

WellSense Added Value (HMO)

2024 Formulary

(List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID: 24241, Version Number: 10

This formulary was updated on 03/25/2024. We have made no changes to this formulary since 03/15/2024. For more recent information or other questions, please contact the WellSense Member Service department at 855-833-8128 (TTY users should call 711), Monday through Friday 8 a.m. to 8 p.m. (April 1 through September 30, except holidays) or seven days a week (October 1 through March 31) or visit wellsense.org/medicare.

H6851_NHMA_FormularyAV_2024_C

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to "we," "us", or "our," it means WellSense Medicare Advantage. When it refers to "plan" or "our plan," it means WellSense Added Value (HMO).

This document includes a list of the drugs (formulary) for our plan which is current as of 03/15/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025 and from time to time during the year.

What is the WellSense Added Value Formulary?

A formulary is a list of covered drugs selected by WellSense Medicare Advantage 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 Medicare Advantage will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a WellSense Medicare Advantage 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 (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled "How do I request an exception to the WellSense Added Value's Formulary?"

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

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find

information in the section below entitled “How do I request an exception to the WellSense Added Value’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 03/15/2024. To get updated information about the drugs covered by WellSense Added Value please contact us. Our contact information appears on the front and back cover pages. Printed formularies are available upon request and may be updated throughout the year. You can review our plan’s up-to-date formulary online at wellsense.org/medicare or by contacting Member Services to request a copy. We will notify you via mail if mid-year non-maintenance formulary changes occur.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 110. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

WellSense Added Value covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** WellSense Added Value requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from WellSense Added Value before you fill your prescriptions. If you don't get approval, WellSense Added Value may not cover the drug.
- **Quantity Limits:** For certain drugs, WellSense Added Value limits the amount of the drug that WellSense Added Value will cover. For example, WellSense Added Value provides 30 capsules per prescription for omeprazole. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, WellSense Added Value requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, WellSense Added Value may not cover Drug B unless you try Drug A first. If Drug A does not work for you, WellSense Added Value will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page [*Insert <table page number>*]. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask WellSense Added Value to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the WellSense Added Value's formulary?" on page 5 for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

- You can ask Member Services for a list of similar drugs that are covered by WellSense Added Value. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by WellSense Added Value
- You can ask WellSense Added Value to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the WellSense Added Value's Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, WellSense Added Value limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, WellSense Added Value will only approve your request for an exception if the alternative drugs included on the plan's formulary or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary or utilization restriction exception. **When you request a formulary, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.**

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a 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. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

For more information

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

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

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

WellSense Added Value Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by WellSense Added Value. If you have trouble finding your drug in the list, turn to the Index that begins on page 110

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

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

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

Index of Drugs

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

List of Abbreviations

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements /Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	1	B/D PA
<i>amphotericin b</i>	1	B/D PA; MO
<i>casprofungin</i>	1	
<i>clotrimazole mucous membrane</i>	1	MO
CRESEMBA ORAL	1	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 400 mg/200 ml</i>	1	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	1	PA; MO
<i>fluconazole oral suspension for reconstitution</i>	1	MO
<i>fluconazole oral tablet</i>	1	MO
<i>flucytosine</i>	1	MO
<i>griseofulvin microsize</i>	1	MO
<i>griseofulvin ultramicrosize</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>itraconazole oral capsule</i>	1	MO; QL (120 per 30 days)
<i>itraconazole oral solution</i>	1	MO
<i>ketoconazole oral</i>	1	MO
<i>micafungin</i>	1	MO
<i>nystatin oral</i>	1	MO
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	1	PA; MO; QL (96 per 30 days)
<i>terbinafine hcl oral</i>	1	MO
<i>voriconazole intravenous</i>	1	PA; MO
<i>voriconazole oral suspension for reconstitution</i>	1	PA; MO
<i>voriconazole oral tablet</i>	1	PA; MO
ANTIVIRALS		
<i>abacavir</i>	1	MO
<i>abacavir-lamivudine</i>	1	MO
<i>acyclovir oral capsule</i>	1	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	MO
<i>acyclovir oral tablet</i>	1	MO

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

This drug list was last updated on 03/15/2024.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>acyclovir sodium intravenous solution</i>	1	B/D PA; MO	<i>emtricitabine</i>	1	MO
<i>adefovir</i>	1	MO	<i>emtricitabine-tenofovir (tdf)</i>	1	MO
<i>amantadine hcl oral capsule</i>	1	MO	EMTRIVA ORAL SOLUTION	1	MO
<i>amantadine hcl oral solution</i>	1	MO	<i>entecavir</i>	1	MO
APRETUDE	1	MO	EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	1	PA; MO; QL (28 per 28 days)
APTIVUS	1	MO	EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	1	PA; MO; QL (56 per 28 days)
<i>atazanavir</i>	1	MO	EPCLUSA ORAL TABLET 200-50 MG	1	PA; MO; QL (56 per 28 days)
BARACLUDE ORAL SOLUTION	1	MO	EPCLUSA ORAL TABLET 400-100 MG	1	PA; MO; QL (28 per 28 days)
BIKTARVY	1	MO	<i>etravirine</i>	1	MO
CABENUVA	1	MO	EVOTAZ	1	MO
<i>cidofovir</i>	1	B/D PA; MO	<i>famciclovir</i>	1	MO
CIMDUO	1	MO	<i>fosamprenavir</i>	1	MO
COMPLERA	1	MO	FUZEON SUBCUTANEOUS RECON SOLN	1	MO
<i>darunavir</i>	1	MO	<i>ganciclovir sodium intravenous recon soln</i>	1	B/D PA; MO
DELSTRIGO	1	MO			
DESCOVY	1	MO			
DOVATO	1	MO			
EDURANT	1	MO			
<i>efavirenz</i>	1	MO			
<i>efavirenz-emtricitabin-tenofov</i>	1	MO			
<i>efavirenz-lamivu-tenofov disop</i>	1	MO			

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This drug list was last updated on 03/15/2024.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>ganciclovir sodium intravenous solution</i>	1	B/D PA	JULUCA	1	MO
GENVOYA	1	MO	LAGEVRIO (EUA)	1	QL (40 per 180 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	1	PA; MO; QL (28 per 28 days)	<i>lamivudine</i>	1	MO
HARVONI ORAL PELLETS IN PACKET 45-200 MG	1	PA; MO; QL (56 per 28 days)	<i>lamivudine-zidovudine</i>	1	MO
HARVONI ORAL TABLET 45-200 MG	1	PA; MO; QL (56 per 28 days)	LEXIVA ORAL SUSPENSION	1	MO
HARVONI ORAL TABLET 90-400 MG	1	PA; MO; QL (28 per 28 days)	<i>lopinavir-ritonavir oral solution</i>	1	MO
INTELENCE ORAL TABLET 25 MG	1	MO	<i>lopinavir-ritonavir oral tablet</i>	1	MO
ISENTRESS HD	1	MO	<i>maraviroc</i>	1	MO
ISENTRESS ORAL POWDER IN PACKET	1	MO	<i>nevirapine oral suspension</i>	1	
ISENTRESS ORAL TABLET	1	MO	<i>nevirapine oral tablet</i>	1	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	1	MO	<i>nevirapine oral tablet extended release 24 hr</i>	1	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	1	MO	NORVIR ORAL POWDER IN PACKET	1	MO
			ODEFSEY	1	MO
			<i>oseltamivir</i>	1	MO
			PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	1	QL (20 per 180 days)

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This drug list was last updated on 03/15/2024.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	QL (30 per 180 days)	SELZENTRY ORAL SOLUTION	1	MO
PIFELTRO	1	MO	SELZENTRY ORAL TABLET 25 MG, 75 MG	1	MO
PREVYMIS INTRAVENOUS	1	PA	STRIBILD	1	MO
PREVYMIS ORAL	1	PA; MO; QL (30 per 30 days)	SUNLENCA	1	
PREZCOBIX	1	MO	SYMTUZA	1	MO
PREZISTA ORAL SUSPENSION	1	MO	SYNAGIS	1	MO; LA
PREZISTA ORAL TABLET 150 MG, 75 MG	1	MO	<i>tenofovir disoproxil fumarate</i>	1	MO
RELENZA DISKHALER	1	MO	TIVICAY ORAL TABLET 10 MG	1	
RETROVIR INTRAVENOUS	1	MO	TIVICAY ORAL TABLET 25 MG, 50 MG	1	MO
REYATAZ ORAL POWDER IN PACKET	1	MO	TIVICAY PD	1	MO
<i>ribavirin oral capsule</i>	1	MO	TRIUMEQ	1	MO
<i>ribavirin oral tablet 200 mg</i>	1	MO	TRIUMEQ PD	1	MO
<i>rimantadine</i>	1	MO	TRIZIVIR	1	
<i>ritonavir</i>	1	MO	TROGARZO	1	MO; LA
RUKOBIA	1	MO	<i>valacyclovir oral tablet 1 gram</i>	1	MO; QL (120 per 30 days)
			<i>valacyclovir oral tablet 500 mg</i>	1	MO; QL (60 per 30 days)
			<i>valganciclovir oral recon soln</i>	1	MO
			<i>valganciclovir oral tablet</i>	1	MO
			VEKLURY	1	

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This drug list was last updated on 03/15/2024.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
VEMLIDY	1	MO	<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	MO
VIRACEPT ORAL TABLET	1	MO	<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	MO
VIREAD ORAL POWDER	1	MO	<i>cefazolin injection recon soln 1 gram, 500 mg</i>	1	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	MO	<i>cefazolin injection recon soln 10 gram, 100 gram, 300 g</i>	1	
VOSEVI	1	PA; MO; QL (28 per 28 days)	<i>cefazolin intravenous recon soln 1 gram</i>	1	
<i>zidovudine oral capsule</i>	1	MO	<i>cefdinir oral capsule</i>	1	MO
<i>zidovudine oral syrup</i>	1	MO	<i>cefdinir oral suspension for reconstitution</i>	1	MO
<i>zidovudine oral tablet</i>	1	MO	<i>cefepime in dextrose,iso-osm</i>	1	
CEPHALOSPORINS					
<i>cefaclor oral capsule</i>	1	MO	<i>cefepime injection</i>	1	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml</i>	1	MO	<i>cefixime</i>	1	MO
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml</i>	1		<i>cefoxitin in dextrose, iso-osm</i>	1	PA
<i>cefadroxil oral capsule</i>	1	MO			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	1	PA; MO	<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	1	PA; MO
<i>cefoxitin intravenous recon soln 10 gram</i>	1	PA	<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	1	PA
<i>cefpodoxime</i>	1	MO	<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	MO
<i>cefprozil</i>	1	MO	<i>cephalexin oral suspension for reconstitution</i>	1	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	1	PA; MO	<i>tazicef injection</i>	1	PA; MO
<i>ceftazidime injection recon soln 6 gram</i>	1	PA	<i>tazicef intravenous</i>	1	PA
<i>ceftriaxone in dextrose,iso-os</i>	1	MO	TEFLARO	1	PA; MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	1	MO	ERYTHROMYCINS / OTHER MACROLIDES		
<i>ceftriaxone injection recon soln 10 gram</i>	1		<i>azithromycin intravenous</i>	1	PA; MO
<i>ceftriaxone intravenous</i>	1	MO	<i>azithromycin oral packet</i>	1	MO
<i>cefuroxime axetil oral tablet</i>	1	MO	<i>azithromycin oral suspension for reconstitution</i>	1	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	PA; MO	<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	1	
			<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	MO

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

This drug list was last updated on 03/15/2024.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>clarithromycin oral suspension for reconstitution</i>	1	MO	<i>atovaquone</i>	1	MO
<i>clarithromycin oral tablet</i>	1	MO	<i>atovaquone-proguanil</i>	1	MO
<i>clarithromycin oral tablet extended release 24 hr</i>	1	MO	<i>aztreonam</i>	1	PA; MO
DIFICID ORAL TABLET	1	MO; QL (20 per 10 days)	<i>bacitracin intramuscular</i>	1	
<i>e.e.s. 400 oral tablet</i>	1	MO	CAYSTON	1	PA; MO; LA; QL (84 per 56 days)
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	MO	<i>chloramphenicol sod succinate</i>	1	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1		<i>chloroquine phosphate</i>	1	MO
<i>erythromycin ethylsuccinate oral tablet</i>	1	MO	<i>clindamycin hcl</i>	1	MO
<i>erythromycin oral</i>	1	MO	<i>clindamycin in 5 % dextrose</i>	1	PA; MO
MISCELLANEOUS ANTIINFECTIVES			<i>clindamycin phosphate injection</i>	1	PA; MO
<i>albendazole</i>	1	MO	<i>clindamycin phosphate intravenous</i>	1	PA; MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	PA; MO	COARTEM	1	MO
ARIKAYCE	1	PA; LA	<i>colistin (colistimethate na)</i>	1	PA; MO; QL (30 per 10 days)
			<i>dapsone oral</i>	1	MO
			DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	1	MO

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

This drug list was last updated on 03/15/2024.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>daptomycin intravenous recon soln 500 mg</i>	1	MO	<i>isoniazid oral solution</i>	1	MO
EMVERM	1	MO	<i>isoniazid oral tablet</i>	1	MO
<i>ertapenem</i>	1	PA; MO; QL (14 per 14 days)	<i>ivermectin oral</i>	1	PA; MO; QL (20 per 30 days)
<i>ethambutol</i>	1	MO	<i>lincomycin</i>	1	PA
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	1	PA; MO	<i>linezolid in dextrose 5%</i>	1	PA; MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	1	PA	<i>linezolid oral suspension for reconstitution</i>	1	MO
<i>gentamicin injection solution 40 mg/ml</i>	1	PA; MO	<i>linezolid oral tablet</i>	1	MO
<i>gentamicin sulfate (ped) (pf)</i>	1	PA; MO	<i>linezolid-0.9% sodium chloride</i>	1	PA
<i>hydroxychloroquine oral tablet 200 mg</i>	1	MO	<i>mefloquine</i>	1	MO
<i>imipenem-cilastatin</i>	1	PA; MO	<i>meropenem intravenous recon soln 1 gram</i>	1	PA; QL (30 per 10 days)
<i>isoniazid injection</i>	1		<i>meropenem intravenous recon soln 500 mg</i>	1	PA; QL (10 per 10 days)
			<i>metro i.v.</i>	1	PA; MO
			<i>metronidazole in nacl (iso-os)</i>	1	PA; MO
			<i>metronidazole oral tablet</i>	1	MO
			<i>neomycin</i>	1	MO
			<i>nitazoxanide</i>	1	MO
			<i>paromomycin</i>	1	

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This drug list was last updated on 03/15/2024.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>pentamidine inhalation</i>	1	B/D PA; MO; QL (1 per 28 days)	<i>tobramycin sulfate injection solution</i>	1	PA; MO
<i>pentamidine injection</i>	1	MO	TRECTOR	1	MO
<i>praziquantel</i>	1	MO	VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	1	PA; QL (4000 per 10 days)
PRIFTIN	1	MO	VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	1	PA; QL (1000 per 10 days)
PRIMAQUINE	1	MO	VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	1	PA; QL (4050 per 10 days)
<i>pyrazinamide</i>	1	MO	<i>vancomycin intravenous recon soln 1,000 mg</i>	1	PA; MO; QL (20 per 10 days)
<i>pyrimethamine</i>	1	PA; MO	<i>vancomycin intravenous recon soln 10 gram</i>	1	PA; QL (2 per 10 days)
<i>quinine sulfate</i>	1	MO	<i>vancomycin intravenous recon soln 5 gram</i>	1	PA; QL (4 per 10 days)
<i>rifabutin</i>	1	MO	<i>vancomycin intravenous recon soln 500 mg</i>	1	PA; MO; QL (10 per 10 days)
<i>rifampin intravenous</i>	1	MO			
<i>rifampin oral</i>	1	MO			
SIRTURO	1	PA; LA			
STREPTOMYCIN	1	PA; MO; QL (60 per 30 days)			
<i>tigecycline</i>	1	PA; MO			
<i>tinidazole</i>	1	MO			
<i>tobramycin in 0.225 % nacl</i>	1	PA; MO; QL (280 per 28 days)			
<i>tobramycin inhalation</i>	1	PA; MO; QL (224 per 28 days)			
<i>tobramycin sulfate injection recon soln</i>	1	PA; QL (9 per 14 days)			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>vancomycin intravenous recon soln 750 mg</i>	1	PA; MO; QL (27 per 10 days)	<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	1	MO
<i>vancomycin oral capsule 125 mg</i>	1	PA; MO; QL (40 per 10 days)	<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	1	MO
<i>vancomycin oral capsule 250 mg</i>	1	PA; MO; QL (80 per 10 days)	<i>ampicillin oral capsule 500 mg</i>	1	MO
XIFAXAN ORAL TABLET 200 MG	1	QL (9 per 30 days)	<i>ampicillin sodium injection</i>	1	PA; MO
XIFAXAN ORAL TABLET 550 MG	1	MO; QL (90 per 30 days)	<i>ampicillin sodium intravenous</i>	1	PA
PENICILLINS			<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	1	PA; MO
<i>amoxicillin oral capsule</i>	1	MO	<i>ampicillin-sulbactam injection recon soln 15 gram</i>	1	PA
<i>amoxicillin oral suspension for reconstitution</i>	1	MO	<i>ampicillin-sulbactam intravenous</i>	1	PA
<i>amoxicillin oral tablet</i>	1	MO	AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	1	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	MO	BICILLIN C-R	1	PA; MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	1	MO	BICILLIN L-A	1	PA; MO
<i>amoxicillin-pot clavulanate oral tablet</i>	1	MO			

