

2024

FORMULARY (List of Covered Drugs)

Primewell (HMO)

PLEASE READ: This document contains information about the drugs we cover in this plan.

CUSTOMER SERVICE
1-833-799-1777 (TTY 711)

This formulary was updated on 01/23/2024. For more recent information or other questions, please call Primewell Health Services at (833) 799-1777. TTY users should call 711. Customer Service will operate seven (7) days a week from 8 a.m. to 8 p.m. CST, from October – March. After March, Customer Service will operate five (5) days a week, Monday - Friday from 8 a.m. to 8 p.m. CST. You may also visit us on the web at www.PrimewellHealth.com.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.

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

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.

Primewell (HMO) 2024 Formulary (List of Covered Drugs)

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

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 Primewell Health Services. When it refers to “plan” or “our plan,” it means Primewell (HMO).

This document includes a list of the drugs (formulary) for our plan which is current as of 01/23/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2024, and from time to time during the year.

HPMS Approved Formulary File Submission ID 24510, Version Number 7

Y0143_24RXMA002_C

What is the Primewell Formulary?

A formulary is a list of covered drugs selected by Primewell 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. Primewell will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Primewell network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below entitled “How do I request an exception to the Primewell Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also

find information in the section below entitled “How do I request an exception to the Primewell Formulary?”

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

The enclosed formulary is current as of 01/23/2024. To get updated information about the drugs covered by Primewell, please contact us. Our contact information appears on the front and back cover pages. All mid-year changes in drug coverage are updated monthly with a “Formulary Change Notice” posted on our website and available upon request from Customer Service. If we make mid-year non-maintenance formulary changes, we will mail written notification to affected members in the form of Formulary Errata Sheets.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 9. 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 number 9. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 95. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Primewell requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Primewell before you fill your prescriptions. If you don't get approval, Primewell may not cover the drug.
- **Quantity Limits:** For certain drugs, Primewell limits the amount of the drug that Primewell will cover. For example, Primewell provides 18 tablets per 28-day prescription for *sumatriptan succinate oral tablets*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Primewell 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, Primewell may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Primewell will then cover Drug B.

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

You can ask Primewell 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 Primewell's formulary?" on page 5 for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

- You can ask Customer Service for a list of similar drugs that are covered by Primewell. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Primewell.
- You can ask Primewell 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 Primewell Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level, unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Primewell limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

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

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

- Enter long-term care (LTC) facilities from hospitals. They are sometimes accompanied by a discharge list of medications from the hospital formulary, with very short-term planning taken into account (often under 8 hours).
- Are discharged from a hospital to a home.
- End their skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who need to revert to their Part D plan formulary.
- End a long-term care facility stay and return to the community.

If a member has more than one change in level of care in a month, the pharmacy will have to call Primewell to request an extension of the transition policy.

For more information

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

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

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

Primewell’s Formulary

The formulary below provides coverage information about the drugs covered by Primewell. If you have trouble finding your drug in the list, turn to the Index that begins on page 95.

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

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

Your Medicare Prescription Drug Costs

You can find out which drug tier your drug is in by looking in the formulary included in this booklet. The amount you pay depends on which drug tier your drug is in under your plan. To know what you can expect to pay for drugs in each tier in the Initial Coverage Stage before you enter the coverage gap, please refer to your *Summary of Benefits* or *Evidence of Coverage*.

Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches a certain amount based on your plan. Not everyone will enter the coverage gap. Please review your *Evidence*

of Coverage or call us at the number on the back of your ID card for more about your drug costs during and after the coverage gap.

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

List of Abbreviations

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

GC: Gap Coverage. We provide coverage of this prescription drug in the Coverage Gap. Please refer to our Evidence of Coverage for more information about this coverage.

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements /Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	4	B/D PA
<i>amphotericin b</i>	4	B/D PA; MO
<i>caspofungin</i>	4	
<i>clotrimazole mucous membrane</i>	2	MO; GC
CRESEMBA ORAL	5	PA
<i>fluconazole</i>	2	MO; GC
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 400 mg/200 ml</i>	4	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	4	PA; MO
<i>flucytosine</i>	5	MO
<i>griseofulvin microsize</i>	4	MO
<i>griseofulvin ultramicrosize</i>	4	MO
<i>itraconazole oral capsule</i>	4	MO; QL (120 per 30 days)
<i>itraconazole oral solution</i>	4	MO
<i>ketoconazole oral</i>	2	MO; GC
<i>micafungin</i>	5	MO
<i>nystatin oral</i>	2	MO; GC
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	5	PA; MO; QL (96 per 30 days)

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

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

This drug list was last updated on 01/23/2024.

Drug Name	Drug Tier	Requirements /Limits
DESCOVY	5	MO
DOVATO	5	MO
EDURANT	5	MO
<i>efavirenz</i>	4	MO
<i>efavirenz-emtricitabin-tenofov</i>	5	MO
<i>efavirenz-lamivudine-tenofov disop</i>	5	MO
<i>emtricitabine</i>	4	MO
<i>emtricitabine-tenofov (tdf)</i>	4	MO
EMTRIVA ORAL SOLUTION	3	MO
<i>entecavir</i>	4	MO
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	5	PA; MO; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	5	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	5	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	5	PA; MO; QL (28 per 28 days)
<i>etravirine</i>	5	MO
EVOTAZ	5	MO
<i>famciclovir</i>	2	MO; GC
<i>fosamprenavir</i>	4	MO
FUZEON SUBCUTANEOUS RECON SOLN	5	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ganciclovir sodium intravenous recon soln</i>	2	B/D PA; MO; GC
<i>ganciclovir sodium intravenous solution</i>	2	B/D PA; GC
GENVOYA	5	MO
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; MO; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	5	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 90-400 MG	5	PA; MO; QL (28 per 28 days)
INTELENCE ORAL TABLET 25 MG	4	MO
ISENTRESS HD	5	MO
ISENTRESS ORAL POWDER IN PACKET	5	MO
ISENTRESS ORAL TABLET	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO
JULUCA	5	MO
LAGEVRIO (EUA)	1	GC; QL (40 per 180 days)
<i>lamivudine</i>	3	MO

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

This drug list was last updated on 01/23/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>lamivudine-zidovudine</i>	3	MO
LEXIVA ORAL SUSPENSION	4	MO
<i>lopinavir-ritonavir oral solution</i>	4	MO
<i>lopinavir-ritonavir oral tablet</i>	3	MO
<i>maraviroc</i>	5	MO
<i>nevirapine oral suspension</i>	4	
<i>nevirapine oral tablet</i>	3	MO
<i>nevirapine oral tablet extended release 24 hr</i>	4	MO
NORVIR ORAL POWDER IN PACKET	4	MO
ODEFSEY	5	MO
<i>oseltamivir</i>	3	MO
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	1	GC; QL (20 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	GC; QL (30 per 180 days)
PIFELTRO	5	MO
PREVYMIS INTRAVENOUS	5	PA
PREVYMIS ORAL	5	PA; MO; QL (30 per 30 days)
PREZCOBIX	5	MO
PREZISTA ORAL SUSPENSION	5	MO

Drug Name	Drug Tier	Requirements /Limits
PREZISTA ORAL TABLET 150 MG, 75 MG	4	MO
RELENZA DISKHALER	4	MO
RETROVIR INTRAVENOUS	3	MO
REYATAZ ORAL POWDER IN PACKET	5	MO
<i>ribavirin oral capsule</i>	3	MO
<i>ribavirin oral tablet 200 mg</i>	3	MO
<i>rimantadine</i>	4	MO
<i>ritonavir</i>	3	MO
RUKOBIA	5	MO
SELZENTRY ORAL SOLUTION	3	MO
SELZENTRY ORAL TABLET 25 MG, 75 MG	3	MO
STRIBILD	5	MO
SUNLENCA	5	
SYMTUZA	5	MO
SYNAGIS	5	MO; LA
<i>tenofovir disoproxil fumarate</i>	4	MO
TIVICAY ORAL TABLET 10 MG	3	MO
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO
TIVICAY PD	5	MO
TRIUMEQ	5	MO
TRIUMEQ PD	5	MO

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

This drug list was last updated on 01/23/2024.

Drug Name	Drug Tier	Requirements /Limits
TRIZIVIR	5	
TROGARZO	5	MO; LA
<i>valacyclovir oral tablet 1 gram</i>	2	MO; GC; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	2	MO; GC; QL (60 per 30 days)
<i>valganciclovir oral recon soln</i>	5	MO
<i>valganciclovir oral tablet</i>	3	MO
VEKLURY	5	
VEMLIDY	5	MO
VIRACEPT ORAL TABLET	5	MO
VIREAD ORAL POWDER	5	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	MO
VOSEVI	5	PA; MO; QL (28 per 28 days)
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	MO
<i>zidovudine oral capsule</i>	3	MO
<i>zidovudine oral syrup</i>	3	MO
<i>zidovudine oral tablet</i>	2	MO; GC
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	2	MO; GC

Drug Name	Drug Tier	Requirements /Limits
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml</i>	2	MO; GC
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml</i>	2	GC
<i>cefaclor oral tablet extended release 12 hr</i>	4	MO
<i>cefadroxil oral capsule</i>	2	MO; GC
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	MO; GC
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	4	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	4	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 300 g</i>	4	
<i>cefazolin intravenous recon soln 1 gram</i>	4	
<i>cefdinir oral capsule</i>	2	MO; GC
<i>cefdinir oral suspension for reconstitution</i>	3	MO
<i>cefepime in dextrose, iso-osm</i>	4	
<i>cefepime injection</i>	4	MO

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

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Drug Name	Drug Tier	Requirements /Limits
<i>cefixime</i>	4	MO
<i>cefoxitin in dextrose, iso-osm</i>	4	PA
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>cefoxitin intravenous recon soln 10 gram</i>	4	PA
<i>cefpodoxime</i>	4	MO
<i>cefprozil</i>	2	MO; GC
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>ceftazidime injection recon soln 6 gram</i>	4	PA
<i>ceftriaxone in dextrose, iso-os</i>	4	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	4	MO
<i>ceftriaxone injection recon soln 10 gram</i>	4	
<i>ceftriaxone intravenous</i>	4	MO
<i>cefuroxime axetil oral tablet</i>	2	MO; GC
<i>cefuroxime sodium injection recon soln 750 mg</i>	4	PA; MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	4	PA; MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	4	PA

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

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

This drug list was last updated on 01/23/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>erythromycin ethylsuccinate oral tablet</i>	4	MO
<i>erythromycin oral</i>	4	MO
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	5	MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	4	PA; MO
ARIKAYCE	5	PA; LA
<i>atovaquone</i>	4	MO
<i>atovaquone-proguanil</i>	4	MO
<i>aztreonam</i>	4	PA; MO
<i>bacitracin intramuscular</i>	4	
CAYSTON	5	PA; MO; LA; QL (84 per 56 days)
<i>chloramphenicol sod succinate</i>	4	
<i>chloroquine phosphate</i>	2	MO; GC
<i>clindamycin hcl</i>	2	MO; GC
<i>clindamycin in 5 % dextrose</i>	4	PA; MO
<i>clindamycin phosphate injection</i>	4	PA; MO
<i>clindamycin phosphate intravenous</i>	4	PA; MO
COARTEM	4	MO
<i>colistin (colistimethate na)</i>	4	PA; MO; QL (30 per 10 days)

Drug Name	Drug Tier	Requirements /Limits
<i>dapsone oral</i>	3	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	5	MO
<i>daptomycin intravenous recon soln 500 mg</i>	5	MO
EMVERM	5	MO
<i>ertapenem</i>	4	PA; MO; QL (14 per 14 days)
<i>ethambutol</i>	3	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	4	PA; MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	4	PA
<i>gentamicin injection solution 40 mg/ml</i>	4	PA; MO
<i>gentamicin sulfate (ped) (pf)</i>	4	PA; MO
<i>hydroxychloroquine oral tablet 200 mg</i>	2	MO; GC
<i>imipenem-cilastatin</i>	4	PA; MO
<i>isoniazid injection</i>	4	
<i>isoniazid oral</i>	2	MO; GC
<i>ivermectin oral</i>	3	PA; MO; QL (20 per 30 days)
<i>lincomycin</i>	4	PA

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Drug Name	Drug Tier	Requirements /Limits
<i>linezolid in dextrose 5%</i>	4	PA; MO
<i>linezolid oral suspension for reconstitution</i>	5	MO
<i>linezolid oral tablet</i>	4	MO
<i>linezolid-0.9% sodium chloride</i>	4	PA
<i>mefloquine</i>	2	MO; GC
<i>meropenem intravenous recon soln 1 gram</i>	4	PA; QL (30 per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	4	PA; QL (10 per 10 days)
<i>metro i.v.</i>	4	PA; MO
<i>metronidazole in nacl (iso-os)</i>	4	PA; MO
<i>metronidazole oral tablet</i>	2	MO; GC
<i>neomycin</i>	2	MO; GC
<i>nitazoxanide</i>	5	MO
<i>paromomycin</i>	4	
<i>pentamidine inhalation</i>	4	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine injection</i>	4	MO
<i>praziquantel</i>	4	MO
PRIFTIN	3	MO
PRIMAQUINE	4	MO
<i>pyrazinamide</i>	4	MO
<i>pyrimethamine</i>	5	PA; MO
<i>quinine sulfate</i>	4	MO
<i>rifabutin</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>rifampin intravenous</i>	4	MO
<i>rifampin oral</i>	3	MO
SIRTURO	5	PA; LA
STREPTOMYCIN	5	PA; MO; QL (60 per 30 days)
<i>tigecycline</i>	5	PA; MO
<i>tinidazole</i>	3	MO
TOBI PODHALER	5	MO; QL (224 per 56 days)
<i>tobramycin in 0.225 % nacl</i>	5	PA; MO; QL (280 per 28 days)
<i>tobramycin inhalation</i>	5	PA; MO; QL (224 per 28 days)
<i>tobramycin sulfate injection recon soln</i>	4	PA; QL (9 per 14 days)
<i>tobramycin sulfate injection solution</i>	4	PA; MO
TRECTOR	4	MO
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	3	PA; QL (4000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	3	PA; QL (1000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	3	PA; QL (4050 per 10 days)

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Drug Name	Drug Tier	Requirements /Limits
VANCOMYCIN INJECTION	4	PA; QL (1 per 10 days)
<i>vancomycin intravenous recon soln 1,000 mg</i>	4	PA; MO; QL (20 per 10 days)
<i>vancomycin intravenous recon soln 10 gram</i>	4	PA; QL (2 per 10 days)
<i>vancomycin intravenous recon soln 5 gram</i>	4	PA; QL (4 per 10 days)
<i>vancomycin intravenous recon soln 500 mg</i>	4	PA; MO; QL (10 per 10 days)
<i>vancomycin intravenous recon soln 750 mg</i>	4	PA; MO; QL (27 per 10 days)
<i>vancomycin oral capsule 125 mg</i>	4	PA; MO; QL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	4	PA; MO; QL (80 per 10 days)
VIBATIV INTRAVENOUS RECON SOLN 750 MG	5	PA
XIFAXAN ORAL TABLET 200 MG	3	MO; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	MO; QL (90 per 30 days)
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	MO; GC
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 400 mg/5 ml</i>	1	MO; GC

Drug Name	Drug Tier	Requirements /Limits
<i>amoxicillin oral suspension for reconstitution 200 mg/5 ml, 250 mg/5 ml</i>	2	MO; GC
<i>amoxicillin oral tablet</i>	1	MO; GC
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	MO; GC
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	2	MO; GC
<i>amoxicillin-pot clavulanate oral tablet</i>	2	MO; GC
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	4	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	2	MO; GC
<i>ampicillin oral capsule 500 mg</i>	2	MO; GC
<i>ampicillin sodium injection</i>	4	PA; MO
<i>ampicillin sodium intravenous</i>	4	PA
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	4	PA; MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	4	PA
<i>ampicillin-sulbactam intravenous</i>	4	PA

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Drug Name	Drug Tier	Requirements /Limits
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	4	MO
BICILLIN C-R	3	PA; MO
BICILLIN L-A	4	PA; MO
<i>dicloxacillin</i>	2	MO; GC
<i>nafcillin in dextrose iso-osm</i>	4	PA
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>nafcillin injection recon soln 10 gram</i>	5	PA
<i>nafcillin intravenous recon soln 2 gram</i>	4	PA
<i>oxacillin in dextrose(iso-osm)</i>	4	PA
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	4	PA
<i>oxacillin injection recon soln 2 gram</i>	4	PA; MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML	3	PA

Drug Name	Drug Tier	Requirements /Limits
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	4	PA
<i>penicillin g potassium</i>	4	PA; MO
<i>penicillin g sodium</i>	4	PA; MO
<i>penicillin v potassium</i>	2	MO; GC
<i>pfizerpen-g</i>	4	PA
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 40.5 gram</i>	4	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	4	MO
QUINOLONES		
<i>ciprofloxacin hcl oral tablet 100 mg</i>	2	GC
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	1	MO; GC
<i>ciprofloxacin hcl oral tablet 750 mg</i>	2	MO; GC
<i>ciprofloxacin in 5 % dextrose</i>	4	PA; MO
<i>ciprofloxacin oral suspension, microcapsule recon 500 mg/5 ml</i>	4	

