMASTAN | 3 | 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 | 3 | | PENBRAYA (PF) | 1 | V |
| HEPLISAV-B (PF) | 1 | B/D PA; V | PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG- 5LF- 62 DU/0.5 ML | 3 | |
| HIBERIX (PF) | 3 | | PRIORIX (PF) | 1 | V |
| HIZENTRA | 5 | B/D PA; MO | PRIVIGEN | 5 | PA; MO |
| HYPERHEP B | 3 | | PROQUAD (PF) | 3 | |
| HYPERHEP B NEONATAL | 3 | | QUADRACEL (PF) | 3 | |
| IMOVAX RABIES VACCINE (PF) | 1 | V | RABAVERT (PF) | 1 | V |
| INFANRIX (DTAP) (PF) | 3 | | RECOMBIVAX HB (PF) | 1 | B/D PA; V |
| IPOL | 1 | V | ROTARIX ORAL SUSPENSION | 3 | |
| IXCHIQ (PF) | 1 | V | ROTATEQ VACCINE | 3 | |
| 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) | 3 | | TICE BCG | 3 | B/D PA |
| MENACTRA (PF) INTRAMUSCULAR SOLUTION | 1 | V | TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML | 3 | |
| MENQUADFI (PF) | 1 | V | TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML | 3 | 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) | 3 | | | | |
| PEDVAX HIB (PF) | 3 | | | | |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| TYPHIM VI | 1 | V |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML | 3 | |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML | 1 | V |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML | 3 | |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML | 1 | V |
| VARIVAX (PF) | 1 | V |
| VARIZIG | 3 | |
| VAXCHORA VACCINE | 1 | V |
| YF-VAX (PF) | 1 | V |

MISCELLANEOUS SUPPLIES

| MISCELLANEOUS SUPPLIES | | |
|--|---|--------|
| BD INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" | 3 | PA; MO |
| CEQUR SIMPLICITY | 3 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------|------------------|----------------------------|
| CEQUR | 3 | MO |
| SIMPLICITY INSERTER | | |
| DEXCOM G6 RECEIVER | 3 | MO |
| DEXCOM G6 SENSOR | 3 | MO |
| DEXCOM G6 TRANSMITTER | 3 | MO |
| DEXCOM G7 RECEIVER | 3 | MO |
| DEXCOM G7 SENSOR | 3 | MO |
| EMBECTA INSULIN SYRINGE | 3 | PA; MO |
| EMBECTA INSULIN SYRINGE | 3 | PA |
| EMBECTA PEN NEEDLE | 3 | PA |
| FREESTYLE FREEDOM LITE | 3 | MO |
| FREESTYLE INSULINX | 3 | |
| FREESTYLE LIBRE 14 DAY READER | 3 | |
| FREESTYLE LIBRE 14 DAY SENSOR | 3 | MO |
| FREESTYLE LIBRE 2 PLUS SENSOR | 3 | MO |

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|---|------------------|----------------------------|
| FREESTYLE LIBRE 2 READER | 3 | MO | OMNIPOD DASH INTRO KIT (GEN 4) | 3 | QL (1 per 720 days) |
| FREESTYLE LIBRE 2 SENSOR | 3 | MO | OMNIPOD DASH PODS (GEN 4) | 3 | MO |
| FREESTYLE LIBRE 3 PLUS SENSOR | 3 | MO | ONETOUCH ULTRA2 METER | 3 | MO |
| FREESTYLE LIBRE 3 READER | 3 | MO | ONETOUCH VERIO FLEX METER | 3 | MO |
| FREESTYLE LIBRE 3 SENSOR | 3 | MO | ONETOUCH VERIO REFLECT METER | 3 | |
| FREESTYLE LITE METER | 3 | MO | PEN NEEDLES (NON-PREFERRED BRANDS) | 3 | PA; MO |
| GAUZE PADS 2 X 2 | 3 | PA; MO | NEEDLE 29 GAUGE X 1/2" | | |
| INSULIN SYRINGES (NON-PREFERRED BRANDS) SYRINGE 1ML 29 GAUGE X 1/2" | 3 | PA; MO | PRECISION XTRA MONITOR | 3 | MO |
| OMNIPOD 5 (G6/LIBRE 2 PLUS) | 3 | MO | MUSCULOSKELETAL / RHEUMATOLOGY | | |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) | 3 | MO; QL (1 per 720 days) | GOUT THERAPY | | |
| OMNIPOD 5 G6-G7 PODS (GEN 5) | 3 | MO | <i>allopurinol oral tablet 100 mg, 300 mg</i> | 1 | MO |
| OMNIPOD 5 INTRO(G6/LIBRE 2PLUS) | 3 | MO; QL (1 per 720 days) | <i>allopurinol sodium</i> | 2 | |
| | | | <i>aloprim</i> | 2 | |
| | | | <i>colchicine oral tablet</i> | 2 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------|
| febuxostat | 3 | MO |
| probenecid | 3 | MO |
| probenecid-colchicine | 3 | MO |
| OSTEOPOROSIS THERAPY | | |
| alendronate oral solution | 2 | MO; QL (300 per 28 days) |
| alendronate oral tablet 10 mg | 1 | MO; QL (30 per 30 days) |
| alendronate oral tablet 35 mg, 70 mg | 1 | MO; QL (4 per 28 days) |
| ibandronate intravenous solution | 2 | PA |
| ibandronate intravenous syringe | 2 | PA; MO |