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Drug Name	Drug Tier	Requirements /Limits
<i>dicloxacillin</i>	1	MO
<i>nafcillin in dextrose iso-osm</i>	1	PA
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	1	PA; MO
<i>nafcillin injection recon soln 10 gram</i>	1	PA
<i>nafcillin intravenous recon soln 2 gram</i>	1	PA
<i>oxacillin in dextrose(iso-osm)</i>	1	PA
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	1	PA
<i>oxacillin injection recon soln 2 gram</i>	1	PA; MO
<i>penicillin g potassium</i>	1	PA; MO
<i>penicillin g sodium</i>	1	PA; MO
<i>penicillin v potassium</i>	1	MO
<i>pfizerpen-g</i>	1	PA
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 40.5 gram</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	1	MO
QUINOLONES		
<i>ciprofloxacin hcl oral tablet 100 mg</i>	1	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	MO
<i>ciprofloxacin in 5 % dextrose</i>	1	PA; MO
<i>ciprofloxacin oral suspension, microcapsule recon 500 mg/5 ml</i>	1	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	1	PA
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	1	PA; MO
<i>levofloxacin intravenous</i>	1	PA
<i>levofloxacin oral solution</i>	1	MO
<i>levofloxacin oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>moxifloxacin oral</i>	1	MO
<i>moxifloxacin-sod.chloride(iso)</i>	1	PA; MO

SULFA'S / RELATED AGENTS

<i>sulfadiazine</i>	1	MO
<i>sulfamethoxazole-trimethoprim intravenous</i>	1	PA; MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO

TETRACYCLINES

<i>doxy-100</i>	1	PA; MO
<i>doxycycline hyclate intravenous</i>	1	PA
<i>doxycycline hyclate oral capsule</i>	1	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg</i>	1	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	MO

<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	1	MO
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<i>minocycline oral capsule</i>	1	MO
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<i>minocycline oral tablet</i>	1	MO
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<i>mondoxyne nl oral capsule 100 mg</i>	1	
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<i>tetracycline oral capsule</i>	1	MO
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URINARY TRACT AGENTS

<i>methenamine hippurate</i>	1	MO
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<i>methenamine mandelate oral tablet 0.5 g</i>	1	MO
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<i>methenamine mandelate oral tablet 1 gram</i>	1	
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<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	MO
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<i>nitrofurantoin monohyd/m-cryst</i>	1	MO
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<i>trimethoprim</i>	1	MO
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Drug Name	Drug Tier	Requirements /Limits
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>dexrazoxane hcl</i>	1	B/D PA; MO
ELITEK	1	MO
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG	1	
KHAPZORY INTRAVENOUS RECON SOLN 175 MG	1	B/D PA
<i>leucovorin calcium oral</i>	1	MO
<i>levoleucovorin calcium intravenous recon soln</i>	1	B/D PA; MO
<i>levoleucovorin calcium intravenous solution</i>	1	B/D PA
<i>mesna</i>	1	B/D PA; MO
MESNEX ORAL	1	MO
VISTOGARD	1	PA
XGEVA	1	B/D PA; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		

Drug Name	Drug Tier	Requirements /Limits
<i>abiraterone oral tablet 250 mg</i>	1	PA; MO; QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i>	1	PA; MO; QL (60 per 30 days)
ABRAXANE	1	B/D PA; MO
ADCETRIS	1	B/D PA; MO
ADSTILADRIN	1	PA
AKEEGA	1	PA; LA; QL (60 per 30 days)
ALECENSA	1	PA; MO; QL (240 per 30 days)
ALIQOPA	1	B/D PA; LA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	1	PA; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	1	PA; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	1	PA; QL (30 per 180 days)
<i>anastrozole</i>	1	MO
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	1	B/D PA
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ASPARLAS	1	PA	BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	1	B/D PA
AUGTYRO	1	PA; MO; QL (240 per 30 days)	<i>bortezomib injection recon soln 3.5 mg</i>	1	B/D PA; MO
AYVAKIT	1	PA; LA; QL (30 per 30 days)	BOSULIF ORAL CAPSULE 100 MG	1	PA; QL (90 per 30 days)
<i>azacitidine</i>	1	B/D PA; MO	BOSULIF ORAL CAPSULE 50 MG	1	PA; QL (30 per 30 days)
<i>azathioprine oral tablet 50 mg</i>	1	B/D PA; MO	BOSULIF ORAL TABLET 100 MG	1	PA; MO; QL (90 per 30 days)
<i>azathioprine sodium</i>	1	B/D PA; MO	BOSULIF ORAL TABLET 400 MG, 500 MG	1	PA; MO; QL (30 per 30 days)
BALVERSA	1	PA; LA	BRAFTOVI	1	PA; MO; LA; QL (180 per 30 days)
BAVENCIO	1	B/D PA; LA	BRUKINSA	1	PA; LA; QL (120 per 30 days)
BELEODAQ	1	B/D PA	<i>busulfan</i>	1	B/D PA
<i>bendamustine intravenous recon soln</i>	1	B/D PA; MO	CABOMETYX	1	PA; MO; LA; QL (30 per 30 days)
BENDEKA	1	B/D PA; MO	CALQUENCE	1	PA; LA; QL (60 per 30 days)
BESPONSA	1	B/D PA; MO; LA			
<i>bexarotene</i>	1	PA; MO			
<i>bicalutamide</i>	1	MO			
<i>bleomycin</i>	1	B/D PA			
BLINCYTO INTRAVENOUS KIT	1	B/D PA			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
CALQUENCE (ACALABRUTINIB MAL)	1	PA; LA; QL (60 per 30 days)	COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	1	PA; MO; QL (84 per 28 days)
CAPRELSA ORAL TABLET 100 MG	1	PA; LA; QL (60 per 30 days)	COPIKTRA	1	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	1	PA; LA; QL (30 per 30 days)	COSMEGEN	1	B/D PA; MO
<i>carboplatin intravenous solution</i>	1	B/D PA; MO	COTELLIC	1	PA; MO; LA; QL (63 per 28 days)
<i>carmustine intravenous recon soln 100 mg</i>	1	B/D PA; MO	<i>cyclophosphamide intravenous recon soln</i>	1	B/D PA; MO
<i>cisplatin intravenous solution</i>	1	B/D PA; MO	<i>cyclophosphamide oral capsule</i>	1	B/D PA; MO
<i>cladribine</i>	1	B/D PA; MO	CYCLOPHOSPHAMIDE ORAL TABLET 25 MG	1	B/D PA
<i>clofarabine</i>	1	B/D PA	CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	1	B/D PA; MO
COLUMVI	1	PA; MO	<i>cyclosporine intravenous</i>	1	B/D PA
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	1	PA; MO; QL (56 per 28 days)	<i>cyclosporine modified oral capsule</i>	1	B/D PA; MO
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	1	PA; MO; QL (112 per 28 days)	<i>cyclosporine modified oral solution</i>	1	B/D PA
			<i>cyclosporine oral capsule</i>	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
CYRAMZA	1	B/D PA; MO	<i>docetaxel</i>	1	B/D PA; MO
<i>cytarabine</i>	1	B/D PA; MO	<i>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>		
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	1	B/D PA; MO	<i>doxorubicin intravenous recon soln 10 mg</i>	1	B/D PA
<i>cytarabine (pf) injection solution 20 mg/ml</i>	1	B/D PA	<i>doxorubicin intravenous recon soln 50 mg</i>	1	B/D PA; MO
<i>dacarbazine</i>	1	B/D PA; MO	<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	1	B/D PA; MO
<i>dactinomycin</i>	1	B/D PA; MO	<i>doxorubicin intravenous solution 2 mg/ml</i>	1	B/D PA
DANYELZA	1	PA	<i>doxorubicin, peg-liposomal</i>	1	B/D PA; MO
DARZALEX	1	B/D PA; MO; LA	DROXIA	1	MO
<i>daunorubicin</i>	1	B/D PA	ELIGARD	1	PA; MO
DAURISMO ORAL TABLET 100 MG	1	PA; MO; QL (30 per 30 days)	ELIGARD (3 MONTH)	1	PA; MO
DAURISMO ORAL TABLET 25 MG	1	PA; MO; QL (60 per 30 days)	ELIGARD (4 MONTH)	1	PA; MO
<i>decitabine</i>	1	B/D PA; MO	ELIGARD (6 MONTH)	1	PA; MO
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	1	B/D PA			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ELREXFIO	1	PA	<i>everolimus (antineoplastic) oral tablet</i>	1	PA; MO; QL (30 per 30 days)
ELZONRIS	1	PA; LA	<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	1	PA; MO; QL (330 per 30 days)
EMCYT	1	MO	<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	1	PA; MO; QL (240 per 30 days)
EMPLICITI	1	B/D PA; MO	<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	1	PA; MO; QL (180 per 30 days)
ENVARUSUS XR	1	B/D PA; MO	<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	1	B/D PA; MO
<i>epirubicin intravenous solution 200 mg/100 ml</i>	1	B/D PA	<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	1	B/D PA; MO
EPKINLY	1	PA	<i>exemestane</i>	1	MO
ERBITUX	1	B/D PA; MO	EXKIVITY	1	PA; LA; QL (120 per 30 days)
ERIVEDGE	1	PA; MO; QL (30 per 30 days)	FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	1	PA; MO
ERLEADA ORAL TABLET 240 MG	1	PA; MO; QL (30 per 30 days)			
ERLEADA ORAL TABLET 60 MG	1	PA; MO; QL (120 per 30 days)			
<i>erlotinib oral tablet 100 mg, 150 mg</i>	1	PA; MO; QL (30 per 30 days)			
<i>erlotinib oral tablet 25 mg</i>	1	PA; MO; QL (60 per 30 days)			
ERWINASE	1	B/D PA			
ETOPOPHOS	1	B/D PA; MO			
<i>etoposide intravenous</i>	1	B/D PA; MO			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	1	PA; MO	GAVRETO	1	PA; MO; LA; QL (120 per 30 days)
<i>floxuridine</i>	1	B/D PA	GAZYVA	1	B/D PA; MO
<i>fludarabine intravenous recon soln</i>	1	B/D PA; MO	<i>gefitinib</i>	1	PA; MO; QL (30 per 30 days)
<i>fludarabine intravenous solution</i>	1	B/D PA	<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	1	B/D PA; MO
<i>fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml</i>	1	B/D PA; MO	<i>gemcitabine intravenous recon soln 2 gram</i>	1	B/D PA
<i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i>	1	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>	1	B/D PA; MO
FOLOTYN	1	B/D PA; MO	GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	1	B/D PA
FOTIVDA	1	PA; LA; QL (21 per 28 days)	<i>gengraf</i>	1	B/D PA; MO
FRUZAQLA ORAL CAPSULE 1 MG	1	PA; QL (84 per 28 days)	GILOTRIF	1	PA; MO; QL (30 per 30 days)
FRUZAQLA ORAL CAPSULE 5 MG	1	PA; QL (21 per 28 days)	GLEOSTINE	1	MO
<i>fulvestrant</i>	1	B/D PA; MO	HALAVEN	1	B/D PA; MO
FYARRO	1	PA			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>hydroxyurea</i>	1	MO	IMBRUVICA ORAL SUSPENSION	1	PA; QL (324 per 30 days)
IBRANCE	1	PA; MO; QL (21 per 28 days)	IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	1	PA; QL (30 per 30 days)
ICLUSIG	1	PA; QL (30 per 30 days)	IMFINZI	1	B/D PA; MO; LA
<i>idarubicin</i>	1	B/D PA; MO	IMJUDO	1	PA; MO
IDHIFA	1	PA; MO; LA; QL (30 per 30 days)	INLYTA ORAL TABLET 1 MG	1	PA; MO; QL (180 per 30 days)
<i>ifosfamide intravenous recon soln</i>	1	B/D PA; MO	INLYTA ORAL TABLET 5 MG	1	PA; MO; QL (120 per 30 days)
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	1	B/D PA; MO	INQOVI	1	PA; MO; QL (5 per 28 days)
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	1	B/D PA	INREBIC	1	PA; MO; LA; QL (120 per 30 days)
<i>imatinib oral tablet 100 mg</i>	1	PA; MO; QL (180 per 30 days)	<i>irinotecan intravenous solution 100 mg/5 ml</i>	1	B/D PA; MO
<i>imatinib oral tablet 400 mg</i>	1	PA; MO; QL (60 per 30 days)	<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	1	B/D PA
IMBRUVICA ORAL CAPSULE 140 MG	1	PA; QL (120 per 30 days)	<i>irinotecan intravenous solution 40 mg/2 ml</i>	1	B/D PA; MO
IMBRUVICA ORAL CAPSULE 70 MG	1	PA; QL (30 per 30 days)			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ISTODAX	1	B/D PA; MO	KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	1	PA; MO; QL (91 per 28 days)
IWILFIN	1	PA; LA; QL (240 per 30 days)	KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA; MO; QL (21 per 28 days)
IXEMPRA	1	B/D PA; MO	KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	1	PA; MO; QL (42 per 28 days)
JAKAFI	1	PA; MO; QL (60 per 30 days)	KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	1	PA; MO; QL (63 per 28 days)
JAYPIRCA ORAL TABLET 100 MG	1	PA; MO; QL (60 per 30 days)	KOSELUGO	1	PA
JAYPIRCA ORAL TABLET 50 MG	1	PA; MO; QL (30 per 30 days)	KRAZATI	1	PA; QL (180 per 30 days)
JEMPERLI	1	PA; MO	KYPROLIS	1	B/D PA
JEVTANA	1	B/D PA; MO	<i>lapatinib</i>	1	PA; MO; QL (180 per 30 days)
KADCYLA	1	PA; MO	<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	1	PA; MO; QL (28 per 28 days)
<i>kemoplat</i>	1	B/D PA	<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	1	PA; QL (28 per 28 days)
KEYTRUDA	1	PA			
KIMMTRAK	1	PA			
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	1	PA; MO; QL (49 per 28 days)			
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	1	PA; MO; QL (70 per 28 days)			

