

# EmblemHealth

# 2024 PDP Formulary

(List of Covered Drugs)

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

**24550, V7**

This formulary was updated on 05/01/2024. For more recent information or other questions, please contact EmblemHealth Medicare HMO at **800-585-5786**, for TTY users, **800-899-2114**, 24 hours a day 7 days a week. Or visit [emblemhealth.com/medicare](https://emblemhealth.com/medicare).

**Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. For more recent information or other questions, please contact EmblemHealth Medicare at **800-585-5786**, for TTY users, **800-899-2114**, 24 hours a day 7 days a week. Or visit [emblemhealth.com/medicare](https://emblemhealth.com/medicare).

**Important Message About What You Pay for Insulin**- You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost sharing tier it's on even if you haven't paid your deductible.

## List of Covered Drugs for:

- EmblemHealth National Drug Plan (PDP)
- EmblemHealth City of New York GHI Enhanced (PDP)
- EmblemHealth City of New York GHI Standard (PDP)



**EmblemHealth<sup>®</sup>**

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means EmblemHealth Plan, Inc. When it refers to “plan” or “our plan,” it means EmblemHealth Prescription Drug Plan (PDP).

This document includes a list of the drugs (formulary) for our plan, which is current as of 05/01/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

## **What is the EmblemHealth Prescription Drug Plan (PDP) Formulary?**

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

### **Can the Formulary (drug list) change?**

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

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

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

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

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand-name drug currently on the formulary; or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or, we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits, and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a one-month supply of the drug.
  - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below entitled “How do I request an exception to the EmblemHealth Prescription Drug Plan (PDP) Formulary?”.

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

The enclosed formulary is current as of 05/01/2024. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

Note: In the event of a mid-year, non-maintenance formulary change, the change is added to a comprehensive list of changes that have been made since the formulary was printed. The list of changes is included with the formulary booklet that is available online. New members receive a notice in the welcome kit with information on how to access the formulary or how to request one. Existing members can view the updated formulary by visiting us on the web at [emblemhealth.com/medicare](https://emblemhealth.com/medicare). The formulary that is posted on our website is updated.

## How do I use the Formulary?

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

### Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Hypertensive/Lipids.” If you know what your drug is used for, look for the category name in the list that begins on page 1. Then, look under the category name for your drug.

### Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 207. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## What are generic drugs?

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

## Are there any restrictions on my coverage?

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the EmblemHealth Prescription Drug Plan (PDP) Formulary?” on page iv for information about how to request an exception.

### **What if my drug is not on the Formulary?**

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered.

If you learn that our plan does not cover your drug, you have two options:

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

### **How do I request an exception to EmblemHealth Prescription Drug Plan (PDP) Formulary?**

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level, unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

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

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

If you are a current member in our plan and you experience a change in the level of care, such as an admission or discharge from the long-term care facility, we will provide you with one-time temporary supply of your medications, as needed, to assist with your transition to the new level of care.

## **For more information**

For more detailed information about your EmblemHealth Prescription Drug Plan (PDP) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

## **EmblemHealth Prescription Drug Plan (PDP) Formulary**

The formulary that begins on page 1 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 207.

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

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

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:** The vaccine is provided to adults at no cost when used based on recommendations by the Centers for Disease Control and Preventions (CDC) Advisory Committee on Immunization Practices (ACIP).

Please refer to the below for information about the different tier levels listed in this formulary:

<b>Copay Tier-Type of drug</b>	<b>Includes</b>
Tier 1- Generic	Lowest-cost tier. Most generic drugs on the formulary are included in this tier.
Tier 2 – Preferred Brand	This tier contains a combination of preferred brand drugs and certain generics.
Tier 3 – Non-Preferred Drug	This is your higher-cost tier and includes non-preferred generic and brand drugs.
Tier 4- Specialty Tier	Specialty drugs are generally the highest cost prescription drugs that may require special handling and may be brand or generic.

Please refer to your plan Benefit Summary about how the plan’s cost-sharing relates to the different tier levels listed in this formulary for a one-month supply of a drug. If you are eligible for “Extra Help” or “Low-Income Subsidy” (LIS), some of the information in these tables about the cost of Part D prescription drugs may not apply to you. We will send you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (LIS rider), which tells you about your drug coverage. If you don’t have this insert, please call Customer Service at the numbers listed above and ask for the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (LIS rider).

Please Note: Employer Group Waiver Plan (EGWP) please refer to your Cost Sharing Guide or contact Customer Service for benefit details and cost sharing amounts.



## Multi-Language Insert Multi-Language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **877-411-3625** (TTY: **711**). Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **877-411-3625** (TTY: **711**). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **877-411-3625** (TTY: **711**)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **877-411-3625** (TTY: **711**)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **877-411-3625** (TTY: **711**). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **877-411-3625** (TTY: **711**). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **877-411-3625** (TTY: **711**) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **877-411-3625** (TTY: **711**). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **877-411-3625** (TTY: **711**)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC, and Health Insurance Plan of Greater New York (HIP) are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **877-411-3625** (TTY: **711**). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **877-411-3625** (TTY: **711**). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें **877-411-3625** (TTY: **711**) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **877-411-3625** (TTY: **711**). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **877-411-3625** (TTY: **711**). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **877-411-3625** (TTY: **711**). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **877-411-3625** (TTY: **711**). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**877-411-3625** (TTY: **711**)にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

#### :Urdu

آپ کے سوالات کا جواب دینے کے لئے، ہمارے پاس ترجمان کی مفت خدمات موجود ہیں۔ ڈرگ پلان یا صحت کے متعلق آپ کے کسی بھی سوالات کے لئے ہمارے ہیلپ لائن **877-411-3625** (TTY: **711**) پر کال کریں۔ ایک فرد جو اردو زبان بولتا ہے آپ کی مدد کر سکتا ہے۔ ترجمان حاصل کرنے کے لئے، یہ مفت خدمت ہے۔

#### :Yiddish

מיר האבן אומזיסטע דאלמעטשער סערוויסעס צו ענטפערן סיי וועלכע פראגעס וואס איר קענט מעגליך האבן איבער אונזער העלט אדער דראג פלאן. צו באקומען א דאלמעטשער, פשוט רופט אונז אויף **877-411-3625** (TTY: **711**). איינער וואס רעדט אידיש קען אייך העלפן. דאס איז אן אומזיסטע סערוויס.

**Greek:** Διαθέτουμε δωρεάν υπηρεσίες διερμηνείας ώστε να απαντήσουμε σε οποιοσδήποτε ερωτήσεις ενδέχεται να έχετε σχετικά με το πρόγραμμα υγείας ή φαρμακευτικής αγωγής μας. Για να αποκτήσετε πρόσβαση σε έναν διερμηνέα, απλά καλέστε μας στο τηλέφωνο **877-411-3625** (TTY: **711**). Κάποιος που μιλάει ελληνικά μπορεί να σας βοηθήσει. Αυτή είναι μία δωρεάν υπηρεσία.

**Albanian:** Kemi shërbime përkthimi falas për t'iu përgjigjur pyetjeve që mund të keni rreth planit tonë shëndetësor ose të barnave. Për të marrë një përkthyes, mjafton të na telefononi në nr. **877-411-3625** (TTY: **711**). Aty do t'ju ndihmojë dikush që flet gjuhën shqipe. Ky shërbim ofrohet falas.

**Bengali:** আমাদের স্বাস্থ্য এবং ওষুধের পরিকল্পনা সম্পর্কে আপনার যেকোনো প্রশ্নের উত্তর দেওয়ার জন্য আমাদের বিনামূল্যের দোভাষী পরিষেবা রয়েছে। একজন দোভাষী পেতে, **877-411-3625** (TTY: **711**) নম্বরে আমাদের ফোন করুন। বাংলা বলতে পারেন এমন কেউ আপনার সহায়তা করতে পারে। এটি একটি বিনামূল্যের পরিষেবা।

## Notice of Nondiscrimination Policy

EmblemHealth complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. EmblemHealth does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

EmblemHealth:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact **1-877-411-3625** (TTY: **711**).

If you believe that EmblemHealth has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with EmblemHealth Grievance and Appeals Department, PO Box 2844, New York, NY 10116, or call **1-877-411-3625**. (Dial **711** for TTY/TDD services.) You can file a grievance in person, by mail or by phone. If you need help filing a grievance, EmblemHealth's Grievance and Appeals Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office of Civil Rights electronically through the Office of Civil Rights Complaint Portal, available at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf) or by mail or phone at **U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201; 1-800-368-1019**, (dial **1-800-537-7697** for TTY services).

Complaint forms are available at [hhs.gov/ocr/office/file/index.html](https://hhs.gov/ocr/office/file/index.html).

Drug Name	Drug Tier	Requirements/Limits
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
ABELCET INTRAVENOUS SUSPENSION	3	B/D PA
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION	4	B/D PA
<i>amphotericin b injection recon soln</i>	3	B/D PA; MO
<i>amphotericin b liposome intravenous suspension for reconstitution</i>	4	B/D PA
ANCOBON ORAL CAPSULE	4	MO
CANCIDAS INTRAVENOUS RECON SOLN	4	
<i>casposfungin intravenous recon soln</i>	3	
<i>clotrimazole mucous membrane troche</i>	1	MO
CRESEMBA INTRAVENOUS RECON SOLN	4	PA
CRESEMBA ORAL CAPSULE	4	PA
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	3	
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	MO
DIFLUCAN ORAL TABLET 100 MG, 200 MG	3	MO
DIFLUCAN ORAL TABLET 150 MG	3	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	4	MO
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 50 MG	3	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 400 mg/200 ml</i>	3	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	3	PA; MO
<i>fluconazole oral suspension for reconstitution</i>	1	MO
<i>fluconazole oral tablet</i>	1	MO
<i>flucytosine oral capsule</i>	4	MO
<i>griseofulvin microsize oral suspension</i>	3	MO
<i>griseofulvin microsize oral tablet</i>	3	MO

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This drug list was last updated on 04/12/2024.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>griseofulvin ultramicrosize oral tablet</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 tablet</i>	1	MO
<i>micafungin intravenous recon soln</i>	4	MO
MYCAMINE INTRAVENOUS RECON SOLN	4	MO
NOXAFIL INTRAVENOUS SOLUTION	4	PA
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON	4	PA; MO; QL (32 per 30 days)
NOXAFIL ORAL SUSPENSION	4	PA; MO; QL (630 per 30 days)
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC)	4	PA; MO; QL (96 per 30 days)
<i>nystatin oral suspension</i>	1	MO
<i>nystatin oral tablet</i>	1	MO
<i>posaconazole intravenous solution</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 INTRAVENOUS RECON SOLN	4	
SPORANOX ORAL CAPSULE	3	MO; QL (120 per 30 days)
SPORANOX ORAL SOLUTION	3	MO
<i>terbinafine hcl oral tablet</i>	1	MO
TOLSURA ORAL CAPSULE, SOLID DISPERSION	4	PA; MO; QL (120 per 30 days)
VFEND IV INTRAVENOUS RECON SOLN	3	PA; MO
VFEND ORAL SUSPENSION FOR RECONSTITUTION	4	PA; MO
VFEND ORAL TABLET	3	PA; MO
VIVJOA ORAL CAPSULE	4	PA; QL (18 per 84 days)
<i>voriconazole intravenous recon soln</i>	4	PA; MO
<i>voriconazole oral suspension for reconstitution</i>	4	PA; MO
<i>voriconazole oral tablet</i>	3	PA; MO

## ANTIVIRALS

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This drug list was last updated on 04/12/2024.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>abacavir oral solution</i>	2	MO
<i>abacavir oral tablet</i>	2	MO
<i>abacavir-lamivudine oral tablet</i>	2	MO
<i>acyclovir oral capsule</i>	1	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	3	MO
<i>acyclovir oral tablet</i>	1	MO
<i>acyclovir sodium intravenous solution</i>	3	B/D PA; MO
<i>adefovir oral tablet</i>	3	MO
<i>amantadine hcl oral capsule</i>	1	MO
<i>amantadine hcl oral solution</i>	1	MO
<i>amantadine hcl oral tablet</i>	1	MO
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE	4	MO
APTIVUS ORAL CAPSULE	4	MO
<i>atazanavir oral capsule</i>	3	MO
ATRIPLA ORAL TABLET	4	
BARACLUDE ORAL SOLUTION	4	MO
BARACLUDE ORAL TABLET	4	MO
BEYFORTUS INTRAMUSCULAR SYRINGE	3	
BIKTARVY ORAL TABLET	4	MO
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE	4	MO
<i>cidofovir intravenous solution</i>	4	B/D PA; MO
CIMDUO ORAL TABLET	4	MO
COMBIVIR ORAL TABLET	3	MO
COMPLERA ORAL TABLET	4	MO
<i>darunavir oral tablet</i>	4	MO
DELSTRIGO ORAL TABLET	4	MO
DESCOVY ORAL TABLET	4	MO
DOVATO ORAL TABLET	4	MO
EDURANT ORAL TABLET	4	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>efavirenz oral capsule</i>	3	MO
<i>efavirenz oral tablet</i>	3	MO
<i>efavirenz-emtricitabin-tenofovir oral tablet</i>	4	MO
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet</i>	4	MO
<i>emtricitabine oral capsule</i>	3	MO
<i>emtricitabine-tenofovir (tdf) oral tablet</i>	3	MO
EMTRIVA ORAL CAPSULE	3	MO
EMTRIVA ORAL SOLUTION	2	MO
<i>entecavir oral tablet</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)
EPIVIR ORAL SOLUTION	3	MO
EPIVIR ORAL TABLET	3	MO
EPZICOM ORAL TABLET	4	MO
<i>etravirine oral tablet</i>	4	MO
EVOTAZ ORAL TABLET	4	MO
<i>famciclovir oral tablet</i>	1	MO
<i>fosamprenavir oral tablet</i>	3	MO
<i>foscarnet intravenous solution</i>	3	B/D PA; MO
FUZEON SUBCUTANEOUS RECON SOLN	4	MO
<i>ganciclovir sodium intravenous recon soln</i>	1	B/D PA; MO
<i>ganciclovir sodium intravenous solution</i>	1	B/D PA
GENVOYA ORAL TABLET	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)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HARVONI ORAL TABLET 90-400 MG	4	PA; MO; QL (28 per 28 days)
INTELENCE ORAL TABLET 100 MG, 200 MG	4	MO
INTELENCE ORAL TABLET 25 MG	3	MO
ISENTRESS HD ORAL TABLET	4	MO
ISENTRESS ORAL POWDER IN PACKET	4	MO
ISENTRESS ORAL TABLET	4	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	4	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	2	MO
JULUCA ORAL TABLET	4	MO
KALETRA ORAL SOLUTION	3	MO
KALETRA ORAL TABLET 100-25 MG	3	MO
KALETRA ORAL TABLET 200-50 MG	4	MO
LAGEVRIO (EUA) ORAL CAPSULE	1	QL (40 per 180 days)
<i>lamivudine oral solution</i>	2	MO
<i>lamivudine oral tablet</i>	2	MO
<i>lamivudine-zidovudine oral tablet</i>	2	MO
LEDIPASVIR-SOFOSBUVIR ORAL TABLET	4	PA; MO; QL (28 per 28 days)
LEXIVA ORAL SUSPENSION	3	MO
LEXIVA ORAL TABLET	4	
LIVTENCITY ORAL TABLET	4	PA; LA; QL (120 per 30 days)
<i>lopinavir-ritonavir oral solution</i>	3	MO
<i>lopinavir-ritonavir oral tablet</i>	2	MO
<i>maraviroc oral tablet</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</i>	3	MO
NORVIR ORAL POWDER IN PACKET	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NORVIR ORAL TABLET	3	MO
ODEFSEY ORAL TABLET	4	MO
<i>oseltamivir oral capsule</i>	2	MO
<i>oseltamivir oral suspension for reconstitution</i>	2	MO
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	1	QL (20 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	QL (30 per 180 days)
PIFELTRO ORAL TABLET	4	MO
PREVYMIS INTRAVENOUS SOLUTION	4	PA
PREVYMIS ORAL TABLET	4	PA; MO; QL (30 per 30 days)
PREZCOBIX ORAL TABLET	4	MO
PREZISTA ORAL SUSPENSION	4	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	3	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	4	MO
RAPIVAB (PF) INTRAVENOUS SOLUTION	4	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	3	MO
RETROVIR INTRAVENOUS SOLUTION	2	MO
RETROVIR ORAL CAPSULE	3	MO
RETROVIR ORAL SYRUP	3	MO
REYATAZ ORAL CAPSULE 200 MG, 300 MG	4	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 oral tablet</i>	3	MO
<i>ritonavir oral tablet</i>	2	MO
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR	4	MO
SELZENTRY ORAL SOLUTION	2	MO
SELZENTRY ORAL TABLET 150 MG, 300 MG	4	MO
SELZENTRY ORAL TABLET 25 MG, 75 MG	2	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SOFOSBUVIR-VELPATASVIR ORAL TABLET	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 ORAL TABLET	4	MO
SUNLENCA ORAL TABLET	4	
SUNLENCA SUBCUTANEOUS SOLUTION	4	
SYMFI LO ORAL TABLET	4	MO
SYMFI ORAL TABLET	4	MO
SYMTUZA ORAL TABLET	4	MO
SYNAGIS INTRAMUSCULAR SOLUTION	4	MO; LA
TAMIFLU ORAL CAPSULE	3	MO
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	3	MO
<i>tenofovir disoproxil fumarate oral tablet</i>	3	MO
TIVICAY ORAL TABLET 10 MG	2	
TIVICAY ORAL TABLET 25 MG, 50 MG	4	MO
TIVICAY PD ORAL TABLET FOR SUSPENSION	4	MO
TRIUMEQ ORAL TABLET	4	MO
TRIUMEQ PD ORAL TABLET FOR SUSPENSION	4	MO
TRIZIVIR ORAL TABLET	4	
TROGARZO INTRAVENOUS SOLUTION	4	MO; LA
TRUVADA ORAL TABLET	4	MO
TYBOST ORAL TABLET	3	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)
VALCYTE ORAL RECON SOLN	4	MO

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Drug Name	Drug Tier	Requirements/Limits
VALCYTE ORAL TABLET	4	MO
<i>valganciclovir oral recon soln</i>	4	MO
<i>valganciclovir oral tablet</i>	2	MO
VALTREX ORAL TABLET 1 GRAM	3	MO; QL (120 per 30 days)
VALTREX ORAL TABLET 500 MG	3	MO; QL (60 per 30 days)
VEKLURY INTRAVENOUS RECON SOLN	4	
VEMLIDY ORAL TABLET	4	MO
VIRACEPT ORAL TABLET	4	MO
VIREAD ORAL POWDER	4	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	3	MO
VIREAD ORAL TABLET 300 MG	4	MO
VOSEVI ORAL TABLET	4	PA; MO; QL (28 per 28 days)
XOFLUZA ORAL TABLET 40 MG, 80 MG	2	MO
ZEPATIER ORAL TABLET	4	PA; MO; QL (28 per 28 days)
ZIAGEN ORAL SOLUTION	3	MO
ZIAGEN ORAL TABLET	3	
<i>zidovudine oral capsule</i>	2	MO
<i>zidovudine oral syrup</i>	2	MO
<i>zidovudine oral tablet</i>	1	MO

## CEPHALOSPORINS

AVYCAZ INTRAVENOUS RECON SOLN	4	PA; MO
<i>cefaclor oral capsule</i>	1	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml</i>	1	MO
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cefazolin in dextrose (iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	3	MO
<b>CEFAZOLIN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML</b>	3	
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	3	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 300 g</i>	3	
<b>CEFAZOLIN INJECTION RECON SOLN 2 GRAM</b>	3	
<i>cefazolin intravenous recon soln 1 gram</i>	3	
<b>CEFAZOLIN INTRAVENOUS RECON SOLN 2 GRAM, 3 GRAM</b>	3	
<i>cefdinir oral capsule</i>	1	MO
<i>cefdinir oral suspension for reconstitution</i>	2	MO
<i>cefepime in dextrose (iso-osm) intravenous piggyback</i>	3	
<b>CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK</b>	3	MO
<i>cefepime injection recon soln</i>	3	MO
<b>CEFEPIME INTRAVENOUS RECON SOLN</b>	3	
<i>cefixime oral capsule</i>	3	MO
<i>cefixime oral suspension for reconstitution</i>	3	MO
<i>cefotetan injection recon soln</i>	3	PA
<i>cefoxitin in dextrose (iso-osm) intravenous piggyback</i>	3	PA
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	3	PA; MO
<i>cefoxitin intravenous recon soln 10 gram</i>	3	PA
<i>cefpodoxime oral suspension for reconstitution</i>	3	MO
<i>cefpodoxime oral tablet</i>	3	MO
<i>cefprozil oral suspension for reconstitution</i>	1	MO
<i>cefprozil oral tablet</i>	1	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	3	PA; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ceftazidime injection recon soln 6 gram</i>	3	PA
<i>ceftriaxone in dextrose (iso-osm) intravenous piggyback</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 recon soln</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
<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 INTRAVENOUS RECON SOLN	4	PA
<i>tazicef injection recon soln</i>	3	PA; MO
<i>tazicef intravenous recon soln</i>	3	PA
TEFLARO INTRAVENOUS RECON SOLN	4	PA; MO
ZERBAXA INTRAVENOUS RECON SOLN	4	PA
<b>ERYTHROMYCINS / OTHER MACROLIDES</b>		
<i>azithromycin intravenous recon soln</i>	3	PA; MO
<i>azithromycin oral packet</i>	2	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 oral suspension for reconstitution</i>	1	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clarithromycin oral tablet</i>	1	MO
<i>clarithromycin oral tablet extended release 24 hr</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
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION	3	MO
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION	3	MO
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION	3	MO
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	3	MO
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	3	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	PA; MO
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	3	MO
<i>erythromycin ethylsuccinate oral tablet</i>	3	MO
<i>erythromycin lactobionate intravenous recon soln</i>	3	PA; MO
<i>erythromycin oral capsule, delayed release (dr/ec)</i>	3	MO
<i>erythromycin oral tablet</i>	3	MO
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	3	MO
ZITHROMAX INTRAVENOUS RECON SOLN	3	PA; MO
ZITHROMAX ORAL PACKET	3	MO
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	3	MO
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	MO
ZITHROMAX TRI-PAK ORAL TABLET	3	
ZITHROMAX Z-PAK ORAL TABLET	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<b>MISCELLANEOUS ANTIINFECTIVES</b>		
AEMCOLO ORAL TABLET,DELAYED RELEASE (DR/EC)	3	MO; QL (12 per 30 days)
<i>albendazole oral tablet</i>	4	MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	3	PA; MO
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION	4	PA; LA
<i>atovaquone oral suspension</i>	3	MO
<i>atovaquone-proguanil oral tablet</i>	3	MO
AZACTAM INJECTION RECON SOLN	3	PA; MO
<i>aztreonam injection recon soln</i>	3	PA; MO
<i>bacitracin intramuscular recon soln</i>	3	
BENZNIDAZOLE ORAL TABLET	3	MO
BETHKIS INHALATION SOLUTION FOR NEBULIZATION	4	PA; MO; QL (224 per 28 days)
BILTRICIDE ORAL TABLET	3	MO
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	4	PA; MO; LA; QL (84 per 56 days)
<i>chloramphenicol sod succinate intravenous recon soln</i>	3	
<i>chloroquine phosphate oral tablet</i>	1	MO
CLEOCIN HCL ORAL CAPSULE	3	MO
CLEOCIN INJECTION SOLUTION	3	PA; MO
CLEOCIN PEDIATRIC ORAL RECON SOLN	3	MO
<i>clindamycin hcl oral capsule</i>	1	MO
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK	3	PA
<i>clindamycin in 5 % dextrose intravenous piggyback</i>	3	PA; MO
<i>clindamycin pediatric oral recon soln</i>	3	MO
<i>clindamycin phosphate injection solution</i>	3	PA; MO
<i>clindamycin phosphate intravenous solution</i>	3	PA; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COARTEM ORAL TABLET	3	MO
<i>colistin (colistimethate na) injection recon soln</i>	3	PA; MO; QL (30 per 10 days)
COLY-MYCIN M PARENTERAL INJECTION RECON SOLN	3	PA; MO; QL (30 per 10 days)
CUBICIN RF INTRAVENOUS RECON SOLN	4	MO
<i>cycloserine oral capsule</i>	3	MO
DALVANCE INTRAVENOUS SOLUTION	4	PA; MO
<i>dapsone oral tablet</i>	2	MO
DAPTOMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK	3	
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	4	MO
<i>daptomycin intravenous recon soln 500 mg</i>	4	MO
DARAPRIM ORAL TABLET	4	PA
EMVERM ORAL TABLET,CHEWABLE	4	MO
<i>ertapenem injection recon soln</i>	3	PA; MO; QL (14 per 14 days)
<i>ethambutol oral tablet</i>	2	MO
FIRVANQ ORAL RECON SOLN	3	QL (450 per 10 days)
FLAGYL ORAL CAPSULE	3	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 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 in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	3	PA
<i>gentamicin injection solution 40 mg/ml</i>	3	PA; MO
<i>gentamicin sulfate (ped) (pf) injection solution</i>	3	PA; MO
HUMATIN ORAL CAPSULE	3	MO
<i>hydroxychloroquine oral tablet 100 mg, 300 mg, 400 mg</i>	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydroxychloroquine oral tablet 200 mg</i>	1	MO
<i>imipenem-cilastatin intravenous recon soln</i>	3	PA; MO
IMPAVIDO ORAL CAPSULE	4	PA; MO
INVANZ INJECTION RECON SOLN	3	PA; QL (14 per 14 days)
<i>isoniazid injection solution</i>	3	
<i>isoniazid oral solution</i>	1	MO
<i>isoniazid oral tablet</i>	1	MO
<i>ivermectin oral tablet</i>	2	PA; MO; QL (20 per 30 days)
KIMYRSA INTRAVENOUS RECON SOLN	4	PA
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION	4	PA; MO; QL (280 per 28 days)
KRINTAFEL ORAL TABLET	3	
LAMPIT ORAL TABLET	3	MO
LINCOCIN INJECTION SOLUTION	3	PA; MO
<i>lincomycin injection solution</i>	3	PA
<i>linezolid in dextrose 5% intravenous piggyback</i>	3	PA; MO
<i>linezolid oral suspension for reconstitution</i>	4	MO
<i>linezolid oral tablet</i>	3	MO
LINEZOLID-0.9% SODIUM CHLORIDE INTRAVENOUS PARENTERAL SOLUTION	3	PA
MALARONE ORAL TABLET	3	MO
MALARONE PEDIATRIC ORAL TABLET	3	MO
<i>mefloquine oral tablet</i>	1	MO
MEPRON ORAL SUSPENSION	4	MO
<i>meropenem intravenous recon soln 1 gram</i>	3	PA; QL (30 per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	3	PA; QL (10 per 10 days)
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. intravenous piggyback</i>	3	PA; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metronidazole in nacl (iso-osm) intravenous piggyback</i>	3	PA; MO
<i>metronidazole oral capsule</i>	3	MO
<i>metronidazole oral tablet</i>	1	MO
MYAMBUTOL ORAL TABLET 400 MG	3	MO
MYCOBUTIN ORAL CAPSULE	3	MO
NEBUPENT INHALATION RECON SOLN	3	B/D PA; MO; QL (1 per 28 days)
<i>neomycin oral tablet</i>	1	MO
<i>nitazoxanide oral tablet</i>	4	MO
ORBACTIV INTRAVENOUS RECON SOLN	4	PA; MO
<i>paromomycin oral capsule</i>	3	
PENTAM INJECTION RECON SOLN	3	MO
<i>pentamidine inhalation recon soln</i>	3	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine injection recon soln</i>	3	MO
PLAQUENIL ORAL TABLET	3	MO
<i>polymyxin b sulfite injection recon soln</i>	3	PA; MO
<i>praziquantel oral tablet</i>	3	MO
PRETOMANID ORAL TABLET	3	PA
PRIFTIN ORAL TABLET	2	MO
PRIMAQUINE ORAL TABLET	3	MO
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	3	PA; MO
<i>pyrazinamide oral tablet</i>	3	MO
<i>pyrimethamine oral tablet</i>	4	PA; MO
QUALAQUIN ORAL CAPSULE	3	MO
<i>quinine sulfate oral capsule</i>	3	MO
RECARBRIO INTRAVENOUS RECON SOLN	4	
<i>rifabutin oral capsule</i>	3	MO
RIFADIN INTRAVENOUS RECON SOLN	3	MO
<i>rifampin intravenous recon soln</i>	3	MO
<i>rifampin oral capsule</i>	2	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RIMSO-50 INTRAVESICAL SOLUTION	3	MO
SIRTURO ORAL TABLET	4	PA; LA
SIVEXTRO INTRAVENOUS RECON SOLN	4	PA
SIVEXTRO ORAL TABLET	4	MO
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET	3	MO
STREPTOMYCIN INTRAMUSCULAR RECON SOLN	4	PA; MO; QL (60 per 30 days)
STROMEKTOL ORAL TABLET	3	PA; MO; QL (20 per 30 days)
<i>tigecycline intravenous recon soln</i>	4	PA; MO
<i>tinidazole oral tablet</i>	2	MO
TOBI INHALATION SOLUTION FOR NEBULIZATION	4	PA; MO; QL (280 per 28 days)
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	4	MO; QL (224 per 56 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization</i>	4	PA; MO; QL (280 per 28 days)
<i>tobramycin inhalation solution for nebulization</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
TRECTOR ORAL TABLET	3	MO
TYGACIL INTRAVENOUS RECON SOLN	4	PA; MO
VABOMERE INTRAVENOUS RECON SOLN	3	PA
VANCOCIN ORAL CAPSULE 125 MG	3	PA; MO; QL (40 per 10 days)
VANCOCIN ORAL CAPSULE 250 MG	4	PA; MO; QL (80 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	2	PA; QL (4000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	2	PA; QL (1000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	2	PA; QL (4050 per 10 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 1.25 GRAM/250 ML	3	PA; QL (4000 per 10 days)
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1.5 GRAM/300 ML	3	PA; QL (4200 per 10 days)
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 500 MG/100 ML	3	PA; QL (1000 per 10 days)
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 750 MG/150 ML	3	PA; QL (4050 per 10 days)
VANCOMYCIN INJECTION RECON SOLN	3	PA; QL (1 per 10 days)
<i>vancomycin intravenous recon soln 1,000 mg</i>	3	PA; MO; QL (20 per 10 days)
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM	3	PA; QL (16 per 10 days)
VANCOMYCIN INTRAVENOUS RECON SOLN 1.5 GRAM	3	PA; QL (14 per 10 days)
<i>vancomycin intravenous recon soln 10 gram</i>	3	PA; QL (2 per 10 days)
<i>vancomycin intravenous recon soln 5 gram</i>	3	PA; QL (4 per 10 days)
<i>vancomycin intravenous recon soln 500 mg</i>	3	PA; MO; QL (10 per 10 days)
<i>vancomycin intravenous recon soln 750 mg</i>	3	PA; 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)
VANCOMYCIN ORAL RECON SOLN 25 MG/ML	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	PA; QL (4000 per 10 days)
VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK 1.5 GRAM/300 ML, 1.75 GRAM/350 ML	3	PA; QL (4200 per 10 days)
VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK 500 MG/100 ML	3	PA; QL (1000 per 10 days)
VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK 750 MG/150 ML	3	PA; QL (4050 per 10 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VIBATIV INTRAVENOUS RECON SOLN 750 MG	4	PA
XENLETA INTRAVENOUS SOLUTION	4	
XENLETA ORAL TABLET	4	MO
XIFAXAN ORAL TABLET 200 MG	2	QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	4	MO; QL (90 per 30 days)
ZEMDRI INTRAVENOUS SOLUTION	4	PA
ZYVOX INTRAVENOUS PIGGYBACK 200 MG/100 ML	4	PA
ZYVOX INTRAVENOUS PIGGYBACK 600 MG/300 ML	3	PA; MO
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	4	MO
ZYVOX ORAL TABLET	4	MO

