

WellSense Added Value (HMO) 2025 Formulary

(List of Covered Drugs or “Drug List”)

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

HPMS Approved Formulary File Submission ID: 25347

Version 09

This formulary was updated on 10/14/2024. We have made no changes to this formulary since 10/04/2024. 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.

Note to existing members:

This Formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this Drug List (Formulary) refers to “we,” “us”, or “our,” it means WellSense Health Plan. When it refers to “plan” or “our plan,” it means WellSense Added Value (HMO).

This document includes a Drug List (formulary) for our plan, which is current as of 10/04/2024. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the WellSense Added Value Formulary?

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

Can the formulary change?

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

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

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

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

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you drug that is being changed. For more information, see the section below titled "How do I request an exception to the WellSense Added Value's Formulary?"

Some of these drug types may be new to you. For more information, see the section below titled "What are original biological products and how are they related to biosimilars?"

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

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

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

The enclosed formulary is current as of 10/04/2024. To get updated information about the drugs covered by WellSense Added Value please contact us. Our contact information appears on the front and back cover pages. Printed formularies are available upon request and may be updated throughout the year. You can review our plan's up-to-date formulary online at wellsense.org/medicare or by contacting Member Services to request a copy. We will notify you via mail if mid-year non-maintenance formulary changes occur.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 114. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

WellSense Added Value covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** WellSense Added Value requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from WellSense Added Value before you fill your prescriptions. If you don't get approval, WellSense Added Value may not cover the drug.

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 9. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What if my drug is not on the Formulary?

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

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

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

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

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

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

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

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

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

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

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

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

For more information

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

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

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

WellSense Added Value Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by WellSense Added Value. If you have trouble finding your drug in the list, turn to the Index that begins on page 114.

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

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

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

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

List of Abbreviations

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

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

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

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

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

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

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

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

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

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

This drug list was last updated on 10/04/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>atazanavir</i>	1	MO
BARACLUDE ORAL SOLUTION	1	MO
BIKTARVY	1	MO
CABENUVA	1	MO
<i>cidofovir</i>	1	B/D PA; MO
CIMDUO	1	MO
COMPLERA	1	MO
<i>darunavir</i>	1	MO
DELSTRIGO	1	MO
DESCOVY	1	MO
DOVATO	1	MO
EDURANT	1	MO
<i>efavirenz oral tablet</i>	1	MO
<i>efavirenz-emtricitabine-tenofovir</i>	1	MO
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1	MO
<i>emtricitabine</i>	1	MO
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg</i>	1	MO
<i>emtricitabine-tenofovir (tdf) oral tablet 133-200 mg, 167-250 mg, 200-300 mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
EMTRIVA ORAL SOLUTION	1	MO
<i>entecavir</i>	1	MO
<i>etravirine</i>	1	MO
EVOTAZ	1	MO
<i>famciclovir</i>	1	MO
<i>fosamprenavir</i>	1	MO
FUZEON SUBCUTANEOUS RECON SOLN	1	MO
<i>ganciclovir sodium intravenous reconstruction solution</i>	1	B/D PA; MO
<i>ganciclovir sodium intravenous solution</i>	1	B/D PA
GENVOYA	1	MO
INTELENCE ORAL TABLET 25 MG	1	MO
ISENTRESS HD	1	MO
ISENTRESS ORAL POWDER IN PACKET	1	MO
ISENTRESS ORAL TABLET	1	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	1	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	1	MO

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This drug list was last updated on 10/04/2024.

Drug Name	Drug Tier	Requirements/Limits
JULUCA	1	MO
<i>lamivudine</i>	1	MO
<i>lamivudine-zidovudine</i>	1	MO
LEDIPASVIR-SOFOSBUVIR	1	PA; MO; QL (28 per 28 days)
LIVTENCITY	1	PA; LA; QL (120 per 30 days)
<i>lopinavir-ritonavir oral solution</i>	1	MO
<i>lopinavir-ritonavir oral tablet</i>	1	MO
<i>maraviroc</i>	1	MO
MAVYRET ORAL PELLETS IN PACKET	1	PA; MO; QL (168 per 28 days)
MAVYRET ORAL TABLET	1	PA; MO; QL (84 per 28 days)
<i>nevirapine oral suspension</i>	1	
<i>nevirapine oral tablet</i>	1	MO
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	1	MO
NORVIR ORAL POWDER IN PACKET	1	MO

Drug Name	Drug Tier	Requirements/Limits
ODEFSEY	1	MO
<i>oseltamivir</i>	1	MO
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	1	QL (20 per 90 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	QL (30 per 90 days)
PIFELTRO	1	MO
PREVYMIS INTRAVENOUS	1	PA
PREVYMIS ORAL	1	PA; MO; QL (30 per 30 days)
PREZCOBIX	1	MO
PREZISTA ORAL SUSPENSION	1	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	1	MO
RELENZA DISKHALER	1	MO
RETROVIR INTRAVENOUS	1	MO
REYATAZ ORAL POWDER IN PACKET	1	MO
<i>ribavirin oral capsule</i>	1	MO

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 10/04/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>ribavirin oral tablet 200 mg</i>	1	MO
<i>rimantadine</i>	1	MO
<i>ritonavir</i>	1	MO
RUKOBIA	1	MO
SELZENTRY ORAL SOLUTION	1	MO
SELZENTRY ORAL TABLET 25 MG, 75 MG	1	MO
SOFOSBUVIR-VELPATASVIR	1	PA; MO; QL (28 per 28 days)
STRIBILD	1	MO
SUNLENCA	1	
SYMTUZA	1	MO
SYNAGIS	1	MO; LA
<i>tenofovir disoproxil fumarate</i>	1	MO
TIVICAY ORAL TABLET 10 MG	1	
TIVICAY ORAL TABLET 25 MG, 50 MG	1	MO
TIVICAY PD	1	MO
TRIUMEQ	1	MO
TRIUMEQ PD	1	MO
TROGARZO	1	MO; LA
<i>valacyclovir oral tablet 1 gram</i>	1	MO; QL (120 per 30 days)

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

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This drug list was last updated on 10/04/2024.

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

Drug Name	Drug Tier	Requirements/Limits
<i>cefepime in dextrose,iso-osm</i>	1	
<i>cefepime injection</i>	1	MO
<i>cefixime</i>	1	MO
<i>cefoxitin in dextrose, iso-osm</i>	1	PA
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	1	PA; MO
<i>cefoxitin intravenous recon soln 10 gram</i>	1	PA
<i>cefpodoxime</i>	1	MO
<i>cefprozil</i>	1	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	1	PA; MO
<i>ceftazidime injection recon soln 6 gram</i>	1	PA
<i>ceftriaxone in dextrose,iso-os</i>	1	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	1	MO
<i>ceftriaxone injection recon soln 10 gram</i>	1	
<i>ceftriaxone intravenous</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>cefuroxime axetil oral tablet</i>	1	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	PA; MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	1	PA; MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	1	PA
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	MO
<i>cephalexin oral suspension for reconstitution</i>	1	MO
<i>tazicef injection</i>	1	PA; MO
<i>tazicef intravenous</i>	1	PA
TEFLARO	1	PA; MO
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	1	PA; MO
<i>azithromycin oral packet</i>	1	MO
<i>azithromycin oral suspension for reconstitution</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	MO
<i>clarithromycin</i>	1	MO
DIFICID ORAL TABLET	1	MO; QL (20 per 10 days)
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
<i>erythromycin ethylsuccinate oral tablet</i>	1	MO
<i>erythromycin oral</i>	1	MO
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	1	MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	PA; MO
ARIKAYCE	1	PA; LA
<i>atovaquone</i>	1	MO
<i>atovaquone-proguanil</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>aztreonam</i>	1	PA; MO
CAYSTON	1	PA; MO; LA; QL (84 per 56 days)
<i>chloramphenicol sod succinate</i>	1	
<i>chloroquine phosphate</i>	1	MO
<i>clindamycin hcl</i>	1	MO
<i>clindamycin in 5 % dextrose</i>	1	PA; MO
<i>clindamycin phosphate injection</i>	1	PA; MO
COARTEM	1	MO
<i>colistin (colistimethate na)</i>	1	PA; MO; QL (30 per 10 days)
<i>dapsone oral</i>	1	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	1	MO
<i>daptomycin intravenous recon soln 500 mg</i>	1	MO
EMVERM	1	MO
<i>ertapenem</i>	1	PA; MO; QL (14 per 14 days)
<i>ethambutol</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	1	PA; MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	1	PA
<i>gentamicin injection solution 40 mg/ml</i>	1	PA; MO
<i>gentamicin sulfate (ped) (pf)</i>	1	PA; MO
<i>hydroxychloroquine oral tablet 200 mg</i>	1	MO
<i>imipenem-cilastatin</i>	1	PA; MO
<i>isoniazid injection</i>	1	
<i>isoniazid oral</i>	1	MO
<i>ivermectin oral</i>	1	PA; MO; QL (20 per 30 days)
<i>lincomycin</i>	1	PA
<i>linezolid in dextrose 5%</i>	1	PA; MO
<i>linezolid oral suspension for reconstitution</i>	1	MO

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This drug list was last updated on 10/04/2024.

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

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

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This drug list was last updated on 10/04/2024.

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

Drug Name	Drug Tier	Requirements/Limits
VIBATIV INTRAVENOUS RECON SOLN 750 MG	1	PA
XIFAXAN ORAL TABLET 200 MG	1	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	1	PA; MO; QL (90 per 30 days)
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	MO
<i>amoxicillin oral suspension for reconstitution</i>	1	MO
<i>amoxicillin oral tablet</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable 400-57 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	MO
<i>ampicillin sodium injection</i>	1	PA; MO
<i>ampicillin sodium intravenous</i>	1	PA
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	1	PA; MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	1	PA
<i>ampicillin-sulbactam intravenous</i>	1	PA
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	1	MO

Drug Name	Drug Tier	Requirements/Limits
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML	1	PA; MO
BICILLIN L-A INTRAMUSCULAR SYRINGE 600,000 UNIT/ML	1	PA
<i>dicloxacillin</i>	1	MO
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	1	PA
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	1	PA; MO
<i>nafcillin injection recon soln 10 gram</i>	1	PA
<i>oxacillin in dextrose(iso-osm)</i>	1	PA
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	1	PA
<i>oxacillin injection recon soln 2 gram</i>	1	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	1	PA
<i>penicillin g potassium</i>	1	PA; MO
<i>penicillin g sodium</i>	1	PA; MO
<i>penicillin v potassium</i>	1	MO
<i>pfizerpen-g</i>	1	PA
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 40.5 gram</i>	1	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	1	MO
QUINOLONES		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	MO
<i>ciprofloxacin in 5 % dextrose</i>	1	PA; MO

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin oral suspension, microcapsule recon 500 mg/5 ml</i>	1	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	1	PA
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	1	PA; MO
<i>levofloxacin intravenous</i>	1	PA
<i>levofloxacin oral solution</i>	1	MO
<i>levofloxacin oral tablet</i>	1	MO
<i>moxifloxacin oral</i>	1	MO
<i>moxifloxacin-sod.chloride(iso)</i>	1	PA; MO
SULFA'S / RELATED AGENTS		
<i>sulfadiazine</i>	1	MO
<i>sulfamethoxazole-trimethoprim intravenous</i>	1	PA; MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	MO

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

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

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Drug Name	Drug Tier	Requirements/Limits
<i>levoleucovorin calcium intravenous reconstruction</i>	1	B/D PA; MO
<i>levoleucovorin calcium intravenous solution</i>	1	B/D PA
<i>mesna</i>	1	B/D PA; MO
MESNEX ORAL	1	MO
XGEVA	1	B/D PA; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	1	PA; MO; QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i>	1	PA; MO; QL (60 per 30 days)
ABRAXANE	1	B/D PA; MO
ADCETRIS	1	B/D PA; MO
ADSTILADRIN	1	PA
AKEEGA	1	PA; LA; QL (60 per 30 days)
ALECENSA	1	PA; MO; QL (240 per 30 days)
ALIQOPA	1	B/D PA; LA

