Express Scripts®
Medicare (PDP)

# Express Scripts Medicare (PDP)
# 2026 Formulary (List of Covered Drugs or "Drug List")

## PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT SOME OF THE DRUGS COVERED BY THIS PLAN

Formulary ID Number: 26023, v6

This formulary was updated on 08/25/2025. For more recent information or to price a medication, you can visit us on the Web at **express-scripts.com**. Or you can contact **Express Scripts Medicare**® (PDP) Customer Service at the numbers located on the back of your member ID card. Customer Service is available 24 hours a day, 7 days a week.

**Note to current members:** This formulary has changed since last year. Please review this document to understand your plan's drug coverage.

When this Drug list (Formulary) refers to "we," "us" or "our," it means *Medco Containment Life Insurance Company* or *Medco Containment Insurance Company of New York (for employer plans domiciled in New York).* When it refers to "plan" or "our plan," it means *Express Scripts Medicare.*

This document includes the list of the covered drugs (formulary) for our plan, which is current as of August 25, 2025. For more recent information, please contact us. Our contact information, along with the date we last updated the formulary, appears above and on the back cover.

You must use network pharmacies to fill your prescriptions to get the most from your benefit. Benefits, premium and/or copayments/coinsurance may change on January 1, 2027. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1.800.268.5707** (TTY: **1.800.716.3231**).

This document is available in braille. Please contact Customer Service if you need plan information in another format.

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This drug list was updated in August 2025.

## What is the Express Scripts Medicare formulary?

The list of drugs covered by the plan is also known as the "formulary." It contains a list of highly utilized Medicare Part D drugs selected by Express Scripts Medicare 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. The formulary also includes information on requirements or limits for some covered drugs that are part of Express Scripts Medicare's standard formulary rules. **Your specific plan may provide coverage of additional drugs that are not listed in this formulary, and your plan may have different plan rules and coverage.** For more information on your plan's specific drug coverage, please review your other plan materials, visit us on the Web at **express-scripts.com** or contact Customer Service.

Express Scripts Medicare will generally cover a drug as long as the drug is medically necessary, the prescription is filled at an Express Scripts Medicare network pharmacy and other plan rules are followed. For more information on how to fill your prescriptions, please review your other plan materials.

## Can my drug coverage change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted to our website at **express-scripts.com**.

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

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

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

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

  If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. 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 formulary?"

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

This drug list was updated in August 2025.

- **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 remove a brand-name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand-name drug or original biological product or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a one-month supply of the drug and notice of the change.

    - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the formulary?"

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 08/25/2025. To get current information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back covers.

## How do I use the formulary?

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

**Medical Condition**

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category "Cardiovascular, Hypertension/Lipids."

**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 131. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage

information. Turn to the page listed in the Index and find the name of your drug in the "Drug Name" column of the list.

## What are generic drugs?

Both brand-name drugs and generic drugs are covered under this plan. A generic drug is approved by the FDA as having the same active ingredient(s) as the brand-name drug.

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

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

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

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

## Are there any restrictions on my coverage?

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

- **Prior Authorization:** You or your prescriber is required to get prior authorization for certain drugs. This means that you will need to get approval from the plan before you fill your prescriptions. If you don't get approval, the drugs may not be covered. These drugs are noted with "PA" next to them in the formulary.

  Some drugs may be covered under Part B or under Part D, depending on your medical condition. Your prescriber will need to get a prior authorization for these drugs as well, so your pharmacy can process your prescription correctly.

- **Quantity Limits:** For certain drugs, the amount of the drug that will be covered by the plan is limited. The plan may limit how much of a drug you can get each time you fill your prescription. For example, if it is normally considered safe to take only one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day. These drugs are noted with "QL" next to them in the formulary.

- **Step Therapy:** In some cases, you are required 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. These drugs are noted with "ST" next to them in the formulary.

This drug list was updated in August 2025.

You may be able to find out if your drug has any additional requirements or limits by looking in the drug list that begins on page 1. Note: This drug list includes all possible restrictions and limits on coverage. **The requirements and limits may not apply to your plan's specific coverage.** To confirm whether a particular drug is covered, visit us on the Web at **express-scripts.com** or contact Customer Service.

You can ask us to make an exception to these restrictions or limits. See the section "How do I request an exception to the formulary?" below for information about how to request an exception.

## What if my drug is not listed on this formulary?

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

If you learn that your drug is not covered, you have two options:

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

You should talk to your prescriber to decide if you should switch to an appropriate drug that the plan covers or request an exception so that the plan will cover the drug you are taking.

## How do I request an exception to the formulary?

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

- You can request coverage of a drug that is not currently covered by this plan. If approved, the drug will be covered at a pre-determined cost-sharing level, and you will 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 approved, this would lower the amount you must pay for your drug. In certain Express Scripts Medicare plans, you cannot ask us to change the cost-sharing tier for any drug in the specialty tier, if applicable.

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

You should contact us to ask for an initial coverage decision for a formulary, tier or utilization restriction exception. **When you are requesting an 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 prescriber believes 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 prescriber.

This drug list was updated in August 2025.

Generally, your request for an exception will only be approved if the alternative drugs that are covered, the lower-tiered drugs or the additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

## How do I request an appeal?

If we make a coverage decision and you are not satisfied with this decision, you can "appeal" the decision. An appeal is a formal way of asking us to review and change a coverage decision we have made. To start an appeal, you, your prescriber or your representative must contact us.

When you make an appeal, we review the coverage decision we have made to check to see if we were following all of the rules properly. Your appeal is handled by different reviewers than those who made the original unfavorable decision. When we have completed the review, we give you our decision.

For more information about the appeals process, you may contact Customer Service using the information provided on the front and back covers of this document.

## Can I get a temporary transition supply while I wait for an exception decision?

As a new or continuing member in our plan, you may be taking drugs that are not covered from one year to the next. Or, you may be taking a drug that is covered 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 prescriber to decide if you should switch to an appropriate drug that we cover or request an exception so that we will cover the drug you take. While you talk to your prescriber to determine the right course of action for you, or while you wait for a coverage decision from us, we may cover a temporary transition supply of your drug in certain cases during the first 90 days that you are enrolled in the plan or at the start of a new coverage year.

For each of your drugs that is not on our formulary, or if your ability to get drugs is limited, we will cover a temporary transition supply when you go to a network pharmacy. This temporary transition supply will be for a one-month supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum of a one-month supply of medication. After your first refill of a one-month supply, we will not pay for these drugs, even if you have been a plan member 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 drug is limited but you are past the first 90 days of membership in our plan, we will cover a minimum of a 31-day emergency transition supply of that drug while you pursue an exception.

Other times when we will cover at least a temporary 30-day transition supply (or less, if you have a prescription written for fewer days) include:

- When you enter a long-term care facility
- When you leave a long-term care facility
- When you are discharged from a hospital
- When you leave a skilled nursing facility
- When you cancel hospice care
- When you are discharged from a psychiatric hospital with a medication regimen that is highly individualized

Express Scripts Medicare will send you a letter within 3 business days of your filling a temporary transition supply notifying you that this was a temporary supply and explaining your options.

This drug list was updated in August 2025.

## Other coverage that your plan may provide

Your plan **may** also cover categories of "excluded" drugs that are not normally covered by a Medicare prescription drug plan and are not listed in the formulary. **Drugs in the following categories may be covered subject to the rules and limitations of your specific plan:**

- Prescription drugs when used for anorexia, weight loss or weight gain
- Prescription drugs when used to promote fertility
- Prescription drugs when used for cosmetic purposes or to promote hair growth
- Prescription drugs when used for the symptomatic relief of cough or colds
- Prescription vitamins and mineral products (except prenatal vitamins and fluoride preparations, which are considered Part D drugs)
- Drugs when used for the treatment of sexual or erectile dysfunction
- Over-the-counter (OTC) diabetic supplies
- Federal Legend Part B medications – for example, oral chemotherapy agents (e.g., TEMODAR®, XELODA®)
- Non-prescription drugs, also known as over-the-counter (OTC) drugs
- Outpatient drugs for which the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale.

Please contact Customer Service for additional information about your plan's specific drug coverage and your cost-sharing amount. **Please note:** Costs for excluded drugs not normally covered by a Medicare prescription drug plan will not count toward your Medicare prescription drug yearly deductible (if applicable), total drug costs or yearly out-of-pocket expenses.

## Formulary

The formulary that begins on page 1 provides coverage information about some of the drugs covered by this plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 131.

The "Drug Name" column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., CRESTOR®) and generic drugs are listed in lowercase italics (e.g., *atorvastatin*). The information in the "Requirements/Limits" column tells you if there are any special requirements for coverage of that particular drug.

**If you are not sure whether your drug is covered, please visit our website or contact Customer Service using the information provided on the front and back covers of this formulary.**

## Your Costs

The amount you pay for a covered drug will depend on:

- **Your coverage stage.** Your plan has different stages of coverage. In each stage, the amount you pay for a drug may change. Please refer to your other plan documents for more information about your specific prescription drug benefit.
- **The drug tier for your drug.** Each covered drug is in one of three drug tiers. Each tier may have a different cost-sharing amount. The "Drug Tiers" chart below explains what types of drugs are included in each tier and shows how costs may change with each tier.

Your other plan materials have more information about your plan's coverage stages and list the specific cost-sharing amounts for each tier.

This drug list was updated in August 2025.

## Drug Tiers

| Tier | Includes | Helpful tips |
|---|---|---|
| Tier 1: **Generic Drugs** | This tier includes many commonly prescribed generic drugs and may include other low-cost drugs. | Use Tier 1 drugs for the lowest cost-sharing amount. |
| Tier 2: **Preferred Brand Drugs** | This tier includes preferred brand-name drugs as well as some generic drugs. | Drugs in this tier will generally have lower cost-sharing amounts than non-preferred drugs. |
| Tier 3: **Non-Preferred Drugs** | This tier includes non-preferred brand-name drugs as well as some generic drugs. | Many non-preferred drugs have lower-cost alternatives in Tiers 1 and 2. Ask your prescriber if switching to a lower-cost generic or preferred brand-name drug may be right for you. |

## If you qualify for Extra Help

If you qualify for Extra Help from Medicare to help pay for your prescription drugs, your cost-sharing amounts may be lower than your plan's standard benefit. Members who qualify for Extra Help will receive a notice called "Important Information for Those Who Receive Extra Help Paying for Their Prescription Drugs" ("Low Income Rider" or "LIS Rider"). Please read it to find out what your costs are. You can also contact Customer Service with any questions using the information listed on the front and back covers of this formulary.

## For more information

For more detailed information about your Medicare prescription drug coverage and your plan's specific costs, please review your other plan materials.

If you need additional information on network pharmacies or if you have any other questions, please contact our Customer Service department using the information provided on the front and back covers of this formulary.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week. TTY users should call 1.877.486.2048. Or visit https://www.medicare.gov.

This drug list was updated in August 2025.

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.

**Note:** The following drug list includes all possible restrictions and limitations. **Depending on your plan's specific benefit, you may not experience every restriction or limit indicated in the list.** To confirm your plan's specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at **express-scripts.com**.

## List of abbreviations

**LA:** Limited Availability. This prescription drug may be available only at certain pharmacies. For more information, contact Customer Service using the information provided on the front and back covers of this formulary.

**MO:** Mail-Order Drug. This prescription drug is available through Express Scripts Pharmacy by Evernorth®, our home delivery service, as well as through select retail network pharmacies. It may also be available through other network pharmacies. Consider using our home delivery service 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 prescriber to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescription. If you don't get approval, we may not cover this 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 a certain drug to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

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

This drug list was updated in August 2025.

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **ANTI - INFECTIVES** | | |
| **ANTIFUNGAL AGENTS** | | |
| ABELCET | 3 | PA |
| AMBISOME | 3 | PA |
| *amphotericin b* | 1 | PA; MO |
| *amphotericin b liposome* | 1 | PA |
| ANCOBON | 3 | MO |
| *caspofungin* | 1 | |
| *clotrimazole mucous membrane* | 1 | MO |
| CRESEMBA ORAL | 3 | PA |
| DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML | 3 | MO |
| DIFLUCAN ORAL TABLET 100 MG | 3 | MO |
| ERAXIS(WATER DILUENT) | 3 | MO |
| *fluconazole* | 1 | MO |
| *fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml* | 1 | PA; MO |
| *fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml* | 1 | PA |
| *flucytosine* | 1 | MO |
| *griseofulvin microsize* | 1 | MO |
| *griseofulvin ultramicrosize oral tablet 125 mg, 250 mg* | 1 | MO |
| *itraconazole oral capsule* | 1 | MO; QL (120 per 30 days) |
| *itraconazole oral solution* | 1 | MO |
| *ketoconazole oral* | 1 | MO |
| *micafungin* | 1 | MO |
| MYCAMINE INTRAVENOUS RECON SOLN 50 MG | 3 | MO |
| NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON | 3 | PA; MO; QL (32 per 30 days) |
| NOXAFIL ORAL SUSPENSION | 3 | PA; QL (630 per 30 days) |
| *nystatin oral* | 1 | MO |
| *posaconazole oral suspension* | 1 | PA; MO; QL (630 per 30 days) |
| *posaconazole oral tablet,delayed release (dr/ec)* | 1 | PA; MO; QL (96 per 30 days) |
| SPORANOX ORAL CAPSULE | 3 | MO; QL (120 per 30 days) |
| *terbinafine hcl oral* | 1 | MO |

Note: The drug list includes all possible restrictions and limitations. Depending on your plan's specific benefit, you may not experience every restriction or limit indicated in the list. You can find information on what the symbols and abbreviations on this table mean by going to page viii. To confirm your plan's specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at **express-scripts.com**.

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TOLSURA | 3 | PA; MO; QL (120 per 30 days) |
| VFEND IV | 3 | PA; MO |
| VFEND ORAL SUSPENSION FOR RECONSTITUTION | 3 | PA; MO |
| VFEND ORAL TABLET 50 MG | 3 | PA; MO |
| VIVJOA | 3 | PA; QL (18 per 84 days) |
| *voriconazole* | 1 | PA; MO |
| **ANTIVIRALS** | | |
| *abacavir* | 1 | MO |
| *abacavir-lamivudine* | 1 | MO |
| *acyclovir oral capsule* | 1 | MO |
| *acyclovir oral suspension 200 mg/5 ml* | 1 | MO |
| *acyclovir oral tablet* | 1 | MO |
| *acyclovir sodium intravenous solution* | 1 | PA; MO |
| *adefovir* | 1 | MO |
| *amantadine hcl* | 1 | MO |
| APTIVUS | 2 | MO |
| *atazanavir* | 1 | MO |
| BARACLUDE | 3 | MO |
| BIKTARVY | 3 | MO |
| CIMDUO | 2 | MO |
| COMPLERA | 3 | MO |
| *darunavir* | 1 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| DELSTRIGO | 3 | MO |
| DESCOVY | 3 | MO |
| DOVATO | 3 | MO |
| EDURANT | 2 | MO |
| *efavirenz oral tablet* | 1 | MO |
| *efavirenz-emtricitabin-tenofov* | 1 | MO |
| *efavirenz-lamivu-tenofov disop* | 1 | MO |
| *emtricitabine* | 1 | MO |
| *emtricitabine-tenofovir (tdf)* | 1 | MO |
| *emtricita-rilpivirine-tenof df* | 1 | |
| EMTRIVA ORAL CAPSULE | 3 | MO |
| EMTRIVA ORAL SOLUTION | 2 | MO |
| *entecavir* | 1 | MO |
| EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG | 3 | PA; MO; QL (28 per 28 days) |
| EPCLUSA ORAL PELLETS IN PACKET 200-50 MG | 3 | PA; MO; QL (56 per 28 days) |
| EPCLUSA ORAL TABLET 200-50 MG | 3 | PA; MO; QL (56 per 28 days) |
| EPCLUSA ORAL TABLET 400-100 MG | 3 | PA; MO; QL (28 per 28 days) |
| EPIVIR | 3 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *etravirine* | 1 | MO |
| EVOTAZ | 3 | MO |
| *famciclovir* | 1 | MO |
| *fosamprenavir* | 1 | MO |
| GENVOYA | 3 | MO |
| HARVONI ORAL PELLETS IN PACKET 33.75-150 MG | 3 | PA; MO; QL (28 per 28 days) |
| HARVONI ORAL PELLETS IN PACKET 45-200 MG | 3 | PA; MO; QL (56 per 28 days) |
| HARVONI ORAL TABLET 45-200 MG | 3 | PA; MO; QL (56 per 28 days) |
| HARVONI ORAL TABLET 90-400 MG | 3 | PA; MO; QL (28 per 28 days) |
| INTELENCE | 3 | MO |
| ISENTRESS | 2 | MO |
| ISENTRESS HD | 3 | MO |
| JULUCA | 3 | MO |
| KALETRA | 3 | MO |
| *lamivudine* | 1 | MO |
| *lamivudine-zidovudine* | 1 | MO |
| LEDIPASVIR-SOFOSBUVIR | 2 | PA; MO; QL (28 per 28 days) |
| LIVTENCITY | 3 | PA; LA; QL (120 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *lopinavir-ritonavir oral tablet* | 1 | MO |
| *maraviroc* | 1 | MO |
| MAVYRET ORAL PELLETS IN PACKET | 2 | PA; MO; QL (168 per 28 days) |
| MAVYRET ORAL TABLET | 2 | PA; MO; QL (84 per 28 days) |
| *nevirapine oral suspension* | 1 | |
| *nevirapine oral tablet* | 1 | MO |
| *nevirapine oral tablet extended release 24 hr 400 mg* | 1 | MO |
| NORVIR ORAL POWDER IN PACKET | 3 | MO |
| NORVIR ORAL TABLET | 3 | MO |
| ODEFSEY | 3 | MO |
| *oseltamivir* | 1 | MO |
| PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10) | 1 | QL (20 per 30 days) |
| PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)-100 MG (5) | 1 | QL (11 per 30 days) |
| PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG | 1 | QL (30 per 30 days) |
| PIFELTRO | 3 | MO |

Note: The drug list includes all possible restrictions and limitations. Depending on your plan's specific benefit, you may not experience every restriction or limit indicated in the list. You can find information on what the symbols and abbreviations on this table mean by going to page viii. To confirm your plan's specific coverage, contact Customer Service using the information provided on the front and back covers of this formulary or visit us on the Web at **express-scripts.com**.