## **PENICILLINS**

<i>amoxicillin oral capsule</i>	1	MO
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 400 mg/5 ml</i>	1	MO
<i>amoxicillin oral suspension for reconstitution 200 mg/5 ml, 250 mg/5 ml</i>	1	MO
<i>amoxicillin oral tablet</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	3	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	1	MO
<i>ampicillin oral capsule 500 mg</i>	1	MO
<i>ampicillin sodium injection recon soln</i>	3	PA; MO
<i>ampicillin sodium intravenous recon soln</i>	3	PA
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	3	PA; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	3	PA
<i>ampicillin-sulbactam intravenous recon soln</i>	3	PA
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION	3	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	MO
BICILLIN C-R INTRAMUSCULAR SYRINGE	2	PA; MO
BICILLIN L-A INTRAMUSCULAR SYRINGE	3	PA; MO
<i>dicloxacillin oral capsule</i>	1	MO
<i>nafcillin in dextrose (iso-osm) intravenous piggyback</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</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 1 MILLION UNIT/50 ML	2	PA
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	3	PA
<i>penicillin g potassium injection recon soln</i>	3	PA; MO
<i>penicillin g sodium injection recon soln</i>	3	PA; MO
<i>penicillin v potassium oral recon soln</i>	1	MO
<i>penicillin v potassium oral tablet</i>	1	MO
<i>pfizerpen-g injection recon soln</i>	3	PA
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	3	
<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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
UNASYN INJECTION RECON SOLN 1.5 GRAM, 3 GRAM	3	PA; MO
UNASYN INJECTION RECON SOLN 15 GRAM	3	PA
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK	3	
<b>QUINOLONES</b>		
BAXDELA INTRAVENOUS RECON SOLN	4	PA
BAXDELA ORAL TABLET	4	MO
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	MO
<i>ciprofloxacin hcl oral tablet 100 mg</i>	1	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	1	MO
<i>ciprofloxacin hcl oral tablet 750 mg</i>	1	MO
<i>ciprofloxacin in 5 % dextrose intravenous piggyback</i>	3	PA; MO
<i>ciprofloxacin oral suspension,microcapsule recon</i>	3	
<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 solution</i>	3	PA; MO
<i>levofloxacin oral solution</i>	3	MO
<i>levofloxacin oral tablet</i>	1	MO
<i>moxifloxacin oral tablet</i>	2	MO
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK	3	PA
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback</i>	3	PA; MO
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	3	MO
<b>SULFA'S / RELATED AGENTS</b>		
BACTRIM DS ORAL TABLET	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BACTRIM ORAL TABLET	3	MO
<i>sulfadiazine oral tablet</i>	3	MO
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	3	PA; MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO
<b>TETRACYCLINES</b>		
<i>demeclocycline oral tablet</i>	3	MO
DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC) 120 MG	3	ST
DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC) 60 MG	3	ST; MO
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG	3	ST; MO
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG	3	ST
<i>doxy-100 intravenous recon soln</i>	3	PA; MO
<i>doxycycline hyclate intravenous recon soln</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
<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	4	ST; MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	MO
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	3	MO
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE,IR - DELAY REL,BIPHASE	3	ST; MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	1	MO
<i>doxycycline monohydrate oral tablet 150 mg</i>	3	MO
MINOCIN INTRAVENOUS RECON SOLN	3	PA; MO
<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	
MONODOX ORAL CAPSULE	3	ST
NUZYRA INTRAVENOUS RECON SOLN	4	PA
NUZYRA ORAL TABLET	4	
ORACEA ORAL CAPSULE, IR - DELAYED RELEASE, BIPHASE	3	ST; MO
SEYSARA ORAL TABLET 100 MG, 60 MG	3	ST; MO
SEYSARA ORAL TABLET 150 MG	4	ST; MO
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	ST; MO
TARGADOX ORAL TABLET	3	ST; MO
<i>tetracycline oral capsule</i>	3	MO
VIBRAMYCIN (CALCIUM) ORAL SYRUP	3	
VIBRAMYCIN (MONO) ORAL SUSPENSION FOR RECONSTITUTION	3	
VIBRAMYCIN ORAL CAPSULE 100 MG	3	ST; MO
XERAVA INTRAVENOUS RECON SOLN	3	PA
XIMINO ORAL CAPSULE,EXTENDED RELEASE 24HR 135 MG	3	ST
XIMINO ORAL CAPSULE,EXTENDED RELEASE 24HR 45 MG, 90 MG	3	ST; MO
<b>URINARY TRACT AGENTS</b>		
<i>fosfomycin tromethamine oral packet</i>	3	MO
FURADANTIN ORAL SUSPENSION	3	MO
HIPREX ORAL TABLET	3	MO

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Drug Name	Drug Tier	Requirements/Limits
MACROBID ORAL CAPSULE	3	MO
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG	3	
MACRODANTIN ORAL CAPSULE 50 MG	3	MO
<i>methenamine hippurate oral tablet</i>	2	MO
<i>methenamine mandelate oral tablet</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 oral capsule</i>	2	MO
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	3	MO
NITROFURANTOIN ORAL SUSPENSION 50 MG/5 ML	4	
<i>trimethoprim oral tablet</i>	1	MO

## ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

### ADJUNCTIVE AGENTS

<i>dexrazoxane hcl intravenous recon soln</i>	4	B/D PA; MO
ELITEK INTRAVENOUS RECON SOLN	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 tablet</i>	2	MO
<i>levoleucovorin calcium intravenous recon soln</i>	4	B/D PA; MO
<i>levoleucovorin calcium intravenous solution</i>	4	B/D PA
<i>mesna intravenous solution</i>	1	B/D PA; MO
MESNEX INTRAVENOUS SOLUTION	3	B/D PA; MO
MESNEX ORAL TABLET	4	MO

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Drug Name	Drug Tier	Requirements/Limits
VISTOGARD ORAL GRANULES IN PACKET	4	PA
XGEVA SUBCUTANEOUS SOLUTION	4	B/D PA; MO
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<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)
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION	4	B/D PA; MO
ADAKVEO INTRAVENOUS SOLUTION	4	PA
ADCETRIS INTRAVENOUS RECON SOLN	4	B/D PA; MO
ADRIAMYCIN INTRAVENOUS RECON SOLN 50 MG	3	B/D PA; MO
ADSTILADRIN INTRAVESICAL SUSPENSION	4	PA
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG	4	PA; MO; QL (330 per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG	4	PA; MO; QL (240 per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 5 MG	4	PA; MO; QL (180 per 30 days)
AFINITOR ORAL TABLET	4	PA; MO; QL (30 per 30 days)
AKEEGA ORAL TABLET	4	PA; LA; QL (60 per 30 days)
ALECENSA ORAL CAPSULE	4	PA; MO; QL (240 per 30 days)
ALIMTA INTRAVENOUS RECON SOLN	4	B/D PA; MO
ALIQOPA INTRAVENOUS RECON SOLN	4	B/D PA; LA
ALKERAN (AS HCL) INTRAVENOUS RECON SOLN	4	B/D PA
ALKERAN ORAL TABLET	3	B/D PA; MO
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 INTRAVENOUS SOLUTION	4	PA; MO
<i>anastrozole oral tablet</i>	1	MO
ARIMIDEX ORAL TABLET	4	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AROMASIN ORAL TABLET	4	MO
ARRANON INTRAVENOUS SOLUTION	4	B/D 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 INTRAVENOUS SOLUTION	4	PA
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR	3	B/D PA; MO
AUGTYRO ORAL CAPSULE	4	PA; MO; QL (240 per 30 days)
AVASTIN INTRAVENOUS SOLUTION	4	PA; MO
AYVAKIT ORAL TABLET	4	PA; LA; QL (30 per 30 days)
<i>azacitidine injection recon soln</i>	4	B/D PA; MO
AZASAN ORAL TABLET	3	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 injection recon soln</i>	1	B/D PA; MO
BALVERSA ORAL TABLET	4	PA; LA
BAVENCIO INTRAVENOUS SOLUTION	4	B/D PA; LA
BELEODAQ INTRAVENOUS RECON SOLN	4	B/D PA
<i>bendamustine intravenous recon soln</i>	4	B/D PA; MO
BENDAMUSTINE INTRAVENOUS SOLUTION	4	B/D PA
BENDEKA INTRAVENOUS SOLUTION	4	B/D PA; MO
BESPONSIA INTRAVENOUS RECON SOLN	4	B/D PA; MO; LA
<i>bexarotene oral capsule</i>	4	PA; MO
<i>bexarotene topical gel</i>	4	PA; MO
<i>bicalutamide oral tablet</i>	1	MO
BICNU INTRAVENOUS RECON SOLN	4	B/D PA; MO
<i>bleomycin injection recon soln</i>	1	B/D PA
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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BOSULIF ORAL CAPSULE 100 MG	4	PA; MO; QL (90 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	4	PA; MO; QL (30 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 ORAL CAPSULE	4	PA; MO; LA; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE	4	PA; LA; QL (120 per 30 days)
<i>busulfan intravenous solution</i>	4	B/D PA
BUSULFEX INTRAVENOUS SOLUTION	4	B/D PA
CABOMETYX ORAL TABLET	4	PA; MO; LA; QL (30 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET	4	PA; LA; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE	4	PA; LA; QL (60 per 30 days)
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5 ML, 40 MG/2 ML	3	B/D PA; MO
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
CASODEX ORAL TABLET	3	MO
CELLCEPT INTRAVENOUS RECON SOLN	3	B/D PA; MO
CELLCEPT ORAL CAPSULE	3	B/D PA; MO
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	4	B/D PA; MO
CELLCEPT ORAL TABLET	4	B/D PA; MO
<i>cisplatin intravenous solution</i>	1	B/D PA; MO
<i>cladribine intravenous solution</i>	4	B/D PA; MO
<i>clofarabine intravenous solution</i>	4	B/D PA
CLOLAR INTRAVENOUS SOLUTION	4	B/D PA; MO
COLUMVI INTRAVENOUS SOLUTION	4	PA; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	4	PA; MO; QL (56 per 28 days)
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 ORAL CAPSULE	4	PA; LA; QL (60 per 30 days)
COSELA INTRAVENOUS RECON SOLN	4	PA
COSMEGEN INTRAVENOUS RECON SOLN	4	B/D PA; MO
COTELLIC ORAL TABLET	4	PA; MO; LA; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln</i>	1	B/D PA; MO
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 25 MG	2	B/D PA
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	2	B/D PA; MO
<i>cyclosporine intravenous solution</i>	1	B/D PA
<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 INTRAVENOUS SOLUTION	4	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>cytarabine injection solution</i>	1	B/D PA; MO
<i>dacarbazine intravenous recon soln</i>	1	B/D PA; MO
DACOGEN INTRAVENOUS RECON SOLN	4	B/D PA; MO
<i>dactinomycin intravenous recon soln</i>	1	B/D PA; MO
DANYELZA INTRAVENOUS SOLUTION	4	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DARZALEX FASPRO SUBCUTANEOUS SOLUTION	4	B/D PA; MO
DARZALEX INTRAVENOUS SOLUTION	4	B/D PA; MO; LA
<i>daunorubicin intravenous solution</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 intravenous recon soln</i>	4	B/D PA; MO
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/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), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	4	B/D PA; MO
DOXIL INTRAVENOUS SUSPENSION	4	B/D PA; MO
<i>doxorubicin intravenous recon soln 10 mg</i>	1	B/D PA
<i>doxorubicin intravenous recon soln 50 mg</i>	1	B/D PA; MO
<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	1	B/D PA; MO
<i>doxorubicin intravenous solution 2 mg/ml</i>	1	B/D PA
<i>doxorubicin, peg-liposomal intravenous suspension</i>	4	B/D PA; MO
DROXIA ORAL CAPSULE	2	MO
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE	2	PA; MO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE	2	PA; MO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE	2	PA; MO
ELIGARD SUBCUTANEOUS SYRINGE	2	PA; MO
ELLENCES INTRAVENOUS SOLUTION	3	B/D PA; MO
ELREXFIO SUBCUTANEOUS SOLUTION	4	PA
ELZONRIS INTRAVENOUS SOLUTION	4	PA; LA
EMCYT ORAL CAPSULE	4	MO
EMPLICITI INTRAVENOUS RECON SOLN	4	B/D PA; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ENHERTU INTRAVENOUS RECON SOLN	4	PA; MO
ENSPRYNG SUBCUTANEOUS SYRINGE	4	PA; MO
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HR	3	B/D PA; MO
<i>epirubicin intravenous solution 200 mg/100 ml</i>	1	B/D PA
EPKINLY SUBCUTANEOUS SOLUTION	4	PA
ERBITUX INTRAVENOUS SOLUTION	4	B/D PA; MO
ERIVEDGE ORAL CAPSULE	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)
<i>erlotinib oral tablet 25 mg</i>	4	PA; MO; QL (60 per 30 days)
ERWINASE INJECTION RECON SOLN	4	B/D PA
ETOPOPHOS INTRAVENOUS RECON SOLN	3	B/D PA; MO
<i>etoposide intravenous solution</i>	1	B/D PA; MO
EULEXIN ORAL CAPSULE	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 (330 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	4	PA; MO; QL (240 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	4	PA; MO; QL (180 per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	3	B/D PA; MO
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	4	B/D PA; MO
EVOMELA INTRAVENOUS RECON SOLN	3	B/D PA
<i>exemestane oral tablet</i>	3	MO
EXKIVITY ORAL CAPSULE	4	PA; LA; QL (120 per 30 days)
FARESTON ORAL TABLET	4	MO
FASLODEX INTRAMUSCULAR SYRINGE	4	B/D PA; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FEMARA ORAL TABLET	3	MO
FENSOLVI SUBCUTANEOUS SYRINGE	4	PA; MO
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 injection recon soln</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 INTRAVENOUS SOLUTION	4	B/D PA; MO
FOTIVDA ORAL CAPSULE	4	PA; LA; QL (21 per 28 days)
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 intramuscular syringe</i>	4	B/D PA; MO
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION	4	PA
GAMIFANT INTRAVENOUS SOLUTION	4	PA; LA
GAVRETO ORAL CAPSULE	4	PA; MO; LA; QL (120 per 30 days)
GAZYVA INTRAVENOUS SOLUTION	4	B/D PA; MO
<i>gefitinib oral tablet</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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>gengraf oral solution</i>	2	B/D PA; MO
GILOTRIF ORAL TABLET	4	PA; MO; QL (30 per 30 days)
GLEEVEC ORAL TABLET 100 MG	4	PA; MO; QL (180 per 30 days)
GLEEVEC ORAL TABLET 400 MG	4	PA; MO; QL (60 per 30 days)
GLEOSTINE ORAL CAPSULE	4	MO
HALAVEN INTRAVENOUS SOLUTION	4	B/D PA; MO
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION	4	PA; MO
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	4	PA; MO
HERZUMA INTRAVENOUS RECON SOLN	4	PA; MO
HYDREA ORAL CAPSULE	3	MO
<i>hydroxyurea oral capsule</i>	1	MO
IBRANCE ORAL CAPSULE	4	PA; MO; QL (21 per 28 days)
IBRANCE ORAL TABLET	4	PA; MO; QL (21 per 28 days)
ICLUSIG ORAL TABLET	4	PA; QL (30 per 30 days)
IDAMYCIN PFS INTRAVENOUS SOLUTION	3	B/D PA; MO
<i>idarubicin intravenous solution</i>	1	B/D PA; MO
IDHIFA ORAL TABLET	4	PA; MO; LA; QL (30 per 30 days)
IFEX INTRAVENOUS RECON SOLN	3	B/D PA; MO
<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>	4	PA; MO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	4	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	4	PA; QL (120 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)
IMFINZI INTRAVENOUS SOLUTION	4	B/D PA; MO; LA
IMJUDO INTRAVENOUS SOLUTION	4	PA; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
IMURAN ORAL TABLET	3	B/D PA; MO
INFUGEM INTRAVENOUS PIGGYBACK	4	B/D PA
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 ORAL TABLET	4	PA; MO; QL (5 per 28 days)
INREBIC ORAL CAPSULE	4	PA; MO; LA; QL (120 per 30 days)
IRESSA ORAL TABLET	4	PA; MO; QL (30 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml</i>	1	B/D PA; MO
<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 INTRAVENOUS RECON SOLN	4	B/D PA; MO
IWILFIN ORAL TABLET	4	PA; LA; QL (240 per 30 days)
IXEMPRA INTRAVENOUS RECON SOLN	4	B/D PA; MO
JAKAFI ORAL TABLET	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 INTRAVENOUS SOLUTION	4	PA; MO
JEVTANA INTRAVENOUS SOLUTION	4	B/D PA; MO
KADCYLA INTRAVENOUS RECON SOLN	4	PA; MO
KANJINTI INTRAVENOUS RECON SOLN	4	PA; MO
KEYTRUDA INTRAVENOUS SOLUTION	4	PA
KIMMTRAK INTRAVENOUS SOLUTION	4	PA
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	4	PA; MO; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	4	PA; MO; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	4	PA; MO; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	4	PA; MO; QL (21 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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 TOPICAL OINTMENT IN PACKET	4	MO
KOSELUGO ORAL CAPSULE	4	PA
KRAZATI ORAL TABLET	4	PA; QL (180 per 30 days)
KYPROLIS INTRAVENOUS RECON SOLN	4	B/D PA
LANREOTIDE SUBCUTANEOUS SYRINGE	4	PA; MO
<i>lapatinib oral tablet</i>	4	PA; MO; QL (180 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)
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 X 2), 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 oral tablet</i>	1	MO
LEUKERAN ORAL TABLET	4	MO
LEUPROLIDE (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA; MO
<i>leuprolide subcutaneous kit</i>	4	PA; MO
LIBTAYO INTRAVENOUS SOLUTION	4	PA; LA
LONSURF ORAL TABLET	4	PA; MO
LOQTORZI INTRAVENOUS SOLUTION	4	PA
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	4	PA; MO
LUNSUMIO INTRAVENOUS SOLUTION	4	PA; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LUPKYNIS ORAL CAPSULE	4	PA; LA; QL (180 per 30 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; MO
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; MO
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; MO
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT	4	PA; MO
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; MO
LUPRON DEPOT-PED INTRAMUSCULAR KIT	4	PA; MO
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT	4	PA; MO
LYNPARZA ORAL TABLET	4	PA; MO; QL (120 per 30 days)
LYSODREN ORAL TABLET	4	
LYTGOBI ORAL TABLET	4	PA; LA
MARGENZA INTRAVENOUS SOLUTION	4	PA
MATULANE ORAL CAPSULE	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 (1200 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 ORAL TABLET	4	PA; MO; LA; QL (180 per 30 days)
<i>melphalan hcl intravenous recon soln</i>	4	B/D PA
<i>mercaptopurine oral tablet</i>	2	MO
<i>methotrexate sodium (pf) injection recon soln</i>	1	B/D PA
<i>methotrexate sodium (pf) injection solution</i>	1	B/D PA; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methotrexate sodium injection solution</i>	1	B/D PA; MO
<i>methotrexate sodium oral tablet</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 intravenous concentrate</i>	1	B/D PA; MO
MONJUVI INTRAVENOUS RECON SOLN	4	PA; LA
MVASI INTRAVENOUS SOLUTION	4	PA; MO
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC)	4	PA; LA
<i>mycophenolate mofetil (hcl) intravenous recon soln</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 oral tablet, delayed release (dr/ec)</i>	3	B/D PA; MO
MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC)	3	B/D PA; MO
MYLOTARG INTRAVENOUS RECON SOLN	4	B/D PA; MO; LA
<i>nelarabine intravenous solution</i>	4	B/D PA; MO
NEORAL ORAL CAPSULE	3	B/D PA; MO
NEORAL ORAL SOLUTION	3	B/D PA; MO
NERLYNX ORAL TABLET	4	PA; MO; LA
NEXAVAR ORAL TABLET	4	PA; MO; LA; QL (120 per 30 days)
NILANDRON ORAL TABLET	4	PA; MO
<i>nilutamide oral tablet</i>	4	PA; MO
NINLARO ORAL CAPSULE	4	PA; MO; QL (3 per 28 days)
NIPENT INTRAVENOUS RECON SOLN	4	B/D PA; MO
NUBEQA ORAL TABLET	4	PA; MO; LA; QL (120 per 30 days)
NULOJIX INTRAVENOUS RECON SOLN	4	B/D PA; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 100 mcg/ml (1 ml)</i>	3	PA; MO
<i>octreotide acetate injection syringe 50 mcg/ml (1 ml)</i>	3	PA
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	4	PA; MO
ODOMZO ORAL CAPSULE	4	PA; MO; LA; QL (30 per 30 days)
OGIVRI INTRAVENOUS RECON SOLN	4	PA; MO
OGSIVEO ORAL TABLET	4	PA; QL (180 per 30 days)
OJJAARA ORAL TABLET	4	PA; QL (30 per 30 days)
ONCASPAR INJECTION SOLUTION	4	B/D PA
ONIVYDE INTRAVENOUS DISPERSION	4	B/D PA
ONTRUZANT INTRAVENOUS RECON SOLN	4	PA
ONUREG ORAL TABLET	4	PA; MO; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION	4	PA; MO
OPDUALAG INTRAVENOUS SOLUTION	4	PA; MO
ORGOVYX ORAL TABLET	4	PA; LA; QL (30 per 28 days)
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</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 intravenous concentrate</i>	1	B/D PA; MO
PACLITAXEL PROTEIN-BOUND INTRAVENOUS SUSPENSION FOR RECONSTITUTION	4	B/D PA
PADCEV INTRAVENOUS RECON SOLN	4	PA; MO
<i>paraplatin intravenous solution</i>	1	B/D PA

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This drug list was last updated on 04/12/2024.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pazopanib oral tablet</i>	4	PA; MO; QL (120 per 30 days)
PEMAZYRE ORAL TABLET	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
PEMETREXED DISODIUM INTRAVENOUS RECON SOLN 750 MG	4	B/D PA
PEMETREXED DISODIUM INTRAVENOUS SOLUTION	4	B/D PA
PEMETREXED INTRAVENOUS RECON SOLN 100 MG	3	B/D PA
PEMETREXED INTRAVENOUS RECON SOLN 500 MG	4	B/D PA
PEMETREXED INTRAVENOUS SOLUTION	4	B/D PA
PEMRYDI RTU INTRAVENOUS SOLUTION	4	B/D PA
PERJETA INTRAVENOUS SOLUTION	4	B/D PA; MO
PHESGO SUBCUTANEOUS SOLUTION	4	PA; MO
PIQRAY ORAL TABLET	4	PA; MO
POLIVY INTRAVENOUS RECON SOLN	4	PA; MO
POMALYST ORAL CAPSULE	4	PA; MO; LA
PORTRAZZA INTRAVENOUS SOLUTION	4	B/D PA; MO
POTELIGEO INTRAVENOUS SOLUTION	4	PA
PRALATREXATE INTRAVENOUS SOLUTION	4	B/D PA; MO
PROGRAF INTRAVENOUS SOLUTION	2	B/D PA; MO
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG	3	B/D PA; MO
PROGRAF ORAL CAPSULE 5 MG	4	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET	3	B/D PA; MO
PURIXAN ORAL SUSPENSION	4	
QINLOCK ORAL TABLET	4	PA; LA; QL (90 per 30 days)
RAPAMUNE ORAL SOLUTION	4	B/D PA
RAPAMUNE ORAL TABLET 0.5 MG	3	B/D PA; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RAPAMUNE ORAL TABLET 1 MG, 2 MG	4	B/D PA; MO
RETEVMO ORAL CAPSULE 40 MG	4	PA; MO; LA; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	4	PA; MO; LA; QL (120 per 30 days)
REVLIMID ORAL CAPSULE	4	PA; MO; LA; QL (28 per 28 days)
REZLIDHIA ORAL CAPSULE	4	PA; QL (60 per 30 days)
REZUROCK ORAL TABLET	4	PA; LA; QL (30 per 30 days)
RIABNI INTRAVENOUS SOLUTION	4	PA; MO
RITUXAN HYCELA SUBCUTANEOUS SOLUTION	4	PA; MO
RITUXAN INTRAVENOUS CONCENTRATE	4	PA; MO
<i>romidepsin intravenous recon soln</i>	4	B/D PA
ROMIDEPSIN INTRAVENOUS SOLUTION	4	B/D PA
ROZLYTREK ORAL CAPSULE 100 MG	4	PA; MO; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	4	PA; MO; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET	4	PA; QL (336 per 28 days)
RUBRACA ORAL TABLET	4	PA; MO; LA; QL (120 per 30 days)
RUXIENCENCE INTRAVENOUS SOLUTION	4	PA; MO
RYBREVANT INTRAVENOUS SOLUTION	4	PA; MO
RYDAPT ORAL CAPSULE	4	PA; MO; QL (224 per 28 days)
RYLAZE INTRAMUSCULAR SOLUTION	4	PA
SANDIMMUNE INTRAVENOUS SOLUTION	3	B/D PA
SANDIMMUNE ORAL CAPSULE	3	B/D PA; MO
SANDIMMUNE ORAL SOLUTION	3	B/D PA
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	PA; MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON	4	PA; MO
SAPHNELO INTRAVENOUS SOLUTION	4	PA; LA
SARCLISA INTRAVENOUS SOLUTION	4	PA; LA
SCSEMBLIX ORAL TABLET 20 MG	4	PA; MO; QL (600 per 30 days)
SCSEMBLIX ORAL TABLET 40 MG	4	PA; MO; QL (300 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA
SIGNIFOR SUBCUTANEOUS SOLUTION	4	PA
SIKLOS ORAL TABLET 1,000 MG	4	MO
SIKLOS ORAL TABLET 100 MG	3	MO
SIMULECT INTRAVENOUS RECON SOLN	2	B/D PA; MO
<i>sirolimus oral solution</i>	4	B/D PA; MO
<i>sirolimus oral tablet</i>	3	B/D PA; MO
SOLTAMOX ORAL SOLUTION	4	MO
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE	4	PA; MO
<i>sorafenib oral tablet</i>	4	PA; MO; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	4	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	4	PA; MO; QL (60 per 30 days)
STIVARGA ORAL TABLET	4	PA; MO; QL (84 per 28 days)
<i>sunitinib malate oral capsule</i>	4	PA; MO; QL (30 per 30 days)
SUPPRELIN LA IMPLANT KIT	4	PA; MO
SUTENT ORAL CAPSULE	4	PA; MO; QL (30 per 30 days)
SYLVANT INTRAVENOUS RECON SOLN	4	B/D PA; MO
TABLOID ORAL TABLET	3	MO
TABRECTA ORAL TABLET	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 ORAL TABLET	4	PA; MO; LA; QL (30 per 30 days)
TALVEY SUBCUTANEOUS SOLUTION	4	PA
TALZENNA ORAL CAPSULE	4	PA; MO; QL (30 per 30 days)
<i>tamoxifen oral tablet</i>	1	MO
TARCEVA ORAL TABLET 100 MG, 150 MG	4	PA; QL (30 per 30 days)
TARCEVA ORAL TABLET 25 MG	4	PA; QL (60 per 30 days)
TARGRETIN ORAL CAPSULE	4	PA; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TARGRETIN TOPICAL GEL	4	PA; MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	4	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	4	PA; MO; QL (120 per 30 days)
TAZVERIK ORAL TABLET	4	PA; LA
TECENTRIQ INTRAVENOUS SOLUTION	4	B/D PA; MO; LA
TECVAYLI SUBCUTANEOUS SOLUTION	4	PA
TEMODAR INTRAVENOUS RECON SOLN	4	B/D PA; MO
<i>temsirolimus intravenous recon soln</i>	4	B/D PA; MO
TEPADINA INJECTION RECON SOLN	4	B/D PA
TEPMETKO ORAL TABLET	4	PA; LA
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA; MO; QL (28 per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	4	PA; MO; QL (56 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 ORAL TABLET	4	PA
TIVDAK INTRAVENOUS RECON SOLN	4	PA; MO
<i>topotecan intravenous recon soln</i>	4	B/D PA; MO
<i>topotecan intravenous solution</i>	4	B/D PA; MO
<i>toremifene oral tablet</i>	4	MO
TORISEL INTRAVENOUS RECON SOLN	4	B/D PA; MO
TRAZIMERA INTRAVENOUS RECON SOLN	4	B/D PA; MO
TREANDA INTRAVENOUS RECON SOLN	4	B/D PA; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	PA; MO
<i>tretinoin (antineoplastic) oral capsule</i>	4	MO
TREXALL ORAL TABLET	3	B/D PA; MO
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA
TRISENOX INTRAVENOUS SOLUTION	4	B/D PA; MO
TRODELVY INTRAVENOUS RECON SOLN	4	PA; LA
TRUQAP ORAL TABLET	4	PA; QL (64 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRUXIMA INTRAVENOUS SOLUTION	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)
TYKERB ORAL TABLET	4	PA; MO; LA; QL (180 per 30 days)
UNITUXIN INTRAVENOUS SOLUTION	4	B/D PA
UPLIZNA INTRAVENOUS SOLUTION	4	PA; MO; LA
<i>valrubicin intravesical solution</i>	4	B/D PA; MO
VALSTAR INTRAVESICAL SOLUTION	4	B/D PA; MO
VANFLYTA ORAL TABLET	4	PA; QL (56 per 28 days)
VECTIBIX INTRAVENOUS SOLUTION	4	B/D PA; MO
VEGZELMA INTRAVENOUS SOLUTION	4	PA
VELCADE INJECTION RECON SOLN	4	B/D PA; MO
VENCLEXTA ORAL TABLET 10 MG	3	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	4	PA; LA; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	4	PA; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK	4	PA; LA; QL (42 per 180 days)
VERZENIO ORAL TABLET	4	PA; MO; LA; QL (60 per 30 days)
VIDAZA INJECTION RECON SOLN	4	B/D PA; MO
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 intravenous solution</i>	1	B/D PA; MO
<i>vincristine intravenous solution</i>	1	B/D PA; MO
<i>vinorelbine intravenous solution</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)
VIZIMPRO ORAL TABLET	4	PA; MO; QL (30 per 30 days)
VONJO ORAL CAPSULE	4	PA; QL (120 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VOTRIENT ORAL TABLET	4	PA; MO; QL (120 per 30 days)
VYXEOS INTRAVENOUS RECON SOLN	4	B/D PA
WELIREG ORAL TABLET	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 ORAL SOLUTION	3	B/D PA; MO
XERMELO ORAL TABLET	4	PA; LA; QL (84 per 28 days)
XOSPATA ORAL TABLET	4	PA; LA; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	4	PA; LA
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)
YERVOY INTRAVENOUS SOLUTION	4	B/D PA; MO
YONDELIS INTRAVENOUS RECON SOLN	4	B/D PA
YONSA ORAL TABLET	4	PA; MO; QL (120 per 30 days)
ZALTRAP INTRAVENOUS SOLUTION	4	B/D PA; MO
ZANOSAR INTRAVENOUS RECON SOLN	3	B/D PA; MO
ZEJULA ORAL CAPSULE	4	PA; MO; LA; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG	4	PA; MO; LA; QL (90 per 30 days)
ZEJULA ORAL TABLET 200 MG, 300 MG	4	PA; MO; LA; QL (30 per 30 days)
ZELBORAF ORAL TABLET	4	PA; MO; QL (240 per 30 days)
ZEPZELCA INTRAVENOUS RECON SOLN	4	PA
ZIRABEV INTRAVENOUS SOLUTION	4	B/D PA; MO
ZOLADEX SUBCUTANEOUS IMPLANT	3	PA; MO
ZOLINZA ORAL CAPSULE	4	PA; MO; QL (120 per 30 days)
ZORTRESS ORAL TABLET 0.25 MG	3	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG, 1 MG	4	B/D PA; MO
ZYDELIG ORAL TABLET	4	PA; MO; QL (60 per 30 days)
ZYKADIA ORAL TABLET	4	PA; MO; QL (90 per 30 days)
ZYNLONTA INTRAVENOUS RECON SOLN	4	PA; LA
ZYNYZ INTRAVENOUS SOLUTION	4	PA
ZYTIGA ORAL TABLET 250 MG	4	PA; MO; QL (120 per 30 days)
ZYTIGA ORAL TABLET 500 MG	4	PA; MO; QL (60 per 30 days)

## AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

### ANTICONVULSANTS

APTIOM ORAL TABLET 200 MG	4	MO; QL (180 per 30 days)
APTIOM ORAL TABLET 400 MG	4	MO; QL (90 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	4	MO; QL (60 per 30 days)
BANZEL ORAL SUSPENSION	4	PA; MO
BANZEL ORAL TABLET	4	PA; MO
BRIVIACT INTRAVENOUS SOLUTION	3	MO; QL (600 per 30 days)
BRIVIACT ORAL SOLUTION	4	MO; QL (600 per 30 days)
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 tablet</i>	1	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	2	MO
<i>carbamazepine oral tablet, chewable</i>	1	MO
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR	3	MO
CELONTIN ORAL CAPSULE 300 MG	3	MO
CEREBYX INJECTION SOLUTION	3	
<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)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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)
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG	3	MO
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 500 MG	3	
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC)	3	MO
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE	3	MO
DIACOMIT ORAL CAPSULE	4	PA; LA
DIACOMIT ORAL POWDER IN PACKET	4	PA; LA
DIASTAT ACUDIAL RECTAL KIT 5-7.5-10 MG	3	
<i>diazepam rectal kit</i>	3	MO
DILANTIN 30 MG ORAL CAPSULE	3	MO
DILANTIN EXTENDED 100 MG ORAL CAPSULE	3	MO
DILANTIN INFATABS 50 MG ORAL TABLET,CHEWABLE	3	MO
DILANTIN-125 125 MG/5 ML ORAL SUSPENSION	3	MO
<i>divalproex oral capsule, delayed release sprinkle</i>	1	MO
<i>divalproex oral tablet extended release 24 hr</i>	1	MO
<i>divalproex oral tablet,delayed release (dr/ec)</i>	1	MO
EPIDIOLEX ORAL SOLUTION	4	PA; MO; LA
<i>epitol oral tablet</i>	1	MO
EPRONTIA ORAL SOLUTION	3	PA; MO
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR	3	MO
<i>ethosuximide oral capsule</i>	2	MO
<i>ethosuximide oral solution</i>	2	MO
<i>felbamate oral suspension</i>	4	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>felbamate oral tablet</i>	3	MO
FELBATOL ORAL TABLET	4	MO
FINTEPLA ORAL SOLUTION	4	PA; LA; QL (360 per 30 days)
<i>fosphenytoin injection solution</i>	1	MO
FYCOMPA ORAL SUSPENSION	4	MO; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	4	MO; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	3	MO; QL (60 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	4	MO; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	MO; QL (270 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	MO; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	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)
<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)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	2	PA; MO; QL (30 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG	2	PA; MO; QL (60 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	2	PA; MO; QL (90 per 30 days)
KEPPRA INTRAVENOUS SOLUTION	3	MO
KEPPRA ORAL SOLUTION	3	MO
KEPPRA ORAL TABLET	3	MO
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR	3	MO
KLONOPIN ORAL TABLET 0.5 MG, 1 MG	3	MO; QL (90 per 30 days)
KLONOPIN ORAL TABLET 2 MG	3	MO; QL (300 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lacosamide intravenous solution</i>	2	MO; QL (1200 per 30 days)
<i>lacosamide oral solution</i>	3	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>	2	MO; QL (120 per 30 days)
LAMICTAL ODT ORAL TABLET,DISINTEGRATING	3	MO
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK	3	MO
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK	3	MO
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK	3	MO
LAMICTAL ORAL TABLET	3	MO
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	MO
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK	3	MO
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK	3	MO
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK	3	MO
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR	3	MO
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK	3	MO
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK	3	MO
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK	3	MO
<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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lamotrigine oral tablets,dose pack</i>	3	MO
<i>levetiracetam in nacl (iso-osm) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	1	MO
<i>levetiracetam in nacl (iso-osm) intravenous piggyback 1,500 mg/100 ml</i>	1	
<i>levetiracetam intravenous solution</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
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	3	PA; MO; QL (30 per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	3	PA; MO; QL (60 per 30 days)
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	3	MO; QL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	3	MO; QL (60 per 30 days)
LYRICA ORAL SOLUTION	3	MO; QL (900 per 30 days)
<i>methsuximide oral capsule</i>	3	MO
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	3	ST; QL (120 per 30 days)
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG	4	ST; MO; QL (60 per 30 days)
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	4	ST; QL (60 per 30 days)
MYSOLINE ORAL TABLET	4	MO
NAYZILAM NASAL SPRAY,NON-AEROSOL	4	PA; MO; QL (10 per 30 days)
NEURONTIN ORAL CAPSULE 100 MG, 400 MG	3	MO; QL (270 per 30 days)
NEURONTIN ORAL CAPSULE 300 MG	3	MO; QL (360 per 30 days)
NEURONTIN ORAL SOLUTION	3	MO; QL (2160 per 30 days)
NEURONTIN ORAL TABLET 600 MG	3	MO; QL (180 per 30 days)
NEURONTIN ORAL TABLET 800 MG	3	MO; QL (120 per 30 days)

