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Aetna Medicare Rx offered by SilverScript

2027 Formulary

(List of Covered Drugs or "Drug List")

3T Signature Plus Formulary

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

This formulary was updated on 08/30/2026. For more recent information or other questions, please contact Aetna Medicare Rx offered by SilverScript at the number on your ID card.

Formulary ID Number: 27018

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 SilverScript® Insurance Company. When it refers to “plan” or “our plan,” it means Aetna Medicare Rx offered by SilverScript.

This document includes a Drug List (formulary) for our plan, which is current as of January 1, 2027. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2028, and from time to time during the year.

What is the Aetna Medicare Rx offered by SilverScript formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Aetna Medicare Rx offered by SilverScript 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. We will generally cover the drugs listed in our plan's formulary as long as the drug is medically necessary, the prescription is filled at an Aetna Medicare Rx offered by SilverScript network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

Please note: Aetna Medicare Rx offered by SilverScript may provide additional coverage for prescription drugs not included in your Medicare Part D benefit. For more information about your share of the cost or which prescription drugs may or may not be covered, please call Customer Care, or refer to your *Evidence of Coverage*.

Can the formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the 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. Updates to the formulary are posted monthly to our website.

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

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

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

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled "How do I request an exception to the Aetna Medicare Rx offered by SilverScript formulary?"

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines that a drug should be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug to replace a brand name drug currently on the formulary, or add a new biosimilar to replace an original biological product currently on the formulary, or add new restrictions or move a drug we are keeping on the formulary to a higher cost-sharing tier or both after we add a corresponding drug. We may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, 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 quantity limits, prior authorization, 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. Alternatively, when a member requests a refill of the drug they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Aetna Medicare Rx offered by SilverScript formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2027 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2027 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

This formulary is current as of January 1, 2027. To get updated information about the drugs covered by our plan, please contact us at the number on your member ID card. Our contact information also appears on the front and back cover pages.

How do I use the formulary?

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index at the back of this document. 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.

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.” 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.

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 work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

For discussion of drug types, please see the *Evidence of Coverage*, Chapter 3 Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

Are there any restrictions on my coverage?

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

- **Prior Authorization (PA):** Our plan requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from our plan based on specific criteria before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits (QL):** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides up to 30 tablets per 30-day prescription for *atorvastatin*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy (ST):** 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, we 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 may 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 us 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 Aetna Medicare Rx offered by SilverScript formulary?" 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 Care 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 Care 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 the Aetna Medicare Rx offered by SilverScript formulary?

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

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

- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, 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.
- You can ask us to cover a formulary drug at a lower cost-sharing tier. If approved, this would lower the amount you must pay for your drug.

Generally, we will only approve your request for an exception if the alternative drug included on the plan's formulary, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

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

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

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

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

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

If you experience a change in your level of care, such as a move from a home to a long-term care setting, and need a drug that is not on our formulary (or if your ability to get your drugs is limited), we may cover a one-time temporary supply from a network pharmacy for up to 31 days, unless you have a prescription for fewer days. You should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

Drug Tier Copay Levels

This 2027 formulary is a listing of brand name and generic drugs. This formulary covers most drugs identified by Medicare as Part D drugs, and your cost share may differ depending upon the tier at which the drug resides.

The cost share tiers for covered prescription medications are listed below. Please refer to your 2027 *Evidence of Coverage* for cost share information specific to your plan.

Formulary Name	3T Signature Plus Formulary
Tier 1	Generic
Tier 2	Preferred Brand
Tier 3	Non-Preferred Brand

You can find complete cost-sharing and days' supply information, including costs for long-term supplies, long-term care, and out-of-network pharmacy pricing, in your *Evidence of Coverage*.

For more information

For more detailed information about your Aetna Medicare Rx offered by SilverScript prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

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 Part D 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 [Medicare.gov](https://www.medicare.gov).

Aetna Medicare Rx offered by SilverScript's 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 at the back of this book.

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 Aetna Medicare Rx offered by SilverScript has any special requirements for coverage of your drug.

PA	Prior Authorization Required
QL	Drug has Quantity Limits
ST	Step Therapy Required
MO	Available at our mail-order pharmacies
ACS	Available at CVS Specialty Pharmacy
HRM	High Risk Medication
LD	Limited Distribution. The drug manufacturer may limit the number of pharmacies that can stock and dispense this medication.
B/D	This 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.

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
<i>allopurinol sodium injection 500mg</i>	3	
<i>allopurinol tablet 100mg, 300mg</i>	1	MO
<i>allopurinol tablet 200mg</i>	1	ST MO
ALOPRIM INJECTION 500MG	3	
<i>colchicine capsule 0.6mg</i>	1	QL (60 EA per 30 days) MO
<i>colchicine tablet 0.6mg</i>	1	QL (120 EA per 30 days) MO
<i>febuxostat tablet 40mg, 80mg</i>	1	ST MO
GLOPERBA SOLUTION 0.6MG/5ML	3	QL (300 ML per 30 days) MO
KRYSTEXXA INJECTION 8MG/50ML	3	PA; ACS LD
<i>probenecid/colchicine tablet 0.5mg; 500mg</i>	1	MO
<i>probenecid tablet 500mg</i>	1	MO
ULORIC TABLET 40MG, 80MG	3	ST MO
MISCELLANEOUS		
JOURNAVX TABLET 50MG	2	QL (29 EA per 14 days) PA
<i>lidocaine hcl injection 0.5%, 1.5%, 4%</i>	1	
<i>lidocaine hydrochloride injection 1% preservative free, 2%</i>	1	
<i>lidocaine hydrochloride injection 1%</i>	1	MO
XYLOCAINE-MPF INJECTION 0.5%, 1%, 1.5%, 2%	3	
XYLOCAINE INJECTION 0.5%, 1%, 2%	3	
NSAIDS		
ARTHROTEC 50 TABLET DELAYED RELEASE 50MG; 200MCG	3	MO
ARTHROTEC 75 TABLET DELAYED RELEASE 75MG; 200MCG	3	MO
CELEBREX CAPSULE 400MG	3	QL (30 EA per 30 days) MO
CELEBREX CAPSULE 100MG, 200MG, 50MG	3	QL (60 EA per 30 days) MO
<i>celecoxib capsule 400mg</i>	1	QL (30 EA per 30 days) MO
<i>celecoxib capsule 100mg, 200mg, 50mg</i>	1	QL (60 EA per 30 days) MO
<i>diclofenac potassium tablet 50mg</i>	1	QL (120 EA per 30 days) MO
<i>diclofenac sodium dr tablet delayed release 25mg, 50mg, 75mg</i>	1	MO
<i>diclofenac sodium er tablet extended release 24 hour 100mg</i>	1	QL (60 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tablet delayed release 50mg; 200mcg, 75mg; 200mcg</i>	1	MO
<i>diflunisal tablet 500mg</i>	1	MO
<i>etodolac er tablet extended release 24 hour 400mg, 500mg, 600mg</i>	1	MO
<i>etodolac capsule 200mg, 300mg</i>	1	MO
<i>etodolac tablet 400mg, 500mg</i>	1	MO
<i>flurbiprofen tablet 100mg</i>	1	MO
<i>ibuprofen suspension 100mg/5ml</i>	1	MO
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	1	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>ibu tablet 400mg, 600mg, 800mg</i>	1	MO
<i>ketorolac tromethamine tablet 10mg</i>	1	QL (20 EA per 30 days) PA MO
<i>meclofenamate sodium capsule 100mg, 50mg</i>	1	MO
<i>meloxicam tablet 15mg, 7.5mg</i>	1	MO
<i>nabumetone tablet 500mg, 750mg</i>	1	MO
<i>naproxen dr tablet delayed release 375mg</i>	1	QL (120 EA per 30 days) MO
<i>naproxen dr tablet delayed release 500mg</i>	1	QL (90 EA per 30 days) MO
<i>naproxen sodium tablet 275mg, 550mg</i>	1	MO
<i>naproxen tablet 250mg, 375mg, 500mg</i>	1	MO
<i>oxaprozin tablet 600mg</i>	1	MO
<i>piroxicam capsule 10mg, 20mg</i>	1	MO
<i>sulindac tablet 150mg, 200mg</i>	1	MO
OPIOID ANALGESICS, LONG-ACTING		
<i>BELBUCA FILM 150MCG, 300MCG, 450MCG, 600MCG, 750MCG, 75MCG, 900MCG</i>	3	QL (60 EA per 30 days) PA MO
<i>buprenorphine patch weekly 10mcg/hr, 15mcg/hr, 20mcg/hr, 5mcg/hr, 7.5mcg/hr</i>	1	QL (4 EA per 28 days) PA MO
<i>BUTRANS PATCH WEEKLY 10MCG/HR, 15MCG/HR, 20MCG/HR, 5MCG/HR, 7.5MCG/HR</i>	3	QL (4 EA per 28 days) PA MO
<i>fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr</i>	1	QL (10 EA per 30 days) PA MO
<i>hydrocodone bitartrate er capsule extended release 12 hour (generic Zohydro ER)</i>	1	QL (60 EA per 30 days) PA MO
<i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 100mg, 120mg, 20mg, 30mg, 40mg, 60mg, 80mg</i>	1	QL (30 EA per 30 days) PA MO
<i>hydromorphone hcl er tablet extended release 24 hour 12mg, 16mg, 8mg</i>	1	QL (30 EA per 30 days) PA MO
<i>hydromorphone hydrochloride er tablet extended release 24 hour 32mg</i>	1	QL (30 EA per 30 days) PA MO
<i>METHADONE HCL INJECTION 10MG/ML</i>	3	
<i>methadone hcl oral solution 5mg/5ml</i>	1	QL (450 ML per 30 days) PA MO
<i>methadone hcl tablet 10mg, 5mg</i>	1	QL (90 EA per 30 days) PA MO
<i>methadone hydrochloride intensol concentrate 10mg/ml</i>	1	QL (90 ML per 30 days) PA
<i>methadone hydrochloride solution 10mg/5ml</i>	1	QL (450 ML per 30 days) PA MO
<i>morphine sulfate er capsule extended release 24 hour (generic 1 Avinza) 120mg, 30mg, 45mg, 60mg, 75mg, 90mg</i>	1	QL (30 EA per 30 days) PA MO
<i>morphine sulfate er capsule extended release 24 hour (generic 1 Kadian) 100mg, 10mg, 20mg, 50mg, 60mg, 80mg</i>	1	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tablet extended release 100mg, 15mg, 200mg, 30mg, 60mg</i>	1	QL (90 EA per 30 days) PA MO
<i>MS CONTIN TABLET EXTENDED RELEASE 15MG, 30MG, 60MG</i>	3	QL (90 EA per 30 days) PA MO
<i>tramadol hcl er tablet extended release 24 hour 100mg, 300mg</i>	1	QL (30 EA per 30 days) PA MO; HRM

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl er tablet extended release 24 hour 200mg</i>	1	QL (30 EA per 30 days) PA; HRM
<i>tramadol hydrochloride er tablet extended release 24 hour 100mg, 200mg, 300mg</i>	1	QL (30 EA per 30 days) PA MO; HRM
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen/caffeine/dihydrocodeine capsule 320.5mg; 30mg; 16mg</i>	1	QL (300 EA per 30 days)
<i>acetaminophen/codeine solution 120mg/5ml; 12mg/5ml</i>	1	QL (2700 ML per 30 days) MO
<i>acetaminophen/codeine tablet 300mg; 60mg</i>	1	QL (180 EA per 30 days) MO
<i>acetaminophen/codeine tablet 300mg; 30mg</i>	1	QL (360 EA per 30 days) MO
<i>acetaminophen/codeine tablet 300mg; 15mg</i>	1	QL (400 EA per 30 days) MO
<i>butorphanol tartrate injection 1mg/ml, 2mg/ml</i>	3	MO
<i>butorphanol tartrate nasal solution 10mg/ml</i>	1	QL (10 ML per 30 days) MO
CODEINE SULFATE TABLET 30MG	1	QL (180 EA per 30 days) MO
CODEINE SULFATE TABLET 15MG, 60MG	3	QL (180 EA per 30 days) MO
DILAUDID INJECTION 0.2MG/ML, 1MG/ML, 2MG/ML	3	B/D
DILAUDID LIQUID 1MG/ML	3	QL (600 ML per 30 days) MO
DILAUDID TABLET 2MG, 4MG, 8MG	3	QL (180 EA per 30 days) MO
<i>endocet tablet 325mg; 10mg</i>	1	QL (180 EA per 30 days)
<i>endocet tablet 325mg; 7.5mg</i>	1	QL (240 EA per 30 days)
<i>endocet tablet 325mg; 2.5mg</i>	1	QL (360 EA per 30 days)
<i>hydrocodone bitartrate/acetaminophen solution 300mg/15ml; 10mg/15ml, 325mg/15ml; 7.5mg/15ml</i>	1	QL (2700 ML per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen tablet 300mg; 10mg, 300mg; 7.5mg, 325mg; 10mg</i>	1	QL (180 EA per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen tablet 300mg; 5mg, 325mg; 2.5mg, 325mg; 5mg</i>	1	QL (240 EA per 30 days) MO
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	1	QL (180 EA per 30 days) MO
<i>hydrocodone/ibuprofen tablet 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	1	QL (150 EA per 30 days) MO
HYDROMORPHONE HCL INJECTION 4MG/ML	3	B/D
<i>hydromorphone hcl injection 10mg/ml</i>	3	B/D
<i>hydromorphone hcl liquid 1mg/ml</i>	1	QL (600 ML per 30 days) MO
<i>hydromorphone hcl tablet 2mg, 4mg, 8mg</i>	1	QL (180 EA per 30 days) MO
HYDROMORPHONE HYDROCHLORIDE INJECTION 0.25MG/0.5ML, 1MG/ML PF, 2MG/ML PF, 4MG/ML	3	B/D
<i>hydromorphone hydrochloride injection 0.2mg/ml, 2mg/ml, 50mg/5ml</i>	3	B/D
MORPHINE SULFATE/SODIUM CHLORIDE INJECTION 1MG/ML	3	B/D
MORPHINE SULFATE INJECTION 10MG/ML IM OR IV, 2MG/ML, 4MG/ML IM OR IV, 50MG/ML, 5MG/ML, 8MG/ML IM OR IV	3	B/D
<i>morphine sulfate injection 10mg/ml, 2mg/ml, 4mg/ml, 8mg/ml</i>	3	B/D
<i>morphine sulfate oral solution 100mg/5ml</i>	1	QL (180 ML per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate oral solution 10mg/5ml, 20mg/5ml</i>	1	QL (900 ML per 30 days) MO
<i>morphine sulfate tablet 15mg, 30mg</i>	1	QL (180 EA per 30 days) MO
<i>nalbuphine hydrochloride injection 10mg/ml, 20mg/ml</i>	3	MO
<i>oxycodone hydrochloride/acetaminophen solution 325mg/5ml; 15mg/5ml</i>	1	QL (1800 ML per 30 days) MO
<i>oxycodone hydrochloride capsule 5mg</i>	1	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride concentrate 100mg/5ml</i>	1	QL (180 ML per 30 days) MO
<i>oxycodone hydrochloride solution 5mg/5ml</i>	1	QL (900 ML per 30 days) MO
<i>oxycodone hydrochloride tablet 10mg, 15mg, 20mg, 30mg, 5mg</i>	1	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen tablet 325mg; 10mg</i>	1	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen tablet 325mg; 7.5mg</i>	1	QL (240 EA per 30 days) MO
<i>oxycodone/acetaminophen tablet 325mg; 2.5mg, 325mg; 5mg</i>	1	QL (360 EA per 30 days) MO
<i>oxymorphone hydrochloride tablet 10mg, 5mg</i>	1	QL (180 EA per 30 days) MO
PERCOCET TABLET 325MG; 10MG	3	QL (180 EA per 30 days) PA MO
PERCOCET TABLET 325MG; 7.5MG	3	QL (240 EA per 30 days) PA MO
PERCOCET TABLET 325MG; 5MG	3	QL (360 EA per 30 days) PA MO
ROXICODONE TABLET 15MG, 30MG	3	QL (180 EA per 30 days) MO
<i>tramadol hydrochloride/acetaminophen tablet 325mg; 37.5mg</i>	1	QL (240 EA per 30 days) MO; HRM
<i>tramadol hydrochloride tablet 50mg</i>	1	QL (240 EA per 30 days) MO; HRM
<i>trexix capsule 320.5mg; 30mg; 16mg</i>	1	QL (300 EA per 30 days)

ANTI-INFECTIVES**ANTI-INFECTIVES - MISCELLANEOUS**

<i>albendazole tablet 200mg</i>	1	QL (672 EA per 365 days) PA MO
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	1	MO
ARIKAYCE SUSPENSION 590MG/8.4ML	3	PA; LD
<i>atovaquone suspension 750mg/5ml</i>	1	QL (300 ML per 30 days) PA MO
AZACTAM INJECTION 2GM	3	
<i>aztreonam injection 1gm, 2gm</i>	1	MO
BACTRIM DS TABLET 800MG; 160MG	3	MO
BACTRIM TABLET 400MG; 80MG	3	MO
BETHKIS NEBULIZATION SOLUTION 300MG/4ML	3	PA; ACS LD
BLUJEPa TABLET 750MG	2	
CAYSTON SOLUTION RECONSTITUTED 75MG	3	PA; ACS LD
CLEOCIN PEDIATRIC GRANULES SOLUTION RECONSTITUTED 75MG/5ML	3	MO
CLEOCIN PHOSPHATE INJECTION 300MG/2ML, 9GM/60ML	3	
CLEOCIN PHOSPHATE INJECTION 600MG/4ML	3	MO
<i>clindamycin hcl capsule 300mg</i>	1	MO
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	1	MO
<i>clindamycin palmitate hydrochloride solution reconstituted 75mg/5ml</i>	1	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate/dextrose injection 300mg/50ml; 5%, 600mg/50ml; 5%, 900mg/50ml; 5%</i>	1	
<i>clindamycin phosphate injection 300mg/2ml, 900mg/6ml</i>	1	
<i>clindamycin phosphate injection 600mg/4ml</i>	1	MO
CLINDAMYCIN/SODIUM CHLORIDE INJECTION	3	
300MG/50ML; 0.9%, 600MG/50ML; 0.9%, 900MG/50ML; 0.9%		
<i>colistimethate sodium injection 150mg</i>	1	MO
COLY-MYCIN M INJECTION 150MG	3	MO
CONTEPO INJECTION 6GM	3	
<i>dalbavancin hydrochloride injection 500mg</i>	3	
DALVANCE INJECTION 500MG	3	
<i>dapsone tablet 100mg, 25mg</i>	1	MO
DAPTOMYCIN/SODIUM CHLORIDE INJECTION	3	
350MG/50ML; 0.9%, 500MG/50ML; 0.9%		
<i>daptomycin injection 350mg, 500mg</i>	1	
EMBLAVEO INJECTION 0.5GM; 1.5GM	3	
EMVERM TABLET CHEWABLE 100MG	3	QL (12 EA per 365 days) MO
<i>ertapenem sodium injection 1gm</i>	1	MO
FIRVANQ SOLUTION RECONSTITUTED 25MG/ML, 50MG/ML	3	QL (1800 ML per 180 days)
<i>fosfomycin tromethamine packet 3gm</i>	1	MO
<i>gentamicin sulfate pediatric injection 10mg/ml</i>	1	MO
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride injection 1.6mg/ml; 0.9%</i>	1	MO
<i>gentamicin sulfate injection 40mg/ml</i>	1	MO
HUMATIN CAPSULE 250MG	3	MO
<i>imipenem/cilastatin injection 250mg; 250mg, 500mg; 500mg</i>	1	MO
<i>isotonic gentamicin injection 0.8mg/ml; 0.9%</i>	1	
<i>ivermectin tablet 6mg</i>	1	QL (10 EA per 90 days) PA MO
<i>ivermectin tablet 3mg</i>	1	QL (20 EA per 90 days) PA MO
KIMYRSA INJECTION 1200MG	3	
KITABIS PAK NEBULIZATION SOLUTION 300MG/5ML	3	PA; ACS LD
LIKMEZ SUSPENSION 500MG/5ML	3	MO
LINEZOLID IN SODIUM CHLORIDE INJECTION	3	
600MG/300ML; 0.9%		
<i>linezolid injection 600mg/300ml</i>	1	
<i>linezolid suspension reconstituted 100mg/5ml</i>	1	QL (1800 ML per 30 days) MO
<i>linezolid tablet 600mg</i>	1	QL (60 EA per 30 days) MO
MACROBID CAPSULE 100MG	3	MO
MEPRON SUSPENSION 750MG/5ML	3	QL (300 ML per 30 days) PA MO

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Drug Name	Drug Tier	Requirements/Limits
MEROPENEM/SODIUM CHLORIDE INJECTION	3	
1GM/50ML; 0.9%, 500MG; 0.9%		
<i>meropenem injection 2gm</i>	1	
<i>meropenem injection 1gm, 500mg</i>	1	MO
<i>methenamine hippurate tablet 1gm</i>	1	MO
<i>metronidazole capsule 375mg</i>	1	MO
<i>metronidazole injection 500mg/100ml</i>	1	
<i>metronidazole tablet 125mg</i>	1	
<i>metronidazole tablet 250mg, 500mg</i>	1	MO
NEBUPENT SOLUTION RECONSTITUTED 300MG	3	B/D MO
<i>neomycin sulfate tablet 500mg</i>	1	MO
<i>nitazoxanide tablet 500mg</i>	1	QL (6 EA per 30 days) MO
<i>nitrofurantoin macrocrystals capsule 100mg, 25mg, 50mg</i>	2	MO
<i>nitrofurantoin monohydrate/macrocrystals capsule 100mg</i>	2	MO
ORBACTIV INJECTION 400MG	3	MO
ORLYNVAH TABLET 500MG; 500MG	3	PA; ACS LD
PENTAM 300 INJECTION 300MG	3	MO
<i>pentamidine isethionate injection 300mg</i>	1	MO
<i>pentamidine isethionate inhalation solution reconstituted 300mg</i>	1	B/D MO
<i>polymyxin b sulfate injection 500000unit</i>	1	
<i>praziquantel tablet 600mg</i>	1	MO
<i>pyrimethamine tablet 25mg</i>	3	QL (90 EA per 30 days) PA MO
RECARBRIO INJECTION 500MG; 500MG; 250MG	3	
SIVEXTRO INJECTION 200MG	3	
SIVEXTRO TABLET 200MG	3	MO
SOLOSEC PACKET 2GM	3	MO
<i>streptomycin sulfate injection 1gm</i>	3	MO
STROMEKTOL TABLET 3MG	3	QL (20 EA per 90 days) PA MO
<i>sulfadiazine tablet 500mg</i>	3	MO
<i>sulfamethoxazole/trimethoprim ds tablet 800mg; 160mg</i>	1	MO
<i>sulfamethoxazole/trimethoprim injection 400mg/5ml; 80mg/5ml</i>	1	MO
<i>sulfamethoxazole/trimethoprim suspension 200mg/5ml; 40mg/5ml</i>	1	MO
<i>sulfamethoxazole/trimethoprim tablet 400mg; 80mg</i>	1	MO
<i>tinidazole tablet 250mg, 500mg</i>	1	MO
TOBI PODHALER CAPSULE 28MG	3	PA; ACS LD
<i>tobramycin sulfate injection 10mg/ml</i>	1	
<i>tobramycin sulfate injection 1.2gm/30ml, 80mg/2ml</i>	1	MO
<i>tobramycin nebulization solution 300mg/4ml, 300mg/5ml</i>	3	PA; ACS
<i>trimethoprim tablet 100mg</i>	1	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
TYZAVAN INJECTION 1000MG/200ML, 1250MG/250ML, 3 1500MG/300ML, 1750MG/350ML, 2000MG/400ML, 500MG/100ML, 750MG/150ML	3	
VABOMERE INJECTION 1GM; 1GM	3	
VANCOCIN CAPSULE 250MG	3	QL (160 EA per 180 days)
VANCOCIN CAPSULE 125MG	3	QL (80 EA per 180 days)
VANCOMYCIN HCL INJECTION 0.9%; 1GM/200ML	3	
<i>vancomycin hcl injection 10gm</i>	1	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE INJECTION 5%; 1.25GM/250ML, 5%; 1.5GM/300ML	3	
<i>vancomycin hydrochloride capsule 250mg</i>	1	QL (160 EA per 180 days) MO
<i>vancomycin hydrochloride capsule 125mg</i>	1	QL (80 EA per 180 days) MO
VANCOMYCIN HYDROCHLORIDE INJECTION	1	
1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 2000MG/400ML, 750MG/150ML		
VANCOMYCIN HYDROCHLORIDE INJECTION	3	
500MG/100ML		
<i>vancomycin hydrochloride injection 1.25gm, 1.5gm, 1gm, 500mg, 5gm, 750mg</i>	1	
<i>vancomycin hydrochloride injection 1.75gm, 2gm</i>	3	
<i>vancomycin hydrochloride oral solution reconstituted 250mg/5ml, 25mg/ml</i>	1	QL (1800 ML per 180 days) MO
VANCOMYCIN INJECTION 0.9%; 500MG/100ML, 0.9%; 750MG/150ML	3	
VIBATIV INJECTION 750MG	3	
XACDURO INJECTION 1GM; 1GM	3	
XIFAXAN TABLET 200MG	2	QL (9 EA per 30 days) MO
ZYVOX INJECTION 600MG/300ML	3	
ANTIFUNGALS		
AMBISOME INJECTION 50MG	3	B/D MO
<i>amphotericin b liposome injection 50mg</i>	3	B/D MO
<i>amphotericin b injection 50mg</i>	1	B/D MO
ANCOBON CAPSULE 250MG	3	PA
ANCOBON CAPSULE 500MG	3	PA MO
<i>casprofungin acetate injection 50mg, 70mg</i>	1	
CRESEMBA CAPSULE 186MG, 74.5MG	3	PA MO
CRESEMBA INJECTION 372MG	3	PA
DIFLUCAN SUSPENSION RECONSTITUTED 40MG/ML	3	MO
ERAXIS INJECTION 100MG, 50MG	3	
<i>fluconazole in sodium chloride injection 200mg/100ml; 0.9%, 400mg/200ml; 0.9%</i>	1	
<i>fluconazole suspension reconstituted 10mg/ml, 40mg/ml</i>	1	MO
<i>fluconazole tablet 100mg, 150mg, 200mg, 50mg</i>	1	MO
<i>flucytosine capsule 250mg, 500mg</i>	3	PA MO

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Drug Name	Drug Tier	Requirements/Limits
<i>griseofulvin microsize suspension 125mg/5ml</i>	1	MO
<i>griseofulvin microsize tablet 500mg</i>	1	MO
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	1	MO
<i>griseofulvin ultramicrosize tablet 165mg</i>	3	
<i>itraconazole capsule 100mg</i>	1	QL (120 EA per 30 days) MO
<i>itraconazole solution 10mg/ml</i>	1	MO
<i>ketoconazole tablet 200mg</i>	1	PA MO
MICAFUNGIN SODIUM/SODIUM CHLORIDE INJECTION 150MG/150ML; 0.9%	3	
MICAFUNGIN/SODIUM CHLORIDE INJECTION 100MG/100ML; 0.9%, 50MG/50ML; 0.9%	3	
<i>micafungin injection 100mg, 50mg</i>	1	
NOXAFIL INJECTION 300MG/16.7ML	3	
NOXAFIL PACKET 300MG	3	QL (32 EA per 30 days) PA MO
<i>nystatin tablet 500000unit</i>	1	MO
<i>posaconazole dr tablet delayed release 100mg</i>	1	QL (93 EA per 30 days) PA MO
<i>posaconazole injection 300mg/16.7ml</i>	3	
<i>posaconazole suspension 40mg/ml</i>	3	QL (630 ML per 30 days) PA MO
REZZAYO INJECTION 200MG	3	
<i>terbinafine hcl tablet 250mg</i>	1	QL (30 EA per 30 days) PA MO
TOLSURA CAPSULE 65MG	3	QL (120 EA per 30 days) PA MO
VFEND IV INJECTION 200MG	3	PA
VFEND SUSPENSION RECONSTITUTED 40MG/ML	3	QL (600 ML per 28 days) PA MO
VIVJOA CAPSULE THERAPY PACK 150MG	3	QL (18 EA per 84 days) PA; ACS LD
VORICONAZOLE INJECTION 200MG/20ML	3	PA
<i>voriconazole injection 200mg</i>	1	PA
<i>voriconazole suspension reconstituted 40mg/ml</i>	3	QL (600 ML per 28 days) PA MO
<i>voriconazole tablet 200mg</i>	1	QL (120 EA per 30 days) MO
<i>voriconazole tablet 50mg</i>	1	QL (480 EA per 30 days) MO
ANTIMALARIALS		
<i>atovaquone/proguanil hcl tablet 62.5mg; 25mg</i>	1	MO
<i>atovaquone/proguanil hydrochloride tablet 250mg; 100mg</i>	1	MO
<i>chloroquine phosphate tablet 250mg, 500mg</i>	1	MO
COARTEM TABLET 20MG; 120MG	3	MO
KRINTAFEL TABLET 150MG	3	MO
MALARONE TABLET 250MG; 100MG, 62.5MG; 25MG	3	MO
<i>mefloquine hydrochloride tablet 250mg</i>	1	MO
<i>primaquine phosphate tablet 26.3mg</i>	1	
<i>quinine sulfate capsule 324mg</i>	1	PA MO
ANTIRETROVIRAL AGENTS		
<i>abacavir solution 20mg/ml</i>	1	MO
<i>abacavir tablet 300mg</i>	1	MO
APTIVUS CAPSULE 250MG	3	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>atazanavir sulfate capsule 300mg</i>	1	MO
<i>atazanavir capsule 150mg, 200mg</i>	1	MO
<i>darunavir tablet 800mg</i>	1	QL (30 EA per 30 days) MO
<i>darunavir tablet 600mg</i>	1	QL (60 EA per 30 days) MO
EDURANT PED TABLET SOLUBLE 2.5MG	3	MO
EDURANT TABLET 25MG	3	MO
<i>efavirenz tablet 600mg</i>	1	MO
<i>emtricitabine capsule 200mg</i>	1	MO
EMTRIVA SOLUTION 10MG/ML	3	MO
EPIVIR SOLUTION 10MG/ML	3	MO
EPIVIR TABLET 150MG, 300MG	3	MO
<i>etravirine tablet 100mg, 200mg</i>	1	MO
<i>fosamprenavir calcium tablet 700mg</i>	1	MO
INTELENCE TABLET 25MG	3	
INTELENCE TABLET 200MG	3	MO
ISENTRESS HD TABLET 600MG	3	MO
ISENTRESS PACKET 100MG	3	MO
ISENTRESS TABLET CHEWABLE 100MG, 25MG	3	MO
ISENTRESS TABLET 400MG	3	MO
<i>lamivudine solution 10mg/ml</i>	1	MO
<i>lamivudine tablet 150mg, 300mg</i>	1	MO
<i>maraviroc tablet 150mg, 300mg</i>	1	MO
<i>nevirapine er tablet extended release 24 hour 400mg</i>	1	MO
<i>nevirapine suspension 50mg/5ml</i>	1	MO
<i>nevirapine tablet 200mg</i>	1	MO
NORVIR PACKET 100MG	3	MO
NORVIR TABLET 100MG	3	MO
PIFELTRO TABLET 100MG	3	MO
PREZISTA SUSPENSION 100MG/ML	3	QL (400 ML per 30 days) MO
PREZISTA TABLET 150MG	3	QL (240 EA per 30 days) MO
PREZISTA TABLET 800MG	3	QL (30 EA per 30 days) MO
PREZISTA TABLET 75MG	3	QL (480 EA per 30 days) MO
PREZISTA TABLET 600MG	3	QL (60 EA per 30 days) MO
RETROVIR CAPSULE 100MG	3	MO
RETROVIR SYRUP 50MG/5ML	3	MO
REYATAZ CAPSULE 200MG, 300MG	3	MO
REYATAZ PACKET 50MG	3	MO
<i>rilpivirine hydrochloride tablet 25mg</i>	1	MO
<i>ritonavir tablet 100mg</i>	1	MO
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600MG	3	MO
SELZENTRY SOLUTION 20MG/ML	3	MO
SELZENTRY TABLET 150MG, 300MG	3	MO
SUNLENCA TABLET THERAPY PACK 300MG	3	MO; LD

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
SUNLENCA TABLET 300MG	3	MO; LD
<i>tenofovir disoproxil fumarate tablet 300mg</i>	1	MO
TIVICAY PD TABLET SOLUBLE 5MG	3	MO
TIVICAY TABLET 50MG	3	MO
TROGARZO INJECTION 200MG/1.33ML	3	MO; LD
VIRACEPT TABLET 250MG, 625MG	3	MO
VIREAD POWDER 40MG/GM	3	MO
VIREAD TABLET 150MG, 200MG, 250MG, 300MG	3	MO
ZIAGEN SOLUTION 20MG/ML	3	MO
<i>zidovudine capsule 100mg</i>	1	MO
<i>zidovudine syrup 50mg/5ml</i>	1	MO
<i>zidovudine tablet 300mg</i>	1	MO
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate/lamivudine tablet 600mg; 300mg</i>	1	MO
BIKTARVY TABLET 30MG; 120MG; 15MG, 50MG; 200MG; 25MG	3	MO
CIMDUO TABLET 300MG; 300MG	3	MO
COMPLERA TABLET 200MG; 25MG; 300MG	3	MO
DELSTRIGO TABLET 100MG; 300MG; 300MG	3	MO
DESCOVY TABLET 120MG; 15MG, 200MG; 25MG	3	MO
DOVATO TABLET 50MG; 300MG	3	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate tablet 600mg; 200mg; 300mg</i>	1	MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 400mg; 300mg; 300mg, 600mg; 300mg; 300mg</i>	1	MO
<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate tablet 200mg; 25mg; 300mg</i>	3	MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 133mg; 200mg, 200mg; 300mg</i>	1	MO
<i>emtricitabine/tenofovir disoproxil tablet 167mg; 250mg</i>	1	MO
EVOTAZ TABLET 300MG; 150MG	3	MO
GENVOYA TABLET 150MG; 150MG; 200MG; 10MG	3	MO
IDVYNZO TABLET 100MG; 0.25MG	3	MO
JULUCA TABLET 50MG; 25MG	3	MO
KALETRA SOLUTION 400MG/5ML; 100MG/5ML	3	MO
KALETRA TABLET 100MG; 25MG, 200MG; 50MG	3	MO
<i>lamivudine/zidovudine tablet 150mg; 300mg</i>	1	MO
<i>lopinavir/ritonavir tablet 100mg; 25mg, 200mg; 50mg</i>	1	MO
ODEFSEY TABLET 200MG; 25MG; 25MG	3	MO
PREZCOBIX TABLET 150MG; 675MG, 150MG; 800MG	3	MO
STRIBILD TABLET 150MG; 150MG; 200MG; 300MG	3	MO
SYMFI TABLET 600MG; 300MG; 300MG	3	MO
SYMTUZA TABLET 150MG; 800MG; 200MG; 10MG	3	MO
TRIUMEQ PD TABLET SOLUBLE 60MG; 5MG; 30MG	3	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
TRIUMEQ TABLET 600MG; 50MG; 300MG	3	MO
ANTITUBERCULAR AGENTS		
<i>cycloserine capsule 250mg</i>	3	MO
<i>ethambutol hydrochloride tablet 100mg, 400mg</i>	1	MO
<i>isoniazid syrup 50mg/5ml</i>	1	MO
<i>isoniazid tablet 100mg, 300mg</i>	1	MO
PRETOMANID TABLET 200MG	3	MO
PRIFTIN TABLET 150MG	3	MO
<i>pyrazinamide tablet 500mg</i>	1	MO
<i>rifabutin capsule 150mg</i>	1	MO
<i>rifampin capsule 150mg, 300mg</i>	1	MO
<i>rifampin injection 600mg</i>	1	
SIRTURO TABLET 100MG, 20MG	3	PA; ACS LD
ANTIVIRALS		
<i>acyclovir sodium injection 50mg/ml</i>	1	B/D
<i>acyclovir capsule 200mg</i>	1	MO
<i>acyclovir suspension 200mg/5ml</i>	1	MO
<i>acyclovir tablet 400mg, 800mg</i>	1	MO
<i>adefovir dipivoxil tablet 10mg</i>	1	MO
BARACLUDE SOLUTION 0.05MG/ML	3	ST MO
BARACLUDE TABLET 0.5MG, 1MG	3	MO
<i>cidofovir injection 75mg/ml</i>	1	
<i>entecavir tablet 0.5mg, 1mg</i>	1	MO
<i>famciclovir tablet 125mg, 250mg, 500mg</i>	1	MO
<i>foscarnet sodium injection 6000mg/250ml</i>	3	B/D
<i>ganciclovir injection 500mg</i>	1	B/D
<i>ganciclovir injection 500mg/10ml</i>	3	B/D
HARVONI PACKET 33.75MG; 150MG, 45MG; 200MG	3	PA; ACS
HARVONI TABLET 45MG; 200MG, 90MG; 400MG	3	PA; ACS
<i>lamivudine tablet 100mg</i>	1	MO
LIVTENCITY TABLET 200MG	3	QL (336 EA per 28 days) PA; LD
MAVYRET PACKET 50MG; 20MG	3	PA; ACS
MAVYRET TABLET 100MG; 40MG	3	PA; ACS
<i>oseltamivir phosphate capsule 30mg</i>	1	QL (168 EA per 365 days) MO
<i>oseltamivir phosphate capsule 45mg, 75mg</i>	1	QL (84 EA per 365 days) MO
<i>oseltamivir phosphate suspension reconstituted 6mg/ml</i>	1	QL (1080 ML per 365 days) MO
PAXLOVID TABLET 5 DAY THERAPY PACK 150MG; 100MG AND 300MG; 100MG	1	QL (22 EA per 90 days) MO
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	1	QL (40 EA per 90 days) MO
PAXLOVID TABLET THERAPY PACK 300MG; 100MG	1	QL (60 EA per 90 days) MO
PEGASYS INJECTION 180MCG/0.5ML, 180MCG/ML	3	PA; ACS LD
PREVYMIS INJECTION 240MG/12ML, 480MG/24ML	3	
PREVYMIS PACKET 120MG, 20MG	3	QL (120 EA per 30 days) PA MO
PREVYMIS TABLET 240MG, 480MG	3	QL (28 EA per 28 days) PA MO

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Drug Name	Drug Tier	Requirements/Limits
RAPIVAB INJECTION 200MG/20ML	3	
RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5MG/BLISTER	2	QL (120 EA per 365 days) MO
<i>ribavirin capsule 200mg</i>	1	ACS
<i>ribavirin tablet 200mg</i>	1	ACS
<i>rimantadine hydrochloride tablet 100mg</i>	1	MO
TAMIFLU CAPSULE 75MG	3	QL (84 EA per 365 days) MO
TAMIFLU SUSPENSION RECONSTITUTED 6MG/ML	3	QL (1080 ML per 365 days) MO
<i>valacyclovir hydrochloride tablet 1gm, 500mg</i>	1	MO
VALCYTE SOLUTION RECONSTITUTED 50MG/ML	3	MO
<i>valganciclovir hydrochloride solution reconstituted 50mg/ml</i>	3	MO
<i>valganciclovir tablet 450mg</i>	1	MO
VALTREX TABLET 1GM, 500MG	3	MO
VOSEVI TABLET 400MG; 100MG; 100MG	3	PA; ACS
XOFLUZA TABLET THERAPY PACK 40MG, 80MG	3	QL (1 EA per 180 days) MO
CEPHALOSPORINS		
AVYCAZ INJECTION 0.5GM; 2GM	3	
CEFACLO ER TABLET EXTENDED RELEASE 12 HOUR 500MG	3	MO
<i>cefactor capsule 250mg, 500mg</i>	1	MO
<i>cefactor suspension reconstituted 250mg/5ml</i>	1	
<i>cefadroxil capsule 500mg</i>	1	MO
<i>cefadroxil suspension reconstituted 250mg/5ml, 500mg/5ml</i>	1	MO
<i>cefadroxil tablet 1gm</i>	1	MO
CEFAZOLIN SODIUM/DEXTROSE INJECTION 1GM; 4%, 2GM; 3%, 3GM; 2%	3	
CEFAZOLIN SODIUM INJECTION 1GM/50ML; 4%	3	
<i>cefazolin sodium injection 10gm, 1gm, 500mg</i>	1	MO
CEFAZOLIN/DEXTROSE INJECTION 3GM/150ML; 4%	3	
CEFAZOLIN INJECTION 2GM/100ML; 4%, 2GM IV, 3GM 3 IV	3	
<i>cefazolin i.m. or i.v. injection 3gm</i>	1	
<i>cefazolin i.m. or i.v. injection 2gm</i>	1	MO
<i>cefdinir capsule 300mg</i>	1	MO
<i>cefdinir suspension reconstituted 125mg/5ml, 250mg/5ml</i>	1	MO
CEFEPIME/DEXTROSE INJECTION 1GM/50ML; 5%, 2GM/50ML; 5%	3	
CEFEPIME INJECTION 1GM/50ML, 2GM/100ML	3	
<i>cefepime injection 1gm, 2gm</i>	1	MO
<i>cefixime capsule 400mg</i>	1	MO
<i>cefixime suspension reconstituted 100mg/5ml, 200mg/5ml</i>	1	MO
<i>cefixime tablet 400mg</i>	1	MO
<i>cefotetan injection 1gm, 2gm</i>	1	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
CEFOXITIN SODIUM/DEXTROSE INJECTION 1GM; 4%, 3	3	
2GM; 2.2% OR CEFOXITIN SODIUM/DEXTROSE		
INJECTION 1GM/50ML, 2GM/50ML		
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	1	
<i>cefpodoxime proxetil suspension reconstituted 100mg/5ml, 50mg/5ml</i>	1	MO
<i>cefpodoxime proxetil tablet 100mg, 200mg</i>	1	MO
<i>cefprozil suspension reconstituted 125mg/5ml, 250mg/5ml</i>	1	MO
<i>cefprozil tablet 250mg, 500mg</i>	1	MO
<i>ceftaroline fosamil injection 400mg, 600mg</i>	3	
<i>ceftazidime injection 2gm, 6gm</i>	1	
<i>ceftazidime injection 1gm</i>	1	MO
<i>ceftriaxone sodium i.v. injection 1gm</i>	1	
<i>ceftriaxone sodium injection 10gm, 1gm i.m. or i.v., 250mg, 2gm, 500mg</i>	1	MO
<i>cefuroxime axetil tablet 250mg, 500mg</i>	1	MO
<i>cefuroxime sodium injection 1.5gm</i>	1	
<i>cefuroxime sodium injection 750mg</i>	1	MO
<i>cephalexin capsule 250mg, 500mg, 750mg</i>	1	MO
<i>cephalexin suspension reconstituted 125mg/5ml, 250mg/5ml</i>	1	MO
<i>cephalexin tablet 250mg, 500mg</i>	1	MO
FETROJA INJECTION 1GM	3	
<i>tazicef injection 1gm non-addvantage version, 2gm, 6gm</i>	1	
TEFLARO INJECTION 400MG, 600MG	3	
ZERBAXA INJECTION 1GM; 0.5GM	3	
ZEVTERA INJECTION 667MG	3	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin injection 500mg</i>	1	MO
<i>azithromycin suspension reconstituted 100mg/5ml, 200mg/5ml</i>	1	MO
<i>azithromycin tablet 250mg, 500mg, 600mg</i>	1	MO
<i>clarithromycin er tablet extended release 24 hour 500mg</i>	1	MO
<i>clarithromycin suspension reconstituted 125mg/5ml, 250mg/5ml</i>	1	MO
<i>clarithromycin tablet 250mg, 500mg</i>	1	MO
DIFICID SUSPENSION RECONSTITUTED 40MG/ML	3	MO
DIFICID TABLET 200MG	3	MO
<i>e.e.s. 400 tablet 400mg</i>	1	
ERYTHROCIN LACTOBIONATE INJECTION 500MG	3	
<i>erythromycin base tablet 250mg, 500mg</i>	1	MO
<i>erythromycin dr tablet delayed release 250mg, 333mg, 500mg</i>	1	MO
<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml, 400mg/5ml</i>	1	MO
<i>erythromycin lactobionate injection 500mg</i>	1	
<i>fidaxomicin tablet 200mg</i>	3	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
ZITHROMAX TRI-PAK TABLET 500MG	3	MO
ZITHROMAX Z-PAK TABLET 250MG	3	MO
ZITHROMAX SUSPENSION RECONSTITUTED 200MG/5ML	3	MO
FLUOROQUINOLONES		
BAXDELA INJECTION 300MG	3	
BAXDELA TABLET 450MG	3	MO
<i>ciprofloxacin hcl tablet 750mg</i>	1	MO
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	1	MO
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%</i>	1	
<i>ciprofloxacin i.v.-in d5w injection 400mg/200ml; 5%</i>	1	MO
CIPRO SUSPENSION RECONSTITUTED 500MG/5ML, 5GM/100ML	3	MO
CIPRO TABLET 250MG, 500MG	3	MO
<i>levofloxacin in d5w injection 5%; 250mg/50ml, 5%; 500mg/100ml, 5%; 750mg/150ml</i>	1	
<i>levofloxacin injection 25mg/ml</i>	1	
<i>levofloxacin oral solution 25mg/ml</i>	1	MO
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	1	MO
<i>moxifloxacin hydrochloride/sodium hydrochloride injection 400mg/250ml; 0.8%</i>	1	
MOXIFLOXACIN HYDROCHLORIDE INJECTION 400MG/250ML	3	
<i>moxifloxacin hydrochloride tablet 400mg</i>	1	MO
PENICILLINS		
<i>amoxicillin/clavulanate potassium er tablet extended release 12 hour 1000mg; 62.5mg</i>	1	MO
<i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 250mg/5ml; 62.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	1	MO
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg, 500mg; 125mg, 875mg; 125mg</i>	1	MO
<i>amoxicillin capsule 250mg, 500mg</i>	1	MO
<i>amoxicillin suspension reconstituted 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml</i>	1	MO
<i>amoxicillin tablet chewable 125mg, 250mg</i>	1	MO
<i>amoxicillin tablet 500mg, 875mg</i>	1	MO
<i>ampicillin sodium injection 10gm, 1gm advantage vial, 250mg, 2gm advantage vial</i>	1	
<i>ampicillin sodium injection 1gm, 2gm, 500mg</i>	1	MO
<i>ampicillin-sulbactam injection 10gm; 5gm</i>	1	
<i>ampicillin/sulbactam injection 1gm; 0.5gm, 2gm; 1gm</i>	1	
<i>ampicillin capsule 500mg</i>	1	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
AUGMENTIN ES-600 SUSPENSION RECONSTITUTED 600MG/5ML; 42.9MG/5ML	3	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	3	MO
AUGMENTIN TABLET 500MG; 125MG	3	MO
BICILLIN C-R INJECTION 900000UNIT/2ML; 300000UNIT/2ML	3	
BICILLIN C-R INJECTION 300000UNIT/ML; 300000UNIT/ML	3	MO
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	3	MO
<i>dicloxacillin sodium capsule 250mg, 500mg</i>	1	MO
<i>nafcillin sodium injection 1gm</i>	1	
<i>nafcillin sodium injection 2gm</i>	1	MO
<i>nafcillin sodium injection 10gm</i>	3	
NAFCILLIN INJECTION 5%; 2GM/100ML	3	
OXACILLIN SODIUM INJECTION 300MG/50ML; 2GM/50ML	3	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	1	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE INJECTION 40000UNIT/ML, 60000UNIT/ML	3	
<i>penicillin g potassium injection 20000000unit, 5000000unit</i>	1	MO
<i>penicillin g sodium injection 5000000unit</i>	1	
<i>penicillin v potassium solution reconstituted 125mg/5ml, 250mg/5ml</i>	1	MO
<i>penicillin v potassium tablet 250mg, 500mg</i>	1	MO
<i>pfizerpen injection 20000000unit</i>	1	
<i>pfizerpen injection 5000000unit</i>	1	MO
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM/NACL INJECTION 2GM/50ML; 0.45%; 0.25GM/50ML, 3GM/50ML; 0.3%; 0.375GM/50ML, 4GM/100ML; 0.45%; 0.5GM/100ML	3	
<i>piperacillin sodium/tazobactam sodium injection 12gm; 1.5gm, 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	1	
UNASYN BULK PACK INJECTION 10GM; 5GM	3	
UNASYN INJECTION 1GM; 0.5GM	3	
UNASYN INJECTION 2GM; 1GM	3	MO
ZOSYN INJECTION 1GM/50ML; 2GM/50ML; 0.25GM/50ML, 2GM/100ML; 4GM/100ML; 0.5GM/100ML, 350MG/50ML; 3GM/50ML; 0.375GM/50ML	3	
TETRACYCLINES		
<i>demeclocycline hcl tablet 150mg, 300mg</i>	1	MO
<i>doxy 100 injection 100mg</i>	1	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate capsule 100mg, 50mg</i>	1	MO
<i>doxycycline hyclate injection 100mg</i>	1	MO
<i>doxycycline hyclate tablet 100mg, 20mg</i>	1	MO
<i>doxycycline monohydrate capsule 100mg, 50mg</i>	1	MO
<i>doxycycline monohydrate tablet 100mg, 150mg, 50mg, 75mg</i>	1	MO
<i>doxycycline suspension reconstituted 25mg/5ml</i>	1	MO
<i>minocycline hcl capsule 75mg</i>	1	MO
<i>minocycline hcl tablet 100mg, 75mg</i>	1	MO
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	1	MO
<i>minocycline hydrochloride tablet 50mg</i>	1	MO
NUZYRA INJECTION 100MG	3	ACS LD
NUZYRA TABLET 150MG	3	QL (30 EA per 14 days); ACS LD
<i>tetracycline hydrochloride capsule 250mg, 500mg</i>	1	MO
<i>tigecycline injection 50mg</i>	1	
TYGACIL INJECTION 50MG	3	
XERAVA INJECTION 100MG, 50MG	3	