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PREVYMIS ORAL PELLETS IN PACKET 120 MG | 3 | PA; QL (120 per 30 days) |
| PREVYMIS ORAL PELLETS IN PACKET 20 MG | 3 | PA; QL (150 per 30 days) |
| PREVYMIS ORAL TABLET | 2 | PA; MO; QL (30 per 30 days) |
| PREZCOBIX ORAL TABLET 800-150 MG-MG | 3 | MO |
| PREZISTA ORAL SUSPENSION | 3 | MO |
| PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG | 3 | MO |
| RELENZA DISKHALER | 3 | MO |
| RETROVIR ORAL CAPSULE | 3 | MO |
| RETROVIR ORAL SYRUP | 3 | MO |
| REYATAZ ORAL CAPSULE 200 MG, 300 MG | 3 | MO |
| REYATAZ ORAL POWDER IN PACKET | 2 | MO |
| *ribavirin oral capsule* | 1 | MO |
| *ribavirin oral tablet 200 mg* | 1 | MO |
| *rimantadine* | 1 | MO |
| *ritonavir* | 1 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| RUKOBIA | 3 | MO |
| SELZENTRY ORAL SOLUTION | 2 | MO |
| SELZENTRY ORAL TABLET 150 MG, 300 MG | 3 | MO |
| SOFOSBUVIR-VELPATASVIR | 2 | PA; MO; QL (28 per 28 days) |
| SOVALDI ORAL PELLETS IN PACKET 150 MG | 3 | PA; MO; QL (28 per 28 days) |
| SOVALDI ORAL PELLETS IN PACKET 200 MG | 3 | PA; MO; QL (56 per 28 days) |
| SOVALDI ORAL TABLET 200 MG | 3 | PA; MO; QL (56 per 28 days) |
| SOVALDI ORAL TABLET 400 MG | 3 | PA; MO; QL (28 per 28 days) |
| STRIBILD | 3 | MO |
| SUNLENCA ORAL | 3 | |
| SYMFI | 3 | MO |
| SYMFI LO | 3 | MO |
| SYMTUZA | 3 | MO |
| TAMIFLU | 3 | MO |
| *tenofovir disoproxil fumarate* | 1 | MO |
| TIVICAY ORAL TABLET 50 MG | 3 | MO |
| TIVICAY PD | 3 | MO |
| TRIUMEQ | 3 | MO |
| TRIUMEQ PD | 3 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TRUVADA | 3 | MO |
| TYBOST | 2 | MO |
| *valacyclovir oral tablet 1 gram* | 1 | MO; QL (120 per 30 days) |
| *valacyclovir oral tablet 500 mg* | 1 | MO; QL (60 per 30 days) |
| VALCYTE | 3 | MO |
| *valganciclovir* | 1 | MO |
| VALTREX ORAL TABLET 1 GRAM | 3 | MO; QL (120 per 30 days) |
| VALTREX ORAL TABLET 500 MG | 3 | MO; QL (60 per 30 days) |
| VEMLIDY | 2 | MO |
| VIRACEPT ORAL TABLET | 3 | MO |
| VIREAD | 3 | MO |
| VOSEVI | 2 | PA; MO; QL (28 per 28 days) |
| XOFLUZA ORAL TABLET 40 MG, 80 MG | 2 | MO |
| ZEPATIER | 3 | PA; MO; QL (28 per 28 days) |
| ZIAGEN ORAL SOLUTION | 3 | MO |
| *zidovudine* | 1 | MO |
| **CEPHALOSPORINS** | | |
| AVYCAZ | 3 | PA; MO |
| *cefaclor oral capsule* | 1 | MO |
| *cefaclor oral suspension for reconstitution 250 mg/5 ml* | 1 | |
| *cefaclor oral tablet extended release 12 hr* | 1 | MO |
| *cefadroxil oral capsule* | 1 | MO |
| *cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml* | 1 | MO |
| *cefadroxil oral tablet* | 1 | MO |
| *cefazolin injection recon soln 1 gram, 500 mg* | 1 | MO |
| *cefazolin injection recon soln 10 gram* | 1 | |
| *cefdinir* | 1 | MO |
| *cefepime injection* | 1 | MO |
| *cefixime* | 1 | MO |
| *cefotetan injection* | 1 | |
| *cefoxitin intravenous recon soln 1 gram, 2 gram* | 1 | PA; MO |
| *cefoxitin intravenous recon soln 10 gram* | 1 | PA |
| *cefpodoxime* | 1 | MO |
| *cefprozil* | 1 | MO |
| *ceftazidime injection recon soln 1 gram, 2 gram* | 1 | PA; MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *ceftazidime injection recon soln 6 gram* | 1 | PA |
| *ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg* | 1 | MO |
| *ceftriaxone injection recon soln 10 gram* | 1 | |
| *cefuroxime axetil oral tablet* | 1 | MO |
| *cefuroxime sodium injection recon soln 750 mg* | 1 | PA; MO |
| *cefuroxime sodium intravenous recon soln 1.5 gram* | 1 | PA; MO |
| *cephalexin* | 1 | MO |
| *tazicef injection* | 1 | PA; MO |
| TEFLARO | 3 | PA; MO |
| ZERBAXA | 3 | PA |
| ZEVTERA | 3 | PA |
| **ERYTHROMYCINS / OTHER MACROLIDES** | | |
| *azithromycin intravenous* | 1 | PA; MO |
| *azithromycin oral suspension for reconstitution* | 1 | MO |
| *azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *azithromycin oral tablet 250 mg, 500 mg, 600 mg* | 1 | MO |
| *clarithromycin* | 1 | MO |
| DIFICID ORAL SUSPENSION FOR RECONSTITUTION | 3 | QL (136 per 10 days) |
| DIFICID ORAL TABLET | 2 | MO; QL (20 per 10 days) |
| *e.e.s. 400 oral tablet* | 1 | MO |
| ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG | 3 | MO |
| *erythromycin ethylsuccinate oral suspension for reconstitution* | 1 | MO |
| *erythromycin ethylsuccinate oral tablet* | 1 | |
| *erythromycin oral* | 1 | MO |
| ZITHROMAX INTRAVENOUS | 3 | PA; MO |
| ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION | 3 | MO |
| ZITHROMAX ORAL TABLET 250 MG, 500 MG | 3 | MO |
| ZITHROMAX TRI-PAK | 3 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ZITHROMAX Z-PAK | 3 | |
| **MISCELLANEOUS ANTIINFECTIVES** | | |
| *albendazole* | 1 | MO |
| *amikacin injection solution 500 mg/2 ml* | 1 | PA; MO |
| ARIKAYCE | 3 | PA; LA |
| *atovaquone* | 1 | MO |
| *atovaquone-proguanil* | 1 | MO |
| AZACTAM | 3 | PA; MO |
| *aztreonam* | 1 | PA; MO |
| BETHKIS | 3 | PA; MO; QL (224 per 28 days) |
| CAYSTON | 2 | PA; MO; LA; QL (84 per 56 days) |
| *chloroquine phosphate* | 1 | MO |
| CLEOCIN HCL | 3 | MO |
| CLEOCIN INJECTION | 3 | PA; MO |
| CLEOCIN PEDIATRIC | 3 | MO |
| *clindamycin hcl* | 1 | MO |
| *clindamycin in 5 % dextrose* | 1 | PA; MO |
| *clindamycin pediatric* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *clindamycin phosphate injection* | 1 | PA; MO |
| COARTEM | 3 | MO |
| *colistin (colistimethate na)* | 1 | PA; MO; QL (30 per 10 days) |
| *cycloserine* | 1 | MO |
| DALVANCE | 3 | MO |
| *dapsone oral* | 1 | MO |
| DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG | 2 | MO |
| *daptomycin intravenous recon soln 500 mg* | 1 | MO |
| DARAPRIM | 3 | PA |
| EMVERM | 2 | MO |
| *ertapenem* | 1 | PA; MO; QL (14 per 14 days) |
| *ethambutol* | 1 | MO |
| FIRVANQ | 3 | QL (450 per 10 days) |
| *gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml* | 1 | PA; MO |
| *gentamicin injection* | 1 | PA; MO |
| HUMATIN | 3 | MO |
| *hydroxychloroquine* | 1 | MO |
| *imipenem-cilastatin* | 1 | PA; MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| IMPAVIDO | 3 | PA; MO |
| INVANZ INJECTION | 3 | PA; QL (14 per 14 days) |
| *isoniazid oral* | 1 | MO |
| *ivermectin oral tablet 3 mg* | 1 | PA; MO; QL (20 per 30 days) |
| *ivermectin oral tablet 6 mg* | 1 | PA; QL (8 per 30 days) |
| KITABIS PAK | 3 | PA; MO; QL (280 per 28 days) |
| KRINTAFEL | 3 | |
| LAMPIT | 3 | MO |
| *linezolid* | 1 | MO |
| *linezolid in dextrose 5%* | 1 | PA; MO |
| MALARONE | 3 | MO |
| MALARONE PEDIATRIC | 3 | MO |
| *mefloquine* | 1 | MO |
| MEPRON | 3 | MO |
| *meropenem intravenous recon soln 1 gram* | 1 | PA; QL (30 per 10 days) |
| *meropenem intravenous recon soln 500 mg* | 1 | PA; QL (10 per 10 days) |
| *metronidazole in nacl (iso-os)* | 1 | PA; MO |
| *metronidazole oral capsule* | 1 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *metronidazole oral tablet 250 mg, 500 mg* | 1 | MO |
| NEBUPENT | 3 | PA; MO; QL (1 per 28 days) |
| *neomycin* | 1 | MO |
| *nitazoxanide* | 1 | MO; QL (12 per 30 days) |
| PENTAM | 3 | MO |
| *pentamidine inhalation* | 1 | PA; MO; QL (1 per 28 days) |
| *pentamidine injection* | 1 | MO |
| PLAQUENIL | 3 | MO |
| *polymyxin b sulfate* | 1 | PA; MO |
| *praziquantel* | 1 | MO |
| PRETOMANID | 3 | PA |
| PRIFTIN | 2 | MO |
| PRIMAQUINE | 3 | MO |
| PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG | 3 | PA; MO |
| *pyrazinamide* | 1 | MO |
| *pyrimethamine* | 1 | PA; MO |
| *quinine sulfate* | 1 | MO |
| *rifabutin* | 1 | MO |
| *rifampin* | 1 | MO |
| SIRTURO | 3 | PA; LA |
| SIVEXTRO INTRAVENOUS | 3 | PA |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SIVEXTRO ORAL | 3 | MO |
| SOLOSEC | 3 | MO |
| STREPTOMYCIN | 3 | PA; MO; QL (60 per 30 days) |
| STROMECTOL | 3 | PA; MO; QL (20 per 30 days) |
| *tigecycline* | 1 | PA; MO |
| *tinidazole* | 1 | MO |
| TOBI | 3 | PA; MO; QL (280 per 28 days) |
| TOBI PODHALER | 2 | MO; QL (224 per 56 days) |
| *tobramycin in 0.225 % nacl* | 1 | PA; MO; QL (280 per 28 days) |
| *tobramycin inhalation* | 1 | PA; MO; QL (224 per 28 days) |
| *tobramycin sulfate injection solution* | 1 | PA; MO |
| TYGACIL | 3 | PA; MO |
| VABOMERE | 3 | PA |
| VANCOCIN ORAL CAPSULE 125 MG | 3 | PA; MO; QL (40 per 10 days) |
| VANCOCIN ORAL CAPSULE 250 MG | 3 | PA; MO; QL (80 per 10 days) |
| *vancomycin intravenous recon soln 1,000 mg* | 1 | MO; QL (20 per 10 days) |
| *vancomycin intravenous recon soln 10 gram* | 1 | QL (2 per 10 days) |
| *vancomycin intravenous recon soln 500 mg* | 1 | MO; QL (10 per 10 days) |
| *vancomycin intravenous recon soln 750 mg* | 1 | MO; QL (27 per 10 days) |
| *vancomycin oral capsule 125 mg* | 1 | PA; MO; QL (40 per 10 days) |
| *vancomycin oral capsule 250 mg* | 1 | PA; MO; QL (80 per 10 days) |
| *vancomycin oral recon soln 25 mg/ml* | 1 | QL (450 per 10 days) |
| *vancomycin oral recon soln 50 mg/ml* | 1 | MO; QL (450 per 10 days) |
| XIFAXAN ORAL TABLET 200 MG | 2 | PA; QL (9 per 30 days) |
| XIFAXAN ORAL TABLET 550 MG | 2 | PA; MO; QL (90 per 30 days) |
| ZEMDRI | 3 | PA |
| ZYVOX INTRAVENOUS PIGGYBACK 600 MG/300 ML | 3 | PA; MO |
| ZYVOX ORAL | 3 | MO |
| **PENICILLINS** | | |
| *amoxicillin oral capsule* | 1 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *amoxicillin oral suspension for reconstitution* | 1 | MO |
| *amoxicillin oral tablet* | 1 | MO |
| *amoxicillin oral tablet,chewable 125 mg, 250 mg* | 1 | MO |
| *amoxicillin-pot clavulanate oral suspension for reconstitution* | 1 | MO |
| *amoxicillin-pot clavulanate oral tablet* | 1 | MO |
| *amoxicillin-pot clavulanate oral tablet extended release 12 hr* | 1 | MO |
| *ampicillin oral capsule 500 mg* | 1 | MO |
| *ampicillin sodium injection recon soln 1 gram, 10 gram* | 1 | PA; MO |
| *ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram* | 1 | PA; MO |
| *ampicillin-sulbactam injection recon soln 15 gram* | 1 | PA |
| AUGMENTIN ES-600 | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML | 3 | MO |
| BICILLIN C-R | 3 | PA; MO |
| BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML | 3 | PA; MO |
| BICILLIN L-A INTRAMUSCULAR SYRINGE 2,400,000 UNIT/4 ML, 600,000 UNIT/ML | 3 | PA |
| *dicloxacillin* | 1 | MO |
| *nafcillin injection recon soln 1 gram, 2 gram* | 1 | PA; MO |
| *nafcillin injection recon soln 10 gram* | 1 | PA |
| *oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml* | 1 | PA |
| *oxacillin injection recon soln 1 gram, 10 gram* | 1 | PA |
| *oxacillin injection recon soln 2 gram* | 1 | PA; MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML | 3 | PA |
| *penicillin g potassium injection recon soln 20 million unit* | 1 | PA; MO |
| *penicillin g sodium* | 1 | PA; MO |
| *penicillin v potassium* | 1 | MO |
| *piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram* | 1 | MO |
| *piperacillin-tazobactam intravenous recon soln 40.5 gram* | 1 | |
| UNASYN INJECTION RECON SOLN 15 GRAM | 3 | PA |
| UNASYN INJECTION RECON SOLN 3 GRAM | 3 | PA; MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML | 3 | |
| **QUINOLONES** | | |
| BAXDELA INTRAVENOUS | 3 | PA |
| BAXDELA ORAL | 3 | MO |
| CIPRO ORAL SUSPENSION,MICROCAPSULE RECON | 3 | |
| CIPRO ORAL TABLET 250 MG, 500 MG | 3 | MO |
| *ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg* | 1 | MO |
| *ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml* | 1 | PA; MO |
| *levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml* | 1 | PA; MO |
| *levofloxacin oral* | 1 | MO |
| *moxifloxacin oral* | 1 | MO |
| *moxifloxacin-sod.chloride(iso)* | 1 | PA; MO |
| *ofloxacin oral tablet 300 mg, 400 mg* | 1 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **SULFA'S / RELATED AGENTS** | | |
| BACTRIM | 3 | MO |
| BACTRIM DS | 3 | MO |
| *sulfadiazine* | 1 | MO |
| *sulfamethoxazole-trimethoprim oral* | 1 | MO |
| **TETRACYCLINES** | | |
| *demeclocycline* | 1 | MO |
| DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC) 60 MG | 3 | ST |
| *doxy-100* | 1 | PA; MO |
| *doxycycline hyclate intravenous* | 1 | PA |
| *doxycycline hyclate oral capsule* | 1 | MO |
| *doxycycline hyclate oral tablet* | 1 | MO |
| *doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg* | 1 | MO |
| DOXYCYCLINE HYCLATE ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG | 3 | ST; MO |
| *doxycycline monohydrate* | 1 | MO |
| EMROSI | 3 | ST |
| *minocycline oral capsule* | 1 | MO |
| *minocycline oral tablet* | 1 | MO |
| *minocycline oral tablet extended release 24 hr* | 1 | MO |
| NUZYRA INTRAVENOUS | 3 | PA |
| NUZYRA ORAL | 3 | |
| ORACEA | 3 | ST; MO |
| SEYSARA | 3 | ST; MO |
| TARGADOX | 3 | ST; MO |
| *tetracycline oral capsule* | 1 | MO |
| **URINARY TRACT AGENTS** | | |
| *fosfomycin tromethamine* | 1 | MO |
| MACROBID | 3 | MO |
| MACRODANTIN | 3 | |
| *methenamine hippurate* | 1 | MO |
| *nitrofurantoin macrocrystal* | 1 | MO |
| *nitrofurantoin monohyd/m-cryst* | 1 | MO |
| *nitrofurantoin oral suspension 25 mg/5 ml* | 1 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| NITROFURANTOIN ORAL SUSPENSION 50 MG/5 ML | 3 | MO |
| *trimethoprim* | 1 | MO |
| **ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS** | | |
| **ADJUNCTIVE AGENTS** | | |
| *leucovorin calcium oral* | 1 | MO |
| *mesna oral* | 1 | MO |
| MESNEX ORAL | 3 | MO |
| WYOST | 2 | PA; MO |
| XGEVA | 3 | PA; MO |
| **ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS** | | |
| *abiraterone oral tablet 250 mg* | 1 | PA; MO; QL (120 per 30 days) |
| *abiraterone oral tablet 500 mg* | 1 | PA; MO; QL (60 per 30 days) |
| *abirtega* | 1 | PA; QL (120 per 30 days) |
| AFINITOR | 3 | PA; MO; QL (30 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG | 3 | PA; MO; QL (150 per 30 days) |
| AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG | 3 | PA; MO; QL (90 per 30 days) |
| AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 5 MG | 3 | PA; MO; QL (60 per 30 days) |
| AKEEGA | 2 | PA; LA; QL (60 per 30 days) |
| ALECENSA | 2 | PA; MO; QL (240 per 30 days) |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG | 3 | PA; QL (30 per 30 days) |
| ALUNBRIG ORAL TABLET 30 MG | 3 | PA; QL (60 per 30 days) |
| ALUNBRIG ORAL TABLETS,DOSE PACK | 3 | PA; QL (30 per 180 days) |
| *anastrozole* | 1 | MO |
| ARIMIDEX | 3 | MO |
| AROMASIN | 3 | MO |
| ASTAGRAF XL | 3 | PA; MO |
| AUGTYRO ORAL CAPSULE 160 MG | 3 | PA; QL (60 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| AUGTYRO ORAL CAPSULE 40 MG | 3 | PA; QL (240 per 30 days) |
| AVMAPKI-FAKZYNJA | 3 | PA; QL (66 per 28 days) |
| AYVAKIT | 3 | PA; LA; QL (30 per 30 days) |
| AZASAN | 3 | PA; MO |
| *azathioprine* | 1 | PA; MO |
| BALVERSA | 2 | PA; LA |
| *bexarotene* | 1 | PA; MO |
| *bicalutamide* | 1 | MO |
| BOSULIF ORAL CAPSULE 100 MG | 3 | PA; MO; QL (180 per 30 days) |
| BOSULIF ORAL CAPSULE 50 MG | 3 | PA; MO; QL (330 per 30 days) |
| BOSULIF ORAL TABLET 100 MG | 3 | PA; MO; QL (90 per 30 days) |
| BOSULIF ORAL TABLET 400 MG, 500 MG | 3 | PA; MO; QL (30 per 30 days) |
| BRAFTOVI | 2 | PA; MO; LA; QL (180 per 30 days) |
| BRUKINSA | 2 | PA; LA; QL (120 per 30 days) |
| CABOMETYX | 2 | PA; MO; LA; QL (30 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| CALQUENCE (ACALABRUTINIB MAL) | 2 | PA; LA; QL (60 per 30 days) |
| CAPRELSA ORAL TABLET 100 MG | 2 | PA; LA; QL (60 per 30 days) |
| CAPRELSA ORAL TABLET 300 MG | 2 | PA; LA; QL (30 per 30 days) |
| CASODEX | 3 | MO |
| CELLCEPT | 3 | PA; MO |
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1) | 2 | PA; MO; QL (56 per 28 days) |
| COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3) | 2 | PA; MO; QL (112 per 28 days) |
| COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY) | 2 | PA; MO; QL (84 per 28 days) |
| COPIKTRA | 3 | PA; LA; QL (60 per 30 days) |
| COTELLIC | 2 | PA; MO; LA; QL (63 per 28 days) |
| *cyclophosphamide oral capsule* | 1 | PA; MO |
| CYCLOPHOSPHAMIDE ORAL TABLET | 2 | PA |
| *cyclosporine modified oral capsule* | 1 | PA; MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *cyclosporine modified oral solution* | 1 | PA |
| *cyclosporine oral capsule* | 1 | PA; MO |
| DANZITEN | 2 | PA; QL (112 per 28 days) |
| *dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg* | 1 | PA; MO; QL (30 per 30 days) |
| *dasatinib oral tablet 20 mg* | 1 | PA; MO; QL (90 per 30 days) |
| *dasatinib oral tablet 70 mg* | 1 | PA; MO; QL (60 per 30 days) |
| DAURISMO ORAL TABLET 100 MG | 3 | PA; MO; QL (30 per 30 days) |
| DAURISMO ORAL TABLET 25 MG | 3 | PA; MO; QL (60 per 30 days) |
| ELIGARD | 2 | PA; MO |
| ELIGARD (3 MONTH) | 2 | PA; MO |
| ELIGARD (4 MONTH) | 2 | PA; MO |
| ELIGARD (6 MONTH) | 2 | PA; MO |
| ENSPRYNG | 3 | PA; MO |
| ENVARSUS XR | 3 | PA; MO |
| ERIVEDGE | 2 | PA; MO; QL (30 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ERLEADA ORAL TABLET 240 MG | 2 | PA; MO; QL (30 per 30 days) |
| ERLEADA ORAL TABLET 60 MG | 2 | PA; MO; QL (120 per 30 days) |
| *erlotinib oral tablet 100 mg, 150 mg* | 1 | PA; MO; QL (30 per 30 days) |
| *erlotinib oral tablet 25 mg* | 1 | PA; MO; QL (60 per 30 days) |
| EULEXIN | 3 | |
| *everolimus (antineoplastic) oral tablet* | 1 | PA; MO; QL (30 per 30 days) |
| *everolimus (antineoplastic) oral tablet for suspension 2 mg* | 1 | PA; MO; QL (150 per 30 days) |
| *everolimus (antineoplastic) oral tablet for suspension 3 mg* | 1 | PA; MO; QL (90 per 30 days) |
| *everolimus (antineoplastic) oral tablet for suspension 5 mg* | 1 | PA; MO; QL (60 per 30 days) |
| *everolimus (immunosuppressive)* | 1 | PA; MO |
| *exemestane* | 1 | MO |
| FEMARA | 3 | MO |
| FIRMAGON KIT W DILUENT SYRINGE | 3 | PA; MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| FOTIVDA | 3 | PA; LA; QL (21 per 28 days) |
| FRUZAQLA ORAL CAPSULE 1 MG | 3 | PA; QL (84 per 28 days) |
| FRUZAQLA ORAL CAPSULE 5 MG | 3 | PA; QL (21 per 28 days) |
| GAVRETO | 2 | PA; LA; QL (120 per 30 days) |
| *gefitinib* | 1 | PA; MO; QL (30 per 30 days) |
| *gengraf oral capsule* | 1 | PA; MO |
| GILOTRIF | 3 | PA; MO; QL (30 per 30 days) |
| GLEEVEC ORAL TABLET 100 MG | 3 | PA; MO; QL (180 per 30 days) |
| GLEEVEC ORAL TABLET 400 MG | 3 | PA; MO; QL (60 per 30 days) |
| GLEOSTINE | 3 | MO |
| GOMEKLI ORAL CAPSULE 1 MG | 3 | PA; QL (126 per 28 days) |
| GOMEKLI ORAL CAPSULE 2 MG | 3 | PA; QL (84 per 28 days) |
| GOMEKLI ORAL TABLET FOR SUSPENSION | 3 | PA; QL (168 per 28 days) |
| HYDREA | 3 | MO |
| *hydroxyurea* | 1 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| IBRANCE | 2 | PA; MO; QL (21 per 28 days) |
| ICLUSIG | 3 | PA; QL (30 per 30 days) |
| IDHIFA | 2 | PA; MO; LA; QL (30 per 30 days) |
| *imatinib oral tablet 100 mg* | 1 | PA; MO; QL (180 per 30 days) |
| *imatinib oral tablet 400 mg* | 1 | PA; MO; QL (60 per 30 days) |
| IMBRUVICA ORAL CAPSULE | 2 | PA; QL (30 per 30 days) |
| IMBRUVICA ORAL SUSPENSION | 2 | PA; QL (324 per 30 days) |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG | 2 | PA; QL (30 per 30 days) |
| IMKELDI | 3 | PA; MO; QL (280 per 28 days) |
| IMURAN | 3 | PA; MO |
| INLYTA ORAL TABLET 1 MG | 2 | PA; MO; QL (180 per 30 days) |
| INLYTA ORAL TABLET 5 MG | 2 | PA; MO; QL (120 per 30 days) |
| INQOVI | 3 | PA; MO; QL (5 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| INREBIC | 3 | PA; MO; LA; QL (120 per 30 days) |
| IRESSA | 3 | PA; MO; QL (30 per 30 days) |
| ITOVEBI ORAL TABLET 3 MG | 3 | PA; MO; QL (60 per 30 days) |
| ITOVEBI ORAL TABLET 9 MG | 3 | PA; MO; QL (30 per 30 days) |
| IWILFIN | 3 | PA; LA; QL (240 per 30 days) |
| JAKAFI | 2 | PA; MO; QL (60 per 30 days) |
| JAYPIRCA ORAL TABLET 100 MG | 3 | PA; MO; QL (60 per 30 days) |
| JAYPIRCA ORAL TABLET 50 MG | 3 | PA; MO; QL (30 per 30 days) |
| JYLAMVO | 3 | PA; MO |
| KANJINTI | 3 | PA; MO |
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1) | 2 | PA; MO; QL (21 per 28 days) |
| KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2) | 2 | PA; MO; QL (42 per 28 days) |
| KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3) | 2 | PA; MO; QL (63 per 28 days) |
| KLISYRI (250 MG) | 3 | MO |
| KOSELUGO | 3 | PA |
| KRAZATI | 3 | PA; QL (180 per 30 days) |
| *lapatinib* | 1 | PA; MO; QL (180 per 30 days) |
| LAZCLUZE ORAL TABLET 240 MG | 3 | PA; LA; QL (30 per 30 days) |
| LAZCLUZE ORAL TABLET 80 MG | 3 | PA; LA; QL (60 per 30 days) |
| *lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg* | 1 | PA; MO; QL (28 per 28 days) |
| *lenalidomide oral capsule 2.5 mg, 20 mg* | 1 | PA; QL (28 per 28 days) |
| LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG | 2 | PA; MO; QL (30 per 30 days) |
| LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1) | 2 | PA; MO; QL (90 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2) | 2 | PA; MO; QL (60 per 30 days) |
| *letrozole* | 1 | MO |
| LEUKERAN | 3 | MO |
| LEUPROLIDE (3 MONTH) | 3 | PA; MO |
| *leuprolide subcutaneous kit* | 1 | PA; MO |
| LONSURF | 2 | PA; MO |
| LORBRENA ORAL TABLET 100 MG | 2 | PA; MO; QL (30 per 30 days) |
| LORBRENA ORAL TABLET 25 MG | 2 | PA; MO; QL (90 per 30 days) |
| LUMAKRAS ORAL TABLET 120 MG | 2 | PA; MO; QL (240 per 30 days) |
| LUMAKRAS ORAL TABLET 240 MG | 2 | PA; MO; QL (120 per 30 days) |
| LUMAKRAS ORAL TABLET 320 MG | 2 | PA; MO; QL (90 per 30 days) |
| LUPKYNIS | 3 | PA; LA; QL (180 per 30 days) |
| LUPRON DEPOT | 3 | PA; MO |
| LUPRON DEPOT (3 MONTH) | 3 | PA; MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| LUPRON DEPOT (4 MONTH) | 3 | PA; MO |
| LUPRON DEPOT (6 MONTH) | 3 | PA; MO |
| LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG | 3 | PA; MO |
| LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED) | 3 | PA; MO |
| LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT | 3 | PA; MO |
| LYNPARZA | 2 | PA; MO; QL (120 per 30 days) |
| LYSODREN | 3 | |
| LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3) | 3 | PA; LA; QL (84 per 28 days) |
| LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4) | 3 | PA; LA; QL (112 per 28 days) |
| LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5) | 3 | PA; LA; QL (140 per 28 days) |
| MATULANE | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)* | 1 | PA; MO |
| *megestrol oral tablet* | 1 | PA; MO |
| MEKINIST ORAL RECON SOLN | 2 | PA; MO; QL (1260 per 30 days) |
| MEKINIST ORAL TABLET 0.5 MG | 2 | PA; MO; QL (90 per 30 days) |
| MEKINIST ORAL TABLET 2 MG | 2 | PA; MO; QL (30 per 30 days) |
| MEKTOVI | 2 | PA; MO; LA; QL (180 per 30 days) |
| *mercaptopurine* | 1 | MO |
| *methotrexate sodium* | 1 | PA; MO |
| *methotrexate sodium (pf) injection solution* | 1 | PA; MO |
| MVASI | 3 | PA; MO |
| MYCAPSSA | 3 | PA; LA |
| *mycophenolate mofetil* | 1 | PA; MO |
| *mycophenolate sodium* | 1 | PA; MO |
| MYFORTIC | 3 | PA; MO |
| MYHIBBIN | 3 | PA; MO |
| NEMLUVIO | 2 | PA; MO; QL (2 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| NEORAL | 3 | PA; MO |
| NERLYNX | 2 | PA; MO; LA |
| NEXAVAR | 3 | PA; MO; LA; QL (120 per 30 days) |
| NILANDRON | 3 | PA; MO |
| *nilotinib hcl oral capsule 150 mg, 200 mg* | 1 | PA; MO; QL (112 per 28 days) |
| *nilotinib hcl oral capsule 50 mg* | 1 | PA; MO; QL (120 per 30 days) |
| *nilutamide* | 1 | PA; MO |
| NINLARO | 3 | PA; MO; QL (3 per 28 days) |
| NUBEQA | 2 | PA; MO; LA; QL (120 per 30 days) |
| *octreotide acetate injection solution* | 1 | PA; MO |
| ODOMZO | 2 | PA; MO; LA; QL (30 per 30 days) |
| OGIVRI | 3 | PA; MO |
| OGSIVEO ORAL TABLET 100 MG, 150 MG | 3 | PA; QL (56 per 28 days) |
| OGSIVEO ORAL TABLET 50 MG | 3 | PA; QL (180 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| OJEMDA ORAL SUSPENSION FOR RECONSTITUTION | 3 | PA; QL (96 per 28 days) |
| OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4) | 3 | PA; QL (16 per 28 days) |
| OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5) | 3 | PA; QL (20 per 28 days) |
| OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6) | 3 | PA; QL (24 per 28 days) |
| OJJAARA | 3 | PA; QL (30 per 30 days) |
| ONTRUZANT | 3 | PA |
| ONUREG | 3 | PA; MO; QL (14 per 28 days) |
| ORGOVYX | 2 | PA; LA; QL (30 per 28 days) |
| ORSERDU ORAL TABLET 345 MG | 3 | PA; QL (30 per 30 days) |
| ORSERDU ORAL TABLET 86 MG | 3 | PA; QL (90 per 30 days) |
| *pazopanib* | 1 | PA; MO; QL (120 per 30 days) |
| PEMAZYRE | 3 | PA; LA; QL (28 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1) | 2 | PA; QL (28 per 28 days) |
| PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) | 2 | PA; QL (56 per 28 days) |
| POMALYST | 3 | PA; MO; LA; QL (21 per 28 days) |
| PROGRAF ORAL | 3 | PA; MO |
| PURIXAN | 3 | |
| QINLOCK | 3 | PA; LA; QL (90 per 30 days) |
| RETEVMO ORAL CAPSULE 40 MG | 2 | PA; MO; LA; QL (90 per 30 days) |
| RETEVMO ORAL CAPSULE 80 MG | 2 | PA; MO; LA; QL (60 per 30 days) |
| RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG | 2 | PA; MO; LA; QL (60 per 30 days) |
| RETEVMO ORAL TABLET 40 MG | 2 | PA; MO; LA; QL (90 per 30 days) |
| REVLIMID | 3 | PA; MO; LA; QL (28 per 28 days) |
| REVUFORJ ORAL TABLET 110 MG | 3 | PA; QL (120 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| REVUFORJ ORAL TABLET 160 MG | 3 | PA; QL (60 per 30 days) |
| REVUFORJ ORAL TABLET 25 MG | 3 | PA; QL (240 per 30 days) |
| REZLIDHIA | 3 | PA; QL (60 per 30 days) |
| REZUROCK | 3 | PA; LA; QL (30 per 30 days) |
| RIABNI | 3 | PA; MO |
| ROMVIMZA | 3 | PA; LA; QL (8 per 28 days) |
| ROZLYTREK ORAL CAPSULE 100 MG | 2 | PA; MO; QL (150 per 30 days) |
| ROZLYTREK ORAL CAPSULE 200 MG | 2 | PA; MO; QL (90 per 30 days) |
| ROZLYTREK ORAL PELLETS IN PACKET | 2 | PA; MO; QL (336 per 28 days) |
| RUBRACA | 3 | PA; MO; LA; QL (120 per 30 days) |
| RUXIENCE | 2 | PA; MO |
| RYDAPT | 2 | PA; MO; QL (224 per 28 days) |
| SANDIMMUNE ORAL CAPSULE | 3 | PA; MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML | 3 | PA; MO |
| SCEMBLIX ORAL TABLET 100 MG | 2 | PA; QL (120 per 30 days) |
| SCEMBLIX ORAL TABLET 20 MG | 2 | PA; QL (60 per 30 days) |
| SCEMBLIX ORAL TABLET 40 MG | 2 | PA; QL (300 per 30 days) |
| SIGNIFOR | 2 | PA |
| SIKLOS | 3 | MO |
| *sirolimus* | 1 | PA; MO |
| SOLTAMOX | 3 | MO |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML | 3 | PA; MO |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML | 2 | PA; MO |
| *sorafenib* | 1 | PA; MO; QL (120 per 30 days) |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG | 3 | PA; MO; QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SPRYCEL ORAL TABLET 20 MG | 3 | PA; MO; QL (90 per 30 days) |
| SPRYCEL ORAL TABLET 70 MG | 3 | PA; MO; QL (60 per 30 days) |
| STIVARGA | 2 | PA; MO; QL (84 per 28 days) |
| *sunitinib malate* | 1 | PA; MO; QL (28 per 28 days) |
| SUTENT | 3 | PA; MO; QL (28 per 28 days) |
| TABLOID | 3 | MO |
| TABRECTA | 3 | PA; MO |
| *tacrolimus oral capsule* | 1 | PA; MO |
| TAFINLAR ORAL CAPSULE | 2 | PA; MO; QL (120 per 30 days) |
| TAFINLAR ORAL TABLET FOR SUSPENSION | 2 | PA; MO; QL (840 per 28 days) |
| TAGRISSO | 3 | PA; MO; LA; QL (30 per 30 days) |
| TALZENNA | 2 | PA; MO; QL (30 per 30 days) |
| *tamoxifen* | 1 | MO |
| TARGRETIN | 3 | PA; MO |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG | 3 | PA; MO; QL (112 per 28 days) |
| TASIGNA ORAL CAPSULE 50 MG | 3 | PA; MO; QL (120 per 30 days) |
| TAZVERIK | 3 | PA; LA |
| TEPMETKO | 3 | PA; LA |
| THALOMID ORAL CAPSULE 100 MG | 3 | PA; MO; QL (112 per 28 days) |
| THALOMID ORAL CAPSULE 50 MG | 3 | PA; MO; QL (28 per 28 days) |
| TIBSOVO | 2 | PA |
| *toremifene* | 1 | MO |
| *torpenz* | 1 | PA; QL (30 per 30 days) |
| TRAZIMERA | 2 | PA; MO |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION | 3 | PA; MO |
| *tretinoin (antineoplastic)* | 1 | MO |
| TREXALL | 3 | PA; MO |
| TRUQAP | 3 | PA; QL (64 per 28 days) |
| TUKYSA ORAL TABLET 150 MG | 3 | PA; LA; QL (120 per 30 days) |
| TUKYSA ORAL TABLET 50 MG | 3 | PA; LA; QL (300 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TURALIO ORAL CAPSULE 125 MG | 3 | PA; LA; QL (120 per 30 days) |
| TYKERB | 3 | PA; MO; LA; QL (180 per 30 days) |
| VANFLYTA | 3 | PA; QL (56 per 28 days) |
| VENCLEXTA ORAL TABLET 10 MG | 2 | PA; LA; QL (60 per 30 days) |
| VENCLEXTA ORAL TABLET 100 MG | 2 | PA; LA; QL (180 per 30 days) |
| VENCLEXTA ORAL TABLET 50 MG | 2 | PA; LA; QL (30 per 30 days) |
| VENCLEXTA STARTING PACK | 2 | PA; LA; QL (42 per 180 days) |
| VERZENIO | 2 | PA; MO; LA; QL (60 per 30 days) |
| VIJOICE ORAL GRANULES IN PACKET | 3 | PA; QL (28 per 28 days) |
| VIJOICE ORAL TABLET 125 MG, 50 MG | 3 | PA; QL (28 per 28 days) |
| VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1) | 3 | PA; QL (56 per 28 days) |
| VITRAKVI ORAL CAPSULE 100 MG | 2 | PA; MO; LA; QL (60 per 30 days) |
| VITRAKVI ORAL CAPSULE 25 MG | 2 | PA; MO; LA; QL (180 per 30 days) |
| VITRAKVI ORAL SOLUTION | 2 | PA; MO; LA; QL (300 per 30 days) |
| VIZIMPRO | 3 | PA; MO; QL (30 per 30 days) |
| VONJO | 3 | PA; QL (120 per 30 days) |
| VORANIGO ORAL TABLET 10 MG | 3 | PA; QL (60 per 30 days) |
| VORANIGO ORAL TABLET 40 MG | 3 | PA; QL (30 per 30 days) |
| VOTRIENT | 3 | PA; MO; QL (120 per 30 days) |
| WELIREG | 3 | PA; LA |
| XALKORI ORAL CAPSULE | 3 | PA; MO; QL (60 per 30 days) |
| XALKORI ORAL PELLET 150 MG | 3 | PA; MO; QL (180 per 30 days) |
| XALKORI ORAL PELLET 20 MG, 50 MG | 3 | PA; MO; QL (120 per 30 days) |
| XATMEP | 3 | PA; MO |
| XERMELO | 3 | PA; LA; QL (84 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| XOSPATA | 2 | PA; LA; QL (90 per 30 days) |
| XPOVIO | 3 | PA; LA |
| XROMI | 3 | MO |
| XTANDI ORAL CAPSULE | 2 | PA; MO; QL (120 per 30 days) |
| XTANDI ORAL TABLET 40 MG | 2 | PA; MO; QL (120 per 30 days) |
| XTANDI ORAL TABLET 80 MG | 2 | PA; MO; QL (60 per 30 days) |
| YONSA | 3 | PA; MO; QL (120 per 30 days) |
| ZEJULA ORAL TABLET | 3 | PA; MO; LA; QL (30 per 30 days) |
| ZELBORAF | 2 | PA; MO; QL (240 per 30 days) |
| ZIRABEV | 2 | PA; MO |
| ZOLINZA | 2 | PA; MO; QL (120 per 30 days) |
| ZORTRESS | 3 | PA; MO |
| ZYDELIG | 3 | PA; MO; QL (60 per 30 days) |
| ZYKADIA | 3 | PA; MO; QL (90 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ZYTIGA ORAL TABLET 250 MG | 3 | PA; MO; QL (120 per 30 days) |
| ZYTIGA ORAL TABLET 500 MG | 3 | PA; MO; QL (60 per 30 days) |
| **AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH** | | |
| **ANTICONVULSANTS** | | |
| APTIOM ORAL TABLET 200 MG, 600 MG, 800 MG | 3 | MO; QL (60 per 30 days) |
| APTIOM ORAL TABLET 400 MG | 3 | MO; QL (30 per 30 days) |
| BANZEL | 3 | PA; MO |
| BRIVIACT ORAL SOLUTION | 3 | MO; QL (600 per 30 days) |
| BRIVIACT ORAL TABLET | 3 | MO; QL (60 per 30 days) |
| *carbamazepine oral capsule, er multiphase 12 hr* | 1 | MO |
| *carbamazepine oral suspension 100 mg/5 ml* | 1 | MO |
| *carbamazepine oral tablet* | 1 | MO |
| *carbamazepine oral tablet extended release 12 hr* | 1 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *carbamazepine oral tablet,chewable 100 mg* | 1 | MO |
| CARBATROL | 3 | MO |
| CELONTIN ORAL CAPSULE 300 MG | 3 | MO |
| *clobazam oral suspension* | 1 | PA; MO; QL (480 per 30 days) |
| *clobazam oral tablet* | 1 | PA; MO; QL (60 per 30 days) |
| *clonazepam oral tablet 0.5 mg, 1 mg* | 1 | MO; QL (90 per 30 days) |
| *clonazepam oral tablet 2 mg* | 1 | MO; QL (300 per 30 days) |
| *clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg* | 1 | MO; QL (90 per 30 days) |
| *clonazepam oral tablet,disintegrating 2 mg* | 1 | MO; QL (300 per 30 days) |
| DEPAKOTE | 3 | MO |
| DEPAKOTE ER | 3 | MO |
| DEPAKOTE SPRINKLES | 3 | MO |
| DIACOMIT | 3 | PA; LA |
| *diazepam rectal* | 1 | MO |
| DILANTIN 30 MG | 3 | MO |
| DILANTIN EXTENDED 100 MG | 3 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| DILANTIN INFATABS | 3 | MO |
| DILANTIN-125 | 3 | |
| *divalproex* | 1 | MO |
| EPIDIOLEX | 3 | PA; MO; LA |
| *epitol* | 1 | MO |
| EPRONTIA | 3 | PA; MO |
| EQUETRO | 3 | MO |
| *eslicarbazepine oral tablet 200 mg* | 1 | MO; QL (180 per 30 days) |
| *eslicarbazepine oral tablet 400 mg* | 1 | MO; QL (90 per 30 days) |
| *eslicarbazepine oral tablet 600 mg, 800 mg* | 1 | MO; QL (60 per 30 days) |
| *ethosuximide* | 1 | MO |
| *felbamate* | 1 | MO |
| FELBATOL ORAL TABLET | 3 | MO |
| FINTEPLA | 3 | PA; LA; QL (360 per 30 days) |
| FYCOMPA ORAL SUSPENSION | 3 | MO; QL (720 per 30 days) |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG | 3 | MO; QL (30 per 30 days) |
| FYCOMPA ORAL TABLET 2 MG, 4 MG, 6 MG | 3 | MO; QL (60 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *gabapentin oral capsule 100 mg, 400 mg* | 1 | MO; QL (270 per 30 days) |
| *gabapentin oral capsule 300 mg* | 1 | MO; QL (360 per 30 days) |
| *gabapentin oral solution 250 mg/5 ml* | 1 | MO; QL (2160 per 30 days) |
| *gabapentin oral tablet 600 mg* | 1 | MO; QL (180 per 30 days) |
| *gabapentin oral tablet 800 mg* | 1 | MO; QL (120 per 30 days) |
| *gabapentin oral tablet extended release 24 hr 300 mg* | 1 | PA; MO; QL (30 per 30 days) |
| *gabapentin oral tablet extended release 24 hr 600 mg* | 1 | PA; MO; QL (90 per 30 days) |
| GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG | 3 | PA; MO; QL (30 per 30 days) |
| GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG | 3 | PA; MO; QL (60 per 30 days) |
| GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG | 3 | PA; MO; QL (90 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| KEPPRA ORAL | 3 | MO |
| KEPPRA XR | 3 | MO |
| KLONOPIN ORAL TABLET 0.5 MG, 1 MG | 3 | MO; QL (90 per 30 days) |
| KLONOPIN ORAL TABLET 2 MG | 3 | MO; QL (300 per 30 days) |
| *lacosamide oral solution* | 1 | MO; QL (1200 per 30 days) |
| *lacosamide oral tablet 100 mg, 150 mg, 200 mg* | 1 | MO; QL (60 per 30 days) |
| *lacosamide oral tablet 50 mg* | 1 | MO; QL (120 per 30 days) |
| LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG, 25 MG, 50 MG | 3 | MO |
| LAMICTAL ODT ORAL TABLET,DISINTEGRATING 200 MG | 3 | |
| LAMICTAL ORAL TABLET | 3 | MO |
| LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG | 3 | MO |
| LAMICTAL STARTER (BLUE) KIT | 3 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| LAMICTAL STARTER (GREEN) KIT | 3 | MO |
| LAMICTAL STARTER (ORANGE) KIT | 3 | MO |
| LAMICTAL XR | 3 | MO |
| LAMICTAL XR STARTER (BLUE) | 3 | MO |
| LAMICTAL XR STARTER (GREEN) | 3 | MO |
| LAMICTAL XR STARTER (ORANGE) | 3 | MO |
| *lamotrigine* | 1 | MO |
| *levetiracetam oral solution 100 mg/ml* | 1 | MO |
| *levetiracetam oral tablet* | 1 | MO |
| *levetiracetam oral tablet extended release 24 hr* | 1 | MO |
| LEVETIRACETAM ORAL TABLET FOR SUSPENSION | 3 | |
| LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG | 3 | PA; MO; QL (30 per 30 days) |
| LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG | 3 | PA; MO; QL (60 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG | 3 | MO; QL (90 per 30 days) |
| LYRICA ORAL CAPSULE 225 MG, 300 MG | 3 | MO; QL (60 per 30 days) |
| LYRICA ORAL SOLUTION | 3 | MO; QL (900 per 30 days) |
| *methsuximide* | 1 | MO |
| MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG | 3 | ST; MO; QL (120 per 30 days) |
| MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 200 MG | 3 | ST; MO; QL (60 per 30 days) |
| MYSOLINE | 3 | MO |
| NAYZILAM | 2 | PA; MO; QL (10 per 30 days) |
| NEURONTIN ORAL CAPSULE 100 MG, 400 MG | 3 | MO; QL (270 per 30 days) |
| NEURONTIN ORAL CAPSULE 300 MG | 3 | MO; QL (360 per 30 days) |
| NEURONTIN ORAL SOLUTION | 3 | MO; QL (2160 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| NEURONTIN ORAL TABLET 600 MG | 3 | MO; QL (180 per 30 days) |
| NEURONTIN ORAL TABLET 800 MG | 3 | MO; QL (120 per 30 days) |
| ONFI ORAL SUSPENSION | 3 | PA; MO; QL (480 per 30 days) |
| ONFI ORAL TABLET | 3 | PA; MO; QL (60 per 30 days) |
| *oxcarbazepine* | 1 | MO |
| OXTELLAR XR | 3 | MO |
| *phenobarbital oral elixir* | 1 | PA; MO |
| *phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg* | 1 | PA |
| *phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg* | 1 | PA; MO |
| PHENYTEK | 3 | MO |
| *phenytoin oral suspension 125 mg/5 ml* | 1 | |
| *phenytoin oral tablet,chewable* | 1 | MO |
| *phenytoin sodium extended oral capsule 100 mg* | 1 | MO |
| *pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg* | 1 | MO; QL (90 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *pregabalin oral capsule 225 mg, 300 mg* | 1 | MO; QL (60 per 30 days) |
| *pregabalin oral solution* | 1 | MO; QL (900 per 30 days) |
| *pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg* | 1 | PA; MO; QL (30 per 30 days) |
| *pregabalin oral tablet extended release 24 hr 330 mg* | 1 | PA; MO; QL (60 per 30 days) |
| PRIMIDONE ORAL TABLET 125 MG | 3 | MO |
| *primidone oral tablet 250 mg, 50 mg* | 1 | MO |
| *roweepra oral tablet 500 mg* | 1 | MO |
| *rufinamide* | 1 | PA; MO |
| SABRIL | 3 | PA; MO; LA |
| SPRITAM | 3 | MO |
| *subvenite* | 1 | MO |
| *subvenite starter (blue) kit* | 1 | MO |
| *subvenite starter (green) kit* | 1 | MO |
| *subvenite starter (orange) kit* | 1 | MO |
| SYMPAZAN | 3 | PA; MO; QL (60 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TEGRETOL ORAL SUSPENSION | 3 | MO |
| TEGRETOL ORAL TABLET | 3 | MO |
| TEGRETOL XR | 3 | MO |
| *tiagabine* | 1 | MO |
| TOPAMAX | 3 | PA; MO |
| *topiramate oral capsule, sprinkle 15 mg, 25 mg* | 1 | PA; MO |
| *topiramate oral capsule,extended release 24hr* | 1 | PA; MO |
| *topiramate oral capsule,sprinkle,er 24hr* | 1 | PA; MO |
| *topiramate oral tablet* | 1 | PA; MO |
| TRILEPTAL | 3 | MO |
| TROKENDI XR | 3 | PA; MO |
| *valproic acid* | 1 | MO |
| *valproic acid (as sodium salt) oral solution 250 mg/5 ml* | 1 | MO |
| VALTOCO | 2 | PA; MO; QL (10 per 30 days) |
| *vigabatrin* | 1 | PA; MO; LA |
| *vigadrone* | 1 | PA; LA |
| VIGAFYDE | 3 | PA; LA |
| VIMPAT ORAL SOLUTION | 3 | MO; QL (1200 per 30 days) |
| VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG | 3 | MO; QL (60 per 30 days) |
| VIMPAT ORAL TABLET 50 MG | 3 | MO; QL (120 per 30 days) |
| XCOPRI MAINTENANCE PACK | 3 | MO; QL (56 per 28 days) |
| XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG | 3 | MO; QL (30 per 30 days) |
| XCOPRI ORAL TABLET 150 MG, 200 MG | 3 | MO; QL (60 per 30 days) |
| XCOPRI TITRATION PACK | 3 | MO; QL (28 per 180 days) |
| ZARONTIN | 3 | MO |
| ZONEGRAN ORAL CAPSULE 100 MG, 25 MG | 3 | PA; MO |
| ZONISADE | 3 | PA; MO |
| *zonisamide* | 1 | PA; MO |
| ZTALMY | 3 | PA; LA; QL (1100 per 30 days) |
| **ANTIPARKINSONISM AGENTS** | | |
| APOKYN | 3 | PA; MO; LA; QL (90 per 30 days) |
| *apomorphine* | 1 | PA; QL (90 per 30 days) |
| AZILECT | 3 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *benztropine oral* | 1 | PA; MO |
| *bromocriptine* | 1 | MO |
| *carbidopa* | 1 | MO |
| *carbidopa-levodopa* | 1 | MO |
| *carbidopa-levodopa-entacapone* | 1 | MO |
| CREXONT | 3 | MO |
| DHIVY | 3 | MO |
| DUOPA | 3 | PA; MO |
| *entacapone* | 1 | MO |
| GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG | 3 | PA; QL (60 per 30 days) |
| GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 68.5 MG | 3 | PA; QL (30 per 30 days) |
| INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE | 2 | PA; QL (300 per 30 days) |
| LODOSYN | 3 | MO |
| NEUPRO | 3 | MO |
| NOURIANZ | 3 | PA; MO; LA; QL (30 per 30 days) |
| ONAPGO | 3 | PA; LA |
| ONGENTYS | 3 | PA; MO; QL (30 per 30 days) |
| PARLODEL | 3 | |
| *pramipexole* | 1 | MO |
| *rasagiline* | 1 | MO |
| *ropinirole* | 1 | MO |
| RYTARY | 3 | MO |
| *selegiline hcl* | 1 | MO |
| SINEMET ORAL TABLET 10-100 MG, 25-100 MG | 3 | MO |
| TASMAR ORAL TABLET 100 MG | 3 | PA; MO |
| *tolcapone* | 1 | PA; MO |
| *trihexyphenidyl* | 1 | MO |
| XADAGO | 3 | MO |
| ZELAPAR | 3 | PA; MO |
| **MIGRAINE / CLUSTER HEADACHE THERAPY** | | |
| AIMOVIG AUTOINJECTOR | 2 | PA; MO; QL (1 per 30 days) |
| AJOVY AUTOINJECTOR | 3 | PA; MO; QL (1.5 per 30 days) |
| AJOVY SYRINGE | 3 | PA; MO; QL (1.5 per 30 days) |
| *almotriptan malate* | 1 | MO; QL (16 per 28 days) |
| *dihydroergotamine nasal* | 1 | QL (8 per 28 days) |
| *eletriptan* | 1 | MO; QL (18 per 28 days) |
| ELYXYB | 3 | PA; MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| EMGALITY PEN | 2 | PA; MO; QL (2 per 30 days) |
| EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML | 2 | PA; MO; QL (2 per 30 days) |
| EMGALITY SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) | 3 | PA; MO; QL (3 per 30 days) |
| ERGOMAR | 3 | |
| *ergotamine-caffeine* | 1 | MO |
| FROVA | 3 | QL (27 per 28 days) |
| *frovatriptan* | 1 | MO; QL (27 per 28 days) |
| IMITREX ORAL TABLET 100 MG | 3 | MO; QL (18 per 28 days) |
| IMITREX ORAL TABLET 25 MG, 50 MG | 3 | QL (18 per 28 days) |
| IMITREX STATDOSE SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML | 3 | MO; QL (8 per 28 days) |
| IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 6 MG/0.5 ML | 3 | MO; QL (8 per 28 days) |
| MAXALT ORAL TABLET 10 MG | 3 | MO; QL (24 per 28 days) |
| MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG | 3 | MO; QL (24 per 28 days) |
| *migergot* | 1 | MO |
| *naratriptan* | 1 | MO; QL (18 per 28 days) |
| NURTEC ODT | 2 | PA; QL (16 per 30 days) |
| ONZETRA XSAIL | 3 | MO; QL (32 per 28 days) |
| QULIPTA | 2 | PA; MO; QL (30 per 30 days) |
| RELPAX | 3 | MO; QL (18 per 28 days) |
| REYVOW ORAL TABLET 100 MG | 3 | PA; QL (16 per 30 days) |
| REYVOW ORAL TABLET 50 MG | 3 | PA; QL (8 per 30 days) |
| *rizatriptan* | 1 | MO; QL (24 per 28 days) |
| *sumatriptan* | 1 | MO; QL (18 per 28 days) |
| *sumatriptan succinate oral* | 1 | MO; QL (18 per 28 days) |
| *sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml* | 1 | QL (8 per 28 days) |
| *sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml* | 1 | QL (8 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml* | 1 | MO; QL (8 per 28 days) |
| *sumatriptan succinate subcutaneous solution* | 1 | MO; QL (8 per 28 days) |
| *sumatriptan-naproxen* | 1 | MO; QL (18 per 28 days) |
| TOSYMRA | 3 | MO; QL (24 per 28 days) |
| TREXIMET | 3 | MO; QL (18 per 28 days) |
| TRUDHESA | 3 | ST; QL (12 per 28 days) |
| UBRELVY | 2 | PA; QL (20 per 30 days) |
| ZAVZPRET | 3 | PA; MO; QL (6 per 28 days) |
| ZEMBRACE SYMTOUCH | 3 | MO; QL (8 per 28 days) |
| ZOLMITRIPTAN NASAL SPRAY,NON-AEROSOL 2.5 MG | 3 | MO; QL (18 per 28 days) |
| *zolmitriptan nasal spray,non-aerosol 5 mg* | 1 | MO; QL (18 per 28 days) |
| *zolmitriptan oral* | 1 | MO; QL (18 per 28 days) |
| ZOMIG | 3 | MO; QL (18 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **MISCELLANEOUS NEUROLOGICAL THERAPY** | | |
| ADLARITY | 3 | |
| AMPYRA | 3 | PA; MO; LA; QL (60 per 30 days) |
| ARICEPT | 3 | MO |
| AUBAGIO | 3 | PA; MO; QL (30 per 30 days) |
| AUSTEDO ORAL TABLET 12 MG, 9 MG | 2 | PA; MO; QL (120 per 30 days) |
| AUSTEDO ORAL TABLET 6 MG | 2 | PA; MO; QL (60 per 30 days) |
| AUSTEDO XR | 2 | PA; MO; QL (30 per 30 days) |
| AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG | 2 | PA; MO; QL (28 per 180 days) |
| BAFIERTAM | 3 | PA; MO; QL (120 per 30 days) |
| COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML | 3 | PA; MO; QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML | 3 | PA; MO; QL (12 per 28 days) |
| *dalfampridine* | 1 | PA; MO; QL (60 per 30 days) |
| DAYBUE | 3 | PA; LA |
| *dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg* | 1 | PA; MO; QL (56 per 28 days) |
| *dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)* | 1 | PA; MO; QL (120 per 180 days) |
| *dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg* | 1 | PA; MO; QL (60 per 30 days) |
| *donepezil* | 1 | MO |
| EVRYSDI ORAL RECON SOLN | 3 | PA; MO; LA; QL (240 per 30 days) |
| EVRYSDI ORAL TABLET | 3 | PA; MO; LA; QL (30 per 30 days) |
| EXELON PATCH | 3 | MO |
| *fingolimod* | 1 | PA; MO; QL (30 per 30 days) |
| FIRDAPSE | 3 | PA; LA |
| *galantamine* | 1 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| GILENYA ORAL CAPSULE 0.25 MG | 3 | PA; QL (30 per 30 days) |
| GILENYA ORAL CAPSULE 0.5 MG | 3 | PA; MO; QL (30 per 30 days) |
| *glatiramer subcutaneous syringe 20 mg/ml* | 1 | PA; QL (30 per 30 days) |
| *glatiramer subcutaneous syringe 40 mg/ml* | 1 | PA; QL (12 per 28 days) |
| *glatopa subcutaneous syringe 20 mg/ml* | 1 | PA; MO; QL (30 per 30 days) |
| *glatopa subcutaneous syringe 40 mg/ml* | 1 | PA; MO; QL (12 per 28 days) |
| HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG | 3 | PA; MO; QL (30 per 30 days) |
| HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG | 3 | PA; MO; QL (60 per 30 days) |
| INGREZZA | 2 | PA; LA; QL (30 per 30 days) |
| INGREZZA INITIATION PK(TARDIV) | 2 | PA; LA; QL (28 per 180 days) |
| INGREZZA SPRINKLE | 2 | PA; LA; QL (30 per 30 days) |
| KESIMPTA PEN | 2 | PA; MO; QL (1.6 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| KEVEYIS | 3 | PA |
| MAVENCLAD (10 TABLET PACK) | 3 | PA; MO; LA; QL (40 per 720 days) |
| MAVENCLAD (4 TABLET PACK) | 3 | PA; MO; LA; QL (16 per 720 days) |
| MAVENCLAD (5 TABLET PACK) | 3 | PA; MO; LA; QL (20 per 720 days) |
| MAVENCLAD (6 TABLET PACK) | 3 | PA; MO; LA; QL (24 per 720 days) |
| MAVENCLAD (7 TABLET PACK) | 3 | PA; MO; LA; QL (28 per 720 days) |
| MAVENCLAD (8 TABLET PACK) | 3 | PA; MO; LA; QL (32 per 720 days) |
| MAVENCLAD (9 TABLET PACK) | 3 | PA; MO; LA; QL (36 per 720 days) |
| MAYZENT ORAL TABLET 0.25 MG | 3 | PA; MO; QL (120 per 30 days) |
| MAYZENT ORAL TABLET 1 MG, 2 MG | 3 | PA; MO; QL (30 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| MAYZENT STARTER(FOR 1MG MAINT) | 3 | PA; MO; QL (7 per 180 days) |
| MAYZENT STARTER(FOR 2MG MAINT) | 3 | PA; MO; QL (12 per 180 days) |
| *memantine oral capsule,sprinkle,er 24hr* | 1 | PA; MO |
| *memantine oral solution* | 1 | PA; MO |
| *memantine oral tablet* | 1 | PA; MO |
| MEMANTINE ORAL TABLETS,DOSE PACK | 3 | PA; MO |
| *memantine-donepezil* | 1 | PA; MO |
| MIPLYFFA | 3 | PA; LA |
| NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK | 3 | PA |
| NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR | 3 | PA; MO |
| NUEDEXTA | 3 | PA; MO |
| *ormalvi* | 1 | PA |
| PONVORY | 3 | PA; MO; QL (30 per 30 days) |
| PONVORY 14-DAY STARTER PACK | 3 | PA; MO; QL (14 per 180 days) |
| RADICAVA ORS | 2 | PA; MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| RADICAVA ORS STARTER KIT SUSP | 2 | PA; MO |
| *rivastigmine* | 1 | MO |
| *rivastigmine tartrate* | 1 | MO |
| SKYCLARYS | 3 | PA; LA |
| TASCENSO ODT | 3 | PA; MO; QL (30 per 30 days) |
| TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG | 3 | PA; MO; LA; QL (56 per 28 days) |
| TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46) | 3 | PA; MO; LA; QL (120 per 180 days) |
| TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 240 MG | 3 | PA; MO; LA; QL (60 per 30 days) |
| *teriflunomide* | 1 | PA; MO; QL (30 per 30 days) |
| *tetrabenazine oral tablet 12.5 mg* | 1 | PA; MO; QL (240 per 30 days) |
| *tetrabenazine oral tablet 25 mg* | 1 | PA; MO; QL (120 per 30 days) |
| VUMERITY | 2 | PA; MO; QL (120 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| WAINUA | 3 | PA; LA; QL (0.8 per 28 days) |
| XENAZINE ORAL TABLET 12.5 MG | 3 | PA; MO; LA; QL (240 per 30 days) |
| XENAZINE ORAL TABLET 25 MG | 3 | PA; MO; LA; QL (120 per 30 days) |
| ZEPOSIA | 2 | PA; MO; QL (30 per 30 days) |
| ZEPOSIA STARTER KIT (28-DAY) | 2 | PA; MO; QL (28 per 180 days) |
| ZEPOSIA STARTER PACK (7-DAY) | 2 | PA; MO; QL (7 per 180 days) |
| ZUNVEYL | 3 | MO |
| **MUSCLE RELAXANTS / ANTISPASMODIC THERAPY** | | |
| AMRIX | 3 | PA; MO |
| *baclofen oral* | 1 | MO |
| *carisoprodol* | 1 | PA; MO |
| *chlorzoxazone oral tablet 250 mg* | 1 | PA |
| *chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg* | 1 | PA; MO |
| *cyclobenzaprine* | 1 | PA; MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| DANTRIUM ORAL CAPSULE 25 MG | 3 | MO |
| *dantrolene oral* | 1 | MO |
| FLEQSUVY | 3 | MO |
| *meprobamate* | 1 | MO |
| MESTINON ORAL | 3 | MO |
| MESTINON TIMESPAN | 3 | MO |
| *metaxalone oral tablet 400 mg, 800 mg* | 1 | PA; MO |
| *methocarbamol oral tablet 1,000 mg* | 1 | PA |
| *methocarbamol oral tablet 500 mg, 750 mg* | 1 | PA; MO |
| NORGESIC | 3 | PA |
| NORGESIC FORTE | 3 | PA |
| *orphenadrine citrate oral* | 1 | PA; MO |
| *orphenadrine-asa-caffeine oral tablet 25-385-30 mg* | 1 | PA |
| OZOBAX DS | 3 | |
| *pyridostigmine bromide oral syrup* | 1 | MO |
| PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG | 3 | MO |
| *pyridostigmine bromide oral tablet 60 mg* | 1 | MO |
| *pyridostigmine bromide oral tablet extended release 180 mg* | 1 | MO |
| SOMA | 3 | PA; MO |
| *tanlor* | 1 | PA |
| *tizanidine* | 1 | MO |
| VYVGART HYTRULO | 3 | PA; MO; LA |
| ZANAFLEX ORAL TABLET | 3 | MO |
| ZILBRYSQ | 3 | PA; LA |
| **NARCOTIC ANALGESICS** | | |
| *acetaminophen-codeine oral solution 120-12 mg/5 ml* | 1 | MO; QL (4500 per 30 days) |
| *acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg* | 1 | MO; QL (360 per 30 days) |
| *acetaminophen-codeine oral tablet 300-60 mg* | 1 | MO; QL (180 per 30 days) |
| *allzital* | 3 | QL (360 per 30 days) |
| *ascomp with codeine* | 1 | MO; QL (180 per 30 days) |
| BELBUCA | 2 | PA; MO; QL (60 per 30 days) |
| *buprenorphine hcl sublingual* | 1 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *buprenorphine transdermal patch* | 1 | PA; MO; QL (4 per 28 days) |
| *butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg* | 1 | MO; QL (360 per 30 days) |
| *butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg* | 1 | MO; QL (180 per 30 days) |
| *butalbital-acetaminophen* | 1 | MO; QL (180 per 30 days) |
| *butalbital-acetaminophen-caff* | 1 | MO; QL (180 per 30 days) |
| *butalbital-aspirin-caffeine oral capsule* | 1 | MO; QL (180 per 30 days) |
| BUTRANS | 3 | PA; MO; QL (4 per 28 days) |
| *codeine sulfate* | 1 | MO; QL (180 per 30 days) |
| *codeine-butalbital-asa-caff* | 1 | MO; QL (180 per 30 days) |
| DEMEROL (PF) INJECTION SYRINGE 25 MG/ML | 3 | MO |
| DEMEROL INJECTION | 3 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| DILAUDID ORAL LIQUID | 3 | MO; QL (2400 per 30 days) |
| DILAUDID ORAL TABLET | 3 | MO; QL (180 per 30 days) |
| *endocet oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg* | 1 | QL (360 per 30 days) |
| *endocet oral tablet 5-325 mg* | 1 | MO; QL (360 per 30 days) |
| *fentanyl* | 1 | PA; MO; QL (10 per 30 days) |
| FIORICET | 3 | MO; QL (180 per 30 days) |
| FIORICET WITH CODEINE | 3 | MO; QL (180 per 30 days) |
| *hydrocodone bitartrate, oral only, er 12hr* | 1 | PA; MO; QL (90 per 30 days) |
| *hydrocodone bitartrate, oral only,ext.rel.24 hr* | 1 | PA; MO; QL (60 per 30 days) |
| *hydrocodone-acetaminophen oral solution 10-300 mg/15 ml* | 1 | MO; QL (6000 per 30 days) |
| *hydrocodone-acetaminophen oral solution 10-325 mg/15 ml* | 1 | QL (5550 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml* | 1 | MO; QL (5550 per 30 days) |
| *hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg* | 1 | MO; QL (390 per 30 days) |
| *hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg* | 1 | MO; QL (360 per 30 days) |
| *hydrocodone-acetaminophen oral tablet 2.5-325 mg* | 1 | QL (360 per 30 days) |
| *hydrocodone-ibuprofen* | 1 | MO; QL (50 per 30 days) |
| *hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml* | 1 | |
| *hydromorphone oral liquid* | 1 | MO; QL (2400 per 30 days) |
| *hydromorphone oral tablet* | 1 | MO; QL (180 per 30 days) |
| *hydromorphone oral tablet extended release 24 hr* | 1 | PA; MO; QL (60 per 30 days) |
| HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG | 3 | PA; MO; QL (60 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *levorphanol tartrate* | 1 | MO; QL (120 per 30 days) |
| *meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml* | 1 | MO |
| *meperidine oral solution* | 1 | MO; QL (1200 per 30 days) |
| *meperidine oral tablet 50 mg* | 1 | MO; QL (240 per 30 days) |
| *methadone oral solution 10 mg/5 ml* | 1 | PA; MO; QL (600 per 30 days) |
| *methadone oral solution 5 mg/5 ml* | 1 | PA; MO; QL (1200 per 30 days) |
| *methadone oral tablet 10 mg* | 1 | PA; MO; QL (120 per 30 days) |
| *methadone oral tablet 5 mg* | 1 | PA; MO; QL (240 per 30 days) |
| *morphine concentrate oral solution* | 1 | MO; QL (900 per 30 days) |
| *morphine oral capsule, er multiphase 24 hr* | 1 | PA; MO; QL (60 per 30 days) |
| *morphine oral capsule,extend.release pellets* | 1 | PA; MO; QL (90 per 30 days) |
| *morphine oral solution* | 1 | MO; QL (900 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *morphine oral tablet* | 1 | MO; QL (180 per 30 days) |
| *morphine oral tablet extended release* | 1 | PA; MO; QL (120 per 30 days) |
| MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG | 3 | PA; MO; QL (120 per 30 days) |
| NALOCET | 3 | MO; QL (390 per 30 days) |
| *oxycodone oral capsule* | 1 | MO; QL (360 per 30 days) |
| *oxycodone oral concentrate* | 1 | MO; QL (180 per 30 days) |
| *oxycodone oral solution* | 1 | MO; QL (1200 per 30 days) |
| *oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg* | 1 | MO; QL (180 per 30 days) |
| *oxycodone oral tablet 5 mg* | 1 | MO; QL (360 per 30 days) |
| OXYCODONE ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG | 3 | QL (180 per 30 days) |
| OXYCODONE ORAL TABLET, ORAL ONLY 5 MG | 3 | QL (360 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *oxycodone-acetaminophen oral solution 5-325 mg/5 ml* | 1 | QL (1860 per 30 days) |
| *oxycodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg* | 1 | QL (390 per 30 days) |
| *oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg* | 1 | MO; QL (360 per 30 days) |
| OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG | 3 | PA; MO; QL (90 per 30 days) |
| OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 80 MG | 3 | PA; MO; QL (60 per 30 days) |
| *oxymorphone oral tablet 10 mg* | 1 | MO; QL (360 per 30 days) |
| *oxymorphone oral tablet 5 mg* | 1 | MO; QL (180 per 30 days) |
| *oxymorphone oral tablet extended release 12 hr* | 1 | PA; MO; QL (90 per 30 days) |
| PERCOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG | 3 | MO; QL (360 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PROLATE ORAL SOLUTION | 3 | MO; QL (2000 per 30 days) |
| *prolate oral tablet* | 1 | MO; QL (390 per 30 days) |
| ROXICODONE ORAL TABLET 15 MG, 30 MG | 3 | MO; QL (180 per 30 days) |
| ROXYBOND ORAL TABLET, ORAL ONLY 10 MG | 3 | QL (180 per 30 days) |
| ROXYBOND ORAL TABLET, ORAL ONLY 15 MG, 30 MG | 3 | MO; QL (180 per 30 days) |
| ROXYBOND ORAL TABLET, ORAL ONLY 5 MG | 3 | MO; QL (360 per 30 days) |
| SUBLOCADE | 3 | MO |
| *tencon* | 1 | QL (180 per 30 days) |
| XTAMPZA ER | 3 | PA; MO; QL (90 per 30 days) |
| **NON-NARCOTIC ANALGESICS** | | |
| ARTHROTEC 50 | 3 | ST; MO |
| ARTHROTEC 75 | 3 | ST; MO |
| *buprenorphine-naloxone* | 1 | MO |
| *butorphanol nasal* | 1 | MO; QL (10 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| CAMBIA | 3 | ST; MO; QL (9 per 30 days) |
| CELEBREX | 3 | |
| *celecoxib* | 1 | MO |
| CONZIP | 3 | PA; MO; QL (30 per 30 days) |
| DAYPRO | 3 | ST; MO |
| DICLOFENAC EPOLAMINE | 3 | PA; QL (60 per 30 days) |
| *diclofenac potassium oral capsule* | 1 | MO |
| *diclofenac potassium oral powder in packet* | 1 | MO; QL (9 per 30 days) |
| *diclofenac potassium oral tablet* | 1 | MO |
| *diclofenac sodium oral* | 1 | MO |
| *diclofenac sodium topical drops* | 1 | MO; QL (300 per 28 days) |
| *diclofenac sodium topical solution in metered-dose pump* | 1 | MO; QL (224 per 28 days) |
| *diclofenac-misoprostol* | 1 | MO |
| *diflunisal* | 1 | MO |
| *etodolac* | 1 | MO |
| *fenoprofen oral capsule 400 mg* | 1 | MO |
| *flector* | 3 | PA; MO; QL (60 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *flurbiprofen oral tablet 100 mg* | 1 | MO |
| *ibu oral tablet 600 mg, 800 mg* | 1 | MO |
| *ibuprofen oral suspension* | 1 | MO |
| *ibuprofen oral tablet 400 mg, 800 mg* | 1 | MO |
| *ibuprofen oral tablet 600 mg* | 1 | |
| *ibuprofen-famotidine* | 1 | MO |
| INDOCIN | 3 | MO |
| *indomethacin oral* | 1 | MO |
| *indomethacin rectal suppository 50 mg* | 1 | MO |
| JOURNAVX | 3 | MO; QL (30 per 90 days) |
| *ketoprofen oral capsule 25 mg, 50 mg* | 1 | |
| *ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg* | 1 | MO |
| *ketorolac oral* | 1 | |
| KLOXXADO | 3 | MO |
| LICART | 3 | PA; MO; QL (30 per 30 days) |
| LODINE ORAL TABLET | 3 | ST |
| *lofena* | 1 | MO |
| *lofexidine* | 1 | PA; MO |
| LUCEMYRA | 3 | PA; MO |
| *meclofenamate* | 1 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *mefenamic acid* | 1 | MO |
| *meloxicam oral tablet* | 1 | MO; QL (30 per 30 days) |
| *meloxicam submicronized* | 1 | MO; QL (30 per 30 days) |
| *nabumetone* | 1 | MO |
| *naloxone injection solution* | 1 | MO |
| *naloxone injection syringe 0.4 mg/ml (prefilled syringe)* | 1 | |
| *naloxone injection syringe 0.4 mg/ml, 1 mg/ml* | 1 | MO |
| *naltrexone* | 1 | MO |
| NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 750 MG | 3 | ST; MO |
| NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 500 MG | 3 | ST |
| *naproxen* | 1 | MO |
| *naproxen sodium oral tablet 275 mg, 550 mg* | 1 | MO |
| *naproxen sodium oral tablet, er multiphase 24 hr* | 1 | MO |
| *naproxen-esomeprazole* | 1 | MO |
| NARCAN | 3 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| NUCYNTA ER | 3 | PA; MO; QL (60 per 30 days) |
| NUCYNTA ORAL TABLET 100 MG | 3 | MO; QL (181 per 30 days) |
| NUCYNTA ORAL TABLET 50 MG | 3 | MO; QL (362 per 30 days) |
| NUCYNTA ORAL TABLET 75 MG | 3 | MO; QL (242 per 30 days) |
| OPVEE | 3 | MO |
| *oxaprozin oral tablet* | 1 | MO |
| *pentazocine-naloxone* | 1 | MO; QL (325 per 30 days) |
| *piroxicam* | 1 | MO |
| RELAFEN DS | 3 | ST; MO |
| SPRIX | 3 | ST |
| SUBOXONE | 3 | MO |
| *sulindac* | 1 | MO |
| TOLECTIN 600 | 3 | ST |
| *tolmetin oral capsule* | 1 | |
| *tolmetin oral tablet 600 mg* | 1 | |
| TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83 | 3 | PA; MO; QL (30 per 30 days) |
| TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG | 3 | PA; MO; QL (30 per 30 days) |
| *tramadol oral tablet 100 mg* | 1 | MO; QL (120 per 30 days) |
| TRAMADOL ORAL TABLET 25 MG, 75 MG | 3 | MO; QL (120 per 30 days) |
| *tramadol oral tablet 50 mg* | 1 | MO; QL (240 per 30 days) |
| *tramadol oral tablet extended release 24 hr* | 1 | PA; MO; QL (30 per 30 days) |
| *tramadol-acetaminophen* | 1 | MO; QL (240 per 30 days) |
| VIVITROL | 3 | MO |
| ZIPSOR | 3 | ST; MO |
| ZUBSOLV | 3 | MO |
| **PSYCHOTHERAPEUTIC DRUGS** | | |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML | 2 | MO; QL (2.4 per 56 days) |

