



Clear Spring Health

Clear Spring Health Value Rx (PDP)

2023 Formulary

(List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 00023303, Version Number 22

This formulary was updated on 11/21/2023. For more recent information or if you have questions, please call Member Services at 1-877-364-4566, (TTY: 711) or visit our website at www.clearspringhealthcare.com. We are open from October 1 – March 31, seven days a week, 8:00 am – 8:00 pm from April 1 – September 30, Monday through Friday, 8:00 am – 8:00 pm (you may leave a voicemail Saturday, Sunday, and Federal Holidays).

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 will not 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.

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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 Clear Spring Health. When it refers to “plan” or “our plan,” it means Clear Spring Health Value Rx (PDP).

This document includes list of the drugs (formulary) for our plan which is current as of 11/21/2023. For a comprehensive 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, 2023, and from time to time during the year.

What is the Clear Spring Health Value Rx (PDP) Formulary?

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

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but 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 also find information in the section below entitled “How do I request an exception to the Clear Spring Health Gold Plus 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 generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, [or] 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 Clear Spring Health Gold Plus Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 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 11/21/2023. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. We will update the formulary on our websites throughout the year as changes occur.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 7. 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, “Miscellaneous Cardiovascular Agents”. If you know what your drug is used for, look for the category name in the list that begins on page 7. 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 74. The Index provides an alphabetical list of all the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Clear Spring Health before you fill your prescriptions. If you don't get approval, Clear Spring Health may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per prescription for Rosuvastatin. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we 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 7. 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 our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to our plan formulary?" below for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask our plan to make an exception and cover your drug. See page 4 for information about how to request an exception.

How do I request an exception to the Clear Spring Health Gold Plus Formulary?

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

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

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

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

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

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

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

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

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

If you experience a level of care change (i.e., are admitted to a long-term care facility or discharged from a long-term care facility to home) you will also be able to obtain a 30-day emergency supply of your medication (unless you have a prescription for fewer days) until you can switch to another drug that is covered by us or you pursue a formulary exception.

For more information

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

If you have questions about our plan, please contact us. Our contact information, along with the date we last

updated the formulary, appears on the front and back cover pages.

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

Clear Spring Health's Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 74.

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

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

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

List of Abbreviations

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements /Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	4	B/D PA
AMBISOME	5	B/D PA
<i>amphotericin b</i>	2	B/D PA; MO
<i>casprofungin intravenous recon soln 50 mg</i>	5	
<i>casprofungin intravenous recon soln 70 mg</i>	4	
<i>clotrimazole mucous membrane</i>	4	MO
CRESEMBA ORAL CAPSULE 186 MG	5	PA
CRESEMBA ORAL CAPSULE 74.5 MG	4	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	4	PA; MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	4	PA
<i>fluconazole oral suspension for reconstitution</i>	2	MO
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	3	MO
<i>fluconazole oral tablet 150 mg</i>	1	MO
<i>flucytosine</i>	5	MO

Drug Name	Drug Tier	Requirements /Limits
<i>griseofulvin microsize</i>	4	MO
<i>griseofulvin ultramicronsize</i>	4	MO
<i>itraconazole oral capsule</i>	4	PA; MO; QL (120 per 30 days)
<i>itraconazole oral solution</i>	4	PA; MO
<i>ketoconazole oral</i>	2	MO
NOXAFIL ORAL SUSPENSION	5	PA; MO; QL (630 per 30 days)
<i>nystatin oral suspension</i>	4	MO
<i>nystatin oral tablet</i>	2	MO
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	4	PA; MO; QL (96 per 30 days)
<i>terbinafine hcl oral</i>	2	MO
<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; QL (120 per 30 days)
ANTIVIRALS		
<i>abacavir oral solution</i>	4	MO; QL (960 per 30 days)
<i>abacavir oral tablet</i>	4	MO; QL (60 per 30 days)
<i>abacavir-lamivudine</i>	4	MO; QL (30 per 30 days)

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 11/21/2023.

Drug Name	Drug Tier	Requirements /Limits
<i>acyclovir oral capsule</i>	2	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	4	MO
<i>acyclovir oral tablet</i>	2	MO
<i>acyclovir sodium intravenous solution</i>	4	B/D PA; MO
<i>adefovir</i>	5	MO
<i>amantadine hcl</i>	3	MO
APTIVUS	5	MO; QL (120 per 30 days)
<i>atazanavir oral capsule 150 mg, 200 mg</i>	4	MO; QL (60 per 30 days)
<i>atazanavir oral capsule 300 mg</i>	4	MO; QL (30 per 30 days)
BARACLUDE ORAL SOLUTION	5	MO
BIKTARVY	5	MO; QL (30 per 30 days)
CIMDUO	5	MO; QL (30 per 30 days)
COMPLERA	5	MO; QL (30 per 30 days)
<i>darunavir ethanolate oral tablet 600 mg</i>	5	MO; QL (60 per 30 days)
<i>darunavir ethanolate oral tablet 800 mg</i>	5	MO; QL (30 per 30 days)
DELSTRIGO	5	MO; QL (30 per 30 days)
DESCOVY	5	MO
DOVATO	5	MO; QL (30 per 30 days)
EDURANT	5	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>efavirenz oral capsule 200 mg</i>	4	MO; QL (120 per 30 days)
<i>efavirenz oral capsule 50 mg</i>	4	MO; QL (180 per 30 days)
<i>efavirenz oral tablet</i>	4	MO; QL (30 per 30 days)
<i>efavirenz-emtricitabin-tenofovir</i>	5	MO; QL (30 per 30 days)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	5	MO; QL (30 per 30 days)
<i>emtricitabine</i>	2	MO; QL (30 per 30 days)
<i>emtricitabine-tenofovir (tdf)</i>	4	MO; QL (30 per 30 days)
EMTRIVA ORAL SOLUTION	4	MO; QL (680 per 28 days)
<i>entecavir</i>	4	MO; QL (30 per 30 days)
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 oral tablet 100 mg</i>	5	MO; QL (120 per 30 days)
<i>etravirine oral tablet 200 mg</i>	5	MO; QL (60 per 30 days)

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
EVOTAZ	5	MO; QL (30 per 30 days)
<i>famciclovir</i>	3	MO
<i>fosamprenavir</i>	5	MO; QL (120 per 30 days)
FUZEON SUBCUTANEOUS RECON SOLN	5	MO; QL (60 per 30 days)
GENVOYA	5	MO; QL (30 per 30 days)
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 90-400 MG	5	PA; MO; QL (28 per 28 days)
INTELENCE ORAL TABLET 25 MG	4	MO; QL (120 per 30 days)
ISENTRESS HD	5	MO; QL (60 per 30 days)
ISENTRESS ORAL POWDER IN PACKET	5	MO; QL (60 per 30 days)
ISENTRESS ORAL TABLET	5	MO; QL (120 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO; QL (180 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	4	MO; QL (180 per 30 days)
JULUCA	5	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>lamivudine oral solution</i>	4	MO
<i>lamivudine oral tablet 100 mg</i>	3	MO
<i>lamivudine oral tablet 150 mg</i>	4	MO; QL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i>	4	MO; QL (30 per 30 days)
<i>lamivudine-zidovudine</i>	4	MO; QL (60 per 30 days)
LEXIVA ORAL SUSPENSION	4	MO; QL (1575 per 28 days)
<i>lopinavir-ritonavir oral solution</i>	4	MO; QL (400 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	3	MO
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	3	MO; QL (150 per 30 days)
MARAVIROC ORAL TABLET 150 MG	5	MO; QL (60 per 30 days)
MARAVIROC ORAL TABLET 300 MG	5	MO; QL (120 per 30 days)
<i>nevirapine oral suspension</i>	4	QL (1200 per 30 days)
<i>nevirapine oral tablet</i>	2	MO; QL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	4	MO; QL (90 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	4	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
NORVIR ORAL POWDER IN PACKET	4	MO; QL (360 per 30 days)
ODEFSEY	5	MO
<i>oseltamivir oral capsule 30 mg</i>	4	MO
<i>oseltamivir oral capsule 45 mg</i>	3	MO
<i>oseltamivir oral capsule 75 mg</i>	4	MO; QL (84 per 365 days)
<i>oseltamivir oral suspension for reconstitution</i>	3	MO
PIFELTRO	5	MO; QL (30 per 30 days)
PREVYMIS ORAL	5	MO; QL (30 per 30 days)
PREZCOBIX	5	MO; QL (30 per 30 days)
PREZISTA ORAL SUSPENSION	5	MO; QL (360 per 30 days)
PREZISTA ORAL TABLET 150 MG	4	MO; QL (240 per 30 days)
PREZISTA ORAL TABLET 75 MG	4	MO; QL (420 per 30 days)
RELENZA DISKHALER	3	MO; QL (60 per 180 days)
REYATAZ ORAL POWDER IN PACKET	5	MO; QL (180 per 30 days)
<i>ribavirin oral capsule</i>	2	MO
<i>ribavirin oral tablet 200 mg</i>	4	MO
<i>rimantadine</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ritonavir</i>	3	MO; QL (360 per 30 days)
RUKOBIA	5	MO
SELZENTRY ORAL SOLUTION	3	MO; QL (1800 per 30 days)
SELZENTRY ORAL TABLET 25 MG	3	MO; QL (120 per 30 days)
SELZENTRY ORAL TABLET 75 MG	5	MO; QL (60 per 30 days)
STRIBILD	5	MO; QL (30 per 30 days)
SUNLENCA ORAL	5	
SYMTUZA	5	MO; QL (30 per 30 days)
<i>tenofovir disoproxil fumarate</i>	4	MO; QL (30 per 30 days)
TIVICAY ORAL TABLET 10 MG	4	MO; QL (60 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO; QL (60 per 30 days)
TIVICAY PD	5	MO
TRIUMEQ	5	MO; QL (30 per 30 days)
TRIUMEQ PD	5	MO
<i>trizivir</i>	5	QL (60 per 30 days)
TYBOST	3	MO; QL (30 per 30 days)
<i>valacyclovir oral tablet 1 gram</i>	3	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	3	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>valganciclovir oral recon soln</i>	4	MO
<i>valganciclovir oral tablet</i>	3	MO
VEMLIDY	5	PA; MO
VIRACEPT ORAL TABLET 250 MG	5	MO; QL (270 per 30 days)
VIRACEPT ORAL TABLET 625 MG	5	MO; QL (120 per 30 days)
VIREAD ORAL POWDER	3	MO; QL (225 per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	MO; QL (30 per 30 days)
VOSEVI	5	PA; MO; QL (28 per 28 days)
<i>zidovudine oral capsule</i>	4	MO; QL (180 per 30 days)
<i>zidovudine oral syrup</i>	4	MO; QL (1680 per 28 days)
<i>zidovudine oral tablet</i>	2	MO; QL (60 per 30 days)
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	4	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml</i>	4	MO
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml</i>	4	
<i>cefaclor oral tablet extended release 12 hr</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>cefadroxil oral capsule</i>	2	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	3	MO
<i>cefadroxil oral tablet</i>	4	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 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</i>	4	MO
<i>cefepime in dextrose, iso-osm</i>	4	
<i>cefepime injection</i>	4	MO
<i>cefixime oral capsule</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

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>cefprozil oral suspension for reconstitution</i>	4	MO
<i>cefprozil oral tablet</i>	3	MO
<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>	4	MO
<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>cephalexin oral capsule 250 mg, 500 mg</i>	2	MO
<i>cephalexin oral suspension for reconstitution</i>	4	MO
TEFLARO	5	PA; MO
ERYTHROMYCINS / OTHER MACROLIDES		

Drug Name	Drug Tier	Requirements /Limits
<i>azithromycin intravenous</i>	4	PA; MO
<i>azithromycin oral packet</i>	4	MO
<i>azithromycin oral suspension for reconstitution</i>	3	MO
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	2	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	2	MO
<i>clarithromycin</i>	4	MO
<i>dificid oral tablet</i>	4	MO; QL (20 per 10 days)
<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	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	4	PA; MO
<i>erythromycin ethylsuccinate oral tablet</i>	4	MO
<i>erythromycin oral</i>	4	MO
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	4	MO
<i>amikacin injection solution 500 mg/2 ml</i>	4	PA; MO

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This drug list was last updated on 11/21/2023.