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This drug list was last updated on 03/15/2024.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	1	PA; MO; QL (30 per 30 days)	LUNSUMIO	1	PA; MO
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X 2), 24 MG/DAY (10 MG X 2-4 MG X 1)	1	PA; MO; QL (90 per 30 days)	LUPRON DEPOT	1	PA; MO
LENVIMA ORAL CAPSULE 14 MG/DAY (10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	1	PA; MO; QL (60 per 30 days)	LYNPARZA	1	PA; MO; QL (120 per 30 days)
<i>letrozole</i>	1	MO	LYSODREN	1	
LEUKERAN	1	MO	LYTGOBI	1	PA; LA
<i>leuprolide subcutaneous kit</i>	1	PA; MO	MARGENZA	1	PA
LIBTAYO	1	PA; LA	MATULANE	1	
LONSURF	1	PA; MO	<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	1	PA
LOQTORZI	1	PA	<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	1	PA; MO
LORBRENA ORAL TABLET 100 MG	1	PA; MO; QL (30 per 30 days)	<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	1	PA; MO
LORBRENA ORAL TABLET 25 MG	1	PA; MO; QL (90 per 30 days)	<i>megestrol oral tablet</i>	1	PA; MO
LUMAKRAS	1	PA; MO	MEKINIST ORAL RECON SOLN	1	PA; MO; QL (1200 per 30 days)
			MEKINIST ORAL TABLET 0.5 MG	1	PA; MO; QL (90 per 30 days)
			MEKINIST ORAL TABLET 2 MG	1	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
MEKTOVI	1	PA; MO; LA; QL (180 per 30 days)	<i>mycophenolate mofetil oral tablet</i>	1	B/D PA; MO
<i>melphalan</i>	1	B/D PA; MO	<i>mycophenolate sodium</i>	1	B/D PA; MO
<i>melphalan hcl</i>	1	B/D PA	MYLOTARG	1	B/D PA; MO; LA
<i>mercaptopurine</i>	1	MO	<i>nelarabine</i>	1	B/D PA; MO
<i>methotrexate sodium</i>	1	B/D PA; MO	NERLYNX	1	PA; MO; LA
<i>methotrexate sodium (pf) injection recon soln</i>	1	B/D PA	<i>nilutamide</i>	1	PA; MO
<i>methotrexate sodium (pf) injection solution</i>	1	B/D PA; MO	NINLARO	1	PA; MO; QL (3 per 28 days)
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	1	B/D PA; MO	NUBEQA	1	PA; MO; LA; QL (120 per 30 days)
<i>mitomycin intravenous recon soln 40 mg</i>	1	B/D PA; MO	NULOJIX	1	B/D PA; MO
<i>mitoxantrone</i>	1	B/D PA; MO	<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	1	PA; MO
MONJUVI	1	PA; LA	<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	1	PA; MO
<i>mycophenolate mofetil (hcl)</i>	1	B/D PA; MO	<i>octreotide acetate injection syringe 100 mcg/ml (1 ml)</i>	1	PA; MO
<i>mycophenolate mofetil oral capsule</i>	1	B/D PA; MO	<i>octreotide acetate injection syringe 50 mcg/ml (1 ml)</i>	1	PA
<i>mycophenolate mofetil oral suspension for reconstitution</i>	1	B/D PA; MO			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	1	PA; MO	<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	1	B/D PA
ODOMZO	1	PA; MO; LA; QL (30 per 30 days)	<i>paclitaxel</i>	1	B/D PA; MO
OJJAARA	1	PA; QL (30 per 30 days)	PADCEV	1	PA; MO
ONCASPAR	1	B/D PA	<i>paraplatin</i>	1	B/D PA
ONIVYDE	1	B/D PA	<i>pazopanib</i>	1	PA; MO; QL (120 per 30 days)
ONUREG	1	PA; MO; QL (14 per 28 days)	PEMAZYRE	1	PA; LA; QL (28 per 28 days)
OPDIVO	1	PA; MO	<i>pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg</i>	1	B/D PA; MO
OPDUALAG	1	PA; MO	<i>pemetrexed disodium intravenous recon soln 100 mg</i>	1	B/D PA; MO
ORGOVYX	1	PA; LA; QL (30 per 28 days)	<i>pemetrexed disodium intravenous recon soln 750 mg</i>	1	B/D PA
ORSERDU ORAL TABLET 345 MG	1	PA; QL (30 per 30 days)	PERJETA	1	B/D PA; MO
ORSERDU ORAL TABLET 86 MG	1	PA; QL (90 per 30 days)	PIQRAY	1	PA; MO
<i>oxaliplatin intravenous recon soln</i>	1	B/D PA; MO	POLIVY	1	PA; MO
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	1	B/D PA; MO	POMALYST	1	PA; MO; LA
			PORTRAZZA	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
POTELIGEO	1	PA	ROZLYTREK ORAL PELLETS IN PACKET	1	PA; QL (336 per 28 days)
PROGRAF INTRAVENOUS	1	B/D PA; MO	RUBRACA	1	PA; MO; LA; QL (120 per 30 days)
PROGRAF ORAL GRANULES IN PACKET	1	B/D PA; MO	RUXIENCE	1	PA; MO
PURIXAN	1		RYBREVANT	1	PA; MO
QINLOCK	1	PA; LA; QL (90 per 30 days)	RYDAPT	1	PA; MO; QL (224 per 28 days)
RETEVMO ORAL CAPSULE 40 MG	1	PA; MO; LA; QL (180 per 30 days)	RYLAZE	1	PA
RETEVMO ORAL CAPSULE 80 MG	1	PA; MO; LA; QL (120 per 30 days)	SANDIMMUNE ORAL SOLUTION	1	B/D PA
REZLIDHIA	1	PA; QL (60 per 30 days)	SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	1	PA; MO
REZUROCK	1	PA; LA; QL (30 per 30 days)	SARCLISA	1	PA; LA
<i>romidepsin intravenous recon soln</i>	1	B/D PA	SCEMBLIX ORAL TABLET 20 MG	1	PA; MO; QL (600 per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	1	PA; MO; QL (150 per 30 days)	SCEMBLIX ORAL TABLET 40 MG	1	PA; MO; QL (300 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	1	PA; MO; QL (90 per 30 days)	SIGNIFOR	1	PA
			SIMULECT	1	B/D PA; MO
			<i>sirolimus oral solution</i>	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>sirolimus oral tablet</i>	1	B/D PA; MO	TAGRISSE	1	PA; MO; LA; QL (30 per 30 days)
SOLTAMOX	1	MO	TALVEY	1	PA
SOMATULINE DEPOT	1	PA; MO	TALZENNA	1	PA; MO; QL (30 per 30 days)
<i>sorafenib</i>	1	PA; MO; QL (120 per 30 days)	<i>tamoxifen</i>	1	MO
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	1	PA; MO; QL (30 per 30 days)	TASIGNA ORAL CAPSULE 150 MG, 200 MG	1	PA; MO; QL (112 per 28 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	1	PA; MO; QL (60 per 30 days)	TASIGNA ORAL CAPSULE 50 MG	1	PA; MO; QL (120 per 30 days)
STIVARGA	1	PA; MO; QL (84 per 28 days)	TAZVERIK	1	PA; LA
<i>sunitinib malate</i>	1	PA; MO; QL (30 per 30 days)	TECENTRIQ	1	B/D PA; MO; LA
TABLOID	1	MO	TECVAYLI	1	PA
TABRECTA	1	PA; MO	TEMODAR INTRAVENOUS	1	B/D PA; MO
<i>tacrolimus oral</i>	1	B/D PA; MO	<i>temsirolimus</i>	1	B/D PA; MO
TAFINLAR ORAL CAPSULE	1	PA; MO; QL (120 per 30 days)	TEPMETKO	1	PA; LA
TAFINLAR ORAL TABLET FOR SUSPENSION	1	PA; MO; QL (840 per 28 days)	THALOMID ORAL CAPSULE 100 MG, 50 MG	1	PA; MO; QL (28 per 28 days)
			THALOMID ORAL CAPSULE 150 MG, 200 MG	1	PA; MO; QL (56 per 28 days)
			<i>thiotepa injection recon soln 100 mg</i>	1	B/D PA

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>thiotepa injection recon soln 15 mg</i>	1	B/D PA; MO	VECTIBIX	1	B/D PA; MO
TIBSOVO	1	PA	VENCLEXTA ORAL TABLET 10 MG	1	PA; LA; QL (60 per 30 days)
TIVDAK	1	PA; MO	VENCLEXTA ORAL TABLET 100 MG	1	PA; LA; QL (120 per 30 days)
<i>topotecan</i>	1	B/D PA; MO	VENCLEXTA ORAL TABLET 50 MG	1	PA; LA; QL (30 per 30 days)
<i>toremifene</i>	1	MO	VENCLEXTA STARTING PACK	1	PA; LA; QL (42 per 180 days)
TRAZIMERA	1	B/D PA; MO	VERZENIO	1	PA; MO; LA; QL (60 per 30 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	1	PA; MO	<i>vinblastine</i>	1	B/D PA; MO
<i>tretinoin (antineoplastic)</i>	1	MO	<i>vincristine</i>	1	B/D PA; MO
TRODELVY	1	PA; LA	<i>vinorelbine</i>	1	B/D PA; MO
TRUQAP	1	PA; QL (64 per 28 days)	VITRAKVI ORAL CAPSULE 100 MG	1	PA; MO; LA; QL (60 per 30 days)
TUKYSA ORAL TABLET 150 MG	1	PA; LA; QL (120 per 30 days)	VITRAKVI ORAL CAPSULE 25 MG	1	PA; MO; LA; QL (180 per 30 days)
TUKYSA ORAL TABLET 50 MG	1	PA; LA; QL (300 per 30 days)	VITRAKVI ORAL SOLUTION	1	PA; MO; LA; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG	1	PA; LA; QL (120 per 30 days)	VIZIMPRO	1	PA; MO; QL (30 per 30 days)
UNITUXIN	1	B/D PA			
<i>valrubicin</i>	1	B/D PA; MO			
VANFLYTA	1	PA; QL (56 per 28 days)			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
VONJO	1	PA; QL (120 per 30 days)	XPROVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	1	PA; LA
VOTRIENT	1	PA; MO; QL (120 per 30 days)			
VYXEOS	1	B/D PA			
WELIREG	1	PA; LA			
XALKORI ORAL CAPSULE	1	PA; MO; QL (60 per 30 days)			
XALKORI ORAL PELLETT 150 MG	1	PA; MO; QL (180 per 30 days)			
XALKORI ORAL PELLETT 20 MG, 50 MG	1	PA; MO; QL (120 per 30 days)			
XATMEP	1	B/D PA; MO			
XERMELO	1	PA; LA; QL (84 per 28 days)			
XOSPATA	1	PA; LA; QL (90 per 30 days)			
			XTANDI ORAL CAPSULE	1	PA; MO; QL (120 per 30 days)
			XTANDI ORAL TABLET 40 MG	1	PA; MO; QL (120 per 30 days)
			XTANDI ORAL TABLET 80 MG	1	PA; MO; QL (60 per 30 days)
			YERVOY	1	B/D PA; MO
			YONDELIS	1	B/D PA
			ZALTRAP	1	B/D PA; MO
			ZANOSAR	1	B/D PA; MO
			ZEJULA ORAL CAPSULE	1	PA; MO; LA; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ZEJULA ORAL TABLET 100 MG	1	PA; MO; LA; QL (90 per 30 days)	APTIOM ORAL TABLET 600 MG, 800 MG	1	MO; QL (60 per 30 days)
ZEJULA ORAL TABLET 200 MG, 300 MG	1	PA; MO; LA; QL (30 per 30 days)	BRIVIACT INTRAVENOUS	1	MO; QL (600 per 30 days)
ZELBORAF	1	PA; MO; QL (240 per 30 days)	BRIVIACT ORAL SOLUTION	1	MO; QL (600 per 30 days)
ZEPZELCA	1	PA	BRIVIACT ORAL TABLET	1	MO; QL (60 per 30 days)
ZIRABEV	1	B/D PA; MO	<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	MO
ZOLADEX	1	PA; MO	<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	MO
ZOLINZA	1	PA; MO; QL (120 per 30 days)	<i>carbamazepine oral tablet</i>	1	MO
ZYDELIG	1	PA; MO; QL (60 per 30 days)	<i>carbamazepine oral tablet extended release 12 hr</i>	1	MO
ZYKADIA	1	PA; MO; QL (90 per 30 days)	<i>carbamazepine oral tablet, chewable</i>	1	MO
ZYNLONTA	1	PA; LA	<i>clobazam oral suspension</i>	1	PA; MO; QL (480 per 30 days)
ZYNYZ	1	PA	<i>clobazam oral tablet</i>	1	PA; MO; QL (60 per 30 days)
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH			<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
ANTICONVULSANTS					
APTIOM ORAL TABLET 200 MG	1	MO; QL (180 per 30 days)			
APTIOM ORAL TABLET 400 MG	1	MO; QL (90 per 30 days)			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>clonazepam oral tablet 2 mg</i>	1	MO; QL (300 per 30 days)	FYCOMPA ORAL TABLET 2 MG	1	MO; QL (60 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)	FYCOMPA ORAL TABLET 4 MG, 6 MG	1	MO; QL (60 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	1	MO; QL (300 per 30 days)	<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	MO; QL (270 per 30 days)
DIACOMIT	1	PA; LA	<i>gabapentin oral capsule 300 mg</i>	1	MO; QL (360 per 30 days)
<i>diazepam rectal</i>	1	MO	<i>gabapentin oral solution 250 mg/5 ml</i>	1	MO; QL (2160 per 30 days)
DILANTIN 30 MG	1	MO	<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	1	QL (2160 per 30 days)
<i>divalproex</i>	1	MO	<i>gabapentin oral tablet 600 mg</i>	1	MO; QL (180 per 30 days)
EPIDIOLEX	1	PA; MO; LA	<i>gabapentin oral tablet 800 mg</i>	1	MO; QL (120 per 30 days)
<i>epitol</i>	1	MO	<i>lacosamide intravenous</i>	1	MO; QL (1200 per 30 days)
EPRONTIA	1	PA; MO	<i>lacosamide oral solution</i>	1	QL (1200 per 30 days)
<i>ethosuximide</i>	1	MO	<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	1	MO; QL (60 per 30 days)
<i>felbamate oral suspension</i>	1	MO	<i>lacosamide oral tablet 50 mg</i>	1	MO; QL (120 per 30 days)
<i>felbamate oral tablet</i>	1	MO			
FINTEPLA	1	PA; LA; QL (360 per 30 days)			
<i>fosphenytoin</i>	1	MO			
FYCOMPA ORAL SUSPENSION	1	MO; QL (720 per 30 days)			
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	1	MO; QL (30 per 30 days)			

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

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

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>vigpoder</i>	1	PA; LA	ZTALMY	1	PA; LA; QL (1080 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	1	MO; QL (56 per 28 days)	ANTIPARKINSONISM AGENTS		
XCOPRI ORAL TABLET 100 MG	1	MO; QL (120 per 30 days)	APOKYN	1	PA; MO; LA; QL (90 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	1	MO; QL (60 per 30 days)	<i>apomorphine</i>	1	PA; QL (90 per 30 days)
XCOPRI ORAL TABLET 50 MG	1	MO; QL (240 per 30 days)	<i>benztropine injection</i>	1	MO
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	1	MO; QL (28 per 180 days)	<i>benztropine oral</i>	1	PA; MO
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	1	MO; QL (28 per 180 days)	<i>bromocriptine</i>	1	MO
ZONISADE	1	PA; MO	<i>carbidopa</i>	1	MO
<i>zonisamide</i>	1	PA; MO	<i>carbidopa-levodopa oral tablet</i>	1	MO
			<i>carbidopa-levodopa oral tablet extended release</i>	1	MO
			<i>carbidopa-levodopa oral tablet,disintegrating</i>	1	
			<i>carbidopa-levodopa-entacapone</i>	1	MO
			<i>entacapone</i>	1	MO
			NEUPRO	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>pramipexole oral tablet</i>	1	MO	<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	1	MO; QL (18 per 28 days)
<i>rasagiline</i>	1	MO	<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	1	MO; QL (36 per 28 days)
<i>ropinirole oral tablet</i>	1	MO	<i>sumatriptan succinate oral</i>	1	MO; QL (18 per 28 days)
<i>selegiline hcl</i>	1	MO	<i>sumatriptan succinate subcutaneous cartridge</i>	1	MO; QL (8 per 28 days)
MIGRAINE / CLUSTER HEADACHE THERAPY			<i>sumatriptan succinate subcutaneous pen injector</i>	1	MO; QL (8 per 28 days)
<i>dihydroergotamine injection</i>	1		<i>sumatriptan succinate subcutaneous solution</i>	1	MO; QL (8 per 28 days)
<i>dihydroergotamine nasal</i>	1	QL (8 per 28 days)	MISCELLANEOUS NEUROLOGICAL THERAPY		
EMGALITY PEN	1	PA; MO; QL (2 per 30 days)	BRIUMVI	1	PA; MO; QL (24 per 180 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	1	PA; MO; QL (2 per 30 days)	<i>dalfampridine</i>	1	PA; MO; QL (60 per 30 days)
<i>ergotamine-caffeine</i>	1	MO	<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg</i>	1	PA; MO; QL (14 per 30 days)
<i>naratriptan</i>	1	MO; QL (18 per 28 days)			
NURTEC ODT	1	PA; QL (16 per 30 days)			
<i>rizatriptan oral tablet</i>	1	MO; QL (36 per 28 days)			
<i>rizatriptan oral tablet,disintegrating</i>	1	MO; QL (36 per 28 days)			

