

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		
<i>amphotericin b</i>	3	B/D PA; MO
<i>amphotericin b liposome</i>	4	B/D PA
<i>caspofungin</i>	3	
<i>clotrimazole mucous membrane</i>	1	MO
CRESEMBA	4	PA
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	4	MO
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 50 MG	3	MO
<i>fluconazole</i>	1	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	3	PA; MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	3	PA
<i>flucytosine</i>	4	MO
<i>griseofulvin microsize</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	3	MO
<i>itraconazole oral capsule</i>	3	MO; QL (120 per 30 days)
<i>itraconazole oral solution</i>	3	MO
<i>ketoconazole oral</i>	1	MO
<i>miconazole</i>	3	MO
MICAFUNGIN IN 0.9 % SODIUM CHL	4	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON	4	PA; MO; QL (32 per 30 days)
<i>nystatin oral</i>	1	MO
<i>posaconazole intravenous</i>	4	PA
<i>posaconazole oral suspension</i>	4	PA; MO; QL (630 per 30 days)
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	4	PA; MO; QL (96 per 30 days)
REZZAYO	4	
<i>terbinafine hcl oral</i>	1	MO
TOLSURA	4	PA; MO; QL (120 per 30 days)
VIVJOA	4	PA; QL (18 per 84 days)
<i>voriconazole intravenous</i>	4	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>voriconazole oral suspension for reconstitution</i>	4	PA; MO
<i>voriconazole oral tablet</i>	3	PA; MO
<i>voriconazole-hpbc</i>	4	PA
ANTIVIRALS		
<i>abacavir</i>	2	MO
<i>abacavir-lamivudine</i>	2	MO
<i>acyclovir oral capsule</i>	1	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	3	MO
<i>acyclovir oral suspension 200 mg/5 ml (5 ml)</i>	3	
<i>acyclovir oral tablet</i>	1	MO
<i>acyclovir sodium intravenous solution</i>	3	B/D PA; MO
<i>adefovir</i>	3	MO
<i>amantadine hcl</i>	1	MO
APTIVUS	4	MO
<i>atazanavir</i>	3	MO
BARACLUDE ORAL SOLUTION	4	MO
BEYFORTUS	3	
BIKTARVY	4	MO
CABENUVA	4	MO
<i>cidofovir</i>	4	B/D PA; MO
CIMDUO	4	MO
<i>darunavir oral tablet 600 mg</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>darunavir oral tablet 800 mg</i>	4	MO
DELSTRIGO	4	MO
DESCOVY	4	MO
DOVATO	4	MO
EDURANT	4	MO
EDURANT PED	4	MO
<i>efavirenz oral tablet</i>	3	MO
<i>efavirenz-emtricitabin-tenofovir</i>	3	MO
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	4	MO
<i>emtricitabine</i>	3	MO
<i>emtricitabine-tenofovir (tdf)</i>	3	MO
<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>	4	
EMTRIVA ORAL SOLUTION	2	MO
ENFLONIA	3	
<i>entecavir</i>	3	MO
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	4	PA; MO; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	4	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	4	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	4	PA; MO; QL (28 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>etravirine</i>	3	MO
EVOTAZ	4	MO
<i>famciclovir</i>	1	MO
<i>fosamprenavir</i>	3	MO
<i>foscarnet</i>	3	B/D PA; MO
FUZEON SUBCUTANEOUS RECON SOLN	4	
<i>ganciclovir sodium intravenous recon soln</i>	1	B/D PA; MO
<i>ganciclovir sodium intravenous solution</i>	1	B/D PA
GENVOYA	4	MO
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	4	PA; MO; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	4	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	4	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 90-400 MG	4	PA; MO; QL (28 per 28 days)
INTELENCE ORAL TABLET 25 MG	3	MO
ISENTRESS HD	4	MO
ISENTRESS ORAL POWDER IN PACKET	4	MO
ISENTRESS ORAL TABLET	4	MO

Drug Name	Drug Tier	Requirements /Limits
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	4	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	2	MO
JULUCA	4	MO
KALETRA ORAL SOLUTION	3	MO
<i>lamivudine</i>	2	MO
<i>lamivudine-zidovudine</i>	2	MO
LEDIPASVIR-SOFOSBUVIR	4	PA; MO; QL (28 per 28 days)
LIVTENCITY	4	PA; LA; QL (120 per 30 days)
<i>lopinavir-ritonavir oral tablet</i>	2	MO
<i>maraviroc</i>	4	MO
MAVYRET ORAL PELLETS IN PACKET	4	PA; MO; QL (168 per 28 days)
MAVYRET ORAL TABLET	4	PA; MO; QL (84 per 28 days)
<i>nevirapine oral suspension</i>	3	
<i>nevirapine oral tablet</i>	2	MO
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	3	MO
NORVIR ORAL POWDER IN PACKET	3	MO

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Drug Name	Drug Tier	Requirements /Limits
ODEFSEY	4	MO
<i>oseltamivir</i>	2	MO
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	1	QL (20 per 30 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	1	QL (11 per 30 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	QL (30 per 30 days)
PIFELTRO	4	MO
PREVYMIS INTRAVENOUS	4	PA
PREVYMIS ORAL PELLETS IN PACKET 120 MG	4	PA; QL (120 per 30 days)
PREVYMIS ORAL PELLETS IN PACKET 20 MG	4	PA; QL (150 per 30 days)
PREVYMIS ORAL TABLET	4	PA; MO; QL (30 per 30 days)
PREZCOBIX ORAL TABLET 675-150 MG	4	
PREZCOBIX ORAL TABLET 800-150 MG-MG	4	MO
PREZISTA ORAL SUSPENSION	4	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	3	MO
RAPIVAB (PF)	4	

Drug Name	Drug Tier	Requirements /Limits
RELENZA DISKHALER	3	MO
RETROVIR INTRAVENOUS	2	MO
REYATAZ ORAL POWDER IN PACKET	4	MO
<i>ribavirin oral capsule</i>	2	MO
<i>ribavirin oral tablet 200 mg</i>	2	MO
<i>rimantadine</i>	3	MO
<i>ritonavir</i>	2	MO
RUKOBIA	4	MO
SELZENTRY ORAL SOLUTION	2	MO
SOFOSBUVIR-VELPATASVIR	4	PA; MO; QL (28 per 28 days)
SOVALDI ORAL PELLETS IN PACKET 150 MG	4	PA; MO; QL (28 per 28 days)
SOVALDI ORAL PELLETS IN PACKET 200 MG	4	PA; MO; QL (56 per 28 days)
SOVALDI ORAL TABLET 200 MG	4	PA; MO; QL (56 per 28 days)
SOVALDI ORAL TABLET 400 MG	4	PA; MO; QL (28 per 28 days)
STRIBILD	4	MO
SUNLENCA	4	
SYMTUZA	4	MO
SYNAGIS	4	MO; LA

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Drug Name	Drug Tier	Requirements /Limits
<i>tenofovir disoproxil fumarate</i>	3	MO
TIVICAY ORAL TABLET 50 MG	4	MO
TIVICAY PD	4	MO
TRIUMEQ	4	MO
TRIUMEQ PD	3	MO
TROGARZO	4	MO; LA
TYBOST	2	MO
<i>valacyclovir oral tablet 1 gram</i>	1	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	1	MO; QL (60 per 30 days)
<i>valganciclovir oral recon soln</i>	4	MO
<i>valganciclovir oral tablet</i>	2	MO
VEKLURY	4	
VEMLIDY	4	MO
VIRACEPT ORAL TABLET	4	MO
VIREAD ORAL POWDER	4	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	3	MO
VOSEVI	4	PA; MO; QL (28 per 28 days)
XOFLUZA ORAL TABLET 40 MG, 80 MG	2	MO
ZEPATIER	4	PA; MO; QL (28 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>zidovudine oral capsule</i>	2	MO
<i>zidovudine oral syrup</i>	2	MO
<i>zidovudine oral tablet</i>	1	MO
CEPHALOSPORINS		
AVYCAZ	4	PA; MO
<i>cefaclor oral capsule</i>	1	MO
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	3	MO
<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>cefadroxil oral tablet</i>	3	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	3	MO
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML, 3 GRAM/150 ML, 3 GRAM/50 ML	3	

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Drug Name	Drug Tier	Requirements /Limits
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	3	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 3 gram, 300 gram</i>	3	
CEFAZOLIN INJECTION RECON SOLN 2 GRAM	3	
<i>cefazolin intravenous recon soln 1 gram</i>	3	
CEFAZOLIN INTRAVENOUS RECON SOLN 2 GRAM, 3 GRAM	3	
<i>cefdinir oral capsule</i>	1	MO
<i>cefdinir oral suspension for reconstitution</i>	2	MO
CEFEPIME IN DEXTROSE 5 %	3	MO
<i>cefepime in dextrose,iso-osm</i>	3	
<i>cefepime injection</i>	3	MO
CEFEPIME INTRAVENOUS	3	
<i>cefixime</i>	3	MO
<i>cefotetan injection</i>	3	
<i>cefoxitin in dextrose, iso-osm</i>	3	PA
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>cefoxitin intravenous recon soln 10 gram</i>	3	PA
<i>cefpodoxime</i>	3	MO
<i>cefprozil</i>	1	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	3	PA; MO
<i>ceftazidime injection recon soln 6 gram</i>	3	PA
<i>ceftriaxone in dextrose,iso-os</i>	3	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	3	MO
<i>ceftriaxone injection recon soln 10 gram</i>	3	
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	3	
<i>ceftriaxone intravenous</i>	3	MO
<i>cefuroxime axetil oral tablet</i>	1	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	3	PA; MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	3	PA; MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	3	PA
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>cephalexin oral capsule 750 mg</i>	3	MO
<i>cephalexin oral suspension for reconstitution</i>	1	MO
<i>cephalexin oral tablet</i>	3	MO
FETROJA	4	PA
<i>tazicef injection</i>	3	PA; MO
<i>tazicef intravenous</i>	3	PA
TEFLARO	4	PA; MO
ZERBAXA	4	PA
ZEVTERA	4	PA
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	3	PA; MO
<i>azithromycin oral suspension for reconstitution</i>	1	MO
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	MO
<i>clarithromycin</i>	1	MO
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	4	QL (136 per 10 days)
DIFICID ORAL TABLET	4	MO; QL (20 per 10 days)
<i>e.e.s. 400 oral tablet</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	3	MO
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	3	MO
<i>erythromycin ethylsuccinate oral tablet</i>	3	
<i>erythromycin lactobionate</i>	3	MO
<i>erythromycin oral</i>	3	MO
<i>fidaxomicin</i>	4	QL (20 per 10 days)
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	3	MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	3	PA; MO
ARIKAYCE	4	PA; LA
<i>atovaquone</i>	3	MO
<i>atovaquone-proguanil</i>	3	MO
<i>aztreonam</i>	3	PA; MO
CAYSTON	4	PA; MO; LA; QL (84 per 56 days)
<i>chloramphenicol sodium succinate</i>	3	
<i>chloroquine phosphate</i>	1	MO
<i>clindamycin hcl</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
CLINDAMYCIN IN 0.9 % SOD CHLOR	3	PA
<i>clindamycin in 5 % dextrose</i>	3	PA; MO
<i>clindamycin pediatric</i>	3	
<i>clindamycin phosphate injection</i>	3	PA; MO
COARTEM	3	MO
<i>colistin (colistimethate na)</i>	4	PA; MO; QL (30 per 10 days)
<i>cycloserine</i>	3	MO
DALVANCE	4	MO
<i>dapsone oral</i>	2	MO
DAPTOMYCIN IN 0.9 % SOD CHLOR	3	
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	4	MO
<i>daptomycin intravenous recon soln 500 mg</i>	4	MO
EMBLAVEO	4	PA
EMVERM	4	MO
<i>ertapenem</i>	3	PA; MO; QL (14 per 14 days)
<i>ethambutol</i>	2	MO
FIRVANQ ORAL RECON SOLN 25 MG/ML	3	QL (450 per 10 days)

Drug Name	Drug Tier	Requirements /Limits
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	3	PA; MO
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	3	PA; MO
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 120 MG/100 ML	3	PA
<i>gentamicin injection</i>	3	PA; MO
<i>gentamicin sulfate (ped) (pf)</i>	3	PA; MO
HUMATIN	4	MO
<i>hydroxychloroquine oral tablet 100 mg, 300 mg, 400 mg</i>	3	MO
<i>hydroxychloroquine oral tablet 200 mg</i>	1	MO
<i>imipenem-cilastatin</i>	3	PA; MO
IMPAVIDO	4	PA; MO
<i>isoniazid injection</i>	3	
<i>isoniazid oral</i>	1	MO
<i>ivermectin oral tablet 3 mg</i>	2	PA; MO; QL (20 per 30 days)
<i>ivermectin oral tablet 6 mg</i>	2	PA; QL (8 per 30 days)
KIMYRSA	4	PA

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Drug Name	Drug Tier	Requirements /Limits
KITABIS PAK	4	PA; MO; QL (280 per 28 days)
KRINTAFEL	3	
LAMPIT	3	MO
LIKMEZ	3	MO
LINCOCIN	3	PA; MO
<i>lincomycin</i>	3	PA
<i>linezolid in dextrose 5%</i>	3	PA; MO
<i>linezolid oral suspension for reconstitution</i>	2	MO
<i>linezolid oral tablet</i>	3	MO
LINEZOLID-0.9% SODIUM CHLORIDE	3	PA
<i>mefloquine</i>	1	MO
<i>meropenem intravenous recon soln 1 gram, 2 gram</i>	2	PA; QL (30 per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	2	PA; QL (10 per 10 days)
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	3	PA; QL (30 per 10 days)
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 500 MG/50 ML	3	PA; QL (10 per 10 days)
<i>metro i.v.</i>	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>metronidazole in nacl (iso-os)</i>	3	PA; MO
<i>metronidazole oral capsule</i>	3	MO
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	MO
<i>neomycin</i>	1	MO
<i>nitazoxanide</i>	4	MO; QL (12 per 30 days)
ORBACTIV	4	PA; MO
<i>pentamidine inhalation</i>	3	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine injection</i>	3	MO
<i>polymyxin b sulfate</i>	3	PA; MO
<i>praziquantel</i>	3	MO
PRETOMANID	3	PA
PRIFTIN	2	MO
PRIMAQUINE	3	MO
<i>pyrazinamide</i>	3	MO
<i>pyrimethamine</i>	4	PA; MO
<i>quinine sulfate</i>	3	MO
RECARBRIO	4	
<i>rifabutin</i>	3	MO
<i>rifampin intravenous</i>	3	MO
<i>rifampin oral</i>	2	MO
RIMSO-50	3	MO
SIRTURO	4	PA; LA
SIVEXTRO INTRAVENOUS	4	PA
SIVEXTRO ORAL	4	MO

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Drug Name	Drug Tier	Requirements /Limits
SOLOSEC	3	MO
STREPTOMYCIN	4	PA; MO; QL (60 per 30 days)
<i>tigecycline</i>	3	PA; MO
<i>tinidazole</i>	2	MO
TOBI PODHALER	4	MO; QL (224 per 56 days)
<i>tobramycin in 0.225 % nacl</i>	4	PA; MO; QL (280 per 28 days)
<i>tobramycin inhalation</i>	4	PA; MO; QL (224 per 28 days)
<i>tobramycin sulfate injection recon soln</i>	3	PA; QL (9 per 14 days)
<i>tobramycin sulfate injection solution</i>	3	PA; MO
VABOMERE	3	PA
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	2	QL (4000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	2	QL (1000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	2	QL (4050 per 10 days)

Drug Name	Drug Tier	Requirements /Limits
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 1.25 GRAM/250 ML	3	QL (4000 per 10 days)
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1.5 GRAM/300 ML	3	QL (4200 per 10 days)
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 500 MG/100 ML	3	QL (1000 per 10 days)
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 750 MG/150 ML	3	QL (4050 per 10 days)
VANCOMYCIN INJECTION	3	QL (1 per 10 days)
<i>vancomycin intravenous recon soln 1,000 mg</i>	3	MO; QL (20 per 10 days)
<i>vancomycin intravenous recon soln 1.25 gram</i>	3	QL (16 per 10 days)
<i>vancomycin intravenous recon soln 1.5 gram</i>	3	QL (14 per 10 days)
VANCOMYCIN INTRAVENOUS RECON SOLN 1.75 GRAM	3	QL (12 per 10 days)
<i>vancomycin intravenous recon soln 10 gram</i>	3	QL (2 per 10 days)

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Drug Name	Drug Tier	Requirements /Limits
VANCOMYCIN INTRAVENOUS RECON SOLN 2 GRAM	3	QL (10 per 10 days)
<i>vancomycin intravenous recon soln 5 gram</i>	3	QL (4 per 10 days)
<i>vancomycin intravenous recon soln 500 mg</i>	3	MO; QL (10 per 10 days)
<i>vancomycin intravenous recon soln 750 mg</i>	3	MO; QL (27 per 10 days)
<i>vancomycin oral capsule 125 mg</i>	3	PA; MO; QL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	3	PA; MO; QL (80 per 10 days)
<i>vancomycin oral recon soln 25 mg/ml</i>	3	QL (450 per 10 days)
<i>vancomycin oral recon soln 50 mg/ml</i>	3	MO; QL (450 per 10 days)
VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 1.25 GRAM/250 ML, 2 GRAM/400 ML	3	QL (4000 per 10 days)
VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK 1.5 GRAM/300 ML, 1.75 GRAM/350 ML	3	QL (4200 per 10 days)

Drug Name	Drug Tier	Requirements /Limits
VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK 500 MG/100 ML	3	QL (1000 per 10 days)
VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK 750 MG/150 ML	3	QL (4050 per 10 days)
VIBATIV INTRAVENOUS RECON SOLN 750 MG	4	PA
XACDURO	4	
XIFAXAN ORAL TABLET 200 MG	2	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	4	PA; MO; QL (90 per 30 days)
ZEMDRI	4	PA
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

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This drug list was last updated on 10/07/2025.

Drug Name	Drug Tier	Requirements /Limits
<i>amoxicillin-pot clavulanate oral tablet</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	3	MO
<i>ampicillin oral capsule 500 mg</i>	1	MO
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	3	PA; MO
<i>ampicillin sodium intravenous</i>	3	PA
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	3	PA; MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	3	PA
<i>ampicillin-sulbactam intravenous</i>	3	PA
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	MO
BICILLIN C-R	3	PA; MO
BICILLIN L-A	3	PA
<i>dicloxacillin</i>	1	MO
EXTENCILLINE	3	PA
LENTOCILIN S	3	PA

Drug Name	Drug Tier	Requirements /Limits
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	3	PA
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	3	PA; MO
<i>nafcillin injection recon soln 10 gram</i>	4	PA
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	3	PA
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	3	PA
<i>oxacillin injection recon soln 2 gram</i>	3	PA; MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	3	PA
<i>penicillin g potassium</i>	3	PA; MO
<i>penicillin g sodium</i>	3	PA; MO
<i>penicillin v potassium</i>	1	MO
<i>pfizerpen-g</i>	3	PA
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	3	

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Drug Name	Drug Tier	Requirements /Limits
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	3	MO
<i>piperacillin-tazobactam intravenous recon soln 40.5 gram</i>	3	
ZOSYN IN DEXTROSE (ISO-OSM)	3	
QUINOLONES		
BAXDELA INTRAVENOUS	4	PA
BAXDELA ORAL	4	MO
<i>ciprofloxacin</i>	3	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	MO
<i>ciprofloxacin in 5 % dextrose</i>	3	PA; MO
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	3	PA
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	3	PA; MO
<i>levofloxacin intravenous</i>	3	PA
<i>levofloxacin oral solution</i>	3	MO
<i>levofloxacin oral tablet</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>moxifloxacin oral</i>	2	MO
MOXIFLOXACIN-SOD.ACE,SUL-WATER	3	PA
<i>moxifloxacin-sod.chloride(iso)</i>	3	PA; MO
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	3	MO
SULFA'S / RELATED AGENTS		
<i>sulfadiazine</i>	3	MO
<i>sulfamethoxazole-trimethoprim intravenous</i>	3	PA; MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO
TETRACYCLINES		
<i>demeclocycline</i>	3	MO
DORYX MPC ORAL TABLET,DELAYE D RELEASE (DR/EC) 60 MG	3	ST
<i>doxy-100</i>	3	PA; MO
<i>doxycycline hyclate intravenous</i>	3	PA
<i>doxycycline hyclate oral capsule</i>	1	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>doxycycline hyclate oral tablet 150 mg, 75 mg</i>	3	MO
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	3	MO
DOXYCYCLINE HYCLATE ORAL TABLET, DELAYED RELEASE (DR/EC) 80 MG	3	ST
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	MO
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	3	MO
<i>doxycycline monohydrate oral capsule, ir - delay rel, biphase</i>	3	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	3	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	1	MO
<i>doxycycline monohydrate oral tablet 150 mg</i>	3	MO
EMROSI	4	ST
MINOCIN INTRAVENOUS	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>minocycline oral capsule</i>	1	MO
<i>minocycline oral tablet</i>	3	MO
<i>minocycline oral tablet extended release 24 hr</i>	3	MO
<i>mondoxyne nl oral capsule 100 mg</i>	1	
NUZYRA INTRAVENOUS	4	PA
NUZYRA ORAL	4	
SEYSARA ORAL TABLET 100 MG, 60 MG	3	ST; MO
SEYSARA ORAL TABLET 150 MG	4	ST; MO
<i>tetracycline oral capsule</i>	3	MO
XERAVA	3	PA
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine</i>	3	MO
<i>methenamine hippurate</i>	2	MO
<i>methenamine mandelate</i>	1	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	2	MO
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	3	MO
<i>nitrofurantoin monohyd/m-cryst</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	3	MO
NITROFURANTOIN ORAL SUSPENSION 50 MG/5 ML	4	MO
<i>trimethoprim</i>	1	MO

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

ADJUNCTIVE AGENTS

BOMYNTRA	4	B/D PA; MO
<i>dexrazoxane hcl</i>	4	B/D PA; MO
ELITEK	4	MO
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG	4	
KHAPZORY INTRAVENOUS RECON SOLN 175 MG	4	B/D PA
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	3	B/D PA; MO
<i>leucovorin calcium injection recon soln 500 mg</i>	3	B/D PA
<i>leucovorin calcium injection solution</i>	3	B/D PA
<i>leucovorin calcium oral</i>	2	MO
<i>levoleucovorin calcium intravenous recon soln</i>	4	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>levoleucovorin calcium intravenous solution</i>	4	B/D PA
<i>mesna intravenous</i>	1	B/D PA; MO
<i>mesna oral</i>	4	MO
OSENVELT	4	B/D PA
WYOST	4	B/D PA; MO

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

<i>abiraterone oral tablet 250 mg</i>	4	PA; MO; QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i>	4	PA; MO; QL (60 per 30 days)
<i>abirtega</i>	3	PA; QL (120 per 30 days)
ADAKVEO	4	PA; MO
ADCETRIS	4	B/D PA; MO
ADSTILADRIN	4	PA
AKEEGA	4	PA; LA; QL (60 per 30 days)
ALECENSA	4	PA; MO; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	4	PA; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	4	PA; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	4	PA; QL (30 per 180 days)
ALYMSYS	4	PA; MO
<i>anastrozole</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
ANKTIVA	4	PA; MO
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	4	B/D PA
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	4	B/D PA; MO
ASPARLAS	4	PA
ASTAGRAF XL	3	B/D PA; MO
AUGTYRO ORAL CAPSULE 160 MG	4	PA; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	4	PA; QL (240 per 30 days)
AVASTIN INTRAVENOUS	4	PA; MO
AVGEMSI	4	B/D PA
AVMAPKI-FAKZYNJA	4	PA; QL (66 per 28 days)
AXTLE	4	B/D PA
AYVAKIT	4	PA; LA; QL (30 per 30 days)
<i>azacitidine</i>	4	B/D PA; MO
<i>azathioprine oral tablet 100 mg, 75 mg</i>	3	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	4	PA; LA
BAVENCIO	4	B/D PA; LA
BELEODAQ	4	B/D PA
<i>bendamustine intravenous recon soln</i>	4	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
BENDAMUSTINE INTRAVENOUS SOLUTION	4	B/D PA
BENDEKA	4	B/D PA; MO
BESPONSA	4	B/D PA; MO; LA
<i>bexarotene</i>	4	PA; MO
<i>bicalutamide</i>	1	MO
BIZENGRI	4	PA
<i>bleomycin</i>	1	B/D PA; MO
BLINCYTO INTRAVENOUS KIT	4	B/D PA
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	4	B/D PA
<i>bortezomib injection recon soln 3.5 mg</i>	4	B/D PA; MO
BORUZU	4	B/D PA; MO
BOSULIF ORAL CAPSULE 100 MG	4	PA; MO; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	4	PA; MO; QL (330 per 30 days)
BOSULIF ORAL TABLET 100 MG	4	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	4	PA; MO; QL (30 per 30 days)
BRAFTOVI	4	PA; MO; LA; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
BRUKINSA ORAL CAPSULE	4	PA; LA; QL (120 per 30 days)
BRUKINSA ORAL TABLET	4	PA; LA; QL (60 per 30 days)
<i>busulfan</i>	4	B/D PA
CABOMETYX	4	PA; MO; LA; QL (30 per 30 days)
CALQUENCE (ACALABRUTINIB MAL)	4	PA; LA; QL (60 per 30 days)
CAMPTOSAR INTRAVENOUS SOLUTION 300 MG/15 ML	3	B/D PA
CAPRELSA ORAL TABLET 100 MG	4	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	4	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>	4	B/D PA; MO
<i>cisplatin intravenous solution</i>	1	B/D PA; MO
<i>cladribine</i>	4	B/D PA; MO
<i>clofarabine</i>	4	B/D PA
COLUMVI	4	PA; MO
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	4	PA; MO; QL (56 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	4	PA; MO; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	4	PA; MO; QL (84 per 28 days)
COPIKTRA	4	PA; LA; QL (60 per 30 days)
COSELA	4	PA
COTELLIC	4	PA; MO; LA; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln</i>	1	B/D PA; MO
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 100 MG/ML	4	B/D PA
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 200 MG/ML	3	B/D PA; MO
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 500 MG/ML	3	B/D PA
<i>cyclophosphamide oral capsule</i>	2	B/D PA; MO
CYCLOPHOSPHAMIDE ORAL TABLET	2	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
<i>cyclosporine modified oral capsule</i>	2	B/D PA; MO
<i>cyclosporine modified oral solution</i>	2	B/D PA
<i>cyclosporine oral capsule</i>	2	B/D PA; MO
CYRAMZA	4	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	4	B/D PA
DANZITEN	4	PA; QL (112 per 28 days)
DARZALEX	4	B/D PA; MO; LA
DARZALEX FASPRO	4	B/D PA; MO
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg</i>	4	PA; MO; QL (30 per 30 days)
<i>dasatinib oral tablet 20 mg</i>	4	PA; MO; QL (90 per 30 days)
<i>dasatinib oral tablet 70 mg</i>	4	PA; MO; QL (60 per 30 days)
DATROWAY	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>daunorubicin</i>	1	B/D PA
DAURISMO ORAL TABLET 100 MG	4	PA; MO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	4	PA; MO; QL (60 per 30 days)
<i>decitabine</i>	4	B/D PA; MO
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/8 ml (10 mg/ml)</i>	4	B/D PA
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/4 ml (20 mg/ml)</i>	4	B/D PA; MO
DOCIVYX	4	B/D PA
<i>doxorubicin intravenous recon soln</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>	4	B/D PA; MO
DROXIA	2	MO
ELAHERE	4	PA; LA
ELIGARD	2	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
ELIGARD (3 MONTH)	2	PA; MO
ELIGARD (4 MONTH)	2	PA; MO
ELIGARD (6 MONTH)	2	PA; MO
ELLECE INTRAVENOUS SOLUTION 50 MG/25 ML	3	B/D PA; MO
ELREXFIO	4	PA
ELZONRIS	4	B/D PA; LA
EMPLICITI	4	B/D PA; MO
EMRELIS	4	PA
ENHERTU	4	PA; MO
ENVARUSUS XR	3	B/D PA; MO
<i>epirubicin intravenous solution 200 mg/100 ml</i>	1	B/D PA
EPKINLY	4	PA
ERBITUX	4	B/D PA; MO
<i>eribulin</i>	4	B/D PA
ERIVEDGE	4	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET 240 MG	4	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	4	PA; MO; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	4	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>erlotinib oral tablet 25 mg</i>	4	PA; MO; QL (60 per 30 days)
ERWINASE	4	B/D PA
ETOPOPHOS	3	B/D PA; MO
<i>etoposide intravenous</i>	1	B/D PA; MO
EULEXIN	4	
<i>everolimus (antineoplastic) oral tablet</i>	4	PA; MO; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	4	PA; MO; QL (150 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	4	PA; MO; QL (90 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	4	PA; MO; QL (60 per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	2	B/D PA; MO
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	4	B/D PA; MO
EVOMELA	3	B/D PA
<i>exemestane</i>	3	MO
FENSOLVI	4	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	4	PA; MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	3	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
FOLOTYN	4	B/D PA; MO
FOTIVDA	4	PA; LA; QL (21 per 28 days)
FRINDOVYX	4	B/D PA
FRUZAQLA ORAL CAPSULE 1 MG	4	PA; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	4	PA; QL (21 per 28 days)
<i>fulvestrant</i>	4	B/D PA; MO
FYARRO	4	PA
GAMIFANT	4	PA; LA