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

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Drug Name	Drug Tier	Requirements/Limits
<i>bendamustine intravenous recon soln</i>	1	B/D PA; MO
BENDEKA	1	B/D PA; MO
BESPONSA	1	B/D PA; MO; LA
<i>bexarotene</i>	1	PA; MO
<i>bicalutamide</i>	1	MO
<i>bleomycin</i>	1	B/D PA; MO
BLINCYTO INTRAVENOUS KIT	1	B/D PA
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	1	B/D PA
<i>bortezomib injection recon soln 3.5 mg</i>	1	B/D PA; MO
BOSULIF ORAL CAPSULE 100 MG	1	PA; MO; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	1	PA; MO; QL (330 per 30 days)
BOSULIF ORAL TABLET 100 MG	1	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	1	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
BRAFTOVI	1	PA; MO; LA; QL (180 per 30 days)
BRUKINSA	1	PA; LA; QL (120 per 30 days)
<i>busulfan</i>	1	B/D PA
CABOMETYX	1	PA; MO; LA; QL (30 per 30 days)
CALQUENCE	1	PA; LA; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL)	1	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	1	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	1	PA; LA; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	1	B/D PA; MO
<i>carmustine intravenous recon soln 100 mg</i>	1	B/D PA; MO
<i>cisplatin intravenous solution</i>	1	B/D PA; MO
<i>cladribine</i>	1	B/D PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine modified oral capsule</i>	1	B/D PA; MO
<i>cyclosporine modified oral solution</i>	1	B/D PA
<i>cyclosporine oral capsule</i>	1	B/D PA; MO
CYRAMZA	1	B/D PA; MO
<i>cytarabine</i>	1	B/D PA; MO
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	1	B/D PA; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	1	B/D PA
<i>dacarbazine</i>	1	B/D PA; MO
<i>dactinomycin</i>	1	B/D PA; MO
DANYELZA	1	B/D PA
DARZALEX	1	B/D PA; MO; LA
<i>daunorubicin</i>	1	B/D PA
DAURISMO ORAL TABLET 100 MG	1	PA; MO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	1	PA; MO; QL (60 per 30 days)
<i>decitabine</i>	1	B/D PA; MO

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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>	1	B/D PA
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	1	B/D PA; MO
<i>doxorubicin intravenous recon soln 10 mg</i>	1	B/D PA
<i>doxorubicin intravenous recon soln 50 mg</i>	1	B/D PA; MO
<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	1	B/D PA; MO
<i>doxorubicin intravenous solution 2 mg/ml</i>	1	B/D PA
<i>doxorubicin, peg-liposomal</i>	1	B/D PA; MO
DROXIA	1	MO
ELIGARD	1	PA; MO

Drug Name	Drug Tier	Requirements/Limits
ELIGARD (3 MONTH)	1	PA; MO
ELIGARD (4 MONTH)	1	PA; MO
ELIGARD (6 MONTH)	1	PA; MO
ELREXFIO	1	PA
ELZONRIS	1	B/D PA; LA
EMPLICITI	1	B/D PA; MO
ENVARUSUS XR	1	B/D PA; MO
<i>epirubicin intravenous solution 200 mg/100 ml</i>	1	B/D PA
EPKINLY	1	PA
ERBITUX	1	B/D PA; MO
<i>eribulin</i>	1	B/D PA
ERIVEDGE	1	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET 240 MG	1	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	1	PA; MO; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	1	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>erlotinib oral tablet 25 mg</i>	1	PA; MO; QL (60 per 30 days)
ERWINASE	1	B/D PA
ETOPOPHOS	1	B/D PA; MO
<i>etoposide intravenous</i>	1	B/D PA; MO
<i>everolimus (antineoplastic) oral tablet</i>	1	PA; MO; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	1	PA; MO; QL (330 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	1	PA; MO; QL (240 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	1	PA; MO; QL (180 per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	1	B/D PA; MO
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	1	B/D PA; MO
<i>exemestane</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	1	PA; MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	1	PA; MO
<i>floxuridine</i>	1	B/D PA
<i>fludarabine intravenous recon soln</i>	1	B/D PA; MO
<i>fludarabine intravenous solution</i>	1	B/D PA
<i>fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml</i>	1	B/D PA; MO
<i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i>	1	B/D PA
FOTIVDA	1	PA; LA; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	1	PA; QL (84 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
FRUZAQLA ORAL CAPSULE 5 MG	1	PA; QL (21 per 28 days)
<i>fulvestrant</i>	1	B/D PA; MO
FYARRO	1	PA
GAVRETO	1	PA; LA; QL (120 per 30 days)
GAZYVA	1	B/D PA; MO
<i>gefitinib</i>	1	PA; MO; QL (30 per 30 days)
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	1	B/D PA; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	1	B/D PA
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	1	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	1	B/D PA
<i>gengraf</i>	1	B/D PA; MO

Drug Name	Drug Tier	Requirements/Limits
GILOTRIF	1	PA; MO; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG	1	MO
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG	1	MO
<i>hydroxyurea</i>	1	MO
IBRANCE	1	PA; MO; QL (21 per 28 days)
ICLUSIG	1	PA; QL (30 per 30 days)
<i>idarubicin</i>	1	B/D PA; MO
IDHIFA	1	PA; MO; LA; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln</i>	1	B/D PA; MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	1	B/D PA; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	1	B/D PA
<i>imatinib oral tablet 100 mg</i>	1	PA; MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>imatinib oral tablet 400 mg</i>	1	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	1	PA; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	1	PA; QL (30 per 30 days)
IMBRUVICA ORAL SUSPENSION	1	PA; QL (324 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	1	PA; QL (30 per 30 days)
IMDELLTRA	1	PA
IMFINZI	1	B/D PA; MO; LA
IMJUDO	1	PA; MO
INLYTA ORAL TABLET 1 MG	1	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	1	PA; MO; QL (120 per 30 days)
INQOVI	1	PA; MO; QL (5 per 28 days)
INREBIC	1	PA; MO; LA; QL (120 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml</i>	1	B/D PA; MO

Drug Name	Drug Tier	Requirements/Limits
<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	1	B/D PA
<i>irinotecan intravenous solution 40 mg/2 ml</i>	1	B/D PA; MO
ISTODAX	1	B/D PA; MO
IWILFIN	1	PA; LA; QL (240 per 30 days)
IXEMPRA	1	B/D PA; MO
JAKAFI	1	PA; MO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	1	PA; MO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	1	PA; MO; QL (30 per 30 days)
JEMPERLI	1	PA; MO
JEVTANA	1	B/D PA; MO
JYLAMVO	1	B/D PA; MO
KADCYLA	1	PA; MO
KEYTRUDA	1	PA
KIMMTRAK	1	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	1	PA; MO; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	1	PA; MO; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	1	PA; MO; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA; MO; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	1	PA; MO; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	1	PA; MO; QL (63 per 28 days)
KOSELUGO	1	PA
KRAZATI	1	PA; QL (180 per 30 days)
KYPROLIS	1	B/D PA

Drug Name	Drug Tier	Requirements/Limits
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	1	PA; MO
<i>lapatinib</i>	1	PA; MO; QL (180 per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	1	PA; MO; QL (28 per 28 days)
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	1	PA; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	1	PA; MO; QL (30 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1)	1	PA; MO; QL (90 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	1	PA; MO; QL (60 per 30 days)
<i>letrozole</i>	1	MO
<i>leuprolide subcutaneous kit</i>	1	PA; MO

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This drug list was last updated on 10/04/2024.

Drug Name	Drug Tier	Requirements/Limits
LIBTAYO	1	PA; LA
LONSURF	1	PA; MO
LOQTORZI	1	PA
LORBRENA ORAL TABLET 100 MG	1	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	1	PA; MO; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	1	PA; MO; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	1	PA; MO; QL (90 per 30 days)
LUNSUMIO	1	PA; MO
LUPRON DEPOT	1	PA; MO
LYNPARZA	1	PA; MO; QL (120 per 30 days)
LYSODREN	1	
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	1	PA; LA; QL (84 per 28 days)
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	1	PA; LA; QL (112 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	1	PA; LA; QL (140 per 28 days)
MARGENZA	1	B/D PA
MATULANE	1	
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	1	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	1	PA; MO
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	1	PA; MO
<i>megestrol oral tablet</i>	1	PA; MO
MEKINIST ORAL RECON SOLN	1	PA; MO; QL (1200 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	1	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	1	PA; MO; QL (30 per 30 days)
MEKTOVI	1	PA; MO; LA; QL (180 per 30 days)
<i>melphalan hcl</i>	1	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
<i>mercaptopurine</i>	1	MO
<i>methotrexate sodium</i>	1	B/D PA; MO
<i>methotrexate sodium (pf) injection recon soln</i>	1	B/D PA
<i>methotrexate sodium (pf) injection solution</i>	1	B/D PA; MO
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	1	B/D PA; MO
<i>mitomycin intravenous recon soln 40 mg</i>	1	B/D PA; MO
<i>mitoxantrone</i>	1	B/D PA; MO
MONJUVI	1	PA; LA
<i>mycophenolate mofetil (hcl)</i>	1	B/D PA; MO
<i>mycophenolate mofetil oral capsule</i>	1	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	1	B/D PA; MO
<i>mycophenolate mofetil oral tablet</i>	1	B/D PA; MO
<i>mycophenolate sodium</i>	1	B/D PA; MO
MYHIBBIN	1	B/D PA

Drug Name	Drug Tier	Requirements/Limits
MYLOTARG	1	B/D PA; MO; LA
<i>nelarabine</i>	1	B/D PA; MO
NERLYNX	1	PA; MO; LA
<i>nilutamide</i>	1	PA; MO
NINLARO	1	PA; MO; QL (3 per 28 days)
NUBEQA	1	PA; MO; LA; QL (120 per 30 days)
NULOJIX	1	B/D PA; MO
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	1	PA; MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	1	PA; MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	1	PA; MO
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	1	PA; MO
ODOMZO	1	PA; MO; LA; QL (30 per 30 days)

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This drug list was last updated on 10/04/2024.

Drug Name	Drug Tier	Requirements/Limits
OGSIVEO ORAL TABLET 100 MG, 150 MG	1	PA; QL (56 per 28 days)
OGSIVEO ORAL TABLET 50 MG	1	PA; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	1	PA; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	1	PA; QL (16 per 28 days)
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	1	PA; QL (20 per 28 days)
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	1	PA; QL (24 per 28 days)
OJJAARA	1	PA; QL (30 per 30 days)
ONCASPAR	1	B/D PA
ONIVYDE	1	B/D PA
ONUREG	1	PA; MO; QL (14 per 28 days)
OPDIVO	1	PA; MO
OPDUALAG	1	PA; MO

Drug Name	Drug Tier	Requirements/Limits
ORGOVYX	1	PA; LA; QL (30 per 28 days)
ORSERDU ORAL TABLET 345 MG	1	PA; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	1	PA; QL (90 per 30 days)
<i>oxaliplatin intravenous reconstn 100 mg</i>	1	B/D PA
<i>oxaliplatin intravenous reconstn 50 mg</i>	1	B/D PA; MO
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	1	B/D PA; MO
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	1	B/D PA
<i>paclitaxel</i>	1	B/D PA; MO
PADCEV	1	PA; MO
<i>paraplatin</i>	1	B/D PA
<i>pazopanib</i>	1	PA; MO; QL (120 per 30 days)
PEMAZYRE	1	PA; LA; QL (28 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg</i>	1	B/D PA; MO
<i>pemetrexed disodium intravenous recon soln 100 mg</i>	1	B/D PA; MO
<i>pemetrexed disodium intravenous recon soln 750 mg</i>	1	B/D PA
PERJETA	1	B/D PA; MO
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA; MO; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	1	PA; MO; QL (56 per 28 days)
POLIVY	1	PA; MO
POMALYST	1	PA; MO; LA; QL (21 per 28 days)
PORTRAZZA	1	B/D PA; MO
POTELIGEO	1	PA
PRALATREXATE	1	B/D PA; MO
PROGRAF INTRAVENOUS	1	B/D PA; MO

Drug Name	Drug Tier	Requirements/Limits
PROGRAF ORAL GRANULES IN PACKET	1	B/D PA; MO
PURIXAN	1	
QINLOCK	1	PA; LA; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	1	PA; MO; LA; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	1	PA; MO; LA; QL (120 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	1	PA; LA; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	1	PA; LA; QL (90 per 30 days)
REVLIMID	1	PA; MO; LA; QL (28 per 28 days)
REZLIDHIA	1	PA; QL (60 per 30 days)
REZUROCK	1	PA; LA; QL (30 per 30 days)
<i>romidepsin intravenous recon soln</i>	1	B/D PA
ROZLYTREK ORAL CAPSULE 100 MG	1	PA; MO; QL (150 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK ORAL CAPSULE 200 MG	1	PA; MO; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET	1	PA; MO; QL (336 per 28 days)
RUBRACA	1	PA; MO; LA; QL (120 per 30 days)
RUXIENCE	1	PA; MO
RYBREVANT	1	PA; MO
RYDAPT	1	PA; MO; QL (224 per 28 days)
RYLAZE	1	B/D PA
RYTELO	1	PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	1	PA; MO
SARCLISA	1	PA; LA
SCEMBLIX ORAL TABLET 100 MG	1	PA; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	1	PA; QL (600 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	1	PA; QL (300 per 30 days)
SIGNIFOR	1	PA
SIMULECT	1	B/D PA; MO