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This drug list was last updated on 03/15/2024.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	1	PA; MO; QL (120 per 180 days)	<i>glatopa subcutaneous syringe 20 mg/ml</i>	1	PA; MO; QL (30 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	1	PA; MO; QL (60 per 30 days)	<i>glatopa subcutaneous syringe 40 mg/ml</i>	1	PA; MO; QL (12 per 28 days)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO	KESIMPTA PEN	1	PA; MO; QL (1.6 per 28 days)
<i>donepezil oral tablet, disintegrating</i>	1	MO	<i>memantine oral capsule, sprinkle, er 24hr</i>	1	PA; MO
<i> fingolimod</i>	1	PA; MO; QL (30 per 30 days)	<i>memantine oral solution</i>	1	PA; MO
FIRDAPSE	1	PA; LA	<i>memantine oral tablet</i>	1	PA; MO
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	1	MO	NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK	1	PA
<i>galantamine oral solution</i>	1		NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR	1	PA; MO
<i>galantamine oral tablet</i>	1	MO	NUEDEXTA	1	PA; MO
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	1	PA; QL (30 per 30 days)	RADICAVA ORS	1	PA; MO
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	1	PA; QL (12 per 28 days)	RADICAVA ORS STARTER KIT SUSP	1	PA; MO
			<i>rivastigmine</i>	1	MO
			<i>rivastigmine tartrate</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>teriflunomide</i>	1	PA; MO; QL (30 per 30 days)	<i>pyridostigmine bromide oral tablet extended release</i>	1	MO
<i>tetrabenazine oral tablet 12.5 mg</i>	1	PA; MO; QL (240 per 30 days)	<i>revonto</i>	1	
<i>tetrabenazine oral tablet 25 mg</i>	1	PA; MO; QL (120 per 30 days)	<i>tizanidine oral tablet</i>	1	MO
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY			NARCOTIC ANALGESICS		
<i>baclofen oral tablet</i>	1	MO	<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	MO; QL (4500 per 30 days)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	PA; MO	<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	MO; QL (360 per 30 days)
<i>dantrolene intravenous</i>	1		<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	MO; QL (180 per 30 days)
<i>dantrolene oral</i>	1	MO	<i>buprenorphine hcl injection syringe</i>	1	
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	1	B/D PA; MO	<i>buprenorphine hcl sublingual</i>	1	MO
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	1	B/D PA	<i>endocet</i>	1	MO; QL (360 per 30 days)
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	MO	<i>fentanyl citrate (pf) injection solution</i>	1	
			<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	1	

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA; MO; QL (120 per 30 days)	<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml, 2 mg/ml</i>	1	
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	1	PA; MO; QL (120 per 30 days)	<i>hydromorphone injection solution 1 mg/ml</i>	1	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA; MO; QL (10 per 30 days)	<i>hydromorphone injection solution 2 mg/ml</i>	1	MO
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	MO; QL (5550 per 30 days)	<i>hydromorphone injection syringe 1 mg/ml, 4 mg/ml</i>	1	MO
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	1	MO; QL (390 per 30 days)	<i>hydromorphone injection syringe 2 mg/ml</i>	1	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)	<i>hydromorphone oral liquid</i>	1	MO; QL (2400 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	MO; QL (50 per 30 days)	<i>hydromorphone oral tablet</i>	1	MO; QL (180 per 30 days)
			<i>hydromorphone oral tablet extended release 24 hr</i>	1	PA; MO; QL (60 per 30 days)
			<i>methadone injection solution</i>	1	
			<i>methadone intensol</i>	1	PA; MO; QL (90 per 30 days)
			<i>methadone oral concentrate</i>	1	PA; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>methadone oral solution 10 mg/5 ml</i>	1	PA; MO; QL (600 per 30 days)	<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	
<i>methadone oral solution 5 mg/5 ml</i>	1	PA; MO; QL (1200 per 30 days)	<i>morphine oral solution</i>	1	MO; QL (900 per 30 days)
<i>methadone oral tablet 10 mg</i>	1	PA; MO; QL (120 per 30 days)	<i>morphine oral tablet</i>	1	MO; QL (180 per 30 days)
<i>methadone oral tablet 5 mg</i>	1	PA; MO; QL (240 per 30 days)	<i>morphine oral tablet extended release</i>	1	PA; MO; QL (120 per 30 days)
<i>methadose oral concentrate</i>	1	PA; MO; QL (90 per 30 days)	<i>oxycodone oral capsule</i>	1	MO; QL (360 per 30 days)
<i>morphine (pf) injection solution 0.5 mg/ml</i>	1		<i>oxycodone oral concentrate</i>	1	MO; QL (180 per 30 days)
<i>morphine (pf) injection solution 1 mg/ml</i>	1	MO	<i>oxycodone oral solution</i>	1	MO; QL (1200 per 30 days)
<i>morphine concentrate oral solution</i>	1	MO; QL (900 per 30 days)	<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	1	MO; QL (180 per 30 days)
<i>morphine injection syringe 4 mg/ml</i>	1	MO	<i>oxycodone oral tablet 5 mg</i>	1	MO; QL (360 per 30 days)
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml</i>	1	MO	<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)

NON-NARCOTIC ANALGESICS

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	MO; QL (60 per 30 days)	<i>diclofenac sodium topical gel 1 %</i>	1	MO; QL (1000 per 28 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	1	MO; QL (360 per 30 days)	<i>diflunisal</i>	1	MO
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	1	MO; QL (90 per 30 days)	<i>ec-naproxen</i>	1	
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	MO; QL (360 per 30 days)	<i>etodolac oral capsule</i>	1	MO
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	MO; QL (90 per 30 days)	<i>etodolac oral tablet</i>	1	MO
<i>butorphanol injection</i>	1	MO	<i>flurbiprofen oral tablet 100 mg</i>	1	MO
<i>butorphanol nasal</i>	1	MO; QL (10 per 28 days)	<i>ibu</i>	1	MO
<i>celecoxib</i>	1	MO	<i>ibuprofen oral suspension</i>	1	MO
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	1		<i>ibuprofen oral tablet 400 mg, 800 mg</i>	1	MO
<i>diclofenac potassium oral tablet 50 mg</i>	1	MO	<i>ibuprofen oral tablet 600 mg</i>	1	
<i>diclofenac sodium oral</i>	1	MO	<i>meloxicam oral tablet</i>	1	MO; QL (30 per 30 days)
			<i>nabumetone</i>	1	MO
			<i>nalbuphine</i>	1	
			<i>naloxone injection solution</i>	1	MO
			<i>naloxone injection syringe</i>	1	MO
			<i>naloxone nasal</i>	1	MO
			<i>naltrexone</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>naproxen oral tablet</i>	1	MO	<i>amitriptyline</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	MO	<i>amoxapine</i>	1	MO
<i>oxaprozin oral tablet</i>	1	MO	<i>aripiprazole oral solution</i>	1	MO
<i>piroxicam</i>	1	MO	<i>aripiprazole oral tablet</i>	1	MO; QL (30 per 30 days)
<i>salsalate</i>	1	MO	<i>aripiprazole oral tablet, disintegrating</i>	1	MO; QL (60 per 30 days)
<i>sulindac</i>	1	MO	ARISTADA INITIO	1	MO; QL (4.8 per 365 days)
<i>tramadol oral tablet 50 mg</i>	1	MO; QL (240 per 30 days)	ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	1	MO; QL (3.9 per 56 days)
<i>tramadol-acetaminophen</i>	1	MO; QL (240 per 30 days)	ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	1	MO; QL (1.6 per 28 days)
VIVITROL	1	MO	ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	1	MO; QL (2.4 per 28 days)
PSYCHOTHERAPEUTIC DRUGS					
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML	1	MO; QL (2.4 per 56 days)			
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 960 MG/3.2 ML	1	MO; QL (3.2 per 56 days)			
ABILIFY MAINTENA	1	MO; QL (1 per 28 days)			

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

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>desvenlafaxine succinate</i>	1	MO; QL (30 per 30 days)	DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	1	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	1	MO	DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	1	QL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet</i>	1	MO	<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	MO; QL (60 per 30 days)
<i>diazepam injection</i>	1	PA	EMSAM	1	MO
<i>diazepam intensol</i>	1	PA; MO; QL (240 per 30 days)	<i>escitalopram oxalate oral solution</i>	1	MO
<i>diazepam oral concentrate</i>	1	PA; QL (240 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)</i>	1	PA; MO; QL (1200 per 30 days)	FANAPT ORAL TABLET	1	MO; QL (60 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	1	PA; QL (1200 per 30 days)	FANAPT ORAL TABLETS,DOSE PACK	1	MO; QL (8 per 180 days)
<i>diazepam oral tablet</i>	1	PA; MO; QL (120 per 30 days)	FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	1	QL (28 per 180 days)
<i>doxepin oral capsule</i>	1	MO	FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	1	MO; QL (30 per 30 days)
<i>doxepin oral concentrate</i>	1	MO	<i>flumazenil</i>	1	
<i>doxepin oral tablet</i>	1	MO; QL (30 per 30 days)			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)	<i>haloperidol lactate intramuscular</i>	1	
<i>fluoxetine oral capsule 20 mg</i>	1	MO; QL (90 per 30 days)	<i>haloperidol lactate oral</i>	1	MO
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)	<i>imipramine hcl</i>	1	MO
<i>fluoxetine oral solution</i>	1	MO	<i>imipramine pamoate</i>	1	MO
<i>fluphenazine decanoate</i>	1	MO	INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	1	MO; QL (3.5 per 180 days)
<i>fluphenazine hcl</i>	1	MO	INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	1	MO; QL (5 per 180 days)
<i>fluvoxamine oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	1	MO; QL (0.75 per 28 days)
<i>fluvoxamine oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	1	MO; QL (1 per 28 days)
<i>fluvoxamine oral tablet 50 mg</i>	1	MO; QL (60 per 30 days)	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	1	MO; QL (1.5 per 28 days)
<i>haloperidol</i>	1	MO			
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i>	1				
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	MO			
<i>haloperidol lactate injection</i>	1	MO			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	1	MO; QL (0.25 per 28 days)	<i>lorazepam intensol</i>	1	PA; QL (150 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	1	MO; QL (0.5 per 28 days)	<i>lorazepam oral concentrate</i>	1	PA; MO; QL (150 per 30 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	1	MO; QL (0.88 per 90 days)	<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	PA; MO; QL (90 per 30 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	1	MO; QL (1.32 per 90 days)	<i>lorazepam oral tablet 2 mg</i>	1	PA; MO; QL (150 per 30 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	1	MO; QL (1.75 per 90 days)	<i>loxapine succinate</i>	1	MO
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	1	MO; QL (2.63 per 90 days)	<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	1	MO; QL (30 per 30 days)
<i>lithium carbonate</i>	1	MO	<i>lurasidone oral tablet 80 mg</i>	1	MO; QL (60 per 30 days)
<i>lithium citrate</i>	1		MARPLAN	1	MO
<i>lorazepam injection solution</i>	1	PA; MO	<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	1	MO
<i>lorazepam injection syringe 2 mg/ml</i>	1	PA; MO	<i>methylphenidate hcl oral solution</i>	1	MO
			<i>methylphenidate hcl oral tablet</i>	1	MO
			<i>methylphenidate hcl oral tablet extended release</i>	1	MO
			<i>methylphenidate hcl oral tablet,chewable</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>mirtazapine oral tablet</i>	1	MO	<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	1	MO; QL (30 per 30 days)
<i>mirtazapine oral tablet, disintegrating</i>	1	MO	<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	MO; QL (60 per 30 days)
<i>modafinil oral tablet 100 mg</i>	1	PA; MO; QL (30 per 30 days)	<i>paroxetine hcl oral suspension</i>	1	MO
<i>modafinil oral tablet 200 mg</i>	1	PA; MO; QL (60 per 30 days)	<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
<i>molindone oral tablet 10 mg, 25 mg</i>	1		<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
<i>molindone oral tablet 5 mg</i>	1	MO	<i>perphenazine</i>	1	MO
<i>nefazodone</i>	1	MO	PERSERIS	1	MO; QL (1 per 30 days)
<i>nortriptyline oral capsule</i>	1	MO	<i>phenelzine</i>	1	MO
<i>nortriptyline oral solution</i>	1	MO	<i>pimozide</i>	1	MO
NUPLAZID	1	PA; MO; QL (30 per 30 days)	<i>protriptyline</i>	1	MO
<i>olanzapine intramuscular</i>	1	MO	<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO; QL (90 per 30 days)
<i>olanzapine oral tablet</i>	1	MO; QL (30 per 30 days)	<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	MO; QL (60 per 30 days)
<i>olanzapine oral tablet, disintegrating</i>	1	MO; QL (30 per 30 days)	<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	MO; QL (30 per 30 days)

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

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

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	MO; QL (90 per 30 days)	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	1	QL (2 per 28 days)
<i>venlafaxine oral tablet</i>	1	MO; QL (90 per 30 days)	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	1	MO; QL (1 per 28 days)
VERSACLOZ	1				
<i>vilazodone</i>	1	MO; QL (30 per 30 days)			
VRAYLAR ORAL CAPSULE	1	MO; QL (30 per 30 days)			
VRAYLAR ORAL CAPSULE,DOSE PACK	1	QL (7 per 180 days)			
<i>zaleplon oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)			
<i>zaleplon oral capsule 5 mg</i>	1	MO; QL (30 per 30 days)			
<i>ziprasidone hcl</i>	1	MO; QL (60 per 30 days)			
<i>ziprasidone mesylate</i>	1	MO			
<i>zolpidem oral tablet</i>	1	MO; QL (30 per 30 days)			
ZURZUVAE	1	PA; MO			
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	1	MO; QL (2 per 28 days)			

CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>adenosine</i>	1	
<i>amiodarone intravenous solution</i>	1	B/D PA; MO
<i>amiodarone intravenous syringe</i>	1	B/D PA
<i>amiodarone oral tablet 100 mg</i>	1	MO
<i>amiodarone oral tablet 200 mg</i>	1	MO
<i>amiodarone oral tablet 400 mg</i>	1	
<i>dofetilide</i>	1	MO
<i>flecainide</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>ibutilide fumarate</i>	1		<i>acebutolol</i>	1	MO
<i>lidocaine (pf) intravenous</i>	1		<i>aliskiren</i>	1	MO
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	1		<i>amiloride</i>	1	MO
<i>mexiletine</i>	1	MO	<i>amiloride-hydrochlorothiazid e</i>	1	MO
<i>pacerone oral tablet 100 mg, 400 mg</i>	1	MO	<i>amlodipine</i>	1	MO
<i>pacerone oral tablet 200 mg</i>	1	MO	<i>amlodipine-benazepril</i>	1	MO
<i>procainamide injection</i>	1		<i>amlodipine-olmesartan</i>	1	MO
<i>propafenone oral capsule,extended release 12 hr</i>	1	MO	<i>amlodipine-valsartan</i>	1	MO
<i>propafenone oral tablet</i>	1	MO	<i>amlodipine-valsartan-hcthiazid</i>	1	MO
<i>quinidine sulfate oral tablet</i>	1	MO	<i>atenolol</i>	1	MO
<i>sorine oral tablet 120 mg, 160 mg</i>	1	MO	<i>atenolol-chlorthalidone</i>	1	MO
<i>sorine oral tablet 80 mg</i>	1		<i>benazepril</i>	1	MO
<i>sotalol af</i>	1		<i>benazepril-hydrochlorothiazid e</i>	1	MO
<i>sotalol oral</i>	1	MO	<i>betaxolol oral</i>	1	MO
ANTIHYPERTENSIVE THERAPY			<i>bisoprolol fumarate</i>	1	MO
			<i>bisoprolol-hydrochlorothiazid e</i>	1	MO
			<i>bumetanide injection</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>bumetanide oral</i>	1	MO	<i>dilt-xr</i>	1	MO
<i>candesartan</i>	1	MO	<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (30 per 30 days)
<i>candesartan-hydrochlorothiazid</i>	1	MO	<i>doxazosin oral tablet 8 mg</i>	1	MO; QL (60 per 30 days)
<i>captopril oral tablet 100 mg, 50 mg</i>	1	MO	<i>enalapril maleate oral tablet</i>	1	MO
<i>captopril oral tablet 12.5 mg, 25 mg</i>	1	MO	<i>enalaprilat intravenous solution</i>	1	
<i>captopril-hydrochlorothiazid e</i>	1		<i>enalapril-hydrochlorothiazid e oral tablet 10-25 mg</i>	1	
<i>cartia xt</i>	1	MO	<i>enalapril-hydrochlorothiazid e oral tablet 5-12.5 mg</i>	1	MO
<i>carvedilol</i>	1	MO	<i>eplerenone</i>	1	MO
<i>chlorothiazide sodium</i>	1	MO	<i>esmolol intravenous solution</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO	<i>ethacrynate sodium</i>	1	
<i>clonidine transdermal patch</i>	1	MO; QL (4 per 28 days)	<i>felodipine</i>	1	MO
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	1		<i>fosinopril</i>	1	MO
<i>clonidine hcl oral tablet</i>	1	MO	<i>fosinopril-hydrochlorothiazid e</i>	1	MO
<i>diltiazem hcl intravenous</i>	1		<i>furosemide injection solution</i>	1	MO
<i>diltiazem hcl oral</i>	1	MO			