| ibandronate oral | 2 | MO; QL (1 per 30 days) |
| PROLIA | 4 | PA; MO; QL (1 per 180 days) |
| raloxifene | 2 | MO |
| risedronate oral tablet 150 mg | 3 | MO; QL (1 per 30 days) |
| risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack) | 3 | MO; QL (4 per 28 days) |
| risedronate oral tablet 5 mg | 3 | MO; QL (30 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| risedronate oral tablet, delayed release (dr/ec) | 4 | MO; QL (4 per 28 days) |
| TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML) | 5 | PA; QL (2.48 per 28 days) |
| OTHER RHEUMATOLOGICALS | | |
| ACTEMRA | 5 | PA; MO; QL (3.6 per 28 days) |
| ACTPEN | | |
| ACTEMRA INTRAVENOUS | 5 | PA; MO; QL (160 per 28 days) |
| ACTEMRA SUBCUTANEOUS | 5 | PA; MO; QL (3.6 per 28 days) |
| BENLYSTA | 5 | PA; MO |
| CYLTEZO(CF) PEN | 5 | PA; MO; QL (4 per 28 days) |
| CYLTEZO(CF) PEN CROHN'S-UC-HS | 5 | PA; QL (6 per 180 days) |
| CYLTEZO(CF) PEN PSORIASIS-UV | 5 | PA; QL (4 per 180 days) |

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-------------------------------|---|------------------|-------------------------------|
| CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML | 5 | PA; MO; QL (2 per 28 days) | HUMIRA(CF) (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML | 5 | PA; MO; QL (2 per 28 days) |
| CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML | 5 | PA; MO; QL (4 per 28 days) | HUMIRA(CF) (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML | 5 | PA; MO; QL (4 per 28 days) |
| ENBREL MINI | 5 | PA; MO; QL (8 per 28 days) | HUMIRA(CF) PEN (PREFERRED NDCS NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML | 5 | PA; MO; QL (4 per 28 days) |
| ENBREL SUBCUTANEOUS SOLUTION | 5 | PA; MO; QL (8 per 28 days) | HUMIRA(CF) PEN (PREFERRED NDCS NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | 5 | PA; MO; QL (2 per 28 days) |
| ENBREL SUBCUTANEOUS SYRINGE | 5 | PA; MO; QL (8 per 28 days) | | | |
| ENBREL SURECLICK | 5 | PA; MO; QL (8 per 28 days) | | | |
| HUMIRA (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML | 5 | PA; MO; QL (4 per 28 days) | | | |
| HUMIRA PEN (PREFERRED NDCS STARTING WITH 00074) | 5 | PA; MO; QL (4 per 28 days) | | | |

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| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------------|---|------------------|------------------------------------|
| HUMIRA(CF) PEN CROHNS-UC-HS (PREFERRED NDCS NDCS STARTING WITH 00074) | 5 | PA; MO; QL (3 per 180 days) | OTEZLA | 5 | PA; MO; QL (60 per 30 days) |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS (PREFERRED NDCS NDCS STARTING WITH 00074) | 5 | PA; MO; QL (3 per 180 days) | OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) | 5 | PA; MO; QL (55 per 180 days) |
| <i>leflunomide</i> | 2 | MO; QL (30 per 30 days) | <i>penicillamine oral tablet</i> | 5 | PA; MO |
| ORENCIA (WITH MALTOSA) | 5 | PA; MO; QL (12 per 28 days) | RIDAURA | 5 | MO |
| ORENCIA CLICKJECT | 5 | PA; MO; QL (4 per 28 days) | RINVOQ LQ | 5 | PA; MO; QL (360 per 30 days) |
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML | 5 | PA; MO; QL (4 per 28 days) | RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG | 5 | PA; MO; QL (30 per 30 days) |
| ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML | 5 | PA; MO; QL (1.6 per 28 days) | RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG | 5 | PA; MO; QL (84 per 180 days) |
| ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML | 5 | PA; MO; QL (2.8 per 28 days) | SAVELLA ORAL TABLET | 3 | QL (60 per 30 days) |
| | | | SAVELLA ORAL TABLETS,DOSE PACK | 3 | QL (55 per 180 days) |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---------------------------------|
| TYENNE AUTOINJECTOR | 5 | PA; MO; QL (3.6 per 28 days) |
| TYENNE INTRAVENOUS | 5 | PA; MO; QL (160 per 28 days) |
| TYENNE SUBCUTANEOUS | 5 | PA; MO; QL (3.6 per 28 days) |
