

WellSense Signature (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: 24242, Version Number: 18

This formulary was updated on 11/26/2024. We have made no changes to this formulary since 11/26/2024. 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.

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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 Signature (HMO).

This document includes a list of the drugs (formulary) for our plan, which is current as of 11/26/2024. 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 Signature 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 will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a WellSense network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (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 Signature'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 Signature'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 11/26/2024. To get updated information about the drugs covered by WellSense Signature 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 108. 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 Signature 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 Signature requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from WellSense Signature before you fill your prescriptions. If you don't get approval, WellSense Signature may not cover the drug.
- **Quantity Limits:** For certain drugs, WellSense Signature limits the amount of the drug that WellSense Signature will cover. For example, WellSense Signature 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 Signature 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 Signature may not cover Drug B unless you try Drug A first. If Drug A does not work for you, WellSense Signature will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask WellSense Signature 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 Signature'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 Signature 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 Signature. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by WellSense Signature
- You can ask WellSense Signature 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 Signature's Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, WellSense Signature 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 Signature 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, tier, 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 Signature prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about WellSense Signature, 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 Signature Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by WellSense Signature. If you have trouble finding your drug in the list, turn to the Index that begins on page 108.

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 Signature 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	4	B/D PA
<i>amphotericin b</i>	4	B/D PA; MO
<i>caspofungin</i>	4	
<i>clotrimazole mucous membrane</i>	2	MO
CRESEMBA ORAL	5	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 400 mg/200 ml</i>	4	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	4	PA; MO
<i>fluconazole oral suspension for reconstitution</i>	3	MO
<i>fluconazole oral tablet</i>	2	MO
<i>flucytosine</i>	5	MO
<i>griseofulvin microsize</i>	4	MO
<i>griseofulvin ultramicrosize</i>	4	MO
<i>itraconazole oral capsule</i>	4	MO; QL (120 per 30 days)

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

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

This drug list was last updated on 11/18/2024.

Drug Name	Drug Tier	Requirements/Limits
adefovir	4	MO
amantadine hcl oral capsule	3	MO
amantadine hcl oral solution	3	MO
APTIVUS	5	MO
atazanavir	4	MO
BARACLUDE ORAL SOLUTION	5	MO
BIKTARVY	5	MO
CABENUVA	5	MO
cidofovir	5	B/D PA; MO
CIMDUO	5	MO
COMPLERA	5	MO
darunavir	5	MO
DELSTRIGO	5	MO
DESCOVY	5	MO
DOVATO	5	MO
EDURANT	5	MO
efavirenz oral tablet	4	MO
efavirenz- emtricitabin- tenofov	5	MO
efavirenz-lamivu- tenofov disop	5	MO
emtricitabine	4	MO
emtricitabine- tenofovir (tdf)	4	MO

Drug Name	Drug Tier	Requirements/Limits
EMTRIVA ORAL SOLUTION	3	MO
entecavir	4	MO
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	5	PA; MO; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	5	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	5	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	5	PA; MO; QL (28 per 28 days)
etravirine	5	MO
EVOTAZ	5	MO
famciclovir	3	MO
fosamprenavir	4	MO
FUZEON SUBCUTANEOUS RECON SOLN	5	MO
ganciclovir sodium intravenous recon soln	2	B/D PA; MO
ganciclovir sodium intravenous solution	2	B/D PA
GENVOYA	5	MO

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This drug list was last updated on 11/18/2024.

Drug Name	Drug Tier	Requirements/Limits
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; MO; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	5	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 90-400 MG	5	PA; MO; QL (28 per 28 days)
INTELENCE ORAL TABLET 25 MG	4	MO
ISENTRESS HD	5	MO
ISENTRESS ORAL POWDER IN PACKET	5	MO
ISENTRESS ORAL TABLET	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO
JULUCA	5	MO
LAGEVRIO (EUA)	1	QL (40 per 30 days)
<i>lamivudine</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine-zidovudine</i>	3	MO
<i>lopinavir-ritonavir oral solution</i>	4	MO
<i>lopinavir-ritonavir oral tablet</i>	3	MO
<i>maraviroc</i>	5	MO
<i>nevirapine oral suspension</i>	4	
<i>nevirapine oral tablet</i>	3	MO
<i>nevirapine oral tablet extended release 24 hr</i>	4	MO
NORVIR ORAL POWDER IN PACKET	4	MO
ODEFSEY	5	MO
<i>oseltamivir</i>	3	MO
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	1	QL (20 per 30 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	QL (30 per 30 days)
PIFELTRO	5	MO
PREVYMIS INTRAVENOUS	5	PA

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This drug list was last updated on 11/18/2024.

Drug Name	Drug Tier	Requirements/Limits
PREVYMIS ORAL	5	PA; MO; QL (30 per 30 days)
PREZCOBIX	5	MO
PREZISTA ORAL SUSPENSION	5	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	4	MO
RELENZA DISKHALER	4	MO
RETROVIR INTRAVENOUS	3	MO
REYATAZ ORAL POWDER IN PACKET	5	MO
ribavirin oral capsule	3	MO
ribavirin oral tablet 200 mg	3	MO
rimantadine	4	MO
ritonavir	3	MO
RUKOBIA	5	MO
SELZENTRY ORAL SOLUTION	3	MO
SELZENTRY ORAL TABLET 25 MG, 75 MG	3	MO
STRIBILD	5	MO
SUNLENCA	5	
SYMTUZA	5	MO

Drug Name	Drug Tier	Requirements/Limits
SYNAGIS	5	MO; LA
<i>tenofovir disoproxil fumarate</i>	4	MO
TIVICAY ORAL TABLET 10 MG	3	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO
TIVICAY PD	5	MO
TRIUMEQ	5	MO
TRIUMEQ PD	5	MO
TROGARZO	5	MO; LA
<i>valacyclovir oral tablet 1 gram</i>	3	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	3	MO; QL (60 per 30 days)
<i>valganciclovir oral recon soln</i>	5	MO
<i>valganciclovir oral tablet</i>	3	MO
VEKLURY	5	
VEMLIDY	5	MO
VIRACEPT ORAL TABLET	5	MO
VIREAD ORAL POWDER	5	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VOSEVI	5	PA; MO; QL (28 per 28 days)	<i>cefazolin injection</i> <i>recon soln 1 gram, 500 mg</i>	4	MO
<i>zidovudine oral capsule</i>	4	MO	<i>cefazolin injection</i> <i>recon soln 10 gram, 100 gram, 300 gram</i>	4	
<i>zidovudine oral syrup</i>	4	MO	<i>cefazolin intravenous recon soln 1 gram</i>	4	
<i>zidovudine oral tablet</i>	2	MO	<i>cefdinir oral capsule</i>	2	MO
CEPHALOSPORINS			<i>cefdinir oral suspension for reconstitution</i> 125 mg/5 ml	3	MO
<i>cefaclor oral capsule</i>	3	MO	<i>cefpime in dextrose, iso-osm</i>	4	
<i>cefaclor oral suspension for reconstitution</i> 125 mg/5 ml	4	MO	<i>cefpime injection</i>	4	MO
<i>cefaclor oral suspension for reconstitution</i> 250 mg/5 ml, 375 mg/5 ml	4		<i>cefixime</i>	4	MO
<i>cefadroxil oral capsule</i>	2	MO	<i>cefoxitin in dextrose, iso-osm</i>	4	PA
<i>cefadroxil oral suspension for reconstitution</i> 250 mg/5 ml, 500 mg/5 ml	3	MO	<i>cefoxitin intravenous recon soln</i> 1 gram, 2 gram	4	PA; MO
<i>cefazolin in dextrose (iso-osm) intravenous piggyback</i> 1 gram/50 ml, 2 gram/50 ml	4	MO	<i>cefoxitin intravenous recon soln</i> 10 gram	4	PA
			<i>cefpodoxime</i>	4	MO
			<i>cefprozil</i>	3	MO
			<i>ceftazidime injection recon soln</i> 1 gram, 2 gram	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
ceftazidime injection recon soln 6 gram	4	PA
ceftriaxone in dextrose,iso-os	4	MO
ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg	4	MO
ceftriaxone injection recon soln 10 gram	4	
ceftriaxone intravenous	4	MO
cefuroxime axetil oral tablet	3	MO
cefuroxime sodium injection recon soln 750 mg	4	PA; MO
cefuroxime sodium intravenous recon soln 1.5 gram	4	PA; MO
cefuroxime sodium intravenous recon soln 7.5 gram	4	PA
cephalexin oral capsule 250 mg, 500 mg	2	MO
cephalexin oral suspension for reconstitution	2	MO
tazicef injection	4	PA; MO
tazicef intravenous	4	PA

Drug Name	Drug Tier	Requirements/Limits
TEFLARO	5	PA; MO
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	4	PA; MO
<i>azithromycin oral packet</i>	3	MO
<i>azithromycin oral suspension for reconstitution</i>	2	MO
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	2	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	2	MO
<i>clarithromycin oral suspension for reconstitution</i>	4	MO
<i>clarithromycin oral tablet</i>	3	MO
<i>clarithromycin oral tablet extended release 24 hr</i>	3	MO
DIFCID ORAL TABLET	5	MO; QL (20 per 10 days)
e.e.s. 400 oral tablet	4	MO
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	4	MO

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

This drug list was last updated on 11/18/2024.

Drug Name	Drug Tier	Requirements/Limits
erythrocin (as stearate) oral tablet 250 mg	4	
erythromycin ethylsuccinate oral tablet	4	MO
erythromycin oral	4	MO
MISCELLANEOUS ANTIINFECTIVES		
albendazole	5	MO
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	4	PA; MO
ARIKAYCE	5	PA; LA
atovaquone	4	MO
atovaquone-proguanil	4	MO
aztreonam	4	PA; MO
bacitracin intramuscular	4	
CAYSTON	5	PA; MO; LA; QL (84 per 56 days)
chloramphenicol sod succinate	4	
chloroquine phosphate	4	MO
clindamycin hcl	2	MO
clindamycin in 5 % dextrose	4	PA; MO

Drug Name	Drug Tier	Requirements/Limits
clindamycin phosphate injection	4	PA; MO
COARTEM	4	MO
colistin (colistimethate na)	4	PA; MO; QL (30 per 10 days)
dapsone oral	3	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	5	MO
daptomycin intravenous recon soln 500 mg	5	MO
EMVERM	5	MO
ertapenem	4	PA; MO; QL (14 per 14 days)
ethambutol	3	MO
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml	4	PA; MO
gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml	4	PA

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 11/18/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin injection solution 40 mg/ml</i>	4	PA; MO
<i>gentamicin sulfate (ped) (pf)</i>	4	PA; MO
<i>hydroxychloroquine oral tablet 200 mg</i>	2	MO
<i>imipenem-cilastatin</i>	4	PA; MO
<i>isoniazid injection</i>	4	
<i>isoniazid oral solution</i>	4	MO
<i>isoniazid oral tablet</i>	2	MO
<i>ivermectin oral</i>	3	PA; MO; QL (20 per 30 days)
<i>lincomycin</i>	4	PA
<i>linezolid in dextrose 5%</i>	4	PA; MO
<i>linezolid oral suspension for reconstitution</i>	5	MO
<i>linezolid oral tablet</i>	4	MO
<i>linezolid-0.9% sodium chloride</i>	4	PA
<i>mefloquine</i>	2	
<i>meropenem intravenous recon soln 1 gram</i>	4	PA; QL (30 per 10 days)

Drug Name	Drug Tier	Requirements/Limits
<i>meropenem intravenous recon soln 500 mg</i>	4	PA; QL (10 per 10 days)
<i>metro i.v.</i>	4	PA; MO
<i>metronidazole in nacl (iso-os)</i>	4	PA; MO
<i>metronidazole oral tablet</i>	2	MO
<i>neomycin</i>	2	MO
<i>nitazoxanide</i>	5	MO
<i>paromomycin</i>	4	
<i>pentamidine inhalation</i>	4	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine injection</i>	4	MO
<i>praziquantel</i>	4	MO
<i>PRIFTIN</i>	3	MO
<i>PRIMAQUINE</i>	4	MO
<i>pyrazinamide</i>	4	MO
<i>pyrimethamine</i>	5	PA; MO
<i>quinine sulfate</i>	4	MO
<i>rifabutin</i>	4	MO
<i>rifampin intravenous</i>	4	MO
<i>rifampin oral</i>	3	MO
<i>SIRTURO</i>	5	PA; LA
<i>STREPTOMYCIN</i>	5	PA; MO; QL (60 per 30 days)

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This drug list was last updated on 11/18/2024.

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
tigecycline	5	PA; MO	vancomycin	4	PA; QL (2 per 10 days)
tinidazole	3	MO	<i>intravenous recon soln 10 gram</i>		
tobramycin in 0.225 % nacl	5	PA; MO; QL (280 per 28 days)	<i>vancomycin intravenous recon soln 5 gram</i>	4	PA; QL (4 per 10 days)
tobramycin inhalation	5	PA; MO; QL (224 per 28 days)	<i>vancomycin intravenous recon soln 500 mg</i>	4	PA; MO; QL (10 per 10 days)
tobramycin sulfate injection recon soln	4	PA; QL (9 per 14 days)	<i>vancomycin intravenous recon soln 750 mg</i>	4	PA; MO; QL (27 per 10 days)
tobramycin sulfate injection solution	4	PA; MO	<i>vancomycin oral capsule 125 mg</i>	4	PA; MO; QL (40 per 10 days)
TRECATOR	4	MO	<i>vancomycin oral capsule 250 mg</i>	4	PA; MO; QL (80 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	3	PA; QL (4000 per 10 days)	XIFAXAN ORAL TABLET 200 MG	3	QL (9 per 30 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	3	PA; QL (1000 per 10 days)	XIFAXAN ORAL TABLET 550 MG	5	MO; QL (90 per 30 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	3	PA; QL (4050 per 10 days)	PENICILLINS		
vancomycin intravenous recon soln 1,000 mg	4	PA; MO; QL (20 per 10 days)	<i>amoxicillin oral capsule</i>	2	MO
			<i>amoxicillin oral suspension for reconstitution</i>	2	MO
			<i>amoxicillin oral tablet</i>	2	MO
			<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	2	MO	<i>ampicillin-sulbactam intravenous</i>	4	PA
<i>amoxicillin-pot clavulanate oral tablet</i>	2	MO	AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	4	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	4	MO	BICILLIN C-R	3	PA; MO
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg</i>	2	MO	BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML	4	PA; MO
<i>amoxicillin-pot clavulanate oral tablet, chewable 400-57 mg</i>	2		BICILLIN L-A INTRAMUSCULAR SYRINGE 600,000 UNIT/ML	4	PA
<i>ampicillin oral capsule 500 mg</i>	2	MO	<i>dicloxacillin</i>	2	MO
<i>ampicillin sodium injection</i>	4	PA; MO	<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	4	PA
<i>ampicillin sodium intravenous</i>	4	PA	<i>nafcillin injection recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	4	PA; MO	<i>nafcillin injection recon soln 10 gram</i>	5	PA
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	4	PA			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
oxacillin in dextrose(iso-osm)	4	PA	ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml	4	
oxacillin injection recon soln 1 gram, 10 gram	4	PA	levofloxacin in d5w intravenous piggyback 250 mg/50 ml	4	PA
oxacillin injection recon soln 2 gram	4	PA; MO	levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml	4	PA; MO
penicillin g potassium	4	PA; MO	levofloxacin intravenous	4	PA
penicillin g sodium	4	PA; MO	levofloxacin oral solution	4	MO
penicillin v potassium	2	MO	levofloxacin oral tablet	2	MO
pifizerpen-g	4	PA	moxifloxacin oral	3	MO
piperacillin-tazobactam intravenous recon soln 13.5 gram, 40.5 gram	4		moxifloxacin-sod.chloride(iso)	4	PA; MO
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram	4	MO	SULFA'S / RELATED AGENTS		
QUINOLONES			sulfadiazine	4	MO
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	2	MO	sulfamethoxazole-trimethoprim intravenous	4	PA; MO
ciprofloxacin in 5 % dextrose	4	PA; MO	sulfamethoxazole-trimethoprim oral suspension	3	MO
			sulfamethoxazole-trimethoprim oral tablet	1	MO

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Drug Name	Drug Tier	Requirements/Limits
TETRACYCLINES		
<i>doxy-100</i>	4	PA; MO
<i>doxycycline hyclate intravenous</i>	4	PA
<i>doxycycline hyclate oral capsule</i>	2	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg</i>	2	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	4	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	2	MO
<i>minocycline oral capsule</i>	2	MO
<i>minocycline oral tablet</i>	4	MO
<i>monodoxine nl oral capsule 100 mg</i>	2	
<i>tetracycline oral capsule</i>	4	MO

URINARY TRACT AGENTS

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Drug Name	Drug Tier	Requirements/Limits
<i>methenamine hippurate</i>	3	MO
<i>methenamine mandelate</i>	2	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	3	MO
<i>nitrofurantoin monohyd/m-cryst</i>	3	MO
<i>trimethoprim</i>	2	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>dexrazoxane hcl</i>	5	B/D PA; MO
<i>ELITEK</i>	5	MO
<i>KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG</i>	5	
<i>KHAPZORY INTRAVENOUS RECON SOLN 175 MG</i>	5	B/D PA
<i>leucovorin calcium oral</i>	3	MO
<i>levoleucovorin calcium intravenous recon soln</i>	5	B/D PA; MO