ANTINEOPLASTIC AGENTS**ALKYLATING AGENTS**

BENDAMUSTINE HYDROCHLORIDE INJECTION 100MG/4ML	3	ACS
<i>bendamustine hydrochloride injection 25mg</i>	1	ACS
<i>bendamustine hydrochloride injection 100mg</i>	3	ACS
BENDEKA INJECTION 100MG/4ML	3	ACS LD
<i>carboplatin injection 150mg/15ml, 450mg/45ml, 50mg/5ml, 600mg/60ml</i>	1	
<i>cisplatin injection 100mg/100ml, 200mg/200ml, 50mg/50ml</i>	1	
CYCLOPHOSPHAMIDE MONOHYDRATE INJECTION 2GM/10ML	3	
<i>cyclophosphamide capsule 25mg, 50mg</i>	1	B/D MO
CYCLOPHOSPHAMIDE INJECTION 1000MG/10ML, 2000MG/20ML, 500MG/2.5ML, 500MG/5ML	3	
CYCLOPHOSPHAMIDE INJECTION 1GM/2ML, 2GM/4ML, 500MG/ML	3	LD
<i>cyclophosphamide injection 1gm, 2gm, 500mg</i>	1	
<i>cyclophosphamide injection 1gm/5ml</i>	3	
CYCLOPHOSPHAMIDE TABLET 50MG	3	B/D
FRINDOVYX INJECTION 1GM/2ML, 2GM/4ML, 500MG/ML	3	LD
GLEOSTINE CAPSULE 100MG, 10MG, 40MG	3	ACS
GRAFAPEX INJECTION 1GM, 5GM	3	B/D; LD
IFEX INJECTION 3GM	3	
IFOSFAMIDE INJECTION 3GM	3	
<i>ifosfamide injection 1gm/20ml, 3gm/60ml</i>	1	
KYXATA INJECTION 500MG/50ML, 80MG/8ML	3	LD

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
LEUKERAN TABLET 2MG	3	PA MO
<i>lomustine capsule 10mg, 40mg</i>	1	ACS
<i>lomustine capsule 100mg</i>	3	ACS
<i>oxaliplatin injection 100mg/20ml, 200mg/40ml, 50mg/10ml</i>	1	
<i>oxaliplatin injection 100mg, 50mg</i>	3	
TREANDA INJECTION 100MG, 25MG	3	ACS LD
VIVIMUSTA INJECTION 100MG/4ML	3	ACS LD
ZEPZELCA INJECTION 4MG	3	PA; ACS LD
ANTIMETABOLITES		
AVGEMSI INJECTION 1GM/26.3ML, 2GM/52.6ML	3	LD
AXTLE INJECTION 100MG, 500MG	3	LD
<i>azacitidine injection 100mg</i>	3	ACS
<i>cytarabine aqueous injection 20mg/ml</i>	1	B/D
<i>cytarabine injection 100mg/ml, 20mg/ml</i>	1	B/D
<i>decitabine injection 50mg</i>	3	ACS
FAVLYXA INJECTION 250MG/10ML	3	B/D; LD
<i>fludarabine phosphate injection 50mg/2ml, 50mg</i>	1	
<i>fluorouracil injection 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	1	B/D
FOLOTYN INJECTION 20MG/ML, 40MG/2ML	3	PA; ACS
<i>gemcitabine hcl injection 1gm, 200mg, 2gm</i>	1	
<i>gemcitabine hydrochloride preservative free injection 1gm/26.3ml, 200mg/5.26ml, 2gm/52.6ml</i>	1	
INQOVI TABLET 100MG; 35MG	3	QL (5 EA per 28 days) PA; ACS LD
LONSURF TABLET 6.14MG; 15MG	3	QL (100 EA per 28 days) PA; ACS LD
LONSURF TABLET 8.19MG; 20MG	3	QL (80 EA per 28 days) PA; ACS LD
<i>mercaptopurine suspension 2000mg/100ml</i>	3	ACS
<i>mercaptopurine tablet 50mg</i>	1	MO
<i>methotrexate sodium injection 1gm/40ml, 1gm</i>	1	
<i>methotrexate sodium injection 250mg/10ml, 50mg/2ml</i>	1	MO
<i>methotrexate injection 50mg/2ml</i>	1	MO
ONUREG TABLET 200MG, 300MG	3	QL (14 EA per 28 days) PA; ACS LD
PEMETREXED INJECTION 100MG/4ML, 1GM/40ML, 500MG/20ML	3	
<i>pemetrexed injection 1000mg, 100mg, 500mg, 750mg</i>	3	
PEMRYDI RTU INJECTION 100MG/10ML, 500MG/50ML	3	
<i>pralatrexate injection 20mg/ml, 40mg/2ml</i>	3	PA; ACS
PURIXAN SUSPENSION 2000MG/100ML	3	ACS LD
TABLOID TABLET 40MG	3	PA MO
VIDAZA INJECTION 100MG	3	ACS LD

HORMONAL ANTINEOPLASTIC AGENTS

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>abiraterone acetate tablet 250mg</i>	3	QL (120 EA per 30 days) PA; ACS
<i>abiraterone acetate tablet 500mg</i>	3	QL (60 EA per 30 days) PA; ACS
<i>abirtega tablet 250mg</i>	1	QL (120 EA per 30 days) PA; ACS
AKEEGA TABLET 500MG; 100MG, 500MG; 50MG	3	QL (60 EA per 30 days) PA; LD
<i>anastrozole tablet 1mg</i>	1	MO
ARIMIDEX TABLET 1MG	3	MO
AROMASIN TABLET 25MG	3	MO
<i>bicalutamide tablet 50mg</i>	1	MO
CAMCEVI INJECTION 42MG	3	PA; LD
CASODEX TABLET 50MG	3	MO
CLIGAVYX INJECTION 250MG/5ML	3	LD
ELIGARD INJECTION 22.5MG, 30MG, 45MG, 7.5MG	2	PA; ACS
ERLEADA TABLET 60MG	3	QL (120 EA per 30 days) PA; ACS LD
ERLEADA TABLET 240MG	3	QL (30 EA per 30 days) PA; ACS LD
EULEXIN CAPSULE 125MG	3	
<i>exemestane tablet 25mg</i>	1	MO
FARESTON TABLET 60MG	3	PA MO
FASLODEX INJECTION 250MG/5ML	3	
FEMARA TABLET 2.5MG	3	MO
FIRMAGON INJECTION 120MG/VIAL, 80MG	3	PA; ACS
<i>fulvestrant injection 250mg/5ml</i>	1	
INLURIYO TABLET 200MG	3	QL (56 EA per 28 days) PA; LD
<i>letrozole tablet 2.5mg</i>	1	MO
<i>leuprolide acetate injection 1mg/0.2ml</i>	1	PA; ACS
LIFYORLI CAPSULE THERAPY PACK 125MG 1 DOSE SUPPLY, 125MG 3 DOSE SUPPLY, 125MG 9 DOSE SUPPLY	3	QL (18 EA per 28 days) PA; LD
LIFYORLI CAPSULE THERAPY PACK 150MG 1 DOSE SUPPLY, 150MG 3 DOSE SUPPLY, 150MG 9 DOSE SUPPLY	3	QL (27 EA per 28 days) PA; LD
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG, 7.5MG	3	PA; ACS
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG, 22.5MG	3	PA; ACS
LUPRON DEPOT (4-MONTH) INJECTION 30MG	3	PA; ACS
LUPRON DEPOT (6-MONTH) INJECTION 45MG	3	PA; ACS
LUTRATE DEPOT INJECTION 22.5MG	3	PA; LD
LYSODREN TABLET 500MG	3	LD
<i>megestrol acetate tablet 20mg, 40mg</i>	2	MO
<i>nilutamide tablet 150mg</i>	3	MO
NUBEQA TABLET 300MG	3	QL (120 EA per 30 days) PA; ACS LD

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
ORGOVYX TABLET 120MG	3	PA; LD
ORSERDU TABLET 345MG	3	QL (30 EA per 30 days) PA; LD
ORSERDU TABLET 86MG	3	QL (90 EA per 30 days) PA; LD
SOLTAMOX SOLUTION 10MG/5ML	3	MO
<i>tamoxifen citrate tablet 10mg, 20mg</i>	1	MO
<i>toremifene citrate tablet 60mg</i>	1	PA MO
TRELSTAR MIXJECT INJECTION 11.25MG, 22.5MG, 3.75MG	2	PA; ACS
VEPPANU TABLET 200MG	3	QL (30 EA per 30 days) PA; LD
VEPPANU TABLET 100MG	3	QL (90 EA per 30 days) PA; LD
XTANDI CAPSULE 40MG	3	QL (120 EA per 30 days) PA; ACS LD
XTANDI TABLET 40MG	3	QL (120 EA per 30 days) PA; ACS LD
XTANDI TABLET 80MG	3	QL (60 EA per 30 days) PA; ACS LD
YONSA TABLET 125MG	3	QL (120 EA per 30 days) PA; ACS LD
ZOLADEX INJECTION 10.8MG, 3.6MG	3	PA; ACS
ZYTIGA TABLET 250MG	3	QL (120 EA per 30 days) PA; ACS LD
ZYTIGA TABLET 500MG	3	QL (60 EA per 30 days) PA; ACS LD
IMMUNOMODULATORS		
<i>lenalidomide capsule 20mg, 25mg</i>	3	QL (21 EA per 28 days) PA; ACS LD
<i>lenalidomide capsule 10mg, 15mg, 2.5mg, 5mg</i>	3	QL (28 EA per 28 days) PA; ACS LD
<i>pomalidomide capsule 1mg, 2mg, 3mg, 4mg</i>	3	QL (21 EA per 28 days) PA; ACS LD
POMALYST CAPSULE 1MG, 2MG, 3MG, 4MG	3	QL (21 EA per 28 days) PA; ACS LD
REVLIMID CAPSULE 20MG, 25MG	3	QL (21 EA per 28 days) PA; ACS LD
REVLIMID CAPSULE 10MG, 15MG, 2.5MG, 5MG	3	QL (28 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 100MG	3	QL (112 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 50MG	3	QL (84 EA per 28 days) PA; ACS LD
MISCELLANEOUS		
ASPARLAS INJECTION 3750UNIT/5ML	3	PA; LD
BESREMI INJECTION 500MCG/ML	3	QL (2 ML per 28 days) PA; LD
<i>bexarotene capsule 75mg</i>	3	QL (300 EA per 30 days) PA; ACS

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>bleomycin sulfate injection 15unit, 30unit</i>	1	B/D
CAMPTOSAR INJECTION 100MG/5ML, 300MG/15ML, 40MG/2ML	3	
<i>dacarbazine injection 100mg</i>	1	
<i>dexrazoxane injection 250mg, 500mg</i>	1	
DOXIL INJECTION 2MG/ML	3	
<i>doxorubicin hcl injection 2mg/ml</i>	1	B/D
<i>doxorubicin hydrochloride liposomal injection 2mg/ml</i>	3	
ELITEK INJECTION 1.5MG, 7.5MG	3	
ELLECE INJECTION 200MG/100ML, 50MG/25ML	3	
ETHYOL INJECTION 500MG	3	
HYDREA CAPSULE 500MG	3	MO
<i>hydroxyurea capsule 500mg</i>	1	MO
<i>irinotecan hydrochloride injection 100mg/5ml, 300mg/15ml, 40mg/2ml</i>	1	
<i>irinotecan injection 500mg/25ml</i>	1	
IWILFIN TABLET 192MG	3	QL (240 EA per 30 days) PA; LD
KHAPZORY INJECTION 175MG	3	B/D; ACS LD
<i>leucovorin calcium injection 100mg, 200mg, 350mg, 500mg/50ml, 500mg, 50mg</i>	1	
<i>leucovorin calcium tablet 10mg, 15mg, 25mg, 5mg</i>	1	MO
<i>levoleucovorin calcium injection 175mg/17.5ml, 250mg/25ml</i>	1	ACS
<i>levoleucovorin injection 50mg</i>	1	ACS
MATULANE CAPSULE 50MG	3	LD
<i>mesna tablet 400mg</i>	1	MO
MESNEX TABLET 400MG	3	MO
<i>mitomycin injection 20mg, 5mg</i>	1	
<i>mitomycin injection 40mg</i>	3	
<i>mitoxantrone hydrochloride injection 20mg/10ml, 25mg/12.5ml, 30mg/15ml</i>	1	ACS
MODEYSO CAPSULE 125MG	3	QL (20 EA per 28 days) PA; LD
NIPENT INJECTION 10MG	3	
ONCASPAR INJECTION 750UNIT/ML	3	PA; LD
ONIVYDE INJECTION 43MG/10ML	3	ACS LD
RYLAZE INJECTION 10MG/0.5ML	3	PA; ACS LD
TARGRETIN CAPSULE 75MG	3	QL (300 EA per 30 days) PA; ACS
<i>topotecan hcl injection 4mg</i>	1	
TOPOTECAN HYDROCHLORIDE INJECTION 4MG/4ML	1	
<i>tretinoin capsule 10mg</i>	3	MO
<i>valrubicin injection 40mg/ml</i>	3	ACS
VALSTAR INJECTION 40MG/ML	3	ACS LD
VYKOURA INJECTION 350MG/35ML, 500MG/50ML, 50MG/5ML	3	LD
WELIREG TABLET 40MG	3	QL (90 EA per 30 days) PA; LD

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
MITOTIC INHIBITORS		
ABRAXANE INJECTION 900MG; 100MG	3	ACS LD
AVOPEF INJECTION 100MG/5ML	3	LD
BEIZRAY INJECTION 20MG/ML, 25%; 80MG/4ML	3	LD
DOCETAXEL INJECTION 160MG/8ML	3	
<i>docetaxel injection 160mg/16ml, 20mg/2ml, 20mg/ml, 80mg/4ml, 80mg/8ml</i>	3	
DOCIVYX INJECTION 160MG/16ML, 20MG/2ML, 80MG/8ML	3	LD
<i>eribulin mesylate injection 1mg/2ml</i>	3	B/D; ACS
ETOPOPHOS INJECTION 100MG	3	
<i>etoposide injection 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	1	
HALAVEN INJECTION 1MG/2ML	3	B/D; ACS
IXEMPRA KIT INJECTION 15MG, 45MG	3	ACS
JEVTANA INJECTION 60MG/1.5ML	3	PA; ACS LD
PACLITAXEL PROTEIN-BOUND PARTICLES INJECTION 900MG; 100MG	3	ACS
<i>paclitaxel injection 150mg/25ml, 300mg/50ml, 30mg/5ml, 6mg/ml</i>	1	
<i>vinblastine sulfate injection 1mg/ml</i>	1	B/D
<i>vincristine sulfate injection 1mg/ml</i>	1	B/D
<i>vinorelbine tartrate injection 10mg/ml, 50mg/5ml</i>	1	
MOLECULAR TARGET AGENTS		
AFINITOR DISPERZ TABLET SOLUBLE 2MG, 5MG	3	QL (60 EA per 30 days) PA; ACS
AFINITOR DISPERZ TABLET SOLUBLE 3MG	3	QL (90 EA per 30 days) PA; ACS
ALECENSA CAPSULE 150MG	3	QL (240 EA per 30 days) PA; ACS LD
ALUNBRIG TABLET THERAPY PACK 90MG; 180MG	3	QL (30 EA per 30 days) PA; LD
ALUNBRIG TABLET 30MG	3	QL (120 EA per 30 days) PA; LD
ALUNBRIG TABLET 180MG, 90MG	3	QL (30 EA per 30 days) PA; LD
AUGTYRO CAPSULE 40MG	3	QL (240 EA per 30 days) PA; LD
AUGTYRO CAPSULE 160MG	3	QL (60 EA per 30 days) PA; LD
AVMAPKI FAKZYNJA CO-PACK THERAPY PACK 0.8MG; 200MG	3	QL (66 EA per 28 days) PA; LD
AYVAKIT TABLET 100MG, 200MG, 25MG, 300MG, 50MG	3	QL (30 EA per 30 days) PA; LD
BALVERSA TABLET 5MG	3	QL (28 EA per 28 days) PA; ACS LD
BALVERSA TABLET 4MG	3	QL (56 EA per 28 days) PA; ACS LD
BALVERSA TABLET 3MG	3	QL (84 EA per 28 days) PA; ACS LD
BAVENCIO INJECTION 200MG/10ML	3	PA; ACS LD
BELEODAQ INJECTION 500MG	3	PA; ACS LD

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
BESPONSA INJECTION 0.9MG	3	PA; ACS LD
BLNREP INJECTION 70MG	3	PA; LD
BORTEZOMIB INJECTION 1MG, 2.5MG	3	PA; ACS
<i>bortezomib injection 3.5mg</i>	1	PA; ACS
BORUZU INJECTION 3.5MG/1.4ML	3	PA; ACS
BOSULIF CAPSULE 50MG	3	QL (30 EA per 30 days) PA; ACS LD
BOSULIF CAPSULE 100MG	3	QL (300 EA per 30 days) PA; ACS LD
BOSULIF TABLET 100MG	3	QL (180 EA per 30 days) PA; ACS LD
BOSULIF TABLET 400MG, 500MG	3	QL (30 EA per 30 days) PA; ACS LD
<i>bosutinib tablet 100mg</i>	3	QL (180 EA per 30 days) PA; ACS
<i>bosutinib tablet 400mg, 500mg</i>	3	QL (30 EA per 30 days) PA; ACS
BRAFTOVI CAPSULE 75MG	3	QL (180 EA per 30 days) PA; ACS LD
BRUKINSA CAPSULE 80MG	3	QL (120 EA per 30 days) PA; LD
BRUKINSA TABLET 160MG	3	QL (60 EA per 30 days) PA; LD
CABOMETYX TABLET 20MG, 40MG, 60MG	3	QL (30 EA per 30 days) PA; ACS LD
CALQUENCE TABLET 100MG	3	QL (60 EA per 30 days) PA; LD
CAPRELSA TABLET 300MG	3	QL (30 EA per 30 days) PA; LD
CAPRELSA TABLET 100MG	3	QL (60 EA per 30 days) PA; LD
COLUMVI INJECTION 10MG/10ML, 2.5MG/2.5ML	3	PA; ACS LD
COMETRIQ KIT 140MG DAILY	3	QL (112 EA per 28 days) PA; ACS LD
COMETRIQ KIT 100MG DAILY	3	QL (56 EA per 28 days) PA; ACS LD
COMETRIQ KIT 60MG DAILY	3	QL (84 EA per 28 days) PA; ACS LD
COPIKTRA CAPSULE 15MG, 25MG	3	QL (56 EA per 28 days) PA; ACS LD
COTELLIC TABLET 20MG	3	QL (63 EA per 28 days) PA; ACS LD
CYRAMZA INJECTION 100MG/10ML, 500MG/50ML	3	PA; ACS LD
DANZITEN TABLET 71MG, 95MG	3	QL (112 EA per 28 days) PA; LD
DARZALEX FASPRO INJECTION 1800MG/15ML; 30000UNIT/15ML	3	PA; ACS LD
DARZALEX INJECTION 100MG/5ML, 400MG/20ML	3	PA; ACS LD
<i>dasatinib tablet 100mg, 140mg, 50mg, 70mg, 80mg</i>	3	QL (30 EA per 30 days) PA; ACS
<i>dasatinib tablet 20mg</i>	3	QL (90 EA per 30 days) PA; ACS
DATROWAY INJECTION 100MG	3	PA; ACS LD

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
DAURISMO TABLET 100MG	3	QL (30 EA per 30 days) PA; ACS LD
DAURISMO TABLET 25MG	3	QL (60 EA per 30 days) PA; ACS LD
ELAHERE INJECTION 100MG/20ML	3	PA; LD
EMPLICITI INJECTION 300MG, 400MG	3	PA; ACS LD
EMRELIS INJECTION 100MG, 20MG	3	PA; LD
ENHERTU INJECTION 100MG	3	PA; ACS LD
ENSACOVE CAPSULE 25MG	3	QL (270 EA per 30 days) PA; LD
ENSACOVE CAPSULE 100MG	3	QL (60 EA per 30 days) PA; LD
EPKINLY INJECTION 48MG/0.8ML, 4MG/0.8ML	3	PA; LD
ERBITUX INJECTION 100MG/50ML, 200MG/100ML	3	ACS
ERIVEDGE CAPSULE 150MG	3	QL (30 EA per 30 days) PA; ACS LD
<i>erlotinib hydrochloride tablet 100mg, 150mg</i>	3	QL (30 EA per 30 days) PA; ACS
<i>erlotinib hydrochloride tablet 25mg</i>	3	QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 2mg, 5mg</i>	3	QL (60 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 3mg</i>	3	QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	3	QL (30 EA per 30 days) PA; ACS
FOTIVDA CAPSULE 0.89MG, 1.34MG	3	QL (21 EA per 28 days) PA; LD
FRUZAQLA CAPSULE 5MG	3	QL (21 EA per 28 days) PA; LD
FRUZAQLA CAPSULE 1MG	3	QL (84 EA per 28 days) PA; LD
FYARRO INJECTION 100MG	3	PA; LD
GAVRETO CAPSULE 100MG	3	QL (120 EA per 30 days) PA; LD
GAZYVA INJECTION 1000MG/40ML	3	PA; ACS LD
<i>gefitinib tablet 250mg</i>	3	QL (60 EA per 30 days) PA; ACS
GILOTRIF TABLET 20MG, 30MG, 40MG	3	QL (30 EA per 30 days) PA; LD
GLEEVEC TABLET 400MG	3	QL (60 EA per 30 days) PA; ACS
GLEEVEC TABLET 100MG	3	QL (90 EA per 30 days) PA; ACS
GOMEKLI CAPSULE 1MG	3	QL (168 EA per 28 days) PA; LD
GOMEKLI CAPSULE 2MG	3	QL (84 EA per 28 days) PA; LD
GOMEKLI TABLET SOLUBLE 1MG	3	QL (168 EA per 28 days) PA; LD
HERCEPTIN HYLECTA INJECTION 10000UNIT/5ML; 600MG/5ML	3	PA; ACS LD
HERCEPTIN INJECTION 150MG	3	PA; ACS LD
HERCESSI INJECTION 150MG, 420MG	3	PA; ACS LD
HERNEXEOS TABLET 60MG	3	QL (120 EA per 30 days) PA; LD
HERZUMA INJECTION 150MG, 420MG	3	PA; ACS
HYRNUO TABLET 10MG	3	QL (120 EA per 30 days) PA; LD
IBRANCE CAPSULE 125MG	3	QL (21 EA per 28 days) PA; ACS LD
IBRANCE TABLET 100MG, 125MG, 75MG	3	QL (21 EA per 28 days) PA; ACS LD
IBTROZI CAPSULE 200MG	3	QL (90 EA per 30 days) PA; LD

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
ICLUSIG TABLET 10MG, 15MG, 30MG, 45MG	3	QL (30 EA per 30 days) PA; LD
IDHIFA TABLET 100MG, 50MG	3	QL (30 EA per 30 days) PA; ACS LD
<i>imatinib mesylate tablet 100mg</i>	1	QL (90 EA per 30 days) PA; ACS
<i>imatinib mesylate tablet 400mg</i>	3	QL (60 EA per 30 days) PA; ACS
IMBRUVICA CAPSULE 70MG	3	QL (30 EA per 30 days) PA; LD
IMBRUVICA CAPSULE 140MG	3	QL (90 EA per 30 days) PA; LD
IMBRUVICA SUSPENSION 70MG/ML	3	QL (216 ML per 30 days) PA; LD
IMBRUVICA TABLET 140MG, 280MG, 420MG	3	QL (30 EA per 30 days) PA; LD
IMDELLTRA INJECTION 10MG, 1MG	3	PA; ACS LD
IMFINZI INJECTION 120MG/2.4ML, 500MG/10ML	3	PA; ACS LD
IMJUDO INJECTION 25MG/1.25ML, 300MG/15ML	3	PA; ACS LD
IMKELDI SOLUTION 80MG/ML	3	QL (280 ML per 28 days) PA; LD
INLYTA TABLET 5MG	3	QL (120 EA per 30 days) PA; ACS LD
INLYTA TABLET 1MG	3	QL (180 EA per 30 days) PA; ACS LD
INREBIC CAPSULE 100MG	3	QL (120 EA per 30 days) PA; ACS LD
IRESSA TABLET 250MG	3	QL (60 EA per 30 days) PA; ACS LD
ITOVEBI TABLET 9MG	3	QL (28 EA per 28 days) PA; ACS LD
ITOVEBI TABLET 3MG	3	QL (56 EA per 28 days) PA; ACS LD
JAKAFI XR TABLET EXTENDED RELEASE 24 HOUR 11MG, 22MG, 33MG, 44MG, 55MG	3	QL (30 EA per 30 days) PA; ACS LD
JAKAFI TABLET 10MG, 15MG, 20MG, 25MG, 5MG	3	QL (60 EA per 30 days) PA; ACS LD
JAYPIRCA TABLET 50MG	3	QL (30 EA per 30 days) PA; LD
JAYPIRCA TABLET 100MG	3	QL (60 EA per 30 days) PA; LD
JEMPERLI INJECTION 500MG/10ML	3	PA; ACS LD
KADCYLA INJECTION 100MG, 160MG	3	ACS LD
KANJINTI INJECTION 150MG, 420MG	3	PA; ACS LD
KEYTRUDA QLEX INJECTION 4800UNIT/2.4ML; 395MG/2.4ML	3	QL (2.4 ML per 21 days) PA; ACS LD
KEYTRUDA QLEX INJECTION 9600UNIT/4.8ML; 790MG/4.8ML	3	QL (4.8 ML per 42 days) PA; ACS LD
KEYTRUDA INJECTION 100MG/4ML	3	PA; ACS LD
KIMMTRAK INJECTION 100MCG/0.5ML	3	PA; LD
KISQALI TABLET THERAPY PACK 200MG	3	QL (21 EA per 28 days) PA; ACS LD
KISQALI TABLET THERAPY PACK 400MG	3	QL (42 EA per 28 days) PA; ACS LD

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
KISQALI TABLET THERAPY PACK 600MG	3	QL (63 EA per 28 days) PA; ACS LD
KOMZIFTI CAPSULE 200MG	3	QL (90 EA per 30 days) PA; LD
KOSELUGO CAPSULE SPRINKLE 7.5MG	3	QL (360 EA per 30 days) PA; LD
KOSELUGO CAPSULE SPRINKLE 5MG	3	QL (600 EA per 30 days) PA; LD
KOSELUGO CAPSULE 25MG	3	QL (120 EA per 30 days) PA; LD
KOSELUGO CAPSULE 10MG	3	QL (240 EA per 30 days) PA; LD
KRAZATI TABLET 200MG	3	QL (180 EA per 30 days) PA; LD
KYPROLIS INJECTION 10MG, 30MG, 60MG	3	PA; ACS LD
<i>lapatinib ditosylate tablet 250mg</i>	3	QL (180 EA per 30 days) PA; ACS
LAZCLUZE TABLET 240MG	3	QL (30 EA per 30 days) PA; LD
LAZCLUZE TABLET 80MG	3	QL (60 EA per 30 days) PA; LD
LENVIMA 10 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	3	QL (30 EA per 30 days) PA; ACS LD
LENVIMA 12MG DAILY DOSE CAPSULE THERAPY PACK 4MG	3	QL (90 EA per 30 days) PA; ACS LD
LENVIMA 14 MG DAILY DOSE CAPSULE THERAPY PACK	3	QL (60 EA per 30 days) PA; ACS LD
LENVIMA 18 MG DAILY DOSE CAPSULE THERAPY PACK	3	QL (90 EA per 30 days) PA; ACS LD
LENVIMA 20 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	3	QL (60 EA per 30 days) PA; ACS LD
LENVIMA 24 MG DAILY DOSE CAPSULE THERAPY PACK	3	QL (90 EA per 30 days) PA; ACS LD
LENVIMA 4 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	3	QL (30 EA per 30 days) PA; ACS LD
LENVIMA 8 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	3	QL (60 EA per 30 days) PA; ACS LD
LIBTAYO INJECTION 350MG/7ML	3	PA; LD
LOQTORZI INJECTION 240MG/6ML	3	PA; ACS LD
LORBRENA TABLET 100MG	3	QL (30 EA per 30 days) PA; ACS LD
LORBRENA TABLET 25MG	3	QL (90 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 240MG	3	QL (120 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 120MG	3	QL (240 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 320MG	3	QL (90 EA per 30 days) PA; ACS LD
LUNSUMIO VELO INJECTION 45MG/ML, 5MG/0.5ML	3	PA; ACS LD
LUNSUMIO INJECTION 1MG/ML, 30MG/30ML	3	PA; ACS LD
LYNOZYFIC INJECTION 200MG/10ML, 5MG/2.5ML	3	PA; LD

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
LYNPARZA TABLET 100MG, 150MG	3	QL (120 EA per 30 days) PA; ACS LD
LYTGOBI TABLET THERAPY PACK 16MG	3	QL (112 EA per 28 days) PA; LD
LYTGOBI TABLET THERAPY PACK 20MG	3	QL (140 EA per 28 days) PA; LD
LYTGOBI TABLET THERAPY PACK 12MG	3	QL (84 EA per 28 days) PA; LD
MARGENZA INJECTION 250MG/10ML	3	PA; ACS LD
MEKINIST SOLUTION RECONSTITUTED 0.05MG/ML	3	QL (1260 ML per 30 days) PA; ACS LD
MEKINIST TABLET 2MG	3	QL (30 EA per 30 days) PA; ACS LD
MEKINIST TABLET 0.5MG	3	QL (90 EA per 30 days) PA; ACS LD
MEKTOVI TABLET 15MG	3	QL (180 EA per 30 days) PA; ACS LD
MONJUVI INJECTION 200MG	3	PA; LD
MYLOTARG INJECTION 4.5MG	3	PA; ACS LD
NERLYNX TABLET 40MG	3	QL (180 EA per 30 days) PA; ACS LD
NEXAVAR TABLET 200MG	3	QL (120 EA per 30 days) PA; ACS LD
NILOTINIB D-TARTRATE CAPSULE 150MG, 200MG	3	QL (112 EA per 28 days) PA; LD
NILOTINIB D-TARTRATE CAPSULE 50MG	3	QL (120 EA per 30 days) PA; LD
<i>nilotinib hydrochloride capsule 150mg, 200mg</i>	3	QL (112 EA per 28 days) PA; ACS
<i>nilotinib hydrochloride capsule 50mg</i>	3	QL (120 EA per 30 days) PA; ACS
NINLARO CAPSULE 2.3MG, 3MG, 4MG	3	QL (3 EA per 28 days) PA; ACS LD
ODOMZO CAPSULE 200MG	3	QL (30 EA per 30 days) PA; ACS LD
OGIVRI INJECTION 150MG, 420MG	3	PA; ACS LD
OGSIVEO TABLET 100MG, 150MG	3	QL (56 EA per 28 days) PA; LD
OJEMDA SUSPENSION RECONSTITUTED 25MG/ML	3	QL (96 ML per 28 days) PA; LD
OJEMDA TABLET 100MG	3	QL (24 EA per 28 days) PA; LD
OJJAARA TABLET 100MG, 150MG, 200MG	3	QL (30 EA per 30 days) PA; LD
ONTRUZANT INJECTION 150MG, 420MG	3	PA; ACS LD
OPDIVO QVANTIG INJECTION 10000UNIT/5ML; 600MG/5ML, 5000UNIT/2.5ML; 300MG/2.5ML	3	PA; ACS LD
OPDIVO INJECTION 100MG/10ML, 120MG/12ML, 240MG/24ML, 40MG/4ML	3	PA; ACS LD
OPDUALAG INJECTION 240MG/20ML; 80MG/20ML	3	PA; ACS LD
PADCEV INJECTION 20MG, 30MG	3	PA; ACS LD
<i>pazopanib hydrochloride tablet 200mg</i>	3	QL (120 EA per 30 days) PA; ACS
<i>pazopanib hydrochloride tablet 400mg</i>	3	QL (60 EA per 30 days) PA; ACS
PEMAZYRE TABLET 13.5MG, 4.5MG, 9MG	3	QL (28 EA per 28 days) PA; LD
PERJETA INJECTION 420MG/14ML	3	PA; ACS LD

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Drug Name	Drug Tier	Requirements/Limits
PHESGO INJECTION 2000UNIT/ML; 60MG/ML; 60MG/ML, 2000UNIT/ML; 80MG/ML; 40MG/ML	3	PA; ACS LD
PHYRAGO TABLET 100MG, 140MG, 50MG, 70MG, 80MG	3	QL (30 EA per 30 days) PA; LD
PHYRAGO TABLET 20MG	3	QL (90 EA per 30 days) PA; LD
PIQRAY 200MG DAILY DOSE TABLET THERAPY PACK 200MG	3	QL (28 EA per 28 days) PA; LD
PIQRAY 250MG DAILY DOSE TABLET THERAPY PACK	3	QL (56 EA per 28 days) PA; LD
PIQRAY 300MG DAILY DOSE TABLET THERAPY PACK 150MG	3	QL (56 EA per 28 days) PA; LD
POLIVY INJECTION 140MG, 30MG	3	PA; ACS LD
POTELIGEO INJECTION 20MG/5ML	3	PA; ACS LD
QINLOCK TABLET 50MG	3	QL (90 EA per 30 days) PA; LD
RETEVMO TABLET 80MG	3	QL (120 EA per 30 days) PA; ACS LD
RETEVMO TABLET 120MG, 160MG	3	QL (60 EA per 30 days) PA; ACS LD
RETEVMO TABLET 40MG	3	QL (90 EA per 30 days) PA; ACS LD
REVUFORJ TABLET 110MG	3	QL (120 EA per 30 days) PA; LD
REVUFORJ TABLET 25MG	3	QL (240 EA per 30 days) PA; LD
REVUFORJ TABLET 160MG	3	QL (60 EA per 30 days) PA; LD
REZLIDHIA CAPSULE 150MG	3	QL (60 EA per 30 days) PA; LD
ROMVIMZA CAPSULE 14MG, 20MG, 30MG	3	QL (8 EA per 28 days) PA; LD
ROZLYTREK CAPSULE 100MG	3	QL (180 EA per 30 days) PA; ACS LD
ROZLYTREK CAPSULE 200MG	3	QL (90 EA per 30 days) PA; ACS LD
ROZLYTREK PACKET 50MG	3	QL (336 EA per 28 days) PA; ACS LD
RUBRACA TABLET 200MG, 250MG, 300MG	3	QL (120 EA per 30 days) PA; ACS LD
RYBREVANT FASPRO INJECTION 1600MG/10ML; 20000UNIT/10ML, 2240MG/14ML; 28000UNIT/14ML, 2400MG/15ML; 30000UNIT/15ML, 3520MG/22ML; 44000UNIT/22ML	3	PA; ACS LD
RYBREVANT INJECTION 350MG/7ML	3	PA; ACS LD
RYDAPT CAPSULE 25MG	3	QL (224 EA per 28 days) PA; ACS
SARCLISA INJECTION 100MG/5ML, 500MG/25ML	3	PA; ACS LD
SCEMBLIX TABLET 100MG	3	QL (120 EA per 30 days) PA; LD
SCEMBLIX TABLET 40MG	3	QL (300 EA per 30 days) PA; LD
SCEMBLIX TABLET 20MG	3	QL (60 EA per 30 days) PA; LD
<i>sorafenib tosylate tablet 200mg</i>	3	QL (120 EA per 30 days) PA; ACS

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Drug Name	Drug Tier	Requirements/Limits
SPRYCEL TABLET 100MG, 140MG, 50MG, 70MG, 80MG	3	QL (30 EA per 30 days) PA; ACS
SPRYCEL TABLET 20MG	3	QL (90 EA per 30 days) PA; ACS
STIVARGA TABLET 40MG	3	QL (84 EA per 28 days) PA; ACS LD
<i>sunitinib malate capsule 12.5mg, 25mg, 37.5mg, 50mg</i>	3	QL (30 EA per 30 days) PA; ACS
TABRECTA TABLET 150MG, 200MG	3	QL (112 EA per 28 days) PA; ACS
TAFINLAR CAPSULE 50MG, 75MG	3	QL (120 EA per 30 days) PA; ACS LD
TAFINLAR TABLET SOLUBLE 10MG	3	QL (840 EA per 28 days) PA; ACS LD
TAGRISSE TABLET 40MG, 80MG	3	QL (30 EA per 30 days) PA; ACS LD
TALZENNA CAPSULE 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG	3	QL (30 EA per 30 days) PA; ACS LD
TALZENNA CAPSULE 0.25MG	3	QL (90 EA per 30 days) PA; ACS LD
TASIGNA CAPSULE 150MG, 200MG	3	QL (112 EA per 28 days) PA; ACS
TASIGNA CAPSULE 50MG	3	QL (120 EA per 30 days) PA; ACS
TECENTRIQ HYBREZA INJECTION 1875MG/15ML; 30000UNIT/15ML	3	QL (15 ML per 21 days) PA; ACS LD
TECENTRIQ INJECTION 1200MG/20ML, 840MG/14ML	3	PA; ACS LD
TECVAYLI INJECTION 153MG/1.7ML, 30MG/3ML	3	PA; LD
<i>temsirolimus injection 25mg/ml</i>	3	ACS
TEPMETKO TABLET 225MG	3	QL (60 EA per 30 days) PA; LD
TEVIMBRA INJECTION 100MG/10ML	3	PA; LD
TIBSOVO TABLET 250MG	3	QL (60 EA per 30 days) PA; LD
TIVDAK INJECTION 40MG	3	PA; ACS LD
TORISEL INJECTION 25MG/ML	3	ACS
<i>torpenz tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	3	QL (30 EA per 30 days) PA; LD
TRAZIMERA INJECTION 150MG, 420MG	3	PA; ACS
TRODELVY INJECTION 180MG	3	PA; LD
TRUQAP TABLET THERAPY PACK 160MG, 200MG	3	QL (64 EA per 28 days) PA; LD
TRUQAP TABLET 200MG	3	QL (64 EA per 28 days) PA; LD
TRUXIMA INJECTION 100MG/10ML, 500MG/50ML	3	PA; ACS
TUKYSA TABLET 150MG, 50MG	3	QL (120 EA per 30 days) PA; LD
TURALIO CAPSULE 125MG	3	QL (120 EA per 30 days) PA; LD
TYKERB TABLET 250MG	3	QL (180 EA per 30 days) PA; ACS
VANFLYTA TABLET 17.7MG, 26.5MG	3	QL (56 EA per 28 days) PA; LD
VECTIBIX INJECTION 100MG/5ML, 400MG/20ML	3	ACS LD
VELCADE INJECTION 3.5MG	3	PA; ACS
VENCLEXTA STARTING PACK TABLET THERAPY PACK 10MG; 100MG; 50MG	3	QL (42 EA per 28 days) PA; LD
VENCLEXTA TABLET 10MG	2	QL (112 EA per 28 days) PA; LD
VENCLEXTA TABLET 50MG	3	QL (112 EA per 28 days) PA; LD

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA TABLET 100MG	3	QL (180 EA per 30 days) PA; LD
VERZENIO TABLET 100MG, 150MG, 200MG, 50MG	3	QL (56 EA per 28 days) PA; ACS LD
VITRAKVI CAPSULE 25MG	3	QL (180 EA per 30 days) PA; ACS LD
VITRAKVI CAPSULE 100MG	3	QL (60 EA per 30 days) PA; ACS LD
VITRAKVI SOLUTION 20MG/ML	3	QL (300 ML per 30 days) PA; ACS LD
VONJO CAPSULE 100MG	3	QL (120 EA per 30 days) PA; LD
VORANIGO TABLET 40MG	3	QL (30 EA per 30 days) PA; LD
VORANIGO TABLET 10MG	3	QL (60 EA per 30 days) PA; LD
VOTRIENT TABLET 200MG	3	QL (120 EA per 30 days) PA; ACS LD
VYLOY INJECTION 100MG, 300MG	3	PA; LD
XALKORI CAPSULE SPRINKLE 20MG, 50MG	3	QL (120 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 150MG	3	QL (180 EA per 30 days) PA; ACS LD
XALKORI CAPSULE 200MG, 250MG	3	QL (120 EA per 30 days) PA; ACS LD
XOSPATA TABLET 40MG	3	QL (90 EA per 30 days) PA; ACS LD
XPOVIO 60 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	3	QL (24 EA per 28 days) PA; LD
XPOVIO 80 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	3	QL (32 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK 40MG ONCE WEEKLY (16 TABLET PACK)	3	QL (16 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK 60MG, 80MG	3	QL (4 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK 100MG ONCE WEEKLY, 80MG ONCE WEEKLY, 40MG TWICE WEEKLY	3	QL (8 EA per 28 days) PA; LD
YERVOY INJECTION 200MG/40ML, 50MG/10ML	3	PA; ACS LD
<i>yulithira tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	1	QL (30 EA per 30 days) PA; ACS
ZALTRAP INJECTION 100MG/4ML, 200MG/8ML	3	PA; ACS LD
ZEJULA TABLET 100MG, 200MG, 300MG	3	QL (30 EA per 30 days) PA; ACS LD
ZELBORAF TABLET 240MG	3	QL (240 EA per 30 days) PA; ACS LD
ZIIHERA INJECTION 300MG	3	PA; ACS LD
ZIRABEV INJECTION 100MG/4ML, 400MG/16ML	3	PA; ACS LD
ZOLINZA CAPSULE 100MG	3	QL (120 EA per 30 days) PA; ACS
ZYKADIA TABLET 150MG	3	QL (84 EA per 28 days) PA; ACS