Drug Name	Drug Tier	Requirements /Limits
GAVRETO	4	PA; LA; QL (120 per 30 days)
GAZYVA	4	B/D PA; MO
<i>gefitinib</i>	4	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	2	B/D PA
<i>gengraf oral capsule</i>	2	B/D PA; MO
GILOTRIF	4	PA; MO; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	3	MO
GLEOSTINE ORAL CAPSULE 100 MG	4	MO
GOMEKLI ORAL CAPSULE 1 MG	4	PA; QL (126 per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	4	PA; QL (84 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
GOMEKLI ORAL TABLET FOR SUSPENSION	4	PA; QL (168 per 28 days)
GRAFAPEX	4	B/D PA
HERCEPTIN	4	PA; MO
HERCEPTIN HYLECTA	4	PA; MO
HERNEXEOS	4	PA; MO; QL (90 per 30 days)
HERZUMA	4	PA; MO
<i>hydroxyurea</i>	1	MO
IBRANCE	4	PA; MO; QL (21 per 28 days)
IBTROZI	4	PA; QL (90 per 30 days)
ICLUSIG	4	PA; QL (30 per 30 days)
<i>idarubicin</i>	1	B/D PA; MO
IDHIFA	4	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>	2	PA; MO; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>imatinib oral tablet 400 mg</i>	4	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	4	PA; QL (90 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	4	PA; QL (30 per 30 days)
IMBRUVICA ORAL SUSPENSION	4	PA; QL (324 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	4	PA; QL (30 per 30 days)
IMDELLTRA	4	PA; MO
IMFINZI	4	B/D PA; MO; LA
IMJUDO	4	PA; MO
IMKELDI	4	PA; MO; QL (280 per 28 days)
INLYTA ORAL TABLET 1 MG	4	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	4	PA; MO; QL (120 per 30 days)
INQOVI	4	PA; MO; QL (5 per 28 days)
INREBIC	4	PA; MO; LA; QL (120 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml</i>	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	4	B/D PA
<i>irinotecan intravenous solution 40 mg/2 ml</i>	4	B/D PA; MO
ISTODAX	4	B/D PA; MO
ITOVEBI ORAL TABLET 3 MG	4	PA; MO; QL (60 per 30 days)
ITOVEBI ORAL TABLET 9 MG	4	PA; MO; QL (30 per 30 days)
IVRA	4	B/D PA
IWILFIN	4	PA; LA; QL (240 per 30 days)
IXEMPRA	4	B/D PA; MO
JAKAFI	4	PA; MO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	4	PA; MO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	4	PA; MO; QL (30 per 30 days)
JEMPERLI	4	PA; MO
JEVTANA	4	B/D PA; MO
JYLAMVO	3	B/D PA; MO
KADCYLA	4	PA; MO
KANJINTI	4	PA; MO
KEYTRUDA	4	PA; MO
KIMMTRAK	4	B/D PA

Drug Name	Drug Tier	Requirements /Limits
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	4	PA; MO; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	4	PA; MO; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	4	PA; MO; QL (63 per 28 days)
KLISYRI (250 MG)	4	MO
KLISYRI (350 MG)	4	MO
KOSELUGO	4	PA
KRAZATI	4	PA; QL (180 per 30 days)
KYPROLIS	4	B/D PA
LANREOTIDE SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	4	PA; MO
<i>lapatinib</i>	4	PA; MO; QL (180 per 30 days)
LAZCLUZE ORAL TABLET 240 MG	4	PA; LA; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	4	PA; LA; QL (60 per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	4	PA; MO; QL (28 per 28 days)
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	4	PA; QL (28 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	4	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 X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	4	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)	4	PA; MO; QL (60 per 30 days)
<i>letrozole</i>	1	MO
LEUKERAN	4	MO
LEUPROLIDE ACETATE (3 MONTH)	3	PA; MO
<i>leuprolide subcutaneous kit</i>	3	PA; MO
LIBTAYO	4	PA; LA
LONSURF	4	PA; MO
LOQTORZI	4	PA; MO
LORBRENA ORAL TABLET 100 MG	4	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	4	PA; MO; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	4	PA; MO; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
LUMAKRAS ORAL TABLET 240 MG	4	PA; MO; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	4	PA; MO; QL (90 per 30 days)
LUNSUMIO	4	PA; MO
LUPKYNIS	4	PA; LA; QL (180 per 30 days)
LUPRON DEPOT	4	PA; MO
LUPRON DEPOT (3 MONTH)	4	PA; MO
LUPRON DEPOT (4 MONTH)	4	PA; MO
LUPRON DEPOT (6 MONTH)	4	PA; MO
LUPRON DEPOT-PED	4	PA; MO
LUPRON DEPOT-PED (3 MONTH)	4	PA; MO
LYNOZYFIC	4	PA
LYNPARZA	4	PA; MO; QL (120 per 30 days)
LYSODREN	4	
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	4	PA; LA; QL (84 per 28 days)
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	4	PA; LA; QL (112 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	4	PA; LA; QL (140 per 28 days)
MARGENZA	4	B/D PA
MATULANE	4	
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	2	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	2	PA; MO
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	3	PA; MO
<i>megestrol oral tablet</i>	2	PA; MO
MEKINIST ORAL RECON SOLN	4	PA; MO; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	4	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	4	PA; MO; QL (30 per 30 days)
MEKTOVI	4	PA; MO; LA; QL (180 per 30 days)
<i>melfalan hcl</i>	4	B/D PA
<i>mercaptopurine oral suspension</i>	4	MO
<i>mercaptopurine oral tablet</i>	2	MO
<i>methotrexate sodium</i>	1	B/D PA; MO
<i>methotrexate sodium (pf) injection recon soln</i>	1	B/D PA

Drug Name	Drug Tier	Requirements /Limits
<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>	4	B/D PA; MO
<i>mitoxantrone</i>	1	B/D PA; MO
MODEYSO	4	PA; QL (20 per 28 days)
MONJUVI	4	PA; LA
MVASI	4	PA; MO
MYCAPSSA	4	PA; LA
<i>mycophenolate mofetil (hcl)</i>	3	B/D PA; MO
<i>mycophenolate mofetil oral capsule</i>	2	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	4	B/D PA; MO
<i>mycophenolate mofetil oral tablet</i>	2	B/D PA; MO
<i>mycophenolate sodium</i>	3	B/D PA; MO
MYHIBBIN	4	B/D PA; MO
MYLOTARG	4	B/D PA; MO; LA
<i>nelarabine</i>	4	B/D PA; MO
NEMLUVIO	4	PA; MO; QL (2 per 28 days)
NERLYNX	4	PA; MO; LA
NIKTIMVO	4	PA

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Drug Name	Drug Tier	Requirements /Limits
<i>nilotinib hcl oral capsule 150 mg, 200 mg</i>	4	PA; MO; QL (112 per 28 days)
<i>nilotinib hcl oral capsule 50 mg</i>	4	PA; MO; QL (120 per 30 days)
NILOTINIB TARTRATE ORAL CAPSULE 150 MG, 200 MG	4	PA; MO; QL (112 per 28 days)
NILOTINIB TARTRATE ORAL CAPSULE 50 MG	4	PA; MO; QL (120 per 30 days)
<i>nilutamide</i>	4	PA; MO
NINLARO	4	PA; MO; QL (3 per 28 days)
NIPENT	4	B/D PA; MO
NUBEQA	4	PA; MO; LA; QL (120 per 30 days)
NULOJIX	4	B/D PA; MO
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	4	PA; MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	3	PA; MO
<i>octreotide acetate injection syringe</i>	3	PA; MO
<i>octreotide,microspheres</i>	4	PA
ODOMZO	4	PA; MO; LA; QL (30 per 30 days)
OGIVRI	4	PA; MO

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

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Drug Name	Drug Tier	Requirements /Limits
ORSERDU ORAL TABLET 345 MG	4	PA; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	4	PA; QL (90 per 30 days)
<i>oxaliplatin intravenous recon soln 100 mg</i>	1	B/D PA
<i>oxaliplatin intravenous recon soln 50 mg</i>	1	B/D PA; MO
<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
<i>paclitaxel protein-bound</i>	4	B/D PA; MO
PADCEV	4	PA; MO
<i>paraplatin</i>	1	B/D PA
<i>pazopanib</i>	4	PA; MO; QL (120 per 30 days)
PEMAZYRE	4	PA; LA; QL (28 per 28 days)
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg</i>	4	B/D PA; MO
<i>pemetrexed disodium intravenous recon soln 100 mg</i>	3	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
PEMETREXED DISODIUM INTRAVENOUS RECON SOLN 750 MG	4	B/D PA
PEMETREXED DISODIUM INTRAVENOUS SOLUTION	4	B/D PA
PEMETREXED INTRAVENOUS SOLUTION	4	B/D PA
PEMRYDI RTU	4	B/D PA
PERJETA	4	B/D PA; MO
PHESGO	4	PA; MO
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	4	PA; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	4	PA; QL (56 per 28 days)
POLIVY	4	PA; MO
POMALYST	4	PA; MO; LA; QL (21 per 28 days)
POTELIGEO	4	PA
PRALATREXATE	4	B/D PA; MO
PROGRAF INTRAVENOUS	2	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET	3	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
QINLOCK	4	PA; LA; QL (90 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	4	PA; MO; LA; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	4	PA; MO; LA; QL (90 per 30 days)
REVLIMID	4	PA; MO; LA; QL (28 per 28 days)
REVUFORJ ORAL TABLET 110 MG	4	PA; QL (120 per 30 days)
REVUFORJ ORAL TABLET 160 MG	4	PA; QL (60 per 30 days)
REVUFORJ ORAL TABLET 25 MG	4	PA; QL (240 per 30 days)
REZLIDHIA	4	PA; QL (60 per 30 days)
REZUROCK	4	PA; LA; QL (30 per 30 days)
RIABNI	4	PA; MO
RITUXAN	4	PA; MO
RITUXAN HYCELA	4	PA; MO
<i>romidepsin intravenous recon soln</i>	4	B/D PA
ROMVIMZA	4	PA; LA; QL (8 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	4	PA; MO; QL (150 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ROZLYTREK ORAL CAPSULE 200 MG	4	PA; MO; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET	4	PA; MO; QL (336 per 28 days)
RUBRACA	4	PA; MO; LA; QL (120 per 30 days)
RUXIENCE	4	PA; MO
RYBREVANT	4	PA; MO
RYDAPT	4	PA; MO; QL (224 per 28 days)
RYLAZE	4	B/D PA
RYTELO	4	PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	4	PA; MO
SAPHNELO	4	PA; MO; LA
SARCLISA	4	PA; LA
SCEMBLIX ORAL TABLET 100 MG	4	PA; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	4	PA; QL (60 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	4	PA; QL (300 per 30 days)
SIGNIFOR	4	PA
SIGNIFOR LAR	4	PA
SIKLOS ORAL TABLET 1,000 MG	4	MO

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Drug Name	Drug Tier	Requirements /Limits
SIKLOS ORAL TABLET 100 MG	3	MO
SIMULECT	2	B/D PA; MO
<i>sirolimus</i>	3	B/D PA; MO
SOLTAMOX	4	MO
SOMATULINE DEPOT	4	PA; MO
<i>sorafenib</i>	4	PA; MO; QL (120 per 30 days)
STIVARGA	4	PA; MO; QL (84 per 28 days)
<i>sunitinib malate</i>	4	PA; MO; QL (28 per 28 days)
SUPPRELIN LA	4	PA; MO
SYLVANT	4	B/D PA; MO
TABLOID	3	MO
TABRECTA	4	PA; MO
<i>tacrolimus oral capsule</i>	2	B/D PA; MO
TAFINLAR ORAL CAPSULE	4	PA; MO; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION	4	PA; MO; QL (840 per 28 days)
TAGRISSE	4	PA; MO; LA; QL (30 per 30 days)
TALVEY	4	PA
TALZENNA	4	PA; MO; QL (30 per 30 days)
<i>tamoxifen</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
TAZVERIK	4	PA; LA
TECENTRIQ	4	B/D PA; MO; LA
TECENTRIQ HYBREZA	4	B/D PA; MO; LA
TECVAYLI	4	PA
TEMODAR INTRAVENOUS	4	B/D PA; MO
<i>temsirolimus</i>	4	B/D PA; MO
TEPADINA INJECTION RECON SOLN 100 MG	4	B/D PA
TEPADINA INJECTION SOLUTION	4	B/D PA
TEPMETKO	4	PA; LA
TEPYLUTE	4	B/D PA
TEVIMBRA	4	PA
THALOMID ORAL CAPSULE 100 MG	4	PA; MO; QL (112 per 28 days)
THALOMID ORAL CAPSULE 50 MG	4	PA; MO; QL (28 per 28 days)
<i>thiotepa injection recon soln 100 mg</i>	4	B/D PA
<i>thiotepa injection recon soln 15 mg</i>	4	B/D PA; MO
TIBSOVO	4	PA
TIVDAK	4	PA; MO
<i>topotecan</i>	4	B/D PA; MO
<i>toremifene</i>	4	MO
<i>torpenz</i>	4	PA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
TRAZIMERA	4	B/D PA; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	PA; MO
<i>tretinoin (antineoplastic)</i>	4	MO
TREXALL	3	B/D PA; MO
TRIPTODUR	4	PA
TRODELVY	4	PA; LA
TRUQAP	4	PA; QL (64 per 28 days)
TRUXIMA	4	PA; MO
TUKYSA ORAL TABLET 150 MG	4	PA; LA; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	4	PA; LA; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG	4	PA; LA; QL (120 per 30 days)
UNITUXIN	4	B/D PA
UPLIZNA	4	PA; MO; LA
<i>valrubicin</i>	4	B/D PA; MO
VANFLYTA	4	PA; QL (56 per 28 days)
VECTIBIX	4	B/D PA; MO
VEGZELMA	4	PA; MO
VENCLEXTA ORAL TABLET 10 MG	2	PA; LA; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
VENCLEXTA ORAL TABLET 100 MG	4	PA; LA; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	4	PA; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK	4	PA; LA; QL (42 per 180 days)
VERZENIO	4	PA; MO; LA; QL (60 per 30 days)
VIJOICE ORAL GRANULES IN PACKET	4	PA; QL (28 per 28 days)
VIJOICE ORAL TABLET 125 MG, 50 MG	4	PA; QL (28 per 28 days)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	4	PA; QL (56 per 28 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	4	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	4	PA; MO; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	4	PA; MO; LA; QL (300 per 30 days)
VIVIMUSTA	4	B/D PA; MO
VIZIMPRO	4	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
VONJO	4	PA; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG	4	PA; QL (60 per 30 days)
VORANIGO ORAL TABLET 40 MG	4	PA; QL (30 per 30 days)
VYLOY	4	PA; LA
VYXEOS	4	B/D PA
WELIREG	4	PA; LA
XALKORI ORAL CAPSULE	4	PA; MO; QL (60 per 30 days)
XALKORI ORAL PELLETT 150 MG	4	PA; MO; QL (180 per 30 days)
XALKORI ORAL PELLETT 20 MG, 50 MG	4	PA; MO; QL (120 per 30 days)
XATMEP	3	B/D PA; MO
XERMELO	4	PA; LA; QL (84 per 28 days)
XOSPATA	4	PA; LA; QL (90 per 30 days)
XPOVIO	4	PA; LA
XROMI	4	MO
XTANDI ORAL CAPSULE	4	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	4	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	4	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
YERVOY	4	B/D PA; MO
YONDELIS	4	B/D PA
YONSA	4	PA; MO; QL (120 per 30 days)
ZALTRAP	4	B/D PA; MO
ZEJULA ORAL TABLET	4	PA; MO; LA; QL (30 per 30 days)
ZELBORAF	4	PA; MO; QL (240 per 30 days)
ZEPZELCA	4	PA
ZIIHERA	4	PA
ZIRABEV	4	B/D PA; MO
ZOLADEX	3	PA; MO
ZOLINZA	4	PA; MO; QL (120 per 30 days)
ZYDELIG	4	PA; MO; QL (60 per 30 days)
ZYKADIA	4	PA; MO; QL (90 per 30 days)
ZYNLONTA	4	PA; LA
ZYNYZ	4	PA; MO

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BRIVIACT INTRAVENOUS	3	MO; QL (600 per 30 days)
BRIVIACT ORAL SOLUTION	4	MO; QL (600 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
BRIVIACT ORAL TABLET	4	MO; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	2	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>	2	MO
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	MO
<i>clobazam oral suspension</i>	3	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet</i>	3	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	4	PA; LA

Drug Name	Drug Tier	Requirements /Limits
<i>diazepam rectal</i>	3	MO
DILANTIN 30 MG	3	MO
<i>divalproex</i>	1	MO
ELEPSIA XR	4	
EPIDIOLEX	4	PA; MO; LA
EQUETRO	3	MO
<i>eslicarbazepine oral tablet 200 mg</i>	4	MO; QL (180 per 30 days)
<i>eslicarbazepine oral tablet 400 mg</i>	4	MO; QL (90 per 30 days)
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i>	4	MO; QL (60 per 30 days)
<i>ethosuximide</i>	2	MO
<i>felbamate</i>	3	MO
FINTEPLA	4	PA; LA; QL (360 per 30 days)
<i>fosphenytoin</i>	1	MO
FYCOMPA ORAL SUSPENSION	4	MO; QL (720 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>	2	MO; QL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	2	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<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>	2	PA; MO; QL (30 per 30 days)
<i>gabapentin oral tablet extended release 24 hr 600 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>lacosamide intravenous</i>	2	MO; QL (1200 per 30 days)
<i>lacosamide oral solution</i>	3	MO; QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	3	MO; QL (60 per 30 days)
<i>lacosamide oral tablet 50 mg</i>	3	MO; QL (120 per 30 days)
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet disintegrating, dose pk</i>	3	MO
<i>lamotrigine oral tablet extended release 24hr</i>	3	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	1	MO
<i>lamotrigine oral tablet, disintegrating</i>	3	MO
<i>lamotrigine oral tablets, dose pack</i>	3	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i>	1	
<i>levetiracetam intravenous</i>	1	MO
<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
LEVETIRACETAM ORAL TABLET FOR SUSPENSION	3	
<i>methsuximide</i>	3	MO
MOTPOLY XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG	3	ST; MO; QL (120 per 30 days)
MOTPOLY XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 200 MG	3	ST; MO; QL (60 per 30 days)
NAYZILAM	2	PA; MO; QL (10 per 30 days)
<i>oxcarbazepine oral suspension</i>	3	MO
<i>oxcarbazepine oral tablet</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>oxcarbazepine oral tablet extended release 24 hr</i>	3	MO
<i>perampanel oral tablet 10 mg, 12 mg, 8 mg</i>	4	MO; QL (30 per 30 days)
<i>perampanel oral tablet 2 mg</i>	3	MO; QL (60 per 30 days)
<i>perampanel oral tablet 4 mg, 6 mg</i>	4	MO; QL (60 per 30 days)
<i>phenobarbital oral elixir</i>	3	PA; MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	2	PA
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	2	PA; MO
<i>phenobarbital sodium injection solution 130 mg/ml</i>	1	MO
<i>phenobarbital sodium injection solution 65 mg/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	

Drug Name	Drug Tier	Requirements /Limits
<i>phenytoin sodium intravenous solution</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	2	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	2	MO; QL (900 per 30 days)
<i>pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg</i>	3	PA; MO; QL (30 per 30 days)
<i>pregabalin oral tablet extended release 24 hr 330 mg</i>	3	PA; MO; QL (60 per 30 days)
PRIMIDONE ORAL TABLET 125 MG	3	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>	4	PA; MO
<i>rufinamide oral tablet</i>	3	PA; MO
SEZABY	3	
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	3	

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Drug Name	Drug Tier	Requirements /Limits
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG	3	MO
<i>subvenite</i>	1	MO
<i>subvenite starter (blue) kit</i>	3	MO
<i>subvenite starter (green) kit</i>	3	MO
<i>subvenite starter (orange) kit</i>	3	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	4	PA; MO; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	3	PA; MO; QL (60 per 30 days)
<i>tiagabine</i>	3	MO
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	PA; MO
<i>topiramate oral capsule, extended release 24hr</i>	3	PA; MO
<i>topiramate oral capsule, sprinkle, er 24hr</i>	3	PA; MO
<i>topiramate oral solution</i>	3	PA
<i>topiramate oral tablet</i>	1	PA; MO
<i>valproate sodium</i>	1	MO
<i>valproic acid</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	1	
VALTOCO	2	PA; MO; QL (10 per 30 days)
<i>vigabatrin</i>	4	PA; MO; LA
<i>vigadrone</i>	4	PA; LA
VIGAFYDE	4	PA; LA
XCOPRI MAINTENANCE PACK	4	MO; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	4	MO; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	4	MO; QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14)	3	MO; QL (28 per 180 days)
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	4	MO; QL (28 per 180 days)
ZONISADE	4	PA; MO
<i>zonisamide</i>	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
ZTALMY	4	PA; LA; QL (1100 per 30 days)
ANTIPARKINSONISM AGENTS		
APOKYN	4	PA; MO; LA; QL (90 per 30 days)
<i>apomorphine</i>	4	PA; QL (90 per 30 days)
<i>benztropine injection</i>	1	MO
<i>benztropine oral</i>	1	PA; MO
<i>bromocriptine</i>	3	MO
<i>carbidopa</i>	3	MO
<i>carbidopa-levodopa</i>	1	MO
<i>carbidopa-levodopa-entacapone</i>	3	MO
CREXONT	3	MO
DHIVY	3	MO
<i>entacapone</i>	3	MO
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG	4	PA; QL (60 per 30 days)
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 68.5 MG	4	PA; QL (30 per 30 days)
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; QL (300 per 30 days)
NEUPRO	3	MO
NOURIANZ	4	PA; MO; LA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ONAPGO	4	PA; LA
ONGENTYS	3	PA; MO; QL (30 per 30 days)
<i>pramipexole oral tablet</i>	1	MO
<i>pramipexole oral tablet extended release 24 hr</i>	3	MO
<i>rasagiline</i>	3	MO
<i>ropinirole oral tablet</i>	1	MO
<i>ropinirole oral tablet extended release 24 hr</i>	3	MO
RYTARY	3	MO
<i>selegiline hcl</i>	1	MO
<i>tolcapone</i>	4	PA; MO
<i>trihexyphenidyl oral elixir</i>	3	MO
<i>trihexyphenidyl oral tablet</i>	1	MO
VYALEV	4	PA; MO; QL (490 per 30 days)
XADAGO	4	MO
ZELAPAR	4	PA; MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	2	PA; MO; QL (1 per 30 days)
AJOVY AUTOINJECTOR	3	PA; MO; QL (1.5 per 30 days)
AJOVY SYRINGE	3	PA; MO; QL (1.5 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>almotriptan malate</i>	3	MO; QL (16 per 28 days)
<i>dihydroergotamine injection</i>	4	
<i>dihydroergotamine nasal</i>	4	QL (8 per 28 days)
<i>eletriptan</i>	3	MO; QL (18 per 28 days)
ELYXYB	3	PA; MO
EMGALITY PEN	2	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	4	PA; MO; QL (3 per 30 days)
ERGOMAR	3	
<i>ergotamine-caffeine</i>	2	MO
<i>frovatriptan</i>	3	MO; QL (27 per 28 days)
<i>migergot</i>	4	MO
<i>naratriptan</i>	2	MO; QL (18 per 28 days)
NURTEC ODT	2	PA; QL (16 per 30 days)
ONZETRA XSAIL	3	MO; QL (32 per 28 days)
QULIPTA	2	PA; MO; QL (30 per 30 days)
<i>rizatriptan oral tablet</i>	1	MO; QL (24 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>rizatriptan oral tablet, disintegrating</i>	2	MO; QL (24 per 28 days)
<i>sumatriptan</i>	3	MO; QL (18 per 28 days)
<i>sumatriptan succinate oral</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	3	QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i>	3	QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	3	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	3	MO; QL (8 per 28 days)
TOSYMRA	3	MO; QL (24 per 28 days)
TRUDHESA	4	ST; QL (12 per 28 days)
UBRELVY	2	PA; QL (20 per 30 days)
VYEPTI	4	PA
ZAVZPRET	4	PA; MO; QL (6 per 28 days)
ZEMBRACE SYMTOUCH	4	MO; QL (8 per 28 days)
ZOLMITRIPTAN NASAL SPRAY, NON-AEROSOL 2.5 MG	3	MO; QL (18 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>zolmitriptan nasal spray,non-aerosol 5 mg</i>	3	MO; QL (18 per 28 days)
<i>zolmitriptan oral</i>	3	MO; QL (18 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
ADLARITY	3	
AUSTEDO ORAL TABLET 12 MG, 9 MG	4	PA; MO; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	4	PA; MO; QL (60 per 30 days)
AUSTEDO XR	4	PA; MO; QL (30 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	4	PA; MO; QL (28 per 180 days)
BAFIERTAM	4	PA; MO; QL (120 per 30 days)
BRIUMVI	4	PA; MO; QL (24 per 180 days)
<i>dalfampridine</i>	2	PA; MO; QL (60 per 30 days)
<i>dichlorphenamide</i>	4	PA; MO
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg</i>	3	PA; MO; QL (56 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	3	PA; MO; QL (120 per 180 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg</i>	4	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>	3	MO
<i>donepezil oral tablet,disintegrating</i>	1	MO
EDARAVONE INTRAVENOUS SOLUTION 30 MG/100 ML	4	PA
EDARAVONE INTRAVENOUS SOLUTION 60 MG/100 ML	4	PA; MO
<i>fingolimod</i>	4	PA; MO; QL (30 per 30 days)
<i>galantamine oral capsule,ext rel. pellets 24 hr</i>	2	MO
<i>galantamine oral solution</i>	3	MO
<i>galantamine oral tablet</i>	2	MO
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	4	PA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	4	PA; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	4	PA; MO; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	4	PA; MO; QL (12 per 28 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	3	PA; MO; QL (30 per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	3	PA; MO; QL (60 per 30 days)
INGREZZA	4	PA; LA; QL (30 per 30 days)
INGREZZA INITIATION PK(TARDIV)	4	PA; LA; QL (28 per 180 days)
INGREZZA SPRINKLE	4	PA; LA; QL (30 per 30 days)
KESIMPTA PEN	4	PA; MO; QL (1.6 per 28 days)
LEMTRADA	4	PA; MO; QL (6 per 365 days)
MAVENCLAD (10 TABLET PACK)	4	PA; MO; LA; QL (40 per 720 days)
MAVENCLAD (4 TABLET PACK)	4	PA; MO; LA; QL (16 per 720 days)