Drug Name	Drug Tier	Requirements /Limits
ARIKAYCE	4	PA; LA; QL (235.2 per 28 days)
<i>atovaquone</i>	5	MO
<i>atovaquone-proguanil</i>	4	MO
<i>aztreonam injection recon soln 1 gram</i>	4	PA; MO
CAYSTON	5	PA; MO; LA; QL (84 per 28 days)
<i>chloroquine phosphate</i>	2	MO
<i>clindamycin hcl oral capsule 150 mg, 300 mg</i>	2	MO
<i>clindamycin hcl oral capsule 75 mg</i>	4	MO
<i>clindamycin in 5 % dextrose</i>	4	PA; MO
<i>clindamycin palmitate hcl</i>	4	
<i>clindamycin pediatric</i>	4	MO
<i>clindamycin phosphate injection</i>	4	PA; MO
<i>clindamycin phosphate intravenous</i>	4	PA; MO
COARTEM	4	MO; QL (24 per 30 days)
<i>colistin (colistimethate na)</i>	4	PA; MO; QL (30 per 10 days)
<i>dapsone oral</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	3	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>	4	MO
FIRVANQ ORAL RECON SOLN 25 MG/ML	4	QL (450 per 10 days)
<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>hydroxychloroquine oral tablet 200 mg</i>	4	PA; MO
<i>imipenem-cilastatin</i>	4	PA; MO
<i>isoniazid oral solution</i>	4	MO
<i>isoniazid oral tablet</i>	2	MO
<i>ivermectin oral</i>	3	PA; MO; QL (20 per 30 days)

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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	PA; MO
<i>linezolid oral tablet</i>	4	PA; MO
<i>linezolid-0.9% sodium chloride</i>	4	PA
<i>mefloquine</i>	2	MO
<i>meropenem intravenous recon soln 1 gram</i>	4	PA; MO; QL (30 per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	4	PA; MO; 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
<i>neomycin</i>	2	MO
<i>nitazoxanide</i>	4	MO
<i>paromomycin</i>	4	
PASER	4	
<i>pentamidine inhalation</i>	4	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine injection</i>	4	MO
PRIFTIN	4	MO
PRIMAQUINE	4	MO
<i>pyrazinamide</i>	4	MO
<i>quinine sulfate</i>	4	PA; MO; QL (42 per 7 days)
<i>rifabutin</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>rifampin</i>	4	MO
SIRTURO ORAL TABLET 100 MG	5	PA; LA
SIVEXTRO INTRAVENOUS	5	PA
SIVEXTRO ORAL	5	
<i>tigecycline</i>	5	PA; MO
TOBI PODHALER	5	PA; MO; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl</i>	5	PA; MO; QL (280 per 28 days)
<i>tobramycin sulfate injection recon soln</i>	4	PA
<i>tobramycin sulfate injection solution</i>	4	PA; MO
TRECTOR	4	MO
<i>vancomycin intravenous recon soln 1,000 mg</i>	4	PA; MO; QL (20 per 10 days)
<i>vancomycin intravenous recon soln 10 gram, 5 gram</i>	4	PA; QL (2 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)

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Drug Name	Drug Tier	Requirements /Limits
<i>vancomycin oral recon soln 50 mg/ml</i>	4	MO; QL (450 per 10 days)
XIFAXAN ORAL TABLET 200 MG	4	MO; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	4	MO; QL (90 per 30 days)
PENICILLINS		
<i>amoxicillin oral capsule</i>	2	MO
<i>amoxicillin oral suspension for reconstitution</i>	2	MO
<i>amoxicillin oral tablet</i>	2	MO
<i>amoxicillin oral tablet, chewable 125 mg</i>	4	MO
<i>amoxicillin oral tablet, chewable 250 mg</i>	2	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	4	MO
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	4	MO
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	4	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ampicillin oral capsule 500 mg</i>	2	MO
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	4	PA; MO
<i>ampicillin sodium intravenous recon soln 1 gram</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
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	4	MO
BICILLIN L-A	4	PA; MO
<i>dicloxacillin</i>	4	MO
<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>	4	PA
<i>nafcillin intravenous recon soln 2 gram</i>	4	PA
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	4	PA

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Drug Name	Drug Tier	Requirements /Limits
<i>oxacillin injection recon soln 2 gram</i>	4	PA; MO
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
<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		
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON 500 MG/5 ML	4	
<i>ciprofloxacin hcl oral tablet 100 mg</i>	4	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	4	PA; MO
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	4	PA; MO
<i>levofloxacin intravenous</i>	4	MO
<i>levofloxacin oral solution</i>	4	MO
<i>levofloxacin oral tablet</i>	2	MO
<i>moxifloxacin oral</i>	4	MO
SULFA'S / RELATED AGENTS		
<i>sulfadiazine</i>	4	MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	4	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	2	MO
TETRACYCLINES		
<i>doxy-100</i>	4	PA; MO
<i>doxycycline hyclate intravenous</i>	4	PA
<i>doxycycline hyclate oral capsule</i>	3	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	3	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	4	MO
<i>minocycline oral capsule</i>	2	MO
<i>minocycline oral tablet</i>	4	MO
<i>tetracycline</i>	4	MO

URINARY TRACT AGENTS

<i>methenamine hippurate</i>	4	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	3	MO
<i>nitrofurantoin monohyd/m-cryst</i>	3	MO
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	4	MO
<i>trimethoprim</i>	2	MO

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

ADJUNCTIVE AGENTS

<i>leucovorin calcium oral</i>	3	MO
MESNEX ORAL	5	MO
XGEVA	5	PA; MO; QL (1.7 per 28 days)

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Drug Name	Drug Tier	Requirements /Limits
<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)
ALECENSA	5	PA; MO; QL (240 per 30 days)
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 30 days)
<i>anastrozole</i>	2	MO
AYVAKIT	5	PA; LA; QL (30 per 30 days)
<i>azathioprine oral tablet 50 mg</i>	2	B/D PA; MO
BALVERSA ORAL TABLET 3 MG	5	PA; LA; QL (90 per 30 days)
BALVERSA ORAL TABLET 4 MG	5	PA; LA; QL (60 per 30 days)
BALVERSA ORAL TABLET 5 MG	5	PA; LA; QL (30 per 30 days)
<i>bexarotene</i>	5	PA; MO
<i>bicalutamide</i>	2	MO
BOSULIF ORAL TABLET 100 MG	5	PA; MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
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)
CABOMETYX	5	PA; MO; LA; QL (30 per 30 days)
CALQUENCE	5	PA; LA; QL (60 per 30 days)
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)
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)

Drug Name	Drug Tier	Requirements /Limits
COTELLIC	5	PA; MO; LA; QL (63 per 28 days)
<i>cyclophosphamide oral capsule</i>	3	B/D PA; MO
<i>cyclosporine modified oral capsule</i>	4	B/D PA; MO
<i>cyclosporine modified oral solution</i>	4	B/D PA
<i>cyclosporine oral capsule</i>	4	B/D PA; MO
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)
DROXIA	3	MO
ELIGARD	4	PA; MO
ELIGARD (3 MONTH)	4	PA; MO
ELIGARD (4 MONTH)	4	PA; MO
ELIGARD (6 MONTH)	4	PA; MO
EMCYT	4	MO
ENVARUSUS XR	4	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)

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Drug Name	Drug Tier	Requirements /Limits
ERLEADA ORAL TABLET 60 MG	5	PA; MO; LA; 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)
<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, 0.5 mg, 0.75 mg</i>	5	B/D PA; MO
<i>everolimus (immunosuppressive) oral tablet 1 mg</i>	5	B/D PA; MO; QL (60 per 30 days)
<i>exemestane</i>	4	MO
EXKIVITY	5	PA; LA; QL (120 per 30 days)
FOTIVDA	5	PA; LA; QL (21 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
GAVRETO	5	PA; MO; LA; QL (120 per 30 days)
<i>gefitinib</i>	5	PA; MO; QL (30 per 30 days)
<i>gengraf</i>	4	B/D PA; MO
GILOTRIF	5	PA; MO; QL (30 per 30 days)
GLEOSTINE	4	MO
<i>hydroxyurea</i>	2	MO
IBRANCE	5	PA; MO; QL (21 per 28 days)
ICLUSIG	5	PA; QL (30 per 30 days)
IDHIFA	5	PA; MO; LA; QL (30 per 30 days)
<i>imatinib oral tablet 100 mg</i>	5	PA; MO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	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)

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Drug Name	Drug Tier	Requirements /Limits
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA; QL (30 per 30 days)
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)
IRESSA	5	PA; MO; QL (30 per 30 days)
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)
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)

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)
KRAZATI	5	PA; QL (180 per 30 days)
<i>lapatinib</i>	5	PA; MO; QL (180 per 30 days)
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	5	PA; QL (28 per 28 days)
LENVIMA	5	PA; MO
<i>letrozole</i>	2	MO
LEUKERAN	4	MO
<i>leuprolide subcutaneous kit</i>	3	PA; MO
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

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Drug Name	Drug Tier	Requirements /Limits
LUPRON DEPOT	5	PA; MO
LUPRON DEPOT (3 MONTH)	5	PA; MO
LUPRON DEPOT (4 MONTH)	5	PA; MO
LUPRON DEPOT (6 MONTH)	5	PA; MO
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	PA; MO
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	5	PA; MO
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT	5	PA; MO
LYNPARZA	5	PA; MO; LA; QL (120 per 30 days)
LYSODREN	3	
LYTGOBI	5	PA; LA
MATULANE	5	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 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)

Drug Name	Drug Tier	Requirements /Limits
MEKINIST ORAL TABLET 0.5 MG	5	PA; MO; LA; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; MO; LA; QL (30 per 30 days)
MEKTOVI	5	PA; MO; LA; QL (180 per 30 days)
<i>mercaptopurine</i>	4	MO
<i>methotrexate sodium (pf) injection solution</i>	4	B/D PA
<i>methotrexate sodium injection</i>	4	B/D PA; MO
<i>methotrexate sodium oral</i>	2	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
NERLYNX	5	PA; MO; LA; QL (180 per 30 days)
<i>nilutamide</i>	5	PA; MO; QL (60 per 30 days)
NINLARO	5	PA; MO; QL (3 per 28 days)
NUBEQA	5	PA; MO; LA; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml</i>	4	PA; MO
<i>octreotide acetate injection solution 50 mcg/ml</i>	3	PA; MO
ODOMZO	5	PA; MO; LA; QL (30 per 30 days)
OJJAARA	5	PA; QL (30 per 30 days)
ONUREG	5	PA; MO; QL (14 per 14 days)
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)
PEMAZYRE	5	PA; LA; QL (14 per 21 days)
PIQRAY	5	PA; MO
POMALYST	5	PA; MO; LA; QL (21 per 28 days)
PROGRAF ORAL GRANULES IN PACKET	4	B/D PA; MO
PURIXAN	5	
QINLOCK	5	PA; LA; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
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)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 25 MG, 5 MG	5	PA; MO; LA; QL (28 per 28 days)
REZLIDHIA	5	PA; QL (60 per 30 days)
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)
RUBRACA	5	PA; MO; LA; QL (120 per 30 days)
RUXIENCE	5	PA; MO
RYDAPT	5	PA; MO; QL (240 per 30 days)
SANDIMMUNE ORAL SOLUTION	4	B/D PA
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; LA; QL (60 per 30 days)
<i>sirolimus oral solution</i>	5	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>sirolimus oral tablet</i>	4	B/D PA; MO
SOLTAMOX	4	PA; MO
SOMATULINE DEPOT	5	PA; MO; QL (1 per 28 days)
<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)
SYNRIBO	5	PA
TABLOID	4	MO
TABRECTA	5	PA; MO
<i>tacrolimus oral</i>	4	B/D PA; MO
TAFINLAR ORAL CAPSULE	5	PA; MO; LA; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION	5	PA; MO; QL (840 per 28 days)
TAGRISSEO	5	PA; MO; LA; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; MO; QL (90 per 30 days)
<i>tamoxifen</i>	2	MO
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; QL (240 per 30 days)
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)
TIBSOVO	5	PA; LA; QL (60 per 30 days)
<i>toremifene</i>	5	PA; MO; QL (30 per 30 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 3.75 MG	5	PA; MO
<i>tretinoin (antineoplastic)</i>	5	MO
TUKYSA ORAL TABLET 150 MG	5	PA; LA; QL (120 per 30 days)

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This drug list was last updated on 11/21/2023.