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Drug Name	Drug Tier	Requirements /Limits
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	4	PA
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	4	PA; MO
<i>levofloxacin intravenous</i>	4	PA; MO
<i>levofloxacin oral solution</i>	4	MO
<i>levofloxacin oral tablet</i>	2	MO; GC
<i>moxifloxacin oral</i>	3	MO
<i>moxifloxacin-sod.chloride(iso)</i>	4	PA; MO
SULFA'S / RELATED AGENTS		
<i>sulfadiazine</i>	4	MO
<i>sulfamethoxazole-trimethoprim intravenous</i>	4	PA; MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	2	MO; GC
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO; GC
TETRACYCLINES		
<i>demeclocycline</i>	4	MO
<i>doxy-100</i>	4	PA; MO
<i>doxycycline hyclate intravenous</i>	4	PA
<i>doxycycline hyclate oral capsule</i>	2	MO; GC

Drug Name	Drug Tier	Requirements /Limits
<i>doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg</i>	2	MO; GC
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	MO; GC
<i>doxycycline monohydrate oral suspension for reconstitution</i>	4	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	2	MO; GC
<i>minocycline oral capsule</i>	2	MO; GC
<i>minocycline oral tablet</i>	4	MO
<i>mondoxyne nl oral capsule 100 mg</i>	2	GC
<i>tetracycline</i>	4	MO
URINARY TRACT AGENTS		
<i>methenamine hippurate</i>	3	MO
<i>methenamine mandelate oral tablet 0.5 g</i>	2	MO; GC
<i>methenamine mandelate oral tablet 1 gram</i>	2	GC
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	3	MO
<i>nitrofurantoin monohyd/m-cryst</i>	3	MO
<i>trimethoprim</i>	2	MO; GC

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Drug Name	Drug Tier	Requirements /Limits
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>dexrazoxane hcl</i>	5	B/D PA; MO
ELITEK	5	MO
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG	5	
KHAPZORY INTRAVENOUS RECON SOLN 175 MG	5	B/D PA
<i>leucovorin calcium oral</i>	3	MO
<i>levoleucovorin calcium intravenous recon soln</i>	5	B/D PA; MO
<i>levoleucovorin calcium intravenous solution</i>	5	B/D PA
<i>mesna</i>	2	B/D PA; MO; GC
MESNEX ORAL	5	MO
VISTOGARD	5	PA
XGEVA	5	B/D PA; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	5	PA; MO; QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i>	5	PA; MO; QL (60 per 30 days)
ABRAXANE	5	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
ADCETRIS	5	B/D PA; MO
ADSTILADRIN	5	PA
AKEEGA	5	PA; LA; QL (60 per 30 days)
ALECENSA	5	PA; MO; QL (240 per 30 days)
ALIQOPA	5	B/D PA; LA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; QL (30 per 180 days)
<i>anastrozole</i>	2	MO; GC
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	5	B/D PA
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	5	B/D PA; MO
ASPARLAS	5	PA
AYVAKIT	5	PA; LA; QL (30 per 30 days)
<i>azacitidine</i>	5	B/D PA; MO
<i>azathioprine oral tablet 50 mg</i>	2	B/D PA; MO; GC
<i>azathioprine sodium</i>	2	B/D PA; MO; GC
BALVERSA	5	PA; LA
BAVENCIO	5	B/D PA; LA
BELEODAQ	5	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
<i>bendamustine intravenous recon soln</i>	5	B/D PA; MO
BENDEKA	5	B/D PA; MO
BESPONSA	5	B/D PA; MO; LA
<i>bexarotene</i>	5	PA; MO
<i>bicalutamide</i>	2	MO; GC
<i>bleomycin</i>	2	B/D PA; GC
BLINCYTO INTRAVENOUS KIT	5	B/D PA
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	5	B/D PA
<i>bortezomib injection recon soln 3.5 mg</i>	5	B/D PA; MO
BOSULIF ORAL TABLET 100 MG	5	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; MO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; MO; LA; QL (180 per 30 days)
BRUKINSA	5	PA; LA; QL (120 per 30 days)
<i>busulfan</i>	5	B/D PA
CABOMETYX	5	PA; MO; LA; QL (30 per 30 days)
CALQUENCE	5	PA; LA; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
CALQUENCE (ACALABRUTINIB MAL)	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; LA; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	2	B/D PA; MO; GC
<i>carmustine intravenous recon soln 100 mg</i>	5	B/D PA; MO
<i>cisplatin intravenous solution</i>	2	B/D PA; MO; GC
<i>cladribine</i>	5	B/D PA; MO
<i>clofarabine</i>	5	B/D PA
COLUMVI	5	PA; MO
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; MO; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; MO; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; MO; QL (84 per 28 days)
COPIKTRA	5	PA; LA; QL (60 per 30 days)
COSMEGEN	5	B/D PA; MO
COTELLIC	5	PA; MO; LA; QL (63 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>cyclophosphamide intravenous recon soln</i>	2	B/D PA; MO; GC
<i>cyclophosphamide oral capsule</i>	3	B/D PA; MO
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG	3	B/D PA
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	3	B/D PA; MO
<i>cyclosporine intravenous</i>	2	B/D PA; GC
<i>cyclosporine modified oral capsule</i>	3	B/D PA; MO
<i>cyclosporine modified oral solution</i>	3	B/D PA
<i>cyclosporine oral capsule</i>	3	B/D PA; MO
CYRAMZA	5	B/D PA; MO
<i>cytarabine</i>	2	B/D PA; MO; GC
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	2	B/D PA; MO; GC
<i>cytarabine (pf) injection solution 20 mg/ml</i>	2	B/D PA; GC
<i>dacarbazine</i>	2	B/D PA; MO; GC
<i>dactinomycin</i>	2	B/D PA; MO; GC
DANYELZA	5	PA

Drug Name	Drug Tier	Requirements /Limits
DARZALEX	5	B/D PA; MO; LA
<i>daunorubicin</i>	2	B/D PA; GC
DAURISMO ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA; MO; QL (60 per 30 days)
<i>decitabine</i>	5	B/D PA; MO
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	B/D PA
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	5	B/D PA; MO
<i>doxorubicin intravenous recon soln 10 mg</i>	2	B/D PA; GC
<i>doxorubicin intravenous recon soln 50 mg</i>	2	B/D PA; MO; GC
<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	2	B/D PA; MO; GC
<i>doxorubicin intravenous solution 2 mg/ml</i>	2	B/D PA; GC
<i>doxorubicin, peg-liposomal</i>	5	B/D PA; MO
DROXIA	3	MO

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Drug Name	Drug Tier	Requirements /Limits
ELIGARD	3	PA; MO
ELIGARD (3 MONTH)	3	PA; MO
ELIGARD (4 MONTH)	3	PA; MO
ELIGARD (6 MONTH)	3	PA; MO
ELREXFIO	5	PA
ELZONRIS	5	PA; LA
EMCYT	5	MO
EMPLICITI	5	B/D PA; MO
ENVARUSUS XR	4	B/D PA; MO
<i>epirubicin intravenous solution 200 mg/100 ml</i>	2	B/D PA; GC
EPKINLY	5	PA
ERBITUX	5	B/D PA; MO
ERIVEDGE	5	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET 240 MG	5	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA; MO; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; MO; QL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	5	PA; MO; QL (60 per 30 days)
ERWINASE	5	B/D PA
ETOPOPHOS	4	B/D PA; MO
<i>etoposide intravenous</i>	2	B/D PA; MO; GC

Drug Name	Drug Tier	Requirements /Limits
<i>everolimus (antineoplastic) oral tablet</i>	5	PA; MO; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	5	PA; MO; QL (330 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	5	PA; MO; QL (240 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	5	PA; MO; QL (180 per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	4	B/D PA; MO
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	5	B/D PA; MO
<i>exemestane</i>	4	MO
EXKIVITY	5	PA; LA; QL (120 per 30 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	PA; MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	PA; MO
<i>floxuridine</i>	2	B/D PA; GC

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Drug Name	Drug Tier	Requirements /Limits
<i>fludarabine intravenous recon soln</i>	2	B/D PA; MO; GC
<i>fludarabine intravenous solution</i>	2	B/D PA; GC
<i>fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml</i>	2	B/D PA; MO; GC
<i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i>	2	B/D PA; GC
FOLOTYN	5	B/D PA; MO
FOTIVDA	5	PA; LA; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; QL (21 per 28 days)
<i>fulvestrant</i>	5	B/D PA; MO
FYARRO	5	PA
GAVRETO	5	PA; MO; LA; QL (120 per 30 days)
GAZYVA	5	B/D PA; MO
<i>gefitinib</i>	5	PA; MO; QL (30 per 30 days)
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	2	B/D PA; MO; GC
<i>gemcitabine intravenous recon soln 2 gram</i>	2	B/D PA; GC

Drug Name	Drug Tier	Requirements /Limits
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	2	B/D PA; MO; GC
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	3	B/D PA
<i>gengraf</i>	3	B/D PA; MO
GILOTRIF	5	PA; MO; QL (30 per 30 days)
GLEOSTINE	5	MO
HALAVEN	5	B/D PA; MO
<i>hydroxyurea</i>	2	MO; GC
IBRANCE	5	PA; MO; QL (21 per 28 days)
ICLUSIG	5	PA; QL (30 per 30 days)
<i>idarubicin</i>	2	B/D PA; MO; GC
IDHIFA	5	PA; MO; LA; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln</i>	2	B/D PA; MO; GC
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	2	B/D PA; MO; GC
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	2	B/D PA; GC

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Drug Name	Drug Tier	Requirements /Limits
<i>imatinib oral tablet</i> 100 mg	5	PA; MO; QL (180 per 30 days)
<i>imatinib oral tablet</i> 400 mg	5	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30 per 30 days)
IMBRUVICA ORAL SUSPENSION	5	PA; QL (324 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA; QL (30 per 30 days)
IMFINZI	5	B/D PA; MO; LA
IMJUDO	5	PA; MO
INLYTA ORAL TABLET 1 MG	5	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (120 per 30 days)
INQOVI	5	PA; MO; QL (5 per 28 days)
INREBIC	5	PA; MO; LA; QL (120 per 30 days)
<i>irinotecan</i> <i>intravenous solution</i> 100 mg/5 ml	2	B/D PA; MO; GC

Drug Name	Drug Tier	Requirements /Limits
<i>irinotecan</i> <i>intravenous solution</i> 300 mg/15 ml, 500 mg/25 ml	5	B/D PA
<i>irinotecan</i> <i>intravenous solution</i> 40 mg/2 ml	5	B/D PA; MO
ISTODAX	5	B/D PA; MO
IXEMPRA	5	B/D PA; MO
JAKAFI	5	PA; MO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA; MO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA; MO; QL (30 per 30 days)
JEMPERLI	5	PA; MO
JEVTANA	5	B/D PA; MO
KADCYLA	5	PA; MO
<i>kemoplat</i>	2	B/D PA; GC
KEYTRUDA	5	PA
KIMMTRAK	5	PA
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA; MO; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA; MO; QL (70 per 28 days)

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This drug list was last updated on 01/23/2024.

Drug Name	Drug Tier	Requirements /Limits
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA; MO; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; MO; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; MO; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; MO; QL (63 per 28 days)
KOSELUGO	5	PA
KRAZATI	5	PA; QL (180 per 30 days)
KYPROLIS	5	B/D PA
<i>lapatinib</i>	5	PA; MO; QL (180 per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	5	PA; MO; QL (28 per 28 days)
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	5	PA; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5	PA; MO; QL (90 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	5	PA; MO; QL (60 per 30 days)
<i>letrozole</i>	2	MO; GC
LEUKERAN	5	MO
<i>leuprolide subcutaneous kit</i>	5	PA; MO
LIBTAYO	5	PA; LA
LONSURF	5	PA; MO
LORBRENA ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; MO; QL (90 per 30 days)
LUMAKRAS	5	PA; MO
LUNSUMIO	5	PA; MO
LUPRON DEPOT	5	PA; MO
LYNPARZA	5	PA; MO; QL (120 per 30 days)
LYSODREN	5	
LYTGOBI	5	PA; LA
MARGENZA	5	PA
MATULANE	5	

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Drug Name	Drug Tier	Requirements /Limits
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	3	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	3	PA; MO
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	4	PA; MO
<i>megestrol oral tablet</i>	3	PA; MO
MEKINIST ORAL RECON SOLN	5	PA; MO; QL (1200 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; MO; QL (30 per 30 days)
MEKTOVI	5	PA; MO; LA; QL (180 per 30 days)
<i>melphalan</i>	2	B/D PA; MO; GC
<i>melphalan hcl</i>	5	B/D PA
<i>mercaptopurine</i>	3	MO
<i>methotrexate sodium</i>	2	B/D PA; MO; GC
<i>methotrexate sodium (pf) injection recon soln</i>	2	B/D PA; GC
<i>methotrexate sodium (pf) injection solution</i>	2	B/D PA; MO; GC
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	2	B/D PA; MO; GC

Drug Name	Drug Tier	Requirements /Limits
<i>mitomycin intravenous recon soln 40 mg</i>	5	B/D PA; MO
<i>mitoxantrone</i>	2	B/D PA; MO; GC
MONJUVI	5	PA; LA
<i>mycophenolate mofetil (hcl)</i>	4	B/D PA; MO
<i>mycophenolate mofetil oral capsule</i>	3	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; MO
<i>mycophenolate mofetil oral tablet</i>	3	B/D PA; MO
<i>mycophenolate sodium</i>	4	B/D PA; MO
MYLOTARG	5	B/D PA; MO; LA
<i>nelarabine</i>	5	B/D PA; MO
NERLYNX	5	PA; MO; LA
<i>nilutamide</i>	5	PA; MO
NINLARO	5	PA; MO; QL (3 per 28 days)
NUBEQA	5	PA; MO; LA; QL (120 per 30 days)
NULOJIX	5	B/D PA; MO
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	PA; MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml)</i>	4	PA; MO
<i>octreotide acetate injection syringe 50 mcg/ml (1 ml)</i>	4	PA
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	5	PA; MO
ODOMZO	5	PA; MO; LA; QL (30 per 30 days)
OJJAARA	5	PA; QL (30 per 30 days)
ONCASPAR	5	B/D PA
ONIVYDE	5	B/D PA
ONUREG	5	PA; MO; QL (14 per 28 days)
OPDIVO	5	PA; MO
OPDUALAG	5	PA; MO
ORGOVYX	5	PA; LA; QL (30 per 28 days)
ORSERDU ORAL TABLET 345 MG	5	PA; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA; QL (90 per 30 days)
<i>oxaliplatin intravenous recon soln</i>	2	B/D PA; MO; GC
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	2	B/D PA; MO; GC
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	2	B/D PA; GC

Drug Name	Drug Tier	Requirements /Limits
<i>paclitaxel</i>	2	B/D PA; MO; GC
PADCEV	5	PA; MO
<i>paraplatin</i>	2	B/D PA; GC
<i>pazopanib</i>	5	PA; MO; QL (120 per 30 days)
PEMAZYRE	5	PA; LA; QL (28 per 28 days)
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg</i>	5	B/D PA; MO
<i>pemetrexed disodium intravenous recon soln 100 mg</i>	4	B/D PA; MO
<i>pemetrexed disodium intravenous recon soln 750 mg</i>	5	B/D PA
PERJETA	5	B/D PA; MO
PIQRAY	5	PA; MO
POLIVY	5	PA; MO
POMALYST	5	PA; MO; LA
PORTRAZZA	5	B/D PA; MO
POTELIGEO	5	PA
PROGRAF INTRAVENOUS	3	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET	4	B/D PA; MO
PURIXAN	5	

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Drug Name	Drug Tier	Requirements /Limits
QINLOCK	5	PA; LA; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA; MO; LA; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA; MO; LA; QL (120 per 30 days)
REZLIDHIA	5	PA; QL (60 per 30 days)
REZUROCK	5	PA; LA; QL (30 per 30 days)
<i>romidepsin intravenous recon soln</i>	5	B/D PA
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; MO; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; MO; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET	5	PA; QL (336 per 28 days)
RUBRACA	5	PA; MO; LA; QL (120 per 30 days)
RUXIENCE	5	PA; MO
RYBREVANT	5	PA; MO
RYDAPT	5	PA; MO; QL (224 per 28 days)
RYLAZE	5	PA
SANDIMMUNE ORAL SOLUTION	4	B/D PA

Drug Name	Drug Tier	Requirements /Limits
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON	5	PA; MO
SARCLISA	5	PA; LA
SCEMBLIX ORAL TABLET 20 MG	5	PA; MO; QL (600 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA; MO; QL (300 per 30 days)
SIGNIFOR	5	PA
SIMULECT	3	B/D PA; MO
<i>sirolimus oral solution</i>	5	B/D PA; MO
<i>sirolimus oral tablet</i>	4	B/D PA; MO
SOLTAMOX	5	MO
SOMATULINE DEPOT	5	PA; MO
<i>sorafenib</i>	5	PA; MO; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	5	PA; MO; QL (60 per 30 days)
STIVARGA	5	PA; MO; QL (84 per 28 days)
<i>sunitinib malate</i>	5	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
TABLOID	4	MO
TABRECTA	5	PA; MO
<i>tacrolimus oral</i>	3	B/D PA; MO
TAFINLAR ORAL CAPSULE	5	PA; MO; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION	5	PA; MO; QL (840 per 28 days)
TAGRISO	5	PA; MO; LA; QL (30 per 30 days)
TALVEY	5	PA
TALZENNA	5	PA; MO; QL (30 per 30 days)
<i>tamoxifen</i>	2	MO; GC
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA; MO; QL (120 per 30 days)
TAZVERIK	5	PA; LA
TECENTRIQ	5	B/D PA; MO; LA
TECVAYLI	5	PA
TEMODAR INTRAVENOUS	5	B/D PA; MO
<i>temsirolimus</i>	5	B/D PA; MO
TEPMETKO	5	PA; LA
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA; MO; QL (28 per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (56 per 28 days)