| XELJANZ ORAL SOLUTION | 5 | PA; MO; QL (480 per 24 days) |
| XELJANZ ORAL TABLET | 5 | PA; MO; QL (60 per 30 days) |
| XELJANZ XR | 5 | PA; MO; QL (30 per 30 days) |
| YUFLYMA(CF) AI CROHN'S-UC-HS | 5 | PA; MO; QL (3 per 180 days) |
| YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML | 5 | PA; MO; QL (4 per 28 days) |
| YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML | 5 | PA; MO; QL (2 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-------------------------------|
| YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML | 5 | PA; MO; QL (2 per 28 days) |
| YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML | 5 | PA; MO; QL (4 per 28 days) |
| OBSTETRICS / GYNECOLOGY | | |
| ESTROGENS / PROGESTINS | | |
| <i>camila</i> | 2 | MO |
| <i>deblitane</i> | 2 | MO |
| DEPO-SUBQ PROVERA 104 | 3 | MO |
| <i>dotti</i> | 3 | PA; MO; QL (8 per 28 days) |
| DUAVEE | 3 | MO |
| <i>emzahh</i> | 2 | |
| <i>errin</i> | 2 | MO |
| <i>estradiol oral</i> | 4 | PA; MO |
| <i>estradiol transdermal patch semiweekly</i> | 3 | PA; MO; QL (8 per 28 days) |
| <i>estradiol transdermal patch weekly</i> | 3 | PA; MO; QL (4 per 28 days) |
| <i>estradiol vaginal</i> | 4 | MO |
| <i>estradiol valerate</i> | 4 | MO |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-------------------------------|
| estradiol-norethindrone acetate | 3 | PA; MO |
| fyavolv | 4 | PA; MO |
| gallifrey | 2 | MO |
| heather | 2 | MO |
| IMVEXXY MAINTENANCE PACK | 3 | MO |
| IMVEXXY STARTER PACK | 3 | MO |
| incassia | 2 | MO |
| jencycla | 2 | MO |
| jinteli | 4 | PA; MO |
| lyleq | 2 | MO |
| lyllana | 3 | PA; MO; QL (8 per 28 days) |
| lyza | 2 | |
| medroxyprogesterone | 2 | MO |
| mimvey | 3 | PA; MO |
| nora-be | 2 | MO |
| norethindrone (contraceptive) | 2 | |
| norethindrone acetate | 2 | MO |
| norethindrone acetate estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg | 4 | PA; MO |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| PREMARIN ORAL | 3 | MO |
| PREMARIN VAGINAL | 3 | MO |
| PREMPHASE | 3 | MO |
| PREMPRO | 3 | MO |
| progesterone | 2 | MO |
| progesterone micronized | 3 | MO |
| sharobel | 2 | MO |
| yuvafem | 4 | |
| MISCELLANEOUS OB/GYN | | |
| clindamycin phosphate vaginal | 3 | MO |
| eluryng | 3 | MO |
| etongestrel-ethinyl estradiol | 3 | |
| LILETTA | 3 | MO |
| metronidazole vaginal gel 0.75 % (37.5mg/5 gram) | 3 | MO |
| mifepristone oral tablet 200 mg | 2 | LA |
| MYFEMBREE | 5 | PA; MO |
| NEXPLANON | 3 | |
| norelgestromin-ethinestradiol | 3 | |
| terconazole | 3 | MO |
| tranexamic acid oral | 3 | MO |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| xulane | 3 | |
| zafemy | 3 | MO |
| ORAL CONTRACEPTIVES / RELATED AGENTS | | |
| altavera (28) | 2 | MO |
| alyacen 1/35 (28) | 2 | MO |
| alyacen 7/7/7 (28) | 2 | MO |
| amethyst (28) | 2 | MO |
| apri | 2 | MO |
| aranelle (28) | 2 | MO |
| aubra eq | 2 | MO |
| aviane | 2 | MO |
| azurette (28) | 2 | MO |
| camrese | 2 | MO |
| cryselle (28) | 2 | MO |
| cyred eq | 2 | MO |
| dasetta 1/35 (28) | 2 | MO |
| dasetta 7/7/7 (28) | 2 | MO |
| daysee | 2 | MO |
| desog-e.estradiol/e.estradiol | 2 | |
| drospirenone-e.estradiol-Im.fa oral tablet 3-0.03-0.451 mg (21) (7) | 4 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| drospirenone-ethinyl estradiol oral tablet 3-0.02 mg | 2 | MO |
| drospirenone-ethinyl estradiol oral tablet 3-0.03 mg | 2 | |
| elinest | 2 | MO |
| enpresse | 2 | MO |
| enskyce | 2 | MO |
| estarrylla | 2 | MO |
| ethynodiol diacetate estradiol | 2 | |
| falmina (28) | 2 | MO |
| introvale | 2 | |
| isibloom | 2 | MO |
| jasmiel (28) | 2 | MO |
| jolessa | 2 | MO |
| juleber | 2 | MO |
| kalliga | 2 | |
| kariva (28) | 2 | |
| kelnor 1/35 (28) | 2 | MO |
| kelnor 1/50 (28) | 2 | MO |
| kurvelo (28) | 2 | MO |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>I</i> <i>norgest/e.estradiol</i> <i>-e.estrad oral</i> <i>tablets,dose pack,3</i> <i>month 0.1 mg-20</i> <i>mcg (84)/10 mcg</i> <i>(7)</i> | 2 | |