Drug Name	Drug Tier	Requirements /Limits
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)
VANFLYTA	5	PA; QL (56 per 28 days)
VENCLEXTA ORAL TABLET 10 MG	4	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	4	PA; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK	3	PA; LA; QL (42 per 30 days)
VERZENIO	5	PA; MO; LA; QL (60 per 30 days)
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)

Drug Name	Drug Tier	Requirements /Limits
VOTRIENT	5	PA; MO; QL (120 per 30 days)
WELIREG	5	PA
XALKORI	5	PA; MO; QL (60 per 30 days)
XATMEP	4	B/D PA; MO
XERMELO	5	PA; QL (90 per 30 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)

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Drug Name	Drug Tier	Requirements /Limits
YONSA	5	PA; MO; QL (120 per 30 days)
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)
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)

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

APTIOM ORAL TABLET 200 MG	4	ST; MO; QL (180 per 30 days)
APTIOM ORAL TABLET 400 MG	4	ST; MO; QL (90 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	4	ST; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
BRIVIACT ORAL SOLUTION	5	MO; QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG	5	MO; QL (60 per 30 days)
BRIVIACT ORAL TABLET 75 MG	4	MO; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	4	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	4	MO
<i>carbamazepine oral tablet</i>	4	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	4	MO
<i>carbamazepine oral tablet, chewable</i>	4	MO
CELONTIN ORAL CAPSULE 300 MG	4	MO
<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; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	MO; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	4	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>clonazepam oral tablet,disintegrating 2 mg</i>	4	MO; QL (300 per 30 days)
DIACOMIT	5	PA; LA
<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 oral capsule, delayed rel sprinkle</i>	4	MO
<i>divalproex oral tablet extended release 24 hr</i>	4	MO
<i>divalproex oral tablet,delayed release (dr/ec)</i>	3	MO
EPIDIOLEX	4	PA; MO; LA
<i>epitol</i>	3	MO
EPRONTIA	4	PA; ST; MO
<i>ethosuximide</i>	2	MO
<i>felbamate oral suspension</i>	5	MO
<i>felbamate oral tablet</i>	4	MO
FINTEPLA	5	PA; LA; QL (360 per 30 days)
FYCOMPA ORAL SUSPENSION	4	ST; MO; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	4	ST; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
FYCOMPA ORAL TABLET 2 MG, 4 MG, 6 MG	4	ST; MO; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	2	MO; QL (270 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	2	MO; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	4	MO; QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	3	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	3	MO; QL (120 per 30 days)
<i>lacosamide oral solution</i>	4	MO; QL (1200 per 30 days)
LACOSAMIDE ORAL TABLET 100 MG, 150 MG, 200 MG	4	MO; QL (60 per 30 days)
LACOSAMIDE ORAL TABLET 50 MG	4	MO; QL (120 per 30 days)
<i>lamotrigine oral tablet</i>	2	MO
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i>	2	MO
<i>lamotrigine oral tablet extended release 24hr</i>	4	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO
<i>levetiracetam intravenous</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>levetiracetam oral solution 100 mg/ml</i>	4	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	4	
<i>levetiracetam oral tablet</i>	3	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	4	MO
<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
<i>phenobarbital oral tablet 100 mg, 15 mg, 60 mg</i>	3	PA
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	4	PA; MO
<i>phenobarbital oral tablet 30 mg</i>	2	PA
<i>phenytoin oral suspension 125 mg/5 ml</i>	4	MO
<i>phenytoin oral tablet, chewable</i>	4	MO
<i>phenytoin sodium extended oral capsule 100 mg</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	4	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	4	MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	4	MO; QL (900 per 30 days)
PRIMIDONE ORAL TABLET 125 MG	4	MO
<i>primidone oral tablet 250 mg, 50 mg</i>	2	MO
<i>roweepra oral tablet 500 mg</i>	3	MO
<i>rufinamide oral suspension</i>	5	PA; MO; QL (2760 per 30 days)
<i>rufinamide oral tablet 200 mg</i>	4	PA; MO; QL (480 per 30 days)
<i>rufinamide oral tablet 400 mg</i>	4	PA; MO; QL (240 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	4	MO; QL (90 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG	4	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>subvenite</i>	2	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</i>	4	MO
<i>topiramate oral capsule, sprinkle</i>	4	PA; MO
<i>topiramate oral tablet</i>	2	PA; MO
<i>valproic acid</i>	3	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	3	MO
VALTOCO	4	PA; MO; QL (10 per 30 days)
<i>vigabatrin</i>	5	PA; MO; LA; QL (180 per 30 days)
<i>vigadrone oral powder in packet</i>	5	PA; LA; QL (180 per 30 days)
<i>vigadrone oral tablet</i>	5	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	4	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
XCOPRI ORAL TABLET 150 MG	4	MO; QL (60 per 30 days)
XCOPRI ORAL TABLET 200 MG	5	MO; QL (60 per 30 days)
XCOPRI ORAL TABLET 50 MG	4	MO; QL (240 per 30 days)
XCOPRI TITRATION PACK	4	MO; QL (28 per 180 days)
ZONISADE	5	PA; ST; MO
<i>zonisamide</i>	2	PA; MO
ZTALMY	5	PA; LA; QL (1080 per 30 days)

ANTIPARKINSONISM AGENTS		
APOMORPHINE	5	PA; QL (90 per 30 days)
<i>benztropine oral</i>	2	PA; MO
<i>bromocriptine</i>	4	MO
<i>carbidopa</i>	4	MO
<i>carbidopa-levodopa oral tablet</i>	3	MO
<i>carbidopa-levodopa oral tablet extended release</i>	3	MO
<i>carbidopa-levodopa oral tablet, disintegrating</i>	4	
<i>carbidopa-levodopa-entacapone</i>	4	MO
<i>entacapone</i>	4	MO
NEUPRO	4	MO
<i>pramipexole oral tablet</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>pramipexole oral tablet extended release 24 hr 3.75 mg</i>	2	MO
<i>rasagiline oral tablet 0.5 mg</i>	4	
<i>rasagiline oral tablet 1 mg</i>	4	MO
<i>ropinirole oral tablet</i>	2	MO
<i>selegiline hcl</i>	3	MO
<i>trihexyphenidyl oral elixir</i>	4	MO
<i>trihexyphenidyl oral tablet</i>	2	MO

MIGRAINE / CLUSTER HEADACHE THERAPY

AJOVY AUTOINJECTOR	3	PA; MO; QL (1.5 per 30 days)
AJOVY SYRINGE	3	PA; MO; QL (1.5 per 30 days)
<i>dihydroergotamine nasal</i>	5	QL (8 per 28 days)
<i>ergotamine-caffeine</i>	2	MO
<i>naratriptan</i>	4	MO; QL (18 per 28 days)
NURTEC ODT	3	PA; QL (16 per 30 days)
<i>rizatriptan</i>	3	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	4	MO; QL (18 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	4	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral</i>	2	MO; 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

AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; MO; LA; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; MO; LA; QL (60 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; MO; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PA; MO; QL (12 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>dalfampridine</i>	4	PA; MO; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	3	PA; MO; QL (14 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	3	PA; MO; QL (120 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	3	PA; MO; QL (60 per 30 days)
<i>donepezil oral tablet 10 mg, 5 mg</i>	2	MO
<i>donepezil oral tablet 23 mg</i>	4	MO
<i>donepezil oral tablet, disintegrating</i>	4	MO
<i> fingolimod</i>	5	PA; MO; QL (30 per 30 days)
FIRDAPSE	5	PA; LA; QL (240 per 30 days)
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	4	MO; QL (30 per 30 days)
<i>galantamine oral solution</i>	4	MO; QL (200 per 30 days)
<i>galantamine oral tablet</i>	4	MO; QL (60 per 30 days)
<i>memantine oral capsule, sprinkle, er 24hr</i>	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>memantine oral solution</i>	4	PA; MO; QL (300 per 30 days)
<i>memantine oral tablet</i>	3	PA; MO
MEMANTINE ORAL TABLETS, DOSE PACK	3	PA; MO
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK	3	PA
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR	3	PA; MO
NUEDEXTA	3	PA; MO
OCREVUS	5	PA; MO
<i>rivastigmine</i>	4	MO
<i>rivastigmine tartrate</i>	4	MO; QL (60 per 30 days)
TEGSEDI	5	PA; MO; LA; QL (6 per 28 days)
<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)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 20 mg</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
BACLOFEN ORAL TABLET 5 MG	3	MO
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	3	MO
<i>pyridostigmine bromide oral syrup</i>	4	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	MO
<i>pyridostigmine bromide oral tablet extended release</i>	4	MO
<i>tizanidine oral tablet</i>	3	MO
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	3	MO; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	3	MO; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	3	MO; QL (180 per 30 days)
<i>buprenorphine hcl sublingual</i>	2	MO
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	4	MO; QL (360 per 30 days)
<i>butalbital-acetaminophen-caff oral tablet</i>	4	MO; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>butalbital-aspirin-caffeine oral capsule</i>	4	MO; QL (180 per 30 days)
<i>endocet oral tablet 10-325 mg, 7.5-325 mg</i>	4	MO; QL (360 per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	3	MO; QL (360 per 30 days)
<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>	4	MO; QL (5550 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 oral tablet 7.5-200 mg</i>	3	MO; QL (50 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml)</i>	4	
<i>hydromorphone (pf) injection solution 10 mg/ml</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>hydromorphone oral liquid</i>	4	MO
<i>hydromorphone oral tablet 2 mg, 4 mg</i>	3	MO; QL (180 per 30 days)
<i>hydromorphone oral tablet 8 mg</i>	4	MO
<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>morphine concentrate oral solution</i>	4	MO; QL (900 per 30 days)
<i>morphine oral solution</i>	4	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>	4	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 solution 5-325 mg/5 ml</i>	3	QL (1860 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<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)