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|---|---|---|
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML | 2 | MO; QL (3.2 per 56 days) |
| ABILIFY MAINTENA | 2 | MO; QL (1 per 28 days) |
| ABILIFY ORAL TABLET | 3 | MO; QL (30 per 30 days) |
| ADDERALL ORAL TABLET 20 MG, 5 MG, 7.5 MG | 3 | MO |
| ADDERALL XR | 3 | ST; MO |
| ADZENYS XR-ODT | 3 | ST; MO |
| AMBIEN | 3 | QL (30 per 30 days) |
| AMBIEN CR | 3 | MO; QL (30 per 30 days) |
| *amitriptyline* | 1 | MO |
| *amoxapine* | 1 | MO |
| *amphetamine sulfate* | 1 | PA; MO |
| ANAFRANIL | 3 | MO |
| APLENZIN | 3 | MO; QL (30 per 30 days) |
| APTENSIO XR | 3 | ST; MO |
| *aripiprazole oral solution* | 1 | MO |
| *aripiprazole oral tablet* | 1 | MO; QL (30 per 30 days) |
| *aripiprazole oral tablet,disintegrating* | 1 | MO; QL (60 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ARISTADA INITIO | 2 | MO; QL (4.8 per 365 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML | 2 | MO; QL (3.9 per 56 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML | 2 | MO; QL (1.6 per 28 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML | 2 | MO; QL (2.4 per 28 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML | 2 | MO; QL (3.2 per 28 days) |
| *armodafinil* | 1 | PA; MO; QL (30 per 30 days) |
| *asenapine maleate* | 1 | MO; QL (60 per 30 days) |
| ATIVAN ORAL TABLET 0.5 MG, 1 MG | 3 | PA; MO; QL (90 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ATIVAN ORAL TABLET 2 MG | 3 | PA; MO; QL (150 per 30 days) |
| *atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg* | 1 | MO; QL (60 per 30 days) |
| *atomoxetine oral capsule 100 mg, 60 mg, 80 mg* | 1 | MO; QL (30 per 30 days) |
| AUVELITY | 3 | ST; QL (60 per 30 days) |
| AZSTARYS | 3 | ST; MO |
| BELSOMRA | 2 | PA; QL (30 per 30 days) |
| *bupropion hcl oral tablet* | 1 | MO |
| *bupropion hcl oral tablet extended release 24 hr 150 mg* | 1 | MO; QL (90 per 30 days) |
| *bupropion hcl oral tablet extended release 24 hr 300 mg* | 1 | MO; QL (30 per 30 days) |
| BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG | 3 | MO; QL (30 per 30 days) |
| *bupropion hcl oral tablet sustained-release 12 hr* | 1 | MO; QL (60 per 30 days) |
| *buspirone* | 1 | MO |
| CAPLYTA | 3 | MO; QL (30 per 30 days) |
| CELEXA ORAL TABLET | 3 | MO; QL (30 per 30 days) |
| *chlorpromazine oral* | 1 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| CITALOPRAM ORAL CAPSULE | 3 | MO; QL (30 per 30 days) |
| *citalopram oral solution* | 1 | MO |
| *citalopram oral tablet* | 1 | MO; QL (30 per 30 days) |
| *clomipramine* | 1 | MO |
| *clonidine hcl oral tablet extended release 12 hr* | 1 | MO |
| *clorazepate dipotassium oral tablet 15 mg* | 1 | PA; MO; QL (180 per 30 days) |
| *clorazepate dipotassium oral tablet 3.75 mg* | 1 | PA; MO; QL (90 per 30 days) |
| *clorazepate dipotassium oral tablet 7.5 mg* | 1 | PA; MO; QL (360 per 30 days) |
| *clozapine* | 1 | |
| CLOZARIL ORAL TABLET 100 MG, 25 MG | 3 | |
| COBENFY | 3 | MO; QL (60 per 30 days) |
| COBENFY STARTER PACK | 3 | MO; QL (56 per 180 days) |
| CONCERTA | 3 | ST; MO |
| COTEMPLA XR-ODT | 3 | ST; MO |
| DAYTRANA | 3 | ST; MO |
| DAYVIGO | 3 | PA; MO; QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *desipramine* | 1 | MO |
| DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG | 3 | MO; QL (120 per 30 days) |
| DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG | 3 | MO; QL (30 per 30 days) |
| *desvenlafaxine succinate* | 1 | MO; QL (30 per 30 days) |
| DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG | 3 | ST; MO |
| *dexmethylphenidate* | 1 | MO |
| *dextroamphetamine sulfate oral capsule, extended release* | 1 | MO |
| *dextroamphetamine sulfate oral solution* | 1 | MO |
| *dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg* | 1 | MO |
| *dextroamphetamine-amphetamine* | 1 | MO |
| *diazepam intensol* | 1 | PA; MO; QL (240 per 30 days) |
| *diazepam oral solution 5 mg/5 ml (1 mg/ml)* | 1 | PA; MO; QL (1200 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *diazepam oral tablet* | 1 | PA; MO; QL (120 per 30 days) |
| *doxepin oral capsule* | 1 | MO |
| *doxepin oral concentrate* | 1 | MO |
| *doxepin oral tablet* | 1 | MO; QL (30 per 30 days) |
| DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG | 3 | MO; QL (60 per 30 days) |
| DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG | 3 | MO; QL (30 per 30 days) |
| *duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg* | 1 | MO; QL (60 per 30 days) |
| *duloxetine oral capsule,delayed release(dr/ec) 40 mg* | 1 | MO; QL (90 per 30 days) |
| DYANAVEL XR | 3 | ST; MO |
| EDLUAR | 3 | MO; QL (30 per 30 days) |
| EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 37.5 MG | 3 | QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 75 MG | 3 | QL (90 per 30 days) |
| EMSAM | 2 | MO |
| ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML | 3 | ST; QL (0.75 per 28 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML | 3 | ST; QL (1 per 28 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML | 3 | ST; QL (1.5 per 28 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML | 3 | ST; QL (2.25 per 28 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML | 3 | ST; QL (0.25 per 28 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML | 3 | ST; QL (0.5 per 28 days) |
| *escitalopram oxalate oral solution* | 1 | MO |
| *escitalopram oxalate oral tablet* | 1 | MO; QL (30 per 30 days) |
| *eszopiclone* | 1 | MO; QL (30 per 30 days) |
| EVEKEO | 3 | PA; MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| FANAPT | 3 | ST; MO; QL (60 per 30 days) |
| FANAPT TITRATION PACK A | 3 | ST; MO; QL (8 per 180 days) |
| FETZIMA ORAL CAPSULE,EXTREL 24HR DOSE PACK 20 MG (2)-40 MG (26) | 2 | QL (28 per 180 days) |
| FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR | 2 | QL (30 per 30 days) |
| *fluoxetine (pmdd) oral tablet 10 mg* | 1 | QL (240 per 30 days) |
| *fluoxetine (pmdd) oral tablet 20 mg* | 1 | QL (120 per 30 days) |
| *fluoxetine oral capsule 10 mg* | 1 | MO; QL (30 per 30 days) |
| *fluoxetine oral capsule 20 mg* | 1 | MO; QL (90 per 30 days) |
| *fluoxetine oral capsule 40 mg* | 1 | MO; QL (60 per 30 days) |
| *fluoxetine oral capsule,delayed release(dr/ec)* | 1 | MO; QL (4 per 28 days) |
| *fluoxetine oral solution* | 1 | MO |
| *fluoxetine oral tablet 10 mg* | 1 | MO; QL (240 per 30 days) |
| *fluoxetine oral tablet 20 mg* | 1 | MO; QL (120 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *fluoxetine oral tablet 60 mg* | 1 | MO; QL (30 per 30 days) |
| *fluphenazine decanoate* | 1 | MO |
| *fluphenazine hcl* | 1 | MO |
| *fluvoxamine oral capsule,extended release 24hr* | 1 | MO; QL (60 per 30 days) |
| *fluvoxamine oral tablet 100 mg* | 1 | MO; QL (90 per 30 days) |
| *fluvoxamine oral tablet 25 mg* | 1 | MO; QL (30 per 30 days) |
| *fluvoxamine oral tablet 50 mg* | 1 | MO; QL (60 per 30 days) |
| FOCALIN | 3 | MO |
| FOCALIN XR | 3 | ST; MO |
| GEODON INTRAMUSCULAR | 3 | MO |
| GEODON ORAL | 3 | MO; QL (60 per 30 days) |
| *guanfacine oral tablet extended release 24 hr* | 1 | MO |
| HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML | 3 | MO |
| *haloperidol* | 1 | MO |
| *haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml, 50 mg/ml(1ml)* | 1 | MO |
| *haloperidol lactate injection* | 1 | MO |
| *haloperidol lactate oral* | 1 | MO |
| HETLIOZ | 3 | PA; MO; QL (30 per 30 days) |
| HETLIOZ LQ | 3 | PA; MO; QL (158 per 30 days) |
| *imipramine hcl* | 1 | MO |
| *imipramine pamoate* | 1 | MO |
| INTUNIV ER | 3 | MO |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML | 2 | MO; QL (3.5 per 180 days) |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML | 2 | MO; QL (5 per 180 days) |
| INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 9 MG | 3 | MO; QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG | 3 | MO; QL (60 per 30 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML | 2 | MO; QL (0.75 per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML | 2 | MO; QL (1 per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML | 2 | MO; QL (1.5 per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML | 2 | MO; QL (0.25 per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML | 2 | MO; QL (0.5 per 28 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML | 2 | MO; QL (0.88 per 90 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML | 2 | MO; QL (1.32 per 90 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML | 2 | MO; QL (1.75 per 90 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML | 2 | MO; QL (2.63 per 90 days) |
| JORNAY PM | 3 | ST; MO |
| LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG | 3 | MO; QL (30 per 30 days) |
| LATUDA ORAL TABLET 80 MG | 3 | MO; QL (60 per 30 days) |
| LEXAPRO ORAL TABLET | 3 | QL (30 per 30 days) |
| *lisdexamfetamine* | 1 | MO |
| *lithium carbonate* | 1 | MO |
| *lithium citrate* | 1 | |
| LITHOBID | 3 | MO |
| *lorazepam intensol* | 1 | PA; QL (150 per 30 days) |
| *lorazepam oral tablet 0.5 mg, 1 mg* | 1 | PA; MO; QL (90 per 30 days) |
| *lorazepam oral tablet 2 mg* | 1 | PA; MO; QL (150 per 30 days) |
| LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 1 MG, 1.5 MG | 3 | PA; MO; QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 2 MG | 3 | PA; MO; QL (150 per 30 days) |
| LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 3 MG | 3 | PA; MO; QL (90 per 30 days) |
| *loxapine succinate* | 1 | MO |
| LUMRYZ | 3 | PA; MO; QL (30 per 30 days) |
| LUMRYZ STARTER PACK | 3 | PA; MO; QL (28 per 180 days) |
| LUNESTA | 3 | MO; QL (30 per 30 days) |
| *lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg* | 1 | MO; QL (30 per 30 days) |
| *lurasidone oral tablet 80 mg* | 1 | MO; QL (60 per 30 days) |
| LYBALVI | 3 | ST; MO; QL (30 per 30 days) |
| MARPLAN | 3 | MO |
| METADATE CD | 3 | ST; MO |
| *methamphetamine* | 1 | PA; MO |
| METHYLIN ORAL SOLUTION | 3 | MO |
| *methylphenidate* | 1 | MO |
| *methylphenidate hcl oral cap,er sprinkle,biphasic 40-60* | 1 | MO |
| *methylphenidate hcl oral capsule, er biphasic 30-70* | 1 | MO |
| *methylphenidate hcl oral capsule,er biphasic 50-50* | 1 | MO |
| *methylphenidate hcl oral solution* | 1 | MO |
| *methylphenidate hcl oral tablet* | 1 | MO |
| *methylphenidate hcl oral tablet extended release* | 1 | MO |
| *methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 36 mg (bx rating), 54 mg (bx rating)* | 1 | |
| *methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg* | 1 | MO |
| METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG | 3 | ST; MO |
| *methylphenidate hcl oral tablet,chewable* | 1 | MO |
| *mirtazapine* | 1 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *modafinil oral tablet 100 mg* | 1 | PA; MO; QL (30 per 30 days) |
| *modafinil oral tablet 200 mg* | 1 | PA; MO; QL (60 per 30 days) |
| *molindone oral tablet 10 mg, 25 mg* | 1 | |
| *molindone oral tablet 5 mg* | 1 | MO |
| MYDAYIS | 3 | ST; MO |
| NARDIL | 3 | MO |
| *nefazodone* | 1 | MO |
| NORPRAMIN ORAL TABLET 10 MG, 25 MG | 3 | |
| *nortriptyline* | 1 | MO |
| NUPLAZID | 3 | PA; MO; QL (30 per 30 days) |
| NUVIGIL | 3 | PA; MO; QL (30 per 30 days) |
| *olanzapine intramuscular* | 1 | MO |
| *olanzapine oral* | 1 | MO; QL (30 per 30 days) |
| *olanzapine-fluoxetine* | 1 | MO |
| ONYDA XR | 3 | ST; MO |
| OPIPZA ORAL FILM 10 MG | 3 | ST; MO; QL (90 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| OPIPZA ORAL FILM 2 MG | 3 | ST; MO; QL (30 per 30 days) |
| OPIPZA ORAL FILM 5 MG | 3 | ST; MO; QL (180 per 30 days) |
| *paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg* | 1 | MO; QL (30 per 30 days) |
| *paliperidone oral tablet extended release 24hr 6 mg* | 1 | MO; QL (60 per 30 days) |
| PARNATE | 3 | MO |
| *paroxetine hcl oral suspension* | 1 | MO |
| *paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg* | 1 | MO; QL (30 per 30 days) |
| *paroxetine hcl oral tablet 30 mg* | 1 | MO; QL (60 per 30 days) |
| *paroxetine hcl oral tablet extended release 24 hr* | 1 | MO; QL (60 per 30 days) |
| *paroxetine mesylate(menop.sym)* | 1 | MO; QL (30 per 30 days) |
| PAXIL CR | 3 | MO; QL (60 per 30 days) |
| PAXIL ORAL TABLET 10 MG, 20 MG, 40 MG | 3 | MO; QL (30 per 30 days) |
| PAXIL ORAL TABLET 30 MG | 3 | MO; QL (60 per 30 days) |
| *perphenazine* | 1 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *perphenazine-amitriptyline* | 1 | MO |
| PERSERIS | 3 | ST; MO; QL (1 per 30 days) |
| *phenelzine* | 1 | MO |
| *pimozide* | 1 | MO |
| PRISTIQ | 3 | MO; QL (30 per 30 days) |
| *procentra* | 1 | MO |
| *protriptyline* | 1 | MO |
| PROVIGIL ORAL TABLET 200 MG | 3 | PA; MO; QL (60 per 30 days) |
| PROZAC ORAL CAPSULE 20 MG | 3 | QL (120 per 30 days) |
| QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG | 3 | ST; QL (30 per 30 days) |
| QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG | 3 | ST; QL (60 per 30 days) |
| *quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg* | 1 | MO; QL (90 per 30 days) |
| QUETIAPINE ORAL TABLET 150 MG | 3 | MO; QL (90 per 30 days) |
| *quetiapine oral tablet 300 mg, 400 mg* | 1 | MO; QL (60 per 30 days) |
| *quetiapine oral tablet extended release 24 hr 150 mg, 200 mg* | 1 | MO; QL (30 per 30 days) |
| *quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg* | 1 | MO; QL (60 per 30 days) |
| QUILLICHEW ER | 3 | ST; MO |
| QUILLIVANT XR | 3 | ST; MO |
| QUVIVIQ | 3 | PA; MO; QL (30 per 30 days) |
| RALDESY | 3 | ST; MO |
| *ramelteon* | 1 | MO; QL (30 per 30 days) |
| RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 45 MG, 54 MG, 63 MG | 3 | ST; MO |
| REMERON ORAL TABLET 15 MG, 30 MG | 3 | MO |
| REMERON SOLTAB | 3 | MO |
| REXULTI ORAL TABLET | 3 | MO; QL (30 per 30 days) |
| RISPERDAL CONSTA | 3 | MO; QL (2 per 28 days) |
| RISPERDAL ORAL SOLUTION | 3 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG | 3 | MO; QL (60 per 30 days) |
| RISPERDAL ORAL TABLET 4 MG | 3 | MO; QL (120 per 30 days) |
| *risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml, 50 mg/2 ml* | 1 | MO; QL (2 per 28 days) |
| *risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml* | 1 | QL (2 per 28 days) |
| *risperidone oral solution* | 1 | MO |
| *risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg* | 1 | MO; QL (60 per 30 days) |
| *risperidone oral tablet 4 mg* | 1 | MO; QL (120 per 30 days) |
| *risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg* | 1 | MO; QL (60 per 30 days) |
| *risperidone oral tablet,disintegrating 4 mg* | 1 | MO; QL (120 per 30 days) |
| RITALIN LA | 3 | ST; MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| RITALIN ORAL TABLET 10 MG, 20 MG | 3 | MO |
| ROZEREM | 3 | MO; QL (30 per 30 days) |
| RYKINDO | 3 | ST; QL (2 per 28 days) |
| SAPHRIS | 3 | MO; QL (60 per 30 days) |
| SECUADO | 3 | MO; QL (30 per 30 days) |
| SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG | 3 | MO; QL (90 per 30 days) |
| SEROQUEL ORAL TABLET 300 MG | 3 | MO; QL (60 per 30 days) |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG | 3 | MO; QL (30 per 30 days) |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 400 MG | 3 | MO; QL (60 per 30 days) |
| *sertraline oral capsule* | 1 | MO; QL (30 per 30 days) |
| *sertraline oral concentrate* | 1 | MO |
| *sertraline oral tablet 100 mg, 50 mg* | 1 | MO; QL (60 per 30 days) |
| *sertraline oral tablet 25 mg* | 1 | MO; QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SILENOR | 3 | MO; QL (30 per 30 days) |
| SODIUM OXYBATE (PREFERRED NDCS STARTING WITH 00054) | 3 | PA; LA; QL (540 per 30 days) |
| SUNOSI | 3 | PA; QL (30 per 30 days) |
| *tasimelteon* | 1 | PA; MO; QL (30 per 30 days) |
| *thioridazine* | 1 | MO |
| *thiothixene* | 1 | MO |
| *tranylcypromine* | 1 | MO |
| *trazodone* | 1 | MO |
| *trifluoperazine* | 1 | MO |
| *trimipramine* | 1 | MO |
| TRINTELLIX | 2 | QL (30 per 30 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML | 3 | ST; MO; QL (0.28 per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML | 3 | ST; MO; QL (0.35 per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML | 3 | ST; MO; QL (0.42 per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML | 3 | ST; MO; QL (0.56 per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML | 3 | ST; MO; QL (0.7 per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML | 3 | ST; MO; QL (0.14 per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML | 3 | ST; MO; QL (0.21 per 28 days) |
| VALIUM | 3 | PA; MO; QL (120 per 30 days) |
| VENLAFAXINE BESYLATE | 3 | MO; QL (30 per 30 days) |
| *venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg* | 1 | MO; QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *venlafaxine oral capsule,extended release 24hr 75 mg* | 1 | MO; QL (90 per 30 days) |
| *venlafaxine oral tablet* | 1 | MO; QL (90 per 30 days) |
| *venlafaxine oral tablet extended release 24hr* | 1 | MO; QL (30 per 30 days) |
| VERSACLOZ | 2 | |
| VIIBRYD ORAL TABLET | 3 | MO; QL (30 per 30 days) |
| *vilazodone* | 1 | MO; QL (30 per 30 days) |
| VRAYLAR ORAL CAPSULE | 3 | MO; QL (30 per 30 days) |
| VYVANSE | 3 | ST; MO |
| WAKIX | 3 | PA; MO; LA; QL (60 per 30 days) |
| WELLBUTRIN SR | 3 | QL (60 per 30 days) |
| WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG | 3 | QL (90 per 30 days) |
| WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG | 3 | QL (30 per 30 days) |
| XELSTRYM | 3 | ST; MO |
| XYREM | 3 | PA; LA; QL (540 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| XYWAV | 3 | PA; LA; QL (540 per 30 days) |
| *zaleplon oral capsule 10 mg* | 1 | MO; QL (60 per 30 days) |
| *zaleplon oral capsule 5 mg* | 1 | MO; QL (30 per 30 days) |
| *zenzedi oral tablet 10 mg, 5 mg* | 1 | MO |
| ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG | 3 | MO |
| *ziprasidone hcl* | 1 | MO; QL (60 per 30 days) |
| *ziprasidone mesylate* | 1 | MO |
| ZOLOFT ORAL CONCENTRATE | 3 | |
| ZOLOFT ORAL TABLET 100 MG, 50 MG | 3 | QL (60 per 30 days) |
| ZOLOFT ORAL TABLET 25 MG | 3 | QL (30 per 30 days) |
| ZOLPIDEM ORAL CAPSULE | 3 | MO; QL (30 per 30 days) |
| *zolpidem oral tablet* | 1 | MO; QL (30 per 30 days) |
| *zolpidem oral tablet,ext release multiphase* | 1 | MO; QL (30 per 30 days) |
| *zolpidem sublingual* | 1 | MO; QL (30 per 30 days) |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG | 3 | PA; MO; QL (28 per 365 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ZURZUVAE ORAL CAPSULE 30 MG | 3 | PA; MO; QL (14 per 365 days) |
| ZYPREXA INTRAMUSCULAR | 3 | MO |
| ZYPREXA ORAL TABLET 2.5 MG, 20 MG, 5 MG | 3 | MO; QL (30 per 30 days) |
| **CARDIOVASCULAR, HYPERTENSION / LIPIDS** | | |
| **ANTIARRHYTHMIC AGENTS** | | |
| *amiodarone oral* | 1 | MO |
| BETAPACE AF | 3 | MO |
| *disopyramide phosphate oral capsule* | 1 | MO |
| *dofetilide* | 1 | MO |
| *flecainide* | 1 | MO |
| *mexiletine* | 1 | MO |
| MULTAQ | 2 | MO |
| NORPACE CR | 3 | |
| NORPACE ORAL CAPSULE 100 MG | 3 | MO |
| NORPACE ORAL CAPSULE 150 MG | 3 | |
| *pacerone oral tablet 100 mg, 200 mg, 400 mg* | 1 | MO |
| *propafenone* | 1 | MO |
| *quinidine gluconate oral* | 1 | MO |
| *quinidine sulfate oral tablet* | 1 | MO |
| *sotalol af* | 1 | |
| *sotalol oral* | 1 | MO |
| SOTYLIZE | 3 | MO |
| TIKOSYN | 3 | MO |
| **ANTIHYPERTENSIVE THERAPY** | | |
| *acebutolol* | 1 | MO |
| ALDACTONE ORAL TABLET 100 MG, 50 MG | 3 | MO |
| ALDACTONE ORAL TABLET 25 MG | 3 | |
| *aliskiren* | 1 | MO |
| *amiloride* | 1 | MO |
| *amiloride-hydrochlorothiazide* | 1 | MO |
| *amlodipine* | 1 | MO |
| *amlodipine-benazepril* | 1 | MO |
| *amlodipine-olmesartan* | 1 | MO |
| *amlodipine-valsartan* | 1 | MO |
| *amlodipine-valsartan-hcthiazid* | 1 | MO |
| ATACAND | 3 | ST; MO |
| ATACAND HCT | 3 | ST; MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *atenolol* | 1 | MO |
| *atenolol-chlorthalidone* | 1 | MO |
| AVALIDE | 3 | ST; MO |
| AVAPRO ORAL TABLET 150 MG, 300 MG | 3 | ST; MO |
| AZOR | 3 | ST; MO |
| *benazepril* | 1 | MO |
| *benazepril-hydrochlorothiazide* | 1 | MO |
| BENICAR | 3 | ST; MO |
| BENICAR HCT | 3 | ST; MO |
| *betaxolol oral* | 1 | MO |
| BIDIL | 3 | MO; QL (180 per 30 days) |
| *bisoprolol fumarate oral tablet 10 mg, 5 mg* | 1 | MO |
| *bisoprolol-hydrochlorothiazide* | 1 | MO |
| *bumetanide* | 1 | MO |
| BYSTOLIC | 3 | MO |
| *candesartan* | 1 | MO |
| *candesartan-hydrochlorothiazid* | 1 | MO |
| *captopril* | 1 | MO |
| CARDIZEM CD | 3 | MO |
| CARDIZEM LA | 3 | MO |
| CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG | 3 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG | 3 | MO; QL (30 per 30 days) |
| CARDURA ORAL TABLET 8 MG | 3 | MO; QL (60 per 30 days) |
| CARDURA XL | 3 | QL (30 per 30 days) |
| CAROSPIR | 3 | MO |
| *cartia xt* | 1 | MO |
| *carvedilol* | 1 | MO |
| *carvedilol phosphate* | 1 | MO |
| *chlorthalidone oral tablet 25 mg, 50 mg* | 1 | MO |
| *clonidine* | 1 | MO; QL (4 per 28 days) |
| *clonidine hcl oral tablet* | 1 | MO |
| CLONIDINE HCL ORAL TABLET EXTENDED RELEASE 24 HR | 3 | MO |
| COREG | 3 | MO |
| COZAAR | 3 | ST; MO |
| DEMSER | 3 | PA; MO |
| DIBENZYLINE | 3 | PA; MO |
| *diltiazem hcl oral capsule,extended release 12 hr* | 1 | MO |
| *diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg* | 1 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg* | 1 | MO |
| *diltiazem hcl oral tablet* | 1 | MO |
| *diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg* | 1 | MO |
| *diltiazem hcl oral tablet extended release 24 hr 360 mg, 420 mg* | 1 | |
| *dilt-xr* | 1 | MO |
| DIOVAN | 3 | ST; MO |
| DIOVAN HCT | 3 | ST; MO |
| DIURIL | 3 | MO |
| *doxazosin oral tablet 1 mg, 2 mg, 4 mg* | 1 | MO; QL (30 per 30 days) |
| *doxazosin oral tablet 8 mg* | 1 | MO; QL (60 per 30 days) |
| DYRENIUM | 3 | MO |
| EDARBI | 2 | MO |
| EDARBYCLOR | 2 | MO |
| EDECRIN | 3 | MO |
| *enalapril maleate* | 1 | MO |
| *enalapril-hydrochlorothiazide* | 1 | MO |
| *eplerenone* | 1 | MO |
| *ethacrynic acid* | 1 | MO |
| EXFORGE | 3 | ST; MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| EXFORGE HCT | 3 | ST; MO |
| *felodipine* | 1 | MO |
| *fosinopril* | 1 | MO |
| *fosinopril-hydrochlorothiazide* | 1 | MO |
| FUROSCIX | 3 | ST |
| *furosemide injection solution* | 1 | MO |
| *furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)* | 1 | MO |
| *furosemide oral tablet* | 1 | MO |
| *guanfacine oral tablet* | 1 | MO |
| *hydralazine oral* | 1 | MO |
| *hydrochlorothiazide* | 1 | MO |
| HYZAAR | 3 | ST; MO |
| *indapamide* | 1 | MO |
| INDERAL LA | 3 | MO |
| INNOPRAN XL | 3 | MO |
| INSPRA | 3 | MO |
| *irbesartan* | 1 | MO |
| *irbesartan-hydrochlorothiazide* | 1 | MO |
| *isosorbide-hydralazine* | 1 | MO; QL (180 per 30 days) |
| *isradipine* | 1 | |
| KAPSPARGO SPRINKLE | 3 | MO |
| KATERZIA | 3 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| KERENDIA ORAL TABLET 10 MG, 20 MG | 2 | PA; QL (30 per 30 days) |
| *labetalol oral tablet 100 mg, 200 mg, 300 mg* | 1 | MO |
| LASIX ORAL TABLET 20 MG, 40 MG | 3 | MO |
| LASIX ORAL TABLET 80 MG | 3 | |
| *lisinopril* | 1 | MO |
| *lisinopril-hydrochlorothiazide* | 1 | MO |
| LOPRESSOR ORAL TABLET | 3 | MO |
| *losartan* | 1 | MO |
| *losartan-hydrochlorothiazide* | 1 | MO |
| LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG | 3 | |
| *matzim la* | 1 | MO |
| *methyldopa* | 1 | MO |
| *metolazone* | 1 | MO |
| *metoprolol succinate* | 1 | MO |
| *metoprolol ta-hydrochlorothiaz* | 1 | MO |
| *metoprolol tartrate oral* | 1 | MO |
| *metyrosine* | 1 | PA; MO |
| MICARDIS HCT | 3 | ST; MO |
| *minoxidil oral* | 1 | MO |
| *moexipril* | 1 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *nadolol* | 1 | MO |
| *nebivolol* | 1 | MO |
| NEXICLON XR | 3 | |
| *nicardipine oral* | 1 | MO |
| *nifedipine* | 1 | MO |
| *nimodipine oral capsule* | 1 | MO |
| *nimodipine oral solution* | 1 | |
| *nisoldipine* | 1 | MO |
| NORLIQVA | 3 | MO |
| NORVASC | 3 | |
| NYMALIZE ORAL SYRINGE 60 MG/10 ML | 3 | |
| *olmesartan* | 1 | MO |
| *olmesartan-amlodipin-hcthiazid* | 1 | MO |
| *olmesartan-hydrochlorothiazide* | 1 | MO |
| ORENITRAM MONTH 1 TITRATION KT | 3 | PA; MO; QL (168 per 180 days) |
| ORENITRAM MONTH 2 TITRATION KT | 3 | PA; MO; QL (336 per 180 days) |
| ORENITRAM MONTH 3 TITRATION KT | 3 | PA; MO; QL (252 per 180 days) |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG | 3 | PA; MO; QL (90 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG | 3 | PA; MO; QL (720 per 30 days) |
| *perindopril erbumine* | 1 | MO |
| *phenoxybenzamine* | 1 | PA; MO |
| *pindolol* | 1 | MO |
| *prazosin* | 1 | MO |
| PROCARDIA XL | 3 | MO |
| *propranolol oral* | 1 | MO |
| QBRELIS | 3 | MO |
| *quinapril* | 1 | MO |
| *quinapril-hydrochlorothiazide* | 1 | MO |
| *ramipril* | 1 | MO |
| SOAANZ ORAL TABLET 20 MG, 60 MG | 3 | ST |
| SOAANZ ORAL TABLET 40 MG | 3 | ST; MO |
| *spironolactone* | 1 | MO |
| *spironolacton-hydrochlorothiaz* | 1 | MO |
| SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG | 3 | |
| SULAR ORAL TABLET EXTENDED RELEASE 24 HR 8.5 MG | 3 | MO |
| TEKTURNA | 3 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *telmisartan* | 1 | MO |
| *telmisartan-amlodipine* | 1 | MO |
| *telmisartan-hydrochlorothiazid* | 1 | MO |
| TENORETIC 100 | 3 | MO |
| TENORETIC 50 | 3 | MO |
| TENORMIN ORAL TABLET 25 MG | 3 | MO |
| *terazosin oral capsule 1 mg, 2 mg, 5 mg* | 1 | MO; QL (30 per 30 days) |
| *terazosin oral capsule 10 mg* | 1 | MO; QL (60 per 30 days) |
| THALITONE | 3 | MO |
| *tiadylt er* | 1 | MO |
| TIAZAC | 3 | MO |
| *timolol maleate oral* | 1 | MO |
| TOPROL XL | 3 | MO |
| *torsemide oral* | 1 | MO |
| *trandolapril* | 1 | MO |
| *trandolapril-verapamil* | 1 | MO |
| *treprostinil sodium* | 1 | PA; MO; LA |
| *triamterene* | 1 | MO |
| *triamterene-hydrochlorothiazid* | 1 | MO |
| TRIBENZOR | 3 | ST; MO |
| UPTRAVI ORAL TABLET | 2 | PA; MO; LA; QL (60 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| UPTRAVI ORAL TABLETS,DOSE PACK | 2 | PA; MO; LA; QL (200 per 180 days) |
| VALSARTAN ORAL SOLUTION | 3 | ST; MO |
| *valsartan oral tablet* | 1 | MO |
| *valsartan-hydrochlorothiazide* | 1 | MO |
| VASERETIC | 3 | MO |
| VASOTEC | 3 | MO |
| *verapamil oral* | 1 | MO |
| VERELAN | 3 | |
| ZESTORETIC | 3 | MO |
| ZESTRIL | 3 | MO |
| **COAGULATION THERAPY** | | |
| ALVAIZ | 3 | PA; MO |
| ARIXTRA | 3 | MO |
| *aspirin-dipyridamole* | 1 | MO |
| BRILINTA | 3 | MO |
| CABLIVI INJECTION KIT | 2 | PA; LA |
| *cilostazol* | 1 | MO |
| *clopidogrel oral tablet 75 mg* | 1 | MO; QL (30 per 30 days) |
| *dabigatran etexilate* | 1 | MO; QL (60 per 30 days) |
| *dipyridamole oral* | 1 | MO |
| DOPTELET (10 TAB PACK) | 2 | PA; MO; LA |
| DOPTELET (15 TAB PACK) | 2 | PA; MO; LA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| DOPTELET (30 TAB PACK) | 2 | PA; MO; LA |
| EFFIENT | 3 | MO |
| ELIQUIS | 2 | MO; QL (60 per 30 days) |
| ELIQUIS DVT-PE TREAT 30D START | 2 | MO; QL (74 per 180 days) |
| *eltrombopag olamine* | 1 | PA; MO |
| *enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml* | 1 | MO; QL (28 per 28 days) |
| *enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml* | 1 | MO; QL (22.4 per 28 days) |
| *enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml* | 1 | MO; QL (16.8 per 28 days) |
| *enoxaparin subcutaneous syringe 40 mg/0.4 ml* | 1 | MO; QL (11.2 per 28 days) |
| *fondaparinux* | 1 | MO |
| FRAGMIN SUBCUTANEOUS SOLUTION | 3 | MO |
| FRAGMIN SUBCUTANEOUS SYRINGE | 3 | MO |
| *heparin (porcine) injection solution* | 1 | MO |
| *jantoven* | 1 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 150 MG/ML | 3 | MO; QL (28 per 28 days) |
| LOVENOX SUBCUTANEOUS SYRINGE 120 MG/0.8 ML, 80 MG/0.8 ML | 3 | MO; QL (22.4 per 28 days) |
| LOVENOX SUBCUTANEOUS SYRINGE 30 MG/0.3 ML, 60 MG/0.6 ML | 3 | MO; QL (16.8 per 28 days) |
| LOVENOX SUBCUTANEOUS SYRINGE 40 MG/0.4 ML | 3 | MO; QL (11.2 per 28 days) |
| MULPLETA | 3 | PA; MO |
| *pentoxifylline* | 1 | MO |
| PLAVIX ORAL TABLET 75 MG | 3 | MO; QL (30 per 30 days) |
| PRADAXA ORAL CAPSULE | 3 | PA; MO; QL (60 per 30 days) |
| PRADAXA ORAL PELLETS IN PACKET 110 MG, 30 MG, 40 MG, 50 MG | 3 | PA; QL (120 per 30 days) |
| PRADAXA ORAL PELLETS IN PACKET 150 MG, 20 MG | 3 | PA; QL (60 per 30 days) |
| *prasugrel hcl* | 1 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PROMACTA | 3 | PA; MO; LA |
| *rivaroxaban oral tablet 2.5 mg* | 1 | MO; QL (60 per 30 days) |
| SAVAYSA | 3 | PA; MO; QL (30 per 30 days) |
| TAVALISSE | 3 | PA; LA; QL (60 per 30 days) |
| *ticagrelor* | 1 | MO |
| *warfarin* | 1 | MO |
| XARELTO DVT-PE TREAT 30D START | 2 | MO; QL (51 per 180 days) |
| XARELTO ORAL SUSPENSION FOR RECONSTITUTION | 2 | MO; QL (775 per 28 days) |
| XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG | 2 | MO; QL (30 per 30 days) |
| XARELTO ORAL TABLET 2.5 MG | 2 | MO; QL (60 per 30 days) |
| **LIPID/CHOLESTEROL LOWERING AGENTS** | | |
| *amlodipine-atorvastatin* | 1 | MO; QL (30 per 30 days) |
| ATORVALIQ | 3 | ST; MO; QL (600 per 30 days) |
| *atorvastatin* | 1 | MO; QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| CADUET | 3 | ST; MO; QL (30 per 30 days) |
| *cholestyramine (with sugar) oral powder in packet* | 1 | MO |
| *cholestyramine light oral powder in packet* | 1 | MO |
| *colesevelam* | 1 | MO |
| COLESTID ORAL TABLET | 3 | MO |
| *colestipol oral packet* | 1 | |
| *colestipol oral tablet* | 1 | MO |
| CRESTOR | 3 | ST; MO; QL (30 per 30 days) |
| EZALLOR SPRINKLE | 3 | ST; QL (30 per 30 days) |
| *ezetimibe* | 1 | MO |
| *ezetimibe-simvastatin* | 1 | MO; QL (30 per 30 days) |
| *fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg* | 1 | MO |
| *fenofibrate nanocrystallized* | 1 | MO |
| FENOFIBRATE ORAL CAPSULE | 3 | MO |
| *fenofibrate oral tablet* | 1 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *fenofibric acid (choline)* | 1 | MO |
| FLOLIPID | 3 | ST; QL (300 per 30 days) |
| *fluvastatin oral capsule 20 mg* | 1 | MO; QL (30 per 30 days) |
| *fluvastatin oral capsule 40 mg* | 1 | MO; QL (60 per 30 days) |
| *fluvastatin oral tablet extended release 24 hr* | 1 | MO; QL (30 per 30 days) |
| *gemfibrozil* | 1 | MO |
| *icosapent ethyl* | 1 | MO |
| JUXTAPID | 3 | PA; MO; LA |
| LESCOL XL | 3 | ST; MO; QL (30 per 30 days) |
| LIPITOR | 3 | ST; MO; QL (30 per 30 days) |
| LIPOFEN | 3 | MO |
| LIVALO | 3 | ST; MO; QL (30 per 30 days) |
| LOPID | 3 | MO |
| *lovastatin oral tablet 10 mg* | 1 | MO; QL (30 per 30 days) |
| *lovastatin oral tablet 20 mg, 40 mg* | 1 | MO; QL (60 per 30 days) |
| LOVAZA | 3 | ST; MO |
| NEXLETOL | 2 | PA; MO |
| NEXLIZET | 2 | PA; MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *niacin oral tablet 500 mg* | 1 | MO |
| *niacin oral tablet extended release 24 hr* | 1 | MO |
| NIACOR | 3 | |
| *omega-3 acid ethyl esters* | 1 | MO |
| *pitavastatin calcium* | 1 | MO; QL (30 per 30 days) |
| PRALUENT PEN | 3 | PA; QL (2 per 28 days) |
| *pravastatin* | 1 | MO; QL (30 per 30 days) |
| *prevalite oral powder in packet* | 1 | MO |
| QUESTRAN LIGHT | 3 | MO |
| QUESTRAN ORAL POWDER | 3 | MO |
| REPATHA | 2 | PA; QL (6 per 28 days) |
| REPATHA PUSHTRONEX | 2 | PA; QL (7 per 28 days) |
| REPATHA SURECLICK | 2 | PA; QL (6 per 28 days) |
| *rosuvastatin* | 1 | MO; QL (30 per 30 days) |
| *simvastatin* | 1 | MO; QL (30 per 30 days) |
| TRYNGOLZA | 3 | PA; LA; QL (0.8 per 30 days) |
| VASCEPA | 3 | ST; MO |
| VYTORIN 10-10 | 3 | ST; MO; QL (30 per 30 days) |
| VYTORIN 10-20 | 3 | ST; MO; QL (30 per 30 days) |
| VYTORIN 10-40 | 3 | ST; MO; QL (30 per 30 days) |
| VYTORIN 10-80 | 3 | ST; MO; QL (30 per 30 days) |
| WELCHOL | 3 | MO |
| ZETIA | 3 | MO |
| ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG | 3 | ST; MO; QL (30 per 30 days) |
| ZYPITAMAG | 3 | ST; MO; QL (30 per 30 days) |
| **MISCELLANEOUS CARDIOVASCULAR AGENTS** | | |
| ATTRUBY | 3 | PA |
| CAMZYOS | 3 | PA; MO; QL (30 per 30 days) |
| CORLANOR ORAL SOLUTION | 3 | QL (450 per 30 days) |
| CORLANOR ORAL TABLET | 3 | MO; QL (60 per 30 days) |
| *digoxin oral* | 1 | MO |
| ENTRESTO | 2 | QL (60 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ENTRESTO SPRINKLE | 2 | QL (240 per 30 days) |
| FILSPARI | 3 | PA; QL (30 per 30 days) |
| *ivabradine* | 1 | MO; QL (60 per 30 days) |
| LANOXIN ORAL | 3 | MO |
| LODOCO | 3 | PA; MO |