Drug Name	Drug Tier	Requirements/Limits
<i>levoleucovorin calcium intravenous solution</i>	5	B/D PA
<i>mesna</i>	2	B/D PA; MO
MESNEX ORAL	5	MO
VISTOGARD	5	PA
XGEVA	5	B/D PA; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	5	PA; MO; QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i>	5	PA; MO; QL (60 per 30 days)
ABRAXANE	5	B/D PA; MO
ADCETRIS	5	B/D PA; MO
ADSTILADRIN	5	PA
AKEEGA	5	PA; LA; QL (60 per 30 days)
ALECENSA	5	PA; MO; QL (240 per 30 days)
ALIQOPA	5	B/D PA; LA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (60 per 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
bexarotene	5	PA; MO
bicalutamide	2	MO
bleomycin	2	B/D PA; MO
BLINCYTO INTRAVENOUS KIT	5	B/D PA
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	5	B/D PA
<i>bortezomib</i> <i>injection recon soln</i> <i>3.5 mg</i>	5	B/D PA; MO
BOSULIF ORAL CAPSULE 100 MG	5	PA; MO; QL (90 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	5	PA; MO; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	5	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; MO; QL (30 per 30 days)
BRAFTOVI	5	PA; MO; LA; QL (180 per 30 days)
BRUKINSA	5	PA; LA; QL (120 per 30 days)
<i>busulfan</i>	5	B/D PA

Drug Name	Drug Tier	Requirements/Limits
CABOMETYX	5	PA; MO; LA; QL (30 per 30 days)
CALQUENCE	5	PA; LA; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL)	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; LA; QL (30 per 30 days)
<i>carboplatin</i> <i>intravenous</i> <i>solution</i>	2	B/D PA; MO
<i>carmustine</i> <i>intravenous recon</i> <i>soln 100 mg</i>	5	B/D PA; MO
<i>cisplatin</i> <i>intravenous</i> <i>solution</i>	2	B/D PA; MO
<i>cladribine</i>	5	B/D PA; MO
<i>clofarabine</i>	5	B/D PA
COLUMVI	5	PA; MO
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; MO; QL (56 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; MO; QL (112 per 28 days)	cyclosporine oral capsule	4	B/D PA; MO
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; MO; QL (84 per 28 days)	CYRAMZA	5	B/D PA; MO
COPIKTRA	5	PA; LA; QL (60 per 30 days)	cytarabine	2	B/D PA; MO
COTELLIC	5	PA; MO; LA; QL (63 per 28 days)	cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)	2	B/D PA; MO
<i>cyclophosphamide intravenous recon soln</i>	2	B/D PA; MO	cytarabine (pf) injection solution 20 mg/ml	2	B/D PA
<i>cyclophosphamide oral capsule</i>	3	B/D PA; MO	dacarbazine	2	B/D PA; MO
CYCLOPHOSPHA MIDE ORAL TABLET 25 MG	3	B/D PA	dactinomycin	2	B/D PA; MO
CYCLOPHOSPHA MIDE ORAL TABLET 50 MG	3	B/D PA; MO	DANYELZA	5	PA
<i>cyclosporine intravenous</i>	2	B/D PA	DARZALEX	5	B/D PA; MO; LA
<i>cyclosporine modified oral capsule</i>	4	B/D PA; MO	dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg	5	PA; MO; QL (30 per 30 days)
<i>cyclosporine modified oral solution</i>	4	B/D PA	dasatinib oral tablet 20 mg, 70 mg	5	PA; MO; QL (60 per 30 days)
			daunorubicin	2	B/D PA
			DAURISMO ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
			DAURISMO ORAL TABLET 25 MG	5	PA; MO; QL (60 per 30 days)
			decitabine	5	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	B/D PA	ELIGARD (4 MONTH)	3	PA; MO
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	5	B/D PA; MO	ELIGARD (6 MONTH)	3	PA; MO
<i>doxorubicin intravenous recon soln 10 mg</i>	2	B/D PA	ELREXFIO	5	PA
<i>doxorubicin intravenous recon soln 50 mg</i>	2	B/D PA; MO	ELZONRIS	5	PA; LA
<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	2	B/D PA; MO	EMPLICITI	5	B/D PA; MO
<i>doxorubicin intravenous solution 2 mg/ml</i>	2	B/D PA	ENVARSUS XR	4	B/D PA; MO
<i>doxorubicin, peg-liposomal</i>	5	B/D PA; MO	<i>epirubicin intravenous solution 200 mg/100 ml</i>	2	B/D PA
DROXIA	3	MO	EPKINLY	5	PA
ELIGARD	3	PA; MO	ERBITUX	5	B/D PA; MO
ELIGARD (3 MONTH)	3	PA; MO	eribulin	5	B/D PA
			ERIVEDGE	5	PA; MO; QL (30 per 30 days)
			ERLEADA ORAL TABLET 240 MG	5	PA; MO; QL (30 per 30 days)
			ERLEADA ORAL TABLET 60 MG	5	PA; MO; QL (120 per 30 days)
			<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; MO; QL (30 per 30 days)
			<i>erlotinib oral tablet 25 mg</i>	5	PA; MO; QL (60 per 30 days)
			ERWINASE	5	B/D PA
			ETOPOPHOS	4	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
etoposide <i>intravenous</i>	2	B/D PA; MO
everolimus (antineoplastic) <i>oral tablet</i>	5	PA; MO; QL (30 per 30 days)
everolimus (antineoplastic) <i>oral tablet for suspension 2 mg</i>	5	PA; MO; QL (330 per 30 days)
everolimus (antineoplastic) <i>oral tablet for suspension 3 mg</i>	5	PA; MO; QL (240 per 30 days)
everolimus (antineoplastic) <i>oral tablet for suspension 5 mg</i>	5	PA; MO; QL (180 per 30 days)
everolimus (immunosuppressive) <i>oral tablet 0.25 mg</i>	4	B/D PA; MO
everolimus (immunosuppressive) <i>oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	5	B/D PA; MO
exemestane	4	MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	PA; MO

Drug Name	Drug Tier	Requirements/Limits
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	PA; MO
flouxuridine	2	B/D PA
fludarabine <i>intravenous recon soln</i>	2	B/D PA; MO
fludarabine <i>intravenous solution</i>	2	B/D PA
fluorouracil <i>intravenous solution 1 gram/20 ml, 500 mg/10 ml</i>	2	B/D PA; MO
fluorouracil <i>intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i>	2	B/D PA
FOLOTYN	5	B/D PA; MO
FOTIVDA	5	PA; LA; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; QL (21 per 28 days)
fulvestrant	5	B/D PA; MO
FYARRO	5	PA

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Drug Name	Drug Tier	Requirements/Limits
GAVRETO	5	PA; LA; QL (120 per 30 days)
GAZYVA	5	B/D PA; MO
<i>gefitinib</i>	5	PA; MO; QL (30 per 30 days)
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	2	B/D PA; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	2	B/D PA
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	2	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	3	B/D PA
<i>genograf</i>	4	B/D PA; MO
GILOTRIF	5	PA; MO; QL (30 per 30 days)
GLEOSTINE	5	MO
HALAVEN	5	B/D PA; MO

Drug Name	Drug Tier	Requirements/Limits
hydroxyurea	2	MO
IBRANCE	5	PA; MO; QL (21 per 28 days)
ICLUSIG	5	PA; QL (30 per 30 days)
<i>idarubicin</i>	2	B/D PA; MO
IDHIFA	5	PA; MO; LA; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln</i>	2	B/D PA; MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	2	B/D PA; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	2	B/D PA
<i>imatinib oral tablet 100 mg</i>	5	PA; MO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	5	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30 per 30 days)
IMBRUVICA ORAL SUSPENSION	5	PA; QL (324 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA; QL (30 per 30 days)
IMDELLTRA	5	PA
IMFINZI	5	B/D PA; MO; LA
IMJUDO	5	PA; MO
INLYTA ORAL TABLET 1 MG	5	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (120 per 30 days)
INQOVI	5	PA; MO; QL (5 per 28 days)
INREBIC	5	PA; MO; LA; QL (120 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml</i>	2	B/D PA; MO
<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	5	B/D PA
<i>irinotecan intravenous solution 40 mg/2 ml</i>	5	B/D PA; MO
ISTODAX	5	B/D PA; MO

Drug Name	Drug Tier	Requirements/Limits
IWILFIN	5	PA; LA; QL (240 per 30 days)
IXEMPRA	5	B/D PA; MO
JAKAFI	5	PA; MO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA; MO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA; MO; QL (30 per 30 days)
JEMPERLI	5	PA; MO
JEVTANA	5	B/D PA; MO
JYLAMVO	4	B/D PA; MO
KADCYLA	5	PA; MO
KEYTRUDA	5	PA
KIMMTRAK	5	PA
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA; MO; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA; MO; QL (70 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA; MO; QL (91 per 28 days)	<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	5	PA; MO; QL (28 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; MO; QL (21 per 28 days)	<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	5	PA; QL (28 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; MO; QL (42 per 28 days)	LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5	PA; MO; QL (30 per 30 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; MO; QL (63 per 28 days)	LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5	PA; MO; QL (90 per 30 days)
KOSELUGO	5	PA	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)	5	PA; MO; QL (60 per 30 days)
KRAZATI	5	PA; QL (180 per 30 days)	<i>letrozole</i>	2	MO
KYPROLIS	5	B/D PA	LEUKERAN	5	MO
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	5	PA; MO	<i>leuprolide subcutaneous kit</i>	5	PA; MO
<i>lapatinib</i>	5	PA; MO; QL (180 per 30 days)	LIBTAYO	5	PA; LA
LAZCLUZE ORAL TABLET 240 MG	5	PA; LA; QL (30 per 30 days)	LONSURF	5	PA; MO
LAZCLUZE ORAL TABLET 80 MG	5	PA; LA; QL (60 per 30 days)	LOQTORZI	5	PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LORBRENA ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)	<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	4	PA; MO
LORBRENA ORAL TABLET 25 MG	5	PA; MO; QL (90 per 30 days)	<i>megestrol oral tablet</i>	3	PA; MO
LUMAKRAS ORAL TABLET 120 MG, 320 MG	5	PA; MO	MEKINIST ORAL RECON SOLN	5	PA; MO; QL (1260 per 30 days)
LUNSUMIO	5	PA; MO	MEKINIST ORAL TABLET 0.5 MG	5	PA; MO; QL (90 per 30 days)
LUPRON DEPOT	5	PA; MO	MEKINIST ORAL TABLET 2 MG	5	PA; MO; QL (30 per 30 days)
LYNPARZA	5	PA; MO; QL (120 per 30 days)	MEKTOVI	5	PA; MO; LA; QL (180 per 30 days)
LYSODREN	5		<i>melphalan hcl</i>	5	B/D PA
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	5	PA; LA	<i>mercaptopurine</i>	3	MO
MARGENZA	5	PA	<i>methotrexate sodium</i>	2	B/D PA; MO
MATULANE	5		<i>methotrexate sodium (pf) injection recon soln</i>	2	B/D PA
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	3	PA	<i>methotrexate sodium (pf) injection solution</i>	2	B/D PA; MO
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	3	PA; MO	<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	2	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>mitomycin intravenous recon soln 40 mg</i>	5	B/D PA; MO	<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	PA; MO
<i>mitoxantrone</i>	2	B/D PA; MO	<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	PA; MO
<i>MONJUVI</i>	5	PA; LA	<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	4	PA; MO
<i>mycophenolate mofetil (hcl)</i>	4	B/D PA; MO	<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	5	PA; MO
<i>mycophenolate mofetil oral capsule</i>	3	B/D PA; MO	<i>octreotide, microspheres</i>	5	PA
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; MO	<i>ODOMZO</i>	5	PA; MO; LA; QL (30 per 30 days)
<i>mycophenolate mofetil oral tablet</i>	3	B/D PA; MO	<i>OGSIVEO ORAL TABLET 100 MG, 150 MG</i>	5	PA; QL (56 per 28 days)
<i>mycophenolate sodium</i>	4	B/D PA; MO	<i>OGSIVEO ORAL TABLET 50 MG</i>	5	PA; QL (180 per 30 days)
<i>MYHIBBIN</i>	5	B/D PA	<i>OJEMDA ORAL SUSPENSION FOR RECONSTITUTION</i>	5	PA; QL (96 per 28 days)
<i>MYLOTARG</i>	5	B/D PA; MO; LA			
<i>nelarabine</i>	5	B/D PA; MO			
<i>NERLYNX</i>	5	PA; MO; LA			
<i>nilutamide</i>	5	PA; MO			
<i>NINLARO</i>	5	PA; MO; QL (3 per 28 days)			
<i>NUBEQA</i>	5	PA; MO; LA; QL (120 per 30 days)			
<i>NULOJIX</i>	5	B/D PA; MO			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	5	PA; QL (16 per 28 days)	<i>oxaliplatin</i> <i>intravenous recon</i> <i>soln 50 mg</i>	2	B/D PA; MO
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	5	PA; QL (20 per 28 days)	<i>oxaliplatin</i> <i>intravenous</i> <i>solution 100</i> <i>mg/20 ml, 50</i> <i>mg/10 ml (5</i> <i>mg/ml)</i>	2	B/D PA; MO
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	5	PA; QL (24 per 28 days)	<i>oxaliplatin</i> <i>intravenous</i> <i>solution 200</i> <i>mg/40 ml</i>	2	B/D PA
OJJAARA	5	PA; QL (30 per 30 days)	<i>paclitaxel</i>	2	B/D PA; MO
ONCASPAR	5	B/D PA	PADCEV	5	PA; MO
ONIVYDE	5	B/D PA	<i>paraplatin</i>	2	B/D PA
ONUREG	5	PA; MO; QL (14 per 28 days)	pazopanib	5	PA; MO; QL (120 per 30 days)
OPDIVO	5	PA; MO	PEMAZYRE	5	PA; LA; QL (28 per 28 days)
OPDUALAG	5	PA; MO	<i>pemetrexed</i> <i>disodium</i> <i>intravenous recon</i> <i>soln 1,000 mg, 500</i> <i>mg</i>	5	B/D PA; MO
ORGOVYX	5	PA; LA; QL (30 per 28 days)	<i>pemetrexed</i> <i>disodium</i> <i>intravenous recon</i> <i>soln 100 mg</i>	4	B/D PA; MO
ORSERDU ORAL TABLET 345 MG	5	PA; QL (30 per 30 days)			
ORSERDU ORAL TABLET 86 MG	5	PA; QL (90 per 30 days)			
<i>oxaliplatin</i> <i>intravenous recon</i> <i>soln 100 mg</i>	2	B/D PA			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
pemetrexed disodium intravenous recon soln 750 mg	5	B/D PA	REVLIMID	5	PA; MO; LA; QL (28 per 28 days)
PERJETA	5	B/D PA; MO	REZLIDHIA	5	PA; QL (60 per 30 days)
PIQRAY	5	PA; MO	REZUROCK	5	PA; LA; QL (30 per 30 days)
POLIVY	5	PA; MO	<i>romidepsin</i> intravenous recon soln	5	B/D PA
POMALYST	5	PA; MO; LA	ROZLYTREK ORAL CAPSULE 100 MG	5	PA; MO; QL (150 per 30 days)
PORTRAZZA	5	B/D PA; MO	ROZLYTREK ORAL CAPSULE 200 MG	5	PA; MO; QL (90 per 30 days)
POTELIGEO	5	PA	ROZLYTREK ORAL PELLETS IN PACKET	5	PA; MO; QL (336 per 28 days)
PRALATREXATE	5	B/D PA; MO	RUBRACA	5	PA; MO; LA; QL (120 per 30 days)
PROGRAF INTRAVENOUS	3	B/D PA; MO	RUXIENCE	5	PA; MO
PROGRAF ORAL GRANULES IN PACKET	4	B/D PA; MO	RYBREVANT	5	PA; MO
PURIXAN	5		RYDAPT	5	PA; MO; QL (224 per 28 days)
QINLOCK	5	PA; LA; QL (90 per 30 days)	RYLAZE	5	PA
RETEVMO ORAL CAPSULE 40 MG	5	PA; MO; LA; QL (180 per 30 days)	RYTELO	5	PA
RETEVMO ORAL CAPSULE 80 MG	5	PA; MO; LA; QL (120 per 30 days)			
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	5	PA; MO; LA; QL (60 per 30 days)			
RETEVMO ORAL TABLET 40 MG	5	PA; MO; LA; QL (90 per 30 days)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXT ENDED REL RECON	5	PA; MO	STIVARGA	5	PA; MO; QL (84 per 28 days)
SARCLISA	5	PA; LA	<i>sunitinib malate</i>	5	PA; MO; QL (30 per 30 days)
SCEMBLIX ORAL TABLET 100 MG	5	PA; QL (120 per 30 days)	TABLOID	4	MO
SCEMBLIX ORAL TABLET 20 MG	5	PA; QL (600 per 30 days)	TABRECTA	5	PA; MO
SCEMBLIX ORAL TABLET 40 MG	5	PA; QL (300 per 30 days)	<i>tacrolimus oral capsule</i>	4	B/D PA; MO
SIGNIFOR	5	PA	TAFINLAR ORAL CAPSULE	5	PA; MO; QL (120 per 30 days)
SIMULECT	3	B/D PA; MO	TAFINLAR ORAL TABLET FOR SUSPENSION	5	PA; MO; QL (840 per 28 days)
<i>sirolimus oral solution</i>	5	B/D PA; MO	TAGRISSO	5	PA; MO; LA; QL (30 per 30 days)
<i>sirolimus oral tablet</i>	4	B/D PA; MO	TALVEY	5	PA
SOLTAMOX	5	MO	TALZENNA	5	PA; MO; QL (30 per 30 days)
SOMATULINE DEPOT	5	PA; MO	<i>tamoxifen</i>	2	MO
<i>sorafenib</i>	5	PA; MO; QL (120 per 30 days)	TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (112 per 28 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; MO; QL (30 per 30 days)	TASIGNA ORAL CAPSULE 50 MG	5	PA; MO; QL (120 per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	5	PA; MO; QL (60 per 30 days)	TAZVERIK	5	PA; LA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TECENTRIQ	5	B/D PA; MO; LA	TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA; MO
TECENTRIQ HYBREZA	5	B/D PA; LA	<i>tretinoin</i> (antineoplastic)	5	MO
TECVAYLI	5	PA	TRODELVY	5	PA; LA
TEMODAR INTRAVENOUS	5	B/D PA; MO	TRUQAP	5	PA; QL (64 per 28 days)
<i>temsirolimus</i>	5	B/D PA; MO	TUKYSA ORAL TABLET 150 MG	5	PA; LA; QL (120 per 30 days)
TEPMETKO	5	PA; LA	TUKYSA ORAL TABLET 50 MG	5	PA; LA; QL (300 per 30 days)
TEVIMBRA	5	PA	TURALIO ORAL CAPSULE 125 MG	5	PA; LA; QL (120 per 30 days)
THALOMID ORAL CAPSULE 100 MG	5	PA; MO; QL (112 per 28 days)	UNITUXIN	5	B/D PA
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PA; QL (56 per 28 days)	<i>valrubicin</i>	5	B/D PA; MO
THALOMID ORAL CAPSULE 50 MG	5	PA; MO; QL (28 per 28 days)	VANFLYTA	5	PA; QL (56 per 28 days)
<i>thiotepa injection recon soln 100 mg</i>	5	B/D PA	VECTIBIX	5	B/D PA; MO
<i>thiotepa injection recon soln 15 mg</i>	5	B/D PA; MO	VENCLEXTA ORAL TABLET 10 MG	4	PA; LA; QL (60 per 30 days)
TIBSOVO	5	PA	VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; QL (180 per 30 days)
TIVDAK	5	PA; MO			
<i>topotecan</i>	5	B/D PA; MO			
<i>toremifene</i>	5	MO			
<i>torpenz</i>	5	PA; QL (30 per 30 days)			
TRAZIMERA	5	B/D PA; MO			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA ORAL TABLET 50 MG	5	PA; LA; QL (30 per 30 days)	VYXEOS	5	B/D PA
VENCLEXTA STARTING PACK	5	PA; LA; QL (42 per 180 days)	WELIREG	5	PA; LA
VERZENIO	5	PA; MO; LA; QL (60 per 30 days)	XALKORI ORAL CAPSULE	5	PA; MO; QL (60 per 30 days)
<i>vinblastine</i>	2	B/D PA; MO	XALKORI ORAL PELLET 150 MG	5	PA; MO; QL (180 per 30 days)
<i>vincristine</i>	2	B/D PA; MO	XALKORI ORAL PELLET 20 MG, 50 MG	5	PA; MO; QL (120 per 30 days)
<i>vinorelbine</i>	2	B/D PA; MO	XATMEP	4	B/D PA; MO
VITRAKVI ORAL CAPSULE 100 MG	5	PA; MO; LA; QL (60 per 30 days)	XERMELO	5	PA; LA; QL (84 per 28 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; MO; LA; QL (180 per 30 days)	XOSPATA	5	PA; LA; QL (90 per 30 days)
VITRAKVI ORAL SOLUTION	5	PA; MO; LA; QL (300 per 30 days)	XPOVIO	5	PA; LA
VIZIMPRO	5	PA; MO; QL (30 per 30 days)	XTANDI ORAL CAPSULE	5	PA; MO; QL (120 per 30 days)
VONJO	5	PA; QL (120 per 30 days)	XTANDI ORAL TABLET 40 MG	5	PA; MO; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG	5	PA; QL (60 per 30 days)	XTANDI ORAL TABLET 80 MG	5	PA; MO; QL (60 per 30 days)
VORANIGO ORAL TABLET 40 MG	5	PA; QL (30 per 30 days)	YERVOY	5	B/D PA; MO
VOTRIENT	5	PA; MO; QL (120 per 30 days)	YONDELIS	5	B/D PA
			ZALTRAP	5	B/D PA; MO
			ZANOSAR	4	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ZEJULA ORAL TABLET 100 MG	5	PA; MO; LA; QL (90 per 30 days)	APTIOM ORAL TABLET 600 MG, 800 MG	5	MO; QL (60 per 30 days)
ZEJULA ORAL TABLET 200 MG, 300 MG	5	PA; MO; LA; QL (30 per 30 days)	BRIVIACT INTRAVENOUS	4	MO; QL (600 per 30 days)
ZELBORAF	5	PA; MO; QL (240 per 30 days)	BRIVIACT ORAL SOLUTION	5	MO; QL (600 per 30 days)
ZEPZELCA	5	PA	BRIVIACT ORAL TABLET	5	MO; QL (60 per 30 days)
ZIRABEV	5	B/D PA; MO	carbamazepine oral capsule, er multiphase 12 hr	4	MO
ZOLADEX	4	PA; MO	carbamazepine oral suspension 100 mg/5 ml	4	MO
ZOLINZA	5	PA; MO; QL (120 per 30 days)	carbamazepine oral suspension 100 mg/5 ml (5 ml), 200 mg/10 ml	4	
ZYDELIG	5	PA; MO; QL (60 per 30 days)	carbamazepine oral tablet	3	MO
ZYKADIA	5	PA; MO; QL (90 per 30 days)	carbamazepine oral tablet extended release 12 hr	4	MO
ZYNLONTA	5	PA; LA	carbamazepine oral tablet, chewable 100 mg	3	MO
ZYNYZ	5	PA	clobazam oral suspension	4	PA; MO; QL (480 per 30 days)
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH					
ANTICONVULSANTS					
APTIOM ORAL TABLET 200 MG	5	MO; QL (180 per 30 days)			
APTIOM ORAL TABLET 400 MG	5	MO; QL (90 per 30 days)			