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<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	MO	<i>losartan-hydrochlorothiazide</i>	1	MO
<i>furosemide oral tablet</i>	1	MO	<i>mannitol 20 %</i>	1	
<i>hydralazine</i>	1	MO	<i>mannitol 25 % intravenous solution</i>	1	MO
<i>hydrochlorothiazide</i>	1	MO	<i>matzim la</i>	1	MO
<i>indapamide</i>	1	MO	<i>metolazone</i>	1	MO
<i>irbesartan</i>	1	MO	<i>metoprolol succinate</i>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO	<i>metoprolol tartrate intravenous</i>	1	MO
KERENDIA	1	PA; QL (30 per 30 days)	<i>metoprolol tartrate oral</i>	1	MO
<i>labetalol intravenous solution</i>	1		<i>metyrosine</i>	1	PA; MO
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	1		<i>minoxidil oral</i>	1	MO
<i>labetalol oral</i>	1	MO	<i>moexipril</i>	1	MO
<i>lisinopril</i>	1	MO	<i>nadolol</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO	<i>nebivolol</i>	1	MO
<i>losartan</i>	1	MO	<i>nicardipine intravenous solution</i>	1	
			<i>nicardipine oral</i>	1	MO
			<i>nifedipine oral tablet extended release</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>nifedipine oral tablet extended release 24hr</i>	1	MO	<i>ramipril</i>	1	MO
<i>nimodipine</i>	1	MO	<i>spironolactone oral tablet</i>	1	MO
<i>olmesartan</i>	1	MO	<i>spironolacton-hydrochlorothiaz</i>	1	MO
<i>olmesartan-amlodipin-hcthiazid</i>	1	MO	<i>taztia xt</i>	1	MO
<i>olmesartan-hydrochlorothiazid e</i>	1	MO	<i>telmisartan</i>	1	MO
<i>osmitrol 20 %</i>	1		<i>telmisartan-amlodipine</i>	1	MO
<i>perindopril erbumine</i>	1	MO	<i>telmisartan-hydrochlorothiazid</i>	1	MO
<i>phentolamine</i>	1		<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>pindolol</i>	1	MO	<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>prazosin</i>	1	MO	<i>tiadylt er</i>	1	MO
<i>propranolol intravenous</i>	1		<i>timolol maleate oral</i>	1	MO
<i>propranolol oral capsule,extended release 24 hr</i>	1	MO	<i>torseמידe oral</i>	1	MO
<i>propranolol oral solution</i>	1	MO	<i>trandolapril</i>	1	MO
<i>propranolol oral tablet</i>	1	MO	<i>treprostinil sodium</i>	1	PA; MO; LA
<i>quinapril</i>	1		<i>triamterene-hydrochlorothiazid</i>	1	MO
<i>quinapril-hydrochlorothiazid e</i>	1		UPTRAVI ORAL	1	PA; MO; LA
			<i>valsartan oral tablet</i>	1	MO
			<i>valsartan-hydrochlorothiazid e</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>veletri</i>	1	B/D PA; MO	<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>verapamil intravenous</i>	1		<i>dabigatran etexilate oral capsule 110 mg</i>	1	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	1	MO	<i>dabigatran etexilate oral capsule 150 mg, 75 mg</i>	1	MO
<i>verapamil oral capsule, ext rel. pellets 24 hr</i>	1	MO	<i>dipyridamole intravenous</i>	1	
<i>verapamil oral tablet</i>	1	MO	<i>dipyridamole oral</i>	1	MO
<i>verapamil oral tablet extended release</i>	1	MO	DOPTELET (10 TAB PACK)	1	PA; MO; LA
COAGULATION THERAPY			DOPTELET (15 TAB PACK)	1	PA; MO; LA
<i>aminocaproic acid intravenous</i>	1	MO	DOPTELET (30 TAB PACK)	1	PA; MO; LA
<i>aminocaproic acid oral</i>	1	MO	ELIQUIS	1	MO
<i>aspirin-dipyridamole</i>	1	MO	ELIQUIS DVT-PE TREAT 30D START	1	MO
BRILINTA	1	MO	<i>enoxaparin subcutaneous solution</i>	1	MO; QL (30 per 30 days)
CABLIVI INJECTION KIT	1	PA; LA	<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	1	MO; QL (28 per 28 days)
CEPROTIN (BLUE BAR)	1	PA; MO			
CEPROTIN (GREEN BAR)	1	PA; MO			
<i>cilostazol</i>	1	MO			
<i>clopidogrel oral tablet 300 mg</i>	1	MO			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	1	MO; QL (22.4 per 28 days)	<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/500 ml (50 unit/ml)</i>	1	MO
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	1	MO; QL (16.8 per 28 days)	<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	1	MO
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	1	MO; QL (11.2 per 28 days)	<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml</i>	1	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	1	MO	<i>heparin (porcine) injection cartridge</i>	1	MO
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	1	MO	<i>heparin (porcine) injection solution</i>	1	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml)</i>	1		<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	MO
			HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	1	

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	MO	<i>warfarin</i>	1	MO
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	1		XARELTO	1	MO
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	1	MO	XARELTO DVT-PE TREAT 30D START	1	MO
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	MO	LIPID/CHOLESTEROL LOWERING AGENTS		
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	1		<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
HEPARIN, PORCINE (PF) SUBCUTANEOUS	1	MO	<i>cholestyramine (with sugar)</i>	1	MO
<i>jantoven</i>	1	MO	<i>cholestyramine light</i>	1	
<i>pentoxifylline</i>	1	MO	<i>colesevelam</i>	1	MO
<i>prasugrel</i>	1	MO	<i>colestipol oral granules</i>	1	MO
PROMACTA	1	PA; MO; LA	<i>colestipol oral packet</i>	1	
<i>protamine</i>	1		<i>colestipol oral tablet</i>	1	MO
			<i>ezetimibe</i>	1	MO
			<i>ezetimibe-simvastatin</i>	1	MO; QL (30 per 30 days)
			<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	MO
			<i>fenofibrate nanocrystallized</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	MO	REPATHA	1	PA; QL (6 per 28 days)
<i>fenofibric acid</i>	1		REPATHA PUSHTRONEX	1	PA; QL (7 per 28 days)
<i>fenofibric acid (choline)</i>	1	MO	REPATHA SURECLICK	1	PA; QL (6 per 28 days)
<i>fluvastatin oral capsule 20 mg</i>	1	MO; QL (30 per 30 days)	<i>rosuvastatin</i>	1	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)	<i>simvastatin</i>	1	MO; QL (30 per 30 days)
<i>gemfibrozil</i>	1	MO	MISCELLANEOUS CARDIOVASCULAR AGENTS		
<i>icosapent ethyl</i>	1	MO	CORLANOR ORAL SOLUTION	1	QL (450 per 30 days)
JUXTAPID	1	PA; MO; LA	CORLANOR ORAL TABLET	1	MO; QL (60 per 30 days)
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)	<i>digoxin oral solution</i>	1	MO
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)	<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	MO
<i>niacin oral tablet 500 mg</i>	1	MO	<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	1	MO
<i>niacin oral tablet extended release 24 hr</i>	1	MO	<i>dobutamine</i>	1	B/D PA
<i>omega-3 acid ethyl esters</i>	1	MO			
<i>pitavastatin calcium</i>	1	MO; QL (30 per 30 days)			
<i>pravastatin</i>	1	MO; QL (30 per 30 days)			
<i>prevalite</i>	1	MO			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<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>	1	B/D PA	<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	1	B/D PA; 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>	1	B/D PA	ENTRESTO	1	MO; QL (60 per 30 days)
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	1	B/D PA; MO	<i>milrinone</i>	1	B/D PA
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	1	B/D PA	<i>milrinone in 5 % dextrose</i>	1	B/D PA
			<i>norepinephrine bitartrate</i>	1	
			<i>ranolazine</i>	1	MO
			<i>sodium nitroprusside</i>	1	B/D PA
			VECAMYL	1	
			VERQUVO	1	MO; QL (30 per 30 days)
			VYNDAMAX	1	PA; MO
			NITRATES		
			<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	MO
			<i>isosorbide mononitrate</i>	1	MO
			<i>nitro-bid</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	1	B/D PA	SKYRIZI SUBCUTANEOUS PEN INJECTOR	1	PA; MO; QL (2 per 28 days)
<i>nitroglycerin intravenous</i>	1	B/D PA	SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; QL (2 per 28 days)
<i>nitroglycerin sublingual</i>	1	MO	STELARA INTRAVENOUS	1	PA; MO; QL (104 per 180 days)
<i>nitroglycerin transdermal patch 24 hour</i>	1	MO	STELARA SUBCUTANEOUS SOLUTION	1	PA; MO; QL (0.5 per 28 days)
<i>nitroglycerin translingual</i>	1	MO	STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)
DERMATOLOGICALS/TOPICAL THERAPY			STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; MO; QL (1 per 28 days)
ANTIPSORIATIC / ANTISEBORRHEIC			TALTZ AUTOINJECTOR	1	PA; MO; QL (1 per 28 days)
<i>acitretin</i>	1	MO	TALTZ AUTOINJECTOR (2 PACK)	1	PA; MO; QL (4 per 28 days)
<i>calcipotriene scalp</i>	1	MO; QL (120 per 30 days)	TALTZ AUTOINJECTOR (3 PACK)	1	PA; MO; QL (3 per 180 days)
<i>calcipotriene topical cream</i>	1	MO; QL (120 per 30 days)	TALTZ SYRINGE	1	PA; MO; QL (1 per 28 days)
<i>calcipotriene topical ointment</i>	1	MO; QL (120 per 30 days)			
<i>selenium sulfide topical lotion</i>	1	MO			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
MISCELLANEOUS DERMATOLOGICALS			<i>glydo</i>	1	MO; QL (60 per 30 days)
<i>ammonium lactate</i>	1	MO	<i>imiquimod topical cream in packet 5 %</i>	1	MO
<i>chloroprocaine (pf)</i>	1		<i>lidocaine (pf) injection solution</i>	1	
<i>dermacinrx lidocan</i>	1	PA; QL (90 per 30 days)	<i>lidocaine hcl injection solution</i>	1	
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	1	PA; MO; QL (4.56 per 28 days)	<i>lidocaine hcl laryngotracheal</i>	1	MO
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	1	PA; MO; QL (8 per 28 days)	<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	MO; QL (60 per 30 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	1	PA; QL (1.34 per 28 days)	<i>lidocaine hcl mucous membrane solution 2 %</i>	1	MO
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	1	PA; MO; QL (4.56 per 28 days)	<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	MO
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	1	PA; MO; QL (8 per 28 days)	<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	PA; MO; QL (90 per 30 days)
<i>fluorouracil topical cream 5 %</i>	1	MO	<i>lidocaine topical ointment</i>	1	MO; QL (36 per 30 days)
<i>fluorouracil topical solution</i>	1	MO	<i>lidocaine viscous</i>	1	
			<i>lidocaine-epinephrine</i>	1	

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This drug list was last updated on 03/15/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	MO; QL (30 per 30 days)
<i>lidocan iii</i>	1	PA; QL (90 per 30 days)
<i>methoxsalen</i>	1	MO
PANRETIN	1	PA; MO
<i>pimecrolimus</i>	1	PA; MO; QL (100 per 30 days)
<i>podofilox topical solution</i>	1	MO
<i>polocaine injection solution 1 % (10 mg/ml)</i>	1	
<i>polocaine-mpf</i>	1	
REGRANEX	1	QL (15 per 30 days)
SANTYL	1	MO; QL (180 per 30 days)
<i>silver sulfadiazine</i>	1	MO
<i>ssd</i>	1	MO
<i>tacrolimus topical</i>	1	PA; MO; QL (100 per 30 days)
VALCHLOR	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
THERAPY FOR ACNE		
<i>accutane</i>	1	
<i>amnestem</i>	1	
<i>claravis</i>	1	
<i>clindamycin phosphate topical gel</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical gel, once daily</i>	1	MO; QL (150 per 30 days)
<i>clindamycin phosphate topical lotion</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	1	MO; QL (120 per 30 days)
<i>ery pads</i>	1	MO
<i>erythromycin with ethanol topical solution</i>	1	MO
<i>isotretinoin</i>	1	
<i>ivermectin topical cream</i>	1	MO; QL (90 per 30 days)
<i>metronidazole topical</i>	1	MO
<i>tazarotene topical cream</i>	1	PA; MO
<i>tazarotene topical gel</i>	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	1	PA; MO	<i>clotrimazole topical solution</i>	1	MO; QL (30 per 28 days)
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	1	PA; MO	<i>clotrimazole-betamethasone topical cream</i>	1	MO; QL (45 per 28 days)
<i>zenatane</i>	1		<i>clotrimazole-betamethasone topical lotion</i>	1	MO; QL (60 per 28 days)
TOPICAL ANTIBACTERIALS					
<i>gentamicin topical cream</i>	1	MO; QL (60 per 30 days)	<i>econazole</i>	1	MO; QL (85 per 28 days)
<i>gentamicin topical ointment</i>	1	MO; QL (60 per 30 days)	<i>ketoconazole topical cream</i>	1	MO; QL (60 per 28 days)
<i>mupirocin</i>	1	MO; QL (44 per 30 days)	<i>ketoconazole topical shampoo</i>	1	MO; QL (120 per 28 days)
<i>sulfacetamide sodium (acne)</i>	1	MO	<i>klayesta</i>	1	QL (180 per 30 days)
TOPICAL ANTIFUNGALS					
<i>ciclodan topical solution</i>	1	MO; QL (6.6 per 28 days)	<i>naftifine topical gel 2 %</i>	1	MO; QL (60 per 28 days)
<i>ciclopirox topical cream</i>	1	MO; QL (90 per 28 days)	<i>nyamyc</i>	1	QL (180 per 30 days)
<i>ciclopirox topical gel</i>	1	MO; QL (100 per 28 days)	<i>nystatin topical cream</i>	1	MO; QL (30 per 28 days)
<i>ciclopirox topical shampoo</i>	1	MO; QL (120 per 28 days)	<i>nystatin topical ointment</i>	1	MO; QL (30 per 28 days)
<i>ciclopirox topical solution</i>	1	MO; QL (6.6 per 28 days)	<i>nystatin topical powder</i>	1	MO; QL (180 per 30 days)
<i>ciclopirox topical suspension</i>	1	MO; QL (60 per 28 days)	<i>nystatin-triamcinolone</i>	1	MO; QL (60 per 28 days)
<i>clotrimazole topical cream</i>	1	MO; QL (45 per 28 days)	<i>nystop</i>	1	MO; QL (180 per 30 days)
TOPICAL ANTIVIRALS					

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>acyclovir topical ointment</i>	1	PA; MO; QL (30 per 30 days)	<i>betamethasone, augmented topical ointment</i>	1	MO
<i>penciclovir</i>	1	MO; QL (5 per 30 days)	<i>clobetasol scalp</i>	1	MO; QL (100 per 28 days)
TOPICAL CORTICOSTEROIDS					
<i>ala-cort topical cream 1%</i>	1	MO	<i>clobetasol topical cream</i>	1	MO; QL (120 per 28 days)
<i>ala-cort topical cream 2.5%</i>	1		<i>clobetasol topical foam</i>	1	MO; QL (100 per 28 days)
<i>alclometasone</i>	1	MO	<i>clobetasol topical gel</i>	1	MO; QL (120 per 28 days)
<i>betamethasone dipropionate</i>	1	MO	<i>clobetasol topical lotion</i>	1	MO; QL (118 per 28 days)
<i>betamethasone valerate topical cream</i>	1	MO	<i>clobetasol topical ointment</i>	1	MO; QL (120 per 28 days)
<i>betamethasone valerate topical lotion</i>	1	MO	<i>clobetasol topical shampoo</i>	1	MO; QL (236 per 28 days)
<i>betamethasone valerate topical ointment</i>	1	MO	<i>clobetasol-emollient topical cream</i>	1	MO; QL (120 per 28 days)
<i>betamethasone, augmented topical cream</i>	1	MO	<i>clodan</i>	1	MO; QL (236 per 28 days)
<i>betamethasone, augmented topical gel</i>	1	MO	<i>desonide</i>	1	MO
<i>betamethasone, augmented topical lotion</i>	1	MO	<i>fluocinolone and shower cap</i>	1	MO
			<i>fluocinolone topical cream 0.01%</i>	1	MO
			<i>fluocinolone topical cream 0.025%</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>fluocinolone topical oil</i>	1	MO
<i>fluocinolone topical ointment</i>	1	MO
<i>fluocinolone topical solution</i>	1	MO
<i>fluocinonide topical cream 0.05 %</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical gel</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide-emollient</i>	1	MO; QL (120 per 30 days)
<i>halobetasol propionate topical cream</i>	1	MO
<i>halobetasol propionate topical ointment</i>	1	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone topical lotion 2.5 %</i>	1	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>mometasone topical</i>	1	MO
<i>prednicarbate topical ointment</i>	1	
<i>triamcinolone acetonide topical cream</i>	1	MO
<i>triamcinolone acetonide topical lotion</i>	1	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	MO
<i>triderm topical cream</i>	1	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	1	
<i>malathion</i>	1	MO
<i>permethrin</i>	1	MO; QL (60 per 30 days)
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
<i>acetylcysteine intravenous</i>	1	
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</i>	1	