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Drug Name	Drug Tier	Requirements/Limits
ZYNLONTA INJECTION 10MG	3	PA; LD
ZYNYZ INJECTION 500MG/20ML	3	PA; ACS LD
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg, 10mg; 40mg, 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg</i>	1	QL (30 EA per 30 days) MO
<i>benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg, 5mg; 6.25mg</i>	1	MO
<i>captopril/hydrochlorothiazide tablet 25mg; 15mg, 25mg; 25mg, 50mg; 15mg, 50mg; 25mg</i>	1	MO
<i>enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg, 5mg; 12.5mg</i>	1	MO
<i>fosinopril sodium/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg</i>	1	MO
<i>lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg</i>	1	MO
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg</i>	1	
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 20mg, 25mg; 20mg</i>	1	MO
<i>trandolapril/verapamil hcl er tablet extended release 1mg; 240mg, 2mg; 180mg, 2mg; 240mg, 4mg; 240mg</i>	1	MO
VASERETIC TABLET 10MG; 25MG	3	MO
ZESTORETIC TABLET 12.5MG; 10MG, 12.5MG; 20MG, 25MG; 20MG	3	MO
ACE INHIBITORS		
<i>benazepril hydrochloride tablet 10mg, 20mg, 40mg, 5mg</i>	1	MO
<i>captopril tablet 100mg, 12.5mg, 25mg, 50mg</i>	1	MO
<i>enalapril maleate solution 1mg/ml</i>	1	MO
<i>enalapril maleate tablet 10mg, 2.5mg, 20mg, 5mg</i>	1	MO
<i>fosinopril sodium tablet 10mg, 20mg, 40mg</i>	1	MO
<i>lisinopril tablet 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg</i>	1	MO
LOTENSIN TABLET 10MG, 20MG, 40MG	3	MO
<i>moexipril hydrochloride tablet 15mg, 7.5mg</i>	1	MO
<i>perindopril erbumine tablet 2mg, 4mg, 8mg</i>	1	MO
QBRELIS SOLUTION 1MG/ML	3	MO
<i>quinapril hydrochloride tablet 10mg, 20mg, 40mg, 5mg</i>	1	MO
<i>ramipril capsule 1.25mg, 10mg, 2.5mg, 5mg</i>	1	MO
<i>trandolapril tablet 1mg, 2mg, 4mg</i>	1	MO
VASOTEC TABLET 10MG, 2.5MG, 20MG, 5MG	3	MO
ZESTRIL TABLET 10MG, 2.5MG, 20MG, 30MG, 40MG, 5MG	3	MO
ALDOSTERONE RECEPTOR ANTAGONISTS		
ALDACTONE TABLET 100MG, 25MG, 50MG	3	MO

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Drug Name	Drug Tier	Requirements/Limits
CAROSPIR SUSPENSION 25MG/5ML	3	MO
<i>eplerenone tablet 25mg, 50mg</i>	1	MO
KERENDIA TABLET 10MG, 20MG, 40MG	2	QL (30 EA per 30 days) MO
<i>spironolactone suspension 25mg/5ml</i>	1	MO
<i>spironolactone tablet 100mg, 25mg, 50mg</i>	1	MO
ALPHA BLOCKERS		
CARDURA TABLET 1MG, 2MG, 4MG, 8MG	3	MO
<i>doxazosin mesylate tablet 1mg, 2mg, 4mg, 8mg</i>	1	MO
<i>prazosin hydrochloride capsule 1mg, 2mg, 5mg</i>	1	MO
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	MO
<i>terazosin hydrochloride capsule 2mg</i>	1	MO
TEZRULY SOLUTION 1MG/ML	3	QL (600 ML per 30 days) ST
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate/valsartan tablet 10mg; 160mg, 10mg; 320mg, 5mg; 160mg, 5mg; 320mg</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine/olmesartan medoxomil tablet 10mg; 20mg, 10mg; 40mg, 5mg; 20mg, 5mg; 40mg</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine/valsartan/hydrochlorothiazide tablet 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 10mg; 25mg; 320mg, 5mg; 12.5mg; 160mg, 5mg; 25mg; 160mg</i>	1	QL (30 EA per 30 days) MO
ATACAND HCT TABLET 32MG; 12.5MG, 32MG; 25MG	3	QL (30 EA per 30 days) MO
ATACAND HCT TABLET 16MG; 12.5MG	3	QL (60 EA per 30 days) MO
AVALIDE TABLET 12.5MG; 300MG	3	QL (30 EA per 30 days) MO
AVALIDE TABLET 12.5MG; 150MG	3	QL (60 EA per 30 days) MO
AZOR TABLET 10MG; 20MG, 10MG; 40MG, 5MG; 20MG, 5MG; 40MG	3	QL (30 EA per 30 days) MO
BENICAR HCT TABLET 12.5MG; 20MG, 12.5MG; 40MG, 25MG; 40MG	3	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tablet 32mg; 12.5mg, 32mg; 25mg</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg</i>	1	QL (60 EA per 30 days) MO
DIOVAN HCT TABLET 12.5MG; 160MG, 12.5MG; 320MG, 12.5MG; 80MG, 25MG; 160MG, 25MG; 320MG	3	QL (30 EA per 30 days) MO
EDARBYCLOR TABLET 40MG; 12.5MG, 40MG; 25MG	3	QL (30 EA per 30 days) ST MO
ENTRESTO CAPSULE SPRINKLE 15MG; 16MG, 6MG; 6MG	2	QL (240 EA per 30 days) MO
ENTRESTO TABLET 24MG; 26MG	3	QL (180 EA per 30 days) MO
ENTRESTO TABLET 49MG; 51MG, 97MG; 103MG	3	QL (60 EA per 30 days) MO
EXFORGE HCT TABLET 10MG; 12.5MG; 160MG, 10MG; 25MG; 160MG, 10MG; 25MG; 320MG, 5MG; 12.5MG; 160MG, 5MG; 25MG; 160MG	3	QL (30 EA per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
EXFORGE TABLET 10MG; 160MG, 10MG; 320MG, 5MG; 160MG, 5MG; 320MG	3	QL (30 EA per 30 days) MO
HYZAAR TABLET 12.5MG; 100MG, 12.5MG; 50MG, 25MG; 100MG	3	QL (30 EA per 30 days) MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg</i>	1	QL (30 EA per 30 days) MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg</i>	1	QL (60 EA per 30 days) MO
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg, 12.5mg; 50mg, 25mg; 100mg</i>	1	QL (30 EA per 30 days) MO
MICARDIS HCT TABLET 12.5MG; 40MG, 25MG; 80MG	3	QL (30 EA per 30 days) MO
MICARDIS HCT TABLET 12.5MG; 80MG	3	QL (60 EA per 30 days) MO
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tablet 10mg; 12.5mg; 40mg, 10mg; 25mg; 40mg, 5mg; 12.5mg; 20mg, 5mg; 12.5mg; 40mg, 5mg; 25mg; 40mg</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg, 12.5mg; 40mg, 25mg; 40mg</i>	1	QL (30 EA per 30 days) MO
<i>sacubitril/valsartan tablet 24mg; 26mg</i>	1	QL (180 EA per 30 days) MO
<i>sacubitril/valsartan tablet 49mg; 51mg, 97mg; 103mg</i>	1	QL (60 EA per 30 days) MO
<i>telmisartan/amlodipine tablet 10mg; 40mg, 10mg; 80mg, 5mg; 40mg, 5mg; 80mg</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 80mg</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 80mg</i>	1	QL (60 EA per 30 days) MO
TRIBENZOR TABLET 10MG; 12.5MG; 40MG, 10MG; 25MG; 40MG, 5MG; 12.5MG; 20MG, 5MG; 12.5MG; 40MG, 5MG; 25MG; 40MG	3	QL (30 EA per 30 days) MO
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 160mg, 12.5mg; 320mg, 12.5mg; 80mg, 25mg; 160mg, 25mg; 320mg</i>	1	QL (30 EA per 30 days) MO
WIDAPLIK TABLET 1.25MG; 0.625MG; 10MG, 2.5MG; 1.25MG; 20MG, 5MG; 2.5MG; 40MG	3	QL (30 EA per 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ARB LI SUSPENSION 10MG/ML	3	QL (330 ML per 30 days) MO
ATACAND TABLET 32MG	3	QL (30 EA per 30 days) MO
ATACAND TABLET 16MG, 4MG, 8MG	3	QL (60 EA per 30 days) MO
AVAPRO TABLET 150MG, 300MG	3	QL (30 EA per 30 days) MO
AZILSARTAN MEDOXOMIL TABLET 40MG, 80MG	3	QL (30 EA per 30 days) ST
BENICAR TABLET 20MG, 40MG	3	QL (30 EA per 30 days) MO
BENICAR TABLET 5MG	3	QL (60 EA per 30 days) MO
<i>candesartan cilexetil tablet 32mg</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil tablet 16mg, 4mg, 8mg</i>	1	QL (60 EA per 30 days) MO
COZAAR TABLET 100MG	3	QL (30 EA per 30 days) MO
COZAAR TABLET 25MG, 50MG	3	QL (60 EA per 30 days) MO
DIOVAN TABLET 320MG	3	QL (30 EA per 30 days) MO
DIOVAN TABLET 160MG, 40MG, 80MG	3	QL (60 EA per 30 days) MO
EDARBI TABLET 40MG, 80MG	3	QL (30 EA per 30 days) ST MO

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Drug Name	Drug Tier	Requirements/Limits
<i>irbesartan tablet 150mg, 300mg, 75mg</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tablet 100mg</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tablet 25mg, 50mg</i>	1	QL (60 EA per 30 days) MO
<i>olmesartan medoxomil tablet 20mg, 40mg</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil tablet 5mg</i>	1	QL (60 EA per 30 days) MO
<i>telmisartan tablet 20mg, 40mg, 80mg</i>	1	QL (30 EA per 30 days) MO
<i>valsartan tablet 320mg</i>	1	QL (30 EA per 30 days) MO
<i>valsartan tablet 160mg, 40mg, 80mg</i>	1	QL (60 EA per 30 days) MO
ANTIARRHYTHMICS		
<i>amiodarone hydrochloride injection 150mg/3ml, 50mg/ml, 900mg/18ml</i>	1	
<i>amiodarone hydrochloride tablet 100mg, 200mg, 400mg</i>	1	MO
<i>disopyramide phosphate capsule 100mg, 150mg</i>	3	PA MO
<i>dofetilide capsule 125mcg, 250mcg, 500mcg</i>	1	ACS
<i>flecainide acetate tablet 100mg, 150mg, 50mg</i>	1	MO
MULTAQ TABLET 400MG	3	QL (60 EA per 30 days) MO
NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 100MG, 150MG	3	MO
NORPACE CAPSULE 100MG, 150MG	3	PA MO
<i>pacrone tablet 100mg, 200mg</i>	1	
<i>propafenone hydrochloride er capsule extended release 12 hour 225mg, 325mg, 425mg</i>	1	MO
<i>propafenone hydrochloride tablet 150mg, 225mg, 300mg</i>	1	MO
<i>quinidine sulfate tablet 200mg, 300mg</i>	1	MO
<i>sotalol hcl tablet 120mg, 160mg, 240mg</i>	1	MO
<i>sotalol hydrochloride (af) tablet 120mg, 160mg, 80mg</i>	1	MO
<i>sotalol hydrochloride tablet 80mg</i>	1	MO
SOTYLIZE SOLUTION 5MG/ML	3	MO
TIKOSYN CAPSULE 125MCG, 250MCG, 500MCG	3	ACS
ANTIPEMICS, FIBRATES		
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	1	MO
<i>fenofibrate capsule 43mg</i>	1	MO
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	1	MO
<i>fenofibric acid dr capsule delayed release 135mg, 45mg</i>	1	MO
<i>gemfibrozil tablet 600mg</i>	1	MO
LOPID TABLET 600MG	3	MO
ANTIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ATORVALIQ SUSPENSION 20MG/5ML	3	QL (600 ML per 30 days) ST MO
<i>atorvastatin calcium tablet 10mg, 20mg, 40mg, 80mg</i>	1	QL (30 EA per 30 days) MO
FLOLIPID SUSPENSION 20MG/5ML, 40MG/5ML	3	QL (300 ML per 30 days) ST
<i>fluvastatin sodium er tablet extended release 24 hour 80mg</i>	1	QL (30 EA per 30 days) ST MO
<i>fluvastatin capsule 20mg, 40mg</i>	1	QL (60 EA per 30 days) ST MO
LESCOL XL TABLET EXTENDED RELEASE 24 HOUR 80MG	3	QL (30 EA per 30 days) ST MO

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Drug Name	Drug Tier	Requirements/Limits
LIVALO TABLET 1MG, 2MG, 4MG	3	QL (30 EA per 30 days) ST MO
<i>lovastatin tablet 10mg, 20mg, 40mg</i>	1	QL (60 EA per 30 days) MO
<i>pitavastatin calcium tablet 1mg, 2mg, 4mg</i>	1	QL (30 EA per 30 days) ST MO
<i>pravastatin sodium tablet 10mg, 20mg, 40mg, 80mg</i>	1	QL (30 EA per 30 days) MO
<i>rosuvastatin calcium tablet 10mg, 20mg, 40mg, 5mg</i>	1	QL (30 EA per 30 days) MO
<i>simvastatin tablet 10mg, 20mg, 40mg, 5mg, 80mg</i>	1	QL (30 EA per 30 days) MO
ZOCOR TABLET 10MG, 20MG, 40MG	3	QL (30 EA per 30 days) MO
ZYPITAMAG TABLET 2MG, 4MG	3	QL (30 EA per 30 days) ST MO
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine light packet 4gm</i>	1	MO
<i>cholestyramine light powder 4gm/dose</i>	1	MO
<i>cholestyramine packet 4gm</i>	1	MO
<i>cholestyramine powder 4gm/dose</i>	1	MO
<i>colesevelam hydrochloride packet 3.75gm</i>	1	MO
<i>colesevelam hydrochloride tablet 625mg</i>	1	MO
COLESTID GRANULES 5GM	3	MO
COLESTID TABLET 1GM	3	MO
<i>colestipol hydrochloride granules 5gm</i>	1	MO
<i>colestipol hydrochloride packet 5gm</i>	1	MO
<i>colestipol hydrochloride tablet 1gm</i>	1	MO
EVKEEZA INJECTION 1200MG/8ML, 345MG/2.3ML	3	PA; LD
<i>ezetimibe/simvastatin tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg</i>	1	QL (30 EA per 30 days) MO
<i>ezetimibe tablet 10mg</i>	1	QL (30 EA per 30 days) MO
JUXTAPID CAPSULE 2MG	3	PA MO; LD
JUXTAPID CAPSULE 10MG, 20MG, 30MG, 5MG	3	PA; LD
LOVAZA CAPSULE 375MG; 465MG; 1GM	3	PA MO
NEXLETOL TABLET 180MG	2	QL (30 EA per 30 days) MO
NEXLIZET TABLET 180MG; 10MG	2	QL (30 EA per 30 days) MO
<i>niacin er tablet extended release 1000mg, 500mg, 750mg</i>	1	QL (60 EA per 30 days) MO
<i>omega-3-acid ethyl esters capsule 375mg; 465mg; 1gm</i>	1	MO
QUESTRAN LIGHT POWDER 4GM/DOSE	3	MO
QUESTRAN PACKET 4GM	3	MO
QUESTRAN POWDER 4GM/DOSE	3	MO
REDEMPLO INJECTION 25MG/0.5ML	3	QL (0.5 ML per 90 days) PA; ACS LD
REPATHA SURECLICK INJECTION 140MG/ML	2	QL (6 ML per 28 days) PA
REPATHA INJECTION 140MG/ML	2	QL (6 ML per 28 days) PA
TRYNGOLZA INJECTION 50MG/0.8ML, 80MG/0.8ML	3	QL (0.8 ML per 30 days) PA; ACS LD
VASCEPA CAPSULE 0.5GM, 1GM	2	MO
VYTORIN TABLET 10MG; 10MG, 10MG; 20MG, 10MG; 40MG, 10MG; 80MG	3	QL (30 EA per 30 days) MO
WELCHOL PACKET 3.75GM	3	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
WELCHOL TABLET 625MG	3	MO
ZETIA TABLET 10MG	3	QL (30 EA per 30 days) MO
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol/chlorthalidone tablet 100mg; 25mg, 50mg; 25mg	1	MO
bisoprolol fumarate/hydrochlorothiazide tablet 10mg; 6.25mg, 12.5mg; 6.25mg, 5mg; 6.25mg	1	MO
metoprolol/hydrochlorothiazide tablet 25mg; 100mg, 25mg; 50mg, 50mg; 100mg	1	MO
BETA-BLOCKERS		
acebutolol hydrochloride capsule 200mg, 400mg	1	MO
atenolol tablet 100mg, 25mg, 50mg	1	MO
betaxolol hcl tablet 10mg, 20mg	1	MO
bisoprolol fumarate tablet 10mg, 2.5mg, 5mg	1	MO
BYSTOLIC TABLET 10MG, 2.5MG, 5MG	3	QL (30 EA per 30 days) MO
BYSTOLIC TABLET 20MG	3	QL (60 EA per 30 days) MO
carvedilol phosphate er capsule extended release 24 hour 10mg, 20mg, 40mg, 80mg	1	QL (30 EA per 30 days) MO
carvedilol tablet 12.5mg, 25mg, 3.125mg, 6.25mg	1	MO
COREG CR CAPSULE EXTENDED RELEASE 24 HOUR 10MG, 20MG, 40MG, 80MG	3	QL (30 EA per 30 days) MO
COREG TABLET 12.5MG, 25MG, 3.125MG, 6.25MG	3	MO
INDERAL LA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 160MG, 60MG, 80MG	3	MO
KAPSPARGO SPRINKLE CAPSULE ER 24 HOUR SPRINKLE 100MG, 200MG, 25MG, 50MG	3	MO
labetalol hydrochloride injection 5mg/ml	1	
labetalol hydrochloride tablet 100mg, 200mg, 300mg, 400mg	1	MO
LOPRESSOR SOLUTION 10MG/ML	3	MO
LOPRESSOR TABLET 12.5MG	3	
LOPRESSOR TABLET 100MG, 50MG	3	MO
metoprolol succinate er tablet extended release 24 hour 100mg, 200mg, 25mg, 50mg	1	MO
metoprolol tartrate injection 5mg/5ml	1	
metoprolol tartrate tablet 100mg, 25mg, 37.5mg, 50mg, 75mg	1	MO
nadolol tablet 20mg, 40mg, 80mg	1	MO
nebivolol hydrochloride tablet 10mg, 2.5mg, 5mg	1	QL (30 EA per 30 days) MO
nebivolol hydrochloride tablet 20mg	1	QL (60 EA per 30 days) MO
pindolol tablet 10mg, 5mg	1	MO
propranolol hcl injection 1mg/ml	1	
propranolol hcl oral solution 40mg/5ml	1	MO
propranolol hcl tablet 40mg	1	MO
propranolol hydrochloride er capsule extended release 24 hour 120mg, 160mg, 60mg, 80mg	1	MO
propranolol hydrochloride solution 20mg/5ml	1	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	1	MO
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	1	MO
TOPROL XL TABLET EXTENDED RELEASE 24 HOUR 100MG, 200MG, 25MG, 50MG	3	MO
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate tablet 10mg, 2.5mg, 5mg</i>	1	MO
CARDAMYST SOLUTION 70MG/DOSE	3	MO
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 180MG, 240MG, 300MG, 360MG	3	MO
CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR 120MG, 180MG, 240MG, 300MG, 360MG, 420MG	3	MO
CARDIZEM TABLET 120MG, 30MG, 60MG	3	MO
<i>cartia xt capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg</i>	1	
<i>dilt-xr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	1	MO
<i>diltiazem hcl er capsule extended release 12 hour (generic Cardizem SR) 120mg, 60mg, 90mg</i>	1	MO
<i>diltiazem hcl er capsule extended release 24 hour (generic Tiazac) 120mg, 180mg, 240mg, 420mg</i>	1	MO
<i>diltiazem hcl er tablet extended release 24 hour (generic Cardizem LA) 420mg</i>	1	MO
<i>diltiazem hcl injection 50mg/10ml</i>	1	
<i>diltiazem hcl tablet 30mg, 60mg</i>	1	MO
<i>diltiazem hydrochloride er capsule extended release 24 hour (generic Cardizem CD, Dilacor XR, and Tiazac) 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	MO
<i>diltiazem hydrochloride er tablet extended release 24 hour (generic Cardizem LA) 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	MO
<i>diltiazem hydrochloride injection 125mg/25ml, 25mg/5ml</i>	1	
<i>diltiazem hydrochloride tablet 120mg, 90mg</i>	1	MO
<i>felodipine er tablet extended release 24 hour 10mg, 2.5mg, 5mg</i>	1	MO
<i>isradipine capsule 2.5mg, 5mg</i>	1	MO
KATERZIA SUSPENSION 1MG/ML	3	MO
<i>matzim la tablet extended release 24 hour 420mg</i>	1	
<i>matzim la tablet extended release 24 hour 180mg, 240mg, 300mg, 360mg</i>	1	MO
<i>nicardipine hcl capsule 20mg, 30mg</i>	1	MO
<i>nifedipine er tablet extended release 24 hour 30mg, 60mg, 90mg</i>	1	MO
<i>nimodipine capsule 30mg</i>	1	MO
<i>nimodipine solution 60mg/20ml</i>	3	
NORLIQVA SOLUTION 1MG/ML	3	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
NORVASC TABLET 10MG, 2.5MG, 5MG	3	MO
NYMALIZE SOLUTION 6MG/ML	3	
PROCARDIA XL TABLET EXTENDED RELEASE 24 HOUR 30MG, 60MG	3	MO
SULAR TABLET EXTENDED RELEASE 24 HOUR 17MG	3	
SULAR TABLET EXTENDED RELEASE 24 HOUR 34MG, 8.5MG	3	MO
<i>tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	
<i>tiadylt er capsule extended release 24 hour 420mg</i>	1	MO
TIAZAC CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 180MG, 240MG, 300MG, 360MG, 420MG	3	MO
<i>verapamil hcl er capsule extended release 24 hour 120mg, 180mg, 240mg</i>	1	MO
<i>verapamil hcl er tablet extended release 120mg</i>	1	MO
<i>verapamil hydrochloride er capsule extended release 24 hour 100mg, 200mg, 300mg</i>	1	MO
<i>verapamil hydrochloride er tablet extended release 180mg, 240mg</i>	1	MO
VERAPAMIL HYDROCHLORIDE SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	1	MO
<i>verapamil hydrochloride sr capsule extended release 24 hour 240mg</i>	1	MO
<i>verapamil hydrochloride injection 2.5mg/ml</i>	1	MO
<i>verapamil hydrochloride tablet 120mg, 40mg, 80mg</i>	1	MO
DIURETICS		
<i>acetazolamide er capsule extended release 12 hour 500mg</i>	1	MO
<i>acetazolamide tablet 125mg, 250mg</i>	1	MO
<i>amiloride hcl tablet 5mg</i>	1	MO
<i>amiloride/hydrochlorothiazide tablet 5mg; 50mg</i>	1	MO
<i>bumetanide injection 0.25mg/ml</i>	1	MO
<i>bumetanide tablet 0.5mg, 1mg, 2mg</i>	1	MO
<i>chlorthalidone tablet 25mg, 50mg</i>	1	MO
<i>dichlorphenamide tablet 50mg</i>	3	PA; ACS
DIURIL SUSPENSION 250MG/5ML	3	MO
DYRENIUM CAPSULE 100MG, 50MG	3	MO
EDECRIN TABLET 25MG	3	MO
ENBUMYST SOLUTION 0.5MG/0.1ML	3	MO
<i>ethacrynic acid tablet 25mg</i>	1	MO
<i>furosemide injection 10mg/ml</i>	1	MO
<i>furosemide oral solution 10mg/ml, 40mg/5ml</i>	1	MO
<i>furosemide tablet 20mg, 40mg, 80mg</i>	1	MO
HEMICLOR TABLET 12.5MG	3	MO
<i>hydrochlorothiazide capsule 12.5mg</i>	1	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>hydrochlorothiazide tablet 12.5mg, 25mg, 50mg</i>	1	MO
<i>indapamide tablet 1.25mg, 2.5mg</i>	1	MO
INZIRQO SUSPENSION RECONSTITUTED 10MG/ML	3	QL (320 ML per 30 days) MO
KEVEYIS TABLET 50MG	3	PA; LD
LASIX TABLET 20MG, 40MG, 80MG	3	MO
<i>methazolamide tablet 25mg, 50mg</i>	1	MO
<i>metolazone tablet 10mg, 2.5mg, 5mg</i>	1	MO
<i>ormalvi tablet 50mg</i>	3	PA; LD
SOAANZ TABLET 40MG	3	MO
<i>spironolactone/hydrochlorothiazide tablet 25mg; 25mg</i>	1	MO
THALITONE TABLET 15MG	3	MO
<i>toremide tablet 100mg, 10mg, 20mg, 5mg</i>	1	MO
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	MO
<i>triamterene/hydrochlorothiazide tablet 25mg; 37.5mg, 50mg; 75mg</i>	1	MO
<i>triamterene capsule 100mg, 50mg</i>	1	MO
MISCELLANEOUS		
ADRENALIN INJECTION 1MG/ML	3	MO
<i>aliskiren tablet 150mg, 300mg</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine besylate/atorvastatin calcium tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg, 2.5mg; 10mg, 2.5mg; 20mg, 2.5mg; 40mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg, 5mg; 80mg</i>	1	MO
BAXFENDY TABLET 1MG, 2MG	3	QL (30 EA per 30 days) PA
BIDIL TABLET 37.5MG; 20MG	3	MO
CADUET TABLET 10MG; 10MG, 10MG; 20MG, 10MG; 40MG, 10MG; 80MG, 5MG; 10MG, 5MG; 20MG, 5MG; 40MG, 5MG; 80MG	3	MO
CAMZYOS CAPSULE 10MG, 15MG, 2.5MG, 5MG	3	QL (30 EA per 30 days) PA; ACS LD
CLONIDINE HYDROCHLORIDE ER TABLET EXTENDED RELEASE 24 HOUR 0.17MG	1	MO
<i>clonidine hydrochloride tablet 0.05mg, 0.1mg, 0.2mg, 0.3mg</i>	1	MO
<i>clonidine patch weekly 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr</i>	1	MO
<i>digoxin injection 0.25mg/ml</i>	1	MO
<i>digoxin oral solution 0.05mg/ml</i>	1	MO
<i>digoxin tablet 62.5mcg</i>	1	MO
<i>digoxin tablet 125mcg, 250mcg</i>	1	QL (30 EA per 30 days) MO
<i>droxidopa capsule 100mg</i>	1	QL (90 EA per 30 days) PA; ACS
<i>droxidopa capsule 200mg, 300mg</i>	3	QL (180 EA per 30 days) PA; ACS
<i>epinephrine preservative free injection 1mg/ml</i>	1	
<i>guanfacine hydrochloride tablet 1mg, 2mg</i>	2	PA MO
<i>hydralazine hydrochloride injection 20mg/ml</i>	1	MO
<i>hydralazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg</i>	1	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
INPEFA TABLET 200MG, 400MG	3	QL (30 EA per 30 days) MO
<i>isosorbide dinitrate/hydralazine hydrochloride tablet 37.5mg; 20mg</i>	1	MO
<i>ivabradine hydrochloride tablet 5mg, 7.5mg</i>	1	QL (60 EA per 30 days) MO
JAVADIN SOLUTION 0.02MG/ML	3	MO
LANOXIN PEDIATRIC INJECTION 0.1MG/ML	3	
LANOXIN INJECTION 0.25MG/ML	3	
LANOXIN TABLET 62.5MCG	3	MO
LANOXIN TABLET 125MCG, 250MCG	3	QL (30 EA per 30 days) MO
LODOCO TABLET 0.5MG	3	QL (30 EA per 30 days) PA MO
<i>methyldopa tablet 250mg</i>	3	PA
<i>methyldopa tablet 500mg</i>	3	PA MO
<i>metyrosine capsule 250mg</i>	3	PA; ACS
<i>midodrine hydrochloride tablet 10mg, 2.5mg, 5mg</i>	1	MO
<i>minoxidil tablet 10mg, 2.5mg</i>	1	MO
MYQORZO TABLET 10MG, 15MG, 20MG, 5MG	3	QL (30 EA per 30 days) PA; LD
NEXICLON XR TABLET EXTENDED RELEASE 24 HOUR 0.17MG	3	MO
NORTHERA CAPSULE 200MG, 300MG	3	QL (180 EA per 30 days) PA; ACS LD
NORTHERA CAPSULE 100MG	3	QL (90 EA per 30 days) PA; ACS LD
<i>phenoxybenzamine hydrochloride capsule 10mg</i>	3	PA MO
<i>ranolazine er tablet extended release 12 hour 1000mg, 500mg</i>	1	MO
TEKTRUNA TABLET 150MG, 300MG	3	QL (30 EA per 30 days) MO
TRYVIO TABLET 12.5MG	3	QL (30 EA per 30 days) PA
VERQUVO TABLET 10MG, 2.5MG, 5MG	2	QL (30 EA per 30 days) PA MO
VYNDAMAX CAPSULE 61MG	3	QL (30 EA per 30 days) PA; ACS LD
NITRATES		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	1	MO
<i>isosorbide mononitrate er tablet extended release 24 hour 120mg, 30mg, 60mg</i>	1	MO
ISOSORBIDE MONONITRATE TABLET 10MG, 20MG	1	MO
NITRO-BID OINTMENT 2%	1	MO
NITRO-DUR PATCH 24 HOUR 0.1MG/HR, 0.2MG/HR, 0.3MG/HR, 0.4MG/HR, 0.6MG/HR, 0.8MG/HR	3	MO
<i>nitroglycerin transdermal patch 24 hour 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr</i>	1	MO
<i>nitroglycerin transdermal ointment 2%</i>	1	MO
<i>nitroglycerin solution 0.4mg/spray</i>	1	MO
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	1	MO
NITROLINGUAL SOLUTION 0.4MG/SPRAY	3	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
NITROSTAT TABLET SUBLINGUAL 0.3MG, 0.4MG, 0.6MG	3	MO
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA TABLET 20MG	3	QL (60 EA per 30 days) PA; ACS
ADEMPAS TABLET 0.5MG, 1.5MG, 1MG, 2.5MG, 2MG	3	QL (90 EA per 30 days) PA; ACS LD
<i>alyq tablet 20mg</i>	1	QL (60 EA per 30 days) PA; ACS
<i>ambrisentan tablet 10mg, 5mg</i>	3	QL (30 EA per 30 days) PA; ACS
<i>bosentan tablet soluble 32mg</i>	3	QL (120 EA per 30 days) PA; ACS LD
<i>bosentan tablet 125mg, 62.5mg</i>	3	QL (60 EA per 30 days) PA; ACS LD
<i>epoprostenol sodium injection 0.5mg, 1.5mg</i>	3	B/D; ACS
LETAIRIS TABLET 10MG, 5MG	3	QL (30 EA per 30 days) PA; ACS LD
<i>macitentan tablet 10mg</i>	3	QL (30 EA per 30 days) PA; ACS
OPSUMIT TABLET 10MG	3	QL (30 EA per 30 days) PA; ACS LD
ORENITRAM TITRATION KIT MONTH 1 TABLET EXTENDED RELEASE THERAPY PACK	3	PA; ACS LD
ORENITRAM TITRATION KIT MONTH 2 TABLET EXTENDED RELEASE THERAPY PACK	3	PA; ACS LD
ORENITRAM TITRATION KIT MONTH 3 TABLET EXTENDED RELEASE THERAPY PACK	3	PA; ACS LD
ORENITRAM TABLET EXTENDED RELEASE 0.125MG, 0.25MG, 1MG, 2.5MG, 5MG	3	PA; ACS LD
REMODULIN INJECTION 100MG/20ML, 200MG/20ML, 20MG/20ML, 50MG/20ML, 8MG/20ML	3	PA; ACS LD
REVATIO INJECTION 10MG/12.5ML	3	PA; ACS
REVATIO TABLET 20MG	3	QL (360 EA per 30 days) PA; ACS
<i>sildenafil citrate suspension reconstituted (generic Revatio) 10mg/ml</i>	3	QL (784 ML per 30 days) PA; ACS
<i>sildenafil citrate (generic Revatio) tablet 20mg</i>	1	QL (360 EA per 30 days) PA; ACS
<i>sildenafil injection 10mg/12.5ml</i>	3	PA; ACS
<i>tadalafil (generic Adcirca) tablet 20mg</i>	1	QL (60 EA per 30 days) PA; ACS
TADLIQ SUSPENSION 20MG/5ML	3	QL (300 ML per 30 days) PA; ACS
<i>treprostinil injection 100mg/20ml, 200mg/20ml, 20mg/20ml, 50mg/20ml</i>	3	PA; ACS LD
TYVASO DPI INSTITUTIONAL KIT POWDER 80MCG	3	QL (112 EA per 28 days) PA; ACS LD
TYVASO DPI MAINTENANCE KIT POWDER 16MCG, 32MCG, 48MCG, 64MCG, 80MCG	3	QL (112 EA per 28 days) PA; ACS LD
TYVASO DPI MAINTENANCE KIT POWDER 32MCG; 64MCG, 48MCG; 64MCG	3	QL (224 EA per 28 days) PA; ACS LD

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Drug Name	Drug Tier	Requirements/Limits
TYVASO DPI TITRATION KIT POWDER 16MCG; 32MCG; 48MCG	3	QL (252 EA per 28 days) PA; ACS LD
TYVASO REFILL KIT SOLUTION 0.6MG/ML	3	PA; ACS LD
TYVASO STARTER KIT SOLUTION 0.6MG/ML	3	PA; ACS LD
TYVASO SOLUTION 0.6MG/ML	3	PA; ACS LD
UPTRAVI TITRATION PACK TABLET THERAPY PACK 200MCG; 800MCG	3	QL (200 EA per 28 days) PA; ACS LD
UPTRAVI INJECTION 1800MCG	3	PA; LD
UPTRAVI TABLET 200MCG	3	QL (140 EA per 28 days) PA; ACS LD
UPTRAVI TABLET 1000MCG, 1200MCG, 1400MCG, 1600MCG, 400MCG, 600MCG, 800MCG	3	QL (60 EA per 30 days) PA; ACS LD
VELETRI INJECTION 0.5MG, 1.5MG	3	B/D; ACS LD
WINREVAIR INJECTION (2 VIAL KIT) 45MG, 60MG	3	QL (1 EA per 21 days) PA; ACS LD
WINREVAIR INJECTION (1 VIAL KIT) 45MG, 60MG	3	QL (2 EA per 21 days) PA; ACS LD
YUTREPIA CAPSULE 26.5MCG, 53MCG, 79.5MCG	3	QL (140 EA per 28 days) PA; ACS LD
YUTREPIA CAPSULE 106MCG	3	QL (224 EA per 28 days) PA; ACS LD

CENTRAL NERVOUS SYSTEM**ANTI-ANXIETY**

<i>alprazolam er tablet extended release 24 hour 0.5mg, 1mg</i>	1	QL (150 EA per 30 days) PA MO; HRM
<i>alprazolam er tablet extended release 24 hour 2mg, 3mg</i>	1	QL (90 EA per 30 days) PA MO; HRM
ALPRAZOLAM INTENSOL CONCENTRATE 1MG/ML	3	QL (300 ML per 30 days) PA MO; HRM
<i>alprazolam odt tablet disintegrating 0.25mg</i>	1	QL (120 EA per 30 days) PA MO; HRM
<i>alprazolam odt tablet disintegrating 0.5mg, 1mg, 2mg</i>	1	QL (150 EA per 30 days) PA MO; HRM
<i>alprazolam tablet 0.25mg, 0.5mg, 1mg, 2mg</i>	1	QL (150 EA per 30 days) PA MO; HRM
ATIVAN INJECTION 2MG/ML	3	PA
ATIVAN INJECTION 4MG/ML	3	PA; HRM
ATIVAN TABLET 0.5MG, 1MG, 2MG	3	QL (150 EA per 30 days) PA MO; HRM
<i>buspirone hcl tablet 15mg</i>	1	MO
<i>buspirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg</i>	1	MO
<i>chlordiazepoxide hcl capsule 10mg, 5mg</i>	1	QL (120 EA per 30 days) PA MO; HRM
<i>chlordiazepoxide hydrochloride capsule 25mg</i>	1	QL (120 EA per 30 days) PA MO; HRM

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Drug Name	Drug Tier	Requirements/Limits
<i>fluvoxamine maleate er capsule extended release 24 hour 100mg, 150mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>fluvoxamine maleate tablet 100mg, 25mg, 50mg</i>	1	MO; HRM
<i>lorazepam intensol concentrate 2mg/ml</i>	1	QL (150 ML per 30 days) PA; HRM
<i>lorazepam concentrate 2mg/ml</i>	1	QL (150 ML per 30 days) PA MO; HRM
<i>lorazepam injection 20mg/10ml, 4mg/ml</i>	1	PA MO
<i>lorazepam tablet 0.5mg, 1mg, 2mg</i>	1	QL (150 EA per 30 days) PA MO; HRM
<i>oxazepam capsule 10mg, 15mg, 30mg</i>	1	QL (120 EA per 30 days) PA MO; HRM
XANAX TABLET 0.25MG, 0.5MG, 1MG, 2MG	3	QL (150 EA per 30 days) PA MO; HRM
ANTIDEMENTIA		
ARICEPT TABLET 10MG, 23MG	3	MO
ARICEPT TABLET 5MG	3	QL (30 EA per 30 days) MO
<i>donepezil hcl tablet disintegrating 10mg</i>	1	MO
<i>donepezil hcl tablet disintegrating 5mg</i>	1	QL (30 EA per 30 days) MO
<i>donepezil hcl tablet 10mg, 23mg</i>	1	MO
<i>donepezil hydrochloride tablet 5mg</i>	1	QL (30 EA per 30 days) MO
EXELON PATCH 24 HOUR 13.3MG/24HR, 4.6MG/24HR, 9.5MG/24HR	3	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide er capsule extended release 24 hour 16mg, 24mg, 8mg</i>	1	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide solution 4mg/ml</i>	1	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide tablet 12mg, 4mg, 8mg</i>	1	QL (60 EA per 30 days) MO
LEQEMBI IQLIK INJECTION 360MG/1.8ML	3	QL (7.2 ML per 28 days) PA; LD
<i>memantine hydrochloride er capsule extended release 24 hour 14mg, 21mg, 28mg, 7mg</i>	1	PA MO
<i>memantine hydrochloride solution 2mg/ml</i>	1	PA MO
<i>memantine hydrochloride tablet 10mg, 5mg</i>	1	PA MO
<i>memantine/donepezil hydrochloride er capsule extended release 24 hour 10mg; 14mg, 10mg; 21mg, 10mg; 28mg</i>	1	MO
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 14MG, 10MG; 21MG, 10MG; 28MG, 10MG; 7MG	3	MO
<i>rivastigmine tartrate capsule 1.5mg, 3mg, 4.5mg, 6mg</i>	1	QL (60 EA per 30 days) MO
<i>rivastigmine transdermal system patch 24 hour 13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr</i>	1	QL (30 EA per 30 days) MO
ZUNVEYL TABLET DELAYED RELEASE 10MG, 15MG, 5MG	3	QL (60 EA per 30 days) PA MO
ANTIDEPRESSANTS		
<i>amitriptyline hcl tablet 150mg</i>	2	PA MO; HRM
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 150mg, 25mg, 50mg, 75mg</i>	2	PA MO; HRM

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxapine tablet 100mg, 150mg, 25mg, 50mg</i>	2	PA MO; HRM
ANAFRANIL CAPSULE 25MG, 50MG, 75MG	3	PA MO; HRM
AUVELITY TITRATION PACK TABLET EXTENDED RELEASE THERAPY PACK 30MG/105MG; 45MG/105MG	3	QL (102 EA per 365 days) MO
AUVELITY TABLET EXTENDED RELEASE 105MG; 45MG	3	QL (60 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	1	QL (60 EA per 30 days) MO
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	1	QL (30 EA per 30 days) MO
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	1	QL (60 EA per 30 days) MO
<i>bupropion hydrochloride tablet 100mg, 75mg</i>	1	MO
CELEXA TABLET 10MG, 20MG, 40MG	3	MO; HRM
<i>citalopram hydrobromide solution 10mg/5ml</i>	1	MO; HRM
<i>citalopram hydrobromide tablet 10mg, 20mg, 40mg</i>	1	MO; HRM
<i>clomipramine hydrochloride capsule 25mg, 50mg, 75mg</i>	3	PA MO; HRM
<i>desipramine hydrochloride tablet 100mg, 10mg, 150mg, 25mg, 50mg, 75mg</i>	3	PA MO; HRM
DESVENLAFAXINE ER TABLET EXTENDED RELEASE 24 HOUR 100MG	3	QL (30 EA per 30 days) MO; HRM
DESVENLAFAXINE ER TABLET EXTENDED RELEASE 24 HOUR 50MG	3	QL (30 EA per 30 days); HRM
<i>desvenlafaxine er tablet (generic Pristiq) extended release 24 hour 100mg, 25mg, 50mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>doxepin hcl capsule 75mg</i>	2	PA MO; HRM
<i>doxepin hcl concentrate 10mg/ml</i>	2	PA MO; HRM
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	2	PA MO; HRM
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 30MG, 40MG, 60MG	3	QL (60 EA per 30 days) PA MO
DULOXETINE HYDROCHLORIDE DR CAPSULE DELAYED RELEASE PARTICLES 120MG, 80MG, 90MG	3	QL (30 EA per 30 days)
<i>duloxetine hydrochloride dr capsule delayed release particles 20mg</i>	1	QL (120 EA per 30 days); HRM
<i>duloxetine hydrochloride dr capsule delayed release particles 40mg, 60mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>duloxetine hydrochloride dr capsule delayed release particles 30mg</i>	1	QL (90 EA per 30 days); HRM
EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 150MG, 37.5MG, 75MG	3	MO; HRM
EMSAM PATCH 24 HOUR 12MG/24HR, 6MG/24HR, 9MG/24HR	3	QL (30 EA per 30 days) PA MO
ESCITALOPRAM OXALATE CAPSULE 15MG	3	QL (30 EA per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate solution 5mg/5ml</i>	1	MO; HRM
<i>escitalopram oxalate tablet 10mg, 20mg, 5mg</i>	1	MO; HRM
EXXUA TITRATION PACK TABLET EXTENDED RELEASE 24 HOUR 18.2MG	3	QL (64 EA per 365 days) PA MO
EXXUA TABLET EXTENDED RELEASE 24 HOUR 18.2MG	3	QL (30 EA per 30 days) PA
EXXUA TABLET EXTENDED RELEASE 24 HOUR 36.3MG, 54.5MG, 72.6MG	3	QL (30 EA per 30 days) PA MO
FETZIMA TITRATION PACK CAPSULE ER 24 HOUR THERAPY PACK 20MG; 40MG	3	QL (56 EA per 365 days) PA; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	3	QL (30 EA per 30 days) PA MO; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG, 40MG	3	QL (60 EA per 30 days) PA MO; HRM
<i>fluoxetine dr capsule delayed release 90mg</i>	1	QL (4 EA per 28 days) MO; HRM
<i>fluoxetine hydrochloride capsule 10mg, 20mg, 40mg</i>	1	MO; HRM
<i>fluoxetine hydrochloride solution 20mg/5ml</i>	1	MO; HRM
<i>imipramine hcl tablet 25mg, 50mg</i>	1	PA MO; HRM
<i>imipramine hydrochloride tablet 10mg</i>	1	PA MO; HRM
<i>imipramine pamoate capsule 100mg, 125mg, 150mg, 75mg</i>	3	PA MO; HRM
LEXAPRO TABLET 10MG, 20MG, 5MG	3	MO; HRM
MARPLAN TABLET 10MG	3	QL (180 EA per 30 days) MO
<i>mirtazapine odt tablet disintegrating 15mg, 30mg, 45mg</i>	1	MO
<i>mirtazapine tablet 15mg, 30mg, 45mg, 7.5mg</i>	1	MO
NARDIL TABLET 15MG	3	MO
<i>nefazodone hydrochloride tablet 100mg, 150mg, 200mg, 250mg, 50mg</i>	1	MO
NORPRAMIN TABLET 10MG, 25MG	3	PA MO; HRM
<i>nortriptyline hcl capsule 25mg, 75mg</i>	1	MO; HRM
<i>nortriptyline hcl solution 10mg/5ml</i>	3	MO; HRM
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	1	MO; HRM
PARNATE TABLET 10MG	3	MO
<i>paroxetine hcl er tablet extended release 24 hour 12.5mg, 25mg, 37.5mg</i>	3	QL (60 EA per 30 days) PA MO; HRM
<i>paroxetine hcl tablet 30mg, 40mg</i>	1	PA MO; HRM
<i>paroxetine hydrochloride suspension 10mg/5ml</i>	3	QL (900 ML per 30 days) PA MO; HRM
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	1	PA MO; HRM
<i>perphenazine/amitriptyline tablet 10mg; 2mg, 10mg; 4mg, 25mg; 2mg, 25mg; 4mg, 50mg; 4mg</i>	2	PA MO; HRM
<i>phenelzine sulfate tablet 15mg</i>	1	MO
PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 100MG, 25MG, 50MG	3	QL (30 EA per 30 days) MO; HRM
<i>protriptyline hcl tablet 10mg, 5mg</i>	3	PA MO; HRM