| <i>I</i> <i>norgest/e.estradiol</i> <i>-e.estrad oral</i> <i>tablets,dose pack,3</i> <i>month 0.15 mg-20</i> <i>mcg/ 0.15 mg-25</i> <i>mcg</i> | 2 | MO |
| <i>larin 1.5/30 (21)</i> | 2 | MO |
| <i>larin 1/20 (21)</i> | 2 | MO |
| <i>larin 24 fe</i> | 2 | MO |
| <i>larin fe 1.5/30 (28)</i> | 2 | MO |
| <i>larin fe 1/20 (28)</i> | 2 | MO |
| <i>lessina</i> | 2 | MO |
| <i>levonest (28)</i> | 2 | MO |
| <i>levonorgestrel-</i> <i>ethinyl estrad oral</i> <i>tablet 0.1-20 mg-</i> <i>mcg</i> | 2 | MO |
| <i>levonorgestrel-</i> <i>ethinyl estrad oral</i> <i>tablet 0.15-0.03</i> <i>mg</i> | 2 | |
| <i>levonorgestrel-</i> <i>ethinyl estrad oral</i> <i>tablets,dose pack,3</i> <i>month</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>levonorg-eth</i> <i>estradiol triphasic</i> | 2 | MO |
| <i>levora-28</i> | 2 | MO |
| <i>loryna (28)</i> | 2 | MO |
| <i>low-ogestrel (28)</i> | 2 | MO |
| <i>lo-zumandimine</i> <i>(28)</i> | 2 | MO |
| <i>lutera (28)</i> | 2 | MO |
| <i>marlissa (28)</i> | 2 | MO |
| <i>microgestin 1.5/30</i> <i>(21)</i> | 2 | MO |
| <i>microgestin 1/20</i> <i>(21)</i> | 2 | MO |
| <i>microgestin fe</i> <i>1.5/30 (28)</i> | 2 | MO |
| <i>microgestin fe 1/20</i> <i>(28)</i> | 2 | MO |
| <i>mili</i> | 2 | MO |
| <i>mono-linyah</i> | 2 | MO |
| <i>nikki (28)</i> | 2 | MO |
| <i>norethindrone ac-</i> <i>-eth estradiol oral</i> <i>tablet 1-20 mg-</i> <i>mcg, 1.5-30 mg-</i> <i>mcg</i> | 2 | MO |
| <i>norethindrone-e.estradiol-iron</i> <i>oral tablet 1 mg-20</i> <i>mcg (21)/75 mg (7)</i> | 2 | |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg</i> | 2 | |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> | 2 | MO |
| <i>nortrel 0.5/35 (28)</i> | 2 | MO |
| <i>nortrel 1/35 (21)</i> | 2 | MO |
| <i>nortrel 1/35 (28)</i> | 2 | MO |
| <i>nortrel 7/7/7 (28)</i> | 2 | MO |
| <i>philith</i> | 2 | MO |
| <i>pimtrea (28)</i> | 2 | MO |
| <i>portia 28</i> | 2 | MO |
| <i>reclipsen (28)</i> | 2 | MO |
| <i>setlakin</i> | 2 | MO |
| <i>sprintec (28)</i> | 2 | MO |
| <i>sronyx</i> | 2 | |
| <i>syeda</i> | 2 | MO |
| <i>tarina fe 1-20 eq (28)</i> | 2 | MO |
| <i>tilia fe</i> | 4 | MO |
| <i>tri-estarrylla</i> | 2 | MO |
| <i>tri-legest fe</i> | 4 | MO |
| <i>tri-linyah</i> | 2 | MO |
| <i>tri-lo-estarrylla</i> | 2 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>tri-lo-marzia</i> | 2 | MO |
| <i>tri-lo-sprintec</i> | 2 | |
| <i>tri-sprintec (28)</i> | 2 | MO |
| <i>trivora (28)</i> | 2 | |
| <i>turqoz (28)</i> | 2 | MO |
| <i>velivet triphasic regimen (28)</i> | 2 | MO |
| <i>vestura (28)</i> | 2 | MO |
| <i>vienna</i> | 2 | MO |
| <i>viorele (28)</i> | 2 | MO |
| <i>wera (28)</i> | 2 | MO |
| <i>zovia 1-35 (28)</i> | 2 | MO |
| <i>zumandimine (28)</i> | 2 | MO |
| OXYTOCICS | | |
| <i>methylergonovine oral</i> | 4 | PA |
| OPHTHALMOLOGY | | |
| ANTIBIOTICS | | |
| <i>bacitracin ophthalmic (eye)</i> | 3 | |
| <i>bacitracin-polymyxin b</i> | 2 | MO |
| <i>ciprofloxacin hcl ophthalmic (eye)</i> | 2 | MO |
| <i>erythromycin ophthalmic (eye)</i> | 2 | MO; QL (3.5 per 14 days) |
| <i>gatifloxacin</i> | 4 | MO |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| gentamicin ophthalmic (eye) drops | 2 | MO; QL (70 per 30 days) |
| levofloxacin ophthalmic (eye) drops 1.5 % | 3 | |
| moxifloxacin ophthalmic (eye) drops | 3 | MO |
| moxifloxacin ophthalmic (eye) drops, viscous | 3 | |
| neomycin-bacitracin-polymyxin | 3 | MO |
| neomycin-polymyxin-gramicidin | 3 | MO |
| neo-polycin | 3 | |
| ofloxacin ophthalmic (eye) | 2 | MO |
| polycin | 2 | |
| polymyxin b sulf-trimethoprim | 2 | MO |
| tobramycin ophthalmic (eye) | 2 | MO; QL (10 per 14 days) |
| ANTIVIRALS | | |
| trifluridine | 3 | MO |
| ZIRGAN | 4 | MO |
| BETA-BLOCKERS | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| betaxolol ophthalmic (eye) | 3 | MO |
| carteolol | 2 | MO |
| levobunolol ophthalmic (eye) drops 0.5 % | 2 | MO |