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This drug list was last updated on 04/12/2024.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ONFI ORAL SUSPENSION	4	PA; MO; QL (480 per 30 days)
ONFI ORAL TABLET	4	PA; MO; QL (60 per 30 days)
<i>oxcarbazepine oral suspension</i>	3	MO
<i>oxcarbazepine oral tablet</i>	2	MO
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR	3	MO
<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	
PHENYTEK ORAL CAPSULE	3	MO
<i>phenytoin oral suspension 100 mg/4 ml</i>	1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	MO
<i>phenytoin oral tablet, chewable</i>	1	MO
<i>phenytoin sodium extended oral capsule 100 mg</i>	1	MO
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	1	
<i>phenytoin sodium intravenous solution</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR	3	PA; MO
<i>roweepra oral tablet 500 mg</i>	1	MO
<i>rufinamide oral suspension</i>	4	PA; MO
<i>rufinamide oral tablet 200 mg</i>	3	PA; MO
<i>rufinamide oral tablet 400 mg</i>	4	PA; MO
SABRIL ORAL POWDER IN PACKET	4	PA; MO; LA
SABRIL ORAL TABLET	4	PA; MO; LA
SEZABY INTRAVENOUS RECON SOLN	3	
SPRITAM ORAL TABLET FOR SUSPENSION	3	MO
<i>subvenite oral tablet</i>	1	MO
<i>subvenite starter (blue) kit oral tablets,dose pack</i>	3	MO
<i>subvenite starter (green) kit oral tablets,dose pack</i>	3	MO
<i>subvenite starter (orange) kit oral tablets,dose pack</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)
TEGRETOL ORAL SUSPENSION	3	MO
TEGRETOL ORAL TABLET	3	MO
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR	3	MO
<i>tiagabine oral tablet</i>	3	MO
TOPAMAX ORAL CAPSULE, SPRINKLE	3	PA; MO
TOPAMAX ORAL TABLET	3	PA; MO
<i>topiramate oral capsule, sprinkle</i>	1	PA; MO
<i>topiramate oral capsule,extended release 24hr 100 mg, 25 mg, 50 mg</i>	3	PA; MO
<i>topiramate oral capsule,extended release 24hr 200 mg</i>	4	PA; MO
<i>topiramate oral capsule,sprinkle,er 24hr</i>	3	PA; MO
<i>topiramate oral tablet</i>	1	PA; MO
TRILEPTAL ORAL SUSPENSION	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRILEPTAL ORAL TABLET	3	MO
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	3	PA; MO
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	4	PA; MO
<i>valproate sodium intravenous solution</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	1	
<i>valproic acid oral capsule</i>	1	MO
VALTOCO NASAL SPRAY,NON-AEROSOL	4	PA; MO; QL (10 per 30 days)
<i>vigabatrin oral powder in packet</i>	4	PA; MO; LA
<i>vigabatrin oral tablet</i>	4	PA; MO; LA
<i>vigadrone oral powder in packet</i>	4	PA; LA
<i>vigadrone oral tablet</i>	4	PA; LA
<i>vigpoder oral powder in packet</i>	4	PA; LA
VIMPAT INTRAVENOUS SOLUTION	3	MO; QL (1200 per 30 days)
VIMPAT ORAL SOLUTION	4	MO; QL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	4	MO; QL (60 per 30 days)
VIMPAT ORAL TABLET 50 MG	3	MO; QL (120 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	4	MO; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG	4	MO; QL (120 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	4	MO; QL (60 per 30 days)
XCOPRI ORAL TABLET 50 MG	4	MO; QL (240 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)

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Drug Name	Drug Tier	Requirements/Limits
ZARONTIN ORAL CAPSULE	3	MO
ZARONTIN ORAL SOLUTION	3	MO
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	PA; MO
ZONISADE ORAL SUSPENSION	4	PA; MO
<i>zonisamide oral capsule</i>	1	PA; MO
ZTALMY ORAL SUSPENSION	4	PA; LA; QL (1080 per 30 days)
<b>ANTIPARKINSONISM AGENTS</b>		
APOKYN SUBCUTANEOUS CARTRIDGE	4	PA; MO; LA; QL (90 per 30 days)
<i>apomorphine subcutaneous cartridge</i>	4	PA; QL (90 per 30 days)
AZILECT ORAL TABLET	3	MO
<i>benztropine injection solution</i>	1	MO
<i>benztropine oral tablet</i>	1	PA; MO
<i>bromocriptine oral capsule</i>	3	MO
<i>bromocriptine oral tablet</i>	3	MO
<i>carbidopa oral tablet</i>	1	MO
<i>carbidopa-levodopa oral tablet</i>	1	MO
<i>carbidopa-levodopa oral tablet extended release</i>	1	MO
<i>carbidopa-levodopa oral tablet, disintegrating</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet</i>	3	MO
COMTAN ORAL TABLET	3	MO
DHIVY ORAL TABLET	3	MO
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION	4	B/D PA; MO
<i>entacapone oral tablet</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)
LODOSYN ORAL TABLET	3	MO

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Drug Name	Drug Tier	Requirements/Limits
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 0.375 MG, 0.75 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG	3	
NEUPRO TRANSDERMAL PATCH 24 HOUR	3	MO
NOURIANZ ORAL TABLET	4	PA; MO; LA; QL (30 per 30 days)
ONGENTYS ORAL CAPSULE	3	PA; MO; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG	3	PA; QL (30 per 30 days)
PARLODEL ORAL CAPSULE	3	MO
PARLODEL ORAL TABLET	3	MO
<i>pramipexole oral tablet</i>	1	MO
<i>pramipexole oral tablet extended release 24 hr</i>	3	MO
<i>rasagiline oral tablet</i>	3	MO
<i>ropinirole oral tablet</i>	1	MO
<i>ropinirole oral tablet extended release 24 hr</i>	3	MO
RYTARY ORAL CAPSULE, EXTENDED RELEASE	3	MO
<i>selegiline hcl oral capsule</i>	1	MO
<i>selegiline hcl oral tablet</i>	1	MO
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	MO
STALEVO 100 ORAL TABLET	3	MO
STALEVO 125 ORAL TABLET	3	MO
STALEVO 150 ORAL TABLET	3	MO
STALEVO 200 ORAL TABLET	3	MO
STALEVO 50 ORAL TABLET	3	MO
STALEVO 75 ORAL TABLET	3	MO
TASMAR ORAL TABLET 100 MG	4	PA; MO
<i>tolcapone oral tablet</i>	4	PA
XADAGO ORAL TABLET	4	MO
ZELAPAR ORAL TABLET,DISINTEGRATING	4	PA; MO

## MIGRAINE / CLUSTER HEADACHE THERAPY

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This drug list was last updated on 04/12/2024.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	2	PA; MO; QL (1 per 30 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	3	PA; MO; QL (1.5 per 30 days)
AJOVY SUBCUTANEOUS SYRINGE	3	PA; MO; QL (1.5 per 30 days)
<i>almotriptan malate oral tablet 12.5 mg</i>	3	MO; QL (24 per 28 days)
<i>almotriptan malate oral tablet 6.25 mg</i>	3	MO; QL (18 per 28 days)
<i>dihydroergotamine injection solution</i>	4	
<i>dihydroergotamine nasal spray,non-aerosol</i>	4	QL (8 per 28 days)
<i>eletriptan oral tablet</i>	3	MO; QL (18 per 28 days)
ELYXYB ORAL SOLUTION	3	PA; MO; QL (28.8 per 28 days)
EMGALITY SUBCUTANEOUS PEN INJECTOR	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 SUBLINGUAL TABLET	3	MO
<i>ergotamine-caffeine oral tablet</i>	2	MO
FROVA ORAL TABLET	3	MO; QL (27 per 28 days)
<i>frovatriptan oral tablet</i>	3	MO; QL (27 per 28 days)
IMITREX ORAL TABLET 100 MG, 25 MG	3	MO; QL (18 per 28 days)
IMITREX ORAL TABLET 50 MG	3	QL (18 per 28 days)
IMITREX STATDOSE SUBCUTANEOUS PEN INJECTOR	3	MO; QL (8 per 28 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE	3	MO; QL (8 per 28 days)
MAXALT ORAL TABLET 10 MG	3	MO; QL (36 per 28 days)
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG	3	MO; QL (36 per 28 days)
<i>migergot rectal suppository</i>	3	MO
MIGRANAL NASAL SPRAY,NON-AEROSOL	4	QL (8 per 28 days)
<i>naratriptan oral tablet</i>	2	MO; QL (18 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NURTEC ODT ORAL TABLET,DISINTEGRATING	2	PA; QL (16 per 30 days)
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED	3	MO; QL (32 per 28 days)
QULIPTA ORAL TABLET	2	PA; MO; QL (30 per 30 days)
RELPAX ORAL TABLET	3	MO; QL (18 per 28 days)
REYVOW ORAL TABLET 100 MG	3	PA; QL (16 per 30 days)
REYVOW ORAL TABLET 50 MG	3	PA; QL (8 per 30 days)
<i>rizatriptan oral tablet</i>	1	MO; QL (36 per 28 days)
<i>rizatriptan oral tablet,disintegrating</i>	2	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	3	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	3	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral tablet</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml</i>	3	MO; QL (8 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)
<i>sumatriptan-naproxen oral tablet</i>	3	MO; QL (18 per 28 days)
TOSYMRA NASAL SPRAY,NON-AEROSOL	3	MO; QL (24 per 28 days)
TREXIMET ORAL TABLET	3	MO; QL (18 per 28 days)
TRUDHESA NASAL SPRAY,NON-AEROSOL	4	ST; QL (8 per 28 days)
UBRELVY ORAL TABLET	2	PA; QL (20 per 30 days)
VYEPTI INTRAVENOUS SOLUTION	4	PA
ZAVZPRET NASAL SPRAY,NON-AEROSOL	4	PA; MO; QL (6 per 28 days)
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR	4	MO; QL (8 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>zolmitriptan nasal spray,non-aerosol 5 mg</i>	3	MO; QL (18 per 28 days)
<i>zolmitriptan oral tablet</i>	3	MO; QL (18 per 28 days)
<i>zolmitriptan oral tablet,disintegrating</i>	3	MO; QL (18 per 28 days)
ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG	3	QL (18 per 28 days)
ZOMIG NASAL SPRAY,NON-AEROSOL 5 MG	3	MO; QL (18 per 28 days)
ZOMIG ORAL TABLET	3	MO; QL (18 per 28 days)
<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>		
ADLARITY TRANSDERMAL PATCH WEEKLY	3	MO
AMONDYS-45 INTRAVENOUS SOLUTION	4	PA; LA
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR	4	PA; MO; LA; QL (60 per 30 days)
AMVUTTRA SUBCUTANEOUS SYRINGE	4	PA; MO
ARICEPT ORAL TABLET	3	MO
AUBAGIO ORAL TABLET	4	PA; MO; QL (30 per 30 days)
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 ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	4	PA; MO; QL (120 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	4	PA; MO; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	4	PA; MO; QL (240 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK	4	PA; MO; QL (42 per 180 days)
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC)	4	PA; MO; QL (120 per 30 days)
BRIUMVI INTRAVENOUS SOLUTION	4	PA; MO; QL (24 per 180 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	4	PA; MO; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	4	PA; MO; QL (12 per 28 days)
<i>dalfampridine oral tablet extended release 12 hr</i>	2	PA; MO; QL (60 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DAYBUE ORAL SOLUTION	4	PA; LA
<i>dichlorphenamide oral tablet</i>	4	PA; MO
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	4	PA; MO; QL (14 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	4	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
EVRYSDI ORAL RECON SOLN	4	PA; MO; LA; QL (240 per 30 days)
EXELON PATCH TRANSDERMAL PATCH 24 HOUR	3	MO
EXONDYS-51 INTRAVENOUS SOLUTION	4	PA
<i>fingolimod oral capsule</i>	4	PA; MO; QL (30 per 30 days)
FIRDAPSE ORAL TABLET	4	PA; LA
<i>galantamine oral capsule, extended release pellets 24 hr</i>	2	MO
<i>galantamine oral solution</i>	3	
<i>galantamine oral tablet</i>	2	MO
GILENYA ORAL CAPSULE 0.25 MG	4	PA; QL (30 per 30 days)
GILENYA ORAL CAPSULE 0.5 MG	4	PA; MO; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	4	PA; QL (30 per 30 days)
<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 INITIATION PACK ORAL CAPSULE, DOSE PACK	4	PA; LA; QL (28 per 180 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INGREZZA ORAL CAPSULE	4	PA; LA; QL (30 per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (1.6 per 28 days)
KEVEYIS ORAL TABLET	4	PA
LEMTRADA INTRAVENOUS SOLUTION	4	PA; MO; QL (6 per 365 days)
LEQEMBI INTRAVENOUS SOLUTION	3	PA
MAVENCLAD (10 TABLET PACK) ORAL TABLET	4	PA; MO; LA; QL (40 per 720 days)
MAVENCLAD (4 TABLET PACK) ORAL TABLET	4	PA; MO; LA; QL (16 per 720 days)
MAVENCLAD (5 TABLET PACK) ORAL TABLET	4	PA; MO; LA; QL (20 per 720 days)
MAVENCLAD (6 TABLET PACK) ORAL TABLET	4	PA; MO; LA; QL (24 per 720 days)
MAVENCLAD (7 TABLET PACK) ORAL TABLET	4	PA; MO; LA; QL (28 per 720 days)
MAVENCLAD (8 TABLET PACK) ORAL TABLET	4	PA; MO; LA; QL (32 per 720 days)
MAVENCLAD (9 TABLET PACK) ORAL TABLET	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) ORAL TABLETS,DOSE PACK	3	PA; MO; QL (7 per 180 days)
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK	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; MO
NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK	3	PA; MO
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 14 MG, 21 MG, 28 MG	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 7 MG	3	PA
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	2	PA
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	2	PA; MO
NUEDEXTA ORAL CAPSULE	4	PA; MO
NULIBRY INTRAVENOUS RECON SOLN	4	PA; LA
OCREVUS INTRAVENOUS SOLUTION	4	PA; MO; LA; QL (20 per 180 days)
ONPATTRO INTRAVENOUS SOLUTION	4	PA; MO; LA
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK	4	PA; MO; QL (14 per 180 days)
PONVORY ORAL TABLET	4	PA; MO; QL (30 per 30 days)
RADICAVA INTRAVENOUS SOLUTION	4	PA
RADICAVA ORS ORAL SUSPENSION	4	PA; MO
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION	4	PA; MO
RELYVRIO ORAL POWDER IN PACKET	4	PA; MO
<i>rivastigmine tartrate oral capsule</i>	2	MO
<i>rivastigmine transdermal patch 24 hour</i>	3	MO
SKYCLARYS ORAL CAPSULE	4	PA; LA
TASCENSO ODT ORAL TABLET,DISINTEGRATING	4	MO
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG	4	PA; MO; LA; QL (14 per 30 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	4	PA; MO; LA; QL (120 per 180 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 240 MG	4	PA; MO; LA; QL (60 per 30 days)
TEGSEDI SUBCUTANEOUS SYRINGE	4	PA; MO; LA
<i>teriflunomide oral tablet</i>	4	PA; MO; QL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	4	PA; MO; QL (120 per 30 days)

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This drug list was last updated on 04/12/2024.

Drug Name	Drug Tier	Requirements/Limits
TYSABRI INTRAVENOUS SOLUTION	4	PA; MO; LA; QL (15 per 28 days)
VILTEPSO INTRAVENOUS SOLUTION	4	PA; LA
VUMERITY ORAL CAPSULE, DELAYED RELEASE(DR/EC)	4	PA; MO; QL (120 per 30 days)
VYONDYS-53 INTRAVENOUS SOLUTION	4	PA; LA
WAINUA SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL (0.8 per 28 days)
XENAZINE ORAL TABLET 12.5 MG	4	PA; MO; LA; QL (240 per 30 days)
XENAZINE ORAL TABLET 25 MG	4	PA; MO; LA; QL (120 per 30 days)
ZEPOSIA ORAL CAPSULE	4	PA; MO; QL (30 per 30 days)
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE, DOSE PACK	4	PA; MO; QL (28 per 180 days)
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE, DOSE PACK	4	PA; MO; QL (7 per 180 days)

### MUSCLE RELAXANTS / ANTISPASMODIC THERAPY

<i>baclofen intrathecal solution</i>	3	B/D PA; MO
<i>baclofen intrathecal syringe</i>	3	B/D PA; MO
BACLOFEN ORAL SOLUTION	4	MO
<i>baclofen oral suspension</i>	4	MO
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO
<i>cyclobenzaprine oral tablet</i>	3	PA; MO
DANTRIUM INTRAVENOUS RECON SOLN	3	
DANTRIUM ORAL CAPSULE 25 MG	3	MO
<i>dantrolene intravenous recon soln</i>	1	
<i>dantrolene oral capsule</i>	3	MO
FEXMID ORAL TABLET	3	PA
FLEQSUVY ORAL SUSPENSION	4	MO
GABLOFEN INTRATHECAL SOLUTION	3	B/D PA; MO
GABLOFEN INTRATHECAL SYRINGE	3	B/D 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

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This drug list was last updated on 04/12/2024.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LYVISPAH ORAL GRANULES IN PACKET 10 MG, 5 MG	3	MO
LYVISPAH ORAL GRANULES IN PACKET 20 MG	4	MO
MESTINON ORAL SYRUP	4	MO
MESTINON ORAL TABLET	4	MO
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE	4	MO
OZOBAX DS ORAL SOLUTION	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</i>	2	
<i>revonto intravenous recon soln</i>	1	
RYSTIGGO SUBCUTANEOUS SOLUTION	4	PA
<i>tizanidine oral capsule</i>	3	MO
<i>tizanidine oral tablet</i>	1	MO
VYVGART HYTRULO SUBCUTANEOUS SOLUTION	4	PA; MO; LA
VYVGART INTRAVENOUS SOLUTION	4	PA; MO; LA
ZANAFLEX ORAL CAPSULE	3	MO
ZANAFLEX ORAL TABLET	3	MO
ZILBRYSQ SUBCUTANEOUS SYRINGE	4	PA; LA
<b>NARCOTIC ANALGESICS</b>		
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE	4	MO
<i>buprenorphine hcl sublingual tablet</i>	1	MO
SEGLENTIS ORAL TABLET	3	ST; MO; QL (120 per 30 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE	4	MO
<b>NON-NARCOTIC ANALGESICS</b>		

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This drug list was last updated on 04/12/2024.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ACETAMINOPHEN INTRAVENOUS SOLUTION 1,000 MG/100 ML (10 MG/ML), 500 MG/50 ML (10 MG/ML)	3	MO
ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC	3	ST; MO
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC	3	ST; MO
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	2	MO; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	2	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	2	MO; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	MO; QL (90 per 30 days)
CALDOLOR INTRAVENOUS PIGGYBACK	3	
CALDOLOR INTRAVENOUS RECON SOLN	3	MO
CAMBIA ORAL POWDER IN PACKET	3	ST; MO; QL (9 per 30 days)
CELEBREX ORAL CAPSULE	3	MO
<i>celecoxib oral capsule</i>	1	MO
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	1	
COMBOGESIC IV INTRAVENOUS SOLUTION	3	
DAYPRO ORAL TABLET	3	ST; MO
DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR	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 tablet extended release 24 hr</i>	1	MO
<i>diclofenac sodium oral tablet, delayed release (dr/ec)</i>	1	MO
<i>diclofenac sodium topical drops</i>	3	MO; QL (300 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 oral tablet, ir, delayed release, biphasic</i>	3	MO
<i>diflunisal oral tablet</i>	2	MO
DUEXIS ORAL TABLET	3	ST
<i>ec-naproxen oral tablet, delayed release (dr/ec)</i>	1	
<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
FELDENE ORAL CAPSULE	3	ST; MO
<i>fenoprofen oral capsule 400 mg</i>	3	MO
<i>fenoprofen oral tablet</i>	3	MO
FLECTOR TRANSDERMAL PATCH 12 HOUR	3	PA; MO; QL (60 per 30 days)
<i>flurbiprofen oral tablet 100 mg</i>	1	MO
<i>ibu oral tablet</i>	1	MO
<i>ibuprofen lysine (pf) intravenous solution</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 oral tablet</i>	3	MO
INDOCIN RECTAL SUPPOSITORY	4	MO
<i>indomethacin rectal suppository 50 mg</i>	4	
<i>ketoprofen oral capsule 25 mg, 50 mg</i>	3	
<i>ketoprofen oral capsule, extended release pellets 24 hr 200 mg</i>	3	MO
KETOROLAC NASAL SPRAY, NON-AEROSOL	3	ST
KLOXXADO NASAL SPRAY, NON-AEROSOL	3	MO
LICART TRANSDERMAL PATCH 24 HOUR	3	PA; MO; QL (30 per 30 days)
LODINE ORAL TABLET	3	ST
<i>lofena oral tablet</i>	4	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LUCEMYRA ORAL TABLET	4	PA; MO
<i>meclofenamate oral capsule</i>	3	MO
<i>mefenamic acid oral capsule</i>	3	MO
<i>meloxicam oral tablet</i>	1	MO; QL (30 per 30 days)
<i>meloxicam submicronized oral capsule</i>	3	MO; QL (30 per 30 days)
<i>nabumetone oral tablet</i>	1	MO
NALFON ORAL CAPSULE 400 MG	3	ST; MO
NALFON ORAL TABLET	3	ST; MO
<i>naloxone injection solution</i>	1	MO
<i>naloxone injection syringe</i>	1	MO
<i>naloxone nasal spray,non-aerosol</i>	1	MO
<i>naltrexone oral tablet</i>	1	
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 750 MG	3	ST; MO
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 500 MG	3	ST
NAPROSYN ORAL SUSPENSION	4	ST
<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 oral tablet,ir,delayed rel,biphasic</i>	4	MO
NARCAN NASAL SPRAY,NON-AEROSOL	3	MO
NEOPROFEN (IBUPROFEN LYSN)(PF) INTRAVENOUS SOLUTION	3	
OLINVYK INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN	3	B/D PA
OLINVYK INTRAVENOUS SOLUTION	3	
OPVEE NASAL SPRAY,NON-AEROSOL	3	
<i>oxaprozin oral tablet</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	4	ST; QL (224 per 28 days)
<i>piroxicam oral capsule</i>	2	MO
PRIALT INTRATHECAL SOLUTION	3	B/D PA
QDOLO ORAL SOLUTION	4	MO; QL (2400 per 30 days)
RELAFEN DS ORAL TABLET	4	ST; MO
<i>salsalate oral tablet</i>	1	MO
SPRIX NASAL SPRAY, NON-AEROSOL	4	ST
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	MO; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	3	MO; QL (360 per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	3	MO; QL (90 per 30 days)
<i>sulindac oral tablet</i>	1	MO
<i>tolmetin oral capsule</i>	3	MO
TRAMADOL ORAL SOLUTION	4	QL (2400 per 30 days)
VIMOVO ORAL TABLET, IR, DELAYED REL, BIPHASIC	4	ST; MO
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON	4	MO
VIVLODEX ORAL CAPSULE	3	ST; MO; QL (30 per 30 days)
ZIMHI INJECTION SYRINGE	3	
ZIPSOR ORAL CAPSULE	3	ST; MO
ZORVOLEX ORAL CAPSULE	3	ST
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	2	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	2	MO; QL (60 per 30 days)
<b>PSYCHOTHERAPEUTIC DRUGS</b>		
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)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON	4	MO; QL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE SYRINGE	4	MO; QL (1 per 28 days)
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP	4	QL (30 per 30 days)
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 10 MG	4	QL (30 per 30 days)
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	4	QL (30 per 180 days)
ABILIFY ORAL TABLET	3	MO; QL (30 per 30 days)
ADDERALL ORAL TABLET	3	MO
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR	3	ST; MO
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H	3	ST; MO
AMBIEN CR ORAL TABLET,EXT RELEASE MULTIPHASE	3	MO; QL (30 per 30 days)
AMBIEN ORAL TABLET	3	MO; QL (30 per 30 days)
<i>amitriptyline oral tablet</i>	1	MO
<i>amoxapine oral tablet</i>	2	MO
<i>amphetamine sulfate oral tablet</i>	3	PA; MO
ANAFRANIL ORAL CAPSULE	3	MO
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR	4	MO; QL (30 per 30 days)
APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60	3	ST; MO
<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 INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	4	MO; QL (4.8 per 365 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE SYRINGE 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 oral tablet</i>	3	PA; MO; QL (30 per 30 days)
<i>asenapine maleate sublingual tablet</i>	3	MO; QL (60 per 30 days)
ATIVAN INJECTION SOLUTION	3	PA; MO
ATIVAN ORAL TABLET 0.5 MG, 1 MG	3	PA; MO; QL (90 per 30 days)
ATIVAN ORAL TABLET 2 MG	3	PA; MO; QL (150 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)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC	4	ST; MO; QL (60 per 30 days)
AZSTARYS ORAL CAPSULE	3	ST; MO
BELSOMRA ORAL TABLET	3	PA; MO; 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 oral tablet</i>	1	MO
CAPLYTA ORAL CAPSULE	3	MO; QL (30 per 30 days)
CELEXA ORAL TABLET	3	MO; QL (30 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>chlorpromazine injection solution</i>	1	MO
<i>chlorpromazine oral concentrate</i>	3	MO
<i>chlorpromazine oral tablet</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 oral capsule</i>	3	MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	3	MO
<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	
CLOZARIL ORAL TABLET 100 MG	4	
CLOZARIL ORAL TABLET 200 MG, 25 MG, 50 MG	3	
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR	3	ST; MO
COTEMPLA XR-ODT ORAL TABLET,DISINTEGR ER BIPHASE 24H	3	ST; MO
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	MO; QL (60 per 30 days)
DAYTRANA TRANSDERMAL PATCH 24 HOUR	3	ST; MO
DAYVIGO ORAL TABLET	3	PA; MO; QL (30 per 30 days)
<i>desipramine oral tablet</i>	1	MO
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	MO; QL (120 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	MO; QL (30 per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr</i>	2	MO; QL (30 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG	3	ST; MO
<i>dexmethylphenidate oral capsule,er biphasic 50-50</i>	3	MO
<i>dexmethylphenidate oral tablet</i>	3	MO
<i>dextroamphetamine sulfate oral capsule, extended release</i>	3	MO
<i>dextroamphetamine sulfate oral solution</i>	3	MO
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	3	MO
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg</i>	3	
<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 solution</i>	1	PA
<i>diazepam injection syringe</i>	1	PA
<i>diazepam intensol oral concentrate</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 INTRAVENOUS SOLUTION	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	QL (60 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	3	QL (90 per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	MO; QL (60 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	3	MO; QL (90 per 30 days)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR	3	ST; MO
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR	3	ST; MO
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 37.5 MG	3	MO; QL (30 per 30 days)
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 75 MG	3	MO; QL (90 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR	4	MO
<i>ergoloid oral tablet</i>	3	
<i>escitalopram oxalate oral solution</i>	1	MO
<i>escitalopram oxalate oral tablet</i>	1	MO; QL (30 per 30 days)
<i>eszopiclone oral tablet</i>	3	MO; QL (30 per 30 days)
EVEKEO ODT ORAL TABLET, DISINTEGRATING	3	PA; MO
EVEKEO ORAL TABLET	3	PA; MO
FANAPT ORAL TABLET	3	MO; QL (60 per 30 days)
FANAPT ORAL TABLETS, DOSE PACK	3	MO; QL (8 per 180 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24HR DOSE PACK	2	QL (28 per 180 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR	2	MO; QL (30 per 30 days)
<i>flumazenil intravenous solution</i>	1	
<i>fluoxetine (pmdd) oral tablet 10 mg</i>	1	QL (240 per 30 days)
<i>fluoxetine (pmdd) oral tablet 20 mg</i>	1	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 (90 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	1	MO; QL (4 per 28 days)
<i>fluoxetine oral solution</i>	1	MO
<i>fluoxetine oral tablet 10 mg</i>	1	MO; QL (240 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluoxetine oral tablet 20 mg</i>	1	MO; QL (120 per 30 days)
<i>fluoxetine oral tablet 60 mg</i>	3	MO; QL (30 per 30 days)
<i>fluphenazine decanoate injection solution</i>	3	MO
<i>fluphenazine hcl injection solution</i>	3	MO
<i>fluphenazine hcl oral concentrate</i>	3	MO
<i>fluphenazine hcl oral elixir</i>	3	MO
<i>fluphenazine hcl oral tablet</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)
FOCALIN ORAL TABLET	3	MO
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50	3	ST; MO
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR	3	MO; QL (30 per 30 days)
GEODON INTRAMUSCULAR RECON SOLN	3	MO
GEODON ORAL CAPSULE 20 MG	3	MO; QL (60 per 30 days)
GEODON ORAL CAPSULE 40 MG, 60 MG, 80 MG	4	MO; QL (60 per 30 days)
HALDOL DECANOATE INTRAMUSCULAR SOLUTION	3	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i>	3	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	3	MO
<i>haloperidol lactate injection solution</i>	3	MO
<i>haloperidol lactate intramuscular syringe</i>	1	
<i>haloperidol lactate oral concentrate</i>	1	MO
<i>haloperidol oral tablet</i>	1	MO
HETLIOZ LQ ORAL SUSPENSION	4	PA; MO; QL (158 per 30 days)
HETLIOZ ORAL CAPSULE	4	PA; MO; QL (30 per 30 days)