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Drug Name	Drug Tier	Requirements/Limits
RALDESY SOLUTION 10MG/ML	3	QL (1800 ML per 30 days) PA MO
REMERON SOLTAB TABLET DISINTEGRATING 15MG, 30MG, 45MG	3	MO
REMERON TABLET 15MG, 30MG	3	MO
<i>sertraline hcl concentrate 20mg/ml</i>	1	MO; HRM
<i>sertraline hcl tablet 50mg</i>	1	MO; HRM
<i>sertraline hydrochloride tablet 100mg, 25mg</i>	1	MO; HRM
SPRAVATO 56MG DOSE SOLUTION THERAPY PACK	3	PA; ACS LD
SPRAVATO 84MG DOSE SOLUTION THERAPY PACK	3	PA; ACS LD
<i>tranylcypromine sulfate tablet 10mg</i>	1	MO
<i>trazodone hydrochloride tablet 100mg, 150mg, 300mg, 50mg</i>	1	MO
<i>trimipramine maleate capsule 25mg, 50mg</i>	3	QL (120 EA per 30 days) PA MO; HRM
<i>trimipramine maleate capsule 100mg</i>	3	QL (60 EA per 30 days) PA MO; HRM
TRINTELLIX TABLET 10MG, 20MG, 5MG	3	QL (30 EA per 30 days) PA MO
<i>venlafaxine hydrochloride er capsule extended release 24 hour 150mg, 37.5mg, 75mg</i>	1	MO; HRM
<i>venlafaxine hydrochloride tablet 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	1	MO; HRM
VIIBRYD TABLET 10MG, 20MG, 40MG	3	QL (30 EA per 30 days) MO
<i>vilazodone hydrochloride tablet 10mg, 20mg, 40mg</i>	1	QL (30 EA per 30 days) MO
ZOLOFT CONCENTRATE 20MG/ML	3	MO; HRM
ZOLOFT TABLET 100MG, 25MG, 50MG	3	MO; HRM
ZURZUVAE CAPSULE 30MG	3	QL (14 EA per 14 days) PA; ACS LD
ZURZUVAE CAPSULE 20MG, 25MG	3	QL (28 EA per 14 days) PA; ACS LD
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl capsule 100mg</i>	1	QL (120 EA per 30 days) MO
<i>amantadine hcl solution 50mg/5ml</i>	1	MO
<i>amantadine hydrochloride tablet 100mg</i>	1	MO
AZILECT TABLET 0.5MG, 1MG	3	QL (30 EA per 30 days) MO
<i>benztropine mesylate injection 1mg/ml</i>	1	MO
<i>benztropine mesylate tablet 0.5mg, 1mg, 2mg</i>	1	PA MO; HRM
<i>bromocriptine mesylate capsule 5mg</i>	1	MO
<i>bromocriptine mesylate tablet 2.5mg</i>	1	MO
CARBIDOPA/LEVODOPA ER CAPSULE EXTENDED RELEASE 23.75MG; 95MG, 36.25MG; 145MG, 48.75MG; 195MG, 61.25MG; 245MG	1	MO
<i>carbidopa/levodopa er tablet extended release 25mg; 100mg, 50mg; 200mg</i>	1	MO
<i>carbidopa/levodopa odt tablet disintegrating 10mg; 100mg, 25mg; 100mg, 25mg; 250mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa/levodopa/entacapone tablet 12.5mg; 200mg; 50mg, 18.75mg; 200mg; 75mg, 25mg; 200mg; 100mg, 31.25mg; 200mg; 125mg, 37.5mg; 200mg; 150mg, 50mg; 200mg; 200mg</i>	1	MO
<i>carbidopa/levodopa tablet 10mg; 100mg, 25mg; 100mg, 25mg; 250mg</i>	1	MO
<i>carbidopa tablet 25mg</i>	1	MO
CREXONT CAPSULE EXTENDED RELEASE 35MG; 140MG, 52.5MG; 210MG, 70MG; 280MG, 87.5MG; 350MG	3	ST MO
DHIVY TABLET 25MG; 100MG	3	MO
DUOPA SUSPENSION 4.63MG/ML; 20MG/ML	3	B/D; ACS LD
<i>entacapone tablet 200mg</i>	1	MO
GOCOVRI CAPSULE EXTENDED RELEASE 24 HOUR 68.5MG	3	QL (30 EA per 30 days) PA; ACS LD
GOCOVRI CAPSULE EXTENDED RELEASE 24 HOUR 137MG	3	QL (60 EA per 30 days) PA; ACS LD
INBRIJA CAPSULE 42MG	3	QL (300 EA per 30 days) PA; LD
LODOSYN TABLET 25MG	3	MO
NOURIANZ TABLET 20MG, 40MG	3	QL (30 EA per 30 days); ACS LD
ONGENTYS CAPSULE 25MG, 50MG	3	QL (30 EA per 30 days) PA MO
PARLODEL CAPSULE 5MG	3	
PARLODEL TABLET 2.5MG	3	
<i>pramipexole dihydrochloride er tablet extended release 24 hour 0.375mg, 0.75mg, 1.5mg, 2.25mg, 3.75mg, 3mg, 4.5mg</i>	1	MO
<i>pramipexole dihydrochloride tablet 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1.5mg, 1mg</i>	1	MO
<i>rasagiline mesylate tablet 0.5mg, 1mg</i>	1	QL (30 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 12mg, 2mg, 4mg, 6mg, 8mg</i>	1	MO
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	1	MO
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	1	MO
RYTARY CAPSULE EXTENDED RELEASE 23.75MG; 95MG, 36.25MG; 145MG, 48.75MG; 195MG, 61.25MG; 245MG	3	ST MO
<i>selegiline hcl capsule 5mg</i>	1	MO
<i>selegiline hcl tablet 5mg</i>	1	MO
SINEMET TABLET 10MG; 100MG, 25MG; 100MG	3	MO
<i>trihexyphenidyl hydrochloride solution 0.4mg/ml</i>	2	MO; HRM
<i>trihexyphenidyl hydrochloride tablet 2mg, 5mg</i>	1	MO; HRM
VYALEV INJECTION 12MG/ML; 240MG/ML	3	PA; ACS LD
XADAGO TABLET 100MG, 50MG	3	MO
ZELAPAR TABLET DISINTEGRATING 1.25MG	3	MO
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII INJECTION 720MG/2.4ML	3	QL (2.4 ML per 56 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
ABILIFY ASIMTUFII INJECTION 960MG/3.2ML	3	QL (3.2 ML per 56 days) MO
ABILIFY MAINTENA INJECTION 300MG, 400MG	3	QL (1 EA per 28 days) MO; HRM
ABILIFY TABLET 10MG, 15MG, 20MG, 2MG, 30MG, 5MG	3	QL (30 EA per 30 days) MO; HRM
<i>aripiprazole odt tablet disintegrating 10mg, 15mg</i>	1	QL (60 EA per 30 days) ST MO; HRM
<i>aripiprazole solution 1mg/ml</i>	1	QL (900 ML per 30 days) MO; HRM
<i>aripiprazole tablet 10mg, 15mg, 20mg, 2mg, 30mg, 5mg</i>	1	QL (30 EA per 30 days) MO; HRM
ARISTADA INITIO INJECTION 675MG/2.4ML	3	HRM
ARISTADA INJECTION 441MG/1.6ML	3	QL (1.6 ML per 28 days); HRM
ARISTADA INJECTION 662MG/2.4ML	3	QL (2.4 ML per 28 days); HRM
ARISTADA INJECTION 882MG/3.2ML	3	QL (3.2 ML per 28 days); HRM
ARISTADA INJECTION 1064MG/3.9ML	3	QL (3.9 ML per 56 days); HRM
<i>asenapine maleate sl tablet sublingual 10mg, 2.5mg, 5mg</i>	1	QL (60 EA per 30 days) MO; HRM
BYSANTI TITRATION PACK A TABLET THERAPY PACK 1MG; 2MG; 4MG; 6MG	3	QL (16 EA per 365 days) PA
BYSANTI TITRATION PACK B TABLET THERAPY PACK 1MG; 2MG; 6MG; 8MG	3	QL (24 EA per 365 days) PA
BYSANTI TITRATION PACK C TABLET THERAPY PACK 1MG; 2MG; 6MG	3	QL (16 EA per 365 days) PA
BYSANTI TABLET 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG	3	QL (60 EA per 30 days) PA
CAPLYTA CAPSULE 10.5MG, 21MG, 42MG	3	QL (30 EA per 30 days) MO; HRM
<i>chlorpromazine hcl injection 50mg/2ml</i>	1	HRM
<i>chlorpromazine hcl injection 25mg/ml</i>	1	MO; HRM
<i>chlorpromazine hydrochloride concentrate 100mg/ml, 30mg/ml</i>	1	MO; HRM
<i>chlorpromazine hydrochloride tablet 100mg, 10mg, 200mg, 25mg, 50mg</i>	1	MO; HRM
<i>clozapine odt tablet disintegrating 12.5mg, 25mg</i>	1	PA; HRM
<i>clozapine odt tablet disintegrating 200mg</i>	1	QL (120 EA per 30 days) PA; HRM
<i>clozapine odt tablet disintegrating 150mg</i>	1	QL (180 EA per 30 days) PA; HRM
<i>clozapine odt tablet disintegrating 100mg</i>	1	QL (270 EA per 30 days) PA; HRM
<i>clozapine tablet 25mg, 50mg</i>	1	HRM
<i>clozapine tablet 200mg</i>	1	QL (120 EA per 30 days); HRM
<i>clozapine tablet 100mg</i>	1	QL (270 EA per 30 days); HRM
CLOZARIL TABLET 25MG	3	HRM
CLOZARIL TABLET 100MG	3	QL (270 EA per 30 days); HRM
COBENFY STARTER PACK CAPSULE THERAPY PACK 50MG; 20MG & 100MG; 20MG	3	QL (112 EA per 365 days) MO
COBENFY CAPSULE 20MG; 100MG, 20MG; 50MG, 30MG; 125MG	3	QL (60 EA per 30 days) MO
ERZOFRI INJECTION 39MG/0.25ML	3	QL (0.25 ML per 28 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
ERZOFRI INJECTION 78MG/0.5ML	3	QL (0.5 ML per 28 days) MO
ERZOFRI INJECTION 117MG/0.75ML	3	QL (0.75 ML per 28 days) MO
ERZOFRI INJECTION 156MG/ML	3	QL (1 ML per 28 days) MO
ERZOFRI INJECTION 234MG/1.5ML	3	QL (1.5 ML per 28 days) MO
ERZOFRI INJECTION 351MG/2.25ML	3	QL (4.5 ML per 365 days)
FANAPT TITRATION PACK A TABLET 1MG; 2MG; 4MG; 6MG	3	QL (16 EA per 365 days) PA; HRM
FANAPT TITRATION PACK B TABLET 1MG; 2MG; 6MG; 8MG	3	QL (24 EA per 365 days) PA
FANAPT TITRATION PACK C TABLET 1MG; 3MG; 6MG	3	QL (16 EA per 365 days) PA
FANAPT TABLET 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG	3	QL (60 EA per 30 days) PA MO; HRM
<i>fluphenazine decanoate injection 25mg/ml</i>	1	MO; HRM
<i>fluphenazine hcl concentrate 5mg/ml</i>	1	MO; HRM
<i>fluphenazine hydrochloride elixir 2.5mg/5ml</i>	1	MO; HRM
<i>fluphenazine hydrochloride injection 2.5mg/ml</i>	1	MO; HRM
<i>fluphenazine hydrochloride tablet 10mg, 1mg, 2.5mg, 5mg</i>	1	MO; HRM
GEODON CAPSULE 20MG, 40MG, 60MG, 80MG	3	QL (60 EA per 30 days) MO; HRM
GEODON INJECTION 20MG	3	QL (6 EA per 3 days) MO; HRM
<i>haloperidol decanoate injection 100mg/ml, 50mg/ml</i>	1	MO; HRM
<i>haloperidol lactate injection 5mg/ml</i>	1	MO; HRM
<i>haloperidol concentrate 2mg/ml</i>	1	MO; HRM
<i>haloperidol tablet 0.5mg, 10mg, 1mg, 20mg, 2mg, 5mg</i>	1	MO; HRM
INVEGA HAFYERA INJECTION 1092MG/3.5ML	3	QL (3.5 ML per 180 days); HRM
INVEGA HAFYERA INJECTION 1560MG/5ML	3	QL (5 ML per 180 days); HRM
INVEGA SUSTENNA INJECTION 39MG/0.25ML	3	QL (0.25 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 78MG/0.5ML	3	QL (0.5 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 117MG/0.75ML	3	QL (0.75 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 156MG/ML	3	QL (1 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 234MG/1.5ML	3	QL (1.5 ML per 28 days) MO; HRM
INVEGA TRINZA INJECTION 273MG/0.88ML	3	QL (0.88 ML per 90 days); HRM
INVEGA TRINZA INJECTION 410MG/1.32ML	3	QL (1.32 ML per 90 days); HRM
INVEGA TRINZA INJECTION 546MG/1.75ML	3	QL (1.75 ML per 90 days); HRM
INVEGA TRINZA INJECTION 819MG/2.63ML	3	QL (2.63 ML per 90 days); HRM
INVEGA TABLET EXTENDED RELEASE 24 HOUR 3MG, 9MG	3	QL (30 EA per 30 days) MO; HRM
INVEGA TABLET EXTENDED RELEASE 24 HOUR 6MG	3	QL (60 EA per 30 days) MO; HRM
LATUDA TABLET 120MG, 20MG, 40MG, 60MG	3	QL (30 EA per 30 days) MO; HRM
LATUDA TABLET 80MG	3	QL (60 EA per 30 days) MO; HRM
<i>loxapine capsule 10mg, 25mg, 50mg, 5mg</i>	1	MO; HRM
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>lurasidone hydrochloride tablet 80mg</i>	1	QL (60 EA per 30 days) MO; HRM

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
LYBALVI TABLET 10MG; 10MG, 15MG; 10MG, 20MG; 10MG, 5MG; 10MG	3	QL (30 EA per 30 days) MO; HRM
<i>molindone hydrochloride tablet 10mg, 25mg, 5mg</i>	1	HRM
NUPLAZID CAPSULE 34MG	3	QL (30 EA per 30 days) PA; ACS HRM LD
NUPLAZID TABLET 10MG	3	QL (30 EA per 30 days) PA; ACS HRM LD
<i>olanzapine odt tablet disintegrating 15mg, 20mg, 5mg</i>	1	QL (30 EA per 30 days) ST MO; HRM
<i>olanzapine odt tablet disintegrating 10mg</i>	1	QL (60 EA per 30 days) ST MO; HRM
<i>olanzapine injection 10mg</i>	1	QL (3 EA per 1 days) MO; HRM
<i>olanzapine tablet 15mg, 20mg, 7.5mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>olanzapine tablet 10mg, 2.5mg, 5mg</i>	1	QL (60 EA per 30 days) MO; HRM
OPIPZA FILM 2MG, 5MG	3	QL (30 EA per 30 days) PA MO
OPIPZA FILM 10MG	3	QL (90 EA per 30 days) PA MO
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>paliperidone er tablet extended release 24 hour 6mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>perphenazine tablet 16mg, 2mg, 4mg, 8mg</i>	1	MO; HRM
PERSERIS INJECTION 120MG, 90MG	3	QL (1 EA per 30 days); HRM
<i>pimozide tablet 1mg, 2mg</i>	1	MO
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 200mg</i>	1	QL (30 EA per 30 days) PA MO; HRM
<i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg, 50mg</i>	1	QL (60 EA per 30 days) PA MO; HRM
<i>quetiapine fumarate tablet 25mg</i>	1	QL (180 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 300mg, 400mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 100mg, 150mg, 200mg, 50mg</i>	1	QL (90 EA per 30 days) MO; HRM
REXULTI TABLET 3MG, 4MG	3	QL (30 EA per 30 days) MO; HRM
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG	3	QL (60 EA per 30 days) MO; HRM
RISPERDAL CONSTA INJECTION 12.5MG, 25MG, 37.5MG, 50MG	3	QL (2 EA per 28 days) MO; HRM
RISPERDAL SOLUTION 1MG/ML	3	QL (240 ML per 30 days) MO; HRM
RISPERDAL TABLET 0.5MG, 1MG, 2MG, 3MG, 4MG	3	MO; HRM
<i>risperidone er injection 25mg</i>	1	QL (2 EA per 28 days) MO
<i>risperidone er injection 12.5mg</i>	1	QL (2 EA per 28 days) MO; HRM
<i>risperidone er injection 37.5mg, 50mg</i>	3	QL (2 EA per 28 days) MO
<i>risperidone odt tablet disintegrating 4mg</i>	1	QL (120 EA per 30 days) ST MO; HRM
<i>risperidone odt tablet disintegrating 1mg, 2mg, 3mg</i>	1	QL (60 EA per 30 days) ST MO; HRM

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone odt tablet disintegrating 0.25mg, 0.5mg</i>	1	QL (90 EA per 30 days) ST MO; HRM
<i>risperidone solution 1mg/ml</i>	1	QL (240 ML per 30 days) MO; HRM
<i>risperidone tablet 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	1	MO; HRM
RYKINDO INJECTION 25MG	3	QL (2 EA per 28 days) PA
SAPHRIS TABLET SUBLINGUAL 10MG, 2.5MG, 5MG	3	QL (60 EA per 30 days) MO; HRM
SECUADO PATCH 24 HOUR 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	3	QL (30 EA per 30 days) MO; HRM
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 150MG	3	QL (30 EA per 30 days) PA
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 200MG	3	QL (30 EA per 30 days) PA; HRM
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 400MG	3	QL (60 EA per 30 days) PA
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 50MG	3	QL (60 EA per 30 days) PA MO; HRM
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 300MG	3	QL (60 EA per 30 days) PA; HRM
SEROQUEL TABLET 25MG	3	QL (180 EA per 30 days)
SEROQUEL TABLET 300MG	3	QL (60 EA per 30 days)
SEROQUEL TABLET 100MG, 200MG, 50MG	3	QL (90 EA per 30 days)
<i>thioridazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg</i>	1	PA MO; HRM
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	1	MO; HRM
<i>trifluoperazine hcl tablet 10mg, 2mg, 5mg</i>	1	MO; HRM
<i>trifluoperazine hydrochloride tablet 1mg</i>	1	MO; HRM
UZEDY INJECTION 50MG/0.14ML	3	QL (0.14 ML per 30 days) MO
UZEDY INJECTION 75MG/0.21ML	3	QL (0.21 ML per 30 days) MO
UZEDY INJECTION 100MG/0.28ML	3	QL (0.28 ML per 30 days) MO
UZEDY INJECTION 125MG/0.35ML	3	QL (0.35 ML per 30 days) MO
UZEDY INJECTION 150MG/0.42ML	3	QL (0.42 ML per 60 days) MO
UZEDY INJECTION 200MG/0.56ML	3	QL (0.56 ML per 60 days) MO
UZEDY INJECTION 250MG/0.7ML	3	QL (0.7 ML per 60 days) MO
VERSACLOZ SUSPENSION 50MG/ML	3	QL (600 ML per 30 days) PA; HRM
VRAYLAR CAPSULE 0.5MG, 0.75MG	2	QL (30 EA per 30 days) MO
VRAYLAR CAPSULE 3MG, 4.5MG, 6MG	2	QL (30 EA per 30 days) MO; HRM
VRAYLAR CAPSULE 1.5MG	2	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone hcl capsule 20mg, 40mg, 60mg, 80mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone mesylate injection 20mg</i>	1	QL (6 EA per 3 days) MO; HRM
ZYPREXA RELPREVV INJECTION 405MG	3	QL (1 EA per 28 days) PA; ACS
ZYPREXA RELPREVV INJECTION 210MG, 300MG	3	QL (2 EA per 28 days) PA; ACS
ZYPREXA ZYDIS TABLET DISINTEGRATING 15MG, 20MG, 5MG	3	QL (30 EA per 30 days) ST
ZYPREXA ZYDIS TABLET DISINTEGRATING 10MG	3	QL (60 EA per 30 days) ST

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Drug Name	Drug Tier	Requirements/Limits
ZYPREXA INJECTION 10MG	3	QL (3 EA per 1 days) MO
ZYPREXA TABLET 15MG, 7.5MG	3	QL (30 EA per 30 days) MO
ZYPREXA TABLET 20MG	3	QL (30 EA per 30 days) MO; HRM
ZYPREXA TABLET 10MG	3	QL (60 EA per 30 days)
ZYPREXA TABLET 2.5MG, 5MG	3	QL (60 EA per 30 days) MO; HRM
ANTISEIZURE AGENTS		
APTOM TABLET 200MG, 400MG	3	QL (30 EA per 30 days) MO
APTOM TABLET 600MG, 800MG	3	QL (60 EA per 30 days) MO
BANZEL SUSPENSION 40MG/ML	3	QL (2400 ML per 30 days) PA MO
BANZEL TABLET 400MG	3	QL (240 EA per 30 days) PA MO
BANZEL TABLET 200MG	3	QL (480 EA per 30 days) PA MO
<i>brivaracetam injection 50mg/5ml</i>	1	PA
<i>brivaracetam oral solution 10mg/ml</i>	1	QL (600 ML per 30 days) PA
<i>brivaracetam tablet 100mg, 10mg, 25mg, 50mg, 75mg</i>	1	QL (60 EA per 30 days) PA
BRIVIACT INJECTION 50MG/5ML	3	PA
BRIVIACT ORAL SOLUTION 10MG/ML	3	QL (600 ML per 30 days) PA MO
BRIVIACT TABLET 100MG, 10MG, 25MG, 50MG, 75MG	3	QL (60 EA per 30 days) PA MO
<i>carbamazepine er capsule extended release 12 hour 100mg, 200mg, 300mg</i>	1	MO; HRM
<i>carbamazepine er tablet extended release 12 hour 100mg, 200mg, 400mg</i>	1	MO; HRM
<i>carbamazepine suspension 100mg/5ml</i>	1	MO; HRM
<i>carbamazepine tablet chewable 200mg</i>	1	MO
<i>carbamazepine tablet chewable 100mg</i>	1	MO; HRM
<i>carbamazepine tablet 200mg</i>	1	MO; HRM
CARBATROL CAPSULE EXTENDED RELEASE 12 HOUR 100MG, 200MG, 300MG	3	MO; HRM
CELONTIN CAPSULE 300MG	3	MO
<i>clobazam suspension 2.5mg/ml</i>	1	QL (480 ML per 30 days) PA MO; HRM
<i>clobazam tablet 10mg, 20mg</i>	1	QL (60 EA per 30 days) PA MO; HRM
<i>clonazepam odt tablet disintegrating 2mg</i>	1	QL (300 EA per 30 days) MO
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	1	QL (90 EA per 30 days) MO
<i>clonazepam tablet 2mg</i>	1	QL (300 EA per 30 days) MO
<i>clonazepam tablet 0.5mg, 1mg</i>	1	QL (90 EA per 30 days) MO
<i>clorazepate dipotassium tablet 15mg, 3.75mg, 7.5mg</i>	1	QL (180 EA per 30 days) PA MO; HRM
DEPAKOTE ER TABLET EXTENDED RELEASE 24 HOUR 250MG, 500MG	3	MO
DEPAKOTE SPRINKLES CAPSULE DELAYED RELEASE SPRINKLE 125MG	3	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
DEPAKOTE TABLET DELAYED RELEASE 125MG, 250MG, 500MG	3	MO
DIACOMIT CAPSULE 500MG	3	QL (180 EA per 30 days) PA; LD
DIACOMIT CAPSULE 250MG	3	QL (360 EA per 30 days) PA; LD
DIACOMIT PACKET 500MG	3	QL (180 EA per 30 days) PA; LD
DIACOMIT PACKET 250MG	3	QL (360 EA per 30 days) PA; LD
<i>diazepam intensol concentrate 5mg/ml</i>	1	QL (240 ML per 30 days) PA MO; HRM
<i>diazepam gel 10mg, 2.5mg, 20mg</i>	1	MO; HRM
<i>diazepam injection 5mg/ml</i>	1	PA MO
<i>diazepam oral solution 5mg/5ml</i>	1	QL (1200 ML per 30 days) PA MO; HRM
<i>diazepam tablet 10mg, 2mg, 5mg</i>	1	QL (120 EA per 30 days) PA MO; HRM
DILANTIN INFATABS TABLET CHEWABLE 50MG	3	MO
DILANTIN-125 SUSPENSION 125MG/5ML	3	MO
DILANTIN CAPSULE 100MG, 30MG	3	MO
<i>divalproex sodium dr capsule delayed release sprinkle 125mg</i>	1	MO
<i>divalproex sodium dr tablet delayed release 125mg, 250mg, 500mg</i>	1	MO
<i>divalproex sodium er tablet extended release 24 hour 250mg, 500mg</i>	1	MO
ELEPSIA XR TABLET EXTENDED RELEASE 24 HOUR 1000MG	3	
ELEPSIA XR TABLET EXTENDED RELEASE 24 HOUR 1500MG	3	MO
EPIDIOLEX SOLUTION 100MG/ML	3	QL (600 ML per 30 days) PA; ACS LD
EPRONTIA SOLUTION 25MG/ML	3	QL (480 ML per 30 days) PA MO
<i>eslicarbazepine acetate tablet 200mg, 400mg</i>	1	QL (30 EA per 30 days) MO
<i>eslicarbazepine acetate tablet 600mg, 800mg</i>	1	QL (60 EA per 30 days) MO
<i>ethosuximide capsule 250mg</i>	1	MO
<i>ethosuximide solution 250mg/5ml</i>	1	MO
<i>felbamate suspension 600mg/5ml</i>	1	MO
<i>felbamate tablet 400mg, 600mg</i>	1	MO
FELBATOL TABLET 400MG, 600MG	3	MO
FINTEPLA SOLUTION 2.2MG/ML	3	QL (360 ML per 30 days) PA; LD
FYCOMPA SUSPENSION 0.5MG/ML	3	QL (680 ML per 28 days) PA MO
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	3	QL (30 EA per 30 days) PA MO
FYCOMPA TABLET 2MG	3	QL (60 EA per 30 days) PA MO
<i>gabapentin (generic Neurontin) capsule 400mg</i>	1	QL (270 EA per 30 days) MO
<i>gabapentin (generic Neurontin) capsule 100mg, 300mg</i>	1	QL (360 EA per 30 days) MO
<i>gabapentin capsule 200mg</i>	1	QL (60 EA per 30 days)
<i>gabapentin (generic Neurontin) solution 250mg/5ml</i>	1	QL (2160 ML per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin (generic Neurontin) tablet 800mg</i>	1	QL (120 EA per 30 days) MO
<i>gabapentin (generic Neurontin) tablet 600mg</i>	1	QL (180 EA per 30 days) MO
KEPPRA XR TABLET EXTENDED RELEASE 24 HOUR 500MG, 750MG	3	MO
KEPPRA INJECTION 500MG/5ML	3	
KEPPRA ORAL SOLUTION 100MG/ML	3	MO
KEPPRA TABLET 1000MG, 250MG, 500MG, 750MG	3	MO
KLONOPIN TABLET 2MG	3	QL (300 EA per 30 days) MO
KLONOPIN TABLET 0.5MG, 1MG	3	QL (90 EA per 30 days) MO
<i>lacosamide injection 200mg/20ml</i>	1	
<i>lacosamide oral solution 10mg/ml</i>	1	QL (1200 ML per 30 days) MO
<i>lacosamide tablet 50mg</i>	1	QL (120 EA per 30 days) MO
<i>lacosamide tablet 100mg, 150mg, 200mg</i>	1	QL (60 EA per 30 days) MO
LAMICTAL CHEWABLE DISPERSIBLE TABLET CHEWABLE 25MG, 5MG	3	MO
LAMICTAL ODT KIT BLUE, GREEN, ORANGE	3	
LAMICTAL ODT TABLET DISINTEGRATING 100MG, 200MG, 25MG, 50MG	3	ST MO
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT 25MG; 100MG	3	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT 25MG; 100MG	3	
LAMICTAL STARTER/TAKING VALPROATE KIT 25MG	3	
LAMICTAL XR TITRATION KIT BLUE, GREEN, ORANGE	3	MO
LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 100MG, 200MG, 250MG, 25MG, 300MG, 50MG	3	ST MO
LAMICTAL TABLET 100MG, 150MG, 200MG, 25MG	3	MO
<i>lamotrigine er tablet extended release 24 hour 100mg, 200mg, 250mg, 25mg, 300mg, 50mg</i>	1	ST MO
<i>lamotrigine odt tablet disintegrating 100mg, 200mg, 25mg, 50mg</i>	1	ST MO
<i>lamotrigine starter kit/blue kit 25mg</i>	1	
<i>lamotrigine starter kit/green kit 100mg; 25mg</i>	3	
<i>lamotrigine starter kit/orange kit 100mg; 25mg</i>	1	
<i>lamotrigine odt titration kit blue, green, orange</i>	1	
<i>lamotrigine tablet chewable 25mg, 5mg</i>	1	MO
<i>lamotrigine tablet 100mg, 150mg, 200mg, 25mg</i>	1	MO
<i>levetiracetam er tablet extended release 24 hour 500mg, 750mg</i>	1	MO
<i>levetiracetam/sodium chloride injection 1000mg/100ml; 750mg/100ml, 1500mg/100ml; 540mg/100ml, 500mg/100ml; 820mg/100ml</i>	1	
<i>levetiracetam injection 500mg/5ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam oral solution 100mg/ml</i>	1	MO
LEVETIRACETAM TABLET DISINTEGRATING SOLUBLE 500MG	1	QL (180 EA per 30 days) MO
LEVETIRACETAM TABLET DISINTEGRATING SOLUBLE 250MG	1	QL (360 EA per 30 days) MO
<i>levetiracetam tablet 1000mg, 250mg, 500mg, 750mg</i>	1	MO
LYRICA CAPSULE 100MG, 150MG, 25MG, 50MG, 75MG	3	QL (120 EA per 30 days) MO
LYRICA CAPSULE 225MG, 300MG	3	QL (60 EA per 30 days) MO
LYRICA CAPSULE 200MG	3	QL (90 EA per 30 days) MO
LYRICA SOLUTION 20MG/ML	3	QL (900 ML per 30 days) PA MO
<i>methsuximide capsule 300mg</i>	1	MO
MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 150MG, 200MG	3	QL (60 EA per 30 days) PA MO
MYSOLINE TABLET 250MG, 50MG	3	MO
NAYZILAM SOLUTION 5MG/0.1ML	3	QL (10 EA per 30 days) MO
NEURONTIN CAPSULE 400MG	3	QL (270 EA per 30 days) MO
NEURONTIN CAPSULE 100MG, 300MG	3	QL (360 EA per 30 days) MO
NEURONTIN SOLUTION 250MG/5ML	3	QL (2160 ML per 30 days) MO
NEURONTIN TABLET 800MG	3	QL (120 EA per 30 days) MO
NEURONTIN TABLET 600MG	3	QL (180 EA per 30 days) MO
ONFI SUSPENSION 2.5MG/ML	3	QL (480 ML per 30 days) PA MO; HRM
ONFI TABLET 10MG, 20MG	3	QL (60 EA per 30 days) PA MO; HRM
<i>oxcarbazepine er tablet extended release 24 hour 150mg, 300mg, 600mg</i>	1	PA MO
<i>oxcarbazepine suspension 300mg/5ml</i>	1	MO; HRM
<i>oxcarbazepine tablet 150mg, 300mg, 600mg</i>	1	MO; HRM
OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 150MG, 300MG, 600MG	3	PA MO; HRM
<i>perampanel suspension 0.5mg/ml</i>	3	QL (680 ML per 28 days) PA MO
<i>perampanel tablet 10mg, 12mg, 4mg, 6mg, 8mg</i>	1	QL (30 EA per 30 days) PA MO
<i>perampanel tablet 2mg</i>	1	QL (60 EA per 30 days) PA MO
<i>phenobarbital sodium injection 65mg/ml</i>	3	PA
<i>phenobarbital sodium injection 130mg/ml</i>	3	PA; HRM
<i>phenobarbital elixir 20mg/5ml</i>	3	QL (1500 ML per 30 days) PA MO; HRM
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	2	QL (120 EA per 30 days) PA MO; HRM
<i>phenytek capsule 200mg, 300mg</i>	1	MO
<i>phenytoin sodium extended capsule 100mg, 200mg, 300mg</i>	1	MO
<i>phenytoin sodium injection 50mg/ml</i>	1	
<i>phenytoin suspension 125mg/5ml</i>	1	MO
<i>phenytoin tablet chewable 50mg</i>	1	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin capsule 100mg, 150mg, 25mg, 50mg, 75mg</i>	1	QL (120 EA per 30 days) MO
<i>pregabalin capsule 225mg, 300mg</i>	1	QL (60 EA per 30 days) MO
<i>pregabalin capsule 200mg</i>	1	QL (90 EA per 30 days) MO
<i>pregabalin solution 20mg/ml</i>	1	QL (900 ML per 30 days) PA MO
<i>primidone tablet 125mg, 250mg, 50mg</i>	1	MO
<i>relgaabi capsule 400mg</i>	1	QL (270 EA per 30 days)
<i>relgaabi capsule 300mg</i>	1	QL (360 EA per 30 days)
<i>relgaabi capsule 200mg</i>	1	QL (60 EA per 30 days)
<i>roweepra tablet 500mg</i>	1	
<i>rufinamide suspension 40mg/ml</i>	3	QL (2400 ML per 30 days) PA MO
<i>rufinamide tablet 400mg</i>	1	QL (240 EA per 30 days) PA MO
<i>rufinamide tablet 200mg</i>	1	QL (480 EA per 30 days) PA MO
SABRIL PACKET 500MG	3	QL (180 EA per 30 days) PA; ACS LD
SABRIL TABLET 500MG	3	QL (180 EA per 30 days) PA; ACS LD
SPRITAM TABLET DISINTEGRATING SOLUBLE 500MG	3	QL (180 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG	3	QL (360 EA per 30 days) MO
<i>subvenite starter kit/blue kit 25mg</i>	1	
<i>subvenite starter kit/green kit 100mg; 25mg</i>	3	
<i>subvenite starter kit/orange kit 100mg; 25mg</i>	1	
SUBVENITE SUSPENSION 10MG/ML	3	ST MO
<i>subvenite tablet 100mg, 150mg, 200mg, 25mg</i>	1	
SYMPAZAN FILM 10MG, 20MG, 5MG	3	QL (60 EA per 30 days) PA MO; HRM
TEGRETOL-XR TABLET EXTENDED RELEASE 12 HOUR 100MG, 200MG, 400MG	3	MO; HRM
TEGRETOL SUSPENSION 100MG/5ML	3	MO; HRM
TEGRETOL TABLET 200MG	3	MO; HRM
<i>tiagabine hydrochloride tablet 12mg, 16mg, 2mg, 4mg</i>	1	MO
TOPAMAX SPRINKLE CAPSULE SPRINKLE 15MG, 25MG	3	MO
TOPAMAX TABLET 100MG, 200MG, 25MG, 50MG	3	MO
<i>topiramate capsule sprinkle 15mg, 25mg, 50mg</i>	1	MO
<i>topiramate solution 25mg/ml</i>	1	QL (480 ML per 30 days) PA MO
<i>topiramate tablet 100mg, 200mg, 25mg, 50mg</i>	1	MO
TRILEPTAL SUSPENSION 300MG/5ML	3	MO; HRM
TRILEPTAL TABLET 150MG, 300MG, 600MG	3	MO; HRM
VALIUM TABLET 10MG, 2MG, 5MG	3	QL (120 EA per 30 days) PA MO; HRM
<i>valproate sodium injection 100mg/ml</i>	1	
<i>valproic acid capsule 250mg</i>	1	MO
<i>valproic acid solution 250mg/5ml</i>	1	MO
VALTOCO 10 MG DOSE LIQUID 10MG/0.1ML	3	QL (10 EA per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
VALTOCO 15 MG DOSE LIQUID THERAPY PACK 7.5MG/0.1ML	3	QL (10 EA per 30 days) MO
VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10MG/0.1ML	3	QL (10 EA per 30 days) MO
VALTOCO 5 MG DOSE LIQUID 5MG/0.1ML	3	QL (10 EA per 30 days) MO
<i>vigabatrin packet 500mg</i>	3	QL (180 EA per 30 days) PA; ACS
<i>vigabatrin tablet 500mg</i>	3	QL (180 EA per 30 days) PA; ACS
<i>vigadrone packet 500mg</i>	3	QL (180 EA per 30 days) PA; LD
<i>vigadrone tablet 500mg</i>	3	QL (180 EA per 30 days) PA; LD
VIGAFYDE SOLUTION 100MG/ML	3	QL (900 ML per 30 days) PA; LD
VIMPAT INJECTION 200MG/20ML	3	
VIMPAT ORAL SOLUTION 10MG/ML	3	QL (1200 ML per 30 days) MO
VIMPAT TABLET 50MG	3	QL (120 EA per 30 days) MO
VIMPAT TABLET 100MG, 150MG, 200MG	3	QL (60 EA per 30 days) MO
XCOPRI TABLET TITRATION THERAPY PACK 12.5MG; 25MG, 150MG; 200MG, 50MG; 100MG	3	QL (28 EA per 28 days)
XCOPRI TABLET MAINTENANCE THERAPY PACK 150MG; 100MG, 200MG; 150MG	3	QL (56 EA per 28 days) MO
XCOPRI TABLET 100MG, 25MG, 50MG	3	QL (30 EA per 30 days) MO
XCOPRI TABLET 150MG, 200MG	3	QL (60 EA per 30 days) MO
ZARONTIN CAPSULE 250MG	3	MO
ZARONTIN SOLUTION 250MG/5ML	3	MO
ZONISADE SUSPENSION 100MG/5ML	3	QL (900 ML per 30 days) PA MO
<i>zonisamide capsule 100mg, 25mg</i>	1	MO
<i>zonisamide capsule 50mg</i>	1	MO; HRM
ZTALMY SUSPENSION 50MG/ML	3	QL (1100 ML per 30 days) PA; LD
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 5MG, 10MG, 15MG, 20MG, 25MG, 30MG	3	QL (30 EA per 30 days) PA MO
ADDERALL TABLET 5MG, 7.5MG, 10MG, 12.5MG, 15MG, 30MG	3	QL (60 EA per 30 days) PA MO
ADDERALL TABLET 20MG	3	QL (90 EA per 30 days) PA MO
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISINTEGRATING 12.5MG, 15.7MG, 18.8MG	3	QL (30 EA per 30 days) PA MO
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISINTEGRATING 3.1MG, 6.3MG, 9.4MG	3	QL (60 EA per 30 days) PA MO
<i>amphetamine er odt tablet extended release disintegrating 12.5mg, 15.7mg, 18.8mg</i>	1	QL (30 EA per 30 days) PA MO
<i>amphetamine er odt tablet extended release disintegrating 3.1mg, 6.3mg, 9.4mg</i>	1	QL (60 EA per 30 days) PA MO
<i>amphetamine/dextroamphetamine er capsule extended release 24 hour 12.5mg; 12.5mg; 12.5mg; 12.5mg, 3.125mg; 3.125mg; 3.125mg, 6.25mg; 6.25mg; 6.25mg; 6.25mg, 9.375mg; 9.375mg; 9.375mg; 9.375mg</i>	1	QL (30 EA per 30 days) PA MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 5mg, 6.25mg; 6.25mg; 6.25mg; 6.25mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	1	QL (30 EA per 30 days) PA MO
<i>amphetamine/dextroamphetamine tablet 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	1	QL (60 EA per 30 days) PA MO
<i>amphetamine/dextroamphetamine tablet 20mg</i>	1	QL (90 EA per 30 days) PA MO
ARYNTA SOLUTION 10MG/ML	3	QL (240 ML per 30 days) PA MO
<i>atomoxetine capsule 10mg, 18mg, 25mg</i>	1	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 100mg, 60mg, 80mg</i>	1	QL (30 EA per 30 days) MO
<i>atomoxetine capsule 40mg</i>	1	QL (60 EA per 30 days) MO
ATONCY SOLUTION 4MG/ML	3	QL (700 ML per 28 days)
AZSTARYS CAPSULE 10.4MG; 52.3MG, 5.2MG; 26.1MG, 7.8MG; 39.2MG	3	QL (30 EA per 30 days) PA MO
CONCERTA TABLET EXTENDED RELEASE 54MG	3	QL (30 EA per 30 days) PA MO
CONCERTA TABLET EXTENDED RELEASE 18MG, 27MG, 36MG	3	QL (60 EA per 30 days) PA MO
COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISINTEGRATING 17.3MG, 25.9MG, 8.6MG	3	QL (60 EA per 30 days) PA MO
DAYTRANA PATCH 10MG/9HR, 15MG/9HR, 20MG/9HR, 30MG/9HR		QL (30 EA per 30 days) PA MO
DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 15MG	3	QL (120 EA per 30 days) PA MO
DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 10MG	3	QL (150 EA per 30 days) PA MO
<i>dexmethylphenidate hcl tablet 5mg</i>	1	QL (120 EA per 30 days) PA MO
<i>dexmethylphenidate hcl tablet 10mg</i>	1	QL (60 EA per 30 days) PA MO
<i>dexmethylphenidate hydrochloride er capsule extended release 24 hour 25mg, 30mg, 35mg, 40mg</i>	1	QL (30 EA per 30 days) PA MO
<i>dexmethylphenidate hydrochloride er capsule extended release 24 hour 10mg, 15mg, 20mg, 5mg</i>	1	QL (60 EA per 30 days) PA MO
<i>dexmethylphenidate hydrochloride tablet 2.5mg</i>	1	QL (120 EA per 30 days) PA MO
<i>dextroamphetamine sulfate er capsule extended release 24 hour 15mg</i>	1	QL (120 EA per 30 days) PA MO
<i>dextroamphetamine sulfate er capsule extended release 24 hour 10mg, 5mg</i>	1	QL (150 EA per 30 days) PA MO
<i>dextroamphetamine sulfate tablet 15mg</i>	1	QL (120 EA per 30 days) PA MO
<i>dextroamphetamine sulfate tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	1	QL (180 EA per 30 days) PA MO
<i>dextroamphetamine sulfate tablet 30mg</i>	1	QL (60 EA per 30 days) PA MO
<i>dextroamphetamine sulfate tablet 20mg</i>	1	QL (90 EA per 30 days) PA MO
DYANAVEL XR SUSPENSION EXTENDED RELEASE 2.5MG/ML	3	QL (240 ML per 30 days) PA MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
DYANAVEL XR TABLET EXTENDED RELEASE 10MG, 15MG, 20MG	3	QL (30 EA per 30 days) PA MO
DYANAVEL XR TABLET EXTENDED RELEASE 5MG	3	QL (60 EA per 30 days) PA MO
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 25MG, 30MG, 35MG, 40MG	3	QL (30 EA per 30 days) PA MO
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 10MG, 15MG, 20MG, 5MG	3	QL (60 EA per 30 days) PA MO
<i>guanfacine hydrochloride er tablet extended release 24 hour 1mg, 2mg, 4mg</i>	2	QL (30 EA per 30 days) PA MO
<i>guanfacine hydrochloride er tablet extended release 24 hour 3mg</i>	2	QL (60 EA per 30 days) PA MO
INTUNIV TABLET EXTENDED RELEASE 24 HOUR 1MG, 2MG, 4MG	3	QL (30 EA per 30 days) PA MO
INTUNIV TABLET EXTENDED RELEASE 24 HOUR 3MG	3	QL (60 EA per 30 days) PA MO
JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 60MG, 80MG	3	QL (30 EA per 30 days) PA MO
JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 20MG, 40MG	3	QL (60 EA per 30 days) PA MO
<i>lisdexamfetamine dimesylate capsule 40mg, 50mg, 60mg, 70mg</i>	1	QL (30 EA per 30 days) PA MO
<i>lisdexamfetamine dimesylate capsule 10mg, 20mg, 30mg</i>	1	QL (60 EA per 30 days) PA MO
<i>lisdexamfetamine dimesylate tablet chewable 40mg, 50mg, 60mg</i>	1	QL (30 EA per 30 days) PA MO
<i>lisdexamfetamine dimesylate tablet chewable 10mg, 20mg, 30mg</i>	1	QL (60 EA per 30 days) PA MO
METADATE CD CAPSULE EXTENDED RELEASE 40MG, 50MG, 60MG	3	QL (30 EA per 30 days) PA MO
METADATE CD CAPSULE EXTENDED RELEASE 10MG, 20MG, 30MG	3	QL (60 EA per 30 days) PA MO
METHYLIN SOLUTION 5MG/5ML	3	QL (1800 ML per 30 days) PA MO
METHYLIN SOLUTION 10MG/5ML	3	QL (900 ML per 30 days) PA MO
METHYLPHENIDATE ER ODT TABLET EXTENDED RELEASE DISINTEGRATING 17.3MG, 25.9MG, 8.6MG	3	QL (60 EA per 30 days) PA
<i>methylphenidate hydrochloride er (cd) capsule extended release (generic Metadate CD) 40mg, 50mg, 60mg</i>	1	QL (30 EA per 30 days) PA MO
<i>methylphenidate hydrochloride er (cd) capsule extended release (generic Metadate CD) 10mg, 20mg, 30mg</i>	1	QL (60 EA per 30 days) PA MO
<i>methylphenidate hydrochloride er (la) capsule extended release 24 hour (generic Ritalin LA) 40mg, 60mg</i>	1	QL (30 EA per 30 days) PA MO
<i>methylphenidate hydrochloride er (la) capsule extended release 24 hour (generic Ritalin LA) 10mg, 20mg, 30mg</i>	1	QL (60 EA per 30 days) PA MO
METHYLPHENIDATE HYDROCHLORIDE ER (OSM) TABLET EXTENDED RELEASE (GENERIC RELEXXI) 45MG, 63MG	1	QL (30 EA per 30 days) PA MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hydrochloride er (osm) tablet extended release (generic Concerta) 54mg, (generic Relexxi) 72mg</i>	1	QL (30 EA per 30 days) PA MO
<i>methylphenidate hydrochloride er (osm) tablet extended release (generic Concerta) 18mg, 27mg, 36mg</i>	1	QL (60 EA per 30 days) PA MO
<i>methylphenidate hydrochloride er tablet extended release 24 hour 54mg</i>	1	QL (30 EA per 30 days) PA
<i>methylphenidate hydrochloride er tablet extended release 24 hour 18mg, 27mg, 36mg</i>	1	QL (60 EA per 30 days) PA
<i>methylphenidate hydrochloride er tablet extended release (generic Metadate ER and Ritalin SR) 10mg, 20mg</i>	1	QL (90 EA per 30 days) PA MO
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	1	QL (1800 ML per 30 days) PA MO
<i>methylphenidate hydrochloride solution 10mg/5ml</i>	1	QL (900 ML per 30 days) PA MO
<i>methylphenidate hydrochloride tablet chewable 10mg, 2.5mg, 5mg</i>	1	QL (180 EA per 30 days) PA MO
<i>methylphenidate hydrochloride tablet 10mg, 5mg</i>	1	QL (180 EA per 30 days) PA MO
<i>methylphenidate hydrochloride tablet 20mg</i>	1	QL (90 EA per 30 days) PA MO
<i>methylphenidate patch 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr</i>	1	QL (30 EA per 30 days) PA MO
MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 12.5MG; 12.5MG; 12.5MG; 12.5MG, 3.125MG; 3.125MG; 3.125MG; 3.125MG, 6.25MG; 6.25MG; 6.25MG; 6.25MG, 9.375MG; 9.375MG; 9.375MG; 9.375MG	3	QL (30 EA per 30 days) PA MO
QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 100MG	3	QL (180 EA per 30 days) PA MO
QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 150MG	3	QL (60 EA per 30 days) PA MO
QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 200MG	3	QL (90 EA per 30 days) PA MO
QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 40MG	3	QL (30 EA per 30 days) PA MO
QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 20MG, 30MG	3	QL (60 EA per 30 days) PA MO
QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25MG/5ML	3	QL (360 ML per 30 days) PA MO
RELEXXII TABLET EXTENDED RELEASE 45MG, 54MG, 63MG, 72MG		QL (30 EA per 30 days) PA MO
RELEXXII TABLET EXTENDED RELEASE 18MG, 27MG, 36MG		QL (60 EA per 30 days) PA MO
RITALIN TABLET 10MG, 5MG	3	QL (180 EA per 30 days) PA MO
RITALIN TABLET 20MG	3	QL (90 EA per 30 days) PA MO
VYVANSE CAPSULE 40MG, 50MG, 60MG, 70MG	3	QL (30 EA per 30 days) PA MO
VYVANSE CAPSULE 10MG, 20MG, 30MG	3	QL (60 EA per 30 days) PA MO
VYVANSE TABLET CHEWABLE 40MG, 50MG, 60MG	3	QL (30 EA per 30 days) PA MO
VYVANSE TABLET CHEWABLE 10MG, 20MG, 30MG	3	QL (60 EA per 30 days) PA MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
XELSTRYM PATCH 13.5MG/9HR, 18MG/9HR, 4.5MG/9HR, 9MG/9HR	3	QL (30 EA per 30 days) PA MO
<i>zenzedi tablet 15mg</i>	1	QL (120 EA per 30 days) PA
<i>zenzedi tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	1	QL (180 EA per 30 days) PA
<i>zenzedi tablet 30mg</i>	1	QL (60 EA per 30 days) PA
<i>zenzedi tablet 20mg</i>	1	QL (90 EA per 30 days) PA
HYPNOTICS		
AMBIEN CR TABLET EXTENDED RELEASE 12.5MG, 6.25MG	3	QL (30 EA per 30 days) PA MO; HRM
AMBIEN TABLET 10MG, 5MG	3	QL (30 EA per 30 days) PA MO; HRM
BELSOMRA TABLET 10MG, 15MG, 20MG, 5MG	2	QL (30 EA per 30 days) MO
DAYVIGO TABLET 10MG, 5MG	2	QL (30 EA per 30 days) MO
<i>doxepin hydrochloride tablet 3mg, 6mg</i>	1	QL (30 EA per 30 days) MO; HRM
EDLUAR TABLET SUBLINGUAL 10MG, 5MG	3	QL (30 EA per 30 days) PA MO; HRM
<i>estazolam tablet 1mg, 2mg</i>	1	QL (30 EA per 30 days) PA MO; HRM
<i>eszopiclone tablet 1mg, 2mg, 3mg</i>	3	QL (30 EA per 30 days) PA MO; HRM
HETLIOZ LQ SUSPENSION 4MG/ML	3	QL (158 ML per 30 days) PA; LD
HETLIOZ CAPSULE 20MG	3	QL (30 EA per 30 days) PA; LD
LUNESTA TABLET 1MG, 2MG, 3MG	3	QL (30 EA per 30 days) PA MO; HRM
QUVIVIQ TABLET 25MG, 50MG	3	QL (30 EA per 30 days) MO
<i>ramelteon tablet 8mg</i>	1	QL (30 EA per 30 days) MO
RESTORIL CAPSULE 22.5MG, 30MG, 7.5MG	3	QL (30 EA per 30 days) PA MO; HRM
RESTORIL CAPSULE 15MG	3	QL (60 EA per 30 days) PA MO; HRM
SILENOR TABLET 3MG, 6MG	3	QL (30 EA per 30 days) MO; HRM
<i>tasimelteon capsule 20mg</i>	3	QL (30 EA per 30 days) PA; ACS
<i>temazepam capsule 22.5mg, 30mg, 7.5mg</i>	1	QL (30 EA per 30 days) PA MO; HRM
<i>temazepam capsule 15mg</i>	1	QL (60 EA per 30 days) PA MO; HRM
<i>triazolam tablet 0.25mg</i>	2	QL (30 EA per 30 days) PA MO; HRM
<i>triazolam tablet 0.125mg</i>	2	QL (60 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 5mg</i>	2	QL (30 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 10mg</i>	2	QL (60 EA per 30 days) PA MO; HRM