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)
BUPRENORPHINE-NALOXONE SUBLINGUAL FILM 4-1 MG	3	MO; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual film 8-2 mg</i>	3	MO; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	MO; QL (90 per 30 days)
<i>celecoxib</i>	4	MO
<i>diclofenac potassium oral tablet 50 mg</i>	4	MO
<i>diclofenac sodium oral tablet extended release 24 hr</i>	3	MO
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg, 75 mg</i>	2	MO
<i>diclofenac sodium topical gel 1 %</i>	4	MO; QL (1000 per 28 days)
<i>diflunisal</i>	4	MO
<i>ec-naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	2	
<i>ec-naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	2	MO
<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
<i>ibu oral tablet 600 mg, 800 mg</i>	1	MO
<i>ibuprofen oral suspension</i>	1	MO
<i>ibuprofen oral tablet 400 mg, 800 mg</i>	1	MO
<i>ibuprofen oral tablet 600 mg</i>	1	
<i>meloxicam oral tablet 15 mg</i>	1	MO
<i>meloxicam oral tablet 7.5 mg</i>	1	MO; QL (30 per 30 days)
<i>nabumetone</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>naloxone injection solution</i>	2	MO
<i>naloxone injection syringe</i>	2	MO
<i>naltrexone</i>	2	MO
<i>naproxen oral suspension</i>	4	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	2	MO
<i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	4	MO
NARCAN	3	MO
<i>oxaprozin</i>	4	MO
<i>piroxicam</i>	4	MO
<i>sulindac</i>	2	MO
TRAMADOL ORAL TABLET 100 MG	3	MO; QL (120 per 30 days)
<i>tramadol oral tablet 50 mg</i>	3	MO; QL (240 per 30 days)
<i>tramadol-acetaminophen</i>	3	MO; QL (240 per 30 days)
VIVITROL	5	MO
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	4	MO; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP 15 MG, 2 MG, 20 MG, 5 MG	5	ST; QL (30 per 30 days)
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 10 MG	5	ST; QL (30 per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
<i>alprazolam oral tablet 2 mg</i>	2	MO; QL (150 per 30 days)
<i>amitriptyline</i>	2	MO
<i>amoxapine</i>	4	MO
<i>aripiprazole oral solution</i>	4	MO; QL (750 per 30 days)
<i>aripiprazole oral tablet</i>	4	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet, disintegrating</i>	5	MO; QL (60 per 30 days)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	4	PA; MO; QL (30 per 30 days)
<i>armodafinil oral tablet 50 mg</i>	3	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)

Drug Name	Drug Tier	Requirements /Limits
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	4	MO; QL (30 per 30 days)
AUVELITY	5	MO
<i>bupropion hcl oral tablet</i>	3	MO; QL (180 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	3	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	3	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	3	MO; QL (60 per 30 days)
<i>bupirone</i>	2	MO
CAPLYTA	4	ST; MO; QL (30 per 30 days)
<i>chlordiazepoxide hcl</i>	2	MO; QL (120 per 30 days)
<i>chlorpromazine oral</i>	4	MO
CITALOPRAM ORAL CAPSULE	4	MO; QL (30 per 30 days)
<i>citalopram oral solution</i>	4	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clomipramine</i>	4	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	4	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	4	PA; MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	4	PA; MO; QL (360 per 30 days)
<i>clozapine oral tablet 100 mg</i>	4	ST; QL (180 per 30 days)
<i>clozapine oral tablet 200 mg</i>	4	ST; QL (120 per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i>	3	
<i>clozapine oral tablet, disintegrating 100 mg</i>	4	ST; QL (180 per 30 days)
<i>clozapine oral tablet, disintegrating 12.5 mg</i>	4	ST; QL (120 per 30 days)
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG	4	ST; QL (180 per 30 days)
CLOZAPINE ORAL TABLET, DISINTEGRATING 200 MG	4	ST; QL (120 per 30 days)
<i>clozapine oral tablet, disintegrating 25 mg</i>	4	ST; QL (90 per 30 days)
<i>desipramine</i>	4	MO
<i>desvenlafaxine succinate</i>	4	MO; QL (30 per 30 days)
<i>dexmethylphenidate oral tablet 10 mg</i>	3	MO; QL (60 per 30 days)
<i>dexmethylphenidate oral tablet 2.5 mg</i>	3	MO; QL (90 per 30 days)
<i>dexmethylphenidate oral tablet 5 mg</i>	3	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i>	2	MO; QL (180 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	2	MO; QL (120 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	2	MO; QL (360 per 30 days)
<i>dextroamphetamine sulfate oral solution</i>	4	MO
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	4	MO; QL (180 per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	4	MO; QL (150 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i>	4	MO
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	4	MO; QL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	3	MO; QL (60 per 30 days)
<i>diazepam intensol</i>	4	PA; MO; QL (240 per 30 days)
<i>diazepam oral concentrate</i>	4	PA; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	4	PA; MO; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	2	PA; MO; 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 SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	QL (60 per 30 days)
DRIZALMA SPRINKLE 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>	3	MO; QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	3	MO; QL (90 per 30 days)
EMSAM	5	MO; QL (30 per 30 days)
<i>escitalopram oxalate oral solution</i>	4	MO; QL (600 per 30 days)
<i>escitalopram oxalate oral tablet</i>	3	MO; QL (30 per 30 days)
FANAPT ORAL TABLET	4	ST; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
FANAPT ORAL TABLETS,DOSE PACK	4	ST; MO; QL (8 per 28 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	4	QL (28 per 28 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	4	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	2	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	2	MO; QL (90 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	2	MO; QL (60 per 30 days)
<i>fluoxetine oral solution</i>	2	MO
<i>fluoxetine oral tablet 10 mg</i>	3	MO; QL (240 per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	3	MO; QL (120 per 30 days)
<i>fluphenazine decanoate</i>	4	MO
<i>fluphenazine hcl injection</i>	4	MO
<i>fluphenazine hcl oral concentrate</i>	4	MO
<i>fluphenazine hcl oral elixir</i>	4	MO
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg</i>	4	MO
<i>fluphenazine hcl oral tablet 5 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>fluvoxamine oral tablet 100 mg</i>	3	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	3	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	3	MO; QL (60 per 30 days)
<i>guanfacine oral tablet extended release 24 hr</i>	4	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml</i>	4	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)</i>	4	
<i>haloperidol decanoate intramuscular solution 50 mg/ml</i>	2	MO
<i>haloperidol decanoate intramuscular solution 50 mg/ml(1ml)</i>	2	
<i>haloperidol lactate injection</i>	4	MO
<i>haloperidol lactate oral</i>	4	MO
<i>haloperidol oral tablet 0.5 mg</i>	2	MO
<i>haloperidol oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	3	MO
<i>haloperidol oral tablet 20 mg</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>imipramine hcl</i>	4	MO
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	4	MO; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	4	MO; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	4	MO; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	MO; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	4	MO; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	4	MO; QL (0.88 per 90 days)

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Drug Name	Drug Tier	Requirements /Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	4	MO; QL (1.32 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	4	MO; QL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	4	MO; QL (2.63 per 90 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	4	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	4	MO; QL (60 per 30 days)
<i>lithium carbonate oral capsule</i>	2	MO
<i>lithium carbonate oral tablet</i>	2	MO
<i>lithium carbonate oral tablet extended release</i>	4	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	
<i>lorazepam intensol</i>	4	PA; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	4	PA; MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	PA; MO; QL (150 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>loxapine succinate</i>	4	MO
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	4	MO; QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i>	4	MO; QL (60 per 30 days)
MARPLAN	4	MO; QL (180 per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	4	MO; QL (900 per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	4	MO; QL (1800 per 30 days)
<i>methylphenidate hcl oral tablet</i>	4	MO; QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release</i>	4	MO; QL (90 per 30 days)
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	2	MO
<i>mirtazapine oral tablet 7.5 mg</i>	2	MO; QL (45 per 30 days)
<i>mirtazapine oral tablet, disintegrating</i>	4	MO; QL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i>	4	PA; MO; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	4	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

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Drug Name	Drug Tier	Requirements /Limits
<i>nortriptyline oral capsule</i>	2	MO
<i>nortriptyline oral solution</i>	4	MO
NUPLAZID	5	PA; MO; LA; QL (30 per 30 days)
<i>olanzapine intramuscular</i>	4	MO; QL (60 per 30 days)
<i>olanzapine oral</i>	4	MO; QL (30 per 30 days)
<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>	3	MO; QL (900 per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	2	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	2	MO; QL (60 per 30 days)
<i>perphenazine</i>	4	MO
<i>perphenazine-amitriptyline</i>	4	MO
PERSERIS	4	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>	4	MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>quetiapine oral tablet 300 mg, 400 mg</i>	4	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	4	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	4	MO; QL (60 per 30 days)
REXULTI ORAL TABLET	4	ST; MO; QL (30 per 30 days)
RISPERDAL CONSTA	4	MO; QL (2 per 28 days)
<i>risperidone oral solution</i>	4	MO; QL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	MO; QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i>	2	MO; 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)
<i>risperidone oral tablet, disintegrating 4 mg</i>	4	MO; QL (120 per 30 days)
SECUADO	5	ST; MO; QL (30 per 30 days)
<i>sertraline oral concentrate</i>	4	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
SODIUM OXYBATE	5	PA; LA; QL (540 per 30 days)
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	5	PA
<i>thioridazine</i>	4	MO
<i>thiothixene</i>	4	MO
<i>tranlycypromine</i>	4	MO
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	2	MO
<i>trazodone oral tablet 300 mg</i>	4	MO
<i>trifluoperazine</i>	4	MO
<i>trimipramine</i>	4	MO
TRINTELLIX	4	MO; QL (30 per 30 days)
VENLAFAXINE BESYLATE	4	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i>	2	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	2	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	2	MO; QL (90 per 30 days)
VERSACLOZ	5	ST; QL (540 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)-20 MG (23)	4	QL (30 per 30 days)
<i>vilazodone</i>	3	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	4	ST; MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE, DOSE PACK	4	ST; MO; QL (7 per 30 days)
XYREM	5	PA; LA; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	3	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	3	MO; QL (30 per 30 days)
<i>ziprasidone hcl</i>	4	MO; QL (60 per 30 days)
<i>ziprasidone mesylate</i>	4	MO
<i>zolpidem oral tablet</i>	2	MO; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	ST; MO; QL (2 per 28 days)
CARDIOVASCULAR, HYPERTENSION / LIPIDS ANTIARRHYTHMIC AGENTS		
<i>amiodarone oral tablet 100 mg</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>amiodarone oral tablet 200 mg</i>	2	MO
<i>amiodarone oral tablet 400 mg</i>	4	
<i>dofetilide</i>	4	MO
<i>flecainide</i>	3	MO
<i>mexiletine</i>	4	MO
<i>pacerone oral tablet 100 mg, 400 mg</i>	4	MO
<i>pacerone oral tablet 200 mg</i>	2	MO
<i>propafenone oral capsule, extended release 12 hr</i>	4	MO
<i>propafenone oral tablet</i>	2	MO
<i>quinidine sulfate oral tablet</i>	2	MO
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	2	MO
<i>sorine oral tablet 240 mg</i>	2	
<i>sotalol af oral tablet 120 mg</i>	2	
<i>sotalol oral</i>	2	MO
SOTYLIZE	4	MO
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol</i>	2	MO
<i>aliskiren</i>	4	MO
<i>amiloride</i>	3	MO
<i>amiloride-hydrochlorothiazide</i>	2	MO
<i>amlodipine</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-40 mg</i>	2	MO; QL (30 per 30 days)
<i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg</i>	2	MO; QL (45 per 30 days)
<i>amlodipine-olmesartan</i>	3	MO; QL (30 per 30 days)
<i>amlodipine-valsartan</i>	2	MO
<i>amlodipine-valsartan-hcthiazyd</i>	3	MO; QL (30 per 30 days)
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	2	MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	2	MO
<i>bisoprolol fumarate</i>	2	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide injection</i>	4	MO
<i>bumetanide oral</i>	2	MO
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	3	MO; QL (60 per 30 days)
<i>candesartan oral tablet 32 mg</i>	3	MO; QL (30 per 30 days)
<i>candesartan-hydrochlorothiazid</i>	4	MO; QL (30 per 30 days)
<i>captopril</i>	2	MO
<i>cartia xt</i>	3	MO
<i>carvedilol</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO
<i>clonidine</i>	4	MO; QL (4 per 28 days)
<i>clonidine hcl oral tablet</i>	1	MO
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	3	MO
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	4	MO
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	3	MO
<i>diltiazem hcl oral capsule,extended release 24hr</i>	3	MO
<i>diltiazem hcl oral tablet</i>	2	MO
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg</i>	3	MO
<i>diltiazem hcl oral tablet extended release 24 hr 420 mg</i>	3	
<i>dilt-xr</i>	3	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	2	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	2	MO; QL (60 per 30 days)
<i>enalapril maleate oral tablet</i>	1	MO
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	MO
<i>eplerenone</i>	4	MO
<i>felodipine</i>	2	MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	2	MO
<i>furosemide injection solution</i>	1	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine oral</i>	2	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	2	MO
<i>irbesartan</i>	1	MO; QL (30 per 30 days)
<i>irbesartan-hydrochlorothiazide</i>	2	MO; QL (30 per 30 days)
<i>isradipine</i>	4	MO
KERENDIA	4	PA; QL (30 per 30 days)
<i>labetalol oral</i>	2	MO
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
<i>losartan</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO
<i>metolazone</i>	3	MO
<i>metoprolol succinate</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>metoprolol ta-hydrochlorothiaz</i>	3	MO
<i>metoprolol tartrate oral</i>	1	MO
<i>metirosine</i>	5	PA; MO
<i>minoxidil oral</i>	2	MO
<i>moexipril</i>	2	MO
<i>nadolol</i>	4	MO
<i>nicardipine oral</i>	4	MO
<i>nifedipine oral tablet extended release</i>	3	MO
<i>nifedipine oral tablet extended release 24hr</i>	3	MO
<i>nimodipine</i>	4	MO
<i>olmesartan</i>	2	MO
<i>olmesartan-amlodipin-hcthiazid</i>	3	MO; QL (30 per 30 days)
<i>olmesartan-hydrochlorothiazide</i>	4	MO
<i>perindopril erbumine</i>	2	MO
<i>pindolol</i>	4	MO
<i>prazosin</i>	2	MO
<i>propranolol oral capsule,extended release 24 hr</i>	4	MO
<i>propranolol oral solution</i>	2	MO
<i>propranolol oral tablet</i>	2	MO
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO
<i>quinapril oral tablet 5 mg</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>quinapril-hydrochlorothiazide</i>	2	
<i>ramipril</i>	1	MO
<i>spironolactone oral tablet 100 mg, 50 mg</i>	2	MO
<i>spironolactone oral tablet 25 mg</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	2	MO
<i>taztia xt</i>	4	MO
<i>telmisartan</i>	2	MO; QL (30 per 30 days)
<i>telmisartan-hydrochlorothiazid</i>	4	MO; QL (30 per 30 days)
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>tiadylt er</i>	4	MO
<i>timolol maleate oral</i>	3	MO
<i>torse mide oral</i>	2	MO
<i>trandolapril</i>	1	MO
<i>triamterene-hydrochlorothiazid</i>	1	MO
UPTRAVI ORAL TABLET 1,000 MCG	5	PA; MO; LA; QL (90 per 30 days)
UPTRAVI ORAL TABLET 1,200 MCG, 1,400 MCG, 1,600 MCG	5	PA; MO; LA; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	5	PA; MO; LA; QL (240 per 30 days)