Drug Name	Drug Tier	Requirements /Limits
MAVENCLAD (5 TABLET PACK)	4	PA; MO; LA; QL (20 per 720 days)
MAVENCLAD (6 TABLET PACK)	4	PA; MO; LA; QL (24 per 720 days)
MAVENCLAD (7 TABLET PACK)	4	PA; MO; LA; QL (28 per 720 days)
MAVENCLAD (8 TABLET PACK)	4	PA; MO; LA; QL (32 per 720 days)
MAVENCLAD (9 TABLET PACK)	4	PA; MO; LA; QL (36 per 720 days)
MAYZENT ORAL TABLET 0.25 MG	4	PA; MO; QL (120 per 30 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	4	PA; MO; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT)	3	PA; MO; QL (7 per 180 days)
MAYZENT STARTER(FOR 2MG MAINT)	4	PA; MO; QL (12 per 180 days)
<i>memantine oral capsule,sprinkle,er 24hr</i>	3	PA; MO
<i>memantine oral solution</i>	2	PA; MO
<i>memantine oral tablet</i>	1	PA; MO
MEMANTINE ORAL TABLETS,DOSE PACK	3	PA

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Drug Name	Drug Tier	Requirements /Limits
<i>memantine-donepezil</i>	2	PA; MO
NUEDEXTA	4	PA; MO
NULIBRY	4	PA; LA
OCREVUS	4	PA; MO; LA; QL (20 per 180 days)
OCREVUS ZUNOVO	4	PA; MO; QL (23 per 180 days)
ONPATTRO	4	PA; MO; LA
<i>ormalvi</i>	4	PA
PONVORY	4	PA; MO; QL (30 per 30 days)
PONVORY 14-DAY STARTER PACK	4	PA; MO; QL (14 per 180 days)
RADICAVA	4	PA
RADICAVA ORS	4	PA; MO
RADICAVA ORS STARTER KIT SUSP	4	PA; MO
<i>rivastigmine</i>	3	MO
<i>rivastigmine tartrate</i>	2	MO
SKYCLARYS	4	PA; LA
TASCENSO ODT	4	PA; MO; QL (30 per 30 days)
<i>teriflunomide</i>	4	PA; MO; QL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	3	PA; MO; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>tetrabenazine oral tablet 25 mg</i>	4	PA; MO; QL (120 per 30 days)
TYSABRI	4	PA; MO; LA; QL (15 per 28 days)
VILTEPSO	4	PA; LA
VUMERITY	4	PA; MO; QL (120 per 30 days)
WAINUA	4	PA; LA; QL (0.8 per 28 days)
ZEPOSIA	4	PA; MO; QL (30 per 30 days)
ZEPOSIA STARTER KIT (28-DAY)	4	PA; MO; QL (28 per 180 days)
ZEPOSIA STARTER PACK (7-DAY)	4	PA; MO; QL (7 per 180 days)
ZUNVEYL	3	MO
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen intrathecal solution</i>	3	B/D PA; MO
<i>baclofen intrathecal syringe</i>	3	B/D PA; MO
<i>baclofen oral solution 10 mg/5 ml (2 mg/ml)</i>	3	MO
<i>baclofen oral solution 5 mg/5 ml</i>	4	MO
<i>baclofen oral suspension</i>	4	MO
<i>baclofen oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>carisoprodol</i>	3	PA; MO
<i>chlorzoxazone oral tablet 250 mg</i>	3	PA
<i>chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg</i>	3	PA; MO
<i>cyclobenzaprine</i>	3	PA; MO
DANTRIUM INTRAVENOUS	3	
<i>dantrolene intravenous</i>	1	
<i>dantrolene oral</i>	3	MO
GABLOFEN INTRATHECAL SYRINGE 10,000 MCG/20ML (500 MCG/ML), 20,000 MCG/20ML (1,000 MCG/ML), 40,000 MCG/20ML (2,000 MCG/ML)	3	B/D PA; MO
IMAAVY	4	PA; MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	2	B/D PA; MO
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	2	B/D PA
<i>meprobamate</i>	3	MO
<i>metaxalone oral tablet 400 mg, 800 mg</i>	3	PA; MO
<i>methocarbamol injection</i>	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>methocarbamol oral tablet 1,000 mg</i>	3	PA
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	3	PA; MO
<i>orphenadrine citrate</i>	3	PA; MO
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>	3	PA
<i>orphengesic forte</i>	3	PA
OZOBAX DS	4	
<i>pyridostigmine bromide oral syrup</i>	3	MO
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	MO
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	2	MO
<i>revonto</i>	1	
<i>tanlor</i>	3	PA
<i>tizanidine oral capsule</i>	3	MO
<i>tizanidine oral tablet</i>	1	MO
VYVGART	4	PA; MO; LA
VYVGART HYTRULO	4	PA; MO; LA
ZILBRYSQ	4	PA; LA
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod</i>	3	QL (300 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml</i>	1	QL (4500 per 30 days)
<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)
ALLZITAL	3	QL (360 per 30 days)
<i>ascomp with codeine</i>	3	MO; QL (180 per 30 days)
BELBUCA	2	PA; MO; QL (60 per 30 days)
<i>buprenorphine hcl injection solution</i>	3	MO
<i>buprenorphine hcl injection syringe</i>	1	
<i>buprenorphine hcl sublingual</i>	1	MO
<i>buprenorphine transdermal patch</i>	3	PA; MO; QL (4 per 28 days)
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i>	3	MO; QL (360 per 30 days)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	3	MO; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>butalbital-acetaminophen</i>	3	MO; QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral capsule</i>	3	MO; QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral solution</i>	4	QL (2700 per 30 days)
<i>butalbital-acetaminophen-caff oral tablet</i>	3	MO; QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	3	MO; QL (180 per 30 days)
<i>codeine sulfate</i>	3	MO; QL (180 per 30 days)
<i>codeine-butalbital-asa-caff</i>	3	MO; QL (180 per 30 days)
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML	3	MO
DEMEROL (PF) INJECTION SYRINGE 75 MG/ML	3	
DEMEROL INJECTION	3	MO
DILAUDID (PF) INJECTION SYRINGE 0.2 MG/ML, 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML	3	
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>duramorph (pf) injection solution 1 mg/ml</i>	3	
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	2	QL (360 per 30 days)
<i>endocet oral tablet 5-325 mg</i>	2	MO; QL (360 per 30 days)
<i>fentanyl</i>	3	PA; MO; QL (10 per 30 days)
<i>hydrocodone bitartrate, oral only, ext. rel. 12hr</i>	3	PA; MO; QL (90 per 30 days)
<i>hydrocodone bitartrate, oral only, ext. rel. 24 hr 100 mg, 120 mg</i>	4	PA; MO; QL (60 per 30 days)
<i>hydrocodone bitartrate, oral only, ext. rel. 24 hr 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	3	PA; MO; QL (60 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15 ml</i>	3	MO; QL (6000 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml</i>	2	QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	MO; QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	2	QL (360 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 7.5-300 mg</i>	3	MO; QL (390 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	2	MO; QL (50 per 30 days)
HYDROMORPHONE (PF) INJECTION SOLUTION 1 MG/ML, 4 MG/ML	3	
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml, 2 mg/ml</i>	3	
<i>hydromorphone (pf) injection syringe 0.2 mg/ml, 0.5 mg/0.5 ml, 1 mg/ml</i>	3	
<i>hydromorphone injection solution 2 mg/ml</i>	3	MO
HYDROMORPHONE INJECTION SYRINGE 0.25 MG/0.5 ML, 0.5 MG/0.5 ML	3	
<i>hydromorphone injection syringe 1 mg/ml, 4 mg/ml</i>	3	MO
<i>hydromorphone injection syringe 2 mg/ml</i>	3	
<i>hydromorphone oral liquid</i>	3	MO; QL (2400 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>hydromorphone oral tablet</i>	2	MO; QL (180 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr</i>	3	PA; MO; QL (60 per 30 days)
INFUMORPH P/F	3	B/D PA; MO
<i>levorphanol tartrate</i>	4	MO; QL (120 per 30 days)
<i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	3	MO
<i>meperidine oral solution</i>	3	MO; QL (1200 per 30 days)
<i>meperidine oral tablet 50 mg</i>	3	MO; QL (240 per 30 days)
<i>methadone injection solution</i>	2	
<i>methadone intensol</i>	2	PA; MO; QL (90 per 30 days)
<i>methadone oral concentrate</i>	2	PA; QL (90 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	2	PA; MO; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	2	PA; MO; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	2	PA; MO; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	2	PA; MO; QL (240 per 30 days)
<i>methadose oral concentrate</i>	2	PA; MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
MITIGO (PF) INJECTION SOLUTION 10 MG/ML	3	B/D PA
<i>morphine (pf) injection solution 0.5 mg/ml</i>	3	
<i>morphine (pf) injection solution 1 mg/ml</i>	3	MO
<i>morphine (pf) intravenous patient control.analgesia soln</i>	3	B/D PA
<i>morphine concentrate oral solution</i>	2	MO; QL (900 per 30 days)
MORPHINE INJECTION SOLUTION 2 MG/ML, 4 MG/ML	3	
MORPHINE INJECTION SYRINGE 2 MG/ML	3	
<i>morphine injection syringe 4 mg/ml</i>	3	MO
<i>morphine intravenous solution 10 mg/ml, 50 mg/ml</i>	3	MO
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML	3	MO
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML	3	

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This drug list was last updated on 10/07/2025.

Drug Name	Drug Tier	Requirements /Limits
<i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i>	3	
<i>morphine oral capsule, er multiphase 24 hr</i>	3	PA; MO; QL (60 per 30 days)
<i>morphine oral capsule, extend. release pellets</i>	3	PA; MO; QL (90 per 30 days)
<i>morphine oral solution</i>	2	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	2	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release</i>	2	PA; MO; QL (120 per 30 days)
NALOCET	3	MO; QL (390 per 30 days)
<i>oxycodone oral capsule</i>	2	MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	3	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	2	MO; QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	2	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	2	MO; QL (360 per 30 days)
OXYCODONE ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG	4	QL (180 per 30 days)
OXYCODONE ORAL TABLET, ORAL ONLY 5 MG	4	QL (360 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
OXYCODONE ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 10 MG, 20 MG, 40 MG	3	PA; QL (90 per 30 days)
<i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml</i>	4	QL (2000 per 30 days)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	3	QL (1860 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	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	3	PA; MO; QL (90 per 30 days)
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 80 MG	4	PA; MO; QL (60 per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	3	MO; QL (360 per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	3	MO; QL (180 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	3	PA; MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>oxymorphone oral tablet extended release 12 hr 40 mg</i>	4	PA; MO; QL (90 per 30 days)
PROLATE ORAL SOLUTION	4	QL (2000 per 30 days)
<i>prolate oral tablet</i>	3	MO; QL (390 per 30 days)
ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG	3	MO; QL (180 per 30 days)
ROXYBOND ORAL TABLET, ORAL ONLY 5 MG	3	MO; QL (360 per 30 days)
SUBLOCADE	4	MO
<i>tencon</i>	3	QL (180 per 30 days)
TREZIX	3	QL (300 per 30 days)
XTAMPZA ER	3	PA; MO; QL (90 per 30 days)

NON-NARCOTIC ANALGESICS

ACETAMINOPHEN INTRAVENOUS SOLUTION 1,000 MG/100 ML (10 MG/ML), 500 MG/50 ML (10 MG/ML)	3	MO
<i>acetaminophen intravenous solution 650 mg/65 ml (10 mg/ml)</i>	3	
<i>buprenorphine-naloxone sublingual film</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>buprenorphine-naloxone sublingual tablet</i>	1	MO
<i>butorphanol injection</i>	1	MO
<i>butorphanol nasal</i>	3	MO; QL (10 per 28 days)
CALDOLOR INTRAVENOUS PIGGYBACK	3	
CALDOLOR INTRAVENOUS RECON SOLN	3	MO
<i>celecoxib</i>	1	MO
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	1	
COMBOGESIC IV	3	
CONZIP	3	PA; MO; QL (30 per 30 days)
DICLOFENAC EPOLAMINE	3	PA; QL (60 per 30 days)
<i>diclofenac potassium oral capsule</i>	3	MO
<i>diclofenac potassium oral powder in packet</i>	3	MO; QL (9 per 30 days)
<i>diclofenac potassium oral tablet 25 mg</i>	4	MO
<i>diclofenac potassium oral tablet 50 mg</i>	1	MO
<i>diclofenac sodium oral</i>	1	MO
<i>diclofenac sodium topical drops</i>	1	MO; QL (300 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>diclofenac sodium topical gel 1 %</i>	2	MO; QL (1000 per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump</i>	4	MO; QL (224 per 28 days)
<i>diclofenac-misoprostol</i>	3	MO
<i>diflunisal</i>	2	MO
<i>etodolac oral capsule</i>	2	MO
<i>etodolac oral tablet</i>	2	MO
<i>etodolac oral tablet extended release 24 hr</i>	3	MO
<i>fenoprofen oral capsule 400 mg</i>	3	MO
<i>fenoprofen oral tablet</i>	3	
FLECTOR	3	PA; MO; QL (60 per 30 days)
<i>flurbiprofen oral tablet 100 mg</i>	1	MO
<i>ibu</i>	1	MO
<i>ibuprofen lysine (pf)</i>	3	
<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>ibuprofen-famotidine</i>	3	MO
<i>indomethacin oral</i>	3	MO
<i>indomethacin rectal suppository 50 mg</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>indomethacin sodium</i>	3	
JOURNAVX	3	MO; QL (30 per 90 days)
<i>ketoprofen oral capsule 25 mg, 50 mg</i>	3	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	3	MO
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	3	
<i>ketorolac injection syringe</i>	3	
<i>ketorolac intramuscular</i>	3	
<i>ketorolac oral</i>	3	
KLOXXADO	3	MO
LICART	3	PA; MO; QL (30 per 30 days)
<i>lofena</i>	4	MO
<i>lofexidine</i>	4	PA; MO
<i>lurbiro</i>	1	
<i>meclofenamate</i>	3	MO
<i>mefenamic acid</i>	3	MO
<i>meloxicam oral tablet</i>	1	MO; QL (30 per 30 days)
<i>meloxicam submicronized</i>	3	MO; QL (30 per 30 days)
<i>nabumetone</i>	1	MO
<i>nalbuphine</i>	1	
<i>naloxone injection solution</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>naloxone injection syringe 0.4 mg/ml (prefilled syringe)</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	MO
<i>naltrexone</i>	1	MO
<i>naproxen oral suspension</i>	3	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	3	MO
<i>naproxen-esomeprazole</i>	4	MO
NUCYNTA ER	3	PA; MO; QL (60 per 30 days)
NUCYNTA ORAL TABLET 100 MG	3	MO; QL (181 per 30 days)
NUCYNTA ORAL TABLET 50 MG	3	MO; QL (362 per 30 days)
NUCYNTA ORAL TABLET 75 MG	3	MO; QL (242 per 30 days)
OPVEE	3	MO
<i>oxaprozin oral tablet</i>	3	MO
<i>pentazocine-naloxone</i>	3	MO; QL (325 per 30 days)
<i>piroxicam</i>	2	MO
PRIALT	3	B/D PA

Drug Name	Drug Tier	Requirements /Limits
<i>salsalate</i>	1	MO
SPRIX	4	ST
<i>sulindac</i>	1	MO
<i>tolmetin oral capsule</i>	3	
<i>tolmetin oral tablet 600 mg</i>	3	
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	3	PA; MO; QL (30 per 30 days)
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	PA; MO; QL (30 per 30 days)
TRAMADOL ORAL SOLUTION	3	QL (2400 per 30 days)
<i>tramadol oral tablet 100 mg</i>	3	MO; QL (120 per 30 days)
TRAMADOL ORAL TABLET 25 MG, 75 MG	3	MO; QL (120 per 30 days)
<i>tramadol oral tablet 50 mg</i>	1	MO; QL (240 per 30 days)
<i>tramadol oral tablet extended release 24 hr</i>	3	PA; MO; QL (30 per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr</i>	3	PA; QL (30 per 30 days)
<i>tramadol-acetaminophen</i>	1	MO; QL (240 per 30 days)
VIVITROL	4	MO
XIFYRM	3	
ZUBSOLV	3	MO

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Drug Name	Drug Tier	Requirements /Limits
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	4	MO; QL (2.4 per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	4	MO; QL (3.2 per 56 days)
ABILIFY MAINTENA	4	MO; QL (1 per 28 days)
ADZENYS XR-ODT	3	ST; MO
<i>amitriptyline</i>	1	MO
<i>amoxapine</i>	2	MO
<i>amphetamine sulfate</i>	3	PA; MO
APLENZIN	4	MO; QL (30 per 30 days)
<i>aripiprazole oral solution</i>	3	MO
<i>aripiprazole oral tablet</i>	1	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet, disintegrating</i>	3	MO; QL (60 per 30 days)
ARISTADA INITIO	4	MO; QL (4.8 per 365 days)

Drug Name	Drug Tier	Requirements /Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	4	MO; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	4	MO; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	4	MO; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	4	MO; QL (3.2 per 28 days)
<i>armodafinil</i>	3	PA; MO; QL (30 per 30 days)
<i>asenapine maleate</i>	3	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	3	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
AUVELITY	3	ST; QL (60 per 30 days)
AZSTARYS	3	ST; MO
BELSOMRA	2	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)
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	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	3	MO; QL (30 per 30 days)
<i>chlorpromazine</i>	3	MO
CITALOPRAM ORAL CAPSULE	3	MO; QL (30 per 30 days)
<i>citalopram oral solution</i>	2	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clomipramine</i>	3	MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>clorazepate dipotassium oral tablet 15 mg</i>	2	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	2	PA; MO; QL (360 per 30 days)
<i>clozapine oral tablet</i>	2	
<i>clozapine oral tablet, disintegrating</i>	3	
COBENFY	3	MO; QL (60 per 30 days)
COBENFY STARTER PACK	3	MO; QL (56 per 180 days)
COTEMPLA XR-ODT	3	ST; MO
DAYVIGO	3	PA; MO; QL (30 per 30 days)
<i>desipramine</i>	1	MO
DESVENLAFAXIN E ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	MO; QL (120 per 30 days)
DESVENLAFAXIN E ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	MO; QL (30 per 30 days)
<i>desvenlafaxine succinate</i>	2	MO; QL (30 per 30 days)
<i>dexmethylphenidate</i>	3	MO
<i>dextroamphetamine sulfate</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr</i>	3	MO
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	3	MO
<i>dextroamphetamine-amphetamine oral tablet</i>	2	MO
<i>diazepam injection</i>	1	PA
<i>diazepam intensol</i>	1	PA; MO; QL (240 per 30 days)
<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)
DOPRAM	3	
<i>doxepin oral capsule</i>	3	MO
<i>doxepin oral concentrate</i>	3	MO
<i>doxepin oral tablet</i>	2	MO; QL (30 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	3	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	3	MO; QL (30 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)
<i>duloxetine oral capsule,delayed release(dr/ec) 40 mg</i>	3	MO; QL (90 per 30 days)
DYANAVEL XR	3	ST; MO
EDLUAR	3	MO; QL (30 per 30 days)
EMSAM	4	MO
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	4	ST; QL (0.75 per 28 days)
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML	4	ST; QL (1 per 28 days)
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	4	ST; QL (1.5 per 28 days)
ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML	4	ST; QL (2.25 per 28 days)
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	ST; QL (0.25 per 28 days)
ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	4	ST; QL (0.5 per 28 days)

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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>	3	MO; QL (30 per 30 days)
FANAPT	3	ST; MO; QL (60 per 30 days)
FANAPT TITRATION PACK A	3	ST; MO; QL (8 per 180 days)
FANAPT TITRATION PACK B	3	ST; QL (12 per 180 days)
FANAPT TITRATION PACK C	3	ST; QL (8 per 180 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	2	QL (28 per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	2	QL (30 per 30 days)
<i>flumazenil</i>	1	
<i>fluoxetine (pmd) oral tablet 20 mg</i>	3	QL (120 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO; QL (120 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	3	MO; QL (4 per 28 days)
<i>fluoxetine oral solution</i>	1	MO
<i>fluphenazine decanoate</i>	3	MO
<i>fluphenazine hcl</i>	3	MO
<i>fluvoxamine oral capsule,extended release 24hr</i>	3	MO; QL (60 per 30 days)
<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>guanfacine oral tablet extended release 24 hr</i>	3	MO
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)</i>	3	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml, 50 mg/ml(1ml)</i>	3	MO
<i>haloperidol lactate injection</i>	3	MO
<i>haloperidol lactate intramuscular</i>	1	
<i>haloperidol lactate oral</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
HETLIOZ LQ	4	PA; MO; QL (158 per 30 days)
<i>imipramine hcl</i>	3	MO
<i>imipramine pamoate</i>	3	MO
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	4	MO; QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	4	MO; QL (5 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	4	MO; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	4	MO; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	4	MO; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	2	MO; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	4	MO; QL (0.5 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	4	MO; QL (0.88 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	4	MO; QL (1.32 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	4	MO; QL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	4	MO; QL (2.63 per 90 days)
JORNAY PM	3	ST; MO
<i>lisdexamfetamine</i>	3	MO
<i>lithium carbonate</i>	1	MO
<i>lithium citrate</i>	1	
<i>lorazepam injection</i>	1	PA; MO
<i>lorazepam intensol</i>	1	PA; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	1	PA; MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	PA; MO; QL (150 per 30 days)
LOREEV XR ORAL CAPSULE, EXTENDED RELEASE 24HR 1 MG, 1.5 MG	3	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 2 MG	3	PA; MO; QL (150 per 30 days)
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 3 MG	3	PA; MO; QL (90 per 30 days)
<i>loxapine succinate</i>	1	MO
LUMRYZ	4	PA; MO; QL (30 per 30 days)
LUMRYZ STARTER PACK	4	PA; MO; QL (28 per 180 days)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	3	MO; QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i>	3	MO; QL (60 per 30 days)
LYBALVI	4	ST; MO; QL (30 per 30 days)
MARPLAN	3	MO
<i>methamphetamine</i>	3	PA; MO
<i>methylphenidate</i>	3	MO
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i>	3	MO
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	3	MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>methylphenidate hcl oral solution</i>	3	MO
<i>methylphenidate hcl oral tablet</i>	2	MO
<i>methylphenidate hcl oral tablet extended release</i>	3	MO
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 36 mg (bx rating), 54 mg (bx rating)</i>	3	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	3	MO
<i>methylphenidate hcl oral tablet,chewable</i>	3	MO
<i>mirtazapine oral tablet</i>	1	MO
<i>mirtazapine oral tablet,disintegrating</i>	2	MO
<i>modafinil oral tablet 100 mg</i>	2	PA; MO; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	2	PA; MO; QL (60 per 30 days)
<i>molindone oral tablet 10 mg, 25 mg</i>	3	
<i>molindone oral tablet 5 mg</i>	3	MO
<i>nefazodone</i>	3	MO
<i>nortriptyline oral capsule</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>nortriptyline oral solution</i>	3	MO
NUPLAZID	3	PA; MO; QL (30 per 30 days)
<i>olanzapine intramuscular</i>	3	MO
<i>olanzapine oral tablet</i>	1	MO; QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating</i>	3	MO; QL (30 per 30 days)
<i>olanzapine-fluoxetine</i>	3	MO
ONYDA XR	3	ST; MO
OPIPZA ORAL FILM 10 MG	4	ST; MO; QL (90 per 30 days)
OPIPZA ORAL FILM 2 MG	4	ST; MO; QL (30 per 30 days)
OPIPZA ORAL FILM 5 MG	4	ST; MO; QL (180 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	3	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	3	MO; QL (60 per 30 days)
<i>paroxetine hcl oral suspension</i>	3	MO
<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)