| *ranolazine* | 1 | MO |
| TRYVIO | 3 | PA |
| VANRAFIA | 3 | PA; QL (30 per 30 days) |
| VECAMYL | 3 | |
| VERQUVO | 2 | MO; QL (30 per 30 days) |
| VYNDAMAX | 2 | PA; MO |
| VYNDAQEL | 2 | PA; MO |
| **NITRATES** | | |
| ISORDIL | 3 | MO |
| ISORDIL TITRADOSE ORAL TABLET 5 MG | 3 | MO |
| *isosorbide dinitrate oral tablet* | 1 | MO |
| *isosorbide mononitrate* | 1 | MO |
| *nitro-bid* | 1 | MO |
| NITRO-DUR | 3 | MO |
| *nitroglycerin sublingual* | 1 | MO |
| *nitroglycerin transdermal patch 24 hour* | 1 | MO |
| *nitroglycerin translingual* | 1 | MO |
| NITROLINGUAL | 3 | MO |
| NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG | 3 | MO |
| NITROSTAT SUBLINGUAL TABLET 0.6 MG | 3 | |
| **DERMATOLOGICALS/TOPICAL THERAPY** | | |
| **ANTIPSORIATIC / ANTISEBORRHEIC** | | |
| *acitretin* | 1 | MO |
| BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML | 3 | PA; MO; QL (2 per 21 days) |
| BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 320 MG/2 ML | 3 | PA; MO; QL (4 per 21 days) |
| BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML | 3 | PA; MO; QL (2 per 21 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| BIMZELX SUBCUTANEOUS SYRINGE 320 MG/2 ML | 3 | PA; MO; QL (4 per 21 days) |
| *calcipotriene scalp* | 1 | MO; QL (120 per 30 days) |
| *calcipotriene topical cream* | 1 | MO; QL (120 per 30 days) |
| CALCIPOTRIENE TOPICAL FOAM | 3 | QL (120 per 30 days) |
| *calcipotriene topical ointment* | 1 | MO; QL (120 per 30 days) |
| *calcipotriene-betamethasone* | 1 | MO; QL (400 per 30 days) |
| *calcitriol topical* | 1 | |
| COSENTYX (2 SYRINGES) | 2 | PA; MO; QL (10 per 28 days) |
| COSENTYX PEN (2 PENS) | 2 | PA; MO; QL (10 per 28 days) |
| COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML | 2 | PA; MO; QL (2.5 per 28 days) |
| COSENTYX UNOREADY PEN | 2 | PA; MO; QL (10 per 28 days) |
| ENSTILAR | 3 | MO; QL (400 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ILUMYA | 3 | PA; MO; QL (2 per 28 days) |
| OTULFI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML | 3 | PA; MO; QL (0.5 per 28 days) |
| OTULFI SUBCUTANEOUS SYRINGE 90 MG/ML | 3 | PA; MO; QL (1 per 28 days) |
| PYZCHIVA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML | 3 | PA; MO; QL (0.5 per 28 days) |
| PYZCHIVA SUBCUTANEOUS SYRINGE 90 MG/ML | 3 | PA; MO; QL (1 per 28 days) |
| SELARSDI INTRAVENOUS | 2 | PA; MO; QL (104 per 180 days) |
| SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML | 2 | PA; MO; QL (0.5 per 28 days) |
| SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML | 2 | PA; MO; QL (1 per 28 days) |
| *selenium sulfide topical lotion* | 1 | MO |
| SILIQ | 3 | PA; MO; QL (6 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SKYRIZI SUBCUTANEOUS PEN INJECTOR | 2 | PA; MO; QL (2 per 84 days) |
| SKYRIZI SUBCUTANEOUS SYRINGE | 2 | PA; MO; QL (2 per 84 days) |
| SORILUX | 3 | MO; QL (120 per 30 days) |
| SOTYKTU | 3 | PA; MO; QL (30 per 30 days) |
| SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML | 3 | PA; MO; QL (4 per 28 days) |
| STELARA SUBCUTANEOUS SOLUTION | 3 | PA; MO; QL (0.5 per 28 days) |
| STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML | 3 | PA; MO; QL (0.5 per 28 days) |
| STELARA SUBCUTANEOUS SYRINGE 90 MG/ML | 3 | PA; MO; QL (1 per 28 days) |
| STEQEYMA I.V. | 3 | PA; MO; QL (104 per 180 days) |
| STEQEYMA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML | 3 | PA; MO; QL (0.5 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| STEQEYMA SUBCUTANEOUS SYRINGE 90 MG/ML | 3 | PA; MO; QL (1 per 28 days) |
| TACLONEX TOPICAL SUSPENSION | 3 | MO; QL (400 per 30 days) |
| TALTZ AUTOINJECTOR | 3 | PA; MO; QL (1 per 28 days) |
| TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML | 3 | PA; MO; QL (0.25 per 28 days) |
| TALTZ SYRINGE SUBCUTANEOUS SYRINGE 40 MG/0.5 ML | 3 | PA; MO; QL (0.5 per 28 days) |
| TALTZ SUBCUTANEOUS SYRINGE 80 MG/ML | 3 | PA; MO; QL (1 per 28 days) |
| TREMFYA PEN INDUCTION PK-CROHN | 2 | PA; MO; QL (12 per 180 days) |
| TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML | 2 | PA; MO; QL (2 per 28 days) |
| TREMFYA SUBCUTANEOUS | 2 | PA; MO; QL (2 per 28 days) |
| USTEKINUMAB SUBCUTANEOUS SOLUTION | 3 | PA; MO; QL (0.5 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| USTEKINUMAB SUBCUTANEOUS SYRINGE 45 MG/0.5 ML | 3 | PA; MO; QL (0.5 per 28 days) |
| USTEKINUMAB SUBCUTANEOUS SYRINGE 90 MG/ML | 3 | PA; MO; QL (1 per 28 days) |
| USTEKINUMAB-TTWE SUBCUTANEOUS SYRINGE 45 MG/0.5 ML | 3 | PA; MO; QL (0.5 per 28 days) |
| USTEKINUMAB-TTWE SUBCUTANEOUS SYRINGE 90 MG/ML | 3 | PA; MO; QL (1 per 28 days) |
| VECTICAL | 3 | |
| VTAMA | 3 | PA; MO; QL (60 per 30 days) |
| WEZLANA SUBCUTANEOUS SOLUTION | 3 | PA; MO; QL (0.5 per 28 days) |
| WEZLANA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML | 3 | PA; MO; QL (0.5 per 28 days) |
| WEZLANA SUBCUTANEOUS SYRINGE 90 MG/ML | 3 | PA; MO; QL (1 per 28 days) |
| YESINTEK INTRAVENOUS | 2 | PA; MO; QL (104 per 180 days) |
| YESINTEK SUBCUTANEOUS SOLUTION | 2 | PA; MO; QL (0.5 per 28 days) |
| YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML | 2 | PA; MO; QL (0.5 per 28 days) |
| YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML | 2 | PA; MO; QL (1 per 28 days) |
| ZORYVE | 3 | PA; MO; QL (60 per 30 days) |
| **MISCELLANEOUS DERMATOLOGICALS** | | |
| ADBRY | 2 | PA; MO; QL (6 per 28 days) |
| *ammonium lactate* | 1 | MO |
| CIBINQO | 3 | PA; MO; QL (30 per 30 days) |
| CONDYLOX TOPICAL GEL | 3 | MO |
| *diclofenac sodium topical gel 3 %* | 1 | PA; MO; QL (100 per 28 days) |
| *doxepin topical* | 1 | MO; QL (45 per 30 days) |
| DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML | 2 | PA; MO; QL (4.56 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML | 2 | PA; MO; QL (8 per 28 days) |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML | 2 | PA; QL (1.34 per 28 days) |
| DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML | 2 | PA; MO; QL (4.56 per 28 days) |
| DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML | 2 | PA; MO; QL (8 per 28 days) |
| EBGLYSS PEN | 3 | PA; MO; QL (8 per 28 days) |
| EBGLYSS SYRINGE | 3 | PA; MO; QL (8 per 28 days) |
| ELIDEL | 3 | PA; MO; QL (100 per 30 days) |
| EUCRISA | 3 | PA; MO; QL (120 per 30 days) |
| FILSUVEZ | 3 | PA; LA |
| *fluorouracil topical cream 5 %* | 1 | MO |
| *fluorouracil topical solution* | 1 | MO |
| HYFTOR | 3 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *imiquimod topical cream in metered-dose pump* | 1 | MO |
| *imiquimod topical cream in packet 5 %* | 1 | MO |
| *lidocaine hcl mucous membrane solution 4 % (40 mg/ml)* | 1 | MO |
| *lidocaine topical adhesive patch,medicated 5 %* | 1 | PA; MO; QL (90 per 30 days) |
| *lidocaine topical ointment* | 1 | MO; QL (50 per 30 days) |
| *lidocaine viscous* | 1 | |
| *lidocaine-prilocaine topical cream* | 1 | MO; QL (30 per 30 days) |
| *lidocan iii* | 1 | PA; QL (90 per 30 days) |
| *methoxsalen* | 1 | MO |
| OPZELURA | 3 | PA; MO; QL (240 per 28 days) |
| PANRETIN | 2 | PA; MO |
| *pimecrolimus* | 1 | PA; MO; QL (100 per 30 days) |
| *podofilox* | 1 | MO |
| *prudoxin* | 1 | MO; QL (45 per 30 days) |
| REGRANEX | 2 | PA; QL (15 per 30 days) |
| SANTYL | 2 | MO; QL (180 per 30 days) |
| SILVADENE | 3 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *silver sulfadiazine* | 1 | MO |
| *ssd* | 1 | MO |
| *tacrolimus topical* | 1 | PA; MO; QL (100 per 30 days) |
| *tridacaine ii* | 1 | PA; QL (90 per 30 days) |
| VALCHLOR | 2 | PA; MO |
| VEREGEN | 3 | MO; QL (30 per 30 days) |
| ZONALON | 3 | MO; QL (45 per 30 days) |
| ZTLIDO | 3 | PA; MO; QL (90 per 30 days) |
| ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 % | 3 | |
| ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 3.75 % | 3 | MO |
| **THERAPY FOR ACNE** | | |
| ABSORICA | 3 | |
| ABSORICA LD | 3 | |
| ACANYA TOPICAL GEL WITH PUMP | 3 | MO |
| *accutane oral capsule 10 mg, 20 mg, 40 mg* | 1 | |
| ACZONE | 3 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *adapalene topical cream* | 1 | PA; MO |
| *adapalene topical gel 0.3 %* | 1 | PA; MO |
| *adapalene topical swab* | 1 | PA |
| *adapalene-benzoyl peroxide* | 1 | MO |
| AKLIEF | 3 | PA; MO |
| ALTRENO | 3 | PA; MO |
| *amnesteem* | 1 | |
| AMZEEQ | 3 | MO |
| ARAZLO | 3 | PA; MO |
| ATRALIN | 3 | PA; MO |
| *azelaic acid* | 1 | MO |
| AZELEX | 3 | MO |
| BENZAMYCIN | 3 | MO |
| *brimonidine topical* | 1 | PA; MO |
| CABTREO | 3 | MO |
| *claravis* | 1 | |
| CLEOCIN T TOPICAL LOTION | 3 | MO; QL (120 per 30 days) |
| *clindacin* | 1 | QL (100 per 30 days) |
| *clindacin etz topical swab* | 1 | MO; QL (69 per 30 days) |
| CLINDAGEL | 3 | QL (150 per 30 days) |
| *clindamycin phosphate topical foam* | 1 | QL (100 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *clindamycin phosphate topical gel* | 1 | MO; QL (120 per 30 days) |
| *clindamycin phosphate topical gel, once daily* | 1 | MO; QL (150 per 30 days) |
| *clindamycin phosphate topical lotion* | 1 | MO; QL (120 per 30 days) |
| *clindamycin phosphate topical solution* | 1 | MO; QL (120 per 30 days) |
| *clindamycin phosphate topical swab* | 1 | MO; QL (60 per 30 days) |
| *clindamycin-benzoyl peroxide topical gel* | 1 | MO |
| *clindamycin-benzoyl peroxide topical gel with pump 1.2 %(1 % base) -3.75 %, 1.2-2.5 %* | 1 | MO |
| *clindamycin-tretinoin* | 1 | MO |
| *dapsone topical gel 5 %* | 1 | MO |
| *dapsone topical gel with pump* | 1 | MO |
| DIFFERIN TOPICAL CREAM | 3 | PA |
| DIFFERIN TOPICAL GEL WITH PUMP | 3 | PA; MO |
| EPIDUO FORTE | 3 | MO |
| EPIDUO TOPICAL GEL WITH PUMP | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| EPSOLAY | 3 | ST; MO |
| *ery pads* | 1 | MO |
| *erythromycin with ethanol topical gel* | 1 | MO |
| *erythromycin with ethanol topical solution* | 1 | MO |
| *erythromycin-benzoyl peroxide* | 1 | MO |
| FABIOR | 3 | PA; MO |
| FINACEA TOPICAL FOAM | 3 | ST; MO |
| *isotretinoin* | 1 | |
| *ivermectin topical cream* | 1 | MO; QL (90 per 30 days) |
| METROCREAM | 3 | ST |
| METROLOTION | 3 | ST |
| *metronidazole topical cream* | 1 | MO |
| *metronidazole topical gel* | 1 | MO |
| *metronidazole topical lotion* | 1 | MO |
| MIRVASO | 3 | PA; MO |
| *neuac* | 1 | MO |
| NORITATE | 3 | ST; MO |
| ONEXTON TOPICAL GEL WITH PUMP | 3 | MO |
| RETIN-A | 3 | PA; MO |
| RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 % | 3 | PA; MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| RETIN-A MICRO TOPICAL GEL WITH PUMP 0.06 %, 0.08 % | 3 | PA; MO |
| RHOFADE | 3 | MO |
| SOOLANTRA | 3 | ST; MO; QL (90 per 30 days) |
| *tazarotene topical cream* | 1 | PA; MO |
| TAZAROTENE TOPICAL FOAM | 3 | PA |
| *tazarotene topical gel* | 1 | PA; MO |
| TAZORAC | 3 | PA; MO |
| *tretinoin microspheres topical gel* | 1 | PA; MO |
| *tretinoin microspheres topical gel with pump 0.08 %* | 1 | PA; MO |
| *tretinoin topical* | 1 | PA; MO |
| TWYNEO | 3 | MO |
| WINLEVI | 3 | PA; MO |
| *zenatane* | 1 | |
| ZIANA | 3 | |
| ZILXI | 3 | ST; MO |
| **TOPICAL ANTIBACTERIALS** | | |
| *gentamicin topical* | 1 | MO; QL (60 per 30 days) |
| KLARON | 3 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *mupirocin* | 1 | MO; QL (44 per 30 days) |
| *mupirocin calcium* | 1 | MO; QL (30 per 30 days) |
| NEO-SYNALAR | 3 | MO |
| *sulfacetamide sodium (acne)* | 1 | MO |
| SULFAMYLON TOPICAL CREAM | 3 | MO |
| **TOPICAL ANTIFUNGALS** | | |
| *ciclopirox topical cream* | 1 | MO; QL (90 per 28 days) |
| *ciclopirox topical gel* | 1 | MO; QL (100 per 28 days) |
| *ciclopirox topical shampoo* | 1 | MO; QL (120 per 28 days) |
| *ciclopirox topical solution* | 1 | MO; QL (6.6 per 28 days) |
| *ciclopirox topical suspension* | 1 | MO; QL (60 per 28 days) |
| *clotrimazole topical cream* | 1 | MO; QL (45 per 28 days) |
| *clotrimazole topical solution* | 1 | MO; QL (30 per 28 days) |
| *clotrimazole-betamethasone topical cream* | 1 | MO; QL (45 per 28 days) |
| *clotrimazole-betamethasone topical lotion* | 1 | MO; QL (60 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *econazole nitrate* | 1 | MO; QL (85 per 28 days) |
| ERTACZO | 3 | QL (60 per 28 days) |
| EXELDERM | 3 | MO; QL (60 per 28 days) |
| JUBLIA | 3 | QL (8 per 30 days) |
| *ketoconazole topical cream* | 1 | MO; QL (60 per 28 days) |
| *ketoconazole topical foam* | 1 | MO; QL (100 per 28 days) |
| *ketoconazole topical shampoo* | 1 | MO; QL (120 per 28 days) |
| *ketodan* | 1 | QL (100 per 28 days) |
| LULICONAZOLE | 3 | MO; QL (60 per 28 days) |
| LUZU | 3 | MO; QL (60 per 28 days) |
| *naftifine* | 1 | MO; QL (60 per 28 days) |
| NAFTIN TOPICAL GEL 2 % | 3 | MO; QL (60 per 28 days) |
| *nyamyc* | 1 | MO; QL (180 per 30 days) |
| *nystatin topical cream* | 1 | MO; QL (30 per 28 days) |
| *nystatin topical ointment* | 1 | MO; QL (30 per 28 days) |
| *nystatin topical powder* | 1 | MO; QL (180 per 30 days) |
| *nystatin-triamcinolone* | 1 | MO; QL (60 per 28 days) |
| *nystop* | 1 | MO; QL (180 per 30 days) |
| *oxiconazole* | 1 | MO; QL (90 per 28 days) |
| OXISTAT TOPICAL LOTION | 3 | MO; QL (60 per 28 days) |
| *tavaborole* | 1 | MO; QL (10 per 30 days) |
| **TOPICAL ANTIVIRALS** | | |
| *acyclovir topical cream* | 1 | PA; MO; QL (5 per 30 days) |
| *acyclovir topical ointment* | 1 | PA; MO; QL (30 per 30 days) |
| DENAVIR | 3 | MO; QL (5 per 30 days) |
| *penciclovir* | 1 | MO; QL (5 per 30 days) |
| XERESE | 3 | MO |
| ZOVIRAX TOPICAL CREAM | 3 | PA; MO; QL (5 per 30 days) |
| ZOVIRAX TOPICAL OINTMENT | 3 | PA; MO; QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **TOPICAL CORTICOSTEROIDS** | | |
| *ala-cort topical cream 1 %* | 1 | MO |
| ALA-SCALP | 3 | MO |
| *alclometasone* | 1 | MO |
| *amcinonide topical cream* | 1 | |
| *amcinonide topical ointment* | 1 | |
| *betamethasone dipropionate* | 1 | MO |
| *betamethasone valerate* | 1 | MO |
| *betamethasone, augmented* | 1 | MO |
| BRYHALI | 3 | MO |
| *clobetasol scalp* | 1 | MO; QL (100 per 28 days) |
| *clobetasol topical cream 0.05 %* | 1 | MO; QL (120 per 28 days) |
| *clobetasol topical foam* | 1 | MO; QL (100 per 28 days) |
| *clobetasol topical gel* | 1 | MO; QL (120 per 28 days) |
| *clobetasol topical lotion* | 1 | MO; QL (118 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *clobetasol topical ointment* | 1 | MO; QL (120 per 28 days) |
| *clobetasol topical shampoo* | 1 | MO; QL (236 per 28 days) |
| *clobetasol topical spray,non-aerosol* | 1 | MO; QL (125 per 28 days) |
| *clobetasol-emollient topical cream* | 1 | MO; QL (120 per 28 days) |
| *clobetasol-emollient topical foam* | 1 | MO; QL (100 per 28 days) |
| CLOBEX TOPICAL LOTION | 3 | QL (118 per 28 days) |
| CLOBEX TOPICAL SHAMPOO | 3 | QL (236 per 28 days) |
| CLOBEX TOPICAL SPRAY,NON-AEROSOL | 3 | QL (125 per 28 days) |
| *clocortolone pivalate* | 1 | MO |
| *clodan* | 1 | MO; QL (236 per 28 days) |
| CORDRAN TAPE LARGE ROLL | 3 | MO |
| DERMA-SMOOTHE/FS SCALP OIL | 3 | MO |
| *desonide* | 1 | MO |
| DESOWEN TOPICAL CREAM | 3 | |
| *desoximetasone* | 1 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *diflorasone* | 1 | MO; QL (120 per 30 days) |
| DIPROLENE (AUGMENTED) TOPICAL OINTMENT | 3 | MO |
| DUOBRII | 3 | MO; QL (200 per 30 days) |
| *fluocinolone and shower cap* | 1 | MO |
| *fluocinolone topical cream* | 1 | MO |
| *fluocinolone topical ointment* | 1 | MO |
| *fluocinolone topical solution* | 1 | MO |
| *fluocinonide* | 1 | MO; QL (120 per 30 days) |
| *fluocinonide-emollient* | 1 | MO; QL (120 per 30 days) |
| *flurandrenolide topical lotion* | 1 | MO; QL (120 per 30 days) |
| *fluticasone propionate topical* | 1 | MO |
| *halcinonide topical cream* | 1 | MO |
| *halcinonide topical solution* | 1 | |
| *halobetasol propionate topical cream* | 1 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *halobetasol propionate topical foam* | 1 | |
| *halobetasol propionate topical ointment* | 1 | MO |
| HALOG TOPICAL CREAM | 3 | |
| *hydrocortisone butyrate topical cream* | 1 | MO; QL (120 per 30 days) |
| *hydrocortisone butyrate topical lotion* | 1 | MO; QL (118 per 30 days) |
| *hydrocortisone butyrate topical ointment* | 1 | MO; QL (120 per 30 days) |
| *hydrocortisone butyrate topical solution* | 1 | MO; QL (120 per 30 days) |
| *hydrocortisone topical cream 1 %* | 1 | MO |
| *hydrocortisone topical lotion 2 %* | 1 | |
| *hydrocortisone topical lotion 2.5 %* | 1 | MO |
| *hydrocortisone topical ointment 1 %, 2.5 %* | 1 | MO |
| *hydrocortisone topical solution* | 1 | |
| *hydrocortisone valerate* | 1 | MO |
| LEXETTE | 3 | |
| *mometasone topical* | 1 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SYNALAR TOPICAL CREAM | 3 | MO |
| SYNALAR TOPICAL OINTMENT | 3 | MO |
| TEXACORT | 3 | MO |
| TOPICORT TOPICAL OINTMENT 0.05 % | 3 | |
| TOPICORT TOPICAL SPRAY,NON-AEROSOL | 3 | |
| *tovet emollient* | 1 | MO; QL (100 per 28 days) |
| *triamcinolone acetonide topical cream* | 1 | MO |
| *triamcinolone acetonide topical lotion* | 1 | MO |
| *triamcinolone acetonide topical ointment* | 1 | MO |
| *triderm topical cream 0.5 %* | 1 | |
| VANOS | 3 | MO; QL (120 per 30 days) |
| **TOPICAL SCABICIDES / PEDICULICIDES** | | |
| *crotan* | 1 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ELIMITE | 3 | MO; QL (60 per 30 days) |
| *malathion* | 1 | MO |
| NATROBA | 3 | MO |
| OVIDE | 3 | MO |
| *permethrin* | 1 | MO; QL (60 per 30 days) |
| *spinosad* | 1 | MO |
| **DIAGNOSTICS / MISCELLANEOUS AGENTS** | | |
| **MISCELLANEOUS AGENTS** | | |
| *acamprosate* | 1 | MO |
| AGRYLIN | 3 | MO |
| *anagrelide* | 1 | MO |
| ARALAST NP | 3 | PA; MO; LA |
| AURYXIA | 3 | PA; MO |
| BUPHENYL | 3 | PA |
| CARBAGLU | 3 | PA; MO; LA |
| *carglumic acid* | 1 | PA; MO |
| CARNITOR ORAL | 3 | MO |
| *cevimeline* | 1 | MO |
| CHEMET | 2 | PA |
| CLINIMIX 4.25%/D5W SULFIT FREE | 3 | PA |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| CLINIMIX E 2.75%/D5W SULF FREE | 3 | PA |
| CUVRIOR | 3 | PA; LA |
| *d10 %-0.45 % sodium chloride* | 1 | |
| *d2.5 %-0.45 % sodium chloride* | 1 | |
| *d5 % and 0.9 % sodium chloride* | 1 | MO |
| *d5 %-0.45 % sodium chloride* | 1 | MO |
| *deferasirox* | 1 | PA; MO |
| *deferiprone* | 1 | PA; MO |
| *dextrose 10 % and 0.2 % nacl* | 1 | |
| *dextrose 10 % in water (d10w)* | 1 | |
| *dextrose 5 % in water (d5w) intravenous parenteral solution* | 1 | MO |
| *dextrose 5%-0.2 % sod chloride* | 1 | |
| *disulfiram oral tablet 250 mg* | 1 | MO |
| *disulfiram oral tablet 500 mg* | 1 | |
| *droxidopa* | 1 | PA; MO |
| DUVYZAT | 3 | PA |
| ENDARI | 3 | PA; MO |
| EVOXAC | 3 | MO |
| EXJADE | 3 | PA; MO; LA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| FABHALTA | 3 | PA |
| FERRIPROX (2 TIMES A DAY) | 3 | PA |
| FERRIPROX ORAL SOLUTION | 3 | PA |
| FERRIPROX ORAL TABLET 1,000 MG | 3 | PA |
| GLASSIA | 3 | PA; MO; LA |
| *glutamine (sickle cell)* | 1 | PA; MO |
| INCRELEX | 2 | LA |
| JADENU | 3 | PA; MO |
| JADENU SPRINKLE | 3 | PA; MO |
| JOENJA | 3 | PA; LA; QL (60 per 30 days) |
| *kionex (with sorbitol)* | 1 | |
| *levocarnitine (with sugar)* | 1 | MO |
| *levocarnitine oral tablet* | 1 | MO |
| LITFULO | 3 | PA; MO; QL (28 per 28 days) |
| LITHOSTAT | 3 | |
| LOKELMA | 2 | MO |
| *midodrine* | 1 | MO |
| *nitisinone* | 1 | PA; MO |
| NITYR | 3 | PA; MO; LA |
| NORTHERA | 3 | PA; MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| OLPRUVA | 3 | PA; LA |
| ORFADIN | 3 | PA; LA |
| PHEBURANE | 3 | PA; MO |
| *pilocarpine hcl oral* | 1 | MO |
| PROLASTIN-C INTRAVENOUS SOLUTION | 2 | PA; MO; LA |
| PYRUKYND ORAL TABLET 20 MG, 5 MG (4-WEEK PACK), 50 MG | 3 | PA; LA; QL (56 per 28 days) |
| PYRUKYND ORAL TABLET 5 MG | 3 | PA; LA; QL (7 per 180 days) |
| PYRUKYND ORAL TABLETS,DOSE PACK | 3 | PA; LA; QL (14 per 180 days) |
| RAVICTI | 3 | PA; MO |
| REVCOVI | 3 | PA; LA |
| REZDIFFRA | 2 | PA; MO; QL (30 per 30 days) |
| *riluzole* | 1 | PA; MO |
| *risedronate oral tablet 30 mg* | 1 | MO; QL (30 per 30 days) |
| SALAGEN (PILOCARPINE) ORAL TABLET 5 MG | 3 | MO |
| SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *sodium chloride 0.9 % intravenous parenteral solution* | 1 | MO |
| *sodium chloride irrigation* | 1 | MO |
| *sodium phenylbutyrate oral powder* | 1 | PA; MO |
| *sodium phenylbutyrate oral tablet* | 1 | PA |
| *sodium polystyrene sulfonate oral powder* | 1 | MO |
| SOHONOS ORAL CAPSULE 1 MG, 1.5 MG | 3 | PA; LA; QL (112 per 28 days) |
| SOHONOS ORAL CAPSULE 10 MG | 3 | PA; LA; QL (56 per 28 days) |
| SOHONOS ORAL CAPSULE 2.5 MG | 3 | PA; LA; QL (140 per 28 days) |
| SOHONOS ORAL CAPSULE 5 MG | 3 | PA; LA; QL (84 per 28 days) |
| SOLIRIS | 3 | PA; MO |
| *sps (with sorbitol) oral* | 1 | MO |
| SYPRINE | 3 | PA; MO |
| TAVNEOS | 3 | PA; LA; QL (180 per 30 days) |
| THIOLA | 3 | PA |
| THIOLA EC | 3 | PA |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TIGLUTIK | 3 | PA |
| *tiopronin* | 1 | PA; MO |
| *trientine oral capsule 250 mg* | 1 | PA; MO |
| TRIENTINE ORAL CAPSULE 500 MG | 3 | PA; MO |
| ULTOMIRIS | 3 | PA; MO |
| VELTASSA ORAL POWDER IN PACKET 1 GRAM, 25.2 GRAM | 2 | |
| VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 8.4 GRAM | 2 | MO |
| *venxxiva* | 1 | PA |
| VOYDEYA | 3 | PA; LA; QL (180 per 30 days) |
| VYKAT XR | 3 | PA; LA |
| WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML | 3 | PA; QL (2 per 28 days) |
| WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML | 3 | PA; QL (3 per 28 days) |
| ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG | 3 | PA; MO; LA |
| ZEPBOUND SUBCUTANEOUS PEN INJECTOR | 3 | PA; QL (2 per 28 days) |
| **SMOKING DETERRENTS** | | |
| *bupropion hcl (smoking deter)* | 1 | MO |
| NICOTROL NS | 3 | MO |
| *varenicline tartrate oral tablet 0.5 mg, 1 mg* | 1 | MO |
| *varenicline tartrate oral tablet 1 mg (56 pack)* | 1 | |
| *varenicline tartrate oral tablets,dose pack* | 1 | MO |
| **EAR, NOSE / THROAT MEDICATIONS** | | |
| **MISCELLANEOUS AGENTS** | | |
| *azelastine nasal spray,non-aerosol 137 mcg (0.1 %)* | 1 | MO; QL (60 per 30 days) |
| *chlorhexidine gluconate mucous membrane* | 1 | MO |
| *ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)* | 1 | MO; QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)* | 1 | MO; QL (30 per 20 days) |
| *kourzeq* | 1 | |
| *olopatadine nasal* | 1 | MO; QL (30.5 per 30 days) |
| *periogard* | 1 | MO |
| *triamcinolone acetonide dental* | 1 | MO |
| **MISCELLANEOUS OTIC PREPARATIONS** | | |
| *acetic acid otic (ear)* | 1 | MO |
| *ciprofloxacin hcl otic (ear)* | 1 | MO |
| DERMOTIC OIL | 3 | MO |
| *flac otic oil* | 1 | |
| *fluocinolone acetonide oil* | 1 | MO |
| *hydrocortisone-acetic acid* | 1 | MO |
| *ofloxacin otic (ear)* | 1 | MO |
| **OTIC STEROID / ANTIBIOTIC** | | |
| CIPRO HC | 3 | MO |
| *ciprofloxacin-dexamethasone* | 1 | MO; QL (7.5 per 7 days) |
| *neomycin-polymyxin-hc otic (ear)* | 1 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **ENDOCRINE/ DIABETES** | | |
| **ADRENAL HORMONES** | | |
| ACTHAR | 3 | PA; MO |
| ACTHAR SELFJECT | 3 | PA; MO |
| AGAMREE | 3 | PA; LA |
| ALKINDI SPRINKLE | 3 | |
| CORTEF | 3 | MO |
| CORTROPHIN GEL | 3 | PA; MO |
| *deflazacort* | 1 | PA; MO |
| *dexamethasone oral solution* | 1 | |
| *dexamethasone oral tablet* | 1 | MO |
| *dexamethasone oral tablets,dose pack* | 1 | MO |
| EMFLAZA | 3 | PA; MO; LA |
| *fludrocortisone* | 1 | MO |
| HEMADY | 3 | |
| *hydrocortisone oral* | 1 | MO |
| MEDROL (PAK) | 3 | MO |
| MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG | 3 | PA; MO |
| MEDROL ORAL TABLET 2 MG | 3 | PA |
| *methylprednisolone oral tablet* | 1 | PA; MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *methylprednisolone oral tablets,dose pack* | 1 | MO |
| ORAPRED ODT | 3 | PA; MO |
| *prednisolone oral solution* | 1 | MO |
| *prednisolone oral tablet* | 1 | PA; MO |
| *prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)* | 1 | MO |
| *prednisone intensol* | 1 | MO |
| *prednisone oral solution* | 1 | MO |
| *prednisone oral tablet* | 1 | MO |
| *prednisone oral tablets,dose pack 10 mg (48 pack), 5 mg (48 pack)* | 1 | |
| *prednisone oral tablets,dose pack 10 mg, 5 mg* | 1 | MO |
| TARPEYO | 3 | PA; QL (120 per 30 days) |
| **ANTITHYROID AGENTS** | | |
| *methimazole oral tablet 10 mg, 5 mg* | 1 | MO |
| *propylthiouracil* | 1 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **DIABETES THERAPY** | | |
| *acarbose oral tablet 100 mg* | 1 | MO; QL (90 per 30 days) |
| *acarbose oral tablet 25 mg* | 1 | MO; QL (360 per 30 days) |
| *acarbose oral tablet 50 mg* | 1 | MO; QL (180 per 30 days) |
| ACTOPLUS MET | 3 | MO; QL (90 per 30 days) |
| ACTOS | 3 | MO; QL (30 per 30 days) |
| ADMELOG SOLOSTAR U-100 INSULIN | 3 | ST; MO |
| ADMELOG U-100 INSULIN LISPRO | 3 | ST; MO |
| AFREZZA | 3 | MO |
| *alcohol pads* | 1 | PA; MO |
| ALOGLIPTIN | 3 | ST; MO; QL (30 per 30 days) |
| ALOGLIPTIN-METFORMIN | 3 | ST; MO; QL (60 per 30 days) |
| ALOGLIPTIN-PIOGLITAZONE | 3 | MO; QL (30 per 30 days) |
| APIDRA SOLOSTAR U-100 INSULIN | 3 | ST; MO |
| APIDRA U-100 INSULIN | 3 | ST; MO |
| BAQSIMI | 2 | MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *exenatide subcutaneous pen injector 5 mcg/dose (250 mcg/ml) 1.2 ml* | 1 | PA; QL (1.2 per 30 days) |
| FARXIGA | 2 | MO; QL (30 per 30 days) |
| FIASP FLEXTOUCH U-100 INSULIN | 2 | MO |
| FIASP PENFILL U-100 INSULIN | 2 | MO |
| FIASP U-100 INSULIN | 2 | MO |
| *glimepiride oral tablet 1 mg* | 1 | MO; QL (240 per 30 days) |
| *glimepiride oral tablet 2 mg* | 1 | MO; QL (120 per 30 days) |
| *glimepiride oral tablet 4 mg* | 1 | MO; QL (60 per 30 days) |
| *glipizide oral tablet 10 mg* | 1 | MO; QL (120 per 30 days) |
| GLIPIZIDE ORAL TABLET 2.5 MG | 3 | MO; QL (30 per 30 days) |
| *glipizide oral tablet 5 mg* | 1 | MO; QL (240 per 30 days) |
| *glipizide oral tablet extended release 24hr 10 mg* | 1 | MO; QL (60 per 30 days) |
| *glipizide oral tablet extended release 24hr 2.5 mg* | 1 | MO; QL (240 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *glipizide oral tablet extended release 24hr 5 mg* | 1 | MO; QL (120 per 30 days) |
| *glipizide-metformin oral tablet 2.5-250 mg* | 1 | MO; QL (240 per 30 days) |
| *glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg* | 1 | MO; QL (120 per 30 days) |
| *glucagon emergency kit (human)* | 1 | MO |
| GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG | 3 | MO; QL (60 per 30 days) |
| GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG | 3 | QL (120 per 30 days) |
| GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG | 3 | ST; QL (60 per 30 days) |
| GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG | 3 | ST; QL (120 per 30 days) |
| *glyburide* | 1 | MO |
| *glyburide micronized* | 1 | MO |
| *glyburide-metformin* | 1 | MO |
| GLYXAMBI | 2 | MO; QL (30 per 30 days) |
| GVOKE | 2 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| GVOKE HYPOPEN 2-PACK | 2 | MO |
| GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML | 2 | MO |
| HUMALOG JUNIOR KWIKPEN U-100 | 2 | MO |
| HUMALOG KWIKPEN INSULIN | 2 | MO |
| HUMALOG MIX 50-50 KWIKPEN | 2 | MO |
| HUMALOG MIX 75-25 KWIKPEN | 2 | MO |
| HUMALOG MIX 75-25(U-100)INSULN | 2 | MO |
| HUMALOG TEMPO PEN(U-100)INSULN | 3 | ST; MO |
| HUMALOG U-100 INSULIN | 2 | MO |
| HUMULIN 70/30 U-100 INSULIN | 2 | MO |
| HUMULIN 70/30 U-100 KWIKPEN | 2 | MO |
| HUMULIN N NPH INSULIN KWIKPEN | 2 | MO |
| HUMULIN N NPH U-100 INSULIN | 2 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| HUMULIN R REGULAR U-100 INSULN | 2 | MO |
| HUMULIN R U-500 (CONC) INSULIN | 2 | MO |
| HUMULIN R U-500 (CONC) KWIKPEN | 2 | MO |
| INPEFA | 2 | PA; MO; QL (30 per 30 days) |
| INSULIN GLARGINE U-300 CONC | 3 | ST; MO |
| INSULIN GLARGINE-YFGN | 3 | ST; MO |
| INSULIN LISPRO | 2 | MO |
| INSULIN LISPRO PROTAMIN-LISPRO | 2 | MO |
| INVOKAMET | 3 | ST; MO; QL (60 per 30 days) |
| INVOKAMET XR | 3 | ST; MO; QL (60 per 30 days) |
| INVOKANA | 3 | ST; MO; QL (30 per 30 days) |
| JANUMET | 2 | MO; QL (60 per 30 days) |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG | 2 | MO; QL (30 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG | 2 | MO; QL (60 per 30 days) |
| JANUVIA | 2 | MO; QL (30 per 30 days) |
| JARDIANCE | 2 | MO; QL (30 per 30 days) |
| JENTADUETO | 2 | MO; QL (60 per 30 days) |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG | 2 | MO; QL (60 per 30 days) |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG | 2 | MO; QL (30 per 30 days) |
| LANTUS SOLOSTAR U-100 INSULIN | 2 | MO |
| LANTUS U-100 INSULIN | 2 | |
| *liraglutide* | 1 | PA; QL (9 per 30 days) |
| LYUMJEV KWIKPEN U-100 INSULIN | 2 | MO |
| LYUMJEV KWIKPEN U-200 INSULIN | 2 | MO |
| LYUMJEV TEMPO PEN(U-100)INSULN | 3 | ST; MO |
| LYUMJEV U-100 INSULIN | 2 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| MERILOG | 3 | ST |
| MERILOG SOLOSTAR | 3 | ST |
| *metformin oral solution* | 1 | MO; QL (765 per 30 days) |
| *metformin oral tablet 1,000 mg* | 1 | MO; QL (75 per 30 days) |
| *metformin oral tablet 500 mg* | 1 | MO; QL (150 per 30 days) |
| METFORMIN ORAL TABLET 625 MG | 3 | MO; QL (120 per 30 days) |
| *metformin oral tablet 850 mg* | 1 | MO; QL (90 per 30 days) |
| *metformin oral tablet extended release 24 hr 500 mg* | 1 | MO; QL (120 per 30 days) |
| *metformin oral tablet extended release 24 hr 750 mg* | 1 | MO; QL (60 per 30 days) |
| *metformin oral tablet extended release (osm) 24 hr 1,000 mg* | 1 | ST; MO; QL (60 per 30 days) |
| *metformin oral tablet extended release (osm) 24 hr 500 mg* | 1 | ST; MO; QL (150 per 30 days) |
| *metformin oral tablet,er gast.retention 24 hr 1,000 mg* | 1 | ST; MO; QL (60 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *metformin oral tablet,er gast.retention 24 hr 500 mg* | 1 | ST; MO; QL (120 per 30 days) |
| *miglitol oral tablet 100 mg* | 1 | MO; QL (90 per 30 days) |
| *miglitol oral tablet 25 mg* | 1 | MO; QL (360 per 30 days) |
| *miglitol oral tablet 50 mg* | 1 | MO; QL (180 per 30 days) |
| MOUNJARO | 2 | PA; QL (2 per 28 days) |
| *nateglinide oral tablet 120 mg* | 1 | MO; QL (90 per 30 days) |
| *nateglinide oral tablet 60 mg* | 1 | MO; QL (180 per 30 days) |
| NOVOLIN 70/30 U-100 INSULIN | 2 | MO |
| NOVOLIN 70-30 FLEXPEN U-100 | 2 | MO |
| NOVOLIN N FLEXPEN | 2 | MO |
| NOVOLIN N NPH U-100 INSULIN | 2 | MO |
| NOVOLIN R FLEXPEN | 2 | MO |
| NOVOLIN R REGULAR U100 INSULIN | 2 | MO |
| NOVOLOG FLEXPEN U-100 INSULIN | 2 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| NOVOLOG MIX 70-30 U-100 INSULN | 2 | MO |
| NOVOLOG MIX 70-30FLEXPEN U-100 | 2 | MO |
| NOVOLOG PENFILL U-100 INSULIN | 2 | MO |
| NOVOLOG U-100 INSULIN ASPART | 2 | MO |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) | 2 | PA; QL (3 per 28 days) |
| *pioglitazone* | 1 | MO; QL (30 per 30 days) |
| *pioglitazone-glimepiride* | 1 | MO; QL (30 per 30 days) |
| *pioglitazone-metformin* | 1 | MO; QL (90 per 30 days) |
| PROGLYCEM | 3 | MO |
| *repaglinide oral tablet 0.5 mg* | 1 | MO; QL (960 per 30 days) |
| *repaglinide oral tablet 1 mg* | 1 | MO; QL (480 per 30 days) |
| *repaglinide oral tablet 2 mg* | 1 | MO; QL (240 per 30 days) |
| REZVOGLAR KWIKPEN | 3 | ST; MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| RYBELSUS ORAL TABLET 1.5 MG, 4 MG, 9 MG | 2 | PA; QL (30 per 30 days) |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG | 2 | PA; MO; QL (30 per 30 days) |
| *saxagliptin* | 1 | MO; QL (30 per 30 days) |
| *saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg* | 1 | MO; QL (60 per 30 days) |
| *saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg* | 1 | MO; QL (30 per 30 days) |
| SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG | 3 | ST; MO; QL (60 per 30 days) |
| SEGLUROMET ORAL TABLET 2.5-500 MG | 3 | ST; MO; QL (120 per 30 days) |
| SEMGLEE(INSULIN GLARGINE-YFGN) | 3 | ST; MO |
| SEMGLEE(INSULIN GLARG-YFGN)PEN | 3 | ST |
| SITAGLIPTIN | 3 | ST; QL (30 per 30 days) |
| SITAGLIPTIN-METFORMIN ORAL TABLET | 3 | ST; MO; QL (60 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SOLIQUA 100/33 | 2 | QL (15 per 25 days) |
| STEGLATRO | 3 | ST; MO; QL (30 per 30 days) |
| STEGLUJAN | 3 | ST; MO; QL (30 per 30 days) |
| SYMLINPEN 120 | 3 | PA; MO; QL (10.8 per 30 days) |
| SYMLINPEN 60 | 3 | PA; MO; QL (6 per 30 days) |
| SYNJARDY | 2 | MO; QL (60 per 30 days) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG | 2 | MO; QL (30 per 30 days) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG | 2 | MO; QL (60 per 30 days) |