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>zolidem tartrate er tablet extended release 12.5mg, 6.25mg</i>	2	QL (30 EA per 30 days) PA MO; HRM
ZOLPIDEM TARTRATE CAPSULE 7.5MG	3	QL (30 EA per 30 days) PA MO
<i>zolidem tartrate tablet 10mg, 5mg</i>	1	QL (30 EA per 30 days) PA MO; HRM
MIGRAINE		
AIMOVIG INJECTION 140MG/ML, 70MG/ML	2	QL (1 ML per 30 days) PA; ACS
<i>almotriptan tablet 12.5mg, 6.25mg</i>	1	QL (12 EA per 30 days) ST MO
BREKIYA INJECTION 1MG/ML	3	QL (24 ML per 28 days) PA; ACS LD
<i>dihydroergotamine mesylate injection 1mg/ml</i>	1	PA MO
<i>dihydroergotamine mesylate nasal solution 4mg/ml</i>	1	QL (8 ML per 30 days) PA MO
<i>eletriptan hydrobromide tablet 20mg, 40mg</i>	1	QL (12 EA per 30 days) ST MO
EMGALITY INJECTION 120MG/ML	2	QL (2 ML per 30 days) PA; ACS
EMGALITY INJECTION 100MG/ML	2	QL (3 ML per 30 days) PA; ACS
ERGOMAR TABLET SUBLINGUAL 2MG	3	QL (20 EA per 28 days) PA MO
<i>ergotamine tartrate/cafeine tablet 100mg; 1mg</i>	1	QL (40 EA per 28 days) PA MO
<i>frovatriptan succinate tablet 2.5mg</i>	1	QL (18 EA per 30 days) ST MO
IMITREX STATDOSE REFILL INJECTION 6MG/0.5ML	3	QL (6 ML per 30 days) MO
IMITREX STATDOSE REFILL INJECTION 4MG/0.5ML	3	QL (9 ML per 30 days) MO
IMITREX STATDOSE SYSTEM INJECTION 6MG/0.5ML	3	QL (6 ML per 30 days) MO
IMITREX STATDOSE SYSTEM INJECTION 4MG/0.5ML	3	QL (9 ML per 30 days) MO
IMITREX TABLET 100MG, 25MG, 50MG	3	QL (12 EA per 30 days) MO
MAXALT-MLT TABLET DISINTEGRATING 10MG	3	QL (18 EA per 30 days) MO
MAXALT TABLET 10MG	3	QL (18 EA per 30 days) MO
<i>naratriptan hcl tablet 1mg, 2.5mg</i>	1	QL (12 EA per 30 days) MO
NURTEC TABLET DISINTEGRATING 75MG	2	QL (16 EA per 30 days) PA MO
QULIPTA TABLET 10MG, 30MG, 60MG	2	QL (30 EA per 30 days) PA MO
RELPAZ TABLET 20MG, 40MG	3	QL (12 EA per 30 days) ST MO
<i>rizatriptan benzoate odt tablet disintegrating 10mg, 5mg</i>	1	QL (18 EA per 30 days) MO
<i>rizatriptan benzoate tablet 10mg, 5mg</i>	1	QL (18 EA per 30 days) MO
<i>sumatriptan succinate injection 6mg/0.5ml</i>	1	QL (6 ML per 30 days) MO
<i>sumatriptan succinate tablet 100mg, 25mg, 50mg</i>	1	QL (12 EA per 30 days) MO
<i>sumatriptan solution 20mg/act</i>	1	QL (12 EA per 30 days) MO
<i>sumatriptan solution 5mg/act</i>	1	QL (24 EA per 30 days) MO
UBRELVY TABLET 100MG, 50MG	2	QL (16 EA per 30 days) PA MO
ZEMBRACE SYMTOUCH INJECTION 3MG/0.5ML	3	QL (12 ML per 30 days) ST MO
<i>zolmitriptan odt tablet disintegrating 2.5mg, 5mg</i>	1	QL (12 EA per 30 days) ST MO
ZOLMITRIPTAN SOLUTION 2.5MG	1	QL (12 EA per 30 days) ST MO
<i>zolmitriptan solution 5mg</i>	1	QL (12 EA per 30 days) ST MO
<i>zolmitriptan tablet 2.5mg, 5mg</i>	1	QL (12 EA per 30 days) ST MO
ZOMIG SOLUTION 2.5MG, 5MG	3	QL (12 EA per 30 days) ST MO
<i>zomig tablet 2.5mg, 5mg</i>	1	QL (12 EA per 30 days) ST
MISCELLANEOUS		

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
AMVUTTRA INJECTION 25MG/0.5ML	3	QL (0.5 ML per 90 days) PA; ACS LD
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 12MG; 18MG; 24MG; 30MG	3	QL (56 EA per 365 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	3	QL (120 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18MG, 30MG, 36MG, 42MG, 48MG	3	QL (30 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	3	QL (60 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	3	QL (90 EA per 30 days) PA; ACS
AUSTEDO TABLET 12MG, 9MG	3	QL (120 EA per 30 days) PA; ACS
AUSTEDO TABLET 6MG	3	QL (60 EA per 30 days) PA; ACS
DAYBUE STIX PACKET 5000MG, 6000MG	3	QL (120 EA per 30 days) PA; LD
DAYBUE STIX PACKET 8000MG	3	QL (60 EA per 30 days) PA; LD
DAYBUE SOLUTION 200MG/ML	3	QL (3600 ML per 30 days) PA; LD
DUVYZAT SUSPENSION 8.86MG/ML	3	QL (420 ML per 30 days) PA; LD
<i>edaravone injection 30mg/100ml</i>	3	PA; ACS
ENSPRYNG INJECTION 120MG/ML	3	PA; ACS LD
EQUETRO CAPSULE EXTENDED RELEASE 12 HOUR 100MG, 200MG, 300MG	3	MO; HRM
EVRYSDI SOLUTION RECONSTITUTED 0.75MG/ML	3	PA; LD
EVRYSDI TABLET 5MG	3	PA; LD
FIRDAPSE TABLET 10MG	3	QL (300 EA per 30 days) PA; LD
<i>gabapentin once-daily (generic Gralise) tablet 300mg</i>	1	QL (180 EA per 30 days) PA MO
<i>gabapentin once-daily (generic Gralise) tablet 750mg, 900mg</i>	1	QL (60 EA per 30 days) PA MO
<i>gabapentin once-daily (generic Gralise) tablet 450mg, 600mg</i>	1	QL (90 EA per 30 days) PA MO
GRALISE TABLET 300MG	3	QL (180 EA per 30 days) PA MO
GRALISE TABLET 750MG, 900MG	3	QL (60 EA per 30 days) PA MO
GRALISE TABLET 450MG, 600MG	3	QL (90 EA per 30 days) PA MO
HORIZANT TABLET EXTENDED RELEASE 300MG, 600MG	3	QL (60 EA per 30 days) PA MO
<i>lithium carbonate er tablet extended release 300mg, 450mg</i>	1	MO
<i>lithium carbonate capsule 150mg, 300mg, 600mg</i>	1	MO
<i>lithium carbonate tablet 300mg</i>	1	MO
<i>lithium solution 8meq/5ml</i>	1	MO
LITHOBID TABLET EXTENDED RELEASE 300MG	3	MO
LYRICA CR TABLET EXTENDED RELEASE 24 HOUR 330MG	3	QL (60 EA per 30 days) PA MO
LYRICA CR TABLET EXTENDED RELEASE 24 HOUR 165MG, 82.5MG	3	QL (90 EA per 30 days) PA MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
MESTINON TIMESPAN TABLET EXTENDED RELEASE 180MG	3	MO
MESTINON SOLUTION 60MG/5ML	3	MO
MESTINON TABLET 60MG	3	MO
<i>milnacipran hydrochloride titration pack 12.5mg; 25mg; 50mg</i>	1	QL (110 EA per 365 days) PA
<i>milnacipran hydrochloride tablet 100mg, 12.5mg, 25mg, 50mg</i>	1	QL (60 EA per 30 days) PA MO
NUEDEXTA CAPSULE 20MG; 10MG	3	QL (60 EA per 30 days) PA MO
<i>pregabalin er tablet extended release 24 hour 330mg</i>	1	QL (60 EA per 30 days) PA MO
<i>pregabalin er tablet extended release 24 hour 165mg, 82.5mg</i>	1	QL (90 EA per 30 days) PA MO
<i>pyridostigmine bromide er tablet extended release 180mg</i>	1	MO
<i>pyridostigmine bromide solution 60mg/5ml</i>	1	MO
<i>pyridostigmine bromide tablet 30mg, 60mg</i>	1	MO
RADICAVA ORS STARTER KIT SUSPENSION 105MG/5ML	3	QL (70 ML per 28 days) PA; ACS LD
RADICAVA ORS SUSPENSION 105MG/5ML	3	QL (70 ML per 28 days) PA; ACS LD
<i>riluzole tablet 50mg</i>	1	MO
SAVELLA TABLET 100MG, 12.5MG, 25MG, 50MG	3	QL (60 EA per 30 days) PA MO
SKYCLARYS CAPSULE 50MG	3	QL (90 EA per 30 days) PA; LD
<i>tetrabenazine tablet 12.5mg</i>	1	QL (90 EA per 30 days) PA; ACS
<i>tetrabenazine tablet 25mg</i>	3	QL (120 EA per 30 days) PA; ACS
TIGLUTIK SUSPENSION 50MG/10ML	3	QL (600 ML per 30 days) PA; ACS LD
TONMYA TABLET SUBLINGUAL 2.8MG	3	QL (60 EA per 30 days) PA MO
UPLIZNA INJECTION 100MG/10ML	3	PA; ACS LD
WAINUA INJECTION 45MG/0.8ML	3	QL (0.8 ML per 30 days) PA; LD
XENAZINE TABLET 25MG	3	QL (120 EA per 30 days) PA; ACS LD
XENAZINE TABLET 12.5MG	3	QL (90 EA per 30 days) PA; ACS LD
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TABLET EXTENDED RELEASE 12 HOUR 10MG	3	QL (60 EA per 30 days) PA; ACS LD
AVONEX PEN INJECTION 30MCG/0.5ML	3	QL (1 EA per 28 days) PA; ACS
AVONEX INJECTION 30MCG/0.5ML	3	QL (1 EA per 28 days) PA; ACS
BAFIERTAM CAPSULE DELAYED RELEASE 95MG	3	QL (120 EA per 30 days) PA; ACS LD
BETASERON INJECTION 0.3MG	3	QL (14 EA per 28 days) PA; ACS
<i>cladribine tablet therapy pack (4 tab pack) 10mg</i>	3	QL (16 EA per 999 days) PA; ACS
<i>cladribine tablet therapy pack (5 tab pack) 10mg</i>	3	QL (20 EA per 999 days) PA; ACS
<i>cladribine tablet therapy pack (6 tab pack) 10mg</i>	3	QL (24 EA per 999 days) PA; ACS
<i>cladribine tablet therapy pack (7 tab pack) 10mg</i>	3	QL (28 EA per 999 days) PA; ACS

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>cladribine tablet therapy pack (8 tab pack) 10mg</i>	3	QL (32 EA per 999 days) PA; ACS
<i>cladribine tablet therapy pack (9 tab pack) 10mg</i>	3	QL (36 EA per 999 days) PA; ACS
<i>cladribine tablet therapy pack (10 tab pack) 10mg</i>	3	QL (40 EA per 999 days) PA; ACS
COPAXONE INJECTION 40MG/ML	3	QL (12 ML per 28 days) PA; ACS
COPAXONE INJECTION 20MG/ML	3	QL (30 ML per 30 days) PA; ACS
<i>dalfampridine er tablet extended release 12 hour 10mg</i>	1	QL (60 EA per 30 days) PA; ACS
<i>dimethyl fumarate starter pack capsule delayed release therapy pack 120mg; 240mg</i>	3	QL (120 EA per 365 days) PA; ACS
<i>dimethyl fumarate capsule delayed release 120mg</i>	3	QL (14 EA per 7 days) PA; ACS
<i>dimethyl fumarate capsule delayed release 240mg</i>	3	QL (60 EA per 30 days) PA; ACS
<i>fingolimod hydrochloride capsule 0.5mg</i>	3	QL (30 EA per 30 days) PA; ACS
GILENYA CAPSULE 0.25MG, 0.5MG	3	QL (30 EA per 30 days) PA; ACS
<i>glatiramer acetate injection 40mg/ml</i>	3	QL (12 ML per 28 days) PA; ACS
<i>glatiramer acetate injection 20mg/ml</i>	3	QL (30 ML per 30 days) PA; ACS
<i>glatopa injection 40mg/ml</i>	3	QL (12 ML per 28 days) PA; ACS
<i>glatopa injection 20mg/ml</i>	3	QL (30 ML per 30 days) PA; ACS
MAVENCLAD TABLET THERAPY PACK (4 TAB PACK) 10MG	3	QL (16 EA per 999 days) PA; ACS LD
MAVENCLAD TABLET THERAPY PACK (5 TAB PACK) 10MG	3	QL (20 EA per 999 days) PA; ACS LD
MAVENCLAD TABLET THERAPY PACK (6 TAB PACK) 10MG	3	QL (24 EA per 999 days) PA; ACS LD
MAVENCLAD TABLET THERAPY PACK (7 TAB PACK) 10MG	3	QL (28 EA per 999 days) PA; ACS LD
MAVENCLAD TABLET THERAPY PACK (8 TAB PACK) 10MG	3	QL (32 EA per 999 days) PA; ACS LD
MAVENCLAD TABLET THERAPY PACK (9 TAB PACK) 10MG	3	QL (36 EA per 999 days) PA; ACS LD
MAVENCLAD TABLET THERAPY PACK (10 TAB PACK) 10MG	3	QL (40 EA per 999 days) PA; ACS LD
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG (FOR 1MG MAINTENANCE DOSAGE)	3	QL (14 EA per 365 days) PA; ACS LD
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG (FOR 2MG MAINTENANCE DOSAGE)	3	QL (24 EA per 365 days) PA; ACS LD
MAYZENT TABLET 0.25MG	3	QL (112 EA per 28 days) PA; ACS LD
MAYZENT TABLET 1MG, 2MG	3	QL (30 EA per 30 days) PA; ACS LD
OCREVUS ZUNOVO INJECTION 23000UNIT/23ML; 920MG/23ML	3	QL (23 ML per 180 days) PA; ACS LD
OCREVUS INJECTION 300MG/10ML	3	PA; ACS LD
PLEGRIDY STARTER PACK INJECTION 63MCG/0.5ML; 94MCG/0.5ML	3	QL (2 ML per 365 days) PA; ACS LD
PLEGRIDY INJECTION 125MCG/0.5ML	3	QL (1 ML per 28 days) PA; ACS LD

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
PONVORY 14-DAY STARTER PACK TABLET THERAPY PACK	3	QL (28 EA per 365 days) PA; ACS LD
PONVORY TABLET 20MG	3	QL (30 EA per 30 days) PA; ACS LD
TASCENSO ODT TABLET DISINTEGRATING 0.25MG, 0.5MG	3	QL (30 EA per 30 days) PA; LD
<i>teriflunomide tablet 14mg, 7mg</i>	3	QL (30 EA per 30 days) PA; ACS
VUMERITY CAPSULE DELAYED RELEASE 231MG	3	QL (120 EA per 30 days) PA; ACS LD
ZEPOSIA 7-DAY STARTER PACK CAPSULE THERAPY PACK 0.23MG; 0.46MG	3	QL (14 EA per 365 days) PA; ACS LD
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0.23MG; 0.46MG; 0.92MG	3	QL (56 EA per 365 days) PA; ACS LD
ZEPOSIA CAPSULE 0.92MG	3	QL (30 EA per 30 days) PA; ACS LD
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen solution 10mg/5ml, 5mg/5ml</i>	1	PA MO
<i>baclofen suspension 25mg/5ml</i>	3	PA MO
<i>baclofen tablet 10mg, 15mg, 20mg</i>	1	MO
<i>baclofen tablet 5mg</i>	1	QL (90 EA per 30 days) MO
BOTOX INJECTION 100UNIT, 200UNIT	3	PA
<i>carisoprodol tablet 350mg</i>	2	QL (120 EA per 30 days) PA MO; HRM
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	2	QL (90 EA per 30 days) PA MO; HRM
DANTRIUM CAPSULE 25MG	3	MO
<i>dantrone sodium capsule 100mg, 25mg, 50mg</i>	1	MO
DAXXIFY INJECTION 100UNIT	3	PA; ACS LD
DYSPORT INJECTION 300UNIT, 500UNIT	3	PA; ACS
FLEQSUVY SUSPENSION 25MG/5ML	3	PA MO
<i>metaxalone tablet 800mg</i>	3	QL (120 EA per 30 days) PA MO; HRM
<i>methocarbamol tablet 750mg</i>	2	QL (240 EA per 30 days) PA MO; HRM
<i>methocarbamol tablet 500mg</i>	2	QL (360 EA per 30 days) PA MO; HRM
MYOBLOC INJECTION 10000UNIT/2ML, 2500UNIT/0.5ML, 5000UNIT/ML	3	PA; ACS
ONTRALFY SOLUTION 2MG/5ML	3	MO
OZOBAX DS SOLUTION 10MG/5ML	3	PA
SOMA TABLET 350MG	3	QL (120 EA per 30 days) PA MO; HRM
<i>tizanidine hcl tablet 2mg</i>	1	MO
<i>tizanidine hydrochloride capsule 2mg, 4mg, 6mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>tizanidine hydrochloride capsule 8mg</i>	3	
<i>tizanidine hydrochloride tablet 4mg</i>	1	MO
XEOMIN INJECTION 100UNIT, 200UNIT, 50UNIT	3	PA; ACS LD
ZANAFLEX CAPSULE 8MG	3	
ZANAFLEX CAPSULE 2MG, 4MG, 6MG	3	MO
ZANAFLEX TABLET 4MG	3	MO
NARCOLEPSY/CATAPLEXY		
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	1	QL (30 EA per 30 days) PA MO
<i>armodafinil tablet 50mg</i>	1	QL (60 EA per 30 days) PA MO
LUMRYZ STARTER PACK THERAPY PACK 4.5GM; 6GM; 7.5GM	3	QL (56 EA per 365 days) PA; ACS LD
LUMRYZ PACKET 4.5GM, 6GM, 7.5GM, 9GM	3	QL (30 EA per 30 days) PA; ACS LD
<i>modafinil tablet 100mg</i>	1	QL (30 EA per 30 days) PA MO
<i>modafinil tablet 200mg</i>	1	QL (60 EA per 30 days) PA MO
NUVIGIL TABLET 150MG, 200MG, 250MG	3	QL (30 EA per 30 days) PA MO
NUVIGIL TABLET 50MG	3	QL (60 EA per 30 days) PA MO
PROVIGIL TABLET 100MG	3	QL (30 EA per 30 days) PA MO
PROVIGIL TABLET 200MG	3	QL (60 EA per 30 days) PA MO
SODIUM OXYBATE SOLUTION 500MG/ML	3	QL (540 ML per 30 days) PA; LD
SUNOSI TABLET 150MG, 75MG	3	QL (30 EA per 30 days) PA MO
WAKIX TABLET 17.8MG, 4.45MG	3	QL (60 EA per 30 days) PA; ACS LD
XYREM SOLUTION 500MG/ML	3	QL (540 ML per 30 days) PA; LD
XYWAV SOLUTION 234MG/ML; 96MG/ML; 130MG/ML; 40MG/ML	3	QL (540 ML per 30 days) PA; LD
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium dr tablet delayed release 333mg</i>	1	MO
BRIXADI INJECTION 128MG/0.36ML, 16MG/0.32ML, 24MG/0.48ML, 32MG/0.64ML, 64MG/0.18ML, 8MG/0.16ML, 96MG/0.27ML	3	ACS LD
<i>buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg</i>	1	QL (120 EA per 30 days) MO
<i>buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg</i>	1	QL (180 EA per 30 days) MO
<i>buprenorphine hcl tablet sublingual 8mg</i>	1	QL (120 EA per 30 days) MO
<i>buprenorphine hcl tablet sublingual 2mg</i>	1	QL (180 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 8mg; 2mg</i>	1	QL (120 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg</i>	1	QL (180 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg</i>	1	QL (90 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tablet (smoking deterrent) extended release 12 hour 150mg</i>	1	QL (60 EA per 30 days) MO
CHANTIX CONTINUING MONTH PAK TABLET 1MG	3	QL (56 EA per 28 days) MO

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Drug Name	Drug Tier	Requirements/Limits
CHANTIX STARTING MONTH PAK TABLET THERAPY PACK 0.5MG; 1MG	3	QL (106 EA per 365 days) MO
CHANTIX TABLET 0.5MG, 1MG	3	QL (56 EA per 28 days) MO
<i>disulfiram tablet 250mg, 500mg</i>	1	MO
KLOXXADO LIQUID 8MG/0.1ML	2	MO
<i>lofexidine hydrochloride tablet 0.18mg</i>	3	QL (228 EA per 14 days) PA MO
<i>naloxone hcl injection 4mg/10ml</i>	1	MO
<i>naloxone hydrochloride injection 0.4mg/ml cartridge, 2mg/2ml</i>	1	MO
<i>naloxone hydrochloride vial and prefilled syringe injection 0.4mg/ml</i>	1	MO
<i>naltrexone hydrochloride tablet 50mg</i>	1	MO
NICOTROL NS SOLUTION 10MG/ML	3	MO
OPVEE SOLUTION 2.7MG/0.1ML	3	
REZENOPY LIQUID 10MG/0.11ML	3	
SUBLOCADE INJECTION 100MG/0.5ML, 300MG/1.5ML	3	ACS LD
SUBOXONE FILM 8MG; 2MG	3	QL (120 EA per 30 days) MO
SUBOXONE FILM 2MG; 0.5MG	3	QL (180 EA per 30 days) MO
SUBOXONE FILM 12MG; 3MG, 4MG; 1MG	3	QL (90 EA per 30 days) MO
<i>varenicline starting month tablet therapy pack 0.5mg; 1mg</i>	1	QL (106 EA per 365 days)
<i>varenicline tartrate continuing month tablet 1mg</i>	1	QL (56 EA per 28 days) MO
<i>varenicline tartrate tablet 0.5mg, 1mg</i>	1	QL (56 EA per 28 days) MO
VIVITROL INJECTION 380MG	3	ACS
ZUBSOLV TABLET SUBLINGUAL 11.4MG; 2.9MG	3	QL (30 EA per 30 days) MO
ZUBSOLV TABLET SUBLINGUAL 8.6MG; 2.1MG	3	QL (60 EA per 30 days) MO
ZUBSOLV TABLET SUBLINGUAL 0.7MG; 0.18MG, 1.4MG; 0.36MG, 2.9MG; 0.71MG, 5.7MG; 1.4MG	3	QL (90 EA per 30 days) MO
ZURNAI INJECTION 1.5MG/0.5ML	3	
ENDOCRINE AND METABOLIC		
ANDROGENS		
AVEED INJECTION 750MG/3ML	3	PA; ACS LD
AZMIRO INJECTION 200MG/ML	3	PA MO
<i>danazol capsule 100mg, 200mg, 50mg</i>	1	MO
<i>depo-testosterone injection 100mg/ml, 200mg/ml</i>	1	PA
JATENZO CAPSULE 158MG, 198MG	3	QL (120 EA per 30 days) PA MO
JATENZO CAPSULE 237MG	3	QL (60 EA per 30 days) PA MO
KYZATREX CAPSULE 150MG, 200MG	3	QL (120 EA per 30 days) PA
TESTIM GEL 1%	3	QL (300 GM per 30 days) PA MO
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	1	PA MO
<i>testosterone enanthate injection 200mg/ml</i>	1	PA MO
<i>testosterone pump gel 1.62%</i>	1	QL (150 GM per 30 days) PA MO
<i>testosterone pump gel 1%</i>	1	QL (300 GM per 30 days) PA MO
<i>testosterone gel 1.62% (20.25mg/1.25gm, 40.5mg/2.5gm)</i>	1	QL (150 GM per 30 days) PA MO
<i>testosterone gel 1% (25mg/2.5gm, 50mg/5gm)</i>	1	QL (300 GM per 30 days) PA MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone solution 30mg/act</i>	1	QL (180 ML per 30 days) PA MO
TLANDO CAPSULE 112.5MG	3	QL (120 EA per 30 days) PA MO
VOGELXO PUMP GEL 1%	3	QL (300 GM per 30 days) PA MO
VOGELXO GEL 50MG/5GM	3	QL (300 GM per 30 days) PA MO
XYOSTED INJECTION 100MG/0.5ML, 50MG/0.5ML, 75MG/0.5ML	3	PA MO
ANTIDIABETICS, INSULINS		
ADMELOG SOLOSTAR INJECTION 100UNIT/ML	2	MO
ADMELOG INJECTION 100UNIT/ML	2	B/D MO
BD ALCOHOL SWABS	2	PA MO
BD INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	PA MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	PA MO
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 1/2"	2	PA MO
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16"	2	PA MO
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 1/2"	2	PA MO
CEQR SIMPLICITY 1U EXTND WEAR DEVICE	3	QL (8 EA per 24 days) PA
CEQR SIMPLICITY 2U EXTND WEAR DEVICE	3	QL (10 EA per 30 days) PA
CEQR SIMPLICITY 2U DEVICE 8 PACK	3	QL (8 EA per 24 days) PA MO
CEQR SIMPLICITY EXTENDED WEAR INSERTER	3	QL (2 EA per 365 days) PA
MISCELLANEOUS		
CEQR SIMPLICITY INSERTER	3	QL (2 EA per 365 days) PA MO
CURITY GAUZE PADS 2"X2" 12 PLY PAD	2	PA MO
FIASP FLEXTouch INJECTION 100UNIT/ML	2	MO
FIASP PENFILL INJECTION 100UNIT/ML	2	MO
FIASP PUMPCART INJECTION 100UNIT/ML	2	B/D MO
FIASP INJECTION 100UNIT/ML	2	B/D MO
HUMULIN R U-500 KWIKPEN INJECTION 500UNIT/ML	3	MO
LANTUS SOLOSTAR INJECTION 100UNIT/ML	2	MO
LANTUS INJECTION 100UNIT/ML	2	MO
NOVOLIN 70/30 FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML (BRAND RELION NOT COVERED)	2	MO
NOVOLIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML (BRAND RELION NOT COVERED)	2	MO
NOVOLIN N FLEXPEN INJECTION 100UNIT/ML (BRAND RELION NOT COVERED)	2	MO
NOVOLIN N INJECTION 100UNIT/ML (BRAND RELION NOT COVERED)	2	MO
NOVOLIN R FLEXPEN INJECTION 100UNIT/ML (BRAND RELION NOT COVERED)	2	MO
NOVOLIN R INJECTION 100UNIT/ML (BRAND RELION NOT COVERED)	2	B/D MO
NOVOLOG FLEXPEN INJECTION 100UNIT/ML	2	MO

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Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML (BRAND RELION NOT COVERED)	2	MO
NOVOLOG MIX 70/30 INJECTION 30UNIT/ML; 70UNIT/ML (BRAND RELION NOT COVERED)	2	MO
NOVOLOG PENFILL INJECTION 100UNIT/ML	2	MO
NOVOLOG INJECTION 100UNIT/ML	2	B/D MO
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	3	QL (1 EA per 365 days) PA MO
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	3	QL (15 EA per 30 days) PA MO
OMNIPOD 5 LIBRE INTRO KIT	3	QL (1 EA per 365 days) PA MO
OMNIPOD 5 LIBRE PODS	3	QL (15 EA per 30 days) PA MO
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL (1 EA per 365 days) PA MO
OMNIPOD DASH PODS (GEN 4)	3	QL (15 EA per 30 days) PA MO
SOLIQUA 100/33 INJECTION 100UNIT/ML; 33MCG/ML	2	QL (15 ML per 25 days) MO
TOUJEO MAX SOLOSTAR INJECTION 300UNIT/ML	2	MO
TOUJEO SOLOSTAR INJECTION 300UNIT/ML	2	MO
XULTOPHY 100/3.6 INJECTION 100UNIT/ML; 3.6MG/ML	2	QL (15 ML per 30 days) MO
ANTIDIABETICS		
<i>acarbose tablet 100mg, 25mg, 50mg</i>	1	MO
ACTOPLUS MET TABLET 850MG; 15MG	3	QL (90 EA per 30 days) MO
ACTOS TABLET 15MG, 30MG, 45MG	3	QL (30 EA per 30 days) MO
DAPAGLIFLOZIN/METFORMIN HYDROCHLORIDE ER TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG	1	QL (30 EA per 30 days) MO
DAPAGLIFLOZIN/METFORMIN HYDROCHLORIDE ER TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	1	QL (60 EA per 30 days) MO
<i>dapagliflozin/metformin hydrochloride er tablet extended release 24 hour 10mg; 500mg</i>	1	QL (30 EA per 30 days)
<i>dapagliflozin/metformin hydrochloride er tablet extended release 24 hour 5mg; 500mg</i>	1	QL (60 EA per 30 days)
DAPAGLIFLOZIN TABLET 10MG, 5MG	1	QL (30 EA per 30 days) MO
DUETACT TABLET 2MG; 30MG, 4MG; 30MG	3	QL (30 EA per 30 days) MO
FARXIGA TABLET 10MG, 5MG	2	QL (30 EA per 30 days) MO
<i>glimepiride tablet 4mg</i>	1	QL (60 EA per 30 days) MO
<i>glimepiride tablet 1mg, 2mg</i>	1	QL (90 EA per 30 days) MO
<i>glipizide er tablet extended release 24 hour 10mg</i>	1	QL (60 EA per 30 days) MO
<i>glipizide er tablet extended release 24 hour 2.5mg, 5mg</i>	1	QL (90 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 1000mg</i>	1	QL (120 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg</i>	1	QL (240 EA per 30 days) MO
<i>glipizide tablet 10mg</i>	1	QL (120 EA per 30 days) MO
<i>glipizide tablet 5mg</i>	1	QL (240 EA per 30 days) MO
GLYXAMBI TABLET 10MG; 5MG, 25MG; 5MG	2	QL (30 EA per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 2 1000MG; 100MG	2	QL (30 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 2 1000MG; 50MG, 500MG; 50MG	2	QL (60 EA per 30 days) MO
JANUMET TABLET 1000MG; 50MG, 500MG; 50MG	3	QL (60 EA per 30 days)
JANUVIA TABLET 100MG, 25MG, 50MG	3	QL (30 EA per 30 days)
JARDIANCE TABLET 10MG, 25MG	2	QL (30 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	2	QL (30 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	2	QL (60 EA per 30 days) MO
JENTADUETO TABLET 2.5MG; 1000MG, 2.5MG; 500MG, 2 2.5MG; 850MG	2	QL (60 EA per 30 days) MO
<i>liraglutide injection 6mg/ml</i>	1	QL (9 ML per 30 days) PA MO
<i>metformin hydrochloride er (generic Glucophage XR) tablet extended release 24 hour 500mg</i>	1	QL (120 EA per 30 days) MO
<i>metformin hydrochloride er (generic Glucophage XR) tablet extended release 24 hour 750mg</i>	1	QL (60 EA per 30 days) MO
<i>metformin hydrochloride solution 500mg/5ml</i>	1	QL (765 ML per 30 days) ST MO
<i>metformin hydrochloride tablet 500mg</i>	1	QL (150 EA per 30 days) MO
<i>metformin hydrochloride tablet 1000mg</i>	1	QL (75 EA per 30 days) MO
<i>metformin hydrochloride tablet 850mg</i>	1	QL (90 EA per 30 days) MO
<i>miglitol tablet 100mg, 25mg, 50mg</i>	1	MO
MOUNJARO INJECTION 2.5MG/0.5ML	2	QL (2 ML per 28 days) PA
MOUNJARO INJECTION 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	2	QL (2 ML per 28 days) PA MO
<i>nateglinide tablet 120mg, 60mg</i>	1	QL (90 EA per 30 days) MO
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	2	QL (3 ML per 28 days) PA MO
OZEMPIC TABLET 1.5MG	2	QL (30 EA per 30 days) PA
OZEMPIC TABLET 4MG, 9MG	2	QL (30 EA per 30 days) PA MO
<i>pioglitazone hcl-glimepiride tablet 2mg; 30mg, 4mg; 30mg</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hcl/metformin hcl tablet 500mg; 15mg, 850mg; 15mg</i>	1	QL (90 EA per 30 days) MO
<i>pioglitazone hcl tablet 45mg</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	QL (30 EA per 30 days) MO
<i>repaglinide tablet 0.5mg, 1mg</i>	1	QL (120 EA per 30 days) MO
<i>repaglinide tablet 2mg</i>	1	QL (240 EA per 30 days) MO
<i>sitagliptin phosphate/metformin hydrochloride tablet 1000mg; 1 50mg, 500mg; 50mg</i>	1	QL (60 EA per 30 days) MO
<i>sitagliptin phosphate tablet 100mg, 25mg</i>	1	QL (30 EA per 30 days)
<i>sitagliptin phosphate tablet 50mg</i>	1	QL (30 EA per 30 days) MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	2	QL (30 EA per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	2	QL (60 EA per 30 days) MO
SYNJARDY TABLET 5MG; 500MG	2	QL (120 EA per 30 days) MO
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	2	QL (60 EA per 30 days) MO
TRADJENTA TABLET 5MG	2	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	2	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	2	QL (60 EA per 30 days) MO
TRULICITY INJECTION 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	2	QL (2 ML per 28 days) PA MO
TZIELD INJECTION 2MG/2ML	3	PA; LD
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG	3	QL (30 EA per 30 days) MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	3	QL (60 EA per 30 days) MO
CALCIUM REGULATORS		
ACTONEL TABLET 150MG, 35MG	3	MO
<i>alendronate sodium solution 70mg/75ml</i>	1	ST MO
<i>alendronate sodium tablet 10mg, 35mg, 70mg</i>	1	MO
ATELVIA TABLET DELAYED RELEASE 35MG	3	ST MO
BILDYOS INJECTION 60MG/ML	3	QL (1 ML per 180 days); ACS
BINOSTO TABLET EFFERVESCENT 70MG	3	ST MO
BONSITY INJECTION 560MCG/2.24ML	3	QL (2.24 ML per 28 days) PA; ACS
<i>calcitonin-salmon solution 200unit/act</i>	1	MO
EVENITY INJECTION 105MG/1.17ML	3	PA; ACS
FORTEO INJECTION 560MCG/2.24ML	3	QL (2.24 ML per 28 days) PA; ACS
FOSAMAX PLUS D TABLET 70MG; 2800UNIT, 70MG; 5600UNIT	3	ST MO
FOSAMAX TABLET 70MG	3	MO
<i>ibandronate sodium injection 3mg/3ml</i>	1	QL (3 ML per 90 days) MO
<i>ibandronate sodium tablet 150mg</i>	1	MO
OSPOMYV INJECTION 60MG/ML	3	QL (1 ML per 180 days); ACS
PAMIDRONATE DISODIUM INJECTION 6MG/ML	3	
<i>pamidronate disodium injection 30mg/10ml, 90mg/10ml</i>	1	
PROLIA INJECTION 60MG/ML	3	QL (1 ML per 180 days); ACS
RECLAST INJECTION 5MG/100ML	3	ACS
<i>risedronate sodium dr tablet delayed release 35mg</i>	1	ST MO
<i>risedronate sodium tablet 150mg, 30mg, 35mg, 5mg</i>	1	MO
<i>teriparatide injection (brand by Alvogen) 560mcg/2.24ml</i>	3	QL (2.24 ML per 28 days) PA; ACS
TYMLOS INJECTION 3120MCG/1.56ML	3	QL (1.56 ML per 30 days) PA; ACS
		LD
WYOST INJECTION 120MG/1.7ML	3	PA; ACS LD