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This drug list was last updated on 04/12/2024.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>imipramine hcl oral tablet</i>	3	MO
<i>imipramine pamoate oral capsule</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 ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 9 MG	3	MO; QL (30 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	3	MO; QL (60 per 30 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)
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 ORAL CAPSULE,DEL REL,EXT REL SPRINK	3	ST; MO
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	4	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	4	MO; QL (60 per 30 days)
LEXAPRO ORAL TABLET	3	MO; QL (30 per 30 days)
<i>lisdexamfetamine oral capsule</i>	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lisdexamfetamine oral tablet, chewable</i>	3	MO
<i>lithium carbonate oral capsule</i>	1	MO
<i>lithium carbonate oral tablet</i>	1	MO
<i>lithium carbonate oral tablet extended release</i>	1	MO
<i>lithium citrate oral solution</i>	1	
LITHOBID ORAL TABLET EXTENDED RELEASE	3	MO
<i>lorazepam injection solution</i>	1	PA; MO
<i>lorazepam injection syringe 2 mg/ml</i>	1	PA; MO
<i>lorazepam intensol oral concentrate</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)
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 oral capsule</i>	1	MO
LUMRYZ ORAL EXTEND RELEASE GRANULES, PACKET	4	PA; MO; QL (30 per 30 days)
LUNESTA ORAL TABLET	3	MO; QL (30 per 30 days)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	4	MO; QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i>	4	MO; QL (60 per 30 days)
LYBALVI ORAL TABLET	4	ST; MO; QL (30 per 30 days)
MARPLAN ORAL TABLET	3	MO
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70	3	ST
<i>methamphetamine oral tablet</i>	3	PA; MO
METHYLIN ORAL SOLUTION	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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
<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
<b>METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG</b>	3	ST; MO
<i>methylphenidate hcl oral tablet,chewable</i>	3	MO
<i>methylphenidate transdermal patch 24 hour</i>	3	MO
<i>midazolam (pf) in 0.9 % nacl intravenous solution</i>	3	
<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
<b>MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR</b>	3	ST; MO
<b>NARDIL ORAL TABLET</b>	3	MO
<i>nefazodone oral tablet</i>	3	MO
<b>NORPRAMIN ORAL TABLET 10 MG, 25 MG</b>	3	
<i>nortriptyline oral capsule</i>	1	MO
<i>nortriptyline oral solution</i>	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NUPLAZID ORAL CAPSULE	3	PA; MO; QL (30 per 30 days)
NUPLAZID ORAL TABLET	3	PA; MO; QL (30 per 30 days)
NUVIGIL ORAL TABLET	3	PA; MO; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln</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 oral capsule</i>	3	MO
<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)
PAMELOR ORAL CAPSULE	3	MO
PARNATE ORAL TABLET	3	MO
<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)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	2	MO; QL (60 per 30 days)
<i>paroxetine mesylate(menop.sym) oral capsule</i>	3	MO; QL (30 per 30 days)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR	3	MO; QL (60 per 30 days)
PAXIL ORAL SUSPENSION	3	
PAXIL ORAL TABLET 10 MG, 20 MG, 40 MG	3	MO; QL (30 per 30 days)
PAXIL ORAL TABLET 30 MG	3	MO; QL (60 per 30 days)
<i>pentobarbital sodium injection solution</i>	3	
<i>perphenazine oral tablet</i>	3	MO
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING	4	MO; QL (1 per 30 days)
<i>phenelzine oral tablet</i>	2	MO
<i>pimozide oral tablet</i>	3	MO
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	MO; QL (30 per 30 days)
<i>procentra oral solution</i>	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>protriptyline oral tablet</i>	3	MO
PROVIGIL ORAL TABLET 100 MG	4	PA; MO; QL (30 per 30 days)
PROVIGIL ORAL TABLET 200 MG	4	PA; MO; QL (60 per 30 days)
PROZAC ORAL CAPSULE 10 MG	3	MO; QL (30 per 30 days)
PROZAC ORAL CAPSULE 20 MG	3	MO; QL (90 per 30 days)
PROZAC ORAL CAPSULE 40 MG	3	MO; QL (60 per 30 days)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG	3	ST; MO; QL (30 per 30 days)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	3	ST; MO; 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)
<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 ORAL TABLET,CHEW,IR- ER.BIPHASIC24HR	3	ST; MO
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON	3	ST; MO
QUVIVIQ ORAL TABLET	3	PA; MO; QL (30 per 30 days)
<i>ramelteon oral tablet</i>	2	MO; QL (30 per 30 days)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG	3	ST
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG	3	ST; MO
REMERON ORAL TABLET 15 MG, 30 MG	3	MO
REMERON SOLTAB ORAL TABLET,DISINTEGRATING	3	MO
REXULTI ORAL TABLET	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	2	MO; QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	4	MO; QL (2 per 28 days)
RISPERDAL ORAL SOLUTION	3	MO
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG	3	MO; QL (60 per 30 days)
RISPERDAL ORAL TABLET 4 MG	3	MO; QL (120 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, 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)
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50	3	ST; MO
RITALIN ORAL TABLET	3	MO
ROZEREM ORAL TABLET	3	MO; QL (30 per 30 days)
SAPHRIS SUBLINGUAL TABLET	3	MO; QL (60 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR	4	MO; QL (30 per 30 days)
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	3	MO; QL (90 per 30 days)
SEROQUEL ORAL TABLET 300 MG, 400 MG	3	MO; QL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG	3	MO; QL (30 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 400 MG, 50 MG	3	MO; QL (60 per 30 days)
SERTRALINE ORAL CAPSULE	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)
SILENOR ORAL TABLET	3	MO; QL (30 per 30 days)
SODIUM OXYBATE ORAL SOLUTION	4	PA; LA; QL (540 per 30 days)
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	4	PA; MO
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	3	ST; MO; QL (60 per 30 days)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	3	ST; MO; QL (30 per 30 days)
SUNOSI ORAL TABLET	3	PA; MO; QL (30 per 30 days)
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	MO
<i>tasimelteon oral capsule</i>	4	PA; QL (30 per 30 days)
<i>thioridazine oral tablet</i>	2	MO
<i>thiothixene oral capsule</i>	1	MO
<i>tranylcypromine oral tablet</i>	3	MO
<i>trazodone oral tablet</i>	1	MO
<i>trifluoperazine oral tablet</i>	2	MO
<i>trimipramine oral capsule</i>	3	MO
TRINTELLIX ORAL TABLET	2	MO; QL (30 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 100 MG/0.28 ML	4	MO; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 125 MG/0.35 ML	4	MO; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 150 MG/0.42 ML	4	MO; QL (0.42 per 56 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	4	MO; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	4	MO; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	4	MO; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	4	MO; QL (0.21 per 28 days)
VALIUM ORAL TABLET	3	PA; MO; QL (120 per 30 days)
VENLAFAXINE BESYLATE ORAL TABLET EXTENDED RELEASE 24HR	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 ORAL SUSPENSION	4	
VIIBRYD ORAL TABLET	3	MO; QL (30 per 30 days)
<i>vilazodone oral tablet</i>	2	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	3	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	3	QL (7 per 180 days)
VYVANSE ORAL CAPSULE	3	ST; MO
VYVANSE ORAL TABLET,CHEWABLE	3	ST; MO
WAKIX ORAL TABLET	4	PA; MO; LA; QL (60 per 30 days)
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR	3	MO; QL (60 per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	MO; QL (90 per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
XELSTRYM TRANSDERMAL PATCH 24 HOUR	3	ST; MO
XYREM ORAL SOLUTION	4	PA; LA; QL (540 per 30 days)
XYWAV ORAL SOLUTION	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 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	MO
<i>ziprasidone hcl oral capsule</i>	2	MO; QL (60 per 30 days)
<i>ziprasidone mesylate intramuscular recon soln</i>	3	MO
ZOLOFT ORAL CONCENTRATE	3	MO
ZOLOFT ORAL TABLET 100 MG, 50 MG	3	MO; QL (60 per 30 days)
ZOLOFT ORAL TABLET 25 MG	3	MO; QL (30 per 30 days)
<i>zolpidem oral tablet</i>	1	MO; QL (30 per 30 days)
<i>zolpidem oral tablet, extended release multiphase</i>	3	MO; QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE	4	PA; MO
ZYPREXA INTRAMUSCULAR RECON SOLN	3	MO
ZYPREXA ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	3	MO; QL (30 per 30 days)
ZYPREXA ORAL TABLET 15 MG, 20 MG	4	MO; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	2	MO; 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	MO; QL (1 per 28 days)
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG, 5 MG	3	MO; QL (30 per 30 days)
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 15 MG, 20 MG	4	MO; QL (30 per 30 days)

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This drug list was last updated on 04/12/2024.

Drug Name	Drug Tier	Requirements/Limits
<b>CARDIOVASCULAR, HYPERTENSION / LIPIDS</b>		
<b>ANTIARRHYTHMIC AGENTS</b>		
<i>adenosine intravenous solution</i>	1	
<i>adenosine intravenous syringe</i>	1	
<i>amiodarone intravenous solution</i>	1	B/D PA; MO
<i>amiodarone intravenous syringe</i>	1	B/D PA
<i>amiodarone oral tablet</i>	1	MO
BETAPACE AF ORAL TABLET	3	MO
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	3	MO
CORVERT INTRAVENOUS SOLUTION	3	
<i>dofetilide oral capsule</i>	3	MO
<i>flecainide oral tablet</i>	1	MO
<i>ibutilide fumarate intravenous solution</i>	1	
<i>lidocaine (pf) intravenous solution</i>	1	
<i>lidocaine (pf) intravenous syringe</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 oral capsule</i>	2	MO
MULTAQ ORAL TABLET	3	MO
NEXTERONE INTRAVENOUS SOLUTION	3	B/D PA
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	MO
<i>procainamide injection solution</i>	1	
PROCAINAMIDE INTRAVENOUS SYRINGE	3	
<i>propafenone oral capsule,extended release 12 hr</i>	3	MO
<i>propafenone oral tablet</i>	1	MO
<i>quinidine gluconate oral tablet extended release</i>	3	MO
<i>quinidine sulfate oral tablet</i>	1	MO
RYTHMOL SR ORAL CAPSULE,EXTENDED RELEASE 12 HR	3	
<i>sorine oral tablet 120 mg, 160 mg</i>	1	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sorine oral tablet 80 mg</i>	1	
<i>sotalol af oral tablet</i>	1	
<i>sotalol oral tablet</i>	1	MO
SOTYLIZE ORAL SOLUTION	3	MO
TIKOSYN ORAL CAPSULE	3	MO
<b>ANTIHYPERTENSIVE THERAPY</b>		
ACCUPRIL ORAL TABLET	3	MO
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG	3	MO
<i>acebutolol oral capsule</i>	1	MO
ALDACTONE ORAL TABLET	3	MO
<i>aliskiren oral tablet</i>	3	MO
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG	3	MO
ALTACE ORAL CAPSULE 5 MG	3	
<i>amiloride oral tablet</i>	1	MO
<i>amiloride-hydrochlorothiazide oral tablet</i>	1	MO
<i>amlodipine oral tablet</i>	1	MO
<i>amlodipine-benazepril oral capsule</i>	1	MO
<i>amlodipine-olmesartan oral tablet</i>	1	MO
<i>amlodipine-valsartan oral tablet</i>	1	MO
<i>amlodipine-valsartan-hydrochlorothiazide oral tablet</i>	1	MO
ATACAND HCT ORAL TABLET	3	ST; MO
ATACAND ORAL TABLET	3	ST; MO
<i>atenolol oral tablet</i>	1	MO
<i>atenolol-chlorthalidone oral tablet</i>	1	MO
AVALIDE ORAL TABLET 150-12.5 MG	3	ST
AVALIDE ORAL TABLET 300-12.5 MG	3	ST; MO
AVAPRO ORAL TABLET 150 MG	3	ST
AVAPRO ORAL TABLET 300 MG, 75 MG	3	ST; MO
AZOR ORAL TABLET	3	ST; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>benazepril oral tablet</i>	1	MO
<i>benazepril-hydrochlorothiazide oral tablet</i>	1	MO
BENICAR HCT ORAL TABLET	3	ST; MO
BENICAR ORAL TABLET	3	ST; MO
<i>betaxolol oral tablet</i>	2	MO
BIDIL ORAL TABLET	3	MO; QL (180 per 30 days)
<i>bisoprolol fumarate oral tablet</i>	1	MO
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	1	MO
BREVIBLOC IN NAACL (ISO-OSM) INTRAVENOUS PARENTERAL SOLUTION	3	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10 ML (10 MG/ML)	3	
<i>bumetanide injection solution</i>	3	MO
<i>bumetanide oral tablet</i>	1	MO
BYSTOLIC ORAL TABLET	3	MO
<i>candesartan oral tablet</i>	1	MO
<i>candesartan-hydrochlorothiazide oral tablet</i>	1	MO
<i>captopril oral tablet 100 mg, 50 mg</i>	1	MO
<i>captopril oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>captopril-hydrochlorothiazide oral tablet</i>	1	
CARDENE IV IN SODIUM CHLORIDE INTRAVENOUS PIGGYBACK	3	
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR	3	MO
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR	3	MO
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	MO
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG	3	ST; MO; QL (30 per 30 days)
CARDURA ORAL TABLET 8 MG	3	ST; MO; QL (60 per 30 days)
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR	3	ST; MO; QL (30 per 30 days)
CAROSPIR ORAL SUSPENSION	3	MO

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This drug list was last updated on 04/12/2024.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cartia xt oral capsule,extended release 24hr</i>	1	MO
<i>carvedilol oral tablet</i>	1	MO
<i>carvedilol phosphate oral capsule, er multiphase 24 hr</i>	3	MO
<i>chlorothiazide sodium intravenous recon soln</i>	1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
CLEVIPREX INTRAVENOUS EMULSION	3	
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	1	
<i>clonidine hcl oral tablet</i>	1	MO
CLONIDINE HCL ORAL TABLET EXTENDED RELEASE 24 HR	4	MO
<i>clonidine transdermal patch weekly</i>	3	MO; QL (4 per 28 days)
CONJUPRI ORAL TABLET	3	
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR	3	MO
COREG ORAL TABLET	3	MO
CORGARD ORAL TABLET 20 MG, 40 MG	3	
COZAAR ORAL TABLET	3	ST; MO
DEMSER ORAL CAPSULE	4	PA; MO
DIBENZYLINE ORAL CAPSULE	4	PA; MO
<i>diltiazem hcl intravenous recon soln</i>	1	
<i>diltiazem hcl intravenous solution</i>	1	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	MO
<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</i>	1	MO
<i>dilt-xr oral capsule, extended release 24h degradable</i>	1	MO
DIOVAN HCT ORAL TABLET	3	ST; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DIOVAN ORAL TABLET	3	ST; MO
DIURIL ORAL SUSPENSION	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)
DYRENIUM ORAL CAPSULE	3	MO
EDARBI ORAL TABLET	2	MO
EDARBYCLOR ORAL TABLET	2	MO
EDECIN ORAL TABLET	3	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 oral tablet 10-25 mg</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	MO
EPANED ORAL SOLUTION	3	MO
<i>eplerenone oral tablet</i>	2	MO
<i>epoprostenol intravenous recon soln</i>	3	B/D PA; MO
<i>esmolol in nacl (iso-osm) intravenous parenteral solution</i>	3	
<i>esmolol intravenous solution</i>	1	
<i>ethacrynic acid intravenous recon soln</i>	4	
<i>ethacrynic acid oral tablet</i>	3	MO
EXFORGE HCT ORAL TABLET	3	ST; MO
EXFORGE ORAL TABLET	3	ST; MO
<i>felodipine oral tablet extended release 24 hr</i>	1	MO
FLOLAN INTRAVENOUS RECON SOLN	3	B/D PA; MO
<i>fosinopril oral tablet</i>	1	MO
<i>fosinopril-hydrochlorothiazide oral tablet</i>	1	MO
FUROSCIX SUBCUTANEOUS KIT	4	ST
<i>furosemide injection solution</i>	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>furosemide oral tablet</i>	1	MO
HEMANGEOL ORAL SOLUTION	3	
<i>hydralazine injection solution</i>	1	MO
<i>hydralazine oral tablet</i>	1	MO
<i>hydrochlorothiazide oral capsule</i>	1	MO
<i>hydrochlorothiazide oral tablet</i>	1	MO
HYZAAR ORAL TABLET	3	ST; MO
<i>indapamide oral tablet</i>	1	MO
INDERAL LA ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	MO
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR	3	MO
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR	3	MO
INSPRA ORAL TABLET	3	MO
<i>irbesartan oral tablet</i>	1	MO
<i>irbesartan-hydrochlorothiazide oral tablet</i>	1	MO
<i>isosorbide-hydralazine oral tablet</i>	2	MO; QL (180 per 30 days)
<i>isradipine oral capsule</i>	1	MO
KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR	3	MO
KATERZIA ORAL SUSPENSION	3	MO
KERENDIA ORAL TABLET	2	PA; QL (30 per 30 days)
LABETALOL IN DEXTROSE,ISO-OSM INTRAVENOUS SOLUTION	3	
LABETALOL IN NAACL (ISO-OSMOT) INTRAVENOUS SOLUTION	3	
<i>labetalol intravenous solution</i>	1	
LABETALOL INTRAVENOUS SYRINGE 10 MG/2 ML (5 MG/ML)	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	1	
<i>labetalol oral tablet</i>	1	MO
LASIX ORAL TABLET	3	MO
LEVAMLODIPINE ORAL TABLET	3	
<i>lisinopril oral tablet</i>	1	MO
<i>lisinopril-hydrochlorothiazide oral tablet</i>	1	MO
LOPRESSOR ORAL TABLET	3	MO
<i>losartan oral tablet</i>	1	MO
<i>losartan-hydrochlorothiazide oral tablet</i>	1	MO
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG	3	MO
LOTENSIN HCT ORAL TABLET 20-25 MG	3	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	
LOTREL ORAL CAPSULE	3	MO
<i>mannitol 20 % intravenous parenteral solution</i>	3	
<i>mannitol 25 % intravenous solution</i>	1	MO
<i>matzim la oral tablet extended release 24 hr</i>	1	MO
<i>metolazone oral tablet</i>	1	MO
<i>metoprolol succinate oral tablet extended release 24 hr</i>	1	MO
<i>metoprolol tartrate intravenous solution</i>	1	
<i>metoprolol tartrate oral tablet</i>	1	MO
<i>metoprolol tartrate-hydrochlorothiazide oral tablet</i>	1	MO
<i>metyrosine oral capsule</i>	4	PA; MO
MICARDIS HCT ORAL TABLET	3	ST; MO
MICARDIS ORAL TABLET	3	ST; MO
MINIPRESS ORAL CAPSULE 1 MG, 2 MG	3	
MINIPRESS ORAL CAPSULE 5 MG	3	MO
<i>minoxidil oral tablet</i>	1	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>moexipril oral tablet</i>	1	MO
<i>nadolol oral tablet</i>	3	MO
<i>nebivolol oral tablet</i>	1	MO
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HR	4	
NICARDIPINE IN NACL (ISO-OS) INTRAVENOUS PIGGYBACK	3	
<i>nicardipine intravenous solution</i>	1	
<i>nicardipine 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>nisoldipine oral tablet extended release 24 hr</i>	3	MO
NORLIQVA ORAL SOLUTION	3	MO
NORVASC ORAL TABLET	3	MO
NYMALIZE ORAL SOLUTION	4	MO
NYMALIZE ORAL SYRINGE	4	
<i>olmesartan oral tablet</i>	1	MO
<i>olmesartan-amlodipine-hydrochlorothiazide oral tablet</i>	1	MO
<i>olmesartan-hydrochlorothiazide oral tablet</i>	1	MO
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	4	PA; MO
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	4	PA; MO
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	4	PA; MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	3	PA; MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	4	PA; MO
OSMITROL 10 % INTRAVENOUS PARENTERAL SOLUTION	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>osmitrol 20 % intravenous parenteral solution</i>	3	
<i>perindopril erbumine oral tablet</i>	1	MO
<i>phenoxybenzamine oral capsule</i>	4	PA; MO
<i>phentolamine injection recon soln</i>	1	
<i>pindolol oral tablet</i>	2	MO
<i>prazosin oral capsule</i>	1	MO
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG	3	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 60 MG, 90 MG	3	MO
<i>propranolol intravenous solution</i>	1	
<i>propranolol oral capsule,extended release 24 hr</i>	1	MO
<i>propranolol oral solution</i>	1	MO
<i>propranolol oral tablet</i>	1	MO
QBRELIS ORAL SOLUTION	3	MO
<i>quinapril oral tablet</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet</i>	1	
<i>ramipril oral capsule</i>	1	MO
REMODULIN INJECTION SOLUTION	4	PA; MO; LA
SOAAZ ORAL TABLET	3	ST; MO
SODIUM EDECRIN INTRAVENOUS RECON SOLN	4	
<i>spironolactone oral suspension</i>	3	MO
<i>spironolactone oral tablet</i>	1	MO
<i>spironolactone-hydrochlorothiazide oral tablet</i>	1	MO
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	MO
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 300 mg</i>	1	
<i>taztia xt oral capsule,extended release 24 hr 180 mg, 240 mg, 360 mg</i>	1	MO
TEKTURNA ORAL TABLET	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>telmisartan oral tablet</i>	1	MO
<i>telmisartan-amlodipine oral tablet</i>	1	MO
<i>telmisartan-hydrochlorothiazide oral tablet</i>	1	MO
TENORETIC 100 ORAL TABLET	3	MO
TENORETIC 50 ORAL TABLET	3	MO
TENORMIN ORAL TABLET	3	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 ORAL TABLET	3	MO
<i>tiadylt er oral capsule,extended release 24 hr</i>	1	MO
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	MO
<i>timolol maleate oral tablet</i>	3	MO
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR	3	MO
<i>torse mide oral tablet</i>	1	MO
<i>trandolapril oral tablet</i>	1	MO
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr</i>	1	MO
<i>treprostinil sodium injection solution</i>	4	PA; MO; LA
<i>triamterene oral capsule</i>	3	MO
<i>triamterene-hydrochlorothiazide oral capsule</i>	1	MO
<i>triamterene-hydrochlorothiazide oral tablet</i>	1	MO
TRIBENZOR ORAL TABLET	3	ST; MO
UPTRAVI INTRAVENOUS RECON SOLN	4	PA; LA
UPTRAVI ORAL TABLET	4	PA; MO; LA
UPTRAVI ORAL TABLETS,DOSE PACK	4	PA; MO; LA
VALSARTAN ORAL SOLUTION	4	ST; MO
<i>valsartan oral tablet</i>	1	MO
<i>valsartan-hydrochlorothiazide oral tablet</i>	1	MO
VASERETIC ORAL TABLET	3	MO
VASOTEC ORAL TABLET	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>veletri intravenous recon soln</i>	1	B/D PA; MO
<i>verapamil intravenous solution</i>	1	
<i>verapamil intravenous syringe</i>	1	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	1	MO
<i>verapamil oral capsule, extended release pellets 24 hr</i>	1	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	1	MO
VERELAN ORAL CAPSULE,EXT REL. PELLETS 24 HR	3	
VERELAN PM ORAL CAPSULE, 24 HR ER PELLET CT	3	MO
ZESTORETIC ORAL TABLET	3	MO
ZESTRIL ORAL TABLET	3	MO
ZIAC ORAL TABLET 10-6.25 MG	3	
ZIAC ORAL TABLET 2.5-6.25 MG, 5-6.25 MG	3	MO
<b>COAGULATION THERAPY</b>		
ADZYNMA INTRAVENOUS KIT	4	PA; LA
AGGRASTAT INTRAVENOUS CONCENTRATE	3	B/D PA
AGGRASTAT IN SODIUM CHLORIDE INTRAVENOUS SOLUTION	3	B/D PA
<i>aminocaproic acid intravenous solution</i>	1	MO
<i>aminocaproic acid oral solution</i>	4	MO
<i>aminocaproic acid oral tablet</i>	4	MO
ANDEXXA INTRAVENOUS RECON SOLN	4	
<i>argatroban in 0.9 % sod chlor intravenous solution</i>	3	
ARGATROBAN INTRAVENOUS SOLUTION	4	
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	4	MO
ARIXTRA SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>	3	MO
BRILINTA ORAL TABLET	2	MO
CABLIVI INJECTION KIT	4	PA; LA
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN	2	PA; MO
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN	2	PA; MO
<i>cilostazol oral tablet</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 oral capsule 110 mg</i>	3	
<i>dabigatran etexilate oral capsule 150 mg, 75 mg</i>	3	MO
<i>dipyridamole intravenous solution</i>	1	
<i>dipyridamole oral tablet</i>	3	MO
DOPTELET (10 TAB PACK) ORAL TABLET	4	PA; MO; LA
DOPTELET (15 TAB PACK) ORAL TABLET	4	PA; MO; LA
DOPTELET (30 TAB PACK) ORAL TABLET	4	PA; MO; LA
EFFIENT ORAL TABLET	3	MO
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	2	MO
ELIQUIS ORAL TABLET	2	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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FRAGMIN SUBCUTANEOUS SOLUTION	4	MO
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
HEPARIN (PORCINE) IN NACL (PF) INTRAVENOUS PARENTERAL SOLUTION 2,000 UNIT/1,000 ML	3	
<i>heparin (porcine) injection cartridge</i>	2	MO
<i>heparin (porcine) injection solution</i>	2	MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	2	MO
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
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	2	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE	2	MO
<i>jantoven oral tablet</i>	1	MO
LOVENOX SUBCUTANEOUS SOLUTION	3	MO; QL (30 per 30 days)
LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 150 MG/ML	3	MO; QL (28 per 28 days)
LOVENOX SUBCUTANEOUS SYRINGE 120 MG/0.8 ML, 80 MG/0.8 ML	3	MO; QL (22.4 per 28 days)
LOVENOX SUBCUTANEOUS SYRINGE 30 MG/0.3 ML, 60 MG/0.6 ML	3	MO; QL (16.8 per 28 days)
LOVENOX SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	3	MO; QL (11.2 per 28 days)
MULPLETA ORAL TABLET	4	PA; MO
NPLATE SUBCUTANEOUS RECON SOLN	4	PA; MO
OCTAPLAS (BLOOD GROUP A) INTRAVENOUS SOLUTION	3	
OCTAPLAS (BLOOD GROUP AB) INTRAVENOUS SOLUTION	3	
OCTAPLAS (BLOOD GROUP B) INTRAVENOUS SOLUTION	3	
OCTAPLAS (BLOOD GROUP O) INTRAVENOUS SOLUTION	3	
<i>pentoxifylline oral tablet extended release</i>	1	MO
PLAVIX ORAL TABLET 75 MG	3	MO; QL (30 per 30 days)
PRADAXA ORAL CAPSULE	3	PA; MO
PRADAXA ORAL PELLETS IN PACKET	4	PA
<i>prasugrel oral tablet</i>	2	MO
PRAXBIND INTRAVENOUS SOLUTION	4	
PROMACTA ORAL POWDER IN PACKET	4	PA; MO; LA
PROMACTA ORAL TABLET	4	PA; MO; LA
<i>protamine intravenous solution</i>	1	
SAVAYSA ORAL TABLET	3	PA; MO
TAVALISSE ORAL TABLET	4	PA; LA; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
THROMBATE III INTRAVENOUS RECON SOLN	3	
THROMBIN-JMI NASAL SPRAY SYRINGE	3	
<i>tirofiban-0.9% sodium chloride intravenous solution</i>	3	B/D PA
<i>warfarin oral tablet</i>	1	MO
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	2	MO
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	2	MO
XARELTO ORAL TABLET	2	MO
ZONTIVITY ORAL TABLET	3	
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR	4	ST; MO; QL (30 per 30 days)
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	MO; QL (30 per 30 days)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg</i>	1	QL (30 per 30 days)
ATORVALIQ ORAL SUSPENSION	3	ST; MO; QL (600 per 30 days)
<i>atorvastatin oral tablet</i>	1	MO; QL (30 per 30 days)
CADUET ORAL TABLET	3	ST; MO; QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder</i>	2	MO
<i>cholestyramine (with sugar) oral powder in packet</i>	2	MO
<i>cholestyramine light oral powder</i>	2	
<i>cholestyramine light oral powder in packet</i>	2	
<i>colesevelam oral powder in packet</i>	3	MO
<i>colesevelam oral tablet</i>	3	MO
COLESTID ORAL GRANULES	3	MO
COLESTID ORAL TABLET	3	MO
<i>colestipol oral granules</i>	3	MO
<i>colestipol oral packet</i>	3	
<i>colestipol oral tablet</i>	3	MO

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This drug list was last updated on 04/12/2024.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CRESTOR ORAL TABLET	3	ST; MO; QL (30 per 30 days)
EVKEEZA INTRAVENOUS SOLUTION	4	PA; LA
EZALLOR SPRINKLE ORAL CAPSULE	3	ST; QL (30 per 30 days)
<i>ezetimibe oral tablet</i>	1	MO
EZETIMIBE-ROSUVASTATIN ORAL TABLET	3	ST; QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet</i>	1	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 130 mg</i>	3	MO
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	MO
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	3	
<i>fenofibrate nanocrystallized oral tablet</i>	1	MO
FENOFIBRATE ORAL CAPSULE	3	MO
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	3	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	MO
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec)</i>	3	MO
<i>fenofibric acid oral tablet</i>	1	
FENOGLIDE ORAL TABLET	3	MO
FIBRICOR ORAL TABLET	3	MO
FLOLIPID ORAL SUSPENSION	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 oral tablet</i>	1	MO
<i>icosapent ethyl oral capsule</i>	2	MO
JUXTAPID ORAL CAPSULE	4	PA; MO; LA
LEQVIO SUBCUTANEOUS SYRINGE	4	PA; QL (3 per 180 days)
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; MO; QL (30 per 30 days)
LIPITOR ORAL TABLET	3	ST; MO; QL (30 per 30 days)
LIPOFEN ORAL CAPSULE	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LIVALO ORAL TABLET	3	ST; MO; QL (30 per 30 days)
LOPID ORAL TABLET	3	
<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)
LOVAZA ORAL CAPSULE	3	ST; MO
NEXLETOL ORAL TABLET	2	PA; MO
NEXLIZET ORAL TABLET	2	PA; MO
<i>niacin oral tablet 500 mg</i>	1	MO
<i>niacin oral tablet extended release 24 hr</i>	3	MO
NIACOR ORAL TABLET	3	MO
<i>omega-3 acid ethyl esters oral capsule</i>	1	MO
<i>pitavastatin calcium oral tablet</i>	1	MO; QL (30 per 30 days)
PRALUENT SUBCUTANEOUS PEN INJECTOR	3	PA; QL (2 per 28 days)
<i>pravastatin oral tablet</i>	1	MO; QL (30 per 30 days)
<i>prevalite oral powder</i>	2	MO
<i>prevalite oral powder in packet</i>	2	MO
QUESTRAN LIGHT ORAL POWDER	3	
QUESTRAN ORAL POWDER	3	
QUESTRAN ORAL POWDER IN PACKET	3	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR	2	PA; QL (7 per 28 days)
REPATHA SUBCUTANEOUS SYRINGE	2	PA; QL (6 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	2	PA; QL (6 per 28 days)
<i>rosuvastatin oral tablet</i>	1	MO; QL (30 per 30 days)
ROSZET ORAL TABLET	3	ST; QL (30 per 30 days)
<i>simvastatin oral tablet</i>	1	MO; QL (30 per 30 days)
TRICOR ORAL TABLET	3	MO
TRILIPIX ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	MO
VASCEPA ORAL CAPSULE	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
VYTORIN 10-10 ORAL TABLET	3	ST; MO; QL (30 per 30 days)
VYTORIN 10-20 ORAL TABLET	3	ST; MO; QL (30 per 30 days)
VYTORIN 10-40 ORAL TABLET	3	ST; MO; QL (30 per 30 days)
VYTORIN 10-80 ORAL TABLET	3	ST; MO; QL (30 per 30 days)
WELCHOL ORAL POWDER IN PACKET	3	MO
WELCHOL ORAL TABLET	3	MO
ZETIA ORAL TABLET	3	MO
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	ST; MO; QL (30 per 30 days)
ZYPITAMAG ORAL TABLET	3	ST; MO; QL (30 per 30 days)

### MISCELLANEOUS CARDIOVASCULAR AGENTS

ASPRUZYO SPRINKLE ORAL EXTEND RELEASE GRANULES,PACKET 1,000 MG	3	MO
ASPRUZYO SPRINKLE ORAL EXTEND RELEASE GRANULES,PACKET 500 MG	3	
CAMZYOS ORAL CAPSULE	4	PA; MO; QL (30 per 30 days)
CORLANOR ORAL SOLUTION	2	QL (450 per 30 days)
CORLANOR ORAL TABLET	2	MO; QL (60 per 30 days)
<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>	2	MO
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>	1	B/D PA
<i>dobutamine intravenous solution</i>	1	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	1	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	1	B/D PA; MO
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	1	B/D PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	1	B/D PA; MO
ENTRESTO ORAL TABLET	2	MO; QL (60 per 30 days)
FILSPARI ORAL TABLET	4	PA; MO; QL (30 per 30 days)
<i>isoproterenol hcl injection solution</i>	3	
LANOXIN ORAL TABLET	3	MO
LEVOPHED (BITARTRATE) INTRAVENOUS SOLUTION	3	
LODOCO ORAL TABLET	3	PA; MO
<i>milrinone in 5 % dextrose intravenous piggyback</i>	1	B/D PA
<i>milrinone intravenous solution</i>	1	B/D PA
<i>nitroprusside in 0.9 % nacl intravenous solution</i>	3	B/D PA
<i>norepinephrine bitartrate intravenous solution</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>ranolazine oral tablet extended release 12 hr</i>	2	MO
<i>sodium nitroprusside intravenous solution</i>	1	B/D PA
VECAMYL ORAL TABLET	4	
VERQUVO ORAL TABLET	2	MO; QL (30 per 30 days)
VYNDAMAX ORAL CAPSULE	4	PA; MO
VYNDAQEL ORAL CAPSULE	3	PA; MO
<b>NITRATES</b>		
ISORDIL ORAL TABLET	4	MO
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	MO
<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 oral tablet</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	1	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nitro-bid transdermal ointment</i>	2	MO
NITRO-DUR TRANSDERMAL PATCH 24 HOUR	3	MO
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	1	B/D PA
<i>nitroglycerin intravenous solution</i>	1	B/D PA
<i>nitroglycerin sublingual tablet</i>	1	MO
<i>nitroglycerin transdermal patch 24 hour</i>	1	MO
<i>nitroglycerin translingual spray,non-aerosol</i>	3	MO
NITROLINGUAL TRANSLINGUAL SPRAY,NON-AEROSOL	3	MO
NITROSTAT SUBLINGUAL TABLET	3	MO