| TOUJEO MAX U-300 SOLOSTAR | 2 | MO |
| TOUJEO SOLOSTAR U-300 INSULIN | 2 | MO |
| TRADJENTA | 2 | MO; QL (30 per 30 days) |
| TRESIBA FLEXTOUCH U-100 | 3 | ST; MO |
| TRESIBA FLEXTOUCH U-200 | 3 | ST; MO |
| TRESIBA U-100 INSULIN | 3 | ST; MO |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG | 2 | MO; QL (30 per 30 days) |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG | 2 | MO; QL (60 per 30 days) |
| TRULICITY | 2 | PA; QL (2 per 28 days) |
| VICTOZA 3-PAK | 3 | PA; QL (9 per 30 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG | 2 | MO; QL (30 per 30 days) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG | 2 | MO; QL (60 per 30 days) |
| XULTOPHY 100/3.6 | 3 | ST; QL (15 per 30 days) |
| ZEGALOGUE AUTOINJECTOR | 3 | ST; MO |
| ZEGALOGUE SYRINGE | 3 | ST; MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ZITUVIMET | 3 | ST; MO; QL (60 per 30 days) |
| ZITUVIMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG | 3 | ST; MO; QL (30 per 30 days) |
| ZITUVIMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG | 3 | ST; MO; QL (60 per 30 days) |
| ZITUVIO | 3 | ST; MO; QL (30 per 30 days) |
| **MISCELLANEOUS HORMONES** | | |
| AVEED | 3 | PA; MO; LA |
| *cabergoline* | 1 | MO |
| *calcitonin (salmon) nasal* | 1 | MO |
| *calcitriol oral capsule* | 1 | MO |
| *calcitriol oral solution* | 1 | |
| CERDELGA | 3 | PA; MO |
| *cinacalcet* | 1 | PA; MO |
| CRENESSITY | 3 | PA; LA |
| *danazol* | 1 | MO |
| DDAVP ORAL | 3 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML | 3 | PA; MO |
| DEPO-TESTOSTERONE INTRAMUSCULAR OIL 200 MG/ML | 3 | PA |
| *desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)* | 1 | |
| *desmopressin oral* | 1 | MO |
| *doxercalciferol oral* | 1 | MO |
| ELFABRIO | 3 | PA; MO; LA |
| GALAFOLD | 3 | PA; MO; LA; QL (15 per 30 days) |
| ISTURISA ORAL TABLET 1 MG | 3 | PA; LA; QL (240 per 30 days) |
| ISTURISA ORAL TABLET 5 MG | 3 | PA; LA; QL (360 per 30 days) |
| JATENZO ORAL CAPSULE 158 MG, 198 MG | 3 | PA; MO; QL (120 per 30 days) |
| JATENZO ORAL CAPSULE 237 MG | 3 | PA; MO; QL (60 per 30 days) |
| *javygtor* | 1 | PA; MO |
| JYNARQUE | 3 | PA; LA |
| KORLYM | 3 | PA |
| KUVAN | 3 | PA; MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| METHITEST | 3 | |
| *methyltestosterone oral capsule* | 1 | MO |
| *mifepristone oral tablet 300 mg* | 1 | PA; MO |
| *miglustat* | 1 | PA; MO; LA |
| MYALEPT | 3 | PA; MO; LA |
| NATESTO | 3 | PA; MO; QL (21.96 per 30 days) |
| ORILISSA | 3 | MO |
| PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML | 3 | PA; MO; LA; QL (15 per 30 days) |
| PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML | 3 | PA; MO; LA; QL (4 per 30 days) |
| PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML | 3 | PA; MO; LA; QL (60 per 30 days) |
| *paricalcitol oral* | 1 | MO |
| RAYALDEE | 3 | MO |
| RECORLEV | 3 | PA |
| ROCALTROL | 3 | |
| SAMSCA | 3 | PA; MO |
| *sapropterin* | 1 | PA; MO |
| SOMAVERT | 3 | PA; MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| STRENSIQ SUBCUTANEOUS SOLUTION 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML | 2 | PA; LA |
| SYNAREL | 3 | PA; MO |
| TESTIM | 3 | PA; MO; QL (300 per 30 days) |
| *testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml* | 1 | PA; MO |
| *testosterone cypionate intramuscular oil 200 mg/ml (1 ml)* | 1 | PA |
| *testosterone enanthate* | 1 | PA; MO |
| *testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)* | 1 | PA; MO; QL (300 per 30 days) |
| *testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)* | 1 | PA; MO; QL (150 per 30 days) |
| *testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)* | 1 | PA; MO; QL (300 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)* | 1 | PA; MO; QL (37.5 per 30 days) |
| *testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)* | 1 | PA; MO; QL (150 per 30 days) |
| *testosterone transdermal solution in metered pump w/app* | 1 | PA; MO; QL (180 per 30 days) |
| TLANDO | 3 | PA; MO; QL (120 per 30 days) |
| *tolvaptan* | 1 | PA; MO |
| *tolvaptan (polycys kidney dis) oral tablets, sequential* | 1 | PA |
| UNDECATREX | 3 | PA; QL (120 per 30 days) |
| VOGELXO TRANSDERMAL GEL | 3 | PA; QL (300 per 30 days) |
| VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP | 3 | PA; QL (300 per 30 days) |
| VOXZOGO | 3 | PA; MO |
| XYOSTED | 3 | PA; MO; QL (2 per 28 days) |
| *yargesa* | 1 | PA; LA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML | 3 | PA; QL (1.12 per 28 days) |
| YORVIPATH SUBCUTANEOUS PEN INJECTOR 294 MCG/0.98 ML | 3 | PA; QL (1.96 per 28 days) |
| YORVIPATH SUBCUTANEOUS PEN INJECTOR 420 MCG/1.4 ML | 3 | PA; QL (2.8 per 28 days) |
| ZAVESCA | 3 | PA; MO; LA |
| ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG | 3 | MO |
| **THYROID HORMONES** | | |
| CYTOMEL | 3 | MO |
| ERMEZA | 3 | MO |
| LEVOTHYROXINE ORAL CAPSULE | 3 | MO |
| *levothyroxine oral tablet* | 1 | MO |
| *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* | 1 | MO |
| *liothyronine oral* | 1 | MO |
| SYNTHROID | 3 | ST; MO |
| TIROSINT | 3 | MO |
| TIROSINT-SOL | 3 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *unithroid* | 1 | MO |
| **GASTROENTEROLOGY** | | |
| **ANTIDIARRHEALS / ANTISPASMODICS** | | |
| *chlordiazepoxide-clidinium* | 1 | |
| CUVPOSA | 3 | MO |
| *dicyclomine oral capsule* | 1 | MO |
| *dicyclomine oral solution* | 1 | MO |
| *dicyclomine oral tablet 20 mg* | 1 | MO |
| *diphenoxylate-atropine oral liquid* | 1 | |
| *diphenoxylate-atropine oral tablet* | 1 | MO |
| GLYCATE | 3 | |
| *glycopyrrolate oral solution* | 1 | MO |
| *glycopyrrolate oral tablet 1 mg, 2 mg* | 1 | MO |
| *glycopyrrolate oral tablet 1.5 mg* | 1 | |
| LIBRAX (WITH CLIDINIUM) | 3 | MO |
| LOMOTIL | 3 | MO |
| *loperamide oral capsule* | 1 | MO |
| *methscopolamine* | 1 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| MOTOFEN | 3 | MO |
| MYTESI | 3 | MO |
| **MISCELLANEOUS GASTROINTESTINAL AGENTS** | | |
| *alosetron* | 1 | PA; MO |
| AMITIZA | 3 | ST; MO; QL (60 per 30 days) |
| ANUSOL-HC TOPICAL | 3 | MO |
| *aprepitant* | 1 | PA; MO |
| APRISO | 3 | MO |
| AZULFIDINE | 3 | MO |
| AZULFIDINE EN-TABS | 3 | MO |
| *balsalazide* | 1 | MO |
| *betaine* | 1 | MO |
| BONJESTA | 3 | MO |
| *budesonide oral* | 1 | MO |
| *budesonide rectal* | 1 | MO |
| BYLVAY | 3 | PA; MO; LA |
| CANASA | 3 | MO |
| CHENODAL | 3 | PA; LA |
| CHOLBAM ORAL CAPSULE 250 MG | 3 | PA |
| CHOLBAM ORAL CAPSULE 50 MG | 3 | PA; QL (120 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| CIMZIA POWDER FOR RECONST | 3 | PA; MO; QL (2 per 28 days) |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) | 3 | PA; MO; QL (2 per 28 days) |
| CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML | 3 | ST; MO |
| *compro* | 1 | MO |
| *constulose* | 1 | MO |
| CORTIFOAM | 2 | MO |
| CREON | 2 | MO |
| *cromolyn oral* | 1 | MO |
| CTEXLI | 3 | PA; LA |
| CYSTADANE | 3 | |
| DICLEGIS | 3 | MO |
| DIPENTUM | 3 | MO |
| *doxylamine-pyridoxine (vit b6)* | 1 | MO |
| *dronabinol* | 1 | PA |
| EMEND ORAL CAPSULE 80 MG | 3 | PA; MO |
| EMEND ORAL CAPSULE,DOSE PACK | 3 | PA; MO |
| EMEND ORAL SUSPENSION FOR RECONSTITUTION | 3 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ENTYVIO PEN | 3 | PA; MO; QL (1.36 per 28 days) |
| *enulose* | 1 | MO |
| GASTROCROM | 3 | MO |
| GATTEX 30-VIAL | 3 | PA; MO |
| *gavilyte-c* | 1 | MO |
| *gavilyte-g* | 1 | MO |
| *gavilyte-n* | 1 | |
| *generlac* | 1 | MO |
| GIMOTI | 3 | |
| GOLYTELY | 3 | ST; MO |
| *granisetron hcl oral* | 1 | PA; MO |
| *hydrocortisone rectal* | 1 | MO |
| *hydrocortisone topical cream with perineal applicator 2.5 %* | 1 | |
| *hydrocortisone-pramoxine rectal cream 1-1 %* | 1 | MO |
| IBSRELA | 3 | PA; QL (60 per 30 days) |
| INFLECTRA | 3 | PA; MO; QL (20 per 28 days) |
| IQIRVO | 3 | PA; MO; QL (30 per 30 days) |
| KRISTALOSE | 3 | MO |
| *lactulose* | 1 | MO |
| LIALDA | 3 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| LINZESS | 2 | MO; QL (30 per 30 days) |
| LIVDELZI | 3 | PA; QL (30 per 30 days) |
| LIVMARLI | 3 | PA; LA |
| LOTRONEX | 3 | PA; MO |
| *lubiprostone* | 1 | MO; QL (60 per 30 days) |
| MARINOL ORAL CAPSULE 2.5 MG | 3 | PA |
| *meclizine oral tablet 12.5 mg, 25 mg* | 1 | MO |
| *mesalamine oral capsule (with del rel tablets)* | 1 | MO |
| *mesalamine oral capsule, extended release* | 1 | |
| *mesalamine oral capsule,extended release 24hr* | 1 | MO |
| *mesalamine oral tablet,delayed release (dr/ec)* | 1 | MO |
| *mesalamine rectal* | 1 | MO |
| *metoclopramide hcl oral solution* | 1 | MO |
| *metoclopramide hcl oral tablet* | 1 | MO |
| *metoclopramide hcl oral tablet,disintegrating* | 1 | |
| MOTEGRITY | 3 | ST; QL (30 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| MOVANTIK | 3 | ST; MO; QL (30 per 30 days) |
| MOVIPREP | 3 | ST; MO |
| *nitroglycerin rectal* | 1 | MO |
| OCALIVA | 3 | PA; MO; LA; QL (30 per 30 days) |
| OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML | 3 | PA; MO; QL (2 per 28 days) |
| OMVOH PEN SUBCUTANEOUS PEN INJECTOR 300MG/3ML(100MG /ML-200 MG/2ML) | 3 | PA; MO; QL (3 per 28 days) |
| OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML | 3 | PA; MO; QL (2 per 28 days) |
| OMVOH SUBCUTANEOUS SYRINGE 300MG/3ML(100MG /ML-200 MG/2ML) | 3 | PA; MO; QL (3 per 28 days) |
| *ondansetron hcl oral solution* | 1 | PA; MO |
| *ondansetron hcl oral tablet 4 mg, 8 mg* | 1 | PA; MO |
| ONDANSETRON ORAL TABLET,DISINTEGRATING 16 MG | 3 | PA |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *ondansetron oral tablet,disintegrating 4 mg, 8 mg* | 1 | PA; MO |
| PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800-98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700-83,900 UNIT, 37,000-97,300-149,900 UNIT, 4,200-14,200-24,600 UNIT | 3 | ST; MO |
| *peg 3350-electrolytes* | 1 | |
| *peg3350-sod sul-nacl-kcl-asb-c* | 1 | MO |
| *peg-electrolyte* | 1 | MO |
| PENTASA | 3 | MO |
| PERTZYE | 3 | ST; MO |
| PLENVU | 3 | ST; MO |
| *prochlorperazine* | 1 | MO |
| *prochlorperazine maleate* | 1 | MO |
| PROCTOFOAM HC | 3 | MO |
| *procto-med hc* | 1 | MO |
| *proctosol hc topical* | 1 | MO |
| *proctozone-hc* | 1 | MO |
| *prucalopride* | 1 | MO; QL (30 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| RECTIV | 3 | MO |
| REGLAN ORAL | 3 | MO |
| RELISTOR ORAL | 3 | ST; MO; QL (90 per 30 days) |
| RELISTOR SUBCUTANEOUS SOLUTION | 3 | ST; MO; QL (18 per 30 days) |
| RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML | 3 | ST; MO; QL (18 per 30 days) |
| RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML | 3 | ST; MO; QL (12 per 30 days) |
| RELTONE | 3 | |
| REMICADE | 2 | PA; MO; QL (20 per 28 days) |
| ROWASA RECTAL ENEMA KIT | 3 | MO |
| SANCUSO | 3 | MO |
| *scopolamine base* | 1 | MO |
| SKYRIZI INTRAVENOUS | 2 | PA; MO; QL (30 per 180 days) |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML) | 2 | PA; MO; QL (1.2 per 56 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML) | 2 | PA; MO; QL (2.4 per 56 days) |
| *sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram* | 1 | MO |
| *sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)* | 1 | |
| SUCRAID | 2 | PA |
| SUFLAVE | 3 | ST; MO |
| *sulfasalazine* | 1 | MO |
| SUPREP BOWEL PREP KIT | 3 | ST; MO |
| SUTAB | 3 | ST; MO |
| SYMPROIC | 2 | MO; QL (30 per 30 days) |
| TRULANCE | 2 | QL (30 per 30 days) |
| UCERIS | 3 | MO |
| URSO FORTE | 3 | |
| *ursodiol oral capsule 200 mg, 400 mg* | 1 | |
| *ursodiol oral capsule 300 mg* | 1 | MO |
| *ursodiol oral tablet* | 1 | MO |
| VARUBI | 2 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| VELSIPITY | 3 | PA; MO; QL (30 per 30 days) |
| VIBERZI | 2 | MO; QL (60 per 30 days) |
| VIOKACE | 3 | MO |
| VOWST | 3 | PA; LA |
| ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT, 60,000-189,600-252,600 UNIT | 2 | MO |
| ZYMFENTRA | 2 | PA; MO; QL (2 per 28 days) |
| **ULCER THERAPY** | | |
| ACIPHEX | 3 | QL (60 per 30 days) |
| *amoxicil-clarithromy-lansopraz* | 1 | MO; QL (112 per 180 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *bismuth subcit k-metronidz-tcn* | 1 | MO; QL (120 per 180 days) |
| CARAFATE ORAL SUSPENSION | 3 | |
| CARAFATE ORAL TABLET | 3 | MO |
| *cimetidine* | 1 | MO |
| *cimetidine hcl oral* | 1 | |
| CYTOTEC | 3 | MO |
| DEXILANT | 3 | QL (30 per 30 days) |
| *dexlansoprazole* | 1 | QL (30 per 30 days) |
| *esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg* | 1 | MO; QL (30 per 30 days) |
| *esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg* | 1 | MO; QL (60 per 30 days) |
| *esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg* | 1 | MO; QL (30 per 30 days) |
| *esomeprazole magnesium oral granules dr for susp in packet 40 mg* | 1 | MO; QL (60 per 30 days) |
| *famotidine oral suspension for reconstitution* | 1 | MO |
| *famotidine oral tablet 20 mg, 40 mg* | 1 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| KONVOMEP | 3 | QL (600 per 30 days) |
| *lansoprazole oral capsule,delayed release(dr/ec) 15 mg* | 1 | MO; QL (30 per 30 days) |
| *lansoprazole oral capsule,delayed release(dr/ec) 30 mg* | 1 | MO; QL (60 per 30 days) |
| *lansoprazole oral tablet,disintegrat, delay rel 15 mg* | 1 | MO; QL (30 per 30 days) |
| *lansoprazole oral tablet,disintegrat, delay rel 30 mg* | 1 | MO; QL (60 per 30 days) |
| *misoprostol* | 1 | MO |
| NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG | 3 | MO; QL (30 per 30 days) |
| NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG | 3 | MO; QL (60 per 30 days) |
| NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG | 3 | MO; QL (30 per 30 days) |
| NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 40 MG | 3 | MO; QL (60 per 30 days) |
| *nizatidine oral capsule* | 1 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| OMECLAMOX-PAK | 3 | QL (80 per 180 days) |
| *omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg* | 1 | MO; QL (30 per 30 days) |
| *omeprazole oral capsule,delayed release(dr/ec) 40 mg* | 1 | MO; QL (60 per 30 days) |
| *omeprazole-sodium bicarbonate* | 1 | MO; QL (30 per 30 days) |
| *pantoprazole oral granules dr for susp in packet* | 1 | MO; QL (60 per 30 days) |
| *pantoprazole oral tablet,delayed release (dr/ec) 20 mg* | 1 | MO; QL (30 per 30 days) |
| *pantoprazole oral tablet,delayed release (dr/ec) 40 mg* | 1 | MO; QL (60 per 30 days) |
| PEPCID ORAL TABLET | 3 | MO |
| PREVACID | 3 | QL (60 per 30 days) |
| PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 15 MG | 3 | QL (30 per 30 days) |
| PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 30 MG | 3 | QL (60 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG | 3 | MO; QL (120 per 30 days) |
| PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 2.5 MG | 3 | MO; QL (480 per 30 days) |
| PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET | 3 | QL (60 per 30 days) |
| PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG | 3 | QL (30 per 30 days) |
| PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 40 MG | 3 | QL (60 per 30 days) |
| PYLERA | 3 | MO; QL (120 per 180 days) |
| *rabeprazole oral tablet,delayed release (dr/ec)* | 1 | MO; QL (60 per 30 days) |
| *sucralfate* | 1 | MO |
| TALICIA | 3 | MO; QL (168 per 180 days) |
| VOQUEZNA | 3 | ST; MO; QL (30 per 30 days) |
| VOQUEZNA DUAL PAK | 3 | MO; QL (112 per 180 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| VOQUEZNA TRIPLE PAK | 3 | MO; QL (112 per 180 days) |
| **IMMUNOLOGY, VACCINES / BIOTECHNOLOGY** | | |
| **BIOTECHNOLOGY DRUGS** | | |
| ACTIMMUNE | 2 | PA; MO |
| ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML | 3 | PA; MO |
| ARANESP (IN POLYSORBATE) INJECTION SYRINGE | 3 | PA; MO |
| ARCALYST | 2 | PA |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT | 2 | PA; MO; QL (1 per 28 days) |
| AVONEX INTRAMUSCULAR SYRINGE KIT | 2 | PA; MO; QL (1 per 28 days) |
| BESREMI | 3 | PA; LA |
| BETASERON SUBCUTANEOUS KIT | 2 | PA; MO; QL (14 per 28 days) |
| EGRIFTA SV | 3 | PA; MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML | 3 | PA; MO |
| FULPHILA | 2 | PA; MO |
| FYLNETRA | 3 | PA; MO |
| GENOTROPIN | 3 | PA; MO |
| GENOTROPIN MINIQUICK | 3 | PA; MO |
| GRANIX | 3 | PA; MO |
| HUMATROPE INJECTION CARTRIDGE | 3 | PA; MO |
| LEUKINE INJECTION RECON SOLN | 3 | PA; MO |
| MIRCERA | 3 | PA |
| NEULASTA | 3 | PA; MO |
| NEULASTA ONPRO | 3 | PA; MO |
| NEUPOGEN | 3 | PA; MO |
| NGENLA | 3 | PA; MO |
| NIVESTYM | 2 | PA; MO |
| NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) | 3 | PA; MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| REBIF (WITH ALBUMIN) | 3 | PA; MO; QL (6 per 28 days) |
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML | 3 | PA; MO; QL (6 per 28 days) |
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6) | 3 | PA; MO; QL (4.2 per 180 days) |
| REBIF TITRATION PACK | 3 | PA; MO; QL (4.2 per 180 days) |
| RELEUKO SUBCUTANEOUS | 3 | PA; MO |
| RETACRIT | 2 | PA; MO |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG | 3 | PA; MO |
| SKYTROFA | 3 | PA; MO |
| SOGROYA | 3 | PA; MO |
| STIMUFEND | 3 | PA; MO |
| UDENYCA | 3 | PA; MO |
| UDENYCA AUTOINJECTOR | 3 | PA; MO |
| UDENYCA ONBODY | 3 | PA; MO |
| XOLREMDI | 3 | PA; LA |
| ZARXIO | 3 | PA; MO |
| ZIEXTENZO | 3 | PA; MO |
| ZOMACTON | 3 | PA; MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **VACCINES / MISCELLANEOUS IMMUNOLOGICALS** | | |
| ABRYSVO (PF) | 1 | V |
| ACTHIB (PF) | 2 | |
| ADACEL(TDAP ADOLESN/ADULT )(PF) | 1 | V |
| AREXVY (PF) | 1 | V |
| BCG VACCINE, LIVE (PF) | 1 | V |
| BEXSERO | 1 | V |
| BIVIGAM | 3 | PA; MO |
| BOOSTRIX TDAP | 1 | V |
| DAPTACEL (DTAP PEDIATRIC) (PF) | 2 | |
| DYSPORT | 3 | PA; MO |
| ENGERIX-B (PF) | 1 | PA; V |
| ENGERIX-B PEDIATRIC (PF) | 1 | PA; V |
| GAMMAGARD LIQUID | 3 | PA; MO |
| GAMMAGARD S-D (IGA < 1 MCG/ML) | 3 | PA; MO |
| GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %) | 3 | PA; MO |
| GAMMAPLEX | 3 | PA; MO |
| GAMMAPLEX (WITH SORBITOL) | 3 | PA; MO |
| GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %) | 2 | PA; MO |
| GARDASIL 9 (PF) | 1 | V |
| GRASTEK | 3 | MO |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML | 1 | V |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML | 2 | |
| HEPLISAV-B (PF) | 1 | PA; V |
| HIBERIX (PF) | 2 | |
| IMOVAX RABIES VACCINE (PF) | 1 | PA; V |
| INFANRIX (DTAP) (PF) | 2 | |
| IPOL | 1 | V |
| IXCHIQ (PF) | 1 | V |
| IXIARO (PF) | 1 | V |
| JYNNEOS (PF) | 1 | PA; V |
| KINRIX (PF) | 2 | |
| MENQUADFI (PF) | 1 | V |
| MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT | 1 | V |
| M-M-R II (PF) | 1 | V |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| MRESVIA (PF) | 1 | V |
| OCTAGAM | 3 | PA; MO |
| ODACTRA | 3 | PA; MO |
| PANZYGA | 3 | PA; MO |
| PEDIARIX (PF) | 2 | |
| PEDVAX HIB (PF) | 2 | |
| PENBRAYA (PF) | 1 | V |
| PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML | 2 | |
| PRIORIX (PF) | 1 | V |
| PRIVIGEN | 3 | PA; MO |
| PROQUAD (PF) | 2 | |
| QUADRACEL (PF) | 2 | |
| RABAVERT (PF) | 1 | PA; V |
| RAGWITEK | 3 | MO |
| RECOMBIVAX HB (PF) | 1 | PA; V |
| ROTARIX ORAL SUSPENSION | 2 | |
| ROTATEQ VACCINE | 2 | |
| SHINGRIX (PF) | 1 | V; QL (2 per 720 days) |
| TENIVAC (PF) | 1 | V |
| TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML | 2 | |
| TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML | 2 | V |
| TRUMENBA | 1 | V |
| TWINRIX (PF) | 1 | V |
| TYPHIM VI | 1 | V |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML | 2 | |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML | 1 | V |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML | 2 | |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML | 1 | V |
| VARIVAX (PF) | 1 | V |
| VAXCHORA VACCINE | 1 | V |
| VIMKUNYA | 1 | V |
| VIVOTIF | 1 | MO; V |
| YF-VAX (PF) | 1 | V |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **MISCELLANEOUS SUPPLIES** | | |
| **MISCELLANEOUS SUPPLIES** | | |
| NOVO PEN NEEDLE | 2 | PA; MO |
| CEQUR SIMPLICITY | 2 | MO |
| CEQUR SIMPLICITY INSERTER | 2 | MO |
| PEN NEEDLES (NON-PREFERRED BRANDS) | 3 | PA |
| GAUZE PADS 2 X 2 | 2 | PA; MO |
| INPEN (FOR HUMALOG) BLUE | 3 | |
| INPEN (FOR HUMALOG) GREY | 3 | |
| INPEN (FOR HUMALOG) PINK | 3 | |
| INPEN (NOVOLOG OR FIASP) BLUE | 3 | |
| INPEN (NOVOLOG OR FIASP) GREY | 3 | |
| INPEN (NOVOLOG OR FIASP) PINK | 3 | |
| EMBECTA INSULIN SYRINGE | 2 | PA; MO |
| BD PEN NEEDLE | 2 | PA; MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| OMNIPOD 5 (G6/LIBRE 2 PLUS) | 2 | MO |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) | 2 | MO; QL (1 per 720 days) |
| OMNIPOD 5 G6-G7 PODS (GEN 5) | 2 | MO |
| OMNIPOD 5 INTRO(G6/LIBRE2 PLUS) | 2 | MO; QL (1 per 720 days) |
| OMNIPOD DASH INTRO KIT (GEN 4) | 2 | QL (1 per 720 days) |
| OMNIPOD DASH PODS (GEN 4) | 2 | MO |
| OMNIPOD GO PODS | 2 | |
| OMNIPOD GO PODS 10 UNITS/DAY | 2 | |
| OMNIPOD GO PODS 15 UNITS/DAY | 2 | |
| OMNIPOD GO PODS 20 UNITS/DAY | 2 | |
| OMNIPOD GO PODS 25 UNITS/DAY | 2 | |
| OMNIPOD GO PODS 30 UNITS/DAY | 2 | |
| OMNIPOD GO PODS 40 UNITS/DAY | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| EMBECTA PEN NEEDLE | 2 | PA; MO |
| BD INSULIN SYRINGE | 2 | PA; MO |
| INSULIN SYRINGES (NON-PREFERRED BRANDS) | 3 | PA |
| V-GO 20 | 3 | MO |
| V-GO 30 | 3 | MO |
| V-GO 40 | 3 | MO |
| **MUSCULOSKELETAL / RHEUMATOLOGY** | | |
| **GOUT THERAPY** | | |
| *allopurinol* | 1 | MO |
| *colchicine oral capsule* | 1 | |
| *colchicine oral tablet* | 1 | MO |
| *febuxostat* | 1 | MO |
| GLOPERBA | 3 | ST |
| MITIGARE | 3 | ST |
| *probenecid* | 1 | MO |
| *probenecid-colchicine* | 1 | MO |
| ULORIC | 3 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **OSTEOPOROSIS THERAPY** | | |
| ACTONEL ORAL TABLET 150 MG | 3 | ST; MO; QL (1 per 30 days) |
| ACTONEL ORAL TABLET 35 MG | 3 | ST; MO; QL (4 per 28 days) |
| *alendronate oral solution* | 1 | MO; QL (300 per 28 days) |
| *alendronate oral tablet 10 mg* | 1 | MO; QL (30 per 30 days) |
| *alendronate oral tablet 35 mg, 70 mg* | 1 | MO; QL (4 per 28 days) |
| ATELVIA | 3 | ST; MO; QL (4 per 28 days) |
| BINOSTO | 3 | ST; MO; QL (4 per 28 days) |
| BONSITY | 2 | PA; MO; QL (2.48 per 28 days) |
| EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML ( 105MG/1.17MLX2) | 3 | PA; MO; QL (2.34 per 30 days) |
| EVISTA | 3 | MO |
| FORTEO | 3 | PA; MO; QL (2.48 per 28 days) |
| FOSAMAX ORAL TABLET 70 MG | 3 | ST; MO; QL (4 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| FOSAMAX PLUS D | 3 | ST; MO; QL (4 per 28 days) |
| *ibandronate oral* | 1 | MO; QL (1 per 30 days) |
| JUBBONTI | 2 | MO; QL (1 per 180 days) |
| PROLIA | 3 | PA; MO; QL (1 per 180 days) |
| *raloxifene* | 1 | MO |
| *risedronate oral tablet 150 mg* | 1 | MO; QL (1 per 30 days) |
| *risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)* | 1 | MO; QL (4 per 28 days) |
| *risedronate oral tablet 5 mg* | 1 | MO; QL (30 per 30 days) |
| *risedronate oral tablet,delayed release (dr/ec)* | 1 | MO; QL (4 per 28 days) |
| TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML) | 2 | PA; MO; QL (2.48 per 28 days) |
| TYMLOS | 2 | PA; MO; QL (1.56 per 30 days) |
| **OTHER RHEUMATOLOGICALS** | | |
| ABRILADA(CF) PEN | 3 | PA; QL (6 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML | 3 | PA; QL (2 per 28 days) |
| ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML | 3 | PA; QL (6 per 28 days) |
| ACTEMRA ACTPEN | 3 | PA; MO; QL (3.6 per 28 days) |
| ACTEMRA INTRAVENOUS | 3 | PA; MO; QL (160 per 28 days) |
| ACTEMRA SUBCUTANEOUS | 3 | PA; MO; QL (3.6 per 28 days) |
| ADALIMUMAB-AATY SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML | 3 | PA; MO; QL (6 per 28 days) |
| ADALIMUMAB-AATY SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML | 3 | PA; MO; QL (3 per 28 days) |
| ADALIMUMAB-AATY SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML | 3 | PA; MO; QL (2 per 28 days) |
| ADALIMUMAB-AATY SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML | 3 | PA; MO; QL (6 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ADALIMUMAB-AATY(CF) AI CROHNS | 3 | PA; MO; QL (3 per 180 days) |
| ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML | 3 | PA; MO; QL (1.6 per 28 days) |
| ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML | 3 | PA; MO; QL (2.4 per 28 days) |
| ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 10 MG/0.1 ML | 3 | PA; MO; QL (0.2 per 28 days) |
| ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 20 MG/0.2 ML | 3 | PA; MO; QL (0.4 per 28 days) |
| ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 40 MG/0.4 ML | 3 | PA; MO; QL (1.6 per 28 days) |
| ADALIMUMAB-ADBM (PREFERRED NDCS STARTING WITH 00597) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML | 3 | PA; MO; QL (4 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ADALIMUMAB-ADBM (PREFERRED NDCS STARTING WITH 00597) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML | 3 | PA; MO; QL (2 per 28 days) |
| ADALIMUMAB-ADBM (PREFERRED NDCS STARTING WITH 00597) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML | 3 | PA; MO; QL (4 per 28 days) |
| ADALIMUMAB-ADBM(CF) PEN CROHNS (PREFERRED NDCS STARTING WITH 00597) | 3 | PA; QL (6 per 180 days) |
| ADALIMUMAB-ADBM(CF) PEN PS-UV (PREFERRED NDCS STARTING WITH 00597) | 3 | PA; QL (4 per 180 days) |
| ADALIMUMAB-RYVK | 3 | PA; MO; QL (6 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML | 3 | PA; MO; QL (1.6 per 28 days) |
| AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML | 3 | PA; QL (3.2 per 28 days) |
| AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML | 3 | PA; MO; QL (2.4 per 28 days) |
| AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.2 ML | 3 | PA; MO; QL (0.4 per 28 days) |
| AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 20 MG/0.4 ML | 3 | PA; QL (0.8 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML | 3 | PA; MO; QL (1.6 per 28 days) |
| AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 40 MG/0.8 ML | 3 | PA; QL (3.2 per 28 days) |
| ARAVA | 3 | MO; QL (30 per 30 days) |
| BENLYSTA SUBCUTANEOUS | 2 | PA; MO |
| CUPRIMINE | 3 | PA; MO |
| CYLTEZO(CF) PEN | 3 | PA; MO; QL (4 per 28 days) |
| CYLTEZO(CF) PEN CROHN'S-UC-HS | 3 | PA; QL (6 per 180 days) |
| CYLTEZO(CF) PEN PSORIASIS-UV | 3 | PA; QL (4 per 180 days) |
| CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML | 3 | PA; MO; QL (2 per 28 days) |
| CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML | 3 | PA; MO; QL (4 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| DEPEN TITRATABS | 3 | PA; MO |
| ENBREL MINI | 2 | PA; MO; QL (8 per 28 days) |
| ENBREL SUBCUTANEOUS SOLUTION | 2 | PA; MO; QL (8 per 28 days) |
| ENBREL SUBCUTANEOUS SYRINGE | 2 | PA; MO; QL (8 per 28 days) |
| ENBREL SURECLICK | 2 | PA; MO; QL (8 per 28 days) |
| HADLIMA | 2 | PA; MO; QL (4.8 per 28 days) |
| HADLIMA PUSHTOUCH | 2 | PA; MO; QL (4.8 per 28 days) |
| HADLIMA(CF) | 2 | PA; MO; QL (2.4 per 28 days) |
| HADLIMA(CF) PUSHTOUCH | 2 | PA; MO; QL (2.4 per 28 days) |
| HULIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT | 3 | PA; MO; QL (6 per 28 days) |
| HULIO(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML | 3 | PA; MO; QL (2 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| HULIO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML | 3 | PA; MO; QL (6 per 28 days) |
| HUMIRA (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML | 3 | PA; MO; QL (4 per 28 days) |
| HUMIRA PEN (PREFERRED NDCS STARTING WITH 00074) | 3 | PA; MO; QL (4 per 28 days) |
| HUMIRA(CF) (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML | 3 | PA; MO; QL (2 per 28 days) |
| HUMIRA(CF) (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML | 3 | PA; MO; QL (4 per 28 days) |
| HUMIRA(CF) PEN (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML | 3 | PA; MO; QL (4 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| HUMIRA(CF) PEN (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | 3 | PA; MO; QL (2 per 28 days) |
| HUMIRA(CF) PEN CROHNS-UC-HS (PREFERRED NDCS STARTING WITH 00074) | 3 | PA; MO; QL (3 per 180 days) |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS (PREFERRED NDCS STARTING WITH 00074) | 3 | PA; MO; QL (3 per 180 days) |
| HYRIMOZ (PREFERRED NDCS STARTING WITH 61314) | 3 | PA; QL (3.2 per 28 days) |
| HYRIMOZ PEN (PREFERRED NDCS STARTING WITH 61314) | 3 | PA; QL (3.2 per 28 days) |
| HYRIMOZ PEN CROHN'S-UC STARTER (PREFERRED NDCS STARTING WITH 61314) | 3 | PA; MO; QL (2.4 per 180 days) |
| HYRIMOZ PEN PSORIASIS STARTER (PREFERRED NDCS STARTING WITH 61314) | 3 | PA; MO; QL (1.6 per 180 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| HYRIMOZ(CF) (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML | 3 | PA; MO; QL (0.2 per 28 days) |
| HYRIMOZ(CF) (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML | 3 | PA; MO; QL (0.4 per 28 days) |
| HYRIMOZ(CF) (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML | 3 | PA; MO; QL (1.6 per 28 days) |
| HYRIMOZ(CF) PEDI CROHN STARTER (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 80 MG/0.8 ML | 3 | PA; MO; QL (2.4 per 180 days) |
| HYRIMOZ(CF) PEDI CROHN STARTER (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 80 MG/0.8 ML- 40 MG/0.4 ML | 3 | PA; MO; QL (1.2 per 180 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| HYRIMOZ(CF) PEN (PREFERRED NDCS STARTING WITH 61314) | 3 | PA; MO; QL (1.6 per 28 days) |
| IDACIO(CF) | 3 | PA; QL (4 per 28 days) |
| IDACIO(CF) PEN CROHN-UC STARTR | 3 | PA; QL (6 per 180 days) |
| IDACIO(CF) PEN PSORIASIS START | 3 | PA; QL (4 per 180 days) |
| IDACIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT | 3 | PA; QL (4 per 28 days) |
| KEVZARA | 3 | PA; MO; QL (2.28 per 28 days) |
| KINERET | 3 | PA; QL (20.1 per 30 days) |
| *leflunomide* | 1 | MO; QL (30 per 30 days) |
| OLUMIANT | 3 | PA; MO; QL (30 per 30 days) |
| ORENCIA CLICKJECT | 3 | PA; MO; QL (4 per 28 days) |
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML | 3 | PA; MO; QL (4 per 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML | 3 | PA; MO; QL (1.6 per 28 days) |
| ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML | 3 | PA; MO; QL (2.8 per 28 days) |
| OTEZLA | 2 | PA; MO; QL (60 per 30 days) |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) | 2 | PA; MO; QL (55 per 180 days) |
| OTREXUP (PF) | 3 | MO |
| *penicillamine* | 1 | PA; MO |
| RASUVO (PF) | 3 | MO |
| RIDAURA | 3 | MO |
| RINVOQ LQ | 2 | PA; MO; QL (360 per 30 days) |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG | 2 | PA; MO; QL (30 per 30 days) |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG | 2 | PA; MO; QL (84 per 180 days) |
| SAVELLA ORAL TABLET | 2 | QL (60 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SAVELLA ORAL TABLETS,DOSE PACK | 2 | QL (55 per 180 days) |
| SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML | 2 | PA; MO; QL (4 per 28 days) |
| SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML | 3 | PA; MO; QL (3 per 28 days) |
| SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML | 2 | PA; MO; QL (2 per 28 days) |
| SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML | 2 | PA; MO; QL (4 per 28 days) |
| SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML | 2 | PA; QL (3 per 28 days) |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML | 3 | PA; MO; QL (3 per 28 days) |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML | 3 | PA; MO; QL (0.5 per 28 days) |
| SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML | 3 | PA; MO; QL (3 per 28 days) |
| SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML | 3 | PA; MO; QL (0.5 per 28 days) |
| TYENNE AUTOINJECTOR | 3 | PA; MO; QL (3.6 per 28 days) |
| TYENNE INTRAVENOUS | 3 | PA; MO; QL (160 per 28 days) |
| TYENNE SUBCUTANEOUS | 3 | PA; MO; QL (3.6 per 28 days) |
| XELJANZ ORAL SOLUTION | 2 | PA; MO; QL (480 per 24 days) |
| XELJANZ ORAL TABLET | 2 | PA; MO; QL (60 per 30 days) |
| XELJANZ XR | 2 | PA; MO; QL (30 per 30 days) |
| YUFLYMA(CF) AI CROHN'S-UC-HS | 3 | PA; MO; QL (3 per 180 days) |
| YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML | 3 | PA; MO; QL (4 per 28 days) |
| YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML | 3 | PA; MO; QL (2 per 28 days) |