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Drug Name	Drug Tier	Requirements/Limits
clobazam oral tablet	4	PA; MO; QL (60 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	2	MO; QL (90 per 30 days)
clonazepam oral tablet 2 mg	2	MO; QL (300 per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	4	MO; QL (90 per 30 days)
clonazepam oral tablet,disintegrating 2 mg	4	MO; QL (300 per 30 days)
DIACOMIT	5	PA; LA
diazepam rectal	4	MO
DILANTIN 30 MG	4	MO
divalproex	2	MO
EPIDIOLEX	5	PA; MO; LA
epitol	3	MO
EPRONTIA	4	PA; MO
ethosuximide	3	MO
felbamate oral suspension	5	MO
felbamate oral tablet	4	MO
FINTEPLA	5	PA; LA; QL (360 per 30 days)
fosphenytoin	2	MO

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA ORAL SUSPENSION	5	MO; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	MO; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	MO; QL (60 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	MO; QL (60 per 30 days)
gabapentin oral capsule 100 mg, 400 mg	2	MO; QL (270 per 30 days)
gabapentin oral capsule 300 mg	2	MO; QL (360 per 30 days)
gabapentin oral solution 250 mg/5 ml	3	MO; QL (2160 per 30 days)
gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)	3	QL (2160 per 30 days)
gabapentin oral tablet 600 mg	2	MO; QL (180 per 30 days)
gabapentin oral tablet 800 mg	2	MO; QL (120 per 30 days)
lacosamide intravenous	3	MO; QL (1200 per 30 days)
lacosamide oral solution	4	MO; QL (1200 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	4	MO; QL (60 per 30 days)	<i>levetiracetam oral tablet extended release 24 hr</i>	3	MO
<i>lacosamide oral tablet 50 mg</i>	3	MO; QL (120 per 30 days)	<i>LIBERVANT</i>	5	PA; QL (10 per 30 days)
<i>lamotrigine oral tablet</i>	1	MO	<i>methsuximide</i>	4	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO	<i>NAYZILAM</i>	5	PA; MO; QL (10 per 30 days)
<i>lamotrigine oral tablet, disintegrating</i>	4	MO	<i>oxcarbazepine oral suspension</i>	4	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	2	MO	<i>oxcarbazepine oral tablet</i>	3	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i>	2		<i>phenobarbital oral elixir</i>	4	PA; MO
<i>levetiracetam intravenous</i>	2	MO	<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	3	PA
<i>levetiracetam oral solution 100 mg/ml</i>	2	MO	<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	3	PA; MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	2		<i>phenobarbital sodium injection solution 130 mg/ml</i>	2	MO
<i>levetiracetam oral tablet</i>	2	MO	<i>phenobarbital sodium injection solution 65 mg/ml</i>	2	
			<i>phenytoin oral suspension 100 mg/4 ml</i>	2	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	2	
VALTOCO	5	PA; MO; QL (10 per 30 days)
vigabatrin	5	PA; MO; LA
vigadronate	5	PA; LA
vigpoder	5	PA; LA
XCOPRI MAINTENANCE PACK	5	MO; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG	5	MO; QL (120 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	5	MO; QL (60 per 30 days)
XCOPRI ORAL TABLET 25 MG	5	MO; QL (30 per 30 days)
XCOPRI ORAL TABLET 50 MG	5	MO; QL (240 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	4	MO; QL (28 per 180 days)

Drug Name	Drug Tier	Requirements/Limits
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	5	MO; QL (28 per 180 days)
ZONISADE	5	PA; MO
zonisamide	2	PA; MO
ZTALMY	5	PA; LA; QL (1100 per 30 days)
ANTIPARKINSONISM AGENTS		
APOKYN	5	PA; MO; LA; QL (90 per 30 days)
apomorphine	5	PA; QL (90 per 30 days)
benztropine injection	2	MO
benztropine oral	2	PA; MO
bromocriptine	4	MO
carbidopa	4	MO
carbidopa-levodopa oral tablet	2	MO
carbidopa-levodopa oral tablet extended release	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa oral tablet,disintegrating</i>	4	
<i>carbidopa-levodopa-entacapone</i>	4	MO
<i>entacapone</i>	4	MO
<i>INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE</i>	5	PA; QL (300 per 30 days)
<i>NEUPRO</i>	4	MO
<i>pramipexole oral tablet</i>	2	MO
<i>rasagiline</i>	4	MO
<i>ropinirole oral tablet</i>	2	MO
<i>selegiline hcl</i>	3	MO

MIGRAINE / CLUSTER HEADACHE THERAPY

<i>dihydroergotamine injection</i>	5	
<i>dihydroergotamine nasal</i>	5	QL (8 per 28 days)
<i>EMGALITY PEN</i>	3	PA; MO; QL (2 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML</i>	3	PA; MO; QL (2 per 30 days)
<i>ergotamine-caffeine</i>	3	MO
<i>naratriptan</i>	3	MO; QL (18 per 28 days)
<i>NURTEC ODT</i>	3	PA; QL (16 per 30 days)
<i>rizatriptan oral tablet</i>	2	MO; QL (36 per 28 days)
<i>rizatriptan oral tablet,disintegrating</i>	3	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	4	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	4	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml</i>	4	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	4	QL (8 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml	4	QL (8 per 28 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	4	MO; QL (8 per 28 days)
sumatriptan succinate subcutaneous solution	4	MO; QL (8 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
BRIUMVI	5	PA; MO; QL (24 per 180 days)
dalfampridine	3	PA; MO; QL (60 per 30 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg	5	PA; MO; QL (14 per 30 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	5	PA; MO; QL (120 per 180 days)

Drug Name	Drug Tier	Requirements/Limits
dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg	5	PA; MO; QL (60 per 30 days)
donepezil oral tablet 10 mg, 5 mg	2	MO
donepezil oral tablet,disintegrating	2	MO
fingolimod	5	PA; MO; QL (30 per 30 days)
FIRDAPSE	5	PA; LA
galantamine oral capsule,ext rel. pellets 24 hr	3	MO
galantamine oral solution	4	MO
galantamine oral tablet	3	MO
glatiramer subcutaneous syringe 20 mg/ml	5	PA; QL (30 per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	5	PA; QL (12 per 28 days)
glatopa subcutaneous syringe 20 mg/ml	5	PA; MO; QL (30 per 30 days)
glatopa subcutaneous syringe 40 mg/ml	5	PA; MO; QL (12 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
KESIMPTA PEN	5	PA; MO; QL (1.6 per 28 days)
<i>memantine oral capsule,sprinkle,er 24hr</i>	4	PA; MO
<i>memantine oral solution</i>	4	PA; MO
<i>memantine oral tablet</i>	3	PA; MO
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	3	PA
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	3	PA; MO
NUEDEXTA	5	PA; MO
RADICAVA ORS	5	PA; MO
RADICAVA ORS STARTER KIT SUSP	5	PA; MO
<i>rivastigmine</i>	4	MO
<i>rivastigmine tartrate</i>	3	MO
<i>teriflunomide</i>	5	PA; MO; QL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet</i>	2	MO
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	4	PA; MO
<i>dantrolene intravenous</i>	2	
<i>dantrolene oral</i>	4	MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	3	B/D PA; MO
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	3	B/D PA
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	MO
<i>pyridostigmine bromide oral tablet extended release</i>	3	
<i>revonto</i>	2	
<i>tizanidine oral tablet</i>	2	MO
NARCOTIC ANALGESICS		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
acetaminophen-codeine oral solution 120 mg-12 mg/5 ml (5 ml), 300 mg-30 mg /12.5 ml	3	QL (4500 per 30 days)	fentanyl citrate buccal lozenge on a handle 1,200 mcg, 600 mcg	5	PA; MO; QL (120 per 30 days)
acetaminophen-codeine oral solution 120-12 mg/5 ml	3	MO; QL (4500 per 30 days)	fentanyl citrate buccal lozenge on a handle 200 mcg	4	PA; MO; QL (120 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	3	MO; QL (360 per 30 days)	fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	4	PA; MO; QL (10 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	3	MO; QL (180 per 30 days)	hydrocodone-acetaminophen oral solution 10-325 mg/15 ml	3	QL (5550 per 30 days)
buprenorphine hcl injection syringe	2		hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	3	MO; QL (5550 per 30 days)
buprenorphine hcl sublingual	2	MO	hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	3	MO; QL (390 per 30 days)
endocet oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg	3	QL (360 per 30 days)	hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	3	MO; QL (360 per 30 days)
endocet oral tablet 5-325 mg	3	MO; QL (360 per 30 days)	hydrocodone-ibuprofen oral tablet 7.5-200 mg	3	MO; QL (50 per 30 days)
fentanyl citrate (pf) injection solution	2				
fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)	2				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml, 2 mg/ml	4		methadone oral solution 5 mg/5 ml	3	PA; MO; QL (1200 per 30 days)
hydromorphone injection solution 2 mg/ml	4	MO	methadone oral tablet 10 mg	3	PA; MO; QL (120 per 30 days)
hydromorphone injection syringe 1 mg/ml, 4 mg/ml	4	MO	methadone oral tablet 5 mg	3	PA; MO; QL (240 per 30 days)
hydromorphone injection syringe 2 mg/ml	4		methadose oral concentrate	3	PA; MO; QL (90 per 30 days)
hydromorphone oral liquid	4	MO; QL (2400 per 30 days)	morphine (pf) injection solution 0.5 mg/ml	4	
hydromorphone oral tablet	3	MO; QL (180 per 30 days)	morphine (pf) injection solution 1 mg/ml	4	MO
hydromorphone oral tablet extended release 24 hr	4	PA; MO; QL (60 per 30 days)	morphine concentrate oral solution	3	MO; QL (900 per 30 days)
methadone injection solution	3		morphine injection syringe 4 mg/ml	4	MO
methadone intensol	3	PA; MO; QL (90 per 30 days)	morphine intravenous solution 10 mg/ml, 4 mg/ml	4	MO
methadone oral concentrate	3	PA; QL (90 per 30 days)	morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml	4	
methadone oral solution 10 mg/5 ml	3	PA; MO; QL (600 per 30 days)	morphine oral solution	3	MO; QL (900 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine oral tablet</i>	3	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release</i>	3	PA; MO; QL (120 per 30 days)
<i>oxycodone oral capsule</i>	3	MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	4	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	3	MO; QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	3	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	3	MO; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QL (360 per 30 days)
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	3	MO; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	3	MO; QL (360 per 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
etodolac oral tablet	3	MO
flurbiprofen oral tablet 100 mg	2	MO
ibu	1	MO
ibuprofen oral suspension	2	MO
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	MO
meloxicam oral tablet	1	MO; QL (30 per 30 days)
nabumetone	2	MO
nalbuphine	2	
naloxone injection solution	2	MO
naloxone injection syringe 0.4 mg/ml (prefilled syringe)	2	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	2	MO
naloxone nasal	2	MO
naltrexone	2	MO
naproxen oral tablet	1	MO
naproxen oral tablet, delayed release (dr/ec)	2	MO
oxaprozin oral tablet	4	MO
piroxicam	3	MO

