HealthSelect℠ Medicare Rx (PDP) 2024 Formulary (List of Covered Drugs)

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

Formulary ID Number: 24237, v7

This formulary was updated on 10/24/2023. For more recent information or to price a medication, you can visit us on the Web at **express-scripts.com/ERSMedicareRx** prior to January 1, 2024 or at **HSMedicareRx.com** beginning on January 1, 2024. Or you can contact Customer Service toll-free at (866) 264-4676. Customer Service is available 24 hours a day, 7 days a week. TTY users should call 711 or (800) 716-3231.

Note: Please review this document to understand your plan's drug coverage. Additional details are also available in the Evidence of Coverage document, available at **HSMedicareRx.com**.

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 October 24, 2023. 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, 2025. 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 at (866) 264-4676 if you need plan information in another format.

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This drug list was updated in October 2023.

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 **HSMedicareRx.com** or contact Customer Service at (866) 264-4676.

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 drug list during the year, move them to different cost-sharing tiers, or add new restrictions.

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

- **New generic drugs.** We may immediately remove a brand-name drug on our formulary if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
    - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the formulary?"
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, if applicable, we must notify affected members of the change at least 30 days before the change becomes effective or at the time the member requests a refill of the drug, at which time the member will receive a one-month supply of the drug.
    - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also
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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 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

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 167. 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 cost less than brand-name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** You or your doctor 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 doctor 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.

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 change throughout the year.** For the most up-to-date information about what drugs are covered by this plan, visit us on the Web at **express-scripts.com/ERSMedicareRx** prior to January 1, 2024 or at **HSMedicareRx.com** beginning on January 1, 2024. You can also contact Customer Service at (866) 264-4676 to confirm whether a particular drug is covered.

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 at (866) 264-4676 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 doctor 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 doctor 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.
- 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 doctor 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 doctor or other prescriber.

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 doctor 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 at (866) 264-4676.

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 doctor 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 doctor 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.

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 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 at (866) 264-4676 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 167.

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 at (866) 264-4676.

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.

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.	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.	Many non-preferred drugs have lower-cost alternatives in Tiers 1 and 2. Ask your doctor 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 at (866) 264-4676 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 at (866) 264-4676.

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.

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 at (866) 264-4676 or visit us on the Web at **HSMedicareRx.com**.

This drug list was updated in October 2023.

List of abbreviations

B/D PA: Medicare Part B versus Part D Prior Authorization. Certain drugs may be covered as either a Medicare Part B or Part D drug, depending on the reason they were prescribed. Express Scripts Medicare needs to perform a coverage review to determine the appropriate payer (Medicare Part B or Part D) before your pharmacy fills your prescription for these kinds of drugs.

ENC: Enhanced drug.

LA: Limited Availability. This prescription drug may be available only at certain pharmacies. For more information, contact Customer Service at (866) 264-4676.

M: Maintenance drug. This prescription drug is one that you take regularly to treat a chronic or long-term medical condition. You may order this supply through Extended Day Supply (EDS) network pharmacies or through the Express Scripts® Pharmacy, our home delivery service.

MO: Mail-Order Drug. This prescription drug is available through Express Scripts® Pharmacy, 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 doctor 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).

Drug Name	Drug Tier	Requirements/Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	3	B/D PA; MO
AMBISOME	3	B/D PA
amphotericin b	1	B/D PA; MO
ANCOBON	3	MO
CANCIDAS	3	
caspofungin	1	
clotrimazole mucous membrane	1	MO
CRESEMBA ORAL CAPSULE 186 MG	3	PA
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION	3	MO
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 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	1	MO
itraconazole oral capsule	1	MO; QL (120 per 30 days)
itraconazole oral solution	1	MO
ketoconazole oral	1	MO
micafungin	1	MO
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON	3	PA; MO; QL (32 per 30 days)
NOXAFIL ORAL SUSPENSION	3	PA; MO; QL (630 per 30 days)
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC)	3	PA; MO; QL (96 per 30 days)
nystatin oral	1	MO

Note: The drug list includes all possible restrictions and limitations. The requirements and limits may change throughout the year. You can find information on what the symbols and abbreviations on this table mean by going to page vii. To confirm your plan's specific coverage, contact Customer Service at (866) 264-4676 or visit us on the Web at HSMedicareRx.com.

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Drug Name	Drug Tier	Requirements/Limits
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)
SPORANOX ORAL SOLUTION	3	MO
terbinafine hcl oral	1	MO
TOLSURA	3	PA; MO; QL (120 per 30 days)
VFEND	3	PA; MO
VFEND IV	3	PA; MO
VIVJOA	3	PA; QL (18 per 84 days)
voriconazole	1	PA; MO
ANTIVIRALS		
abacavir	1	MO; M
abacavir-lamivudine	1	MO; M
acyclovir oral capsule	1	MO; M
acyclovir oral suspension 200 mg/5 ml	1	MO; M
acyclovir oral tablet	1	MO; M
acyclovir sodium intravenous solution	1	B/D PA; MO
adefovir	1	MO
amantadine hcl	1	MO; M
APRETUDE	3	MO; M
APTIVUS	2	MO; M
atazanavir	1	MO; M
ATRIPLA	3	MO; M
BARACLUDE	3	MO; M
BIKTARVY	3	MO; M
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML	3	MO; M
CIMDUO	3	MO; M
COMBIVIR	3	MO; M
COMPLERA	3	MO; M
darunavir ethanolate	1	MO; M
DELSTRIGO	3	MO; M
DESCOVY	3	MO; M
DOVATO	3	MO; M
EDURANT	2	MO; M
efavirenz	1	MO; M
efavirenz-emtricitabin-tenofov	1	MO; M
efavirenz-lamivu-tenofov disop	1	MO; M
emtricitabine	1	MO; M
emtricitabine-tenofovir (tdf)	1	MO; M

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Drug Name	Drug Tier	Requirements/Limits
EMTRIVA ORAL CAPSULE	3	MO; M
EMTRIVA ORAL SOLUTION	2	MO; M
entecavir	1	MO; M
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	2	PA; MO; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	2	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	2	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	2	PA; MO; QL (28 per 28 days)
EPIVIR	3	MO; M
EPZICOM	3	MO; M
etravirine	1	MO; M
EVOTAZ	3	MO; M
famciclovir	1	MO; M
fosamprenavir	1	MO; M
FUZEON SUBCUTANEOUS RECON SOLN	2	MO; M
GENVOYA	3	MO; M
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	2	PA; MO; QL (28 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
HARVONI ORAL PELLETS IN PACKET 45-200 MG	2	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	2	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 90-400 MG	2	PA; MO; QL (28 per 28 days)
INTELENCE	3	MO; M
ISENTRESS	2	MO; M
ISENTRESS HD	3	MO; M
JULUCA	3	MO; M
KALETRA	3	MO; M
lamivudine	1	MO; M
lamivudine-zidovudine	1	MO; M
LEDIPASVIR-SOFOSBUVIR	3	PA; MO; QL (28 per 28 days)
LEXIVA	3	MO; M
LIVTENCITY	3	PA; LA; QL (120 per 30 days)
lopinavir-ritonavir	1	MO; M
maraviroc	1	MO; M
MAVYRET ORAL PELLETS IN PACKET	3	PA; MO; QL (168 per 28 days)
MAVYRET ORAL TABLET	3	PA; MO; QL (84 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
nevirapine oral suspension	1	M
nevirapine oral tablet	1	MO; M
nevirapine oral tablet extended release 24 hr	1	MO; M
NORVIR ORAL POWDER IN PACKET	3	MO; M
NORVIR ORAL TABLET	3	MO; M
ODEFSEY	3	MO; M
oseltamivir	1	MO
PIFELTRO	3	MO; M
PREVYMIS ORAL	2	PA; MO; QL (30 per 30 days)
PREZCOBIX	3	MO; M
PREZISTA ORAL SUSPENSION	3	MO; M
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	3	MO; M
RELENZA DISKHALER	3	MO
RETROVIR ORAL CAPSULE	3	MO; M
RETROVIR ORAL SYRUP	3	MO; M
REYATAZ ORAL CAPSULE 200 MG, 300 MG	3	MO; M
REYATAZ ORAL POWDER IN PACKET	2	MO; M
ribavirin oral capsule	1	MO
ribavirin oral tablet 200 mg	1	MO
rimantadine	1	MO
ritonavir	1	MO; M
RUKOBIA	3	MO; M
SELZENTRY ORAL SOLUTION	2	MO; M
SELZENTRY ORAL TABLET 150 MG, 300 MG	3	MO; M
SELZENTRY ORAL TABLET 25 MG, 75 MG	2	MO; M
SITAVIG	3	MO
SOFOSBUVIR-VELPATASVIR	3	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)

Note: The drug list includes all possible restrictions and limitations. The requirements and limits may change throughout the year. You can find information on what the symbols and abbreviations on this table mean by going to page vii. To confirm your plan's specific coverage, contact Customer Service at (866) 264-4676 or visit us on the Web at HSMedicareRx.com.

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Drug Name	Drug Tier	Requirements/Limits
SOVALDI ORAL TABLET 400 MG	3	PA; MO; QL (28 per 28 days)
STRIBILD	3	MO; M
SUNLENCA ORAL	3	
SUNLENCA SUBCUTANEOUS	3	M
SYMFI	3	MO; M
SYMFI LO	3	MO; M
SYMTUZA	3	MO; M
TAMIFLU	3	MO
tenofovir disoproxil fumarate	1	MO; M
TIVICAY ORAL TABLET 10 MG	2	MO; M
TIVICAY ORAL TABLET 25 MG, 50 MG	3	MO; M
TIVICAY PD	3	MO; M
TRIUMEQ	3	MO; M
TRIUMEQ PD	3	MO; M
TRIZIVIR	3	MO; M
TROGARZO	2	MO; LA; M
TRUVADA	3	MO; M
TYBOST	3	MO; M
valacyclovir oral tablet 1 gram	1	MO; M; QL (120 per 30 days)
valacyclovir oral tablet 500 mg	1	MO; M; QL (60 per 30 days)
VALCYTE	3	MO; M
valganciclovir	1	MO; M
VALTREX ORAL TABLET 1 GRAM	3	MO; M; QL (120 per 30 days)
VALTREX ORAL TABLET 500 MG	3	MO; M; QL (60 per 30 days)
VEMLIDY	2	MO; M
VIRACEPT ORAL TABLET	3	MO; M
VIREAD	3	MO; M
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	3	MO; M
zidovudine	1	MO; M
CEPHALOSPORINS		
AVYCAZ	3	PA; MO
cefaclor oral capsule	1	MO

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Drug Name	Drug Tier	Requirements/Limits
cefaclor oral suspension for reconstitution 125 mg/5 ml	1	MO
cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 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
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
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
SUPRAX ORAL CAPSULE	3	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	3	MO

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Drug Name	Drug Tier	Requirements/Limits
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	3	
SUPRAX ORAL TABLET,CHEWABLE	3	MO
tazicef injection	1	PA; MO
TEFLARO	3	PA; MO
ZERBAXA	3	PA
ERYTHROMYCINS / OTHER MACROLIDES		
azithromycin intravenous	1	PA; MO
azithromycin oral packet	1	MO
azithromycin oral suspension for reconstitution	1	MO
azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)	1	
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
E.E.S. GRANULES	3	MO
ERYPED 200	3	MO
ERYPED 400	3	MO
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	1	MO
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	MO
erythrocin (as stearate) oral tablet 250 mg	1	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	PA; MO
erythromycin ethylsuccinate oral suspension for reconstitution	1	MO
erythromycin ethylsuccinate oral tablet	1	MO
erythromycin oral	1	MO
ZITHROMAX INTRAVENOUS	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
ZITHROMAX ORAL PACKET	3	MO
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	3	MO
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	MO
ZITHROMAX TRI-PAK	3	MO
ZITHROMAX Z-PAK	3	MO
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO	3	MO; QL (12 per 30 days)
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
BENZNIDAZOLE	3	MO
BETHKIS	3	PA; MO; M; QL (224 per 28 days)
BILTRICIDE	3	MO
CAYSTON	2	PA; MO; LA; QL (84 per 56 days)
chloroquine phosphate	1	MO
CLEOCIN HCL	3	MO
CLEOCIN PEDIATRIC	3	MO
clindamycin hcl	1	MO
clindamycin in 5 % dextrose	1	PA; MO
clindamycin pediatric	1	MO
clindamycin phosphate injection	1	PA; MO
clindamycin phosphate intravenous	1	PA; MO
COARTEM	3	MO
colistin (colistimethate na)	1	PA; MO; QL (30 per 10 days)
CUBICIN RF	3	MO
DALVANCE	3	PA; MO
dapsone oral	1	MO; M
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	2	MO

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Drug Name	Drug Tier	Requirements/Limits
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)
FLAGYL ORAL CAPSULE	3	MO
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml	1	PA; MO
gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml	1	PA
gentamicin injection solution 40 mg/ml	1	PA; MO
HUMATIN	3	MO
hydroxychloroquine	1	MO; M
imipenem-cilastatin	1	PA; MO
IMPAVIDO	3	PA; MO
INVANZ INJECTION	3	PA; MO; QL (14 per 14 days)
isoniazid oral	1	MO
ivermectin oral	1	PA; MO; QL (20 per 30 days)
KITABIS PAK	3	PA; MO; M; QL (280 per 28 days)
KRINTAFEL	3	MO
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; MO; QL (30 per 10 days)
meropenem intravenous recon soln 500 mg	1	PA; MO; QL (10 per 10 days)
metronidazole in nacl (iso-os)	1	PA; MO
metronidazole oral	1	MO
MYAMBUTOL ORAL TABLET 400 MG	3	MO
MYCOBUTIN	3	MO

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Drug Name	Drug Tier	Requirements/Limits
NEBUPENT	3	B/D PA; MO; M; QL (1 per 28 days)
neomycin	1	MO
nitazoxanide	1	MO
paromomycin	1	MO
PENTAM	3	MO
pentamidine inhalation	1	B/D PA; MO; M; QL (1 per 28 days)
pentamidine injection	1	MO
PLAQUENIL	3	MO; M
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
QUALAQUIN	3	MO
quinine sulfate	1	MO
rifabutin	1	MO
rifampin	1	MO
SIRTURO	3	PA; LA

Drug Name	Drug Tier	Requirements/Limits
SIVEXTRO INTRAVENOUS	3	PA
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; M; QL (280 per 28 days)
TOBI PODHALER	2	MO; M; QL (224 per 56 days)
tobramycin in 0.225 % nacl	1	PA; MO; M; QL (280 per 28 days)
tobramycin inhalation	1	PA; MO; M; QL (224 per 28 days)
tobramycin sulfate injection solution	1	PA; MO
TRECATOR	3	MO
TYGACIL	3	PA; MO
VABOMERE	3	PA
VANCOCIN ORAL CAPSULE 125 MG	3	PA; MO; QL (40 per 10 days)

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Drug Name	Drug Tier	Requirements/Limits
VANCOCIN ORAL CAPSULE 250 MG	3	PA; MO; QL (80 per 10 days)
vancomycin intravenous recon soln 1,000 mg	1	PA; MO; QL (20 per 10 days)
vancomycin intravenous recon soln 10 gram	1	PA; QL (2 per 10 days)
vancomycin intravenous recon soln 500 mg	1	PA; MO; QL (10 per 10 days)
vancomycin intravenous recon soln 750 mg	1	PA; 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	3	QL (450 per 10 days)
vancomycin oral recon soln 50 mg/ml	1	MO; QL (450 per 10 days)
XENLETA INTRAVENOUS	3	
XENLETA ORAL	3	MO
XIFAXAN ORAL TABLET 200 MG	2	MO; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	2	MO; M; 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
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	1	MO
ampicillin oral capsule 500 mg	1	MO
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg	1	PA; MO
ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram	1	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
ampicillin-sulbactam injection recon soln 15 gram	1	PA
AUGMENTIN ES-600	3	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	MO
BICILLIN C-R	2	PA; MO
BICILLIN L-A	3	PA; MO
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)	1	PA
oxacillin injection recon soln 1 gram, 10 gram	1	PA
oxacillin injection recon soln 2 gram	1	PA; MO
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

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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	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
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	3	ST; MO
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 50 MG	3	ST; MO
doxy-100	1	PA; MO
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

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Drug Name	Drug Tier	Requirements/Limits
doxycycline monohydrate oral capsule	1	MO
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE,IR - DELAY REL,BIPHASE	3	ST; MO
doxycycline monohydrate oral suspension for reconstitution	1	MO
doxycycline monohydrate oral tablet	1	MO
minocycline oral capsule	1	MO
minocycline oral tablet	1	MO
minocycline oral tablet extended release 24 hr	1	MO
MINOLIRA ER	3	ST; MO
NUZYRA INTRAVENOUS	3	PA
NUZYRA ORAL	3	
ORACEA	3	ST; MO
SEYSARA	3	ST; MO
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	ST; MO
TARGADOX	3	ST; MO
tetracycline	1	MO
VIBRAMYCIN (CALCIUM)	3	MO
VIBRAMYCIN (MONO)	3	
VIBRAMYCIN ORAL CAPSULE 100 MG	3	ST; MO
XIMINO	3	ST; MO
URINARY TRACT AGENTS		
fosfomycin tromethamine	1	MO
HIPREX	3	MO
MACROBID	3	MO
MACRODANTIN	3	MO
methenamine hippurate	1	MO
nitrofurantoin macrocrystal	1	MO
nitrofurantoin monohyd/m-cryst	1	MO