Drug Name	Drug Tier	Requirements/Limits
<i>sirolimus oral solution</i>	1	B/D PA; MO
<i>sirolimus oral tablet</i>	1	B/D PA; MO
SOLTAMOX	1	MO
SOMATULINE DEPOT	1	PA; MO
<i>sorafenib</i>	1	PA; MO; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	1	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	1	PA; MO; QL (60 per 30 days)
STIVARGA	1	PA; MO; QL (84 per 28 days)
<i>sunitinib malate</i>	1	PA; MO; QL (30 per 30 days)
TABRECTA	1	PA; MO
<i>tacrolimus oral capsule</i>	1	B/D PA; MO
TAFINLAR ORAL CAPSULE	1	PA; MO; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION	1	PA; MO; QL (840 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
TAGRISSO	1	PA; MO; LA; QL (30 per 30 days)
TALVEY	1	PA
TALZENNA	1	PA; MO; QL (30 per 30 days)
<i>tamoxifen</i>	1	MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	1	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	1	PA; MO; QL (120 per 30 days)
TAZVERIK	1	PA; LA
TECENTRIQ	1	B/D PA; MO; LA
TECVAYLI	1	PA
TEMODAR INTRAVENOUS	1	B/D PA; MO
<i>temsirolimus</i>	1	B/D PA; MO
TEPMETKO	1	PA; LA
THALOMID ORAL CAPSULE 100 MG, 50 MG	1	PA; MO; QL (28 per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	1	PA; QL (56 per 28 days)
<i>thiotepa injection recon soln 100 mg</i>	1	B/D PA

Drug Name	Drug Tier	Requirements/Limits
<i>thiotepa injection recon soln 15 mg</i>	1	B/D PA; MO
TIBSOVO	1	PA
TIVDAK	1	PA; MO
<i>topotecan</i>	1	B/D PA; MO
<i>toremifene</i>	1	MO
<i>torpenz</i>	1	PA; QL (30 per 30 days)
TRAZIMERA	1	B/D PA; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	1	PA; MO
<i>tretinoin (antineoplastic)</i>	1	MO
TRODELVY	1	PA; LA
TRUQAP	1	PA; QL (64 per 28 days)
TUKYSA ORAL TABLET 150 MG	1	PA; LA; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	1	PA; LA; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG	1	PA; LA; QL (120 per 30 days)
UNITUXIN	1	B/D PA
<i>valrubicin</i>	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
VANFLYTA	1	PA; QL (56 per 28 days)
VECTIBIX	1	B/D PA; MO
VENCLEXTA ORAL TABLET 10 MG	1	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	1	PA; LA; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	1	PA; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK	1	PA; LA; QL (42 per 180 days)
VERZENIO	1	PA; MO; LA; QL (60 per 30 days)
<i>vinblastine</i>	1	B/D PA; MO
<i>vincristine</i>	1	B/D PA; MO
<i>vinorelbine</i>	1	B/D PA; MO
VITRAKVI ORAL CAPSULE 100 MG	1	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	1	PA; MO; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	1	PA; MO; LA; QL (300 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
VIZIMPRO	1	PA; MO; QL (30 per 30 days)
VONJO	1	PA; QL (120 per 30 days)
VYXEOS	1	B/D PA
WELIREG	1	PA; LA
XALKORI ORAL CAPSULE	1	PA; MO; QL (60 per 30 days)
XALKORI ORAL PELLETT 150 MG	1	PA; MO; QL (180 per 30 days)
XALKORI ORAL PELLETT 20 MG, 50 MG	1	PA; MO; QL (120 per 30 days)
XERMELO	1	PA; LA; QL (84 per 28 days)
XOSPATA	1	PA; LA; QL (90 per 30 days)
XPOVIO	1	PA; LA
XTANDI ORAL CAPSULE	1	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	1	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	1	PA; MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
APTIOM ORAL TABLET 400 MG	1	MO; QL (90 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	1	MO; QL (60 per 30 days)
BRIVIACT INTRAVENOUS	1	MO; QL (600 per 30 days)
BRIVIACT ORAL SOLUTION	1	MO; QL (600 per 30 days)
BRIVIACT ORAL TABLET	1	MO; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	MO
<i>carbamazepine oral suspension 100 mg/5 ml (5 ml), 200 mg/10 ml</i>	1	
<i>carbamazepine oral tablet</i>	1	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	1	MO
<i>carbamazepine oral tablet, chewable</i>	1	MO
<i>clobazam oral suspension</i>	1	PA; MO; QL (480 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clobazam oral tablet</i>	1	PA; MO; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	MO; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	1	MO; QL (300 per 30 days)
DIACOMIT	1	PA; LA
<i>diazepam rectal</i>	1	MO
DILANTIN 30 MG	1	MO
<i>divalproex</i>	1	MO
EPIDIOLEX	1	PA; MO; LA
<i>epitol</i>	1	MO
EPRONTIA	1	PA; MO
<i>ethosuximide</i>	1	MO
<i>felbamate</i>	1	MO
FINTEPLA	1	PA; LA; QL (360 per 30 days)
<i>fosphenytoin</i>	1	MO
FYCOMPA ORAL SUSPENSION	1	MO; QL (720 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	1	MO; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	1	MO; QL (60 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	1	MO; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	MO; QL (270 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	MO; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	1	MO; QL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	1	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	MO; QL (120 per 30 days)
<i>gabapentin oral tablet extended release 24 hr 300 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>gabapentin oral tablet extended release 24 hr 600 mg</i>	1	PA; MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lacosamide intravenous</i>	1	MO; QL (1200 per 30 days)
<i>lacosamide oral solution</i>	1	MO; QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	1	MO; QL (60 per 30 days)
<i>lacosamide oral tablet 50 mg</i>	1	MO; QL (120 per 30 days)
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	1	MO
<i>lamotrigine oral tablet, disintegrating</i>	1	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	1	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i>	1	
<i>levetiracetam intravenous</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam oral solution 100 mg/ml</i>	1	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet</i>	1	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	1	MO
LIBERVANT	1	PA; QL (10 per 30 days)
<i>methsuximide</i>	1	MO
NAYZILAM	1	PA; MO; QL (10 per 30 days)
<i>oxcarbazepine oral suspension</i>	1	MO
<i>oxcarbazepine oral tablet</i>	1	MO
<i>phenobarbital oral elixir</i>	1	PA; MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	1	PA
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	1	PA; MO
<i>phenobarbital sodium injection solution 130 mg/ml</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital sodium injection solution 65 mg/ml</i>	1	
<i>phenytoin oral suspension 100 mg/4 ml</i>	1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	MO
<i>phenytoin oral tablet, chewable</i>	1	MO
<i>phenytoin sodium extended oral capsule 100 mg</i>	1	MO
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	1	
<i>phenytoin sodium intravenous solution</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	1	MO; QL (900 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
PRIMIDONE ORAL TABLET 125 MG	1	MO
<i>primidone oral tablet 250 mg, 50 mg</i>	1	MO
<i>roweepra oral tablet 500 mg</i>	1	MO
<i>rufinamide oral suspension</i>	1	PA; MO
<i>rufinamide oral tablet 200 mg</i>	1	PA; MO
<i>rufinamide oral tablet 400 mg</i>	1	PA; MO
SPRITAM	1	MO
<i>subvenite oral tablet 100 mg, 200 mg, 25 mg</i>	1	MO
<i>subvenite oral tablet 150 mg</i>	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG	1	PA; MO; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	1	PA; MO; QL (60 per 30 days)
<i>tiagabine</i>	1	MO
<i>topiramate oral capsule, sprinkle</i>	1	PA; MO
<i>topiramate oral tablet</i>	1	PA; MO
<i>valproate sodium</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>valproic acid</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	1	
VALTOCO	1	PA; MO; QL (10 per 30 days)
<i>vigabatrin</i>	1	PA; MO; LA
<i>vigadrone</i>	1	PA; LA
<i>vigpoder</i>	1	PA; LA
XCOPRI MAINTENANCE PACK	1	MO; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	1	MO; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	1	MO; QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	1	MO; QL (28 per 180 days)

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)	1	MO; QL (28 per 180 days)
ZONISADE	1	PA; MO
<i>zonisamide</i>	1	PA; MO
ZTALMY	1	PA; LA; QL (1100 per 30 days)
ANTIPARKINSONISM AGENTS		
<i>benztropine injection</i>	1	MO
<i>benztropine oral</i>	1	PA; MO
<i>bromocriptine</i>	1	MO
<i>carbidopa</i>	1	MO
<i>carbidopa-levodopa oral tablet</i>	1	MO
<i>carbidopa-levodopa oral tablet extended release</i>	1	MO
<i>carbidopa-levodopa oral tablet,disintegrating</i>	1	

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This drug list was last updated on 10/04/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone</i>	1	MO
<i>entacapone</i>	1	MO
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	1	PA; QL (300 per 30 days)
NEUPRO	1	MO
<i>pramipexole oral tablet</i>	1	MO
<i>rasagiline</i>	1	MO
<i>ropinirole oral tablet</i>	1	MO
<i>ropinirole oral tablet extended release 24 hr</i>	1	MO
<i>selegiline hcl</i>	1	MO
<i>trihexyphenidyl oral tablet</i>	1	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIQ AUTOINJECTOR	1	PA; MO; QL (1 per 30 days)
<i>dihydroergotamine injection</i>	1	
<i>dihydroergotamine nasal</i>	1	QL (8 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
EMGALITY PEN	1	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	1	PA; MO; QL (2 per 30 days)
<i>ergotamine-caffeine</i>	1	MO
<i>naratriptan</i>	1	MO; QL (18 per 28 days)
NURTEC ODT	1	PA; QL (16 per 30 days)
QULIPTA	1	PA; MO; QL (30 per 30 days)
<i>rizatriptan oral tablet</i>	1	MO; QL (24 per 28 days)
<i>rizatriptan oral tablet, disintegrating</i>	1	MO; QL (24 per 28 days)
<i>sumatriptan</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan succinate oral</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml</i>	1	MO; QL (8 per 28 days)

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This drug list was last updated on 10/04/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	1	QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i>	1	QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	1	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	1	MO; QL (8 per 28 days)
UBRELVY	1	PA; QL (20 per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
BRIUMVI	1	PA; MO; QL (24 per 180 days)
<i>dalfampridine</i>	1	PA; MO; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	1	PA; MO; QL (14 per 30 days)

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

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

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

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Drug Name	Drug Tier	Requirements/Limits
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	PA; MO
<i>dantrolene intravenous</i>	1	
<i>dantrolene oral</i>	1	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	MO
<i>pyridostigmine bromide oral tablet extended release</i>	1	
<i>revonto</i>	1	
<i>tizanidine oral tablet</i>	1	MO
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	MO; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	MO; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	MO; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
BELBUCA	1	PA; MO; QL (60 per 30 days)
<i>buprenorphine hcl injection syringe</i>	1	
<i>buprenorphine hcl sublingual</i>	1	MO
<i>buprenorphine transdermal patch</i>	1	PA; MO; QL (4 per 28 days)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	1	QL (360 per 30 days)
<i>endocet oral tablet 5-325 mg</i>	1	MO; QL (360 per 30 days)
<i>fentanyl citrate (pf) injection solution</i>	1	
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	1	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA; MO; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	1	PA; MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA; MO; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	MO; QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	MO; QL (50 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml, 2 mg/ml</i>	1	
<i>hydromorphone injection solution 1 mg/ml</i>	1	
<i>hydromorphone injection solution 2 mg/ml</i>	1	MO
<i>hydromorphone injection syringe 1 mg/ml, 4 mg/ml</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone injection syringe 2 mg/ml</i>	1	
<i>hydromorphone oral liquid</i>	1	MO; QL (2400 per 30 days)
<i>hydromorphone oral tablet</i>	1	MO; QL (180 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr</i>	1	PA; MO; QL (60 per 30 days)
<i>methadone injection solution</i>	1	
<i>methadone intensol</i>	1	PA; MO; QL (90 per 30 days)
<i>methadone oral concentrate</i>	1	PA; QL (90 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	1	PA; MO; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	1	PA; MO; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	1	PA; MO; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	1	PA; MO; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>methadose oral concentrate</i>	1	PA; MO; QL (90 per 30 days)
<i>morphine (pf) injection solution 0.5 mg/ml</i>	1	
<i>morphine (pf) injection solution 1 mg/ml</i>	1	MO
<i>morphine concentrate oral solution</i>	1	MO; QL (900 per 30 days)
<i>morphine injection syringe 4 mg/ml</i>	1	MO
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml</i>	1	MO
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	
<i>morphine oral solution</i>	1	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	1	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release</i>	1	PA; MO; QL (120 per 30 days)
<i>oxycodone oral capsule</i>	1	MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	1	MO; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone oral solution</i>	1	MO; QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	1	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	1	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>	1	MO; QL (360 per 30 days)
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	1	PA; MO; QL (90 per 30 days)
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 80 MG	1	PA; MO; QL (60 per 30 days)
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	MO; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	1	MO; QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	1	MO; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	MO; QL (90 per 30 days)
<i>butorphanol injection</i>	1	MO
<i>butorphanol nasal</i>	1	MO; QL (10 per 28 days)
<i>celecoxib</i>	1	MO
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	1	
<i>diclofenac potassium oral tablet 50 mg</i>	1	MO
<i>diclofenac sodium oral</i>	1	MO
<i>diclofenac sodium topical gel 1%</i>	1	MO; QL (1000 per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump</i>	1	MO; QL (224 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac-misoprostol</i>	1	MO
<i>diflunisal</i>	1	MO
<i>etodolac oral capsule</i>	1	MO
<i>etodolac oral tablet</i>	1	MO
<i>etodolac oral tablet extended release 24 hr</i>	1	MO
<i>flurbiprofen oral tablet 100 mg</i>	1	MO
<i>ibu</i>	1	MO
<i>ibuprofen oral suspension</i>	1	MO
<i>ibuprofen oral tablet 400 mg, 800 mg</i>	1	MO
<i>ibuprofen oral tablet 600 mg</i>	1	
<i>meloxicam oral tablet</i>	1	MO; QL (30 per 30 days)
<i>nabumetone</i>	1	MO
<i>nalbuphine</i>	1	
<i>naloxone injection solution</i>	1	MO
<i>naloxone injection syringe 0.4 mg/ml (prefilled syringe)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	MO
<i>naloxone nasal</i>	1	MO
<i>naltrexone</i>	1	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>oxaprozin oral tablet</i>	1	MO
<i>piroxicam</i>	1	MO
<i>salsalate</i>	1	MO
<i>sulindac</i>	1	MO
<i>tramadol oral tablet 50 mg</i>	1	MO; QL (240 per 30 days)
<i>tramadol-acetaminophen</i>	1	MO; QL (240 per 30 days)
VIVITROL	1	MO
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	1	MO; QL (60 per 30 days)