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>neomycin-polymyxin b gu</i>	1		<i>deferiprone</i>	1	PA; MO
<i>ringer's irrigation</i>	1		<i>deferoxamine</i>	1	B/D PA; MO
MISCELLANEOUS AGENTS			<i>dextrose 10 % and 0.2 % nacl</i>	1	
<i>acamprosate</i>	1	MO	<i>dextrose 10 % in water (d10w)</i>	1	
<i>acetic acid irrigation</i>	1	MO	<i>dextrose 25 % in water (d25w)</i>	1	
<i>anagrelide</i>	1	MO	<i>dextrose 5 % in water (d5w)</i>	1	MO
<i>caffeine citrate intravenous</i>	1		<i>dextrose 5 %-lactated ringers</i>	1	MO
<i>caffeine citrate oral</i>	1	MO	<i>dextrose 5%-0.2 % sod chloride</i>	1	
<i>carglumic acid</i>	1	PA	<i>dextrose 5%-0.3 % sod.chloride</i>	1	
CHEMET	1	PA	<i>dextrose 50 % in water (d50w)</i>	1	
CLINIMIX 4.25%/D5W SULFIT FREE	1	B/D PA	<i>dextrose 70 % in water (d70w)</i>	1	
<i>d10 %-0.45 % sodium chloride</i>	1		<i>disulfiram oral tablet 250 mg</i>	1	MO
<i>d2.5 %-0.45 % sodium chloride</i>	1		<i>disulfiram oral tablet 500 mg</i>	1	
<i>d5 % and 0.9 % sodium chloride</i>	1	MO	<i>droxidopa</i>	1	PA; MO
<i>d5 %-0.45 % sodium chloride</i>	1	MO	ENDARI	1	PA; MO
<i>deferasirox oral tablet 180 mg, 360 mg</i>	1	PA; MO	INCRELEX	1	MO; LA
<i>deferasirox oral tablet 90 mg</i>	1	PA; MO	<i>levocarnitine (with sugar)</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>levocarnitine oral solution 100 mg/ml</i>	1	MO	<i>sps (with sorbitol) oral</i>	1	MO
<i>levocarnitine oral tablet</i>	1	MO	<i>sps (with sorbitol) rectal</i>	1	
LOKELMA	1	MO	<i>trientine oral capsule 250 mg</i>	1	PA; MO
<i>midodrine</i>	1	MO	<i>water for irrigation, sterile</i>	1	MO
<i>nitisinone</i>	1	PA; MO	XIAFLEX	1	PA
<i>pilocarpine hcl oral</i>	1	MO	<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	1	PA; MO
PROLASTIN-C	1	PA; LA	SMOKING DETERRENTS		
REVCOVI	1	PA; LA	<i>bupropion hcl (smoking deter)</i>	1	
<i>riluzole</i>	1	PA; MO	NICOTROL	1	
<i>sevelamer carbonate oral tablet</i>	1	MO; QL (270 per 30 days)	NICOTROL NS	1	MO
<i>sodium benzoate-sod phenylacet</i>	1		<i>varenicline</i>	1	MO
<i>sodium chloride 0.9 % intravenous</i>	1	MO	EAR, NOSE / THROAT MEDICATIONS		
<i>sodium chloride irrigation</i>	1	MO	MISCELLANEOUS AGENTS		
<i>sodium phenylbutyrate oral powder</i>	1	PA; MO	<i>azelastine nasal aerosol,spray</i>	1	MO; QL (60 per 30 days)
<i>sodium phenylbutyrate oral tablet</i>	1	PA	<i>azelastine nasal spray,non-aerosol</i>	1	QL (60 per 30 days)
<i>sodium polystyrene sulfonate oral powder</i>	1	MO	<i>chlorhexidine gluconate mucous membrane</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>denta 5000 plus</i>	1	MO
<i>dentagel</i>	1	MO
<i>fluoride (sodium) dental cream</i>	1	
<i>fluoride (sodium) dental gel</i>	1	
<i>fluoride (sodium) dental paste</i>	1	MO
<i>ipratropium bromide nasal</i>	1	MO; QL (30 per 30 days)
<i>kourzeq</i>	1	
<i>oralone</i>	1	
<i>periogard</i>	1	MO
<i>sf</i>	1	MO
<i>sf 5000 plus</i>	1	MO
<i>sodium fluoride 5000 dry mouth</i>	1	MO
<i>sodium fluoride 5000 plus</i>	1	
<i>sodium fluoride-pot nitrate</i>	1	MO
<i>triamcinolone acetonide dental</i>	1	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	1	MO
<i>ciprofloxacin hcl otic (ear)</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>flac otic oil</i>	1	
<i>fluocinolone acetonide oil</i>	1	MO
<i>hydrocortisone-acetic acid</i>	1	MO
<i>ofloxacin otic (ear)</i>	1	MO
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone</i>	1	MO; QL (7.5 per 7 days)
<i>neomycin-polymyxin-hc otic (ear)</i>	1	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>cortisone</i>	1	
<i>dexamethasone intensol</i>	1	MO
<i>dexamethasone oral elixir</i>	1	MO
<i>dexamethasone oral solution</i>	1	MO
<i>dexamethasone oral tablet</i>	1	MO
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	MO
<i>dexamethasone sodium phosphate injection</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>fludrocortisone</i>	1	MO	<i>prednisone</i>	1	MO
<i>hydrocortisone oral</i>	1	MO	<i>intensol</i>		
<i>methylprednisolone acetate</i>	1	MO	<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	MO
<i>methylprednisolone oral tablet</i>	1	B/D PA; MO	ANTITHYROID AGENTS		
<i>methylprednisolone oral tablets, dose pack</i>	1	MO	<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>methylprednisolone sodium succinate injection recon soln 125 mg, 40 mg</i>	1	MO	<i>propylthiouracil</i>	1	MO
<i>methylprednisolone sodium succinate intravenous</i>	1	MO	DIABETES THERAPY		
<i>prednisolone oral solution</i>	1	MO	<i>acarbose oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	MO	<i>acarbose oral tablet 25 mg</i>	1	MO; QL (360 per 30 days)
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>	1		<i>acarbose oral tablet 50 mg</i>	1	MO; QL (180 per 30 days)
<i>prednisone</i>	1	MO	<i>alcohol pads</i>	1	MO
			BYDUREON BCISE	1	PA; MO; QL (4 per 28 days)
			BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	1	PA; MO; QL (2.4 per 30 days)
			BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	1	PA; MO; QL (1.2 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>diazoxide</i>	1	MO	<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)
DROPSAFE ALCOHOL PREP PADS	1		<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QL (240 per 30 days)
FARXIGA ORAL TABLET 10 MG	1	MO; QL (30 per 30 days)	<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (120 per 30 days)
FARXIGA ORAL TABLET 5 MG	1	MO; QL (60 per 30 days)	<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QL (240 per 30 days)
FREESTYLE INSULINX STRIP	1	MO	<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 per 30 days)
FREESTYLE INSULINX TEST STRIPS	1	MO	GVOKE	1	MO
FREESTYLE LITE STRIPS	1	MO	GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	1	
FREESTYLE PRECISION NEO STRIPS	1	MO	GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	1	MO
FREESTYLE TEST	1	MO	GVOKE HYPOPEN 2-PACK	1	MO
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)			
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)			
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)			
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)			
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	1	MO	HUMULIN N NPH INSULIN KWIKPEN	1	MO
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	1	MO	HUMULIN N NPH U-100 INSULIN	1	MO
HUMALOG JUNIOR KWIKPEN U-100	1	MO	HUMULIN R REGULAR U-100 INSULIN	1	MO
HUMALOG KWIKPEN INSULIN	1	MO	HUMULIN R U-500 (CONC) INSULIN	1	MO
HUMALOG MIX 50-50 INSULIN U-100	1		HUMULIN R U-500 (CONC) KWIKPEN	1	MO
HUMALOG MIX 50-50 KWIKPEN	1	MO	INSULIN GLARGINE	1	
HUMALOG MIX 75-25 KWIKPEN	1	MO	INSULIN LISPRO SUBCUTANEOUS SOLUTION	1	MO
HUMALOG MIX 75-25(U-100)INSULIN	1	MO	JANUMET	1	MO; QL (60 per 30 days)
HUMALOG U-100 INSULIN	1	MO	JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	1	MO; QL (30 per 30 days)
HUMULIN 70/30 U-100 INSULIN	1	MO	JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	1	MO; QL (60 per 30 days)
HUMULIN 70/30 U-100 KWIKPEN	1	MO	JANUVIA	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
JARDIANCE	1	MO; QL (30 per 30 days)	<i>nateglinide oral tablet 60 mg</i>	1	MO; QL (180 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	1	MO	ONETOUCH ULTRA TEST	1	MO
LANTUS U-100 INSULIN	1	MO	ONETOUCH VERIO TEST STRIPS	1	MO
LYUMJEV KWIKPEN U-100 INSULIN	1	MO	<i>pioglitazone</i>	1	MO; QL (30 per 30 days)
LYUMJEV KWIKPEN U-200 INSULIN	1	MO	PRECISION XTRA TEST	1	MO
LYUMJEV U-100 INSULIN	1	MO	<i>repaglinide oral tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)	<i>repaglinide oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)	<i>repaglinide oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)	<i>saxagliptin</i>	1	MO; QL (30 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)	<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	1	MO; QL (60 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (60 per 30 days)	<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	1	MO; QL (30 per 30 days)
<i>nateglinide oral tablet 120 mg</i>	1	MO; QL (90 per 30 days)	SOLQUA 100/33	1	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
SYNJARDY	1	MO; QL (60 per 30 days)	<i>cabergoline</i>	1	MO
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	1	MO; QL (30 per 30 days)	<i>calcitonin (salmon) injection</i>	1	MO
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	1	MO; QL (60 per 30 days)	<i>calcitonin (salmon) nasal</i>	1	MO
TOUJEO MAX U-300 SOLOSTAR	1	MO	<i>calcitriol intravenous solution 1 mcg/ml</i>	1	
TOUJEO SOLOSTAR U-300 INSULIN	1	MO	<i>calcitriol oral capsule</i>	1	MO
TRULICITY	1	PA; MO; QL (2 per 28 days)	<i>calcitriol oral solution</i>	1	
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	1	MO; QL (30 per 30 days)	<i>cinacalcet</i>	1	PA; MO
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	1	MO; QL (60 per 30 days)	<i>clomid</i>	1	PA; MO
MISCELLANEOUS HORMONES			<i>clomiphene citrate</i>	1	PA
ALDURAZYME	1	PA; MO	CRYSVITA	1	PA; MO; LA
			<i>danazol</i>	1	MO
			<i>desmopressin injection</i>	1	MO
			<i>desmopressin nasal spray with pump</i>	1	MO
			<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
			<i>desmopressin oral</i>	1	MO
			<i>doxercalciferol intravenous</i>	1	
			<i>doxercalciferol oral</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ELAPRASE	1	PA; MO	<i>testosterone transdermal gel</i>	1	PA; MO; QL (300 per 30 days)
FABRAZYME	1	PA; MO	<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	1	PA; MO; QL (120 per 30 days)
KANUMA	1	PA; MO	<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1%)</i>	1	PA; MO; QL (300 per 30 days)
KORLYM	1	PA	<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62%)</i>	1	PA; MO; QL (150 per 30 days)
LUMIZYME	1	PA; MO	<i>testosterone transdermal gel in packet 1% (25 mg/2.5gram), 1% (50 mg/5 gram)</i>	1	PA; MO; QL (300 per 30 days)
MEPSEVII	1	PA; MO	<i>testosterone transdermal gel in packet 1.62% (20.25 mg/1.25 gram)</i>	1	PA; MO; QL (37.5 per 30 days)
<i>mifepristone oral tablet 300 mg</i>	1	PA	<i>testosterone transdermal gel in packet 1.62% (40.5 mg/2.5 gram)</i>	1	PA; MO; QL (150 per 30 days)
MYALEPT	1	PA; MO; LA			
NAGLAZYME	1	PA; MO; LA			
NATPARA	1	PA; LA			
<i>pamidronate intravenous solution</i>	1	MO			
<i>paricalcitol intravenous</i>	1				
<i>paricalcitol oral</i>	1	MO			
<i>sapropterin</i>	1	PA; MO			
SOMAVERT	1	PA; MO			
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	PA; MO			
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	1	PA			
<i>testosterone enanthate</i>	1	PA; MO			

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Drug Name	Drug Tier	Requirements /Limits
<i>testosterone transdermal solution in metered pump w/app</i>	1	PA; MO; QL (180 per 30 days)
<i>tolvaptan</i>	1	PA; MO
VIMIZIM	1	PA; MO; LA
<i>zoledronic acid intravenous solution</i>	1	B/D PA; MO
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	1	B/D PA; MO

THYROID HORMONES

<i>euthyrox</i>	1	MO
<i>levo-t</i>	1	
<i>levothyroxine intravenous recon soln</i>	1	
<i>levothyroxine oral tablet</i>	1	MO
<i>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</i>	1	MO
<i>liothyronine</i>	1	MO
<i>unithroid</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>atropine injection solution 0.4 mg/ml</i>	1	
<i>atropine injection syringe 0.1 mg/ml</i>	1	
<i>atropine intravenous solution 0.4 mg/ml</i>	1	
<i>atropine intravenous syringe 0.25 mg/5 ml (0.05 mg/ml)</i>	1	
<i>dicyclomine intramuscular</i>	1	MO
<i>dicyclomine oral capsule</i>	1	MO
<i>dicyclomine oral solution</i>	1	MO
<i>dicyclomine oral tablet</i>	1	MO
<i>diphenoxylate-atropine oral liquid</i>	1	MO
<i>diphenoxylate-atropine oral tablet</i>	1	MO
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>glycopyrrolate injection</i>	1	MO	<i>compro</i>	1	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	MO	<i>constulose</i>	1	MO
<i>glycopyrrolate oral tablet 1.5 mg</i>	1		CORTIFOAM	1	MO
<i>loperamide oral capsule</i>	1	MO	CREON	1	MO
<i>opium tincture</i>	1	MO	<i>cromolyn oral</i>	1	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS			<i>dimenhydrinate injection solution</i>	1	MO
<i>alosetron oral tablet 0.5 mg</i>	1	PA; MO	<i>dronabinol oral capsule 10 mg</i>	1	B/D PA; MO
<i>alosetron oral tablet 1 mg</i>	1	PA; MO	<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	1	B/D PA
<i>aprepitant</i>	1	B/D PA; MO	<i>droperidol injection solution</i>	1	MO
<i>balsalazide</i>	1	MO	EMEND ORAL SUSPENSION FOR RECONSTITUTION	1	B/D PA
<i>betaine</i>	1	MO	ENTYVIO	1	PA; MO; QL (2 per 28 days)
<i>budesonide oral capsule, delayed, extend.release</i>	1	MO	<i>enulose</i>	1	MO
<i>budesonide oral tablet, delayed and ext.release</i>	1	MO	<i>fosaprepitant</i>	1	MO
CHENODAL	1	PA; LA	GATTEX 30-VIAL	1	PA; MO
CHOLBAM ORAL CAPSULE 250 MG	1	PA	GATTEX ONE-VIAL	1	PA; MO
CHOLBAM ORAL CAPSULE 50 MG	1	PA; QL (120 per 30 days)	<i>gavilyte-c</i>	1	MO
CINVANTI	1	MO	<i>gavilyte-g</i>	1	MO
			<i>generlac</i>	1	