Drug Name	Drug Tier	Requirements/Limits
nitrofurantoin oral suspension 25 mg/5 ml	1	MO
trimethoprim	1	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
leucovorin calcium oral	1	MO
MESNEX ORAL	2	MO
XGEVA	2	B/D PA; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
abiraterone oral tablet 250 mg	1	PA; MO; M; QL (120 per 30 days)
abiraterone oral tablet 500 mg	1	PA; MO; M; QL (60 per 30 days)
ADAKVEO	3	PA; M
ADSTILADRIN	3	M
AFINITOR	3	PA; MO; M; QL (30 per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG	3	PA; MO; M; QL (330 per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG	3	PA; MO; M; QL (240 per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 5 MG	3	PA; MO; M; QL (180 per 30 days)
AKEEGA	3	M
ALECENSA	2	PA; MO; M; QL (240 per 30 days)
ALIMTA	3	B/D PA; MO; M
ALIQOPA	3	B/D PA; LA; M
ALUNBRIG ORAL TABLET 180 MG, 90 MG	3	PA; M; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	3	PA; M; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	3	PA; QL (30 per 180 days)
ALYMSYS	3	PA; MO
anastrozole	1	MO; M

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Drug Name	Drug Tier	Requirements/Limits
ARIMIDEX	3	MO; M
AROMASIN	3	MO; M
ASTAGRAF XL	3	B/D PA; MO; M
AYVAKIT	3	PA; LA; M; QL (30 per 30 days)
AZASAN	3	B/D PA; MO; M
azathioprine	1	B/D PA; MO; M
BALVERSA	2	PA; LA; M
BAVENCIO	2	B/D PA; LA; M
BELEODAQ	2	B/D PA; M
bexarotene oral	1	PA; MO; M
bexarotene topical	1	PA; MO
bicalutamide	1	MO; M
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	3	B/D PA; M
BOSULIF ORAL TABLET 100 MG	3	PA; MO; M; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	3	PA; MO; M; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	3	PA; MO; LA; M; QL (180 per 30 days)
BRUKINSA	2	PA; LA; M; QL (120 per 30 days)
CABOMETYX	2	PA; MO; LA; M; QL (30 per 30 days)
CALQUENCE	2	PA; LA; M; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL)	2	PA; LA; M; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	2	PA; LA; M; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	2	PA; LA; M; QL (30 per 30 days)
CASODEX	3	MO; M
CELLCEPT	3	B/D PA; MO; M
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	2	PA; MO; M; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	2	PA; MO; M; QL (112 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	2	PA; MO; M; QL (84 per 28 days)
COPIKTRA	3	PA; LA; M; QL (60 per 30 days)
COTELLIC	3	PA; MO; LA; M; QL (63 per 28 days)
cyclophosphamide oral capsule	1	B/D PA; MO
CYCLOPHOSPHAMIDE ORAL TABLET	2	B/D PA; MO
cyclosporine modified oral capsule	1	B/D PA; MO; M
cyclosporine modified oral solution	1	B/D PA; M
cyclosporine oral capsule	1	B/D PA; MO; M
CYRAMZA	2	B/D PA; MO; M
DANYELZA	3	PA; M
DARZALEX FASPRO	3	B/D PA; MO; M
DAURISMO ORAL TABLET 100 MG	3	PA; MO; M; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	3	PA; MO; M; QL (60 per 30 days)
DROXIA	2	MO; M
ELIGARD	2	PA; MO; M
ELIGARD (3 MONTH)	2	PA; MO; M
ELIGARD (4 MONTH)	2	PA; MO; M
ELIGARD (6 MONTH)	2	PA; MO; M
ELREXFIO	3	M
EMCYT	3	MO
ENSPRYNG	3	PA; MO; M
ENVARSUS XR	3	B/D PA; MO; M
EPKINLY	3	PA; M
ERIVEDGE	2	PA; MO; M; QL (30 per 30 days)
ERLEADA ORAL TABLET 240 MG	2	PA; MO; M; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	2	PA; MO; M; QL (120 per 30 days)
erlotinib oral tablet 100 mg, 150 mg	1	PA; MO; M; QL (30 per 30 days)
erlotinib oral tablet 25 mg	1	PA; MO; M; QL (60 per 30 days)
EULEXIN	3	MO; M

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Drug Name	Drug Tier	Requirements/Limits
everolimus (antineoplastic) oral tablet	1	PA; MO; M; QL (30 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 2 mg	1	PA; MO; M; QL (330 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 3 mg	1	PA; MO; M; QL (240 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 5 mg	1	PA; MO; M; QL (180 per 30 days)
everolimus (immunosuppressive)	1	B/D PA; MO; M
exemestane	1	MO; M
EXKIVITY	3	PA; LA; M; QL (120 per 30 days)
FARESTON	3	MO; M
FASLODEX	3	B/D PA; MO; M
FEMARA	3	MO; M
FENSOLVI	3	PA; MO; M
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	3	PA; MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	3	PA; MO; M
FOTIVDA	3	PA; LA; M; QL (21 per 28 days)
fulvestrant	1	B/D PA; MO; M
FYARRO	3	PA; M
GAMIFANT	3	PA; LA; M
GAVRETO	2	PA; MO; LA; M; QL (120 per 30 days)
gefitinib	1	PA; MO; M; QL (30 per 30 days)
gengraf	1	B/D PA; MO; M
GILOTRIF	3	PA; MO; M; QL (30 per 30 days)
GLEEVEC ORAL TABLET 100 MG	3	PA; MO; M; QL (180 per 30 days)
GLEEVEC ORAL TABLET 400 MG	3	PA; MO; M; QL (60 per 30 days)
GLEOSTINE	3	MO
HERCEPTIN HYLECTA	3	PA; MO; M

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HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	3	PA; MO; M
HERZUMA	3	PA; MO; M
HYDREA	3	MO; M
hydroxyurea	1	MO; M
IBRANCE	3	PA; MO; M; QL (21 per 28 days)
ICLUSIG	3	PA; M; QL (30 per 30 days)
IDHIFA	2	PA; MO; LA; M; QL (30 per 30 days)
imatinib oral tablet 100 mg	1	PA; MO; M; QL (180 per 30 days)
imatinib oral tablet 400 mg	1	PA; MO; M; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	2	PA; M; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	2	PA; M; QL (30 per 30 days)
IMBRUVICA ORAL SUSPENSION	2	PA; M; QL (324 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	2	PA; M; QL (30 per 30 days)
IMFINZI	2	B/D PA; MO; LA; M
IMURAN	3	B/D PA; MO; M
INLYTA ORAL TABLET 1 MG	2	PA; MO; M; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	2	PA; MO; M; QL (120 per 30 days)
INQOVI	3	PA; MO; M; QL (5 per 28 days)
INREBIC	3	PA; MO; LA; M; QL (120 per 30 days)
IRESSA	3	PA; MO; M; QL (30 per 30 days)
JAKAFI	2	PA; MO; M; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	3	PA; MO; M; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	3	PA; MO; M; QL (30 per 30 days)
JEMPERLI	3	PA; MO; M

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Drug Name	Drug Tier	Requirements/Limits
KANJINTI	3	PA; MO; M
KEYTRUDA	2	PA; M
KIMMTRAK	3	PA; M
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	3	PA; MO; M; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	3	PA; MO; M; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	3	PA; MO; M; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	2	PA; MO; M; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	2	PA; MO; M; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	2	PA; MO; M; QL (63 per 28 days)
KLISYRI	3	MO
KOSELUGO	3	PA; M
KRAZATI	3	PA; M; QL (180 per 30 days)
KYPROLIS	3	B/D PA; M
LANREOTIDE	3	PA; MO; M
lapatinib	1	PA; MO; M; QL (180 per 30 days)
lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg	1	PA; MO; M; QL (28 per 28 days)
lenalidomide oral capsule 2.5 mg, 20 mg	1	PA; M; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	2	PA; MO; M; 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; M; QL (90 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	2	PA; MO; M; QL (60 per 30 days)
letrozole	1	MO; M
LEUKERAN	2	MO

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Drug Name	Drug Tier	Requirements/Limits
LEUPROLIDE (3 MONTH)	3	PA
leuprolide subcutaneous kit	1	PA; MO; M
LIBTAYO	2	PA; LA; M
LONSURF	2	PA; MO
LORBRENA ORAL TABLET 100 MG	3	PA; MO; M; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	3	PA; MO; M; QL (90 per 30 days)
LUMAKRAS	3	PA; MO; M
LUPKYNIS	3	PA; LA; M; QL (180 per 30 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	3	PA; MO
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	3	PA; MO; M
LUPRON DEPOT (4 MONTH)	3	PA; MO; M
LUPRON DEPOT (6 MONTH)	3	PA; MO; M
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	3	PA; MO
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	3	PA; MO; M
LUPRON DEPOT-PED	3	PA; MO; M
LUPRON DEPOT-PED (3 MONTH)	3	PA; MO; M
LYNPARZA	3	PA; MO; M; QL (120 per 30 days)
LYSODREN	3	M
LYTGOBI	3	PA; LA; M
MARGENZA	3	PA; M
MATULANE	2	
megestrol oral suspension 400 mg/10 ml (10 ml)	1	PA; M
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	1	PA; MO; M
megestrol oral tablet	1	PA; MO
MEKINIST ORAL RECON SOLN	3	PA; MO; M; QL (1200 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	3	PA; MO; M; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
MEKINIST ORAL TABLET 2 MG	3	PA; MO; M; QL (30 per 30 days)
MEKTOVI	3	PA; MO; LA; M; QL (180 per 30 days)
mercaptopurine	1	MO; M
methotrexate sodium (pf) injection solution	1	B/D PA; MO
methotrexate sodium injection	1	B/D PA; MO
methotrexate sodium oral	1	B/D PA; MO; M
mitoxantrone	1	B/D PA; MO; M
MONJUVI	3	PA; LA; M
MVASI	3	PA; MO
MYCAPSSA	3	PA; LA; M
mycophenolate mofetil	1	B/D PA; MO; M
mycophenolate sodium	1	B/D PA; MO; M
MYFORTIC	3	B/D PA; MO; M
NEORAL	3	B/D PA; MO; M
NERLYNX	2	PA; MO; LA
NEXAVAR	3	PA; MO; LA; M; QL (120 per 30 days)
NILANDRON	3	PA; MO; M
nilutamide	1	PA; MO; M
NINLARO	3	PA; MO; M; QL (3 per 28 days)
NUBEQA	2	PA; MO; LA; M; QL (120 per 30 days)
NULOJIX	2	B/D PA; MO; M
octreotide acetate	1	PA; MO; M
ODOMZO	3	PA; MO; LA; M; QL (30 per 30 days)
OGIVRI	3	MO; M
OJJAARA	3	M
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG	3	M
ONTRUZANT INTRAVENOUS RECON SOLN 420 MG	3	PA; M
ONUREG	3	PA; MO; M; QL (14 per 28 days)
OPDIVO	2	PA; MO; M
OPDUALAG	3	PA; MO; M
ORGOVYX	2	PA; LA; M; QL (30 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ORSERDU ORAL TABLET 345 MG	3	PA; M; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	3	PA; M; QL (90 per 30 days)
PADCEV	3	PA; MO; M
PEMAZYRE	3	PA; LA; M; QL (14 per 21 days)
pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg, 500 mg	1	B/D PA; MO; M
PEMETREXED DISODIUM INTRAVENOUS RECON SOLN 750 MG	3	B/D PA; M
PEMETREXED DISODIUM INTRAVENOUS SOLUTION	3	B/D PA; M
PEMETREXED INTRAVENOUS RECON SOLN 100 MG, 500 MG	3	B/D PA; M
PHESGO	3	PA; MO; M
PIQRAY	3	PA; MO; M
POMALYST	3	PA; MO; LA; M
POTELIGEO	2	PA; M
PROGRAF ORAL	3	B/D PA; MO; M
PURIXAN	3	M
QINLOCK	3	PA; LA; M; QL (90 per 30 days)
RAPAMUNE	3	B/D PA; MO; M
RETEVMO ORAL CAPSULE 40 MG	2	PA; MO; LA; M; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	2	PA; MO; LA; M; QL (120 per 30 days)
REVLIMID	3	PA; MO; LA; M; QL (28 per 28 days)
REZLIDHIA	3	PA; M; QL (60 per 30 days)
REZUROCK	3	PA; LA; M; QL (30 per 30 days)
RIABNI	3	PA; MO
RITUXAN	3	PA; MO; M
RITUXAN HYCELA	3	PA; MO; M
ROZLYTREK ORAL CAPSULE 100 MG	2	PA; MO; M; QL (150 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK ORAL CAPSULE 200 MG	2	PA; MO; M; QL (90 per 30 days)
RUBRACA	3	PA; MO; LA; M; QL (120 per 30 days)
RUXIENCE	2	PA; MO
RYBREVANT	3	PA; MO; M
RYDAPT	2	PA; MO; M; QL (224 per 28 days)
SANDIMMUNE ORAL	3	B/D PA; MO; M
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	PA; MO; M
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	2	PA; MO; M
SAPHNELO	3	PA; LA; M
SARCLISA	3	PA; LA; M
SCEMBLIX ORAL TABLET 20 MG	3	PA; MO; M; QL (600 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	3	PA; MO; M; QL (300 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
SIGNIFOR	2	PA; M
SIGNIFOR LAR	3	PA; M
SIKLOS	3	MO; M
sirolimus	1	B/D PA; MO; M
SOLTAMOX	3	MO; M
SOMATULINE DEPOT	2	PA; MO; M
sorafenib	1	PA; MO; M; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	2	PA; MO; M; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	2	PA; MO; M; QL (60 per 30 days)
STIVARGA	2	PA; MO; QL (84 per 28 days)
sunitinib malate	1	PA; MO; M; QL (30 per 30 days)
SUPPRELIN LA	3	PA; MO; M
SUTENT	3	PA; MO; M; QL (30 per 30 days)
SYNRIBO	2	B/D PA; M
TABLOID	3	MO
TABRECTA	3	PA; MO; M
tacrolimus oral	1	B/D PA; MO; M

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Drug Name	Drug Tier	Requirements/Limits
TAFINLAR ORAL CAPSULE	3	PA; MO; M; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION	3	PA; MO; M; QL (840 per 28 days)
TAGRISSO	3	PA; MO; LA; QL (30 per 30 days)
TALVEY	3	M
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	3	PA; MO; QL (30 per 30 days)
tamoxifen	1	MO; M
TARCEVA	3	PA; MO; M; QL (30 per 30 days)
TARGRETIN ORAL	3	PA; MO; M
TARGRETIN TOPICAL	3	PA; MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	3	PA; MO; M; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	3	PA; MO; M; QL (120 per 30 days)
TAZVERIK	3	PA; LA; M
TECENTRIQ	2	B/D PA; MO; LA; M
TEPMETKO	3	PA; LA; M
THALOMID ORAL CAPSULE 100 MG, 50 MG	3	PA; MO; M; QL (28 per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	3	PA; MO; M; QL (56 per 28 days)
TIBSOVO	2	PA; M
TIVDAK	3	PA; MO; M
toremifene	1	MO; M
TRAZIMERA	2	B/D PA; MO; M
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	PA; MO; M
tretinoin (antineoplastic)	1	MO
TREXALL	3	B/D PA; MO; M
TRIPTODUR	3	PA; M
TRODELVY	3	PA; LA; M
TUKYSA ORAL TABLET 150 MG	3	PA; LA; M; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	3	PA; LA; M; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG	3	PA; LA; M; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TYKERB	3	PA; MO; LA; M; QL (180 per 30 days)
UPLIZNA	3	PA; MO; LA; M
VANFLYTA	3	M
VENCLEXTA ORAL TABLET 10 MG	3	PA; LA; M; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	3	PA; LA; M; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	3	PA; LA; M; QL (30 per 30 days)
VENCLEXTA STARTING PACK	3	PA; LA; QL (42 per 180 days)
VERZENIO	2	PA; MO; LA; M; QL (60 per 30 days)
VIJOICE ORAL TABLET 125 MG, 50 MG	3	PA; M; QL (28 per 28 days)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	3	PA; M; QL (56 per 28 days)
VITRAKVI ORAL CAPSULE 100 MG	2	PA; MO; LA; M; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	2	PA; MO; LA; M; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	2	PA; MO; LA; M; QL (300 per 30 days)
VIZIMPRO	3	PA; MO; M; QL (30 per 30 days)
VONJO	3	PA; QL (120 per 30 days)
VOTRIENT	2	PA; MO; M; QL (120 per 30 days)
WELIREG	3	PA; LA; M
XALKORI	3	PA; MO; M; QL (60 per 30 days)
XATMEP	3	B/D PA; MO; M
XERMELO	3	PA; LA; QL (84 per 28 days)
XOSPATA	2	PA; LA; M; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	3	PA; LA; M
XTANDI ORAL CAPSULE	2	PA; MO; M; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	2	PA; MO; M; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	2	PA; MO; M; QL (60 per 30 days)
YONDELIS	2	B/D PA; M
YONSA	3	PA; MO; M; QL (120 per 30 days)
ZALTRAP	2	B/D PA; MO; M
ZEJULA ORAL CAPSULE	3	PA; MO; LA; M; QL (90 per 30 days)
ZEJULA ORAL TABLET	3	PA; LA; M; QL (30 per 30 days)
ZELBORAF	3	PA; MO; M; QL (240 per 30 days)
ZEPZELCA	3	PA; M
ZIRABEV	2	B/D PA; MO
ZOLADEX	3	PA; MO; M
ZOLINZA	2	PA; MO; QL (120 per 30 days)
ZORTRESS	3	B/D PA; MO; M
ZYDELIG	3	PA; MO; M; QL (60 per 30 days)
ZYKADIA	3	PA; MO; M; QL (90 per 30 days)
ZYNLONTA	3	PA; LA; M
ZYNYZ	3	PA; M
ZYTIGA ORAL TABLET 250 MG	3	PA; MO; M; QL (120 per 30 days)
ZYTIGA ORAL TABLET 500 MG	3	PA; MO; M; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG	3	MO; M; QL (180 per 30 days)
APTIOM ORAL TABLET 400 MG	3	MO; M; QL (90 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	3	MO; M; QL (60 per 30 days)
BANZEL	3	PA; MO; M
BRIVIACT INTRAVENOUS	3	MO; QL (600 per 30 days)
BRIVIACT ORAL SOLUTION	3	MO; M; QL (600 per 30 days)
BRIVIACT ORAL TABLET	3	MO; M; QL (60 per 30 days)
carbamazepine oral capsule, er multiphase 12 hr	1	MO; M
carbamazepine oral suspension 100 mg/5 ml	1	MO; M
carbamazepine oral suspension 200 mg/10 ml	1	M
carbamazepine oral tablet	1	MO; M
carbamazepine oral tablet extended release 12 hr	1	MO; M
carbamazepine oral tablet,chewable	1	MO; M
CARBATROL	3	MO; M
CELONTIN ORAL CAPSULE 300 MG	3	MO; M
clobazam oral suspension	1	PA; MO; M; QL (480 per 30 days)
clobazam oral tablet	1	PA; MO; M; QL (60 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	1	MO; M; QL (90 per 30 days)
clonazepam oral tablet 2 mg	1	MO; M; QL (300 per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	1	MO; M; QL (90 per 30 days)
clonazepam oral tablet,disintegrating 2 mg	1	MO; M; QL (300 per 30 days)
DEPAKOTE	3	MO; M