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|---|---|---|
| YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML | 3 | PA; MO; QL (2 per 28 days) |
| YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML | 3 | PA; MO; QL (4 per 28 days) |
| **OBSTETRICS / GYNECOLOGY** | | |
| **ESTROGENS / PROGESTINS** | | |
| *abigale lo* | 1 | |
| ACTIVELLA | 3 | MO |
| ANGELIQ | 3 | MO |
| BIJUVA | 3 | MO |
| *camila* | 1 | MO |
| CLIMARA | 3 | MO; QL (4 per 28 days) |
| CLIMARA PRO | 3 | MO |
| COMBIPATCH | 3 | |
| CRINONE VAGINAL GEL 4 % | 3 | MO |
| CRINONE VAGINAL GEL 8 % | 3 | PA; MO |
| *deblitane* | 1 | MO |
| DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML | 3 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| DEPO-ESTRADIOL | 3 | MO |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML | 3 | MO |
| DEPO-PROVERA INTRAMUSCULAR SYRINGE | 3 | MO |
| DEPO-SUBQ PROVERA 104 | 2 | MO |
| DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %) | 3 | MO; QL (30 per 30 days) |
| DIVIGEL TRANSDERMAL GEL IN PACKET 1.25 MG/1.25 GRAM (0.1 %) | 3 | MO; QL (37.5 per 30 days) |
| *dotti* | 1 | MO; QL (8 per 28 days) |
| DUAVEE | 2 | MO |
| ELESTRIN | 3 | MO; QL (70 per 30 days) |
| *errin* | 1 | MO |
| ESTRACE VAGINAL | 3 | ST; MO |
| *estradiol oral* | 1 | MO |
| *estradiol transdermal gel in metered-dose pump* | 1 | MO; QL (50 per 30 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *incassia* | 1 | MO |
| *jinteli* | 1 | MO |
| *lyleq* | 1 | MO |
| *lyllana* | 1 | MO; QL (8 per 28 days) |
| *lyza* | 1 | |
| *medroxyprogesterone* | 1 | MO |
| *meleya* | 1 | |
| MENOSTAR | 3 | MO; QL (4 per 28 days) |
| *mimvey* | 1 | MO |
| MINIVELLE | 3 | MO; QL (8 per 28 days) |
| *nora-be* | 1 | MO |
| *norethindrone (contraceptive)* | 1 | |
| *norethindrone acetate* | 1 | MO |
| *norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg* | 1 | MO |
| PREMARIN ORAL | 2 | MO |
| PREMARIN VAGINAL | 2 | MO |
| PREMPHASE | 2 | MO |
| PREMPRO | 2 | MO |
| *progesterone micronized* | 1 | MO |
| PROMETRIUM | 3 | MO |
| PROVERA | 3 | MO |
| *sharobel* | 1 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| VAGIFEM | 3 | ST; MO |
| VIVELLE-DOT | 3 | MO; QL (8 per 28 days) |
| *yuvafem* | 1 | |
| **MISCELLANEOUS OB/GYN** | | |
| ANNOVERA | 3 | MO |
| CLEOCIN VAGINAL | 3 | MO |
| *clindamycin phosphate vaginal* | 1 | MO |
| CLINDESSE | 3 | MO |
| *eluryng* | 1 | MO |
| *enilloring* | 1 | MO |
| *etonogestrel-ethinyl estradiol* | 1 | |
| GYNAZOLE-1 | 3 | MO |
| *haloette* | 1 | MO |
| INTRAROSA | 3 | MO |
| KYLEENA | 3 | |
| LILETTA | 2 | MO |
| *metronidazole vaginal gel 0.75 % (37.5mg/5 gram)* | 1 | MO |
| *miconazole-3 vaginal suppository* | 1 | MO |
| MIRENA | 3 | |
| MYFEMBREE | 2 | PA; MO |
| NEXPLANON | 2 | |
| *norelgestromin-ethin.estradiol* | 1 | |
| NUVARING | 3 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ORIAHNN | 3 | PA; MO |
| OSPHENA | 3 | MO |
| PHEXXI | 3 | MO |
| SKYLA | 3 | |
| *terconazole* | 1 | MO |
| *tranexamic acid oral* | 1 | MO |
| *vandazole* | 1 | MO |
| VEOZAH | 3 | PA; MO |
| XACIATO | 3 | ST; MO |
| *xulane* | 1 | |
| *zafemy* | 1 | MO |
| **ORAL CONTRACEPTIVES / RELATED AGENTS** | | |
| *altavera (28)* | 1 | MO |
| *alyacen 1/35 (28)* | 1 | MO |
| *apri* | 1 | MO |
| *aranelle (28)* | 1 | MO |
| *ashlyna* | 1 | MO |
| *aubra eq* | 1 | MO |
| *aviane* | 1 | MO |
| *azurette (28)* | 1 | MO |
| BALCOLTRA | 3 | MO |
| *balziva (28)* | 1 | MO |
| BEYAZ | 3 | MO |
| *blisovi 24 fe* | 1 | MO |
| *blisovi fe 1.5/30 (28)* | 1 | MO |
| *briellyn* | 1 | MO |
| *camrese lo* | 1 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *cryselle (28)* | 1 | MO |
| *cyred eq* | 1 | MO |
| *dolishale* | 1 | MO |
| *drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)* | 1 | MO |
| *drospirenone-ethinyl estradiol oral tablet 3-0.02 mg* | 1 | MO |
| *drospirenone-ethinyl estradiol oral tablet 3-0.03 mg* | 1 | |
| *enskyce* | 1 | MO |
| *estarylla* | 1 | MO |
| *falmina (28)* | 1 | MO |
| *feirza* | 1 | MO |
| FEMLYV | 3 | MO |
| *finzala* | 1 | MO |
| *galbriela* | 1 | |
| *gemmily* | 1 | MO |
| *hailey 24 fe* | 1 | MO |
| *iclevia* | 1 | |
| *introvale* | 1 | |
| *isibloom* | 1 | MO |
| *jaimiess* | 1 | MO |
| *jasmiel (28)* | 1 | MO |
| *joyeaux* | 1 | MO |
| *juleber* | 1 | MO |
| *junel 1.5/30 (21)* | 1 | MO |
| *junel 1/20 (21)* | 1 | MO |
| *junel fe 1.5/30 (28)* | 1 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *junel fe 1/20 (28)* | 1 | MO |
| *junel fe 24* | 1 | MO |
| *kaitlib fe* | 1 | MO |
| *kariva (28)* | 1 | |
| *kelnor 1/35 (28)* | 1 | MO |
| *kelnor 1/50 (28)* | 1 | MO |
| *kurvelo (28)* | 1 | MO |
| *l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)* | 1 | |
| *larin 1.5/30 (21)* | 1 | MO |
| *larin 1/20 (21)* | 1 | MO |
| *larin fe 1.5/30 (28)* | 1 | MO |
| *larin fe 1/20 (28)* | 1 | MO |
| *lessina* | 1 | MO |
| *levonest (28)* | 1 | MO |
| *levonorgestrel-ethinyl estrad* | 1 | |
| *levonorg-eth estrad triphasic* | 1 | MO |
| *levora-28* | 1 | |
| LO LOESTRIN FE | 3 | |
| LOESTRIN 1.5/30 (21) | 3 | MO |
| LOESTRIN 1/20 (21) | 3 | MO |
| LOESTRIN FE 1.5/30 (28-DAY) | 3 | MO |
| LOESTRIN FE 1/20 (28-DAY) | 3 | MO |
| *lojaimiess* | 1 | MO |