PSYCHOTHERAPEUTIC DRUGS

ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML	1	MO; QL (2.4 per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 960 MG/3.2 ML	1	MO; QL (3.2 per 56 days)
ABILIFY MAINTENA	1	MO; QL (1 per 28 days)
<i>amitriptyline</i>	1	MO
<i>amoxapine</i>	1	MO
<i>aripiprazole oral solution</i>	1	MO
<i>aripiprazole oral tablet</i>	1	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet, disintegrating</i>	1	MO; QL (60 per 30 days)
ARISTADA INITIO	1	MO; QL (4.8 per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	1	MO; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	1	MO; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	1	MO; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	1	MO; QL (3.2 per 28 days)
<i>armodafinil</i>	1	PA; MO; QL (30 per 30 days)
<i>asenapine maleate</i>	1	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	MO; QL (30 per 30 days)
AUVELITY	1	ST; QL (60 per 30 days)
BELSOMRA	1	PA; QL (30 per 30 days)
<i>bupropion hcl oral tablet</i>	1	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	MO; QL (60 per 30 days)
<i>bupirone</i>	1	MO
CAPLYTA	1	MO; QL (30 per 30 days)
<i>chlorpromazine injection</i>	1	MO
<i>chlorpromazine oral</i>	1	MO
<i>citalopram oral solution</i>	1	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clomipramine</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	1	PA; MO; QL (360 per 30 days)
<i>clozapine oral tablet</i>	1	
<i>clozapine oral tablet, disintegrating</i>	1	
<i>desipramine</i>	1	MO
<i>desvenlafaxine succinate</i>	1	MO; QL (30 per 30 days)
<i>dextroamphetamine oral capsule, extended release 24hr</i>	1	MO
<i>dextroamphetamine oral tablet</i>	1	MO
<i>diazepam injection</i>	1	PA
<i>diazepam intensol</i>	1	PA; MO; QL (240 per 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate oral solution</i>	1	MO
<i>escitalopram oxalate oral tablet</i>	1	MO; QL (30 per 30 days)
<i>eszopiclone</i>	1	MO; QL (30 per 30 days)
FANAPT ORAL TABLET	1	ST; MO; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	1	ST; MO; QL (8 per 180 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	1	QL (28 per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	1	QL (30 per 30 days)
<i>flumazenil</i>	1	
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO; QL (90 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral solution</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine decanoate</i>	1	MO
<i>fluphenazine hcl</i>	1	MO
<i>fluvoxamine oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	1	MO; QL (60 per 30 days)
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)</i>	1	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml, 50 mg/ml(1ml)</i>	1	MO
<i>haloperidol lactate injection</i>	1	MO
<i>haloperidol lactate intramuscular</i>	1	
<i>haloperidol lactate oral</i>	1	MO
<i>imipramine hcl</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	1	MO; QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	1	MO; QL (5 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	1	MO; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	1	MO; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	1	MO; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	1	MO; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	1	MO; QL (0.5 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	1	MO; QL (0.88 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	1	MO; QL (1.32 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	1	MO; QL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	1	MO; QL (2.63 per 90 days)
<i>lithium carbonate</i>	1	MO
<i>lithium citrate</i>	1	
<i>lorazepam injection solution</i>	1	PA; MO
<i>lorazepam injection syringe 2 mg/ml</i>	1	PA; MO
<i>lorazepam intensol</i>	1	PA; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	1	PA; MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	PA; MO; QL (90 per 30 days)

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This drug list was last updated on 10/04/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam oral tablet 2 mg</i>	1	PA; MO; QL (150 per 30 days)
<i>loxapine succinate</i>	1	MO
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	1	MO; QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i>	1	MO; QL (60 per 30 days)
MARPLAN	1	MO
<i>methylphenidate hcl oral capsule,erbiphasic 50-50</i>	1	MO
<i>methylphenidate hcl oral solution</i>	1	MO
<i>methylphenidate hcl oral tablet</i>	1	MO
<i>methylphenidate hcl oral tablet extended release</i>	1	MO
<i>methylphenidate hcl oral tablet,chewable</i>	1	MO
<i>mirtazapine oral tablet</i>	1	MO
<i>mirtazapine oral tablet,disintegrating</i>	1	MO
<i>modafinil oral tablet 100 mg</i>	1	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>modafinil oral tablet 200 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>molindone oral tablet 10 mg, 25 mg</i>	1	
<i>molindone oral tablet 5 mg</i>	1	MO
<i>nefazodone</i>	1	MO
<i>nortriptyline oral capsule</i>	1	MO
<i>nortriptyline oral solution</i>	1	MO
NUPLAZID	1	PA; MO; QL (30 per 30 days)
<i>olanzapine intramuscular</i>	1	MO
<i>olanzapine oral tablet</i>	1	MO; QL (30 per 30 days)
<i>olanzapine oral tablet,disintegrating</i>	1	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	1	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral suspension</i>	1	MO

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This drug list was last updated on 10/04/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	MO; QL (60 per 30 days)
<i>pentobarbital sodium injection solution</i>	1	
<i>perphenazine</i>	1	MO
<i>phenelzine</i>	1	MO
<i>pimozide</i>	1	MO
<i>protriptyline</i>	1	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>ramelteon</i>	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
REXULTI ORAL TABLET	1	MO; QL (30 per 30 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i>	1	MO; QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i>	1	MO; QL (2 per 28 days)
<i>risperidone oral solution</i>	1	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	1	MO; QL (120 per 30 days)
SECUADO	1	MO; QL (30 per 30 days)

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This drug list was last updated on 10/04/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>sertraline oral concentrate</i>	1	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
SODIUM OXYBATE (PREFERRED NDCS STARTING WITH 00054)	1	PA; LA; QL (540 per 30 days)
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	1	PA; MO
<i>thioridazine</i>	1	MO
<i>thiothixene</i>	1	MO
<i>tranylcypromine</i>	1	MO
<i>trazodone</i>	1	MO
<i>trifluoperazine</i>	1	MO
<i>trimipramine</i>	1	MO
TRINTELLIX	1	QL (30 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 100 MG/0.28 ML	1	MO; QL (0.28 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 125 MG/0.35 ML	1	MO; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 150 MG/0.42 ML	1	MO; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 200 MG/0.56 ML	1	MO; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 250 MG/0.7 ML	1	MO; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 50 MG/0.14 ML	1	MO; QL (0.14 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 75 MG/0.21 ML	1	MO; QL (0.21 per 28 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	1	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	1	MO; QL (90 per 30 days)
VERSACLOZ	1	
<i>vilazodone</i>	1	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	1	MO; QL (30 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	1	MO; QL (30 per 30 days)
<i>ziprasidone hcl</i>	1	MO; QL (60 per 30 days)
<i>ziprasidone mesylate</i>	1	MO
<i>zolpidem oral tablet</i>	1	MO; QL (30 per 30 days)

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>dilt-xr</i>	1	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	MO; QL (60 per 30 days)
EDARBI	1	MO
EDARBYCLOR	1	MO
<i>enalapril maleate oral tablet</i>	1	MO
<i>enalaprilat intravenous solution</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	MO
<i>eplerenone</i>	1	MO
<i>esmolol intravenous solution</i>	1	
<i>ethacrynate sodium</i>	1	
<i>felodipine</i>	1	MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	1	MO
<i>furosemide injection solution</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine</i>	1	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
<i>irbesartan</i>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO
<i>isosorbide-hydralazine</i>	1	MO; QL (180 per 30 days)
<i>isradipine</i>	1	
KERENDIA	1	PA; QL (30 per 30 days)
<i>labetalol intravenous solution</i>	1	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	1	
<i>labetalol oral</i>	1	MO
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>losartan</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO
<i>mannitol 20 %</i>	1	
<i>mannitol 25 % intravenous solution</i>	1	MO
<i>matzim la</i>	1	MO
<i>metolazone</i>	1	MO
<i>metoprolol succinate</i>	1	MO
<i>metoprolol tartrate hydrochlorothiazide</i>	1	MO
<i>metoprolol tartrate intravenous</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>metyrosine</i>	1	PA; MO
<i>minoxidil oral</i>	1	MO
<i>moexipril</i>	1	
<i>nadolol</i>	1	MO
<i>nebivolol</i>	1	MO
<i>nicardipine intravenous solution</i>	1	
<i>nicardipine oral</i>	1	MO
<i>nifedipine oral tablet extended release</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine oral tablet extended release 24hr</i>	1	MO
<i>nimodipine oral capsule</i>	1	MO
<i>olmesartan</i>	1	MO
<i>olmesartan-amlodipine-hcthiiazid</i>	1	MO
<i>olmesartan-hydrochlorothiazid e</i>	1	MO
<i>osmitrol 20 %</i>	1	
<i>perindopril erbumine</i>	1	MO
<i>phentolamine</i>	1	
<i>pindolol</i>	1	MO
<i>prazosin</i>	1	MO
<i>propranolol intravenous</i>	1	
<i>propranolol oral capsule,extended release 24 hr</i>	1	MO
<i>propranolol oral solution</i>	1	MO
<i>propranolol oral tablet</i>	1	MO
<i>quinapril</i>	1	MO
<i>quinapril-hydrochlorothiazid e</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>ramipril</i>	1	MO
<i>spironolactone oral tablet</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	1	MO
<i>telmisartan</i>	1	MO
<i>telmisartan-amlodipine</i>	1	MO
<i>telmisartan-hydrochlorothiazid</i>	1	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>	1	MO
<i>timolol maleate oral</i>	1	MO
<i>torseamide oral</i>	1	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil</i>	1	MO
<i>treprostinil sodium</i>	1	PA; MO; LA
<i>triamterene-hydrochlorothiazid</i>	1	MO
UPTRAVI ORAL TABLET	1	PA; MO; LA; QL (60 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK	1	PA; MO; LA; QL (200 per 180 days)

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This drug list was last updated on 10/04/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>valsartan oral tablet</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
<i>veletri</i>	1	B/D PA; MO
<i>verapamil intravenous</i>	1	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	1	MO
<i>verapamil oral capsule, ext rel. pellets 24 hr</i>	1	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	1	MO
COAGULATION THERAPY		
<i>aminocaproic acid intravenous</i>	1	MO
<i>aminocaproic acid oral</i>	1	MO
<i>aspirin-dipyridamole</i>	1	MO
BRILINTA	1	MO
CABLIVI INJECTION KIT	1	PA; LA
CEPROTIN (BLUE BAR)	1	PA; MO