Drug Name	Drug Tier	Requirements /Limits
<i>paroxetine hcl oral tablet extended release 24 hr</i>	2	MO; QL (60 per 30 days)
<i>paroxetine mesylate(menop.sym)</i>	3	MO; QL (30 per 30 days)
<i>pentobarbital sodium injection solution</i>	3	
<i>perphenazine</i>	3	MO
<i>perphenazine-amitriptyline</i>	3	MO
PERSERIS	4	ST; MO; QL (1 per 30 days)
<i>phenelzine</i>	2	MO
<i>pimozide</i>	3	MO
<i>procentra</i>	3	MO
<i>protriptyline</i>	3	MO
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG	3	ST; QL (30 per 30 days)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	3	ST; QL (60 per 30 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO; QL (90 per 30 days)
QUETIAPINE ORAL TABLET 150 MG	3	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	2	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	2	MO; QL (60 per 30 days)
QUILLICHEW ER	3	ST; MO
QUILLIVANT XR	3	ST; MO
QUVIVIQ	3	PA; MO; QL (30 per 30 days)
RALDESY	4	ST; MO
<i>ramelteon</i>	2	MO; QL (30 per 30 days)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG	3	ST; MO
REXULTI ORAL TABLET	3	MO; QL (30 per 30 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i>	2	MO; QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 37.5 mg/2 ml</i>	4	QL (2 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>risperidone microspheres intramuscular suspension, extended rel recon 50 mg/2 ml</i>	4	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>	3	MO; QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	3	MO; QL (120 per 30 days)
RYKINDO	4	ST; QL (2 per 28 days)
SECUADO	4	MO; QL (30 per 30 days)
<i>sertraline oral capsule</i>	3	MO; QL (30 per 30 days)
<i>sertraline oral concentrate</i>	3	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)	4	PA; LA; QL (540 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
SPRAVATO NASAL SPRAY, NON- AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	4	PA; MO
SUNOSI	3	PA; QL (30 per 30 days)
<i>tasimelteon</i>	4	PA; MO; QL (30 per 30 days)
<i>thioridazine</i>	2	MO
<i>thiothixene</i>	1	MO
<i>tranlycypromine</i>	3	MO
<i>trazodone</i>	1	MO
<i>trifluoperazine</i>	2	MO
<i>trimipramine</i>	3	MO
TRINTELLIX	2	QL (30 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXT ENDED REL SYRING 100 MG/0.28 ML	4	ST; MO; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXT ENDED REL SYRING 125 MG/0.35 ML	4	ST; MO; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXT ENDED REL SYRING 150 MG/0.42 ML	4	ST; MO; QL (0.42 per 56 days)

Drug Name	Drug Tier	Requirements /Limits
UZEDY SUBCUTANEOUS SUSPENSION, EXT ENDED REL SYRING 200 MG/0.56 ML	4	ST; MO; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXT ENDED REL SYRING 250 MG/0.7 ML	4	ST; MO; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXT ENDED REL SYRING 50 MG/0.14 ML	4	ST; MO; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXT ENDED REL SYRING 75 MG/0.21 ML	4	ST; MO; QL (0.21 per 28 days)
VENLAFAXINE BESYLATE	3	MO; QL (30 per 30 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)
<i>venlafaxine oral tablet extended release 24hr</i>	3	MO; QL (30 per 30 days)
VERSACLOZ	4	

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Drug Name	Drug Tier	Requirements /Limits
<i>vilazodone</i>	2	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	3	MO; QL (30 per 30 days)
WAKIX	4	PA; MO; LA; QL (60 per 30 days)
XELSTRYM	3	ST; MO
XYREM	4	PA; LA; QL (540 per 30 days)
XYWAV	4	PA; LA; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	3	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	3	MO; QL (30 per 30 days)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	3	MO
ZENZEDI ORAL TABLET 2.5 MG	3	MO
<i>ziprasidone hcl</i>	2	MO; QL (60 per 30 days)
<i>ziprasidone mesylate</i>	3	MO
ZOLPIDEM ORAL CAPSULE	3	MO; QL (30 per 30 days)
<i>zolpidem oral tablet</i>	1	MO; QL (30 per 30 days)
<i>zolpidem oral tablet, ext release multiphase</i>	3	MO; QL (30 per 30 days)
<i>zolpidem sublingual</i>	3	MO; QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	4	PA; MO; QL (28 per 365 days)

Drug Name	Drug Tier	Requirements /Limits
ZURZUVAE ORAL CAPSULE 30 MG	4	PA; MO; QL (14 per 365 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	3	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	4	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	4	QL (1 per 28 days)

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>adenosine</i>	1	
<i>amiodarone intravenous solution</i>	1	MO
<i>amiodarone oral</i>	1	MO
<i>disopyramide phosphate oral capsule</i>	3	MO
<i>dofetilide</i>	3	MO
<i>flecainide</i>	1	MO
<i>ibutilide fumarate</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<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>	3	
<i>mexiletine</i>	2	MO
MULTAQ	2	MO
NEXTERONE	3	
NORPACE CR	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	MO
<i>procainamide injection</i>	1	
PROCAINAMIDE INTRAVENOUS	3	
<i>propafenone oral capsule, extended release 12 hr</i>	3	MO
<i>propafenone oral tablet</i>	1	MO
<i>quinidine gluconate oral</i>	3	MO
<i>quinidine sulfate oral tablet</i>	1	MO
<i>sotalol af</i>	1	
<i>sotalol oral</i>	1	MO
SOTYLIZE	3	MO
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol</i>	1	MO
<i>aliskiren</i>	3	MO
<i>amiloride</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<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-hcthiazid</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>	2	MO
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
BREVIBLOC IN NAACL (ISO-OSM)	3	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10 ML (10 MG/ML)	3	
<i>bumetanide injection</i>	3	MO
<i>bumetanide oral</i>	1	MO
<i>candesartan</i>	1	MO
<i>candesartan-hydrochlorothiazid</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>captopril</i>	1	MO
<i>captopril-hydrochlorothiazide</i>	1	
CARDENE IV IN SODIUM CHLORIDE	3	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG	3	QL (30 per 30 days)
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 8 MG	3	MO; QL (30 per 30 days)
<i>cartia xt</i>	1	MO
<i>carvedilol</i>	1	MO
<i>carvedilol phosphate</i>	3	MO
<i>chlorothiazide sodium</i>	1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
CLEVIPREX	3	
<i>clonidine</i>	3	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 capsule,ext.rel 24h degradable</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 24hr</i>	1	MO
<i>diltiazem hcl oral tablet</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 240 mg, 300 mg</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 360 mg, 420 mg</i>	1	
<i>dilt-xr</i>	1	MO
DIURIL	3	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	2	MO
EDARBYCLOR	2	MO
<i>enalapril maleate oral solution</i>	3	MO
<i>enalapril maleate oral tablet</i>	1	MO
<i>enalaprilat intravenous solution</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	MO
<i>eplerenone</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>epoprostenol</i>	3	B/D PA; MO
<i>esmolol in nacl (iso-osm)</i>	3	
<i>esmolol intravenous solution</i>	1	
<i>ethacrynate sodium</i>	4	
<i>ethacrynic acid</i>	3	MO
<i>felodipine</i>	1	MO
FLOLAN	3	B/D PA; MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	1	MO
<i>furosemide injection solution</i>	3	MO
<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>guanfacine oral tablet</i>	3	MO
HEMANGEOL	3	
<i>hydralazine</i>	1	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
INNOPRAN XL	3	MO
<i>irbesartan</i>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO
<i>isosorbide-hydralazine</i>	2	MO; QL (180 per 30 days)
<i>isradipine</i>	1	

Drug Name	Drug Tier	Requirements /Limits
KAPSPARGO SPRINKLE	3	MO
KATERZIA	3	MO
KERENDIA	2	PA; QL (30 per 30 days)
<i>labetalol intravenous solution</i>	1	
LABETALOL INTRAVENOUS SYRINGE 10 MG/2 ML (5 MG/ML)	3	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	MO
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
<i>losartan</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO
<i>mannitol 20 %</i>	3	
<i>mannitol 25 % intravenous solution</i>	1	MO
<i>matzim la</i>	1	MO
<i>methyldopa</i>	3	MO
<i>metolazone</i>	1	MO
<i>metoprolol succinate</i>	1	MO
<i>metoprolol ta-hydrochlorothiaz</i>	1	MO
<i>metoprolol tartrate intravenous</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	3	MO
<i>metirosine</i>	4	PA; MO
<i>minoxidil oral</i>	1	MO
<i>moexipril</i>	1	MO
<i>nadolol</i>	3	MO
<i>nebivolol</i>	1	MO
NEXICLON XR	3	
NICARDIPINE IN NACL (ISO-OS)	3	
<i>nicardipine intravenous solution</i>	1	
<i>nicardipine oral</i>	3	MO
<i>nifedipine oral capsule</i>	3	MO
<i>nifedipine oral tablet extended release</i>	1	MO
<i>nifedipine oral tablet extended release 24hr</i>	1	MO
<i>nimodipine oral capsule</i>	3	MO
<i>nimodipine oral solution</i>	4	
<i>nisoldipine</i>	3	MO
NORLIQVA	3	MO
NYMALIZE ORAL SOLUTION	4	MO
NYMALIZE ORAL SYRINGE	4	
<i>olmesartan</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>olmesartan-amlodipin-hcthiazyd</i>	1	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO
ORENITRAM MONTH 1 TITRATION KT	4	PA; MO; QL (168 per 180 days)
ORENITRAM MONTH 2 TITRATION KT	4	PA; MO; QL (336 per 180 days)
ORENITRAM MONTH 3 TITRATION KT	4	PA; MO; QL (252 per 180 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	3	PA; MO; QL (90 per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG	4	PA; MO; QL (90 per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG	4	PA; MO; QL (720 per 30 days)
<i>osmitrol 20 %</i>	3	
<i>perindopril erbumine</i>	1	MO
<i>phenoxybenzamine</i>	4	PA; MO
<i>phentolamine</i>	1	
<i>pindolol</i>	2	MO
<i>prazosin</i>	1	MO
<i>propranolol intravenous</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<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
QBRELIS	3	MO
<i>quinapril</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	1	MO
<i>ramipril</i>	1	MO
REMODULIN INJECTION SOLUTION 0.4 MG/ML	4	PA; LA
SOAANZ ORAL TABLET 40 MG	3	ST; MO
<i>spironolactone oral suspension</i>	3	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)
THALITONE	3	MO
<i>tiadylt er</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>timolol maleate oral</i>	3	MO
<i>torse mide oral</i>	1	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil</i>	1	MO
<i>treprostinil sodium</i>	4	PA; MO; LA
<i>triamterene</i>	3	MO
<i>triamterene-hydrochlorothiazid</i>	1	MO
UPTRAVI INTRAVENOUS	4	PA; LA
UPTRAVI ORAL TABLET	4	PA; MO; LA; QL (60 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK	4	PA; MO; LA; QL (200 per 180 days)
<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		
ALVAIZ	4	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>aminocaproic acid intravenous</i>	1	MO
<i>aminocaproic acid oral</i>	4	MO
ARGATROBAN	4	
<i>argatroban in 0.9 % sod chlor</i>	3	
<i>aspirin-dipyridamole</i>	3	MO
CABLIVI INJECTION KIT	4	PA; LA
CEPROTIN (BLUE BAR)	2	PA; MO
CEPROTIN (GREEN BAR)	2	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>	2	MO; QL (60 per 30 days)
<i>dipyridamole intravenous</i>	1	
<i>dipyridamole oral</i>	3	MO
DOPTELET (10 TAB PACK)	4	PA; MO; LA
DOPTELET (15 TAB PACK)	4	PA; MO; LA
DOPTELET (30 TAB PACK)	4	PA; MO; LA
ELIQUIS DVT-PE TREAT 30D START	2	MO; QL (74 per 180 days)
ELIQUIS ORAL TABLET	2	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>eltrombopag olamine</i>	4	PA; MO
<i>enoxaparin subcutaneous solution</i>	1	MO; QL (30 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	3	MO; QL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	3	MO; QL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	3	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	3	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>	4	MO
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	3	MO
FRAGMIN SUBCUTANEOUS SOLUTION	4	MO

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This drug list was last updated on 10/07/2025.

Drug Name	Drug Tier	Requirements /Limits
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 7,500 ANTI-XA UNIT/0.3 ML	4	MO
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	3	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	2	
<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>	2	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	2	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml</i>	2	
<i>heparin (porcine) injection cartridge</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>heparin (porcine) injection solution</i>	2	MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	2	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	2	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	2	MO
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	2	
HEPARIN, PORCINE (PF) INJECTION SOLUTION 5,000 UNIT/0.5 ML	3	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE	2	MO
<i>jantoven</i>	1	MO
MULPLETA	4	PA; MO
NPLATE	4	PA; MO
<i>pentoxifylline</i>	1	MO
<i>prasugrel hcl</i>	2	MO
PRAXBIND	4	
<i>protamine</i>	1	

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This drug list was last updated on 10/07/2025.

Drug Name	Drug Tier	Requirements /Limits
<i>rivaroxaban oral suspension for reconstitution</i>	2	QL (775 per 28 days)
<i>rivaroxaban oral tablet</i>	2	MO; QL (60 per 30 days)
SAVAYSA	3	PA; MO; QL (30 per 30 days)
TAVALISSE	4	PA; LA; QL (60 per 30 days)
THROMBATE III	3	
THROMBIN-JMI NASAL	3	
<i>ticagrelor</i>	2	MO
<i>warfarin</i>	1	MO
XARELTO DVT-PE TREAT 30D START	2	MO; QL (51 per 180 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	2	MO; QL (30 per 30 days)
XARELTO ORAL TABLET 2.5 MG	2	MO; QL (60 per 30 days)
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	1	MO; QL (30 per 30 days)
ATORVALIQ	3	ST; MO; QL (600 per 30 days)
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
<i>cholestyramine (with sugar)</i>	2	MO
<i>cholestyramine light</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>colesevelam</i>	3	MO
<i>colestipol oral granules</i>	3	MO
<i>colestipol oral packet</i>	3	
<i>colestipol oral tablet</i>	3	MO
EVKEEZA	4	PA; LA
<i>ezetimibe</i>	1	MO
<i>ezetimibe-simvastatin</i>	1	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	MO
<i>fenofibrate nanocrystallized</i>	1	MO
FENOFIBRATE ORAL CAPSULE	3	MO
<i>fenofibrate oral tablet 120 mg</i>	3	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	MO
<i>fenofibric acid</i>	1	
<i>fenofibric acid (choline)</i>	3	MO
FLOLIPID	3	ST; QL (300 per 30 days)
<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>fluvastatin oral tablet extended release 24 hr</i>	3	MO; QL (30 per 30 days)
<i>gemfibrozil</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>icosapent ethyl</i>	2	MO
JUXTAPID	4	PA; MO; LA
LEQVIO	4	PA; QL (3 per 180 days)
LIPOFEN	3	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	2	PA; MO
NEXLIZET	2	PA; MO
<i>niacin oral tablet 500 mg</i>	1	MO
<i>niacin oral tablet extended release 24 hr</i>	3	MO
NIACOR	3	
<i>omega-3 acid ethyl esters</i>	1	MO
<i>pitavastatin calcium</i>	1	MO; QL (30 per 30 days)
PRALUENT PEN	3	PA; QL (2 per 28 days)
<i>pravastatin</i>	1	MO; QL (30 per 30 days)
<i>prevalite</i>	2	MO
REPATHA	2	PA; QL (6 per 28 days)
REPATHA PUSHTRONEX	2	PA; QL (7 per 28 days)
REPATHA SURECLICK	2	PA; QL (6 per 28 days)
<i>rosuvastatin</i>	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>simvastatin</i>	1	MO; QL (30 per 30 days)
TRYNGOLZA	4	PA; LA; QL (0.8 per 30 days)
ZYPITAMAG	3	ST; MO; QL (30 per 30 days)

MISCELLANEOUS CARDIOVASCULAR AGENTS

ATTRUBY	4	PA
CAMZYOS	4	PA; MO; QL (30 per 30 days)
CORLANOR ORAL SOLUTION	3	QL (450 per 30 days)
<i>digoxin injection solution</i>	3	
<i>digoxin oral solution</i>	2	MO
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	MO
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	3	MO
<i>dobutamine</i>	1	B/D PA
<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

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Drug Name	Drug Tier	Requirements /Limits
<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
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	1	B/D PA; MO
ENTRESTO SPRINKLE	2	QL (240 per 30 days)
FILSPARI	4	PA; QL (30 per 30 days)
<i>isoproterenol hcl</i>	3	
<i>ivabradine</i>	2	MO; QL (60 per 30 days)
LANOXIN INJECTION SOLUTION 500 MCG/2 ML (0.5 MG/2 ML)	3	
LANOXIN PEDIATRIC	3	
LODOCO	3	PA; MO
<i>milrinone</i>	1	B/D PA

Drug Name	Drug Tier	Requirements /Limits
<i>milrinone in 5 % dextrose</i>	1	B/D PA
<i>norepinephrine bitartrate</i>	1	
<i>norepinephrine bitartrate-d5w intravenous solution 16 mg/250 ml (64 mcg/ml)</i>	3	
NOREPINEPHRINE BITARTRATE-D5W INTRAVENOUS SOLUTION 4 MG/250 ML (16 MCG/ML), 8 MG/250 ML (32 MCG/ML)	3	
<i>norepinephrine bitartrate-nacl intravenous solution 16 mg/250 ml (64 mcg/ml), 4 mg/250 ml (16 mcg/ml), 8 mg/250 ml (32 mcg/ml)</i>	3	
<i>ranolazine</i>	2	MO
<i>sacubitril-valsartan</i>	2	MO; QL (60 per 30 days)
TRYVIO	3	PA
VANRAFIA	4	PA; QL (30 per 30 days)
VECAMYL	4	
VERQUVO	2	MO; QL (30 per 30 days)
VYNDAMAX	4	PA; MO
VYNDAQEL	4	PA; MO

NITRATES

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Drug Name	Drug Tier	Requirements /Limits
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	MO
<i>isosorbide dinitrate oral tablet 40 mg</i>	3	MO
<i>isosorbide mononitrate</i>	1	MO
<i>nitro-bid</i>	2	MO
NITRO-DUR	3	MO
<i>nitroglycerin sublingual</i>	1	MO
<i>nitroglycerin transdermal patch 24 hour</i>	1	MO
<i>nitroglycerin translingual</i>	3	MO

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin</i>	3	MO
ANALPRAM-HC TOPICAL	3	MO
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML	4	PA; MO; QL (2 per 21 days)
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 320 MG/2 ML	4	PA; MO; QL (4 per 21 days)
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML	4	PA; MO; QL (2 per 21 days)

Drug Name	Drug Tier	Requirements /Limits
BIMZELX SUBCUTANEOUS SYRINGE 320 MG/2 ML	4	PA; MO; QL (4 per 21 days)
<i>calcipotriene scalp</i>	2	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	3	MO; QL (120 per 30 days)
CALCIPOTRIENE TOPICAL FOAM	3	QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	3	MO; QL (120 per 30 days)
<i>calcipotriene-betamethasone</i>	3	MO; QL (400 per 30 days)
<i>calcitriol topical</i>	3	
COSENTYX (2 SYRINGES)	4	PA; MO; QL (10 per 28 days)
COSENTYX INTRAVENOUS	4	PA; QL (20 per 28 days)
COSENTYX PEN	4	PA; MO; QL (5 per 28 days)
COSENTYX PEN (2 PENS)	4	PA; MO; QL (10 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; MO; QL (5 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; MO; QL (2.5 per 28 days)
COSENTYX UNOREADY PEN	4	PA; MO; QL (10 per 28 days)
ENSTILAR	4	MO; QL (400 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
EPIFOAM	3	MO
ILUMYA	4	PA; MO; QL (2 per 28 days)
OTULFI INTRAVENOUS	4	PA; MO; QL (104 per 180 days)
OTULFI SUBCUTANEOUS SOLUTION	3	PA; QL (0.5 per 28 days)
OTULFI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; MO; QL (0.5 per 28 days)
OTULFI SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; MO; QL (1 per 28 days)
PRAMOSONE TOPICAL CREAM 1-1 %	3	MO
PRAMOSONE TOPICAL LOTION	3	MO
PYZCHIVA INTRAVENOUS	4	PA; MO; QL (104 per 180 days)
PYZCHIVA SUBCUTANEOUS SOLUTION	3	PA; MO; QL (0.5 per 28 days)
PYZCHIVA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; MO; QL (0.5 per 28 days)
PYZCHIVA SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; MO; QL (1 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
SELARSDI INTRAVENOUS	4	PA; MO; QL (104 per 180 days)
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	2	PA; MO; QL (0.5 per 28 days)
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; MO; QL (1 per 28 days)
<i>selenium sulfide topical lotion</i>	1	MO
SILIQ	4	PA; MO; QL (6 per 28 days)
SKYRIZI SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (2 per 84 days)
SKYRIZI SUBCUTANEOUS SYRINGE	4	PA; MO; QL (2 per 84 days)
SORILUX	3	MO; QL (120 per 30 days)
SOTYKTU	4	PA; MO; QL (30 per 30 days)
SPEVIGO INTRAVENOUS	4	PA; MO; LA; QL (30 per 365 days)
SPEVIGO SUBCUTANEOUS	4	PA; MO; QL (4 per 28 days)
STELARA INTRAVENOUS	4	PA; MO; QL (104 per 180 days)
STELARA SUBCUTANEOUS SOLUTION	4	PA; MO; QL (0.5 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
STEQEYMA I.V.	4	PA; MO; QL (104 per 180 days)
STEQEYMA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; MO; QL (0.5 per 28 days)
STEQEYMA SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; MO; QL (1 per 28 days)
TALTZ AUTOINJECTOR	4	PA; MO; QL (1 per 28 days)
TALTZ AUTOINJECTOR (2 PACK)	4	PA; MO; QL (4 per 28 days)
TALTZ AUTOINJECTOR (3 PACK)	4	PA; MO; QL (3 per 180 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML	4	PA; MO; QL (0.25 per 28 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 40 MG/0.5 ML	4	PA; MO; QL (0.5 per 28 days)
TALTZ SUBCUTANEOUS SYRINGE 80 MG/ML	4	PA; MO; QL (1 per 28 days)
TREMFYA INTRAVENOUS	4	PA; MO; QL (20 per 28 days)
TREMFYA PEN	4	PA; MO; QL (2 per 28 days)
TREMFYA PEN INDUCTION PK-CROHN	4	PA; MO; QL (12 per 180 days)

Drug Name	Drug Tier	Requirements /Limits
TREMFYA SUBCUTANEOUS AUTO-INJECTOR	4	PA; QL (2 per 28 days)
TREMFYA SUBCUTANEOUS SYRINGE	4	PA; MO; QL (2 per 28 days)
USTEKINUMAB INTRAVENOUS	4	PA; MO; QL (104 per 180 days)
USTEKINUMAB SUBCUTANEOUS SOLUTION	4	PA; MO; QL (0.5 per 28 days)
USTEKINUMAB-AEKN SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	2	PA; MO; QL (0.5 per 28 days)
USTEKINUMAB-AEKN SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; MO; QL (1 per 28 days)
USTEKINUMAB-TTWE INTRAVENOUS	4	PA; MO; QL (104 per 180 days)
USTEKINUMAB-TTWE SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	PA; MO; QL (0.5 per 28 days)
USTEKINUMAB-TTWE SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; MO; QL (1 per 28 days)
VTAMA	4	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
WEZLANA I.V.	4	PA; MO; QL (104 per 180 days)
WEZLANA SUBCUTANEOUS SOLUTION	4	PA; MO; QL (0.5 per 28 days)
WEZLANA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	PA; MO; QL (0.5 per 28 days)
WEZLANA SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; MO; QL (1 per 28 days)
YESINTEK INTRAVENOUS	4	PA; MO; QL (104 per 180 days)
YESINTEK SUBCUTANEOUS SOLUTION	2	PA; MO; QL (0.5 per 28 days)
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	2	PA; MO; QL (0.5 per 28 days)
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; MO; QL (1 per 28 days)
ZORYVE	3	PA; MO; QL (60 per 30 days)
MISCELLANEOUS DERMATOLOGICALS		
ADBRY	4	PA; MO; QL (6 per 28 days)
<i>ammonium lactate</i>	1	MO
<i>chloroprocaine (pf)</i>	1	

Drug Name	Drug Tier	Requirements /Limits
CIBINQO	4	PA; MO; QL (30 per 30 days)
CITANEST PLAIN DENTAL	3	
<i>dermacinrx lidocan</i>	3	PA; QL (90 per 30 days)
<i>diclofenac sodium topical gel 3 %</i>	3	PA; MO; QL (100 per 28 days)
<i>doxepin topical</i>	3	MO; QL (45 per 30 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	4	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	4	PA; MO; QL (8 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	4	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA; MO; QL (8 per 28 days)
EBGLYSS PEN	4	PA; MO; QL (8 per 28 days)
EBGLYSS SYRINGE	4	PA; MO; QL (8 per 28 days)
EUCRISA	3	PA; MO; QL (120 per 30 days)
FILSUVEZ	4	PA; LA