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

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Drug Name	Drug Tier	Requirements /Limits
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK	5	PA; LA; QL (42 per 180 days)
VERZENIO	5	PA; MO; LA; QL (60 per 30 days)
<i>vinblastine</i>	2	B/D PA; MO; GC
<i>vincristine</i>	2	B/D PA; MO; GC
<i>vinorelbine</i>	2	B/D PA; MO; GC
VITRAKVI ORAL CAPSULE 100 MG	5	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; MO; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	5	PA; MO; LA; QL (300 per 30 days)
VIZIMPRO	5	PA; MO; QL (30 per 30 days)
VONJO	5	PA; QL (120 per 30 days)
VOTRIENT	5	PA; MO; QL (120 per 30 days)
VYXEOS	5	B/D PA
WELIREG	5	PA; LA

Drug Name	Drug Tier	Requirements /Limits
XALKORI ORAL CAPSULE	5	PA; MO; QL (60 per 30 days)
XATMEP	4	B/D PA; MO
XERMELO	5	PA; LA; QL (84 per 28 days)
XOSPATA	5	PA; LA; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	5	PA; LA
XTANDI ORAL CAPSULE	5	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA; MO; QL (60 per 30 days)
YERVOY	5	B/D PA; MO
YONDELIS	5	B/D PA
ZALTRAP	5	B/D PA; MO
ZANOSAR	4	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
ZEJULA ORAL CAPSULE	5	PA; MO; LA; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG	5	PA; MO; LA; QL (90 per 30 days)
ZEJULA ORAL TABLET 200 MG, 300 MG	5	PA; MO; LA; QL (30 per 30 days)
ZELBORAF	5	PA; MO; QL (240 per 30 days)
ZEPZELCA	5	PA
ZIRABEV	5	B/D PA; MO
ZOLADEX	4	PA; MO
ZOLINZA	5	PA; MO; QL (120 per 30 days)
ZYDELIG	5	PA; MO; QL (60 per 30 days)
ZYKADIA	5	PA; MO; QL (90 per 30 days)
ZYNLONTA	5	PA; LA
ZYNYZ	5	PA

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APTIOM ORAL TABLET 200 MG	5	MO; QL (180 per 30 days)
APTIOM ORAL TABLET 400 MG	5	MO; QL (90 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	5	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
BRIVIACT INTRAVENOUS	4	MO; QL (600 per 30 days)
BRIVIACT ORAL SOLUTION	5	MO; QL (600 per 30 days)
BRIVIACT ORAL TABLET	5	MO; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	3	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	MO; GC
<i>carbamazepine oral tablet</i>	2	MO; GC
<i>carbamazepine oral tablet extended release 12 hr</i>	3	MO
<i>carbamazepine oral tablet, chewable</i>	2	MO; GC
<i>clobazam oral suspension</i>	4	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet</i>	4	PA; MO; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	MO; GC; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	MO; GC; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	MO; GC; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	2	MO; GC; QL (300 per 30 days)
DIACOMIT	5	PA; LA

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Drug Name	Drug Tier	Requirements /Limits
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg</i>	4	MO
<i>diazepam rectal kit 2.5 mg</i>	4	
DILANTIN 30 MG	4	MO
<i>divalproex</i>	2	MO; GC
EPIDIOLEX	5	PA; MO; LA
<i>epitol</i>	2	MO; GC
EPRONTIA	4	PA; MO
<i>ethosuximide</i>	3	MO
<i>felbamate oral suspension</i>	5	MO
<i>felbamate oral tablet</i>	4	MO
FINTEPLA	5	PA; LA; QL (360 per 30 days)
<i>fosphephenytoin</i>	2	MO; GC
FYCOMPA ORAL SUSPENSION	5	MO; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	MO; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	MO; QL (60 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	MO; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	2	MO; GC; QL (270 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	2	MO; GC; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	3	MO; QL (2160 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	3	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	2	MO; GC; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	MO; GC; QL (120 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	PA; MO; QL (30 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG	3	PA; MO; QL (60 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	3	PA; MO; QL (90 per 30 days)
<i>lacosamide intravenous</i>	3	MO; QL (1200 per 30 days)
<i>lacosamide oral solution</i>	4	MO; QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	4	MO; QL (60 per 30 days)
<i>lacosamide oral tablet 50 mg</i>	3	MO; QL (120 per 30 days)
<i>lamotrigine oral tablet</i>	1	MO; GC
<i>lamotrigine oral tablet disintegrating, dose pk</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO; GC
<i>lamotrigine oral tablet, disintegrating</i>	4	MO
<i>lamotrigine oral tablets, dose pack</i>	4	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	2	MO; GC
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i>	2	GC
<i>levetiracetam intravenous</i>	2	MO; GC
<i>levetiracetam oral solution 100 mg/ml</i>	2	MO; GC
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	2	GC
<i>levetiracetam oral tablet</i>	2	MO; GC
<i>levetiracetam oral tablet extended release 24 hr</i>	2	MO; GC
<i>methsuximide</i>	4	MO
NAYZILAM	5	PA; MO; QL (10 per 30 days)
<i>oxcarbazepine oral suspension</i>	4	MO
<i>oxcarbazepine oral tablet</i>	3	MO
<i>phenobarbital oral elixir</i>	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	3	PA
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	3	PA; MO
<i>phenobarbital sodium injection solution 130 mg/ml</i>	2	MO; GC
<i>phenobarbital sodium injection solution 65 mg/ml</i>	2	GC
<i>phenytoin oral suspension 100 mg/4 ml</i>	2	GC
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MO; GC
<i>phenytoin oral tablet, chewable</i>	2	MO; GC
<i>phenytoin sodium extended oral capsule 100 mg</i>	2	MO; GC
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	2	GC
<i>phenytoin sodium intravenous solution</i>	2	GC
<i>pregabalin oral capsule 100 mg</i>	3	QL (90 per 30 days)
<i>pregabalin oral capsule 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	3	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	3	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>pregabalin oral solution</i>	3	MO; QL (900 per 30 days)
PRIMIDONE ORAL TABLET 125 MG	4	MO
<i>primidone oral tablet 250 mg, 50 mg</i>	2	MO; GC
<i>roweepra oral tablet 500 mg</i>	2	MO; GC
<i>rufinamide oral suspension</i>	5	PA; MO
<i>rufinamide oral tablet 200 mg</i>	4	PA; MO
<i>rufinamide oral tablet 400 mg</i>	5	PA; MO
SPRITAM	4	MO
<i>subvenite</i>	1	MO; GC
<i>subvenite starter (blue) kit</i>	4	MO
<i>subvenite starter (green) kit</i>	4	MO
<i>subvenite starter (orange) kit</i>	4	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA; MO; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	PA; MO; QL (60 per 30 days)
<i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i>	4	MO
<i>tiagabine oral tablet 16 mg</i>	4	
<i>topiramate oral capsule, sprinkle</i>	2	PA; MO; GC
<i>topiramate oral tablet</i>	2	PA; MO; GC

Drug Name	Drug Tier	Requirements /Limits
<i>valproate sodium</i>	2	MO; GC
<i>valproic acid</i>	2	MO; GC
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	MO; GC
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	2	GC
VALTOCO	5	PA; MO; QL (10 per 30 days)
<i>vigabatrin</i>	5	PA; MO; LA
<i>vigadrone</i>	5	PA; LA
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	5	MO; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG	5	MO; QL (120 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	5	MO; QL (60 per 30 days)
XCOPRI ORAL TABLET 50 MG	5	MO; QL (240 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	4	MO; QL (28 per 180 days)

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This drug list was last updated on 01/23/2024.

Drug Name	Drug Tier	Requirements /Limits
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	5	MO; QL (28 per 180 days)
ZONISADE	5	PA; MO
<i>zonisamide</i>	2	PA; MO; GC
ZTALMY	5	PA; LA; QL (1080 per 30 days)
ANTIPARKINSONISM AGENTS		
APOKYN	5	PA; MO; LA; QL (90 per 30 days)
<i>apomorphine</i>	5	PA; QL (90 per 30 days)
<i>benztropine injection</i>	2	MO; GC
<i>benztropine oral</i>	2	PA; MO; GC
<i>bromocriptine</i>	4	MO
<i>carbidopa</i>	2	MO; GC
<i>carbidopa-levodopa oral tablet</i>	2	MO; GC
<i>carbidopa-levodopa oral tablet extended release</i>	2	MO; GC
<i>carbidopa-levodopa oral tablet,disintegrating</i>	2	GC
<i>carbidopa-levodopa-entacapone</i>	4	MO
<i>entacapone</i>	4	MO
NEUPRO	4	MO
<i>pramipexole oral tablet</i>	2	MO; GC

Drug Name	Drug Tier	Requirements /Limits
<i>rasagiline</i>	4	MO
<i>ropinirole oral tablet</i>	2	MO; GC
<i>ropinirole oral tablet extended release 24 hr</i>	4	MO
<i>selegiline hcl</i>	2	MO; GC
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	3	PA; MO; QL (1 per 30 days)
<i>dihydroergotamine injection</i>	5	
<i>dihydroergotamine nasal</i>	5	QL (8 per 28 days)
<i>eletriptan</i>	4	MO; QL (18 per 28 days)
EMGALITY PEN	3	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; MO; QL (2 per 30 days)
<i>ergotamine-caffeine</i>	3	MO
<i>naratriptan</i>	3	MO; QL (18 per 28 days)
NURTEC ODT	3	PA; QL (16 per 30 days)
QULIPTA	3	PA; MO; QL (30 per 30 days)
<i>rizatriptan oral tablet</i>	2	MO; GC; QL (36 per 28 days)
<i>rizatriptan oral tablet,disintegrating</i>	3	MO; QL (36 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	4	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	4	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral</i>	2	MO; GC; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	4	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	4	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	4	MO; QL (8 per 28 days)
UBRELVY	3	PA; QL (20 per 30 days)
<i>zolmitriptan oral</i>	4	MO; QL (18 per 28 days)

MISCELLANEOUS NEUROLOGICAL THERAPY

BRIUMVI	5	PA; MO; QL (24 per 180 days)
<i>dalfampridine</i>	3	PA; MO; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg</i>	5	PA; MO; QL (14 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	5	PA; MO; QL (120 per 180 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg</i>	5	PA; MO; QL (60 per 30 days)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO; GC
<i>donepezil oral tablet 23 mg</i>	4	MO
<i>donepezil oral tablet,disintegrating</i>	1	MO; GC
<i>fingolimod</i>	5	PA; MO; QL (30 per 30 days)
FIRDAPSE	5	PA; LA
<i>galantamine oral capsule,ext rel. pellets 24 hr</i>	3	MO
<i>galantamine oral solution</i>	4	MO
<i>galantamine oral tablet</i>	3	MO
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
INGREZZA	5	PA; LA; QL (30 per 30 days)
INGREZZA INITIATION PACK	5	PA; LA; QL (28 per 180 days)
<i>memantine oral capsule, sprinkle, er 24hr</i>	4	PA; MO
<i>memantine oral solution</i>	3	PA; MO
<i>memantine oral tablet</i>	2	PA; MO; GC
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK	3	PA
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR	3	PA; MO
NUEDEXTA	5	PA; MO
RADICAVA ORS	5	PA; MO
RADICAVA ORS STARTER KIT SUSP	5	PA; MO
<i>rivastigmine</i>	4	MO
<i>rivastigmine tartrate</i>	3	MO
<i>teriflunomide</i>	5	PA; MO; QL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; MO; QL (120 per 30 days)
VUMERITY	5	PA; MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ZEPOSIA	5	PA; MO; QL (30 per 30 days)
ZEPOSIA STARTER KIT (28-DAY)	5	PA; MO; QL (28 per 180 days)
ZEPOSIA STARTER PACK (7-DAY)	5	PA; MO; QL (7 per 180 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet</i>	2	MO; GC
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	4	PA; MO
<i>dantrolene intravenous</i>	2	GC
<i>dantrolene oral</i>	4	MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	3	B/D PA; MO
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	3	B/D PA
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	MO
<i>pyridostigmine bromide oral tablet extended release</i>	3	MO
<i>revonto</i>	2	GC
<i>tizanidine oral tablet</i>	2	MO; GC
NARCOTIC ANALGESICS		

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Drug Name	Drug Tier	Requirements /Limits
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml)</i>	2	GC; QL (4500 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	MO; GC; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	MO; GC; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	MO; GC; QL (180 per 30 days)
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 750 MCG, 900 MCG	3	PA; MO; QL (60 per 30 days)
BELBUCA BUCCAL FILM 75 MCG	3	PA; QL (60 per 30 days)
<i>buprenorphine hcl injection syringe</i>	2	GC
<i>buprenorphine hcl sublingual</i>	2	MO; GC
<i>buprenorphine transdermal patch</i>	4	PA; MO; QL (4 per 28 days)
<i>endocet</i>	3	MO; QL (360 per 30 days)
<i>fentanyl citrate (pf) injection solution</i>	2	GC
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	2	GC

Drug Name	Drug Tier	Requirements /Limits
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; MO; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	4	PA; MO; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	PA; MO; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	3	MO; QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	3	MO; QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QL (360 per 30 days)
<i>hydrocodone-ibuprofen</i>	3	MO; QL (50 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 2 mg/ml</i>	4	
<i>hydromorphone (pf) injection solution 10 mg/ml</i>	4	MO
<i>hydromorphone injection solution 1 mg/ml</i>	4	
<i>hydromorphone injection solution 2 mg/ml</i>	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>morphine (pf) injection solution 1 mg/ml</i>	4	MO
<i>morphine concentrate oral solution</i>	3	MO; QL (900 per 30 days)
<i>morphine injection syringe 4 mg/ml</i>	4	MO
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml</i>	4	MO
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	4	
<i>morphine oral solution</i>	3	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	3	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release</i>	3	PA; MO; QL (120 per 30 days)
<i>oxycodone oral capsule</i>	3	MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	4	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	3	MO; QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	3	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	3	MO; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	3	PA; MO; QL (90 per 30 days)
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 80 MG	5	PA; MO; QL (60 per 30 days)

NON-NARCOTIC ANALGESICS

<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	3	MO; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	3	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	3	MO; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	MO; GC; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	MO; GC; QL (90 per 30 days)
<i>butorphanol injection</i>	2	MO; GC
<i>butorphanol nasal</i>	4	MO; QL (10 per 28 days)
<i>celecoxib</i>	2	MO; GC
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	2	GC
<i>diclofenac potassium oral tablet 50 mg</i>	2	MO; GC
<i>diclofenac sodium oral</i>	2	MO; GC

Drug Name	Drug Tier	Requirements /Limits
<i>diclofenac sodium topical gel 1 %</i>	3	MO; QL (1000 per 28 days)
<i>diclofenac-misoprostol</i>	4	MO
<i>diflunisal</i>	3	MO
<i>ec-naproxen</i>	2	GC
<i>etodolac oral capsule</i>	3	MO
<i>etodolac oral tablet</i>	3	MO
<i>etodolac oral tablet extended release 24 hr</i>	4	MO
<i>flurbiprofen oral tablet 100 mg</i>	2	MO; GC
<i>ibu</i>	1	MO; GC
<i>ibuprofen oral suspension</i>	2	MO; GC
<i>ibuprofen oral tablet 400 mg, 800 mg</i>	1	MO; GC
<i>ibuprofen oral tablet 600 mg</i>	1	GC
<i>meloxicam oral tablet</i>	1	MO; GC; QL (30 per 30 days)
<i>nabumetone</i>	2	MO; GC
<i>nalbuphine</i>	2	MO; GC
<i>naloxone injection solution</i>	2	MO; GC
<i>naloxone injection syringe</i>	2	MO; GC
<i>naloxone nasal</i>	2	MO; GC
<i>naltrexone</i>	2	MO; GC
<i>naproxen oral tablet</i>	1	MO; GC
<i>naproxen oral tablet, delayed release (dr/ec)</i>	2	MO; GC

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Drug Name	Drug Tier	Requirements /Limits
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	MO; GC
<i>oxaprozin oral tablet</i>	4	MO
<i>piroxicam</i>	3	MO
<i>salsalate oral tablet 500 mg</i>	1	MO; GC
<i>salsalate oral tablet 750 mg</i>	1	GC
<i>sulindac</i>	2	MO; GC
<i>tramadol oral tablet 50 mg</i>	2	MO; GC; QL (240 per 30 days)
<i>tramadol-acetaminophen</i>	2	MO; GC; QL (240 per 30 days)
VIVITROL	5	MO
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	3	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	MO; QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	5	MO; QL (2.4 per 56 days)