Drug Name	Drug Tier	Requirements/Limits
CEPROTIN (GREEN BAR)	1	PA; MO
<i>cilostazol</i>	1	MO
<i>clopidogrel oral tablet 300 mg</i>	1	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>dabigatran etexilate</i>	1	MO; QL (60 per 30 days)
<i>dipyridamole intravenous</i>	1	
<i>dipyridamole oral</i>	1	MO
DOPTELET (10 TAB PACK)	1	PA; MO; LA
DOPTELET (15 TAB PACK)	1	PA; MO; LA
DOPTELET (30 TAB PACK)	1	PA; MO; LA
ELIQUIS	1	MO; QL (60 per 30 days)
ELIQUIS DVT-PE TREAT 30D START	1	MO; QL (74 per 180 days)
<i>enoxaparin subcutaneous solution</i>	1	MO; QL (30 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	1	MO; QL (28 per 28 days)

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This drug list was last updated on 10/04/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	1	MO; QL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	1	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	1	MO; QL (11.2 per 28 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	1	MO
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	1	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	1	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	1	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml</i>	1	
<i>heparin (porcine) injection cartridge</i>	1	MO
<i>heparin (porcine) injection solution</i>	1	MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	1	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	1	
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	1	MO
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	1	MO
<i>jantoven</i>	1	MO
<i>pentoxifylline</i>	1	MO
<i>prasugrel</i>	1	MO
PROMACTA	1	PA; MO; LA
<i>protamine</i>	1	
<i>warfarin</i>	1	MO
XARELTO DVT-PE TREAT 30D START	1	MO; QL (51 per 180 days)

Drug Name	Drug Tier	Requirements/Limits
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	1	MO; QL (775 per 28 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	1	MO; QL (30 per 30 days)
XARELTO ORAL TABLET 2.5 MG	1	MO; QL (60 per 30 days)

LIPID/CHOLESTEROL LOWERING AGENTS

<i>amlodipine-atorvastatin</i>	1	MO; QL (30 per 30 days)
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
<i>cholestyramine (with sugar)</i>	1	MO
<i>cholestyramine light</i>	1	
<i>colesevelam</i>	1	MO
<i>colestipol oral granules</i>	1	MO
<i>colestipol oral packet</i>	1	
<i>colestipol oral tablet</i>	1	MO
<i>ezetimibe</i>	1	MO
<i>ezetimibe-simvastatin</i>	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	MO
<i>fenofibrate nanocrystallized</i>	1	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	MO
<i>fenofibric acid</i>	1	
<i>fenofibric acid (choline)</i>	1	MO
<i>fluvastatin oral capsule 20 mg</i>	1	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>gemfibrozil</i>	1	MO
<i>icosapent ethyl</i>	1	MO
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
NEXLETOL	1	PA; MO
NEXLIZET	1	PA; MO
<i>niacin oral tablet 500 mg</i>	1	MO
<i>niacin oral tablet extended release 24 hr</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>omega-3 acid ethyl esters</i>	1	MO
<i>pitavastatin calcium</i>	1	MO; QL (30 per 30 days)
<i>pravastatin</i>	1	MO; QL (30 per 30 days)
<i>prevalite</i>	1	MO
REPATHA	1	PA; QL (6 per 28 days)
REPATHA PUSHTRONEX	1	PA; QL (7 per 28 days)
REPATHA SURECLICK	1	PA; QL (6 per 28 days)
<i>rosuvastatin</i>	1	MO; QL (30 per 30 days)
<i>simvastatin</i>	1	MO; QL (30 per 30 days)

MISCELLANEOUS CARDIOVASCULAR AGENTS

<i>digoxin oral solution</i>	1	MO
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	MO
<i>dobutamine</i>	1	B/D PA

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This drug list was last updated on 10/04/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>	1	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	1	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	1	B/D PA; MO
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	1	B/D PA

Drug Name	Drug Tier	Requirements/Limits
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	1	B/D PA; MO
ENTRESTO	1	QL (60 per 30 days)
ENTRESTO SPRINKLE	1	QL (240 per 30 days)
<i>ivabradine</i>	1	MO; QL (60 per 30 days)
<i>milrinone</i>	1	B/D PA
<i>milrinone in 5 % dextrose</i>	1	B/D PA
<i>norepinephrine bitartrate</i>	1	
<i>ranolazine</i>	1	MO
<i>sodium nitroprusside</i>	1	B/D PA
VERQUVO	1	MO; QL (30 per 30 days)
VYNDAMAX	1	PA; MO
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	MO
<i>isosorbide mononitrate oral tablet 10 mg</i>	1	

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This drug list was last updated on 10/04/2024.

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

Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene scalp</i>	1	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	1	MO; QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	1	MO; QL (120 per 30 days)
COSENTYX (2 SYRINGES)	1	PA; MO; QL (10 per 28 days)
COSENTYX INTRAVENOUS	1	PA; QL (20 per 28 days)
COSENTYX PEN	1	PA; MO; QL (5 per 28 days)
COSENTYX PEN (2 PENS)	1	PA; MO; QL (10 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; QL (5 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; MO; QL (2.5 per 28 days)
COSENTYX UNOREADY PEN	1	PA; MO; QL (10 per 28 days)
<i>selenium sulfide topical lotion</i>	1	MO
SKYRIZI SUBCUTANEOUS PEN INJECTOR	1	PA; MO; QL (2 per 28 days)

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This drug list was last updated on 10/04/2024.

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; QL (2 per 28 days)
SOTYKTU	1	PA; MO; QL (30 per 30 days)
STELARA INTRAVENOUS	1	PA; MO; QL (104 per 180 days)
STELARA SUBCUTANEOUS SOLUTION	1	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; MO; QL (1 per 28 days)
TREMFYA SUBCUTANEOUS AUTO-INJECTOR	1	PA; MO; QL (2 per 28 days)
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA; MO; QL (2 per 28 days)
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS AUTO-INJECTOR	1	PA; QL (6 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
ADBRY SUBCUTANEOUS SYRINGE	1	PA; MO; QL (6 per 28 days)
<i>ammonium lactate</i>	1	MO
<i>chloroprocaine (pf)</i>	1	
CIBINQO	1	PA; MO; QL (30 per 30 days)
<i>dermacinrx lidocan</i>	1	PA; QL (90 per 30 days)
<i>diclofenac sodium topical gel 3 %</i>	1	PA; MO; QL (100 per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	1	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	1	PA; MO; QL (8 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	1	PA; QL (1.34 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	1	PA; MO; QL (4.56 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	1	PA; MO; QL (8 per 28 days)
fluorouracil topical cream 5 %	1	MO
fluorouracil topical solution	1	MO
glydo	1	MO; QL (60 per 30 days)
imiquimod topical cream in packet 5 %	1	MO
lidocaine (pf) injection solution	1	
lidocaine hcl injection solution	1	
lidocaine hcl laryngotracheal	1	
lidocaine hcl mucous membrane jelly in applicator	1	MO; QL (60 per 30 days)
lidocaine hcl mucous membrane solution 2 %	1	MO
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	1	MO
lidocaine topical adhesive patch,medicated 5 %	1	PA; MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
lidocaine topical ointment	1	MO; QL (36 per 30 days)
lidocaine viscous	1	
lidocaine-epinephrine	1	
lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000	1	
lidocaine-prilocaine topical cream	1	MO; QL (30 per 30 days)
lidocan iii	1	PA; QL (90 per 30 days)
lidocan iv	1	PA; QL (90 per 30 days)
lidocan v	1	PA; QL (90 per 30 days)
methoxsalen	1	MO
PANRETIN	1	PA; MO
pimecrolimus	1	PA; MO; QL (100 per 30 days)
podofilox topical solution	1	MO
polocaine injection solution 1 % (10 mg/ml)	1	
polocaine-mpf	1	
REGRANEX	1	QL (15 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SANTYL	1	MO; QL (180 per 30 days)
<i>silver sulfadiazine</i>	1	MO
<i>ssd</i>	1	MO
<i>tacrolimus topical</i>	1	PA; MO; QL (100 per 30 days)
<i>tridacaine ii</i>	1	PA; QL (90 per 30 days)
<i>tridacaine iii</i>	1	PA; QL (90 per 30 days)
VALCHLOR	1	PA; MO
THERAPY FOR ACNE		
<i>accutane</i>	1	
<i>amnesteam</i>	1	
<i>azelaic acid</i>	1	MO
<i>claravis</i>	1	
<i>clindamycin phosphate topical gel</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical gel, once daily</i>	1	MO; QL (150 per 30 days)
<i>clindamycin phosphate topical lotion</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	1	MO; QL (120 per 30 days)
<i>ery pads</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin with ethanol topical solution</i>	1	MO
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>metronidazole topical</i>	1	MO
<i>tazarotene topical cream 0.05 %</i>	1	PA
<i>tazarotene topical cream 0.1 %</i>	1	PA; MO
<i>tazarotene topical gel</i>	1	PA; MO
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	1	PA; MO
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	1	PA; MO
<i>zenatane</i>	1	
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical</i>	1	MO; QL (60 per 30 days)
<i>mupirocin</i>	1	MO; QL (44 per 30 days)
<i>sulfacetamide sodium (acne)</i>	1	MO
TOPICAL ANTIFUNGALS		
<i>ciclofanol topical solution</i>	1	MO; QL (6.6 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox topical cream</i>	1	MO; QL (90 per 28 days)
<i>ciclopirox topical gel</i>	1	MO; QL (100 per 28 days)
<i>ciclopirox topical shampoo</i>	1	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	1	MO; QL (6.6 per 28 days)
<i>ciclopirox topical suspension</i>	1	MO; QL (60 per 28 days)
<i>clotrimazole topical cream</i>	1	MO; QL (45 per 28 days)
<i>clotrimazole topical solution</i>	1	MO; QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	1	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	1	MO; QL (60 per 28 days)
<i>econazole</i>	1	MO; QL (85 per 28 days)
<i>ketconazole topical cream</i>	1	MO; QL (60 per 28 days)
<i>ketconazole topical shampoo</i>	1	MO; QL (120 per 28 days)
<i>klayesta</i>	1	MO; QL (180 per 30 days)
<i>naftifine topical gel 2 %</i>	1	MO; QL (60 per 28 days)
<i>nyamyc</i>	1	MO; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin topical cream</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	1	MO; QL (180 per 30 days)
<i>nystatin-triamcinolone</i>	1	MO; QL (60 per 28 days)
<i>nystop</i>	1	MO; QL (180 per 30 days)

TOPICAL ANTIVIRALS

<i>acyclovir topical ointment</i>	1	PA; MO; QL (30 per 30 days)
<i>penciclovir</i>	1	MO; QL (5 per 30 days)

TOPICAL CORTICOSTEROIDS

<i>ala-cort topical cream 1 %</i>	1	MO
<i>ala-cort topical cream 2.5 %</i>	1	
<i>alclometasone</i>	1	MO
<i>betamethasone dipropionate</i>	1	MO
<i>betamethasone valerate topical cream</i>	1	MO
<i>betamethasone valerate topical lotion</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate topical ointment</i>	1	MO
<i>betamethasone, augmented topical cream</i>	1	MO
<i>betamethasone, augmented topical gel</i>	1	MO
<i>betamethasone, augmented topical lotion</i>	1	MO
<i>betamethasone, augmented topical ointment</i>	1	MO
<i>clobetasol scalp</i>	1	MO; QL (100 per 28 days)
<i>clobetasol topical cream</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical foam</i>	1	MO; QL (100 per 28 days)
<i>clobetasol topical gel</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical lotion</i>	1	MO; QL (118 per 28 days)
<i>clobetasol topical ointment</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	1	MO; QL (236 per 28 days)
<i>clobetasol-emollient topical cream</i>	1	MO; QL (120 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>desonide topical cream</i>	1	MO
<i>desonide topical ointment</i>	1	MO
<i>fluocinolone</i>	1	MO
<i>fluocinolone and shower cap</i>	1	MO
<i>fluocinonide topical cream 0.05 %</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical gel</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide-emollient</i>	1	MO; QL (120 per 30 days)
<i>fluticasone propionate topical cream</i>	1	MO
<i>fluticasone propionate topical ointment</i>	1	MO
<i>halobetasol propionate topical cream</i>	1	MO
<i>halobetasol propionate topical ointment</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
hydrocortisone topical cream 1 %, 2.5 %	1	MO
hydrocortisone topical lotion 2.5 %	1	MO
hydrocortisone topical ointment 1 %, 2.5 %	1	MO
mometasone topical	1	MO
prednicarbate topical ointment	1	
triamcinolone acetone topically cream	1	MO
triamcinolone acetone topically lotion	1	MO
triamcinolone acetone topically ointment 0.025 %, 0.1 %, 0.5 %	1	MO
triderm topically cream	1	