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This drug list was last updated on 11/21/2023.

Drug Name	Drug Tier	Requirements /Limits
UPTRAVI ORAL TABLET 400 MCG	5	PA; MO; LA; QL (320 per 30 days)
UPTRAVI ORAL TABLET 600 MCG	5	PA; MO; LA; QL (150 per 30 days)
UPTRAVI ORAL TABLET 800 MCG	5	PA; MO; LA; QL (120 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK	5	PA; MO; LA; QL (200 per 30 days)
<i>valsartan oral tablet 160 mg, 320 mg</i>	2	MO; QL (30 per 30 days)
<i>valsartan oral tablet 40 mg, 80 mg</i>	2	MO; QL (90 per 30 days)
<i>valsartan-hydrochlorothiazide</i>	2	MO; QL (30 per 30 days)
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	2	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>	4	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	2	MO
COAGULATION THERAPY		
<i>aminocaproic acid intravenous</i>	2	MO
<i>aspirin-dipyridamole</i>	4	MO
BRILINTA	3	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
CABLIVI INJECTION KIT	5	PA; LA; QL (32 per 30 days)
<i>cilostazol</i>	2	MO
<i>clopidogrel oral tablet 300 mg</i>	2	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>dabigatran etexilate</i>	4	MO
ELIQUIS	3	MO
ELIQUIS DVT-PE TREAT 30D START	3	MO
<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)
<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, 7.5 mg/0.6 ml</i>	4	MO; QL (14 per 28 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	MO; QL (17.5 per 35 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	4	MO
<i>heparin (porcine) injection solution</i>	3	MO
<i>jantoven</i>	1	MO
<i>pentoxifylline</i>	2	MO
<i>prasugrel</i>	3	MO
PROMACTA ORAL POWDER IN PACKET 12.5 MG	5	PA; MO; LA; QL (180 per 30 days)
PROMACTA ORAL TABLET	5	PA; MO; LA; QL (30 per 30 days)
<i>warfarin</i>	1	MO
XARELTO	3	MO
XARELTO DVT-PE TREAT 30D START	3	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	4	MO; QL (30 per 30 days)
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
<i>cholestyramine (with sugar)</i>	4	MO
<i>cholestyramine light</i>	4	
<i>cholestyramine-aspartame</i>	4	
<i>colestipol</i>	4	MO
<i>ezetimibe</i>	3	MO
<i>ezetimibe-simvastatin</i>	4	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>fenofibrate micronized oral capsule 134 mg, 67 mg</i>	2	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 200 mg</i>	3	MO; QL (30 per 30 days)
<i>fenofibrate nanocrystallized oral tablet 145 mg</i>	4	MO; QL (30 per 30 days)
<i>fenofibrate nanocrystallized oral tablet 48 mg</i>	2	MO; QL (60 per 30 days)
<i>fenofibrate oral tablet 160 mg</i>	2	MO; QL (30 per 30 days)
<i>fenofibrate oral tablet 54 mg</i>	2	MO; QL (60 per 30 days)
<i>gemfibrozil</i>	1	MO
<i>icosapent ethyl</i>	4	MO
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
<i>niacin oral tablet extended release 24 hr</i>	4	MO
<i>omega-3 acid ethyl esters</i>	4	MO
<i>pravastatin</i>	1	MO; QL (30 per 30 days)
<i>prevalite</i>	4	MO
REPATHA	4	PA; QL (3 per 28 days)
REPATHA PUSHTRONEX	3	PA; QL (3.5 per 28 days)
REPATHA SURECLICK	3	PA; QL (3 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>rosuvastatin</i>	2	MO; QL (30 per 30 days)
<i>simvastatin</i>	1	MO; QL (30 per 30 days)
VASCEPA	4	MO
MISCELLANEOUS CARDIOVASCULAR AGENTS		
<i>corlanor oral solution</i>	3	QL (450 per 30 days)
<i>corlanor oral tablet</i>	3	MO; QL (60 per 30 days)
<i>digoxin oral solution</i>	4	MO
<i>digoxin oral tablet 125 mcg (0.125 mg), 62.5 mcg (0.0625 mg)</i>	2	MO
<i>digoxin oral tablet 250 mcg (0.25 mg)</i>	3	MO
ENTRESTO	3	MO; QL (60 per 30 days)
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>	4	MO; QL (60 per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i>	4	MO; QL (120 per 30 days)
VYNDAMAX	5	PA; MO
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	3	MO
<i>isosorbide dinitrate oral tablet 40 mg</i>	4	MO
<i>isosorbide mononitrate</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>nitro-bid</i>	3	MO
<i>nitroglycerin sublingual</i>	2	MO
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual</i>	4	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	4	PA; MO
<i>calcipotriene scalp</i>	4	MO; QL (120 per 30 days)
<i>selenium sulfide topical lotion</i>	2	MO
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)
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)

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Drug Name	Drug Tier	Requirements /Limits
TALTZ SYRINGE	5	PA; MO; QL (1 per 28 days)
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate</i>	3	MO
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days)
DUPIXENT PEN 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 SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; MO; QL (8 per 28 days)
<i>fluorouracil topical cream 5 %</i>	4	MO
<i>fluorouracil topical solution 2 %</i>	2	MO
<i>fluorouracil topical solution 5 %</i>	4	MO
<i>imiquimod topical cream in packet 5 %</i>	4	MO
<i>lidocaine hcl laryngotracheal</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>lidocaine hcl mucous membrane solution 2 %</i>	2	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	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
<i>lidocaine-prilocaine topical cream</i>	4	MO; QL (30 per 30 days)
PANRETIN	5	PA; MO
<i>pimecrolimus</i>	4	PA; ST; MO; QL (100 per 30 days)
<i>podofilox</i>	4	MO
REGRANEX	5	PA
SANTYL	4	MO; QL (180 per 30 days)
<i>silver sulfadiazine</i>	2	MO
<i>ssd</i>	2	MO
<i>tacrolimus topical</i>	4	PA; MO; QL (100 per 30 days)
VALCHLOR	5	PA; MO; QL (60 per 14 days)
THERAPY FOR ACNE		
<i>amnestem</i>	4	
<i>claravis oral capsule 20 mg, 30 mg, 40 mg</i>	4	

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Drug Name	Drug Tier	Requirements /Limits
<i>clindamycin phosphate topical gel</i>	4	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical gel, once daily</i>	4	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical lotion</i>	4	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	4	MO; QL (120 per 30 days)
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	4	MO
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	4	MO
<i>erythromycin with ethanol topical gel</i>	4	MO
<i>erythromycin with ethanol topical solution</i>	3	MO
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
<i>metronidazole topical</i>	4	MO
<i>tazarotene topical cream</i>	3	PA; MO
TAZORAC TOPICAL CREAM 0.05 %	4	PA; MO
TAZORAC TOPICAL GEL	4	PA; MO
<i>tretinoin topical cream</i>	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical cream</i>	2	MO; QL (60 per 30 days)
<i>gentamicin topical ointment</i>	3	MO; QL (60 per 30 days)
<i>mupirocin</i>	2	MO; QL (44 per 30 days)
<i>sulfacetamide sodium (acne)</i>	4	MO
TOPICAL ANTIFUNGALS		
<i>ciclopirox topical cream</i>	4	MO; QL (90 per 28 days)
<i>ciclopirox topical gel</i>	4	MO; QL (45 per 28 days)
<i>ciclopirox topical shampoo</i>	4	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	4	MO; QL (6.6 per 28 days)
<i>ciclopirox topical suspension</i>	4	MO; QL (60 per 28 days)
<i>clotrimazole topical cream</i>	3	MO; QL (45 per 28 days)
<i>clotrimazole topical solution</i>	3	MO; QL (30 per 28 days)
<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>ketoconazole topical cream</i>	2	MO; QL (60 per 28 days)
<i>ketoconazole topical shampoo</i>	2	MO; QL (120 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>nyamyc</i>	3	QL (180 per 30 days)
<i>nystatin topical cream</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	3	MO; QL (180 per 30 days)
<i>nystatin-triamcinolone</i>	4	MO; QL (60 per 28 days)
<i>nystop</i>	3	QL (180 per 30 days)