Drug Name	Drug Tier	Requirements /Limits
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	5	MO; QL (3.2 per 56 days)
ABILIFY MAINTENA	5	MO; QL (1 per 28 days)
<i>amitriptyline</i>	2	MO; GC
<i>amoxapine</i>	3	MO
<i>aripiprazole oral solution</i>	4	MO
<i>aripiprazole oral tablet</i>	2	MO; GC; QL (30 per 30 days)
<i>aripiprazole oral tablet, disintegrating</i>	4	MO; QL (60 per 30 days)
ARISTADA INITIO	5	MO; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	5	MO; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5	MO; QL (1.6 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	5	MO; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	5	MO; QL (3.2 per 28 days)
<i>armodafinil</i>	4	PA; MO; QL (30 per 30 days)
<i>asenapine maleate</i>	4	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	4	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	4	MO; QL (30 per 30 days)
AUVELITY	5	ST; MO; QL (60 per 30 days)
<i>bupropion hcl oral tablet</i>	2	MO; GC
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	MO; GC; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	MO; GC; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	2	MO; GC; QL (60 per 30 days)
<i>bupirone</i>	2	MO; GC

Drug Name	Drug Tier	Requirements /Limits
CAPLYTA	4	MO; QL (30 per 30 days)
<i>chlorpromazine injection</i>	2	MO; GC
<i>chlorpromazine oral</i>	4	MO
<i>citalopram oral solution</i>	3	MO
<i>citalopram oral tablet</i>	1	MO; GC; QL (30 per 30 days)
<i>clomipramine</i>	4	MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	4	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	3	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	3	PA; MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	3	PA; MO; QL (360 per 30 days)
<i>clozapine oral tablet</i>	3	
<i>clozapine oral tablet, disintegrating</i>	4	
<i>desipramine</i>	2	MO; GC
<i>desvenlafaxine succinate</i>	3	MO; QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	4	MO
<i>dextroamphetamine-amphetamine oral tablet</i>	3	MO
<i>diazepam injection</i>	2	PA; GC

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

Drug Name	Drug Tier	Requirements /Limits
<i>eszopiclone</i>	4	MO; QL (30 per 30 days)
FANAPT ORAL TABLET	4	MO; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	4	MO; QL (8 per 180 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	3	QL (28 per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	MO; QL (30 per 30 days)
<i>flumazenil</i>	2	GC
<i>fluoxetine (pmdd) oral tablet 10 mg</i>	2	GC; QL (240 per 30 days)
<i>fluoxetine (pmdd) oral tablet 20 mg</i>	2	GC; QL (120 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	MO; GC; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO; GC; QL (90 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; GC; QL (60 per 30 days)
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	2	MO; GC; QL (4 per 28 days)
<i>fluoxetine oral solution</i>	2	MO; GC
<i>fluoxetine oral tablet 10 mg</i>	2	MO; GC; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>fluoxetine oral tablet 20 mg</i>	2	MO; GC; QL (120 per 30 days)
<i>fluphenazine decanoate</i>	4	MO
<i>fluphenazine hcl</i>	4	MO
<i>fluvoxamine oral capsule, extended release 24hr</i>	4	MO; QL (60 per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	2	MO; GC; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	2	MO; GC; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	2	MO; GC; QL (60 per 30 days)
<i>haloperidol</i>	2	MO; GC
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i>	4	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	4	MO
<i>haloperidol lactate injection</i>	4	MO
<i>haloperidol lactate intramuscular</i>	2	GC
<i>haloperidol lactate oral</i>	2	MO; GC
<i>imipramine hcl</i>	4	MO
<i>imipramine pamoate</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	MO; QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	MO; QL (5 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	MO; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	MO; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	MO; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	MO; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	MO; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	MO; QL (0.88 per 90 days)

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This drug list was last updated on 01/23/2024.

Drug Name	Drug Tier	Requirements /Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	MO; QL (1.32 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	MO; QL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	MO; QL (2.63 per 90 days)
<i>lithium carbonate</i>	1	MO; GC
<i>lithium citrate</i>	2	GC
<i>lorazepam injection solution</i>	2	PA; MO; GC
<i>lorazepam injection syringe 2 mg/ml</i>	2	PA; MO; GC
<i>lorazepam intensol</i>	2	PA; GC; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	2	PA; MO; GC; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	PA; MO; GC; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	PA; MO; GC; QL (150 per 30 days)
<i>loxapine succinate</i>	2	MO; GC
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	5	MO; QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i>	5	MO; QL (60 per 30 days)
MARPLAN	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>methylphenidate hcl oral capsule,erbiphasic 50-50</i>	4	MO
<i>methylphenidate hcl oral solution</i>	4	MO
<i>methylphenidate hcl oral tablet</i>	3	MO
<i>methylphenidate hcl oral tablet extended release</i>	4	MO
<i>methylphenidate hcl oral tablet,chewable</i>	4	MO
<i>mirtazapine oral tablet</i>	2	MO; GC
<i>mirtazapine oral tablet,disintegrating</i>	3	MO
<i>modafinil oral tablet 100 mg</i>	3	PA; MO; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	3	PA; MO; QL (60 per 30 days)
<i>molindone oral tablet 10 mg, 25 mg</i>	4	
<i>molindone oral tablet 5 mg</i>	4	MO
<i>nefazodone</i>	4	MO
<i>nortriptyline oral capsule</i>	2	MO; GC
<i>nortriptyline oral solution</i>	4	MO
NUPLAZID	4	PA; MO; QL (30 per 30 days)
<i>olanzapine intramuscular</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>olanzapine oral tablet</i>	2	MO; GC; QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating</i>	4	MO; QL (30 per 30 days)
<i>olanzapine-fluoxetine</i>	4	MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	4	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	4	MO; QL (60 per 30 days)
<i>paroxetine hcl oral suspension</i>	4	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	2	MO; GC; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	2	MO; GC; QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	3	MO; QL (60 per 30 days)
<i>perphenazine</i>	4	MO
PERSERIS	5	MO; QL (1 per 30 days)
<i>phenelzine</i>	3	MO
<i>pimozide</i>	4	MO
<i>protriptyline</i>	4	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO; GC; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	MO; GC; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	3	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	3	MO; QL (60 per 30 days)
<i>ramelteon</i>	3	MO; QL (30 per 30 days)
REXULTI ORAL TABLET	4	MO; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	3	MO; QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	5	MO; QL (2 per 28 days)
<i>risperidone oral solution</i>	2	MO; GC
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; GC; QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; GC; QL (120 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	4	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>risperidone oral tablet,disintegrating 4 mg</i>	4	MO; QL (120 per 30 days)
SECUADO	5	MO; QL (30 per 30 days)
<i>sertraline oral concentrate</i>	4	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; GC; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; GC; QL (30 per 30 days)
SODIUM OXYBATE	5	PA; LA; QL (540 per 30 days)
<i>thioridazine</i>	3	MO
<i>thiothixene</i>	2	MO; GC
<i>tranylcypromine</i>	4	MO
<i>trazodone</i>	1	MO; GC
<i>trifluoperazine</i>	3	MO
<i>trimipramine</i>	4	MO
TRINTELLIX	3	MO; QL (30 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 100 MG/0.28 ML	5	MO; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 125 MG/0.35 ML	5	MO; QL (0.35 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 150 MG/0.42 ML	5	MO; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 200 MG/0.56 ML	5	MO; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 250 MG/0.7 ML	5	MO; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 50 MG/0.14 ML	5	MO; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 75 MG/0.21 ML	5	MO; QL (0.21 per 28 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	2	MO; GC; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	2	MO; GC; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	2	MO; GC; QL (90 per 30 days)
VERSACLOZ	5	

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Drug Name	Drug Tier	Requirements /Limits
<i>vilazodone</i>	3	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	4	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	4	MO; QL (7 per 180 days)
<i>zaleplon oral capsule 10 mg</i>	4	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	4	MO; QL (30 per 30 days)
<i>ziprasidone hcl</i>	3	MO; QL (60 per 30 days)
<i>ziprasidone mesylate</i>	4	MO
<i>zolpidem oral tablet</i>	2	MO; GC; QL (30 per 30 days)
ZURZUVAE	5	PA; MO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	3	MO; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	MO; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	MO; QL (1 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>adenosine</i>	2	GC
<i>amiodarone intravenous solution</i>	2	B/D PA; MO; GC
<i>amiodarone intravenous syringe</i>	2	B/D PA; GC
<i>amiodarone oral tablet 100 mg, 200 mg</i>	2	MO; GC
<i>amiodarone oral tablet 400 mg</i>	2	GC
<i>dofetilide</i>	4	MO
<i>flecainide</i>	2	MO; GC
<i>ibutilide fumarate</i>	2	GC
<i>lidocaine (pf) intravenous</i>	2	GC
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	4	
<i>mexiletine</i>	3	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	MO; GC
<i>procainamide injection</i>	2	GC
<i>propafenone oral capsule,extended release 12 hr</i>	4	MO
<i>propafenone oral tablet</i>	2	MO; GC
<i>quinidine sulfate oral tablet</i>	2	MO; GC

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Drug Name	Drug Tier	Requirements /Limits
<i>sorine oral tablet 120 mg, 160 mg</i>	2	MO; GC
<i>sorine oral tablet 240 mg, 80 mg</i>	2	GC
<i>sotalol af</i>	2	GC
<i>sotalol oral</i>	2	MO; GC
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol</i>	2	MO; GC
<i>aliskiren</i>	4	MO
<i>amiloride</i>	2	MO; GC
<i>amiloride-hydrochlorothiazide</i>	2	MO; GC
<i>amlodipine</i>	1	MO; GC
<i>amlodipine-benazepril</i>	1	MO; GC
<i>amlodipine-olmesartan</i>	1	MO; GC
<i>amlodipine-valsartan</i>	1	MO; GC
<i>amlodipine-valsartan-hcthiazid</i>	1	MO; GC
<i>atenolol</i>	1	MO; GC
<i>atenolol-chlorthalidone</i>	1	MO; GC
<i>benazepril</i>	1	MO; GC
<i>benazepril-hydrochlorothiazide</i>	1	MO; GC
<i>betaxolol oral</i>	3	MO
<i>bisoprolol fumarate</i>	2	MO; GC
<i>bisoprolol-hydrochlorothiazide</i>	1	MO; GC
<i>bumetanide injection</i>	4	MO
<i>bumetanide oral</i>	2	MO; GC
<i>candesartan</i>	1	MO; GC

Drug Name	Drug Tier	Requirements /Limits
<i>candesartan-hydrochlorothiazid</i>	1	MO; GC
<i>captopril</i>	1	MO; GC
<i>captopril-hydrochlorothiazide</i>	2	GC
<i>cartia xt</i>	2	MO; GC
<i>carvedilol</i>	1	MO; GC
<i>chlorothiazide sodium</i>	2	MO; GC
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO; GC
<i>clonidine</i>	4	MO; QL (4 per 28 days)
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	2	GC
<i>clonidine hcl oral tablet</i>	1	MO; GC
<i>diltiazem hcl intravenous</i>	2	GC
<i>diltiazem hcl oral capsule, ext. rel 24h degradable</i>	2	MO; GC
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	2	MO; GC
<i>diltiazem hcl oral capsule, extended release 24 hr</i>	2	MO; GC
<i>diltiazem hcl oral capsule, extended release 24hr</i>	2	MO; GC
<i>diltiazem hcl oral tablet</i>	2	MO; GC
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg</i>	2	MO; GC

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Drug Name	Drug Tier	Requirements /Limits
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	GC
<i>dilt-xr</i>	2	MO; GC
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	2	MO; GC; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	2	MO; GC; QL (60 per 30 days)
EDARBI	3	MO
EDARBYCLOR	3	MO
<i>enalapril maleate oral tablet</i>	1	MO; GC
<i>enalaprilat intravenous solution</i>	2	GC
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	1	GC
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	MO; GC
<i>epplerenone</i>	3	MO
<i>esmolol intravenous solution</i>	2	GC
<i>ethacrynate sodium</i>	5	
<i>felodipine</i>	2	MO; GC
<i>fosinopril</i>	1	MO; GC
<i>fosinopril-hydrochlorothiazide</i>	1	MO; GC
<i>furosemide injection solution</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	MO; GC
<i>furosemide oral tablet</i>	1	MO; GC
<i>hydralazine</i>	2	MO; GC
<i>hydrochlorothiazide</i>	1	MO; GC
<i>indapamide</i>	1	MO; GC
<i>irbesartan</i>	1	MO; GC
<i>irbesartan-hydrochlorothiazide</i>	1	MO; GC
<i>isosorbide-hydralazine</i>	3	MO; QL (180 per 30 days)
<i>isradipine</i>	2	MO; GC
KERENDIA	3	PA; QL (30 per 30 days)
<i>labetalol intravenous solution</i>	2	GC
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	2	GC
<i>labetalol oral</i>	2	MO; GC
<i>lisinopril</i>	1	MO; GC
<i>lisinopril-hydrochlorothiazide</i>	1	MO; GC
<i>losartan</i>	1	MO; GC
<i>losartan-hydrochlorothiazide</i>	1	MO; GC
<i>mannitol 20 %</i>	4	
<i>mannitol 25 % intravenous solution</i>	2	MO; GC
<i>matzim la</i>	2	MO; GC
<i>metolazone</i>	2	MO; GC
<i>metoprolol succinate</i>	1	MO; GC

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Drug Name	Drug Tier	Requirements /Limits
<i>metoprolol ta-hydrochlorothiaz</i>	2	MO; GC
<i>metoprolol tartrate intravenous</i>	2	GC
<i>metoprolol tartrate oral</i>	1	MO; GC
<i>metyrosine</i>	5	PA; MO
<i>minoxidil oral</i>	2	MO; GC
<i>moexipril</i>	1	MO; GC
<i>nadolol</i>	3	MO
<i>nebivolol</i>	2	MO; GC
<i>nicardipine intravenous solution</i>	2	GC
<i>nicardipine oral</i>	4	MO
<i>nifedipine oral tablet extended release</i>	2	MO; GC
<i>nifedipine oral tablet extended release 24hr</i>	2	MO; GC
<i>nimodipine</i>	4	MO
<i>nisoldipine</i>	4	MO
<i>olmesartan</i>	1	MO; GC
<i>olmesartan-amlodipin-hcthiazid</i>	1	MO; GC
<i>olmesartan-hydrochlorothiazide</i>	1	MO; GC
<i>osmitrol 20 %</i>	4	
<i>perindopril erbumine</i>	1	MO; GC
<i>phentolamine</i>	2	GC
<i>pindolol</i>	3	MO
<i>prazosin</i>	2	MO; GC
<i>propranolol intravenous</i>	2	GC

Drug Name	Drug Tier	Requirements /Limits
<i>propranolol oral capsule, extended release 24 hr</i>	2	MO; GC
<i>propranolol oral solution</i>	2	MO; GC
<i>propranolol oral tablet</i>	1	MO; GC
<i>quinapril</i>	1	GC
<i>quinapril-hydrochlorothiazide</i>	1	GC
<i>ramipril</i>	1	MO; GC
<i>spironolactone oral tablet</i>	1	MO; GC
<i>spironolacton-hydrochlorothiaz</i>	2	MO; GC
<i>taztia xt</i>	2	MO; GC
<i>telmisartan</i>	1	MO; GC
<i>telmisartan-amlodipine</i>	1	MO; GC
<i>telmisartan-hydrochlorothiazid</i>	1	MO; GC
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; GC; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	MO; GC; QL (60 per 30 days)
<i>tiadylt er</i>	2	MO; GC
<i>timolol maleate oral</i>	4	MO
<i>torseamide oral</i>	2	MO; GC
<i>trandolapril</i>	1	MO; GC
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-240 mg</i>	1	MO; GC

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Drug Name	Drug Tier	Requirements /Limits
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 2-180 mg, 4-240 mg</i>	1	GC
<i>treprostinil sodium</i>	5	PA; MO; LA
<i>triamterene-hydrochlorothiazid</i>	1	MO; GC
UPTRAVI ORAL	5	PA; MO; LA
<i>valsartan oral tablet</i>	1	MO; GC
<i>valsartan-hydrochlorothiazide</i>	1	MO; GC
<i>veletri</i>	2	B/D PA; MO; GC
<i>verapamil intravenous</i>	2	GC
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	MO; GC
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	2	MO; GC
<i>verapamil oral tablet</i>	1	MO; GC
<i>verapamil oral tablet extended release</i>	2	MO; GC
COAGULATION THERAPY		
<i>aminocaproic acid intravenous</i>	2	MO; GC
<i>aminocaproic acid oral</i>	5	MO
<i>aspirin-dipyridamole</i>	4	MO
BRILINTA	3	MO
CABLIVI INJECTION KIT	5	PA; LA
CEPROTIN (BLUE BAR)	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
CEPROTIN (GREEN BAR)	3	PA; MO
<i>cilostazol</i>	2	MO; GC
<i>clopidogrel oral tablet 300 mg</i>	2	MO; GC
<i>clopidogrel oral tablet 75 mg</i>	1	MO; GC; QL (30 per 30 days)
<i>dabigatran etexilate</i>	4	MO
<i>dipyridamole intravenous</i>	2	GC
<i>dipyridamole oral</i>	4	MO
DOPTELET (10 TAB PACK)	5	PA; MO; LA
DOPTELET (15 TAB PACK)	5	PA; MO; LA
DOPTELET (30 TAB PACK)	5	PA; MO; LA
ELIQUIS	3	MO
ELIQUIS DVT-PE TREAT 30D START	3	MO
<i>enoxaparin subcutaneous solution</i>	2	MO; GC; QL (30 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	4	MO; QL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	4	MO; QL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	4	MO; QL (16.8 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	4	MO; QL (11.2 per 28 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	MO
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml)</i>	3	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/500 ml (50 unit/ml)</i>	3	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	3	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml</i>	3	
<i>heparin (porcine) injection cartridge</i>	3	MO
<i>heparin (porcine) injection solution</i>	3	MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	3	MO
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	3	
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	3	MO
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	3	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	3	MO
<i>jantoven</i>	1	MO; GC
<i>pentoxifylline</i>	2	MO; GC
<i>prasugrel</i>	3	MO
PROMACTA	5	PA; MO; LA
<i>protamine</i>	2	GC
<i>warfarin</i>	1	MO; GC
XARELTO	3	MO
XARELTO DVT-PE TREAT 30D START	3	MO