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Drug Name	Drug Tier	Requirements/Limits
DEPAKOTE ER	3	MO; M
DEPAKOTE SPRINKLES	3	MO; M
DIACOMIT	3	PA; LA; M
DIASTAT	3	MO
DIASTAT ACUDIAL	3	MO
diazepam rectal	1	MO
DILANTIN 30 MG	3	MO; M
DILANTIN EXTENDED 100 MG	3	MO; M
DILANTIN INFATABS 50 MG	3	MO; M
DILANTIN-125 125 MG/5 ML	3	MO; M
divalproex	1	MO; M
EPIDIOLEX	3	PA; MO; LA; M
epitol	1	MO; M
EPRONTIA	3	PA; MO; M
EQUETRO	3	MO; M
ethosuximide	1	MO; M
felbamate	1	MO; M
FELBATOL	3	MO; M
FINTEPLA	3	PA; LA; M; QL (360 per 30 days)
FYCOMPA ORAL SUSPENSION	3	MO; M; QL (720 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	3	MO; M; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG, 4 MG, 6 MG	3	MO; M; QL (60 per 30 days)
gabapentin oral capsule 100 mg, 400 mg	1	MO; M; QL (270 per 30 days)
gabapentin oral capsule 300 mg	1	MO; M; QL (360 per 30 days)
gabapentin oral solution 250 mg/5 ml	1	MO; M; QL (2160 per 30 days)
gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)	1	M; QL (30 per 30 days)
gabapentin oral tablet 600 mg	1	MO; M; QL (180 per 30 days)
gabapentin oral tablet 800 mg	1	MO; M; QL (120 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	2	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG	2	PA; MO; QL (60 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	2	PA; MO; QL (90 per 30 days)
KEPPRA ORAL	3	MO; M
KEPPRA XR	3	MO; M
KLONOPIN ORAL TABLET 0.5 MG, 1 MG	3	MO; M; QL (90 per 30 days)
KLONOPIN ORAL TABLET 2 MG	3	MO; M; QL (300 per 30 days)
lacosamide oral solution	1	MO; M; QL (1200 per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg	1	MO; M; QL (60 per 30 days)
lacosamide oral tablet 50 mg	1	MO; M; QL (120 per 30 days)
LAMICTAL ODT	3	MO; M
LAMICTAL ORAL TABLET	3	MO; M
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	MO; M
LAMICTAL STARTER (BLUE) KIT	3	MO
LAMICTAL STARTER (GREEN) KIT	3	MO
LAMICTAL STARTER (ORANGE) KIT	3	MO
LAMICTAL XR	3	MO; M
LAMICTAL XR STARTER (BLUE)	3	MO
LAMICTAL XR STARTER (GREEN)	3	MO
LAMICTAL XR STARTER (ORANGE)	3	MO
lamotrigine oral tablet	1	MO; M
lamotrigine oral tablet disintegrating, dose pk	1	MO
lamotrigine oral tablet extended release 24hr	1	MO; M

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Drug Name	Drug Tier	Requirements/Limits
lamotrigine oral tablet, chewable dispersible	1	MO; M
lamotrigine oral tablet,disintegrating	1	MO; M
lamotrigine oral tablets,dose pack	1	MO
levetiracetam oral solution 100 mg/ml	1	MO; M
levetiracetam oral solution 500 mg/5 ml (5 ml)	1	M
levetiracetam oral tablet	1	MO; M
levetiracetam oral tablet extended release 24 hr	1	MO; M
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	3	PA; MO; M; QL (30 per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	3	PA; MO; M; QL (60 per 30 days)
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	3	MO; M; QL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	3	MO; M; QL (60 per 30 days)
LYRICA ORAL SOLUTION	3	MO; M; QL (900 per 30 days)
methsuximide	1	MO; M
MYSOLINE	3	MO; M
NAYZILAM	2	PA; MO; QL (10 per 30 days)
NEURONTIN ORAL CAPSULE 100 MG, 400 MG	3	MO; M; QL (270 per 30 days)
NEURONTIN ORAL CAPSULE 300 MG	3	MO; M; QL (360 per 30 days)
NEURONTIN ORAL SOLUTION	3	MO; M; QL (2160 per 30 days)
NEURONTIN ORAL TABLET 600 MG	3	MO; M; QL (180 per 30 days)
NEURONTIN ORAL TABLET 800 MG	3	MO; M; QL (120 per 30 days)
ONFI ORAL SUSPENSION	3	PA; MO; M; QL (480 per 30 days)
ONFI ORAL TABLET	3	PA; MO; M; QL (60 per 30 days)
oxcarbazepine	1	MO; M
OXTELLAR XR	3	MO; M
phenobarbital oral elixir	1	PA; MO; M

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Drug Name	Drug Tier	Requirements/Limits
phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg	1	PA; M
phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg	1	PA; MO; M
PHENYTEK	3	MO; M
phenytoin oral suspension 100 mg/4 ml	1	M
phenytoin oral suspension 125 mg/5 ml	1	MO; M
phenytoin oral tablet,chewable	1	MO; M
phenytoin sodium extended	1	MO; M
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	1	MO; M; QL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg	1	MO; M; QL (60 per 30 days)
pregabalin oral solution	1	MO; M; QL (900 per 30 days)
pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg	1	PA; MO; M; QL (30 per 30 days)
pregabalin oral tablet extended release 24 hr 330 mg	1	PA; MO; M; QL (60 per 30 days)
PRIMIDONE ORAL TABLET 125 MG	3	MO; M
primidone oral tablet 250 mg, 50 mg	1	MO; M
QUDEXY XR	3	PA; MO; M
roweepra oral tablet 500 mg	1	MO; M
rufinamide	1	PA; MO; M
SABRIL	3	PA; MO; LA; M
SPRITAM	3	MO; M
subvenite	1	MO; M
subvenite starter (blue) kit	1	MO
subvenite starter (green) kit	1	MO
subvenite starter (orange) kit	1	MO
SYMPAZAN	3	PA; MO; M; QL (60 per 30 days)
TEGRETOL ORAL SUSPENSION	3	MO; M
TEGRETOL ORAL TABLET	3	MO; M
TEGRETOL XR	3	MO; M
tiagabine	1	MO; M
TOPAMAX	3	PA; MO; M
topiramate	1	PA; MO; M
TRILEPTAL	3	MO; M

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Drug Name	Drug Tier	Requirements/Limits
TROKENDI XR	3	PA; MO; M
valproic acid	1	MO; M
valproic acid (as sodium salt) oral solution 250 mg/5 ml	1	MO; M
valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)	1	M
VALTOCO	2	PA; MO; QL (10 per 30 days)
vigabatrin	1	PA; MO; LA; M
vigadrone	1	PA; LA; M
VIMPAT ORAL SOLUTION	3	MO; M; QL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	3	MO; M; QL (60 per 30 days)
VIMPAT ORAL TABLET 50 MG	3	MO; M; QL (120 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	3	MO; M; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG	3	MO; M; QL (120 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	3	MO; M; QL (60 per 30 days)
XCOPRI ORAL TABLET 50 MG	3	MO; M; QL (240 per 30 days)
XCOPRI TITRATION PACK	3	MO; QL (28 per 180 days)
ZARONTIN	3	MO; M
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	PA; MO; M
ZONISADE	3	PA; MO; M
zonisamide	1	PA; MO; M
ZTALMY	3	PA; LA; M; QL (1080 per 30 days)
ANTIPARKINSONISM AGENTS		
APOKYN	3	PA; MO; LA; M; QL (90 per 30 days)
apomorphine	1	PA; M; QL (90 per 30 days)
AZILECT	3	MO; M
benztropine oral	1	PA; MO; M

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Drug Name	Drug Tier	Requirements/Limits
bromocriptine	1	MO; M
carbidopa	1	MO; M
carbidopa-levodopa	1	MO; M
carbidopa-levodopa-entacapone	1	MO; M
COMTAN	3	MO; M
DHIVY	3	MO; M
DUOPA	3	B/D PA; MO; M
entacapone	1	MO; M
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG	3	PA; M; QL (60 per 30 days)
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 68.5 MG	3	PA; M; QL (30 per 30 days)
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	3	PA; M; QL (300 per 30 days)
LODOSYN	3	MO; M
MIRAPEX ER	3	MO; M
NEUPRO	3	MO; M
NOURIANZ	3	PA; MO; LA; M; QL (30 per 30 days)
ONGENTYS	3	PA; MO; M; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG	3	PA; M; QL (30 per 30 days)
PARLODEL	3	MO; M
pramipexole	1	MO; M
rasagiline	1	MO; M
ropinirole	1	MO; M
RYTARY	3	MO; M
selegiline hcl	1	MO; M
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	MO; M
STALEVO 100	3	MO; M
STALEVO 125	3	MO; M
STALEVO 150	3	MO; M
STALEVO 200	3	MO; M
STALEVO 50	3	MO; M
STALEVO 75	3	MO; M
TASMAR ORAL TABLET 100 MG	3	PA; MO; M
tolcapone	1	PA; M
trihexyphenidyl	1	MO; M
XADAGO	3	MO; M
ZELAPAR	3	PA; MO; M

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Drug Name	Drug Tier	Requirements/Limits
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	2	PA; MO; M; QL (1 per 30 days)
AJOVY AUTOINJECTOR	3	PA; MO; M; QL (1.5 per 30 days)
AJOVY SYRINGE	3	PA; MO; M; QL (1.5 per 30 days)
almotriptan malate oral tablet 12.5 mg	1	MO; QL (24 per 28 days)
almotriptan malate oral tablet 6.25 mg	1	MO; QL (18 per 28 days)
dihydroergotamine nasal	1	QL (8 per 28 days)
eletriptan	1	MO; QL (18 per 28 days)
EMGALITY PEN	2	PA; MO; M; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; MO; M; 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)
ergotamine-caffeine	1	MO
FROVA	3	MO; QL (27 per 28 days)
frovatriptan	1	MO; QL (27 per 28 days)
IMITREX NASAL SPRAY,NON-AEROSOL 20 MG/ACTUATION	3	MO; QL (18 per 28 days)
IMITREX NASAL SPRAY,NON-AEROSOL 5 MG/ACTUATION	3	MO; QL (36 per 28 days)
IMITREX ORAL	3	MO; 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)

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Drug Name	Drug Tier	Requirements/Limits
MAXALT ORAL TABLET 10 MG	3	MO; QL (36 per 28 days)
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG	3	MO; QL (36 per 28 days)
migergot	1	MO
MIGRANAL	3	QL (8 per 28 days)
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; M; 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 (36 per 28 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation	1	MO; QL (18 per 28 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	1	MO; QL (36 per 28 days)
sumatriptan succinate oral	1	MO; QL (18 per 28 days)
sumatriptan succinate subcutaneous cartridge	1	MO; QL (8 per 28 days)
sumatriptan succinate subcutaneous pen injector	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 (8 per 28 days)
UBRELVY	2	PA; QL (20 per 30 days)
VYEPTI	3	PA; M

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Drug Name	Drug Tier	Requirements/Limits
ZEMBRACE SYMTOUCH	3	MO; QL (8 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)
MISCELLANEOUS NEUROLOGICAL THERAPY		
ADLARITY	3	MO; M
AMONDYS-45	3	PA; LA; M
AMPYRA	3	PA; MO; LA; M; QL (60 per 30 days)
AMVUTTRA	3	PA; M
ARICEPT	3	MO; M
AUBAGIO	3	PA; MO; M; QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	3	PA; MO; LA; M; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	3	PA; MO; LA; M; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	3	PA; MO; LA; M; QL (120 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	3	PA; MO; LA; M; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	3	PA; MO; LA; M; QL (240 per 30 days)
BAFIERTAM	3	PA; MO; M; QL (120 per 30 days)
BRIUMVI	3	PA; MO; M; QL (180 per 180 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	3	PA; MO; M; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	3	PA; MO; M; QL (12 per 28 days)
dalfampridine	1	PA; MO; M; QL (60 per 30 days)
DAYBUE	3	PA; LA; M
dichlorphenamide	1	PA; MO; M

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Drug Name	Drug Tier	Requirements/Limits
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg	1	PA; MO; M; QL (14 per 30 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; M; QL (60 per 30 days)
donepezil	1	MO; M
EVRYSDI	3	PA; MO; LA; M; QL (240 per 30 days)
EXELON PATCH	3	MO; M
EXONDYS-51	3	PA; M
fingolimod	1	PA; MO; M; QL (30 per 30 days)
FIRDAPSE	2	PA; LA; M
galantamine	1	MO; M
GILENYA ORAL CAPSULE 0.25 MG	3	PA; M; QL (30 per 30 days)
GILENYA ORAL CAPSULE 0.5 MG	3	PA; MO; M; QL (30 per 30 days)
glatiramer subcutaneous syringe 20 mg/ml	1	PA; M; QL (30 per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	1	PA; M; QL (12 per 28 days)
glatopa subcutaneous syringe 20 mg/ml	1	PA; MO; M; QL (30 per 30 days)
glatopa subcutaneous syringe 40 mg/ml	1	PA; MO; M; QL (12 per 28 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	3	PA; MO; M; QL (30 per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	3	PA; MO; M; QL (60 per 30 days)
INGREZZA	2	PA; LA; M; QL (30 per 30 days)
INGREZZA INITIATION PACK	2	PA; LA; QL (28 per 180 days)
KESIMPTA PEN	3	PA; MO; M; QL (1.6 per 28 days)
KEVEYIS	3	PA; M
LEMTRADA	3	PA; MO; M; QL (365 per 365 days)
LEQEMBI	3	M

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Drug Name	Drug Tier	Requirements/Limits
MAVENCLAD (10 TABLET PACK)	3	PA; MO; LA; M; QL (40 per 720 days)
MAVENCLAD (4 TABLET PACK)	3	PA; MO; LA; M; QL (16 per 720 days)
MAVENCLAD (5 TABLET PACK)	3	PA; MO; LA; M; QL (20 per 720 days)
MAVENCLAD (6 TABLET PACK)	3	PA; MO; LA; M; QL (24 per 720 days)
MAVENCLAD (7 TABLET PACK)	3	PA; MO; LA; M; QL (28 per 720 days)
MAVENCLAD (8 TABLET PACK)	3	PA; MO; LA; M; QL (32 per 720 days)
MAVENCLAD (9 TABLET PACK)	3	PA; MO; LA; M; QL (36 per 720 days)
MAYZENT ORAL TABLET 0.25 MG	3	PA; MO; M; QL (120 per 30 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	3	PA; MO; M; QL (30 per 30 days)
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; M
memantine oral solution	1	PA; MO; M
memantine oral tablet	1	PA; MO; M
MEMANTINE ORAL TABLETS,DOSE PACK	3	PA; MO
NAMENDA ORAL TABLET	3	PA; MO; M
NAMENDA TITRATION PAK	3	PA; MO
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR	3	PA; MO; M
NAMZARIC ORAL CAP,SPRINKLE, ER 24HR DOSE PACK	2	PA; MO
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	2	PA; MO; M
NUEDEXTA	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
NULIBRY	3	PA; LA; M
OCREVUS	3	PA; MO; LA; M; QL (180 per 180 days)
ONPATTRO	3	PA; LA; M
PONVORY	3	PA; MO; M; QL (30 per 30 days)
PONVORY 14-DAY STARTER PACK	3	PA; MO; QL (14 per 180 days)
RADICAVA	3	PA; M
RADICAVA ORS	2	PA; MO; M
RADICAVA ORS STARTER KIT SUSP	2	PA; MO
RELYVRIO	3	PA; MO; M
rivastigmine	1	MO; M
rivastigmine tartrate	1	MO; M
SKYCLARYS	3	PA; LA; M
TASCENSO ODT	3	MO; M
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG	3	PA; MO; LA; M; QL (14 per 30 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; M; QL (60 per 30 days)
TEGSEDI	3	PA; MO; LA; M
teriflunomide	1	PA; MO; M; QL (30 per 30 days)
tetrabenazine oral tablet 12.5 mg	1	PA; MO; M; QL (240 per 30 days)
tetrabenazine oral tablet 25 mg	1	PA; MO; M; QL (120 per 30 days)
TYSABRI	3	PA; MO; LA; M; QL (28 per 28 days)
VILTEPSO	3	PA; LA; M
VUMERITY	2	PA; MO; M; QL (120 per 30 days)
VYONDYS-53	3	PA; LA; M