Drug Name	Drug Tier	Requirements/Limits
salsalate	1	MO
sulindac	2	MO
tramadol oral tablet 50 mg	2	MO; QL (240 per 30 days)
tramadol-acetaminophen	2	MO; QL (240 per 30 days)
VIVITROL	5	MO
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY	5	MO; QL (2.4 per 56 days)
ASIMTUFII INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 720 MG/2.4 ML		
ABILIFY	5	MO; QL (3.2 per 56 days)
ASIMTUFII INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 960 MG/3.2 ML		
ABILIFY	5	MO; QL (1 per 28 days)
MAINTENA		
amitriptyline	2	MO
amoxapine	3	MO
ariPIPrazole oral solution	4	MO
ariPIPrazole oral tablet	3	MO; QL (30 per 30 days)
ariPIPrazole oral tablet,disintegrating	4	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ARISTADA INITIO	5	MO; QL (4.8 per 365 days)	<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	4	MO; QL (30 per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 1,064 MG/3.9 ML	5	MO; QL (3.9 per 56 days)	AUVELITY	5	ST; QL (60 per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 441 MG/1.6 ML	5	MO; QL (1.6 per 28 days)	BELSOMRA	3	PA; QL (30 per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 662 MG/2.4 ML	5	MO; QL (2.4 per 28 days)	<i>bupropion hcl oral tablet</i>	2	MO
ARISTADA INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 882 MG/3.2 ML	5	MO; QL (3.2 per 28 days)	<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	MO; QL (90 per 30 days)
<i>armodafinil</i>	4	PA; MO; QL (30 per 30 days)	<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	MO; QL (30 per 30 days)
<i>asenapine maleate</i>	4	MO; QL (60 per 30 days)	<i>buspirone</i>	2	MO
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	4	MO; QL (60 per 30 days)	CAPLYTA	4	MO; QL (30 per 30 days)
			<i>chlorpromazine injection</i>	2	MO
			<i>chlorpromazine oral</i>	4	MO
			<i>citalopram oral solution</i>	3	MO
			<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
			<i>clomipramine</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
clonidine hcl oral tablet extended release 12 hr	4	MO
clorazepate dipotassium oral tablet 15 mg	4	PA; MO; QL (180 per 30 days)
clorazepate dipotassium oral tablet 3.75 mg	4	PA; MO; QL (90 per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	4	PA; MO; QL (360 per 30 days)
clozapine oral tablet	3	
clozapine oral tablet,disintegrating	4	
COBENFY	5	QL (60 per 30 days)
COBENFY STARTER PACK	5	QL (56 per 180 days)
desipramine	4	MO
desvenlafaxine succinate	4	MO; QL (30 per 30 days)
dextroamphetamine e-amphetamine oral capsule,extended release 24hr	4	MO
dextroamphetamine e-amphetamine oral tablet	3	MO
diazepam injection	2	PA

Drug Name	Drug Tier	Requirements/Limits
diazepam intensol	2	PA; MO; QL (240 per 30 days)
diazepam oral concentrate	2	PA; QL (240 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)	2	PA; MO; QL (1200 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)	2	PA; QL (1200 per 30 days)
diazepam oral tablet	2	PA; MO; QL (120 per 30 days)
doxepin oral capsule	4	MO
doxepin oral concentrate	4	MO
doxepin oral tablet	3	MO; QL (30 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	MO; QL (60 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	MO; QL (90 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	2	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EMSAM	5	MO	<i>fluvoxamine oral tablet 100 mg</i>	3	MO; QL (90 per 30 days)
<i>escitalopram oxalate oral solution</i>	4	MO	<i>fluvoxamine oral tablet 25 mg</i>	3	MO; QL (30 per 30 days)
<i>escitalopram oxalate oral tablet</i>	2	MO; QL (30 per 30 days)	<i>fluvoxamine oral tablet 50 mg</i>	3	MO; QL (60 per 30 days)
FANAPT ORAL TABLET	4	MO; QL (60 per 30 days)	<i>haloperidol</i>	2	MO
FANAPT ORAL TABLETS,DOSE PACK	4	MO; QL (8 per 180 days)	<i>haloperidol decanoate intramuscular solution 100 mg/ml (1ml), 50 mg/ml(1ml)</i>	4	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	4	QL (28 per 180 days)	<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	4	MO
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	4	QL (30 per 30 days)	<i>haloperidol lactate injection</i>	4	MO
flumazenil	2		<i>haloperidol lactate intramuscular</i>	2	
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)	<i>haloperidol lactate oral</i>	2	MO
<i>fluoxetine oral capsule 20 mg</i>	1	MO; QL (90 per 30 days)	<i>imipramine hcl</i>	4	MO
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)	<i>imipramine pamoate</i>	4	MO
<i>fluoxetine oral solution</i>	2	MO	INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	MO; QL (3.5 per 180 days)
<i>fluphenazine decanoate</i>	4	MO			
<i>fluphenazine hcl</i>	4	MO			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	MO; QL (5 per 180 days)	INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	MO; QL (1.32 per 90 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	MO; QL (0.75 per 28 days)	INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	MO; QL (1.75 per 90 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	MO; QL (1 per 28 days)	INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	MO; QL (2.63 per 90 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	MO; QL (1.5 per 28 days)	<i>lithium carbonate</i>	2	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	MO; QL (0.25 per 28 days)	<i>lithium citrate</i>	2	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	MO; QL (0.5 per 28 days)	<i>lorazepam injection</i>	2	PA; MO
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	MO; QL (0.88 per 90 days)	<i>lorazepam intensol</i>	2	PA; QL (150 per 30 days)
			<i>lorazepam oral concentrate</i>	2	PA; MO; QL (150 per 30 days)
			<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	PA; MO; QL (90 per 30 days)
			<i>lorazepam oral tablet 2 mg</i>	2	PA; MO; QL (150 per 30 days)
			<i>loxapine succinate</i>	2	MO
			<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	5	MO; QL (30 per 30 days)
			<i>lurasidone oral tablet 80 mg</i>	5	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MARPLAN	4	MO	<i>nortriptyline oral solution</i>	4	MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	4	MO	NUPLAZID	4	PA; MO; QL (30 per 30 days)
<i>methylphenidate hcl oral solution</i>	4	MO	<i>olanzapine intramuscular</i>	4	MO
<i>methylphenidate hcl oral tablet</i>	3	MO	<i>olanzapine oral tablet</i>	2	MO; QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release</i>	4	MO	<i>olanzapine oral tablet,disintegrating</i>	4	MO; QL (30 per 30 days)
<i>methylphenidate hcl oral tablet,chewable</i>	4	MO	<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	4	MO; QL (30 per 30 days)
<i>mirtazapine oral tablet</i>	2	MO	<i>paliperidone oral tablet extended release 24hr 6 mg</i>	4	MO; QL (60 per 30 days)
<i>mirtazapine oral tablet,disintegrating</i>	3	MO	<i>paroxetine hcl oral suspension</i>	4	MO
<i>modafinil oral tablet 100 mg</i>	3	PA; MO; QL (30 per 30 days)	<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	2	MO; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	3	PA; MO; QL (60 per 30 days)	<i>paroxetine hcl oral tablet 30 mg</i>	2	MO; QL (60 per 30 days)
<i>molindone oral tablet 10 mg, 25 mg</i>	4		<i>pentobarbital sodium injection solution</i>	4	
<i>molindone oral tablet 5 mg</i>	4	MO	<i>perphenazine</i>	4	MO
<i>nefazodone</i>	4	MO	PERSERIS	5	MO; QL (1 per 30 days)
<i>nortriptyline oral capsule</i>	2	MO	<i>phenelzine</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
pimozide	4	MO	RISPERDAL	5	MO; QL (2 per 28 days)
protriptyline	4	MO	CONSTA		
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	2	MO; QL (90 per 30 days)	INTRAMUSCULAR SUSPENSION,EXT ENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML		
quetiapine oral tablet 300 mg, 400 mg	2	MO; QL (60 per 30 days)	risperidone	3	MO; QL (2 per 28 days)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	4	MO; QL (30 per 30 days)	<i>microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i>		
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	4	MO; QL (60 per 30 days)	risperidone	5	MO; QL (2 per 28 days)
ramelteon	3	MO; QL (30 per 30 days)	<i>microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i>		
REXULTI ORAL TABLET	4	MO; QL (30 per 30 days)	risperidone oral solution	2	MO
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXT ENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	3	MO; QL (2 per 28 days)	risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	1	MO; QL (60 per 30 days)
			risperidone oral tablet 4 mg	1	MO; QL (120 per 30 days)
			risperidone oral tablet,disintegratin g 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	4	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>risperidone oral tablet,disintegrating 4 mg</i>	4	MO; QL (120 per 30 days)	UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	5	MO; QL (0.28 per 28 days)
SECUADO	5	MO; QL (30 per 30 days)	UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	5	MO; QL (0.35 per 28 days)
<i>sertraline oral concentrate</i>	4	MO	UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	5	MO; QL (0.42 per 56 days)
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)	UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	5	MO; QL (0.56 per 56 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)	UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	5	MO; QL (0.7 per 56 days)
SODIUM OXYBATE	5	PA; LA; QL (540 per 30 days)	UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	5	MO; QL (0.14 per 28 days)
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	5	PA; MO			
<i>thioridazine</i>	3	MO			
<i>thiothixene</i>	4	MO			
<i>tranylcypromine</i>	4	MO			
<i>trazodone</i>	1	MO			
<i>trifluoperazine</i>	3	MO			
<i>trimipramine</i>	4	MO			
TRINTELLIX	3	QL (30 per 30 days)			

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This drug list was last updated on 11/18/2024.

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

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	3	MO; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	MO; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	MO; QL (1 per 28 days)
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>adenosine</i>	2	
<i>amiodarone intravenous solution</i>	2	B/D PA; MO
<i>amiodarone intravenous syringe</i>	2	B/D PA
<i>amiodarone oral tablet 100 mg</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
amiodarone oral tablet 200 mg	2	MO
amiodarone oral tablet 400 mg	4	
dofetilide	4	MO
flecainide	3	MO
ibutilide fumarate	2	
lidocaine (pf) intravenous	2	
lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)	4	
mexiletine	3	MO
pacerone oral tablet 100 mg, 400 mg	4	MO
pacerone oral tablet 200 mg	2	MO
procainamide injection	2	
propafenone oral capsule,extended release 12 hr	4	MO
propafenone oral tablet	3	MO
quinidine sulfate oral tablet	2	MO
sorine oral tablet 120 mg	2	

Drug Name	Drug Tier	Requirements/Limits
sorine oral tablet 160 mg	2	MO
sotalol af	2	
sotalol oral	2	MO
ANTIHYPERTENSIVE THERAPY		
acebutolol	2	MO
aliskiren	4	MO
amiloride	2	MO
amiloride-hydrochlorothiazide	2	MO
amlodipine	1	MO
amlodipine-benazepril	1	MO
amlodipine-olmesartan	1	MO
amlodipine-valsartan	1	MO
amlodipine-valsartan-hcthiazide	2	MO
atenolol	1	MO
atenolol-chlorthalidone	1	MO
benazepril	1	MO
benazepril-hydrochlorothiazide	1	MO
betaxolol oral	3	MO
bisoprolol fumarate	2	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
bisoprolol-hydrochlorothiazide	1	MO	clonidine hcl oral tablet	1	MO
bumetanide injection	4	MO	diltiazem hcl intravenous	2	
bumetanide oral	2	MO	diltiazem hcl oral	2	MO
candesartan	1	MO	dilt-xr	2	MO
candesartan-hydrochlorothiazide	2	MO	doxazosin oral tablet 1 mg, 2 mg, 4 mg	2	MO; QL (30 per 30 days)
captopril oral tablet 100 mg, 50 mg	2	MO	doxazosin oral tablet 8 mg	2	MO; QL (60 per 30 days)
captopril oral tablet 12.5 mg, 25 mg	1	MO	enalapril maleate oral tablet	1	MO
captopril-hydrochlorothiazide	2		enalaprilat intravenous solution	2	
cartia xt	2	MO	enalapril-hydrochlorothiazide	1	MO
carvedilol	1	MO	eplerenone	3	MO
chlorothiazide sodium	2	MO	esmolol intravenous solution	2	
chlorthalidone oral tablet 25 mg, 50 mg	2	MO	ethacrynat e sodium	5	
clonidine transdermal patch	4	MO; QL (4 per 28 days)	felodipine	2	MO
clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)	2		fosinopril	1	MO
			fosinopril-hydrochlorothiazide	1	MO
			furosemide injection solution	4	MO

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Drug Name	Drug Tier	Requirements/Limits
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	2	MO
furosemide oral tablet	1	MO
hydralazine	2	MO
hydrochlorothiazide	1	MO
indapamide	1	MO
irbesartan	1	MO
irbesartan-hydrochlorothiazide	1	MO
KERENDIA	3	PA; QL (30 per 30 days)
labetalol intravenous solution	2	
labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)	2	
labetalol oral	2	MO
lisinopril	1	MO
lisinopril-hydrochlorothiazide	1	MO
losartan	1	MO
losartan-hydrochlorothiazide	1	MO

Drug Name	Drug Tier	Requirements/Limits
mannitol 20 %	4	
mannitol 25 % intravenous solution	2	MO
matzim la	2	MO
metolazone	3	MO
metoprolol succinate	1	MO
metoprolol tar-hydrochlorothiazide	2	MO
metoprolol tartrate intravenous	2	
metoprolol tartrate oral	1	MO
metyrosine	5	PA; MO
minoxidil oral	2	MO
moexipril	1	
nadolol	4	MO
nebivolol	2	MO
nicardipine intravenous solution	2	
nicardipine oral	4	MO
nifedipine oral tablet extended release	2	MO
nifedipine oral tablet extended release 24hr	2	MO
nimodipine oral capsule	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan</i>	1	MO
<i>olmesartan-amlodipin-hcthiazid</i>	2	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO
<i>osmitrol 20 %</i>	4	
<i>perindopril erbumine</i>	1	MO
<i>phentolamine</i>	2	
<i>pindolol</i>	3	MO
<i>prazosin</i>	2	MO
<i>propranolol intravenous</i>	2	
<i>propranolol oral capsule, extended release 24 hr</i>	2	MO
<i>propranolol oral solution</i>	2	MO
<i>propranolol oral tablet</i>	1	MO
<i>quinapril</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	1	MO
<i>ramipril</i>	1	MO
<i>spironolactone oral tablet</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan</i>	1	MO
<i>telmisartan-amlodipine</i>	2	MO
<i>telmisartan-hydrochlorothiazid</i>	2	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>tiadylt er</i>	2	MO
<i>timolol maleate oral</i>	4	MO
<i>torsemide oral</i>	2	MO
<i>trandolapril</i>	1	MO
<i>treprostинil sodium</i>	5	PA; MO; LA
<i>triamterene-hydrochlorothiazid</i>	1	MO
<i>UPTRAVI ORAL</i>	5	PA; MO; LA
<i>valsartan oral tablet</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
<i>veletri</i>	2	B/D PA; MO
<i>verapamil intravenous</i>	2	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
verapamil oral capsule,ext rel. pellets 24 hr	2	MO
verapamil oral tablet	1	MO
verapamil oral tablet extended release	2	MO
COAGULATION THERAPY		
aminocaproic acid intravenous	2	MO
aminocaproic acid oral	5	MO
aspirin-dipyridamole	4	MO
BRILINTA	3	MO
CABLIVI INJECTION KIT	5	PA; LA
CEPROTIN (BLUE BAR)	3	PA; MO
CEPROTIN (GREEN BAR)	3	PA; MO
cilostazol	2	MO
clopidogrel oral tablet 300 mg	2	MO
clopidogrel oral tablet 75 mg	1	MO; QL (30 per 30 days)
dabigatran etexilate	4	MO
dipyridamole intravenous	2	

Drug Name	Drug Tier	Requirements/Limits
dipyridamole oral	4	MO
DOPTELET (10 TAB PACK)	5	PA; MO; LA
DOPTELET (15 TAB PACK)	5	PA; MO; LA
DOPTELET (30 TAB PACK)	5	PA; MO; LA
ELIQUIS	3	MO
ELIQUIS DVT-PE TREAT 30D START	3	MO
enoxaparin subcutaneous solution	2	MO; QL (30 per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	4	MO; QL (28 per 28 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	4	MO; QL (22.4 per 28 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml	4	MO; QL (16.8 per 28 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	4	MO; QL (11.2 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	5	MO	heparin (porcine) injection cartridge	3	MO
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	4	MO	heparin (porcine) injection syringe 5,000 unit/ml	3	MO
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)	3		HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	3	MO	heparin (porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	3	MO
heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml	3	MO	heparin, porcine (pf) injection solution 1,000 unit/ml	3	
heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml	3		heparin, porcine (pf) injection solution 5,000 unit/0.5 ml	3	MO
			heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml	3	MO

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Drug Name	Drug Tier	Requirements/Limits
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	3	MO
jantoven	1	MO
pentoxifylline	2	MO
prasugrel	3	MO
PROMACTA	5	PA; MO; LA
protamine	2	
warfarin	1	MO
XARELTO	3	MO
XARELTO DVT- PE TREAT 30D START	3	MO

LIPID/CHOLESTEROL LOWERING AGENTS

atorvastatin	1	MO; QL (30 per 30 days)
cholestyramine (with sugar)	3	MO
cholestyramine <i>light</i>	3	
colesevelam	4	MO
colestipol oral granules	4	MO
colestipol oral packet	4	