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Drug Name	Drug Tier	Requirements/Limits
XTRENBO INJECTION 120MG/1.7ML	3	PA; ACS
YORVIPATH INJECTION 168MCG/0.56ML, 294MCG/0.98ML, 420MCG/1.4ML	3	PA; LD
ZOLEDRONIC ACID INJECTION 4MG/100ML	3	ACS
<i>zoledronic acid injection 4mg/5ml, 5mg/100ml</i>	1	ACS
CHELATING AGENTS		
CHEMET CAPSULE 100MG	3	MO
CUVRIOR TABLET 300MG	3	PA; LD
<i>deferasirox packet 180mg, 360mg, 90mg</i>	3	PA; ACS
<i>deferasirox tablet soluble 125mg</i>	1	PA; ACS
<i>deferasirox tablet soluble 250mg, 500mg</i>	3	PA; ACS
<i>deferasirox tablet 90mg</i>	1	PA; ACS
<i>deferasirox tablet 180mg, 360mg</i>	3	PA; ACS
<i>deferiprone tablet 1000mg, 500mg</i>	3	PA; ACS LD
<i>deferoxamine mesylate injection 2gm, 500mg</i>	1	PA; ACS
DEPEN TITRATABS TABLET 250MG	3	ACS
DESFERAL INJECTION 500MG	3	PA; ACS
EXJADE TABLET SOLUBLE 125MG, 250MG, 500MG	3	PA; ACS LD
FERRIPROX TWICE-A-DAY TABLET 1000MG	3	PA; LD
FERRIPROX SOLUTION 100MG/ML	3	PA; LD
FERRIPROX TABLET 1000MG	3	PA; LD
JADENU SPRINKLE PACKET 180MG, 360MG, 90MG	3	PA; ACS LD
JADENU TABLET 180MG, 360MG, 90MG	3	PA; ACS LD
<i>kionex suspension 15gm/60ml</i>	1	
LOKELMA PACKET 10GM, 5GM	2	MO
<i>penicillamine tablet 250mg</i>	3	ACS
<i>sodium polystyrene sulfonate powder</i>	1	MO
<i>sodium polystyrene sulfonate suspension 15gm/60ml</i>	1	MO
<i>sps multiple routes suspension 15gm/60ml, 15gm/60ml</i>	1	MO
SYPRINE CAPSULE 250MG	3	PA; ACS
<i>trientine hydrochloride capsule 250mg, 500mg</i>	3	PA; ACS
VELTASSA PACKET 25.2GM	2	
VELTASSA PACKET 16.8GM, 1GM, 8.4GM	2	MO
CONTRACEPTIVES		
<i>afirmelle tablet 20mcg; 0.1mg</i>	1	
<i>altavera tablet 30mcg; 0.15mg</i>	1	
<i>alyacen 1/35 tablet 35mcg; 1mg</i>	1	MO
<i>alyacen 7/7/7 tablet 0.5mg; 0.75mg; 1mg; 0.035mg</i>	1	
<i>amethyst tablet 20mcg; 90mcg</i>	1	
ANNOVERA RING 0.013MG/24HR; 0.15MG/24HR	3	MO
<i>apri tablet 0.15mg; 30mcg</i>	1	
<i>aranelle tablet 0.5mg; 1mg; 0.035mg</i>	1	MO
<i>ashlyna tablet 0.15mg; 0.01mg; 0.03mg</i>	1	
<i>aubra eq tablet 20mcg; 0.1mg</i>	1	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>aurovela 1/20 tablet 20mcg; 1mg</i>	1	
<i>aurovela 24 fe tablet 20mcg; 75mg; 1mg</i>	1	
<i>aurovela fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	1	
<i>aurovela fe 1/20 tablet 20mcg; 75mg; 1mg</i>	1	MO
AVERI TABLET 0.15MG; 0.03MG; 36.5MG	3	
<i>aviane tablet 20mcg; 0.1mg</i>	1	MO
<i>ayuna tablet 0.03mg; 0.15mg</i>	1	
<i>azurette tablet 0.15mg; 0.02mg; 0.01mg</i>	1	MO
<i>balziva tablet 35mcg; 0.4mg</i>	1	
<i>blisovi 24 fe tablet 20mcg; 75mg; 1mg</i>	1	MO
<i>blisovi fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	1	
<i>blisovi fe 1/20 tablet 20mcg; 75mg; 1mg</i>	1	
<i>briellyn tablet 35mcg; 0.4mg</i>	1	
<i>camila tablet 0.35mg</i>	1	
CAMRESE LO TABLET 0.1MG; 0.02MG; 0.01MG	1	
CAMRESE TABLET 0.15MG; 0.03MG; 0.01MG	1	
<i>chateal eq tablet 30mcg; 0.15mg</i>	1	
<i>cryselle tablet 30mcg; 0.3mg</i>	1	MO
<i>cyred eq tablet 0.15mg; 30mcg</i>	1	
<i>dasetta 1/35 tablet 35mcg; 1mg</i>	1	
<i>dasetta 7/7/7 tablet 0.5mg; 0.75mg; 1mg; 0.035mg</i>	1	
<i>daysee tablet 0.15mg; 0.03mg; 0.01mg</i>	1	
<i>deblitane tablet 0.35mg</i>	1	
DEPO-PROVERA CONTRACEPTIVE INJECTION 150MG/ML	3	MO
DEPO-SUBQ PROVERA 104 INJECTION 104MG/0.65ML	2	MO
<i>desogestrel/ethinyl estradiol tablet 0.15mg; 0.02mg; 0.01mg</i>	1	MO
<i>dolishale tablet 20mcg; 90mcg</i>	1	MO
<i>drospirenone/ethinyl estradiol/levomefolate calcium tablet 3mg; 0.02mg; 0.451mg, 3mg; 0.03mg; 0.451mg</i>	1	MO
<i>drospirenone/ethinyl estradiol tablet 3mg; 0.02mg, 3mg; 0.03mg</i>	1	MO
<i>elimest tablet 30mcg; 0.3mg</i>	1	
<i>eluryng ring 0.015mg/24hr; 0.12mg/24hr</i>	1	
<i>emzahh tablet 0.35mg</i>	1	MO
<i>enilloring ring 0.015mg/24hr; 0.12mg/24hr</i>	1	MO
<i>enskyce tablet 0.15mg; 0.03mg</i>	1	MO
<i>errin tablet 0.35mg</i>	1	
<i>estarylla tablet 35mcg; 0.25mg</i>	1	
<i>ethynodiol diacetate/ethinyl estradiol tablet 50mcg; 1mg</i>	1	MO
<i>etonogestrel/ethinyl estradiol ring 0.015mg/24hr; 0.12mg/24hr</i>	1	MO
<i>falmina tablet 20mcg; 0.1mg</i>	1	
<i>feirza 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	1	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>feirza 1/20 tablet 20mcg; 75mg; 1mg</i>	1	
FEMLYV TABLET DISINTEGRATING 0.02MG; 1MG	3	MO
<i>finzala tablet chewable 20mcg; 75mg; 1mg</i>	1	
<i>galbriela tablet chewable 25mcg; 75mg; 0.8mg</i>	1	
<i>gemmily capsule 20mcg; 75mg; 1mg</i>	1	
<i>hailey 1.5/30 tablet 30mcg; 1.5mg</i>	1	MO
<i>hailey 24 fe tablet 20mcg; 75mg; 1mg</i>	1	
<i>hailey fe 1/20 tablet 20mcg; 75mg; 1mg</i>	1	
<i>heather tablet 0.35mg</i>	1	
<i>iclevia tablet 0.03mg; 0.15mg</i>	1	
<i>incassia tablet 0.35mg</i>	1	
<i>introvale tablet 0.03mg; 0.15mg</i>	1	
<i>isibloom tablet 0.15mg; 30mcg</i>	1	
<i>jaimiess tablet 0.15mg; 0.03mg; 0.01mg</i>	1	
<i>jasmiel tablet 3mg; 0.02mg</i>	1	
<i>jencycla tablet 0.35mg</i>	1	
JOLESSA TABLET 0.03MG; 0.15MG	1	
<i>juleber tablet 0.15mg; 30mcg</i>	1	
<i>junel 1.5/30 tablet 30mcg; 1.5mg</i>	1	
<i>junel 1/20 tablet 20mcg; 1mg</i>	1	
<i>junel fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	1	MO
<i>junel fe 1/20 tablet 20mcg; 75mg; 1mg</i>	1	
<i>junel fe 24 tablet 20mcg; 75mg; 1mg</i>	1	
<i>kaitlib fe tablet chewable 25mcg; 75mg; 0.8mg</i>	1	MO
<i>kariva tablet 0.15mg; 0.02mg; 0.01mg</i>	1	
<i>kelnor 1/35 tablet 35mcg; 1mg</i>	1	MO
<i>kurvelo tablet 0.03mg; 0.15mg</i>	1	
<i>larin 1.5/30 tablet 30mcg; 1.5mg</i>	1	
<i>larin 1/20 tablet 20mcg; 1mg</i>	1	
<i>larin 24 fe tablet 20mcg; 75mg; 1mg</i>	1	
<i>larin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	1	
<i>larin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	1	
<i>lessina tablet 20mcg; 0.1mg</i>	1	MO
<i>levonest tablet 0.05mg; 0.075mg; 0.125mg; 0.03mg; 0.04mg</i>	1	
<i>levonorgestrel and ethinyl estradiol tablet 0.1mg; 0.02mg; 0.01mg; 20mcg; 90mcg</i>	1	MO
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0.15mg; 0.03mg; 0.01mg, 0.15mg; 0.02mg; 0.15mg; 0.02mg, 0.15mg; 0.03mg; 0.01mg, 0.05mg; 0.03mg; 0.075mg; 0.04mg, 0.125mg; 0.03mg, 20mcg; 0.1mg</i>	1	MO
LILETTA INTRAUTERINE DEVICE 20.1MCG/DAY	2	ACS LD
LO LOESTRIN FE TABLET 10MCG; 75MG; 1MG	3	MO
<i>loestrin 1.5/30-21 tablet 30mcg; 1.5mg</i>	1	
<i>loestrin 1/20-21 tablet 20mcg; 1mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>loestrin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	1	
<i>loestrin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	1	
<i>lojaimiess tablet 0.1mg; 0.02mg; 0.01mg</i>	1	MO
<i>loryna tablet 3mg; 0.02mg</i>	1	
<i>luizza 1.5/30 tablet 30mcg; 1.5mg</i>	1	
<i>luizza 1/20 tablet 20mcg; 1mg</i>	1	
<i>lyleq tablet 0.35mg</i>	1	
<i>lyza tablet 0.35mg</i>	1	
<i>marlissa tablet 0.03mg; 0.15mg</i>	1	MO
<i>medroxyprogesterone acetate injection 150mg/ml</i>	1	MO
<i>meleya tablet 0.35mg</i>	1	
<i>mibelas 24 fe tablet chewable 20mcg; 75mg; 1mg</i>	1	MO
<i>microgestin 1.5/30 tablet 30mcg; 1.5mg</i>	1	
<i>microgestin 1/20 tablet 20mcg; 1mg</i>	1	
<i>microgestin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	1	
<i>microgestin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	1	
<i>mili tablet 35mcg; 0.25mg</i>	1	
<i>mono-linyah tablet 35mcg; 0.25mg</i>	1	
NATAZIA TABLET 3MG; 1MG; 2MG	3	MO
<i>necon 0.5/35-28 tablet 35mcg; 0.5mg</i>	1	
NEXPLANON INJECTION 68MG	2	ACS LD
NEXTSTELLIS TABLET 3MG; 14.2MG	3	MO
<i>nikki tablet 3mg; 0.02mg</i>	1	
NORA-BE TABLET 0.35MG	1	
<i>norelgestromin/ethinyl estradiol patch weekly 35mcg/24hr; 150mcg/24hr</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate capsule 20mcg; 75mg; 1mg</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet chewable 20mcg; 75mg; 1mg</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg</i>	1	MO
<i>norethindrone tablet 0.35mg</i>	1	MO
<i>norgestimate/ethinyl estradiol tablet 0.18mg; 0.215mg; ; 0.25mg; 0.025mg, 0.25mg; 0.035mg</i>	1	MO
<i>norlyroc tablet 0.35mg</i>	1	
<i>nortrel 0.5/35 (28) tablet 35mcg; 0.5mg</i>	1	MO
<i>nortrel 1/35 28-day regimen</i>	1	
<i>nortrel 1/35 21-day regimen</i>	1	MO
<i>nortrel 7/7/7 tablet 35mcg; 0.5mg; 0.75mg; 1mg</i>	1	
<i>nylia 1/35 tablet 35mcg; 1mg</i>	1	
<i>nylia 7/7/7 tablet 35mcg; 0.5mg; 0.75mg; 1mg</i>	1	MO
<i>orquidea tablet 0.35mg</i>	1	MO
PHEXX GEL 1%; 1.8%; 0.4%	3	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>philith tablet 35mcg; 0.4mg</i>	1	
<i>pimtreea tablet 0.15mg; 0.02mg; 0.01mg</i>	1	
<i>portia-28 tablet 0.03mg; 0.15mg</i>	1	
<i>reclipsen tablet 0.15mg; 0.03mg</i>	1	
RIVELSA TABLET 0.15MG; 0.02MG; 0.025MG; 0.03MG	1	
<i>rosyrah tablet 0.15mg; 0.02mg; 0.025mg; 0.03mg; 0.01mg</i>	1	MO
SAFYRAL TABLET 3MG; 0.03MG; 0.451MG	3	MO
<i>setlakin tablet 0.03mg; 0.15mg</i>	1	
<i>sharobel tablet 0.35mg</i>	1	
<i>simliya tablet 0.15mg; 0.02mg; 0.01mg</i>	1	
<i>simpesse tablet 0.1mg; 0.03mg; 0.01mg</i>	1	MO
SLYND TABLET 4MG	3	
<i>sprintec 28 tablet 35mcg; 0.25mg</i>	1	MO
<i>syeda tablet 3mg; 0.03mg</i>	1	
<i>tarina 24 fe tablet 20mcg; 75mg; 1mg</i>	1	
<i>tarina fe 1/20 eq tablet 20mcg; 75mg; 1mg</i>	1	
TAYTULLA CAPSULE 20MCG; 75MG; 1MG	3	MO
<i>tilia fe tablet 0.02mg; 0.03mg; 0.35mg; 75mg; 1mg</i>	1	
<i>tri-estarylla tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg</i>	1	MO
<i>tri-legest fe tablet 20mcg; 30mcg; 35mcg; 75mg; 1mg</i>	1	MO
<i>tri-lynyah tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg</i>	1	
<i>tri-lo-estarylla tablet 0.18mg; 0.215mg; 0.25mg; 0.025mg</i>	1	
<i>tri-lo-marzia tablet 0.18mg; 0.215mg; 0.25mg; 0.025mg</i>	1	
<i>tri-lo-mili tablet 0.180mg; 0.215mg; 0.250mg; 0.025mg</i>	1	MO
<i>tri-lo-sprintec tablet 0.18mg; 0.215mg; 0.25mg; 0.25mg</i>	1	
<i>tri-mili tablet 0.180mg; 0.215mg; 0.250mg; 0.035mg</i>	1	
<i>tri-sprintec tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg</i>	1	
<i>tri-vylibra lo tablet 0.18mg; 0.215mg; 0.25mg; 0.025mg</i>	1	
<i>tri-vylibra tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg</i>	1	
<i>turqoz tablet 30mcg; 0.3mg</i>	1	
TYBLUME TABLET CHEWABLE 20MCG; 0.1MG	3	
<i>tydemy tablet 3mg; 0.03mg; 0.451mg</i>	1	
<i>valtya 1/35 tablet 35mcg; 1mg</i>	1	
<i>valtya 1/50 tablet 50mcg; 1mg</i>	1	MO
<i>velivet tablet 0.1mg; 0.125mg; 0.15mg; 0.025mg</i>	1	MO
<i>vestura tablet 3mg; 0.02mg</i>	1	
<i>vienva tablet 20mcg; 0.1mg</i>	1	
<i>vioarele tablet 0.15mg; 0.02mg; 0.01mg</i>	1	
<i>vyfemla tablet 35mcg; 0.4mg</i>	1	MO
<i>vylibra tablet 35mcg; 0.25mg</i>	1	
<i>wera tablet 35mcg; 0.5mg</i>	1	
<i>wymzya fe tablet chewable 35mcg; 0.4mg; 75mg</i>	1	
<i>xarah fe tablet 20mcg; 30mcg; 35mcg; 75mg; 1mg</i>	1	
<i>xelria fe tablet chewable 35mcg; 75mg; 0.4mg</i>	1	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>xulane patch weekly 35mcg/24hr; 150mcg/24hr</i>	1	
YASMIN 28 TABLET 3MG; 0.03MG	3	MO
YAZ TABLET 3MG; 0.02MG	3	MO
<i>zafemy patch weekly 35mcg/24hr; 150mcg/24hr</i>	1	
<i>zovia 1/35 tablet 35mcg; 1mg</i>	1	
<i>zumandimine tablet 3mg; 0.03mg</i>	1	
ESTROGENS		
<i>abigale lo tablet 0.5mg; 0.1mg</i>	1	
<i>abigale tablet 1mg; 0.5mg</i>	1	
ACTIVELLA TABLET 1MG; 0.5MG	3	MO
BIJUVA CAPSULE 0.5MG; 100MG, 1MG; 100MG	3	MO
CLIMARA PRO PATCH WEEKLY 0.045MG/DAY; 0.015MG/DAY	3	MO
CLIMARA PATCH WEEKLY 0.025MG/24HR, 0.05MG/24HR, 0.06MG/24HR, 0.075MG/24HR, 0.1MG/24HR, 37.5MCG/24HR	3	MO
COMBIPATCH PATCH TWICE WEEKLY 0.05MG/DAY; 0.14MG/DAY, 0.05MG/DAY; 0.25MG/DAY	3	MO
<i>conjugated estrogens tablet 0.3mg, 0.45mg, 0.625mg, 0.9mg, 1.25mg</i>	3	MO
DELESTROGEN INJECTION 10MG/ML, 20MG/ML	3	MO
DEPO-ESTRADIOL INJECTION 5MG/ML	3	MO
DIVIGEL GEL 0.25MG/0.25GM, 0.5MG/0.5GM, 0.75MG/0.75GM, 1.25MG/1.25GM, 1MG/GM	3	MO
<i>dotti patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	1	
ELESTRIN GEL 0.06%	3	MO
ESTRACE CREAM 0.1MG/GM	3	MO
<i>estradiol valerate injection 10mg/ml, 20mg/ml, 40mg/ml</i>	1	MO
<i>estradiol/norethindrone acetate tablet 0.5mg; 0.1mg, 1mg; 0.5mg</i>	1	MO
<i>estradiol cream 0.1mg/gm</i>	1	MO
<i>estradiol gel 0.06%, 0.25mg/0.25gm, 0.5mg/0.5gm, 0.75mg/0.75gm, 1.25mg/1.25gm, 1mg/gm</i>	3	MO
<i>estradiol patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	1	MO
<i>estradiol patch weekly 0.025mg/24hr, 0.05mg/24hr, 0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr, 37.5mcg/24hr</i>	1	MO
<i>estradiol oral tablet 0.5mg, 1mg, 2mg, 10mcg</i>	1	MO
ESTRING RING 7.5MCG/24HR	3	MO
EVAMIST SOLUTION 1.53MG/SPRAY	3	MO
FEMRING RING 0.05MG/24HR, 0.1MG/24HR	3	MO
<i>fyavolv tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	1	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
IMVEXXY MAINTENANCE PACK INSERT 10MCG, 4MCG	3	PA MO
IMVEXXY STARTER PACK INSERT 10MCG, 4MCG	3	PA MO
<i>jinteli tablet 5mcg; 1mg</i>	1	
<i>lyllana patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	1	
MENOSTAR PATCH WEEKLY 14MCG/24HR	3	MO
<i>mimvey tablet 1mg; 0.5mg</i>	1	
MINIVELLE PATCH TWICE WEEKLY 0.025MG/24HR, 0.0375MG/24HR, 0.05MG/24HR, 0.075MG/24HR, 0.1MG/24HR	3	MO
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	1	MO
PREMARIN CREAM 0.625MG/GM	3	MO
PREMARIN INJECTION 25MG	3	MO
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	3	MO
PREMPHASE TABLET 0.625MG; 5MG	2	MO
PREMPRO TABLET 0.3MG; 1.5MG, 0.45MG; 1.5MG, 0.625MG; 2.5MG, 0.625MG; 5MG	2	MO
VAGIFEM TABLET 10MCG	3	MO
VIVELLE-DOT PATCH TWICE WEEKLY 0.025MG/24HR, 0.0375MG/24HR, 0.05MG/24HR, 0.075MG/24HR, 0.1MG/24HR	3	MO
<i>yuvafem tablet 10mcg</i>	1	
GLUCOCORTICOIDS		
ALKINDI SPRINKLE CAPSULE SPRINKLE 0.5MG, 1MG, 2MG, 5MG	3	PA; ACS LD
<i>betamethasone sodium phosphate/betamethasone acetate injection 3mg/ml; 3mg/ml</i>	1	MO
CELESTONE SOLUSPAN INJECTION 3MG/ML; 3MG/ML	3	
CORTEF TABLET 10MG, 20MG, 5MG	3	MO
DEPO-MEDROL INJECTION 20MG/ML, 40MG/ML, 80MG/ML	3	B/D MO
DEXAMETHASONE INTENSOL CONCENTRATE 1MG/ML	3	MO
<i>dexamethasone sodium phosphate prefilled syringe injection 10mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	1	MO
<i>dexamethasone elixir 0.5mg/5ml</i>	1	MO
<i>dexamethasone solution 0.5mg/5ml</i>	1	MO
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	1	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
DEXLYT TABLET 0.25MG	3	
<i>fludrocortisone acetate tablet 0.1mg</i>	1	MO
HEMADY TABLET 20MG	3	PA MO
<i>hydrocortisone sodium succinate injection 100mg</i>	1	MO
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	1	MO
KENALOG-10 INJECTION 10MG/ML	3	
KENALOG-40 INJECTION 40MG/ML	3	MO
KENALOG-80 INJECTION 80MG/ML	3	MO
KHINDIVI SOLUTION 1MG/ML	3	PA
MEDROL DOSEPAK TABLET THERAPY PACK 4MG	3	MO
MEDROL TABLET 16MG, 2MG, 4MG, 8MG	3	B/D MO
<i>methylprednisolone acetate injection 40mg/ml, 80mg/ml</i>	1	B/D MO
<i>methylprednisolone dose pack tablet therapy pack 4mg</i>	1	MO
<i>methylprednisolone sodium succinate injection 500mg</i>	1	B/D
<i>methylprednisolone sodium succinate injection 1000mg, 125mg</i>	1	B/D MO
<i>methylprednisolone sodiumsuccinate injection 40mg</i>	1	B/D MO
<i>methylprednisolone tablet 16mg, 32mg, 4mg, 8mg</i>	1	B/D MO
<i>prednisolone sodium phosphate oral solution 15mg/5ml, 25mg/5ml, 5mg/5ml</i>	1	B/D MO
<i>prednisolone solution 15mg/5ml</i>	1	B/D MO
PREDNISONE INTENSOL CONCENTRATE 5MG/ML	3	B/D MO
<i>prednisone solution 5mg/5ml</i>	1	B/D MO
<i>prednisone tablet therapy pack 10mg, 5mg</i>	1	MO
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	B/D MO
SOLU-CORTEF INJECTION 1000MG, 100MG, 250MG, 500MG	3	MO
SOLU-MEDROL INJECTION 2GM	3	B/D
SOLU-MEDROL INJECTION 1000MG, 125MG, 40MG, 500MG	3	B/D MO
<i>triamcinolone acetonide injection 10mg/ml, 40mg/ml</i>	1	MO
ZILRETTA INJECTION 32MG	3	ACS LD
GLUCOSE ELEVATING AGENTS		
<i>diazoxide suspension 50mg/ml</i>	1	MO
GVOKE HYPOPEN 1-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML	2	MO
GVOKE HYPOPEN 2-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML	2	MO
GVOKE KIT INJECTION 1MG/0.2ML	2	MO
GVOKE PFS INJECTION 1MG/0.2ML	2	MO
PROGLYCEM SUSPENSION 50MG/ML	3	MO
MISCELLANEOUS		
ALDURAZYME INJECTION 2.9MG/5ML	3	PA; ACS LD
AQNEURSA PACKET 1GM	3	QL (112 EA per 28 days) PA; LD

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
AVLAYAH INJECTION 150MG	3	PA; LD
<i>betaine anhydrous powder 1gm</i>	3	ACS
<i>cabergoline tablet 0.5mg</i>	1	MO
CARBAGLU TABLET SOLUBLE 200MG	3	PA; LD
<i>carglumic acid tablet soluble 200mg</i>	3	PA; LD
CARNITOR INJECTION 200MG/ML	3	MO
CERDELGA CAPSULE 84MG	3	PA; ACS LD
CEREZYME INJECTION 400UNIT	3	PA; ACS LD
CHORIONIC GONADOTROPIN INJECTION 10000UNIT	3	PA; ACS
<i>cinacalcet hydrochloride tablet 90mg</i>	1	QL (120 EA per 30 days); ACS
<i>cinacalcet hydrochloride tablet 30mg, 60mg</i>	1	QL (60 EA per 30 days); ACS
CRENESSITY CAPSULE 100MG, 50MG	3	QL (60 EA per 30 days) PA; LD
CRENESSITY SOLUTION 50MG/ML	3	QL (120 ML per 30 days) PA; LD
CRYSVITA INJECTION 10MG/ML, 20MG/ML, 30MG/ML	3	PA; ACS LD
CYSTADANE POWDER 1GM	3	LD
CYSTAGON CAPSULE 150MG, 50MG	3	PA; ACS LD
DDAVP INJECTION 4MCG/ML	3	MO
DDAVP TABLET 0.1MG, 0.2MG	3	MO
<i>desmopressin acetate injection 4mcg/ml</i>	1	MO
<i>desmopressin acetate nasal solution 0.01%</i>	1	MO
<i>desmopressin acetate tablet 0.1mg, 0.2mg</i>	1	MO
DOJOLVI LIQUID 100%	3	PA; ACS LD
EGRIFTA SV INJECTION 2MG	3	PA; ACS LD
EGRIFTA WR INJECTION 11.6MG	3	PA; ACS LD
ELAPRASE INJECTION 6MG/3ML	3	PA; ACS LD
ELELYSO INJECTION 200UNIT	3	PA; ACS LD
ELFABRIO INJECTION 20MG/10ML, 5MG/2.5ML	3	PA; ACS LD
EVISTA TABLET 60MG	3	MO
FABRAZYME INJECTION 35MG, 5MG	3	PA; ACS LD
FENSOLVI INJECTION 45MG	3	PA; ACS LD
GALAFOLD CAPSULE 123MG	3	PA; LD
GENOTROPIN MINIQUICK INJECTION 0.2MG	2	PA; ACS
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	3	PA; ACS
GENOTROPIN INJECTION 12MG, 5MG	3	PA; ACS
<i>glycerol phenylbutyrate liquid 1.1gm/ml</i>	3	PA; ACS LD
INCRELEX INJECTION 40MG/4ML	3	PA; LD
ISTURISA TABLET 1MG	3	QL (240 EA per 30 days) PA; LD
ISTURISA TABLET 5MG	3	QL (360 EA per 30 days) PA; LD
<i>javygtor packet 100mg, 500mg</i>	3	PA; LD
<i>javygtor tablet 100mg</i>	3	PA; LD
JYNARQUE TABLET THERAPY PACK 15MG; 15MG, 30MG; 15MG, 45MG; 15MG, 60MG; 30MG, 90MG; 30MG	3	PA; LD
JYNARQUE TABLET 15MG, 30MG	3	PA; LD

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Drug Name	Drug Tier	Requirements/Limits
KANUMA INJECTION 20MG/10ML	3	PA; ACS LD
KORLYM TABLET 300MG	3	PA; LD
KUVAN PACKET 100MG, 500MG	3	PA; ACS LD
KUVAN TABLET 100MG	3	PA; ACS LD
LAMZEDE INJECTION 10MG	3	PA; LD
<i>lanreotide acetate injection 120mg/0.5ml</i>	3	PA; ACS
<i>levocarnitine injection 200mg/ml</i>	1	
<i>levocarnitine oral solution 1gm/10ml</i>	1	MO
<i>levocarnitine tablet 330mg</i>	1	MO
LOARGYS INJECTION 2MG/0.4ML	3	PA; LD
LUMIZYME INJECTION 50MG	3	PA; ACS LD
LUPRON DEPOT-PED (1-MONTH) INJECTION 11.25MG, 3 15MG, 7.5MG	3	PA; ACS
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG, 3 30MG	3	PA; ACS
LUPRON DEPOT-PED (6-MONTH) INJECTION 45MG	3	PA; ACS
LYNKUET CAPSULE 60MG	3	QL (60 EA per 30 days) PA MO
<i>mifepristone tablet 300mg</i>	3	PA; ACS
<i>miglustat capsule 100mg</i>	3	QL (90 EA per 30 days) PA; ACS
MIPLYFFA CAPSULE 124MG, 47MG, 62MG, 93MG	3	QL (90 EA per 30 days) PA; LD
MYALEPT INJECTION 11.3MG	3	PA; LD
MYCAPSSA CAPSULE DELAYED RELEASE 20MG	3	QL (112 EA per 28 days) PA; LD
MYFEMBREE TABLET 1MG; 0.5MG; 40MG	3	PA MO
NAGLAZYME INJECTION 1MG/ML	3	PA; ACS LD
NEXVIAZYME INJECTION 100MG	3	PA; ACS LD
NGENLA INJECTION 24MG/1.2ML, 60MG/1.2ML	3	PA; ACS LD
<i>nitisinone capsule 10mg, 20mg, 2mg, 5mg</i>	3	PA; ACS
NITYR TABLET 10MG, 2MG, 5MG	3	PA; LD
NORDITROPIN FLEXPOR INJECTION 10MG/1.5ML, 15MG/1.5ML, 5MG/1.5ML	3	PA; ACS
NOVAREL INJECTION 5000UNIT	3	PA; ACS
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	1	PA; ACS
<i>octreotide acetate injection 1000mcg/ml, 10mg, 20mg, 30mg, 3 500mcg/ml</i>	3	PA; ACS
OLPRUVA THERAPY PACK 2GM, 3GM, 4GM, 5GM, 6.67GM, 6GM	3	PA; LD
OMNITROPE INJECTION 10MG/1.5ML, 5.8MG, 5MG/1.5ML	3	PA; ACS LD
OPFOLDA CAPSULE 65MG	3	QL (8 EA per 28 days) PA; ACS LD
ORFADIN CAPSULE 10MG, 20MG, 2MG, 5MG	3	PA; LD
ORFADIN SUSPENSION 4MG/ML	3	PA; LD
ORIAHNN CAPSULE THERAPY PACK 300MG; 1MG; 0.5MG	3	PA MO
ORILISSA TABLET 150MG, 200MG	3	PA MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
PALSONIFY TABLET 30MG	3	QL (120 EA per 30 days) PA; LD
PALSONIFY TABLET 20MG	3	QL (90 EA per 30 days) PA; LD
PALYNZIQ INJECTION 10MG/0.5ML, 2.5MG/0.5ML, 20MG/ML	3	PA; ACS LD
PHEBURANE PELLET 483MG/GM	3	PA; ACS LD
POMBILITI INJECTION 105MG	3	PA; ACS LD
PREGNYL INJECTION 10000UNIT	3	PA; ACS
PROCYSBI CAPSULE DELAYED RELEASE 25MG, 75MG	3	PA; LD
PROCYSBI PACKET 300MG, 75MG	3	PA; LD
<i>raloxifene hydrochloride tablet 60mg</i>	1	MO
RAVICTI LIQUID 1.1GM/ML	3	PA; ACS LD
RECORLEV TABLET 150MG	3	QL (240 EA per 30 days) PA; LD
REVCОВI INJECTION 2.4MG/1.5ML	3	PA; LD
REZDIFFRA TABLET 100MG, 60MG, 80MG	3	QL (30 EA per 30 days) PA; ACS LD
SAMSCA TABLET 15MG, 30MG	3	PA; ACS LD
SANDOSTATIN LAR DEPOT INJECTION 10MG, 20MG, 30MG	3	PA; ACS
SANDOSTATIN INJECTION 100MCG/ML, 500MCG/ML, 50MCG/ML	3	PA; ACS
<i>sapropterin dihydrochloride packet 100mg, 500mg</i>	3	PA; ACS
<i>sapropterin dihydrochloride tablet 100mg</i>	3	PA; ACS
SEPHIENCE PACKET 1000MG, 250MG	3	PA; LD
SEROSTIM INJECTION 4MG, 5MG, 6MG	3	PA; ACS LD
SIGNIFOR LAR INJECTION 10MG, 20MG, 30MG, 40MG, 60MG	3	PA; LD
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	3	PA; LD
SKYTROFA INJECTION 0.7MG, 1.4MG, 1.8MG, 11MG, 13.3MG, 2.1MG, 2.5MG, 3.6MG, 3MG, 4.3MG, 5.2MG, 6.3MG, 7.6MG, 9.1MG	3	PA; ACS LD
<i>sodium phenylbutyrate powder 3gm/tsp</i>	3	PA; ACS
<i>sodium phenylbutyrate tablet 500mg</i>	3	PA; ACS
SOGROYA INJECTION 10MG/1.5ML, 15MG/1.5ML, 5MG/1.5ML	3	PA; ACS LD
SOMATULINE DEPOT INJECTION 120MG/0.5ML, 60MG/0.2ML, 90MG/0.3ML	3	PA; ACS LD
SOMAVERT INJECTION 10MG, 15MG, 20MG, 25MG, 30MG	3	PA; ACS LD
STRENSIQ INJECTION 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML	3	PA; LD
SYNAREL SOLUTION 2MG/ML	3	PA MO
TEPEZZA INJECTION 500MG	3	PA; ACS LD

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Drug Name	Drug Tier	Requirements/Limits
<i>tolvaptan tablet therapy pack 30mg; 15mg, 45mg; 15mg, 60mg; 30mg, 90mg; 30mg</i>	3	PA; ACS LD
<i>tolvaptan (generic Samsca) tablet 15mg, 30mg</i>	3	PA; ACS
<i>tolvaptan (generic Jynarque) tablet 15mg, 30mg</i>	3	PA; ACS LD
VEOZAH TABLET 45MG	3	QL (30 EA per 30 days) PA MO
VIJOICE PACKET 50MG	3	QL (28 EA per 28 days) PA; LD
VIJOICE TABLET THERAPY PACK 125MG, 50MG	3	QL (28 EA per 28 days) PA; LD
VIJOICE TABLET THERAPY PACK 250MG	3	QL (56 EA per 28 days) PA; LD
VIMIZIM INJECTION 5MG/5ML	3	PA; ACS LD
VOXZOGO INJECTION 0.4MG, 0.56MG, 1.2MG	3	PA; ACS LD
VPRIV INJECTION 400UNIT	3	PA; ACS LD
VYKAT XR TABLET EXTENDED RELEASE 24 HOUR 25MG	3	QL (120 EA per 30 days) PA; LD
VYKAT XR TABLET EXTENDED RELEASE 24 HOUR 75MG	3	QL (30 EA per 30 days) PA; LD
VYKAT XR TABLET EXTENDED RELEASE 24 HOUR 150MG	3	QL (90 EA per 30 days) PA; LD
WEGOVY INJECTION 0.25MG/0.5ML, 0.5MG/0.5ML, 1MG/0.5ML	2	QL (2 ML per 28 days) PA
WEGOVY INJECTION 1.7MG/0.75ML, 2.4MG/0.75ML	2	QL (3 ML per 28 days) PA MO
WEGOVY TABLET 1.5MG, 25MG, 4MG, 9MG	2	QL (30 EA per 30 days) PA MO
XENPOZYME INJECTION 20MG, 4MG	3	PA; ACS LD
<i>yargesa capsule 100mg</i>	3	QL (90 EA per 30 days) PA; LD
YUWIWEL INJECTION 1.3MG, 2.8MG, 5.5MG	3	PA; LD
ZAVESCA CAPSULE 100MG	3	QL (90 EA per 30 days) PA; LD
<i>zelvysia packet 100mg, 500mg</i>	3	PA; LD
ZOMACTON INJECTION 10MG, 5MG	3	PA; ACS
PHOSPHATE BINDER AGENTS		
<i>calcium acetate capsule 667mg</i>	1	QL (360 EA per 30 days) B/D MO
<i>sevelamer carbonate tablet 800mg</i>	1	QL (540 EA per 30 days) B/D MO
PROGESTINS		
CRINONE GEL 8%	3	PA MO
<i>gallifrey tablet 5mg</i>	1	
<i>medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg</i>	1	MO
<i>megestrol acetate suspension 40mg/ml</i>	2	MO
<i>megestrol acetate suspension 625mg/5ml</i>	3	PA MO
<i>norethindrone acetate tablet 5mg</i>	1	MO
<i>progesterone capsule 100mg, 200mg</i>	1	MO
PROMETRIUM CAPSULE 100MG, 200MG	3	MO
PROVERA TABLET 10MG, 2.5MG, 5MG	3	MO
THYROID AGENTS		
CYTOMEL TABLET 25MCG, 50MCG, 5MCG	3	MO

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Drug Name	Drug Tier	Requirements/Limits
LEVOTHYROXINE SODIUM CAPSULE 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	1	ST MO
<i>levothyroxine sodium tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	MO
<i>levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	MO
<i>liomny tablet 25mcg, 50mcg, 5mcg</i>	1	
<i>liothyronine sodium tablet 25mcg, 50mcg, 5mcg</i>	1	MO
<i>methimazole tablet 10mg, 5mg</i>	1	MO
<i>propylthiouracil tablet 50mg</i>	1	MO
SYNTHROID TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	3	MO
THYQUIDITY SOLUTION 100MCG/5ML	3	MO
TIROSINT-SOL SOLUTION 100MCG/ML, 112MCG/ML, 125MCG/ML, 137MCG/ML, 150MCG/ML, 175MCG/ML, 200MCG/ML, 25MCG/ML, 37.5MCG/ML, 44MCG/ML, 50MCG/ML, 62.5MCG/ML, 75MCG/ML, 88MCG/ML	3	MO
TIROSINT CAPSULE 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 37.5MCG, 44MCG, 50MCG, 62.5MCG, 75MCG, 88MCG	3	ST MO
<i>unithroid tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	
VITAMIN D ANALOGS		
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	1	MO
<i>calcitriol solution 1mcg/ml</i>	1	MO
<i>doxercalciferol capsule 0.5mcg, 1mcg, 2.5mcg</i>	1	MO
<i>paricalcitol capsule 1mcg, 2mcg, 4mcg</i>	1	MO
RAYALDEE CAPSULE EXTENDED RELEASE 30MCG	3	MO
ROCALTROL CAPSULE 0.25MCG, 0.5MCG	3	MO
ROCALTROL SOLUTION 1MCG/ML	3	MO
GASTROINTESTINAL		
ANTIEMETICS		
AKYNZEO CAPSULE 300MG; 0.5MG	3	B/D
AKYNZEO INJECTION 235MG/20ML; 0.25MG/20ML	3	ACS LD
APONVIE INJECTION 32MG/4.4ML	3	
<i>aprepitant capsule therapy pack</i>	1	B/D MO
<i>aprepitant capsule 40mg, 80mg</i>	1	B/D MO
<i>aprepitant capsule 125mg</i>	3	B/D MO
BONJESTA TABLET EXTENDED RELEASE 20MG; 20MG	3	MO; HRM

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Drug Name	Drug Tier	Requirements/Limits
CINVANTI INJECTION 130MG/18ML	3	PA
<i>compro suppository 25mg</i>	1	MO; HRM
DICLEGIS TABLET DELAYED RELEASE 10MG; 10MG	3	MO; HRM
DIMENHYDRINATE INJECTION 50MG/ML	3	
<i>doxylamine succinate/pyridoxine hydrochloride tablet delayed release 10mg; 10mg</i>	3	MO; HRM
<i>dronabinol capsule 10mg, 2.5mg, 5mg</i>	1	QL (60 EA per 30 days) B/D MO
EMEND BIPACK CAPSULE 80MG	3	B/D MO
EMEND TRIPACK CAPSULE THERAPY PACK 125MG; 80MG	3	B/D MO
EMEND INJECTION 150MG	3	MO
EMEND SUSPENSION RECONSTITUTED 125MG/5ML	3	B/D MO
FOCINVEZ INJECTION 150MG/50ML	3	
<i>fosaprepitant dimeglumine injection 150mg</i>	1	MO
GIMOTI SOLUTION 15MG/ACT	3	PA
<i>granisetron hcl injection 4mg/4ml</i>	1	MO
<i>granisetron hydrochloride injection 1mg/ml</i>	1	MO
<i>granisetron hydrochloride tablet 1mg</i>	1	B/D MO
GRANISOL SOLUTION 2MG/10ML	3	B/D
MARINOL CAPSULE 2.5MG	3	QL (60 EA per 30 days) B/D MO
<i>meclizine hcl tablet 12.5mg</i>	1	PA MO; HRM
<i>meclizine hydrochloride tablet 25mg</i>	1	PA MO; HRM
<i>metoclopramide hcl solution 5mg/5ml</i>	1	MO
<i>metoclopramide hydrochloride injection 5mg/ml</i>	1	MO
<i>metoclopramide hydrochloride tablet 10mg, 5mg</i>	1	MO
NAVITRUX INJECTION 150MG	3	
NEREUS CAPSULE 85MG	3	QL (16 EA per 30 days)
<i>ondansetron hcl solution 4mg/5ml</i>	1	B/D MO
<i>ondansetron hydrochloride injection 40mg/20ml, 4mg/2ml</i>	1	MO
<i>ondansetron hydrochloride tablet 4mg, 8mg</i>	1	B/D MO
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	1	B/D MO
<i>ondansetron odt tablet disintegrating 16mg</i>	3	B/D
<i>palonosetron hydrochloride injection 0.25mg/5ml</i>	1	
PHENERGAN INJECTION 25MG/ML	3	PA MO; HRM
PHENERGAN INJECTION 50MG/ML	3	PA; HRM
POSFREA INJECTION 0.25MG/5ML	3	
<i>prochlorperazine edisylate injection 10mg/2ml</i>	1	MO; HRM
<i>prochlorperazine maleate tablet 10mg, 5mg</i>	1	MO; HRM
<i>prochlorperazine suppository 25mg</i>	1	MO; HRM
<i>promethazine hcl injection 25mg/ml, 50mg/ml</i>	3	PA MO; HRM
<i>promethazine hcl suppository 12.5mg</i>	3	PA MO; HRM
<i>promethazine hydrochloride solution 6.25mg/5ml</i>	3	PA MO; HRM
<i>promethazine hydrochloride suppository 25mg</i>	3	PA MO; HRM
<i>promethazine hydrochloride tablet 12.5mg, 25mg, 50mg</i>	1	PA MO; HRM

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>promethegan suppository 50mg</i>	3	PA MO; HRM
<i>promethegan suppository 12.5mg, 25mg</i>	3	PA; HRM
REGLAN TABLET 10MG, 5MG	3	MO
SANCUSO PATCH 3.1MG/24HR	3	QL (4 EA per 28 days) MO
<i>scopolamine patch 72 hour 1mg/3days</i>	3	QL (10 EA per 30 days) MO; HRM
TRANSDERM SCOP PATCH 72 HOUR 1MG/3DAYS	3	QL (10 EA per 30 days) MO
<i>trimethobenzamide hydrochloride capsule 300mg</i>	1	PA MO
VARUBI TABLET THERAPY PACK 90MG	3	B/D; ACS LD
ANTISPASMODICS		
ATROPINE SULFATE INJECTION 0.25MG/5ML, 1MG/10ML	3	PA
ATROPINE SULFATE INJECTION 1MG/10ML	3	PA MO
CUVPOSA SOLUTION 1MG/5ML	3	MO
<i>dicyclomine hcl solution 10mg/5ml</i>	3	PA MO; HRM
<i>dicyclomine hydrochloride capsule 10mg</i>	2	PA MO; HRM
<i>dicyclomine hydrochloride injection 10mg/ml</i>	3	PA MO; HRM
<i>dicyclomine hydrochloride tablet 20mg</i>	2	PA MO; HRM
<i>glycopyrrolate injection 0.2mg/ml prefilled syringe, 0.4mg/2ml</i>	1	
<i>glycopyrrolate injection 0.2mg/ml, 1mg/5ml, 4mg/20ml</i>	1	MO
<i>glycopyrrolate oral solution 1mg/5ml</i>	1	MO
<i>glycopyrrolate tablet 2mg</i>	1	QL (120 EA per 30 days) MO
<i>glycopyrrolate tablet 1mg</i>	1	QL (90 EA per 30 days) MO
<i>methscopolamine bromide tablet 2.5mg, 5mg</i>	3	PA MO
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine hydrochloride solution 300mg/5ml</i>	1	QL (1200 ML per 30 days) MO
<i>cimetidine tablet 200mg, 300mg, 400mg, 800mg</i>	1	MO
<i>famotidine premixed injection 0.4mg/ml; 0.9%</i>	1	
<i>famotidine injection 200mg/20ml, 20mg/2ml, 40mg/4ml</i>	1	
<i>famotidine suspension reconstituted 40mg/5ml</i>	1	MO
<i>famotidine tablet 20mg, 40mg</i>	1	MO
<i>nizatidine capsule 150mg, 300mg</i>	1	MO
PEPCID TABLET 20MG, 40MG	3	MO
<i>ranitidine hydrochloride tablet 150mg, 300mg</i>	1	MO
INFLAMMATORY BOWEL DISEASE		
APRISO CAPSULE EXTENDED RELEASE 24 HOUR 0.375GM	3	QL (120 EA per 30 days) MO
AZULFIDINE EN-TABS TABLET DELAYED RELEASE 500MG	3	MO
AZULFIDINE TABLET 500MG	3	MO
<i>balsalazide disodium capsule 750mg</i>	1	MO
<i>budesonide er tablet extended release 24 hour 9mg</i>	1	QL (30 EA per 30 days) PA MO
<i>budesonide capsule delayed release particles 3mg</i>	1	QL (90 EA per 30 days) MO
<i>budesonide foam 2mg</i>	1	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
CANASA SUPPOSITORY 1000MG	3	QL (30 EA per 30 days) MO
CORTENEMA ENEMA 100MG/60ML	3	
DIPENTUM CAPSULE 250MG	3	MO
<i>hydrocortisone enema 100mg/60ml</i>	1	MO
LIALDA TABLET DELAYED RELEASE 1.2GM	3	QL (120 EA per 30 days) MO
<i>mesalamine dr capsule delayed release 400mg</i>	1	QL (180 EA per 30 days) MO
<i>mesalamine dr tablet delayed release 1.2gm</i>	1	QL (120 EA per 30 days) MO
<i>mesalamine dr tablet delayed release 800mg</i>	1	QL (180 EA per 30 days) MO
<i>mesalamine er capsule extended release 24 hour 0.375gm</i>	1	QL (120 EA per 30 days) MO
<i>mesalamine er capsule extended release 500mg</i>	1	QL (240 EA per 30 days) MO
<i>mesalamine enema 4gm</i>	1	QL (1680 ML per 28 days) MO
<i>mesalamine kit 4gm</i>	1	QL (28 EA per 28 days) MO
<i>mesalamine suppository 1000mg</i>	1	QL (30 EA per 30 days) MO
PENTASA CAPSULE EXTENDED RELEASE 500MG	3	QL (240 EA per 30 days) MO
PENTASA CAPSULE EXTENDED RELEASE 250MG	3	QL (480 EA per 30 days) MO
ROWASA KIT 4GM	3	QL (28 EA per 28 days) MO
<i>sulfasalazine tablet delayed release 500mg</i>	1	MO
<i>sulfasalazine tablet 500mg</i>	1	MO
UCERIS FOAM 2MG/ACT	3	MO
UCERIS TABLET EXTENDED RELEASE 24 HOUR 9MG	3	QL (30 EA per 30 days) PA MO
LAXATIVES		
CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML	3	MO
<i>constulose solution 10gm/15ml</i>	1	
<i>enulose solution 10gm/15ml</i>	1	
<i>gavilyte-c solution reconstituted 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	1	MO
<i>gavilyte-g solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	1	MO
<i>gavilyte-n/flavor pack solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	1	
<i>generlac solution 10gm/15ml</i>	1	
GOLYTELY SOLUTION RECONSTITUTED 236GM; 2.97GM; 6.74GM; 5.86GM; 22.74GM	3	MO
<i>lactulose solution 10gm/15ml</i>	1	MO
<i>peg-3350/electrolytes/ascorbate solution reconstituted 4.7gm; 100gm; 1.015gm; 5.9gm; 2.691gm; 7.5gm</i>	1	
<i>peg-3350/electrolytes solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	1	MO
<i>peg-3350/nacl/na bicarbonate/kcl solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	1	MO
PLENVU SOLUTION RECONSTITUTED 7.54GM; 140GM; 3.22GM; 48.11GM; 5.2GM; 9GM	3	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>sodium sulfate/potassium sulfate/magnesium sulfate solution</i> 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml	1	MO
SUFLAVE SOLUTION RECONSTITUTED 0.9GM; 178.7GM; 1.12GM; 0.5GM; 7.3GM	3	MO
SUPREP BOWEL PREP KIT SOLUTION 1.6GM/177ML; 3.13GM/177ML; 17.5GM/177ML	3	MO
SUTAB TABLET 225MG; 188MG; 1479MG	3	MO
MISCELLANEOUS		
<i>alosetron hydrochloride tablet 0.5mg, 1mg</i>	1	QL (60 EA per 30 days) PA MO
<i>bismuth subcitrate pot/metronidazole/tetracycline hydrochloride</i> <i>capsule 140mg; 125mg; 125mg</i>	1	MO
BYLVAY (PELLETS) CAPSULE SPRINKLE 200MCG, 600MCG	3	PA; LD
BYLVAY CAPSULE 1200MCG, 400MCG	3	PA; LD
CHOLBAM CAPSULE 250MG, 50MG	3	PA; LD
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 18000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	2	MO
<i>cromolyn sodium concentrate 100mg/5ml</i>	1	MO
CYTOTEC TABLET 100MCG, 200MCG	3	MO
<i>diphenoxylate hydrochloride/atropine sulfate tablet 0.025mg;</i> <i>2.5mg</i>	3	MO; HRM
<i>diphenoxylate/atropine liquid 0.025mg/5ml; 2.5mg/5ml</i>	3	MO; HRM
EOHILIA SUSPENSION 2MG/10ML	3	QL (600 ML per 30 days) PA MO
GASTROCROM CONCENTRATE 100MG/5ML	3	MO
GATTEX INJECTION 5MG	3	PA; ACS LD
IQIRVO TABLET 80MG	3	QL (30 EA per 30 days) PA; ACS LD
<i>lansoprazole/amoxicillin/clarithromycin therapy pack 500mg;</i> <i>500mg; 30mg</i>	1	MO
LINZESS CAPSULE 145MCG, 290MCG, 72MCG	2	QL (30 EA per 30 days) MO
LIVDELZI CAPSULE 10MG	3	QL (30 EA per 30 days) PA; LD
LIVMARLI SOLUTION 19MG/ML, 9.5MG/ML	3	PA; LD
LIVMARLI TABLET 10MG, 15MG, 20MG, 30MG	3	PA; LD
LOMOTIL TABLET 0.025MG; 2.5MG	3	MO; HRM
<i>loperamide hydrochloride capsule 2mg</i>	1	MO
<i>lubiprostone capsule 24mcg, 8mcg</i>	1	QL (60 EA per 30 days) MO
LYNAVOY TABLET 40MG	3	QL (60 EA per 30 days) PA; LD
<i>misoprostol tablet 100mcg, 200mcg</i>	1	MO
MOVANTIK TABLET 12.5MG, 25MG	2	QL (30 EA per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 149900UNIT; 37000UNIT; 97300UNIT, 15200UNIT; 2600UNIT; 8800UNIT, 24600UNIT; 4200UNIT; 14200UNIT, 61500UNIT; 10500UNIT; 35500UNIT, 83900UNIT; 21000UNIT; 54700UNIT, 98400UNIT; 16800UNIT; 56800UNIT	3	MO
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 15125UNIT; 4000UNIT; 14375UNIT, 30250UNIT; 8000UNIT; 28750UNIT, 60500UNIT; 16000UNIT; 57500UNIT, 90750UNIT; 24000UNIT; 86250UNIT	3	MO
REBYOTA SUSPENSION 150ML	3	QL (150 ML per 30 days) PA; LD
SUCRAID SOLUTION 8500UNIT/ML	3	PA; LD
<i>sucralfate tablet 1gm</i>	1	MO
SYMPROIC TABLET 0.2MG	3	QL (30 EA per 30 days) MO
TALICIA CAPSULE DELAYED RELEASE 250MG; 10MG; 12.5MG	2	MO
TRULANCE TABLET 3MG	3	QL (30 EA per 30 days) MO
<i>ursodiol capsule 300mg</i>	1	MO
<i>ursodiol tablet 250mg, 500mg</i>	1	MO
VIBERZI TABLET 100MG, 75MG	3	PA MO
VIOKACE TABLET 39150UNIT; 10440UNIT; 39150UNIT, 78300UNIT; 20880UNIT; 78300UNIT	3	MO
VOQUEZNA DUAL PAK THERAPY PACK 500MG; 20MG	2	QL (224 EA per 365 days) PA MO
VOQUEZNA TRIPLE PAK THERAPY PACK 500MG; 500MG; 20MG	2	QL (224 EA per 365 days) PA MO
VOWST CAPSULE	3	QL (12 EA per 30 days) PA; LD
XERMELO TABLET 250MG	3	QL (84 EA per 28 days) PA; LD
XIFAXAN TABLET 550MG	2	PA MO
ZENPEP CAPSULE DELAYED RELEASE PARTICLES	2	MO
PROTON PUMP INHIBITORS		
ACIPHEX TABLET DELAYED RELEASE 20MG	3	QL (30 EA per 30 days) ST MO
DEXILANT CAPSULE DELAYED RELEASE 30MG, 60MG	3	QL (30 EA per 30 days) MO
<i>dexlansoprazole capsule delayed release 30mg, 60mg</i>	1	QL (30 EA per 30 days) MO
<i>esomeprazole magnesium capsule delayed release 20mg, 40mg</i>	1	QL (30 EA per 30 days) ST MO
<i>esomeprazole magnesium packet 2.5mg, 5mg</i>	1	MO
<i>esomeprazole magnesium packet 10mg, 20mg, 40mg</i>	1	QL (30 EA per 30 days) MO
<i>esomeprazole sodium injection 40mg</i>	1	
<i>lansoprazole capsule delayed release 15mg, 30mg</i>	1	QL (60 EA per 30 days) MO
NEXIUM CAPSULE DELAYED RELEASE 20MG, 40MG	3	QL (30 EA per 30 days) ST MO
NEXIUM PACKET 2.5MG, 5MG	3	MO
NEXIUM PACKET 10MG, 20MG, 40MG	3	QL (30 EA per 30 days) MO
<i>omeprazole dr capsule delayed release 10mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole capsule delayed release 20mg, 40mg</i>	1	MO
PANTOPRAZOLE SODIUM/SODIUM CHLORIDE INJECTION 40MG/100ML; 0.9%, 40MG/50ML; 0.9%, 80MG/100ML; 0.9%	3	
<i>pantoprazole sodium injection 40mg</i>	1	
<i>pantoprazole sodium tablet delayed release 20mg, 40mg</i>	1	MO
PREVACID CAPSULE DELAYED RELEASE 30MG	3	QL (60 EA per 30 days) MO
PRILOSEC PACKET 10MG, 2.5MG	3	PA MO
PROTONIX INJECTION 40MG	3	
PROTONIX TABLET DELAYED RELEASE 20MG, 40MG	3	MO
<i>rabeprazole sodium tablet delayed release 20mg</i>	1	QL (30 EA per 30 days) MO
VOQUEZNA TABLET 10MG	3	QL (30 EA per 30 days) PA MO
VOQUEZNA TABLET 20MG	3	QL (60 EA per 30 days) PA MO