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Drug Name	Drug Tier	Requirements/Limits
XENAZINE ORAL TABLET 12.5 MG	3	PA; MO; LA; M; QL (240 per 30 days)
XENAZINE ORAL TABLET 25 MG	3	PA; MO; LA; M; QL (120 per 30 days)
ZEPOSIA	2	PA; MO; M; QL (30 per 30 days)
ZEPOSIA STARTER PACK (7-DAY)	2	PA; MO; QL (7 per 180 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
baclofen intrathecal	1	B/D PA; MO; M
baclofen oral suspension	1	MO; M
baclofen oral tablet	1	MO; M
cyclobenzaprine oral tablet	1	PA; MO
DANTRIUM ORAL CAPSULE 25 MG	3	MO; M
dantrolene oral	1	MO; M
FEXMID	3	PA; MO
FLEQSUVY	3	MO; M
GABLOFEN	3	B/D PA; MO; M
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	2	B/D PA; MO; M
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	2	B/D PA; M
LYVISPAH	3	MO; M
MESTINON ORAL	3	MO; M
MESTINON TIMESPAN	3	MO; M
pyridostigmine bromide oral syrup	1	MO; M
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	MO; M
pyridostigmine bromide oral tablet 60 mg	1	MO; M
pyridostigmine bromide oral tablet extended release	1	MO; M
RYSTIGGO	3	M
tizanidine	1	MO; M
VYVGART	3	PA; MO; LA; M
VYVGART HYTRULO	3	MO; M
ZANAFLEX	3	MO; M

Drug Name	Drug Tier	Requirements/Limits
NARCOTIC ANALGESICS		
acetaminophen-caff-dihydrocod oral capsule	1	MO; QL (300 per 30 days)
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)
BELBUCA	2	PA; MO; QL (60 per 30 days)
BRIXADI	3	MO; M
buprenorphine hcl sublingual	1	MO
buprenorphine transdermal patch	1	PA; MO; QL (4 per 28 days)
BUTRANS	3	PA; MO; QL (4 per 28 days)
codeine sulfate	1	MO; QL (180 per 30 days)
DILAUDID ORAL LIQUID	3	MO; QL (2400 per 30 days)
DILAUDID ORAL TABLET	3	MO; QL (180 per 30 days)
endocet	1	MO; QL (360 per 30 days)
fentanyl	1	PA; MO; QL (10 per 30 days)
fentanyl citrate buccal lozenge on a handle	1	PA; MO; QL (120 per 30 days)
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 100 MCG, 400 MCG, 600 MCG, 800 MCG	3	PA; QL (120 per 30 days)
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 200 MCG	3	PA; MO; QL (120 per 30 days)
FENTORA	3	PA; MO; QL (120 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)

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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-ibuprofen	1	MO; QL (50 per 30 days)
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml)	1	
hydromorphone (pf) injection solution 10 mg/ml	1	MO
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	3	PA; MO; QL (60 per 30 days)
levorphanol tartrate	1	MO; QL (120 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 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	1	PA; MO; QL (90 per 30 days)
morphine oral solution	1	MO; QL (900 per 30 days)
morphine oral tablet	1	MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
morphine oral tablet extended release	1	PA; MO; QL (120 per 30 days)
MS CONTIN	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,EXT.REL. 12 HR 10 MG, 20 MG	3	PA; QL (90 per 30 days)
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	2	PA; MO; QL (90 per 30 days)
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 80 MG	2	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	3	MO; QL (360 per 30 days)
PROLATE ORAL SOLUTION	3	MO; QL (2000 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
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 15 MG, 30 MG	3	QL (180 per 30 days)
ROXYBOND ORAL TABLET, ORAL ONLY 5 MG	3	QL (360 per 30 days)
SEGLENTIS	3	ST; MO; QL (120 per 30 days)
SUBLOCADE	3	MO; M
TREZIX	3	MO; QL (300 per 30 days)
XTAMPZA ER	3	PA; MO; QL (90 per 30 days)
NON-NARCOTIC ANALGESICS		
ARTHROTEC 50	3	ST; MO; M
ARTHROTEC 75	3	ST; MO; M
buprenorphine-naloxone sublingual film 12-3 mg	1	MO; M; QL (60 per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg	1	MO; M; QL (360 per 30 days)
buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg	1	MO; M; QL (90 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg	1	MO; M; QL (360 per 30 days)
buprenorphine-naloxone sublingual tablet 8-2 mg	1	MO; M; QL (90 per 30 days)
butorphanol nasal	1	MO; QL (10 per 28 days)
CAMBIA	3	ST; MO; QL (9 per 30 days)
CELEBREX	3	MO; M
celecoxib	1	MO; M
CONZIP	3	PA; MO; QL (30 per 30 days)
DAYPRO	3	ST; MO; M
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)

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Drug Name	Drug Tier	Requirements/Limits
diclofenac potassium oral tablet 25 mg	1	MO
diclofenac potassium oral tablet 50 mg	1	MO; M
diclofenac sodium oral	1	MO; M
diclofenac sodium topical drops	1	MO; QL (300 per 28 days)
diclofenac sodium topical gel 1 %	1	MO; QL (1000 per 28 days)
diclofenac sodium topical solution in metered-dose pump	1	MO; QL (224 per 28 days)
diclofenac-misoprostol	1	MO; M
diflunisal	1	MO; M
DUEXIS	3	ST; MO; M
ec-naproxen oral tablet,delayed release (dr/ec) 375 mg	1	M
ec-naproxen oral tablet,delayed release (dr/ec) 500 mg	1	MO; M
etodolac	1	MO; M
FELDENE	3	ST; MO; M
fenoprofen oral capsule 400 mg	1	MO; M
fenoprofen oral tablet	1	MO; M
FLECTOR	3	PA; MO; QL (60 per 30 days)
flurbiprofen oral tablet 100 mg	1	MO; M
ibu	1	MO; M
ibuprofen oral suspension	1	MO
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	MO; M
ibuprofen-famotidine	1	M
INDOCIN ORAL	3	MO; M
INDOCIN RECTAL	3	MO
indomethacin oral	1	MO; M
ketoprofen oral capsule 25 mg	1	MO
ketoprofen oral capsule 50 mg	1	M
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	1	MO; M
KETOROLAC NASAL	3	ST
KLOXXADO	3	MO
LICART	3	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LODINE ORAL TABLET	3	ST; M
lofena	1	MO
LUCEMYRA	3	PA; MO
meclofenamate	1	MO; M
mefenamic acid	1	MO
meloxicam oral tablet	1	MO; M; QL (30 per 30 days)
meloxicam submicronized	1	MO; M; QL (30 per 30 days)
nabumetone	1	MO; M
NALFON ORAL CAPSULE 400 MG	3	ST; MO; M
NALFON ORAL TABLET	3	ST; MO; M
naloxone injection solution	1	MO
naloxone injection syringe	1	MO
naloxone nasal	1	MO
naltrexone	1	MO; M
NAPRELAN CR	3	ST; MO; M
naproxen oral suspension	1	MO; M
naproxen oral tablet	1	MO; M
naproxen oral tablet,delayed release (dr/ec) 375 mg	1	MO; M
naproxen oral tablet,delayed release (dr/ec) 500 mg	1	M
naproxen sodium oral tablet 275 mg, 550 mg	1	MO; M
naproxen sodium oral tablet, er multiphase 24 hr	1	MO; M
naproxen-esomeprazole	1	MO; M
NARCAN	3	MO
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)
oxaprozin	1	MO; M
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	3	ST; MO; QL (224 per 28 days)
piroxicam	1	MO; M
RELAFEN DS	3	ST; MO; M
salsalate	1	MO; M

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Drug Name	Drug Tier	Requirements/Limits
SPRIX	3	ST
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	MO; M; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	3	MO; M; QL (360 per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	3	MO; M; QL (90 per 30 days)
sulindac	1	MO; M
tolmetin oral capsule	1	MO; M
tolmetin oral tablet 600 mg	1	MO; M
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 SOLUTION	3	QL (2400 per 30 days)
TRAMADOL ORAL TABLET 100 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 oral tablet, er multiphase 24 hr	1	PA; MO; QL (30 per 30 days)
tramadol-acetaminophen	1	MO; QL (240 per 30 days)
VIMOVO	3	ST; MO; M
VIVITROL	2	MO; M
VIVLODEX	3	ST; MO; M; QL (30 per 30 days)
ZIMHI	3	
ZIPSOR	3	ST; MO
ZORVOLEX	3	ST; MO; M
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	2	MO; M; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	2	MO; M; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	2	MO; M; QL (2.4 per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	2	MO; M; QL (3.2 per 56 days)
ABILIFY MAINTENA	2	MO; M; QL (1 per 28 days)
ABILIFY MYCITE MAINTENANCE KIT	3	M; QL (30 per 30 days)
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 10 MG	3	QL (30 per 30 days)
ABILIFY ORAL TABLET	3	MO; M; QL (30 per 30 days)
ADDERALL	3	MO; M
ADDERALL XR	3	ST; MO; M
ADZENYS XR-ODT	3	ST; MO; M
AMBIEN	3	MO; QL (30 per 30 days)
AMBIEN CR	3	MO; QL (30 per 30 days)
amitriptyline	1	MO; M
amitriptyline-chlordiazepoxide	1	MO; M
amoxapine	1	MO; M
amphetamine sulfate	1	PA; MO; M
ANAFRANIL	3	MO; M
APLENZIN	3	MO; M; QL (30 per 30 days)
APTENSIO XR	3	ST; MO; M
aripiprazole oral solution	1	MO; M
aripiprazole oral tablet	1	MO; M; QL (30 per 30 days)
aripiprazole oral tablet,disintegrating	1	MO; M; QL (60 per 30 days)

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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; M; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	2	MO; M; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	2	MO; M; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	2	MO; M; QL (3.2 per 28 days)
armodafinil	1	PA; MO; M; QL (30 per 30 days)
asenapine maleate	1	MO; M; QL (60 per 30 days)
ATIVAN ORAL TABLET 0.5 MG, 1 MG	3	PA; MO; QL (90 per 30 days)
ATIVAN ORAL TABLET 2 MG	3	PA; MO; QL (150 per 30 days)
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	1	MO; M; QL (60 per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	1	MO; M; QL (30 per 30 days)
AUVELITY	3	ST; MO; M; QL (60 per 30 days)
AZSTARYS	3	ST; MO; M
BELSOMRA	3	PA; MO; QL (30 per 30 days)
bupropion hcl oral tablet	1	MO; M
bupropion hcl oral tablet extended release 24 hr 150 mg	1	MO; M; QL (90 per 30 days)
bupropion hcl oral tablet extended release 24 hr 300 mg	1	MO; M; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	MO; M; QL (30 per 30 days)
bupropion hcl oral tablet sustained-release 12 hr	1	MO; M; QL (60 per 30 days)
buspirone	1	MO; M
CAPLYTA	3	MO; M; QL (30 per 30 days)
CELEXA ORAL TABLET	3	MO; M; QL (30 per 30 days)
chlorpromazine oral	1	MO; M
CITALOPRAM ORAL CAPSULE	3	MO; M; QL (30 per 30 days)
citalopram oral solution	1	MO; M
citalopram oral tablet	1	MO; M; QL (30 per 30 days)
clomipramine	1	MO; M
clonidine hcl oral tablet extended release 12 hr	1	MO; M
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	M
CLOZARIL	3	M
CONCERTA	3	ST; MO; M
COTEMPLA XR-ODT	3	ST; MO; M
CYMBALTA	3	MO; M; QL (60 per 30 days)
DAYTRANA	3	ST; MO; M
DAYVIGO	3	PA; MO; QL (30 per 30 days)
desipramine	1	MO; M
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	MO; M; QL (120 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	MO; M; QL (30 per 30 days)
desvenlafaxine succinate	1	MO; M; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG	3	ST; MO; M
dexmethylphenidate	1	MO; M
dextroamphetamine sulfate	1	MO; M
dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr	1	M
dextroamphetamine-amphetamine oral capsule,extended release 24hr	1	MO; M
dextroamphetamine-amphetamine oral tablet	1	MO; M
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)
diazepam oral tablet	1	PA; MO; QL (120 per 30 days)
doxepin oral capsule	1	MO; M
doxepin oral concentrate	1	MO; M
doxepin oral tablet	1	MO; QL (30 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	3	MO; M; QL (60 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	3	MO; M; QL (90 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	1	MO; M; QL (60 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 40 mg	1	MO; M; QL (90 per 30 days)
DYANAVEL XR	3	ST; MO; M
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 37.5 MG	3	MO; M; QL (30 per 30 days)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 75 MG	3	MO; M; QL (90 per 30 days)
EMSAM	2	MO; M
ergoloid	1	MO; M
escitalopram oxalate oral solution	1	MO; M

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Drug Name	Drug Tier	Requirements/Limits
escitalopram oxalate oral tablet	1	MO; M; QL (30 per 30 days)
eszopiclone	1	MO; QL (30 per 30 days)
EVEKEO	3	PA; MO; M
EVEKEO ODT	3	PA; MO; M
FANAPT ORAL TABLET	3	MO; M; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	3	MO; QL (8 per 180 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	2	MO; QL (28 per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	2	MO; M; QL (30 per 30 days)
fluoxetine (pmdd) oral tablet 10 mg	1	M; QL (240 per 30 days)
fluoxetine (pmdd) oral tablet 20 mg	1	M; QL (120 per 30 days)
fluoxetine oral capsule 10 mg	1	MO; M; QL (30 per 30 days)
fluoxetine oral capsule 20 mg	1	MO; M; QL (90 per 30 days)
fluoxetine oral capsule 40 mg	1	MO; M; QL (60 per 30 days)
fluoxetine oral capsule,delayed release(dr/ec)	1	MO; M; QL (4 per 28 days)
fluoxetine oral solution	1	MO; M
fluoxetine oral tablet 10 mg	1	MO; M; QL (240 per 30 days)
fluoxetine oral tablet 20 mg	1	MO; M; QL (120 per 30 days)
fluoxetine oral tablet 60 mg	1	MO; M; QL (30 per 30 days)
fluphenazine decanoate	1	MO; M
fluphenazine hcl injection	1	MO
fluphenazine hcl oral	1	MO; M
fluvoxamine oral capsule,extended release 24hr	1	MO; M; QL (60 per 30 days)
fluvoxamine oral tablet 100 mg	1	MO; M; QL (90 per 30 days)
fluvoxamine oral tablet 25 mg	1	MO; M; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
fluvoxamine oral tablet 50 mg	1	MO; M; QL (60 per 30 days)
FOCALIN	3	MO; M
FOCALIN XR	3	ST; MO; M
FORFIVO XL	3	MO; M; QL (30 per 30 days)
GEODON INTRAMUSCULAR	3	MO
GEODON ORAL	3	MO; M; QL (60 per 30 days)
guanfacine oral tablet extended release 24 hr	1	MO; M
HALDOL DECANOATE	3	MO; M
haloperidol	1	MO; M
haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)	1	M
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml, 50 mg/ml(1ml)	1	MO; M
haloperidol lactate injection	1	MO
haloperidol lactate oral	1	MO; M
HETLIOZ	3	PA; MO; M; QL (30 per 30 days)
HETLIOZ LQ	3	PA; MO; M; QL (158 per 30 days)
imipramine hcl	1	MO; M
imipramine pamoate	1	MO; M
INTUNIV ER	3	MO; M
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	2	MO; M; QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	2	MO; M; QL (5 per 180 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG, 3 MG, 9 MG	3	MO; M; QL (30 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	3	MO; M; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	2	MO; M; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	2	MO; M; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	2	MO; M; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	2	MO; M; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	2	MO; M; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	2	MO; M; QL (0.88 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	2	MO; M; QL (1.32 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	2	MO; M; QL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	2	MO; M; QL (2.63 per 90 days)
JORNAY PM	3	ST; MO; M
KAPVAY	3	ST; MO; M
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	3	MO; M; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	3	MO; M; QL (60 per 30 days)
LEXAPRO ORAL TABLET	3	MO; M; QL (30 per 30 days)
lisdexamfetamine	1	M
lithium carbonate	1	MO; M
lithium citrate oral solution 8 meq/5 ml	1	M
LITHOBID	3	MO; M
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)

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Drug Name	Drug Tier	Requirements/Limits
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)
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; M
LUMRYZ	3	MO; M
LUNESTA	3	MO; QL (30 per 30 days)
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	1	MO; M; QL (30 per 30 days)
lurasidone oral tablet 80 mg	1	MO; M; QL (60 per 30 days)
LYBALVI	3	ST; MO; M; QL (30 per 30 days)
MARPLAN	3	MO; M
methamphetamine	1	PA; MO; M
METHYLIN ORAL SOLUTION	3	MO; M
methylphenidate	1	MO; M
methylphenidate hcl oral cap,er sprinkle,biphasic 40-60	1	MO; M
methylphenidate hcl oral capsule, er biphasic 30-70	1	MO; M
methylphenidate hcl oral capsule,er biphasic 50-50	1	MO; M
methylphenidate hcl oral solution	1	MO; M
methylphenidate hcl oral tablet	1	MO; M
methylphenidate hcl oral tablet extended release	1	MO; M
methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 36 mg (bx rating), 54 mg (bx rating)	1	M
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg	1	MO; M

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Drug Name	Drug Tier	Requirements/Limits
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG	3	ST; MO; M
methylphenidate hcl oral tablet,chewable	1	MO; M
mirtazapine	1	MO; M
modafinil oral tablet 100 mg	1	PA; MO; M; QL (30 per 30 days)
modafinil oral tablet 200 mg	1	PA; MO; M; QL (60 per 30 days)
molindone	1	MO; M
MYDAYIS	3	ST; MO; M
NARDIL	3	MO; M
nefazodone	1	MO; M
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	MO; M
nortriptyline	1	MO; M
NUPLAZID	3	PA; MO; M; QL (30 per 30 days)
NUVIGIL	3	PA; MO; M; QL (30 per 30 days)
olanzapine intramuscular	1	MO
olanzapine oral	1	MO; M; QL (30 per 30 days)
olanzapine-fluoxetine	1	MO; M
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	1	MO; M; QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	1	MO; M; QL (60 per 30 days)
PAMELOR	3	MO; M
PARNATE	3	MO; M
paroxetine hcl oral suspension	1	MO; M
paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg	1	MO; M; QL (30 per 30 days)
paroxetine hcl oral tablet 30 mg	1	MO; M; QL (60 per 30 days)
paroxetine hcl oral tablet extended release 24 hr	1	MO; M; QL (60 per 30 days)
paroxetine mesylate(menop.sym)	1	MO; M; QL (30 per 30 days)
PAXIL CR	3	MO; M; QL (60 per 30 days)
PAXIL ORAL SUSPENSION	3	MO; M