| timolol maleate ophthalmic (eye) drops (not single use) | 1 | MO |
| timolol maleate ophthalmic (eye) gel forming solution | 4 | MO |
| MISCELLANEOUS OPHTHALMOLOGICS | | |
| atropine ophthalmic (eye) drops 1 % | 3 | MO |
| azelastine ophthalmic (eye) | 3 | MO |
| bss | 2 | |
| CIMERLI | 5 | PA; MO |
| cromolyn ophthalmic (eye) | 2 | MO |
| cyclosporine ophthalmic (eye) | 3 | MO; QL (60 per 30 days) |
| CYSTARAN | 5 | PA |
| epinastine | 3 | MO |
| EYLEA | 5 | PA; MO |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| MIEBO (PF) | 3 | MO; QL (12 per 30 days) |
| OXERVATE | 5 | PA; MO |
| PAVBLU | 5 | PA |
| <i>pilocarpine hcl ophthalmic (eye) drops 1%, 2%, 4%</i> | 3 | MO |
| <i>sulfacetamide sodium ophthalmic (eye) drops</i> | 2 | MO |
| <i>sulfacetamide sodium ophthalmic (eye) ointment</i> | 2 | |
| <i>sulfacetamide-prednisolone</i> | 2 | MO |
| XDEMVY | 5 | PA; QL (10 per 42 days) |
| XIIDRA | 3 | MO; QL (60 per 30 days) |
| NON-STEROIDAL ANTI-INFLAMMATORY AGENTS | | |
| bromfenac | 3 | MO |
| <i>diclofenac sodium ophthalmic (eye)</i> | 2 | MO |
| <i>flurbiprofen sodium</i> | 2 | MO |
| <i>ketorolac ophthalmic (eye)</i> | 2 | MO |
| ORAL DRUGS FOR GLAUCOMA | | |
| acetazolamide | 3 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>acetazolamide sodium</i> | 2 | MO |
| <i>methazolamide</i> | 4 | MO |
| OTHER GLAUCOMA DRUGS | | |
| <i>dorzolamide</i> | 2 | MO |
| <i>dorzolamide-timolol</i> | 2 | MO |
| <i>latanoprost</i> | 1 | MO |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % | 3 | MO |
| <i>miostat</i> | 2 | |
| RHOPRESSA | 3 | MO |
| ROCKLATAN | 3 | MO |
| SIMBRINZA | 3 | MO |
| <i>travoprost</i> | 3 | MO |
| STEROID-ANTIBIOTIC COMBINATIONS | | |
| <i>neomycin-bacitracin-poly-hc</i> | 3 | MO |
| <i>neomycin-polymyxin b-dexameth</i> | 2 | MO |
| <i>neomycin-polymyxin-hc ophthalmic (eye)</i> | 4 | MO |
| <i>neo-polycin hc</i> | 3 | |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| TOBRADEX OPHTHALMIC (EYE) OINTMENT | 3 | MO; QL (3.5 per 14 days) |
| tobramycin-dexamethasone | 3 | MO; QL (10 per 14 days) |
| STEROIDS | | |
| dexamethasone sodium phosphate ophthalmic (eye) | 2 | MO |
| fluorometholone | 3 | MO |
| INVELTYS | 3 | MO |
| loteprednol etabonate | 3 | MO |
| OZURDEX | 5 | MO |
| prednisolone acetate | 2 | MO |
| prednisolone sodium phosphate ophthalmic (eye) | 2 | MO |
| SYMPATHOMIMETICS | | |
| apraclonidine | 3 | MO |
| brimonidine ophthalmic (eye) drops 0.1%, 0.15 % | 3 | MO |
| brimonidine ophthalmic (eye) drops 0.2 % | 2 | MO |
| RESPIRATORY AND ALLERGY | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| ANTIHISTAMINE / ANTIALLERGENIC AGENTS | | |
| adrenalin injection solution 1 mg/ml | 2 | |
| adrenalin injection solution 1 mg/ml (1 ml) | 2 | MO |
| cetirizine oral solution 1 mg/ml | 2 | MO |
| diphenhydramine hcl injection solution 50 mg/ml | 2 | MO |
| diphenhydramine hcl injection syringe | 2 | MO |
| epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty) | 3 | MO; QL (4 per 30 days) |
| epinephrine injection solution | 2 | |
| hydroxyzine hcl oral tablet | 2 | PA; MO |
| levocetirizine oral solution | 4 | MO |
| levocetirizine oral tablet | 2 | MO; QL (30 per 30 days) |
| promethazine injection solution | 4 | MO |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---------------------------------------|
| <i>promethazine oral</i> | 4 | PA; MO |
| PULMONARY AGENTS | | |
| <i>acetylcysteine</i> | 3 | B/D PA; MO |
| <i>ADEMPAS</i> | 5 | PA; MO; LA; QL (90 per 30 days) |
| <i>ADVAIR HFA</i> | 3 | MO; QL (12 per 30 days) |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> | 2 | MO; QL (17 per 30 days) |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm</i> | 2 | 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> | 2 | B/D PA; MO |
| <i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i> | 2 | B/D PA |
| <i>albuterol sulfate oral syrup</i> | 2 | MO |