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Drug Name	Drug Tier	Requirements /Limits
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	1	MO; GC; QL (30 per 30 days)
<i>atorvastatin</i>	1	MO; GC; QL (30 per 30 days)
<i>cholestyramine (with sugar)</i>	3	MO
<i>cholestyramine light oral powder</i>	3	MO
<i>cholestyramine light oral powder in packet</i>	3	
<i>colesevelam</i>	3	MO
<i>colestipol oral granules</i>	4	MO
<i>colestipol oral packet</i>	2	GC
<i>colestipol oral tablet</i>	2	MO; GC
<i>ezetimibe</i>	2	MO; GC
<i>ezetimibe-simvastatin</i>	1	MO; GC; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	2	MO; GC
<i>fenofibrate nanocrystallized</i>	2	MO; GC
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	MO; GC
<i>fenofibric acid</i>	2	GC
<i>fenofibric acid (choline)</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>fluvastatin oral capsule 20 mg</i>	1	MO; GC; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	1	MO; GC; QL (60 per 30 days)
<i>gemfibrozil</i>	1	MO; GC
<i>icosapent ethyl</i>	3	MO
JUXTAPID	5	PA; MO; LA
<i>lovastatin oral tablet 10 mg</i>	1	MO; GC; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; GC; QL (60 per 30 days)
NEXLETOL	3	PA; MO
NEXLIZET	3	PA; MO
<i>niacin oral tablet 500 mg</i>	2	MO; GC
<i>niacin oral tablet extended release 24 hr</i>	4	MO
<i>omega-3 acid ethyl esters</i>	2	MO; GC
<i>pitavastatin calcium</i>	1	MO; GC; QL (30 per 30 days)
<i>pravastatin</i>	1	MO; GC; QL (30 per 30 days)
<i>prevalite</i>	3	MO
REPATHA	3	PA; QL (6 per 28 days)
REPATHA PUSHTRONEX	3	PA; QL (7 per 28 days)
REPATHA SURECLICK	3	PA; QL (6 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>rosuvastatin</i>	1	MO; GC; QL (30 per 30 days)
<i>simvastatin</i>	1	MO; GC; QL (30 per 30 days)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL SOLUTION	3	QL (450 per 30 days)
CORLANOR ORAL TABLET	3	MO; QL (60 per 30 days)
<i>digoxin oral solution</i>	3	MO
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	MO; GC
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	3	MO
<i>dobutamine</i>	2	B/D PA; GC
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>	2	B/D PA; GC
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	2	B/D PA; GC

Drug Name	Drug Tier	Requirements /Limits
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	2	B/D PA; MO; GC
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	2	B/D PA; GC
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	2	B/D PA; MO; GC
ENTRESTO	3	MO; QL (60 per 30 days)
<i>milrinone</i>	2	B/D PA; GC
<i>milrinone in 5 % dextrose</i>	2	B/D PA; GC
<i>norepinephrine bitartrate</i>	2	GC
<i>ranolazine</i>	3	MO
<i>sodium nitroprusside</i>	2	B/D PA; GC
VECAMYL	5	
VERQUVO	3	MO; QL (30 per 30 days)
VYNDAMAX	5	PA; MO
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	MO; GC
<i>isosorbide mononitrate</i>	1	MO; GC
<i>nitro-bid</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	2	B/D PA; GC
<i>nitroglycerin intravenous</i>	2	B/D PA; GC
<i>nitroglycerin sublingual</i>	2	MO; GC
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO; GC
<i>nitroglycerin translingual</i>	4	MO

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin</i>	4	MO
<i>calcipotriene scalp</i>	3	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	4	MO; QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	4	MO; QL (120 per 30 days)
<i>calcitriol topical</i>	4	
<i>selenium sulfide topical lotion</i>	2	MO; GC
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
STELARA INTRAVENOUS	5	PA; MO; QL (104 per 180 days)
STELARA SUBCUTANEOUS SOLUTION	5	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; MO; QL (1 per 28 days)
TALTZ AUTOINJECTOR	5	PA; MO; QL (1 per 28 days)
TALTZ AUTOINJECTOR (2 PACK)	5	PA; MO; QL (4 per 28 days)
TALTZ AUTOINJECTOR (3 PACK)	5	PA; MO; QL (3 per 180 days)
TALTZ SYRINGE	5	PA; MO; QL (1 per 28 days)

MISCELLANEOUS DERMATOLOGICALS

ADBRY	5	PA; MO; QL (6 per 28 days)
<i>ammonium lactate</i>	2	MO; GC
<i>chloroprocaine (pf)</i>	2	GC
CIBINQO	5	PA; MO; QL (30 per 30 days)
<i>dermacinrx lidocan</i>	4	PA; QL (90 per 30 days)
<i>diclofenac sodium topical gel 3 %</i>	4	PA; MO; QL (100 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; MO; QL (8 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; QL (1.34 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; MO; QL (8 per 28 days)
<i>fluorouracil topical cream 5 %</i>	3	MO
<i>fluorouracil topical solution</i>	3	MO
<i>glydo</i>	2	MO; GC; QL (60 per 30 days)
<i>imiquimod topical cream in packet 5 %</i>	3	MO
<i>lidocaine (pf) injection solution</i>	2	GC
<i>lidocaine hcl injection solution</i>	2	GC
<i>lidocaine hcl mucous membrane jelly in applicator</i>	2	MO; GC; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	3	MO
<i>lidocaine topical adhesive patch,medicated 5 %</i>	4	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	4	MO; QL (36 per 30 days)
<i>lidocaine viscous</i>	2	MO; GC
<i>lidocaine-epinephrine</i>	2	GC
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000</i>	2	GC
<i>lidocaine-prilocaine topical cream</i>	3	MO; QL (30 per 30 days)
<i>methoxsalen</i>	5	MO
PANRETIN	5	PA; MO
<i>pimecrolimus</i>	4	PA; MO; QL (100 per 30 days)
<i>podofilox topical solution</i>	3	MO
<i>polocaine injection solution 1 % (10 mg/ml)</i>	2	GC
<i>polocaine-mpf</i>	2	GC
REGRANEX	5	QL (15 per 30 days)
SANTYL	3	MO; QL (180 per 30 days)
<i>silver sulfadiazine</i>	2	MO; GC
<i>ssd</i>	2	MO; GC

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Drug Name	Drug Tier	Requirements /Limits
<i>tacrolimus topical</i>	4	PA; MO; QL (100 per 30 days)
VALCHLOR	5	PA; MO
THERAPY FOR ACNE		
<i>acutane</i>	4	
<i>amnesteem</i>	4	
<i>azelaic acid</i>	4	MO
<i>claravis</i>	4	
<i>clindamycin phosphate topical gel</i>	3	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical gel, once daily</i>	3	MO; QL (150 per 30 days)
<i>clindamycin phosphate topical lotion</i>	3	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	3	MO; QL (120 per 30 days)
<i>ery pads</i>	3	MO
<i>erythromycin with ethanol topical solution</i>	2	MO; GC
<i>isotretinoin</i>	4	
<i>ivermectin topical cream</i>	2	MO; GC; QL (90 per 30 days)
<i>metronidazole topical</i>	4	MO
<i>tazarotene topical cream</i>	4	PA; MO
<i>tazarotene topical gel</i>	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	4	PA; MO
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	3	PA; MO
<i>zenatane</i>	4	
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical</i>	3	MO; QL (60 per 30 days)
<i>mupirocin</i>	2	MO; GC; QL (44 per 30 days)
<i>sulfacetamide sodium (acne)</i>	4	MO
TOPICAL ANTIFUNGALS		
<i>ciclodan topical solution</i>	2	MO; GC; QL (6.6 per 28 days)
<i>ciclopirox topical cream</i>	2	MO; GC; QL (90 per 28 days)
<i>ciclopirox topical gel</i>	3	MO; QL (100 per 28 days)
<i>ciclopirox topical shampoo</i>	3	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	2	MO; GC; QL (6.6 per 28 days)
<i>ciclopirox topical suspension</i>	3	MO; QL (60 per 28 days)
<i>clotrimazole topical cream</i>	2	MO; GC; QL (45 per 28 days)
<i>clotrimazole topical solution</i>	2	MO; GC; QL (30 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>clotrimazole-betamethasone topical cream</i>	3	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	4	MO; QL (60 per 28 days)
<i>econazole</i>	4	MO; QL (85 per 28 days)
<i>ketconazole topical cream</i>	2	MO; GC; QL (60 per 28 days)
<i>ketconazole topical shampoo</i>	2	MO; GC; QL (120 per 28 days)
<i>naftifine topical cream</i>	4	MO; QL (60 per 28 days)
<i>naftifine topical gel 2 %</i>	4	MO; QL (60 per 28 days)
<i>nyamyc</i>	3	QL (180 per 30 days)
<i>nystatin topical cream</i>	2	MO; GC; QL (30 per 28 days)
<i>nystatin topical ointment</i>	2	MO; GC; QL (30 per 28 days)
<i>nystatin topical powder</i>	3	MO; QL (180 per 30 days)
<i>nystatin-triamcinolone</i>	3	MO; QL (60 per 28 days)
<i>nystop</i>	3	QL (180 per 30 days)
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment</i>	4	PA; MO; QL (30 per 30 days)
<i>penciclovir</i>	4	MO; QL (5 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	2	MO; GC
<i>ala-cort topical cream 2.5 %</i>	2	GC
<i>alclometasone</i>	3	MO
<i>betamethasone dipropionate</i>	2	MO; GC
<i>betamethasone valerate topical cream</i>	2	MO; GC
<i>betamethasone valerate topical lotion</i>	2	MO; GC
<i>betamethasone valerate topical ointment</i>	2	MO; GC
<i>betamethasone, augmented</i>	2	MO; GC
<i>clobetasol scalp</i>	4	MO; QL (100 per 28 days)
<i>clobetasol topical cream</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical foam</i>	4	MO; QL (100 per 28 days)
<i>clobetasol topical gel</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical lotion</i>	4	MO; QL (118 per 28 days)
<i>clobetasol topical ointment</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	4	MO; QL (236 per 28 days)
<i>clobetasol-emollient topical cream</i>	4	MO; QL (120 per 28 days)
<i>clodan</i>	4	MO; QL (236 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>desonide</i>	4	MO
<i>fluocinolone</i>	4	MO
<i>fluocinolone and shower cap</i>	4	MO
<i>fluocinonide topical cream 0.05 %</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical gel</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide-emollient</i>	4	MO; QL (120 per 30 days)
<i>halobetasol propionate topical cream</i>	4	MO
<i>halobetasol propionate topical ointment</i>	4	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO; GC
<i>hydrocortisone topical lotion 2.5 %</i>	2	GC
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	MO; GC
<i>mometasone topical</i>	2	MO; GC
<i>prednicarbate topical ointment</i>	4	
<i>triamcinolone acetonide topical cream</i>	2	MO; GC
<i>triamcinolone acetonide topical lotion</i>	2	MO; GC

Drug Name	Drug Tier	Requirements /Limits
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO; GC
<i>triderm topical cream</i>	2	GC
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	2	GC
<i>malathion</i>	4	MO
<i>permethrin</i>	3	MO; QL (60 per 30 days)
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
<i>acetylcysteine intravenous</i>	3	
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</i>	4	
<i>neomycin-polymyxin b gu</i>	2	GC
<i>ringer's irrigation</i>	4	
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	4	MO
<i>acetic acid irrigation</i>	2	MO; GC
<i>anagrelide</i>	3	MO
<i>caffeine citrate intravenous</i>	2	GC
<i>caffeine citrate oral</i>	2	MO; GC
<i>carglumic acid</i>	5	PA
<i>cevimeline</i>	4	MO
CHEMET	3	PA

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Drug Name	Drug Tier	Requirements /Limits
CLINIMIX 4.25%/D5W SULFIT FREE	4	B/D PA
<i>d10 %-0.45 % sodium chloride</i>	4	MO
<i>d2.5 %-0.45 % sodium chloride</i>	4	
<i>d5 % and 0.9 % sodium chloride</i>	4	MO
<i>d5 %-0.45 % sodium chloride</i>	4	MO
<i>deferasirox oral granules in packet</i>	5	PA; MO
<i>deferasirox oral tablet 180 mg, 360 mg</i>	5	PA; MO
<i>deferasirox oral tablet 90 mg</i>	4	PA; MO
<i>deferasirox oral tablet, dispersible 125 mg</i>	4	PA; MO
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>	5	PA; MO
<i>deferiprone</i>	5	PA; MO
<i>deferoxamine</i>	2	B/D PA; MO; GC
<i>dextrose 10 % and 0.2 % nacl</i>	4	
<i>dextrose 10 % in water (d10w)</i>	4	
<i>dextrose 25 % in water (d25w)</i>	4	
<i>dextrose 5 % in water (d5w)</i>	4	MO
<i>dextrose 5 %- lactated ringers</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>dextrose 5%-0.2 % sod chloride</i>	4	
<i>dextrose 5%-0.3 % sod.chloride</i>	4	
<i>dextrose 50 % in water (d50w)</i>	4	MO
<i>dextrose 70 % in water (d70w)</i>	4	
<i>disulfiram oral tablet 250 mg</i>	2	MO; GC
<i>disulfiram oral tablet 500 mg</i>	2	GC
<i>droxidopa</i>	5	PA; MO
ENDARI	5	PA; MO
INCRELEX	5	MO; LA
<i>levocarnitine (with sugar)</i>	4	MO
<i>levocarnitine oral solution 100 mg/ml</i>	4	MO
<i>levocarnitine oral tablet</i>	4	MO
LOKELMA	3	MO
<i>midodrine</i>	3	MO
<i>nitisinone</i>	5	PA; MO
<i>pilocarpine hcl oral</i>	4	MO
PROLASTIN-C	5	PA; LA
REVCOVI	5	PA; LA
<i>riluzole</i>	3	PA; MO
<i>risedronate oral tablet 30 mg</i>	3	QL (30 per 30 days)
<i>sevelamer carbonate oral tablet</i>	3	MO; QL (270 per 30 days)
<i>sodium benzoate-sod phenylacet</i>	5	

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Drug Name	Drug Tier	Requirements /Limits
<i>sodium chloride 0.9 % intravenous</i>	4	MO
<i>sodium chloride irrigation</i>	4	
<i>sodium phenylbutyrate oral powder</i>	5	PA; MO
<i>sodium phenylbutyrate oral tablet</i>	5	PA
<i>sodium polystyrene sulfonate oral powder</i>	3	MO
<i>sps (with sorbitol) oral</i>	3	MO
<i>sps (with sorbitol) rectal</i>	3	
<i>trientine oral capsule 250 mg</i>	5	PA; MO
VELPHORO	5	MO; QL (180 per 30 days)
VELTASSA	3	MO
<i>water for irrigation, sterile</i>	4	MO
XIAFLEX	5	PA
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	2	PA; MO; GC
SMOKING DETERRENENTS		
<i>bupropion hcl (smoking deter)</i>	2	GC
NICOTROL	4	
NICOTROL NS	4	MO
<i>varenicline</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal aerosol,spray</i>	3	MO; QL (60 per 30 days)
<i>azelastine nasal spray,non-aerosol</i>	3	QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane</i>	1	MO; GC
<i>denta 5000 plus</i>	2	GC
<i>dentagel</i>	2	MO; GC
<i>fluoride (sodium) dental cream</i>	2	GC
<i>fluoride (sodium) dental gel</i>	2	GC
<i>fluoride (sodium) dental paste</i>	2	MO; GC
<i>ipratropium bromide nasal</i>	2	MO; GC; QL (30 per 30 days)
<i>kourzeq</i>	2	GC
<i>oralone</i>	2	GC
<i>periogard</i>	1	MO; GC
PREVIDENT 5000 BOOSTER PLUS	4	MO
PREVIDENT 5000 DRY MOUTH	4	MO
<i>sf</i>	2	MO; GC
<i>sf 5000 plus</i>	2	MO; GC
<i>sodium fluoride 5000 dry mouth</i>	2	MO; GC
<i>sodium fluoride 5000 plus</i>	2	GC