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Drug Name	Drug Tier	Requirements/Limits
PAXIL ORAL TABLET 10 MG, 20 MG, 40 MG	3	MO; M; QL (30 per 30 days)
PAXIL ORAL TABLET 30 MG	3	MO; M; QL (60 per 30 days)
perphenazine	1	MO; M
perphenazine-amitriptyline	1	MO; M
PERSERIS	2	MO; M; QL (1 per 30 days)
phenelzine	1	MO; M
pimozide	1	MO; M
PRISTIQ	3	MO; M; QL (30 per 30 days)
procentra	1	MO; M
protriptyline	1	MO; M
PROVIGIL ORAL TABLET 100 MG	3	PA; MO; M; QL (30 per 30 days)
PROVIGIL ORAL TABLET 200 MG	3	PA; MO; M; QL (60 per 30 days)
PROZAC ORAL CAPSULE 10 MG	3	MO; M; QL (30 per 30 days)
PROZAC ORAL CAPSULE 20 MG	3	MO; M; QL (90 per 30 days)
PROZAC ORAL CAPSULE 40 MG	3	MO; M; QL (60 per 30 days)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG	3	ST; MO; M; QL (30 per 30 days)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	3	ST; MO; M; QL (60 per 30 days)
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	MO; M; QL (90 per 30 days)
QUETIAPINE ORAL TABLET 150 MG	3	MO; M; QL (90 per 30 days)
quetiapine oral tablet 300 mg, 400 mg	1	MO; M; QL (60 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	1	MO; M; QL (30 per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	1	MO; M; QL (60 per 30 days)
QUILLICHEW ER	3	ST; MO; M
QUILLIVANT XR	3	ST; MO; M
QUVIVIQ	3	PA; MO; QL (30 per 30 days)
ramelteon	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RELEXXII	3	ST; MO; M
REMERON ORAL TABLET 15 MG, 30 MG	3	MO; M
REMERON SOLTAB	3	MO; M
REXULTI ORAL TABLET	3	MO; M; QL (30 per 30 days)
RISPERDAL CONSTA	2	MO; M; QL (2 per 28 days)
RISPERDAL ORAL SOLUTION	3	MO; M
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG	3	MO; M; QL (60 per 30 days)
RISPERDAL ORAL TABLET 4 MG	3	MO; M; QL (120 per 30 days)
risperidone oral solution	1	MO; M
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	1	MO; M; QL (60 per 30 days)
risperidone oral tablet 4 mg	1	MO; M; QL (120 per 30 days)
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	1	MO; M; QL (60 per 30 days)
risperidone oral tablet,disintegrating 4 mg	1	MO; M; QL (120 per 30 days)
RITALIN	3	MO; M
RITALIN LA	3	ST; MO; M
ROZEREM	3	MO; QL (30 per 30 days)
SAPHRIS	3	MO; M; QL (60 per 30 days)
SECUADO	3	MO; M; QL (30 per 30 days)
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	3	MO; M; QL (90 per 30 days)
SEROQUEL ORAL TABLET 300 MG, 400 MG	3	MO; M; QL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG	3	MO; M; QL (30 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 400 MG, 50 MG	3	MO; M; QL (60 per 30 days)
SERTRALINE ORAL CAPSULE	3	MO; M; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
sertraline oral concentrate	1	MO; M
sertraline oral tablet 100 mg, 50 mg	1	MO; M; QL (60 per 30 days)
sertraline oral tablet 25 mg	1	MO; M; QL (30 per 30 days)
SILENOR	3	MO; QL (30 per 30 days)
SODIUM OXYBATE	3	PA; LA; M; QL (540 per 30 days)
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	3	M
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	3	ST; MO; M; QL (60 per 30 days)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	3	ST; MO; M; QL (30 per 30 days)
SUNOSI	3	PA; MO; M; QL (30 per 30 days)
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	MO; M
tasimelteon	1	PA; M; QL (30 per 30 days)
thioridazine	1	MO; M
thiothixene	1	MO; M
tranylcypromine	1	MO; M
trazodone	1	MO; M
trifluoperazine	1	MO; M
trimipramine	1	MO; M
TRINTELLIX	2	MO; M; QL (30 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	2	MO; M; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	2	MO; M; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	2	MO; M; QL (0.42 per 56 days)

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Drug Name	Drug Tier	Requirements/Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	2	MO; M; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	2	MO; M; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	2	MO; M; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	2	MO; M; QL (0.21 per 28 days)
VALIUM	3	PA; MO; QL (120 per 30 days)
VENLAFAXINE BESYLATE	3	MO; M; QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg	1	MO; M; QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 75 mg	1	MO; M; QL (90 per 30 days)
venlafaxine oral tablet	1	MO; M; QL (90 per 30 days)
venlafaxine oral tablet extended release 24hr	1	MO; M; QL (30 per 30 days)
VERSACLOZ	2	M
VIIBRYD ORAL TABLET	3	MO; M; QL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	2	MO; QL (30 per 180 days)
vilazodone	1	MO; M; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	3	MO; M; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	3	MO; QL (7 per 180 days)
VYVANSE	3	ST; MO; M
WAKIX	3	PA; MO; LA; M; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
WELLBUTRIN SR	3	MO; M; QL (60 per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	MO; M; QL (90 per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	MO; M; QL (30 per 30 days)
XELSTRYM	3	ST; MO; M
XYREM	3	PA; LA; M; QL (540 per 30 days)
XYWAV	3	PA; LA; M; 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; M
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	MO; M
ziprasidone hcl	1	MO; M; QL (60 per 30 days)
ziprasidone mesylate	1	MO
ZOLOFT ORAL CONCENTRATE	3	MO; M
ZOLOFT ORAL TABLET 100 MG, 50 MG	3	MO; M; QL (60 per 30 days)
ZOLOFT ORAL TABLET 25 MG	3	MO; M; 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)
ZYPREXA INTRAMUSCULAR	3	MO
ZYPREXA ORAL	3	MO; M; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	2	MO; M; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG	2	MO; M; QL (28 per 28 days)
ZYPREXA ZYDIS	3	MO; M; QL (30 per 30 days)
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
amiodarone oral tablet 100 mg, 200 mg	1	MO; M
amiodarone oral tablet 400 mg	1	M
BETAPACE AF	3	MO; M
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	3	MO; M
disopyramide phosphate oral capsule	1	MO; M
dofetilide	1	MO; M
flecainide	1	MO; M
mexiletine	1	MO; M

Drug Name	Drug Tier	Requirements/Limits
MULTAQ	3	MO; M
NORPACE	3	MO; M
NORPACE CR	3	MO; M
pacerone oral tablet 100 mg, 200 mg, 400 mg	1	MO; M
propafenone	1	MO; M
quinidine gluconate oral	1	MO; M
quinidine sulfate oral tablet	1	MO; M
RYTHMOL SR	3	MO; M
sorine oral tablet 120 mg, 160 mg, 80 mg	1	MO; M
sorine oral tablet 240 mg	1	M
sotalol af	1	M
sotalol oral	1	MO; M
SOTYLIZE	3	MO; M
TIKOSYN	3	MO; M
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL	3	MO; M
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG	3	MO; M
acebutolol	1	MO; M
ALDACTONE	3	MO; M
aliskiren	1	MO; M

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Drug Name	Drug Tier	Requirements/Limits
ALTACE	3	MO; M
amiloride	1	MO; M
amiloride-hydrochlorothiazide	1	MO; M
amlodipine	1	MO; M
amlodipine-benazepril	1	MO; M
amlodipine-olmesartan	1	MO; M
amlodipine-valsartan	1	MO; M
amlodipine-valsartan-hcthiazid	1	MO; M
ATACAND	3	ST; MO; M
ATACAND HCT	3	ST; MO; M
atenolol	1	MO; M
atenolol-chlorthalidone	1	MO; M
AVALIDE	3	ST; MO; M
AVAPRO	3	ST; MO; M
AZOR	3	ST; MO; M
benazepril	1	MO; M
benazepril-hydrochlorothiazide	1	MO; M
BENICAR	3	ST; MO; M
BENICAR HCT	3	ST; MO; M
betaxolol oral	1	MO; M
BIDIL	3	MO; M; QL (180 per 30 days)
bisoprolol fumarate	1	MO; M
bisoprolol-hydrochlorothiazide	1	MO; M
bumetanide injection	1	MO
bumetanide oral	1	MO; M
BYSTOLIC	3	MO; M
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG	3	MO; M
candesartan	1	MO; M
candesartan-hydrochlorothiazid	1	MO; M
captopril	1	MO; M
captopril-hydrochlorothiazide	1	MO; M
CARDIZEM CD	3	MO; M
CARDIZEM LA	3	MO; M
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	MO; M
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG	3	ST; MO; M; QL (30 per 30 days)
CARDURA ORAL TABLET 8 MG	3	ST; MO; M; QL (60 per 30 days)
CARDURA XL	3	ST; MO; M; QL (30 per 30 days)
CAROSPIR	3	MO; M

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Drug Name	Drug Tier	Requirements/Limits
cartia xt	1	MO; M
carvedilol	1	MO; M
carvedilol phosphate	1	MO; M
chlorthalidone oral tablet 25 mg, 50 mg	1	MO; M
clonidine	1	MO; M; QL (4 per 28 days)
clonidine hcl oral tablet	1	MO; M
CONJUPRI	3	MO; M
COREG	3	MO; M
COREG CR	3	MO; M
CORGARD ORAL TABLET 20 MG, 40 MG	3	MO; M
COZAAR	3	ST; MO; M
DEMSER	3	PA; MO; M
DIBENZYLINE	3	PA; MO
diltiazem hcl oral capsule,ext.rel 24h degradable	1	MO; M
diltiazem hcl oral capsule,extended release 12 hr	1	MO; M
diltiazem hcl oral capsule,extended release 24 hr	1	MO; M
diltiazem hcl oral capsule,extended release 24hr	1	MO; M
diltiazem hcl oral tablet	1	MO; M
diltiazem hcl oral tablet extended release 24 hr 120 mg	1	MO; M
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	M
dilt-xr	1	MO; M
DIOVAN	3	ST; MO; M
DIOVAN HCT	3	ST; MO; M
DIURIL	3	MO; M
doxazosin oral tablet 1 mg, 2 mg, 4 mg	1	MO; M; QL (30 per 30 days)
doxazosin oral tablet 8 mg	1	MO; M; QL (60 per 30 days)
DYRENIUM	3	MO; M
EDARBI	2	MO; M
EDARBYCLOR	2	MO; M
EDECRIN	3	MO; M
enalapril maleate	1	MO; M
enalapril-hydrochlorothiazide	1	MO; M
EPANED	3	MO; M
eplerenone	1	MO; M
epoprostenol	1	B/D PA; MO; M
ethacrynic acid	1	MO; M
EXFORGE	3	ST; MO; M
EXFORGE HCT	3	ST; MO; M

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Drug Name	Drug Tier	Requirements/Limits
felodipine	1	MO; M
FLOLAN	3	B/D PA; MO; M
fosinopril	1	MO; M
fosinopril-hydrochlorothiazide	1	MO; M
FUROSCIX	3	ST
furosemide injection solution	1	MO
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	MO; M
furosemide oral tablet	1	MO; M
guanfacine oral tablet	1	MO; M
hydralazine oral	1	MO; M
hydrochlorothiazide	1	MO; M
HYZAAR	3	ST; MO; M
indapamide	1	MO; M
INDERAL LA	3	MO; M
INDERAL XL	3	MO; M
INNOPRAN XL	3	MO; M
INSPRA	3	MO; M
irbesartan	1	MO; M
irbesartan-hydrochlorothiazide	1	MO; M
isosorbide-hydralazine	1	MO; M; QL (180 per 30 days)
isradipine	1	MO; M

Drug Name	Drug Tier	Requirements/Limits
KAPSPARGO SPRINKLE	3	MO; M
KATERZIA	3	MO; M
KERENDIA	2	PA; M; QL (30 per 30 days)
labetalol oral	1	MO; M
LASIX	3	MO; M
LEVAMLODIPINE	3	MO; M
lisinopril	1	MO; M
lisinopril-hydrochlorothiazide	1	MO; M
LOPRESSOR ORAL	3	MO; M
losartan	1	MO; M
losartan-hydrochlorothiazide	1	MO; M
LOTENSIN HCT	3	MO; M
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	MO; M
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	MO; M
matzim la	1	MO; M
MAXZIDE	3	MO; M
MAXZIDE-25MG	3	MO; M
metolazone	1	MO; M
metoprolol succinate	1	MO; M

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Drug Name	Drug Tier	Requirements/Limits
metoprolol ta-hydrochlorothiaz	1	MO; M
metoprolol tartrate oral	1	MO; M
metyrosine	1	PA; MO; M
MICARDIS	3	ST; MO; M
MICARDIS HCT	3	ST; MO; M
MINIPRESS	3	MO; M
minoxidil oral	1	MO; M
moexipril	1	MO; M
nadolol	1	MO; M
nebivolol	1	MO; M
nicardipine oral	1	MO; M
nifedipine	1	MO; M
nimodipine	1	MO
nisoldipine	1	MO; M
NORLIQVA	3	MO; M
NORVASC	3	MO; M
NYMALIZE ORAL SYRINGE 60 MG/10 ML	3	
olmesartan	1	MO; M
olmesartan-amlodipin-hcthiazid	1	MO; M
olmesartan-hydrochlorothiazide	1	MO; M
ORENITRAM	3	PA; MO; M
ORENITRAM MONTH 1 TITRATION KT	3	PA; MO
ORENITRAM MONTH 2 TITRATION KT	3	PA; MO
ORENITRAM MONTH 3 TITRATION KT	3	PA; MO
perindopril erbumine	1	MO; M
phenoxybenzamine	1	PA; MO
pindolol	1	MO; M
prazosin	1	MO; M
PROCARDIA XL	3	MO; M
propranolol oral	1	MO; M
QBRELIS	3	MO; M
quinapril	1	MO; M
quinapril-hydrochlorothiazide	1	MO; M
ramipril	1	MO; M
REMODULIN	3	PA; MO; LA; M
SOAANZ	3	ST; MO; M
spironolactone	1	MO; M
spironolacton-hydrochlorothiaz	1	MO; M
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	MO; M
taztia xt	1	MO; M
TEKTURNA	3	MO; M
telmisartan	1	MO; M

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telmisartan-amlodipine	1	MO; M
telmisartan-hydrochlorothiazid	1	MO; M
TENORETIC 100	3	MO; M
TENORETIC 50	3	MO; M
TENORMIN	3	MO; M
terazosin oral capsule 1 mg, 2 mg, 5 mg	1	MO; M; QL (30 per 30 days)
terazosin oral capsule 10 mg	1	MO; M; QL (60 per 30 days)
THALITONE	3	MO; M
tiadylt er	1	MO; M
TIAZAC	3	MO; M
timolol maleate oral	1	MO; M
TOPROL XL	3	MO; M
torsemide oral	1	MO; M
trandolapril	1	MO; M
trandolapril-verapamil	1	MO; M
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml	1	PA; MO; LA; M
triamterene	1	MO; M
triamterene-hydrochlorothiazid	1	MO; M
TRIBENZOR	3	ST; MO; M
UPTRAVI ORAL TABLET	2	PA; MO; LA; M
UPTRAVI ORAL TABLETS,DOSE PACK	2	PA; MO; LA
VALSARTAN ORAL SOLUTION	3	ST; MO; M
valsartan oral tablet	1	MO; M
valsartan-hydrochlorothiazide	1	MO; M
VASERETIC	3	MO; M
VASOTEC	3	MO; M
veletri	1	B/D PA; MO; M
verapamil oral	1	MO; M
VERELAN	3	MO; M
VERELAN PM	3	MO; M
ZESTORETIC	3	MO; M
ZESTRIL	3	MO; M
ZIAC	3	MO; M
COAGULATION THERAPY		
ARIXTRA	3	MO
aspirin-dipyridamole	1	MO; M
BRILINTA	2	MO; M
CABLIVI INJECTION KIT	2	PA; LA
CEPROTIN (BLUE BAR)	2	PA; MO; M
CEPROTIN (GREEN BAR)	2	PA; MO; M
cilostazol	1	MO; M

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Drug Name	Drug Tier	Requirements/Limits
clopidogrel oral tablet 75 mg	1	MO; M; QL (30 per 30 days)
dabigatran etexilate	1	MO; M
dipyridamole oral	1	MO; M
DOPTELET (10 TAB PACK)	2	PA; MO; LA
DOPTELET (15 TAB PACK)	2	PA; MO; LA
DOPTELET (30 TAB PACK)	2	PA; MO; LA
EFFIENT	3	MO; M
ELIQUIS	2	MO; M
ELIQUIS DVT-PE TREAT 30D START	2	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 25,000 ANTI-XA UNIT/ML	3	MO
FRAGMIN SUBCUTANEOUS SYRINGE	3	MO
heparin (porcine) injection solution	1	MO
jantoven	1	MO; M
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
NPLATE	3	PA; MO; M
pentoxifylline	1	MO; M