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Drug Name	Drug Tier	Requirements /Limits
FLUOROURACIL TOPICAL CREAM 0.5 %	4	
<i>fluorouracil topical cream 5 %</i>	2	MO
<i>fluorouracil topical solution</i>	2	MO
<i>glydo</i>	1	MO; QL (60 per 30 days)
HYFTOR	4	PA
<i>imiquimod topical cream in metered-dose pump</i>	3	MO
<i>imiquimod topical cream in packet 3.75 %</i>	3	MO
<i>imiquimod topical cream in packet 5 %</i>	2	MO
<i>lidocaine (pf) injection solution</i>	1	
<i>lidocaine hcl injection solution</i>	1	
<i>lidocaine hcl laryngotracheal</i>	2	
<i>lidocaine hcl mucous membrane jelly</i>	1	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane solution 2 %</i>	1	MO
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>lidocaine topical adhesive patch,medicated 5 %</i>	3	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	3	MO; QL (50 per 30 days)
<i>lidocaine viscous</i>	1	
<i>lidocaine-epinephrine</i>	1	
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000</i>	1	
<i>lidocaine-epinephrine bit injection cartridge 2 %-1:100,000</i>	3	
<i>lidocaine-prilocaine topical cream</i>	2	MO; QL (30 per 30 days)
<i>lidocan iii</i>	3	PA; QL (90 per 30 days)
<i>lidocan iv</i>	3	PA; QL (90 per 30 days)
<i>lidocan v</i>	3	PA; QL (90 per 30 days)
<i>methoxsalen</i>	4	MO
NESACAINE	3	
OPZELURA	4	PA; MO; QL (240 per 28 days)
PANRETIN	4	PA; MO
<i>pimecrolimus</i>	3	PA; MO; QL (100 per 30 days)
<i>podofilox topical gel</i>	3	MO
<i>podofilox topical solution</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>polocaine injection solution 1 % (10 mg/ml)</i>	1	
POLOCAINE INJECTION SOLUTION 2 %	3	
POLOCAINE-MPF INJECTION SOLUTION 10 MG/ML (1 %)	3	
<i>polocaine-mpf injection solution 15 mg/ml (1.5 %), 20 mg/ml (2 %)</i>	1	
<i>prudoxin</i>	3	MO; QL (45 per 30 days)
QUTENZA	4	MO; QL (1 per 90 days)
SANTYL	2	MO; QL (180 per 30 days)
<i>silver sulfadiazine</i>	1	MO
<i>ssd</i>	1	MO
<i>tacrolimus topical</i>	3	PA; MO; QL (100 per 30 days)
<i>tridacaine ii</i>	3	PA; QL (90 per 30 days)
VALCHLOR	4	PA; MO
VEREGEN	3	MO; QL (30 per 30 days)
<i>xylocaine dental-epinephrine</i>	3	
XYLOCAINE-MPF INJECTION SOLUTION 15 MG/ML (1.5 %)	3	

Drug Name	Drug Tier	Requirements /Limits
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200,000	3	
ZELSUVMI	4	MO
ZONALON	3	MO; QL (45 per 30 days)
ZTLIDO	3	PA; MO; QL (90 per 30 days)
THERAPY FOR ACNE		
ABSORICA LD	4	
<i>accutane</i>	3	
<i>adapalene topical cream</i>	3	PA; MO
<i>adapalene topical gel 0.3 %</i>	3	PA; MO
<i>adapalene topical gel with pump</i>	3	PA; MO
<i>adapalene topical solution</i>	3	PA
<i>adapalene-benzoyl peroxide</i>	3	MO
AKLIEF	3	PA; MO
ALTRENO	3	PA; MO
<i>amnesteam</i>	3	
AMZEEQ	3	MO
ARAZLO	3	PA; MO
<i>azelaic acid</i>	3	MO
AZELEX	3	MO
<i>brimonidine topical</i>	3	PA; MO
CABTREO	3	MO
<i>claravis</i>	3	

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Drug Name	Drug Tier	Requirements /Limits
<i>clindacin</i>	3	QL (100 per 30 days)
<i>clindacin etz topical swab</i>	3	MO; QL (69 per 30 days)
<i>clindacin p</i>	3	QL (69 per 30 days)
<i>clindamycin phosphate topical foam</i>	3	QL (100 per 30 days)
<i>clindamycin phosphate topical gel</i>	2	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical gel, once daily</i>	2	MO; QL (150 per 30 days)
<i>clindamycin phosphate topical lotion</i>	2	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	2	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical swab</i>	3	MO; QL (60 per 30 days)
<i>clindamycin-benzoyl peroxide</i>	3	MO
<i>clindamycin-tretinoin</i>	3	MO
<i>dapsone topical gel 5 %</i>	3	MO
DAPSONE TOPICAL GEL 7.5 %	4	
<i>dapsone topical gel with pump</i>	3	MO
EPSOLAY	3	ST; MO
<i>ery pads</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>erythromycin with ethanol topical gel</i>	3	MO
<i>erythromycin with ethanol topical solution</i>	1	MO
<i>erythromycin-benzoyl peroxide</i>	3	MO
FABIOR	3	PA; MO
FINACEA TOPICAL FOAM	3	ST; MO
<i>isotretinoin</i>	3	
<i>ivermectin topical cream</i>	3	MO; QL (90 per 30 days)
<i>metronidazole topical</i>	3	MO
<i>neuac</i>	3	MO
NORITATE	4	ST; MO
RHOFADE	3	MO
<i>tazarotene topical cream</i>	3	PA; MO
TAZAROTENE TOPICAL FOAM	3	PA
<i>tazarotene topical gel</i>	3	PA; MO
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	3	PA; MO
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	2	PA; MO
TWYNEO	3	MO
WINLEVI	3	PA; MO
<i>zenatane</i>	3	
ZILXI	3	ST; MO
TOPICAL ANTIBACTERIALS		

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 10/07/2025.

Drug Name	Drug Tier	Requirements /Limits
<i>gentamicin topical</i>	2	MO; QL (60 per 30 days)
<i>mupirocin</i>	1	MO; QL (44 per 30 days)
NEO-SYNALAR	3	MO
<i>sulfacetamide sodium (acne)</i>	3	MO
SULFAMYLON TOPICAL CREAM	3	MO
TOPICAL ANTIFUNGALS		
<i>ciclofanol topical solution</i>	1	QL (6.6 per 28 days)
<i>ciclopirox topical cream</i>	1	MO; QL (90 per 28 days)
<i>ciclopirox topical gel</i>	2	MO; QL (100 per 28 days)
<i>ciclopirox topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	1	MO; QL (6.6 per 28 days)
<i>ciclopirox topical suspension</i>	2	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>	2	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	3	MO; QL (60 per 28 days)
<i>econazole nitrate topical cream</i>	3	MO; QL (85 per 28 days)
ERTACZO	3	QL (60 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
EXELDERM	3	MO; QL (60 per 28 days)
JUBLIA	3	QL (8 per 30 days)
<i>ketoconazole topical cream</i>	1	MO; QL (60 per 28 days)
<i>ketoconazole topical foam</i>	3	MO; QL (100 per 28 days)
<i>ketoconazole topical shampoo</i>	1	MO; QL (120 per 28 days)
<i>ketodan</i>	3	QL (100 per 28 days)
<i>klayesta</i>	2	MO; QL (180 per 30 days)
LULICONAZOLE	3	MO; QL (60 per 28 days)
LUZU	3	MO; QL (60 per 28 days)
MICONAZOLE NITRATE-ZINC OX-PET	3	QL (50 per 28 days)
<i>naftifine</i>	3	MO; QL (60 per 28 days)
<i>nyamyc</i>	2	MO; QL (180 per 30 days)
<i>nystatin topical cream</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	2	MO; QL (180 per 30 days)
<i>nystatin-triamcinolone</i>	2	MO; QL (60 per 28 days)
<i>nystop</i>	2	MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>oxiconazole</i>	3	MO; QL (90 per 28 days)
OXISTAT TOPICAL LOTION	3	MO; QL (60 per 28 days)
<i>tavaborole</i>	3	MO; QL (10 per 30 days)
VUSION	3	MO; QL (50 per 28 days)

TOPICAL ANTIVIRALS

<i>acyclovir topical cream</i>	3	PA; MO; QL (5 per 30 days)
<i>acyclovir topical ointment</i>	3	PA; MO; QL (30 per 30 days)
<i>penciclovir</i>	3	MO; QL (5 per 30 days)

XERESE

4 MO

TOPICAL CORTICOSTEROIDS

<i>ala-cort topical cream 1 %</i>	1	MO
<i>alclometasone</i>	2	MO
<i>amcinonide topical cream</i>	3	
<i>amcinonide topical ointment</i>	3	
<i>betamethasone dipropionate</i>	2	MO
<i>betamethasone valerate topical cream</i>	2	MO
<i>betamethasone valerate topical foam</i>	3	MO
<i>betamethasone valerate topical lotion</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>betamethasone valerate topical ointment</i>	2	MO
<i>betamethasone, augmented topical cream</i>	1	MO
<i>betamethasone, augmented topical gel</i>	2	MO
<i>betamethasone, augmented topical lotion</i>	2	MO
<i>betamethasone, augmented topical ointment</i>	2	MO
BRYHALI	3	MO
<i>clobetasol scalp</i>	3	MO; QL (100 per 28 days)
<i>clobetasol topical cream 0.05 %</i>	3	MO; QL (120 per 28 days)
<i>clobetasol topical foam</i>	3	MO; QL (100 per 28 days)
<i>clobetasol topical gel</i>	3	MO; QL (120 per 28 days)
<i>clobetasol topical lotion</i>	3	MO; QL (118 per 28 days)
<i>clobetasol topical ointment</i>	3	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	3	MO; QL (236 per 28 days)
<i>clobetasol topical spray, non-aerosol</i>	3	MO; QL (125 per 28 days)
<i>clobetasol-emollient topical cream</i>	3	MO; QL (120 per 28 days)
<i>clobetasol-emollient topical foam</i>	3	MO; QL (100 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>clocortolone pivalate</i>	3	MO
<i>clodan</i>	3	MO; QL (236 per 28 days)
CORDRAN TAPE LARGE ROLL	3	MO
<i>desonide</i>	3	MO
<i>desoximetasone</i>	3	MO
<i>diflorasone</i>	3	MO; QL (120 per 30 days)
DUOBRII	3	MO; QL (200 per 30 days)
<i>fluocinolone</i>	3	MO
<i>fluocinolone and shower cap</i>	3	MO
<i>fluocinonide</i>	3	MO; QL (120 per 30 days)
<i>fluocinonide-emollient</i>	3	MO; QL (120 per 30 days)
<i>flurandrenolide topical lotion</i>	3	MO; QL (120 per 30 days)
<i>fluticasone propionate topical cream</i>	2	MO
<i>fluticasone propionate topical lotion</i>	3	MO
<i>fluticasone propionate topical ointment</i>	2	MO
<i>halcinonide topical cream</i>	3	MO
<i>halcinonide topical solution</i>	3	

Drug Name	Drug Tier	Requirements /Limits
<i>halobetasol propionate topical cream</i>	3	MO
<i>halobetasol propionate topical foam</i>	3	
<i>halobetasol propionate topical ointment</i>	3	MO
<i>hydrocortisone butyrate topical cream</i>	3	MO; QL (120 per 30 days)
<i>hydrocortisone butyrate topical lotion</i>	3	MO; QL (118 per 30 days)
<i>hydrocortisone butyrate topical ointment</i>	3	MO; QL (120 per 30 days)
<i>hydrocortisone butyrate topical solution</i>	3	MO; QL (120 per 30 days)
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone topical lotion 2 %</i>	3	
<i>hydrocortisone topical lotion 2.5 %</i>	1	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone topical solution</i>	3	
<i>hydrocortisone valerate</i>	3	MO
LEXETTE	3	
<i>mometasone topical</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>tovet emollient</i>	3	MO; QL (100 per 28 days)
<i>triamcinolone acetonide topical aerosol</i>	3	MO; QL (126 per 28 days)
<i>triamcinolone acetonide topical cream</i>	1	MO
<i>triamcinolone acetonide topical lotion</i>	1	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	MO
<i>triamcinolone acetonide topical ointment 0.05 %</i>	3	MO
<i>triderm topical cream 0.5 %</i>	1	
ULTRAVATE TOPICAL LOTION	4	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	3	MO
<i>malathion</i>	3	MO
<i>permethrin</i>	2	MO; QL (60 per 30 days)
<i>pruradik</i>	3	
<i>spinosad</i>	3	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
<i>acetylcysteine intravenous</i>	2	

Drug Name	Drug Tier	Requirements /Limits
PROTOPAM CHLORIDE	3	
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</i>	3	
<i>neomycin-polymyxin b gu</i>	1	
<i>ringer's irrigation</i>	3	MO
SORBITOL IRRIGATION	3	
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	3	MO
<i>acetic acid irrigation</i>	1	MO
<i>anagrelide</i>	2	MO
ARALAST NP	4	PA; MO; LA
AURYXIA	4	PA; MO
BKEMV	4	PA; MO
<i>caffeine citrate intravenous</i>	3	
<i>caffeine citrate oral</i>	1	MO
<i>carglumic acid</i>	4	PA; MO
<i>cevimeline</i>	3	MO
CHEMET	2	PA
CLINIMIX 4.25%/D5W SULFIT FREE	3	B/D PA
CLINIMIX E 2.75%/D5W SULF FREE	3	B/D PA
CUVRIOR	4	PA; LA
<i>d10 %-0.45 % sodium chloride</i>	3	
<i>d2.5 %-0.45 % sodium chloride</i>	3	

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Drug Name	Drug Tier	Requirements /Limits
<i>d5 % and 0.9 % sodium chloride</i>	3	MO
<i>d5 %-0.45 % sodium chloride</i>	3	MO
<i>deferasirox oral granules in packet</i>	4	PA; MO
<i>deferasirox oral tablet</i>	2	PA; MO
<i>deferasirox oral tablet, dispersible 125 mg</i>	2	PA; MO
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>	4	PA; MO
<i>deferiprone</i>	4	PA; MO
<i>deferoxamine</i>	1	B/D PA; MO
<i>dextrose 10 % and 0.2 % nacl</i>	3	
<i>dextrose 10 % in water (d10w)</i>	3	
<i>dextrose 25 % in water (d25w)</i>	3	
<i>dextrose 5 % in water (d5w)</i>	3	MO
<i>dextrose 5 %-lactated ringers</i>	3	MO
<i>dextrose 5%-0.2 % sod chloride</i>	3	
<i>dextrose 5%-0.3 % sod.chloride</i>	3	
<i>dextrose 50 % in water (d50w)</i>	3	
<i>dextrose 70 % in water (d70w)</i>	3	
<i>disulfiram oral tablet 250 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>disulfiram oral tablet 500 mg</i>	1	
<i>droxidopa oral capsule 100 mg</i>	3	PA; MO
<i>droxidopa oral capsule 200 mg, 300 mg</i>	4	PA; MO
EMPAVELI	4	PA; LA
ENDARI	4	PA; MO
ENJAYMO	4	PA; LA
EPYSQLI	4	PA; MO
FABHALTA	4	PA
FERRIC CITRATE	4	PA; MO
FERRIPROX (2 TIMES A DAY)	4	PA
FERRIPROX ORAL SOLUTION	4	PA
FOSRENOL ORAL POWDER IN PACKET	3	PA; MO
GIVLAARI	4	PA; MO; LA
GLASSIA	4	PA; MO; LA
<i>glutamine (sickle cell)</i>	4	PA; MO
INCRELEX	4	LA
<i>kionex (with sorbitol)</i>	2	
LAMZEDE	4	PA; LA
<i>lanthanum oral tablet, chewable 1,000 mg, 750 mg</i>	3	PA; MO
<i>lanthanum oral tablet, chewable 500 mg</i>	4	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>levocarnitine (with sugar)</i>	3	MO
<i>levocarnitine intravenous</i>	3	
<i>levocarnitine oral solution 100 mg/ml</i>	3	MO
<i>levocarnitine oral tablet</i>	3	MO
LITFULO	4	PA; MO; QL (28 per 28 days)
LITHOSTAT	3	
LOKELMA	2	MO
<i>midodrine</i>	2	MO
<i>nitisinone</i>	4	PA; MO
NITYR	3	PA; MO; LA
OLPRUVA	4	PA; LA
ORFADIN ORAL SUSPENSION	4	PA; LA
ORLISTAT	3	PA; MO
PANHEMATIN	4	
PEDMARK	4	B/D PA
PHEBURANE	4	PA; MO
PIASKY	4	PA; MO
<i>pilocarpine hcl oral</i>	3	MO
PROLASTIN-C INTRAVENOUS SOLUTION	4	PA; MO; LA
PYRUKYND ORAL TABLET 20 MG, 5 MG (4-WEEK PACK), 50 MG	4	PA; LA; QL (56 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
PYRUKYND ORAL TABLET 5 MG	4	PA; LA; QL (7 per 180 days)
PYRUKYND ORAL TABLETS,DOSE PACK	4	PA; LA; QL (14 per 180 days)
RAVICTI	4	PA; MO
REVCOVI	4	PA; LA
REZDIFFRA	4	PA; MO; QL (30 per 30 days)
<i>riluzole</i>	2	PA; MO
<i>risedronate oral tablet 30 mg</i>	2	MO; QL (30 per 30 days)
<i>sevelamer carbonate</i>	3	PA; MO
<i>sevelamer hcl</i>	3	PA; MO
<i>sodium benzoate-sodium phenylacet</i>	4	
<i>sodium chloride 0.9 % intravenous</i>	3	MO
<i>sodium chloride irrigation</i>	3	MO
<i>sodium phenylbutyrate</i>	4	PA; MO
<i>sodium polystyrene sulfonate oral powder</i>	2	MO
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG	4	PA; LA; QL (112 per 28 days)
SOHONOS ORAL CAPSULE 10 MG	4	PA; LA; QL (56 per 28 days)
SOHONOS ORAL CAPSULE 2.5 MG	4	PA; LA; QL (140 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
SOHONOS ORAL CAPSULE 5 MG	4	PA; LA; QL (84 per 28 days)
SOLIRIS	4	PA; MO
<i>sps (with sorbitol) oral</i>	2	MO
<i>sps (with sorbitol) rectal</i>	2	
SURVANTA	3	
TAVNEOS	4	PA; LA; QL (180 per 30 days)
TEGLUTIK	4	PA
TIGLUTIK	4	PA
<i>tiopronin</i>	4	PA; MO
<i>trientine oral capsule 250 mg</i>	4	PA; MO
TRIENTINE ORAL CAPSULE 500 MG	4	PA; MO
TZIELD	4	
ULTOMIRIS	4	PA; MO
VELPHORO	4	PA; MO
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 25.2 GRAM	2	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 8.4 GRAM	2	MO
<i>venxxiva</i>	4	PA
VEOPOZ	4	PA; LA
VOYDEYA	4	PA; LA; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
VYKAT XR	4	PA; LA
<i>water for irrigation, sterile</i>	3	MO
XENICAL	3	PA; MO
XENPOZYME	4	PA; MO
XIAFLEX	4	PA
XPHOZAH	4	PA
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	4	PA; MO; LA
ZEMAIRA INTRAVENOUS RECON SOLN 4,000 MG, 5,000 MG	3	PA; MO; LA
ZOKINVY	4	PA; LA; QL (120 per 30 days)
<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
CHANTIX	3	
CHANTIX CONTINUING MONTH BOX	3	
CHANTIX STARTING MONTH BOX	3	
NICOTROL NS	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	3	MO
<i>varenicline tartrate oral tablet 1 mg (56 pack)</i>	3	
<i>varenicline tartrate oral tablets,dose pack</i>	3	MO

EAR, NOSE / THROAT MEDICATIONS

MISCELLANEOUS AGENTS

<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	2	MO; QL (60 per 30 days)
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	2	QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane</i>	1	MO
CLINPRO 5000	3	MO
<i>denta 5000 plus</i>	1	MO
<i>denta 5000 plus sensitive</i>	3	
<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>fluoride (sodium) dental solution</i>	3	MO
FLUORIDEX DAILY DEFENSE	3	

Drug Name	Drug Tier	Requirements /Limits
FLUORIDEX SENSITIVITY RELIEF	3	
FLUORIMAX 5000	3	
FLUORIMAX 5000 SENSITIVE	3	
<i>fraiche 5000</i>	1	
FRAICHE 5000 PREVI	3	
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i>	1	MO; QL (30 per 30 days)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	1	MO; QL (30 per 20 days)
JUST RIGHT 5000	3	
<i>kourzeq</i>	1	
<i>olopatadine nasal</i>	3	MO; QL (30.5 per 30 days)
<i>oralone</i>	1	
<i>periogard</i>	1	MO
PREVIDENT 5000 BOOSTER PLUS	3	MO
PREVIDENT 5000 DRY MOUTH	3	MO
PREVIDENT 5000 ENAMEL PROTECT	3	MO
PREVIDENT 5000 ORTHO DEFENSE	3	MO
PREVIDENT 5000 SENSITIVE	3	MO
PREVIDENT KIDS	3	MO
<i>sf</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>sf 5000 plus</i>	1	MO
<i>sodium fluoride 5000 dry mouth</i>	1	MO
<i>sodium fluoride 5000 plus</i>	1	
<i>sodium fluoride-pot nitrate</i>	1	MO
<i>triamcinolone acetonide dental</i>	1	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	1	MO
<i>ciprofloxacin hcl otic (ear)</i>	3	MO
<i>flac otic oil</i>	3	
<i>fluocinolone acetonide oil</i>	3	MO
<i>hydrocortisone-acetic acid</i>	3	MO
<i>ofloxacin otic (ear)</i>	2	MO
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	3	MO
<i>ciprofloxacin-dexamethasone</i>	2	MO; QL (7.5 per 7 days)
CORTISPORIN-TC	3	MO
<i>neomycin-polymyxin-hc otic (ear)</i>	2	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG	3	

Drug Name	Drug Tier	Requirements /Limits
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 2 MG, 5 MG	4	
<i>betamethasone acet,sod phos</i>	3	MO
<i>cortisone</i>	1	
<i>deflazacort</i>	4	PA; MO
DEPO-MEDROL	3	MO
<i>dexamethasone intensol</i>	1	
<i>dexamethasone oral elixir</i>	1	MO
<i>dexamethasone oral solution</i>	1	MO
<i>dexamethasone oral tablet</i>	1	MO
<i>dexamethasone oral tablets,dose pack</i>	3	MO
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	MO
<i>dexamethasone sodium phos (pf) injection syringe</i>	3	MO
<i>dexamethasone sodium phosphate injection</i>	1	MO
<i>fludrocortisone</i>	1	MO
HEMADY	3	
HEXATRIONE	4	
<i>hydrocortisone oral</i>	1	MO
<i>hydrocortisone sod succinate</i>	3	

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Drug Name	Drug Tier	Requirements /Limits
<i>jaythari</i>	4	PA; MO
KENALOG INJECTION SUSPENSION 10 MG/ML	3	MO
KENALOG-80	3	MO
MEDROL ORAL TABLET 2 MG	3	B/D PA
<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 succ injection recon soln 125 mg, 40 mg</i>	1	MO
<i>methylprednisolone sodium succ intravenous</i>	1	MO
<i>prednisolone oral solution</i>	1	MO
<i>prednisolone oral tablet</i>	3	B/D PA; MO
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	3	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>	1	
<i>prednisone intensol</i>	3	MO
<i>prednisone oral solution</i>	1	MO
<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>pyquvi</i>	4	PA
SOLU-CORTEF	3	
SOLU-CORTEF ACT-O-VIAL (PF)	3	MO
SOLU-MEDROL (PF)	3	MO
SOLU-MEDROL INTRAVENOUS RECON SOLN 1,000 MG	3	
SOLU-MEDROL INTRAVENOUS RECON SOLN 2 GRAM	3	MO
TAPERDEX	3	
TARPEYO	4	PA; QL (120 per 30 days)
<i>triamcinolone acetonide injection suspension 10 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	MO
TRIESENCE (PF)	3	MO
XIPERE (PF)	4	MO
ZILRETTA	3	
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)
ADMELOG SOLOSTAR U-100 INSULIN	3	ST; MO
ADMELOG U-100 INSULIN LISPRO	3	ST; MO
AFREZZA	3	MO
<i>alcohol pads</i>	2	PA; MO
ALOGLIPTIN	3	ST; MO; QL (30 per 30 days)
ALOGLIPTIN-METFORMIN	3	ST; MO; QL (60 per 30 days)
ALOGLIPTIN-PIOGLITAZONE	3	MO; QL (30 per 30 days)
APIDRA SOLOSTAR U-100 INSULIN	3	ST; MO

Drug Name	Drug Tier	Requirements /Limits
APIDRA U-100 INSULIN	3	ST; MO
BAQSIMI	2	MO
BASAGLAR KWIKPEN U-100 INSULIN	3	ST; MO
BASAGLAR TEMPO PEN(U-100)INSLN	3	ST; MO
CYCLOSET	3	MO
DAPAGLIFLOZ PROPANED-METFORMIN ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG	3	ST; MO; QL (30 per 30 days)
DAPAGLIFLOZ PROPANED-METFORMIN ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	ST; MO; QL (60 per 30 days)
DAPAGLIFLOZIN PROPANEDIOL	2	MO; QL (30 per 30 days)
<i>diazoxide</i>	4	MO
DROPSAFE ALCOHOL PREP PADS	2	PA
<i>exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml</i>	2	PA; QL (2.4 per 30 days)
<i>exenatide subcutaneous pen injector 5 mcg/dose (250 mcg/ml) 1.2 ml</i>	2	PA; QL (1.2 per 30 days)

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This drug list was last updated on 10/07/2025.