TOPICAL CORTICOSTEROIDS		
<i>alclometasone</i>	3	MO
<i>betamethasone dipropionate</i>	4	MO
<i>betamethasone valerate topical cream</i>	3	MO
<i>betamethasone valerate topical lotion</i>	3	MO
<i>betamethasone valerate topical ointment</i>	3	MO
<i>betamethasone, augmented</i>	4	MO
<i>clobetasol topical cream</i>	4	MO; QL (120 per 28 days)
<i>desonide topical cream</i>	4	MO
<i>desonide topical lotion</i>	4	MO
<i>desonide topical ointment</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>fluocinolone topical cream</i>	4	MO
<i>fluocinolone topical ointment</i>	4	MO
<i>fluocinolone topical solution</i>	4	MO
<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-e</i>	4	QL (120 per 30 days)
<i>fluocinonide-emollient</i>	4	MO; QL (120 per 30 days)
<i>fluticasone propionate topical cream</i>	2	MO
<i>fluticasone propionate topical ointment</i>	2	MO
<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
<i>hydrocortisone topical lotion 2.5 %</i>	2	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	MO
<i>mometasone topical</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>prednicarbate topical ointment</i>	4	
<i>triamcinolone acetonide topical cream</i>	2	MO
<i>triamcinolone acetonide topical lotion</i>	3	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO
<i>triderm topical cream 0.1 %</i>	2	

TOPICAL SCABICIDES / PEDICULICIDES

<i>malathion</i>	4	MO
<i>permethrin</i>	3	MO

DIAGNOSTICS / MISCELLANEOUS AGENTS

MISCELLANEOUS AGENTS

<i>acamprosate</i>	4	MO
<i>anagrelide</i>	3	MO
AURYXIA	3	PA; MO
<i>carglumic acid</i>	5	PA; LA
CHEMET	4	PA
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

Drug Name	Drug Tier	Requirements /Limits
<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</i>	5	PA; MO
<i>deferiprone</i>	5	PA; MO
<i>dextrose 10 % and 0.2 % nacl</i>	4	
<i>dextrose 10 % in water (d10w)</i>	4	
<i>dextrose 5 % in water (d5w)</i>	4	MO
<i>dextrose 5%-0.2 % sod chloride</i>	4	
<i>disulfiram oral tablet 250 mg</i>	2	MO
<i>droxidopa</i>	5	PA; MO
ENDARI	5	PA; MO; LA; QL (180 per 30 days)
FERRIPROX ORAL SOLUTION	5	PA
INCRELEX	5	PA; 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

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Drug Name	Drug Tier	Requirements /Limits
<i>midodrine oral tablet 10 mg</i>	4	MO
<i>midodrine oral tablet 2.5 mg, 5 mg</i>	3	MO
<i>nitisinone</i>	5	PA; MO
ORFADIN ORAL CAPSULE 20 MG	5	PA; LA
ORFADIN ORAL SUSPENSION	5	PA; LA
<i>pilocarpine hcl oral</i>	4	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	5	PA; LA
RAVICTI	5	PA; MO
<i>riluzole</i>	4	PA; MO
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	4	MO; QL (180 per 30 days)
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	4	MO; QL (90 per 30 days)
<i>sevelamer carbonate oral tablet</i>	4	MO; QL (270 per 30 days)
<i>sodium chloride 0.9 % intravenous</i>	4	MO
<i>sodium chloride irrigation</i>	2	MO
<i>sodium phenylbutyrate oral powder</i>	5	PA; MO
<i>sodium phenylbutyrate oral tablet</i>	5	PA
<i>sodium polystyrene sulfonate oral powder</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>sps (with sorbitol) oral</i>	4	MO
<i>sps (with sorbitol) rectal</i>	4	
TIGLUTIK	5	PA; QL (600 per 30 days)
<i>trientine oral capsule 250 mg</i>	5	PA; MO
XURIDEN	5	PA; QL (120 per 30 days)
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	2	PA; MO

SMOKING DETERRENTS

<i>bupropion hcl (smoking deter)</i>	3	
NICOTROL	4	
<i>varenicline oral tablet 0.5 mg</i>	3	MO
VARENICLINE ORAL TABLET 1 MG	3	MO
VARENICLINE ORAL TABLETS,DOSE PACK	3	MO

EAR, NOSE / THROAT MEDICATIONS

MISCELLANEOUS AGENTS

<i>azelastine nasal aerosol,spray</i>	4	MO; QL (60 per 30 days)
<i>azelastine nasal spray,non-aerosol</i>	4	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>chlorhexidine gluconate mucous membrane</i>	2	MO
<i>ipratropium bromide nasal</i>	2	MO; QL (30 per 30 days)
<i>kourzeq</i>	4	
<i>triamcinolone acetonide dental</i>	4	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	2	MO
<i>ciprofloxacin hcl otic (ear)</i>	4	MO
<i>flac otic oil</i>	2	
<i>fluocinolone acetonide oil</i>	4	MO
<i>ofloxacin otic (ear)</i>	4	MO
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone</i>	3	MO
CIPROFLOXACIN-FLUOCINOLONE	4	MO; QL (14 per 28 days)
<i>neomycin-polymyxin-hc otic (ear)</i>	3	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>dexamethasone oral elixir</i>	4	MO
<i>dexamethasone oral solution</i>	4	MO
<i>dexamethasone oral tablet</i>	2	MO
<i>fludrocortisone</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>hydrocortisone oral</i>	2	MO
<i>methylprednisolone oral tablet</i>	2	B/D PA; MO
<i>methylprednisolone oral tablets,dose pack</i>	2	MO
<i>prednisolone oral solution</i>	4	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	4	MO
<i>prednisone intensol</i>	4	MO
<i>prednisone oral solution</i>	4	MO
<i>prednisone oral tablet</i>	2	MO
<i>prednisone oral tablets,dose pack</i>	2	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	MO
<i>propylthiouracil</i>	4	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)
<i>alcohol pads</i>	3	
<i>diazoxide</i>	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>glyburide micronized</i>	4	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 0.5 MG/0.1 ML	3	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	MO
HUMULIN R U-500 (CONC) INSULIN	5	MO
HUMULIN R U-500 (CONC) KWIKPEN	5	MO

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This drug list was last updated on 11/21/2023.

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; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)

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

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Drug Name	Drug Tier	Requirements /Limits
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML)	3	PA; MO; QL (3 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 2 MG/DOSE (8 MG/3 ML)	3	MO; QL (3 per 28 days)
<i>pioglitazone</i>	1	MO; QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	2	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	2	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	MO; 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)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	3	MO; QL (30 per 30 days)
SOLIQUA 100/33	3	MO; QL (90 per 30 days)
SYNJARDY	3	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	3	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	3	MO; QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	3	MO
TOUJEO SOLOSTAR U-300 INSULIN	3	MO
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)

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Drug Name	Drug Tier	Requirements /Limits
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5- 500 MG	3	MO; QL (60 per 30 days)
XULTOPHY 100/3.6	3	MO; QL (15 per 30 days)
MISCELLANEOUS HORMONES		
<i>cabergoline</i>	4	MO
<i>calcitonin (salmon) nasal</i>	3	MO
<i>calcitriol oral capsule</i>	2	MO
<i>calcitriol oral solution</i>	4	
<i>cinacalcet oral tablet 30 mg</i>	3	PA; MO; QL (60 per 30 days)
<i>cinacalcet oral tablet 60 mg</i>	5	PA; MO; QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i>	5	PA; MO; QL (120 per 30 days)
<i>danazol</i>	4	MO
<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
GALAFOLD	5	PA; MO; LA; QL (15 per 30 days)
KORLYM	5	PA

Drug Name	Drug Tier	Requirements /Limits
NATPARA	5	PA; LA
<i>paricalcitol oral</i>	4	MO
<i>sapropterin</i>	5	PA; MO
SOMAVERT	5	PA; MO; QL (30 per 30 days)
SYNAREL	5	PA; MO
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	4	PA; MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	4	PA
<i>testosterone enanthate</i>	4	PA; MO
<i>testosterone transdermal gel</i>	4	PA; MO; QL (300 per 30 days)
TESTOSTERONE TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	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)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	4	PA; MO; QL (300 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<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>tolvaptan</i>	5	PA; MO
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	2	MO

THYROID HORMONES

<i>euthyrox</i>	3	MO
<i>levo-t</i>	1	
<i>levothyroxine oral tablet</i>	1	
<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>	2	MO
<i>liothyronine oral</i>	3	MO
<i>unithroid</i>	3	MO

GASTROENTEROLOGY

ANTIDIARRHEALS / ANTISPASMODICS

<i>dicyclomine oral capsule</i>	2	MO
<i>dicyclomine oral solution</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>dicyclomine oral tablet</i>	2	MO
<i>diphenoxylate-atropine oral liquid</i>	4	
<i>diphenoxylate-atropine oral tablet</i>	3	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	3	MO
<i>loperamide oral capsule</i>	2	MO

MISCELLANEOUS GASTROINTESTINAL AGENTS

<i>alosetron</i>	5	PA; MO; QL (60 per 30 days)
<i>aprepitant oral capsule</i>	4	B/D PA; MO; QL (30 per 30 days)
<i>aprepitant oral capsule, dose pack</i>	4	B/D PA; MO; QL (12 per 30 days)
<i>balsalazide</i>	4	MO
BETAINE	4	MO
<i>budesonide oral capsule, delayed, extended release</i>	4	MO
<i>budesonide oral tablet, delayed and extended release</i>	5	MO
<i>compro</i>	4	MO
<i>constulose</i>	2	MO
<i>cromolyn oral</i>	4	MO
<i>dronabinol</i>	4	B/D PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
EMEND ORAL SUSPENSION FOR RECONSTITUTION	4	B/D PA
<i>enulose</i>	2	MO
GATTEX 30-VIAL	5	PA; MO
GATTEX ONE-VIAL	5	PA; MO
<i>gavilyte-c</i>	2	MO
<i>gavilyte-g</i>	2	MO
<i>generlac</i>	2	
<i>granisetron hcl oral</i>	4	B/D PA; MO; QL (60 per 30 days)
<i>hydrocortisone rectal</i>	4	MO
<i>hydrocortisone topical cream with perineal applicator</i>	2	MO
INFLECTRA	5	PA; MO; QL (20 per 14 days)
<i>lactulose oral solution 10 gram/15 ml</i>	2	MO
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO
<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; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<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 oral solution</i>	2	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
MOVANTIK	4	MO; QL (30 per 30 days)
OCALIVA	5	PA; MO; LA; QL (30 per 30 days)
<i>ondansetron</i>	2	B/D PA; MO
<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
<i>peg 3350-electrolytes</i>	2	
<i>peg-electrolyte</i>	2	MO
PENTASA	4	MO
<i>prochlorperazine</i>	4	MO
<i>prochlorperazine maleate oral</i>	2	MO
<i>procto-med hc</i>	4	MO
<i>proctosol hc topical</i>	3	MO
<i>proctozone-hc</i>	4	MO
RECTIV	4	MO
<i>scopolamine base</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; MO; QL (2.4 per 56 days)
SUCRAID	5	PA
<i>sulfasalazine</i>	2	MO
TRULANCE	3	MO
UCERIS RECTAL	4	MO
<i>ursodiol oral capsule 300 mg</i>	4	MO
<i>ursodiol oral tablet 250 mg</i>	3	MO
<i>ursodiol oral tablet 500 mg</i>	4	MO
VIOKACE	4	MO
ZENPEP ORAL CAPSULE,DELAY ED 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