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Drug Name	Drug Tier	Requirements/Limits
PLAVIX ORAL TABLET 75 MG	3	MO; M; QL (30 per 30 days)
PRADAXA ORAL CAPSULE	3	PA; MO; M
PRADAXA ORAL PELLETS IN PACKET	3	PA; M
prasugrel	1	MO; M
PROMACTA	3	PA; MO; LA; M
SAVAYSA	3	PA; MO; M
TAVALISSE	3	PA; LA; QL (60 per 30 days)
warfarin	1	MO; M
XARELTO	2	MO; M
XARELTO DVT-PE TREAT 30D START	2	MO
ZONTIVITY	3	MO; M
LIPID/CHOLESTEROL LOWERING AGENTS		
ALTOPREV	3	ST; MO; M; QL (30 per 30 days)
amlodipine-atorvastatin	1	MO; M; QL (30 per 30 days)
ANTARA ORAL CAPSULE 90 MG	3	MO; M
ATORVALIQ	3	ST; MO; M; QL (30 per 30 days)
atorvastatin	1	MO; M; QL (30 per 30 days)
CADUET	3	ST; MO; M; QL (30 per 30 days)
cholestyramine (with sugar)	1	MO; M
cholestyramine light	1	M
colesevelam	1	MO; M
COLESTID	3	MO; M
COLESTID FLAVORED	3	MO; M
colestipol	1	MO; M
CRESTOR	3	ST; MO; M; QL (30 per 30 days)
EVKEEZA	3	PA; LA; M
EZALLOR SPRINKLE	3	ST; MO; M; QL (30 per 30 days)
ezetimibe	1	MO; M
EZETIMIBE-ROSUVASTATIN	3	ST; M; QL (30 per 30 days)
ezetimibe-simvastatin	1	MO; M; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	MO; M
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	3	MO; M
fenofibrate nanocrystallized	1	MO; M
FENOFIBRATE ORAL CAPSULE	3	MO; M
fenofibrate oral tablet	1	MO; M
fenofibric acid	1	MO; M
fenofibric acid (choline)	1	MO; M
FENOGLIDE	3	MO; M
FLOLIPID	3	ST; MO; M; QL (300 per 30 days)
fluvastatin oral capsule 20 mg	1	MO; M; QL (30 per 30 days)
fluvastatin oral capsule 40 mg	1	MO; M; QL (60 per 30 days)
fluvastatin oral tablet extended release 24 hr	1	MO; M; QL (30 per 30 days)
gemfibrozil	1	MO; M
icosapent ethyl	1	MO; M
JUXTAPID	2	PA; MO; LA; M
LEQVIO	3	PA; M; QL (180 per 180 days)
LESCOL XL	3	ST; MO; M; QL (30 per 30 days)
LIPITOR	3	ST; MO; M; QL (30 per 30 days)
LIPOFEN	3	MO; M
LIVALO	3	ST; MO; M; QL (30 per 30 days)
LOPID	3	MO; M
lovastatin oral tablet 10 mg	1	MO; M; QL (30 per 30 days)
lovastatin oral tablet 20 mg, 40 mg	1	MO; M; QL (60 per 30 days)
LOVAZA	3	ST; MO; M
NEXLETOL	2	PA; MO; M
NEXLIZET	2	PA; MO; M
niacin oral tablet 500 mg	1	MO; M
niacin oral tablet extended release 24 hr	1	MO; M
NIACOR	3	MO; M
omega-3 acid ethyl esters	1	MO; M

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Drug Name	Drug Tier	Requirements/Limits
PRALUENT PEN	3	PA; M; QL (2 per 28 days)
pravastatin	1	MO; M; QL (30 per 30 days)
prevalite	1	MO; M
QUESTRAN	3	MO; M
QUESTRAN LIGHT	3	MO; M
REPATHA	2	PA; M; QL (6 per 28 days)
REPATHA PUSHTRONEX	2	PA; M; QL (7 per 28 days)
REPATHA SURECLICK	2	PA; M; QL (6 per 28 days)
rosuvastatin	1	MO; M; QL (30 per 30 days)
ROSZET	3	ST; MO; M; QL (30 per 30 days)
simvastatin	1	MO; M; QL (30 per 30 days)
TRICOR	3	MO; M
TRILIPIX	3	MO; M
VASCEPA	3	ST; MO; M
VYTORIN 10-10	3	ST; MO; M; QL (30 per 30 days)
VYTORIN 10-20	3	ST; MO; M; QL (30 per 30 days)
VYTORIN 10-40	3	ST; MO; M; QL (30 per 30 days)
VYTORIN 10-80	3	ST; MO; M; QL (30 per 30 days)
WELCHOL	3	MO; M
ZETIA	3	MO; M
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	ST; MO; M; QL (30 per 30 days)
ZYPITAMAG	3	ST; MO; M; QL (30 per 30 days)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ASPRUZYO SPRINKLE	3	MO; M
CAMZYOS	3	PA; MO; M; QL (30 per 30 days)
CORLANOR ORAL SOLUTION	2	M; QL (450 per 30 days)
CORLANOR ORAL TABLET	2	MO; M; QL (60 per 30 days)
digoxin oral	1	MO; M

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Drug Name	Drug Tier	Requirements/Limits
ENTRESTO	2	MO; M; QL (60 per 30 days)
FILSPARI	3	PA; MO; M; QL (30 per 30 days)
LANOXIN ORAL	3	MO; M
LODOCO	3	M
ranolazine	1	MO; M
VECAMYL	3	M
VERQUVO	2	MO; M; QL (30 per 30 days)
VYNDAMAX	3	PA; MO; M
VYNDAQEL	3	PA; MO; M
NITRATES		
ISORDIL	3	MO; M
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	MO; M
isosorbide dinitrate oral tablet	1	MO; M
isosorbide mononitrate	1	MO; M
nitro-bid	1	MO; M
NITRO-DUR	3	MO; M
nitroglycerin sublingual	1	MO; M
nitroglycerin transdermal patch 24 hour	1	MO; M
nitroglycerin translingual	1	MO; M
NITROLINGUAL	3	MO; M
NITROSTAT	3	MO; M
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin	1	MO; M
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)	3	PA; MO; M; QL (10 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
COSENTYX PEN	3	PA; MO; M; QL (28 per 28 days)
COSENTYX PEN (2 PENS)	3	PA; MO; M; QL (10 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	3	PA; MO; M; QL (28 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	3	PA; MO; M; QL (2.5 per 28 days)
COSENTYX UNOREADY PEN	3	M
ENSTILAR	3	MO; QL (400 per 30 days)
ILUMYA	3	PA; MO; M; QL (2 per 28 days)
selenium sulfide topical lotion	1	MO
SILIQ	3	PA; MO; M; QL (6 per 28 days)
SKYRIZI SUBCUTANEOUS PEN INJECTOR	2	PA; MO; M; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA; MO; M; QL (2 per 28 days)
SORILUX	3	MO; QL (120 per 30 days)
SOTYKTU	3	PA; MO; M
STELARA INTRAVENOUS	2	PA; MO; QL (104 per 180 days)
STELARA SUBCUTANEOUS SOLUTION	2	PA; MO; M; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	2	PA; MO; M; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	2	PA; MO; M; QL (1 per 28 days)
TACLONEX	3	MO; QL (400 per 30 days)
TALTZ AUTOINJECTOR	2	PA; MO; M; QL (1 per 28 days)
TALTZ AUTOINJECTOR (2 PACK)	2	PA; MO; M; QL (28 per 28 days)
TALTZ AUTOINJECTOR (3 PACK)	2	PA; MO; M; QL (180 per 180 days)
TALTZ SYRINGE	2	PA; MO; M; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
TREMFYA	3	PA; MO; M; QL (2 per 28 days)
VECTICAL	3	
VTAMA	3	PA; MO
ZORYVE	3	PA; MO; M
MISCELLANEOUS DERMATOLOGICALS		
ADBRY	2	PA; MO; M; QL (6 per 28 days)
ammonium lactate	1	MO
CARAC	3	MO
CIBINQO	2	PA; MO; M; 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; M; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	2	PA; MO; M; QL (8 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	2	PA; MO; M; QL (1.34 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	2	PA; MO; M; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	2	PA; MO; M; QL (8 per 28 days)
EFUDEX TOPICAL CREAM	3	MO
ELIDEL	3	PA; MO; QL (100 per 30 days)
EUCRISA	3	PA; MO; QL (120 per 30 days)
FLUOROURACIL TOPICAL CREAM 0.5 %	3	MO
fluorouracil topical cream 5 %	1	MO
fluorouracil topical solution	1	MO
HYFTOR	3	PA; M
imiquimod topical cream in metered-dose pump	1	MO
imiquimod topical cream in packet 5 %	1	MO

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Drug Name	Drug Tier	Requirements/Limits
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 (36 per 30 days)
lidocaine viscous	1	MO
lidocaine-prilocaine topical cream	1	MO; QL (30 per 30 days)
LIDODERM	3	PA; MO; QL (90 per 30 days)
methoxsalen	1	MO; M
OPZELURA	3	PA; MO; QL (240 per 28 days)
PANRETIN	2	PA; MO
pimecrolimus	1	PA; MO; QL (100 per 30 days)
PLIAGLIS	3	PA; QL (30 per 30 days)
podofilox	1	MO
prudoxin	1	MO; QL (45 per 30 days)
REGRANEX	2	MO; QL (15 per 30 days)
SANTYL	2	MO; QL (180 per 30 days)
SILVADENE	3	MO
silver sulfadiazine	1	MO
ssd	1	MO
tacrolimus topical	1	PA; MO; QL (100 per 30 days)
VALCHLOR	2	PA; MO; M
VYJUVEK	3	PA; M
ZONALON	3	MO; QL (45 per 30 days)
ZTLIDO	3	PA; MO; QL (90 per 30 days)
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP	3	MO
THERAPY FOR ACNE		
ABSORICA	3	
ABSORICA LD	3	
ACANYA TOPICAL GEL WITH PUMP	3	MO
accutane	1	
ACZONE	3	MO
adapalene topical cream	1	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
adapalene topical gel 0.3 %	1	PA; MO
adapalene topical swab	1	PA
adapalene-benzoyl peroxide	1	PA; MO
AKLIEF	3	PA; MO
ALTRENO	3	PA; MO
amnesteem	1	
AMZEEQ	3	MO
ARAZLO	3	PA; MO
ATRALIN	3	PA; MO
avita topical cream	1	PA; MO
azelaic acid	1	MO
AZELEX	3	MO
BENZAMYCIN	3	MO
brimonidine topical	1	PA; 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	MO; QL (150 per 30 days)
clindamycin phosphate topical foam	1	QL (100 per 30 days)
clindamycin phosphate topical gel	1	MO; QL (120 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 1.2-2.5 %	1	MO
clindamycin-tretinoin	1	PA; MO
dapsone topical	1	MO
DIFFERIN TOPICAL CREAM	3	PA; MO
DIFFERIN TOPICAL GEL WITH PUMP	3	PA; MO
DIFFERIN TOPICAL LOTION	3	PA; MO
EPIDUO FORTE	3	PA; MO
EPIDUO TOPICAL GEL WITH PUMP	3	PA
EPSOLAY	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
ery pads	1	MO
erygel	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	3	ST; MO
isotretinoin	1	
ivermectin topical cream	1	MO; QL (60 per 30 days)
METROCREAM	3	ST; MO
METROGEL TOPICAL GEL 1 %	3	ST; MO
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
RETIN-A MICRO TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	3	PA; MO
RHOFADE	3	PA; MO
SOOLANTRA	3	ST; MO; QL (60 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 topical	1	PA; MO
TWYNEO	3	PA; MO
VELTIN	3	PA
WINLEVI	3	PA; MO
zenatane	1	
ZIANA	3	PA
ZILXI	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
TOPICAL ANTIBACTERIALS		
ALTABAX	3	MO; QL (30 per 30 days)
gentamicin topical	1	MO; QL (60 per 30 days)
KLARON	3	MO
mafenide acetate	1	MO
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)
econazole	1	MO; QL (85 per 28 days)
ERTACZO	3	MO; QL (60 per 28 days)
EXELDERM	3	MO; QL (60 per 28 days)
JUBLIA	3	MO; QL (8 per 30 days)
KERYDIN	3	MO; QL (10 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
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	MO; QL (100 per 28 days)
LOPROX TOPICAL SHAMPOO	3	MO; QL (120 per 28 days)
LULICONAZOLE	3	MO; QL (60 per 28 days)
LUZU	3	MO; QL (60 per 28 days)
naftifine topical cream	1	MO; QL (60 per 28 days)
naftifine topical gel 2 %	1	MO; QL (60 per 28 days)
NAFTIN TOPICAL GEL	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	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 CREAM	3	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)

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Drug Name	Drug Tier	Requirements/Limits
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)
TOPICAL CORTICOSTEROIDS		
ala-cort topical cream 1 %	1	MO
ala-cort topical cream 2.5 %	1	
ALA-SCALP	3	MO
alclometasone	1	MO
amcinonide topical lotion	1	MO
apexicon e	1	MO; QL (120 per 30 days)
betamethasone dipropionate	1	MO
betamethasone valerate	1	MO
betamethasone, augmented	1	MO
BRYHALI	3	MO
CAPEX	3	MO

Drug Name	Drug Tier	Requirements/Limits
clobetasol scalp	1	MO; QL (100 per 28 days)
clobetasol topical cream	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)
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)

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Drug Name	Drug Tier	Requirements/Limits
CLOBEX TOPICAL SHAMPOO	3	MO; QL (236 per 28 days)
CLOBEX TOPICAL SPRAY,NON-AEROSOL	3	MO; QL (125 per 28 days)
clocortolone pivalate	1	MO
clodan	1	MO; QL (236 per 28 days)
CLODERM	3	MO
CORDRAN TAPE LARGE ROLL	3	MO
CORDRAN TOPICAL CREAM 0.05 %	3	MO; QL (120 per 30 days)
CORDRAN TOPICAL LOTION	3	MO; QL (120 per 30 days)
DERMA-SMOOTHE/FS SCALP OIL	3	MO
desonide	1	MO
DESOWEN TOPICAL CREAM	3	
desoximetasone	1	MO
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 cream	1	MO; QL (120 per 30 days)
flurandrenolide topical lotion	1	MO; QL (120 per 30 days)
fluticasone propionate topical	1	MO
halcinonide	1	MO
halobetasol propionate topical cream	1	MO

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Drug Name	Drug Tier	Requirements/Limits
HALOBETASOL PROPIONATE TOPICAL FOAM	3	MO
halobetasol propionate topical ointment	1	MO
HALOG	3	MO
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 2.5 %	1	MO
hydrocortisone topical ointment 1 %, 2.5 %	1	MO
hydrocortisone valerate	1	MO
KENALOG TOPICAL	3	MO; QL (126 per 28 days)
LEXETTE	3	MO
LOCOID LIPOCREAM	3	MO; QL (120 per 30 days)
LOCOID TOPICAL LOTION	3	MO; QL (118 per 30 days)
mometasone topical	1	MO
OLUX-E	3	MO; QL (100 per 28 days)
PANDEL	3	MO
SYNALAR TOPICAL CREAM	3	MO
SYNALAR TOPICAL SOLUTION	3	MO
TEXACORT	3	MO
TOPICORT TOPICAL CREAM	3	MO
TOPICORT TOPICAL GEL	3	MO
TOPICORT TOPICAL OINTMENT 0.05 %	3	MO
TOPICORT TOPICAL SPRAY,NON-AEROSOL	3	MO
tovet emollient	1	MO; QL (100 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
triamcinolone acetonide topical aerosol	1	MO; QL (126 per 28 days)
triamcinolone acetonide topical cream	1	MO
triamcinolone acetonide topical lotion	1	MO
triamcinolone acetonide topical ointment	1	MO
trianex	1	
triderm topical cream	1	MO
ULTRAVATE TOPICAL LOTION	3	MO
VANOS	3	MO; QL (120 per 30 days)
VERDESO	3	MO
TOPICAL SCABICIDES / PEDICULICIDES		
crotan	1	MO
malathion	1	MO
NATROBA	3	MO
OVIDE	3	MO
permethrin	1	MO; QL (60 per 30 days)
spinosad	1	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANOREXIANTS		
ORLISTAT	3	PA; MO; M
XENICAL	3	PA; MO; M
MISCELLANEOUS AGENTS		
acamprosate	1	MO; M
AGRYLIN	3	MO; M
anagrelide	1	MO; M
ARALAST NP	3	PA; MO; LA; M
AURYXIA	3	PA; MO; M
BUPHENYL	3	PA; M
CARBAGLU	3	PA; MO; LA; M
carglumic acid	1	PA; M
CARNITOR (SUGAR-FREE)	3	MO; M
CARNITOR ORAL	3	MO; M
cevimeline	1	MO; M
CHEMET	2	PA
CLINIMIX 4.25%/D5W SULFIT FREE	3	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 2.75%/D5W SULF FREE	3	B/D PA
CUVRIOR	3	PA; LA; M
d10 %-0.45 % sodium chloride	1	MO
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; M
deferiprone	1	PA; MO; M
dextrose 10 % and 0.2 % nacl	1	
dextrose 10 % in water (d10w)	1	
dextrose 5 % in water (d5w) intravenous piggyback	1	MO
dextrose 5%-0.2 % sod chloride	1	
disulfiram oral tablet 250 mg	1	MO; M
disulfiram oral tablet 500 mg	1	M
droxidopa	1	PA; MO; M
EMPAVELI	3	PA; LA; M
ENDARI	3	PA; MO; M
ENJAYMO	3	PA; LA; M
EVOXAC	3	MO; M
EXJADE	3	PA; MO; LA; M
EXSERVAN	3	PA; M
FERRIPROX	3	PA; M
FERRIPROX (2 TIMES A DAY)	3	PA; M
FOSRENOL ORAL POWDER IN PACKET 1,000 MG	3	MO; M; QL (135 per 30 days)
FOSRENOL ORAL POWDER IN PACKET 750 MG	3	MO; M; QL (180 per 30 days)
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG	3	MO; M; QL (135 per 30 days)
FOSRENOL ORAL TABLET,CHEWABLE 500 MG	3	MO; M; QL (270 per 30 days)
FOSRENOL ORAL TABLET,CHEWABLE 750 MG	3	MO; M; QL (180 per 30 days)
GIVLAARI	3	PA; MO; LA; M
GLASSIA	3	PA; MO; LA; M
INCRELEX	2	MO; LA; M
JADENU	3	PA; MO; M