Drug Name	Drug Tier	Requirements /Limits
FARXIGA	2	MO; QL (30 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN	2	MO
FIASP PENFILL U-100 INSULIN	2	MO
FIASP U-100 INSULIN	2	MO
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 per 30 days)
GLUCAGON (HCL) EMERGENCY KIT	3	ST

Drug Name	Drug Tier	Requirements /Limits
<i>glucagon emergency kit (human)</i>	3	MO
<i>glyburide</i>	3	MO
<i>glyburide micronized</i>	3	MO
<i>glyburide-metformin</i>	3	MO
GLYXAMBI	2	MO; QL (30 per 30 days)
GVOKE	2	MO
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	2	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	2	MO
GVOKE HYPOPEN 2-PACK	2	MO
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	MO
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	MO
HUMALOG JUNIOR KWIKPEN U-100	2	MO
HUMALOG KWIKPEN INSULIN	2	MO

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Drug Name	Drug Tier	Requirements /Limits
HUMALOG MIX 50-50 KWIKPEN	2	MO
HUMALOG MIX 75-25 KWIKPEN	2	MO
HUMALOG MIX 75-25(U-100)INSULN	2	MO
HUMALOG TEMPO PEN(U-100)INSULN	3	ST; MO
HUMALOG U-100 INSULIN	2	MO
HUMULIN 70/30 U-100 INSULIN	2	MO
HUMULIN 70/30 U-100 KWIKPEN	2	MO
HUMULIN N NPH INSULIN KWIKPEN	2	MO
HUMULIN N NPH U-100 INSULIN	2	MO
HUMULIN R REGULAR U-100 INSULN	2	MO
HUMULIN R U-500 (CONC) INSULIN	2	MO
HUMULIN R U-500 (CONC) KWIKPEN	2	MO
INPEFA	2	PA; MO; QL (30 per 30 days)
INSULIN ASP PRT-INSULIN ASPART	3	ST; MO
INSULIN ASPART U-100	2	MO
INSULIN DEGLUDEC	3	ST; MO

Drug Name	Drug Tier	Requirements /Limits
INSULIN GLARGINE U-300 CONC	3	ST; MO
INSULIN GLARGINE-YFGN	3	ST
INSULIN LISPRO	2	MO
INSULIN LISPRO PROTAMIN-LISPRO	2	MO
INVOKAMET	3	ST; MO; QL (60 per 30 days)
INVOKAMET XR	3	ST; MO; QL (60 per 30 days)
INVOKANA	3	ST; MO; QL (30 per 30 days)
JANUMET	2	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	MO; QL (60 per 30 days)
JANUVIA	2	MO; QL (30 per 30 days)
JARDIANCE	2	MO; QL (30 per 30 days)
JENTADUETO	2	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	2	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	2	MO; QL (30 per 30 days)
KAZANO	3	ST; QL (60 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	2	MO
LANTUS U-100 INSULIN	2	MO
<i>liraglutide</i>	2	PA; QL (9 per 30 days)
LYUMJEV KWIKPEN U-100 INSULIN	2	MO
LYUMJEV KWIKPEN U-200 INSULIN	2	MO
LYUMJEV TEMPO PEN(U-100)INSULN	3	ST; MO
LYUMJEV U-100 INSULIN	2	MO
MERILOG	3	ST
MERILOG SOLOSTAR	3	ST
<i>metformin oral solution</i>	3	MO; QL (765 per 30 days)
<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)

Drug Name	Drug Tier	Requirements /Limits
<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)
<i>miglitol oral tablet 100 mg</i>	3	MO; QL (90 per 30 days)
<i>miglitol oral tablet 25 mg</i>	3	MO; QL (360 per 30 days)
<i>miglitol oral tablet 50 mg</i>	3	MO; QL (180 per 30 days)
MOUNJARO	2	PA; QL (2 per 28 days)
MYXREDLIN	3	
<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)
NESINA ORAL TABLET 12.5 MG, 25 MG	3	ST; QL (30 per 30 days)
NOVOLIN 70/30 U-100 INSULIN	2	MO
NOVOLIN 70-30 FLEXPEN U-100	2	MO
NOVOLIN N FLEXPEN	2	MO
NOVOLIN N NPH U-100 INSULIN	2	MO
NOVOLIN R FLEXPEN	2	MO
NOVOLIN R REGULAR U100 INSULIN	2	MO

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Drug Name	Drug Tier	Requirements /Limits
NOVOLOG FLEXPEN U-100 INSULIN	2	MO
NOVOLOG MIX 70-30 U-100 INSULIN	2	MO
NOVOLOG MIX 70-30FLEXPEN U-100	2	MO
NOVOLOG PENFILL U-100 INSULIN	2	MO
NOVOLOG U-100 INSULIN ASPART	2	MO
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; QL (3 per 28 days)
<i>pioglitazone</i>	1	MO; QL (30 per 30 days)
<i>pioglitazone-glimepiride</i>	3	MO; QL (30 per 30 days)
<i>pioglitazone-metformin</i>	3	MO; QL (90 per 30 days)
<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)
REZVOGLAR KWIKPEN	3	ST; MO

Drug Name	Drug Tier	Requirements /Limits
RYBELSUS	2	PA; MO; QL (30 per 30 days)
<i>saxagliptin</i>	2	MO; QL (30 per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	2	MO; QL (60 per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	2	MO; QL (30 per 30 days)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	3	ST; MO; QL (60 per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	3	ST; MO; QL (120 per 30 days)
SEMGLEE(INSULIN GLARGINE-YFGN)	3	ST; MO
SEMGLEE(INSULIN GLARG-YFGN)PEN	3	ST
SITAGLIPTIN	3	ST; QL (30 per 30 days)
SITAGLIPTIN-METFORMIN ORAL TABLET	3	ST; MO; QL (60 per 30 days)
SITAGLIPTIN-METFORMIN ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	ST; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
SITAGLIPTIN-METFORMIN ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	ST; QL (60 per 30 days)
SOLIQUA 100/33	2	QL (15 per 25 days)
STEGLATRO	3	ST; MO; QL (30 per 30 days)
STEGLUJAN	3	ST; MO; QL (30 per 30 days)
SYMLINPEN 120	4	PA; MO; QL (10.8 per 30 days)
SYMLINPEN 60	4	PA; MO; QL (6 per 30 days)
SYNJARDY	2	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	2	MO; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	2	MO; QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	2	MO
TOUJEO SOLOSTAR U-300 INSULIN	2	MO
TRADJENTA	2	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
TRESIBA FLEXTOUCH U-100	3	ST; MO
TRESIBA FLEXTOUCH U-200	3	ST; MO
TRESIBA U-100 INSULIN	3	ST; MO
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	2	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	2	MO; QL (60 per 30 days)
TRULICITY	2	PA; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	2	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	2	MO; QL (60 per 30 days)
XULTOPHY 100/3.6	3	ST; QL (15 per 30 days)
ZEGALOGUE AUTOINJECTOR	3	ST; MO
ZEGALOGUE SYRINGE	3	ST; MO

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Drug Name	Drug Tier	Requirements /Limits
ZITUVIMET	3	ST; MO; QL (60 per 30 days)
ZITUVIMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	ST; MO; QL (30 per 30 days)
ZITUVIMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	ST; MO; QL (60 per 30 days)
ZITUVIO	3	ST; MO; QL (30 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME	4	PA; MO
AVEED	3	PA; MO; LA
AZMIRO	3	PA
<i>cabergoline</i>	2	MO
<i>calcitonin (salmon) injection</i>	4	MO
<i>calcitonin (salmon) nasal</i>	2	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	3	
<i>calcitriol oral capsule</i>	1	MO
<i>calcitriol oral solution</i>	3	
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR	3	PA; MO
<i>cinacalcet</i>	3	PA; MO
<i>clomid</i>	1	PA; MO
<i>clomiphene citrate</i>	1	PA
CRENESSITY	4	PA; LA
CRYSVITA	4	PA; MO; LA
<i>danazol</i>	3	MO
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML	3	PA; MO
<i>desmopressin injection</i>	1	MO
<i>desmopressin nasal spray with pump</i>	3	MO
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	3	
<i>desmopressin oral</i>	2	MO
<i>doxercalciferol intravenous</i>	1	MO
<i>doxercalciferol oral</i>	3	MO
ELAPRASE	4	PA; MO
ELELYSO	4	PA; MO
ELFABRIO	4	PA; MO; LA
FABRAZYME	4	PA; MO
GALAFOLD	4	PA; MO; LA; QL (15 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ISTURISA ORAL TABLET 1 MG	4	PA; LA; QL (240 per 30 days)
ISTURISA ORAL TABLET 5 MG	4	PA; LA; QL (360 per 30 days)
JATENZO ORAL CAPSULE 158 MG, 198 MG	3	PA; MO; QL (120 per 30 days)
JATENZO ORAL CAPSULE 237 MG	4	PA; MO; QL (60 per 30 days)
<i>javygtor oral powder in packet 100 mg</i>	3	PA; MO
<i>javygtor oral powder in packet 500 mg</i>	4	PA; MO
<i>javygtor oral tablet, soluble</i>	4	PA; MO
KANUMA	4	PA; MO
LUMIZYME	4	PA; MO
MEPSEVII	4	PA; MO
METHITEST	3	MO
<i>methyltestosterone oral capsule</i>	4	MO
<i>mifepristone oral tablet 300 mg</i>	4	PA; MO
<i>miglustat</i>	4	PA; MO; LA
MYALEPT	4	PA; MO; LA
NAGLAZYME	4	PA; MO; LA
NATESTO	3	PA; MO; QL (21.96 per 30 days)
NEXVIAZYME	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	3	PA; MO
OPFOLDA	3	PA; MO; QL (8 per 28 days)
ORLISSA	4	MO
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	4	PA; MO; LA; QL (15 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	4	PA; MO; LA; QL (4 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	4	PA; MO; LA; QL (60 per 30 days)
<i>pamidronate intravenous solution</i>	1	MO
<i>paricalcitol intravenous</i>	1	
<i>paricalcitol oral</i>	3	MO
POMBILITI	4	PA; MO
PREGNYL	3	PA; MO
RAYALDEE	4	MO
RECORLEV	4	PA
<i>sapropterin</i>	4	PA; MO
SOMAVERT	4	PA; MO
STRENSIQ	4	PA; LA
SYNAREL	4	PA; MO
TEPEZZA	4	PA; MO; LA
TESTOPEL	3	PA

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Drug Name	Drug Tier	Requirements /Limits
<i>testosterone cypionate intramuscular oil 100 mg/ml</i>	2	PA; MO
<i>testosterone cypionate intramuscular oil 200 mg/ml, 200 mg/ml (1 ml)</i>	2	PA
<i>testosterone enanthate</i>	2	PA; MO
<i>testosterone transdermal gel</i>	3	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	2	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	3	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	3	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	3	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	3	PA; MO; QL (150 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>testosterone transdermal solution in metered pump w/app</i>	3	PA; MO; QL (180 per 30 days)
TLANDO	3	PA; MO; QL (120 per 30 days)
<i>tolvaptan</i>	4	PA; MO
<i>tolvaptan (polycyst kidney dis) oral tablet</i>	4	PA
<i>tolvaptan (polycyst kidney dis) oral tablets, sequential</i>	4	PA; MO
UNDECATREX	4	PA; QL (120 per 30 days)
<i>vasopressin</i>	3	
VASOPRESSIN IN 0.9 % SOD CHLOR INTRAVENOUS SOLUTION 20 UNIT/100 ML (0.2 UNIT/ML), 40 UNIT/100 ML (0.4 UNIT/ML)	3	
VASOSTRICT	3	
VIMIZIM	4	PA; MO; LA
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; QL (300 per 30 days)
VOXZOGO	4	PA; MO
VPRIV	4	PA; MO
XYOSTED	3	PA; MO; QL (2 per 28 days)
<i>yargesa</i>	4	PA; LA

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Drug Name	Drug Tier	Requirements /Limits
<i>zelvysia</i>	4	PA
<i>zoledronic acid intravenous solution</i>	1	B/D PA; MO
ZOLEDRONIC AC-MANNITOL-0.9NACL	3	B/D PA; MO
THYROID HORMONES		
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	3	
ARMOUR THYROID	3	MO
ERMEZA	3	MO
<i>levo-t</i>	1	
<i>levothyroxine intravenous recon soln</i>	1	
LEVOTHYROXINE INTRAVENOUS SOLUTION	4	
LEVOTHYROXINE ORAL CAPSULE	3	MO
<i>levothyroxine oral tablet</i>	1	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
<i>liomny</i>	1	
<i>liothyronine</i>	1	MO
<i>niva thyroid</i>	3	MO
<i>np thyroid</i>	3	MO
<i>renthyroid</i>	3	

Drug Name	Drug Tier	Requirements /Limits
THYQUIDITY	3	MO
<i>thyroid (pork)</i>	3	
TIROSINT	3	MO
TIROSINT-SOL	3	MO
<i>unithroid</i>	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>chlordiazepoxide-clidinium</i>	3	
<i>dicyclomine intramuscular</i>	1	MO
<i>dicyclomine oral capsule</i>	1	MO
<i>dicyclomine oral solution</i>	3	MO
<i>dicyclomine oral tablet 20 mg</i>	1	MO
<i>diphenoxylate-atropine oral liquid</i>	3	
<i>diphenoxylate-atropine oral tablet</i>	2	MO
GLYCATE	3	
GLYCOPYRROLATE (PF) IN WATER INJECTION	3	
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	1	
GLYCOPYRROLATE (PF) INJECTION SYRINGE 0.4 MG/2 ML (0.2 MG/ML)	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)</i>	3	
<i>glycopyrrolate injection</i>	1	MO
<i>glycopyrrolate oral solution</i>	3	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	MO
<i>glycopyrrolate oral tablet 1.5 mg</i>	3	
<i>loperamide oral capsule</i>	1	MO
<i>methscopolamine</i>	3	MO
MOTOFEN	3	MO
MYTESI	3	MO
<i>opium tincture</i>	1	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN	3	MO
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION	4	MO
<i>alosetron oral tablet 0.5 mg</i>	3	PA; MO
<i>alosetron oral tablet 1 mg</i>	4	PA; MO
ANALPRAM-HC RECTAL CREAM 1-1 %	3	MO
<i>aprepitant</i>	3	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
AVSOLA	4	PA; MO; QL (20 per 28 days)
<i>balsalazide</i>	2	MO
<i>betaine</i>	4	MO
BONJESTA	3	MO
<i>budesonide oral capsule, delayed, extended release</i>	3	MO
<i>budesonide oral tablet, delayed and extended release</i>	4	MO
<i>budesonide rectal</i>	3	MO
CIMZIA POWDER FOR RECONST	4	PA; MO; QL (2 per 28 days)
CIMZIA STARTER KIT	4	PA; MO; QL (3 per 180 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	4	PA; MO; QL (2 per 28 days)
CINVANTI	2	MO
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	3	ST; MO
<i>compro</i>	3	MO
<i>constulose</i>	1	MO
CORTIFOAM	2	MO
CREON	2	MO
<i>cromolyn oral</i>	3	MO
<i>dimenhydrinate injection solution</i>	1	MO
DIPENTUM	4	MO

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This drug list was last updated on 10/07/2025.

Drug Name	Drug Tier	Requirements /Limits
<i>doxylamine-pyridoxine (vit b6)</i>	3	MO
<i>dronabinol</i>	3	PA
<i>droperidol injection solution</i>	1	MO
ENTYVIO	4	PA; MO; QL (2 per 28 days)
ENTYVIO PEN	4	PA; MO; QL (1.36 per 28 days)
<i>enulose</i>	1	MO
EOHILIA	4	PA; MO; QL (600 per 30 days)
FOCINVEZ	3	
<i>fosaprepitant</i>	1	MO
GATTEX 30-VIAL	4	PA; MO
GATTEX ONE-VIAL	4	PA; MO
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-n</i>	1	
<i>generlac</i>	1	MO
GIMOTI	4	
<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>	2	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>hydrocortisone acetate topical cream with perineal applicator</i>	3	
<i>hydrocortisone rectal</i>	3	MO
<i>hydrocortisone topical cream with perineal applicator 1 %</i>	1	MO
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	3	MO
INFLECTRA	4	PA; MO; QL (20 per 28 days)
INFLIXIMAB	4	PA; QL (20 per 28 days)
IQIRVO	4	PA; MO; QL (30 per 30 days)
KRISTALOSE	3	MO
<i>lactulose oral packet</i>	3	MO
<i>lactulose oral solution</i>	1	MO
LINZESS	2	MO; QL (30 per 30 days)
LIVMARLI	4	PA; LA
<i>lubiprostone</i>	3	MO; QL (60 per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO

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This drug list was last updated on 10/07/2025.

Drug Name	Drug Tier	Requirements /Limits
MECLIZINE ORAL TABLET 50 MG	3	MO
<i>mesalamine oral capsule (with del rel tablets)</i>	3	MO
<i>mesalamine oral capsule, extended release</i>	3	
<i>mesalamine oral capsule, extended release 24hr</i>	3	MO
<i>mesalamine oral tablet, delayed release (dr/ec)</i>	3	MO
<i>mesalamine rectal</i>	3	MO
<i>mesalamine with cleansing wipe</i>	3	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>metoclopramide hcl oral tablet, disintegrating</i>	3	
MOTEGRITY	3	ST; QL (30 per 30 days)
MOVANTIK	3	ST; MO; QL (30 per 30 days)
<i>nitroglycerin rectal</i>	2	MO
OCALIVA	4	PA; MO; LA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
OMVOH INTRAVENOUS	4	PA; MO; QL (135 per 180 days)
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; QL (2 per 28 days)
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML (100 MG/ML X 2)	4	PA; MO; QL (2 per 28 days)
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 300MG/3ML(100MG /ML-200 MG/2ML)	4	PA; MO; QL (3 per 28 days)
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; QL (2 per 28 days)
OMVOH SUBCUTANEOUS SYRINGE 200 MG/2 ML (100 MG/ML X 2)	4	PA; MO; QL (2 per 28 days)
OMVOH SUBCUTANEOUS SYRINGE 300MG/3ML(100MG /ML-200 MG/2ML)	4	PA; MO; QL (3 per 28 days)
<i>ondansetron hcl (pf) injection solution</i>	1	MO
<i>ondansetron hcl (pf) injection syringe</i>	1	
<i>ondansetron hcl intravenous</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>ondansetron hcl oral solution</i>	3	B/D PA; MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D PA; MO
ONDANSETRON ORAL TABLET,DISINTEGRATING 16 MG	3	B/D PA
<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	
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800-98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700-83,900 UNIT, 4,200-14,200- 24,600 UNIT	3	ST; MO
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 37,000-97,300-149,900 UNIT	4	ST; MO
<i>peg 3350-electrolytes</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	3	MO
<i>peg-electrolyte</i>	1	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	MO
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500-60,500 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	3	ST; MO
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 24,000-86,250-90,750 UNIT	4	ST; MO
PLENVU	3	ST; MO
<i>prochlorperazine</i>	3	MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	1	MO
<i>prochlorperazine maleate</i>	1	MO
PROCTOFOAM HC	3	MO
<i>procto-med hc</i>	1	MO
<i>proctosol hc topical</i>	1	MO
<i>proctozone-hc</i>	1	MO
<i>prucalopride</i>	3	MO; QL (30 per 30 days)
REBYOTA	4	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
RELISTOR ORAL	4	ST; MO; QL (90 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION	4	ST; MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	4	ST; MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	4	ST; MO; QL (12 per 30 days)
RELTONE	4	
REMICADE	4	PA; MO; QL (20 per 28 days)
RENFLEXIS	4	PA; MO; QL (20 per 28 days)
SANCUSO	4	MO
<i>scopolamine base</i>	3	MO
SKYRIZI INTRAVENOUS	4	PA; MO; QL (30 per 180 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	4	PA; MO; QL (1.2 per 56 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	4	PA; MO; QL (2.4 per 56 days)

Drug Name	Drug Tier	Requirements /Limits
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	3	MO
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)</i>	3	
SUCRAID	4	PA
SUFLAVE	3	ST; MO
<i>sulfasalazine</i>	1	MO
SUSTOL	3	
SUTAB	3	ST; MO
SYMPROIC	2	MO; QL (30 per 30 days)
TIGAN INTRAMUSCULAR	3	MO
TRULANCE	2	QL (30 per 30 days)
<i>ursodiol oral capsule 200 mg</i>	4	
<i>ursodiol oral capsule 300 mg</i>	2	MO
<i>ursodiol oral tablet</i>	2	MO
VARUBI	2	B/D PA
VELSIPITY	4	PA; MO; QL (30 per 30 days)
VIBERZI	4	MO; QL (60 per 30 days)
VIOKACE	3	MO
VOWST	4	PA; LA

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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	2	MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 60,000-189,600-252,600 UNIT	4	MO
ZYMFENTRA	4	PA; MO; QL (2 per 28 days)
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz</i>	3	MO; QL (112 per 180 days)
<i>bismuth subcit k-metronidz-tcn</i>	3	MO; QL (120 per 180 days)
<i>cimetidine</i>	3	MO
<i>cimetidine hcl oral</i>	3	
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	2	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	2	MO; QL (60 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 2.5 mg, 5 mg</i>	3	MO; QL (30 per 30 days)
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	1	MO
<i>famotidine (pf)</i>	1	MO
<i>famotidine (pf)-nacl (iso-os)</i>	1	MO
<i>famotidine intravenous</i>	1	MO
<i>famotidine oral suspension for reconstitution</i>	3	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
KONVOMEPEP	3	QL (600 per 30 days)
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	2	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	2	MO; QL (60 per 30 days)
<i>misoprostol</i>	2	MO
<i>nizatidine oral capsule</i>	3	MO
OMECLAMOXP-PAK	3	QL (80 per 180 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)
PANTOPRAZOLE IN 0.9% SOD CHLOR	3	
<i>pantoprazole intravenous</i>	1	MO
<i>pantoprazole oral granules dr for susp in packet</i>	3	MO; QL (60 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON 10 MG	3	MO; QL (120 per 30 days)
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON 2.5 MG	3	MO; QL (480 per 30 days)
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	3	MO; QL (60 per 30 days)
<i>sucralfate oral suspension</i>	3	MO
<i>sucralfate oral tablet</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
TALICIA	3	MO; QL (168 per 180 days)
VOQUEZNA	3	ST; MO; QL (30 per 30 days)
VOQUEZNA DUAL PAK	3	MO; QL (112 per 180 days)
VOQUEZNA TRIPLE PAK	3	MO; QL (112 per 180 days)

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ACTIMMUNE	4	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML	4	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	3	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML, 60 MCG/0.3 ML	3	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML	4	PA; MO
ARCALYST	4	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	PA; MO; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	4	PA; MO; QL (1 per 28 days)
BESREMI	4	PA; LA
BETASERON SUBCUTANEOUS KIT	4	PA; MO; QL (14 per 28 days)
EGRIFTA SV	4	PA; MO
EGRIFTA WR	4	PA
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
FULPHILA	4	PA; MO
FYLNTRA	4	PA; MO
GENOTROPIN	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	3	PA; MO
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	4	PA; MO
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML	4	PA; MO
GRANIX SUBCUTANEOUS SYRINGE	4	PA; MO
HUMATROPE INJECTION CARTRIDGE	4	PA; MO
ILARIS (PF)	4	PA; MO; LA; QL (2 per 28 days)
LEUKINE INJECTION RECON SOLN	4	PA; MO
MIRCERA	3	PA
NEULASTA	4	PA; MO
NEULASTA ONPRO	4	PA; MO
NEUPOGEN	4	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
NGENLA	4	PA; MO
NIVESTYM	4	PA; MO
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	4	PA; MO
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 30 MG/3 ML (10 MG/ML)	4	PA
NUTROPIN AQ NUSPIN	4	PA
NYVEPRIA	4	PA; MO
OMNITROPE	4	PA; MO
PEGASYS SUBCUTANEOUS SOLUTION	4	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	4	MO; QL (2 per 28 days)
PLEGRIDY INTRAMUSCULAR	4	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	4	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; MO; QL (1 per 180 days)

Drug Name	Drug Tier	Requirements /Limits
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	4	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; MO; QL (1 per 180 days)
<i>plerixafor</i>	4	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	2	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	4	PA; MO
REBIF (WITH ALBUMIN)	4	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; MO; QL (4.2 per 180 days)
REBIF TITRATION PACK	4	PA; MO; QL (4.2 per 180 days)
REBLOZYL	4	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
RELEUKO SUBCUTANEOUS	3	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	2	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	4	PA; MO
ROLVEDON	4	PA; MO
RYZNEUTA	4	PA; MO
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA; MO
SOGROYA	4	PA; MO
STIMUFEND	4	PA; MO
UDENYCA	4	PA; MO
UDENYCA AUTOINJECTOR	4	PA; MO
UDENYCA ONBODY	4	PA; MO
XOLREMDI	4	PA; LA
ZARXIO	4	PA; MO
ZIEXTENZO	4	PA; MO
ZOMACTON	3	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF)	1	V
ACTHIB (PF)	2	

Drug Name	Drug Tier	Requirements /Limits
ADACEL(TDAP ADOLESN/ADULT) (PF)	1	V
ALYGLO	4	PA; MO
AREXVY (PF)	1	V
ASCENIV	4	PA; MO
ATGAM	4	B/D PA
BCG VACCINE, LIVE (PF)	1	V
BEXSERO	1	V
BIVIGAM	4	PA; MO
BOOSTRIX TDAP	1	V
BOTOX	3	PA; MO
CUTAQUIG	4	B/D PA; MO
CUVITRU	4	B/D PA; MO
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	4	MO
DAPTACEL (DTAP PEDIATRIC) (PF)	2	
DENGVAXIA (PF)	2	
DYSSPORT	3	PA; MO
ENGERIX-B (PF)	1	B/D PA; V
ENGERIX-B PEDIATRIC (PF)	1	B/D PA; V
<i>fomepizole</i>	1	
GAMASTAN	2	MO
GAMMAGARD LIQUID	4	PA; MO
GAMMAGARD S- D (IGA < 1 MCG/ML)	4	PA; MO
GAMMAKED	4	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
GAMMAPLEX	4	PA; MO
GAMMAPLEX (WITH SORBITOL)	4	PA; MO
GAMUNEX-C	4	PA; MO
GARDASIL 9 (PF)	1	V
GRASTEK	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	2	
HEPAGAM B	3	
HEPLISAV-B (PF)	1	B/D PA; V
HIBERIX (PF)	2	
HIZENTRA	4	B/D PA; MO
HYPERHEP B	2	
HYPERHEP B NEONATAL	2	
HYQVIA	4	B/D PA; MO
IMOVAX RABIES VACCINE (PF)	1	B/D PA; V
INFANRIX (DTAP) (PF)	2	
IPOL	1	V
IXIARO (PF)	1	V
JYNNEOS (PF)	1	B/D PA; V
KINRIX (PF)	2	
MENQUADFI (PF)	1	V
MENVEO A-C-Y-W-135-DIP (PF)	1	V

Drug Name	Drug Tier	Requirements /Limits
M-M-R II (PF)	1	V
MRESVIA (PF)	1	V
MYOBLOC	3	PA; MO
NABI-HB	3	
OCTAGAM	4	PA; MO
ODACTRA	3	PA; MO
PALFORZIA (LEVEL 1)	3	PA; MO
PALFORZIA (LEVEL 2)	3	PA; MO
PALFORZIA (LEVEL 3)	3	PA; MO
PALFORZIA (LEVEL 4)	3	PA; MO
PALFORZIA (LEVEL 5)	3	PA; MO
PALFORZIA (LEVEL 6)	3	PA; MO
PALFORZIA (LEVEL 7)	3	PA; MO
PALFORZIA (LEVEL 8)	3	PA; MO
PALFORZIA (LEVEL 9)	3	PA; MO
PALFORZIA (LEVEL 10)	3	PA; MO
PALFORZIA (LEVEL 11 UP-DOSE)	4	PA; MO
PALFORZIA INITIAL (4-17 YRS)	3	PA; MO
PALFORZIA LEVEL 11 MAINTENANCE	4	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
PANZYGA	4	PA; MO
PEDIARIX (PF)	2	
PEDVAX HIB (PF)	2	
PENBRAYA (PF)	1	V
PENMENVY MEN A-B-C-W-Y (PF)	1	V
PENTACEL (PF) INTRAMUSCULAR KIT 15LF- 20MCG-5LF- 62 DU/0.5 ML	2	
PRIORIX (PF)	1	V
PRIVIGEN	4	PA; MO
PROQUAD (PF)	2	
QUADRACEL (PF)	2	
RABAVERT (PF)	1	B/D PA; V
RAGWITEK	3	MO
RECOMBIVAX HB (PF)	1	B/D PA; V
ROTARIX ORAL SUSPENSION	2	
ROTATEQ VACCINE	2	
SHINGRIX (PF)	1	V; QL (2 per 720 days)
STAMARIL (PF)	1	V
TENIVAC (PF)	1	V
THYMOGLOBULIN	4	B/D PA; MO
TICE BCG	2	B/D PA
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	2	

Drug Name	Drug Tier	Requirements /Limits
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	2	V
TRUMENBA	1	V
TWINRIX (PF)	1	V
TYPHIM VI	1	V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	2	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	2	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	1	V
VARIVAX (PF)	1	V
VARIZIG	2	
VAXCHORA VACCINE	1	V
VIMKUNYA	1	V
VIVOTIF	1	MO; V
XEMBIFY	4	B/D PA; MO; LA
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 50 UNIT	3	PA; MO

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This drug list was last updated on 10/07/2025.