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Drug Name	Drug Tier	Requirements /Limits
<i>sodium fluoride-pot nitrate</i>	2	MO; GC
<i>triamcinolone acetonide dental</i>	2	MO; GC
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	2	MO; GC
<i>ciprofloxacin hcl otic (ear)</i>	4	MO
<i>flac otic oil</i>	4	
<i>fluocinolone acetonide oil</i>	4	MO
<i>hydrocortisone-acetic acid</i>	3	MO
<i>ofloxacin otic (ear)</i>	3	MO
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone</i>	3	MO; QL (7.5 per 7 days)
<i>neomycin-polymyxin-hc otic (ear)</i>	3	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>cortisone</i>	2	GC
<i>dexamethasone intensol</i>	2	MO; GC
<i>dexamethasone oral elixir</i>	2	MO; GC
<i>dexamethasone oral solution</i>	2	MO; GC
<i>dexamethasone oral tablet</i>	2	MO; GC
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	2	MO; GC

Drug Name	Drug Tier	Requirements /Limits
<i>dexamethasone sodium phosphate injection</i>	2	MO; GC
<i>fludrocortisone</i>	2	MO; GC
<i>hydrocortisone oral</i>	2	MO; GC
<i>methylprednisolone acetate</i>	2	MO; GC
<i>methylprednisolone oral tablet</i>	2	B/D PA; MO; GC
<i>methylprednisolone oral tablets,dose pack</i>	2	MO; GC
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	MO; GC
<i>methylprednisolone sodium succ intravenous</i>	2	MO; GC
<i>prednisolone oral solution</i>	2	MO; GC
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	MO; GC
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>	2	GC
<i>prednisone intensol</i>	4	MO
<i>prednisone oral solution</i>	2	MO; GC
<i>prednisone oral tablet</i>	1	MO; GC
<i>prednisone oral tablets,dose pack</i>	1	MO; GC

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Drug Name	Drug Tier	Requirements /Limits
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	2	MO; GC
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO; GC
<i>propylthiouracil</i>	2	MO; GC
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	2	MO; GC; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	2	MO; GC; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	MO; GC; QL (180 per 30 days)
<i>alcohol pads</i>	3	MO
BAQSIMI	3	MO
BYDUREON BCISE	3	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	3	PA; MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	PA; MO; QL (1.2 per 30 days)
<i>diazoxide</i>	4	MO
DROPSAFE ALCOHOL PREP PADS	3	
FARXIGA ORAL TABLET 10 MG	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
FARXIGA ORAL TABLET 5 MG	3	MO; QL (60 per 30 days)
<i>glimepiride oral tablet 1 mg</i>	1	MO; GC; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; GC; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; GC; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; GC; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; GC; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; GC; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; GC; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; GC; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; GC; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; GC; QL (120 per 30 days)
<i>glyburide</i>	1	MO; GC
<i>glyburide micronized</i>	1	MO; GC
<i>glyburide-metformin</i>	1	MO; GC
GLYXAMBI	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
GVOKE	3	MO
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	3	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	3	MO
GVOKE HYPOPEN 2-PACK	3	MO
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML	3	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	MO
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	MO
HUMULIN R U-500 (CONC) INSULIN	3	MO
HUMULIN R U-500 (CONC) KWIKPEN	3	MO
INPEFA ORAL TABLET 200 MG	3	PA; MO; QL (60 per 30 days)
INPEFA ORAL TABLET 400 MG	3	PA; QL (30 per 30 days)
INSULIN GLARGINE	3	MO

Drug Name	Drug Tier	Requirements /Limits
JANUMET	3	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	MO; QL (60 per 30 days)
JANUVIA	3	MO; QL (30 per 30 days)
JARDIANCE	3	MO; QL (30 per 30 days)
JENTADUETO	3	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	MO; QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	3	MO
LANTUS U-100 INSULIN	3	MO
<i>metformin oral tablet 1,000 mg</i>	1	MO; GC; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; GC; QL (150 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>metformin oral tablet 850 mg</i>	1	MO; GC; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; GC; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; GC; QL (60 per 30 days)
MOUNJARO	3	PA; MO; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg</i>	1	MO; GC; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	1	MO; GC; QL (180 per 30 days)
NOVOLIN 70/30 U-100 INSULIN	3	MO
NOVOLIN 70-30 FLEXPEN U-100	3	MO
NOVOLIN N FLEXPEN	3	MO
NOVOLIN N NPH U-100 INSULIN	3	MO
NOVOLIN R FLEXPEN	3	MO
NOVOLIN R REGULAR U100 INSULIN	3	MO
NOVOLOG FLEXPEN U-100 INSULIN	3	MO
NOVOLOG MIX 70-30 U-100 INSULIN	3	MO
NOVOLOG MIX 70-30FLEXPEN U-100	3	MO

Drug Name	Drug Tier	Requirements /Limits
NOVOLOG PENFILL U-100 INSULIN	3	MO
NOVOLOG U-100 INSULIN ASPART	3	MO
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA; MO; QL (3 per 28 days)
<i>pioglitazone</i>	1	MO; GC; QL (30 per 30 days)
QTERN	3	MO; QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	1	MO; GC; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	1	MO; GC; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	MO; GC; QL (240 per 30 days)
RYBELSUS	3	PA; MO; QL (30 per 30 days)
<i>saxagliptin</i>	3	MO; QL (30 per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	3	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	3	MO; QL (30 per 30 days)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	3	MO; QL (60 per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	3	MO; QL (120 per 30 days)
SOLIQUA 100/33	3	MO; QL (90 per 30 days)
STEGLATRO	3	MO; QL (30 per 30 days)
SYMLINPEN 120	5	PA; MO; QL (10.8 per 30 days)
SYMLINPEN 60	5	PA; MO; QL (6 per 30 days)
SYNJARDY	3	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	MO; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	MO; QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	3	MO
TOUJEO SOLOSTAR U-300 INSULIN	3	MO

Drug Name	Drug Tier	Requirements /Limits
TRADJENTA	3	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	MO; QL (60 per 30 days)
TRULICITY	3	PA; MO; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	MO; QL (60 per 30 days)
ZEGALOGUE AUTOINJECTOR	3	MO
ZEGALOGUE SYRINGE	3	MO
MISCELLANEOUS HORMONES		
ALDURAZYME	5	PA; MO
<i>cabergoline</i>	3	MO
<i>calcitonin (salmon) injection</i>	5	MO
<i>calcitonin (salmon) nasal</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	MO; GC
<i>calcitriol oral capsule</i>	2	MO; GC
<i>calcitriol oral solution</i>	4	
<i>cinacalcet</i>	4	PA; MO
<i>clomid</i>	2	PA; MO; GC
<i>clomiphene citrate</i>	2	PA; GC
CRYSVITA	5	PA; MO; LA
<i>danazol</i>	4	MO
<i>desmopressin injection</i>	2	MO; GC
<i>desmopressin nasal spray with pump</i>	4	MO
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	4	
<i>desmopressin oral</i>	3	MO
<i>doxercalciferol intravenous</i>	2	GC
<i>doxercalciferol oral</i>	4	MO
ELAPRASE	5	PA; MO
FABRAZYME	5	PA; MO
KANUMA	5	PA; MO
KORLYM	5	PA
LUMIZYME	5	PA; MO
MEPSEVII	5	PA; MO
MYALEPT	5	PA; MO; LA
NAGLAZYME	5	PA; MO; LA
NATPARA	5	PA; LA
<i>pamidronate intravenous solution</i>	2	MO; GC

Drug Name	Drug Tier	Requirements /Limits
<i>paricalcitol intravenous</i>	2	GC
<i>paricalcitol oral</i>	4	MO
<i>sapropterin</i>	5	PA; MO
SOMAVERT	5	PA; MO
STRENSIQ	5	PA; LA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	3	PA; MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	3	PA
<i>testosterone enanthate</i>	3	PA; MO
<i>testosterone transdermal gel</i>	3	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	4	PA; MO; QL (120 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/1.25 gram (1 %)</i>	3	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	4	PA; MO; QL (150 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO; GC
<i>liothyronine</i>	2	MO; GC
SYNTHROID	4	MO
<i>unithroid</i>	1	MO; GC
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>atropine injection solution 0.4 mg/ml</i>	2	GC
<i>atropine injection syringe 0.1 mg/ml</i>	2	GC
<i>atropine intravenous solution 0.4 mg/ml</i>	2	GC
<i>atropine intravenous syringe 0.25 mg/5 ml (0.05 mg/ml)</i>	2	GC
<i>dicyclomine intramuscular</i>	2	MO; GC
<i>dicyclomine oral capsule</i>	2	MO; GC
<i>dicyclomine oral solution</i>	4	MO
<i>dicyclomine oral tablet</i>	2	MO; GC
<i>diphenoxylate-atropine oral liquid</i>	4	MO
<i>diphenoxylate-atropine oral tablet</i>	3	MO
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	2	MO; GC

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Drug Name	Drug Tier	Requirements /Limits
<i>glycopyrrolate injection</i>	2	MO; GC
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	3	MO
<i>glycopyrrolate oral tablet 1.5 mg</i>	3	
<i>loperamide oral capsule</i>	2	MO; GC
<i>opium tincture</i>	2	MO; GC
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron oral tablet 0.5 mg</i>	4	PA; MO
<i>alosetron oral tablet 1 mg</i>	5	PA; MO
<i>aprepitant</i>	4	B/D PA; MO
<i>balsalazide</i>	3	MO
<i>betaine</i>	5	MO
<i>budesonide oral capsule, delayed, extended release</i>	4	MO
<i>budesonide oral tablet, delayed and extended release</i>	5	MO
CHENODAL	5	PA; LA
CHOLBAM ORAL CAPSULE 250 MG	5	PA
CHOLBAM ORAL CAPSULE 50 MG	5	PA; QL (120 per 30 days)
CIMZIA	5	PA; MO; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST	5	PA; MO; QL (2 per 28 days)
CIMZIA STARTER KIT	5	PA; MO; QL (3 per 180 days)

Drug Name	Drug Tier	Requirements /Limits
CINVANTI	3	MO
<i>compro</i>	4	MO
<i>constulose</i>	2	MO; GC
CORTIFOAM	3	MO
CREON	3	MO
<i>cromolyn oral</i>	4	MO
<i>dimenhydrinate injection solution</i>	2	MO; GC
<i>dronabinol</i>	4	B/D PA; MO
<i>droperidol injection solution</i>	2	MO; GC
EMEND ORAL SUSPENSION FOR RECONSTITUTION	4	B/D PA
ENTYVIO	5	PA; MO; QL (2 per 28 days)
<i>enulose</i>	2	MO; GC
<i>fosaprepitant</i>	2	MO; GC
GATTEX 30-VIAL	5	PA; MO
GATTEX ONE-VIAL	5	PA; MO
<i>gavilyte-c</i>	2	MO; GC
<i>gavilyte-g</i>	2	MO; GC
<i>generlac</i>	2	GC
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	2	MO; GC
<i>granisetron hcl intravenous</i>	2	MO; GC
<i>granisetron hcl oral</i>	3	B/D PA; MO
<i>hydrocortisone rectal</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>hydrocortisone topical cream with perineal applicator</i>	2	MO; GC
<i>lactulose oral solution 10 gram/15 ml</i>	2	MO; GC
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	2	GC
LINZESS	3	MO; QL (30 per 30 days)
<i>lubiprostone</i>	4	MO; QL (60 per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO; GC
<i>mesalamine oral capsule (with del rel tablets)</i>	4	MO
<i>mesalamine oral capsule, extended release</i>	5	
<i>mesalamine oral capsule, extended release 24hr</i>	4	MO
<i>mesalamine oral tablet, delayed release (dr/ec)</i>	4	MO
<i>mesalamine rectal</i>	4	MO
<i>mesalamine with cleansing wipe</i>	4	MO
<i>metoclopramide hcl injection solution</i>	2	MO; GC
<i>metoclopramide hcl oral solution</i>	2	MO; GC
<i>metoclopramide hcl oral tablet</i>	1	MO; GC

Drug Name	Drug Tier	Requirements /Limits
MOVANTIK	3	MO; QL (30 per 30 days)
OICALIVA	5	PA; MO; LA; QL (30 per 30 days)
<i>ondansetron</i>	2	B/D PA; MO; GC
<i>ondansetron hcl (pf)</i>	2	MO; GC
<i>ondansetron hcl intravenous</i>	2	MO; GC
<i>ondansetron hcl oral solution</i>	4	B/D PA; MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA; MO; GC
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	2	MO; GC
<i>palonosetron intravenous syringe</i>	2	GC
<i>peg 3350-electrolytes</i>	2	GC
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	4	MO
<i>peg-electrolyte</i>	2	MO; GC
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	4	MO
<i>prochlorperazine</i>	4	MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	2	MO; GC
<i>prochlorperazine maleate oral</i>	2	MO; GC
<i>procto-med hc</i>	2	MO; GC
<i>proctosol hc topical</i>	2	MO; GC

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Drug Name	Drug Tier	Requirements /Limits
<i>proctozone-hc</i>	2	MO; GC
RECTIV	3	MO
RELISTOR SUBCUTANEOUS SOLUTION	5	MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	5	MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	5	MO; QL (12 per 30 days)
REMICADE	5	PA; MO; QL (20 per 28 days)
SANCUSO	5	MO
<i>scopolamine base</i>	4	MO
SKYRIZI INTRAVENOUS	5	PA; MO; QL (30 per 180 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5	PA; MO; QL (1.2 per 56 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; MO; QL (2.4 per 56 days)
<i>sodium,potassium,mag sulfates</i>	4	MO
SUCRAID	5	PA
<i>sulfasalazine</i>	2	MO; GC
TRULANCE	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>ursodiol oral capsule 300 mg</i>	3	MO
<i>ursodiol oral tablet</i>	3	MO
VARUBI	3	B/D PA
VIBERZI	5	MO; QL (60 per 30 days)
VIOKACE	3	MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT	3	MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 60,000-189,600-252,600 UNIT	3	
ULCER THERAPY		
<i>cimetidine</i>	2	MO; GC
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	3	MO; QL (60 per 30 days)
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	2	GC
<i>famotidine (pf)</i>	2	MO; GC
<i>famotidine (pf)-nacl (iso-os)</i>	2	MO; GC
<i>famotidine intravenous</i>	2	MO; GC
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO; GC
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	2	MO; GC; QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	2	MO; GC; QL (60 per 30 days)
<i>misoprostol</i>	3	MO
<i>nizatidine oral capsule</i>	3	MO
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; GC; QL (30 per 30 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	MO; GC; QL (60 per 30 days)
<i>pantoprazole intravenous</i>	2	MO; GC
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	MO; GC; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	MO; GC; QL (60 per 30 days)
<i>sucralfate oral suspension</i>	4	MO
<i>sucralfate oral tablet</i>	2	MO; GC

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ACTIMMUNE	5	B/D PA; MO
ARCALYST	5	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; MO; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; MO; QL (1 per 28 days)
BESREMI	5	PA; LA
BETASERON SUBCUTANEOUS KIT	5	PA; MO; QL (14 per 28 days)
ILARIS (PF)	5	PA; MO; LA; QL (2 per 28 days)
LEUKINE INJECTION RECON SOLN	5	PA; MO
MOZOBIL	5	B/D PA; MO
NIVESTYM	5	PA; MO
NYVEPRIA	5	PA; MO
OMNITROPE SUBCUTANEOUS CARTRIDGE	5	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
OMNITROPE SUBCUTANEOUS RECON SOLN	5	PA
PEGASYS SUBCUTANEOUS SOLUTION	5	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	5	MO; QL (2 per 28 days)
PLEGRIDY INTRAMUSCULA R	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)
<i>plerixafor</i>	5	B/D PA; MO
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; MO
ZARXIO	5	PA; MO
ZIEXTENZO	5	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO	1	GC; V
ACTHIB (PF)	3	
ADACEL(TDAP ADOLESN/ADULT) (PF)	1	MO; GC; V
AREXVY (PF)	1	GC; V
BCG VACCINE, LIVE (PF)	1	GC; V
BEXSERO	1	MO; GC; V
BOOSTRIX TDAP	1	MO; GC; V
DAPTACEL (DTAP PEDIATRIC) (PF)	3	
DENGVAXIA (PF)	3	
ENGERIX-B (PF)	1	B/D PA; MO; GC; V

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Drug Name	Drug Tier	Requirements /Limits
ENGERIX-B PEDIATRIC (PF)	1	B/D PA; MO; GC; V
<i>fomepizole</i>	2	GC
GAMASTAN	3	MO
GAMASTAN S/D	3	
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	1	GC; V
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	1	MO; GC; V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	MO; GC; V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	MO
HEPLISAV-B (PF)	1	B/D PA; MO; GC; V
HIBERIX (PF)	3	MO
HIZENTRA SUBCUTANEOUS SOLUTION	5	B/D PA; MO
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	5	B/D PA; MO
HIZENTRA SUBCUTANEOUS SYRINGE 10 GRAM/50 ML (20 %)	5	B/D PA