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	1	MO	<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>granisetron hcl intravenous solution 1 mg/ml</i>	1	MO	<i>mesalamine oral capsule (with del rel tablets)</i>	1	MO
<i>granisetron hcl intravenous solution 1 mg/ml (1 ml)</i>	1		<i>mesalamine oral capsule, extended release</i>	1	
<i>granisetron hcl oral</i>	1	B/D PA; MO	<i>mesalamine oral capsule, extended release 24hr</i>	1	MO
<i>hydrocortisone rectal</i>	1	MO	<i>mesalamine oral tablet, delayed release (dr/ec)</i>	1	MO
<i>hydrocortisone topical cream with perineal applicator</i>	1	MO	<i>mesalamine rectal</i>	1	MO
INFLECTRA	1	PA; MO; QL (20 per 28 days)	<i>mesalamine with cleansing wipe</i>	1	MO
<i>lactulose oral solution 10 gram/15 ml</i>	1	MO	<i>metoclopramide hcl injection solution</i>	1	MO
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	1		<i>metoclopramide hcl oral solution</i>	1	MO
LINZESS	1	ST; MO; QL (30 per 30 days)	<i>metoclopramide hcl oral tablet</i>	1	MO
<i>lubiprostone</i>	1	MO; QL (60 per 30 days)	MOVANTIK	1	MO; QL (30 per 30 days)
			OICALIVA	1	PA; MO; LA; QL (30 per 30 days)
			<i>ondansetron</i>	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>ondansetron hcl (pf) injection solution</i>	1	MO	<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	1	MO
<i>ondansetron hcl (pf) injection syringe</i>	1		<i>prochlorperazine maleate oral</i>	1	MO
<i>ondansetron hcl intravenous</i>	1	MO	<i>procto-med hc</i>	1	MO
<i>ondansetron hcl oral solution</i>	1	B/D PA; MO	<i>proctosol hc topical</i>	1	MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D PA; MO	<i>proctozone-hc</i>	1	
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	1	MO	RECTIV	1	MO
<i>palonosetron intravenous syringe</i>	1		RELISTOR SUBCUTANEOUS SOLUTION	1	MO; QL (18 per 30 days)
<i>peg 3350-electrolytes</i>	1		RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	1	MO; QL (18 per 30 days)
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	1	MO	RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	1	MO; QL (12 per 30 days)
<i>peg-electrolyte</i>	1	MO	<i>scopolamine base</i>	1	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	1	MO	SKYRIZI INTRAVENOUS	1	PA; MO; QL (30 per 180 days)
<i>prochlorperazine</i>	1	MO	SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	1	PA; MO; QL (1.2 per 56 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	1	PA; MO; QL (2.4 per 56 days)	<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)
<i>sodium, potassium, mag sulfates oral recon soln 17.5- 3.13-1.6 gram</i>	1	MO	<i>esomeprazole sodium intravenous recon soln 40 mg</i>	1	MO
<i>sodium, potassium, mag sulfates oral recon soln 17.5- 3.13-1.6 gram 2 pack (480ml)</i>	1		<i>famotidine (pf)</i>	1	MO
SUCRAID	1	PA	<i>famotidine (pf)- nacl (iso-os)</i>	1	MO
<i>sulfasalazine</i>	1	MO	<i>famotidine intravenous</i>	1	MO
TRULANCE	1	MO; QL (30 per 30 days)	<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>ursodiol oral capsule 300 mg</i>	1	MO	<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	1	MO; QL (30 per 30 days)
<i>ursodiol oral tablet</i>	1	MO	<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1	MO; QL (60 per 30 days)
VARUBI	1	B/D PA	<i>misoprostol</i>	1	MO
VIOKACE	1	MO	<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
ULCER THERAPY					
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)	BETASERON SUBCUTANEOUS KIT	1	PA; MO; QL (14 per 28 days)
<i>pantoprazole intravenous</i>	1	MO	ILARIS (PF)	1	PA; MO; LA; QL (2 per 28 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)	LEUKINE INJECTION RECON SOLN	1	PA; MO
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)	MOZOBIL	1	B/D PA; MO
<i>sucralfate oral suspension</i>	1	MO	NIVESTYM	1	PA; MO
<i>sucralfate oral tablet</i>	1	MO	NYVEPRIA	1	PA; MO
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY			OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML)	1	PA; MO
			OMNITROPE SUBCUTANEOUS CARTRIDGE 5 MG/1.5 ML (3.3 MG/ML)	1	PA
ACTIMMUNE	1	B/D PA; MO	OMNITROPE SUBCUTANEOUS RECON SOLN	1	PA; MO
ARCALYST	1	PA	PEGASYS SUBCUTANEOUS SOLUTION	1	MO; QL (4 per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	1	PA; MO; QL (1 per 28 days)	PEGASYS SUBCUTANEOUS SYRINGE	1	MO; QL (2 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	1	PA; MO; QL (1 per 28 days)	<i>plerixafor</i>	1	B/D PA; MO
BESREMI	1	PA; LA			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA; MO	ADACEL(TDAP ADOLESN/ADULT)(PF)	1	V
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	1	PA; MO	AREXVY (PF)	1	V
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA; MO	BCG VACCINE, LIVE (PF)	1	V
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	1	PA; MO	BEXSERO	1	V
VACCINES / MISCELLANEOUS IMMUNOLOGICALS			BOOSTRIX TDAP	1	V
ABRYSVO	1	V	DAPTACEL (DTAP PEDIATRIC) (PF)	1	
ACTHIB (PF)	1		DENG VAXIA (PF)	1	
			ENGERIX-B (PF)	1	B/D PA; V
			ENGERIX-B PEDIATRIC (PF)	1	B/D PA; V
			<i>fomepizole</i>	1	
			GAMASTAN	1	MO
			GAMASTAN S/D	1	
			GARDASIL 9 (PF)	1	V
			HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	V
			HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	1	
			HEPLISAV-B (PF)	1	B/D PA; V
			HIBERIX (PF)	1	

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
HIZENTRA	1	B/D PA; MO	PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG- 62DU -10 MCG/0.5ML	1	
HYPERHEP B INTRAMUSCULAR SOLUTION	1		PREHEVBRIO (PF)	1	B/D PA; V
HYPERHEP B NEONATAL	1		PRIORIX (PF)	1	V
IMOVAX RABIES VACCINE (PF)	1	V	PRIVIGEN	1	PA; MO
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	1		PROQUAD (PF)	1	
IPOL	1	V	QUADRACEL (PF)	1	
IXIARO (PF)	1	V	RABAVERT (PF)	1	V
JYNNEOS (PF)	1	B/D PA; V	RECOMBIVAX HB (PF)	1	B/D PA; V
KINRIX (PF) INTRAMUSCULAR SYRINGE	1		ROTARIX	1	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	1	V	ROTATEQ VACCINE	1	
MENQUADFI (PF)	1	V	SHINGRIX (PF)	1	V; QL (2 per 720 days)
MENVEO A-C-Y- W-135-DIP (PF)	1	V	TDVAX	1	V
M-M-R II (PF)	1	V	TENIVAC (PF)	1	V
PEDIARIX (PF)	1		TETANUS,DIPHT HERIA TOX PED(PF)	1	
PEDVAX HIB (PF)	1		TICE BCG	1	B/D PA
PENBRAYA (PF)	1	V	TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	1	

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	1	V	BD INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1/2 ML 31 GAUGE X 15/64"	1	MO
TRUMENBA	1	V	BD PEN NEEDLE	1	MO
TWINRIX (PF)	1	V	BD PEN NEEDLE	1	
TYPHIM VI	1	V	CEQR SIMPLICITY INSERTER	1	MO
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	1		DEXCOM G6 RECEIVER	1	MO
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	V	DEXCOM G6 SENSOR	1	MO
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	1		DEXCOM G6 TRANSMITTER	1	MO
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	1	V	DEXCOM G7 RECEIVER	1	MO
VARIVAX (PF)	1	V	DEXCOM G7 SENSOR	1	MO
VARIZIG	1		FREESTYLE FREEDOM LITE	1	MO
YF-VAX (PF)	1	V	FREESTYLE INSULINX	1	
MISCELLANEOUS SUPPLIES					
MISCELLANEOUS SUPPLIES					

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
FREESTYLE LIBRE 14 DAY READER	1		OMNIPOD 5 G6 INTRO KIT (GEN 5)	1	MO; QL (1 per 720 days)
FREESTYLE LIBRE 14 DAY SENSOR	1	MO	OMNIPOD 5 G6 PODS (GEN 5)	1	MO
FREESTYLE LIBRE 2 READER	1	MO	OMNIPOD CLASSIC PODS (GEN 3)	1	MO
FREESTYLE LIBRE 2 SENSOR	1	MO	OMNIPOD DASH INTRO KIT (GEN 4)	1	QL (1 per 720 days)
FREESTYLE LIBRE 3 READER	1	MO	OMNIPOD DASH PODS (GEN 4)	1	MO
FREESTYLE LIBRE 3 SENSOR	1	MO	ONETOUCH ULTRA2 METER	1	MO
FREESTYLE LITE METER	1	MO	ONETOUCH VERIO FLEX METER	1	MO
GAUZE PADS 2 X 2	1	MO	ONETOUCH VERIO REFLECT METER	1	MO
INSULIN SYRINGE- NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	1	MO	PEN NEEDLES (NON-PREFERRED BRANDS) NEEDLE 29 GAUGE X 1/2"	1	MO
INSULIN SYRINGES (NON-PREFERRED BRANDS) SYRINGE 1 ML 29 GAUGE X 1/2"	1	MO	PRECISION XTRA MONITOR	1	MO
			V-GO 20	1	MO
			V-GO 30	1	MO
			V-GO 40	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
MUSCULOSKELETAL / RHEUMATOLOGY			MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY			GOUT THERAPY		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO	<i>raloxifene</i>	1	MO
<i>allopurinol sodium</i>	1		TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	1	PA; QL (2.48 per 28 days)
<i>aloprim</i>	1		OTHER RHEUMATOLOGICALS		
<i>colchicine oral tablet</i>	1	MO	ACTEMRA ACTPEN	1	PA; MO; QL (3.6 per 28 days)
<i>febuxostat</i>	1	MO	ACTEMRA INTRAVENOUS	1	PA; MO; QL (160 per 28 days)
<i>probenecid</i>	1	MO	ACTEMRA SUBCUTANEOUS	1	PA; MO; QL (3.6 per 28 days)
<i>probenecid-colchicine</i>	1	MO	ADALIMUMAB-ADAZ	1	PA; MO; QL (1.6 per 28 days)
OSTEOPOROSIS THERAPY			ADALIMUMAB-ADBMSUBCUTANEOUS PEN INJECTOR KIT	1	PA; MO; QL (4 per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)	ADALIMUMAB-ADBMSUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	1	PA; MO; QL (2 per 28 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)			
<i>ibandronate intravenous solution</i>	1	PA			
<i>ibandronate intravenous syringe</i>	1	PA; MO			
<i>ibandronate oral</i>	1	MO; QL (1 per 30 days)			
PROLIA	1	PA; MO; QL (1 per 180 days)			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ADALIMUMAB- ADBM SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; MO; QL (4 per 28 days)	ENBREL SUBCUTANEOUS SOLUTION	1	PA; MO; QL (8 per 28 days)
ADALIMUMAB- ADBM(CF) PEN CROHNS	1	PA; QL (6 per 180 days)	ENBREL SUBCUTANEOUS SYRINGE	1	PA; MO; QL (8 per 28 days)
ADALIMUMAB- ADBM(CF) PEN PS-UV	1	PA; QL (4 per 180 days)	ENBREL SURECLICK	1	PA; MO; QL (8 per 28 days)
BENLYSTA	1	PA; MO	HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; MO; QL (4 per 28 days)
CYLTEZO(CF) PEN	1	PA; MO; QL (4 per 28 days)	HUMIRA PEN (ONLY NDCS STARTING WITH 00074)	1	PA; MO; QL (4 per 28 days)
CYLTEZO(CF) PEN CROHN'S- UC-HS	1	PA; QL (6 per 180 days)	HUMIRA PEN CROHNS-UC-HS START (ONLY NDCS STARTING WITH 00074)	1	PA; QL (6 per 180 days)
CYLTEZO(CF) PEN PSORIASIS- UV	1	PA; QL (4 per 180 days)	HUMIRA PEN PSOR-UEITS- ADOL HS (ONLY NDCS STARTING WITH 00074)	1	PA; QL (4 per 180 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	1	PA; MO; QL (2 per 28 days)			
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; MO; QL (4 per 28 days)			
ENBREL MINI	1	PA; MO; QL (8 per 28 days)			

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This drug list was last updated on 03/15/2024.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	1	PA; MO; QL (2 per 28 days)	HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	1	PA; MO; QL (4 per 28 days)
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; MO; QL (4 per 28 days)	HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA; MO; QL (2 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	1	PA; QL (3 per 180 days)	HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074)	1	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEDI CROHNS STARTER (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	1	PA; QL (2 per 180 days)	HUMIRA(CF) PEN PEDIATRIC UC (ONLY NDCS STARTING WITH 00074)	1	PA; MO; QL (4 per 180 days)
			HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074)	1	PA; MO; QL (3 per 180 days)

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This drug list was last updated on 03/15/2024.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
HYRIMOZ CF (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	1	PA; MO; QL (1.6 per 28 days)	HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	1	PA; MO; QL (2.4 per 180 days)
HYRIMOZ CF (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML	1	PA; MO; QL (0.2 per 28 days)	HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML- 40 MG/0.4 ML	1	PA; MO; QL (1.2 per 180 days)
HYRIMOZ CF (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML	1	PA; MO; QL (0.4 per 28 days)	<i>leflunomide</i>	1	MO; QL (30 per 30 days)
HYRIMOZ CF (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	1	PA; MO; QL (1.6 per 28 days)	ORENCIA (WITH MALTOSE)	1	PA; MO; QL (12 per 28 days)
HYRIMOZ PEN CROHN'S-UC STARTER	1	PA; MO; QL (2.4 per 180 days)	ORENCIA CLICKJECT	1	PA; MO; QL (4 per 28 days)
HYRIMOZ PEN PSORIASIS STARTER	1	PA; MO; QL (1.6 per 180 days)	ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	1	PA; MO; QL (4 per 28 days)
			ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	1	PA; MO; QL (1.6 per 28 days)
			ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	1	PA; MO; QL (2.8 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
OTEZLA	1	PA; MO; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	1	PA; MO; QL (55 per 180 days)
<i>penicillamine oral tablet</i>	1	PA; MO
RIDAURA	1	MO
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	1	PA; MO; QL (30 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	1	PA; MO; QL (84 per 180 days)
XELJANZ ORAL SOLUTION	1	PA; MO; QL (300 per 30 days)
XELJANZ ORAL TABLET	1	PA; MO; QL (60 per 30 days)
XELJANZ XR	1	PA; MO; QL (30 per 30 days)

OBSTETRICS / GYNECOLOGY

Drug Name	Drug Tier	Requirements /Limits
ESTROGENS / PROGESTINS		
<i>amabelz</i>	1	PA
<i>camila</i>	1	MO
<i>deblitane</i>	1	MO
DEPO-SUBQ PROVERA 104	1	MO
<i>dotti</i>	1	PA; MO; QL (8 per 28 days)
<i>errin</i>	1	MO
<i>estradiol oral</i>	1	PA; MO
<i>estradiol transdermal patch semiweekly</i>	1	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	PA; QL (4 per 28 days)
<i>estradiol transdermal patch weekly 0.0375 mg/24 hr</i>	1	PA; MO; QL (4 per 28 days)
<i>estradiol vaginal</i>	1	MO
<i>estradiol valerate</i>	1	MO
<i>estradiol-norethindrone acet</i>	1	PA; MO
<i>fyavolv</i>	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>heather</i>	1	MO
<i>hydroxyprogesterone caproate</i>	1	
<i>incassia</i>	1	MO
<i>jencycla</i>	1	MO
<i>jinteli</i>	1	PA; MO
<i>lyleq</i>	1	MO
<i>lyllana</i>	1	PA; MO; QL (8 per 28 days)
<i>lyza</i>	1	
<i>medroxyprogesterone</i>	1	MO
MENEST	1	PA; MO
<i>mimvey</i>	1	PA; MO
<i>nora-be</i>	1	MO
<i>norethindrone (contraceptive)</i>	1	
<i>norethindrone acetate</i>	1	MO
<i>norethindrone acetate estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	PA; MO
<i>progesterone</i>	1	MO
<i>progesterone micronized</i>	1	MO
<i>sharobel</i>	1	MO
<i>yuvafem</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal</i>	1	MO
<i>eluryng</i>	1	MO
<i>etonogestrel-ethinyl estradiol</i>	1	
<i>metronidazole vaginal</i>	1	MO
<i>mifepristone oral tablet 200 mg</i>	1	LA
MYFEMBREE	1	PA; MO
<i>terconazole</i>	1	MO
<i>tranexamic acid oral</i>	1	MO
<i>vandazole</i>	1	MO
<i>xulane</i>	1	MO
<i>zafemy</i>	1	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>altavera (28)</i>	1	MO
<i>alyacen 1/35 (28)</i>	1	MO
<i>alyacen 7/7/7 (28)</i>	1	MO
<i>apri</i>	1	MO
<i>aranelle (28)</i>	1	MO
<i>aubra eq</i>	1	MO
<i>aviane</i>	1	MO
<i>azurette (28)</i>	1	MO
<i>cryselle (28)</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>cyred eq</i>	1	MO	<i>kariva (28)</i>	1	MO
<i>dasetta 1/35 (28)</i>	1	MO	<i>kelnor 1/35 (28)</i>	1	MO
<i>dasetta 7/7/7 (28)</i>	1	MO	<i>kelnor 1-50 (28)</i>	1	MO
<i>desog-e.estradiol/e.estradiol</i>	1		<i>kurvelo (28)</i>	1	MO
<i>desogestrel-ethinyl estradiol</i>	1		<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	1	MO	<i>larin 1.5/30 (21)</i>	1	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	1		<i>larin 1/20 (21)</i>	1	MO
<i>elinest</i>	1	MO	<i>larin fe 1.5/30 (28)</i>	1	MO
<i>enpresse</i>	1	MO	<i>larin fe 1/20 (28)</i>	1	MO
<i>enskyce</i>	1	MO	<i>lessina</i>	1	MO
<i>estarylla</i>	1	MO	<i>levonest (28)</i>	1	MO
<i>ethynodiol diacetate-eth estradiol</i>	1		<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg</i>	1	MO
<i>falmina (28)</i>	1	MO	<i>levonorgestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	1	
<i>introvale</i>	1		<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month</i>	1	MO
<i>isibloom</i>	1	MO	<i>levonorg-eth estradiol triphasic</i>	1	
<i>jasmiel (28)</i>	1	MO			
<i>jolessa</i>	1	MO			
<i>juleber</i>	1	MO			
<i>kalliga</i>	1				