Drug Name	Drug Tier	Requirements/Limits
<i>colestipol oral tablet</i>	4	MO
<i>ezetimibe</i>	2	MO
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-40 mg, 10-80 mg</i>	2	MO; QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i>	2	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	2	MO
<i>fenofibrate nanocrystallized</i>	2	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	MO
<i>fenofibric acid</i>	2	
<i>fenofibric acid (choline)</i>	4	MO
<i>fluvastatin oral capsule 20 mg</i>	2	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	2	MO; QL (60 per 30 days)
<i>gemfibrozil</i>	1	MO
<i>icosapent ethyl</i>	3	MO
<i>JUXTAPID</i>	5	PA; MO; LA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
lovastatin oral tablet 10 mg	1	MO; QL (30 per 30 days)	CORLANOR ORAL TABLET	3	MO; QL (60 per 30 days)
lovastatin oral tablet 20 mg, 40 mg	1	MO; QL (60 per 30 days)	digoxin oral solution	3	MO
niacin oral tablet 500 mg	2	MO	digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	2	MO
niacin oral tablet extended release 24 hr	4	MO	digoxin oral tablet 62.5 mcg (0.0625 mg)	3	MO
omega-3 acid ethyl esters	2	MO	dobutamine	2	B/D PA
pitavastatin calcium	1	MO; QL (30 per 30 days)	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)	2	B/D PA
pravastatin	1	MO; QL (30 per 30 days)	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)	2	B/D PA
prevalite	3	MO			
REPATHA	3	PA; QL (6 per 28 days)			
REPATHA PUSHTRONEX	3	PA; QL (7 per 28 days)			
REPATHA SURECLICK	3	PA; QL (6 per 28 days)			
rosuvastatin	1	MO; QL (30 per 30 days)			
simvastatin	1	MO; QL (30 per 30 days)			
MISCELLANEOUS CARDIOVASCULAR AGENTS					
CORLANOR ORAL SOLUTION	3	QL (450 per 30 days)			

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Drug Name	Drug Tier	Requirements/Limits
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	2	B/D PA; MO
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	2	B/D PA
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	2	B/D PA; MO
ENTRESTO	3	QL (60 per 30 days)
ENTRESTO SPRINKLE	3	QL (240 per 30 days)
ivabradine	3	MO; QL (60 per 30 days)
milrinone	2	B/D PA
<i>milrinone in 5 % dextrose</i>	2	B/D PA
<i>norepinephrine bitartrate</i>	2	
ranolazine	4	MO
sodium nitroprusside	2	B/D PA
VECAMYL	5	
VERQUVO	3	MO; QL (30 per 30 days)
VYNDAMAX	5	PA; MO

Drug Name	Drug Tier	Requirements/Limits
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	MO
<i>isosorbide mononitrate oral tablet</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	1	MO
<i>nitro-bid</i>	3	MO
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	2	B/D PA
<i>nitroglycerin intravenous</i>	2	B/D PA
<i>nitroglycerin sublingual</i>	2	MO
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGICALS/TOPICAL THERAPY					
ANTIPSORIATIC / ANTISEBORRHEIC					
<i>acitretin</i>	4	MO	STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; MO; QL (1 per 28 days)
<i>calcipotriene scalp</i>	3	MO; QL (120 per 30 days)	TALTZ AUTOINJECTOR	5	PA; MO; QL (1 per 28 days)
<i>calcipotriene topical cream</i>	4	MO; QL (120 per 30 days)	TALTZ AUTOINJECTOR (2 PACK)	5	PA; MO; QL (4 per 28 days)
<i>calcipotriene topical ointment</i>	4	MO; QL (120 per 30 days)	TALTZ AUTOINJECTOR (3 PACK)	5	PA; MO; QL (3 per 180 days)
<i>selenium sulfide topical lotion</i>	2	MO	TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML	5	PA; MO; QL (0.25 per 28 days)
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (2 per 28 days)	TALTZ SYRINGE SUBCUTANEOUS SYRINGE 40 MG/0.5 ML	5	PA; MO; QL (0.5 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; QL (2 per 28 days)	TALTZ SUBCUTANEOUS SYRINGE 80 MG/ML	5	PA; MO; QL (1 per 28 days)
STELARA INTRAVENOUS	5	PA; MO; QL (104 per 180 days)	MISCELLANEOUS DERMATOLOGICALS		
STELARA SUBCUTANEOUS SOLUTION	5	PA; MO; QL (0.5 per 28 days)	<i>ammonium lactate</i>	2	MO
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; MO; QL (0.5 per 28 days)	<i>chloroprocaine (pf)</i>	2	
			<i>dermacinrx lidocan</i>	4	PA; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days)	<i>lidocaine hcl</i> <i>laryngotracheal</i>	3	
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; MO; QL (8 per 28 days)	<i>lidocaine hcl</i> <i>mucous membrane jelly in applicator</i>	2	MO; QL (60 per 30 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; QL (1.34 per 28 days)	<i>lidocaine hcl</i> <i>mucous membrane solution 2 %</i>	2	MO
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days)	<i>lidocaine hcl</i> <i>mucous membrane solution 4 % (40 mg/ml)</i>	3	MO
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; MO; QL (8 per 28 days)	<i>lidocaine topical adhesive patch,medicated 5 %</i>	4	PA; MO; QL (90 per 30 days)
<i>fluorouracil topical cream 5 %</i>	3	MO	<i>lidocaine topical ointment</i>	4	MO; QL (36 per 30 days)
<i>fluorouracil topical solution</i>	3	MO	<i>lidocaine viscous</i>	2	
<i>glydo</i>	2	MO; QL (60 per 30 days)	<i>lidocaine-epinephrine</i>	2	
<i>imiquimod topical cream in packet 5 %</i>	3	MO	<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000</i>	2	
<i>lidocaine (pf) injection solution</i>	2		<i>lidocaine-prilocaine topical cream</i>	3	MO; QL (30 per 30 days)
<i>lidocaine hcl injection solution</i>	2		<i>lidocan iii</i>	4	PA; QL (90 per 30 days)
			<i>lidocan iv</i>	4	PA; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocan v</i>	4	PA; QL (90 per 30 days)
<i>methoxsalen</i>	5	MO
<i>PANRETIN</i>	5	PA; MO
<i>pimecrolimus</i>	4	PA; MO; QL (100 per 30 days)
<i>podofilox topical solution</i>	3	MO
<i>polocaine injection solution 1% (10 mg/ml)</i>	2	
<i>polocaine-mpf</i>	2	
<i>REGRANEX</i>	5	MO; QL (15 per 30 days)
<i>SANTYL</i>	3	MO; QL (180 per 30 days)
<i>silver sulfadiazine</i>	2	MO
<i>ssd</i>	2	MO
<i>tacrolimus topical</i>	4	PA; MO; QL (100 per 30 days)
<i>tridacaine ii</i>	4	PA; QL (90 per 30 days)
<i>VALCHLOR</i>	5	PA; MO
THERAPY FOR ACNE		
<i>accutane</i>	4	
<i>amnesteem</i>	4	
<i>claravis</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate topical gel</i>	3	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical gel, once daily</i>	3	MO; QL (150 per 30 days)
<i>clindamycin phosphate topical lotion</i>	3	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	3	MO; QL (120 per 30 days)
<i>ery pads</i>	3	MO
<i>erythromycin with ethanol topical solution</i>	2	MO
<i>isotretinoin</i>	4	
<i>ivermectin topical cream</i>	2	MO; QL (90 per 30 days)
<i>metronidazole topical</i>	4	MO
<i>tazarotene topical cream</i>	4	PA; MO
<i>tazarotene topical gel</i>	4	PA; MO
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	4	PA; MO
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	3	PA; MO
<i>zenatane</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical cream</i>	4	MO; QL (60 per 30 days)
<i>gentamicin topical ointment</i>	3	MO; QL (60 per 30 days)
<i>mupirocin</i>	2	MO; QL (44 per 30 days)
<i>sulfacetamide sodium (acne)</i>	4	MO
TOPICAL ANTIFUNGALS		
<i>ciclodan topical solution</i>	2	QL (6.6 per 28 days)
<i>ciclopirox topical cream</i>	2	MO; QL (90 per 28 days)
<i>ciclopirox topical gel</i>	3	MO; QL (100 per 28 days)
<i>ciclopirox topical shampoo</i>	3	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	2	MO; QL (6.6 per 28 days)
<i>ciclopirox topical suspension</i>	3	MO; QL (60 per 28 days)
<i>clotrimazole topical cream</i>	2	MO; QL (45 per 28 days)
<i>clotrimazole topical solution</i>	2	MO; QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	3	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	4	MO; QL (60 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>econazole</i>	4	MO; QL (85 per 28 days)
<i>ketoconazole topical cream</i>	2	MO; QL (60 per 28 days)
<i>ketoconazole topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>klayesta</i>	3	MO; QL (180 per 30 days)
<i>naftifine topical gel 2%</i>	4	MO; QL (60 per 28 days)
<i>nyamyc</i>	3	MO; QL (180 per 30 days)
<i>nystatin topical cream</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	3	MO; QL (180 per 30 days)
<i>nystatin-triamcinolone</i>	3	MO; QL (60 per 28 days)
<i>nystop</i>	3	MO; QL (180 per 30 days)
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment</i>	4	PA; MO; QL (30 per 30 days)
<i>penciclovir</i>	4	MO; QL (5 per 30 days)
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1%</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ala-cort topical cream 2.5 %</i>	2		<i>clobetasol topical gel</i>	4	MO; QL (120 per 28 days)
<i>alclometasone</i>	3	MO	<i>clobetasol topical lotion</i>	4	MO; QL (118 per 28 days)
<i>betamethasone dipropionate</i>	3	MO	<i>clobetasol topical ointment</i>	4	MO; QL (120 per 28 days)
<i>betamethasone valerate topical cream</i>	3	MO	<i>clobetasol topical shampoo</i>	4	MO; QL (236 per 28 days)
<i>betamethasone valerate topical lotion</i>	3	MO	<i>clobetasol-emollient topical cream</i>	4	MO; QL (120 per 28 days)
<i>betamethasone valerate topical ointment</i>	3	MO	<i>clodan</i>	4	MO; QL (236 per 28 days)
<i>betamethasone, augmented topical cream</i>	2	MO	<i>desonide</i>	4	MO
<i>betamethasone, augmented topical gel</i>	3	MO	<i>fluocinolone</i>	4	MO
<i>betamethasone, augmented topical lotion</i>	4	MO	<i>fluocinolone and shower cap</i>	4	MO
<i>betamethasone, augmented topical ointment</i>	2	MO	<i>fluocinonide topical cream 0.05 %</i>	4	MO; QL (120 per 30 days)
<i>clobetasol scalp</i>	4	MO; QL (100 per 28 days)	<i>fluocinonide topical gel</i>	4	MO; QL (120 per 30 days)
<i>clobetasol topical cream</i>	4	MO; QL (120 per 28 days)	<i>fluocinonide topical ointment</i>	4	MO; QL (120 per 30 days)
<i>clobetasol topical foam</i>	4	MO; QL (100 per 28 days)	<i>fluocinonide topical solution</i>	4	MO; QL (120 per 30 days)
			<i>fluocinonide-emollient</i>	4	MO; QL (120 per 30 days)
			<i>halobetasol propionate topical cream</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>halobetasol propionate topical ointment</i>	4	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone topical lotion 2.5 %</i>	2	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	MO
<i>mometasone topical</i>	2	MO
<i>prednicarbate topical ointment</i>	4	
<i>triamcinolone acetonide topical cream</i>	2	MO
<i>triamcinolone acetonide topical lotion</i>	2	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO
<i>triderm topical cream</i>	2	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	2	
<i>malathion</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>permethrin</i>	3	MO; QL (60 per 30 days)
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
<i>acetylcysteine intravenous</i>	3	
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</i>	4	
<i>neomycin-polymyxin b gu</i>	2	
<i>ringer's irrigation</i>	4	MO
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	4	MO
<i>acetic acid irrigation</i>	2	MO
<i>anagrelide</i>	3	MO
<i>caffeine citrate intravenous</i>	2	
<i>caffeine citrate oral</i>	2	MO
<i>carglumic acid</i>	5	PA; MO
<i>CHEMET</i>	3	PA
<i>CLINIMIX 4.25%/D5W SULFIT FREE</i>	4	B/D PA
<i>d10 %-0.45 % sodium chloride</i>	4	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
d2.5 %-0.45 % sodium chloride	4		disulfiram oral tablet 250 mg	3	MO
d5 % and 0.9 % sodium chloride	4	MO	disulfiram oral tablet 500 mg	3	
d5 %-0.45 % sodium chloride	4	MO	droxidopa	5	PA; MO
deferasirox oral tablet 180 mg, 360 mg	5	PA; MO	ENDARI	5	PA; MO
deferasirox oral tablet 90 mg	4	PA; MO	glutamine (sickle cell)	5	PA; MO
deferiprone	5	PA; MO	INCRELEX	5	MO; LA
deferoxamine	2	B/D PA; MO	kionex (with sorbitol)	3	
dextrose 10 % and 0.2 % nacl	4		levocarnitine (with sugar)	4	MO
dextrose 10 % in water (d10w)	4		levocarnitine oral solution 100 mg/ml	4	MO
dextrose 25 % in water (d25w)	4		levocarnitine oral tablet	4	MO
dextrose 5 % in water (d5w)	4	MO	LOKELMA	3	MO
dextrose 5 %-lactated ringers	4	MO	midodrine	3	MO
dextrose 5%-0.2 % sod chloride	4		nitisinone	5	PA; MO
dextrose 5%-0.3 % sod.chloride	4		pilocarpine hcl oral	4	MO
dextrose 50 % in water (d50w)	4		PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; MO; LA
dextrose 70 % in water (d70w)	4		REVCovi	5	PA; LA
			REZDIFRA	5	PA; MO; QL (30 per 30 days)
			riluzole	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
sevelamer carbonate oral tablet	4	MO; QL (270 per 30 days)
sodium benzoate-sod phenylacet	5	
sodium chloride 0.9 % intravenous	4	MO
sodium chloride irrigation	4	MO
sodium phenylbutyrate oral powder	5	PA; MO
sodium phenylbutyrate oral tablet	5	PA
sodium polystyrene sulfonate oral powder	3	MO
sps (with sorbitol) oral	3	MO
sps (with sorbitol) rectal	3	
trientine oral capsule 250 mg	5	PA; MO
water for irrigation, sterile	4	MO
XIAFLEX	5	PA
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	2	PA; MO

Drug Name	Drug Tier	Requirements/Limits
SMOKING DETERRENTS		
bupropion hcl (smoking deter)	2	MO
NICOTROL	4	
NICOTROL NS	4	MO
varenicline oral tablet 0.5 mg, 1 mg	4	MO
varenicline oral tablet 1 mg (56 pack)	4	
varenicline oral tablets, dose pack	4	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal spray, non-aerosol 137 mcg (0.1 %)	3	MO; QL (60 per 30 days)
azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)	3	QL (60 per 30 days)
chlorhexidine gluconate mucous membrane	2	MO
denta 5000 plus	2	MO
dentagel	2	MO
fluoride (sodium) dental cream	2	
fluoride (sodium) dental gel	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluoride (sodium) dental paste</i>	2	MO
<i>fraiche 5000</i>	2	
<i>ipratropium bromide nasal</i>	2	MO; QL (30 per 30 days)
<i>kourzeq</i>	2	
<i>oralone</i>	2	
<i>periogard</i>	2	
<i>sf</i>	2	MO
<i>sf 5000 plus</i>	2	MO
<i>sodium fluoride 5000 dry mouth</i>	2	MO
<i>sodium fluoride 5000 plus</i>	2	
<i>sodium fluoride-pot nitrate</i>	2	MO
<i>triamcinolone acetonide dental</i>	2	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	2	MO
<i>ciprofloxacin hcl otic (ear)</i>	4	MO
<i>flac otic oil</i>	4	
<i>fluocinolone acetonide oil</i>	4	MO
<i>hydrocortisone-acetic acid</i>	4	MO
<i>ofloxacin otic (ear)</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone</i>	3	MO; QL (7.5 per 7 days)
<i>neomycin-polymyxin-hc otic (ear)</i>	3	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>cortisone</i>	4	
<i>dexamethasone intensol</i>	2	MO
<i>dexamethasone oral elixir</i>	2	MO
<i>dexamethasone oral solution</i>	2	MO
<i>dexamethasone oral tablet</i>	2	MO
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	2	MO
<i>dexamethasone sodium phosphate injection</i>	2	MO
<i>fludrocortisone</i>	2	MO
<i>hydrocortisone oral</i>	2	MO
<i>methylprednisolone acetate</i>	3	MO
<i>methylprednisolone oral tablet</i>	2	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone oral tablets, dose pack</i>	2	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	3	MO
<i>methylprednisolone sodium succ intravenous</i>	3	MO
<i>prednisolone oral solution</i>	3	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	3	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>	3	
<i>prednisone</i>	2	MO
<i>prednisone intensol</i>	4	MO
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	2	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>propylthiouracil</i>	3	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)
<i>alcohol pads</i>	3	MO
<i>BYDUREON BCISE</i>	3	PA; MO; QL (4 per 28 days)
<i>BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML</i>	3	PA; MO; QL (2.4 per 30 days)
<i>BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML</i>	3	PA; MO; QL (1.2 per 30 days)
<i>diazoxide</i>	4	MO
<i>DROPSAFE ALCOHOL PREP PADS</i>	3	
<i>FARXIGA ORAL TABLET 10 MG</i>	3	MO; QL (30 per 30 days)
<i>FARXIGA ORAL TABLET 5 MG</i>	3	MO; QL (60 per 30 days)
<i>FREESTYLE INSULINX STRIP</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
FREESTYLE INSULINX TEST STRIPS	3	MO
FREESTYLE LITE STRIPS	3	MO
FREESTYLE PRECISION NEO STRIPS	3	MO
FREESTYLE TEST	3	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)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 per 30 days)
GVOKE	3	MO
GVOKE HYPOOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	3	
GVOKE HYPOOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	3	MO
GVOKE HYPOOPEN 2-PACK	3	MO
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	MO
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	MO
HUMALOG JUNIOR KWIKPEN U-100	3	MO
HUMALOG KWIKPEN INSULIN	3	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX 50-50 KWIKPEN	3	MO	JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	MO; QL (30 per 30 days)
HUMALOG MIX 75-25 KWIKPEN	3	MO	JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	MO; QL (60 per 30 days)
HUMALOG MIX 75-25(U- 100)INSULN	3	MO	JANUVIA	3	MO; QL (30 per 30 days)
HUMALOG U-100 INSULIN	3	MO	JARDIANCE	3	MO; QL (30 per 30 days)
HUMULIN 70/30 U-100 INSULIN	3	MO	LANTUS SOLOSTAR U-100 INSULIN	3	MO
HUMULIN 70/30 U-100 KWIKPEN	3	MO	LANTUS U-100 INSULIN	3	MO
HUMULIN N NPH INSULIN KWIKPEN	3	MO	LYUMJEV KWIKPEN U-100 INSULIN	3	MO
HUMULIN N NPH U-100 INSULIN	3	MO	LYUMJEV KWIKPEN U-200 INSULIN	3	MO
HUMULIN R REGULAR U-100 INSULN	3	MO	LYUMJEV U-100 INSULIN	3	MO
HUMULIN R U- 500 (CONC) INSULIN	3	MO	<i>metformin oral</i> <i>tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
HUMULIN R U- 500 (CONC) KWIKPEN	3	MO	<i>metformin oral</i> <i>tablet 500 mg</i>	1	MO; QL (150 per 30 days)
INSULIN LISPRO SUBCUTANEOUS SOLUTION	3	MO	<i>metformin oral</i> <i>tablet 850 mg</i>	1	MO; QL (90 per 30 days)
JANUMET	3	MO; QL (60 per 30 days)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<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>	3	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>	3	MO; QL (30 per 30 days)
<i>nateglinide oral tablet 120 mg</i>	2	MO; QL (90 per 30 days)	SOLIQUA 100/33	3	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	2	MO; QL (180 per 30 days)	SYNJARDY	3	MO; QL (60 per 30 days)
ONETOUCH ULTRA TEST	3	MO	SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	MO; QL (30 per 30 days)
ONETOUCH VERIO TEST STRIPS	3	MO	SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	MO; QL (60 per 30 days)
<i>pioglitazone</i>	1	MO; QL (30 per 30 days)	TOUJEO MAX U-300 SOLOSTAR	3	MO
PRECISION XTRA TEST	3	MO	TOUJEO SOLOSTAR U-300 INSULIN	3	MO
<i>repaglinide oral tablet 0.5 mg</i>	2	MO; QL (960 per 30 days)	TRULICITY	3	PA; MO; QL (2 per 28 days)
<i>repaglinide oral tablet 1 mg</i>	2	MO; QL (480 per 30 days)			
<i>repaglinide oral tablet 2 mg</i>	2	MO; QL (240 per 30 days)			
<i>saxagliptin</i>	3	MO; QL (30 per 30 days)			