Drug Name	Drug Tier	Requirements /Limits
HYPERHEP B INTRAMUSCULAR SOLUTION	3	
HYPERHEP B NEONATAL	3	
IMOVAX RABIES VACCINE (PF)	1	GC; V
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3	MO
IPOX	1	GC; V
IXIARO (PF)	1	GC; V
JYNNEOS (PF)(STOCKPILE)	1	B/D PA; GC; V
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	1	GC; V
MENQUADFI (PF)	1	MO; GC; V
MENVEO A-C-Y-W-135-DIP (PF)	1	GC; V
M-M-R II (PF)	1	MO; GC; V
PEDIARIX (PF)	3	
PEDVAX HIB (PF)	3	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	3	
PREHEVBRIO (PF)	1	B/D PA; GC; V
PRIORIX (PF)	1	GC; V
PRIVIGEN	5	PA; MO
PROQUAD (PF)	3	

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Drug Name	Drug Tier	Requirements /Limits
QUADRACEL (PF)	3	
RABAVERT (PF)	1	GC; V
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	1	B/D PA; MO; GC; V
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 40 MCG/ML, 5 MCG/0.5 ML	1	B/D PA; GC; V
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	1	B/D PA; GC; V
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	1	B/D PA; MO; GC; V
ROTARIX	3	
ROTATEQ VACCINE	3	
SHINGRIX (PF)	1	MO; GC; V; QL (2 per 720 days)
TDVAX	1	MO; GC; V
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	1	GC; V
TENIVAC (PF) INTRAMUSCULAR SYRINGE	1	MO; GC; V
TETANUS, DIPHTHERIA TOX PED (PF)	3	

Drug Name	Drug Tier	Requirements /Limits
TICE BCG	3	B/D PA
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	3	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	3	V
TRUMENBA	1	MO; GC; V
TWINRIX (PF)	1	MO; GC; V
TYPHIM VI INTRAMUSCULAR SOLUTION	1	GC; V
TYPHIM VI INTRAMUSCULAR SYRINGE	1	MO; GC; V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	GC; V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	1	GC; V
VARIVAX (PF)	1	GC; V
VARIZIG	3	
YF-VAX (PF)	1	GC; V

MISCELLANEOUS SUPPLIES

MISCELLANEOUS SUPPLIES

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Drug Name	Drug Tier	Requirements /Limits
BD INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	3	MO
BD PEN NEEDLE	3	MO
BD PEN NEEDLE	3	
GAUZE PADS 2 X 2	3	MO
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	3	MO
INSULIN SYRINGES (NON-PREFERRED BRANDS) SYRINGE 1 ML 29 GAUGE X 1/2"	3	MO
OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	MO; QL (1 per 720 days)
OMNIPOD 5 G6 PODS (GEN 5)	3	MO
OMNIPOD CLASSIC PODS (GEN 3)	3	MO
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL (1 per 720 days)

Drug Name	Drug Tier	Requirements /Limits
OMNIPOD DASH PODS (GEN 4)	3	MO
PEN NEEDLES (NON-PREFERRED BRANDS) NEEDLE 29 GAUGE X 1/2"	3	MO
V-GO 20	3	MO
V-GO 30	3	MO
V-GO 40	3	MO

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO; GC
<i>allopurinol sodium</i>	2	GC
<i>aloprim</i>	2	GC
<i>colchicine oral tablet</i>	2	MO; GC
<i>febuxostat</i>	3	MO
<i>probenecid</i>	3	MO
<i>probenecid-colchicine</i>	3	MO

OSTEOPOROSIS THERAPY

<i>alendronate oral solution</i>	2	MO; GC; QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	MO; GC; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; GC; QL (4 per 28 days)
FOSAMAX PLUS D	4	ST; MO; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>ibandronate intravenous solution</i>	2	PA; GC
<i>ibandronate intravenous syringe</i>	2	PA; MO; GC
<i>ibandronate oral</i>	2	MO; GC; QL (1 per 30 days)
PROLIA	4	PA; MO; QL (1 per 180 days)
<i>raloxifene</i>	2	MO; GC
<i>risedronate oral tablet 150 mg</i>	3	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	3	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	3	MO; QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	4	MO; QL (4 per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	5	PA; MO; QL (2.48 per 28 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN	5	PA; MO; QL (3.6 per 28 days)
ACTEMRA INTRAVENOUS	5	PA; MO; QL (160 per 28 days)
ACTEMRA SUBCUTANEOUS	5	PA; MO; QL (3.6 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
ADALIMUMAB-ADAZ	5	PA; MO; QL (1.6 per 28 days)
ADALIMUMAB-ADBM SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MO; QL (4 per 28 days)
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA; MO; QL (2 per 28 days)
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)
ADALIMUMAB-ADBM(CF) PEN CROHNS	5	PA; QL (6 per 180 days)
ADALIMUMAB-ADBM(CF) PEN PS-UV	5	PA; QL (4 per 180 days)
BENLYSTA	5	PA; MO
CYLTEZO(CF) PEN	5	PA; MO; QL (4 per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS	5	PA; QL (6 per 180 days)
CYLTEZO(CF) PEN PSORIASIS-UV	5	PA; QL (4 per 180 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA; MO; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)
ENBREL MINI	5	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	5	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	5	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK	5	PA; MO; QL (8 per 28 days)
HUMIRA PEN	5	PA; MO; QL (4 per 28 days)
HUMIRA PEN CROHNS-UC-HS START	5	PA; QL (6 per 180 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS	5	PA; QL (4 per 180 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; MO; QL (2 per 180 days)

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

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Drug Name	Drug Tier	Requirements /Limits
HYRIMOZ CF (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML	5	PA; MO; QL (0.4 per 28 days)
HYRIMOZ CF (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; MO; QL (1.6 per 28 days)
HYRIMOZ PEN CROHN'S-UC STARTER	5	PA; MO; QL (2.4 per 180 days)
HYRIMOZ PEN PSORIASIS STARTER	5	PA; MO; QL (1.6 per 180 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	5	PA; MO; QL (2.4 per 180 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML- 40 MG/0.4 ML	5	PA; MO; QL (1.2 per 180 days)
<i>leflunomide</i>	2	MO; GC; QL (30 per 30 days)
ORENCIA (WITH MALTOSE)	5	PA; MO; QL (12 per 28 days)
ORENCIA CLICKJECT	5	PA; MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; MO; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; MO; QL (2.8 per 28 days)
OTEZLA	5	PA; MO; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; MO; QL (55 per 180 days)
<i>penicillamine oral tablet</i>	5	PA; MO
RIDAURA	5	MO
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5	PA; MO; QL (30 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5	PA; MO; QL (84 per 180 days)
SAVELLA ORAL TABLET	3	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	3	QL (55 per 180 days)

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Drug Name	Drug Tier	Requirements /Limits
XELJANZ ORAL SOLUTION	5	PA; MO; QL (300 per 30 days)
XELJANZ ORAL TABLET	5	PA; MO; QL (60 per 30 days)
XELJANZ XR	5	PA; MO; QL (30 per 30 days)

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

<i>amabelz</i>	3	PA
<i>camila</i>	2	MO; GC
<i>deblitane</i>	2	MO; GC
DEPO-SUBQ PROVERA 104	4	MO
<i>dotti</i>	3	PA; MO; QL (8 per 28 days)
DUAVEE	3	MO
<i>errin</i>	2	MO; GC
<i>estradiol oral</i>	2	PA; MO; GC
<i>estradiol transdermal patch semiweekly</i>	3	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr</i>	3	PA; MO; QL (4 per 28 days)
<i>estradiol transdermal patch weekly 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	3	PA; QL (4 per 28 days)
<i>estradiol vaginal</i>	2	MO; GC
<i>estradiol valerate</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>estradiol-norethindrone acet</i>	3	PA; MO
<i>fyavolv</i>	4	PA; MO
<i>heather</i>	2	MO; GC
<i>hydroxyprogesterone caproate</i>	5	
IMVEXXY MAINTENANCE PACK	3	MO
IMVEXXY STARTER PACK	3	MO
<i>incassia</i>	2	MO; GC
<i>jencycla</i>	2	MO; GC
<i>jinteli</i>	4	PA; MO
<i>lyleq</i>	2	MO; GC
<i>lyllana</i>	3	PA; MO; QL (8 per 28 days)
<i>lyza</i>	2	GC
<i>medroxyprogesterone</i>	2	MO; GC
MENEST	3	PA; MO
<i>mimvey</i>	3	PA; MO
<i>nora-be</i>	2	MO; GC
<i>norethindrone (contraceptive)</i>	2	GC
<i>norethindrone acetate</i>	2	MO; GC
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	4	PA; MO
PREMARIN ORAL	3	MO
PREMARIN VAGINAL	3	MO
PREMPHASE	3	MO

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Drug Name	Drug Tier	Requirements /Limits
PREMPRO	3	MO
<i>progesterone</i>	2	MO; GC
<i>progesterone micronized</i>	2	MO; GC
<i>sharobel</i>	2	MO; GC
<i>yuvafem</i>	4	MO
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal</i>	3	MO
<i>eluryng</i>	4	MO
<i>etonogestrel-ethinyl estradiol</i>	4	
<i>metronidazole vaginal</i>	3	MO
<i>mifepristone</i>	2	GC; LA
MYFEMBREE	5	PA; MO
NEXPLANON	4	
<i>terconazole</i>	3	MO
<i>tranexamic acid oral</i>	3	MO
<i>vandazole</i>	3	MO
<i>xulane</i>	4	MO
<i>zafemy</i>	4	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>altavera (28)</i>	2	MO; GC
<i>alyacen 1/35 (28)</i>	2	MO; GC
<i>alyacen 7/7/7 (28)</i>	2	MO; GC
<i>amethyst (28)</i>	2	MO; GC
<i>apri</i>	2	MO; GC
<i>aranelle (28)</i>	2	MO; GC
<i>aubra eq</i>	2	MO; GC
<i>aviane</i>	2	MO; GC
<i>azurette (28)</i>	2	MO; GC

Drug Name	Drug Tier	Requirements /Limits
<i>camrese</i>	2	MO; GC
<i>cryselle (28)</i>	2	MO; GC
<i>cyred eq</i>	2	GC
<i>dasetta 1/35 (28)</i>	2	MO; GC
<i>dasetta 7/7/7 (28)</i>	2	MO; GC
<i>daysee</i>	2	MO; GC
<i>desog-e.estradiol/e.estradiol</i>	2	GC
<i>desogestrel-ethinyl estradiol</i>	2	GC
<i>drospirenone-e.estradiol-lm.oral tablet 3-0.03-0.451 mg (21) (7)</i>	4	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	2	MO; GC
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	2	GC
<i>elinest</i>	2	MO; GC
<i>enpresse</i>	2	MO; GC
<i>enskyce</i>	2	MO; GC
<i>estarylla</i>	2	MO; GC
<i>ethynodiol diac-eth estradiol</i>	2	GC
<i>falmina (28)</i>	2	MO; GC
<i>introvale</i>	2	GC
<i>isibloom</i>	2	MO; GC
<i>jasmiel (28)</i>	2	MO; GC
<i>jolessa</i>	2	MO; GC
<i>juleber</i>	2	MO; GC
<i>kalliga</i>	2	GC
<i>kariva (28)</i>	2	MO; GC

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Drug Name	Drug Tier	Requirements /Limits
<i>kelnor 1/35 (28)</i>	2	MO; GC
<i>kelnor 1-50 (28)</i>	2	MO; GC
<i>kurvelo (28)</i>	2	MO; GC
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	GC
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	2	MO; GC
<i>larin 1.5/30 (21)</i>	2	MO; GC
<i>larin 1/20 (21)</i>	2	MO; GC
<i>larin 24 fe</i>	2	MO; GC
<i>larin fe 1.5/30 (28)</i>	2	MO; GC
<i>larin fe 1/20 (28)</i>	2	MO; GC
<i>lessina</i>	2	MO; GC
<i>levonest (28)</i>	2	MO; GC
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 90-20 mcg (28)</i>	2	MO; GC
<i>levonorgestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	2	GC
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month</i>	2	GC
<i>levonorg-eth estradiol triphasic</i>	2	GC
<i>levora-28</i>	2	MO; GC

Drug Name	Drug Tier	Requirements /Limits
<i>loryna (28)</i>	2	MO; GC
<i>low-ogestrel (28)</i>	2	MO; GC
<i>lo-zumandimine (28)</i>	2	MO; GC
<i>luteria (28)</i>	2	MO; GC
<i>marlissa (28)</i>	2	MO; GC
<i>microgestin 1.5/30 (21)</i>	2	MO; GC
<i>microgestin 1/20 (21)</i>	2	MO; GC
<i>microgestin fe 1.5/30 (28)</i>	2	MO; GC
<i>microgestin fe 1/20 (28)</i>	2	MO; GC
<i>mili</i>	2	MO; GC
<i>mono-linyah</i>	2	MO; GC
<i>nikki (28)</i>	2	MO; GC
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	2	MO; GC
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	GC
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg</i>	2	GC
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	MO; GC
<i>nortrel 0.5/35 (28)</i>	2	MO; GC
<i>nortrel 1/35 (21)</i>	2	MO; GC
<i>nortrel 1/35 (28)</i>	2	MO; GC

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Drug Name	Drug Tier	Requirements /Limits
<i>nortrel 7/7/7 (28)</i>	2	MO; GC
<i>philith</i>	2	MO; GC
<i>pimtreea (28)</i>	2	MO; GC
<i>portia 28</i>	2	MO; GC
<i>reclipsen (28)</i>	2	MO; GC
<i>setlakin</i>	2	MO; GC
<i>sprintec (28)</i>	2	MO; GC
<i>sronyx</i>	2	MO; GC
<i>syeda</i>	2	MO; GC
<i>tarina 24 fe</i>	2	MO; GC
<i>tarina fe 1-20 eq (28)</i>	2	MO; GC
<i>tilia fe</i>	2	MO; GC
<i>tri-estarylla</i>	2	MO; GC
<i>tri-legest fe</i>	2	MO; GC
<i>tri-linyah</i>	2	MO; GC
<i>tri-lo-estarylla</i>	2	MO; GC
<i>tri-lo-marzia</i>	2	MO; GC
<i>tri-lo-sprintec</i>	2	MO; GC
<i>tri-sprintec (28)</i>	2	MO; GC
<i>trivora (28)</i>	2	MO; GC
<i>turqoz (28)</i>	2	GC
<i>velivet triphasic regimen (28)</i>	2	MO; GC
<i>vestura (28)</i>	2	MO; GC
<i>vienva</i>	2	MO; GC
<i>viorele (28)</i>	2	MO; GC
<i>wera (28)</i>	2	MO; GC
<i>zovia 1-35 (28)</i>	2	MO; GC
<i>zumandimine (28)</i>	2	MO; GC
OXYTOCICS		

Drug Name	Drug Tier	Requirements /Limits
<i>methylergonovine oral</i>	4	PA
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE	3	MO
<i>bacitracin ophthalmic (eye)</i>	3	MO
<i>bacitracin-polymyxin b</i>	2	MO; GC
BESIVANCE	3	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	MO; GC
<i>erythromycin ophthalmic (eye)</i>	2	GC; QL (3.5 per 14 days)
<i>gatifloxacin</i>	4	MO
<i>gentamicin ophthalmic (eye) drops</i>	2	MO; GC; QL (70 per 30 days)
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	3	MO
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	3	
<i>moxifloxacin ophthalmic (eye) drops</i>	3	MO
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	3	
NATACYN	4	
<i>neomycin-bacitracin-polymyxin</i>	3	MO
<i>neomycin-polymyxin-gramicidin</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>neo-polycin</i>	3	
<i>ofloxacin ophthalmic (eye)</i>	2	MO; GC
<i>polycin</i>	2	GC
<i>polymyxin b sulf-trimethoprim</i>	2	MO; GC
<i>tobramycin ophthalmic (eye)</i>	2	MO; GC; QL (10 per 14 days)

ANTIVIRALS

<i>trifluridine</i>	3	MO
ZIRGAN	4	MO

BETA-BLOCKERS

<i>betaxolol ophthalmic (eye)</i>	3	MO
<i>carteolol</i>	2	MO; GC
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	MO; GC
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO; GC
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	4	MO

MISCELLANEOUS OPHTHALMOLOGICS

<i>atropine ophthalmic (eye) drops</i>	3	MO
<i>azelastine ophthalmic (eye)</i>	2	MO; GC
<i>balanced salt</i>	2	GC
<i>bepotastine besilate</i>	3	MO
<i>bss</i>	2	GC
CIMERLI	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>cromolyn ophthalmic (eye)</i>	2	MO; GC
<i>cyclosporine ophthalmic (eye)</i>	3	MO; QL (60 per 30 days)
CYSTARAN	5	PA
<i>epinastine</i>	3	MO
EYLEA	5	PA; MO
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	3	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	3	MO
OXERVATE	5	PA; MO
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	3	MO
<i>sulfacetamide sodium ophthalmic (eye)</i>	2	MO; GC
<i>sulfacetamide-prednisolone</i>	2	GC
XDEMVIY	5	PA; QL (10 per 42 days)
XIIDRA	3	MO; QL (60 per 30 days)

NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	3	MO
BROMSITE	3	MO
<i>diclofenac sodium ophthalmic (eye)</i>	2	MO; GC
<i>flurbiprofen sodium</i>	2	MO; GC