| <i>albuterol sulfate oral tablet</i> | 4 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| <i>ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATOR</i> | 3 | MO; QL (12.2 per 30 days) |
| <i>ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATOR</i> | 3 | MO; QL (6.1 per 30 days) |
| <i>alyq</i> | 5 | PA; MO; QL (60 per 30 days) |
| <i>ambrisentan</i> | 5 | PA; MO; LA; QL (30 per 30 days) |
| <i>arformoterol</i> | 4 | B/D PA; MO; QL (120 per 30 days) |
| <i>ASMANEX HFA</i> | 3 | MO; QL (13 per 30 days) |
| <i>ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)</i> | 3 | MO; QL (1 per 30 days) |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------------|--|------------------|----------------------------------|
| ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120) | 3 | MO; QL (2 per 30 days) | <i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i> | 4 | B/D PA; MO; QL (120 per 30 days) |
| ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14) | 3 | QL (2 per 28 days) | <i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i> | 4 | B/D PA; MO; QL (60 per 30 days) |
| ATROVENT HFA | 4 | MO; QL (25.8 per 30 days) | <i>budesonide-formoterol</i> | 3 | QL (10.2 per 30 days) |
| BEVESPI AEROSPHERE | 3 | MO; QL (10.7 per 30 days) | CINRYZE | 5 | PA; MO |
| <i>bosentan</i> | 5 | PA; MO; LA; QL (60 per 30 days) | COMBIVENT RESPIMAT | 3 | QL (8 per 30 days) |
| BREO ELLIPTA | 3 | MO; QL (60 per 30 days) | <i>cromolyn inhalation</i> | 3 | B/D PA |
| <i>breyna</i> | 3 | MO; QL (10.3 per 30 days) | DULERA | 3 | MO; QL (13 per 30 days) |
| BREZTRI AEROSPHERE | 3 | MO; QL (10.7 per 30 days) | ELIXOPHYLLIN | 4 | |
| | | | FASENRA PEN | 5 | PA; MO; QL (1 per 28 days) |
| | | | FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML | 5 | PA; MO; QL (0.5 per 28 days) |
| | | | FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML | 5 | PA; MO; QL (1 per 28 days) |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------------|
| flunisolide | 3 | MO; QL (50 per 30 days) |
| FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATOR | 4 | ST; MO; QL (12 per 30 days) |
| FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATOR | 4 | ST; MO; QL (24 per 30 days) |
| FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATOR | 4 | ST; MO; QL (10.6 per 30 days) |
| <i>fluticasone propionate nasal</i> | 2 | MO; QL (16 per 30 days) |
| <i>fluticasone propion-salmeterol inhalation blister with device</i> | 3 | MO; QL (60 per 30 days) |
| <i>formoterol fumarate</i> | 4 | B/D PA; MO; QL (120 per 30 days) |
| <i>icatibant</i> | 5 | PA; MO |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------------|
| <i>ipratropium bromide inhalation</i> | 2 | B/D PA; MO |
| <i>ipratropium-albuterol</i> | 2 | B/D PA; MO |
| KALYDECO | 5 | PA; MO; QL (56 per 28 days) |
| <i>mometasone nasal</i> | 2 | MO; QL (34 per 30 days) |
| <i>montelukast oral granules in packet</i> | 4 | MO |
| <i>montelukast oral tablet</i> | 1 | MO |
| <i>montelukast oral tablet, chewable</i> | 2 | MO |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR | 5 | PA; MO; LA; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS RECON SOLN | 5 | PA; MO; LA; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML | 5 | PA; MO; LA; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML | 5 | PA; MO; LA; QL (0.4 per 28 days) |
| OFEV | 5 | PA; MO; QL (60 per 30 days) |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---------------------------------------|--|------------------|-----------------------------------|
| OPSUMIT | 5 | PA; MO; LA; QL (30 per 30 days) | PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATI N | 3 | MO; QL (1 per 30 days) |
| OPSYNVI | 5 | PA; MO; QL (30 per 30 days) | PULMOZYME | 5 | B/D PA; MO |
| ORKAMBI ORAL GRANULES IN PACKET | 5 | PA; MO; QL (56 per 28 days) | QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATI N | 3 | QL (10.6 per 30 days) |