GENITOURINARY**BENIGN PROSTATIC HYPERPLASIA**

<i>alfuzosin hcl er tablet extended release 24 hour 10mg</i>	1	QL (30 EA per 30 days) MO
AVODART CAPSULE 0.5MG	3	QL (30 EA per 30 days) MO
CARDURA XL TABLET EXTENDED RELEASE 24 HOUR 4MG, 8MG	3	QL (30 EA per 30 days) ST MO
CIALIS TABLET 5MG	3	QL (30 EA per 30 days) PA MO
<i>dutasteride/tamsulosin hydrochloride capsule 0.5mg; 0.4mg</i>	1	QL (30 EA per 30 days) MO
<i>dutasteride capsule 0.5mg</i>	1	QL (30 EA per 30 days) MO
<i>finasteride tablet 5mg</i>	1	QL (30 EA per 30 days) MO
JALYN CAPSULE 0.5MG; 0.4MG	3	QL (30 EA per 30 days) MO
PROSCAR TABLET 5MG	3	QL (30 EA per 30 days) MO
<i>silodosin capsule 4mg, 8mg</i>	1	QL (30 EA per 30 days) MO
<i>tadalafil (generic Cialis) tablet 5mg</i>	1	QL (30 EA per 30 days) PA MO
<i>tamsulosin hydrochloride capsule 0.4mg</i>	1	QL (60 EA per 30 days) MO

MISCELLANEOUS

<i>acetic acid 0.25% solution 0.25%</i>	1	MO
<i>bethanechol chloride tablet 10mg, 25mg, 50mg, 5mg</i>	1	MO
ELMIRON CAPSULE 100MG	3	QL (90 EA per 30 days) MO
FILSPARI TABLET 200MG	3	QL (30 EA per 30 days) PA; ACS LD
FILSPARI TABLET 400MG	3	QL (60 EA per 30 days) PA; ACS LD
INTRAROSA INSERT 6.5MG	3	PA MO
LITHOSTAT TABLET 250MG	3	MO
<i>neomycin/polymyxin b sulfates solution 40mg/ml; 200000unit/ml</i>	1	MO
OXLUMO INJECTION 94.5MG/0.5ML	3	PA; ACS LD
<i>potassium citrate er tablet extended release 1080mg, 15meq, 540mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
RIVFLOZA INJECTION 128MG/0.8ML, 160MG/ML, 80MG/0.5ML	3	PA; ACS LD
TARPEYO CAPSULE DELAYED RELEASE 4MG	3	QL (120 EA per 30 days) PA; LD
THIOLA EC TABLET DELAYED RELEASE 100MG, 300MG	3	LD
THIOLA TABLET 100MG	3	LD
<i>tiopronin dr tablet delayed release 100mg, 300mg</i>	3	ACS
<i>tiopronin tablet 100mg</i>	3	ACS
UROCIT-K 10 TABLET EXTENDED RELEASE 1080MG	3	MO
UROCIT-K 15 TABLET EXTENDED RELEASE 15MEQ	3	MO
VANRAFIA TABLET 0.75MG	3	QL (30 EA per 30 days) PA; LD
<i>venxxiva tablet delayed release 100mg, 300mg</i>	3	LD
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide er tablet extended release 24 hour 15mg, 7.5mg</i>	1	QL (30 EA per 30 days) ST MO; HRM
<i>fesoterodine fumarate er tablet extended release 24 hour 4mg, 8mg</i>	1	QL (30 EA per 30 days) MO; HRM
GEMTESA TABLET 75MG	2	QL (30 EA per 30 days) MO
<i>mirabegron er tablet extended release 24 hour 25mg, 50mg</i>	1	QL (30 EA per 30 days) MO
<i>oxybutynin chloride er tablet extended release 24 hour 5mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>oxybutynin chloride solution 5mg/5ml</i>	1	QL (600 ML per 30 days) MO; HRM
<i>oxybutynin chloride tablet 5mg</i>	1	QL (120 EA per 30 days) MO; HRM
OXYTROL PATCH TWICE WEEKLY 3.9MG/24HR	3	QL (8 EA per 28 days) ST MO; HRM
<i>solifenacin succinate tablet 10mg, 5mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>tolterodine tartrate er capsule extended release 24 hour 2mg, 4mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>tolterodine tartrate tablet 1mg, 2mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>tropium chloride er capsule extended release 24 hour 60mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>tropium chloride tablet 20mg</i>	1	QL (60 EA per 30 days) MO; HRM
VAGINAL ANTI-INFECTIVES		
CLEOCIN CREAM 2%	3	MO
CLEOCIN SUPPOSITORY 100MG	3	MO
<i>clindamycin phosphate cream 2%</i>	1	MO
CLINDESSE CREAM 2%	3	MO
GYNAZOLE-1 CREAM 2%	3	MO
<i>metronidazole vaginal gel 0.75%</i>	1	MO
<i>miconazole 3 suppository 200mg</i>	1	MO
NUVESSA GEL 1.3%	3	
<i>terconazole cream 0.4%, 0.8%</i>	1	MO
<i>terconazole suppository 80mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
XACIATO GEL 2%	3	MO
HEMATOLOGIC		
ANTICOAGULANTS		
ARIXTRA INJECTION 10MG/0.8ML, 2.5MG/0.5ML, 5MG/0.4ML, 7.5MG/0.6ML	3	MO
<i>dabigatran etexilate capsule 110mg</i>	1	QL (120 EA per 30 days) MO
<i>dabigatran etexilate capsule 150mg, 75mg</i>	1	QL (60 EA per 30 days) MO
ELIQUIS STARTER PACK TABLET THERAPY PACK 5MG	2	QL (74 EA per 30 days) MO
ELIQUIS CAPSULE SPRINKLE 0.15MG	2	QL (56 EA per 21 days)
ELIQUIS TABLET SOLUBLE 0.5MG	2	QL (588 EA per 29 days)
ELIQUIS TABLET SOLUBLE 1.5MG	2	QL (591 EA per 29 days)
ELIQUIS TABLET SOLUBLE 2MG	2	QL (592 EA per 30 days)
ELIQUIS TABLET 2.5MG	2	QL (60 EA per 30 days) MO
ELIQUIS TABLET 5MG	2	QL (74 EA per 30 days) MO
<i>enoxaparin sodium injection 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	1	MO
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	1	MO
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	3	MO
FRAGMIN INJECTION 10000UNIT/4ML	3	
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 9500UNIT/3.8ML	3	MO
HEPARIN SODIUM/D5W INJECTION 5%; 100UNIT/ML, 5%; 25000UNIT/500ML, 5%; 40UNIT/ML	3	
HEPARIN SODIUM/NACL 0.45% INJECTION 12500UNIT/250ML; 0.45%	3	
HEPARIN SODIUM/SODIUM CHLORIDE INJECTION 25000UNIT/250ML; 0.45%, 25000UNIT/500ML; 0.45%	3	
HEPARIN SODIUM INJECTION 5000UNIT/0.5ML, 5000UNIT/ML PF	3	
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml pf, 5000unit/ml</i>	1	MO
<i>jantoven tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 17.5mg</i>	1	
LOVENOX INJECTION 100MG/ML, 120MG/0.8ML, 150MG/ML, 300MG/3ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML	3	MO
PRADAXA CAPSULE 110MG	3	QL (120 EA per 30 days) MO
PRADAXA CAPSULE 150MG, 75MG	3	QL (60 EA per 30 days) MO
<i>rivaroxaban suspension reconstituted 1mg/ml</i>	1	QL (620 ML per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
<i>rivaroxaban tablet 2.5mg</i>	1	QL (60 EA per 30 days) MO
<i>warfarin sodium tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	MO
XARELTO STARTER PACK TABLET THERAPY PACK 15MG; 20MG	2	QL (51 EA per 30 days) MO
XARELTO SUSPENSION RECONSTITUTED 1MG/ML	3	QL (620 ML per 30 days) MO
XARELTO TABLET 10MG, 15MG, 20MG	2	QL (30 EA per 30 days) MO
XARELTO TABLET 2.5MG	3	QL (60 EA per 30 days) MO
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE INJECTION 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/ML	2	PA; ACS
ARANESP ALBUMIN FREE INJECTION 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 500MCG/ML, 60MCG/0.3ML	3	PA; ACS
FULPHILA INJECTION 6MG/0.6ML	3	QL (1.2 ML per 28 days) PA; ACS
LEUKINE INJECTION 250MCG	3	PA; ACS
MOZOBIL INJECTION 24MG/1.2ML	3	PA; ACS LD
<i>plerixafor injection 24mg/1.2ml</i>	3	PA; ACS
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	2	PA; ACS
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	3	PA; ACS
XOLREMDI CAPSULE 100MG	3	QL (120 EA per 30 days) PA; LD
ZARXIO INJECTION 300MCG/0.5ML, 480MCG/0.8ML	3	PA; ACS
MISCELLANEOUS		
ADAKVEO INJECTION 100MG/10ML	3	PA; ACS
ADZYNMA INJECTION 1500UNIT, 500UNIT	3	PA; ACS LD
AGRYLIN CAPSULE 0.5MG	3	MO
ALVAIZ TABLET 54MG, 9MG	3	QL (60 EA per 30 days) PA; ACS
ALVAIZ TABLET 18MG, 36MG	3	QL (90 EA per 30 days) PA; ACS
<i>aminocaproic acid solution 0.25gm/ml</i>	1	MO
<i>aminocaproic acid tablet 1000mg, 500mg</i>	1	MO
<i>anagrelide hydrochloride capsule 0.5mg, 1mg</i>	1	MO
ANDEMBRY INJECTION 200MG/1.2ML	3	QL (15.6 ML per 365 days) PA; ACS LD
AQVESME TABLET 100MG	3	QL (56 EA per 28 days) PA; LD
BERINERT INJECTION 500UNIT	3	QL (24 EA per 30 days) PA; ACS LD
BKEMV INJECTION 300MG/30ML	3	PA; ACS LD
CABLIVI INJECTION 11MG	3	PA; LD
<i>cilostazol tablet 100mg, 50mg</i>	1	MO
CINRYZE INJECTION 500UNIT	3	QL (20 EA per 30 days) PA; ACS LD

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
DAWNZERA INJECTION 80MG/0.8ML	3	QL (0.8 ML per 28 days) PA; LD
DOPTELET SPRINKLE CAPSULE SPRINKLE 10MG	3	PA; ACS LD
DOPTELET TABLET 20MG	3	PA; ACS LD
DROXIA CAPSULE 200MG, 300MG, 400MG	3	MO
EKTERLY TABLET 300MG	3	QL (12 EA per 30 days) PA; ACS LD
EMPAVELI INJECTION 1080MG/20ML	3	QL (200 ML per 30 days) PA; LD
ENDARI PACKET 5GM	3	PA; ACS LD
ENJAYMO INJECTION 1100MG/22ML	3	PA; ACS LD
EPYSQLI INJECTION 300MG/30ML	3	PA; ACS LD
FABHALTA CAPSULE 200MG	3	QL (60 EA per 30 days) PA; LD
GIVLAARI INJECTION 189MG/ML	3	PA; ACS LD
HAEGARDA INJECTION 3000UNIT	3	QL (20 EA per 30 days) PA; ACS LD
HAEGARDA INJECTION 2000UNIT	3	QL (30 EA per 30 days) PA; ACS LD
<i>icatibant acetate injection 30mg/3ml</i>	3	QL (27 ML per 30 days) PA; ACS
KALBITOR INJECTION 10MG/ML	3	QL (18 ML per 30 days) PA; ACS LD
<i>l-glutamine packet 5gm</i>	3	PA; ACS
ORLADEYO CAPSULE 110MG, 150MG	3	QL (28 EA per 28 days) PA; LD
ORLADEYO PACKET 108MG, 132MG, 72MG, 96MG	3	QL (28 EA per 28 days) PA; LD
<i>pentoxifylline er tablet extended release 400mg</i>	1	MO
PIASKY INJECTION 340MG/2ML	3	PA; ACS LD
PYRUKYND TAPER PACK TABLET THERAPY PACK 20MG; 5MG, 50MG; 20MG	3	QL (14 EA per 14 days) PA; LD
PYRUKYND TAPER PACK TABLET THERAPY PACK 5MG	3	QL (7 EA per 7 days) PA; LD
PYRUKYND TABLET 20MG, 50MG, 5MG	3	QL (56 EA per 28 days) PA; LD
REBLOZYL INJECTION 25MG, 75MG	3	PA; ACS LD
RUCONEST INJECTION 2100UNIT	3	QL (12 EA per 30 days) PA; ACS LD
RYTELO INJECTION 188MG, 47MG	3	PA; LD
<i>sajazir injection 30mg/3ml</i>	3	QL (27 ML per 30 days) PA; LD
SIKLOS TABLET 1000MG, 100MG	3	MO
SOLIRIS INJECTION 300MG/30ML	3	PA; ACS LD
TAKHZYRO INJECTION 150MG/ML	3	QL (2 ML per 28 days) PA; ACS LD
TAKHZYRO INJECTION 300MG/2ML	3	QL (4 ML per 28 days) PA; ACS LD
TAVNEOS CAPSULE 10MG	3	QL (180 EA per 30 days) PA; LD
<i>tranexamic acid injection 1000mg/10ml</i>	1	
<i>tranexamic acid tablet 650mg</i>	1	MO
ULTOMIRIS INJECTION 1100MG/11ML, 300MG/3ML	3	PA; ACS LD
VOYDEYA TABLET THERAPY PACK 100MG; 50MG	3	QL (180 EA per 30 days) PA; LD
VOYDEYA TABLET 100MG	3	QL (180 EA per 30 days) PA; LD

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
WAYRILZ TABLET 400MG	3	QL (60 EA per 30 days) PA; LD
XROMI SOLUTION 100MG/ML	3	MO
PLATELET AGGREGATION INHIBITORS		
<i>aspirin/dipyridamole er capsule extended release 12 hour 25mg; 200mg</i>	1	MO
BRILINTA TABLET 60MG, 90MG	3	MO
<i>clopidogrel tablet 300mg, 75mg</i>	1	MO
<i>dipyridamole tablet 25mg, 50mg, 75mg</i>	3	PA MO
EFFIENT TABLET 10MG, 5MG	3	MO
PLAVIX TABLET 75MG	3	MO
<i>prasugrel hydrochloride tablet 10mg, 5mg</i>	1	MO
<i>ticagrelor tablet 60mg, 90mg</i>	1	MO
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-BWWD INJECTION 40MG/0.4ML	3	QL (2.4 ML per 28 days) PA; ACS
ADBRY INJECTION 150MG/ML, 300MG/2ML	3	QL (56 ML per 365 days) PA; ACS LD
BIMZELX INJECTION 160MG/ML	3	QL (2 ML per 28 days) PA; ACS
BIMZELX INJECTION 320MG/2ML	3	QL (4 ML per 28 days) PA; ACS
CIBINQO TABLET 100MG, 200MG, 50MG	3	QL (30 EA per 30 days) PA; ACS
DUPIXENT INJECTION 200MG/1.14ML	3	QL (4.56 ML per 28 days) PA; ACS
DUPIXENT INJECTION 300MG/2ML	3	QL (8 ML per 28 days) PA; ACS
EBGLYSS INJECTION 250MG/2ML	3	QL (40 ML per 365 days) PA; ACS LD
ENBREL MINI INJECTION 50MG/ML	3	QL (8 ML per 28 days) PA; ACS
ENBREL SURECLICK INJECTION 50MG/ML	3	QL (8 ML per 28 days) PA; ACS
ENBREL INJECTION 25MG/0.5ML, 50MG/ML	3	QL (8 ML per 28 days) PA; ACS
ENTYVIO PEN INJECTION 108MG/0.68ML	3	QL (1.36 ML per 28 days) PA; ACS LD
HADLIMA PUSHTOUCH INJECTION 40MG/0.4ML	3	QL (2.4 ML per 28 days) PA; ACS
HADLIMA PUSHTOUCH INJECTION 40MG/0.8ML	3	QL (4.8 ML per 28 days) PA; ACS
HADLIMA INJECTION 40MG/0.4ML	3	QL (2.4 ML per 28 days) PA; ACS
HADLIMA INJECTION 40MG/0.8ML	3	QL (4.8 ML per 28 days) PA; ACS
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML (BRAND CORDAVIS NOT COVERED)	3	QL (3 EA per 28 days) PA; ACS
HUMIRA PEN-PS/UV STARTER INJECTION 80MG/0.8ML; 40MG/0.4ML	3	QL (3 EA per 28 days) PA; ACS
HUMIRA PEN INJECTION 80MG/0.8ML (BRAND CORDAVIS NOT COVERED)	3	QL (4 EA per 28 days) PA; ACS
HUMIRA PEN INJECTION 40MG/0.4ML (BRAND CORDAVIS NOT COVERED), 40MG/0.8ML	3	QL (6 EA per 28 days) PA; ACS
HUMIRA INJECTION 10MG/0.1ML (BRAND CORDAVIS NOT COVERED)	3	QL (2 EA per 28 days) PA; ACS

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
HUMIRA INJECTION 20MG/0.2ML (BRAND CORDAVIS NOT COVERED)	3	QL (4 EA per 28 days) PA; ACS
HUMIRA INJECTION 40MG/0.4ML (BRAND CORDAVIS NOT COVERED), 40MG/0.8ML	3	QL (6 EA per 28 days) PA; ACS
KINERET INJECTION 100MG/0.67ML	3	QL (18.76 ML per 28 days) PA; LD
NEMLUVIO INJECTION 30MG	3	QL (2 EA per 28 days) PA; ACS LD
OTEZLA XR TABLET EXTENDED RELEASE 24 HOUR 75MG	3	QL (30 EA per 30 days) PA; ACS
OTEZLA/OTEZLA XR 28 DAY TREATMENT INITIATION PACK TABLET THERAPY PACK 10MG; 20MG; 30MG; 75MG	3	QL (82 EA per 365 days) PA; ACS
OTEZLA TABLET THERAPY PACK 10MG; 20MG; 30MG, 10MG; 20MG	3	QL (110 EA per 365 days) PA; ACS
OTEZLA TABLET 20MG, 30MG	3	QL (60 EA per 30 days) PA; ACS
PYZCHIVA INJECTION 45MG/0.5ML	2	QL (0.5 ML per 28 days) PA; ACS
PYZCHIVA INJECTION 130MG/26ML	3	PA; ACS
PYZCHIVA INJECTION 90MG/ML	3	QL (1 ML per 28 days) PA; ACS
RENFLEXIS INJECTION 100MG	3	PA; ACS LD
RHAPSIDO TABLET 25MG	3	QL (60 EA per 30 days) PA; ACS
RINVOQ LQ SOLUTION 1MG/ML	3	QL (360 ML per 30 days) PA; ACS
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 45MG	3	QL (168 EA per 365 days) PA; ACS
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG, 30MG	3	QL (30 EA per 30 days) PA; ACS
SKYRIZI PEN INJECTION 150MG/ML	3	QL (6 ML per 365 days) PA; ACS
SKYRIZI INJECTION 600MG/10ML	3	PA; ACS
SKYRIZI INJECTION 180MG/1.2ML	3	QL (1.2 ML per 56 days) PA; ACS
SKYRIZI INJECTION 55MG/0.37ML	3	QL (2.22 ML per 365 days) PA; ACS
SKYRIZI INJECTION 360MG/2.4ML	3	QL (2.4 ML per 56 days) PA; ACS
SKYRIZI INJECTION 150MG/ML	3	QL (6 ML per 365 days) PA; ACS
STELARA INJECTION 130MG/26ML	3	PA; ACS
STELARA INJECTION 45MG/0.5ML	3	QL (0.5 ML per 28 days) PA; ACS
STELARA INJECTION 90MG/ML	3	QL (1 ML per 28 days) PA; ACS
<i>tofacitinib citrate er tablet extended release 24 hour 11mg, 22mg</i>	1	QL (30 EA per 30 days) PA; ACS
<i>tofacitinib citrate solution 1mg/ml</i>	1	QL (480 ML per 24 days) PA; ACS
<i>tofacitinib citrate tablet 10mg, 5mg</i>	1	QL (60 EA per 30 days) PA; ACS
TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ULCERATIVE COLITIS INJECTION 200MG/2ML	3	QL (4 ML per 28 days) PA; ACS
TREMFYA PEN INJECTION 100MG/ML	3	QL (1 ML per 28 days) PA; ACS
TREMFYA INJECTION 200MG/20ML	3	PA; ACS
TREMFYA INJECTION 100MG/ML	3	QL (1 ML per 28 days) PA; ACS

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Drug Name	Drug Tier	Requirements/Limits
TREMFYA INJECTION 200MG/2ML	3	QL (4 ML per 28 days) PA; ACS
TYENNE INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	3	PA; ACS
TYENNE INJECTION 162MG/0.9ML	3	QL (3.6 ML per 28 days) PA; ACS
USTEKINUMAB INJECTION 130MG/26ML	3	PA; ACS
USTEKINUMAB INJECTION 45MG/0.5ML	3	QL (0.5 ML per 28 days) PA; ACS
USTEKINUMAB INJECTION 90MG/ML	3	QL (1 ML per 28 days) PA; ACS
VELSIPITY TABLET 2MG	3	QL (30 EA per 30 days) PA; ACS LD
YESINTEK INJECTION 130MG/26ML	2	PA; ACS
YESINTEK INJECTION 45MG/0.5ML	2	QL (0.5 ML per 28 days) PA; ACS
YESINTEK INJECTION 90MG/ML	3	QL (1 ML per 28 days) PA; ACS
ZYMFENTRA 2-PEN INJECTION 120MG/ML	3	QL (2 EA per 28 days) PA; ACS
ZYMFENTRA 2-SYRINGE INJECTION 120MG/ML	3	QL (2 EA per 28 days) PA; ACS
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate tablet 100mg, 200mg, 300mg, 400mg	1	MO
JYLAMVO SOLUTION 2MG/ML	3	
leflunomide tablet 10mg, 20mg	1	QL (30 EA per 30 days) MO
methotrexate sodium tablet 2.5mg	1	MO
PLAQUENIL TABLET 200MG	3	MO
SOVUNA TABLET 200MG, 300MG	3	MO
TREXALL TABLET 10MG, 15MG, 5MG, 7.5MG	3	MO
XATMEP SOLUTION 2.5MG/ML	3	MO
IMMUNOGLOBULINS		
ALYGLO INJECTION 10GM/100ML, 20GM/200ML, 5GM/50ML	3	PA; ACS LD
BIVIGAM INJECTION 10%, 5GM/50ML	3	PA; ACS LD
CUTAQUIG INJECTION 1.65GM/10ML, 1GM/6ML, 2GM/12ML, 3.3GM/20ML, 4GM/24ML, 8GM/48ML	3	PA; ACS LD
CUVITRU INJECTION 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML, 8GM/40ML	3	PA; ACS LD
CYTOGAM INJECTION 50MG/ML	3	ACS
FLEBOGAMMA DIF INJECTION 10GM/200ML, 20GM/400ML, 5GM/100ML	3	PA; ACS LD
GAMASTAN INJECTION	3	B/D; ACS LD
GAMMAGARD LIQUID ERC INJECTION 10GM/100ML, 5GM/50ML	3	PA; ACS LD
GAMMAGARD LIQUID INJECTION 10GM/100ML, 1GM/10ML, 2.5GM/25ML, 20GM/200ML, 30GM/300ML, 5GM/50ML	3	PA; ACS LD
GAMMAGARD S/D IGA LESS THAN 1MCG/ML INJECTION 10GM, 5GM	3	PA; ACS LD

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Drug Name	Drug Tier	Requirements/Limits
GAMMAKED INJECTION 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	3	PA; ACS LD
GAMMAPLEX INJECTION 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	3	PA; ACS LD
GAMUNEX-C INJECTION 10GM/100ML, 1GM/10ML, 2.5GM/25ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	3	PA; ACS LD
HEPAGAM B INJECTION 312UNIT/ML	3	ACS
HIZENTRA INJECTION 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML	3	PA; ACS LD
HYQVIA INJECTION 10GM/100ML; 800UNIT/5ML, 2.5GM/25ML; 200UNT/1.25ML, 20GM/200ML; 1600UNIT/10ML, 30GM/300ML; 2400UNIT/15ML, 5GM/50ML; 400UNIT/2.5ML	3	PA; ACS LD
OCTAGAM INJECTION 10GM/100ML, 10GM/200ML, 1GM/20ML, 2.5GM/50ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	3	PA; ACS LD
PANZYGA INJECTION 10GM/100ML, 1GM/10ML, 2.5GM/25ML, 20GM/200ML, 30GM/300ML, 5GM/50ML	3	PA; ACS LD
PRIVIGEN INJECTION 10GM/100ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	3	PA; ACS LD
QIVIGY INJECTION 10GM/100ML, 5GM/50ML	3	PA; ACS LD
XEMBIFY INJECTION 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML	3	PA; ACS LD
YIMMUGO INJECTION 10GM/100ML, 20GM/200ML, 5GM/50ML	3	PA; ACS LD
IMMUNOMODULATORS		
ACTIMMUNE INJECTION 100MCG/0.5ML	3	PA; ACS LD
ARCALYST INJECTION 220MG	3	PA; ACS LD
GRASSTK TABLET SUBLINGUAL 2800BAU	3	PA MO
ILARIS INJECTION 150MG/ML	3	PA; ACS LD
IMAAVY INJECTION 1200MG/6.5ML, 300MG/1.62ML	3	PA; ACS LD
JOENJA TABLET 70MG	3	QL (60 EA per 30 days) PA; LD
ODACTRA TABLET SUBLINGUAL	3	PA MO
RAGWITEK TABLET SUBLINGUAL 12AMB A 1-U	3	PA MO
RYSTIGGO INJECTION 280MG/2ML, 420MG/3ML, 560MG/4ML, 840MG/6ML	3	PA; ACS LD
VYVGART HYTRULO INJECTION 1000MG/5ML; 10000UNIT/5ML, 180MG/ML; 2000UNIT/ML	3	PA; ACS LD
VYVGART INJECTION 400MG/20ML	3	PA; ACS LD
ZILBRYSQ INJECTION 16.6MG/0.416ML	3	QL (11.65 ML per 28 days) PA; LD
ZILBRYSQ INJECTION 23MG/0.574ML	3	QL (16.08 ML per 28 days) PA; LD
ZILBRYSQ INJECTION 32.4MG/0.81ML	3	QL (22.68 ML per 28 days) PA; LD
IMMUNOSUPPRESSANTS		

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Drug Name	Drug Tier	Requirements/Limits
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5MG, 1MG, 5MG	3	B/D MO
ATGAM INJECTION 50MG/ML	3	B/D
<i>azasan tablet 100mg, 75mg</i>	1	B/D
<i>azathioprine tablet 100mg, 50mg, 75mg</i>	1	B/D MO
BENLYSTA INJECTION 120MG, 400MG	3	PA; ACS LD
BENLYSTA INJECTION 200MG/ML	3	QL (8 ML per 28 days) PA; ACS LD
CELLCEPT CAPSULE 250MG	3	B/D MO
CELLCEPT SUSPENSION RECONSTITUTED 200MG/ML	3	B/D MO
CELLCEPT TABLET 500MG	3	B/D MO
<i>cyclosporine modified capsule 100mg, 25mg, 50mg</i>	1	B/D MO
<i>cyclosporine modified solution 100mg/ml</i>	1	B/D MO
<i>cyclosporine capsule 100mg, 25mg</i>	1	B/D MO
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG, 4MG	3	B/D MO
<i>everolimus tablet 0.25mg, 0.5mg, 0.75mg</i>	1	B/D MO
<i>everolimus tablet 1mg</i>	3	B/D MO
<i>engraf capsule 100mg, 25mg</i>	1	B/D
IMURAN TABLET 50MG	3	B/D MO
LUPKYNIS CAPSULE 7.9MG	3	PA; LD
<i>mycophenolate mofetil capsule 250mg</i>	1	B/D MO
<i>mycophenolate mofetil suspension reconstituted 200mg/ml</i>	1	B/D MO
<i>mycophenolate mofetil tablet 500mg</i>	1	B/D MO
<i>mycophenolic acid dr tablet delayed release 180mg, 360mg</i>	1	B/D MO
MYFORTIC TABLET DELAYED RELEASE 180MG, 360MG	3	B/D MO
MYHIBBIN SUSPENSION 200MG/ML	3	B/D MO
NEORAL CAPSULE 100MG, 25MG	3	B/D MO
NEORAL SOLUTION 100MG/ML	3	B/D MO
NIKTIMVO INJECTION 22MG/0.44ML, 9MG/0.18ML	3	PA; ACS LD
NULOJIX INJECTION 250MG	3	B/D
PROGRAF CAPSULE 0.5MG, 1MG, 5MG	3	B/D MO
PROGRAF PACKET 0.2MG, 1MG	3	B/D MO
REZUROCK TABLET 200MG	3	QL (30 EA per 30 days) PA; LD
SANDIMMUNE CAPSULE 100MG, 25MG	3	B/D MO
SANDIMMUNE INJECTION 50MG/ML	3	B/D
SAPHNELO PEN INJECTION 120MG/0.8ML	3	QL (3.2 ML per 28 days) PA; ACS LD
SAPHNELO INJECTION 300MG/2ML	3	PA; ACS LD
SAPHNELO INJECTION 120MG/0.8ML	3	QL (3.2 ML per 28 days) PA; ACS LD
<i>sirolimus solution 1mg/ml</i>	1	B/D MO
<i>sirolimus tablet 0.5mg, 1mg, 2mg</i>	1	B/D MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus er capsule extended release 24 hour 0.5mg, 1mg, 5mg</i>	1	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	1	B/D MO
ZORTRESS TABLET 0.25MG, 0.5MG, 0.75MG, 1MG	3	B/D MO
VACCINES		
ABRYSVO INJECTION 120MCG/0.5ML	1	PA
ACTHIB INJECTION 10MCG/0.5ML	1	
ADACEL INJECTION 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	1	
AREXVY INJECTION 120MCG/0.5ML	1	PA
BCG VACCINE INJECTION 50MG	1	
BEXSERO INJECTION 0.5ML	1	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	1	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	1	
ENGRIX-B INJECTION 10MCG/0.5ML, 20MCG/ML	1	B/D
GARDASIL 9 INJECTION 0.5ML	1	
HAVRIX INJECTION 1440UNIT/ML, 720ELU/0.5ML	1	
HEPLISAV-B INJECTION 20MCG/0.5ML	1	B/D
HIBERIX INJECTION 10MCG	1	
IMOVAX RABIES (H.D.C.V.) INJECTION 2.5UNIT/ML	1	B/D
INFANRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	1	
IPOX INACTIVATED IPV INJECTION	1	
IXIARO INJECTION	1	
JYNNEOS INJECTION 0.5ML	1	B/D
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	1	
M-M-R II INJECTION	1	
MENQUADFI INJECTION 0.5ML	1	
MENVEO INJECTION	1	
MRESVIA INJECTION 50MCG/0.5ML	1	PA
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	1	
PEDVAXHIB INJECTION 7.5MCG/0.5ML	1	
PENBRAYA INJECTION	1	
PENMENVY INJECTION	1	
PENTACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 5LFU/0.5ML	1	
PRIORIX INJECTION	1	
PROQUAD INJECTION	1	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 5LFU/0.5ML	1	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
RABAVERT INJECTION	1	B/D
RECOMBIVAX HB INJECTION 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	1	B/D
ROTARIX SUSPENSION	1	
ROTATEQ SOLUTION	1	
SHINGRIX PREFILLED SYRINGE INJECTION 50MCG/0.5ML	1	QL (1 ML per 999 days)
SHINGRIX VIAL INJECTION 50MCG/0.5ML	1	QL (2 EA per 999 days)
TENIVAC INJECTION 2LFU; 5LFU	1	
TICOVAC INJECTION 1.2MCG/0.25ML, 2.4MCG/0.5ML	1	
TRUMENBA INJECTION 0.5ML	1	
TWINRIX INJECTION 720ELU/ML; 20MCG/ML	1	
TYPHIM VI INJECTION 25MCG/0.5ML	1	
VAQTA INJECTION 25UNIT/0.5ML, 50UNIT/ML	1	
VARIVAX INJECTION 1350PFU/0.5ML	1	
VAXCHORA SUSPENSION RECONSTITUTED	1	
VIMKUNYA INJECTION 40MCG/0.8ML	1	
VIVOTIF CAPSULE DELAYED RELEASE	1	MO
YF-VAX INJECTION	1	

NUTRITIONAL/SUPPLEMENTS***ELECTROLYTES/MINERALS, INJECTABLE***

DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX INJECTION 24MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	3
DEXTROSE 10%/SODIUM CHLORIDE 0.2% INJECTION 10%; 0.2%	3
DEXTROSE 10%/SODIUM CHLORIDE 0.45% INJECTION 10%; 0.45%	3
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45% INJECTION 2.5%; 0.45%	3
DEXTROSE 5%/LACTATED RINGERS INJECTION 2.7MEQ/L; 109MEQ/L; 5%; 28MEQ/L; 4MEQ/L; 130MEQ/L	3
DEXTROSE 5%/SODIUM CHLORIDE 0.2% INJECTION 5%; 0.2%	3
<i>dextrose 5%/sodium chloride 0.3% injection 5%; 0.3%</i>	3
DEXTROSE 5%/SODIUM CHLORIDE 0.45% INJECTION 5%; 0.45%	3
DEXTROSE 5%/SODIUM CHLORIDE 0.9% INJECTION 5%; 0.9%	3
DEXTROSE/SODIUM CHLORIDE INJECTION 5%; 0.225%	3
ISOLYTE-P/DEXTROSE 5% INJECTION 23MEQ/L; 23MEQ/L; 5%; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	3

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
ISOLYTE-S PH 7.4 INJECTION 27MEQ/1000ML; 98MEQ/1000ML; 23MEQ/1000ML; 3MEQ/1000ML; 1MEQ/1000ML; 5MEQ/1000ML; 141MEQ/1000ML	3	B/D
ISOLYTE-S INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	3	B/D
<i>kcl 0.15%/d5w/nacl 0.2% injection 5%; 20meq/l; 0.2%</i>	3	
<i>kcl 0.15%/d5w/nacl 0.45% injection 5%; 20meq/l; 0.45%</i>	3	
<i>kcl 0.15%/d5w/nacl 0.9% injection 5%; 20meq/l; 0.9%</i>	3	
<i>kcl 0.3%/d5w/nacl 0.9% injection 5%; 40meq/l; 0.9%</i>	3	
<i>lactated ringers injection 20mg/100ml; 30mg/100ml; 600mg/100ml; 310mg/100ml, 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	3	
<i>magnesium sulfate in d5w injection 5%; 1gm/100ml</i>	3	
MAGNESIUM SULFATE INJECTION 20GM/500ML, 40GM/1000ML	3	
<i>magnesium sulfate injection 2gm/50ml, 3gm/100ml, 4gm/100ml, 4gm/50ml, 50%</i>	3	
<i>multiple electrolytes injection type 1 injection 27meq/l; 98meq/l; 23meq/l; 3meq/l; 5meq/l; 140meq/l</i>	3	
PLASMA-LYTE A INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	3	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS INJECTION 3MEQ/L; 149MEQ/L; 5%; 28MEQ/L; 24MEQ/L; 130MEQ/L	3	
<i>potassium chloride/dextrose/sodium chloride injection 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%</i>	3	
<i>potassium chloride/dextrose injection 5%; 20meq/l</i>	3	
<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 3 20meq/l; 0.9%, 40meq/l; 0.9%</i>	3	
POTASSIUM CHLORIDE INJECTION 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 20MEQ/50ML, 40MEQ/100ML	3	
<i>potassium chloride injection 2meq/ml</i>	3	MO
<i>sodium chloride 0.45% injection 0.45%</i>	3	
SODIUM CHLORIDE INJECTION 2.5MEQ/ML, 5%	3	MO
<i>sodium chloride injection 0.9%, 3%</i>	3	MO
TPN ELECTROLYTES INJECTION 29.5MEQ/20ML; 4.5MEQ/20ML; 35MEQ/20ML; 5MEQ/20ML; 20MEQ/20ML; 35MEQ/20ML	3	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>klor-con 10 tablet extended release 10meq</i>	1	
<i>klor-con 8 tablet extended release 8meq</i>	1	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>klor-con m10 tablet extended release 10meq</i>	1	MO
<i>klor-con m15 tablet extended release 15meq</i>	1	MO
<i>klor-con m20 tablet extended release 20meq</i>	1	MO
<i>klor-con packet 20meq</i>	1	
M-NATAL PLUS TABLET 120MG; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 4000UNIT; 3MG; 1.84MG; 22UNIT; 25MG	2	MO
POKONZA PACKET 10MEQ, 15MEQ	3	PA MO
<i>potassium chloride er capsule extended release 10meq, 8meq</i>	1	MO
<i>potassium chloride er tablet extended release 10meq, 15meq, 20meq, 8meq</i>	1	MO
<i>potassium chloride packet 20meq</i>	1	MO
<i>potassium chloride oral solution 10%, 20%</i>	1	MO
PRENATAL TABLET 120MG; 200MG; 10MCG; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 1200MCG; 3MG; 1.84MG; 10MG; 25MG	2	MO
<i>sodium fluoride tablet chewable 1mg</i>	1	MO
WESTAB PLUS TABLET 120MG; 200MG; 10MCG; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 9.9MG; 1200MCG; 25MG	2	MO
IV NUTRITION		
AMINOSYN II INJECTION 10%, 15%	3	B/D
AMINOSYN-PF INJECTION 7%	3	B/D
AMINOSYN-PF INJECTION 10%	3	B/D
CLINIMIX 4.25%/DEXTROSE 10% INJECTION	3	B/D
CLINIMIX 4.25%/DEXTROSE 5% INJECTION	3	B/D
CLINIMIX 5%/DEXTROSE 15% INJECTION	3	B/D
CLINIMIX 5%/DEXTROSE 20% INJECTION	3	B/D
CLINIMIX 6/5 INJECTION 1242MG/100ML; 690MG/100ML; 5GM/100ML; 618MG/100ML; 288MG/100ML; 360MG/100ML; 438MG/100ML; 348MG/100ML; 240MG/100ML; 336MG/100ML; 408MG/100ML; 300MG/100ML; 252MG/100ML; 108MG/100ML; 24MG/100ML; 348MG/100ML	3	B/D
CLINIMIX 8/10 INJECTION 1656MG/100ML; 920MG/100ML; 10GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 320MG/100ML; 448MG/100ML; 544MG/100ML; 400MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	3	B/D

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 8/14 INJECTION 1656MG/100ML; 920MG/100ML; 14GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 320MG/100ML; 448MG/100ML; 544MG/100ML; 400MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	3	B/D
CLINIMIX E 2.75%/DEXTROSE 5% INJECTION	3	B/D
CLINIMIX E 4.25%/DEXTROSE 10% INJECTION	3	B/D
CLINIMIX E 4.25%/DEXTROSE 5% INJECTION	3	B/D
CLINIMIX E 5%/DEXTROSE 15% INJECTION	3	B/D
CLINIMIX E 5%/DEXTROSE 20% INJECTION	3	B/D
CLINIMIX E 8/10 INJECTION	3	B/D
CLINIMIX E 8/14 INJECTION	3	B/D
<i>clinisol sf injection 15%</i>	3	B/D MO
CLINOLIPID INJECTION 1.2GM/100ML; 2.25GM/100ML; 16GM/100ML; 4GM/100ML	3	B/D
<i>dextrose 10% injection 10%</i>	3	
<i>dextrose 5% injection 5%</i>	3	MO
DEXTROSE 50% INJECTION 50%	3	B/D
DEXTROSE 70% INJECTION 70%	3	B/D
INTRALIPID INJECTION 20GM/100ML, 30GM/100ML	3	B/D
KABIVEN INJECTION 3.31%; 9.8%	3	B/D
NUTRILIPID INJECTION 20GM/100ML	3	B/D
<i>plenamine injection 15%</i>	3	B/D
PREMASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	B/D
PROSOL INJECTION 20%	3	B/D
SMOFLIPID INJECTION 3%; 6%; 5%; 6%	3	B/D
TRAVASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	B/D
TROPHAMINE INJECTION 10%	3	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>loteprednol etabonate/tobramycin suspension 0.5%; 0.3%</i>	1	MO
MAXITROL SUSPENSION 0.1%; 3.5MG/ML; 10000UNIT/ML	3	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin/polymyxin/bacitracin/hydrocortisone ointment 400unit/gm; 1%; 0.5%; 10000unit/gm</i>	1	MO
<i>neomycin/polymyxin/dexamethasone ointment 0.1%; 3.5mg/gm; 10000unit/gm</i>	1	MO
<i>neomycin/polymyxin/dexamethasone suspension 0.1%; 3.5mg/ml; 10000unit/ml</i>	1	MO
<i>neomycin/polymyxin/hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	1	MO
<i>sulfacetamide sodium/prednisolone sodium phosphate solution 0.23%; 10%</i>	1	MO
TOBRADEX ST SUSPENSION 0.05%; 0.3%	3	MO
TOBRADEX OINTMENT 0.1%; 0.3%	2	MO
<i>tobramycin/dexamethasone suspension 0.1%; 0.3%</i>	1	MO
ZYLET SUSPENSION 0.5%; 0.3%	3	MO
ANTI-INFECTIVES		
AZASITE SOLUTION 1%	3	MO
<i>bacitracin/polymyxin b ointment 500unit/gm; 10000unit/gm</i>	1	MO
BESIFLOXACIN HYDROCHLORIDE SUSPENSION 0.6%	1	MO
BESIVANCE SUSPENSION 0.6%	3	MO
CILOXAN OINTMENT 0.3%	2	MO
<i>ciprofloxacin hydrochloride ophthalmic solution 0.3%</i>	1	MO
<i>erythromycin ointment 5mg/gm</i>	1	MO
<i>gatifloxacin solution 0.5%</i>	1	MO
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	1	MO
<i>levofloxacin ophthalmic solution 0.5%</i>	1	
<i>moxifloxacin hydrochloride ophthalmic solution 0.5%</i>	1	QL (12 ML per 30 days) MO
NATACYN SUSPENSION 5%	3	MO
<i>neomycin/polymyxin/bacitracin ointment 400unit/gm; 5mg/gm; 10000unit/gm</i>	1	MO
<i>neomycin/polymyxin/gramicidin solution 0.025mg/ml; 1.75mg/ml; 10000unit/ml</i>	1	MO
OCUFLOX SOLUTION 0.3%	3	MO
<i>ofloxacin ophthalmic solution 0.3%</i>	1	MO
<i>polymyxin b sulfate/trimethoprim sulfate solution 10000unit/ml; 0.1%</i>	1	MO
<i>sulfacetamide sodium solution 10%</i>	1	MO
<i>tobramycin solution 0.3%</i>	1	MO
TOBREX OINTMENT 0.3%	3	MO
<i>trifluridine solution 1%</i>	1	MO
VIGAMOX SOLUTION 0.5%	3	QL (12 ML per 30 days) MO
XDEMVIY SOLUTION 0.25%	3	PA; ACS LD
ZIRGAN GEL 0.15%	3	MO
ANTI-INFLAMMATORIES		
ACULAR LS SOLUTION 0.4%	3	MO