ULCER THERAPY

Drug Name	Drug Tier	Requirements /Limits
<i>esomeprazole magnesium oral capsule,delayered release(dr/ec) 20 mg</i>	4	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayered release(dr/ec) 40 mg</i>	4	MO
<i>famotidine oral suspension</i>	1	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>misoprostol</i>	3	MO
<i>nizatidine oral capsule</i>	3	MO
<i>omeprazole oral capsule,delayered release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>omeprazole oral capsule,delayered release(dr/ec) 40 mg</i>	1	MO
<i>pantoprazole oral tablet,delayered release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>pantoprazole oral tablet,delayered release (dr/ec) 40 mg</i>	1	MO
<i>sucralfate oral suspension</i>	4	MO
<i>sucralfate oral tablet</i>	2	MO

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ACTIMMUNE	5	PA; MO; LA
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Drug Name	Drug Tier	Requirements /Limits
ARCALYST	5	PA
BESREMI	5	PA; LA
BETASERON SUBCUTANEOUS KIT	5	PA; MO; QL (14 per 28 days)
LEUKINE INJECTION RECON SOLN	5	PA; MO
NEUPOGEN	5	PA; MO
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; MO
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML)	5	PA
PEGASYS SUBCUTANEOUS SOLUTION	5	PA; MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	5	PA; MO; QL (2 per 28 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 4,000 UNIT/ML	4	PA; MO; QL (12 per 28 days)
PROCRIT INJECTION SOLUTION 2,000 UNIT/ML	4	PA; MO; QL (23 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML	5	PA; MO; QL (12 per 28 days)
PROCRIT INJECTION SOLUTION 3,000 UNIT/ML	4	PA; MO; QL (16 per 30 days)
PROCRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; MO; QL (12 per 30 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 4,000 UNIT/ML	4	PA; MO; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 2,000 UNIT/ML	4	PA; MO; QL (23 per 30 days)
RETACRIT INJECTION SOLUTION 3,000 UNIT/ML	4	PA; MO; QL (16 per 30 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	4	PA; MO; QL (12 per 30 days)
ZIEXTENZO	5	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO	3	
ACTHIB (PF)	3	MO
ADACEL(TDAP ADOLESN/ADULT)(PF)	3	MO
AREXVY (PF)	3	

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Drug Name	Drug Tier	Requirements /Limits
BCG VACCINE, LIVE (PF)	3	
BEXSERO	3	MO
BOOSTRIX TDAP	3	MO
BOTOX	3	PA; MO
DAPTACEL (DTAP PEDIATRIC) (PF)	3	
ENGERIX-B (PF)	3	B/D PA; MO
ENGERIX-B PEDIATRIC (PF)	3	B/D PA; MO
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	3	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	3	MO
HAVRIX (PF)	3	MO
HEPLISAV-B (PF)	3	B/D PA; MO
HIBERIX (PF)	3	MO
IMOVAX RABIES VACCINE (PF)	3	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3	MO
IPOL	3	
IXIARO (PF)	3	
JYNNEOS (PF)(STOCKPILE)	3	B/D PA
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	

Drug Name	Drug Tier	Requirements /Limits
MENQUADFI (PF)	3	MO
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	3	
M-M-R II (PF)	3	MO
PEDIARIX (PF)	3	
PEDVAX HIB (PF)	3	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	3	
PREHEVBRIO (PF)	3	B/D PA
PRIORIX (PF)	3	
PRIVIGEN	5	PA; MO
PROQUAD (PF)	3	
QUADRACEL (PF)	3	
RABAVERT (PF)	3	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	3	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	3	B/D PA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	3	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	3	B/D PA; MO
ROTARIX	3	
ROTATEQ VACCINE	3	
SHINGRIX (PF)	3	MO
TDVAX	3	MO
TENIVAC (PF)	3	MO
TETANUS,DIPHTHERIA TOX PED(PF)	3	
TICOVAC	3	
TRUMENBA	3	MO
TWINRIX (PF)	3	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SYRINGE	3	MO
VAQTA (PF) INTRAMUSCULAR SUSPENSION	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	3	MO
VARIVAX (PF)	3	
YF-VAX (PF)	3	

Drug Name	Drug Tier	Requirements /Limits
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		
GAUZE PADS 2 X 2	3	
INSULIN PEN NEEDLE	3	
INSULIN SYRINGE (DISP) U-100 SYRINGE 0.3 ML 29 GAUGE, 1/2 ML 28 GAUGE	3	
INSULIN SYRINGE (DISP) U-100 SYRINGE 1 ML 29 GAUGE X 1/2"	3	MO
NEEDLES, INSULIN DISP.,SAFETY	3	MO
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<i>colchicine oral tablet</i>	4	MO
<i>febuxostat</i>	3	MO
<i>probenecid</i>	3	MO
<i>probenecid-colchicine</i>	3	MO
OSTEOPOROSIS THERAPY		
<i>alendronate oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
<i>ibandronate oral</i>	3	MO; QL (1 per 30 days)
PROLIA	4	PA; MO; QL (1 per 180 days)
<i>raloxifene</i>	3	MO; QL (30 per 30 days)
<i>risedronate oral tablet 150 mg</i>	4	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	4	MO; QL (4 per 28 days)
TERIPARATIDE	5	PA; MO; QL (2.48 per 28 days)

OTHER RHEUMATOLOGICALS

ACTEMRA ACTPEN	5	PA; MO; QL (3.6 per 28 days)
ACTEMRA SUBCUTANEOUS	5	PA; MO; QL (3.6 per 28 days)
ADALIMUMAB- ADAZ	5	PA; MO; QL (1.6 per 28 days)
BENLYSTA SUBCUTANEOUS	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)

Drug Name	Drug Tier	Requirements /Limits
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)
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)

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This drug list was last updated on 11/21/2023.

Drug Name	Drug Tier	Requirements /Limits
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)
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) PEN SUBCUTANEOUS INJECTOR KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEN 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)

Drug Name	Drug Tier	Requirements /Limits
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)
HYRIMOZ(CF) PEN	5	PA; MO; QL (1.6 per 28 days)
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML	5	PA; MO; QL (0.2 per 28 days)
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML	5	PA; MO; QL (0.4 per 28 days)
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; MO; QL (1.6 per 28 days)
<i>leflunomide</i>	3	MO; QL (30 per 30 days)
OTEZLA	5	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; MO; QL (55 per 28 days)
<i>penicillamine oral tablet</i>	4	PA; 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 (56 per 180 days)
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>camila</i>	4	MO
<i>deblitane</i>	4	MO
DUAVEE	4	MO
<i>errin</i>	4	MO
<i>estradiol oral</i>	2	PA; MO
<i>estradiol transdermal patch semiweekly</i>	4	PA; MO; QL (8 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.05 mg/24 hr, 0.1 mg/24 hr</i>	4	PA; MO; QL (4 per 28 days)
<i>estradiol transdermal patch weekly 0.0375 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr</i>	4	PA; QL (4 per 28 days)
<i>estradiol vaginal cream</i>	3	MO
<i>estradiol vaginal tablet</i>	4	MO
<i>fyavolv</i>	4	PA; MO
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 4 MCG	4	MO
<i>jinteli</i>	4	PA; MO
<i>lyza</i>	4	
<i>medroxyprogesterone intramuscular</i>	4	MO
<i>medroxyprogesterone oral</i>	2	MO
<i>nora-be</i>	4	MO
<i>norethindrone (contraceptive)</i>	4	
<i>norethindrone acetate</i>	3	MO
<i>norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg</i>	4	PA; MO
PREMARIN VAGINAL	3	MO
<i>progesterone micronized</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>sharobel</i>	4	MO
<i>yuvafem</i>	4	MO
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal</i>	4	MO
<i>eluryng</i>	4	MO
<i>etonogestrel-ethinyl estradiol</i>	4	
<i>metronidazole vaginal</i>	4	MO
OSPHENA	4	PA; MO
<i>terconazole</i>	3	MO
<i>tranexamic acid oral</i>	3	MO
<i>vandazole</i>	4	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>altavera (28)</i>	4	MO
<i>apri</i>	4	MO
<i>aranelle (28)</i>	4	MO
<i>aubra eq</i>	4	MO
<i>aviane</i>	4	MO
<i>balziva (28)</i>	4	MO
<i>briellyn</i>	4	MO
<i>cryselle (28)</i>	4	MO
<i>cyred eq</i>	4	
<i>desog-e.estradiol/e.estradiol</i>	4	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	4	
<i>enpresse</i>	4	MO
<i>enskyce</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>estarylla</i>	4	MO
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	4	
<i>falmina (28)</i>	4	MO
<i>hailey 24 fe</i>	4	MO
<i>introvale</i>	4	
<i>isibloom</i>	4	MO
<i>jasmiel (28)</i>	4	MO
<i>juleber</i>	4	MO
<i>junel 1.5/30 (21)</i>	4	MO
<i>junel 1/20 (21)</i>	4	MO
<i>junel fe 1.5/30 (28)</i>	4	MO
<i>junel fe 1/20 (28)</i>	4	MO
<i>kariva (28)</i>	4	MO
<i>kelnor 1/35 (28)</i>	4	MO
<i>kelnor 1-50 (28)</i>	4	MO
<i>kurvelo (28)</i>	4	MO
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/0.15 mg-25 mcg</i>	4	MO
<i>larin 1.5/30 (21)</i>	4	MO
<i>larin 1/20 (21)</i>	4	MO
<i>larin fe 1.5/30 (28)</i>	4	MO
<i>larin fe 1/20 (28)</i>	4	MO
<i>leena 28</i>	4	MO
<i>lessina</i>	4	MO
<i>levonest (28)</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	4	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	4	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	4	
<i>levonorg-eth estrad triphasic</i>	4	
<i>levora-28</i>	4	MO
<i>loryna (28)</i>	4	MO
<i>low-ogestrel (28)</i>	4	MO
<i>lutra (28)</i>	4	MO
<i>marlissa (28)</i>	4	MO
<i>microgestin 1.5/30 (21)</i>	4	MO
<i>microgestin 1/20 (21)</i>	4	MO
<i>microgestin fe 1.5/30 (28)</i>	4	MO
<i>microgestin fe 1/20 (28)</i>	4	MO
<i>mili</i>	4	MO
<i>necon 0.5/35 (28)</i>	4	MO
<i>nikki (28)</i>	4	MO
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	4	MO
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i>	4	

Drug Name	Drug Tier	Requirements /Limits
<i>nortrel 0.5/35 (28)</i>	4	MO
<i>nortrel 1/35 (21)</i>	4	MO
<i>nortrel 1/35 (28)</i>	4	MO
<i>nortrel 7/7/7 (28)</i>	4	MO
<i>ocella</i>	4	MO
<i>pimtrea (28)</i>	4	MO
<i>portia 28</i>	4	MO
<i>reclipsen (28)</i>	4	MO
<i>setlakin</i>	4	MO
<i>sprintec (28)</i>	4	MO
<i>sronyx</i>	4	MO
<i>syeda</i>	4	MO
<i>tarina 24 fe</i>	4	MO
<i>tarina fe 1-20 eq (28)</i>	4	MO
<i>tri-estarylla</i>	4	MO
<i>tri-legest fe</i>	4	MO
<i>tri-mili</i>	4	
<i>tri-sprintec (28)</i>	4	MO
<i>trivora (28)</i>	4	MO
<i>tri-vylibra</i>	4	MO
<i>velivet triphasic regimen (28)</i>	4	MO
<i>vienna</i>	4	MO
<i>vyfemla (28)</i>	4	MO
<i>vylibra</i>	4	MO
<i>zovia 1-35 (28)</i>	4	MO