| ORKAMBI ORAL TABLET | 5 | PA; MO; QL (112 per 28 days) | QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATI N | 3 | QL (21.2 per 30 days) |
| <i>pirfenidone oral capsule</i> | 5 | PA; MO; QL (270 per 30 days) | roflumilast | 4 | PA; MO; QL (30 per 30 days) |
| <i>pirfenidone oral tablet 267 mg</i> | 5 | PA; MO; QL (270 per 30 days) | sajazir | 5 | PA; MO |
| <i>pirfenidone oral tablet 801 mg</i> | 5 | PA; MO; QL (90 per 30 days) | <i>sildenafil</i> <i>(pulmonary arterial hypertension)</i> <i>intravenous</i> <i>solution 10 mg/12.5 ml</i> | 5 | |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATI N | 3 | MO; QL (2 per 30 days) | | | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------|
| sildenafil (pulmonary arterial hypertension) oral tablet 20 mg | 3 | PA; MO; QL (90 per 30 days) |
| SPIRIVA RESPIMAT | 3 | MO; QL (4 per 30 days) |
| STIOLTO RESPIMAT | 3 | MO; QL (4 per 30 days) |
| STRIVERDI RESPIMAT | 3 | MO; QL (4 per 30 days) |
| SYMDEKO | 5 | PA; MO; QL (56 per 28 days) |
| tadalafil (pulmonary arterial hypertension) oral tablet 20 mg | 5 | PA; QL (60 per 30 days) |
| terbutaline oral | 4 | MO |
| terbutaline subcutaneous | 2 | MO |
| theophylline oral elixir | 4 | MO |
| theophylline oral solution | 4 | |
| theophylline oral tablet extended release 12 hr | 2 | MO |
| theophylline oral tablet extended release 24 hr | 2 | MO |
| tiotropium bromide | 3 | QL (90 per 90 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------------|
| TRELEGY ELLIPTA | 3 | MO; QL (60 per 30 days) |
| TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL | 5 | PA; MO; QL (56 per 28 days) |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL | 5 | PA; MO; QL (84 per 28 days) |
| TYVASO | 5 | B/D PA; MO; QL (81.2 per 28 days) |
| TYVASO INSTITUTIONAL START KIT | 5 | B/D PA; QL (11.6 per 180 days) |
| TYVASO REFILL KIT | 5 | B/D PA; MO; QL (81.2 per 28 days) |
| TYVASO STARTER KIT | 5 | B/D PA; MO; QL (81.2 per 180 days) |
| wixela inhub | 3 | QL (60 per 30 days) |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML | 5 | PA; MO; LA; QL (8 per 28 days) |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML | 5 | PA; MO; LA; QL (1 per 28 days) |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------------|
| XOLAIR SUBCUTANEOUS RECON SOLN | 5 | PA; MO; LA; QL (8 per 28 days) |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML | 5 | PA; MO; LA; QL (8 per 28 days) |
| XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML | 5 | PA; MO; LA; QL (1 per 28 days) |
| zafirlukast | 4 | MO |
| UROLOGICALS | | |
| ANTICHOLINERGICS / ANTISPASMODICS | | |
| mirabegron | 3 | MO |
| MYRBETRIQ ORAL SUSPENSION,EXT ENDED REL RECON | 3 | |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR | 3 | MO |
| oxybutynin chloride oral syrup | 2 | MO |
| oxybutynin chloride oral tablet 5 mg | 2 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>oxybutynin chloride oral tablet extended release 24hr</i> | 2 | MO |
| <i>solifenacin</i> | 2 | MO |
| <i>tolterodine</i> | 3 | MO |
| <i>trospium oral tablet</i> | 2 | MO |
| BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY | | |
| <i>alfuzosin</i> | 2 | MO |
| <i>dutasteride</i> | 2 | MO |
| <i>dutasteride-tamsulosin</i> | 4 | MO |
| <i>finasteride oral tablet 5 mg</i> | 1 | MO |
| <i>tamsulosin</i> | 1 | MO |
| MISCELLANEOUS UROLOGICALS | | |
| <i>alprostadil</i> | 2 | |
| <i>bethanechol chloride</i> | 2 | MO |
| <i>CYSTAGON</i> | 4 | PA; LA |
| <i>ELMIRON</i> | 3 | MO |
| <i>glycine urologic</i> | 2 | |
| <i>glycine urologic solution</i> | 2 | |
| <i>K-PHOS NO 2</i> | 3 | MO |
| <i>K-PHOS ORIGINAL</i> | 3 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--------------------------------|
| <i>potassium citrate oral tablet extended release</i> | 2 | MO |
| RENACIDIN | 3 | MO |
| <i>tadalafil oral tablet 2.5 mg</i> | 4 | PA; MO; QL (60 per 30 days) |
| <i>tadalafil oral tablet 5 mg</i> | 4 | PA; MO; QL (30 per 30 days) |