TOPICAL SCABICIDES / PEDICULICIDES

malathion	1	MO
permethrin	1	MO; QL (60 per 30 days)

DIAGNOSTICS / MISCELLANEOUS AGENTS

Drug Name	Drug Tier	Requirements/Limits
ANTIDOTES		
acetylcysteine intravenous	1	
IRRIGATING SOLUTIONS		
lactated ringers irrigation	1	
neomycin-polymyxin b gu	1	
ringer's irrigation	1	MO
MISCELLANEOUS AGENTS		
acamprosate	1	MO
acetic acid irrigation	1	MO
anagrelide	1	MO
caffeine citrate intravenous	1	
caffeine citrate oral	1	MO
carglumic acid	1	PA; MO
cevimeline	1	MO
CHEMET	1	PA
CLINIMIX 4.25%/D5W SULFIT FREE	1	B/D PA
d10 %-0.45 % sodium chloride	1	
d2.5 %-0.45 % sodium chloride	1	
d5 % and 0.9 % sodium chloride	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>d5 %-0.45 % sodium chloride</i>	1	MO
<i>deferasirox oral granules in packet</i>	1	PA; MO
<i>deferasirox oral tablet</i>	1	PA; MO
<i>deferasirox oral tablet, dispersible 125 mg</i>	1	PA; MO
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>	1	PA; MO
<i>deferiprone</i>	1	PA; MO
<i>deferoxamine</i>	1	B/D PA; MO
<i>dextrose 10 % and 0.2 % nacl</i>	1	
<i>dextrose 10 % in water (d10w)</i>	1	
<i>dextrose 25 % in water (d25w)</i>	1	
<i>dextrose 5 % in water (d5w)</i>	1	MO
<i>dextrose 5 %-lactated ringers</i>	1	MO
<i>dextrose 5%-0.2 % sod chloride</i>	1	
<i>dextrose 5%-0.3 % sod.chloride</i>	1	
<i>dextrose 50 % in water (d50w)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 70 % in water (d70w)</i>	1	
<i>disulfiram oral tablet 250 mg</i>	1	MO
<i>disulfiram oral tablet 500 mg</i>	1	
<i>droxidopa</i>	1	PA; MO
<i>glutamine (sickle cell)</i>	1	PA; MO
INCRELEX	1	MO; LA
<i>kionex (with sorbitol)</i>	1	
<i>levocarnitine (with sugar)</i>	1	MO
<i>levocarnitine oral solution 100 mg/ml</i>	1	MO
<i>levocarnitine oral tablet</i>	1	MO
LOKELMA	1	MO
<i>midodrine</i>	1	MO
<i>nitisinone</i>	1	PA; MO
<i>pilocarpine hcl oral</i>	1	MO
PROLASTIN-C INTRAVENOUS SOLUTION	1	PA; MO; LA
REZDIFFRA	1	PA; MO; QL (30 per 30 days)
<i>riluzole</i>	1	PA; MO
<i>risedronate oral tablet 30 mg</i>	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium benzoate-sod phenylacet</i>	1	
<i>sodium chloride 0.9 % intravenous</i>	1	MO
<i>sodium chloride irrigation</i>	1	MO
<i>sodium phenylbutyrate oral powder</i>	1	PA; MO
<i>sodium phenylbutyrate oral tablet</i>	1	PA
<i>sodium polystyrene sulfonate oral powder</i>	1	MO
<i>sps (with sorbitol) oral</i>	1	MO
<i>sps (with sorbitol) rectal</i>	1	
<i>trientine oral capsule 250 mg</i>	1	PA; MO
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 8.4 GRAM	1	MO
VELTASSA ORAL POWDER IN PACKET 25.2 GRAM	1	
<i>water for irrigation, sterile</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
XIAFLEX	1	PA
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	1	PA; MO

SMOKING DETERRENTS

<i>bupropion hcl (smoking deter)</i>	1	MO
NICOTROL	1	
NICOTROL NS	1	MO
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	1	MO
<i>varenicline oral tablet 1 mg (56 pack)</i>	1	
<i>varenicline oral tablets, dose pack</i>	1	MO

EAR, NOSE / THROAT MEDICATIONS

MISCELLANEOUS AGENTS

<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>	1	MO; QL (60 per 30 days)
<i>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)</i>	1	QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane</i>	1	MO
<i>denta 5000 plus</i>	1	MO

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

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

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Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone acetate</i>	1	MO
<i>methylprednisolone oral tablet</i>	1	B/D PA; MO
<i>methylprednisolone oral tablets, dose pack</i>	1	MO
<i>methylprednisolone sodium succinjection recon soln 125 mg, 40 mg</i>	1	MO
<i>methylprednisolone sodium succintravenous</i>	1	MO
<i>prednisolone oral solution</i>	1	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>	1	
<i>prednisone intensol</i>	1	MO
<i>prednisone oral solution</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone oral tablet</i>	1	MO
<i>prednisone oral tablets, dose pack 10 mg (48 pack), 5 mg (48 pack)</i>	1	
<i>prednisone oral tablets, dose pack 10 mg, 5 mg</i>	1	MO
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil</i>	1	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	1	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	1	MO; QL (180 per 30 days)
<i>alcohol pads</i>	1	PA; MO
BAQSIMI	1	MO
BYDUREON BCISE	1	PA; MO; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	1	PA; MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	1	PA; MO; QL (1.2 per 30 days)
<i>diazoxide</i>	1	MO
DROPSAFE ALCOHOL PREP PADS	1	PA
FARXIGA ORAL TABLET 10 MG	1	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	1	MO; QL (60 per 30 days)
FREESTYLE INSULINX STRIP	1	MO
FREESTYLE INSULINX TEST STRIPS	1	MO
FREESTYLE LITE STRIPS	1	MO
FREESTYLE PRECISION NEO STRIPS	1	MO
FREESTYLE TEST	1	MO
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<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)
<i>glipizide- metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 per 30 days)
GLYXAMBI	1	MO; QL (30 per 30 days)
GVOKE	1	MO
GVOKE HYOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	1	

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This drug list was last updated on 10/04/2024.

Drug Name	Drug Tier	Requirements/Limits
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	1	MO
GVOKE HYPOPEN 2- PACK	1	MO
GVOKE PFS 1- PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	1	MO
GVOKE PFS 2- PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	1	MO
HUMALOG JUNIOR KWIKPEN U-100	1	MO
HUMALOG KWIKPEN INSULIN	1	MO
HUMALOG MIX 50-50 KWIKPEN	1	MO
HUMALOG MIX 75-25 KWIKPEN	1	MO
HUMALOG MIX 75-25(U- 100)INSULN	1	MO
HUMALOG U-100 INSULIN	1	MO

Drug Name	Drug Tier	Requirements/Limits
HUMULIN 70/30 U-100 INSULIN	1	MO
HUMULIN 70/30 U-100 KWIKPEN	1	MO
HUMULIN N NPH INSULIN KWIKPEN	1	MO
HUMULIN N NPH U-100 INSULIN	1	MO
HUMULIN R REGULAR U-100 INSULN	1	MO
HUMULIN R U- 500 (CONC) INSULIN	1	MO
HUMULIN R U- 500 (CONC) KWIKPEN	1	MO
INPEFA	1	PA; MO; QL (30 per 30 days)
INSULIN LISPRO SUBCUTANEOUS SOLUTION	1	MO
JANUMET	1	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	1	MO; QL (30 per 30 days)

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This drug list was last updated on 10/04/2024.

Drug Name	Drug Tier	Requirements/Limits
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	1	MO; QL (60 per 30 days)
JANUVIA	1	MO; QL (30 per 30 days)
JARDIANCE	1	MO; QL (30 per 30 days)
JENTADUETO	1	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	1	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	1	MO; QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	1	MO
LANTUS U-100 INSULIN	1	MO
LYUMJEV KWIKPEN U-100 INSULIN	1	MO
LYUMJEV KWIKPEN U-200 INSULIN	1	MO
LYUMJEV U-100 INSULIN	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (60 per 30 days)
MOUNJARO	1	PA; MO; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg</i>	1	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	1	MO; QL (180 per 30 days)
ONETOUCH ULTRA TEST	1	MO
ONETOUCH VERIO TEST STRIPS	1	MO

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This drug list was last updated on 10/04/2024.

Drug Name	Drug Tier	Requirements/Limits
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	1	PA; MO; QL (3 per 28 days)
<i>pioglitazone</i>	1	MO; QL (30 per 30 days)
PRECISION XTRA TEST	1	MO
<i>repaglinide oral tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)
RYBELSUS	1	PA; MO; QL (30 per 30 days)
<i>saxagliptin</i>	1	MO; QL (30 per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	1	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	1	MO; QL (30 per 30 days)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	1	MO; QL (60 per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	1	MO; QL (120 per 30 days)
SOLIQUA 100/33	1	MO; QL (90 per 30 days)
STEGLATRO	1	MO; QL (30 per 30 days)
SYMLINPEN 120	1	PA; MO; QL (10.8 per 30 days)
SYMLINPEN 60	1	PA; MO; QL (6 per 30 days)
SYNJARDY	1	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	1	MO; QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	1	MO
TOUJEO SOLOSTAR U-300 INSULIN	1	MO
TRADJENTA	1	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	1	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	1	MO; QL (60 per 30 days)
TRULICITY	1	PA; MO; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	1	MO; QL (60 per 30 days)

MISCELLANEOUS HORMONES

ALDURAZYME	1	PA; MO
<i>cabergoline</i>	1	MO
<i>calcitonin (salmon) injection</i>	1	MO
<i>calcitonin (salmon) nasal</i>	1	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	
<i>calcitriol oral capsule</i>	1	MO
<i>calcitriol oral solution</i>	1	
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	1	PA; MO
<i>cinacalcet oral tablet 90 mg</i>	1	PA; MO
<i>clomid</i>	1	PA; MO
CRYSVITA	1	PA; MO; LA
<i>danazol</i>	1	MO
<i>desmopressin injection</i>	1	MO

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

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

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Drug Name	Drug Tier	Requirements/Limits
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)	1	PA; QL (37.5 per 30 days)
testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)	1	PA; MO; QL (150 per 30 days)
testosterone transdermal solution in metered pump w/app	1	PA; MO; QL (180 per 30 days)
tolvaptan	1	PA; MO
VIMIZIM	1	PA; MO; LA
zoledronic acid intravenous solution	1	B/D PA; MO
zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml	1	B/D PA; MO
THYROID HORMONES		
euthyrox	1	MO
levo-t	1	
levothyroxine intravenous recon soln	1	
levothyroxine oral tablet	1	

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	1	MO
unithroid	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
atropine injection solution 0.4 mg/ml	1	
atropine injection syringe 0.1 mg/ml	1	
atropine intravenous solution 0.4 mg/ml	1	
atropine intravenous syringe 0.25 mg/5 ml (0.05 mg/ml)	1	
dicyclomine intramuscular	1	MO
dicyclomine oral capsule	1	MO
dicyclomine oral solution	1	MO
dicyclomine oral tablet	1	MO

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

MISCELLANEOUS GASTROINTESTINAL AGENTS

<i>alosetron oral tablet 0.5 mg</i>	1	PA; MO
<i>alosetron oral tablet 1 mg</i>	1	PA; MO
<i>aprepitant</i>	1	B/D PA; MO
<i>balsalazide</i>	1	MO
<i>betaine</i>	1	MO
<i>budesonide oral capsule, delayed, extend.release</i>	1	MO
<i>budesonide oral tablet, delayed and ext.release</i>	1	MO

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

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Drug Name	Drug Tier	Requirements/Limits
<i>gavilyte-g</i>	1	MO
<i>gavilyte-n</i>	1	
<i>generlac</i>	1	
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	1	MO
<i>granisetron hcl intravenous solution 1 mg/ml</i>	1	MO
<i>granisetron hcl intravenous solution 1 mg/ml (1 ml)</i>	1	
<i>granisetron hcl oral</i>	1	B/D PA; MO
<i>hydrocortisone rectal</i>	1	MO
<i>hydrocortisone topical cream with perineal applicator</i>	1	MO
<i>lactulose oral solution 10 gram/15 ml</i>	1	MO
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	1	
LINZESS	1	MO; QL (30 per 30 days)
<i>lubiprostone</i>	1	MO; QL (60 per 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl (pf) injection solution</i>	1	MO
<i>ondansetron hcl (pf) injection syringe</i>	1	
<i>ondansetron hcl intravenous</i>	1	MO
<i>ondansetron hcl oral solution</i>	1	B/D PA; MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D PA; MO
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	B/D PA; MO
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	1	MO
<i>palonosetron intravenous syringe</i>	1	
<i>peg 3350-electrolytes</i>	1	
<i>peg-electrolyte</i>	1	MO
<i>prochlorperazine</i>	1	MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	1	MO
<i>prochlorperazine maleate oral</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>procto-med hc</i>	1	MO
<i>proctosol hc topical</i>	1	MO
<i>proctozone-hc</i>	1	MO
RELISTOR SUBCUTANEOUS SOLUTION	1	ST; MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	1	ST; MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	1	ST; MO; QL (12 per 30 days)
REMICADE	1	PA; MO; QL (20 per 28 days)
SANCUSO	1	MO
<i>scopolamine base</i>	1	MO
SKYRIZI INTRAVENOUS	1	PA; MO; QL (30 per 180 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	1	PA; MO; QL (1.2 per 56 days)

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This drug list was last updated on 10/04/2024.