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Drug Name	Drug Tier	Requirements/Limits
JADENU SPRINKLE	3	PA; MO; M
JOENJA	3	PA; LA; M; QL (30 per 30 days)
LAMZEDE	3	PA; LA; M
lanthanum oral tablet,chewable 1,000 mg	1	MO; M; QL (135 per 30 days)
lanthanum oral tablet,chewable 500 mg	1	MO; M; QL (270 per 30 days)
lanthanum oral tablet,chewable 750 mg	1	MO; M; QL (180 per 30 days)
levocarnitine (with sugar)	1	MO; M
levocarnitine oral solution 100 mg/ml	1	MO; M
levocarnitine oral tablet	1	MO; M
LITFULO	3	MO; M
LITHOSTAT	3	
LOKELMA	2	MO; M
midodrine	1	MO
nitisinone	1	PA; MO; M
NITYR	3	PA; MO; LA; M
NORTHERA	3	PA; MO; M
OLPRUVA	3	M
ORFADIN	3	PA; LA; M

Drug Name	Drug Tier	Requirements/Limits
OXBRYTA ORAL TABLET 300 MG	3	PA; MO; LA; M; QL (150 per 30 days)
OXBRYTA ORAL TABLET 500 MG	3	PA; MO; LA; M; QL (90 per 30 days)
OXBRYTA ORAL TABLET FOR SUSPENSION	3	PA; MO; LA; M; QL (150 per 30 days)
PHEBURANE	3	PA; MO; M
pilocarpine hcl oral	1	MO; M
PROLASTIN-C	2	PA; LA; M
PYRUKYND ORAL TABLET 20 MG, 5 MG (4-WEEK PACK), 50 MG	3	PA; LA; M; QL (56 per 28 days)
PYRUKYND ORAL TABLET 5 MG	3	PA; LA; M; QL (7 per 180 days)
PYRUKYND ORAL TABLETS,DOSE PACK	3	PA; LA; QL (14 per 180 days)
RAVICTI	3	PA; MO; M
RENAGEL ORAL TABLET 800 MG	3	MO; M
RENVELA ORAL POWDER IN PACKET 0.8 GRAM	3	MO; M; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RENVELA ORAL POWDER IN PACKET 2.4 GRAM	3	MO; M; QL (90 per 30 days)
REVCOVI	2	PA; LA; M
RILUTEK	3	PA; MO; M
riluzole	1	PA; MO; M
risedronate oral tablet 30 mg	1	MO; QL (30 per 30 days)
SALAGEN (PILOCARPINE)	3	MO; M
sevelamer carbonate oral powder in packet 0.8 gram	1	MO; M; QL (180 per 30 days)
sevelamer carbonate oral powder in packet 2.4 gram	1	MO; M; QL (90 per 30 days)
sevelamer carbonate oral tablet	1	MO; M; QL (270 per 30 days)
sevelamer hcl	1	MO; M
sodium chloride 0.9 % intravenous piggyback	1	MO
sodium chloride irrigation	1	MO
sodium phenylbutyrate oral powder	1	PA; MO; M
sodium phenylbutyrate oral tablet	1	PA; M

Drug Name	Drug Tier	Requirements/Limits
sodium polystyrene sulfonate oral powder	1	MO
SOHONOS	3	M
SOLIRIS	3	PA; MO; M
sps (with sorbitol) oral	1	MO
SYPRINE	3	PA; MO; M
TAVNEOS	3	PA; LA; M; QL (180 per 30 days)
THIOLA	3	PA; M
THIOLA EC	3	PA; M
TIGLUTIK	3	PA; M
tiopronin	1	PA; MO; M
trientine oral capsule 250 mg	1	PA; MO; M
TRIENTINE ORAL CAPSULE 500 MG	3	M
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML	3	PA; MO; M
VELPHORO	2	MO; M; QL (180 per 30 days)
VELTASSA	2	MO; M
VEOPOZ	3	M
XENPOZYME INTRAVENOUS RECON SOLN 20 MG	3	PA; MO; M

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Drug Name	Drug Tier	Requirements/Limits
XENPOZYME INTRAVENOUS RECON SOLN 4 MG	3	PA; M
XURIDEN	3	PA; M
ZEMAIRA	3	PA; MO; LA; M
ZOKINVY	3	PA; LA; M; QL (120 per 30 days)
SMOKING DETERRENTS		
bupropion hcl (smoking deter)	1	MO; ENC
CHANTIX CONTINUING MONTH BOX	3	MO; ENC
CHANTIX ORAL TABLET 1 MG	3	MO; ENC
CHANTIX STARTING MONTH BOX	3	MO; ENC
NICOTROL	3	MO; ENC
NICOTROL NS	3	MO; ENC
varenicline	1	MO; ENC

Drug Name	Drug Tier	Requirements/Limits
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal aerosol,spray	1	MO; M; QL (60 per 30 days)
azelastine nasal spray,non-aerosol	1	MO; M; QL (30 per 30 days)
chlorhexidine gluconate mucous membrane	1	MO
CLINPRO 5000	3	MO; M
denta 5000 plus	1	MO; M
dentagel	1	MO; M
fluoride (sodium) dental cream	1	M
fluoride (sodium) dental gel	1	M
fluoride (sodium) dental paste	1	MO; M
fluoride (sodium) dental solution	1	MO; M
FLUORIDEX DAILY DEFENSE	3	M
FLUORIDEX SENSITIVITY RELIEF	3	M

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Drug Name	Drug Tier	Requirements/Limits
FLUORIMAX 5000	3	M
FLUORIMAX 5000 SENSITIVE	3	M
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)	1	MO; M; QL (30 per 30 days)
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)	1	MO; QL (30 per 30 days)
JUST RIGHT 5000	3	M
olopatadine nasal	1	MO; QL (30.5 per 30 days)
periogard	1	MO
PREVIDENT	3	MO; M
PREVIDENT 5000 BOOSTER PLUS	3	MO; M
PREVIDENT 5000 DRY MOUTH	3	MO; M
PREVIDENT 5000 ENAMEL PROTECT	3	MO; M
PREVIDENT 5000 ORTHO DEFENSE	3	MO; M
PREVIDENT 5000 PLUS	3	MO; M
PREVIDENT 5000 SENSITIVE	3	MO; M
sf	1	MO; M
sf 5000 plus	1	MO; M
sodium fluoride 5000 dry mouth	1	MO; M
sodium fluoride 5000 plus	1	M
sodium fluoride-pot nitrate	1	MO; M
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	MO
fluocinolone acetonide oil	1	MO
hydrocortisone-acetic acid	1	MO
ofloxacin otic (ear)	1	MO
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	3	MO
CIPRODEX	3	MO; QL (7.5 per 7 days)
ciprofloxacin-dexamethasone	1	MO; QL (7.5 per 7 days)

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Drug Name	Drug Tier	Requirements/Limits
CIPROFLOXACIN-FLUOCINOLONE	3	MO
neomycin-polymyxin-hc otic (ear)	1	MO
OTOVEL	3	MO
ENDOCRINE/ DIABETES		
ADRENAL HORMONES		
ACTHAR	3	PA; MO
ALKINDI SPRINKLE	3	M
CORTEF	3	MO; M
CORTROPHIN GEL	3	PA; MO
dexabliss	1	
dexamethasone oral solution	1	MO
dexamethasone oral tablet	1	MO
dexamethasone oral tablets,dose pack	1	MO
EMFLAZA	3	PA; MO; LA; M
fludrocortisone	1	MO; M
HEMADY	3	MO
hydrocortisone oral	1	MO; M
MEDROL (PAK)	3	MO
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	3	B/D PA; MO
methylprednisolone oral tablet	1	B/D PA; MO
methylprednisolone oral tablets,dose pack	1	MO
millipred oral tablet	1	B/D PA; MO
ORAPRED ODT	3	B/D PA; MO
prednisolone oral solution	1	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
prednisolone sodium phosphate oral tablet,disintegrating	1	B/D PA; 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	

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Drug Name	Drug Tier	Requirements/Limits
prednisone oral tablets,dose pack 10 mg, 5 mg	1	MO
RAYOS	3	MO
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS), 1.5 MG (49 TABS)	3	MO
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (27 TABS)	3	
TARPEYO	3	PA; QL (120 per 30 days)
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	1	MO; M
propylthiouracil	1	MO; M
DIABETES THERAPY		
acarbose oral tablet 100 mg	1	MO; M; QL (90 per 30 days)
acarbose oral tablet 25 mg	1	MO; M; QL (360 per 30 days)
acarbose oral tablet 50 mg	1	MO; M; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ACTOPLUS MET ORAL TABLET 15-850 MG	3	MO; M; QL (90 per 30 days)
ACTOS	3	MO; M; QL (30 per 30 days)
ADMELOG SOLOSTAR U-100 INSULIN	3	ST; MO; M
ADMELOG U-100 INSULIN LISPRO	3	PA; MO; M
AFREZZA	3	MO; M
alcohol pads	1	
ALOGLIPTIN	3	ST; MO; M; QL (30 per 30 days)
ALOGLIPTIN-METFORMIN	3	ST; MO; M; QL (60 per 30 days)
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	MO; M; QL (30 per 30 days)
APIDRA SOLOSTAR U-100 INSULIN	3	ST; MO; M
APIDRA U-100 INSULIN	3	PA; MO; M
BAQSIMI	2	MO
BASAGLAR KWIKPEN U-100 INSULIN	3	ST; MO; M

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Drug Name	Drug Tier	Requirements/Limits
BASAGLAR TEMPO PEN(U-100)INSLN	3	ST; MO; M
BYDUREON BCISE	2	PA; MO; M; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	2	PA; MO; M; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	PA; MO; M; QL (1.2 per 30 days)
CYCLOSET	3	MO; M; QL (180 per 30 days)
diazoxide	1	MO; M
DROPSAFE ALCOHOL PREP PADS	2	MO
DUETACT	3	MO; M; QL (30 per 30 days)
FARXIGA ORAL TABLET 10 MG	2	MO; M; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	2	MO; M; QL (60 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN	3	ST; MO; M
FIASP PENFILL U-100 INSULIN	3	ST; MO; M
FIASP U-100 INSULIN	3	PA; MO; M
glimepiride oral tablet 1 mg	1	MO; M; QL (240 per 30 days)
glimepiride oral tablet 2 mg	1	MO; M; QL (120 per 30 days)
glimepiride oral tablet 4 mg	1	MO; M; QL (60 per 30 days)
glipizide oral tablet 10 mg	1	MO; M; QL (120 per 30 days)
glipizide oral tablet 5 mg	1	MO; M; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 10 mg	1	MO; M; QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg	1	MO; M; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 5 mg	1	MO; M; QL (120 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	1	MO; M; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	MO; M; QL (120 per 30 days)
GLUCAGEN HYPOKIT	3	ST; MO
GLUCAGON EMERGENCY KIT (HUMAN)	3	ST; MO
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG	3	MO; M; QL (60 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 2.5 MG	3	MO; M; QL (240 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	3	MO; M; QL (120 per 30 days)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG	3	ST; MO; M; QL (60 per 30 days)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG	3	ST; MO; M; QL (120 per 30 days)
glyburide	1	MO; M
glyburide micronized	1	MO; M
glyburide-metformin	1	MO; M
GLYNASE	3	MO; M
GLYXAMBI	2	MO; M; QL (30 per 30 days)
GVOKE	2	MO
GVOKE HYPOPEN 2-PACK	2	MO
GVOKE PFS 1-PACK SYRINGE	2	MO
HUMALOG JUNIOR KWIKPEN U-100	2	MO; M
HUMALOG KWIKPEN INSULIN	2	MO; M
HUMALOG MIX 50-50 INSULN U-100	2	MO; M
HUMALOG MIX 50-50 KWIKPEN	2	MO; M
HUMALOG MIX 75-25 KWIKPEN	2	MO; M
HUMALOG MIX 75-25(U-100)INSULN	2	MO; M
HUMALOG TEMPO PEN(U-100)INSULN	3	ST; MO; M

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Drug Name	Drug Tier	Requirements/Limits
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	2	MO; M
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	2	B/D PA; MO; M
HUMULIN 70/30 U-100 INSULIN	2	MO; M
HUMULIN 70/30 U-100 KWIKPEN	2	MO; M
HUMULIN N NPH INSULIN KWIKPEN	2	MO; M
HUMULIN N NPH U-100 INSULIN	2	MO; M
HUMULIN R REGULAR U-100 INSULN	2	MO; M
HUMULIN R U-500 (CONC) INSULIN	2	MO; M
HUMULIN R U-500 (CONC) KWIKPEN	2	MO; M
INPEFA	2	MO; M
INSULIN ASP PRT-INSULIN ASPART	3	ST; MO; M
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE	3	ST; MO; M
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN	3	ST; MO; M
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION	3	PA; MO; M
INSULIN DEGLUDEC	3	ST; MO; M
INSULIN GLARGINE	2	MO; M
INSULIN GLARGINE-YFGN	3	ST; MO; M
INSULIN LISPRO PROTAMIN-LISPRO	3	ST; MO; M
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN	3	ST; MO; M
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT	3	ST; MO; M
INSULIN LISPRO SUBCUTANEOUS SOLUTION	2	B/D PA; MO; M
INVOKAMET	3	ST; MO; M; QL (60 per 30 days)
INVOKAMET XR	3	ST; MO; M; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
INVOKANA	3	ST; MO; M; QL (30 per 30 days)
JANUMET	2	MO; M; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	MO; M; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	MO; M; QL (60 per 30 days)
JANUVIA	2	MO; M; QL (30 per 30 days)
JARDIANCE	2	MO; M; QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG	2	MO; M; QL (60 per 30 days)
JENTADUETO ORAL TABLET 2.5-850 MG	2	MO; M; QL (30 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	2	MO; M; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	2	MO; M; QL (30 per 30 days)
KAZANO	3	ST; MO; M; QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	3	ST; MO; M; QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	3	ST; MO; M; QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	2	MO; M
LANTUS U-100 INSULIN	2	MO; M
LEVEMIR FLEXPEN	3	ST; MO; M
LEVEMIR U-100 INSULIN	3	ST; MO; M
LYUMJEV KWIKPEN U-100 INSULIN	2	MO; M
LYUMJEV KWIKPEN U-200 INSULIN	2	MO; M

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Drug Name	Drug Tier	Requirements/Limits
LYUMJEV TEMPO PEN(U-100)INSULN	3	ST; MO; M
LYUMJEV U-100 INSULIN	2	B/D PA; MO; M
metformin oral solution	1	MO; M; QL (765 per 30 days)
metformin oral tablet 1,000 mg	1	MO; M; QL (75 per 30 days)
metformin oral tablet 500 mg	1	MO; M; QL (150 per 30 days)
METFORMIN ORAL TABLET 625 MG	3	M; QL (120 per 30 days)
metformin oral tablet 850 mg	1	MO; M; QL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg	1	MO; M; QL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg	1	MO; M; QL (60 per 30 days)
metformin oral tablet extended release (osm) 24 hr 1,000 mg	1	ST; MO; M; QL (60 per 30 days)
metformin oral tablet extended release (osm) 24 hr 500 mg	1	ST; MO; M; QL (150 per 30 days)
metformin oral tablet,er gast.retention 24 hr 1,000 mg	1	ST; MO; M; QL (60 per 30 days)
metformin oral tablet,er gast.retention 24 hr 500 mg	1	ST; MO; M; QL (120 per 30 days)
miglitol oral tablet 100 mg	1	MO; M; QL (90 per 30 days)
miglitol oral tablet 25 mg	1	MO; M; QL (360 per 30 days)
miglitol oral tablet 50 mg	1	MO; M; QL (180 per 30 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	2	PA; MO; M; QL (2 per 28 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 2.5 MG/0.5 ML	2	PA; MO; QL (2 per 28 days)
nateglinide oral tablet 120 mg	1	MO; M; QL (90 per 30 days)
nateglinide oral tablet 60 mg	1	MO; M; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
NESINA	3	ST; MO; M; QL (30 per 30 days)
NOVOLIN 70/30 U-100 INSULIN	3	ST; MO; M
NOVOLIN 70-30 FLEXPEN U-100	3	ST; MO; M
NOVOLIN N FLEXPEN	3	ST; MO; M
NOVOLIN N NPH U-100 INSULIN	3	ST; MO; M
NOVOLIN R FLEXPEN	3	ST; MO; M
NOVOLIN R REGULAR U100 INSULIN	3	ST; MO; M
NOVOLOG FLEXPEN U-100 INSULIN	3	ST; MO; M
NOVOLOG MIX 70-30 U-100 INSULN	3	ST; MO; M
NOVOLOG MIX 70-30FLEXPEN U-100	3	ST; MO; M
NOVOLOG PENFILL U-100 INSULIN	3	ST; MO; M
NOVOLOG U-100 INSULIN ASPART	3	PA; MO; M
ONGLYZA	3	ST; MO; M; QL (30 per 30 days)
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	MO; M; QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; MO; M; QL (3 per 28 days)
pioglitazone	1	MO; M; QL (30 per 30 days)
pioglitazone-glimepiride	1	MO; M; QL (30 per 30 days)
pioglitazone-metformin	1	MO; M; QL (90 per 30 days)
PROGLYCEM	3	MO; M
QTERN	2	MO; M; QL (30 per 30 days)
repaglinide oral tablet 0.5 mg	1	MO; M; QL (960 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
repaglinide oral tablet 1 mg	1	MO; M; QL (480 per 30 days)
repaglinide oral tablet 2 mg	1	MO; M; QL (240 per 30 days)
REZVOGLAR KWIKPEN	3	ST; MO; M
RIOMET	3	MO; M; QL (30 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 7 MG	2	PA; MO; M; QL (30 per 30 days)
RYBELSUS ORAL TABLET 3 MG	2	PA; MO; QL (30 per 30 days)
saxagliptin	1	M; QL (30 per 30 days)
saxagliptin-metformin	1	M
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	2	MO; M; QL (60 per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	2	MO; M; QL (120 per 30 days)
SEMGLEE(INSULIN GLARGINE-YFGN)	3	ST; MO; M
SEMGLEE(INSULIN GLARG-YFGN)PEN	3	ST; MO; M
SOLIQUA 100/33	2	MO; M; QL (90 per 30 days)
STEGLATRO	2	MO; M; QL (30 per 30 days)
STEGLUJAN	3	ST; MO; M; QL (30 per 30 days)
SYMLINPEN 120	2	PA; MO; M; QL (10.8 per 30 days)
SYMLINPEN 60	2	PA; MO; M; QL (6 per 30 days)
SYNJARDY	2	MO; M; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	2	MO; M; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	2	MO; M; QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	2	MO; M