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>levora-28</i>	1	MO	<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg</i>	1	
<i>loryna (28)</i>	1	MO	<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	MO
<i>low-ogestrel (28)</i>	1	MO	<i>nortrel 0.5/35 (28)</i>	1	MO
<i>lo-zumandimine (28)</i>	1	MO	<i>nortrel 1/35 (21)</i>	1	MO
<i>lutera (28)</i>	1	MO	<i>nortrel 1/35 (28)</i>	1	MO
<i>marlissa (28)</i>	1	MO	<i>nortrel 7/7/7 (28)</i>	1	MO
<i>microgestin 1.5/30 (21)</i>	1	MO	<i>pimtrea (28)</i>	1	MO
<i>microgestin 1/20 (21)</i>	1	MO	<i>portia 28</i>	1	MO
<i>microgestin fe 1.5/30 (28)</i>	1	MO	<i>reclipsen (28)</i>	1	MO
<i>microgestin fe 1/20 (28)</i>	1	MO	<i>setlakin</i>	1	MO
<i>mili</i>	1	MO	<i>sprintec (28)</i>	1	MO
<i>mono-linyah</i>	1	MO	<i>sronyx</i>	1	MO
<i>nikki (28)</i>	1	MO	<i>syeda</i>	1	MO
<i>norethindrone acetate estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	MO	<i>tarina fe 1-20 eq (28)</i>	1	MO
<i>norethindrone-ethinyl estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1		<i>tilia fe</i>	1	MO
			<i>tri-estarylla</i>	1	MO
			<i>tri-legest fe</i>	1	MO
			<i>tri-linyah</i>	1	MO
			<i>tri-lo-estarylla</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>tri-lo-marzia</i>	1	MO
<i>tri-lo-sprintec</i>	1	
<i>tri-sprintec (28)</i>	1	MO
<i>trivora (28)</i>	1	MO
<i>turqoz (28)</i>	1	MO
<i>velivet triphasic regimen (28)</i>	1	MO
<i>vestura (28)</i>	1	MO
<i>vienva</i>	1	MO
<i>viorele (28)</i>	1	MO
<i>wera (28)</i>	1	MO
<i>zovia 1-35 (28)</i>	1	MO
<i>zumandimine (28)</i>	1	MO

OXYTOCICS

<i>methylergonovine oral</i>	1	PA
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OPHTHALMOLOGY

ANTIBIOTICS

<i>bacitracin ophthalmic (eye)</i>	1	MO
<i>bacitracin-polymyxin b</i>	1	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	MO
<i>erythromycin ophthalmic (eye)</i>	1	MO; QL (3.5 per 14 days)

Drug Name	Drug Tier	Requirements /Limits
<i>gentamicin ophthalmic (eye) drops</i>	1	MO; QL (70 per 30 days)
<i>levofloxacin ophthalmic (eye)</i>	1	
<i>moxifloxacin ophthalmic (eye) drops</i>	1	MO
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	1	
NATACYN	1	
<i>neomycin-bacitracin-polymyxin</i>	1	MO
<i>neomycin-polymyxin-gramicidin</i>	1	MO
<i>neo-polycin</i>	1	
<i>ofloxacin ophthalmic (eye)</i>	1	MO
<i>polycin</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	MO
<i>tobramycin ophthalmic (eye)</i>	1	MO; QL (10 per 14 days)

ANTIVIRALS

<i>trifluridine</i>	1	MO
ZIRGAN	1	MO

BETA-BLOCKERS

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>betaxolol ophthalmic (eye)</i>	1	MO	<i>olopatadine ophthalmic (eye)</i>	1	MO
<i>carteolol</i>	1	MO	OXERVATE	1	PA; MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO	PHOSPHOLINE IODIDE	1	
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO	<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	1	MO	<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1	MO
MISCELLANEOUS OPHTHALMOLOGICS					
<i>atropine ophthalmic (eye) drops 1 %</i>	1	MO	<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	1	
<i>azelastine ophthalmic (eye)</i>	1	MO	<i>sulfacetamide-prednisolone</i>	1	
<i>balanced salt</i>	1		XDEMVY	1	PA; QL (10 per 42 days)
<i>bss</i>	1		XIIDRA	1	MO; QL (60 per 30 days)
CIMERLI	1	PA; MO	NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>cromolyn ophthalmic (eye)</i>	1	MO	<i>diclofenac sodium ophthalmic (eye)</i>	1	MO
<i>cyclosporine ophthalmic (eye)</i>	1	MO; QL (60 per 30 days)	<i>flurbiprofen sodium</i>	1	MO
CYSTARAN	1	PA	<i>ketorolac ophthalmic (eye)</i>	1	MO
<i>epinastine</i>	1	MO	ORAL DRUGS FOR GLAUCOMA		
EYLEA	1	PA; MO	<i>acetazolamide</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>acetazolamide sodium</i>	1	MO
<i>methazolamide</i>	1	MO
OTHER GLAUCOMA DRUGS		
<i>dorzolamide</i>	1	MO
<i>dorzolamide-timolol</i>	1	MO
<i>latanoprost</i>	1	MO
<i>miostat</i>	1	
<i>tafluprost (pf)</i>	1	MO
<i>travoprost</i>	1	MO
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	1	MO
<i>neomycin-polymyxin b-dexameth</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	1	MO
<i>neo-polycin hc</i>	1	
<i>tobramycin-dexamethasone</i>	1	MO; QL (10 per 14 days)
STERIODS		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	MO
<i>fluorometholone</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>loteprednol etabonate</i>	1	MO
OZURDEX	1	MO
<i>prednisolone acetate</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	MO
SYMPATHOMIMETICS		
<i>apraclonidine</i>	1	MO
<i>brimonidine ophthalmic (eye) drops 0.1%, 0.15 %</i>	1	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	MO
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
<i>adrenalin injection solution 1 mg/ml</i>	1	
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	1	MO
<i>cetirizine oral solution 1 mg/ml</i>	1	MO
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>diphenhydramine hcl injection syringe</i>	1	MO	<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm</i>	1	QL (13.4 per 30 days)
<i>diphenhydramine hcl oral elixir</i>	1	PA	<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	1	B/D PA; MO
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	1	MO; QL (2 per 30 days)	<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	1	B/D PA
<i>epinephrine injection solution 1 mg/ml</i>	1		<i>albuterol sulfate oral syrup</i>	1	MO
<i>hydroxyzine hcl oral tablet</i>	1	PA; MO	<i>albuterol sulfate oral tablet</i>	1	MO
<i>levocetirizine oral solution</i>	1	MO	<i>alyq</i>	1	PA; QL (60 per 30 days)
<i>levocetirizine oral tablet</i>	1	MO; QL (30 per 30 days)	<i>ambrisentan</i>	1	PA; MO; LA
<i>promethazine injection solution</i>	1	MO	<i>arformoterol</i>	1	B/D PA; MO; QL (120 per 30 days)
<i>promethazine oral</i>	1	PA; MO			
PULMONARY AGENTS					
<i>acetylcysteine</i>	1	B/D PA; MO			
ADEMPAS	1	PA; MO; LA			
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	MO; QL (17 per 30 days)			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATIO N, 50 MCG/ACTUATIO N	1	QL (13 per 30 days)	ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	1	QL (2 per 28 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 200 MCG/ACTUATIO N	1	MO; QL (13 per 30 days)	ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	1	MO; QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30)	1	QL (1 per 30 days)	ATROVENT HFA	1	MO; QL (25.8 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	1	MO; QL (2 per 30 days)	<i>bosentan</i>	1	PA; MO; LA
			<i>breyana</i>	1	MO; QL (10.3 per 30 days)
			BREZTRI AEROSPHERE	1	MO; QL (10.7 per 30 days)
			<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	1	B/D PA; MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	B/D PA; MO; QL (60 per 30 days)	FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	1	ST; MO; QL (10.6 per 30 days)
<i>budesonide-formoterol</i>	1	QL (10.2 per 30 days)	<i>fluticasone propionate nasal</i>	1	MO; QL (16 per 30 days)
CINRYZE	1	PA; MO	<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	MO; QL (60 per 30 days)
COMBIVENT RESPIMAT	1	MO; QL (8 per 30 days)	<i>formoterol fumarate</i>	1	B/D PA; MO; QL (120 per 30 days)
<i>cromolyn inhalation</i>	1	B/D PA; MO	<i>icatibant</i>	1	PA; MO
DULERA	1	MO; QL (13 per 30 days)	<i>ipratropium bromide inhalation</i>	1	B/D PA; MO
<i>flunisolide</i>	1	MO; QL (50 per 30 days)	<i>ipratropium-albuterol</i>	1	B/D PA; MO
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	1	ST; MO; QL (12 per 30 days)	KALYDECO	1	PA; MO; QL (56 per 28 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	1	ST; MO; QL (24 per 30 days)	<i>montelukast oral granules in packet</i>	1	MO
			<i>montelukast oral tablet</i>	1	MO
			<i>montelukast oral tablet, chewable</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
OFEV	1	PA; MO; QL (60 per 30 days)	QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATIO N	1	MO; QL (21.2 per 30 days)
OPSUMIT	1	PA; MO; LA	<i>roflumilast</i>	1	PA; MO; QL (30 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET	1	PA; MO; QL (56 per 28 days)	<i>sajazir</i>	1	PA; MO
ORKAMBI ORAL TABLET	1	PA; MO; QL (112 per 28 days)	<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	1	PA
<i>pirfenidone oral capsule</i>	1	PA; MO; QL (270 per 30 days)	<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	1	PA; MO; QL (270 per 30 days)	SPIRIVA RESPIMAT	1	MO; QL (4 per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	1	PA; MO; QL (90 per 30 days)	STIOLTO RESPIMAT	1	MO; QL (4 per 30 days)
PULMOZYME	1	B/D PA; MO	STRIVERDI RESPIMAT	1	MO; QL (4 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATIO N	1	MO; QL (10.6 per 30 days)	SYMDEKO	1	PA; MO; QL (56 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA; QL (60 per 30 days)	TYVASO	1	B/D PA; MO
<i>terbutaline oral</i>	1	MO	TYVASO INSTITUTIONAL START KIT	1	B/D PA
<i>terbutaline subcutaneous</i>	1	MO	TYVASO REFILL KIT	1	B/D PA; MO
THEO-24	1	MO	TYVASO STARTER KIT	1	B/D PA; MO
<i>theophylline oral elixir</i>	1	MO	<i>wixela inhub</i>	1	QL (60 per 30 days)
<i>theophylline oral solution</i>	1		XOLAIR SUBCUTANEOUS RECON SOLN	1	PA; MO; LA; QL (8 per 28 days)
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	1		XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; LA; QL (8 per 28 days)
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	MO	XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML	1	PA; LA; QL (8 per 28 days)
<i>theophylline oral tablet extended release 24 hr</i>	1	MO	XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; MO; LA; QL (1 per 28 days)
<i>tiotropium bromide</i>	1	QL (90 per 90 days)	<i>zafirlukast</i>	1	MO
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	1	PA; MO; QL (56 per 28 days)	UROLOGICALS ANTICHOLINERGICS / ANTISPASMODICS		
TRIKAFTA ORAL TABLETS, SEQUENTIAL	1	PA; MO; QL (84 per 28 days)			

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

BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

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

MISCELLANEOUS UROLOGICALS

<i>bethanechol chloride</i>	1	MO
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Drug Name	Drug Tier	Requirements /Limits
CYSTAGON	1	PA; LA
ELMIRON	1	MO
<i>glycine urologic</i>	1	
<i>glycine urologic solution</i>	1	
K-PHOS NO 2	1	MO
K-PHOS ORIGINAL	1	MO
<i>potassium citrate oral tablet extended release</i>	1	MO
RENACIDIN	1	MO

VITAMINS, HEMATINICS / ELECTROLYTES

BLOOD DERIVATIVES

<i>albumin, human 25 %</i>	1	
<i>alburx (human) 25 %</i>	1	
<i>alburx (human) 5 %</i>	1	
<i>albutein 25 %</i>	1	
<i>albutein 5 %</i>	1	
<i>plasbumin 25 %</i>	1	
<i>plasbumin 5 %</i>	1	

ELECTROLYTES

<i>calcium acetate(phosphat bind)</i>	1	MO; QL (360 per 30 days)
<i>calcium chloride</i>	1	

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>calcium gluconate intravenous</i>	1		<i>potassium chlorid-d5-0.45%nacl</i>	1	
<i>effer-k oral tablet, effervescent 25 meq</i>	1	MO	<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>klor-con 10</i>	1	MO	<i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i>	1	
<i>klor-con 8</i>	1	MO	<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	1	
<i>klor-con m10</i>	1	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>	1	
<i>klor-con m15</i>	1	MO	<i>potassium chloride intravenous</i>	1	
<i>klor-con m20</i>	1	MO	<i>potassium chloride oral capsule, extended release</i>	1	MO
<i>klor-con oral packet 20</i>	1	MO	<i>potassium chloride oral liquid</i>	1	MO
<i>klor-con/ef</i>	1	MO			
<i>lactated ringers intravenous</i>	1	MO			
<i>magnesium chloride injection</i>	1				
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	1				
<i>magnesium sulfate in water</i>	1				
<i>magnesium sulfate injection solution</i>	1	MO			
<i>magnesium sulfate injection syringe</i>	1				
<i>potassium acetate</i>	1				

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride oral packet</i>	1		<i>ringer's intravenous</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	1	MO	<i>sodium acetate</i>	1	
<i>potassium chloride oral tablet extended release 20 meq</i>	1		<i>sodium bicarbonate intravenous</i>	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	1	MO	<i>sodium chloride 0.45 % intravenous</i>	1	MO
<i>potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq</i>	1		<i>sodium chloride 3 % hypertonic</i>	1	
<i>potassium chloride-0.45 % nacl</i>	1		<i>sodium chloride 5 % hypertonic</i>	1	MO
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	1		<i>sodium chloride intravenous</i>	1	
<i>potassium chloride-d5-0.9%nacl</i>	1		<i>sodium phosphate</i>	1	MO
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	1		MISCELLANEOUS NUTRITION PRODUCTS		
			CLINIMIX 5%/D15W SULFITE FREE	1	B/D PA
			CLINIMIX 4.25%/D10W SULF FREE	1	B/D PA
			CLINIMIX 5%-D20W(SULFITE-FREE)	1	B/D PA
			CLINIMIX 6%-D5W (SULFITE-FREE)	1	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
CLINIMIX 8%-D10W(SULFITE-FREE)	1	B/D PA
CLINIMIX 8%-D14W(SULFITE-FREE)	1	B/D PA
<i>electrolyte-148</i>	1	
<i>electrolyte-48 in d5w</i>	1	
<i>electrolyte-a</i>	1	
<i>intralipid intravenous emulsion 20 %</i>	1	B/D PA
ISOLYTE S PH 7.4	1	
ISOLYTE-P IN 5 % DEXTROSE	1	

Drug Name	Drug Tier	Requirements /Limits
ISOLYTE-S	1	
PLASMA-LYTE A	1	
<i>plasmanate</i>	1	
PLENAMINE	1	B/D PA
<i>premasol 10 %</i>	1	B/D PA
<i>travasol 10 %</i>	1	B/D PA
TROPHAMINE 10 %	1	B/D PA
VITAMINS / HEMATINICS		
<i>fluoride (sodium) oral tablet</i>	1	MO
<i>prenatal vitamin oral tablet</i>	1	MO
<i>wescap-pn dha</i>	1	MO

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<i>colestipol</i>	62	<i>d2.5 %-0.45 % sodium</i>		<i>e.estradiol/e.estradiol</i> ...	96
<i>colistin (colistimethate na)</i>	15	<i>chloride</i>	71	<i>desogestrel-ethinyl estradiol</i>	
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