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Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	MO; QL (60 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME	5	PA; MO
<i>cabergoline</i>	3	MO
<i>calcitonin (salmon) injection</i>	5	MO
<i>calcitonin (salmon) nasal</i>	3	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	
<i>calcitriol oral capsule</i>	2	MO
<i>calcitriol oral solution</i>	4	
<i>cinacalcet</i>	4	PA; MO
<i>clomid</i>	2	PA; MO
<i>clomiphene citrate</i>	2	PA
CRYSVITA	5	PA; MO; LA
<i>danazol</i>	4	MO
<i>desmopressin injection</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin nasal spray with pump</i>	4	MO
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	4	
<i>desmopressin oral</i>	3	MO
<i>doxercalciferol intravenous</i>	2	MO
<i>doxercalciferol oral</i>	4	MO
ELAPRASE	5	PA; MO
FABRAZYME	5	PA; MO
KANUMA	5	PA; MO
KORLYM	5	PA
LUMIZYME	5	PA; MO
MEPSEVII	5	PA; MO
<i>mifepristone oral tablet 300 mg</i>	5	PA; MO
MYALEPT	5	PA; MO; LA
NAGLAZYME	5	PA; MO; LA
<i>pamidronate intravenous solution</i>	2	MO
<i>paricalcitol intravenous</i>	2	
<i>paricalcitol oral</i>	4	MO
<i>sapropterin</i>	5	PA; MO
SOMAVERT	5	PA; MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
testosterone cypionate <i>intramuscular oil 100 mg/ml, 200 mg/ml</i>	3	PA; MO	testosterone <i>transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	4	PA; MO; QL (37.5 per 30 days)
testosterone cypionate <i>intramuscular oil 200 mg/ml (1 ml)</i>	3	PA	testosterone <i>transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	4	PA; MO; QL (150 per 30 days)
testosterone enanthate	3	PA; MO	testosterone <i>transdermal solution in metered pump w/app</i>	4	PA; MO; QL (180 per 30 days)
testosterone <i>transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	4	PA; QL (120 per 30 days)	tolvaptan	5	PA; MO
testosterone <i>transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1%)</i>	3	PA; MO; QL (300 per 30 days)	VIMIZIM	5	PA; MO; LA
testosterone <i>transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	4	PA; MO; QL (150 per 30 days)	zoledronic acid <i>intravenous solution</i>	2	B/D PA; MO
testosterone <i>transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	4	PA; MO; QL (300 per 30 days)	THYROID HORMONES		
			euthyrox	1	MO
			levo-t	1	
			levothyroxine <i>intravenous recon soln</i>	2	
			levothyroxine oral tablet	1	MO

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This drug list was last updated on 11/18/2024.

Drug Name	Drug Tier	Requirements/Limits
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	MO
liothyronine	2	MO
unitroid	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
atropine injection solution 0.4 mg/ml	2	
atropine injection syringe 0.1 mg/ml	2	
atropine intravenous solution 0.4 mg/ml	2	
atropine intravenous syringe 0.25 mg/5 ml (0.05 mg/ml)	2	
dicyclomine intramuscular	2	MO
dicyclomine oral capsule	2	MO
dicyclomine oral solution	4	MO
dicyclomine oral tablet	2	MO

Drug Name	Drug Tier	Requirements/Limits
diphenoxylate- atropine oral liquid	4	MO
diphenoxylate- atropine oral tablet	3	MO
glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)	2	MO
glycopyrrolate injection	2	MO
glycopyrrolate oral tablet 1 mg, 2 mg	3	MO
glycopyrrolate oral tablet 1.5 mg	3	
loperamide oral capsule	2	MO
opium tincture	2	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
alosetron oral tablet 0.5 mg	4	PA; MO
alosetron oral tablet 1 mg	5	PA; MO
aprepitant	4	B/D PA; MO
balsalazide	4	MO
betaine	5	MO
budesonide oral capsule, delayed, ex tend.release	4	MO

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This drug list was last updated on 11/18/2024.

Drug Name	Drug Tier	Requirements/Limits
budesonide oral tablet, delayed and ext.release	5	MO
CHENODAL	5	PA; LA
CHOLBAM ORAL CAPSULE 250 MG	5	PA
CHOLBAM ORAL CAPSULE 50 MG	5	PA; QL (120 per 30 days)
CINVANTI	3	MO
compro	4	MO
constulose	2	MO
CORTIFOAM	3	MO
CREON	3	MO
cromolyn oral	4	MO
dimenhydrinate injection solution	2	MO
dronabinol oral capsule 10 mg	4	B/D PA; MO
dronabinol oral capsule 2.5 mg, 5 mg	4	B/D PA
droperidol injection solution	2	MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	4	B/D PA
ENTYVIO	5	PA; MO; QL (2 per 28 days)
enulose	2	MO

Drug Name	Drug Tier	Requirements/Limits
fosaprepitant	2	MO
GATTEX 30-VIAL	5	PA; MO
GATTEX ONE-VIAL	5	PA; MO
gavilyte-c	2	MO
gavilyte-g	2	MO
gavilyte-n	2	
generlac	2	
gransetron (pf) intravenous solution 1 mg/ml (1 ml)	2	MO
gransetron hcl intravenous solution 1 mg/ml	2	MO
gransetron hcl intravenous solution 1 mg/ml (1 ml)	2	
gransetron hcl oral	4	B/D PA; MO
hydrocortisone rectal	4	MO
hydrocortisone topical cream with perineal applicator	2	MO
INFLECTRA	5	PA; MO; QL (20 per 28 days)
lactulose oral solution 10 gram/15 ml	2	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	2		<i>metoclopramide hcl oral solution</i>	2	MO
LINZESS	4	ST; MO; QL (30 per 30 days)	<i>metoclopramide hcl oral tablet</i>	1	MO
lubiprostone	4	MO; QL (60 per 30 days)	MOVANTIK	3	MO; QL (30 per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO	<i>nitroglycerin rectal</i>	3	MO
<i>mesalamine oral capsule (with delayed release tablets)</i>	4	MO	OCALIVA	5	PA; MO; LA; QL (30 per 30 days)
<i>mesalamine oral capsule, extended release</i>	5		<i>ondansetron hcl (pf) injection solution</i>	2	MO
<i>mesalamine oral capsule,extended release 24hr</i>	4	MO	<i>ondansetron hcl (pf) injection syringe</i>	2	
<i>mesalamine oral tablet,delayed release (dr/ec)</i>	4	MO	<i>ondansetron hcl intravenous</i>	2	MO
<i>mesalamine rectal</i>	4	MO	<i>ondansetron hcl oral solution</i>	4	B/D PA; MO
<i>mesalamine with cleansing wipe</i>	4	MO	<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA; MO
<i>metoclopramide hcl injection solution</i>	2	MO	<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	2	B/D PA; MO
<i>metoclopramide hcl injection syringe</i>	2		<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	2	MO
			<i>palonosetron intravenous syringe</i>	2	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
peg 3350-electrolytes	2		scopolamine base	4	MO
peg3350-sod sul-nacl-kcl-asb-c	4	MO	SKYRIZI INTRAVENOUS	5	PA; MO; QL (30 per 180 days)
peg-electrolyte	2	MO	SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5	PA; MO; QL (1.2 per 56 days)
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	4	MO	SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; MO; QL (2.4 per 56 days)
prochlorperazine	4	MO	sodium,potassium, mag sulfates oral recon soln 17.5-3.13-1.6 gram	4	MO
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)	2	MO	sodium,potassium, mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)	4	
prochlorperazine maleate oral	2	MO	SUCRAID	5	PA
procto-med hc	2	MO	sulfasalazine	2	MO
proctosol hc topical	2	MO	TRULANCE	3	QL (30 per 30 days)
proctozone-hc	2	MO	ursodiol oral capsule 300 mg	3	MO
RECTIV	3	MO	ursodiol oral tablet	3	MO
RELISTOR SUBCUTANEOUS SOLUTION	5	MO; QL (18 per 30 days)	VARUBI	3	B/D PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	5	MO; QL (18 per 30 days)			
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	5	MO; QL (12 per 30 days)			

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Drug Name	Drug Tier	Requirements/Limits
VIOKACE	3	MO
ZYMFENTRA	5	PA; MO; QL (2 per 28 days)
ULCER THERAPY		
esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg	3	MO; QL (30 per 30 days)
esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg	3	MO; QL (60 per 30 days)
esomeprazole sodium intravenous recon soln 40 mg	2	MO
famotidine (pf)	2	MO
famotidine (pf)-nacl (iso-os)	2	MO
famotidine intravenous	2	MO
famotidine oral tablet 20 mg, 40 mg	1	MO
lansoprazole oral capsule, delayed release(dr/ec) 15 mg	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	3	MO; QL (60 per 30 days)
<i>misoprostol</i>	3	MO
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)
<i>pantoprazole intravenous</i>	2	MO
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)
<i>sucralfate oral suspension</i>	4	MO
<i>sucralfate oral tablet</i>	2	MO

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ACTIMMUNE	5	B/D PA; MO
ARCALYST	5	PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; MO; QL (1 per 28 days)	PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; MO; QL (1 per 28 days)			
BESREMI	5	PA; LA			
BETASERON SUBCUTANEOUS KIT	5	PA; MO; QL (14 per 28 days)	PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO
ILARIS (PF)	5	PA; MO; LA; QL (2 per 28 days)			
LEUKINE INJECTION RECON SOLN	5	PA; MO	RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
MOZOBIL	5	B/D PA; MO			
NIVESTYM	5	PA; MO			
NYVEPRIA	5	PA; MO			
OMNITROPE	5	PA; MO			
PEGASYS SUBCUTANEOUS SOLUTION	5	MO; QL (4 per 28 days)	RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; MO
PEGASYS SUBCUTANEOUS SYRINGE	5	MO; QL (2 per 28 days)			
plerixafor	5	B/D PA; MO	VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
			ABRYSVO (PF)	1	V
			ACTHIB (PF)	3	
			ADACEL(TDAP ADOLESN/ADUL T)(PF)	1	V

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Drug Name	Drug Tier	Requirements/Limits
AREXVY (PF)	1	V
BCG VACCINE, LIVE (PF)	1	V
BEXSERO	1	V
BOOSTRIX TDAP	1	V
DAPTACEL (DTAP PEDIATRIC) (PF)	3	
DENGVAXIA (PF)	3	
ENGERIX-B (PF)	1	B/D PA; V
ENGERIX-B PEDIATRIC (PF)	1	B/D PA; V
fomepizole	2	
GAMASTAN	3	MO
GARDASIL 9 (PF)	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HEPLISAV-B (PF)	1	B/D PA; V
HIBERIX (PF)	3	
HIZENTRA	5	B/D PA; MO
HYPERHEP B INTRAMUSCULAR SOLUTION	3	

Drug Name	Drug Tier	Requirements/Limits
HYPERHEP B NEONATAL	3	
IMOVAX RABIES VACCINE (PF)	1	V
INFANRIX (DTAP) (PF)	3	
IPOL	1	V
IXCHIQ (PF)	1	V
IXIARO (PF)	1	V
JYNNEOS (PF)	1	B/D PA; V
KINRIX (PF)	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	1	V
MENQUADFI (PF)	1	V
MENVEO A-C-Y- W-135-DIP (PF)	1	V
M-M-R II (PF)	1	V
MRESVIA (PF)	1	V
PEDIARIX (PF)	3	
PEDVAX HIB (PF)	3	
PENBRAYA (PF)	1	V
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG- 62DU -10 MCG/0.5ML	3	
PREHEVBRIQ (PF)	1	B/D PA; V
PRIORIX (PF)	1	V

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Drug Name	Drug Tier	Requirements/Limits
PRIVIGEN	5	PA; MO
PROQUAD (PF)	3	
QUADRACEL (PF)	3	
RABAVERT (PF)	1	V
RECOMBIVAX HB (PF)	1	B/D PA; V
ROTARIX	3	
ROTAQUE VACCINE	3	
SHINGRIX (PF)	1	V; QL (2 per 720 days)
TDVAX	1	V
TENIVAC (PF)	1	V
TETANUS,DIPHT HERIA TOX PED(PF)	3	
TICE BCG	3	B/D PA
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	3	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	3	V
TRUMENBA	1	V
TWINRIX (PF)	1	V
TYPHIM VI	1	V

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

MISCELLANEOUS SUPPLIES

MISCELLANEOUS SUPPLIES

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	3	MO	FREESTYLE INSULINX	3	
			FREESTYLE LIBRE 14 DAY READER	3	
			FREESTYLE LIBRE 14 DAY SENSOR	3	
			FREESTYLE LIBRE 2 READER	3	MO
			FREESTYLE LIBRE 2 SENSOR	3	
			FREESTYLE LIBRE 3 PLUS SENSOR	3	MO
			FREESTYLE LIBRE 3 READER	3	MO
			FREESTYLE LIBRE 3 SENSOR	3	
			FREESTYLE LITE METER	3	MO
			GAUZE PADS 2 X 2	3	MO
			INSULIN SYRINGE- NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	3	MO
			OMNIPOD 5 G6- G7 INTRO KT(GEN5)	3	MO; QL (1 per 720 days)

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Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 G6-G7 PODS (GEN 5)	3	MO
OMNIPOD CLASSIC PODS (GEN 3)	3	
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4)	3	MO
OMNIPOD GO PODS	3	
OMNIPOD GO PODS 10 UNITS/DAY	3	
OMNIPOD GO PODS 15 UNITS/DAY	3	
OMNIPOD GO PODS 20 UNITS/DAY	3	
OMNIPOD GO PODS 25 UNITS/DAY	3	
OMNIPOD GO PODS 30 UNITS/DAY	3	
OMNIPOD GO PODS 40 UNITS/DAY	3	
ONETOUCH ULTRA2 METER	3	MO