| VITAMINS, HEMATINICS / ELECTROLYTES | | |
|---|---|--------|
| BLOOD DERIVATIVES | | |
| <i>albumin, human 25 %</i> | 4 | |
| <i>alburx (human) 25 %</i> | 4 | |
| <i>alburx (human) 5 %</i> | 4 | |
| <i>albutein 25 %</i> | 4 | |
| <i>albutein 5 %</i> | 4 | |
| ELECTROLYTES | | |
| <i>calcium acetate(phosphat bind)</i> | 3 | PA; MO |
| <i>calcium chloride</i> | 2 | |
| <i>calcium gluconate intravenous</i> | 2 | |
| <i>effer-k oral tablet, effervescent 25 meq</i> | 2 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>klor-con 10</i> | 2 | MO |
| <i>klor-con 8</i> | 2 | MO |
| <i>klor-con m10</i> | 2 | MO |
| <i>klor-con m15</i> | 2 | MO |
| <i>klor-con m20</i> | 2 | MO |
| <i>klor-con oral packet 20</i> | 4 | MO |
| <i>klor-con/ef</i> | 2 | MO |
| <i>lactated ringers intravenous</i> | 4 | MO |
| <i>magnesium chloride injection</i> | 4 | |
| <i>MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML</i> | 3 | |
| <i>magnesium sulfate in water</i> | 4 | |
| <i>magnesium sulfate injection solution</i> | 4 | MO |
| <i>magnesium sulfate injection syringe</i> | 4 | |
| <i>potassium acetate</i> | 4 | |
| <i>potassium chlorid-d5-0.45%nacl</i> | 4 | |

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This drug list was last updated on 03/14/2025.

| Drug Name | Drug Tier | Requirements/Limits | Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|---|------------------|----------------------------|
| <i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i> | 4 | | <i>potassium chloride oral tablet extended release 10 meq, 8 meq</i> | 2 | MO |
| <i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i> | 4 | | <i>potassium chloride oral tablet extended release 20 meq</i> | 2 | |
| <i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i> | 4 | | <i>potassium chloride oral tablet,er particles/crystals 10 meq</i> | 2 | MO |
| <i>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</i> | 4 | | <i>potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq</i> | 2 | |
| <i>potassium chloride intravenous</i> | 4 | | <i>potassium chloride-0.45 % nacl</i> | 4 | |
| <i>potassium chloride oral capsule, extended release</i> | 2 | MO | <i>potassium chloride-d5- 0.2%nacl intravenous parenteral solution 20 meq/l</i> | 4 | |
| <i>potassium chloride oral liquid</i> | 4 | MO | <i>potassium chloride-d5- 0.9%nacl</i> | 4 | |
| <i>potassium chloride oral packet</i> | 4 | | <i>potassium phosphate m-/d- basic intravenous solution 3 mmol/ml</i> | 4 | |
| | | | <i>ringer's intravenous</i> | 4 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|------------------------------------|------------------|----------------------------|
| sodium acetate | 4 | |
| sodium bicarbonate intravenous | 4 | |
| sodium chloride 0.45 % intravenous | 4 | MO |
| sodium chloride 3 % hypertonic | 4 | |
| sodium chloride 5 % hypertonic | 4 | MO |
| sodium chloride intravenous | 4 | |
| sodium phosphate | 4 | MO |

| MISCELLANEOUS NUTRITION PRODUCTS | | |
|---|---|--------|
| CLINIMIX 5%/D15W SULFITE FREE | 4 | B/D PA |
| CLINIMIX 4.25%/D10W SULF FREE | 4 | B/D PA |
| CLINIMIX 5%-D20W(SULFITE-FREE) | 4 | B/D PA |
| CLINIMIX 6%-D5W (SULFITE-FREE) | 4 | B/D PA |
| CLINIMIX 8%-D10W(SULFITE-FREE) | 4 | B/D PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| CLINIMIX 8%-D14W(SULFITE-FREE) | 4 | B/D PA |
| electrolyte-148 | 3 | |
| electrolyte-48 in d5w | 4 | |
| electrolyte-a | 3 | |
| intralipid intravenous emulsion 20 % | 4 | B/D PA |
| ISOLYTE S PH 7.4 | 4 | |
| ISOLYTE-P IN 5 % DEXTROSE | 4 | |
| ISOLYTE-S | 4 | |
| PLENAMINE | 4 | B/D PA |
| premasol 10 % | 4 | B/D PA |
| travasol 10 % | 4 | B/D PA |
| TROPHAMINE 10 % | 4 | B/D PA |
| VITAMINS / HEMATINICS | | |
| fluoride (sodium) oral tablet | 2 | MO |
| fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride) | 2 | MO |
| prenatal vitamin oral tablet | 2 | MO |
| wescap-pn dha | 2 | MO |

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