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Drug Name	Drug Tier	Requirements /Limits
<i>ketorolac ophthalmic (eye)</i>	2	MO; GC
PROLENSA	3	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	3	MO
<i>acetazolamide sodium</i>	2	MO; GC
<i>methazolamide</i>	4	MO
OTHER GLAUCOMA DRUGS		
<i>brimonidine-timolol</i>	3	MO
<i>dorzolamide</i>	2	MO; GC
<i>dorzolamide-timolol</i>	2	MO; GC
<i>latanoprost</i>	1	MO; GC
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	3	MO
<i>miostat</i>	2	GC
RHOPRESSA	3	MO
ROCKLATAN	3	MO
SIMBRINZA	3	MO
<i>tafluprost (pf)</i>	3	MO
<i>travoprost</i>	3	MO
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	3	MO
<i>neomycin-polymyxin b-dexameth</i>	2	MO; GC
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	3	MO
<i>neo-polycin hc</i>	3	

Drug Name	Drug Tier	Requirements /Limits
TOBRADEX OPTHALMIC (EYE) OINTMENT	3	MO; QL (3.5 per 14 days)
<i>tobramycin-dexamethasone</i>	3	MO; QL (10 per 14 days)
STERIODS		
ALREX	3	MO
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	MO; GC
<i>fluorometholone</i>	3	MO
INVELTYS	3	MO
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i>	3	MO
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	3	MO
OZURDEX	5	MO
<i>prednisolone acetate</i>	2	MO; GC
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2	MO; GC
SYMPATHOMIMETICS		
<i>apraclonidine</i>	3	MO
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i>	3	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	MO; GC
RESPIRATORY AND ALLERGY		

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Drug Name	Drug Tier	Requirements /Limits
ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS		
<i>adrenalin injection solution 1 mg/ml</i>	2	GC
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	2	MO; GC
<i>cetirizine oral solution 1 mg/ml</i>	2	MO; GC
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	MO; GC
<i>diphenhydramine hcl injection syringe</i>	2	MO; GC
<i>diphenhydramine hcl oral elixir</i>	2	PA; GC
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	3	MO; QL (2 per 30 days)
<i>epinephrine injection solution 1 mg/ml</i>	2	GC
<i>hydroxyzine hcl oral tablet</i>	2	PA; MO; GC
<i>levocetirizine oral solution</i>	4	MO
<i>levocetirizine oral tablet</i>	2	MO; GC; QL (30 per 30 days)
<i>promethazine injection solution 25 mg/ml</i>	4	
<i>promethazine injection solution 50 mg/ml</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>promethazine oral</i>	4	PA; MO
PULMONARY AGENTS		
<i>acetylcysteine</i>	3	B/D PA; MO
ADEMPAS	5	PA; MO; LA
ADVAIR HFA	3	MO; QL (12 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	2	MO; GC; QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm</i>	2	GC; QL (13.4 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	2	B/D PA; MO; GC
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	2	B/D PA; GC
<i>albuterol sulfate oral syrup</i>	2	MO; GC
<i>albuterol sulfate oral tablet</i>	4	MO
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	3	MO; QL (12.2 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	3	MO; QL (6.1 per 30 days)
<i>alyq</i>	5	PA; QL (60 per 30 days)
<i>ambrisentan</i>	5	PA; MO; LA
<i>arformoterol</i>	4	B/D PA; MO; QL (120 per 30 days)
ASMANEX HFA	3	MO; QL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	MO; QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	3	MO; QL (2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	3	QL (2 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
ATROVENT HFA	4	MO; QL (25.8 per 30 days)
BEVESPI AEROSPHERE	3	MO; QL (10.7 per 30 days)
<i>bosentan</i>	5	PA; MO; LA
BREO ELLIPTA	3	MO; QL (60 per 30 days)
<i>breyana</i>	3	MO; QL (10.3 per 30 days)
BREZTRI AEROSPHERE	3	MO; QL (10.7 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	4	B/D PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	4	B/D PA; MO; QL (60 per 30 days)
<i>budesonide- formoterol</i>	3	QL (10.2 per 30 days)
CINRYZE	5	PA; MO
COMBIVENT RESPIMAT	3	MO; QL (8 per 30 days)
<i>cromolyn inhalation</i>	4	B/D PA; MO
DULERA	3	MO; QL (13 per 30 days)
ELIXOPHYLLIN	4	
FASENRA	5	PA; MO; QL (1 per 28 days)
FASENRA PEN	5	PA; MO; QL (1 per 28 days)
<i>flunisolide</i>	3	MO; QL (50 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>fluticasone propionate nasal</i>	2	MO; GC; QL (16 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	3	MO; QL (60 per 30 days)
<i>formoterol fumarate</i>	4	B/D PA; MO; QL (120 per 30 days)
<i>icatibant</i>	5	PA; MO
<i>ipratropium bromide inhalation</i>	2	B/D PA; MO; GC
<i>ipratropium-albuterol</i>	2	B/D PA; MO; GC
KALYDECO	5	PA; MO; QL (56 per 28 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml</i>	4	B/D PA; MO
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml</i>	4	B/D PA
<i>mometasone nasal</i>	2	MO; GC; QL (34 per 30 days)
<i>montelukast oral granules in packet</i>	4	MO
<i>montelukast oral tablet</i>	1	MO; GC
<i>montelukast oral tablet, chewable</i>	2	MO; GC
NUCALA SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; LA; QL (3 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
NUCALA SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; MO; LA; QL (0.4 per 28 days)
OFEV	5	PA; MO; QL (60 per 30 days)
OPSUMIT	5	PA; MO; LA
ORKAMBI ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	5	PA; MO; QL (112 per 28 days)
<i>pirfenidone oral capsule</i>	5	PA; MO; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	5	PA; MO; QL (270 per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	5	PA; MO; QL (90 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	3	MO; QL (2 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	MO; QL (1 per 30 days)
PULMOZYME	5	B/D PA; MO
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	3	MO; QL (21.2 per 30 days)
<i>roflumilast</i>	4	PA; MO; QL (30 per 30 days)
<i>sajazir</i>	5	PA; MO
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	5	PA
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	3	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT	3	MO; QL (4 per 30 days)
STIOLTO RESPIMAT	3	MO; QL (4 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
STRIVERDI RESPIMAT	3	MO; QL (4 per 30 days)
SYMDEKO	5	PA; MO; QL (56 per 28 days)
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	5	PA; QL (60 per 30 days)
<i>terbutaline oral</i>	4	MO
<i>terbutaline subcutaneous</i>	2	MO; GC
THEO-24	3	MO
<i>theophylline oral elixir</i>	4	MO
<i>theophylline oral solution</i>	4	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	2	GC
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	2	MO; GC
<i>theophylline oral tablet extended release 24 hr</i>	2	MO; GC
<i>tiotropium bromide</i>	3	QL (90 per 90 days)
TRELEGY ELLIPTA	3	MO; QL (60 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	5	PA; MO; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; MO; QL (84 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
TYVASO	5	B/D PA; MO
TYVASO INSTITUTIONAL START KIT	5	B/D PA
TYVASO REFILL KIT	5	B/D PA; MO
TYVASO STARTER KIT	5	B/D PA; MO
<i>wixela inhub</i>	3	QL (60 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; LA; QL (1 per 28 days)
<i>zafirlukast</i>	4	MO
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
<i>fesoterodine</i>	3	MO
<i>flavoxate</i>	2	MO; GC
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON	3	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	MO
<i>oxybutynin chloride oral syrup</i>	2	MO; GC

Drug Name	Drug Tier	Requirements /Limits
<i>oxybutynin chloride oral tablet 5 mg</i>	2	MO; GC
<i>oxybutynin chloride oral tablet extended release 24hr</i>	2	MO; GC
<i>solifenacin</i>	2	MO; GC
<i>tolterodine</i>	3	MO
<i>tropium oral tablet</i>	2	MO; GC
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin</i>	2	MO; GC
<i>dutasteride</i>	2	MO; GC
<i>dutasteride-tamsulosin</i>	4	MO
<i>finasteride oral tablet 5 mg</i>	1	MO; GC
<i>silodosin</i>	4	MO
<i>tamsulosin</i>	1	MO; GC
MISCELLANEOUS UROLOGICALS		
<i>bethanechol chloride</i>	2	MO; GC
CYSTAGON	4	PA; LA
ELMIRON	3	MO
<i>glycine urologic</i>	2	GC
<i>glycine urologic solution</i>	2	GC
K-PHOS NO 2	3	MO
K-PHOS ORIGINAL	3	MO
<i>potassium citrate oral tablet extended release</i>	2	MO; GC
RENACIDIN	3	MO
VITAMINS, HEMATINICS / ELECTROLYTES		

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Drug Name	Drug Tier	Requirements /Limits
BLOOD DERIVATIVES		
<i>albumin, human 25 %</i>	4	
<i>alburx (human) 25 %</i>	4	
<i>alburx (human) 5 %</i>	4	
<i>albutein 25 %</i>	4	
<i>albutein 5 %</i>	4	
<i>plasbumin 25 %</i>	4	
<i>plasbumin 5 %</i>	4	
ELECTROLYTES		
<i>calcium acetate(phosphat bind)</i>	3	MO; QL (360 per 30 days)
<i>calcium chloride</i>	2	GC
<i>calcium gluconate intravenous</i>	2	GC
<i>effe-r-k oral tablet, effervescent 25 meq</i>	2	MO; GC
<i>klor-con 10</i>	2	MO; GC
<i>klor-con 8</i>	2	MO; GC
<i>klor-con m10</i>	2	MO; GC
<i>klor-con m15</i>	2	MO; GC
<i>klor-con m20</i>	2	MO; GC
<i>klor-con oral packet 20</i>	4	MO
<i>klor-con/ef</i>	2	MO; GC
<i>lactated ringers intravenous</i>	4	MO
<i>magnesium chloride injection</i>	4	

Drug Name	Drug Tier	Requirements /Limits
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	3	
<i>magnesium sulfate in water</i>	4	
<i>magnesium sulfate injection solution</i>	4	MO
<i>magnesium sulfate injection syringe</i>	4	
<i>potassium acetate</i>	4	
<i>potassium chlorid-d5-0.45%nacl</i>	4	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	4	
<i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i>	4	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	4	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	4	
<i>potassium chloride intravenous</i>	4	

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Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride oral capsule, extended release</i>	2	MO; GC
<i>potassium chloride oral liquid</i>	4	MO
<i>potassium chloride oral packet</i>	4	
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	2	MO; GC
<i>potassium chloride oral tablet extended release 20 meq</i>	2	GC
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	2	MO; GC
<i>potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq</i>	2	GC
<i>potassium chloride-0.45 % nacl</i>	4	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	4	
<i>potassium chloride-d5-0.9%nacl</i>	4	
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	4	
<i>ringer's intravenous</i>	4	
<i>sodium acetate</i>	4	
<i>sodium bicarbonate intravenous</i>	4	

Drug Name	Drug Tier	Requirements /Limits
<i>sodium chloride 0.45 % intravenous</i>	4	MO
<i>sodium chloride 3 % hypertonic</i>	4	
<i>sodium chloride 5 % hypertonic</i>	4	MO
<i>sodium chloride intravenous</i>	4	
<i>sodium phosphate</i>	4	MO
MISCELLANEOUS NUTRITION PRODUCTS		
<i>CLINIMIX 5%/D15W SULFITE FREE</i>	4	B/D PA
<i>CLINIMIX 4.25%/D10W SULF FREE</i>	4	B/D PA
<i>CLINIMIX 5% - D20W(SULFITE-FREE)</i>	4	B/D PA
<i>CLINIMIX 6% - D5W (SULFITE-FREE)</i>	4	B/D PA
<i>CLINIMIX 8% - D10W(SULFITE-FREE)</i>	4	B/D PA
<i>CLINIMIX 8% - D14W(SULFITE-FREE)</i>	4	B/D PA
<i>electrolyte-148</i>	3	
<i>electrolyte-48 in d5w</i>	4	
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Drug Name	Drug Tier	Requirements /Limits
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<i>prenatal vitamin oral tablet</i>	2	MO; GC
<i>wescap-pn dha</i>	2	MO; GC

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This drug list was last updated on 01/23/2024.

Primewell Health Services complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, sexual orientation or any other legally protected characteristic. Primewell does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, age, disability, sex, gender identity, sexual orientation or any other legally protected characteristic.

Primewell provides free aids and services to people with disabilities to communicate effectively with us. Those services include qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, and other formats).

For people whose primary language is not English, Primewell provides free language translation services. Those services include qualified interpreters and information written in other languages. You can use Primewell's free language translation services by calling the "Members" phone number on the back of your Member ID card. For Members who are deaf or hard of hearing, please call for teletypewriter (TTY) services at 711.

If you believe that Primewell has failed to provide these services or has discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, sexual orientation or any other legally protected characteristic, you can file a grievance with Primewell or the U.S. Dept. of Health and Human Services, Office for Civil Rights.

If you would like to file a complaint directly with Primewell, you can reach us in person, by mail, by fax, or by email at the addresses below:

Primewell Health
Attention: Civil Rights Coordinator
130 Desiard Street, Suite 344
Monroe, LA 71201
Phone: 1-318-998-2887 (TTY 711)
Fax: 1-318-361-2165
Email: civilrightscoordinator@primewellhealth.com

If you would like to file a complaint directly with the U.S. Dept. of Health and Human Services, Office for Civil Rights, you can contact them by mail, by phone, or by email at the addresses below:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201
Phone: 1-800-368-1019, 1-800-537-7697 (TDD)
Online Complaint Portal: <http://www.hhs.gov/ocr/office/file/index.html>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. If you need help filing a grievance, our Civil Rights Coordinator is available to help at civilrightscoordinator@primewellhealth.com or by phone at 1-318-998-2887.

Primewell has adopted internal grievance procedures for providing prompt and equitable resolution of complaints alleging discrimination on the basis of race, color, national origin, age, disability, sex, gender identity, sexual orientation or any other legally protected characteristic. Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, age, disability, sex, gender identity, sexual orientation or any other legally protected characteristic, may file a grievance under Primewell's grievance procedure. It is against the law for Primewell to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance. Depending on the type of grievance, a 60-day filing limit may apply. To learn more about Primewell's grievance procedure, you can call or email our Civil Rights Coordinator at the addresses above or you can visit our website at www.primewellhealth.com/nondiscriminationgrievanceprocedure.

Multi-Language Insert - Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-833-799-1777 (711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-833-799-1777 (711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-833-799-1777 (711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-833-799-1777 (711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-833-799-1777 (711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-833-799-1777 (711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-833-799-1777 (711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-833-799-1777 (711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-833-799-1777 (711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-833-799-1777 (711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (711) 1-866-508-7145. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-833-799-1777 (711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-833-799-1777 (711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-833-799-1777 (711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-833-799-1777 (711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-833-799-1777 (711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-833-799-1777 (711)にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Choctaw: Chishnoat yvmmakosh chi apelaachih, hachishnovt ponaklo pilah Vantage Health Plan achih, chi ishtimpakvt chi nokfokah annopa chim annopoli keyo tvli holissoh ishahlih. Yvma-kosh annopoli tosholi, makachi telefon 1-833-799-1777 (TTY 711).

Punjabi: ਸਾਡੀ ਸਿਹਤ ਜਾਂ ਡਰੱਗ ਯੋਜਨਾ ਬਾਰੇ ਤੁਹਾਡੇ ਕਿਸੇ ਵੀ ਸਵਾਲ ਦਾ ਜਵਾਬ ਦੇਣ ਲਈ ਸਾਡੇ ਕੋਲ ਮੁਫਤ ਦੁਬਾਸ਼ੀਏ ਸੇਵਾਵਾਂ ਹਨ। ਦੁਬਾਸ਼ੀਏ ਨੂੰ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ, ਸਾਨੂੰ ਸਿਰਫ 1-833-799-1777 (TTY 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਕੋਈ ਵਿਅਕਤੀ ਜੋ ਅੰਗਰੇਜ਼ੀ/ਭਾਸ਼ਾ ਬੋਲਦਾ ਹੈ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦਾ ਹੈ। ਇਹ ਇੱਕ ਮੁਫਤ ਸੇਵਾ ਹੈ।

Gujarati: અમારી આરોગ્ય અથવા દવા યોજના વિશે તમને હોય તેવા કોઈપણ પ્રશ્નોના જવાબ આપવા માટે અમારી પાસે મફત દુભાષિયા સેવાઓ છે. દુભાષિયા મેળવવા માટે, અમને ફક્ત 1-833-799-1777 (TTY 711) પર કોલ કરો. અંગ્રેજી/ભાષા બોલતી વ્યક્તિ તમને મદદ કરી શકે છે. આ એક મફત સેવા છે.

This formulary was updated on 1/23/2024. For more recent information or other questions, please call Primewell Health Services at (833) 799-1777. TTY users should call 711. Customer Service will operate seven (7) days a week from 8 a.m. to 8 p.m. CST, from October – March. After March, Customer Service will operate five (5) days a week, Monday - Friday from 8 a.m. to 8 p.m. CST. You may also visit us on the web at www.PrimewellHealth.com.

PRIMEWELL

Primewell Health Services is an HMO plan with a Medicare contract. Enrollment in Primewell depends on contract renewal.