OPHTHALMOLOGY

ANTIBIOTICS

<i>bacitracin ophthalmic (eye)</i>	4	MO
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Drug Name	Drug Tier	Requirements /Limits
<i>bacitracin-polymyxin b</i>	2	MO
BESIVANCE	4	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	MO
<i>erythromycin ophthalmic (eye)</i>	2	MO; QL (3.5 per 14 days)
<i>gatifloxacin</i>	4	MO
<i>gentamicin ophthalmic (eye) drops</i>	2	MO; QL (70 per 30 days)
<i>moxifloxacin ophthalmic (eye) drops</i>	3	MO
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	3	
NATACYN	4	
<i>neomycin-bacitracin-polymyxin</i>	4	MO
<i>neomycin-polymyxin-gramicidin</i>	4	MO
<i>ofloxacin ophthalmic (eye)</i>	2	MO
<i>polymyxin b sulf-trimethoprim</i>	2	MO
<i>tobramycin ophthalmic (eye)</i>	2	MO; QL (10 per 14 days)
ANTIVIRALS		
<i>trifluridine</i>	3	MO
ZIRGAN	4	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>carteolol</i>	2	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	MO
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	4	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	4	MO
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops</i>	4	MO
<i>azelastine ophthalmic (eye)</i>	4	MO
<i>cromolyn ophthalmic (eye)</i>	2	MO
CYSTARAN	5	PA
EYLEA	5	PA; MO
<i>olopatadine ophthalmic (eye)</i>	3	MO
OXERVATE	5	PA; MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %</i>	2	MO
<i>pilocarpine hcl ophthalmic (eye) drops 2 %, 4 %</i>	4	MO
RESTASIS	3	MO; QL (60 per 30 days)
RESTASIS MULTIDOSE	3	MO; QL (5.5 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	2	MO
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	4	MO
<i>sulfacetamide-prednisolone</i>	2	
XDEMVI	5	QL (10 per 42 days)

NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

<i>bromfenac</i>	4	MO
<i>diclofenac sodium ophthalmic (eye)</i>	2	MO
<i>flurbiprofen sodium</i>	2	MO
ILEVRO	3	MO
<i>ketorolac ophthalmic (eye)</i>	2	MO

ORAL DRUGS FOR GLAUCOMA

<i>acetazolamide oral capsule, extended release</i>	4	MO
<i>acetazolamide oral tablet</i>	3	MO
<i>methazolamide</i>	4	MO

OTHER GLAUCOMA DRUGS

<i>brimonidine-timolol</i>	3	MO
<i>dorzolamide</i>	2	MO
<i>dorzolamide-timolol</i>	4	MO
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	4	MO
<i>latanoprost</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	4	MO
SIMBRINZA	4	MO
<i>travoprost</i>	3	MO

STEROID-ANTIBIOTIC COMBINATIONS

<i>neomycin-bacitracin-poly-hc</i>	4	MO
<i>neomycin-polymyxin b-dexameth</i>	2	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	4	MO
<i>tobramycin-dexamethasone</i>	4	MO; QL (10 per 14 days)
ZYLET	4	MO; QL (10 per 14 days)

STERIODS

<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	4	MO
<i>fluorometholone</i>	4	MO
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i>	3	MO
<i>loteprednol etabonate ophthalmic (eye) drops,suspension</i>	4	MO
<i>prednisolone acetate</i>	3	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
SYMPATHOMIMETICS		
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.1 %	3	MO
<i>apraclonidine</i>	4	MO
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	4	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	MO
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS		
<i>cetirizine oral solution 1 mg/ml</i>	2	MO
<i>desloratadine oral tablet</i>	2	MO; QL (30 per 30 days)
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	2	MO; QL (2 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	2	MO; QL (2 per 30 days)
EPINEPHRINE INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	2	QL (2 per 30 days)
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	4	MO
<i>hydroxyzine hcl oral tablet</i>	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>hydroxyzine pamoate</i>	3	MO
<i>levocetirizine oral tablet</i>	2	MO; QL (30 per 30 days)
<i>promethazine oral</i>	4	PA; MO
PULMONARY AGENTS		
<i>acetylcysteine</i>	4	B/D PA; MO
ADEMPAS	5	PA; MO; LA; QL (90 per 30 days)
ADVAIR DISKUS	3	MO; QL (60 per 30 days)
ADVAIR HFA	3	MO; QL (12 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
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	2	B/D PA
<i>albuterol sulfate oral syrup</i>	2	MO
<i>albuterol sulfate oral tablet</i>	4	MO
<i>ambroxol sulfate</i>	5	PA; MO; LA; QL (30 per 30 days)
ANORO ELLIPTA	3	MO; QL (60 per 30 days)
<i>arformoterol</i>	4	B/D PA; MO
ARNUITY ELLIPTA	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ATROVENT HFA	4	MO; QL (25.8 per 30 days)
<i>bosentan</i>	5	PA; MO; LA; QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	MO; QL (60 per 30 days)
BREZTRI AEROSPHERE	3	MO; QL (10.7 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml</i>	4	B/D PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.5 mg/2 ml</i>	4	B/D PA; 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)
CINRYZE	5	PA; MO
COMBIVENT RESPIMAT	4	MO; QL (8 per 30 days)
<i>cromolyn inhalation</i>	3	B/D PA; MO
DALIRESP ORAL TABLET 250 MCG	4	PA; MO; QL (30 per 30 days)
DULERA	3	MO; QL (13 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ESBRIET ORAL CAPSULE	5	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	5	PA; MO; QL (90 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 50 MCG/ACTUATION	3	MO; QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	MO; QL (240 per 30 days)
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION	3	MO; QL (12 per 30 days)
FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION	3	MO; QL (24 per 30 days)
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)
<i>flunisolide</i>	4	MO; QL (50 per 30 days)
<i>fluticasone propionate nasal</i>	2	MO; QL (16 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
FLUTICASONE PROPRION- SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	3	MO; QL (1 per 30 days)
ICATIBANT	5	PA; MO
<i>ipratropium bromide inhalation</i>	2	B/D PA; MO
<i>ipratropium- albuterol</i>	2	B/D PA; MO
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 50 MG, 75 MG	5	PA; MO; QL (56 per 28 days)
KALYDECO ORAL TABLET	5	PA; MO; QL (60 per 30 days)
LEVALBUTEROL TARTRATE	3	MO; QL (30 per 30 days)
<i>montelukast oral granules in packet</i>	4	MO; QL (30 per 30 days)
<i>montelukast oral tablet</i>	2	MO
<i>montelukast oral tablet, chewable</i>	2	MO; QL (30 per 30 days)
OFEV	5	PA; MO; QL (60 per 30 days)
OPSUMIT	5	PA; MO; LA; QL (30 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	5	PA; MO; LA; QL (56 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
ORKAMBI ORAL GRANULES IN PACKET 75-94 MG	5	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	5	PA; MO; LA; QL (112 per 28 days)
PULMOZYME	5	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)
RUCONEST	5	PA; MO
SEREVENT DISKUS	3	MO; QL (60 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) oral tablet</i>	3	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT	3	MO; QL (4 per 30 days)
SPIRIVA WITH HANDIHALER	3	MO; QL (90 per 90 days)
STIOLTO RESPIMAT	3	MO; QL (4 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>ymbicort</i>	3	MO; QL (10.2 per 30 days)
SYMDEKO	5	PA; MO; LA; QL (56 per 28 days)
<i>terbutaline oral</i>	4	MO
<i>theophylline oral elixir</i>	4	MO
<i>theophylline oral solution</i>	4	
<i>theophylline oral tablet extended release 12 hr 300 mg</i>	2	MO
<i>theophylline oral tablet extended release 24 hr</i>	2	MO
TRACLEER ORAL TABLET FOR SUSPENSION	5	PA; MO; LA; QL (120 per 30 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 100-50-75 MG(D) /150 MG (N)	5	PA; MO; LA; QL (84 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 50-25-37.5 MG (D)/75 MG (N)	5	PA; MO; QL (84 per 28 days)
VENTOLIN HFA	3	MO; QL (36 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
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; QL (60 per 30 days)

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

<i>darifenacin</i>	4	MO
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON	3	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	MO
<i>oxybutynin chloride oral syrup</i>	3	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	3	MO
<i>oxybutynin chloride oral tablet extended release 24hr</i>	3	MO
<i>tolterodine</i>	4	MO

BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY

<i>alfuzosin</i>	2	MO
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

This drug list was last updated on 11/21/2023.

Drug Name	Drug Tier	Requirements /Limits
<i>dutasteride</i>	2	MO
<i>finasteride oral tablet 5 mg</i>	2	MO
<i>tamsulosin</i>	3	MO

MISCELLANEOUS UROLOGICALS

<i>bethanechol chloride</i>	3	MO
CYSTAGON	4	PA; LA
ELMIRON	4	MO
K-PHOS ORIGINAL	4	MO
<i>potassium citrate oral tablet extended release</i>	4	MO

VITAMINS, HEMATINICS / ELECTROLYTES

ELECTROLYTES

<i>calcium acetate(phosphat bind)</i>	3	MO; QL (360 per 30 days)
<i>klor-con 10</i>	2	MO
<i>klor-con 8</i>	2	MO
<i>klor-con m10</i>	2	MO
<i>klor-con m15</i>	3	MO
<i>klor-con m20</i>	2	MO
<i>magnesium sulfate injection solution</i>	4	MO
<i>magnesium sulfate injection syringe</i>	4	
<i>potassium chlorid-d5-0.45%nacl</i>	4	

Drug Name	Drug Tier	Requirements /Limits
<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 20 meq/l</i>	4	
<i>potassium chloride in water intravenous piggyback 20 meq/100 ml</i>	4	
<i>potassium chloride intravenous</i>	4	
<i>potassium chloride oral capsule, extended release</i>	3	MO
<i>potassium chloride oral liquid</i>	4	MO
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	3	MO
<i>potassium chloride oral tablet extended release 20 meq</i>	3	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	3	MO
<i>potassium chloride oral tablet,er particles/crystals 20 meq</i>	3	
<i>potassium chloride-0.45 % nacl</i>	4	

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Drug Name	Drug Tier	Requirements /Limits
<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>sodium chloride 0.45 % intravenous</i>	4	MO
<i>sodium chloride 3 % hypertonic</i>	4	
<i>sodium chloride 5 % hypertonic</i>	4	MO
TPN ELECTROLYTES	4	
MISCELLANEOUS NUTRITION PRODUCTS		
CLINIMIX 5%/D15W SULFITE FREE	4	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	4	B/D PA

Drug Name	Drug Tier	Requirements /Limits
CLINIMIX 5%-D20W(SULFITE-FREE)	4	B/D PA
<i>intralipid intravenous emulsion 20 %</i>	4	B/D PA
INTRALIPID INTRAVENOUS EMULSION 30 %	4	B/D PA
ISOLYTE S PH 7.4	4	
ISOLYTE-P IN 5 % DEXTROSE	4	
PLASMA-LYTE 148	4	
PLASMA-LYTE A	4	
<i>premasol 10 %</i>	4	B/D PA
PROSOL 20 %	4	B/D PA
<i>travasol 10 %</i>	4	B/D PA
TROPHAMINE 10 %	4	B/D PA

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<i>butalbital-acetaminophen-caff</i>	31	<i>cefpodoxime</i>	11	SULFITE FREE	75
.....	31	<i>cefprozil</i>	12	CLINIMIX 4.25%/D10W	
<i>butalbital-aspirin-caffeine</i>	31	<i>ceftazidime</i>	12	SULF FREE.....	75
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<i>clonidine</i>	<i>dificid</i>	12
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