## **DERMATOLOGICALS/TOPICAL THERAPY**

### **ANTIPSORIATIC / ANTISEBORRHEIC**

<i>acitretin oral capsule</i>	3	MO
ANALPRAM-HC TOPICAL LOTION	3	MO
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	4	PA; MO; QL (2 per 21 days)
BIMZELX SUBCUTANEOUS SYRINGE	4	PA; MO; QL (2 per 21 days)
<i>calcipotriene scalp solution</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 topical ointment</i>	3	MO; QL (400 per 30 days)
<i>calcipotriene-betamethasone topical suspension</i>	3	MO; QL (400 per 30 days)
<i>calcitriol topical ointment</i>	3	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE	4	PA; MO; QL (10 per 28 days)
COSENTYX INTRAVENOUS SOLUTION	4	PA; QL (20 per 28 days)
COSENTYX (2 PENS) SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (10 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COSENTYX SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (5 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 SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (10 per 28 days)
ENSTILAR TOPICAL FOAM	4	MO; QL (400 per 30 days)
EPIFOAM TOPICAL FOAM	3	MO
ILUMYA SUBCUTANEOUS SYRINGE	4	PA; MO; QL (2 per 28 days)
PRAMOSONE TOPICAL CREAM 1-1 %	3	MO
PRAMOSONE TOPICAL LOTION	3	MO
<i>selenium sulfide topical lotion</i>	1	MO
SILIQ SUBCUTANEOUS SYRINGE	4	PA; MO; QL (6 per 28 days)
SKYRIZI SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; MO; QL (2 per 28 days)
SORILUX TOPICAL FOAM	3	MO; QL (120 per 30 days)
SOTYKTU ORAL TABLET	4	PA; MO
SPEVIGO INTRAVENOUS SOLUTION	4	PA; MO; LA; QL (30 per 365 days)
STELARA INTRAVENOUS SOLUTION	4	PA; MO; QL (104 per 180 days)
STELARA SUBCUTANEOUS SOLUTION	4	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; MO; QL (1 per 28 days)
TACLONEX TOPICAL OINTMENT	4	MO; QL (400 per 30 days)
TACLONEX TOPICAL SUSPENSION	4	MO; QL (400 per 30 days)
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR	4	PA; MO; QL (4 per 28 days)
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR	4	PA; MO; QL (3 per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	4	PA; MO; QL (1 per 28 days)
TALTZ SUBCUTANEOUS SYRINGE	4	PA; MO; QL (1 per 28 days)
TREMFYA SUBCUTANEOUS AUTO-INJECTOR	4	PA; MO; QL (2 per 28 days)
TREMFYA SUBCUTANEOUS SYRINGE	4	PA; MO; QL (2 per 28 days)
VECTICAL TOPICAL OINTMENT	3	
VTAMA TOPICAL CREAM	4	PA; MO
ZORYVE TOPICAL CREAM	3	PA; MO
<b>MISCELLANEOUS DERMATOLOGICALS</b>		
ADBRY SUBCUTANEOUS SYRINGE	4	PA; MO; QL (6 per 28 days)
<i>ammonium lactate topical cream</i>	1	MO
<i>ammonium lactate topical lotion</i>	1	MO
CARAC TOPICAL CREAM	4	
<i>chloroprocaine (pf) injection solution</i>	1	
CIBINQO ORAL TABLET	4	PA; MO; QL (30 per 30 days)
CITANEST PLAIN DENTAL INJECTION CARTRIDGE	3	
CONDYLOX TOPICAL GEL	3	
<i>dermacinrx lidocan topical adhesive patch,medicated</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 cream</i>	3	MO; QL (45 per 30 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	4	PA; MO; QL (4.56 per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	4	PA; MO; QL (8 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	4	PA; QL (1.34 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)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EFUDEX TOPICAL CREAM	3	MO
ELIDEL TOPICAL CREAM	3	PA; MO; QL (100 per 30 days)
EUCRISA TOPICAL OINTMENT	3	PA; MO; QL (120 per 30 days)
FLUOROPLEX TOPICAL CREAM	3	
FLUOROURACIL TOPICAL CREAM 0.5 %	4	
<i>fluorouracil topical cream 5 %</i>	2	MO
<i>fluorouracil topical solution</i>	2	MO
<i>glydo mucous membrane jelly in applicator</i>	1	MO; QL (60 per 30 days)
HYFTOR TOPICAL GEL	4	PA
<i>imiquimod topical cream in metered-dose pump</i>	4	MO
<i>imiquimod topical cream in packet 3.75 %</i>	4	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 solution</i>	2	MO
<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
<i>lidocaine topical adhesive patch,medicated 5 %</i>	3	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	3	MO; QL (36 per 30 days)
<i>lidocaine viscous mucous membrane solution</i>	1	
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000</i>	1	
LIDOCAINE-EPINEPHRINE BIT INJECTION CARTRIDGE 2 %-1:100,000	3	
<i>lidocaine-epinephrine injection solution</i>	1	
<i>lidocaine-prilocaine topical cream</i>	2	MO; QL (30 per 30 days)
<i>lidocan iii topical adhesive patch,medicated</i>	3	PA; QL (90 per 30 days)
<i>lidocan iv topical adhesive patch,medicated</i>	3	PA; QL (90 per 30 days)
<i>lidocan v topical adhesive patch,medicated</i>	3	PA; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LIDODERM TOPICAL ADHESIVE PATCH, MEDICATED	3	PA; QL (90 per 30 days)
<i>methoxsalen oral capsule, liquid-filled, rapid release</i>	4	MO
NESACAINE INJECTION SOLUTION	3	
NESACAINE-MPF INJECTION SOLUTION	3	
OPZELURA TOPICAL CREAM	4	PA; MO; QL (240 per 28 days)
PANRETIN TOPICAL GEL	4	PA; MO
<i>pimecrolimus topical cream</i>	3	PA; MO; QL (100 per 30 days)
PLIAGLIS TOPICAL CREAM	3	PA; QL (30 per 30 days)
<i>podofilox topical gel</i>	3	
<i>podofilox topical solution</i>	2	MO
<i>polocaine injection solution 1 % (10 mg/ml)</i>	1	
POLOCAINE INJECTION SOLUTION 2 %	3	
<i>polocaine-mpf injection solution</i>	1	
<i>prudoxin topical cream</i>	3	MO; QL (45 per 30 days)
QBREXZA TOPICAL TOWELETTE	3	MO
QUTENZA TOPICAL KIT	4	QL (1 per 90 days)
REGRANEX TOPICAL GEL	4	QL (15 per 30 days)
SANTYL TOPICAL OINTMENT	2	MO; QL (180 per 30 days)
SILVADENE TOPICAL CREAM	3	MO
<i>silver sulfadiazine topical cream</i>	1	MO
<i>ssd topical cream</i>	1	MO
<i>tacrolimus topical ointment</i>	3	PA; MO; QL (100 per 30 days)
TOLAK TOPICAL CREAM	3	
VALCHLOR TOPICAL GEL	4	PA; MO
VEREGEN TOPICAL OINTMENT	3	MO; QL (30 per 30 days)
VYJUVEK TOPICAL GEL	4	PA
<i>xylocaine dental-epinephrine injection cartridge</i>	3	
XYLOCAINE INJECTION SOLUTION 10 MG/ML (1 %), 20 MG/ML (2 %)	3	

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Drug Name	Drug Tier	Requirements/Limits
XYLOCAINE WITH EPINEPHRINE INJECTION SOLUTION	3	
XYLOCAINE-MPF INJECTION SOLUTION	3	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION	3	
YCANTH TOPICAL SOLUTION WITH APPLICATOR	4	
ZONALON TOPICAL CREAM	3	MO; QL (45 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED	3	PA; MO; QL (90 per 30 days)
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP	4	MO
ZYCLARA TOPICAL CREAM IN PACKET	4	MO
<b>THERAPY FOR ACNE</b>		
ABSORICA LD ORAL CAPSULE	4	
ABSORICA ORAL CAPSULE	4	
ACANYA TOPICAL GEL WITH PUMP	3	MO
<i>accutane oral capsule</i>	3	
ACZONE TOPICAL GEL	3	MO
ACZONE TOPICAL GEL WITH PUMP	3	MO
<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 topical swab</i>	3	PA
<i>adapalene-benzoyl peroxide topical gel with pump</i>	3	PA; MO
AKLIEF TOPICAL CREAM	3	PA; MO
ALTRENO TOPICAL LOTION	3	PA; MO
<i>amneesteem oral capsule</i>	3	
AMZEEQ TOPICAL FOAM	3	MO
ARAZLO TOPICAL LOTION	3	PA; MO
ATRALIN TOPICAL GEL	3	PA; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>azelaic acid topical gel</i>	3	MO
AZELEX TOPICAL CREAM	3	MO
BENZAMYCIN TOPICAL GEL	3	MO
<i>brimonidine topical gel with pump</i>	3	PA; MO
CABTREO TOPICAL GEL	4	MO
<i>claravis oral capsule</i>	3	
CLEOCIN T TOPICAL LOTION	3	MO; QL (120 per 30 days)
<i>clindacin etz topical swab</i>	3	MO; QL (69 per 30 days)
<i>clindacin p topical swab</i>	3	MO; QL (69 per 30 days)
<i>clindacin topical foam</i>	3	QL (100 per 30 days)
CLINDAGEL TOPICAL GEL, ONCE DAILY	4	QL (150 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 topical gel</i>	3	MO
<i>clindamycin-benzoyl peroxide topical gel with pump</i>	3	MO
<i>clindamycin-tretinoin topical gel</i>	3	PA; MO
<i>dapsone topical gel</i>	3	MO
<i>dapsone topical gel with pump</i>	3	MO
DIFFERIN TOPICAL CREAM	3	PA; MO
DIFFERIN TOPICAL GEL WITH PUMP	3	PA; MO
DIFFERIN TOPICAL LOTION	3	PA; MO
EPIDUO FORTE TOPICAL GEL WITH PUMP	3	PA; MO
EPIDUO TOPICAL GEL WITH PUMP	3	PA
EPSOLAY TOPICAL CREAM	3	ST; MO
<i>ery pads topical swab</i>	2	MO
<i>erygel topical gel</i>	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>erythromycin with ethanol topical gel</i>	3	MO
<i>erythromycin with ethanol topical solution</i>	1	MO
<i>erythromycin-benzoyl peroxide topical gel</i>	3	MO
FABIOR TOPICAL FOAM	3	PA
FINACEA TOPICAL FOAM	3	ST; MO
FINACEA TOPICAL GEL	3	ST
<i>isotretinoin oral capsule</i>	3	
<i>ivermectin topical cream</i>	1	MO; QL (90 per 30 days)
METROCREAM TOPICAL CREAM	3	ST
METROGEL TOPICAL GEL 1 %	3	ST; MO
METROLOTION TOPICAL LOTION	3	ST
<i>metronidazole topical cream</i>	3	MO
<i>metronidazole topical gel</i>	3	MO
<i>metronidazole topical gel with pump</i>	3	MO
<i>metronidazole topical lotion</i>	3	MO
MIRVASO TOPICAL GEL WITH PUMP	3	PA; MO
<i>neuac topical gel</i>	3	MO
NORITATE TOPICAL CREAM	4	ST; MO
ONEXTON TOPICAL GEL WITH PUMP	3	MO
RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 %	3	PA; MO
RETIN-A MICRO TOPICAL GEL WITH PUMP 0.04 %, 0.06 %, 0.08 %	3	PA; MO
RETIN-A MICRO TOPICAL GEL WITH PUMP 0.1 %	3	PA
RETIN-A TOPICAL CREAM	3	PA; MO
RETIN-A TOPICAL GEL	3	PA; MO
SOOLANTRA TOPICAL CREAM	3	ST; MO; QL (90 per 30 days)
<i>tazarotene topical cream</i>	3	PA; MO
TAZAROTENE TOPICAL FOAM	3	PA
<i>tazarotene topical gel</i>	3	PA; MO
TAZORAC TOPICAL CREAM	3	PA; MO

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This drug list was last updated on 04/12/2024.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TAZORAC TOPICAL GEL	3	PA; MO
<i>tretinoin microspheres topical gel</i>	3	PA; MO
<i>tretinoin microspheres topical gel with pump</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 TOPICAL CREAM	3	PA; MO
VELTIN TOPICAL GEL	3	PA
WINLEVI TOPICAL CREAM	3	PA; MO
<i>zenatane oral capsule</i>	3	
ZIANA TOPICAL GEL	3	PA
ZILXI TOPICAL FOAM	3	ST; MO
<b>TOPICAL ANTIBACTERIALS</b>		
ALTABAX TOPICAL OINTMENT	3	MO; QL (30 per 30 days)
<i>gentamicin topical cream</i>	2	MO; QL (60 per 30 days)
<i>gentamicin topical ointment</i>	2	MO; QL (60 per 30 days)
KLARON TOPICAL SUSPENSION	3	MO
<i>mafenide acetate topical packet</i>	3	MO
<i>mupirocin calcium topical cream</i>	3	MO; QL (30 per 30 days)
<i>mupirocin topical ointment</i>	1	MO; QL (44 per 30 days)
NEO-SYNALAR TOPICAL CREAM	3	MO
<i>sulfacetamide sodium (acne) topical suspension</i>	3	MO
SULFAMYLON TOPICAL CREAM	3	MO
<b>TOPICAL ANTIFUNGALS</b>		
<i>ciclodan topical solution</i>	1	MO; 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)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 topical cream</i>	3	MO; QL (85 per 28 days)
ERTACZO TOPICAL CREAM	3	QL (60 per 28 days)
EXELDERM TOPICAL CREAM	3	MO; QL (60 per 28 days)
EXELDERM TOPICAL SOLUTION	3	MO; QL (60 per 28 days)
JUBLIA TOPICAL SOLUTION WITH APPLICATOR	3	MO; 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 topical foam</i>	3	MO; QL (100 per 28 days)
<i>klayesta topical powder</i>	2	QL (180 per 30 days)
LOPROX (AS OLAMINE) TOPICAL SUSPENSION	3	QL (60 per 28 days)
LOPROX TOPICAL SHAMPOO	3	QL (120 per 28 days)
LULICONAZOLE TOPICAL CREAM	3	MO; QL (60 per 28 days)
LUZU TOPICAL CREAM	3	MO; QL (60 per 28 days)
MICONAZOLE NITRATE-ZINC OX-PET TOPICAL OINTMENT	3	QL (50 per 28 days)
<i>naftifine topical cream</i>	3	MO; QL (60 per 28 days)
<i>naftifine topical gel 2 %</i>	3	MO; QL (60 per 28 days)
NAFTIN TOPICAL GEL	3	MO; QL (60 per 28 days)
<i>nyamyc topical powder</i>	2	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 topical cream</i>	2	MO; QL (60 per 28 days)
<i>nystatin-triamcinolone topical ointment</i>	2	MO; QL (60 per 28 days)
<i>nystop topical powder</i>	2	MO; QL (180 per 30 days)
<i>oxiconazole topical cream</i>	3	MO; QL (90 per 28 days)
OXISTAT TOPICAL CREAM	3	QL (90 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OXISTAT TOPICAL LOTION	3	MO; QL (60 per 28 days)
<i>tavaborole topical solution with applicator</i>	3	MO; QL (10 per 30 days)
VUSION TOPICAL OINTMENT	3	MO; QL (50 per 28 days)
<b>TOPICAL ANTIVIRALS</b>		
<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)
DENAVIR TOPICAL CREAM	3	MO; QL (5 per 30 days)
<i>penciclovir topical cream</i>	3	MO; QL (5 per 30 days)
XERESE TOPICAL CREAM	4	MO
ZOVIRAX TOPICAL CREAM	3	PA; MO; QL (5 per 30 days)
ZOVIRAX TOPICAL OINTMENT	3	PA; MO; QL (30 per 30 days)
<b>TOPICAL CORTICOSTEROIDS</b>		
<i>ala-cort topical cream 1 %</i>	1	MO
<i>ala-cort topical cream 2.5 %</i>	1	
ALA-SCALP TOPICAL LOTION	3	MO
<i>alclometasone topical cream</i>	2	MO
<i>alclometasone topical ointment</i>	2	MO
<i>amcinonide topical ointment</i>	4	
<i>apexicon e topical cream</i>	3	MO; QL (120 per 30 days)
<i>betamethasone dipropionate topical cream</i>	1	MO
<i>betamethasone dipropionate topical lotion</i>	1	MO
<i>betamethasone dipropionate topical ointment</i>	1	MO
<i>betamethasone valerate topical cream</i>	1	MO
<i>betamethasone valerate topical foam</i>	3	MO
<i>betamethasone valerate topical lotion</i>	1	MO
<i>betamethasone valerate topical ointment</i>	1	MO
<i>betamethasone, augmented topical cream</i>	1	MO
<i>betamethasone, augmented topical gel</i>	1	MO
<i>betamethasone, augmented topical lotion</i>	1	MO
<i>betamethasone, augmented topical ointment</i>	1	MO
BRYHALI TOPICAL LOTION	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CAPEX TOPICAL SHAMPOO	3	
<i>clobetasol scalp solution</i>	3	MO; QL (100 per 28 days)
<i>clobetasol topical cream</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)
CLOBEX TOPICAL LOTION	3	QL (118 per 28 days)
CLOBEX TOPICAL SHAMPOO	3	MO; QL (236 per 28 days)
CLOBEX TOPICAL SPRAY,NON-AEROSOL	3	QL (125 per 28 days)
<i>clocortolone pivalate topical cream</i>	3	MO
<i>clodan topical shampoo</i>	3	MO; QL (236 per 28 days)
CORDRAN LARGE ROLL TOPICAL TAPE	3	MO
CORDRAN TOPICAL CREAM 0.05 %	3	QL (120 per 30 days)
CORDRAN TOPICAL LOTION	3	QL (120 per 30 days)
DERMA-SMOOTHIE/FS BODY OIL TOPICAL	3	MO
DERMA-SMOOTHIE/FS SCALP OIL	3	MO
<i>desonide topical cream</i>	3	MO
<i>desonide topical gel</i>	3	MO
<i>desonide topical lotion</i>	3	MO
<i>desonide topical ointment</i>	3	MO
DESOWEN TOPICAL CREAM	3	
<i>desoximetasone topical cream</i>	3	MO
<i>desoximetasone topical gel</i>	3	MO
<i>desoximetasone topical ointment</i>	3	MO
<i>desoximetasone topical spray,non-aerosol</i>	3	MO
<i>diflorasone topical cream</i>	3	MO; QL (120 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diflorasone topical ointment</i>	3	MO; QL (120 per 30 days)
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	3	MO
DUOBRII TOPICAL LOTION	3	MO; QL (200 per 30 days)
<i>fluocinolone and shower cap scalp oil</i>	3	MO
<i>fluocinolone topical cream 0.01 %</i>	3	MO
<i>fluocinolone topical cream 0.025 %</i>	3	
<i>fluocinolone topical oil</i>	3	MO
<i>fluocinolone topical ointment</i>	3	MO
<i>fluocinolone topical solution</i>	3	MO
<i>fluocinonide topical cream</i>	3	MO; QL (120 per 30 days)
<i>fluocinonide topical gel</i>	3	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment</i>	3	MO; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	3	MO; QL (120 per 30 days)
<i>fluocinonide-emollient topical cream</i>	3	MO; QL (120 per 30 days)
<i>flurandrenolide topical cream</i>	3	QL (120 per 30 days)
<i>flurandrenolide topical lotion</i>	3	MO; QL (120 per 30 days)
<i>flurandrenolide topical ointment</i>	3	MO; QL (120 per 30 days)
<i>fluticasone propionate topical cream</i>	3	MO
<i>fluticasone propionate topical lotion</i>	3	MO
<i>fluticasone propionate topical ointment</i>	3	MO
<i>halcinonide topical cream</i>	3	MO
<i>halobetasol propionate topical cream</i>	3	MO
<i>halobetasol propionate topical foam</i>	3	
<i>halobetasol propionate topical ointment</i>	3	MO
HALOG TOPICAL CREAM	3	MO
HALOG TOPICAL OINTMENT	3	
HALOG TOPICAL SOLUTION	3	
<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)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 2.5 %</i>	1	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone valerate topical cream</i>	3	MO
<i>hydrocortisone valerate topical ointment</i>	3	MO
KENALOG TOPICAL AEROSOL	3	QL (126 per 28 days)
LEXETTE TOPICAL FOAM	3	
LOCOID LIPOCREAM TOPICAL CREAM	3	MO; QL (120 per 30 days)
LOCOID TOPICAL LOTION	3	MO; QL (118 per 30 days)
<i>mometasone topical cream</i>	1	MO
<i>mometasone topical ointment</i>	1	MO
<i>mometasone topical solution</i>	1	MO
PANDEL TOPICAL CREAM	3	MO
<i>prednicarbate topical ointment</i>	3	
PROCTOCORT TOPICAL CREAM	3	MO
SYNALAR TOPICAL CREAM	3	
SYNALAR TOPICAL OINTMENT	3	
SYNALAR TOPICAL SOLUTION	3	
TEXACORT TOPICAL SOLUTION	3	MO
TOPICORT TOPICAL CREAM	3	
TOPICORT TOPICAL GEL	3	
TOPICORT TOPICAL OINTMENT	3	
TOPICORT TOPICAL SPRAY, NON-AEROSOL	3	
<i>tovet emollient topical foam</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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>triderm topical cream</i>	1	
ULTRAVATE TOPICAL LOTION	4	
VANOS TOPICAL CREAM	4	MO; QL (120 per 30 days)
VERDESO TOPICAL FOAM	3	MO
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>		
<i>crotan topical lotion</i>	1	
<i>malathion topical lotion</i>	3	MO
NATROBA TOPICAL SUSPENSION	3	MO
OVIDE TOPICAL LOTION	3	MO
<i>permethrin topical cream</i>	2	MO; QL (60 per 30 days)
<i>spinosad topical suspension</i>	3	MO
<b>DIAGNOSTICS / MISCELLANEOUS AGENTS</b>		
<b>ANOREXIANTS</b>		
ORLISTAT ORAL CAPSULE	3	PA
XENICAL ORAL CAPSULE	3	PA; MO
<b>ANTIDOTES</b>		
ACETADOTE INTRAVENOUS SOLUTION	3	
<i>acetylcysteine intravenous solution</i>	2	
PROTOPAM CHLORIDE INJECTION RECON SOLN	3	
<b>IRRIGATING SOLUTIONS</b>		
<i>lactated ringers irrigation solution</i>	3	
<i>neomycin-polymyxin b gu irrigation solution</i>	1	
PHYSIOLYTE IRRIGATION SOLUTION	3	
<i>ringer's irrigation solution</i>	3	
SORBITOL IRRIGATION SOLUTION 3 %	3	
<i>tis-u-sol pentalyte irrigation solution</i>	3	
<b>MISCELLANEOUS AGENTS</b>		
<i>acamprosate oral tablet, delayed release (dr/ec)</i>	3	MO
<i>acetic acid irrigation solution</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
AGRYLIN ORAL CAPSULE	3	MO
AMMONUL INTRAVENOUS SOLUTION	4	
<i>anagrelide oral capsule</i>	2	MO
ARALAST NP INTRAVENOUS RECON SOLN	4	PA; MO; LA
AURYXIA ORAL TABLET	4	PA; MO
BUPHENYL ORAL POWDER	4	PA
BUPHENYL ORAL TABLET	4	PA
C AFCIT INTRAVENOUS SOLUTION	3	
<i>caffeine citrate intravenous solution</i>	1	
<i>caffeine citrate oral solution</i>	1	MO
CARBAGLU ORAL TABLET, DISPERSIBLE	4	PA; MO; LA
<i>carglumic acid oral tablet, dispersible</i>	4	PA
CARNITOR (SUGAR-FREE) ORAL SOLUTION	3	MO
CARNITOR INTRAVENOUS SOLUTION	3	MO
CARNITOR ORAL SOLUTION	3	MO
CARNITOR ORAL TABLET	3	MO
<i>cevimeline oral capsule</i>	3	MO
CHEMET ORAL CAPSULE	2	PA
CLINIMIX 4.25%/D5W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX E 2.75%/D5W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CUVRIOR ORAL TABLET	4	PA; LA
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	3	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	3	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	3	MO
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	3	MO
<i>deferasirox oral granules in packet</i>	4	PA; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>deferasirox oral tablet 180 mg, 360 mg</i>	4	PA; MO
<i>deferasirox oral tablet 90 mg</i>	3	PA; MO
<i>deferasirox oral tablet, dispersible 125 mg</i>	3	PA; MO
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>	4	PA; MO
<i>deferiprone oral tablet</i>	4	PA; MO
<i>deferoxamine injection recon soln</i>	1	B/D PA; MO
DEFERAL INJECTION RECON SOLN	4	B/D PA; MO
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	3	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution</i>	3	
<i>dextrose 25 % in water (d25w) intravenous syringe</i>	3	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	3	MO
<i>dextrose 5 % in water (d5w) intravenous piggyback</i>	3	MO
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	3	MO
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	3	
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	3	
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	3	
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	3	
<i>dextrose 70 % in water (d70w) intravenous parenteral solution</i>	3	
<i>disulfiram oral tablet 250 mg</i>	1	MO
<i>disulfiram oral tablet 500 mg</i>	1	
<i>droxidopa oral capsule</i>	4	PA; MO
EMPAVELI SUBCUTANEOUS SOLUTION	4	PA; LA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ENDARI ORAL POWDER IN PACKET	4	PA; MO
ENJAYMO INTRAVENOUS SOLUTION	4	PA; LA
EVOXAC ORAL CAPSULE	3	MO
EXJADE ORAL TABLET, DISPERSIBLE	4	PA; MO; LA
EXSERVAN ORAL FILM	4	PA
FABHALTA ORAL CAPSULE	4	PA
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE	4	PA
FERRIPROX ORAL SOLUTION	4	PA
FERRIPROX ORAL TABLET	4	PA
FOSRENOL ORAL POWDER IN PACKET 1,000 MG	3	MO; QL (135 per 30 days)
FOSRENOL ORAL POWDER IN PACKET 750 MG	3	MO; QL (180 per 30 days)
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG	3	MO; QL (135 per 30 days)
FOSRENOL ORAL TABLET,CHEWABLE 500 MG	3	MO; QL (270 per 30 days)
FOSRENOL ORAL TABLET,CHEWABLE 750 MG	3	MO; QL (180 per 30 days)
GIVLAARI SUBCUTANEOUS SOLUTION	4	PA; MO; LA
GLASSIA INTRAVENOUS SOLUTION	4	PA; MO; LA
INCRELEX SUBCUTANEOUS SOLUTION	4	MO; LA
JADENU ORAL TABLET	4	PA; MO
JADENU SPRINKLE ORAL GRANULES IN PACKET	4	PA; MO
JOENJA ORAL TABLET	4	PA; LA; QL (60 per 30 days)
LAMZEDE INTRAVENOUS RECON SOLN	4	PA; LA
<i>lanthanum oral tablet,chewable 1,000 mg</i>	3	MO; QL (135 per 30 days)
<i>lanthanum oral tablet,chewable 500 mg</i>	3	MO; QL (270 per 30 days)
<i>lanthanum oral tablet,chewable 750 mg</i>	3	MO; QL (180 per 30 days)
<i>levocarnitine (with sugar) oral solution</i>	3	MO
<i>levocarnitine intravenous solution</i>	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levocarnitine oral solution 100 mg/ml</i>	3	MO
<i>levocarnitine oral tablet</i>	3	MO
LITFULO ORAL CAPSULE	4	PA; MO; QL (28 per 28 days)
LITHOSTAT ORAL TABLET	3	
LOKELMA ORAL POWDER IN PACKET	2	MO
<i>midodrine oral tablet</i>	2	MO
<i>nitisinone oral capsule</i>	4	PA; MO
NITYR ORAL TABLET	3	PA; MO; LA
NORTHERA ORAL CAPSULE	4	PA; MO
OLPRUVA ORAL PELLETS IN PACKET	4	PA; LA
ORFADIN ORAL CAPSULE	4	PA; LA
ORFADIN ORAL SUSPENSION	4	PA; LA
OXBRYTA ORAL TABLET 300 MG	4	PA; MO; LA; QL (150 per 30 days)
OXBRYTA ORAL TABLET 500 MG	4	PA; MO; LA; QL (90 per 30 days)
OXBRYTA ORAL TABLET FOR SUSPENSION	4	PA; MO; LA; QL (150 per 30 days)
PANHEMATIN INTRAVENOUS RECON SOLN	4	
PEDMARK INTRAVENOUS SOLUTION	4	B/D PA
PHEBURANE ORAL GRANULES	4	PA; MO
<i>pilocarpine hcl oral tablet</i>	3	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	4	PA; LA
PROLASTIN-C INTRAVENOUS SOLUTION	4	PA; LA
PYRUKYND ORAL TABLET 20 MG, 5 MG (4-WEEK PACK), 50 MG	4	PA; LA; QL (56 per 28 days)
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 ORAL LIQUID	4	PA; MO
RECLAST INTRAVENOUS PIGGYBACK	3	PA; MO
REVELA ORAL POWDER IN PACKET 0.8 GRAM	4	MO; QL (180 per 30 days)
REVELA ORAL POWDER IN PACKET 2.4 GRAM	4	MO; QL (90 per 30 days)
REVELA ORAL TABLET	4	MO; QL (270 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
REVCovi INTRAMUSCULAR SOLUTION	4	PA; LA
RILUTEK ORAL TABLET	4	PA
<i>riluzole oral tablet</i>	2	PA; MO
<i>risedronate oral tablet 30 mg</i>	2	MO; QL (30 per 30 days)
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	3	MO
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	3	
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	3	MO; QL (180 per 30 days)
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	3	MO; QL (90 per 30 days)
<i>sevelamer carbonate oral tablet</i>	3	MO; QL (270 per 30 days)
<i>sevelamer hcl oral tablet</i>	3	MO
<i>sodium benzoate-sod phenylacet intravenous solution</i>	4	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	3	MO
<i>sodium chloride 0.9 % intravenous piggyback</i>	3	MO
<i>sodium chloride irrigation solution</i>	3	
<i>sodium phenylbutyrate oral powder</i>	4	PA; MO
<i>sodium phenylbutyrate oral tablet</i>	4	PA
<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)
SOHONOS ORAL CAPSULE 5 MG	4	PA; LA; QL (84 per 28 days)
SOLIRIS INTRAVENOUS SOLUTION	4	PA; MO
<i>sps (with sorbitol) oral suspension</i>	2	MO
<i>sps (with sorbitol) rectal enema</i>	2	
SURVANTA INTRATRACHEAL SUSPENSION	3	
SYPRINE ORAL CAPSULE	4	PA; MO

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This drug list was last updated on 04/12/2024.

Drug Name	Drug Tier	Requirements/Limits
TAVNEOS ORAL CAPSULE	4	PA; LA; QL (180 per 30 days)
TEGLUTIK ORAL SUSPENSION	4	PA
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC)	4	PA
THIOLA ORAL TABLET	4	PA
TIGLUTIK ORAL SUSPENSION	4	PA
<i>tiopronin oral tablet</i>	4	PA; MO
<i>tiopronin oral tablet, delayed release (dr/ec)</i>	4	PA
<i>trientine oral capsule 250 mg</i>	4	PA; MO
TRIENTINE ORAL CAPSULE 500 MG	4	PA; MO
TZIELD INTRAVENOUS SOLUTION	4	
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML	4	PA; MO
VELPHORO ORAL TABLET,CHEWABLE	4	MO; QL (180 per 30 days)
VELTASSA ORAL POWDER IN PACKET	2	MO
<i>water for irrigation, sterile irrigation solution</i>	3	MO
XENPOZYME INTRAVENOUS RECON SOLN	4	PA; MO
XIAFLEX INJECTION RECON SOLN	4	PA
XPHOZAH ORAL TABLET	4	PA
XURIDEN ORAL GRANULES IN PACKET	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 ORAL CAPSULE	4	PA; LA; QL (120 per 30 days)
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	1	PA; MO
<b>SMOKING DETERRENENTS</b>		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr</i>	1	
CHANTIX CONTINUING MONTH BOX ORAL TABLET	3	MO
CHANTIX ORAL TABLET 1 MG	3	MO

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This drug list was last updated on 04/12/2024.