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	1	PA; MO; QL (2.4 per 56 days)
<i>sodium,potassium, mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	1	MO
<i>sodium,potassium, mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)</i>	1	
SUCRAID	1	PA
<i>sulfasalazine</i>	1	MO
SYMPROIC	1	MO; QL (30 per 30 days)
TRULANCE	1	QL (30 per 30 days)
<i>ursodiol oral capsule 300 mg</i>	1	MO
<i>ursodiol oral tablet</i>	1	MO
VARUBI	1	B/D PA
VIBERZI	1	MO; QL (60 per 30 days)
VOWST	1	PA; LA

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

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This drug list was last updated on 10/04/2024.

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

Drug Name	Drug Tier	Requirements/Limits
omeprazole oral capsule, delayed release(dr/ec) 40 mg	1	MO; QL (60 per 30 days)
pantoprazole intravenous	1	MO
pantoprazole oral tablet, delayed release (dr/ec) 20 mg	1	MO; QL (30 per 30 days)
pantoprazole oral tablet, delayed release (dr/ec) 40 mg	1	MO; QL (60 per 30 days)
sucralfate oral suspension	1	MO
sucralfate oral tablet	1	MO
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	1	PA; MO
ARCALYST	1	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	1	PA; MO; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	1	PA; MO; QL (1 per 28 days)
BESREMI	1	PA; LA

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

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

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

Drug Name	Drug Tier	Requirements/Limits
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	1	
HEPLISAV-B (PF)	1	B/D PA; V
HIBERIX (PF)	1	
HIZENTRA	1	B/D PA; MO
HYPERHEP B INTRAMUSCULAR SOLUTION	1	
HYPERHEP B NEONATAL	1	
IMOVAX RABIES VACCINE (PF)	1	V
INFANRIX (DTAP) (PF)	1	
IPOL	1	V
IXCHIQ (PF)	1	V
IXIARO (PF)	1	V
JYNNEOS (PF)	1	B/D PA; V
KINRIX (PF)	1	
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

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This drug list was last updated on 10/04/2024.

Drug Name	Drug Tier	Requirements/Limits
PEDIARIX (PF)	1	
PEDVAX HIB (PF)	1	
PENBRAYA (PF)	1	V
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG- 62DU -10 MCG/0.5ML	1	
PREHEVBRIO (PF)	1	B/D PA; V
PRIORIX (PF)	1	V
PRIVIGEN	1	PA; MO
PROQUAD (PF)	1	
QUADRACEL (PF)	1	
RABAVERT (PF)	1	V
RECOMBIVAX HB (PF)	1	B/D PA; V
ROTARIX ORAL SUSPENSION	1	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION	1	
ROTATEQ VACCINE	1	
SHINGRIX (PF)	1	V; QL (2 per 720 days)
TDVAX	1	V
TENIVAC (PF)	1	V

Drug Name	Drug Tier	Requirements/Limits
TETANUS,DIPHT HERIA TOX PED(PF)	1	
TICE BCG	1	B/D PA
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	1	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	1	V
TRUMENBA	1	V
TWINRIX (PF)	1	V
TYPHIM VI	1	V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	1	V
VARIVAX (PF)	1	V

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This drug list was last updated on 10/04/2024.

Drug Name	Drug Tier	Requirements/Limits
VAXCHORA VACCINE	1	V

YF-VAX (PF)	1	V
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MISCELLANEOUS SUPPLIES

MISCELLANEOUS SUPPLIES

BD INSULIN SYRINGE	1	PA; MO
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BD INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	1	PA; MO
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BD PEN NEEDLE	1	PA; MO
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BD PEN NEEDLE	1	PA
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CEQR SIMPLICITY	1	MO
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CEQR SIMPLICITY INSERTER	1	MO
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DEXCOM G6 RECEIVER	1	MO
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DEXCOM G6 SENSOR	1	MO
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Drug Name	Drug Tier	Requirements/Limits
DEXCOM G6 TRANSMITTER	1	MO

DEXCOM G7 RECEIVER	1	MO
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DEXCOM G7 SENSOR	1	MO
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FREESTYLE FREEDOM LITE	1	MO
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FREESTYLE INSULINX	1	
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FREESTYLE LIBRE 14 DAY READER	1	
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FREESTYLE LIBRE 14 DAY SENSOR	1	
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FREESTYLE LIBRE 2 READER	1	MO
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FREESTYLE LIBRE 2 SENSOR	1	
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FREESTYLE LIBRE 3 PLUS SENSOR	1	
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FREESTYLE LIBRE 3 READER	1	MO
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FREESTYLE LIBRE 3 SENSOR	1	
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FREESTYLE LITE METER	1	MO
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GAUZE PADS 2 X 2	1	PA; MO
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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 10/04/2024.

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	1	PA; MO
INSULIN SYRINGES (NON-PREFERRED BRANDS) SYRINGE 1 ML 29 GAUGE X 1/2"	1	PA; MO
OMNIPOD 5 G6 INTRO KIT (GEN 5)	1	MO; QL (1 per 720 days)
OMNIPOD 5 G6 PODS (GEN 5)	1	MO
OMNIPOD DASH INTRO KIT (GEN 4)	1	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4)	1	MO
OMNIPOD GO PODS	1	
OMNIPOD GO PODS 10 UNITS/DAY	1	
OMNIPOD GO PODS 15 UNITS/DAY	1	

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD GO PODS 20 UNITS/DAY	1	
OMNIPOD GO PODS 25 UNITS/DAY	1	
OMNIPOD GO PODS 30 UNITS/DAY	1	
OMNIPOD GO PODS 40 UNITS/DAY	1	
ONETOUCH ULTRA2 METER	1	MO
ONETOUCH VERIO FLEX METER	1	MO
ONETOUCH VERIO REFLECT METER	1	
PEN NEEDLES (NON-PREFERRED BRANDS) NEEDLE 29 GAUGE X 1/2"	1	PA; MO
PRECISION XTRA MONITOR	1	MO

**MUSCULOSKELETAL /
RHEUMATOLOGY**

GOUT THERAPY

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This drug list was last updated on 10/04/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<i>allopurinol sodium</i>	1	
<i>aloprim</i>	1	
<i>colchicine oral tablet</i>	1	MO
<i>febuxostat</i>	1	MO
<i>probenecid</i>	1	MO
<i>probenecid-colchicine</i>	1	MO
OSTEOPOROSIS THERAPY		
<i>alendronate oral solution</i>	1	MO; QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
<i>ibandronate intravenous solution</i>	1	PA
<i>ibandronate intravenous syringe</i>	1	PA; MO
<i>ibandronate oral</i>	1	MO; QL (1 per 30 days)
PROLIA	1	PA; MO; QL (1 per 180 days)
<i>raloxifene</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>risedronate oral tablet 150 mg</i>	1	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	1	MO; QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	MO; QL (4 per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	1	PA; QL (2.48 per 28 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN	1	PA; MO; QL (3.6 per 28 days)
ACTEMRA INTRAVENOUS	1	PA; MO; QL (160 per 28 days)
ACTEMRA SUBCUTANEOUS	1	PA; MO; QL (3.6 per 28 days)
BENLYSTA	1	PA; MO
CYLTEZO(CF) PEN	1	PA; MO; QL (4 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
HUMIRA (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; MO; QL (4 per 28 days)
HUMIRA PEN (PREFERRED NDCS STARTING WITH 00074)	1	PA; MO; QL (4 per 28 days)
HUMIRA(CF) (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	1	PA; MO; QL (2 per 28 days)
HUMIRA(CF) (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEN (PREFERRED NDCS NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	1	PA; MO; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) PEN (PREFERRED NDCS NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA; MO; QL (2 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS (PREFERRED NDCS NDCS STARTING WITH 00074)	1	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEN PEDIATRIC UC (ONLY NDCS STARTING WITH 00074)	1	PA; QL (4 per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS (PREFERRED NDCS NDCS STARTING WITH 00074)	1	PA; MO; QL (3 per 180 days)
<i>leflunomide</i>	1	MO; QL (30 per 30 days)
ORENCIA (WITH MALTOSE)	1	PA; MO; QL (12 per 28 days)
ORENCIA CLICKJECT	1	PA; MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	1	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	1	PA; MO; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	1	PA; MO; QL (2.8 per 28 days)
OTEZLA ORAL TABLET 20 MG	1	PA; QL (60 per 30 days)
OTEZLA ORAL TABLET 30 MG	1	PA; MO; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51)	1	PA; QL (55 per 180 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	1	PA; MO; QL (55 per 180 days)
<i>penicillamine oral tablet</i>	1	PA; MO
RIDAURA	1	MO

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This drug list was last updated on 10/04/2024.

Drug Name	Drug Tier	Requirements/Limits
RINVOQ LQ	1	PA; MO; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	1	PA; MO; QL (30 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	1	PA; MO; QL (84 per 180 days)
SAVELLA ORAL TABLET	1	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	1	QL (55 per 180 days)
TYENNE AUTOINJECTOR	1	PA; QL (3.6 per 28 days)
TYENNE INTRAVENOUS	1	PA; QL (160 per 28 days)
TYENNE SUBCUTANEOUS	1	PA; QL (3.6 per 28 days)
XELJANZ ORAL SOLUTION	1	PA; MO; QL (480 per 24 days)
XELJANZ ORAL TABLET	1	PA; MO; QL (60 per 30 days)
XELJANZ XR	1	PA; MO; QL (30 per 30 days)

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

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

<i>camila</i>	1	MO
<i>deblitane</i>	1	MO
DEPO-SUBQ PROVERA 104	1	MO
<i>dotti</i>	1	PA; MO; QL (8 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone</i>	1	MO
<i>mimvey</i>	1	PA; MO
<i>nora-be</i>	1	MO
<i>norethindrone (contraceptive)</i>	1	
<i>norethindrone acetate</i>	1	MO
<i>norethindrone acetate estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	PA; MO
PREMARIN ORAL	1	MO
PREMARIN VAGINAL	1	MO
PREMPHASE	1	MO
PREMPRO	1	MO
<i>progesterone</i>	1	MO
<i>progesterone micronized</i>	1	MO
<i>sharobel</i>	1	MO
<i>yuvaferm</i>	1	
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal</i>	1	MO
<i>eluryng</i>	1	MO
<i>etonogestrel-ethinyl estradiol</i>	1	
LILETTA	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	MO
<i>mifepristone oral tablet 200 mg</i>	1	LA
MYFEMBREE	1	PA; MO
NEXPLANON	1	
<i>norelgestromin-ethin.estradiol</i>	1	
<i>terconazole</i>	1	MO
<i>tranexamic acid oral</i>	1	MO
<i>xulane</i>	1	
<i>zafemy</i>	1	MO