Drug Name	Drug Tier	Requirements /Limits
XEOMIN INTRAMUSCULAR RECON SOLN 200 UNIT	4	PA; MO
YF-VAX (PF)	1	V
ZINPLAVA	4	

MISCELLANEOUS SUPPLIES

MISCELLANEOUS SUPPLIES

NOVO PEN NEEDLE	2	PA; MO
CEQR SIMPLICITY	2	MO
CEQR SIMPLICITY INSERTER	2	MO
PEN NEEDLES (NON-PREFERRED BRANDS)	3	PA
GAUZE PADS 2 X 2	2	PA; MO
INPEN (FOR HUMALOG) BLUE	3	
INPEN (FOR HUMALOG) GREY	3	
INPEN (FOR HUMALOG) PINK	3	
INPEN (NOVOLOG OR FIASP) BLUE	3	
INPEN (NOVOLOG OR FIASP) GREY	3	
INPEN (NOVOLOG OR FIASP) PINK	3	
EMBECTA INSULIN SYRINGE	2	PA; MO
BD PEN NEEDLE	2	PA; MO

Drug Name	Drug Tier	Requirements /Limits
OMNIPOD 5 (G6/LIBRE 2 PLUS)	2	MO
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	2	MO; QL (1 per 720 days)
OMNIPOD 5 G6-G7 PODS (GEN 5)	2	MO
OMNIPOD 5 INTRO(G6/LIBRE2 PLUS)	2	MO; QL (1 per 720 days)
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4)	2	MO
EMBECTA PEN NEEDLE	2	PA; MO
BD INSULIN SYRINGE	2	PA; MO
INSULIN SYRINGES (NON-PREFERRED BRANDS)	3	PA
V-GO 20	3	MO
V-GO 30	3	MO
V-GO 40	3	MO

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<i>allopurinol oral tablet 200 mg</i>	3	MO
<i>allopurinol sodium</i>	1	
<i>aloprim</i>	1	

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This drug list was last updated on 10/07/2025.

Drug Name	Drug Tier	Requirements /Limits
<i>colchicine oral tablet</i>	1	MO
<i>febuxostat</i>	2	MO
<i>probenecid</i>	2	MO
<i>probenecid-colchicine</i>	2	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)
BONSITY	4	PA; MO; QL (2.48 per 28 days)
CONEXXENCE	2	MO; QL (1 per 180 days)
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML	4	PA; QL (2.34 per 30 days)
EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML (105MG/1.17MLX2)	4	PA; MO; QL (2.34 per 30 days)
FOSAMAX PLUS D	3	ST; 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)
JUBBONTI	2	MO; QL (1 per 180 days)

Drug Name	Drug Tier	Requirements /Limits
<i>raloxifene</i>	1	MO
<i>risedronate oral tablet 150 mg</i>	2	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	2	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	2	MO; QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	3	MO; QL (4 per 28 days)
<i>teriparatide (preferred ndcs starting with 47781)</i>	4	PA; MO; QL (2.48 per 28 days)
TYMLOS	4	PA; MO; QL (1.56 per 30 days)

OTHER RHEUMATOLOGICALS		
ABRILADA(CF) PEN	4	PA; QL (6 per 28 days)
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML	4	PA; QL (2 per 28 days)
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; QL (6 per 28 days)
ACTEMRA ACTPEN	4	PA; MO; QL (3.6 per 28 days)
ACTEMRA INTRAVENOUS	4	PA; MO; QL (160 per 28 days)
ACTEMRA SUBCUTANEOUS	4	PA; MO; QL (3.6 per 28 days)

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This drug list was last updated on 10/07/2025.

Drug Name	Drug Tier	Requirements /Limits
ADALIMUMAB-AATY SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	4	PA; MO; QL (6 per 28 days)
ADALIMUMAB-AATY SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	4	PA; MO; QL (3 per 28 days)
ADALIMUMAB-AATY SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	4	PA; MO; QL (2 per 28 days)
ADALIMUMAB-AATY SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; MO; QL (6 per 28 days)
ADALIMUMAB-AATY(CF) AI CROHNS	4	PA; MO; QL (3 per 180 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	4	PA; MO; QL (1.6 per 28 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	4	PA; MO; QL (2.4 per 28 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 10 MG/0.1 ML	4	PA; MO; QL (0.2 per 28 days)

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

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Drug Name	Drug Tier	Requirements /Limits
ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	4	PA; MO; QL (6 per 28 days)
ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	4	PA; QL (3 per 28 days)
ADALIMUMAB-RYVK SUBCUTANEOUS SYRINGE KIT	4	PA; MO; QL (6 per 28 days)
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	4	PA; MO; QL (1.6 per 28 days)
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	4	PA; QL (3.2 per 28 days)
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML	4	PA; MO; QL (2.4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.2 ML	4	PA; MO; QL (0.4 per 28 days)
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 20 MG/0.4 ML	4	PA; QL (0.8 per 28 days)
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	PA; MO; QL (1.6 per 28 days)
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	4	PA; QL (3.2 per 28 days)
BENLYSTA	4	PA; MO
CYLTEZO(CF) PEN	4	PA; MO; QL (4 per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC- HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; QL (6 per 180 days)

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Drug Name	Drug Tier	Requirements /Limits
CYLTEZO(CF) PEN PSORIASIS- UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; QL (4 per 180 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	4	PA; MO; QL (2 per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; MO; QL (4 per 28 days)
ENBREL MINI	4	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	4	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	4	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK	4	PA; MO; QL (8 per 28 days)
HADLIMA	4	PA; MO; QL (4.8 per 28 days)
HADLIMA PUSHTOUCH	4	PA; MO; QL (4.8 per 28 days)
HADLIMA(CF)	4	PA; MO; QL (2.4 per 28 days)
HADLIMA(CF) PUSHTOUCH	4	PA; MO; QL (2.4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
HULIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	4	PA; MO; QL (6 per 28 days)
HULIO(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML	4	PA; MO; QL (2 per 28 days)
HULIO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; MO; QL (6 per 28 days)
HYRIMOZ PEN CROHN'S-UC STARTER (PREFERRED NDCS STARTING WITH 61314)	4	PA; MO; QL (2.4 per 180 days)
HYRIMOZ PEN PSORIASIS STARTER (PREFERRED NDCS STARTING WITH 61314)	4	PA; MO; QL (1.6 per 180 days)
HYRIMOZ(CF) (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML	4	PA; MO; QL (0.2 per 28 days)
HYRIMOZ(CF) (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML	4	PA; MO; QL (0.4 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
HYRIMOZ(CF) (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	PA; MO; QL (1.6 per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	4	PA; MO; QL (2.4 per 180 days)
HYRIMOZ(CF) PEDI CROHN STARTER (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 80 MG/0.8 ML- 40 MG/0.4 ML	4	PA; MO; QL (1.2 per 180 days)
HYRIMOZ(CF) PEN (PREFERRED NDCS STARTING WITH 61314)	4	PA; MO; QL (1.6 per 28 days)
IDACIO(CF)	4	PA; QL (4 per 28 days)
IDACIO(CF) PEN CROHN-UC STARTR	4	PA; QL (6 per 180 days)
IDACIO(CF) PEN PSORIASIS START	4	PA; QL (4 per 180 days)

Drug Name	Drug Tier	Requirements /Limits
IDACIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	4	PA; QL (4 per 28 days)
KEVZARA	4	PA; MO; QL (2.28 per 28 days)
KINERET	4	PA; QL (20.1 per 30 days)
<i>leflunomide</i>	1	MO; QL (30 per 30 days)
LEQSELVI	4	PA; MO; QL (60 per 30 days)
OLUMIANT	4	PA; MO; QL (30 per 30 days)
ORENCIA (WITH MALTOSE)	4	PA; MO; QL (12 per 28 days)
ORENCIA CLICKJECT	4	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	4	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	4	PA; MO; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	4	PA; MO; QL (2.8 per 28 days)
OTEZLA	4	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; MO; QL (55 per 180 days)
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 17.5 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	3	MO
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.4 ML, 20 MG/0.4 ML	3	
<i>penicillamine</i>	4	PA; MO
RASUVO (PF)	3	MO
RIDAURA	4	MO
RINVOQ LQ	4	PA; MO; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	4	PA; MO; QL (30 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	4	PA; MO; QL (84 per 180 days)
SAVELLA ORAL TABLET	2	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
SAVELLA ORAL TABLETS,DOSE PACK	2	QL (55 per 180 days)
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	4	PA; MO; QL (4 per 28 days)
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	4	PA; MO; QL (3 per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	4	PA; MO; QL (2 per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; MO; QL (4 per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	4	PA; QL (3 per 28 days)
SIMPONI ARIA	4	PA; MO; QL (64 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; MO; QL (3 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	4	PA; MO; QL (0.5 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; MO; QL (3 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	4	PA; MO; QL (0.5 per 28 days)
TOFIDENCE	4	PA; QL (160 per 28 days)
TYENNE AUTOINJECTOR	4	PA; MO; QL (3.6 per 28 days)
TYENNE INTRAVENOUS	4	PA; MO; QL (160 per 28 days)
TYENNE SUBCUTANEOUS	4	PA; MO; QL (3.6 per 28 days)
XELJANZ ORAL SOLUTION	4	PA; MO; QL (480 per 24 days)
XELJANZ ORAL TABLET	4	PA; MO; QL (60 per 30 days)
XELJANZ XR	4	PA; MO; QL (30 per 30 days)
YUFLYMA(CF) AI CROHN'S-UC-HS	4	PA; MO; QL (3 per 180 days)
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	4	PA; MO; QL (4 per 28 days)
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	4	PA; MO; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	4	PA; MO; QL (2 per 28 days)
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; MO; QL (4 per 28 days)

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

<i>abigale</i>	2	
<i>abigale lo</i>	2	
ANGELIQ	3	MO
BIJUVA	3	MO
<i>camila</i>	1	MO
CLIMARA PRO	3	MO
COMBIPATCH	3	
CRINONE VAGINAL GEL 4 %	3	MO
CRINONE VAGINAL GEL 8 %	3	PA; MO
<i>deblitane</i>	1	MO
DEPO-ESTRADIOL	3	MO
DEPO-SUBQ PROVERA 104	2	MO
<i>dotti</i>	2	MO; QL (8 per 28 days)
DUAVEE	2	MO
ELESTRIN	3	MO; QL (70 per 30 days)
<i>emzahh</i>	1	MO
<i>errin</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>estradiol oral</i>	3	MO
<i>estradiol transdermal gel in metered-dose pump</i>	3	MO; QL (50 per 30 days)
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %)</i>	3	MO; QL (30 per 30 days)
<i>estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)</i>	3	MO; QL (37.5 per 30 days)
<i>estradiol transdermal patch semiweekly</i>	2	MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	2	MO; QL (4 per 28 days)
<i>estradiol vaginal</i>	3	MO
<i>estradiol valerate</i>	3	MO
<i>estradiol-norethindrone acet</i>	2	MO
ESTRING	3	ST; MO
EVAMIST	3	MO; QL (16.2 per 30 days)
FEMRING	3	ST; MO
<i>fyavolv</i>	3	MO
<i>gallifrey</i>	1	MO
<i>heather</i>	1	MO
IMVEXXY MAINTENANCE PACK	2	MO

Drug Name	Drug Tier	Requirements /Limits
IMVEXXY STARTER PACK	2	MO
<i>incassia</i>	1	MO
<i>jencycla</i>	1	MO
<i>jinteli</i>	3	MO
<i>lyleq</i>	1	MO
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	MO; QL (8 per 28 days)
<i>lyllana transdermal patch semiweekly 0.0375 mg/24 hr</i>	2	QL (8 per 28 days)
<i>lyza</i>	1	
<i>medroxyprogesteron e</i>	1	MO
<i>meleya</i>	1	MO
MENEST	3	MO
MENOSTAR	3	MO; QL (4 per 28 days)
<i>mimvey</i>	2	MO
<i>nora-be</i>	1	MO
<i>norethindrone (contraceptive)</i>	1	
<i>norethindrone acetate</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	3	MO
<i>orquidea</i>	1	MO
PREMARIN INJECTION	3	

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Drug Name	Drug Tier	Requirements /Limits
PREMARIN ORAL	2	MO
PREMARIN VAGINAL	2	MO
PREMPHASE	2	MO
PREMPRO	2	MO
<i>progesterone</i>	1	MO
<i>progesterone micronized oral</i>	2	MO
<i>sharobel</i>	1	MO
<i>yuvafem</i>	3	
MISCELLANEOUS OB/GYN		
ANNOVERA	3	MO
CLEOCIN VAGINAL SUPPOSITORY	3	MO
<i>clindamycin phosphate vaginal</i>	2	MO
CLINDESSE	3	MO
<i>eluryng</i>	2	MO
<i>enilloring</i>	3	MO
<i>etonogestrel-ethinyl estradiol</i>	2	
GYNAZOLE-1	3	MO
<i>haloette</i>	3	MO
INTRAROSA	3	MO
KYLEENA	3	
LILETTA	2	MO
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	2	MO
<i>miconazole-3 vaginal suppository</i>	3	MO
<i>mifepristone oral tablet 200 mg</i>	1	LA

Drug Name	Drug Tier	Requirements /Limits
MIRENA	3	
MYFEMBREE	4	PA; MO
NEXPLANON	2	
<i>norelgestromin-ethin.estradiol</i>	2	
ORIAHNN	4	PA; MO
OSPHENA	3	MO
PHEXXI	3	MO
SKYLA	3	
<i>terconazole</i>	2	MO
<i>tranexamic acid oral</i>	2	MO
<i>vandazole</i>	3	MO
VEOZAH	3	PA; MO
XACIATO	3	ST; MO
<i>xulane</i>	2	
<i>zafemy</i>	2	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>afirmelle</i>	3	
<i>altavera (28)</i>	1	MO
<i>alyacen 1/35 (28)</i>	1	MO
<i>alyacen 7/7/7 (28)</i>	1	MO
<i>amethia</i>	3	
<i>amethyst (28)</i>	1	MO
<i>apri</i>	1	MO
<i>aranelle (28)</i>	1	MO
<i>ashlyna</i>	3	MO
<i>aubra eq</i>	1	MO
<i>aurovela 1.5/30 (21)</i>	3	MO
<i>aurovela 1/20 (21)</i>	3	
<i>aurovela 24 fe</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>aurovela fe 1.5/30 (28)</i>	3	MO
<i>aurovela fe 1-20 (28)</i>	3	MO
AVERI	3	
<i>aviane</i>	1	
<i>ayuna</i>	3	
<i>azurette (28)</i>	1	MO
<i>balziva (28)</i>	3	MO
<i>blisovi 24 fe</i>	3	MO
<i>blisovi fe 1.5/30 (28)</i>	3	MO
<i>blisovi fe 1/20 (28)</i>	3	MO
<i>briellyn</i>	3	MO
<i>camrese</i>	1	MO
<i>camrese lo</i>	3	MO
<i>charlotte 24 fe</i>	3	MO
<i>chateal eq (28)</i>	3	MO
<i>cryselle (28)</i>	1	MO
<i>cyred eq</i>	1	MO
<i>dasetta 1/35 (28)</i>	1	MO
<i>dasetta 7/7/7 (28)</i>	1	MO
<i>daysee</i>	1	MO
<i>desog-e.estradiol/e.estradiol</i>	1	
<i>dolishale</i>	3	MO
<i>drospirenone-e.estradiol-lm.fa</i>	3	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	1	
<i>elinest</i>	1	MO
<i>enpresse</i>	1	
<i>enskyce</i>	1	MO
<i>estarylla</i>	1	MO
<i>ethynodiol diac-eth estradiol</i>	1	
<i>falmina (28)</i>	1	MO
<i>feirza</i>	3	MO
FEMLYV	3	MO
<i>finzala</i>	3	MO
<i>galbriela</i>	3	MO
<i>gemmily</i>	3	MO
<i>hailey</i>	3	MO
<i>hailey 24 fe</i>	3	MO
<i>hailey fe 1.5/30 (28)</i>	3	MO
<i>hailey fe 1/20 (28)</i>	3	MO
<i>iclevia</i>	3	
<i>introvale</i>	1	
<i>isibloom</i>	1	MO
<i>jaimiess</i>	3	MO
<i>jasmiel (28)</i>	1	MO
<i>jolessa</i>	1	MO
<i>joyeaux</i>	3	MO
<i>juleber</i>	1	MO
<i>junel 1.5/30 (21)</i>	3	MO
<i>junel 1/20 (21)</i>	3	MO
<i>junel fe 1.5/30 (28)</i>	3	MO
<i>junel fe 1/20 (28)</i>	3	MO
<i>junel fe 24</i>	3	MO

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This drug list was last updated on 10/07/2025.

Drug Name	Drug Tier	Requirements /Limits
<i>kaitlib fe</i>	3	MO
<i>kalliga</i>	1	
<i>kariva (28)</i>	1	
<i>kelnor 1/35 (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>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>levonorgest-eth.estradiol-iron</i>	3	
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	1	
<i>levonorgestrel-ethinyl estradiol oral tablet 90-20 mcg (28)</i>	3	
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month</i>	1	
<i>levonorg-eth estradiol triphasic</i>	1	MO
<i>levora-28</i>	1	
LO LOESTRIN FE	3	

Drug Name	Drug Tier	Requirements /Limits
<i>lojaimiess</i>	3	MO
<i>loryna (28)</i>	1	MO
<i>low-ogestrel (28)</i>	1	
<i>lo-zumandimine (28)</i>	1	MO
<i>luizza</i>	3	
<i>luteria (28)</i>	1	
<i>marlissa (28)</i>	1	MO
<i>merzee</i>	3	
<i>mibelas 24 fe</i>	3	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>minzoya</i>	3	MO
<i>mono-lynyah</i>	1	MO
NATAZIA	3	MO
<i>necon 0.5/35 (28)</i>	3	MO
NEXTSTELLIS	3	MO
<i>nikki (28)</i>	1	MO
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	3	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>norethindrone-e.estradiol-iron oral capsule</i>	3	
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	3	
<i>norethindrone-e.estradiol-iron oral tablet,chewable</i>	3	
<i>norgestimate-ethinyl estradiol</i>	1	
<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>nylia 1/35 (28)</i>	3	MO
<i>nylia 7/7/7 (28)</i>	3	MO
<i>ocella</i>	3	
<i>philith</i>	1	MO
<i>pimtrea (28)</i>	1	MO
<i>portia 28</i>	1	MO
<i>reclipsen (28)</i>	1	MO
<i>rivelsa</i>	3	MO
<i>rosyrah</i>	3	MO
<i>setlakin</i>	1	MO
<i>simliya (28)</i>	3	MO
<i>simpesse</i>	3	MO
<i>sprintec (28)</i>	1	MO
<i>sronyx</i>	1	
<i>syeda</i>	1	MO
<i>tarina 24 fe</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>tarina fe 1-20 eq (28)</i>	1	MO
<i>tilia fe</i>	3	MO
<i>tri-estarylla</i>	1	MO
<i>tri-legest fe</i>	3	MO
<i>tri-linyah</i>	1	MO
<i>tri-lo-estarylla</i>	1	MO
<i>tri-lo-marzia</i>	1	MO
<i>tri-lo-mili</i>	3	MO
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	3	
<i>tri-sprintec (28)</i>	1	MO
<i>tri-vylibra</i>	3	MO
<i>tri-vylibra lo</i>	3	MO
<i>turqoz (28)</i>	1	MO
<i>valtya oral tablet 1-50 mg-mcg</i>	3	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>volnea (28)</i>	3	MO
<i>vyfemla (28)</i>	3	MO
<i>vylibra</i>	3	MO
<i>wera (28)</i>	1	MO
<i>wymzya fe</i>	3	MO
<i>xarah fe</i>	3	MO
<i>xelria fe</i>	3	MO
<i>zovia 1-35 (28)</i>	1	MO
<i>zumandimine (28)</i>	1	MO

OXYTOCICS

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Drug Name	Drug Tier	Requirements /Limits
<i>methylergonovine oral</i>	3	PA
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE	3	MO
<i>bacitracin ophthalmic (eye)</i>	2	
<i>bacitracin-polymyxin b</i>	1	MO
BESIVANCE	3	MO
CILOXAN OPHTHALMIC (EYE) OINTMENT	3	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>	3	MO
<i>gentamicin ophthalmic (eye) drops</i>	1	MO; QL (70 per 30 days)
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	2	MO
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	2	
<i>moxifloxacin ophthalmic (eye) drops</i>	2	MO
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	2	
<i>neomycin-bacitracin-polymyxin</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>neomycin-polymyxin-gramicidin</i>	2	MO
<i>neo-polycin</i>	2	
<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)
TOBREX OPHTHALMIC (EYE) OINTMENT	3	MO; QL (3.5 per 14 days)
ANTIVIRALS		
<i>trifluridine</i>	2	MO
ZIRGAN	3	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	2	MO
<i>carteolol</i>	1	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>timolol</i>	3	MO
<i>timolol maleate (pf)</i>	3	MO
<i>timolol maleate ophthalmic (eye) drops (not single use)</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	3	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %	3	MO
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	2	MO
ATROPINE SULFATE (PF)	3	
<i>azelastine ophthalmic (eye)</i>	2	MO
<i>bepotastine besilate</i>	3	MO
BYOOVIZ	4	PA; MO
CEQUA	3	MO; QL (60 per 30 days)
CIMERLI	4	PA; MO
<i>cromolyn ophthalmic (eye)</i>	1	MO
<i>cyclosporine ophthalmic (eye)</i>	2	MO; QL (60 per 30 days)
CYSTADROPS	4	PA
CYSTARAN	4	PA
<i>epinastine</i>	2	MO
EYLEA	4	PA; MO
EYLEA HD	4	PA; MO
LUCENTIS INTRAVITREAL SYRINGE	4	PA; MO
MIEBO (PF)	2	MO; QL (3 per 30 days)
OMIDRIA	3	
OXERVATE	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
PAVBLU	4	PA; MO
PHOSPHOLINE IODIDE	3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	MO
<i>pilocarpine hcl ophthalmic (eye) drops 1.25 %</i>	3	PA
RESTASIS MULTIDOSE	3	MO; QL (5.5 per 30 days)
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1	MO
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	1	
<i>sulfacetamide- prednisolone</i>	1	MO
SYFOVRE (PF)	4	PA; MO
TYRVAYA	3	MO; QL (8.4 per 30 days)
VABYSMO	4	PA; MO
VERKAZIA	4	PA; QL (120 per 30 days)
VEVYE	3	MO; QL (2 per 30 days)
VUITY	3	PA; MO
XDEMVY	4	PA; QL (10 per 42 days)
XIIDRA	2	MO; QL (60 per 30 days)
ZERViate	3	
NON-STEROIDAL ANTI- INFLAMMATORY AGENTS		
ACUVAIL (PF)	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>bromfenac</i>	2	MO
<i>diclofenac sodium ophthalmic (eye)</i>	1	MO
<i>flurbiprofen sodium</i>	1	MO
ILEVRO	3	MO
<i>ketorolac ophthalmic (eye)</i>	1	MO
NEVANAC	3	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	2	MO
<i>acetazolamide sodium</i>	1	MO
<i>methazolamide</i>	3	MO
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye)</i>	2	MO
<i>brimonidine-timolol</i>	3	MO
<i>brinzolamide</i>	3	MO
<i>dorzolamide</i>	1	MO
<i>dorzolamide-timolol</i>	1	MO
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	3	MO
DURYSTA	3	PA; MO; LA
IYUZEH (PF)	3	ST; MO
<i>latanoprost</i>	1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	MO
<i>miostat</i>	1	
RHOPRESSA	2	
ROCKLATAN	2	

Drug Name	Drug Tier	Requirements /Limits
SIMBRINZA	2	MO
<i>tafluprost (pf)</i>	3	MO
<i>travoprost</i>	2	MO
VYZULTA	3	ST
XELPROS	3	ST
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	2	MO
<i>neomycin-polymyxin b-dexameth</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	3	MO
<i>neo-polycin hc</i>	2	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	2	MO; QL (3.5 per 14 days)
TOBRADEX ST	3	MO
<i>tobramycin-dexamethasone</i>	2	MO; QL (10 per 14 days)
ZYLET	3	MO; QL (10 per 14 days)
STERIODS		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	MO
DEXTENZA	3	
<i>difluprednate</i>	3	MO
EYSUVIS	3	PA; MO; QL (8.3 per 14 days)
FLAREX	3	MO
<i>fluorometholone</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
FML FORTE	3	MO
ILUVIEN	4	MO
INVELTYS	2	MO
LOTEMAX OPTHALMIC (EYE) OINTMENT	3	MO
LOTEMAX SM	3	MO
<i>loteprednol etabonate</i>	2	MO
MAXIDEX	3	MO
OZURDEX	4	MO
PRED MILD	3	MO
<i>prednisolone acetate</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	MO
RETISERT	3	
YUTIQ	4	
SYMPATHOMIMETICS		
<i>apraclonidine</i>	2	MO
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i>	2	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	MO
IOPIDINE OPTHALMIC (EYE) DROPPERETTE	3	MO
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS		