Drug Name	Drug Tier	Requirements/Limits
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK	3	MO
NICOTROL INHALATION CARTRIDGE	3	
NICOTROL NS NASAL SPRAY,NON-AEROSOL	3	
<i>varenicline oral tablet</i>	3	MO
<i>varenicline oral tablets,dose pack</i>	3	MO

## EAR, NOSE / THROAT MEDICATIONS

### MISCELLANEOUS AGENTS

ARESTIN DENTAL CARTRIDGE	4	MO
<i>azelastine nasal spray, aerosol</i>	2	MO; QL (60 per 30 days)
<i>azelastine nasal spray,non-aerosol</i>	2	QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane mouthwash</i>	1	MO
CLINPRO 5000 DENTAL PASTE	3	MO
<i>denta 5000 plus dental cream</i>	1	MO
<i>denta 5000 plus sensitive dental paste</i>	3	
<i>dentagel dental gel</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 DENTAL PASTE	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	3	
FLUORIMAX 5000 DENTAL PASTE	3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE	3	
<i>ipratropium bromide nasal spray,non-aerosol</i>	1	MO; QL (30 per 30 days)
JUST RIGHT 5000 DENTAL PASTE	3	
<i>kourzeq dental paste</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>olopatadine nasal spray,non-aerosol</i>	3	MO; QL (30.5 per 30 days)
<i>oralone dental paste</i>	1	
PATANASE NASAL SPRAY,NON-AEROSOL	3	QL (30.5 per 30 days)
<i>periogard mucous membrane mouthwash</i>	1	MO
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE	3	MO
PREVIDENT 5000 DRY MOUTH DENTAL PASTE	3	MO
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE	3	MO
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE	3	MO
PREVIDENT 5000 PLUS DENTAL CREAM	3	MO
PREVIDENT 5000 SENSITIVE DENTAL PASTE	3	MO
PREVIDENT DENTAL GEL	3	MO
PREVIDENT DENTAL SOLUTION	3	MO
<i>sf 5000 plus dental cream</i>	1	MO
<i>sf dental gel</i>	1	MO
<i>sodium fluoride 5000 dry mouth dental paste</i>	1	MO
<i>sodium fluoride 5000 plus dental cream</i>	1	
<i>sodium fluoride-pot nitrate dental paste</i>	1	MO
<i>triamcinolone acetamide dental paste</i>	1	MO

### **MISCELLANEOUS OTIC PREPARATIONS**

<i>acetic acid otic (ear) solution</i>	1	MO
CETRAXAL OTIC (EAR) DROPPERETTE	3	MO
<i>ciprofloxacin hcl otic (ear) dropperette</i>	3	MO
DERMOTIC OIL OTIC (EAR) DROPS	3	MO
<i>flac oil otic (ear) drops</i>	3	
<i>fluocinolone acetamide oil otic (ear) drops</i>	3	MO
<i>hydrocortisone-acetic acid otic (ear) drops</i>	2	MO
<i>ofloxacin otic (ear) drops</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<b>OTIC STEROID / ANTIBIOTIC</b>		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION	3	MO
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension</i>	2	MO; QL (7.5 per 7 days)
CIPROFLOXACIN-FLUOCINOLONE OTIC (EAR) SOLUTION	3	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION	3	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension</i>	2	MO
<i>neomycin-polymyxin-hc otic (ear) solution</i>	2	MO
OTOVEL OTIC (EAR) SOLUTION	3	
<b>ENDOCRINE/DIABETES</b>		
<b>ADRENAL HORMONES</b>		
ACTHAR INJECTION GEL	4	PA; MO
AGAMREE ORAL SUSPENSION	4	PA; LA
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG	3	
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 2 MG, 5 MG	4	
<i>betamethasone acet,sod phos injection suspension</i>	3	MO
CELESTONE SOLUSPAN INJECTION SUSPENSION	3	MO
CORTEF ORAL TABLET	3	MO
<i>cortisone oral tablet</i>	1	
CORTROPHIN GEL INJECTION GEL	4	PA; MO
<i>deflazacort oral tablet</i>	4	PA; MO
DEPO-MEDROL INJECTION SUSPENSION	3	MO
<i>dexabliss oral tablets,dose pack</i>	3	
<i>dexamethasone intensol oral drops</i>	1	MO
<i>dexamethasone oral elixir</i>	1	MO
<i>dexamethasone oral solution</i>	1	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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
DEXAMETHASONE SODIUM PHOS (PF) INJECTION SYRINGE	3	
<i>dexamethasone sodium phosphate injection solution</i>	1	MO
<i>dexamethasone sodium phosphate injection syringe</i>	1	MO
EMFLAZA ORAL SUSPENSION	4	PA; MO; LA
EMFLAZA ORAL TABLET	4	PA; MO; LA
<i>fludrocortisone oral tablet</i>	1	MO
HEMADY ORAL TABLET	3	
HEXATRIONE INJECTION SUSPENSION	4	
<i>hydrocortisone oral tablet</i>	1	MO
KENALOG INJECTION SUSPENSION	3	MO
KENALOG-80 INJECTION SUSPENSION	3	MO
MEDROL (PAK) ORAL TABLETS,DOSE PACK	3	MO
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	B/D PA; MO
MEDROL ORAL TABLET 2 MG	3	B/D PA
<i>methylprednisolone acetate injection suspension</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 recon soln</i>	1	MO
<i>millipred oral tablet</i>	3	B/D PA; MO
ORAPRED ODT ORAL TABLET,DISINTEGRATING	3	B/D PA; MO
<i>prednisolone oral solution</i>	1	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet,disintegrating</i>	3	B/D PA; MO
<i>prednisone intensol oral concentrate</i>	3	MO
<i>prednisone oral solution</i>	1	MO
<i>prednisone oral tablet</i>	1	MO
<i>prednisone oral tablets,dose pack</i>	1	MO
RAYOS ORAL TABLET,DELAYED RELEASE (DR/EC)	4	MO
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN	3	MO
SOLU-CORTEF INJECTION RECON SOLN	3	
SOLU-MEDROL (PF) INJECTION RECON SOLN	3	MO
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN	3	MO
SOLU-MEDROL INTRAVENOUS RECON SOLN 1,000 MG	3	
SOLU-MEDROL INTRAVENOUS RECON SOLN 2 GRAM, 500 MG	3	MO
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS)	3	MO
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (27 TABS), 1.5 MG (49 TABS)	3	
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC)	4	PA; QL (120 per 30 days)
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
TRIESENCE (PF) INTRAOCULAR SUSPENSION	3	
XIPERE (PF) SUPRACHOROIDAL SUSPENSION	4	MO
ZILRETTA INTRA-ARTICULAR SUSPENSION,EXTENDED REL RECON	3	
<b>ANTITHYROID AGENTS</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil oral tablet</i>	1	MO
<b>DIABETES THERAPY</b>		
<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)
ACTOPLUS MET ORAL TABLET 15-850 MG	3	MO; QL (90 per 30 days)
ACTOS ORAL TABLET	3	MO; QL (30 per 30 days)
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS PEN	3	ST; MO
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION	3	PA; MO
AFREZZA INHALATION CARTRIDGE WITH INHALER	3	MO
<i>alcohol pads topical pads, medicated</i>	2	
ALOGLIPTIN ORAL TABLET	3	ST; MO; QL (30 per 30 days)
ALOGLIPTIN-METFORMIN ORAL TABLET	3	ST; MO; QL (60 per 30 days)
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	MO; QL (30 per 30 days)
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS PEN	3	ST; MO
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION	3	PA; MO
BAQSIMI NASAL SPRAY,NON-AEROSOL	2	MO
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS PEN	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
BASAGLAR TEMPO PEN(U-100)INSLN SUBCUTANEOUS INSULIN PEN, SENSOR	3	ST; MO
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	2	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	2	PA; MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	PA; MO; QL (1.2 per 30 days)
CYCLOSET ORAL TABLET	3	MO; QL (180 per 30 days)
DAPAGLIFLOZ PROPANED-METFORMIN ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG	3	ST; QL (30 per 30 days)
DAPAGLIFLOZ PROPANED-METFORMIN ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	ST; QL (60 per 30 days)
DAPAGLIFLOZIN PROPANEDIOL ORAL TABLET 10 MG	3	ST; MO; QL (30 per 30 days)
DAPAGLIFLOZIN PROPANEDIOL ORAL TABLET 5 MG	3	ST; MO; QL (60 per 30 days)
<i>diazoxide oral suspension</i>	3	MO
DROPSAFE ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	2	
DUETACT ORAL TABLET	3	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 10 MG	2	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	2	MO; QL (60 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS PEN	3	ST; MO
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE	3	ST; MO
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION	3	PA; 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)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GLIPIZIDE ORAL TABLET 2.5 MG	3	MO; QL (30 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)
GLUCAGEN HYPOKIT INJECTION RECON SOLN	3	ST; MO
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN	3	ST
<i>glucagon emergency kit (human) injection recon soln</i>	3	MO
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG	3	MO; QL (60 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 2.5 MG	3	QL (240 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	3	MO; QL (120 per 30 days)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG	4	ST; QL (60 per 30 days)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG	4	ST; QL (120 per 30 days)
GLYXAMBI ORAL TABLET	2	MO; QL (30 per 30 days)
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 SUBCUTANEOUS AUTO-INJECTOR	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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GVOKE SUBCUTANEOUS SOLUTION	2	MO
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT	2	MO
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS PEN	2	MO
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION	2	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	MO
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	MO
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION	2	MO
HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR	3	ST; MO
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	2	MO
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	2	MO
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	2	MO
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	MO
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS PEN	2	MO
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	2	MO
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION	2	MO
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION	2	MO
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN	2	MO
INPEFA ORAL TABLET 200 MG	2	PA; MO; QL (60 per 30 days)
INPEFA ORAL TABLET 400 MG	2	PA; MO; QL (30 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS INSULIN PEN	3	ST; MO
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS SOLUTION	3	ST; MO
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE	3	ST; MO
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN	3	ST; MO
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION	3	PA; MO
INSULIN DEGLUDEC SUBCUTANEOUS INSULIN PEN	3	ST; MO
INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION	3	ST; MO
INSULIN GLARGINE SUBCUTANEOUS INSULIN PEN	2	
INSULIN GLARGINE SUBCUTANEOUS SOLUTION	2	
INSULIN GLARGINE U-300 CONC SUBCUTANEOUS INSULIN PEN	3	ST
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN	3	ST; MO
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION	3	ST; MO
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS PEN	3	ST; MO
LISPRO SUBCUTANEOUS INSULIN PEN	3	ST; MO
INSULIN LISPRO SUBCUTANEOUS PEN, HALF-UNIT	3	ST; MO
INSULIN LISPRO SUBCUTANEOUS SOLUTION	2	
INVOKAMET ORAL TABLET	3	ST; MO; QL (60 per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR	3	ST; MO; QL (60 per 30 days)
INVOKANA ORAL TABLET	3	ST; MO; QL (30 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
JANUMET ORAL TABLET	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 ORAL TABLET	2	MO; QL (30 per 30 days)
JARDIANCE ORAL TABLET	2	MO; QL (30 per 30 days)
JENTADUETO ORAL TABLET	2	MO; QL (60 per 30 days)
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 ORAL TABLET 12.5-1,000 MG	3	ST; MO; QL (60 per 30 days)
KAZANO ORAL TABLET 12.5-500 MG	3	ST; QL (60 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS PEN	2	MO
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION	2	MO
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN	3	ST; MO
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION	3	ST; MO
LYUMJEV KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN	2	MO
LYUMJEV KWIKPEN U-200 SUBCUTANEOUS INSULIN PEN	2	MO
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR	3	ST; MO
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION	2	MO
<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)
METFORMIN ORAL TABLET 625 MG	4	MO; QL (120 per 30 days)

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This drug list was last updated on 04/12/2024.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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>metformin oral tablet extended release (osm) 24 hr 1,000 mg</i>	3	ST; MO; QL (60 per 30 days)
<i>metformin oral tablet extended release (osm) 24 hr 500 mg</i>	3	ST; MO; QL (150 per 30 days)
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg</i>	3	ST; MO; QL (60 per 30 days)
<i>metformin oral tablet,er gast.retention 24 hr 500 mg</i>	3	ST; MO; QL (120 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 SUBCUTANEOUS PEN INJECTOR	2	PA; MO; QL (2 per 28 days)
MYXREDLIN INTRAVENOUS SOLUTION	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	3	ST; MO; QL (30 per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	3	ST; MO
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	3	ST; MO
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN	3	ST; MO
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	3	ST; MO
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN	3	ST; MO
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION	3	ST; MO

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This drug list was last updated on 04/12/2024.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS PEN	3	ST; MO
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION	3	ST
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	3	ST; MO
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE	3	ST; MO
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION	3	PA; MO
ONGLYZA ORAL TABLET 5 MG	3	ST; MO; QL (30 per 30 days)
OSENI ORAL TABLET 12.5-30 MG	3	MO; QL (30 per 30 days)
OSENI ORAL TABLET 25-15 MG, 25-30 MG, 25-45 MG	3	QL (30 per 30 days)
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; MO; QL (3 per 28 days)
<i>pioglitazone oral tablet</i>	1	MO; QL (30 per 30 days)
<i>pioglitazone-glimepiride oral tablet</i>	3	MO; QL (30 per 30 days)
<i>pioglitazone-metformin oral tablet</i>	3	MO; QL (90 per 30 days)
PROGLYCEM ORAL SUSPENSION	3	MO
QTERN ORAL TABLET	2	MO; QL (30 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 SUBCUTANEOUS INSULIN PEN	3	ST; MO
RIOMET ORAL SOLUTION	3	QL (765 per 30 days)
RYBELSUS ORAL TABLET	2	PA; MO; QL (30 per 30 days)
<i>saxagliptin oral tablet</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)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SEGLUOMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	2	MO; QL (60 per 30 days)
SEGLUOMET ORAL TABLET 2.5-500 MG	2	MO; QL (120 per 30 days)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION	3	ST; MO
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN	3	ST; MO
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN	2	MO; QL (90 per 30 days)
STEGLATRO ORAL TABLET	2	MO; QL (30 per 30 days)
STEGLUJAN ORAL TABLET	3	ST; MO; QL (30 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (10.8 per 30 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (6 per 30 days)
SYNJARDY ORAL TABLET	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 SUBCUTANEOUS INSULIN PEN	2	MO
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS PEN	2	MO
TRADJENTA ORAL TABLET	2	MO; QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN	3	ST; MO
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN	3	ST; MO
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION	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)

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Drug Name	Drug Tier	Requirements/Limits
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 SUBCUTANEOUS PEN INJECTOR	2	PA; MO; QL (2 per 28 days)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (9 per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (9 per 30 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 SUBCUTANEOUS INSULIN PEN	3	ST; MO; QL (15 per 30 days)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	2	MO
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE	2	MO
ZITUVIO ORAL TABLET	3	ST; QL (30 per 30 days)
<b>MISCELLANEOUS HORMONES</b>		
ALDURAZYME INTRAVENOUS SOLUTION	4	PA; MO
ANDRODERM TRANSDERMAL PATCH 24 HOUR	3	PA; QL (30 per 30 days)
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; MO; QL (150 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	3	PA; QL (37.5 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	3	PA; QL (150 per 30 days)
AVEED INTRAMUSCULAR SOLUTION	3	PA; LA
<i>cabergoline oral tablet</i>	2	MO
<i>calcitonin (salmon) injection solution</i>	4	MO
<i>calcitonin (salmon) nasal spray,non-aerosol</i>	2	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>calcitriol intravenous solution 1 mcg/ml</i>	3	MO
<i>calcitriol oral capsule</i>	1	MO
<i>calcitriol oral solution</i>	3	
CERDELGA ORAL CAPSULE	4	PA; MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	4	PA; MO
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN	3	PA; MO
<i>cinacalcet oral tablet</i>	3	PA; MO
<i>clomid oral tablet</i>	1	PA; MO
<i>clomiphene citrate oral tablet</i>	1	PA
CRYSVITA SUBCUTANEOUS SOLUTION	4	PA; MO; LA
<i>danazol oral capsule</i>	3	MO
DDAVP INJECTION SOLUTION	3	MO
DDAVP ORAL TABLET	3	MO
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML	3	PA; MO
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 200 MG/ML	3	PA
<i>desmopressin injection solution</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 tablet</i>	2	MO
<i>doxercalciferol intravenous solution</i>	1	
<i>doxercalciferol oral capsule</i>	3	MO
ELAPRASE INTRAVENOUS SOLUTION	4	PA; MO
ELELYSO INTRAVENOUS RECON SOLN	4	PA; MO
ELFABRIO INTRAVENOUS SOLUTION	4	PA; LA
FABRAZYME INTRAVENOUS RECON SOLN	4	PA; MO
FORTESTA TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; QL (120 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GALAFOLD ORAL CAPSULE	4	PA; MO; LA; QL (15 per 30 days)
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2 ML	3	MO
ISTURISA ORAL TABLET 1 MG	4	PA; LA; QL (240 per 30 days)
ISTURISA ORAL TABLET 5 MG	4	PA; LA; QL (60 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
JYNARQUE ORAL TABLET	4	PA; LA
JYNARQUE ORAL TABLETS, SEQUENTIAL	4	PA; LA
KANUMA INTRAVENOUS SOLUTION	4	PA; MO
KORLYM ORAL TABLET	4	PA
KUVAN ORAL POWDER IN PACKET	4	PA; MO
KUVAN ORAL TABLET, SOLUBLE	4	PA; MO
LUMIZYME INTRAVENOUS RECON SOLN	4	PA; MO
MEPSEVII INTRAVENOUS SOLUTION	4	PA; MO
METHITEST ORAL TABLET	3	MO
<i>methyltestosterone oral capsule</i>	4	MO
MIACALCIN INJECTION SOLUTION	4	MO
<i>mifepristone oral tablet 300 mg</i>	4	PA
<i>miglustat oral capsule</i>	4	PA; MO; LA
MYALEPT SUBCUTANEOUS RECON SOLN	4	PA; MO; LA
NAGLAZYME INTRAVENOUS SOLUTION	4	PA; MO; LA
NATESTO NASAL GEL IN METERED-DOSE PUMP	3	PA; MO; QL (21.96 per 30 days)
NEXVIAZYME INTRAVENOUS RECON SOLN	4	PA; MO
NOCDURNA (MEN) SUBLINGUAL TABLET, DISINTEGRATING	3	PA; QL (30 per 30 days)

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This drug list was last updated on 04/12/2024.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING	3	PA; MO; QL (30 per 30 days)
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	3	PA; MO
OPFOLDA ORAL CAPSULE	3	PA; MO; QL (8 per 28 days)
ORILISSA ORAL TABLET	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 solution</i>	1	
<i>paricalcitol oral capsule</i>	3	MO
POMBILITI INTRAVENOUS RECON SOLN	4	PA; MO
PREGNYL INTRAMUSCULAR RECON SOLN	3	PA; MO
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR	4	MO
RECORLEV ORAL TABLET	4	PA
ROCALTROL ORAL CAPSULE	3	
ROCALTROL ORAL SOLUTION	3	
SAMSCA ORAL TABLET	4	PA; MO
<i>sapropterin oral powder in packet</i>	4	PA; MO
<i>sapropterin oral tablet,soluble</i>	4	PA; MO
SENSIPAR ORAL TABLET 30 MG	3	PA; MO
SENSIPAR ORAL TABLET 60 MG, 90 MG	4	PA; MO
SOMAVERT SUBCUTANEOUS RECON SOLN	4	PA; MO
STRENSIQ SUBCUTANEOUS SOLUTION	4	PA; LA
SYNAREL NASAL SPRAY,NON-AEROSOL	4	PA; MO
TEPEZZA INTRAVENOUS RECON SOLN	4	PA; MO; LA
TESTIM TRANSDERMAL GEL	3	PA; MO; QL (300 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TESTOPEL IMPLANT PELLETT	3	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	2	PA; MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	2	PA
<i>testosterone enanthate intramuscular oil</i>	2	PA
<i>testosterone transdermal gel</i>	2	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	3	PA; MO; QL (120 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>	2	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)
<i>testosterone transdermal solution in metered pump w/app</i>	3	PA; MO; QL (180 per 30 days)
TLANDO ORAL CAPSULE	3	PA; MO; QL (120 per 30 days)
<i>tolvaptan oral tablet</i>	4	PA; MO
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	
<i>vasopressin intravenous solution</i>	3	
VASOSTRICT INTRAVENOUS SOLUTION	3	
VIMIZIM INTRAVENOUS SOLUTION	4	PA; MO; LA
VOGELXO TRANSDERMAL GEL	3	PA; QL (300 per 30 days)
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; QL (300 per 30 days)
VOGELXO TRANSDERMAL GEL IN PACKET	3	PA; QL (300 per 30 days)
VOXZOGO SUBCUTANEOUS RECON SOLN	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
VPRIV INTRAVENOUS RECON SOLN	4	PA; MO
XYOSTED SUBCUTANEOUS AUTO-INJECTOR	3	PA; MO; QL (2 per 28 days)
<i>yargesa oral capsule</i>	4	PA; LA
ZAVESCA ORAL CAPSULE	4	PA; MO; LA
ZEMPLAR INTRAVENOUS SOLUTION	3	MO
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	MO
<i>zoledronic acid intravenous solution</i>	1	B/D PA; MO
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	1	B/D PA; MO
ZOLEDRONIC AC-MANNITOL-0.9NACL INTRAVENOUS PIGGYBACK	3	B/D PA; MO

## THYROID HORMONES

CYTOMEL ORAL TABLET	3	MO
ERMEZA ORAL SOLUTION	3	MO
<i>euthyrox oral tablet</i>	1	MO
<i>levo-t oral tablet</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>liothyronine intravenous solution</i>	1	MO
<i>liothyronine oral tablet</i>	1	MO
SYNTHROID ORAL TABLET	3	ST; MO
THYQUIDITY ORAL SOLUTION	3	MO
TIROSINT ORAL CAPSULE	3	MO
TIROSINT-SOL ORAL SOLUTION	3	MO
<i>unithroid oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<b>GASTROENTEROLOGY</b>		
<b>ANTIDIARRHEALS / ANTISPASMODICS</b>		
<i>atropine injection solution 0.4 mg/ml</i>	1	
<i>atropine injection syringe 0.1 mg/ml</i>	1	
<i>atropine intravenous solution 0.4 mg/ml</i>	1	
<i>atropine intravenous solution 1 mg/ml</i>	3	
ATROPINE INTRAVENOUS SYRINGE 0.25 MG/5 ML (0.05 MG/ML)	3	
BENTYL INTRAMUSCULAR SOLUTION	3	MO
CUVPOSA ORAL SOLUTION	3	MO
<i>dicyclomine intramuscular solution</i>	1	MO
<i>dicyclomine oral capsule</i>	1	MO
<i>dicyclomine oral solution</i>	3	MO
<i>dicyclomine oral tablet</i>	1	MO
<i>diphenoxylate-atropine oral liquid</i>	3	MO
<i>diphenoxylate-atropine oral tablet</i>	2	MO
GLYCATE ORAL TABLET	3	
GLYCOPYRROLATE (PF) IN WATER INJECTION SYRINGE	3	
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	1	MO
<i>glycopyrrolate (pf) injection syringe</i>	3	
<i>glycopyrrolate injection solution</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>	2	
LOMOTIL ORAL TABLET	3	MO
<i>loperamide oral capsule</i>	1	MO
<i>methscopolamine oral tablet</i>	3	MO
MOTOFEN ORAL TABLET	3	MO
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC)	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>opium oral tincture</i>	1	MO
ROBINUL FORTE ORAL TABLET	3	MO
ROBINUL ORAL TABLET	3	MO
<b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>		
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
AMITIZA ORAL CAPSULE	3	ST; MO; QL (60 per 30 days)
ANALPRAM-HC RECTAL CREAM 1-1 %	3	MO
ANTIVERT ORAL TABLET 50 MG	3	
ANTIVERT ORAL TABLET,CHEWABLE	3	
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR	3	MO
ANZEMET ORAL TABLET 50 MG	3	B/D PA; MO
<i>aprepitant oral capsule</i>	3	B/D PA; MO
<i>aprepitant oral capsule,dose pack</i>	3	B/D PA; MO
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR	3	MO
AVSOLA INTRAVENOUS RECON SOLN	4	PA; MO; QL (20 per 28 days)
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC)	3	MO
AZULFIDINE ORAL TABLET	3	MO
<i>balsalazide oral capsule</i>	2	MO
<i>betaine oral powder</i>	4	MO
BONJESTA ORAL TABLET,IR,DELAYED REL,BIPHASIC	3	MO
<i>budesonide oral capsule, delayed, extended release</i>	3	MO
<i>budesonide oral tablet,delayed and ext.release</i>	4	MO
<i>budesonide rectal foam</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
BYLVAY ORAL CAPSULE	4	PA; MO; LA
BYLVAY ORAL PELLET	4	PA; MO; LA
CANASA RECTAL SUPPOSITORY	3	MO
CHENODAL ORAL TABLET	4	PA; LA
CHOLBAM ORAL CAPSULE 250 MG	4	PA
CHOLBAM ORAL CAPSULE 50 MG	4	PA; QL (120 per 30 days)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT	4	PA; MO; QL (2 per 28 days)
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE	4	PA; MO; QL (3 per 180 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT	4	PA; MO; QL (2 per 28 days)
CINVANTI INTRAVENOUS EMULSION	2	MO
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML	3	ST
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	3	ST; MO
COLAZAL ORAL CAPSULE	4	MO
COMPAZINE RECTAL SUPPOSITORY	3	
<i>compro rectal suppository</i>	3	MO
<i>constulose oral solution</i>	1	MO
CORTENEMA RECTAL ENEMA	3	MO
CORTIFOAM RECTAL FOAM	2	MO
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC)	2	MO
<i>cromolyn oral concentrate</i>	3	MO
CYSTADANE ORAL POWDER	4	
DELZICOL ORAL CAPSULE (WITH DELAYED RELEASE TABLETS)	3	MO
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC)	3	MO
<i>dimenhydrinate injection solution</i>	1	MO
DIPENTUM ORAL CAPSULE	4	MO

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This drug list was last updated on 04/12/2024.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec)</i>	3	MO
<i>dronabinol oral capsule</i>	3	B/D PA
<i>droperidol injection solution</i>	1	MO
EMEND (FOSAPREPITANT) INTRAVENOUS RECON SOLN	3	MO
EMEND ORAL CAPSULE 80 MG	3	B/D PA; MO
EMEND ORAL CAPSULE,DOSE PACK	3	B/D PA; MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	B/D PA
ENTYVIO INTRAVENOUS RECON SOLN	4	PA; MO; QL (2 per 28 days)
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (1.36 per 28 days)
<i>enulose oral solution</i>	1	MO
<i>fosaprepitant intravenous recon soln</i>	1	MO
GASTROCROM ORAL CONCENTRATE	3	MO
GATTEX 30-VIAL SUBCUTANEOUS KIT	4	PA; MO
GATTEX ONE-VIAL SUBCUTANEOUS KIT	4	PA; MO
<i>gavilyte-c oral recon soln</i>	1	MO
<i>gavilyte-g oral recon soln</i>	1	MO
<i>generlac oral solution</i>	1	
GIMOTI NASAL SPRAY WITH PUMP	4	
GOLYTELY ORAL RECON SOLN	3	ST; MO
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	1	MO
<i>granisetron hcl intravenous solution</i>	1	MO
<i>granisetron hcl oral tablet</i>	2	B/D PA; MO
<i>hydrocortisone rectal enema</i>	3	MO
<i>hydrocortisone topical cream with perineal applicator</i>	1	MO
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	3	MO
IBSRELA ORAL TABLET	4	ST; MO; QL (60 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INFLECTRA INTRAVENOUS RECON SOLN	4	PA; MO; QL (20 per 28 days)
INFLIXIMAB INTRAVENOUS RECON SOLN	4	PA; QL (20 per 28 days)
KRISTALOSE ORAL PACKET	3	MO
<i>lactulose oral packet</i>	3	
<i>lactulose oral solution 10 gram/15 ml</i>	1	MO
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	1	
LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC)	3	MO
LINZESS ORAL CAPSULE	2	MO; QL (30 per 30 days)
LIVMARLI ORAL SOLUTION	4	PA; LA
LOTRONEX ORAL TABLET	4	PA; MO
<i>lubiprostone oral capsule</i>	3	MO; QL (60 per 30 days)
MARINOL ORAL CAPSULE 10 MG, 5 MG	4	B/D PA
MARINOL ORAL CAPSULE 2.5 MG	3	B/D PA
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO
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>	4	
<i>mesalamine oral capsule,extended release 24hr</i>	3	MO
<i>mesalamine oral tablet,delayed release (dr/ec)</i>	3	MO
<i>mesalamine rectal enema</i>	3	MO
<i>mesalamine rectal suppository</i>	3	MO
<i>mesalamine with cleansing wipe rectal enema kit</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 5 mg</i>	3	
MOTEGRITY ORAL TABLET	3	ST; MO; QL (30 per 30 days)
MOVANTIK ORAL TABLET	2	MO; QL (30 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MOVIPREP ORAL POWDER IN PACKET	3	ST; MO
<i>nitroglycerin rectal ointment</i>	2	MO
OICALIVA ORAL TABLET	4	PA; MO; LA; QL (30 per 30 days)
OMVOH INTRAVENOUS SOLUTION	4	PA; MO; QL (45 per 180 days)
OMVOH PEN SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (2 per 28 days)
<i>ondansetron hcl (pf) injection solution</i>	1	MO
<i>ondansetron hcl (pf) injection syringe</i>	1	
<i>ondansetron hcl intravenous solution</i>	1	MO
<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
<i>ondansetron oral tablet,disintegrating</i>	1	B/D PA; MO
PALONOSETRON INTRAVENOUS SOLUTION 0.25 MG/2 ML	3	
<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 oral recon soln</i>	1	
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet</i>	3	MO
<i>peg-electrolyte oral recon soln</i>	1	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	4	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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 ORAL POWDER IN PACKET, SEQUENTIAL	3	ST; MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	1	MO
<i>prochlorperazine maleate oral tablet</i>	1	MO
<i>prochlorperazine rectal suppository</i>	3	MO
PROCTOFOAM HC RECTAL FOAM	3	MO
<i>procto-med hc topical cream with perineal applicator</i>	1	MO
<i>proctosol hc topical cream with perineal applicator</i>	1	MO
<i>proctozone-hc topical cream with perineal applicator</i>	1	
REBYOTA RECTAL ENEMA	4	MO
RECTIV RECTAL OINTMENT	2	MO
REGLAN ORAL TABLET	3	MO
RELISTOR ORAL TABLET	4	MO; QL (90 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION	4	MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	4	MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	4	MO; QL (12 per 30 days)
RELTONE ORAL CAPSULE	4	
REMICADE INTRAVENOUS RECON SOLN	4	PA; MO; QL (20 per 28 days)
RENFLEXIS INTRAVENOUS RECON SOLN	4	PA; MO; QL (20 per 28 days)
ROWASA RECTAL ENEMA KIT	3	MO
SANCUSO TRANSDERMAL PATCH WEEKLY	4	MO
<i>scopolamine base transdermal patch 3 day</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
SFROWASA RECTAL ENEMA	3	MO
SKYRIZI INTRAVENOUS SOLUTION	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)
<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 ORAL SOLUTION	4	PA
SUFLAVE ORAL RECON SOLN	3	ST; MO
<i>sulfasalazine oral tablet</i>	1	MO
<i>sulfasalazine oral tablet,delayed release (dr/ec)</i>	1	MO
SUPREP BOWEL PREP KIT ORAL RECON SOLN	3	ST; MO
SUSTOL SUBCUTANEOUS LIQUID,EXTENDED RELEASE SYRING	3	
SUTAB ORAL TABLET	3	ST; MO
SYMPROIC ORAL TABLET	3	MO; QL (30 per 30 days)
SYNDROS ORAL SOLUTION	4	B/D PA; MO
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY	3	MO
TRULANCE ORAL TABLET	2	MO; QL (30 per 30 days)
UCERIS ORAL TABLET, DELAYED AND EXTENDED RELEASE	4	MO
UCERIS RECTAL FOAM	3	MO
URSO 250 ORAL TABLET	3	
URSO FORTE ORAL TABLET	3	
<i>ursodiol oral capsule 200 mg, 400 mg</i>	4	
<i>ursodiol oral capsule 300 mg</i>	2	MO
<i>ursodiol oral tablet</i>	2	MO
VARUBI ORAL TABLET	2	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
VELSIPIITY ORAL TABLET	4	PA; MO; QL (30 per 30 days)
VIBERZI ORAL TABLET	4	MO; QL (60 per 30 days)
VIOKACE ORAL TABLET	2	MO
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 SUBCUTANEOUS PEN INJECTOR KIT	4	PA; QL (2 per 28 days)
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT	4	PA; QL (2 per 28 days)
<b>ULCER THERAPY</b>		
ACIPHEX ORAL TABLET,DELAYED RELEASE (DR/EC)	3	MO; QL (60 per 30 days)
<i>amoxicillin-clarithromycin-lansoprazole oral combo pack</i>	3	MO; QL (112 per 180 days)
<i>bismuth subcit k-metronidz-tcn oral capsule</i>	3	MO; QL (120 per 180 days)
CARAFATE ORAL SUSPENSION	3	MO
CARAFATE ORAL TABLET	3	MO
<i>cimetidine oral tablet</i>	1	MO
CYTOTEC ORAL TABLET	3	MO
DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEASE	3	QL (30 per 30 days)
<i>dexlansoprazole oral capsule,biphase delayed releas</i>	3	QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	2	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	2	MO; QL (60 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	3	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	3	MO; QL (60 per 30 days)
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	1	MO
<i>famotidine (pf) intravenous solution</i>	1	MO
<i>famotidine (pf)-nacl (iso-osm) intravenous piggyback</i>	1	MO
<i>famotidine intravenous solution</i>	1	MO
<i>famotidine oral suspension for reconstitution</i>	3	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<b>KONVOMEPE ORAL SUSPENSION FOR RECONSTITUTION</b>	3	QL (600 per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	1	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1	MO; QL (60 per 30 days)
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg</i>	3	MO; QL (30 per 30 days)
<i>lansoprazole oral tablet, disintegrat, delay rel 30 mg</i>	3	MO; QL (60 per 30 days)
<i>misoprostol oral tablet</i>	2	MO
<b>NEXIUM IV INTRAVENOUS RECON SOLN 40 MG</b>	3	MO
<b>NEXIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG</b>	3	MO; QL (30 per 30 days)
<b>NEXIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 40 MG</b>	3	MO; QL (60 per 30 days)
<b>NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG</b>	3	MO; QL (30 per 30 days)
<b>NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 40 MG</b>	3	MO; QL (60 per 30 days)
<i>nizatidine oral capsule</i>	2	MO
<b>OMECLAMOXY-PAK ORAL COMBO PACK</b>	3	QL (80 per 180 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)
<i>omeprazole-sodium bicarbonate oral capsule</i>	3	MO; QL (30 per 30 days)
<i>omeprazole-sodium bicarbonate oral packet</i>	4	MO; QL (30 per 30 days)
<i>pantoprazole intravenous recon soln</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)
PEPCID ORAL TABLET	3	MO
PREVACID ORAL CAPSULE, DELAYED RELEASE(DR/EC) 30 MG	3	MO; QL (60 per 30 days)
PREVACID SOLUTAB ORAL TABLET, DISINTEGRAT, DELAY REL 15 MG	3	MO; QL (30 per 30 days)
PREVACID SOLUTAB ORAL TABLET, DISINTEGRAT, DELAY REL 30 MG	3	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)
PROTONIX INTRAVENOUS RECON SOLN	3	MO
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	3	MO; QL (60 per 30 days)
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG	3	MO; QL (30 per 30 days)
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 40 MG	3	MO; QL (60 per 30 days)
PYLERA ORAL CAPSULE	3	MO; QL (120 per 180 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