ORAL CONTRACEPTIVES / RELATED AGENTS

<i>altavera (28)</i>	1	MO
<i>alyacen 1/35 (28)</i>	1	MO
<i>alyacen 7/7/7 (28)</i>	1	MO
<i>amethyst (28)</i>	1	MO
<i>apri</i>	1	MO
<i>aranelle (28)</i>	1	MO
<i>aubra eq</i>	1	MO
<i>aviane</i>	1	MO
<i>azurette (28)</i>	1	MO
<i>camrese</i>	1	MO
<i>cryselle (28)</i>	1	MO
<i>cyred eq</i>	1	MO
<i>dasetta 1/35 (28)</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>dasetta 7/7/7 (28)</i>	1	MO
<i>daysee</i>	1	MO
<i>desog-e.estradiol/e.estradiol</i>	1	
<i>desogestrel-ethinyl estradiol</i>	1	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	1	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	1	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	1	
<i>elinest</i>	1	MO
<i>enpresse</i>	1	MO
<i>enskyce</i>	1	MO
<i>estarylla</i>	1	MO
<i>ethynodiol diac-eth estradiol</i>	1	
<i>falmina (28)</i>	1	MO
<i>introvale</i>	1	
<i>isibloom</i>	1	MO
<i>jasmiel (28)</i>	1	MO
<i>jolessa</i>	1	MO
<i>juleber</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	1	
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month</i>	1	
<i>levonorg-eth estradiol triphasic</i>	1	
<i>levora-28</i>	1	MO
<i>loryna (28)</i>	1	MO
<i>low-ogestrel (28)</i>	1	MO
<i>lo-zumandimine (28)</i>	1	MO
<i>lutera (28)</i>	1	MO
<i>marlissa (28)</i>	1	MO
<i>microgestin 1.5/30 (21)</i>	1	MO
<i>microgestin 1/20 (21)</i>	1	MO
<i>microgestin fe 1.5/30 (28)</i>	1	MO
<i>microgestin fe 1/20 (28)</i>	1	MO
<i>mili</i>	1	MO
<i>mono-linyah</i>	1	MO
<i>nikki (28)</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	MO
<i>norethindrone-estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg</i>	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	MO
<i>nortrel 0.5/35 (28)</i>	1	MO
<i>nortrel 1/35 (21)</i>	1	MO
<i>nortrel 1/35 (28)</i>	1	MO
<i>nortrel 7/7/7 (28)</i>	1	MO
<i>philith</i>	1	MO
<i>pimtrea (28)</i>	1	MO
<i>portia 28</i>	1	MO
<i>reclipsen (28)</i>	1	MO
<i>setlakin</i>	1	MO
<i>sprintec (28)</i>	1	MO
<i>sronyx</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>syeda</i>	1	MO
<i>tarina fe 1-20 eq (28)</i>	1	MO
<i>tilia fe</i>	1	MO
<i>tri-estarylla</i>	1	MO
<i>tri-legest fe</i>	1	MO
<i>tri-linyah</i>	1	MO
<i>tri-lo-estarylla</i>	1	MO
<i>tri-lo-marzia</i>	1	MO
<i>tri-lo-sprintec</i>	1	
<i>tri-sprintec (28)</i>	1	MO
<i>trivora (28)</i>	1	MO
<i>turqoz (28)</i>	1	MO
<i>velivet triphasic regimen (28)</i>	1	MO
<i>vestura (28)</i>	1	MO
<i>vienva</i>	1	MO
<i>viorele (28)</i>	1	MO
<i>wera (28)</i>	1	MO
<i>zovia 1-35 (28)</i>	1	MO
<i>zumandimine (28)</i>	1	MO
OXYTOCICS		
<i>methylergonovine oral</i>	1	PA
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>bacitracin ophthalmic (eye)</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin-polymyxin b</i>	1	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	MO
<i>erythromycin ophthalmic (eye)</i>	1	MO; QL (3.5 per 14 days)
<i>gatifloxacin</i>	1	MO
<i>gentamicin ophthalmic (eye) drops</i>	1	MO; QL (70 per 30 days)
<i>levofloxacin ophthalmic (eye)</i>	1	
<i>moxifloxacin ophthalmic (eye) drops</i>	1	MO
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	1	
<i>neomycin-bacitracin-polymyxin</i>	1	MO
<i>neomycin-polymyxin-gramicidin</i>	1	MO
<i>neo-polycin</i>	1	
<i>ofloxacin ophthalmic (eye)</i>	1	MO
<i>polycin</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	MO
<i>tobramycin ophthalmic (eye)</i>	1	MO; QL (10 per 14 days)

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

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This drug list was last updated on 10/04/2024.

Drug Name	Drug Tier	Requirements/Limits
CYSTARAN	1	PA
<i>epinastine</i>	1	MO
EYLEA	1	PA; MO
MIEBO (PF)	1	MO; QL (12 per 30 days)
OXERVATE	1	PA; MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	MO
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1	MO
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	1	
<i>sulfacetamide-prednisolone</i>	1	MO
XDEMVY	1	PA; QL (10 per 42 days)
XIIDRA	1	MO; QL (60 per 30 days)

NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

<i>bromfenac</i>	1	MO
<i>diclofenac sodium ophthalmic (eye)</i>	1	MO
<i>flurbiprofen sodium</i>	1	MO
<i>ketorolac ophthalmic (eye)</i>	1	MO

ORAL DRUGS FOR GLAUCOMA

Drug Name	Drug Tier	Requirements/Limits
<i>acetazolamide</i>	1	MO
<i>acetazolamide sodium</i>	1	MO
<i>methazolamide</i>	1	MO

OTHER GLAUCOMA DRUGS

<i>dorzolamide</i>	1	
<i>dorzolamide-timolol</i>	1	MO
<i>latanoprost</i>	1	MO
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	1	MO
<i>miostat</i>	1	
RHOPRESSA	1	
ROCKLATAN	1	
SIMBRINZA	1	MO
<i>travoprost</i>	1	MO

STEROID-ANTIBIOTIC COMBINATIONS

<i>neomycin-bacitracin-poly-hc</i>	1	MO
<i>neomycin-polymyxin b-dexameth</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	1	MO
<i>neo-polycin hc</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
TOBRADEX OPHTHALMIC (EYE) OINTMENT	1	MO; QL (3.5 per 14 days)
<i>tobramycin- dexamethasone</i>	1	MO; QL (10 per 14 days)

STEROIDS

<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	MO
<i>fluorometholone</i>	1	MO
INVELTYS	1	MO
<i>loteprednol etabonate</i>	1	MO
OZURDEX	1	MO
<i>prednisolone acetate</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	MO

SYMPATHOMIMETICS

<i>apraclonidine</i>	1	MO
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i>	1	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	MO

RESPIRATORY AND ALLERGY

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

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Drug Name	Drug Tier	Requirements/Limits
<i>promethazine oral</i>	1	PA; MO
PULMONARY AGENTS		
<i>acetylcysteine</i>	1	B/D PA; MO
ADEMPAS	1	PA; MO; LA; QL (90 per 30 days)
ADVAIR HFA	1	MO; QL (12 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	MO; QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm</i>	1	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	1	B/D PA; MO
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	1	B/D PA
<i>albuterol sulfate oral syrup</i>	1	MO
<i>albuterol sulfate oral tablet</i>	1	MO

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

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This drug list was last updated on 10/04/2024.

Drug Name	Drug Tier	Requirements/Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ACTUATION (120)	1	MO; QL (2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ACTUATION (14)	1	QL (2 per 28 days)
ATROVENT HFA	1	MO; QL (25.8 per 30 days)
BEVESPI AEROSPHERE	1	MO; QL (10.7 per 30 days)
<i>bosentan</i>	1	PA; MO; LA; QL (60 per 30 days)
BREO ELLIPTA	1	MO; QL (60 per 30 days)
<i>brey-na</i>	1	MO; QL (10.3 per 30 days)
BREZTRI AEROSPHERE	1	MO; QL (10.7 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	1	B/D PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	B/D PA; MO; QL (60 per 30 days)
<i>budesonide-formoterol</i>	1	QL (10.2 per 30 days)
CINRYZE	1	PA; MO
COMBIVENT RESPIMAT	1	QL (8 per 30 days)
<i>cromolyn inhalation</i>	1	B/D PA; MO
DULERA	1	MO; QL (13 per 30 days)
ELIXOPHYLLIN	1	
FASENRA PEN	1	PA; MO; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	1	PA; MO; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>flunisolide</i>	1	MO; QL (50 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	1	ST; MO; QL (12 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	1	ST; MO; QL (24 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	1	ST; MO; QL (10.6 per 30 days)
<i>fluticasone propionate nasal</i>	1	MO; QL (16 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	MO; QL (60 per 30 days)
<i>formoterol fumarate</i>	1	B/D PA; MO; QL (120 per 30 days)
<i>icatibant</i>	1	PA; MO

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

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Drug Name	Drug Tier	Requirements/Limits
OPSUMIT	1	PA; MO; LA; QL (30 per 30 days)
OPSYNVI	1	PA; MO; QL (30 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET	1	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	1	PA; MO; QL (112 per 28 days)
<i>pirfenidone oral capsule</i>	1	PA; MO; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	1	PA; MO; QL (270 per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	1	PA; MO; QL (90 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	1	MO; QL (2 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	1	MO; QL (1 per 30 days)
PULMOZYME	1	B/D PA; MO
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	1	QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	1	QL (21.2 per 30 days)
<i>roflumilast</i>	1	PA; MO; QL (30 per 30 days)
<i>sajazir</i>	1	PA; MO
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	1	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil</i> (pulmonary arterial hypertension) oral tablet 20 mg	1	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT	1	MO; QL (4 per 30 days)
STIOLTO RESPIMAT	1	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	1	MO; QL (4 per 30 days)
SYMDEKO	1	PA; MO; QL (56 per 28 days)
<i>tadalafil</i> (pulmonary arterial hypertension) oral tablet 20 mg	1	PA; QL (60 per 30 days)
<i>terbutaline oral</i>	1	MO
<i>terbutaline subcutaneous</i>	1	MO
<i>theophylline oral elixir</i>	1	MO
<i>theophylline oral solution</i>	1	
<i>theophylline oral tablet extended release 12 hr</i>	1	MO
<i>theophylline oral tablet extended release 24 hr</i>	1	MO
<i>tiotropium bromide</i>	1	QL (90 per 90 days)

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

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Drug Name	Drug Tier	Requirements/Limits
XOLAIR SUBCUTANEOUS RECON SOLN	1	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	1	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; MO; LA; QL (1 per 28 days)
<i>zafirlukast</i>	1	MO

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

<i>mirabegron</i>	1	MO
MYRBETRIQ ORAL SUSPENSION,EXT ENDED REL RECON	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	1	MO
<i>oxybutynin chloride oral syrup</i>	1	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	MO
<i>solifenacin</i>	1	MO
<i>tolterodine</i>	1	MO
<i>tropium oral tablet</i>	1	MO

BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

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

MISCELLANEOUS UROLOGICALS

<i>bethanechol chloride</i>	1	MO
CYSTAGON	1	PA; LA
ELMIRON	1	MO
<i>glycine urologic</i>	1	
<i>glycine urologic solution</i>	1	
K-PHOS NO 2	1	MO
K-PHOS ORIGINAL	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium citrate oral tablet extended release</i>	1	MO
RENACIDIN	1	MO
<i>tadalafil oral tablet 2.5 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>tadalafil oral tablet 5 mg</i>	1	PA; MO; QL (30 per 30 days)

VITAMINS, HEMATINICS / ELECTROLYTES

BLOOD DERIVATIVES

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

ELECTROLYTES

<i>calcium chloride</i>	1	
<i>calcium gluconate intravenous</i>	1	
<i>effer-k oral tablet, effervescent 25 meq</i>	1	MO
<i>klor-con 10</i>	1	MO
<i>klor-con 8</i>	1	MO
<i>klor-con m10</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>klor-con m15</i>	1	MO
<i>klor-con m20</i>	1	MO
<i>klor-con oral packet 20</i>	1	MO
<i>klor-con/ef</i>	1	MO
<i>lactated ringers intravenous</i>	1	MO
<i>magnesium chloride injection</i>	1	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	1	
<i>magnesium sulfate in water</i>	1	
<i>magnesium sulfate injection solution</i>	1	MO
<i>magnesium sulfate injection syringe</i>	1	
<i>potassium acetate</i>	1	
<i>potassium chlorid-d5-0.45%nacl</i>	1	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i>	1	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	1	
<i>potassium chloride intravenous</i>	1	
<i>potassium chloride oral capsule, extended release</i>	1	MO
<i>potassium chloride oral liquid</i>	1	MO
<i>potassium chloride oral packet</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	1	MO

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

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium bicarbonate intravenous</i>	1	
<i>sodium chloride 0.45 % intravenous</i>	1	MO
<i>sodium chloride 3 % hypertonic</i>	1	
<i>sodium chloride 5 % hypertonic</i>	1	MO
<i>sodium chloride intravenous</i>	1	
<i>sodium phosphate</i>	1	MO

MISCELLANEOUS NUTRITION PRODUCTS

CLINIMIX 5%/D15W SULFITE FREE	1	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	1	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	1	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE)	1	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE)	1	B/D PA

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 8%-D14W(SULFITE-FREE)	1	B/D PA
<i>electrolyte-148</i>	1	
<i>electrolyte-48 in d5w</i>	1	
<i>electrolyte-a</i>	1	
<i>intralipid intravenous emulsion 20 %</i>	1	B/D PA
ISOLYTE S PH 7.4	1	
ISOLYTE-P IN 5 % DEXTROSE	1	
ISOLYTE-S	1	
PLENAMINE	1	B/D PA
<i>premasol 10 %</i>	1	B/D PA
<i>travasol 10 %</i>	1	B/D PA
TROPHAMINE 10 %	1	B/D PA

VITAMINS / HEMATINICS

<i>fluoride (sodium) oral tablet</i>	1	MO
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	MO
<i>prenatal vitamin oral tablet</i>	1	MO
<i>wescap-pn dha</i>	1	MO

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