Drug Name	Drug Tier	Requirements /Limits
<i>adrenalin injection solution 1 mg/ml</i>	1	
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	1	MO
AUVI-Q	3	ST; QL (4 per 30 days)
<i>carbinoxamine maleate oral liquid</i>	3	PA; MO
<i>carbinoxamine maleate oral tablet 4 mg</i>	3	PA; MO
<i>carbinoxamine maleate oral tablet 6 mg</i>	3	PA
<i>carbzah</i>	4	PA
<i>cetirizine oral solution 1 mg/ml</i>	1	MO
CLARINEX-D 12 HOUR	3	MO; QL (60 per 30 days)
<i>clemastine oral syrup</i>	3	PA
<i>clemastine oral tablet</i>	3	PA; MO
<i>clemsza</i>	3	PA
<i>cyproheptadine</i>	3	PA; MO
<i>desloratadine</i>	3	MO; QL (30 per 30 days)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	MO
<i>diphenhydramine hcl injection syringe</i>	1	MO
<i>diphenhydramine hcl oral elixir</i>	3	PA

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Drug Name	Drug Tier	Requirements /Limits
EPINEPH BITART IN 0.9% SOD CHL INTRAVENOUS SOLUTION	3	
EPINEPHRINE HCL (PF)	3	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	3	ST; MO; QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	2	MO; QL (4 per 30 days)
EPINEPHRINE INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML (MANUFACTURED BY MYLAN SPECIALTY)	3	ST; QL (4 per 30 days)
<i>epinephrine injection solution</i>	1	
<i>epinephrine injection syringe 0.1 mg/ml</i>	3	
<i>hydroxyzine hcl intramuscular</i>	3	MO
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	3	PA; MO
<i>hydroxyzine hcl oral tablet</i>	1	PA; MO
<i>hydroxyzine pamoate</i>	3	PA; MO
<i>levocetirizine oral solution</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>levocetirizine oral tablet</i>	1	MO; QL (30 per 30 days)
NEFFY	3	ST; MO; QL (4 per 30 days)
<i>promethazine injection solution</i>	3	MO
<i>promethazine oral</i>	3	PA; MO
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	3	PA; MO
<i>promethegan</i>	3	PA; MO
QUZYTIR	3	
RYVENT	3	PA; MO
PULMONARY AGENTS		
<i>acetylcysteine</i>	2	B/D PA; MO
ADEMPAS	4	PA; MO; LA; QL (90 per 30 days)
ADVAIR HFA	2	MO; QL (12 per 30 days)
AIRSUPRA	3	ST; MO; QL (32.1 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)

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Drug Name	Drug Tier	Requirements /Limits
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020983)	3	ST; QL (36 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>	3	MO
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	2	MO; QL (12.2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	2	MO; QL (6.1 per 30 days)
ALYFTREK ORAL TABLET 10-50-125 MG	4	PA; MO; QL (56 per 28 days)
ALYFTREK ORAL TABLET 4-20-50 MG	4	PA; MO; QL (84 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>alyq</i>	4	PA; MO; QL (60 per 30 days)
<i>ambrientan</i>	4	PA; MO; LA; QL (30 per 30 days)
<i>aminophylline intravenous</i>	3	
ANDEMBRY AUTOINJECTOR	4	PA; MO
ANORO ELLIPTA	3	ST; MO; QL (60 per 30 days)
<i>arformoterol</i>	3	B/D PA; MO; QL (120 per 30 days)
ARNUITY ELLIPTA	3	ST; QL (30 per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION	2	QL (13 per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 200 MCG/ACTUATION , 50 MCG/ACTUATION	2	MO; QL (13 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	MO; QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	2	MO; QL (2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	2	QL (2 per 28 days)
ATROVENT HFA	3	MO; QL (25.8 per 30 days)
<i>azelastine-fluticasone</i>	3	MO; QL (23 per 30 days)
BERINERT INTRAVENOUS KIT	4	PA; MO
BEVESPI AEROSPHERE	2	MO; QL (10.7 per 30 days)
<i>bosentan oral tablet</i>	4	PA; MO; LA; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>bosentan oral tablet for suspension</i>	4	PA; LA; QL (112 per 28 days)
BREO ELLIPTA	2	MO; QL (60 per 30 days)
<i>breynd</i>	2	MO; QL (10.3 per 30 days)
BREZTRI AEROSPHERE	2	MO; QL (10.7 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	3	B/D PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	3	B/D PA; MO; QL (60 per 30 days)
<i>budesonide-formoterol</i>	2	QL (10.2 per 30 days)
CINQAIR	4	PA; MO; LA
CINRYZE	4	PA; MO
COMBIVENT RESPIMAT	2	QL (8 per 30 days)
<i>cromolyn inhalation</i>	2	B/D PA; MO
CUROSURF	3	
DUAKLIR PRESSAIR	3	ST; MO; QL (1 per 30 days)
DULERA	2	MO; QL (13 per 30 days)
FASENRA PEN	4	PA; MO; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	4	PA; MO; QL (0.5 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	4	PA; MO; QL (1 per 28 days)
<i>flunisolide</i>	2	MO; QL (50 per 30 days)
FLUTICASONE FUROATE- VILANTEROL	3	ST; MO; QL (60 per 30 days)
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 50 MCG/ACTUATION	3	ST; MO; QL (60 per 30 days)
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	ST; MO; QL (240 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	3	ST; MO; QL (12 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	ST; MO; QL (24 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	ST; MO; QL (10.6 per 30 days)
<i>fluticasone propionate nasal</i>	1	MO; QL (16 per 30 days)
FLUTICASONE PROPION- SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113- 14 MCG/ACTUATION , 232-14 MCG/ACTUATION	3	ST; MO; QL (1 per 30 days)
FLUTICASONE PROPION- SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 55-14 MCG/ACTUATION	3	ST; QL (1 per 30 days)
<i>fluticasone propion- salmeterol inhalation blister with device</i>	2	MO; QL (60 per 30 days)
FLUTICASONE PROPION- SALMETEROL INHALATION HFA AEROSOL INHALER	3	ST; MO; QL (12 per 30 days)
<i>formoterol fumarate</i>	3	B/D PA; MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
HAEGARDA	4	PA; MO; LA
<i>icatibant</i>	4	PA; MO
INCRUSE ELLIPTA	3	ST; MO; QL (30 per 30 days)
<i>ipratropium bromide inhalation</i>	1	B/D PA; MO
<i>ipratropium-albuterol</i>	1	B/D PA; MO
KALBITOR	4	PA; MO
KALYDECO	4	PA; MO; QL (56 per 28 days)
<i>levalbuterol hcl</i>	3	B/D PA; MO
LEVALBUTEROL TARTRATE	3	ST; MO; QL (30 per 30 days)
<i>mometasone nasal</i>	1	MO; QL (34 per 30 days)
<i>montelukast oral granules in packet</i>	3	MO
<i>montelukast oral tablet</i>	1	MO
<i>montelukast oral tablet, chewable</i>	1	MO
NUCALA SUBCUTANEOUS AUTO-INJECTOR	4	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN	4	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; MO; LA; QL (3 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	PA; MO; LA; QL (0.4 per 28 days)
OFEV	4	PA; MO; QL (60 per 30 days)
OHTUVAYRE	4	PA; QL (150 per 30 days)
OMNARIS	3	ST; MO; QL (12.5 per 30 days)
OPSUMIT	4	PA; MO; LA; QL (30 per 30 days)
OPSYNVI	4	PA; MO; QL (30 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET	4	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	4	PA; MO; QL (112 per 28 days)
ORLADEYO	4	PA; LA
<i>pirfenidone oral capsule</i>	4	PA; MO; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	4	PA; MO; QL (270 per 30 days)
PIRFENIDONE ORAL TABLET 534 MG	4	PA; MO; QL (90 per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	4	PA; MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
PROAIR DIGIHALER	3	ST; QL (2 per 30 days)
PROAIR RESPICLICK	3	ST; MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	2	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	MO; QL (1 per 30 days)
PULMOZYME	4	B/D PA; MO
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	3	ST; QL (6.8 per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	3	ST; QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	2	QL (10.6 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	2	QL (21.2 per 30 days)
REVATIO INTRAVENOUS	4	MO
<i>roflumilast</i>	3	PA; MO; QL (30 per 30 days)
RUCONEST	4	PA; MO
RYALTRIS	3	ST; MO; QL (29 per 30 days)
<i>sajazir</i>	4	PA; MO
SEREVENT DISKUS	3	ST; MO; QL (60 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	4	
<i>sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml</i>	4	PA; MO; QL (224 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	2	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT	2	MO; QL (4 per 30 days)
STIOLTO RESPIMAT	2	MO; QL (4 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
STRIVERDI RESPIMAT	2	MO; QL (4 per 30 days)
SYMDEKO	4	PA; MO; QL (56 per 28 days)
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	3	PA; QL (60 per 30 days)
TADLIQ	4	PA; MO; QL (300 per 30 days)
TAKHZYRO	4	PA; MO; LA
<i>terbutaline oral</i>	3	MO
<i>terbutaline subcutaneous</i>	1	MO
TEZSPIRE	4	PA; MO; QL (1.91 per 30 days)
THEO-24	3	MO
<i>theophylline oral elixir</i>	3	MO
<i>theophylline oral solution</i>	3	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	MO
<i>theophylline oral tablet extended release 24 hr</i>	1	
<i>tiotropium bromide</i>	2	QL (90 per 90 days)

Drug Name	Drug Tier	Requirements /Limits
TRACLEER ORAL TABLET FOR SUSPENSION	4	PA; MO; LA; QL (112 per 28 days)
TRELEGY ELLIPTA	2	MO; QL (60 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	4	PA; MO; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	4	PA; MO; QL (84 per 28 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	3	ST; MO; QL (1 per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION (30 ACTUAT)	3	ST; QL (1 per 30 days)
TYVASO	4	B/D PA; MO; QL (81.2 per 28 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 32 MCG, 48 MCG, 64 MCG	4	PA; MO; QL (112 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16(112)-32(112) - 48(28) MCG	4	PA; MO; QL (252 per 180 days)
TYVASO INSTITUTIONAL START KIT	4	B/D PA; QL (11.6 per 180 days)
TYVASO REFILL KIT	4	B/D PA; MO; QL (81.2 per 28 days)
TYVASO STARTER KIT	4	B/D PA; MO; QL (81.2 per 180 days)
UMECLIDINIUM-VILANTEROL	3	ST; MO; QL (60 per 30 days)
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML	4	B/D PA; MO; QL (270 per 30 days)
VENTOLIN HFA	3	ST; MO; QL (36 per 30 days)
WINREVAIR	4	PA; MO; QL (1 per 21 days)
<i>wixela inhub</i>	2	QL (60 per 30 days)
XHANCE	3	ST; MO; QL (32 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	4	PA; MO; LA; QL (8 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	4	PA; MO; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN	4	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	4	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; MO; LA; QL (1 per 28 days)
XOPENEX HFA	3	ST; MO; QL (30 per 30 days)
YUPELRI	4	B/D PA; MO; QL (90 per 30 days)
<i>zafirlukast</i>	3	MO

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

<i>darifenacin</i>	3	MO
<i>fesoterodine</i>	3	MO
<i>flavoxate</i>	3	MO
GEMTESA	3	MO
<i>mirabegron</i>	2	MO
MYRBETRIQ ORAL SUSPENSION,EXT ENDED REL RECON	3	

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Drug Name	Drug Tier	Requirements /Limits
<i>oxybutynin chloride oral syrup</i>	1	MO
OXYBUTYNIN CHLORIDE ORAL TABLET 2.5 MG	3	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	1	MO
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	MO
OXYTROL	3	MO; QL (8 per 28 days)
<i>solifenacin</i>	1	MO
<i>tolterodine</i>	2	MO
<i>trospium oral capsule, extended release 24hr</i>	3	MO
<i>trospium oral tablet</i>	1	MO
VESICARE LS	3	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin</i>	1	MO
<i>dutasteride</i>	1	MO
<i>dutasteride-tamsulosin</i>	3	MO
ENTADFI	3	PA; QL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i>	1	MO
<i>silodosin</i>	3	MO
<i>tamsulosin</i>	1	MO
MISCELLANEOUS UROLOGICALS		
<i>alprostadiol</i>	1	
<i>bethanechol chloride</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
CYSTAGON	3	PA; LA
ELMIRON	2	MO
<i>glycine urologic</i>	1	
<i>glycine urologic solution</i>	1	
K-PHOS NO 2	2	MO
K-PHOS ORIGINAL	2	MO
OXLUMO	4	PA; LA
<i>potassium citrate oral tablet extended release</i>	1	MO
PROCYSBI	4	PA; MO
PROSTIN VR PEDIATRIC	3	
RENACIDIN	2	MO
RIVFLOZA	4	PA
<i>tadalafil oral tablet 2.5 mg</i>	3	PA; MO; QL (60 per 30 days)
<i>tadalafil oral tablet 5 mg</i>	3	PA; MO; QL (30 per 30 days)
VITAMINS, HEMATINICS / ELECTROLYTES		
BLOOD DERIVATIVES		
<i>albumin, human 25 %</i>	3	
ALBUMINEX 25 %	3	
ALBUMINEX 5 %	3	
<i>alburx (human) 25 %</i>	3	
<i>alburx (human) 5 %</i>	3	
<i>albutein 25 %</i>	3	

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Drug Name	Drug Tier	Requirements /Limits
<i>albutein 5 %</i>	3	
RYPLAZIM	4	PA
ELECTROLYTES		
<i>calcium acetate(phosphat bind)</i>	2	PA; MO
<i>calcium chloride</i>	1	
CALCIUM GLUC IN NACL, ISO-OSM INTRAVENOUS SOLUTION 1 GRAM/50 ML, 2 GRAM/100 ML	3	
<i>calcium gluconate intravenous</i>	1	
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	MO
<i>effe-r-k oral tablet, effervescent 25 meq</i>	1	MO
GLYCOPHOS	3	
<i>klor-con 10</i>	1	MO
<i>klor-con 8</i>	1	MO
<i>klor-con m10</i>	1	MO
<i>klor-con m15</i>	1	MO
<i>klor-con m20</i>	1	MO
<i>klor-con oral packet 20</i>	3	MO
<i>klor-con/ef</i>	1	MO
<i>lactated ringers intravenous</i>	3	MO
<i>magnesium chloride injection</i>	3	

Drug Name	Drug Tier	Requirements /Limits
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	2	
<i>magnesium sulfate in water</i>	3	
<i>magnesium sulfate injection solution</i>	3	MO
<i>magnesium sulfate injection syringe</i>	3	
POKONZA	4	MO
<i>potassium acetate</i>	3	
<i>potassium chlorid-d5-0.45%nacl</i>	3	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	3	
<i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i>	3	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	3	
<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>	3	
<i>potassium chloride intravenous</i>	3	

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Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride oral capsule, extended release</i>	1	MO
<i>potassium chloride oral liquid</i>	3	MO
<i>potassium chloride oral packet</i>	3	MO
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	1	MO
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	3	MO
<i>potassium chloride oral tablet extended release 20 meq</i>	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	1	MO
<i>potassium chloride oral tablet,er particles/crystals 15 meq</i>	1	
<i>potassium chloride-0.45 % nacl</i>	3	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	3	
<i>potassium chloride-d5-0.9%nacl</i>	3	

Drug Name	Drug Tier	Requirements /Limits
POTASSIUM PHOS IN 0.9 % NACL INTRAVENOUS PIGGYBACK	3	
<i>potassium phos in 0.9 % nacl intravenous solution 15 mmol/250 ml</i>	3	
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	3	
<i>ringer's intravenous</i>	3	
<i>sodium acetate</i>	3	
<i>sodium bicarbonate intravenous</i>	3	
<i>sodium chloride 0.45 % intravenous</i>	3	MO
<i>sodium chloride 3 % hypertonic</i>	3	
<i>sodium chloride 5 % hypertonic</i>	3	MO
<i>sodium chloride intravenous</i>	3	
<i>sodium phosphate</i>	3	MO
MISCELLANEOUS NUTRITION PRODUCTS		
CLINIMIX 5%/D15W SULFITE FREE	3	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	3	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	3	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
CLINIMIX 6%-D5W (SULFITE-FREE)	3	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE)	3	B/D PA
CLINIMIX 8%-D14W(SULFITE-FREE)	3	B/D PA
CLINIMIX E 4.25%/D10W SUL FREE	3	B/D PA
CLINIMIX E 4.25%/D5W SULF FREE	3	B/D PA
CLINIMIX E 5%/D15W SULFIT FREE	3	B/D PA
CLINIMIX E 5%/D20W SULFIT FREE	3	B/D PA
CLINIMIX E 8%-D10W SULFITEFREE	3	B/D PA
CLINIMIX E 8%-D14W SULFITEFREE	3	B/D PA
CLINISOL SF 15 %	3	B/D PA
CLINOLIPID	3	B/D PA
EDETATE CALCIUM DISODIUM INJECTION	4	
<i>electrolyte-148</i>	2	
<i>electrolyte-48 in d5w</i>	3	
<i>electrolyte-a</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>intralipid intravenous emulsion 20 %</i>	3	B/D PA
INTRALIPID INTRAVENOUS EMULSION 30 %	3	B/D PA
ISOLYTE S PH 7.4	3	
ISOLYTE-P IN 5 % DEXTROSE	3	
ISOLYTE-S	3	
KABIVEN	3	B/D PA
OMEGAVEN	3	B/D PA; MO
PERIKABIVEN	3	B/D PA
PLASMA-LYTE 148 PH 7.4	3	
PLASMA-LYTE A	3	
PLENAMINE	3	B/D PA
<i>premasol 10 %</i>	3	B/D PA
PROSOL 20 %	3	B/D PA
SMOFLIPID	3	B/D PA
THAM	3	
<i>travasol 10 %</i>	3	B/D PA
<i>tromethamine</i>	3	
TROPHAMINE 10 %	3	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
NESTABS ONE	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>prenatal vitamin oral tablet</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>wescap-pn dha</i>	1	MO

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<i>clodan</i>	78	COSENTYX PEN	69	<i>d5 % and 0.9 % sodium</i>	
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TRIUMEQ.....	6	UMECLIDINIUM-VILANTEROL.....	132	SOD CHLOR.....	94
TRIUMEQ PD.....	6	UNDECATREX.....	94	VASOSTRICT	94
<i>tri-vylibra</i>	120	<i>unithroid</i>	95	VAXCHORA VACCINE...	107
<i>tri-vylibra lo</i>	120	UNITUXIN	30	VECAMYL	68
TRODELVY	30	UPLIZNA.....	30	VECTIBIX	30
TROGARZO	6	UPTRAVI.....	63	VEGZELMA	30
<i>tromethamine</i>	136	<i>ursodiol</i>	100	VEKLURY	6
TROPHAMINE 10 %	136	USTEKINUMAB.....	71	<i>veletri</i>	63
<i>trosipium</i>	133	USTEKINUMAB-AEKN	71	<i>velivet triphasic regimen (28)</i>	120
TRUDHESA.....	37	USTEKINUMAB-TTWE	71	VELPHORO.....	82
TRULANCE.....	100	UZEDY	57	VELSIPITY	100
TRULICITY	91	V		VELTASSA.....	82
TRUMENBA	107	VABOMERE.....	11	VEMLIDY.....	6
TRUQAP.....	30	VABYSMO	122	VENCLEXTA	30
TRUXIMA	30				
TRYNGOLZA	67				
TRYVIO.....	68				

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VENCLEXTA STARTING PACK	30	VIVOTIF	107	<i>wixela inhub</i>	132
<i>venlafaxine</i>	57	VIZIMPRO.....	30	<i>wymzya fe</i>	120
VENLAFAXINE BESYLATE	57	VOGELXO.....	94	WYOST	16
VENTAVIS.....	132	<i>volnea (28)</i>	120	X	
VENTOLIN HFA.....	132	VONJO.....	31	XACDURO	12
<i>venxxiva</i>	82	VOQUEZNA.....	102	XACIATO	117
VEOPOZ.....	82	VOQUEZNA DUAL PAK.	102	XADAGO.....	36
VEOZAH	117	VOQUEZNA TRIPLE PAK	102	XALKORI.....	31
<i>verapamil</i>	63	VORANIGO.....	31	<i>xarah fe</i>	120
VEREGEN	74	<i>voriconazole</i>	2, 3	XARELTO	66
VERIFINE INSULIN SYRINGE.....	108	<i>voriconazole-hpbc</i> d	3	XARELTO DVT-PE TREAT 30D START.....	66
VERKAZIA	122	VOSEVI	6	XATMEP.....	31
VERQUVO	68	VOWST.....	100	XCOPRI	35
VERSACLOZ	57	VOXZOGO	94	XCOPRI MAINTENANCE PACK	35
VERZENIO.....	30	VOYDEYA	82	XCOPRI TITRATION PACK	35
VESICARE LS.....	133	VPRIV	94	XDEMVY.....	122
<i>vestura (28)</i>	120	VRAYLAR.....	58	XELJANZ.....	115
VEVYE	122	VTAMA	71	XELJANZ XR.....	115
V-GO 20.....	108	VUITY.....	122	XELPROS	123
V-GO 30.....	108	VUMERITY.....	40	<i>xelria fe</i>	120
V-GO 40.....	108	VUSION.....	77	XELSTRYM.....	58
VIBATIV	12	VYALEV.....	36	XEMBIFY	107
VIBERZI.....	100	VYEPTI.....	37	XENICAL.....	82
<i>vienna</i>	120	<i>vyfemla (28)</i>	120	XENPOZYME	82
<i>vigabatrin</i>	35	VYKAT XR	82	XEOMIN	107, 108
<i>vigadrone</i>	35	<i>vylibra</i>	120	XERAVA	15
VIGAFYDE	35	VYLOY	31	XERESE	77
VIJOICE.....	30	VYNDAMAX	68	XERMELO.....	31
<i>vilazodone</i>	58	VYNDAQEL.....	68	XHANCE	132
VILTEPSO	40	VYVGART	41	XIAFLEX	82
VIMIZIM	94	VYVGART HYTRULO	41	XIFAXAN	12
VIMKUNYA.....	107	VYXEOS.....	31	XIFYRM.....	48
<i>vinblastine</i>	30	VYZULTA.....	123	XIGDUO XR.....	91
<i>vincristine</i>	30	W		XIIDRA	122
<i>vinorelbine</i>	30	WAINUA	40	XIPERE (PF).....	86
VIOKACE.....	100	WAKIX	58	XOFLUZA	6
<i>viorele (28)</i>	120	<i>warfarin</i>	66	XOLAIR	132
VIRACEPT	6	<i>water for irrigation, sterile</i> ...82		XOLREMDI.....	105
VIREAD.....	6	WELIREG	31	XOPENEX HFA	132
VITRAKVI.....	30	<i>wera (28)</i>	120	XOSPATA.....	31
VIVIMUSTA	30	<i>wescap-pn dha</i>	137	XPHOZAH	82
VIVITROL	48	WEZLANA	72	XPOVIO	31
VIVJOA	2	WEZLANA I.V.....	72	XROMI.....	31
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XTANDI.....	31	ZELAPAR	36	ZOLADEX	31
<i>xulane</i>	117	ZELBORAF	31	<i>zoledronic acid</i>	95
XULTOPHY 100/3.6	91	ZELSUVMI.....	74	<i>zoledronic acid-mannitol-water</i>	
<i>xylocaine dental-epinephrine</i>	74	<i>zelvysia</i>	95	82
XYLOCAINE-MPF	74	ZEMAIRA.....	82	ZOLEDRONIC AC-	
XYLOCAINE-		ZEMBRACE SYMTOUCH.	37	MANNITOL-0.9NACL....	95
MPF/EPINEPHRINE	74	ZEMDRI.....	12	ZOLINZA	31
XYOSTED	94	<i>zenatane</i>	75	<i>zolmitriptan</i>	38
XYREM	58	ZENPEP	101	ZOLMITRIPTAN.....	37
XYWAV.....	58	<i>zenzedi</i>	58	<i>zolpidem</i>	58
Y		ZENZEDI.....	58	ZOLPIDEM.....	58
<i>yargesa</i>	94	ZEPATIER.....	6	ZOMACTON	105
YERVOY	31	ZEPOSIA.....	40	ZONALON.....	74
YESINTEK	72	ZEPOSIA STARTER KIT (28-		ZONISADE	35
YF-VAX (PF).....	108	DAY).....	40	<i>zonisamide</i>	35
YONDELIS	31	ZEPOSIA STARTER PACK		ZORYVE	72
YONSA	31	(7-DAY)	40	ZOSYN IN DEXTROSE (ISO-	
YUFLYMA(CF).....	115	ZEPZELCA	31	OSM).....	14
YUFLYMA(CF) AI		ZERBAXA	8	<i>zovia 1-35 (28)</i>	120
CROHN'S-UC-HS.....	115	ZERVIAE	122	ZTALMY	36
YUFLYMA(CF)		ZEVTERA.....	8	ZTLIDO.....	74
AUTOINJECTOR.....	115	<i>zidovudine</i>	6	ZUBSOLV.....	48
YUPELRI.....	132	ZIEXTENZO.....	105	<i>zumandimine (28)</i>	120
YUTIQ	124	ZIIHERA	31	ZUNVEYL	40
<i>yuvafem</i>	117	ZILBRYSQ	41	ZURZUVAE.....	58
Z		ZILRETTA.....	86	ZYDELIG.....	31
<i>zafemy</i>	117	ZILXI.....	75	ZYKADIA.....	31
<i>zafirlukast</i>	132	ZINPLAVA	108	ZYLET	123
<i>zaleplon</i>	58	<i>ziprasidone hcl</i>	58	ZYMFENTRA.....	101
ZALTRAP.....	31	<i>ziprasidone mesylate</i>	58	ZYNLONTA	31
ZARXIO.....	105	ZIRABEV.....	31	ZYNYZ.....	31
ZAVZPRET	37	ZIRGAN.....	121	ZYPITAMAG.....	67
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