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Drug Name	Drug Tier	Requirements/Limits
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE	3	MO; QL (168 per 180 days)
VOQUEZNA DUAL PAK ORAL COMBO PACK	3	MO; QL (112 per 180 days)
VOQUEZNA ORAL TABLET	3	ST; MO; QL (30 per 30 days)
VOQUEZNA TRIPLE PAK ORAL COMBO PACK	3	MO; QL (112 per 180 days)
ZEGERID ORAL CAPSULE	4	MO; QL (30 per 30 days)
ZEGERID ORAL PACKET	4	MO; QL (30 per 30 days)

## IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

### BIOTECHNOLOGY DRUGS

ACTIMMUNE SUBCUTANEOUS SOLUTION	4	B/D 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
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 SUBCUTANEOUS RECON SOLN	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 SUBCUTANEOUS SYRINGE	4	PA; LA
BETASERON SUBCUTANEOUS KIT	4	PA; MO; QL (14 per 28 days)
EGRIFTA SV SUBCUTANEOUS RECON SOLN	4	PA; MO
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EPOGEN INJECTION SOLUTION 20,000 UNIT/ML	4	PA; MO
EXTAVIA SUBCUTANEOUS KIT	4	PA; MO; QL (15 per 28 days)
FULPHILA SUBCUTANEOUS SYRINGE	4	PA; MO
FYLNETRA SUBCUTANEOUS SYRINGE	4	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	3	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML	4	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.6 MG/0.25 ML, 0.8 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
GENOTROPIN SUBCUTANEOUS CARTRIDGE	4	PA; MO
GRANIX SUBCUTANEOUS SOLUTION	4	PA; MO
GRANIX SUBCUTANEOUS SYRINGE	4	PA; MO
HUMATROPE INJECTION CARTRIDGE	4	PA; MO
ILARIS (PF) SUBCUTANEOUS SOLUTION	4	PA; MO; LA; QL (2 per 28 days)
LEUKINE INJECTION RECON SOLN	4	PA; MO
MOZOBIL SUBCUTANEOUS SOLUTION	4	B/D PA; MO
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR	4	PA; MO
NEULASTA SUBCUTANEOUS SYRINGE	4	PA; MO
NEUPOGEN INJECTION SOLUTION	4	PA; MO
NEUPOGEN INJECTION SYRINGE	4	PA; MO
NGENLA SUBCUTANEOUS PEN INJECTOR	4	PA; MO
NIVESTYM INJECTION SOLUTION	4	PA; MO
NIVESTYM SUBCUTANEOUS SYRINGE	4	PA; MO
NORDITROPIN FLEXPPO 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

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Drug Name	Drug Tier	Requirements/Limits
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 30 MG/3 ML (10 MG/ML)	4	PA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML)	4	PA; MO
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 5 MG/2 ML (2.5 MG/ML)	4	PA
NYVEPRIA SUBCUTANEOUS SYRINGE	4	PA; MO
OMNITROPE SUBCUTANEOUS CARTRIDGE	4	PA; MO
OMNITROPE SUBCUTANEOUS RECON SOLN	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 SYRINGE	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)
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 subcutaneous solution</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) SUBCUTANEOUS SYRINGE	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)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE	4	PA; MO; QL (4.2 per 180 days)
REBLOZYL SUBCUTANEOUS RECON SOLN	4	PA
RELEUKO SUBCUTANEOUS SYRINGE	4	PA; MO
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	4	PA; MO
ROLVEDON SUBCUTANEOUS SYRINGE	4	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA; MO
SKYTROFA SUBCUTANEOUS CARTRIDGE	4	PA; MO
SOGROYA SUBCUTANEOUS PEN INJECTOR	4	PA; MO
STIMUFEND SUBCUTANEOUS SYRINGE	4	PA; MO
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	4	PA; MO
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR	4	PA; MO
UDENYCA SUBCUTANEOUS SYRINGE	4	PA; MO
ZARXIO INJECTION SYRINGE	4	PA; MO
ZIEXTENZO SUBCUTANEOUS SYRINGE	4	PA; MO
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG	4	PA; MO
ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG	3	PA; MO

### **VACCINES / MISCELLANEOUS IMMUNOLOGICALS**

ABRYSVO INTRAMUSCULAR RECON SOLN	1	V
ACTHIB (PF) INTRAMUSCULAR RECON SOLN	2	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	1	V

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This drug list was last updated on 04/12/2024.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE	1	V
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	1	V
ASCENIV INTRAVENOUS SOLUTION	4	PA; MO
ATGAM INTRAVENOUS SOLUTION	4	B/D PA
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	1	V
BEXSERO INTRAMUSCULAR SYRINGE	1	V
BIVIGAM INTRAVENOUS SOLUTION	4	PA; MO
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION	1	V
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	1	V
BOTOX INJECTION RECON SOLN	3	PA; MO
CUTAQUIG SUBCUTANEOUS SOLUTION	4	B/D PA; MO
CUVITRU SUBCUTANEOUS SOLUTION	4	B/D PA; MO
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	4	B/D PA; MO
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	2	
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	
DYSPORT INTRAMUSCULAR RECON SOLN	3	PA; MO
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	1	B/D PA; V
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	1	B/D PA; V
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	1	B/D PA; V
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	4	PA
<i>fomepizole intravenous solution</i>	1	
GAMASTAN INTRAMUSCULAR SOLUTION	2	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GAMMAGARD LIQUID INJECTION SOLUTION	4	PA; MO
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN	4	PA; MO
GAMMAKED INJECTION SOLUTION	4	PA; MO
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION	4	PA; MO
GAMMAPLEX INTRAVENOUS SOLUTION	4	PA; MO
GAMUNEX-C INJECTION SOLUTION	4	PA; MO
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	1	V
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	1	V
GRASTEK SUBLINGUAL TABLET	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 INJECTION SOLUTION	3	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE	1	B/D PA; V
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	2	
HIZENTRA SUBCUTANEOUS SOLUTION	4	B/D PA; MO
HIZENTRA SUBCUTANEOUS SYRINGE	4	B/D PA; MO
HYPERHEP B INTRAMUSCULAR SOLUTION	2	
HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE	2	
HYQVIA SUBCUTANEOUS SOLUTION	4	B/D PA; MO
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN	1	V
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	2	
IPOL INJECTION SUSPENSION	1	V

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
IXCHIQ INTRAMUSCULAR RECON SOLN	1	V
IXIARO (PF) INTRAMUSCULAR SYRINGE	1	V
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION	1	B/D PA; V
KINRIX (PF) INTRAMUSCULAR SYRINGE	2	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	1	V
MENQUADFI (PF) INTRAMUSCULAR SOLUTION	1	V
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	1	V
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION	1	V
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	1	V
MYOBLOC INTRAMUSCULAR SOLUTION	3	PA; MO
NABI-HB INTRAMUSCULAR SOLUTION	3	
OCTAGAM INTRAVENOUS SOLUTION	4	PA; MO
ODACTRA SUBLINGUAL TABLET	3	PA; MO
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	3	
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE	3	PA
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE	3	PA
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE	3	PA
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE	3	PA
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE	3	PA
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE	3	PA
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE	3	PA
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE	3	PA
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE	3	PA
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET	4	PA
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE	3	PA
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET	4	PA
PANZYGA INTRAVENOUS SOLUTION	4	PA; MO
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	2	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	2	
PENBRAYA (PF) INTRAMUSCULAR KIT	1	V
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	2	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION	1	B/D PA; V
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	1	V
PRIVIGEN INTRAVENOUS SOLUTION	4	PA; MO
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	2	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE	2	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	1	V
RAGWITEK SUBLINGUAL TABLET	3	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	1	B/D PA; V

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	1	B/D PA; V
ROTARIX ORAL SUSPENSION	2	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION	2	
ROTATEQ VACCINE ORAL SOLUTION	2	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	1	V; QL (2 per 720 days)
TDVAX INTRAMUSCULAR SUSPENSION	1	V
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	1	V
TENIVAC (PF) INTRAMUSCULAR SYRINGE	1	V
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION	2	
THYMOGLOBULIN INTRAVENOUS RECON SOLN	4	B/D PA; MO
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION	2	B/D PA
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	2	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	2	V
TRUMENBA INTRAMUSCULAR SYRINGE	1	V
TWINRIX (PF) INTRAMUSCULAR SYRINGE	1	V
TYPHIM VI INTRAMUSCULAR SOLUTION	1	V
TYPHIM VI INTRAMUSCULAR SYRINGE	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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	1	V
VARIZIG INTRAMUSCULAR SOLUTION	2	
XEMBIFY SUBCUTANEOUS SOLUTION	4	B/D PA; MO; LA
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 50 UNIT	3	PA; MO
XEOMIN INTRAMUSCULAR RECON SOLN 200 UNIT	4	PA; MO
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	1	V
ZINPLAVA INTRAVENOUS SOLUTION	4	

## **MISCELLANEOUS SUPPLIES**

### **MISCELLANEOUS SUPPLIES**

NOVO PEN NEEDLE	2	MO
BD AUTOSHIELD DUO PEN NEEDLE	2	MO
BD INSULIN SYRINGE (HALF UNIT) SYRINGE	2	MO
BD INSULIN SYRINGE U-500	2	MO
BD INSULIN SYRINGE	2	MO
BD NANO 2ND GEN PEN NEEDLE	2	MO
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2"	2	MO
BD ULTRA-FINE MICRO PEN NEEDLE	2	MO
BD ULTRA-FINE MINI PEN NEEDLE	2	MO
BD ULTRA-FINE NANO PEN NEEDLE	2	
BD ULTRA-FINE SHORT PEN NEEDLE	2	MO
BD VEO INSULIN SYR (HALF UNIT) SYRINGE	2	MO
BD INSULIN SYRINGE	2	MO
CEQR SIMPLICITY DEVICE	2	MO
CEQR SIMPLICITY INSERTER	2	MO
PEN NEEDLES (NON-PREFERRED BRANDS)	3	ST

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This drug list was last updated on 04/12/2024.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5ML 30 GAUGE X 15/64"	3	ST
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16"	3	ST; MO
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64"	3	ST
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	3	ST; MO
DROPLET MICRON PEN NEEDLE NEEDLE	3	ST; MO
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	3	ST; MO
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 3/8", 30 GAUGE X 5/16", 32 GAUGE X 5/16"	3	ST
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	3	ST; MO
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	3	ST
GAUZE PADS 2 X 2	2	
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN	3	
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN	3	
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	3	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN	3	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	3	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1/2 ML 28 GAUGE	2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2"	2	MO
NOVO PEN NEEDLE	2	MO
NOVO PEN NEEDLE	2	
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	2	MO; QL (1 per 720 days)
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	2	MO
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	2	MO
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	2	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	2	MO
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	2	
PEN NEEDLES (NON-PREFERRED BRANDS)	3	ST
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	3	ST; MO
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"	3	ST; MO
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	3	ST; MO
INSULIN SYRINGES (NON-PREFERRED BRANDS)	3	ST

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Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGES (NON-PREFERRED BRANDS)	3	ST; MO
TRUEPLUS PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	3	ST
TRUEPLUS PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	3	ST; MO
UNIFINE PENTIPS MAXFLOW NEEDLE	3	ST; MO
UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	3	ST; MO
UNIFINE PENTIPS PLUS MAXFLOW NEEDLE	3	ST
UNIFINE PENTIPS PLUS NEEDLE	3	ST; MO
UNIFINE SAFECONTROL NEEDLE 30 GAUGE X 3/16", 32 GAUGE X 5/32"	3	ST
UNIFINE SAFECONTROL NEEDLE 30 GAUGE X 5/16"	3	ST; MO
UNIFINE ULTRA PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	3	ST
UNIFINE ULTRA PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	3	ST; MO
INSULIN SYRINGES (NON-PREFERRED BRANDS)	3	ST
V-GO 20 DEVICE	2	MO
V-GO 30 DEVICE	2	MO
V-GO 40 DEVICE	2	MO

## MUSCULOSKELETAL / RHEUMATOLOGY

### GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
ALLOPURINOL ORAL TABLET 200 MG	3	
<i>allopurinol sodium intravenous recon soln</i>	1	
<i>aloprim intravenous recon soln</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>colchicine oral capsule</i>	3	
<i>colchicine oral tablet</i>	1	MO
COLCRYS ORAL TABLET	3	ST; MO
<i>febuxostat oral tablet</i>	2	MO
GLOPERBA ORAL SOLUTION	3	ST
KRYSTEXXA INTRAVENOUS SOLUTION	4	PA; MO
MITIGARE ORAL CAPSULE	3	ST
<i>probenecid oral tablet</i>	2	MO
<i>probenecid-colchicine oral tablet</i>	2	MO
ULORIC ORAL TABLET	3	MO
ZYLOPRIM ORAL TABLET 100 MG	3	
<b>OSTEOPOROSIS THERAPY</b>		
ACTONEL ORAL TABLET 150 MG	3	ST; MO; QL (1 per 30 days)
ACTONEL ORAL TABLET 35 MG	3	ST; MO; QL (4 per 28 days)
<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)
AELVIA ORAL TABLET, DELAYED RELEASE (DR/EC)	3	ST; MO; QL (4 per 28 days)
BINOSTO ORAL TABLET, EFFERVESCENT	3	ST; MO; QL (4 per 28 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)
EVISTA ORAL TABLET	3	MO
FORTEO SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (2.4 per 28 days)
FOSAMAX ORAL TABLET 70 MG	3	ST; MO; QL (4 per 28 days)
FOSAMAX PLUS D ORAL TABLET	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 tablet</i>	1	MO; QL (1 per 30 days)
PROLIA SUBCUTANEOUS SYRINGE	3	PA; MO; QL (1 per 180 days)

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This drug list was last updated on 04/12/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>raloxifene oral tablet</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 subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i>	4	PA; MO; QL (2.4 per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	4	PA; QL (2.48 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (1.56 per 30 days)

### OTHER RHEUMATOLOGICALS

ABRILADA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	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 SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (3.6 per 28 days)
ACTEMRA INTRAVENOUS SOLUTION	4	PA; MO; QL (160 per 28 days)
ACTEMRA SUBCUTANEOUS SYRINGE	4	PA; MO; QL (3.6 per 28 days)
ADALIMUMAB-AACF SUBCUTANEOUS PEN INJECTOR KIT	4	PA; MO; QL (4 per 28 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (1.6 per 28 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE	4	PA; MO; QL (1.6 per 28 days)
ADALIMUMAB-ADBM SUBCUTANEOUS PEN INJECTOR KIT	4	PA; MO; QL (4 per 28 days)
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	4	PA; MO; QL (2 per 28 days)
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; MO; QL (4 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ADALIMUMAB-ADBM(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT	4	PA; QL (6 per 180 days)
ADALIMUMAB-ADBM(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT	4	PA; QL (4 per 180 days)
ADALIMUMAB-FKJP SUBCUTANEOUS PEN INJECTOR KIT	4	PA; QL (6 per 28 days)
ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML	4	PA; QL (2 per 28 days)
ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; QL (6 per 28 days)
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	4	PA; MO; QL (2.4 per 28 days)
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	4	PA; MO; QL (4.8 per 28 days)
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; MO; QL (0.8 per 28 days)
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	PA; MO; QL (2.4 per 28 days)
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	4	PA; MO; QL (4.8 per 28 days)
ARAVA ORAL TABLET	4	MO; QL (30 per 30 days)
BENLYSTA INTRAVENOUS RECON SOLN	4	PA; MO
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR	4	PA; MO
BENLYSTA SUBCUTANEOUS SYRINGE	4	PA; MO
CUPRIMINE ORAL CAPSULE	4	PA
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT	4	PA; QL (6 per 180 days)

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This drug list was last updated on 04/12/2024.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT	4	PA; QL (4 per 180 days)
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	4	PA; MO; QL (4 per 28 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/0.8 ML	4	PA; MO; QL (4 per 28 days)
DEPEN TITRATABS ORAL TABLET	4	PA; MO
ENBREL MINI SUBCUTANEOUS CARTRIDGE	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 SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (8 per 28 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR	4	PA; MO; QL (4.8 per 28 days)
HADLIMA SUBCUTANEOUS SYRINGE	4	PA; MO; QL (4.8 per 28 days)
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR	4	PA; MO; QL (2.4 per 28 days)
HADLIMA(CF) SUBCUTANEOUS SYRINGE	4	PA; MO; QL (2.4 per 28 days)
HULIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	4	PA; QL (6 per 28 days)
HULIO(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML	4	PA; QL (2 per 28 days)
HULIO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; QL (6 per 28 days)
HUMIRA (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; MO; QL (4 per 28 days)
HUMIRA PEN (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT	4	PA; MO; QL (4 per 28 days)
HUMIRA PEN PSOR-UEVITS-ADOL HS (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT	4	PA; QL (4 per 180 days)

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This drug list was last updated on 04/12/2024.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMIRA(CF) (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	4	PA; MO; QL (2 per 28 days)
HUMIRA(CF) (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	4	PA; QL (3 per 180 days)
HUMIRA(CF) PEDI CROHNS STARTER (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; QL (2 per 180 days)
HUMIRA(CF) PEN (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEN (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; MO; QL (2 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT	4	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEN PEDIATRIC UC (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT	4	PA; MO; QL (4 per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT	4	PA; MO; QL (3 per 180 days)
HYRIMOZ (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE	4	PA; QL (3.2 per 28 days)
HYRIMOZ PEN (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS PEN INJECTOR	4	PA; QL (3.2 per 28 days)
HYRIMOZ PEN CROHN'S-UC STARTER (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (2.4 per 180 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HYRIMOZ PEN PSORIASIS STARTER (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS PEN INJECTOR	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)
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) SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (1.6 per 28 days)
IDACIO(CF) PEN CROHN-UC STARTR SUBCUTANEOUS PEN INJECTOR KIT	4	PA; MO; QL (6 per 180 days)
IDACIO(CF) PEN PSORIASIS START SUBCUTANEOUS PEN INJECTOR KIT	4	PA; MO; QL (4 per 180 days)
IDACIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	4	PA; MO; QL (4 per 28 days)
IDACIO(CF) SUBCUTANEOUS SYRINGE KIT	4	PA; MO; QL (4 per 28 days)
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML	4	PA; QL (2.28 per 28 days)
KEVZARA SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	4	PA; MO; QL (2.28 per 28 days)
KEVZARA SUBCUTANEOUS SYRINGE	4	PA; MO; QL (2.28 per 28 days)
KINERET SUBCUTANEOUS SYRINGE	4	PA; QL (20.1 per 30 days)
<i>leflunomide oral tablet</i>	1	MO; QL (30 per 30 days)
OLUMIANT ORAL TABLET	4	PA; MO; QL (30 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN	4	PA; MO; QL (12 per 28 days)
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR	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 ORAL TABLET	4	PA; MO; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; MO; QL (55 per 180 days)
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR	3	MO
<i>penicillamine oral capsule</i>	4	PA; MO
<i>penicillamine oral tablet</i>	4	PA; MO
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR	3	MO
RIDAURA ORAL CAPSULE	4	MO
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	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	2	MO; QL (55 per 180 days)
SIMPONI ARIA INTRAVENOUS SOLUTION	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)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	4	PA; MO; QL (0.5 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
XELJANZ ORAL SOLUTION	4	PA; MO; QL (300 per 30 days)
XELJANZ ORAL TABLET	4	PA; MO; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR	4	PA; MO; QL (30 per 30 days)
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT	4	PA; QL (3 per 180 days)
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	4	PA; QL (6 per 28 days)
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	4	PA; QL (2 per 28 days)
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	4	PA; QL (2 per 28 days)
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; QL (6 per 28 days)
YUSIMRY(CF) PEN SUBCUTANEOUS PEN INJECTOR	4	PA; QL (4.8 per 28 days)

## OBSTETRICS / GYNECOLOGY

### ESTROGENS / PROGESTINS

ACTIVELLA ORAL TABLET	3	PA; MO
<i>amabelz oral tablet</i>	2	PA
ANGELIQ ORAL TABLET	3	PA; MO
AYGESTIN ORAL TABLET	3	MO
BIJUVA ORAL CAPSULE	3	PA; MO
<i>camila oral tablet</i>	1	MO
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	3	PA; MO
CLIMARA TRANSDERMAL PATCH WEEKLY	3	PA; MO; QL (4 per 28 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY	3	PA; MO
CRINONE VAGINAL GEL 4 %	3	MO
CRINONE VAGINAL GEL 8 %	3	PA; MO
<i>deblitane oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
DELESTROGEN INTRAMUSCULAR OIL	3	MO
DEPO-ESTRADIOL INTRAMUSCULAR OIL	3	MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	MO
DEPO-PROVERA INTRAMUSCULAR SYRINGE	3	MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	3	MO
DIVIGEL 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 %)	3	PA; MO; QL (30 per 30 days)
DIVIGEL TRANSDERMAL GEL IN PACKET 1.25 MG/1.25 GRAM (0.1 %)	3	PA; MO; QL (37.5 per 30 days)
<i>dotti transdermal patch semiweekly</i>	2	PA; MO; QL (8 per 28 days)
DUAVEE ORAL TABLET	2	MO
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; MO; QL (70 per 30 days)
<i>errin oral tablet</i>	1	MO
ESTRACE ORAL TABLET	3	PA; MO
ESTRACE VAGINAL CREAM	3	ST; MO
<i>estradiol oral tablet</i>	3	PA; MO
<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	PA; MO; QL (30 per 30 days)
<i>estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)</i>	3	PA; MO; QL (37.5 per 30 days)
<i>estradiol transdermal patch semiweekly</i>	2	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	2	PA; QL (4 per 28 days)
<i>estradiol vaginal cream</i>	3	MO
<i>estradiol vaginal tablet</i>	3	MO
<i>estradiol valerate intramuscular oil</i>	3	MO
<i>estradiol-norethindrone acet oral tablet</i>	2	PA; MO
ESTRING VAGINAL RING	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP	3	MO; QL (50 per 30 days)
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL	3	PA; MO; QL (16.2 per 30 days)
FEMRING VAGINAL RING	3	ST; MO
<i>fyavolv oral tablet</i>	3	PA; MO
<i>heather oral tablet</i>	1	MO
<i>hydroxyprogesterone caproate intramuscular oil</i>	4	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	2	MO
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK	2	MO
<i>incassia oral tablet</i>	1	MO
<i>jencycla oral tablet</i>	1	MO
<i>jinteli oral tablet</i>	3	PA; MO
<i>lyleq oral tablet</i>	1	MO
<i>lyllana transdermal patch semiweekly</i>	2	PA; MO; QL (8 per 28 days)
<i>lyza oral tablet</i>	1	
<i>medroxyprogesterone intramuscular suspension</i>	1	MO
<i>medroxyprogesterone intramuscular syringe</i>	1	MO
<i>medroxyprogesterone oral tablet</i>	1	MO
MENEST ORAL TABLET	2	PA; MO
MENOSTAR TRANSDERMAL PATCH WEEKLY	3	PA; MO; QL (4 per 28 days)
<i>mimvey oral tablet</i>	2	PA; MO
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY	3	PA; MO; QL (8 per 28 days)
<i>nora-be oral tablet</i>	1	MO
<i>norethindrone (contraceptive) oral tablet</i>	1	
<i>norethindrone acetate oral tablet</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	3	PA; MO
PREFEST ORAL TABLET	3	PA

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Drug Name	Drug Tier	Requirements/Limits
PREMARIN INJECTION RECON SOLN	3	
PREMARIN ORAL TABLET	2	MO
PREMARIN VAGINAL CREAM	2	MO
PREMPHASE ORAL TABLET	2	MO
PREMPRO ORAL TABLET	2	MO
<i>progesterone intramuscular oil</i>	1	MO
<i>progesterone micronized oral capsule</i>	1	MO
PROMETRIUM ORAL CAPSULE	3	MO
PROVERA ORAL TABLET	3	MO
<i>sharobel oral tablet</i>	1	MO
VAGIFEM VAGINAL TABLET	3	ST; MO
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY	3	PA; MO; QL (8 per 28 days)
<i>yuvafem vaginal tablet</i>	3	MO
<b>MISCELLANEOUS OB/GYN</b>		
ANNOVERA VAGINAL RING	3	MO
CLEOCIN VAGINAL CREAM	3	MO
CLEOCIN VAGINAL SUPPOSITORY	3	MO
<i>clindamycin phosphate vaginal cream</i>	2	MO
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE	3	MO
<i>eluryng vaginal ring</i>	3	MO
<i>enilloring vaginal ring</i>	3	
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	3	
GYNAZOLE-1 VAGINAL CREAM	3	MO
<i>haloette vaginal ring</i>	3	MO
INTRAROSA VAGINAL INSERT	3	MO
KYLEENA INTRAUTERINE DEVICE	3	
LILETTA INTRAUTERINE DEVICE	3	MO
<i>metronidazole vaginal gel</i>	2	MO
<i>miconazole-3 vaginal suppository</i>	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mifepristone oral tablet 200 mg</i>	1	LA
MIRENA INTRAUTERINE DEVICE	3	
MYFEMBREE ORAL TABLET	4	PA; MO
NEXPLANON SUBDERMAL IMPLANT	3	
<i>norelgestromin-ethin.estradiol transdermal patch weekly</i>	3	
NUVARING VAGINAL RING	3	MO
NUVESSA VAGINAL GEL	3	MO
ORIAHNN ORAL CAPSULE, SEQUENTIAL	4	PA; MO
OSPHENA ORAL TABLET	3	MO
PHEXXI VAGINAL GEL	3	MO
SKYLA INTRAUTERINE DEVICE	3	
<i>terconazole vaginal cream</i>	2	MO
<i>terconazole vaginal suppository</i>	2	MO
<i>tranexamic acid oral tablet</i>	2	MO
<i>vandazole vaginal gel</i>	2	MO
VEOZAH ORAL TABLET	3	PA; MO
XACIATO VAGINAL GEL	3	ST; MO
<i>xulane transdermal patch weekly</i>	3	MO
<i>zafemy transdermal patch weekly</i>	3	MO

### **ORAL CONTRACEPTIVES / RELATED AGENTS**

<i>afirmelle oral tablet</i>	3	
<i>altavera (28) oral tablet</i>	1	MO
<i>alyacen 1/35 (28) oral tablet</i>	1	MO
<i>alyacen 7/7/7 (28) oral tablet</i>	1	MO
<i>amethia oral tablets,dose pack,3 month</i>	3	
<i>amethyst (28) oral tablet</i>	1	MO
<i>apri oral tablet</i>	1	MO
<i>aranelle (28) oral tablet</i>	1	MO
<i>ashlyna oral tablets,dose pack,3 month</i>	3	MO
<i>aubra eq oral tablet</i>	1	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>aurovela 1.5/30 (21) oral tablet</i>	3	MO
<i>aurovela 1/20 (21) oral tablet</i>	3	
<i>aurovela 24 fe oral tablet</i>	3	
<i>aurovela fe 1.5/30 (28) oral tablet</i>	3	MO
<i>aurovela fe 1-20 (28) oral tablet</i>	3	
<i>aviane oral tablet</i>	1	MO
<i>ayuna oral tablet</i>	3	MO
<i>azurette (28) oral tablet</i>	1	MO
<b>BALCOLTRA ORAL TABLET</b>	3	MO
<i>balziva (28) oral tablet</i>	3	MO
<b>BEYAZ ORAL TABLET</b>	3	MO
<i>blisovi 24 fe oral tablet</i>	3	MO
<i>blisovi fe 1.5/30 (28) oral tablet</i>	3	MO
<i>blisovi fe 1/20 (28) oral tablet</i>	3	MO
<i>briellyn oral tablet</i>	3	MO
<i>camrese lo oral tablets,dose pack,3 month</i>	3	MO
<i>camrese oral tablets,dose pack,3 month</i>	1	MO
<i>charlotte 24 fe oral tablet,chewable</i>	3	MO
<i>chateal eq (28) oral tablet</i>	3	MO
<i>cryselle (28) oral tablet</i>	1	MO
<i>cyred eq oral tablet</i>	1	MO
<i>dasetta 1/35 (28) oral tablet</i>	1	MO
<i>dasetta 7/7/7 (28) oral tablet</i>	1	MO
<i>daysee oral tablets,dose pack,3 month</i>	1	MO
<i>desog-e.estradiol/e.estradiol oral tablet</i>	1	
<i>desogestrel-ethinyl estradiol oral tablet</i>	1	
<i>dolishale oral tablet</i>	3	MO
<i>drospirenone-e.estradiol-lm,fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	3	
<i>drospirenone-e.estradiol-lm,fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	1	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	1	
<i>elinest oral tablet</i>	1	MO
<i>enpresse oral tablet</i>	1	MO
<i>enskyce oral tablet</i>	1	MO
<i>estarylla oral tablet</i>	1	MO
<i>ethynodiol diac-eth estradiol oral tablet</i>	1	
<i>falmina (28) oral tablet</i>	1	MO
<i>finzala oral tablet,chewable</i>	3	MO
<i>gemmily oral capsule</i>	3	MO
<i>hailey 24 fe oral tablet</i>	3	MO
<i>hailey fe 1.5/30 (28) oral tablet</i>	3	MO
<i>hailey fe 1/20 (28) oral tablet</i>	3	MO
<i>hailey oral tablet</i>	3	MO
<i>iclevia oral tablets,dose pack,3 month</i>	3	
<i>introvale oral tablets,dose pack,3 month</i>	1	
<i>isibloom oral tablet</i>	1	MO
<i>jaimiess oral tablets,dose pack,3 month</i>	3	MO
<i>jasmiel (28) oral tablet</i>	1	MO
<i>jolessa oral tablets,dose pack,3 month</i>	1	MO
<i>joyeaux oral tablet</i>	3	MO
<i>juleber oral tablet</i>	1	MO
<i>junel 1.5/30 (21) oral tablet</i>	3	MO
<i>junel 1/20 (21) oral tablet</i>	3	MO
<i>junel fe 1.5/30 (28) oral tablet</i>	3	MO
<i>junel fe 1/20 (28) oral tablet</i>	3	MO
<i>junel fe 24 oral tablet</i>	3	MO
<i>kaitlib fe oral tablet,chewable</i>	3	MO
<i>kalliga oral tablet</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>kariva (28) oral tablet</i>	1	MO
<i>kelnor 1/35 (28) oral tablet</i>	1	MO
<i>kelnor 1-50 (28) oral tablet</i>	1	MO
<i>kurvelo (28) oral tablet</i>	1	MO
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	MO
<i>larin 1.5/30 (21) oral tablet</i>	1	MO
<i>larin 1/20 (21) oral tablet</i>	1	MO
<i>larin 24 fe oral tablet</i>	1	MO
<i>larin fe 1.5/30 (28) oral tablet</i>	1	MO
<i>larin fe 1/20 (28) oral tablet</i>	1	MO
<i>layolis fe oral tablet,chewable</i>	3	MO
<i>leena 28 oral tablet</i>	3	MO
<i>lessina oral tablet</i>	1	MO
<i>levonest (28) oral tablet</i>	1	MO
<i>levonorgest-eth.estradiol-iron oral tablet</i>	3	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	1	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg, 90-20 mcg (28)</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	1	MO
<i>levonorg-eth estrad triphasic oral tablet</i>	1	MO
<i>levora-28 oral tablet</i>	1	MO
LO LOESTRIN FE ORAL TABLET	3	MO
LOESTRIN 1.5/30 (21) ORAL TABLET	3	MO
LOESTRIN 1/20 (21) ORAL TABLET	3	MO
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET	3	MO
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET	3	MO