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|---|---|---|
| *loryna (28)* | 1 | MO |
| *low-ogestrel (28)* | 1 | |
| *lutera (28)* | 1 | |
| *marlissa (28)* | 1 | MO |
| *merzee* | 1 | |
| *mibelas 24 fe* | 1 | MO |
| *microgestin 1.5/30 (21)* | 1 | MO |
| *microgestin 1/20 (21)* | 1 | MO |
| *microgestin fe 1.5/30 (28)* | 1 | MO |
| *microgestin fe 1/20 (28)* | 1 | MO |
| *mili* | 1 | MO |
| *minzoya* | 1 | MO |
| NATAZIA | 3 | MO |
| *necon 0.5/35 (28)* | 1 | MO |
| NEXTSTELLIS | 3 | MO |
| *nikki (28)* | 1 | MO |
| *norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg* | 1 | MO |
| *norethindrone-e.estradiol-iron oral capsule* | 1 | |
| *norethindrone-e.estradiol-iron oral tablet,chewable* | 1 | |
| *norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.25-0.035 mg* | 1 | |
| *norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)* | 1 | MO |
| *nortrel 0.5/35 (28)* | 1 | MO |
| *nortrel 1/35 (21)* | 1 | MO |
| *nortrel 1/35 (28)* | 1 | MO |
| *nortrel 7/7/7 (28)* | 1 | MO |
| *nylia 1/35 (28)* | 1 | MO |
| *nylia 7/7/7 (28)* | 1 | MO |
| *ocella* | 1 | |
| *pimtrea (28)* | 1 | MO |
| *portia 28* | 1 | MO |
| *reclipsen (28)* | 1 | MO |
| *rivelsa* | 1 | MO |
| *rosyrah* | 1 | MO |
| SAFYRAL | 3 | MO |
| *setlakin* | 1 | MO |
| *sprintec (28)* | 1 | MO |
| *sronyx* | 1 | |
| *syeda* | 1 | MO |
| *tarina 24 fe* | 1 | MO |
| *tarina fe 1-20 eq (28)* | 1 | MO |
| *tilia fe* | 1 | MO |
| *tri-estarylla* | 1 | MO |
| *tri-legest fe* | 1 | MO |
| *tri-lo-estarylla* | 1 | MO |
| *tri-lo-sprintec* | 1 | |
| *tri-mili* | 1 | |
| *tri-sprintec (28)* | 1 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *tri-vylibra* | 1 | MO |
| *tri-vylibra lo* | 1 | MO |
| *turqoz (28)* | 1 | MO |
| *valtya* | 1 | MO |
| *velivet triphasic regimen (28)* | 1 | MO |
| *vestura (28)* | 1 | MO |
| *vienva* | 1 | MO |
| *vyfemla (28)* | 1 | MO |
| *vylibra* | 1 | MO |
| *wymzya fe* | 1 | MO |
| *xarah fe* | 1 | MO |
| *xelria fe* | 1 | |
| YASMIN (28) | 3 | MO |
| YAZ (28) | 3 | MO |
| *zovia 1-35 (28)* | 1 | MO |
| **OPHTHALMOLOGY** | | |
| **ANTIBIOTICS** | | |
| AZASITE | 3 | MO |
| *bacitracin ophthalmic (eye)* | 1 | |
| *bacitracin-polymyxin b* | 1 | MO |
| BESIVANCE | 3 | MO |
| CILOXAN OPHTHALMIC (EYE) OINTMENT | 3 | MO |
| *ciprofloxacin hcl ophthalmic (eye)* | 1 | MO |
| *erythromycin ophthalmic (eye)* | 1 | MO; QL (3.5 per 14 days) |
| *gatifloxacin* | 1 | MO |
| *gentamicin ophthalmic (eye) drops* | 1 | MO; QL (70 per 30 days) |
| *levofloxacin ophthalmic (eye) drops 0.5 %* | 1 | MO |
| *moxifloxacin ophthalmic (eye) drops* | 1 | MO |
| *neomycin-bacitracin-polymyxin* | 1 | MO |
| *neomycin-polymyxin-gramicidin* | 1 | MO |
| *neo-polycin* | 1 | |
| OCUFLOX | 3 | MO |
| *ofloxacin ophthalmic (eye)* | 1 | MO |
| *polycin* | 1 | |
| *polymyxin b sulf-trimethoprim* | 1 | MO |
| *tobramycin ophthalmic (eye)* | 1 | MO; QL (10 per 14 days) |
| TOBREX OPHTHALMIC (EYE) OINTMENT | 3 | MO; QL (3.5 per 14 days) |
| VIGAMOX | 3 | MO |
| **ANTIVIRALS** | | |
| *trifluridine* | 1 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ZIRGAN | 3 | MO |
| **BETA-BLOCKERS** | | |
| *betaxolol ophthalmic (eye)* | 1 | MO |
| BETIMOL OPHTHALMIC (EYE) DROPS 0.25 % | 3 | |
| BETIMOL OPHTHALMIC (EYE) DROPS 0.5 % | 3 | MO |
| *carteolol* | 1 | MO |
| ISTALOL | 3 | MO |
| *levobunolol ophthalmic (eye) drops 0.5 %* | 1 | MO |
| *timolol* | 1 | MO |
| *timolol maleate (pf)* | 1 | MO |
| *timolol maleate ophthalmic (eye)* | 1 | MO |
| TIMOPTIC OCUDOSE (PF) | 3 | MO |
| **MISCELLANEOUS OPHTHALMOLOGICS** | | |
| *atropine ophthalmic (eye) drops 1 %* | 1 | MO |
| *azelastine ophthalmic (eye)* | 1 | MO |
| *bepotastine besilate* | 1 | MO |
| BEPREVE | 3 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| CEQUA | 3 | MO; QL (60 per 30 days) |
| *cromolyn ophthalmic (eye)* | 1 | MO |
| *cyclosporine ophthalmic (eye)* | 1 | MO; QL (60 per 30 days) |
| CYSTADROPS | 3 | PA |
| CYSTARAN | 2 | PA |
| *epinastine* | 1 | MO |
| MIEBO (PF) | 2 | MO; QL (3 per 30 days) |
| OXERVATE | 3 | PA; MO |
| PHOSPHOLINE IODIDE | 3 | |
| *pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %* | 1 | MO |
| RESTASIS | 3 | MO; QL (60 per 30 days) |
| RESTASIS MULTIDOSE | 3 | MO; QL (5.5 per 30 days) |
| *sulfacetamide sodium ophthalmic (eye) drops* | 1 | MO |
| *sulfacetamide sodium ophthalmic (eye) ointment* | 1 | |
| *sulfacetamide-prednisolone* | 1 | MO |
| TYRVAYA | 3 | MO; QL (8.4 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| VERKAZIA | 3 | PA; QL (120 per 30 days) |
| VEVYE | 3 | MO; QL (2 per 30 days) |
| VUITY | 3 | PA; MO |
| XDEMVY | 2 | PA; QL (10 per 42 days) |
| XIIDRA | 2 | MO; QL (60 per 30 days) |
| ZERVIATE | 3 | |
| **NON-STEROIDAL ANTI-INFLAMMATORY AGENTS** | | |
| ACULAR | 3 | MO |
| ACULAR LS | 3 | MO |
| ACUVAIL (PF) | 3 | MO |
| *bromfenac* | 1 | MO |
| BROMSITE | 3 | MO |
| *diclofenac sodium ophthalmic (eye)* | 1 | MO |
| *flurbiprofen sodium* | 1 | MO |
| ILEVRO | 3 | MO |
| *ketorolac ophthalmic (eye)* | 1 | MO |
| NEVANAC | 3 | MO |
| PROLENSA | 3 | MO |
| **ORAL DRUGS FOR GLAUCOMA** | | |
| *acetazolamide* | 1 | MO |
| *methazolamide* | 1 | MO |
| **OTHER GLAUCOMA DRUGS** | | |
| AZOPT | 3 | MO |
| *bimatoprost ophthalmic (eye)* | 1 | MO |
| *brimonidine-timolol* | 1 | MO |
| *brinzolamide* | 1 | MO |
| COMBIGAN | 3 | MO |
| COSOPT | 3 | MO |
| COSOPT (PF) | 3 | MO |
| *dorzolamide* | 1 | MO |
| *dorzolamide-timolol* | 1 | MO |
| *dorzolamide-timolol (pf) ophthalmic (eye) dropperette* | 1 | MO |
| IYUZEH (PF) | 3 | ST; MO |
| *latanoprost* | 1 | MO |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % | 2 | MO |
| RHOPRESSA | 2 | |
| ROCKLATAN | 2 | |
| SIMBRINZA | 2 | MO |
| *tafluprost (pf)* | 1 | MO |
| TRAVATAN Z | 3 | ST; MO |
| *travoprost* | 1 | MO |
| VYZULTA | 3 | ST |
| XALATAN | 3 | ST; MO |
| ZIOPTAN (PF) | 3 | ST; MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **STEROID-ANTIBIOTIC COMBINATIONS** | | |
| MAXITROL | 3 | MO |
| *neomycin-bacitracin-poly-hc* | 1 | MO |
| *neomycin-polymyxin b-dexameth* | 1 | MO |
| *neomycin-polymyxin-hc ophthalmic (eye)* | 1 | MO |
| *neo-polycin hc* | 1 | |
| TOBRADEX OPHTHALMIC (EYE) OINTMENT | 2 | MO; QL (3.5 per 14 days) |
| TOBRADEX ST | 3 | MO |
| *tobramycin-dexamethasone* | 1 | MO; QL (10 per 14 days) |
| ZYLET | 3 | MO; QL (10 per 14 days) |
| **STEROIDS** | | |
| ALREX | 3 | MO |
| *dexamethasone sodium phosphate ophthalmic (eye)* | 1 | MO |
| *difluprednate* | 1 | MO |
| DUREZOL | 3 | MO |
| EYSUVIS | 3 | PA; MO; QL (8.3 per 14 days) |
| FLAREX | 3 | MO |
| *fluorometholone* | 1 | MO |
| FML FORTE | 3 | MO |
| FML LIQUIFILM | 3 | MO |
| INVELTYS | 2 | MO |
| LOTEMAX | 3 | MO |
| LOTEMAX SM | 3 | MO |
| *loteprednol etabonate* | 1 | MO |
| MAXIDEX | 3 | MO |
| PRED FORTE | 3 | MO |
| PRED MILD | 3 | MO |
| *prednisolone acetate* | 1 | MO |
| *prednisolone sodium phosphate ophthalmic (eye)* | 1 | MO |
| **SYMPATHOMIMETICS** | | |
| ALPHAGAN P | 3 | MO |
| *apraclonidine* | 1 | MO |
| *brimonidine ophthalmic (eye)* | 1 | MO |
| IOPIDINE OPHTHALMIC (EYE) DROPPERETTE | 3 | MO |
| **RESPIRATORY AND ALLERGY** | | |
| **ANTIHISTAMINE / ANTIALLERGENIC AGENTS** | | |
| AUVI-Q | 3 | ST; QL (4 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *carbinoxamine maleate oral liquid* | 1 | PA; MO |
| *carbinoxamine maleate oral tablet 4 mg* | 1 | PA; MO |
| *carbinoxamine maleate oral tablet 6 mg* | 1 | PA |
| *cetirizine oral solution 1 mg/ml* | 1 | MO |
| CLARINEX ORAL TABLET | 3 | MO; QL (30 per 30 days) |
| CLARINEX-D 12 HOUR | 3 | MO; QL (60 per 30 days) |
| *clemastine oral syrup* | 1 | PA |
| *clemastine oral tablet* | 1 | PA; MO |
| *cyproheptadine* | 1 | PA; MO |
| *desloratadine* | 1 | MO; QL (30 per 30 days) |
| EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML | 3 | ST; MO; QL (4 per 30 days) |
| *epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)* | 1 | MO; QL (4 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| EPINEPHRINE INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML (MANUFACTURED BY MYLAN SPECIALTY) | 3 | ST; QL (4 per 30 days) |
| EPIPEN 2-PAK | 3 | ST; QL (4 per 30 days) |
| EPIPEN JR 2-PAK | 3 | ST; QL (4 per 30 days) |
| *hydroxyzine hcl oral solution 10 mg/5 ml* | 1 | PA; MO |
| *hydroxyzine hcl oral tablet* | 1 | PA; MO |
| *hydroxyzine pamoate* | 1 | PA; MO |
| *levocetirizine oral solution* | 1 | MO |
| *levocetirizine oral tablet* | 1 | MO; QL (30 per 30 days) |
| NEFFY | 3 | ST; MO; QL (4 per 30 days) |
| *promethazine oral* | 1 | PA; MO |
| *promethazine rectal suppository 12.5 mg, 25 mg* | 1 | PA; MO |
| *promethegan rectal suppository 25 mg, 50 mg* | 1 | PA; MO |
| RYCLORA | 3 | MO |
| RYVENT | 3 | PA; MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **PULMONARY AGENTS** | | |
| *acetylcysteine* | 1 | PA; MO |
| ADCIRCA | 3 | PA; MO; QL (60 per 30 days) |
| ADEMPAS | 2 | PA; MO; LA; QL (90 per 30 days) |
| ADVAIR DISKUS | 3 | MO; QL (60 per 30 days) |
| ADVAIR HFA | 2 | MO; QL (12 per 30 days) |
| AIRDUO RESPICLICK | 3 | ST; MO; QL (1 per 30 days) |
| AIRSUPRA | 3 | ST; MO; QL (32.1 per 30 days) |
| *albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation* | 1 | MO; QL (17 per 30 days) |
| *albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm* | 1 | QL (13.4 per 30 days) |
| ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020983) | 3 | ST; QL (36 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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* | 1 | PA; MO |
| *albuterol sulfate oral syrup* | 1 | MO |
| *albuterol sulfate oral tablet* | 1 | MO |
| ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION | 2 | MO; QL (12.2 per 30 days) |
| ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION | 2 | MO; QL (6.1 per 30 days) |
| ALYFTREK ORAL TABLET 10-50-125 MG | 3 | PA; MO; QL (56 per 28 days) |
| ALYFTREK ORAL TABLET 4-20-50 MG | 3 | PA; MO; QL (84 per 28 days) |
| *alyq* | 1 | PA; MO; QL (60 per 30 days) |
| *ambrisentan* | 1 | PA; MO; LA; QL (30 per 30 days) |
| ANORO ELLIPTA | 3 | ST; MO; QL (60 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *arformoterol* | 1 | PA; MO; QL (120 per 30 days) |
| ARNUITY ELLIPTA | 3 | ST; QL (30 per 30 days) |
| ASMANEX HFA | 2 | MO; QL (13 per 30 days) |
| ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) | 2 | MO; QL (1 per 30 days) |
| ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120) | 2 | MO; QL (2 per 30 days) |
| ATROVENT HFA | 3 | MO; QL (25.8 per 30 days) |
| *azelastine-fluticasone* | 1 | MO; QL (23 per 30 days) |
| BERINERT INTRAVENOUS KIT | 3 | PA; MO |
| BEVESPI AEROSPHERE | 2 | MO; QL (10.7 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *bosentan oral tablet* | 1 | PA; MO; LA; QL (60 per 30 days) |
| BREO ELLIPTA | 2 | MO; QL (60 per 30 days) |
| *breyna* | 1 | MO; QL (10.3 per 30 days) |
| BREZTRI AEROSPHERE | 2 | MO; QL (10.7 per 30 days) |
| BROVANA | 3 | PA; MO; QL (120 per 30 days) |
| *budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml* | 1 | PA; MO; QL (120 per 30 days) |
| *budesonide inhalation suspension for nebulization 1 mg/2 ml* | 1 | PA; MO; QL (60 per 30 days) |
| *budesonide-formoterol* | 1 | QL (10.2 per 30 days) |
| CINRYZE | 2 | PA; MO |
| COMBIVENT RESPIMAT | 2 | QL (8 per 30 days) |
| *cromolyn inhalation* | 1 | PA; MO |
| DALIRESP | 3 | PA; MO; QL (30 per 30 days) |
| DUAKLIR PRESSAIR | 3 | ST; MO; QL (1 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| DULERA | 2 | MO; QL (13 per 30 days) |
| DYMISTA | 3 | MO; QL (23 per 30 days) |
| ESBRIET ORAL CAPSULE | 3 | PA; MO; QL (270 per 30 days) |
| ESBRIET ORAL TABLET 267 MG | 3 | PA; MO; QL (270 per 30 days) |
| ESBRIET ORAL TABLET 801 MG | 3 | PA; MO; QL (90 per 30 days) |
| FASENRA PEN | 2 | PA; MO; QL (1 per 28 days) |
| FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML | 2 | PA; MO; QL (0.5 per 28 days) |
| FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML | 2 | PA; MO; QL (1 per 28 days) |
| FIRAZYR | 3 | PA; MO |
| *flunisolide* | 1 | MO; QL (50 per 30 days) |
| FLUTICASONE FUROATE-VILANTEROL | 3 | ST; MO; QL (60 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION | 3 | ST; MO; QL (60 per 30 days) |
| FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION | 3 | ST; MO; QL (240 per 30 days) |
| FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION | 3 | ST; MO; QL (12 per 30 days) |
| FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION | 3 | ST; MO; QL (24 per 30 days) |
| FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION | 3 | ST; MO; QL (10.6 per 30 days) |
| *fluticasone propionate nasal* | 1 | MO; QL (16 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION | 3 | ST; QL (1 per 30 days) |
| FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION | 3 | ST; MO; QL (1 per 30 days) |
| *fluticasone propion-salmeterol inhalation blister with device* | 1 | MO; QL (60 per 30 days) |
| FLUTICASONE PROPION-SALMETEROL INHALATION HFA AEROSOL INHALER | 3 | ST; MO; QL (12 per 30 days) |
| *formoterol fumarate* | 1 | PA; MO; QL (120 per 30 days) |
| HAEGARDA | 3 | PA; MO; LA |
| *icatibant* | 1 | PA; MO |
| INCRUSE ELLIPTA | 3 | ST; MO; QL (30 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *ipratropium bromide inhalation* | 1 | PA; MO |
| *ipratropium-albuterol* | 1 | PA; MO |
| KALYDECO | 3 | PA; MO; QL (56 per 28 days) |
| LETAIRIS | 3 | PA; MO; LA; QL (30 per 30 days) |
| *levalbuterol hcl* | 1 | PA; MO |
| LEVALBUTEROL TARTRATE | 3 | ST; MO; QL (30 per 30 days) |
| *mometasone nasal* | 1 | MO; QL (34 per 30 days) |
| *montelukast* | 1 | MO |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR | 2 | PA; MO; LA; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS RECON SOLN | 2 | PA; MO; LA; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML | 2 | PA; MO; LA; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML | 2 | PA; MO; LA; QL (0.4 per 28 days) |
| OFEV | 2 | PA; MO; QL (60 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| OHTUVAYRE | 3 | PA; QL (150 per 30 days) |
| OMNARIS | 3 | ST; MO; QL (12.5 per 30 days) |
| OPSUMIT | 2 | PA; MO; LA; QL (30 per 30 days) |
| OPSYNVI | 2 | PA; MO; QL (30 per 30 days) |
| ORKAMBI ORAL GRANULES IN PACKET | 3 | PA; MO; QL (56 per 28 days) |
| ORKAMBI ORAL TABLET | 3 | PA; MO; QL (112 per 28 days) |
| ORLADEYO | 3 | PA; LA |
| PERFOROMIST | 3 | PA; MO; QL (120 per 30 days) |
| *pirfenidone oral capsule* | 1 | PA; MO; QL (270 per 30 days) |
| *pirfenidone oral tablet 267 mg* | 1 | PA; MO; QL (270 per 30 days) |
| PIRFENIDONE ORAL TABLET 534 MG | 3 | PA; MO; QL (90 per 30 days) |
| *pirfenidone oral tablet 801 mg* | 1 | PA; MO; QL (90 per 30 days) |
| PROAIR RESPICLICK | 3 | ST; MO; QL (2 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION | 2 | MO; QL (2 per 30 days) |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION | 2 | MO; QL (1 per 30 days) |
| PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML | 3 | PA; MO; QL (120 per 30 days) |
| PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML | 3 | PA; MO; QL (60 per 30 days) |
| PULMOZYME | 2 | PA; MO |
| QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION | 3 | ST; QL (6.8 per 30 days) |
| QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION | 3 | ST; QL (10.6 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION | 2 | QL (10.6 per 30 days) |
| QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION | 2 | QL (21.2 per 30 days) |
| REVATIO ORAL TABLET | 3 | PA; MO; QL (90 per 30 days) |
| *roflumilast* | 1 | PA; MO; QL (30 per 30 days) |
| RUCONEST | 3 | PA; MO |
| RYALTRIS | 3 | ST; MO; QL (29 per 30 days) |
| *sajazir* | 1 | PA; MO |
| SEREVENT DISKUS | 3 | ST; MO; QL (60 per 30 days) |
| *sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml* | 1 | PA; MO; QL (224 per 30 days) |
| *sildenafil (pulmonary arterial hypertension) oral tablet 20 mg* | 1 | PA; MO; QL (90 per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SINGULAIR | 3 | |
| SPIRIVA RESPIMAT | 2 | MO; QL (4 per 30 days) |
| SPIRIVA WITH HANDIHALER | 3 | ST; MO; QL (90 per 90 days) |
| STIOLTO RESPIMAT | 2 | MO; QL (4 per 30 days) |
| STRIVERDI RESPIMAT | 2 | MO; QL (4 per 30 days) |
| SYMBICORT | 3 | ST; MO; QL (10.2 per 30 days) |
| SYMDEKO | 3 | PA; MO; QL (56 per 28 days) |
| *tadalafil (pulmonary arterial hypertension) oral tablet 20 mg* | 1 | PA; QL (60 per 30 days) |
| TADLIQ | 3 | PA; MO; QL (300 per 30 days) |
| TAKHZYRO | 3 | PA; MO; LA |
| *terbutaline oral* | 1 | MO |
| TEZSPIRE | 3 | PA; MO; QL (1.91 per 30 days) |
| THEO-24 | 3 | MO |
| *theophylline oral solution* | 1 | |
| *theophylline oral tablet extended release 12 hr 100 mg, 200 mg* | 1 | |