Drug Name	Drug Tier	Requirements/Limits
ONETOUCH VERIO FLEX METER	3	MO
ONETOUCH VERIO REFLECT METER	3	
PEN NEEDLES (NON-PREFERRED BRANDS) NEEDLE 29 GAUGE X 1/2"	3	MO
PRECISION XTRA MONITOR	3	MO
V-GO 20	3	MO
V-GO 30	3	MO
V-GO 40	3	MO
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<i>allopurinol sodium</i>	2	
<i>aloprim</i>	2	
<i>colchicine oral tablet</i>	3	MO
<i>febuxostat</i>	3	MO
<i>probenecid</i>	3	MO
<i>probenecid-colchicine</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
OSTEOPOROSIS THERAPY		
alendronate oral tablet 10 mg	1	MO; QL (30 per 30 days)
alendronate oral tablet 35 mg, 70 mg	1	MO; QL (4 per 28 days)
ibandronate intravenous solution	3	PA
ibandronate intravenous syringe	3	PA; MO
ibandronate oral	3	MO; QL (1 per 30 days)
PROLIA	4	PA; MO; QL (1 per 180 days)
raloxifene	3	MO
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	5	PA; QL (2.48 per 28 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN	5	PA; MO; QL (3.6 per 28 days)
ACTEMRA INTRAVENOUS	5	PA; MO; QL (160 per 28 days)
ACTEMRA SUBCUTANEOUS	5	PA; MO; QL (3.6 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-ADAZ	5	PA; MO; QL (1.6 per 28 days)
ADALIMUMAB-ADBM (ONLY NDCS STARTING WITH 00597) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)
ADALIMUMAB-ADBM (ONLY NDCS STARTING WITH 00597) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA; MO; QL (2 per 28 days)
ADALIMUMAB-ADBM (ONLY NDCS STARTING WITH 00597) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; QL (4 per 28 days)
ADALIMUMAB-ADBM (ONLY NDCS STARTING WITH 00597) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB- ADBM(CF) PEN CROHNS (ONLY NDCS STARTING WITH 00597)	5	PA; QL (6 per 180 days)	ENBREL MINI	5	PA; MO; QL (8 per 28 days)
ADALIMUMAB- ADBM(CF) PEN PS-UV (ONLY NDCS STARTING WITH 00597)	5	PA; QL (4 per 180 days)	ENBREL SUBCUTANEOUS SOLUTION	5	PA; MO; QL (8 per 28 days)
BENLYSTA	5	PA; MO	ENBREL SUBCUTANEOUS SYRINGE	5	PA; MO; QL (8 per 28 days)
CYLTEZO(CF) PEN	5	PA; MO; QL (4 per 28 days)	ENBREL SURECLICK	5	PA; MO; QL (8 per 28 days)
CYLTEZO(CF) PEN CROHN'S- UC-HS	5	PA; QL (6 per 180 days)	HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)
CYLTEZO(CF) PEN PSORIASIS- UV	5	PA; QL (4 per 180 days)	HUMIRA PEN (ONLY NDCS STARTING WITH 00074)	5	PA; MO; QL (4 per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA; MO; QL (2 per 28 days)	HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PA; MO; QL (2 per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; QL (4 per 28 days)			
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)	HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074)	5	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)	HYRIMOZ PEN CROHN'S-UC STARTER (PREFERRED NDCS STARTING WITH 61314)	5	PA; MO; QL (2.4 per 180 days)
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; MO; QL (2 per 28 days)	HYRIMOZ PEN PSORIASIS STARTER (PREFERRED NDCS STARTING WITH 61314)	5	PA; MO; QL (1.6 per 180 days)
HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074)	5	PA; MO; QL (3 per 180 days)	HYRIMOZ(CF) (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML	5	PA; MO; QL (0.2 per 28 days)
HUMIRA(CF) PEN PEDIATRIC UC (ONLY NDCS STARTING WITH 00074)	5	PA; QL (4 per 180 days)	HYRIMOZ(CF) (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML	5	PA; MO; QL (0.4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ(CF) (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; QL (1.6 per 28 days)	HYRIMOZ(CF) PEN (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	5	PA; MO; QL (1.6 per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	5	PA; MO; QL (2.4 per 180 days)	<i>leflunomide</i>	3	MO; QL (30 per 30 days)
HYRIMOZ(CF) PEDI CROHN STARTER (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 80 MG/0.8 ML- 40 MG/0.4 ML	5	PA; MO; QL (1.2 per 180 days)	ORENCIA (WITH MALTOSE)	5	PA; MO; QL (12 per 28 days)
HYRIMOZ(CF) PEN (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	5	PA; QL (1.6 per 28 days)	ORENCIA CLICKJECT	5	PA; MO; QL (4 per 28 days)
			ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; MO; QL (4 per 28 days)
			ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; MO; QL (1.6 per 28 days)
			ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; MO; QL (2.8 per 28 days)
			OTEZLA	5	PA; MO; QL (60 per 30 days)

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This drug list was last updated on 11/18/2024.

Drug Name	Drug Tier	Requirements/Limits
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; MO; QL (55 per 180 days)
<i>penicillamine oral tablet</i>	5	PA; MO
RIDAURA	5	MO
RINVOQ LQ	5	PA; MO; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5	PA; MO; QL (30 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5	PA; MO; QL (84 per 180 days)
SIMLANDI(CF) AUTOINJECTOR	5	PA; MO; QL (6 per 28 days)
TYENNE AUTOINJECTOR	5	PA; MO; QL (3.6 per 28 days)
TYENNE INTRAVENOUS	5	PA; MO; QL (160 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
TYENNE SUBCUTANEOUS	5	PA; MO; QL (3.6 per 28 days)
XELJANZ ORAL SOLUTION	5	PA; MO; QL (480 per 24 days)
XELJANZ ORAL TABLET	5	PA; MO; QL (60 per 30 days)
XELJANZ XR	5	PA; MO; QL (30 per 30 days)
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
<i>camila</i>	2	MO
<i>deblitane</i>	2	MO
DEPO-SUBQ PROVERA 104	4	MO
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	3	PA; MO; QL (8 per 28 days)
<i>dotti transdermal patch semiweekly 0.05 mg/24 hr</i>	3	PA; QL (8 per 28 days)
<i>emzahh</i>	2	
<i>errin</i>	2	MO
<i>estradiol oral</i>	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
estradiol <i>transdermal patch</i> <i>semiweekly</i>	3	PA; MO; QL (8 per 28 days)
estradiol <i>transdermal patch</i> <i>weekly</i>	3	PA; MO; QL (4 per 28 days)
estradiol vaginal	4	MO
estradiol valerate	4	MO
estradiol- <i>norethindrone acet</i>	3	PA; MO
fyavolv	4	PA; MO
gallifrey	2	MO
heather	2	MO
incassia	2	MO
jencycla	2	MO
jinteli	4	PA; MO
lyeq	2	MO
lyllana	3	PA; MO; QL (8 per 28 days)
lyza	2	
medroxyprogesterone	2	MO
MENEST	3	PA; MO
mimvey	3	PA; MO
nora-be	2	MO
<i>norethindrone</i> (contraceptive)	2	
<i>norethindrone</i> acetate	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone ac-</i> <i>eth estradiol oral</i> <i>tablet 0.5-2.5 mg-</i> <i>mcg, 1-5 mg-mcg</i>	4	PA; MO
progesterone	2	MO
progesterone <i>micronized</i>	3	MO
sharobel	2	MO
yuvafem	4	
MISCELLANEOUS OB/GYN		
<i>clindamycin</i>	4	MO
<i>phosphate vaginal</i>		
eluryng	4	MO
etongestrel- <i>ethinyl estradiol</i>	4	
<i>metronidazole</i>	3	MO
<i>vaginal gel 0.75 %</i> (37.5mg/5 gram)		
<i>mifepristone oral</i>	2	LA
<i>tablet 200 mg</i>		
MYFEMBREE	5	PA; MO
<i>norelgestromin-</i> <i>ethin.estradiol</i>	3	
terconazole	3	MO
<i>tranexamic acid</i>	3	MO
<i>oral</i>		
vandazole	3	MO
xulane	4	
zafemy	4	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		

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Drug Name	Drug Tier	Requirements/Limits
<i>altavera</i> (28)	2	MO
<i>alyacen 1/35</i> (28)	2	MO
<i>alyacen 7/7/7</i> (28)	2	MO
<i>apri</i>	2	MO
<i>aranelle</i> (28)	2	MO
<i>aubra eq</i>	2	MO
<i>aviane</i>	2	MO
<i>azurette</i> (28)	2	MO
<i>cryselle</i> (28)	2	MO
<i>cyred eq</i>	2	MO
<i>dasetta 1/35</i> (28)	2	MO
<i>dasetta 7/7/7</i> (28)	2	MO
<i>desog-e.estradiol/e.estradiol</i>	2	
<i>desogestrel-ethinyl estradiol</i>	2	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	2	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	2	
<i>elinest</i>	2	MO
<i>enpresse</i>	2	MO
<i>enskyce</i>	2	MO
<i>estarrylla</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>ethynodiol diacetate estradiol</i>	2	
<i>falmina</i> (28)	2	MO
<i>introvale</i>	2	
<i>isibloom</i>	2	MO
<i>jasmiel</i> (28)	2	MO
<i>jolessa</i>	2	MO
<i>juleber</i>	2	MO
<i>kalliga</i>	2	
<i>kariva</i> (28)	2	
<i>kelnor 1/35</i> (28)	2	MO
<i>kelnor 1/50</i> (28)	2	MO
<i>kurvelo</i> (28)	2	MO
<i>I norgest/e.estradiol -e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	2	
<i>larin 1.5/30</i> (21)	2	MO
<i>larin 1/20</i> (21)	2	MO
<i>larin fe 1.5/30</i> (28)	2	MO
<i>larin fe 1/20</i> (28)	2	MO
<i>lessina</i>	2	MO
<i>levonest</i> (28)	2	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
levonorgestrel-ethinyl estradiol oral tablet 0.15-0.03 mg	2		norethindrone acetate estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	2	MO
levonorgestrel-ethinyl estradiol tablets, dose pack, 3 month	2		norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	2	
levonorg-eth estrad triphasic	2		norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg	2	
levora-28	2	MO	norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	2	MO
loryna (28)	2	MO	nortrel 0.5/35 (28)	2	MO
low-ogestrel (28)	2	MO	nortrel 1/35 (21)	2	MO
lo-zumandimine (28)	2	MO	nortrel 1/35 (28)	2	MO
lutera (28)	2	MO	nortrel 7/7/7 (28)	2	MO
marlissa (28)	2	MO	pimtrea (28)	2	MO
microgestin 1.5/30 (21)	2	MO	portia 28	2	MO
microgestin 1/20 (21)	2	MO	reclipsen (28)	2	MO
microgestin fe 1.5/30 (28)	2	MO	setlakin	2	MO
microgestin fe 1/20 (28)	2	MO	sprintec (28)	2	MO
mili	2	MO	sronyx	2	MO
mono-linyah	2	MO	syeda	2	MO
nikki (28)	2	MO			

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Drug Name	Drug Tier	Requirements/Limits
<i>tarina fe 1-20 eq (28)</i>	2	MO
<i>tilia fe</i>	4	MO
<i>tri-estarrylla</i>	2	MO
<i>tri-legest fe</i>	4	MO
<i>tri-linyah</i>	2	MO
<i>tri-lo-estarrylla</i>	2	MO
<i>tri-lo-marzia</i>	2	MO
<i>tri-lo-sprintec</i>	2	
<i>tri-sprintec (28)</i>	2	MO
<i>trivora (28)</i>	2	MO
<i>turqoz (28)</i>	2	MO
<i>velivet triphasic regimen (28)</i>	2	MO
<i>vestura (28)</i>	2	MO
<i>vienva</i>	2	MO
<i>vioresle (28)</i>	2	MO
<i>wera (28)</i>	2	MO
<i>zovia 1-35 (28)</i>	2	MO
<i>zumandimine (28)</i>	2	MO

OXYTOCICS

<i>methylergonovine oral</i>	4	PA
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OPHTHALMOLOGY

ANTIBIOTICS

<i>bacitracin ophthalmic (eye)</i>	3	
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Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin-polymyxin b</i>	2	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	MO
<i>erythromycin ophthalmic (eye)</i>	2	MO; QL (3.5 per 14 days)
<i>gentamicin ophthalmic (eye) drops</i>	2	MO; QL (70 per 30 days)
<i>levofloxacin ophthalmic (eye)</i>	3	
<i>moxifloxacin ophthalmic (eye) drops</i>	3	MO
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	3	
<i>NATACYN</i>	4	
<i>neomycin-bacitracin-polymyxin</i>	3	MO
<i>neomycin-polymyxin-gramicidin</i>	3	MO
<i>neo-polycin</i>	3	
<i>ofloxacin ophthalmic (eye)</i>	2	MO
<i>polycin</i>	2	
<i>polymyxin b sulfate-trimethoprim</i>	2	MO
<i>tobramycin ophthalmic (eye)</i>	2	MO; QL (10 per 14 days)

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Drug Name	Drug Tier	Requirements/Limits
ANTIVIRALS		
<i>trifluridine</i>	3	MO
ZIRGAN	4	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	3	MO
<i>carteolol</i>	2	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	MO
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	4	MO
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	3	MO
<i>azelastine ophthalmic (eye)</i>	3	MO
bss	2	
CIMERLI	5	PA; MO
<i>cromolyn ophthalmic (eye)</i>	2	MO
<i>cyclosporine ophthalmic (eye)</i>	3	MO; QL (60 per 30 days)
CYSTARAN	5	PA

Drug Name	Drug Tier	Requirements/Limits
<i>epinastine</i>	3	MO
EYLEA	5	PA; MO
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	3	MO
OXERVATE	5	PA; MO
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	3	MO
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	2	MO
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	2	
<i>sulfacetamide-prednisolone</i>	2	MO
XDEMVY	5	PA; QL (10 per 42 days)
XIIDRA	3	MO; QL (60 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>diclofenac sodium ophthalmic (eye)</i>	2	MO
<i>flurbiprofen sodium</i>	2	MO
<i>ketorolac ophthalmic (eye)</i>	2	MO
ORAL DRUGS FOR GLAUCOMA		

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Drug Name	Drug Tier	Requirements/Limits
acetazolamide	3	MO
acetazolamide sodium	2	MO
methazolamide	4	MO

OTHER GLAUCOMA DRUGS

dorzolamide	2	
dorzolamide-timolol	2	MO
latanoprost	1	MO
miostat	2	
tafluprost (pf)	3	MO
travoprost	3	MO

STEROID-ANTIBIOTIC COMBINATIONS

neomycin-bacitracin-poly-hc	3	MO
neomycin-polymyxin b-dexameth	2	MO
neomycin-polymyxin-hc ophthalmic (eye)	4	MO
neo-polycin hc	3	
tobramycin-dexamethasone	3	MO; QL (10 per 14 days)

STEROIDS

dexamethasone sodium phosphate ophthalmic (eye)	2	MO
fluorometholone	3	MO

Drug Name	Drug Tier	Requirements/Limits
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<i>loteprednol etabonate</i>	3	MO
OZURDEX	5	MO
<i>prednisolone acetate</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2	MO

SYMPATHOMIMETICS

apraclonidine	3	MO
brimonidine ophthalmic (eye) drops 0.1%, 0.15 %	3	MO
brimonidine ophthalmic (eye) drops 0.2 %	2	MO

RESPIRATORY AND ALLERGY

ANTIHISTAMINE / ANTIALLERGENIC AGENTS

<i>adrenalin injection solution 1 mg/ml</i>	2	
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	2	MO
<i>cetirizine oral solution 1 mg/ml</i>	2	MO
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
diphenhydramine hcl injection syringe	2	MO	albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm	2	QL (13.4 per 30 days)
diphenhydramine hcl oral elixir	2	PA	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	2	B/D PA; MO
epinephrine injection auto- injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)	3	MO; QL (4 per 30 days)	albuterol sulfate inhalation solution for nebulization 5 mg/ml	2	B/D PA
epinephrine injection solution 1 mg/ml	2		albuterol sulfate oral syrup	2	MO
hydroxyzine hcl oral tablet	2	PA; MO	albuterol sulfate oral tablet	4	MO
levocetirizine oral solution	4	MO	alyq	5	PA; QL (60 per 30 days)
levocetirizine oral tablet	2	MO; QL (30 per 30 days)	ambrisentan	5	PA; MO; LA
promethazine injection solution	4	MO	arformoterol	4	B/D PA; MO; QL (120 per 30 days)
promethazine oral	4	PA; MO			
PULMONARY AGENTS					
acetylcysteine	3	B/D PA; MO			
ADEMPAS	5	PA; MO; LA			
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	2	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/ACTUATOR, N, 200 MCG/ACTUATOR	3	MO; QL (13 per 30 days)	ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	3	QL (2 per 28 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 50 MCG/ACTUATOR	3	QL (13 per 30 days)	ATROVENT HFA	4	MO; QL (25.8 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	MO; QL (1 per 30 days)	<i>bosentan</i>	5	PA; MO; LA
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	3	MO; QL (2 per 30 days)	<i>breyna</i>	3	MO; QL (10.3 per 30 days)
			BREZTRI AEROSPHERE	3	MO; QL (10.7 per 30 days)
			<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	4	B/D PA; MO; QL (120 per 30 days)
			<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	4	B/D PA; MO; QL (60 per 30 days)
			<i>budesonide- formoterol</i>	3	QL (10.2 per 30 days)
			CINRYZE	5	PA; MO
			COMBIVENT RESPIMAT	3	QL (8 per 30 days)
			<i>cromolyn inhalation</i>	4	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DULERA	3	MO; QL (13 per 30 days)	icatibant	5	PA; MO
<i>flunisolide</i>	3	MO; QL (50 per 30 days)	<i>ipratropium bromide inhalation</i>	2	B/D PA; MO
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATOR N	4	ST; MO; QL (12 per 30 days)	<i>ipratropium-albuterol</i>	2	B/D PA; MO
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATOR N	4	ST; MO; QL (24 per 30 days)	KALYDECO	5	PA; MO; QL (56 per 28 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATOR N	4	ST; MO; QL (10.6 per 30 days)	<i>montelukast oral granules in packet</i>	4	MO
<i>fluticasone propionate nasal</i>	2	MO; QL (16 per 30 days)	<i>montelukast oral tablet</i>	2	MO
<i>fluticasone propion-salmeterol inhalation blister with device</i>	3	MO; QL (60 per 30 days)	<i>montelukast oral tablet, chewable</i>	2	MO
<i>formoterol fumarate</i>	4	B/D PA; MO; QL (120 per 30 days)	OFEV	5	PA; MO; QL (60 per 30 days)
			OPSUMIT	5	PA; MO; LA
			OPSYNVI	5	PA; MO; QL (30 per 30 days)
			ORKAMBI ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)
			ORKAMBI ORAL TABLET	5	PA; MO; QL (112 per 28 days)
			<i>pirfenidone oral capsule</i>	5	PA; MO; QL (270 per 30 days)
			<i>pirfenidone oral tablet 267 mg</i>	5	PA; MO; QL (270 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
pirfenidone oral tablet 801 mg	5	PA; MO; QL (90 per 30 days)	SPIRIVA RESPIMAT	3	MO; QL (4 per 30 days)
PULMOZYME	5	B/D PA; MO	STIOLTO RESPIMAT	3	MO; QL (4 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATOR	3	QL (10.6 per 30 days)	STRIVERDI RESPIMAT	3	MO; QL (4 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATOR	3	QL (21.2 per 30 days)	SYMDEKO	5	PA; MO; QL (56 per 28 days)
roflumilast	4	PA; MO; QL (30 per 30 days)	<i>tadalafil</i> <i>(pulmonary arterial hypertension) oral tablet 20 mg</i>	5	PA; QL (60 per 30 days)
sajazir	5	PA; MO	<i>terbutaline oral</i>	4	MO
<i>sildenafil</i> <i>(pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	5	PA	<i>terbutaline subcutaneous</i>	2	MO
<i>sildenafil</i> <i>(pulmonary arterial hypertension) oral tablet 20 mg</i>	3	PA; MO; QL (90 per 30 days)	THEO-24	3	MO
			<i>theophylline oral elixir</i>	4	MO
			<i>theophylline oral solution</i>	4	
			<i>theophylline oral tablet extended release 12 hr</i>	2	MO
			<i>theophylline oral tablet extended release 24 hr</i>	2	MO
			<i>tiotropium bromide</i>	3	QL (90 per 90 days)
			TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	5	PA; MO; QL (56 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; MO; QL (84 per 28 days)
TYVASO	5	B/D PA; MO
TYVASO INSTITUTIONAL START KIT	5	B/D PA
TYVASO REFILL KIT	5	B/D PA; MO
TYVASO STARTER KIT	5	B/D PA; MO
wixela inhub	3	QL (60 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	5	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	5	PA; MO; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	5	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; LA; QL (1 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
zafirlukast	4	MO
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
mirabegron	3	MO
MYRBETRIQ ORAL SUSPENSION,EXT ENDED REL RECON	3	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	MO
oxybutynin chloride oral syrup	2	MO
oxybutynin chloride oral tablet 5 mg	2	MO
oxybutynin chloride oral tablet extended release 24hr	2	MO
tolterodine	4	MO
trospium oral tablet	2	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
alfuzosin	2	MO
dutasteride	2	MO
finasteride oral tablet 5 mg	2	MO