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This drug list was last updated on 04/12/2024.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lojaimiess oral tablets,dose pack,3 month</i>	3	MO
<i>loryna (28) oral tablet</i>	1	MO
<i>low-ogestrel (28) oral tablet</i>	1	MO
<i>lo-zumandimine (28) oral tablet</i>	1	MO
<i>lutera (28) oral tablet</i>	1	MO
<i>marlissa (28) oral tablet</i>	1	MO
<i>merzee oral capsule</i>	3	MO
<i>mibelas 24 fe oral tablet,chewable</i>	3	MO
<i>microgestin 1.5/30 (21) oral tablet</i>	1	MO
<i>microgestin 1/20 (21) oral tablet</i>	1	MO
<i>microgestin 24 fe oral tablet</i>	3	
<i>microgestin fe 1.5/30 (28) oral tablet</i>	1	MO
<i>microgestin fe 1/20 (28) oral tablet</i>	1	MO
<i>mili oral tablet</i>	1	MO
<i>mono-linyah oral tablet</i>	1	MO
<b>NATAZIA ORAL TABLET</b>	3	MO
<i>necon 0.5/35 (28) oral tablet</i>	3	MO
<b>NEXTSTELLIS ORAL TABLET</b>	3	MO
<i>nikki (28) oral tablet</i>	1	MO
<i>noreth-ethinyl estradiol-iron oral tablet,chewable</i>	3	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	MO
<i>norethindrone-e.estradiol-iron oral capsule</i>	3	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9), 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 oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	MO
<i>nortrel 0.5/35 (28) oral tablet</i>	1	MO
<i>nortrel 1/35 (21) oral tablet</i>	1	MO
<i>nortrel 1/35 (28) oral tablet</i>	1	MO
<i>nortrel 7/7/7 (28) oral tablet</i>	1	MO
<i>nylia 1/35 (28) oral tablet</i>	3	MO
<i>nylia 7/7/7 (28) oral tablet</i>	3	MO
<i>nymyo oral tablet</i>	3	MO
<i>ocella oral tablet</i>	3	MO
<i>philith oral tablet</i>	1	MO
<i>pimtreea (28) oral tablet</i>	1	MO
<i>portia 28 oral tablet</i>	1	MO
QUARTETTE ORAL TABLETS,DOSE PACK,3 MONTH	3	MO
<i>reclipsen (28) oral tablet</i>	1	MO
<i>rivelsa oral tablets,dose pack,3 month</i>	3	MO
SAFYRAL ORAL TABLET	3	MO
SEASONIQUE ORAL TABLETS,DOSE PACK,3 MONTH	3	
<i>setlakin oral tablets,dose pack,3 month</i>	1	MO
<i>simliya (28) oral tablet</i>	3	MO
<i>simpesse oral tablets,dose pack,3 month</i>	3	MO
SLYND ORAL TABLET	3	MO
<i>sprintec (28) oral tablet</i>	1	MO
<i>sronyx oral tablet</i>	1	MO
<i>syeda oral tablet</i>	1	MO
<i>tarina 24 fe oral tablet</i>	1	MO
<i>tarina fe 1-20 eq (28) oral tablet</i>	1	MO
<i>taysofy oral capsule</i>	3	MO
TAYTULLA ORAL CAPSULE	3	MO
<i>tilia fe oral tablet</i>	1	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tri-estarylla oral tablet</i>	1	MO
<i>tri-legest fe oral tablet</i>	1	MO
<i>tri-linyah oral tablet</i>	1	MO
<i>tri-lo-estarylla oral tablet</i>	1	MO
<i>tri-lo-marzia oral tablet</i>	1	MO
<i>tri-lo-mili oral tablet</i>	3	MO
<i>tri-lo-sprintec oral tablet</i>	1	
<i>tri-mili oral tablet</i>	3	
<i>tri-nymyo oral tablet</i>	3	
<i>tri-sprintec (28) oral tablet</i>	1	MO
<i>trivora (28) oral tablet</i>	1	MO
<i>tri-vylibra lo oral tablet</i>	3	MO
<i>tri-vylibra oral tablet</i>	3	MO
<i>turqoz (28) oral tablet</i>	1	MO
TYBLUME ORAL TABLET,CHEWABLE	3	MO
<i>tydemy oral tablet</i>	3	
<i>velivet triphasic regimen (28) oral tablet</i>	1	MO
<i>vestura (28) oral tablet</i>	1	MO
<i>vienva oral tablet</i>	1	MO
<i>viorele (28) oral tablet</i>	1	MO
<i>volnea (28) oral tablet</i>	3	MO
<i>vyfemla (28) oral tablet</i>	3	MO
<i>vylibra oral tablet</i>	3	MO
<i>wera (28) oral tablet</i>	1	MO
<i>wymzya fe oral tablet,chewable</i>	3	MO
YASMIN (28) ORAL TABLET	3	MO
YAZ (28) ORAL TABLET	3	MO
<i>zovia 1-35 (28) oral tablet</i>	1	MO
<i>zumandimine (28) oral tablet</i>	1	MO

## **OXYTOCICS**

*methylergonovine oral tablet*

3

PA

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Drug Name	Drug Tier	Requirements/Limits
<b>OPHTHALMOLOGY</b>		
<b>ANTIBIOTICS</b>		
AZASITE OPHTHALMIC (EYE) DROPS	2	MO
<i>bacitracin ophthalmic (eye) ointment</i>	2	MO
<i>bacitracin-polymyxin b ophthalmic (eye) ointment</i>	1	MO
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION	2	MO
CILOXAN OPHTHALMIC (EYE) OINTMENT	3	MO
<i>ciprofloxacin hcl ophthalmic (eye) drops</i>	1	MO
<i>erythromycin ophthalmic (eye) ointment</i>	1	MO; QL (3.5 per 14 days)
<i>gatifloxacin ophthalmic (eye) drops</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	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment</i>	2	MO
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops</i>	2	MO
<i>neo-polycin ophthalmic (eye) ointment</i>	2	
OCUFLOX OPHTHALMIC (EYE) DROPS	3	MO
<i>ofloxacin ophthalmic (eye) drops</i>	1	MO
<i>polycin ophthalmic (eye) ointment</i>	1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops</i>	1	MO
<i>tobramycin ophthalmic (eye) drops</i>	1	MO; QL (10 per 14 days)
TOBREX OPHTHALMIC (EYE) OINTMENT	3	MO; QL (3.5 per 14 days)
VIGAMOX OPHTHALMIC (EYE) DROPS	3	MO
<b>ANTIVIRALS</b>		

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>trifluridine ophthalmic (eye) drops</i>	2	MO
ZIRGAN OPHTHALMIC (EYE) GEL	3	MO
<b>BETA-BLOCKERS</b>		
<i>betaxolol ophthalmic (eye) drops</i>	2	MO
BETIMOL OPHTHALMIC (EYE) DROPS	3	MO
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
<i>carteolol ophthalmic (eye) drops</i>	1	MO
ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY	3	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>timolol maleate (pf) ophthalmic (eye) dropperette</i>	3	MO
<i>timolol maleate ophthalmic (eye) drops (timoptic generic)</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	3	MO
<i>timolol maleate ophthalmic (eye) gel forming solution (timoptic generic)</i>	3	MO
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE	3	MO
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>		
ALOCRILOPHTHALMIC (EYE) DROPS	3	
ALOMIDOPHTHALMIC (EYE) DROPS	3	MO
<i>atropine ophthalmic (eye) drops 1 %</i>	2	MO
ATROPINE SULFATE (PF) OPHTHALMIC (EYE) DROPPERETTE	3	
<i>azelastine ophthalmic (eye) drops</i>	1	MO
<i>balanced salt intraocular solution</i>	1	
BEOVU INTRAVITREAL SYRINGE	4	PA; MO
<i>bepotastine besilate ophthalmic (eye) drops</i>	2	MO
BEPREVE OPHTHALMIC (EYE) DROPS	3	MO
<i>bss intraocular solution</i>	1	
BSS PLUS INTRAOCULAR SOLUTION	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BYOOVIZ INTRAVITREAL SOLUTION	4	PA; MO
CEQUA OPHTHALMIC (EYE) DROPPERETTE	3	MO; QL (60 per 30 days)
CIMERLI INTRAVITREAL SOLUTION	4	PA; MO
<i>cromolyn ophthalmic (eye) drops</i>	1	MO
<i>cyclosporine ophthalmic (eye) dropperette</i>	2	MO; QL (60 per 30 days)
CYSTADROPS OPHTHALMIC (EYE) DROPS	4	PA
CYSTARAN OPHTHALMIC (EYE) DROPS	4	PA
<i>epinastine ophthalmic (eye) drops</i>	2	MO
EYLEA HD INTRAVITREAL SOLUTION	4	PA; MO
EYLEA INTRAVITREAL SOLUTION	4	PA; MO
EYLEA INTRAVITREAL SYRINGE	4	PA; MO
IZERVAY INTRAVITREAL SOLUTION	4	PA
LACRISERT OPHTHALMIC (EYE) INSERT	3	PA
LUCENTIS INTRAVITREAL SYRINGE	4	PA; MO
MIEBO OPHTHALMIC (EYE) DROPS	4	MO
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	2	MO
OMIDRIA INTRAOCULAR CONCENTRATE	3	
OXERVATE OPHTHALMIC (EYE) DROPS	4	PA; MO
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS	3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	MO
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS	3	MO; QL (5.5 per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE	3	MO; QL (60 per 30 days)
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1	MO
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	1	MO
<i>sulfacetamide-prednisolone ophthalmic (eye) drops</i>	1	
SYFOVRE INTRAVITREAL SOLUTION	4	PA; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL	3	MO; QL (8.4 per 30 days)
VABYSMO INTRAVITREAL SOLUTION	4	PA; MO
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE	4	PA; QL (120 per 30 days)
VEVYE OPHTHALMIC (EYE) DROPS	3	MO; QL (2 per 30 days)
VUITY OPHTHALMIC (EYE) DROPS	3	PA; MO
XDEMVIY OPHTHALMIC (EYE) DROPS	4	PA; QL (10 per 42 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE	2	MO; QL (60 per 30 days)
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE	3	MO
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
ACULAR LS OPHTHALMIC (EYE) DROPS	3	ST; MO
ACULAR OPHTHALMIC (EYE) DROPS	3	ST; MO
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE	3	ST; MO
<i>bromfenac ophthalmic (eye) drops</i>	2	MO
BROMSITE OPHTHALMIC (EYE) DROPS	2	MO
<i>diclofenac sodium ophthalmic (eye) drops</i>	1	MO
<i>flurbiprofen sodium ophthalmic (eye) drops</i>	1	MO
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST; MO
<i>ketorolac ophthalmic (eye) drops</i>	1	MO
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST; MO
PROLENSA OPHTHALMIC (EYE) DROPS	2	MO
<b>ORAL DRUGS FOR GLAUCOMA</b>		
<i>acetazolamide oral capsule, extended release</i>	2	MO
<i>acetazolamide oral tablet</i>	2	MO
<i>acetazolamide sodium injection recon soln</i>	1	MO
<i>methazolamide oral tablet</i>	3	MO
<b>OTHER GLAUCOMA DRUGS</b>		

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
<i>bimatoprost ophthalmic (eye) drops</i>	3	MO
<i>brimonidine-timolol ophthalmic (eye) drops</i>	2	MO
<i>brinzolamide ophthalmic (eye) drops,suspension</i>	3	MO
COMBIGAN OPHTHALMIC (EYE) DROPS	3	MO
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE	3	MO
COSOPT OPHTHALMIC (EYE) DROPS	3	MO
<i>dorzolamide ophthalmic (eye) drops</i>	1	MO
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	3	MO
<i>dorzolamide-timolol ophthalmic (eye) drops</i>	1	MO
DURYSTA INTRACAMERAL IMPLANT	3	PA; MO; LA
IYUZEH OPHTHALMIC (EYE) DROPPERETTE	3	ST; MO
<i>latanoprost ophthalmic (eye) drops</i>	1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	MO
<i>miostat intraocular solution</i>	1	
RHOPRESSA OPHTHALMIC (EYE) DROPS	2	MO
ROCKLATAN OPHTHALMIC (EYE) DROPS	2	MO
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION	2	MO
<i>tafluprost (pf) ophthalmic (eye) dropperette</i>	2	MO
TRAVATAN Z OPHTHALMIC (EYE) DROPS	3	ST; MO
<i>travoprost ophthalmic (eye) drops</i>	2	MO
VYZULTA OPHTHALMIC (EYE) DROPS	3	ST; MO
XALATAN OPHTHALMIC (EYE) DROPS	3	ST; MO
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION	3	ST
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE	3	ST; MO

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This drug list was last updated on 04/12/2024.

Drug Name	Drug Tier	Requirements/Limits
<b>STEROID-ANTIBIOTIC COMBINATIONS</b>		
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
MAXITROL OPHTHALMIC (EYE) OINTMENT	3	MO
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment</i>	2	MO
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension</i>	1	MO
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension</i>	2	MO
<i>neo-polycin hc ophthalmic (eye) ointment</i>	2	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	2	MO; QL (3.5 per 14 days)
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension</i>	2	MO; QL (10 per 14 days)
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO; QL (10 per 14 days)
<b>STEROIDS</b>		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION	2	MO
<i>dexamethasone sodium phosphate ophthalmic (eye) drops</i>	1	MO
DEXTENZA INTRACANALICULAR INSERT	3	
DEXYCU (PF) INTRAOCULAR SUSPENSION	4	
<i>difluprednate ophthalmic (eye) drops</i>	3	MO
DUREZOL OPHTHALMIC (EYE) DROPS	3	MO
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION	3	PA; MO; QL (8.3 per 14 days)
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluorometholone ophthalmic (eye) drops,suspension</i>	2	MO
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION	2	MO
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	3	MO
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
LOTEMAX OPHTHALMIC (EYE) OINTMENT	3	MO
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL	3	MO
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i>	2	MO
<i>loteprednol etabonate ophthalmic (eye) drops,suspension</i>	2	MO
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
OZURDEX INTRAVITREAL IMPLANT	4	MO
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
<i>prednisolone acetate ophthalmic (eye) drops,suspension</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic (eye) drops</i>	1	
RETISERT INTRAVITREAL IMPLANT	3	
YUTIQ INTRAVITREAL IMPLANT	4	
<b>SYMPATHOMIMETICS</b>		
ALPHAGAN P OPHTHALMIC (EYE) DROPS	3	MO
<i>apraclonidine ophthalmic (eye) drops</i>	2	MO
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	MO
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	3	MO

## RESPIRATORY AND ALLERGY

### ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS

<i>adrenalin injection solution 1 mg/ml</i>	1	
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	1	MO
AUVI-Q INJECTION AUTO-INJECTOR	3	QL (2 per 30 days)
<i>cetirizine oral solution 1 mg/ml</i>	1	MO
CLARINEX ORAL TABLET	3	MO; QL (30 per 30 days)
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR	3	MO; QL (60 per 30 days)
<i>desloratadine oral tablet</i>	3	MO; QL (30 per 30 days)
<i>desloratadine oral tablet, disintegrating</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>	1	PA
EPINEPHRINE HCL (PF) INJECTION SOLUTION	3	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	3	MO; QL (2 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 (2 per 30 days)
EPINEPHRINE INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML (MANUFACTURED BY MYLAN SPECIALTY)	3	QL (2 per 30 days)
<i>epinephrine injection solution 1 mg/ml</i>	1	
<i>epinephrine injection syringe 0.1 mg/ml</i>	3	
EPIPEN 2-PAK INJECTION AUTO-INJECTOR	3	QL (2 per 30 days)
EPIPEN INJECTION AUTO-INJECTOR	3	QL (2 per 30 days)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR	3	QL (2 per 30 days)
EPIPEN JR INJECTION AUTO-INJECTOR	3	QL (2 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydroxyzine hcl oral tablet</i>	1	PA; MO
<i>levocetirizine oral solution</i>	3	MO
<i>levocetirizine oral tablet</i>	1	MO; QL (30 per 30 days)
PHENERGAN INJECTION SOLUTION	3	MO
<i>promethazine injection solution</i>	3	MO
<i>promethazine oral syrup</i>	3	PA; MO
<i>promethazine oral tablet</i>	3	PA; MO
QUZYTIR INTRAVENOUS SOLUTION	3	
SYMJEPI INJECTION SYRINGE	3	QL (2 per 30 days)
<b>PULMONARY AGENTS</b>		
ACCOLATE ORAL TABLET 10 MG	3	MO
ACCOLATE ORAL TABLET 20 MG	3	
<i>acetylcysteine solution</i>	2	B/D PA; MO
ADCIRCA ORAL TABLET	4	PA; MO; QL (60 per 30 days)
ADEMPAS ORAL TABLET	4	PA; MO; LA
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE	3	MO; QL (60 per 30 days)
ADVAIR HFA AEROSOL INHALER	2	MO; QL (12 per 30 days)
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR	3	ST; MO; QL (1 per 30 days)
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED	3	ST; MO; QL (1 per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER	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 (nda020503)</i>	1	QL (13.4 per 30 days)
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

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This drug list was last updated on 04/12/2024.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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)
<i>alyq oral tablet</i>	4	PA; QL (60 per 30 days)
<i>ambrisentan oral tablet</i>	4	PA; MO; LA
<i>aminophylline intravenous solution</i>	3	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	3	ST; MO; QL (60 per 30 days)
<i>arformoterol inhalation solution for nebulization</i>	3	B/D PA; MO; QL (120 per 30 days)
ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR	3	ST; MO; QL (1 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE	3	ST; MO; QL (30 per 30 days)
ASMANEX HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION	2	MO; QL (13 per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 50 MCG/ACTUATION	2	QL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30)	2	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)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	MO; QL (1 per 30 days)
ATROVENT HFA AEROSOL INHALER	3	MO; QL (25.8 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>azelastine-fluticasone nasal spray,non-aerosol</i>	3	MO; QL (23 per 30 days)
BERINERT INTRAVENOUS KIT	4	PA; MO
BEVESPI AEROSPHERE HFA AEROSOL INHALER	2	MO; QL (10.7 per 30 days)
<i>bosentan oral tablet</i>	4	PA; MO; LA
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	2	MO; QL (60 per 30 days)
<i>breyna inhalation hfa aerosol inhaler</i>	2	MO; QL (10.3 per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER	2	MO; QL (10.7 per 30 days)
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; MO
BROVANA INHALATION SOLUTION FOR NEBULIZATION	4	B/D PA; MO; QL (120 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 inhalation hfa aerosol inhaler</i>	2	QL (10.2 per 30 days)
CINQAIR INTRAVENOUS SOLUTION	4	PA; LA
CINRYZE INTRAVENOUS RECON SOLN	4	PA; MO
COMBIVENT RESPIMAT INHALATION MIST	2	MO; QL (8 per 30 days)
<i>cromolyn inhalation solution for nebulization</i>	3	B/D PA; MO
CUROSURF INTRATRACHEAL SUSPENSION	3	
DALIRESP ORAL TABLET	3	PA; MO; QL (30 per 30 days)
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED	4	ST; MO; QL (1 per 30 days)
DULERA INHALATION HFA AEROSOL INHALER	2	MO; QL (13 per 30 days)
DYMISTA NASAL SPRAY, NON-AEROSOL	3	MO; QL (23 per 30 days)
ELIXOPHYLLIN ORAL ELIXIR	3	
ESBRIET ORAL CAPSULE	4	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	4	PA; MO; QL (270 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ESBRIET ORAL TABLET 801 MG	4	PA; MO; QL (90 per 30 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR	4	PA; MO; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE	4	PA; MO; QL (1 per 28 days)
FIRAZYR SUBCUTANEOUS SYRINGE	4	PA; MO
<i>flunisolide nasal spray,non-aerosol</i>	2	MO; QL (50 per 30 days)
FLUTICASONE FUROATE-VILANTEROL INHALATION BLISTER WITH DEVICE	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)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	ST; MO; QL (10.6 per 30 days)
<i>fluticasone propionate nasal spray,suspension</i>	1	MO; QL (16 per 30 days)
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	3	ST; MO; 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 inhalation solution for nebulization</i>	3	B/D PA; MO; QL (120 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN	4	PA; MO; LA
<i>icatibant subcutaneous syringe</i>	4	PA; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE	3	ST; MO; QL (30 per 30 days)
<i>ipratropium bromide inhalation solution</i>	1	B/D PA; MO
<i>ipratropium-albuterol inhalation solution for nebulization</i>	1	B/D PA; MO
KALBITOR SUBCUTANEOUS SOLUTION	4	PA; MO
KALYDECO ORAL GRANULES IN PACKET	4	PA; MO; QL (56 per 28 days)
KALYDECO ORAL TABLET	4	PA; MO; QL (56 per 28 days)
LETAIRIS ORAL TABLET	4	PA; MO; LA
<i>levalbuterol hcl inhalation solution for nebulization</i>	3	B/D PA; MO
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER	3	ST; QL (30 per 30 days)
LIQREV ORAL SUSPENSION	4	PA; MO; QL (180 per 30 days)
<i>mometasone nasal spray,non-aerosol</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)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	PA; MO; LA; QL (0.4 per 28 days)
OFEV ORAL CAPSULE	4	PA; MO; QL (60 per 30 days)
OMNARIS NASAL SPRAY,NON-AEROSOL	3	ST; MO; QL (12.5 per 30 days)
OPSUMIT ORAL TABLET	4	PA; MO; LA
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 ORAL CAPSULE	4	PA; LA
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION	4	B/D PA; MO; QL (120 per 30 days)
<i>pirfenidone oral capsule</i>	4	PA; MO; QL (270 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pirfenidone oral tablet 267 mg</i>	4	PA; MO; QL (270 per 30 days)
PIRFENIDONE ORAL TABLET 534 MG	4	PA; QL (90 per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	4	PA; MO; QL (90 per 30 days)
PROAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR	3	ST; MO; QL (2 per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED	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)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML	3	B/D PA; MO; QL (120 per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	3	B/D PA; MO; QL (60 per 30 days)
PULMOZYME INHALATION SOLUTION	4	B/D PA; MO
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	3	ST; MO; QL (6.8 per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	3	ST; MO; QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	2	MO; QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	2	MO; QL (21.2 per 30 days)
REVATIO INTRAVENOUS SOLUTION	4	PA; MO
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	4	PA; MO; QL (224 per 30 days)
REVATIO ORAL TABLET	4	PA; MO; QL (90 per 30 days)
<i>roflumilast oral tablet</i>	3	PA; MO; QL (30 per 30 days)
RUCONEST INTRAVENOUS RECON SOLN	4	PA; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RYALTRIS NASAL SPRAY, NON-AEROSOL	3	ST; MO; QL (29 per 30 days)
<i>sajazir subcutaneous syringe</i>	4	PA; MO
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE	3	ST; MO; QL (60 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	4	PA
<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)
SINGULAIR ORAL GRANULES IN PACKET	3	MO
SINGULAIR ORAL TABLET	3	MO
SINGULAIR ORAL TABLET, CHEWABLE	3	MO
SPIRIVA RESPIMAT INHALATION MIST	2	MO; QL (4 per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE	3	ST; MO; QL (90 per 90 days)
STIOLTO RESPIMAT INHALATION MIST	2	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST	2	MO; QL (4 per 30 days)
SYMBICORT HFA AEROSOL INHALER	3	ST; MO; QL (10.2 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL	4	PA; MO; QL (56 per 28 days)
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	4	PA; QL (60 per 30 days)
TADLIQ ORAL SUSPENSION	4	PA; MO; QL (300 per 30 days)
TAKHZYRO SUBCUTANEOUS SOLUTION	4	PA; MO; LA
TAKHZYRO SUBCUTANEOUS SYRINGE	4	PA; MO; LA
<i>terbutaline oral tablet</i>	3	MO
<i>terbutaline subcutaneous solution</i>	1	MO
TEZSPIRE SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (1.91 per 30 days)
TEZSPIRE SUBCUTANEOUS SYRINGE	4	PA; MO; QL (1.91 per 30 days)
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR	2	MO
<i>theophylline oral elixir</i>	3	MO
<i>theophylline oral solution</i>	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	MO
<i>tiotropium bromide inhalation capsule, w/inhalation device</i>	2	QL (90 per 90 days)
TRACLEER ORAL TABLET	4	PA; MO; LA
TRACLEER ORAL TABLET FOR SUSPENSION	4	PA; MO; LA
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	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 DPI INHALATION CARTRIDGE WITH INHALER	4	PA; MO
TYVASO INHALATION SOLUTION FOR NEBULIZATION	4	B/D PA; MO
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION	4	B/D PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION	4	B/D PA; MO
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION	4	B/D PA; MO
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION	4	B/D PA; MO
VENTOLIN HFA AEROSOL INHALER	3	ST; MO; QL (36 per 30 days)
<i>wixela inhub inhalation blister with device</i>	2	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
XHANCE NASAL AEROSOL BREATH ACTIVATED	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)
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 INHALATION AEROSOL INHALER	3	ST; MO; QL (30 per 30 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION	4	B/D PA; MO; QL (90 per 30 days)
<i>zafirlukast oral tablet</i>	3	MO
ZETONNA NASAL HFA AEROSOL INHALER	3	ST; MO; QL (6.1 per 30 days)
<i>zileuton oral tablet, er multiphase 12 hr</i>	4	MO
ZYFLO ORAL TABLET	4	MO

## UROLOGICALS

### ANTICHOLINERGICS / ANTISPASMODICS

<i>darifenacin oral tablet extended release 24 hr</i>	3	MO
DETROL LA ORAL CAPSULE,EXTENDED RELEASE 24HR	3	MO
DETROL ORAL TABLET	3	MO
<i>fesoterodine oral tablet extended release 24 hr</i>	2	MO
<i>flavoxate oral tablet</i>	1	MO
GELNIQUE TRANSDERMAL GEL IN PACKET	3	QL (30 per 30 days)
GEMTESA ORAL TABLET	3	ST; MO
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	2	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 TRANSDERMAL PATCH SEMIWEEKLY	3	MO; QL (8 per 28 days)
<i>solifenacin oral tablet</i>	1	MO
<i>tolterodine oral capsule, extended release 24hr</i>	2	MO
<i>tolterodine oral tablet</i>	2	MO
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR	3	MO
<i>tropium oral capsule, extended release 24hr</i>	3	MO
<i>tropium oral tablet</i>	1	MO
VESICARE LS ORAL SUSPENSION	3	MO
VESICARE ORAL TABLET	3	MO
<b>BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY</b>		
<i>alfuzosin oral tablet extended release 24 hr</i>	1	MO
AVODART ORAL CAPSULE	3	MO
<i>dutasteride oral capsule</i>	1	MO
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr</i>	3	MO
ENTADFI ORAL CAPSULE	3	PA; QL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i>	1	MO
FLOMAX ORAL CAPSULE	3	ST; MO
PROSCAR ORAL TABLET	3	MO
RAPAFLO ORAL CAPSULE	3	ST; MO
<i>silodosin oral capsule</i>	3	MO
<i>tamsulosin oral capsule</i>	1	MO
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
<b>MISCELLANEOUS UROLOGICALS</b>		
<i>bethanechol chloride oral tablet</i>	1	MO
CIALIS ORAL TABLET 2.5 MG	3	PA; QL (60 per 30 days)
CIALIS ORAL TABLET 5 MG	3	PA; MO; QL (30 per 30 days)
CYSTAGON ORAL CAPSULE	3	PA; LA
ELMIRON ORAL CAPSULE	2	MO
<i>glycine urologic irrigation solution</i>	1	
<i>glycine urologic irrigation solution</i>	1	
K-PHOS NO 2 ORAL TABLET	2	MO
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE	2	MO
OXLUMO SUBCUTANEOUS SOLUTION	4	PA; LA
<i>potassium citrate oral tablet extended release</i>	1	MO
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE	4	PA; MO
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET	4	PA; MO
PROSTIN VR PEDIATRIC INJECTION SOLUTION	3	
RENACIDIN IRRIGATION SOLUTION	2	MO
RIVFLOZA SUBCUTANEOUS SOLUTION	4	PA
RIVFLOZA SUBCUTANEOUS SYRINGE	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)
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE	3	MO
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE	3	MO
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE	3	MO
<b>VITAMINS, HEMATINICS / ELECTROLYTES</b>		
<b>BLOOD DERIVATIVES</b>		

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ALBUKED-25 INTRAVENOUS PARENTERAL SOLUTION	3	
ALBUKED-5 INTRAVENOUS PARENTERAL SOLUTION	3	
<i>albumin, human 25 % intravenous parenteral solution</i>	3	
ALBUMIN, HUMAN 5 % INTRAVENOUS PARENTERAL SOLUTION	3	
ALBUMINEX 25 % INTRAVENOUS SOLUTION	3	
ALBUMINEX 5 % INTRAVENOUS SOLUTION	3	
<i>alburx (human) 25 % intravenous parenteral solution</i>	3	
ALBURX (HUMAN) 5 % INTRAVENOUS PARENTERAL SOLUTION	3	
ALBUTEIN 25 % INTRAVENOUS PARENTERAL SOLUTION	3	
ALBUTEIN 5 % INTRAVENOUS PARENTERAL SOLUTION	3	
FLEXBUMIN 25 % INTRAVENOUS PARENTERAL SOLUTION	3	
FLEXBUMIN 5 % INTRAVENOUS PARENTERAL SOLUTION	3	
RYPLAZIM INTRAVENOUS RECON SOLN	4	PA
<b>ELECTROLYTES</b>		
<i>calcium acetate(phosphat bind) oral capsule</i>	2	MO; QL (360 per 30 days)
<i>calcium acetate(phosphat bind) oral tablet</i>	2	MO; QL (360 per 30 days)
<i>calcium chloride intravenous solution</i>	1	
<i>calcium chloride intravenous syringe</i>	1	
CALCIUM GLUC IN NAACL, ISO-OSM INTRAVENOUS SOLUTION 1 GRAM/50 ML, 2 GRAM/100 ML	3	
<i>calcium gluconate intravenous solution</i>	1	
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>effe-r-k oral tablet, effervescent 25 meq</i>	1	MO
GLYCOPHOS INTRAVENOUS SOLUTION	3	
<i>klor-con 10 oral tablet extended release</i>	1	MO
<i>klor-con 8 oral tablet extended release</i>	1	MO
<i>klor-con m10 oral tablet,er particles/crystals</i>	1	MO
<i>klor-con m15 oral tablet,er particles/crystals</i>	1	MO
<i>klor-con m20 oral tablet,er particles/crystals</i>	1	MO
<i>klor-con oral packet</i>	3	MO
<i>klor-con/ef oral tablet, effervescent</i>	1	MO
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	3	
<i>lactated ringers intravenous parenteral solution</i>	3	MO
<i>magnesium chloride injection solution</i>	3	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	2	
<i>magnesium sulfate in water intravenous parenteral solution</i>	3	
<i>magnesium sulfate in water intravenous piggyback</i>	3	
<i>magnesium sulfate injection solution</i>	3	MO
<i>magnesium sulfate injection syringe</i>	3	
<i>potassium acetate intravenous solution</i>	3	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution</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 solution</i>	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	1	MO
<i>potassium chloride oral tablet extended release 20 meq</i>	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	1	MO
<i>potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq</i>	1	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution</i>	3	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	3	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution</i>	3	
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	3	
<b>POTASSIUM PHOSPHATE M-/D-BASIC INTRAVENOUS SOLUTION 3 MMOL/ML (4.7 MEQ/ML)</b>	3	
<i>ringer's intravenous parenteral solution</i>	3	
<i>sodium acetate intravenous solution</i>	3	
<i>sodium bicarbonate intravenous solution</i>	3	
<i>sodium bicarbonate intravenous syringe</i>	3	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	3	MO
<i>sodium chloride 3 % hypertonic intravenous parenteral solution</i>	3	
<i>sodium chloride 5 % hypertonic intravenous parenteral solution</i>	3	MO
<i>sodium chloride intravenous solution</i>	3	
<i>sodium phosphate intravenous solution</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
TPN ELECTROLYTES INTRAVENOUS SOLUTION	3	
<b>MISCELLANEOUS NUTRITION PRODUCTS</b>		
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX 4.25%/D10W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX 5%-D20W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX E 4.25%/D10W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX E 4.25%/D5W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX E 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX E 5%/D20W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINOLIPID INTRAVENOUS EMULSION	3	B/D PA
DOJOLVI ORAL LIQUID	4	PA; MO; LA
EDETATE CALCIUM DISODIUM INJECTION SOLUTION	4	
<i>electrolyte-148 intravenous parenteral solution</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>electrolyte-48 in d5w intravenous parenteral solution</i>	3	
<i>electrolyte-a intravenous parenteral solution</i>	2	
<i>intralipid intravenous emulsion 20 %</i>	3	B/D PA
INTRALIPID INTRAVENOUS EMULSION 30 %	3	B/D PA
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	3	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	3	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	3	
KABIVEN INTRAVENOUS EMULSION	3	B/D PA
NUTRILIPID INTRAVENOUS EMULSION	3	B/D PA
OMEGAVEN INTRAVENOUS EMULSION	3	B/D PA; MO
PERIKABIVEN INTRAVENOUS EMULSION	3	B/D PA
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	3	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	2	
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
<i>premasol 10 % intravenous parenteral solution</i>	3	B/D PA
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
SMOFLIPID INTRAVENOUS EMULSION	3	B/D PA
THAM INTRAVENOUS SOLUTION	3	
<i>travasol 10 % intravenous parenteral solution</i>	3	B/D PA
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
<b>VITAMINS / HEMATINICS</b>		
CITRANATAL MEDLEY ORAL CAPSULE	3	MO
<i>fluoride (sodium) oral tablet</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	MO
NESTABS ONE ORAL CAPSULE	3	MO
<i>prenatal vitamin oral tablet</i>	1	
<i>wescap-c dha oral capsule</i>	3	MO
<i>wescap-pn dha oral capsule</i>	1	MO

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This formulary was updated on 05/01/2024. For more recent information or other questions, please contact EmblemHealth Medicare at **800-585-5786** or, for TTY users, **800-899-2114**, 24 hours a day, 7 days a week. Or visit **[emblemhealth.com/medicare](https://www.emblemhealth.com/medicare)**.