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Drug Name	Drug Tier	Requirements/Limits
ACULAR SOLUTION 0.5%	3	MO
ACUVAIL SOLUTION 0.45%	3	MO
ALREX SUSPENSION 0.2%	3	MO
<i>bromfenac sodium solution 0.07%, 0.075%</i>	1	MO
<i>bromfenac solution 0.09%</i>	1	MO
BROMSITE SOLUTION 0.075%	3	MO
BYQLOVI SUSPENSION 0.05%	3	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>	1	MO
<i>diclofenac sodium ophthalmic solution 0.1%</i>	1	MO
<i>difluprednate emulsion 0.05%</i>	1	MO
DUREZOL EMULSION 0.05%	3	MO
FLAREX SUSPENSION 0.1%	3	MO
<i>fluorometholone suspension 0.1%</i>	1	MO
<i>flurbiprofen sodium solution 0.03%</i>	1	MO
FML FORTE SUSPENSION 0.25%	3	MO
ILEVRO SUSPENSION 0.3%	3	MO
<i>ketorolac tromethamine solution 0.4%, 0.5%</i>	1	MO
LOTEMAX SM GEL 0.38%	2	MO
LOTEMAX GEL 0.5%	3	MO
LOTEMAX OINTMENT 0.5%	2	MO
LOTEMAX SUSPENSION 0.5%	3	MO
<i>loteprednol etabonate gel 0.5%</i>	1	MO
<i>loteprednol etabonate suspension 0.2%, 0.5%</i>	1	MO
MAXIDEX SUSPENSION 0.1%	3	MO
NEVANAC SUSPENSION 0.1%	3	MO
PRED MILD SUSPENSION 0.12%	3	MO
<i>prednisolone acetate suspension 1%</i>	1	MO
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1%	2	MO
PROLENSA SOLUTION 0.07%	3	MO
TRIESENCE INJECTION 40MG/ML	3	PA MO
XIPERE INJECTION 40MG/ML	3	PA; LD
YUTIQ IMPLANT 0.18MG	3	ACS LD
ANTIALLERGICS		
<i>azelastine hcl solution 0.05%</i>	1	MO
<i>bepotastine besilate solution 1.5%</i>	1	MO
BEPREVE SOLUTION 1.5%	3	MO
<i>cromolyn sodium solution 4%</i>	1	MO
<i>epinastine hcl solution 0.05%</i>	1	MO
ZERVIAE SOLUTION 0.24%	3	
ANTIGLAUCOMA		
ALPHAGAN P SOLUTION 0.1%, 0.15%	3	MO
AZOPT SUSPENSION 1%	3	ST MO
<i>betaxolol hcl solution 0.5%</i>	1	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
BETIMOL SOLUTION 0.5%	3	MO
<i>brimonidine tartrate/timolol maleate solution 0.2%; 0.5%</i>	1	MO
<i>brimonidine tartrate solution 0.1%, 0.15%, 0.2%</i>	1	MO
<i>brinzolamide suspension 1%</i>	1	ST MO
<i>carteolol hcl solution 1%</i>	1	MO
COMBIGAN SOLUTION 0.2%; 0.5%	2	MO
COSOPT PF SOLUTION 2%; 0.5%	3	MO
COSOPT SOLUTION 22.3MG/ML; 6.8MG/ML	3	MO
<i>dorzolamide hcl/timolol maleate solution 22.3mg/ml; 6.8mg/ml</i>	1	MO
<i>dorzolamide hydrochloride/timolol maleate pf solution 2%; 0.5%</i>	1	MO
<i>dorzolamide hydrochloride solution 2%</i>	1	MO
ISTALOL SOLUTION 0.5%	3	MO
IYUZEH SOLUTION 0.005%	3	ST MO
<i>latanoprost solution 0.005%</i>	1	MO
<i>levobunolol hcl solution 0.5%</i>	1	MO
LUMIGAN SOLUTION 0.01%	2	MO
PHOSPHOLINE IODIDE SOLUTION RECONSTITUTED 0.125%	3	ACS LD
<i>pilocarpine hydrochloride solution 1%, 2%, 4%</i>	1	MO
RHOPRESSA SOLUTION 0.02%	2	MO
ROCKLATAN SOLUTION 0.005%; 0.02%	2	MO
SIMBRINZA SUSPENSION 0.2%; 1%	3	MO
<i>timolol hemihydrate solution 0.5%</i>	1	MO
<i>timolol maleate ophthalmic gel forming gel forming solution 0.25%, 0.5%</i>	1	MO
<i>timolol maleate solution 0.25%, 0.5%</i>	1	MO
TIMOPTIC OCUDOSE SOLUTION 0.25%, 0.5%	3	MO
TRAVATAN Z SOLUTION 0.004%	3	MO
<i>travoprost solution 0.004%</i>	1	MO
VYZULTA SOLUTION 0.024%	3	MO
XALATAN SOLUTION 0.005%	3	MO
ZOLYMBUS GEL 0.01%	3	ST MO
MISCELLANEOUS		
<i>atropine sulfate solution 1%</i>	1	MO
BEOVU SOLUTION PREFILLED SYRINGE 6MG/0.05ML	3	PA; ACS LD
BYOOVIZ SOLUTION 0.5MG/0.05ML	3	PA; LD
CYSTADROPS SOLUTION 0.37%	3	PA; LD
CYSTARAN SOLUTION 0.44%	3	PA; LD
EYLEA HD SOLUTION 8MG/0.07ML	3	PA; ACS LD
EYLEA SOLUTION PREFILLED SYRINGE 2MG/0.05ML	3	PA; ACS LD
EYLEA SOLUTION 2MG/0.05ML	3	PA; ACS LD
EYSUVIS SUSPENSION 0.25%	3	MO

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Drug Name	Drug Tier	Requirements/Limits
IZERVAY SOLUTION 2MG/0.1ML	3	PA; LD
LUCENTIS SOLUTION PREFILLED SYRINGE 0.3MG/0.05ML, 0.5MG/0.05ML	3	PA; ACS LD
MIEBO SOLUTION 1.338GM/ML	2	MO
OXERVATE SOLUTION 0.002%	3	QL (112 ML per 365 days) PA; LD
PAVBLU SOLUTION PREFILLED SYRINGE 2MG/0.05ML	3	PA; ACS
<i>proparacaine hcl solution 0.5%</i>	1	MO
RESTASIS MULTIDOSE EMULSION 0.05%	2	MO
RESTASIS EMULSION 0.05%	2	MO
SUSVIMO SOLUTION 10MG/0.1ML	3	PA; ACS LD
SYFOVRE SOLUTION 15MG/0.1ML	3	PA; LD
VABYSMO SOLUTION PREFILLED SYRINGE 6MG/0.05ML	3	PA; ACS LD
VABYSMO SOLUTION 6MG/0.05ML	3	PA; ACS LD
XIIDRA SOLUTION 5%	2	MO

OTIC**OTIC AGENTS**

<i>acetic acid solution 2%</i>	1	MO
CIPRO HC SUSPENSION 0.2%; 1%	3	MO
<i>ciprofloxacin hydrochloride/hydrocortisone suspension 0.2%; 1%</i>	1	MO
<i>ciprofloxacin hydrochloride otic solution 0.2%</i>	1	MO
<i>ciprofloxacin/dexamethasone suspension 0.3%; 0.1%</i>	1	MO
CORTISPORIN-TC SUSPENSION 3MG/ML; 10MG/ML; 3.3MG/ML; 0.5MG/ML	3	MO
DERMOTIC OIL 0.01%	3	MO
<i>fluocinolone acetonide oil 0.01%</i>	1	MO
<i>hydrocortisone/acetic acid solution 2%; 1%</i>	1	MO
<i>neomycin/polymyxin/hc solution 1%; 3.5mg/ml; 10000unit/ml</i>	1	MO
<i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	1	MO
<i>ofloxacin otic solution 0.3%</i>	1	MO

RESPIRATORY**ANTICHOLINERGIC/BETA AGONIST COMBINATIONS**

ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/ACT; 25MCG/ACT	2	QL (60 EA per 30 days) MO
BEVESPI AEROSPHERE AEROSOL 4.8MCG/ACT; 9MCG/ACT	2	QL (10.7 GM per 30 days) MO
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 18MCG/ACT	2	QL (10.7 GM per 30 days)
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	2	QL (10.7 GM per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
COMBIVENT RESPIMAT AEROSOL SOLUTION 100MCG/ACT; 20MCG/ACT	3	QL (8 GM per 30 days) MO
<i>ipratropium bromide/albuterol sulfate solution 2.5mg/3ml; 0.5mg/3ml</i>	1	B/D MO
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT, 200MCG/INH; 62.5MCG/INH; 25MCG/INH	2	QL (60 EA per 30 days) MO
ANTICHOLINERGICS		
ATROVENT HFA AEROSOL SOLUTION 17MCG/ACT	3	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/INH	2	QL (30 EA per 30 days) MO
<i>ipratropium bromide hfa aerosol solution 17mcg/act</i>	1	QL (25.8 GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02%</i>	1	B/D MO
<i>ipratropium bromide nasal solution 0.03%, 0.06%</i>	1	MO
SPIRIVA HANDIHALER CAPSULE 18MCG	3	QL (30 EA per 30 days) MO
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT, 2.5MCG/ACT	3	QL (4 GM per 30 days) MO
<i>tiotropium bromide capsule 18mcg</i>	1	QL (30 EA per 30 days) MO
ANTI-HISTAMINE COMBINATIONS		
<i>azelastine hydrochloride/fluticasone propionate suspension 137mcg/act; 50mcg/act</i>	1	QL (23 GM per 30 days) MO
CLARINEX-D 12 HOUR TABLET EXTENDED RELEASE 12 HOUR 2.5MG; 120MG	3	MO
<i>promethazine hydrochloride/phenylephrine hydrochloride syrup 5mg/5ml; 6.25mg/5ml</i>	2	PA; HRM
RYALTRIS SUSPENSION 25MCG/ACT; 665MCG/ACT	3	QL (31 GM per 30 days) MO
ANTI-HISTAMINES		
<i>azelastine hydrochloride solution 0.1%</i>	1	MO
CARBINOXAMINE MALEATE ER SUSPENSION EXTENDED RELEASE 4MG/5ML	3	PA MO
<i>carbinoxamine maleate solution 4mg/5ml</i>	3	PA MO
<i>carbinoxamine maleate tablet 4mg</i>	2	PA MO
<i>carbzah solution 4mg/5ml</i>	3	PA
<i>cetirizine hydrochloride solution 5mg/5ml</i>	1	QL (300 ML per 30 days) MO
CLARINEX TABLET 5MG	3	QL (30 EA per 30 days) MO
<i>clemastine fumarate tablet 2.68mg</i>	3	PA MO
CLEMSZA TABLET 2.68MG	3	PA
<i>cyproheptadine hcl syrup 2mg/5ml</i>	2	PA MO; HRM
<i>cyproheptadine hydrochloride tablet 4mg</i>	2	PA MO; HRM
<i>desloratadine odt tablet disintegrating 2.5mg, 5mg</i>	1	QL (30 EA per 30 days) MO
<i>desloratadine tablet 5mg</i>	1	QL (30 EA per 30 days) MO
<i>diphenhydramine hydrochloride injection 50mg/ml</i>	1	MO; HRM
<i>hydroxyzine hcl tablet 50mg</i>	2	PA MO; HRM
<i>hydroxyzine hydrochloride injection 25mg/ml, 50mg/ml</i>	3	PA MO; HRM

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Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hydrochloride syrup 10mg/5ml</i>	2	PA MO; HRM
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	2	PA MO; HRM
<i>hydroxyzine pamoate capsule 100mg, 25mg, 50mg</i>	2	PA MO; HRM
KARBINAL ER SUSPENSION EXTENDED RELEASE 4MG/5ML	3	PA MO
<i>levocetirizine dihydrochloride solution 2.5mg/5ml</i>	1	QL (300 ML per 30 days) MO
<i>levocetirizine dihydrochloride tablet 5mg</i>	1	QL (30 EA per 30 days) MO
<i>olopatadine hcl solution 0.6%</i>	1	MO
QUZYTIR INJECTION 10MG/ML	3	QL (30 ML per 30 days) PA MO
BETA AGONISTS		
<i>albuterol sulfate hfa (generic Proventil HFA) aerosol solution 108mcg/act</i>	1	QL (13.4 GM per 30 days) MO
<i>albuterol sulfate hfa (generic ProAir HFA) aerosol solution 108mcg/act</i>	1	QL (17 GM per 30 days) MO
<i>albuterol sulfate hfa (generic Ventolin HFA) aerosol solution 108mcg/act</i>	1	QL (36 GM per 30 days) MO
<i>albuterol sulfate nebulization solution 0.083%, 0.63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	1	B/D MO
<i>albuterol sulfate syrup 2mg/5ml</i>	1	MO
<i>albuterol sulfate tablet 2mg, 4mg</i>	1	MO
<i>arformoterol tartrate nebulization solution 15mcg/2ml</i>	1	B/D MO
<i>formoterol fumarate nebulization solution 20mcg/2ml</i>	1	B/D MO
<i>levalbuterol hcl nebulization solution 0.31mg/3ml, 1.25mg/3ml</i>	1	B/D MO
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	1	B/D MO
LEVALBUTEROL TARTRATE HFA AEROSOL 45MCG/ACT	1	QL (30 GM per 30 days) ST MO
<i>levalbuterol nebulization solution 1.25mg/0.5ml</i>	1	B/D MO
PERFORMIST NEBULIZATION SOLUTION 20MCG/2ML	3	B/D MO
SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/DOSE	2	QL (60 EA per 30 days) MO
STRIVERDI RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	3	QL (4 GM per 30 days) MO
<i>terbutaline sulfate injection 1mg/ml</i>	1	MO
<i>terbutaline sulfate tablet 2.5mg, 5mg</i>	1	MO
VENTOLIN HFA AEROSOL SOLUTION 108MCG/ACT	2	QL (36 GM per 30 days) MO
XOPENEX HFA AEROSOL 45MCG/ACT	3	QL (30 GM per 30 days) ST MO
LEUKOTRIENE MODULATORS		
<i>montelukast sodium packet 4mg</i>	1	MO
<i>montelukast sodium tablet chewable 4mg, 5mg</i>	1	MO
<i>montelukast sodium tablet 10mg</i>	1	MO
SINGULAIR PACKET 4MG	3	MO
SINGULAIR TABLET CHEWABLE 4MG, 5MG	3	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
SINGULAIR TABLET 10MG	3	MO
<i>zafirlukast tablet 10mg, 20mg</i>	1	MO
MISCELLANEOUS		
<i>acetylcysteine solution 10%, 20%</i>	1	B/D MO
ALYFTREK TABLET 125MG; 50MG; 10MG	3	QL (56 EA per 28 days) PA; ACS LD
ALYFTREK TABLET 50MG; 20MG; 4MG	3	QL (84 EA per 28 days) PA; ACS LD
ARALAST NP INJECTION 1000MG, 500MG	3	PA; ACS LD
BRINSUPRI TABLET 10MG, 25MG	3	QL (30 EA per 30 days) PA; ACS LD
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	1	B/D MO
DALIRESP TABLET 500MCG	3	QL (30 EA per 30 days) MO
DALIRESP TABLET 250MCG	3	QL (56 EA per 365 days) MO
<i>elixophyllin elixir 80mg/15ml</i>	1	
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	1	MO
EIPEN 2-PAK INJECTION 0.3MG/0.3ML	3	MO
EIPEN-JR 2-PAK INJECTION 0.15MG/0.3ML	3	MO
FASENRA PEN INJECTION 30MG/ML	3	QL (1 ML per 28 days) PA; ACS LD
FASENRA INJECTION 10MG/0.5ML	3	QL (0.5 ML per 28 days) PA; ACS LD
FASENRA INJECTION 30MG/ML	3	QL (1 ML per 28 days) PA; ACS LD
GLASSIA INJECTION 1000MG/50ML, 4GM/200ML, 5GM/250ML	3	PA; ACS LD
JASCAYD TABLET 18MG, 9MG	3	QL (60 EA per 30 days) PA; ACS LD
KALYDECO PACKET 13.4MG, 25MG, 5.8MG, 50MG, 75MG	3	QL (56 EA per 28 days) PA; ACS LD
KALYDECO TABLET 150MG	3	QL (56 EA per 28 days) PA; ACS LD
<i>nintedanib esylate capsule 100mg, 150mg</i>	3	QL (60 EA per 30 days) PA; ACS
NUCALA INJECTION 40MG/0.4ML	3	QL (0.4 ML per 28 days) PA; ACS LD
NUCALA INJECTION 100MG	3	QL (3 EA per 28 days) PA; ACS LD
NUCALA INJECTION 100MG/ML	3	QL (3 ML per 28 days) PA; ACS LD
OFEV CAPSULE 100MG, 150MG	3	QL (60 EA per 30 days) PA; ACS LD
OHTUVAYRE SUSPENSION 3MG/2.5ML	3	PA; ACS LD
ORKAMBI PACKET 125MG; 100MG, 188MG; 150MG, 94MG; 75MG	3	QL (56 EA per 28 days) PA; ACS LD
ORKAMBI TABLET 125MG; 100MG, 125MG; 200MG	3	QL (112 EA per 28 days) PA; ACS LD
<i>pirfenidone capsule 267mg</i>	3	QL (270 EA per 30 days) PA; ACS

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>pirfenidone tablet 267mg</i>	3	QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 534mg, 801mg</i>	3	QL (90 EA per 30 days) PA; ACS
PROLASTIN-C INJECTION 1000MG/20ML	3	PA; LD
PULMOZYME SOLUTION 2.5MG/2.5ML	3	PA; ACS LD
<i>roflumilast tablet 500mcg</i>	1	QL (30 EA per 30 days) MO
<i>roflumilast tablet 250mcg</i>	1	QL (56 EA per 365 days) MO
SYMDEKO TABLET THERAPY PACK 150MG; 100MG, 75MG; 50MG	3	QL (56 EA per 28 days) PA; ACS LD
THEO-24 CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 200MG, 300MG, 400MG	3	MO
<i>theophylline er tablet extended release 12 hour 100mg, 200mg</i>	1	MO
<i>theophylline er tablet extended release 12 hour 300mg, 450mg</i>	1	MO
<i>theophylline er tablet extended release 24 hour 400mg, 600mg</i>	1	MO
<i>theophylline elixir 80mg/15ml</i>	1	MO
<i>theophylline solution 80mg/15ml</i>	1	MO
TRIKAFTA TABLET THERAPY PACK 100MG; 75MG; 50MG, 50MG; 37.5MG; 25MG	3	QL (84 EA per 28 days) PA; ACS LD
TRIKAFTA THERAPY PACK 100MG; 75MG; 50MG, 80MG; 60MG; 40MG	3	QL (56 EA per 28 days) PA; ACS LD
XOLAIR INJECTION 75MG/0.5ML	3	QL (2 ML per 28 days) PA; ACS LD
XOLAIR INJECTION 150MG	3	QL (8 EA per 28 days) PA; ACS LD
XOLAIR INJECTION 150MG/ML, 300MG/2ML	3	QL (8 ML per 28 days) PA; ACS LD
ZEMAIRA INJECTION 1000MG, 4000MG, 5000MG	3	PA; ACS LD
NASAL STEROIDS		
<i>flunisolide solution 0.025%</i>	1	QL (75 ML per 30 days) MO
<i>fluticasone propionate suspension 50mcg/act</i>	1	QL (16 GM per 30 days) MO
<i>mometasone furoate suspension 50mcg/act</i>	1	QL (34 GM per 30 days) MO
OMNARIS SUSPENSION 50MCG/ACT	3	QL (12.5 GM per 30 days) ST MO
QNASL CHILDRENS AEROSOL SOLUTION 40MCG/ACT	3	QL (6.8 GM per 30 days) ST MO
QNASL AEROSOL SOLUTION 80MCG/ACT	3	QL (10.6 GM per 30 days) ST MO
XHANCE EXHALER SUSPENSION 93MCG/ACT	3	QL (32 ML per 30 days) PA MO
STEROID INHALANTS		
ALVESCO AEROSOL SOLUTION 160MCG/ACT, 80MCG/ACT	3	QL (12.2 GM per 30 days) MO
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	2	QL (30 EA per 30 days) MO
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	1	B/D MO
PULMICORT SUSPENSION 0.25MG/2ML, 0.5MG/2ML, 1MG/2ML	3	B/D MO
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AEROSOL 115MCG/ACT; 21MCG/ACT, 230MCG/ACT; 21MCG/ACT, 45MCG/ACT; 21MCG/ACT	2	QL (12 GM per 30 days) MO
AIRSUPRA AEROSOL 90MCG/ACT; 80MCG/ACT	2	QL (32.1 GM per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 25MCG/ACT, 200MCG/INH; 25MCG/INH, 50MCG/INH; 25MCG/INH	2	QL (60 EA per 30 days) MO
<i>breyana aerosol 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act</i>	1	QL (30.9 GM per 30 days) MO
<i>budesonide/formoterol fumarate dihydrate aerosol 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act</i>	1	QL (30.6 GM per 30 days) MO
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT, 5MCG/ACT; 50MCG/ACT	3	QL (39 GM per 30 days) MO
FLUTICASONE FUROATE/VILANTEROL ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/INH; 25MCG/INH, 200MCG/INH; 25MCG/INH	1	QL (60 EA per 30 days) MO
<i>fluticasone propionate/salmeterol diskus aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO
<i>wixela inhub aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO

TOPICAL**DERMATOLOGY, ACNE**

ABSORICA LD CAPSULE 16MG, 24MG, 32MG, 8MG	3	PA
ABSORICA CAPSULE 10MG, 20MG, 25MG, 30MG, 35MG, 40MG	3	PA
ACANYA GEL 2.5%; 1.2%	3	QL (50 GM per 30 days) MO
<i>accutane capsule 10mg, 20mg, 30mg, 40mg</i>	1	PA
ACZONE GEL 7.5%	3	QL (90 GM per 30 days) MO
<i>adapalene/benzoyl peroxide gel 0.1%; 2.5%</i>	1	QL (45 GM per 30 days) PA MO
<i>adapalene/benzoyl peroxide gel 0.3%; 2.5%</i>	1	QL (60 GM per 30 days) PA MO
<i>adapalene cream 0.1%</i>	1	QL (45 GM per 30 days) PA MO
<i>adapalene gel 0.3%</i>	1	QL (45 GM per 30 days) PA MO
ADAPALENE SOLUTION 0.1%	3	QL (120 ML per 30 days) PA
AKLIEF CREAM 0.005%	3	QL (45 GM per 30 days) PA MO
ALTRENO LOTION 0.05%	3	QL (45 GM per 30 days) PA MO
<i>amnestem capsule 10mg, 20mg, 30mg, 40mg</i>	1	PA
AMZEEQ FOAM 4%	3	QL (30 GM per 30 days) PA MO
ARAZLO LOTION 0.045%	3	QL (45 GM per 30 days) PA MO
ATRALIN GEL 0.05%	3	QL (45 GM per 30 days) PA MO
AZELEX CREAM 20%	3	QL (50 GM per 30 days) PA MO
BENZAMYCIN GEL 5%; 3%	3	QL (46.6 GM per 30 days) MO
CABTREO GEL 0.15%; 3.1%; 1.2%	3	QL (50 GM per 30 days) PA MO
<i>claravis capsule 10mg, 20mg, 30mg, 40mg</i>	1	PA
CLEOCIN-T LOTION 1%	3	QL (60 ML per 30 days) MO
<i>clindacin etz pledgets swab 1%</i>	1	QL (69 EA per 30 days)

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>clindacin-p swab 1%</i>	1	QL (69 EA per 30 days) MO
<i>clindacin foam 1%</i>	1	QL (100 GM per 30 days)
<i>clindamycin phosphate (once-daily) gel bottle 1%</i>	1	QL (75 ML per 30 days) PA MO
<i>clindamycin phosphate (twice-daily) gel tube 1%</i>	1	QL (60 GM per 30 days) MO
<i>clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%</i>	1	QL (45 GM per 30 days) MO
<i>clindamycin phosphate/benzoyl peroxide gel 2.5%; 1.2%, 3.75%; 1.2%</i>	1	QL (50 GM per 30 days) MO
<i>clindamycin phosphate/tretinoin gel 1.2%; 0.025%</i>	1	QL (60 GM per 30 days) PA MO
<i>clindamycin phosphate foam 1%</i>	1	QL (100 GM per 30 days) MO
<i>clindamycin phosphate lotion 1%</i>	1	QL (60 ML per 30 days) MO
<i>clindamycin phosphate topical solution 1%</i>	1	QL (60 ML per 30 days) MO
<i>clindamycin phosphate swab 1%</i>	1	QL (69 EA per 30 days) MO
<i>clindamycin/benzoyl peroxide gel 5%; 1%</i>	1	QL (50 GM per 30 days) MO
<i>dapsone gel 5%, 7.5%</i>	1	QL (90 GM per 30 days) MO
EPIDUO FORTE GEL 0.3%; 2.5%	3	QL (60 GM per 30 days) PA MO
<i>ery pad 2%</i>	1	QL (60 EA per 30 days) MO
<i>erythromycin/benzoyl peroxide gel 5%; 3%</i>	1	QL (46.6 GM per 30 days) MO
<i>erythromycin gel 2%</i>	1	QL (60 GM per 30 days) MO
<i>erythromycin solution 2%</i>	1	QL (60 ML per 30 days) MO
FABIOR FOAM 0.1%	3	QL (100 GM per 30 days) PA MO
<i>isotretinoin capsule 10mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	1	PA
KLARON LOTION 10%	3	QL (118 ML per 30 days) MO
<i>neuac gel 5%; 1.2%</i>	1	QL (45 GM per 30 days)
ONEXTON GEL 3.75%; 1.2%	3	QL (50 GM per 30 days) MO
RETIN-A MICRO PUMP GEL 0.08%	3	QL (50 GM per 30 days) PA MO
RETIN-A MICRO GEL 0.06%	3	QL (50 GM per 30 days) PA MO
RETIN-A CREAM 0.025%, 0.05%, 0.1%	3	QL (45 GM per 30 days) PA MO
RETIN-A GEL 0.01%, 0.025%	3	QL (45 GM per 30 days) PA MO
<i>sulfacetamide sodium lotion 10%</i>	1	QL (118 ML per 30 days) MO
TAZAROTENE FOAM 0.1%	3	QL (100 GM per 30 days) PA MO
TRETINOIN MICROSPHERE GEL 0.04%, 0.1%	1	QL (50 GM per 30 days) PA MO
<i>tretinoin microsphere gel 0.08%</i>	1	QL (50 GM per 30 days) PA MO
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	1	QL (45 GM per 30 days) PA MO
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	1	QL (45 GM per 30 days) PA MO
TWYNEO CREAM 3%; 0.1%	3	QL (30 GM per 30 days) PA MO
WINLEVI CREAM 1%	3	QL (60 GM per 30 days) PA MO
<i>zenatane capsule 10mg, 20mg, 30mg, 40mg</i>	1	PA
ZIANA GEL 1.2%; 0.025%	3	QL (60 GM per 30 days) PA MO
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate cream 0.1%</i>	1	QL (30 GM per 30 days) MO
<i>gentamicin sulfate ointment 0.1%</i>	1	QL (30 GM per 30 days) MO
<i>mupirocin ointment 2%</i>	1	QL (30 GM per 30 days) MO
SILVADENE CREAM 1%	3	MO
<i>silver sulfadiazine cream 1%</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
SSD CREAM 1%	1	
SULFAMYLON CREAM 85MG/GM	3	QL (453.6 GM per 30 days) MO
DERMATOLOGY, ANTIFUNGALS		
<i>ciclodan solution 8%</i>	1	QL (6.6 ML per 30 days)
<i>ciclopirox nail lacquer solution 8%</i>	1	QL (6.6 ML per 30 days) MO
<i>ciclopirox olamine cream 0.77%</i>	1	QL (90 GM per 30 days) MO
<i>ciclopirox gel 0.77%</i>	1	QL (100 GM per 30 days) MO
<i>ciclopirox shampoo 1%</i>	1	QL (120 ML per 30 days) MO
<i>ciclopirox suspension 0.77%</i>	1	QL (60 ML per 30 days) MO
<i>clotrimazole/betamethasone dipropionate cream 0.05%; 1%</i>	1	QL (45 GM per 30 days) MO
<i>clotrimazole cream 1%</i>	1	QL (45 GM per 30 days) MO
<i>clotrimazole solution 1%</i>	1	QL (60 ML per 30 days) MO
<i>econazole nitrate cream 1%</i>	1	QL (85 GM per 30 days) MO
EXELDERM CREAM 1%	3	QL (60 GM per 30 days) PA MO
JUBLIA SOLUTION 10%	3	QL (8 ML per 30 days) PA MO
<i>ketoconazole cream 2%</i>	1	QL (60 GM per 30 days) MO
<i>ketoconazole shampoo 2%</i>	1	QL (120 ML per 30 days) MO
<i>klayesta powder 100000unit/gm</i>	1	QL (60 GM per 30 days)
<i>naftifine hydrochloride cream 2%</i>	1	QL (60 GM per 30 days) MO
<i>naftifine hydrochloride cream 1%</i>	1	QL (90 GM per 30 days) MO
<i>naftifine hydrochloride gel 2%</i>	1	QL (60 GM per 30 days) MO
NAFTIN GEL 2%	3	QL (60 GM per 30 days) MO
<i>nyamyc powder 100000unit/gm</i>	1	QL (60 GM per 30 days)
<i>nystatin cream 100000unit/gm</i>	1	QL (30 GM per 30 days) MO
<i>nystatin ointment 100000unit/gm</i>	1	QL (30 GM per 30 days) MO
<i>nystatin powder 100000unit/gm</i>	1	QL (60 GM per 30 days) MO
<i>nystop powder 100000unit/gm</i>	1	QL (60 GM per 30 days)
<i>selenium sulfide lotion 2.5%</i>	1	MO
ZORYVE FOAM 0.3%	3	QL (60 GM per 30 days) PA MO
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin capsule 10mg, 17.5mg, 25mg</i>	1	MO
<i>calcipotriene cream 0.005%</i>	1	QL (120 GM per 30 days) PA MO
CALCIPOTRIENE FOAM 0.005%	3	QL (120 GM per 30 days) PA
<i>calcipotriene ointment 0.005%</i>	1	QL (120 GM per 30 days) PA MO
<i>calcipotriene solution 0.005%</i>	1	QL (120 ML per 30 days) PA MO
<i>calcitrene ointment 0.005%</i>	1	QL (120 GM per 30 days) PA MO
ENSTILAR FOAM 0.064%; 0.005%	3	QL (120 GM per 30 days) PA MO
<i>methoxsalen capsule 10mg</i>	3	MO
<i>pellix solution 0.005%</i>	1	QL (120 ML per 30 days) PA
SORILUX FOAM 0.005%	3	QL (120 GM per 30 days) PA MO
<i>tazarotene cream 0.05%, 0.1%</i>	1	QL (60 GM per 30 days) PA MO
<i>tazarotene gel 0.05%, 0.1%</i>	1	QL (100 GM per 30 days) PA MO
TAZORAC CREAM 0.05%	3	QL (60 GM per 30 days) PA MO
TAZORAC GEL 0.05%, 0.1%	3	QL (100 GM per 30 days) PA MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>trilitas gel 0.1%</i>	1	QL (100 GM per 30 days) PA
VTAMA CREAM 1%	3	QL (60 GM per 30 days) PA MO
ZORYVE CREAM 0.3%	3	QL (60 GM per 30 days) PA MO
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort cream 1%</i>	1	
<i>ala-scalp lotion 2%</i>	1	QL (60 ML per 30 days) PA MO
<i>alclometasone dipropionate cream 0.05%</i>	1	QL (60 GM per 30 days) MO
<i>alclometasone dipropionate ointment 0.05%</i>	1	QL (60 GM per 30 days) MO
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	QL (120 GM per 30 days) MO
<i>betamethasone dipropionate augmented gel 0.05%</i>	1	QL (120 GM per 30 days) MO
<i>betamethasone dipropionate augmented lotion 0.05%</i>	1	QL (120 ML per 30 days) MO
<i>betamethasone dipropionate augmented ointment 0.05%</i>	1	QL (120 GM per 30 days) MO
<i>betamethasone dipropionate cream 0.05%</i>	1	QL (120 GM per 30 days) MO
<i>betamethasone dipropionate lotion 0.05%</i>	1	QL (120 ML per 30 days) MO
<i>betamethasone dipropionate ointment 0.05%</i>	1	QL (120 GM per 30 days) MO
<i>betamethasone valerate cream 0.1%</i>	1	QL (120 GM per 30 days) MO
<i>betamethasone valerate foam 0.12%</i>	1	QL (120 GM per 30 days) MO
<i>betamethasone valerate lotion 0.1%</i>	1	QL (120 ML per 30 days) MO
<i>betamethasone valerate ointment 0.1%</i>	1	QL (120 GM per 30 days) MO
<i>clobetasol propionate e cream 0.05%</i>	1	QL (120 GM per 30 days) MO
<i>clobetasol propionate emollient foam 0.05%</i>	1	QL (100 GM per 30 days) MO
<i>clobetasol propionate cream 0.05%</i>	1	QL (120 GM per 30 days) MO
<i>clobetasol propionate foam 0.05%</i>	1	QL (100 GM per 30 days) MO
<i>clobetasol propionate gel 0.05%</i>	1	QL (120 GM per 30 days) MO
<i>clobetasol propionate liquid 0.05%</i>	1	QL (125 ML per 30 days) MO
<i>clobetasol propionate lotion 0.05%</i>	1	QL (118 ML per 30 days) MO
<i>clobetasol propionate ointment 0.05%</i>	1	QL (120 GM per 30 days) MO
<i>clobetasol propionate shampoo 0.05%</i>	1	QL (236 ML per 30 days) MO
<i>clobetasol propionate solution 0.05%</i>	1	QL (100 ML per 30 days) MO
<i>clodan shampoo 0.05%</i>	1	QL (236 ML per 30 days)
DERMA-SMOOTH/FS BODY OIL 0.01%	3	QL (118.28 ML per 30 days) MO
DERMA-SMOOTH/FS SCALP OIL 0.01%	3	QL (118.28 ML per 30 days) MO
<i>desonide cream 0.05%</i>	1	QL (60 GM per 30 days) MO
<i>desonide lotion 0.05%</i>	1	QL (118 ML per 30 days) MO
<i>desonide ointment 0.05%</i>	1	QL (60 GM per 30 days) MO
<i>desoximetasone liquid 0.25%</i>	1	QL (100 ML per 30 days) MO
DIPROLENE OINTMENT 0.05%	3	QL (120 GM per 30 days) MO
DUOBRII LOTION 0.01%; 0.045%	3	QL (200 GM per 28 days) PA MO
EPIFOAM FOAM 1%; 1%	3	MO
<i>fluocinolone acetonide body oil 0.01%</i>	1	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide scalp oil 0.01%</i>	1	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide cream 0.025%</i>	1	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide cream 0.01%</i>	1	QL (60 GM per 30 days) MO
<i>fluocinolone acetonide ointment 0.025%</i>	1	QL (120 GM per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide solution 0.01%</i>	1	QL (60 ML per 30 days) MO
<i>fluocinonide emulsified base cream 0.05%</i>	1	QL (120 GM per 30 days) MO
<i>fluocinonide cream 0.05%, 0.1%</i>	1	QL (120 GM per 30 days) MO
<i>fluocinonide gel 0.05%</i>	1	QL (60 GM per 30 days) MO
<i>fluocinonide ointment 0.05%</i>	1	QL (60 GM per 30 days) MO
<i>fluocinonide solution 0.05%</i>	1	QL (60 ML per 30 days) MO
<i>fluticasone propionate cream 0.05%</i>	1	MO
<i>fluticasone propionate lotion 0.05%</i>	1	QL (60 ML per 30 days) MO
<i>fluticasone propionate ointment 0.005%</i>	1	MO
<i>halobetasol propionate cream 0.05%</i>	1	QL (50 GM per 30 days) MO
<i>halobetasol propionate ointment 0.05%</i>	1	QL (50 GM per 30 days) MO
<i>hydrocortisone butyrate solution 0.1%</i>	1	QL (60 ML per 30 days) MO
<i>hydrocortisone valerate cream 0.2%</i>	1	QL (60 GM per 30 days) MO
<i>hydrocortisone cream 1%, 2.5%</i>	1	MO
<i>hydrocortisone lotion 2.5%</i>	1	MO
<i>hydrocortisone lotion 2%</i>	3	QL (60 ML per 30 days) PA MO
<i>hydrocortisone ointment 2.5%</i>	1	MO
<i>hydrocortisone ointment 1%</i>	1	QL (30 GM per 30 days) MO
<i>mometasone furoate cream 0.1%</i>	1	MO
<i>mometasone furoate ointment 0.1%</i>	1	MO
<i>mometasone furoate solution 0.1%</i>	1	MO
PRAMOSONE CREAM 1%; 1%	3	MO
PRAMOSONE LOTION 1%; 1%, 2.5%; 1%	3	MO
SYNALAR CREAM 0.025%	3	QL (120 GM per 30 days) MO
SYNALAR OINTMENT 0.025%	3	QL (120 GM per 30 days) MO
<i>tovet foam 0.05%</i>	1	QL (100 GM per 30 days)
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	1	QL (454 GM per 30 days) MO
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	1	MO
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	1	MO
<i>triderm cream 0.5%</i>	1	QL (454 GM per 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
DYCLOPRO SOLUTION 0.5%	3	
<i>glydo prefilled syringe 2%</i>	1	QL (60 ML per 30 days) PA MO
<i>lidocaine hcl jelly prefilled syringe 2%</i>	1	QL (60 ML per 30 days) PA MO
<i>lidocaine hcl prefilled syringe 2%</i>	1	QL (60 ML per 30 days) PA MO
<i>lidocaine hydrochloride topical solution 4%</i>	1	QL (50 ML per 30 days) PA MO
<i>lidocaine/prilocaine cream 2.5%; 2.5%</i>	1	QL (30 GM per 30 days) MO
<i>lidocaine ointment 5%</i>	1	QL (50 GM per 30 days) PA MO
<i>lidocaine patch 5%</i>	1	QL (3 EA per 1 days) PA MO
<i>lidocaine patch 5%</i>	1	QL (3 EA per 1 days) PA
QUTENZA KIT 8% (2 TOPICAL SYSTEMS)	3	QL (2 EA per 90 days) PA; ACS LD
QUTENZA KIT 8% (4 TOPICAL SYSTEMS)	3	QL (1 EA per 90 days) PA; ACS LD
QUTENZA KIT 8% (1 TOPICAL SYSTEM)	3	QL (4 EA per 90 days) PA; ACS LD
<i>tridacaine iii patch 5%</i>	1	QL (3 EA per 1 days) PA

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
ZTLIDO PATCH 1.8%	3	QL (3 EA per 1 days) PA MO
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir cream 5%</i>	1	QL (5 GM per 30 days) MO
<i>acyclovir ointment 5%</i>	1	QL (30 GM per 30 days) MO
<i>ammonium lactate cream 12%</i>	1	MO
<i>ammonium lactate lotion 12%</i>	1	MO
ANALPRAM HC LOTION 2.5%; 1%	3	MO
ANUSOL-HC CREAM 2.5%	3	MO
ANZUPGO CREAM 20MG/GM	3	QL (60 GM per 30 days) PA; ACS LD
<i>azelaic acid gel 15%</i>	1	QL (50 GM per 30 days) MO
<i>bexarotene gel 1%</i>	3	QL (60 GM per 30 days) PA; ACS
<i>brimonidine tartrate gel 0.33%</i>	1	QL (30 GM per 30 days) PA MO
CORTIFOAM FOAM 10%	3	MO
DENAVIR CREAM 1%	3	QL (5 GM per 30 days) MO
<i>diclofenac sodium gel 3%</i>	1	QL (100 GM per 30 days) PA MO
<i>diclofenac sodium topical solution 1.5%</i>	1	QL (300 ML per 28 days) MO
<i>doxycycline capsule delayed release 40mg</i>	1	MO
EMROSI CAPSULE EXTENDED RELEASE 24 HOUR 40MG	3	QL (30 EA per 30 days) PA
EPSOLAY CREAM 5%	3	QL (30 GM per 30 days) PA MO
EUCRISA OINTMENT 2%	3	QL (120 GM per 30 days) PA MO
FINACEA FOAM 15%	3	QL (50 GM per 30 days) PA MO
<i>fluorouracil cream 5%</i>	1	QL (40 GM per 30 days) MO
<i>fluorouracil topical solution 2%, 5%</i>	1	QL (10 ML per 30 days) MO
<i>hydrocortisone perianal cream 1%, 2.5%</i>	1	MO
HYFTOR GEL 0.2%	3	QL (20 GM per 25 days) PA; ACS LD
<i>imiquimod cream 5%</i>	1	QL (24 EA per 30 days) MO
KLISYRI OINTMENT 1%	3	QL (5 EA per 30 days) PA MO
<i>metronidazole cream 0.75%</i>	1	QL (45 GM per 30 days) MO
<i>metronidazole gel 0.75%</i>	1	QL (45 GM per 30 days) MO
<i>metronidazole lotion 0.75%</i>	1	QL (59 ML per 30 days) MO
MIRVASO GEL 0.33%	3	QL (30 GM per 30 days) PA MO
<i>nitroglycerin rectal ointment 0.4%</i>	1	QL (30 GM per 30 days) MO
NORITATE CREAM 1%	3	QL (60 GM per 30 days) PA MO
OPZELURA CREAM 1.5%	3	QL (240 GM per 28 days) PA MO
ORACEA CAPSULE DELAYED RELEASE 40MG	3	MO
<i>oxymetazoline hydrochloride cream 1%</i>	1	QL (30 GM per 30 days)
PANRETIN GEL 0.1%	3	QL (60 GM per 30 days) PA
<i>penciclovir cream 1%</i>	1	QL (5 GM per 30 days) MO
<i>pimecrolimus cream 1%</i>	1	QL (100 GM per 30 days) PA MO
<i>podofilox gel 0.5%</i>	1	QL (7 GM per 28 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>podofilox solution 0.5%</i>	1	QL (7 ML per 28 days) MO
<i>procto-med hc cream 2.5%</i>	1	
<i>proctocort cream 1%</i>	1	
PROCTOFOAM HC FOAM 1%; 1%	3	MO
<i>proctosol hc cream 2.5%</i>	1	
<i>proctozone-hc cream 2.5%</i>	1	
QBREXZA PAD 2.4%	3	QL (30 EA per 30 days) PA MO
RHOFADE CREAM 1%	3	QL (30 GM per 30 days) MO
SOFDRA GEL 12.45%	3	QL (50 ML per 30 days) PA; ACS LD
<i>tacrolimus ointment 0.03%, 0.1%</i>	1	QL (100 GM per 30 days) PA MO
TARGRETIN GEL 1%	3	QL (60 GM per 30 days) PA; ACS
VALCHLOR GEL 0.016%	3	QL (60 GM per 30 days) PA; LD
XERESE CREAM 5%; 1%	3	QL (5 GM per 30 days) MO
YCANTH SOLUTION 0.7%	3	PA; ACS LD
ZELSUVMI GEL 10.3%	3	PA MO
ZILXI FOAM 1.5%	3	QL (30 GM per 30 days) PA MO
ZORYVE CREAM 0.05%, 0.15%	3	QL (60 GM per 30 days) PA MO
ZOVIRAX CREAM 5%	3	QL (5 GM per 30 days) MO
ZOVIRAX OINTMENT 5%	3	QL (30 GM per 30 days) MO
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>crotan lotion 10%</i>	3	QL (454 GM per 30 days) PA
EURAX CREAM 10%	3	QL (60 GM per 30 days) PA
<i>malathion lotion 0.5%</i>	1	QL (59 ML per 30 days) MO
NATROBA SUSPENSION 0.9%	3	MO
OVIDE LOTION 0.5%	3	QL (59 ML per 30 days)
<i>permethrin cream 5%</i>	1	QL (60 GM per 30 days) MO
<i>pruradik lotion 10%</i>	3	QL (454 GM per 30 days) PA
SPINOSAD SUSPENSION 0.9%	1	MO
DERMATOLOGY, WOUND CARE AGENTS		
SANTYL OINTMENT 250UNIT/GM	3	QL (180 GM per 30 days) PA MO
<i>sodium chloride 0.9% solution 0.9%</i>	1	MO
<i>sterile water for irrigation solution</i>	1	MO
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hydrochloride capsule 30mg</i>	1	MO
<i>chlorhexidine gluconate solution 0.12%</i>	1	MO
<i>clotrimazole troche 10mg</i>	1	QL (150 EA per 30 days) MO
EVOXAC CAPSULE 30MG	3	MO
<i>kourzeq paste 0.1%</i>	1	
<i>lidocaine viscous solution 2%</i>	1	MO
<i>nystatin suspension 100000unit/ml</i>	1	MO
<i>periogard solution 0.12%</i>	1	
<i>pilocarpine hydrochloride tablet 5mg, 7.5mg</i>	1	MO
SALAGEN TABLET 5MG, 7.5MG	3	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
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<i>subvenite starter kit/green</i>	55	<i>tamsulosin hydrochloride</i>	90
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<i>telmisartan/amlodipine</i>	32	<i>tiopronin dr</i>	91
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P.O. Box 30006, Pittsburgh, PA 15222-0330



Participating health care providers are independent contractors and are neither agents nor employees of SilverScript. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10 days. If you do not receive your mail-order drugs within this timeframe, you can call Customer Care at the number on your ID card, (TTY users should call 711). Hours are 24 hours a day, 7 days a week. Members may have the option to sign-up for automated mail-order delivery. Specialty pharmacies fill high-cost specialty drugs that require special handling. Although specialty pharmacies may deliver covered medicines through the mail, they are not considered "mail-order pharmacies." Therefore, most specialty drugs are not available at the mail-order cost share.

See *Evidence of Coverage* for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

This formulary was updated on 08/30/2026. For more recent information or other questions, please contact Customer Care at the number on your ID card, 24 hours a day, 7 days a week. TTY users should call 711.

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary. Other Pharmacies are available in our network.

Aetna Medicare Rx offered by SilverScript is a group standalone Medicare Prescription Drug Plan (PDP). This Plan is offered by SilverScript Insurance Company, which has a Medicare contract. SilverScript Insurance Company and Aetna are affiliated companies. Enrollment in the Plan depends on Medicare contract renewal.

08/30/2026