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Drug Name	Drug Tier	Requirements/Limits
tamsulosin	2	MO
MISCELLANEOUS UROLOGICALS		
bethanechol chloride	3	MO
CYSTAGON	4	PA; LA
ELMIRON	3	MO
glycine urologic	2	
glycine urologic solution	2	
K-PHOS NO 2	3	MO
K-PHOS ORIGINAL	3	MO
potassium citrate oral tablet extended release	2	MO
RENACIDIN	3	MO
VITAMINS, HEMATINICS / ELECTROLYTES		
BLOOD DERIVATIVES		
albumin, human 25 %	4	
alburx (human) 25 %	4	
alburx (human) 5 %	4	
albutein 25 %	4	
albutein 5 %	4	
ELECTROLYTES		
calcium acetate(phosphat bind)	3	MO; QL (360 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
calcium chloride	2	
calcium gluconate intravenous	2	
effer-k oral tablet, effervescent 25 meq	2	MO
klor-con 10	2	MO
klor-con 8	2	MO
klor-con m10	2	MO
klor-con m15	2	MO
klor-con m20	2	MO
klor-con oral packet 20	4	MO
klor-con/ef	2	MO
lactated ringers intravenous	4	MO
magnesium chloride injection	4	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	3	
magnesium sulfate in water	4	
magnesium sulfate injection solution	4	MO
magnesium sulfate injection syringe	4	
potassium acetate	4	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
potassium chloride-d5-0.45%nacl	4		potassium chloride oral packet	4	
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	4		potassium chloride oral tablet extended release 10 meq, 8 meq	2	MO
potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l	4		potassium chloride oral tablet extended release 20 meq	2	
potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l	4		potassium chloride oral tablet,er particles/crystals 10 meq	2	MO
potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml	4		potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq	2	
potassium chloride intravenous	4		potassium chloride-0.45 % nacl	4	
potassium chloride oral capsule, extended release	2	MO	potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l	4	
potassium chloride oral liquid	4	MO	potassium chloride-d5-0.9%nacl	4	
			potassium phosphate m-/d-basic intravenous solution 3 mmol/ml	4	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ringer's <i>intravenous</i>	4		CLINIMIX 8%-D14W(SULFITE-FREE)	4	B/D PA
sodium acetate	4		electrolyte-148	3	
sodium bicarbonate <i>intravenous</i>	4		electrolyte-48 in d5w	4	
sodium chloride 0.45 % <i>intravenous</i>	4	MO	electrolyte-a	3	
sodium chloride 3 % <i>hypertonic</i>	4		intralipid <i>intravenous emulsion 20 %</i>	4	B/D PA
sodium chloride 5 % <i>hypertonic</i>	4	MO	ISOLYTE S PH 7.4	4	
sodium chloride <i>intravenous</i>	4		ISOLYTE-P IN 5 % DEXTROSE	4	
sodium phosphate	4	MO	ISOLYTE-S	4	
MISCELLANEOUS NUTRITION PRODUCTS					
CLINIMIX 5%/D15W SULFITE FREE	4	B/D PA	PLASMA-LYTE A	3	
CLINIMIX 4.25%/D10W SULF FREE	4	B/D PA	PLENAMINE	4	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	4	B/D PA	travasol 10 %	4	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE)	4	B/D PA	TROPHAMINE 10 %	4	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE)	4	B/D PA	VITAMINS / HEMATINICS		
			fluoride (sodium) <i>oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	2	MO
			prenatal vitamin <i>oral tablet</i>	2	MO
			wescap-pn dha	2	MO

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<i>heparin(porcine) in 0.45% nacl.....</i>	60	HUMULIN 70/30 U-100 INSULIN	75	HYRIMOZ PEN PSORIASIS STARTER (PREFERRED NDCS STARTING WITH 61314).....	
HEPARIN(PORCINE) IN 0.45% NACL.....	60	HUMULIN 70/30 U-100 KWIKPEN	75	HYRIMOZ(CF) (PREFERRED NDCS STARTING WITH 61314)	
<i>heparin, porcine (pf)</i>	60	HUMULIN N NPH INSULIN KWIKPEN	75	
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HEPLISAV-B (PF)	85	HUMULIN R REGULAR U- 100 INSULN	75	
HIBERIX (PF)	85	HUMULIN R U-500 (CONC) INSULIN	75	HYRIMOZ(CF) PEN (PREFERRED NDCS STARTING WITH 61314)	
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<i>IMJUDO</i>	26	<i>itraconazole</i>	8	<i>KHAPZORY</i>	19
<i>IMOVAZ RABIES VACCINE (PF)</i>	85	<i>ivabradine</i>	63	<i>KIMMTRAK</i>	26
<i>INBRIJA</i>	40	<i>ivermectin</i>	15, 66	<i>KINRIX (PF)</i>	85
<i>incassia</i>	94	<i>IWILFIN</i>	26	<i>kionex (with sorbitol)</i>	70
<i>INCRELEX</i>	70	<i>IXCHIQ (PF)</i>	85	<i>KISQALI</i>	27
<i>indapamide</i>	57	<i>IXEMPRA</i>	26	<i>KISQALI FEMARA CO-PACK</i>	26, 27
<i>INFANRIX (DTAP) (PF)</i>	85	<i>IXIARO (PF)</i>	85	<i>klayesta</i>	67
<i>INFLECTRA</i>	80	J		<i>klor-con 10</i>	105
<i>INLYTA</i>	26	<i>JAKAFI</i>	26	<i>klor-con 8</i>	105
<i>INQOVI</i>	26	<i>jantoven</i>	61	<i>klor-con m10</i>	105
<i>INREBIC</i>	26	<i>JANUMET</i>	75	<i>klor-con m15</i>	105
<i>INSULIN LISPRO</i>	75	<i>JANUMET XR</i>	75	<i>klor-con m20</i>	105
<i>INSULIN SYRINGE-NEEDLE U-100</i>	87	<i>JANUVIA</i>	75	<i>klor-con oral packet 20</i>	105
<i>INTELENCE</i>	10	<i>JARDIANC</i>	75	<i>klor-con/ef</i>	105
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<i>INVEGA SUSTENNA</i>	50	<i>jencycla</i>	94	<i>K-PHOS NO 2</i>	105
<i>INVEGA TRINZA</i>	50	<i>JEVTANA</i>	26	<i>K-PHOS ORIGINAL</i>	105
<i>IPOL</i>	85	<i>jintel</i>	94	<i>KRAZATI</i>	27
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<i>ipratropium-albuterol</i>	102	<i>juleber</i>	95	<i>KYPROLIS</i>	27
<i>irbesartan</i>	57	<i>JULUCA</i>	10	L	
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<i>ISOLYTE-P IN 5 % DEXTROSE</i>	107	<i>KALYDECO</i>	102	<i>lamivudine</i>	10
<i>ISOLYTE-S</i>	107	<i>KANUMA</i>	77	<i>lamivudine-zidovudine</i>	10
<i>isoniazid</i>	15	<i>kariva (28)</i>	95	<i>lamotrigine</i>	37
<i>isosorbide dinitrate</i>	63	<i>kelnor 1/35 (28)</i>	95	<i>lanreotide</i>	27
<i>isosorbide mononitrate</i>	63	<i>KEPIVANCE</i>	19	<i>lansoprazole</i>	83
		<i>KERENDIA</i>	57	<i>LANTUS SOLOSTAR U-100</i>	
		<i>KESIMPTA PEN</i>	42	<i>INSULIN</i>	75
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<i>larin 1.5/30 (21)</i>95	(<i>pf</i>)55	LUMIZYME77
<i>larin 1/20 (21)</i>95	<i>lidocaine viscous</i>65	LUNSUMIO28
<i>larin fe 1.5/30 (28)</i>95	<i>lidocaine-epinephrine</i>65	LUPRON DEPOT28
<i>larin fe 1/20 (28)</i>95	<i>lidocaine-epinephrine (pf)</i>	65	<i>lurasidone</i>50
<i>latanoprost</i>99	<i>lidocaine-prilocaine</i>65	<i>lulera (28)</i>96
LAZCLUZE27	<i>lidocan iii</i>65	<i>lyleq</i>94
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<i>lessina</i>95	<i>linezolid</i>15	LYTGOBI28
<i>letrozole</i>27	<i>linezolid in dextrose 5%</i>15	LYUMJEV KWIKPEN U-100	
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<i>levobunolol</i>98	<i>lithium carbonate</i>50	<i>magnesium chloride</i>105
<i>levocarnitine</i>70	<i>lithium citrate</i>50	<i>magnesium sulfate</i>105
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<i>levonest (28)</i>95	<i>lorazepam</i>50	<i>mannitol 20 %</i>57
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<i>memantine</i>	42	<i>metro i.v.</i>	15	<i>sod.chloride(iso)</i>	18
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MENEST.....	94	<i>metronidazole in nacl (iso-</i>		MRESVIA (PF).....	85
MENQUADFI (PF).....	85	<i>os)</i>	15	<i>mupirocin</i>	67
MENVEO A-C-Y-W-135-		<i>metyrosine</i>	57	MYALEPT	77
DIP (PF)	85	<i>mexiletine</i>	55	<i>mycophenolate mofetil</i>	29
MEPSEVII.....	77	<i>micafungin</i>	8	<i>mycophenolate mofetil (hcl)</i>	
<i>mercaptopurine</i>	28	<i>microgestin 1.5/30 (21)</i>	96	29
<i>meropenem</i>	15	<i>microgestin 1/20 (21)</i>	96	<i>mycophenolate sodium</i>	29
<i>mesalamine</i>	81	<i>microgestin fe 1.5/30 (28)</i> 96		MYFEMBREE	94
<i>mesalamine with cleansing</i>		<i>microgestin fe 1/20 (28)</i> ...96		MYHIBBIN	29
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<i>mesna</i>	20	<i>mifepristone</i>	77, 94	MYRBETRIQ	104
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<i>metformin</i>	75, 76	<i>milrinone</i>	63	<i>nabumetone</i>	46
<i>methadone</i>	44	<i>milrinone in 5 % dextrose</i> ..	63	<i>nadolol</i>	57
<i>methadone intensol</i>	44	<i>mimvey</i>	94	<i>nafcillin</i>	17
<i>methadose</i>	44	<i>minocycline</i>	19	<i>nafcillin in dextrose iso-osm</i>	
<i>methazolamide</i>	99	<i>minoxidil</i>	57	17
<i>methenamine hippurate</i>	19	<i>miostat</i>	99	<i>naftifine</i>	67
<i>methenamine mandelate</i>	19	<i>mirabegron</i>	104	NAGLAZYME	77
<i>methimazole</i>	73	<i>mirtazapine</i>	51	<i>nalbuphine</i>	46
<i>methotrexate sodium</i>	28	<i>misoprostol</i>	83	<i>naloxone</i>	46
<i>methotrexate sodium (pf)</i>	28	<i>mitomycin</i>	28, 29	<i>naltrexone</i>	46
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<i>methsuximide</i>	37	<i>M-M-R II (PF)</i>	85	<i>naproxen</i>	46
<i>methylergonovine</i>	97	<i>modafinil</i>	51	<i>naratriptan</i>	40
<i>methylphenidate hcl</i>	51	<i>moexipril</i>	57	NATACYN	97
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.....	72	<i>monodoxyne nl</i>	19	<i>nebivolol</i>	57
<i>methylprednisolone sodium</i>		<i>MONJUVI</i>	29	<i>nefazodone</i>	51
<i>succ</i>	73	<i>mono-linyah</i>	96	<i>nelarabine</i>	29
<i>metoclopramide hcl</i>	81	<i>montelukast</i>	102	<i>neomycin</i>	15
<i>metolazone</i>	57	<i>morphine</i>	44, 45	<i>neomycin-bacitracin-poly-</i>	
<i>metoprolol succinate</i>	57	<i>morphine (pf)</i>	44	<i>hc</i>	99
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<i>neomycin-bacitracin-polymyxin</i>	97	<i>norethindrone acetate</i>	94	<i>olopatadine</i>	98
<i>neomycin-polymyxin b gu.</i>	69	<i>norethindrone ac-eth</i>		<i>omega-3 acid ethyl esters</i>	62
<i>neomycin-polymyxin b-dexameth</i>	99	<i>estradiol</i>	94, 96	<i>omeprazole</i>	83
<i>neomycin-polymyxin-gramicidin</i>	97	<i>norethindrone-e.estradio-</i>		OMNIPOD 5 G6-G7 INTRO	
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<i>neo-polycin</i>	97	<i>norgestimate-ethinyl</i>		OMNIPOD 5 G6-G7 PODS	
<i>neo-polycin hc</i>	99	<i>estradiol</i>	96	(GEN 5)	88
NERLYNX	29	<i>nortrel 0.5/35 (28)</i>	96	OMNIPOD CLASSIC PODS	
NEUPRO	40	<i>nortrel 1/35 (21)</i>	96	(GEN 3)	88
<i>nevirapine</i>	10	<i>nortrel 1/35 (28)</i>	96	OMNIPOD DASH INTRO	
<i>niacin</i>	62	<i>nortrel 7/7/7 (28)</i>	96	KIT (GEN 4)	88
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<i>nikki (28)</i>	96	<i>NULOJIX</i>	29	UNITS/DAY	88
<i>nilutamide</i>	29	<i>NUPLAZID</i>	51	OMNIPOD GO PODS 15	
<i>nimodipine</i>	57	<i>NURTEC ODT</i>	40	UNITS/DAY	88
NINLARO	29	<i>nyamyc</i>	67	OMNIPOD GO PODS 20	
<i>nitazoxanide</i>	15	<i>nystatin</i>	8, 67	UNITS/DAY	88
<i>nitisinone</i>	70	<i>nystatin-triamcinolone</i>	67	OMNIPOD GO PODS 25	
<i>nitro-bid</i>	63	<i>nystop</i>	67	UNITS/DAY	88
<i>nitrofurantoin macrocrystal</i>	19	<i>NYVEPRIA</i>	84	OMNIPOD GO PODS 30	
<i>nitrofurantoin monohyd/m-cryst</i>	19	O		UNITS/DAY	88
<i>nitroglycerin</i>	63, 81	<i>OCALIVA</i>	81	OMNIPOD GO PODS 40	
<i>nitroglycerin in 5 % dextrose</i>	63	<i>octreotide acetate</i>	29	UNITS/DAY	88
NIVESTYM	84	<i>octreotide,microspheres</i>	29	OMNITROPE	84
<i>nora-be</i>	94	<i>ODEFSEY</i>	10	ONCASPAR	30
<i>norelgestromin-ethin.estradiool</i>	94	<i>ODOMZO</i>	29	<i>ondansetron</i>	81
<i>norepinephrine bitartrate</i>	63	<i>OFEV</i>	102	<i>ondansetron hcl</i>	81
<i>norethindrone (contraceptive)</i>	94	<i>ofloxacin</i>	72, 97	<i>ondansetron hcl (pf)</i>	81
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This formulary was updated on 11/26/2024. For more recent information or other questions, please contact the WellSense Health Plan Member Services department at 855-833-8128 (TTY users should call 711), Monday through Friday 8 a.m. to 8 p.m. (April 1 through September 30, except holidays) or seven days a week (October 1 through March 31) or visit wellsense.org/medicare.

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