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|---|---|---|
| *theophylline oral tablet extended release 12 hr 300 mg, 450 mg* | 1 | MO |
| *theophylline oral tablet extended release 24 hr* | 1 | |
| *tiotropium bromide* | 1 | QL (90 per 90 days) |
| TRACLEER ORAL TABLET | 3 | PA; MO; LA; QL (60 per 30 days) |
| TRACLEER ORAL TABLET FOR SUSPENSION | 3 | PA; MO; LA; QL (112 per 28 days) |
| TRELEGY ELLIPTA | 2 | MO; QL (60 per 30 days) |
| TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL | 3 | PA; MO; QL (56 per 28 days) |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL | 3 | PA; MO; QL (84 per 28 days) |
| TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION | 3 | ST; MO; QL (1 per 30 days) |
| TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION (30 ACTUAT) | 3 | ST; QL (1 per 30 days) |
| TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 32 MCG, 48 MCG, 64 MCG | 3 | PA; MO; QL (112 per 28 days) |
| TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16(112)-32(112) - 48(28) MCG | 3 | PA; MO; QL (252 per 180 days) |
| TYVASO DPI INHALATION CARTRIDGE WITH INHALER 32-48 MCG | 3 | PA; MO; QL (224 per 28 days) |
| UMECLIDINIUM-VILANTEROL | 3 | ST; MO; QL (60 per 30 days) |
| VENTOLIN HFA | 3 | ST; MO; QL (36 per 30 days) |
| WINREVAIR | 3 | PA; MO; QL (1 per 21 days) |
| *wixela inhub* | 1 | QL (60 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| XHANCE | 3 | ST; MO; QL (32 per 30 days) |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML | 3 | PA; MO; LA; QL (8 per 28 days) |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML | 3 | PA; MO; LA; QL (1 per 28 days) |
| XOLAIR SUBCUTANEOUS RECON SOLN | 3 | PA; MO; LA; QL (8 per 28 days) |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML | 3 | PA; MO; LA; QL (8 per 28 days) |
| XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML | 3 | PA; MO; LA; QL (1 per 28 days) |
| XOPENEX HFA | 3 | ST; MO; QL (30 per 30 days) |
| YUPELRI | 3 | PA; MO; QL (90 per 30 days) |
| *zafirlukast* | 1 | MO |
| *zileuton* | 1 | MO |
| ZYFLO | 3 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **UROLOGICALS** | | |
| **ANTICHOLINERGICS / ANTISPASMODICS** | | |
| *darifenacin* | 1 | MO |
| *fesoterodine* | 1 | MO |
| *flavoxate* | 1 | MO |
| GEMTESA | 3 | MO |
| *mirabegron* | 1 | MO |
| MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON | 3 | |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR | 3 | MO |
| *oxybutynin chloride oral syrup* | 1 | MO |
| *oxybutynin chloride oral tablet 5 mg* | 1 | MO |
| *oxybutynin chloride oral tablet extended release 24hr* | 1 | MO |
| OXYTROL | 3 | MO; QL (8 per 28 days) |
| *solifenacin* | 1 | MO |
| *tolterodine* | 1 | MO |
| TOVIAZ | 3 | MO |
| *trospium* | 1 | MO |
| VESICARE | 3 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| VESICARE LS | 3 | MO |
| **BENIGN PROSTATIC HYPERPLASIA( BPH) THERAPY** | | |
| *alfuzosin* | 1 | MO |
| AVODART | 3 | MO |
| *dutasteride* | 1 | MO |
| *dutasteride-tamsulosin* | 1 | MO |
| *finasteride oral tablet 5 mg* | 1 | MO |
| JALYN | 3 | |
| PROSCAR | 3 | MO |
| RAPAFLO ORAL CAPSULE 4 MG | 3 | MO |
| RAPAFLO ORAL CAPSULE 8 MG | 3 | |
| *silodosin* | 1 | MO |
| *tamsulosin* | 1 | MO |
| UROXATRAL | 3 | MO |
| **MISCELLANEOUS UROLOGICALS** | | |
| *bethanechol chloride* | 1 | MO |
| CIALIS ORAL TABLET 5 MG | 3 | PA; QL (30 per 30 days) |
| CYSTAGON | 3 | PA; LA |
| ELMIRON | 2 | MO |
| *potassium citrate oral tablet extended release* | 1 | MO |
| PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET | 3 | PA; MO |
| RIVFLOZA | 3 | PA |
| *tadalafil oral tablet 2.5 mg* | 1 | PA; MO; QL (60 per 30 days) |
| *tadalafil oral tablet 5 mg* | 1 | PA; MO; QL (30 per 30 days) |
| UROCIT-K 10 | 3 | MO |
| UROCIT-K 15 | 3 | MO |
| **VITAMINS, HEMATINICS / ELECTROLYTES** | | |
| **ELECTROLYTES** | | |
| *klor-con 10* | 1 | MO |
| *klor-con 8* | 1 | MO |
| *klor-con m10* | 1 | MO |
| *klor-con m15* | 1 | MO |
| *klor-con m20* | 1 | MO |
| *klor-con oral packet 20* | 1 | MO |
| *magnesium sulfate injection solution* | 1 | MO |
| *magnesium sulfate injection syringe* | 1 | |
| *potassium chlorid-d5-0.45%nacl* | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l* | 1 | |
| *potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l* | 1 | |
| *potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l* | 1 | |
| *potassium chloride in water intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml* | 1 | |
| *potassium chloride intravenous* | 1 | |
| *potassium chloride oral capsule, extended release* | 1 | MO |
| *potassium chloride oral liquid* | 1 | MO |
| *potassium chloride oral packet* | 1 | MO |
| *potassium chloride oral tablet extended release 10 meq, 8 meq* | 1 | MO |
| POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ | 3 | MO |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *potassium chloride oral tablet extended release 20 meq* | 1 | |
| *potassium chloride oral tablet,er particles/crystals 10 meq* | 1 | MO |
| *potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq* | 1 | |
| *potassium chloride-0.45 % nacl* | 1 | |
| *potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l* | 1 | |
| *potassium chloride-d5-0.9%nacl* | 1 | |
| *sodium chloride 0.45 % intravenous* | 1 | MO |
| *sodium chloride 3 % hypertonic* | 1 | |
| *sodium chloride 5 % hypertonic* | 1 | MO |
| TPN ELECTROLYTES | 3 | |
| **MISCELLANEOUS NUTRITION PRODUCTS** | | |
| AQNEURSA | 3 | PA; LA |
| CLINIMIX 5%/D15W SULFITE FREE | 3 | PA |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| CLINIMIX 4.25%/D10W SULF FREE | 3 | PA |
| CLINIMIX 5%-D20W(SULFITE-FREE) | 3 | PA |
| CLINIMIX E 4.25%/D10W SUL FREE | 3 | PA |
| CLINIMIX E 4.25%/D5W SULF FREE | 3 | PA |
| CLINIMIX E 5%/D15W SULFIT FREE | 3 | PA |
| CLINIMIX E 5%/D20W SULFIT FREE | 3 | PA |
| CLINISOL SF 15 % | 3 | PA |
| DOJOLVI | 3 | PA; MO; LA |
| *electrolyte-a* | 1 | |
| *intralipid intravenous emulsion 20 %* | 1 | PA |
| INTRALIPID INTRAVENOUS EMULSION 30 % | 3 | PA |
| ISOLYTE S PH 7.4 | 3 | |
| ISOLYTE-P IN 5 % DEXTROSE | 3 | |
| NUTRILIPID | 3 | PA |
| PLASMA-LYTE A | 3 | |
| PLENAMINE | 3 | PA |
| *premasol 10 %* | 1 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PROSOL 20 % | 3 | PA |
| *travasol 10 %* | 1 | PA |
| TROPHAMINE 10 % | 3 | PA |
| **VITAMINS / HEMATINICS** | | |
| *fluoride (sodium) oral tablet* | 1 | MO |
| *prenatal vitamin oral tablet* | 1 | MO |

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You must use network pharmacies to fill your prescriptions to get the most out of your benefit. However, there are emergency circumstances under which you may be reimbursed for a covered prescription that is not filled at a network pharmacy. Limitations, copayments and restrictions may apply.

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