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Drug Name	Drug Tier	Requirements/Limits
TOUJEO SOLOSTAR U-300 INSULIN	2	MO; M
TRADJENTA	2	MO; M; QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100	3	ST; MO; M
TRESIBA FLEXTOUCH U-200	3	ST; MO; M
TRESIBA U-100 INSULIN	3	ST; MO; M
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	2	MO; M; 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; M; QL (60 per 30 days)
TRULICITY	2	PA; MO; M; QL (2 per 28 days)
VICTOZA 2-PAK	3	PA; MO; M; QL (30 per 30 days)
VICTOZA 3-PAK	3	PA; MO; M; QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	2	MO; M; 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; M; QL (60 per 30 days)
XULTOPHY 100/3.6	3	ST; MO; M; QL (15 per 30 days)
ZEGALOGUE AUTOINJECTOR	2	MO
ZEGALOGUE SYRINGE	2	MO
MISCELLANEOUS HORMONES		
ALDURAZYME	2	PA; MO; M
ANDRODERM	3	PA; MO; M; QL (30 per 30 days)
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; MO; M; QL (150 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	3	PA; M; QL (30 per 30 days)
AVEED	3	PA; LA; M
cabergoline	1	MO; M
calcitonin (salmon) nasal	1	MO; M
calcitriol intravenous solution 1 mcg/ml	1	MO; ENC
calcitriol oral capsule	1	MO; M; ENC
calcitriol oral solution	1	M; ENC
CERDELGA	3	PA; MO; M
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	3	PA; MO; M
cinacalcet	1	PA; MO; M
CRYSVITA	2	PA; MO; LA; M
danazol	1	MO
DDAVP ORAL	3	MO; M
DEPO-TESTOSTERONE	3	PA; MO; M
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	1	M
desmopressin oral	1	MO; M
doxercalciferol intravenous	1	M
doxercalciferol oral	1	MO; M
ELAPRASE	2	PA; MO; M
ELELYSO	3	PA; MO; M
ELFABRIO	3	PA; LA; M
FABRAZYME	2	PA; MO; M
FORTESTA	3	PA; MO; M; QL (120 per 30 days)
GALAFOLD	3	PA; MO; LA; M; QL (15 per 30 days)
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2 ML	3	MO; M
ISTURISA ORAL TABLET 1 MG	3	PA; LA; M; QL (240 per 30 days)
ISTURISA ORAL TABLET 10 MG	3	PA; LA; M; QL (180 per 30 days)
ISTURISA ORAL TABLET 5 MG	3	PA; LA; M; QL (60 per 30 days)
JATENZO ORAL CAPSULE 158 MG, 198 MG	3	PA; MO; M; QL (120 per 30 days)
JATENZO ORAL CAPSULE 237 MG	3	PA; MO; M; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
javygtor	1	PA; MO; M
JYNARQUE	3	PA; LA; M
KANUMA	2	PA; MO; M
KORLYM	3	PA; M
KUVAN	3	PA; MO; M
LUMIZYME	2	PA; MO; M
MEPSEVII	2	PA; MO; M
METHITEST	3	MO; M
methyltestosterone oral capsule	1	MO; M
miglustat	1	PA; MO; LA; M
MYALEPT	2	PA; MO; LA; M
NAGLAZYME	2	PA; MO; LA; M
NATESTO	3	PA; MO; M; QL (21.96 per 30 days)
NATPARA	2	PA; LA; M
NEXVIAZYME	3	PA; MO; M
NOCDURNA (MEN)	3	PA; MO; M; QL (30 per 30 days)
NOCDURNA (WOMEN)	3	PA; MO; M; QL (30 per 30 days)
OPFOLDA	3	M
ORILISSA ORAL TABLET 150 MG	3	MO; M
ORILISSA ORAL TABLET 200 MG	3	MO
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	3	PA; MO; LA; M; 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; M; QL (60 per 30 days)
paricalcitol intravenous	1	M
paricalcitol oral	1	MO; M
POMBILITI	3	M
RAYALDEE	3	MO; M
RECORLEV	3	PA; M
ROCALTROL ORAL CAPSULE	3	MO; M; ENC
ROCALTROL ORAL SOLUTION	3	M; ENC
SAMSCA	3	PA; MO
sapropterin	1	PA; MO; M
SENSIPAR	3	PA; MO; M
SOMAVERT	3	PA; MO; M
STRENSIQ	2	PA; LA; M
SYNAREL	3	PA; MO
TESTIM	3	PA; MO; M; QL (300 per 30 days)
TESTOPEL	3	PA; M

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Drug Name	Drug Tier	Requirements/Limits
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	1	PA; MO; M
testosterone cypionate intramuscular oil 200 mg/ml (1 ml)	1	PA; M
testosterone enanthate	1	PA; MO; M
testosterone transdermal gel	1	PA; MO; M; QL (30 per 30 days)
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	1	PA; MO; M; QL (120 per 30 days)
TESTOSTERONE TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	3	PA; MO; M; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	1	PA; MO; M; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	1	PA; MO; M; QL (300 per 30 days)
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)	1	PA; MO; M; QL (37.5 per 30 days)
testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)	1	PA; MO; M; QL (150 per 30 days)
testosterone transdermal solution in metered pump w/app	1	PA; MO; M; QL (180 per 30 days)
TLANDO	3	PA; MO; M; QL (120 per 30 days)
tolvaptan oral tablet 15 mg	1	PA; MO; M
tolvaptan oral tablet 30 mg	1	PA; MO
VIMIZIM	2	PA; MO; LA; M
VOGELXO TRANSDERMAL GEL	3	PA; MO; M; QL (300 per 30 days)
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; MO; M; QL (300 per 30 days)
VOGELXO TRANSDERMAL GEL IN PACKET	3	PA; MO; M; QL (30 per 30 days)
VOXZOGO	3	PA; MO; M
VPRIV	3	PA; MO; M

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Drug Name	Drug Tier	Requirements/Limits
XYOSTED	3	PA; MO; M; QL (2 per 28 days)
YARGESA	3	M
ZAVESCA	3	PA; MO; LA; M
ZEMPLAR INTRAVENOUS	3	MO; M
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	MO; M
zoledronic acid intravenous solution	1	MO; M
ZOLEDRONIC AC-MANNITOL-0.9NACL	3	B/D PA; MO; M
THYROID HORMONES		
ADTHYZA	3	MO; M
ARMOUR THYROID	3	MO; M
CYTOMEL	3	MO; M
ERMEZA	3	MO; M
euthyrox	1	MO; M
levo-t	1	M
LEVOTHYROXINE ORAL CAPSULE	3	MO; M
levothyroxine oral tablet	1	M
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; M
liothyronine oral	1	MO; M
niva thyroid	1	M
np thyroid	1	MO; M
SYNTHROID	3	ST; MO; M
THYQUIDITY	3	MO; M
thyroid (pork)	1	M
TIROSINT	3	MO; M
TIROSINT-SOL	3	MO; M
unithroid	1	MO; M
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
chlordiazepoxide-clidinium	1	M
CUVPOSA	3	MO; M
DARTISLA	3	MO; M
dicyclomine oral capsule	1	MO; M
dicyclomine oral solution	1	MO; M
dicyclomine oral tablet	1	MO; M

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Drug Name	Drug Tier	Requirements/Limits
diphenoxylate-atropine	1	MO
GLYCATE	3	MO; M
glycopyrrolate oral solution	1	MO; M
glycopyrrolate oral tablet 1 mg, 2 mg	1	MO; M
glycopyrrolate oral tablet 1.5 mg	1	M
LIBRAX (WITH CLIDINIUM)	3	MO; M
LOMOTIL	3	MO
loperamide oral capsule	1	MO; M
methscopolamine oral tablet 2.5 mg	1	MO
methscopolamine oral tablet 5 mg	1	MO; M
MOTOFEN	3	MO
MYTESI	3	MO
ROBINUL FORTE	3	MO; M
ROBINUL ORAL	3	MO; M
MISCELLANEOUS GASTROINTESTINAL AGENTS		
alosetron	1	PA; MO
AMITIZA	3	ST; MO; M; QL (60 per 30 days)
ANTIVERT ORAL TABLET 50 MG	3	MO
ANTIVERT ORAL TABLET,CHEWABLE	3	MO
ANUSOL-HC TOPICAL	3	MO
ANZEMET ORAL TABLET 50 MG	3	B/D PA; MO
aprepitant	1	B/D PA; MO
APRISO	3	MO; M
AVSOLA	3	PA; MO; M; QL (28 per 28 days)
AZULFIDINE	3	MO; M
AZULFIDINE EN-TABS	3	MO; M
balsalazide	1	MO
betaine	1	MO; M
BONJESTA	3	MO
budesonide oral	1	MO
budesonide rectal	1	MO
BYLVAY	3	PA; MO; LA; M
CANASA	3	MO; M
CHENODAL	2	PA; LA
CHOLBAM ORAL CAPSULE 250 MG	2	PA; M

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Drug Name	Drug Tier	Requirements/Limits
CHOLBAM ORAL CAPSULE 50 MG	2	PA; M; QL (120 per 30 days)
CIMZIA	3	PA; MO; M; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST	3	PA; MO; M; QL (2 per 28 days)
CIMZIA STARTER KIT	3	PA; MO; M; QL (180 per 180 days)
CLENPIQ	3	ST; MO
COLAZAL	3	MO
compro	1	MO
constulose	1	MO; M
CORTIFOAM	2	MO
CREON	2	MO; M
cromolyn oral	1	MO; M
CYSTADANE	3	M
DELZICOL	3	MO; M
DICLEGIS	3	MO
DIPENTUM	3	MO; M
doxylamine-pyridoxine (vit b6)	1	MO
dronabinol	1	B/D PA; MO
EMEND ORAL CAPSULE 80 MG	3	B/D PA; MO
EMEND ORAL CAPSULE,DOSE PACK	3	B/D PA; MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	B/D PA
ENTYVIO	2	PA; MO; M; QL (28 per 28 days)
ENTYVIO PEN	3	M
enulose	1	MO; M
GASTROCROM	3	MO; M
GATTEX 30-VIAL	3	PA; MO; M
GATTEX ONE-VIAL	3	PA; MO; M
gavilyte-c	1	MO
gavilyte-g	1	MO
generlac	1	MO; M
GIMOTI	3	
GOLYTELY	3	ST; MO
granisetron hcl oral	1	B/D PA; MO
hydrocortisone rectal	1	MO
hydrocortisone topical cream with perineal applicator 2.5 %	1	MO
hydrocortisone-pramoxine rectal cream 1-1 %	1	MO
IBSRELA	3	ST; MO; M; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
INFLECTRA	3	PA; MO; M; QL (20 per 28 days)
INFLIXIMAB	3	PA; M; QL (28 per 28 days)
KRISTALOSE	3	MO; M
lactulose oral packet	1	MO; M
lactulose oral solution 10 gram/15 ml	1	MO; M
lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml	1	M
LIALDA	3	MO; M
LINZESS	2	MO; M; QL (30 per 30 days)
LIVMARLI	3	PA; LA; M
LOTRONEX	3	PA; MO
lubiprostone	1	MO; M; QL (60 per 30 days)
MARINOL	3	B/D PA; MO
meclizine oral tablet 12.5 mg, 25 mg	1	MO
mesalamine oral capsule (with del rel tablets)	1	MO; M
mesalamine oral capsule, extended release	1	M
mesalamine oral capsule,extended release 24hr	1	MO; M
mesalamine oral tablet,delayed release (dr/ec)	1	MO; M
mesalamine rectal	1	MO; M
mesalamine with cleansing wipe	1	MO; M
metoclopramide hcl oral solution	1	MO
metoclopramide hcl oral tablet	1	MO
metoclopramide hcl oral tablet,disintegrating 5 mg	1	MO
MOTEGRITY	3	ST; MO; M; QL (30 per 30 days)
MOVANTIK	2	MO; QL (30 per 30 days)
MOVIPREP	3	ST; MO
OCALIVA	3	PA; MO; LA; M; QL (30 per 30 days)
ondansetron	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
ondansetron hcl oral solution	1	B/D PA; MO
ondansetron hcl oral tablet 4 mg, 8 mg	1	B/D PA; MO
OSMOPREP	3	ST; 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; M
peg 3350-electrolytes	1	MO
peg3350-sod sul-nacl-kcl-asb-c	1	MO
peg-electrolyte	1	MO
PENTASA	3	MO; M
PERTZYE	3	ST; MO; M
PLENVU	3	ST; MO
prochlorperazine	1	MO
prochlorperazine maleate oral	1	MO
procto-med hc	1	MO
proctosol hc topical	1	MO
proctozone-hc	1	MO
RECTIV	2	MO
REGLAN ORAL	3	MO
RELISTOR ORAL	3	MO; QL (90 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION	3	MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	3	MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	3	MO; QL (12 per 30 days)
RELTONE	3	M
REMICADE	2	PA; MO; M; QL (20 per 28 days)
RENFLEXIS	3	PA; MO; M; QL (28 per 28 days)
ROWASA RECTAL ENEMA KIT	3	MO; M
SANCUSO	2	MO
scopolamine base	1	MO
SFROWASA	3	MO; M

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Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	2	PA; MO; M; QL (1.2 per 56 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	2	PA; MO; M; QL (2.4 per 56 days)
sodium,potassium,mag sulfates	1	MO
SUCRAID	2	PA; M
sulfasalazine	1	MO; M
SUPREP BOWEL PREP KIT	3	ST; MO
SUTAB	3	ST; MO
SYMPROIC	3	MO; QL (30 per 30 days)
SYNDROS	3	B/D PA; MO
TRANSDERM-SCOP	3	MO
TRULANCE	2	MO; M; QL (30 per 30 days)
UCERIS	3	MO
URSO 250	3	MO; M
URSO FORTE	3	MO; M
ursodiol oral capsule 200 mg, 400 mg	1	M
ursodiol oral capsule 300 mg	1	MO; M
ursodiol oral tablet	1	MO; M
VARUBI	2	B/D PA
VIBERZI	2	MO; M; QL (60 per 30 days)
VIOKACE	2	MO; M
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT	2	MO; M
ULCER THERAPY		
ACIPHEX	3	MO; M; 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	3	MO; M
cimetidine	1	MO; M
CYTOTEC	3	MO; M
DEXILANT	3	MO; M; QL (30 per 30 days)
dexlansoprazole	1	MO; M; QL (30 per 30 days)
esomeprazole magnesium oral capsule,delayed release(drlec) 20 mg	1	MO; M; QL (30 per 30 days)
esomeprazole magnesium oral capsule,delayed release(drlec) 40 mg	1	MO; M; QL (60 per 30 days)
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg	1	MO; M; QL (30 per 30 days)
esomeprazole magnesium oral granules dr for susp in packet 40 mg	1	MO; M; QL (60 per 30 days)
famotidine oral suspension	1	MO; M
famotidine oral tablet 20 mg, 40 mg	1	MO; M
KONVOMEP	3	M; QL (600 per 30 days)
lansoprazole oral capsule,delayed release(drlec) 15 mg	1	MO; M; QL (30 per 30 days)
lansoprazole oral capsule,delayed release(drlec) 30 mg	1	MO; M; QL (60 per 30 days)
lansoprazole oral tablet,disintegrat, delay rel 15 mg	1	MO; M; QL (30 per 30 days)
lansoprazole oral tablet,disintegrat, delay rel 30 mg	1	MO; M; QL (60 per 30 days)
misoprostol	1	MO; M
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	3	MO; M; QL (30 per 30 days)
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG	3	MO; M; QL (60 per 30 days)
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	3	MO; M; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	3	MO; M; QL (60 per 30 days)
nizatidine oral capsule	1	MO; M
OMECLAMOX-PAK	3	MO; QL (80 per 180 days)
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg	1	MO; M; QL (30 per 30 days)
omeprazole oral capsule,delayed release(dr/ec) 40 mg	1	MO; M; QL (60 per 30 days)
omeprazole-sodium bicarbonate	1	MO; M; QL (30 per 30 days)
pantoprazole oral granules dr for susp in packet	1	MO; M; QL (60 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1	MO; M; QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1	MO; M; QL (60 per 30 days)
PEPCID ORAL TABLET	3	MO; M
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG	3	MO; M; QL (60 per 30 days)
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 15 MG	3	MO; M; QL (30 per 30 days)
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 30 MG	3	MO; M; QL (60 per 30 days)
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG	3	MO; M; QL (120 per 30 days)
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 2.5 MG	3	MO; M; QL (480 per 30 days)
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	3	MO; M; QL (60 per 30 days)
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG	3	MO; M; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 40 MG	3	MO; M; QL (60 per 30 days)
PYLERA	3	MO; QL (120 per 180 days)
rabeprazole oral tablet,delayed release (dr/ec)	1	MO; M; QL (60 per 30 days)
sucralfate	1	MO; M
TALICIA	3	MO; QL (168 per 180 days)
ZEGERID	3	MO; M; QL (30 per 30 days)
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	2	B/D PA; MO; M
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	3	PA; MO; M
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	3	PA; MO; M
ARCALYST	2	PA; M
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	2	PA; MO; M; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	2	PA; MO; M; QL (1 per 28 days)
BESREMI	3	PA; LA; M
BETASERON SUBCUTANEOUS KIT	2	PA; MO; M; QL (14 per 28 days)
EGRIFTA SV	3	PA; MO; M

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Drug Name	Drug Tier	Requirements/Limits
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO; M
EXTAVIA SUBCUTANEOUS KIT	3	PA; MO; M; QL (15 per 28 days)
EXTAVIA SUBCUTANEOUS RECON SOLN	3	PA; M; QL (28 per 28 days)
FULPHILA	3	PA; MO
FYLNETRA	3	PA
GENOTROPIN	3	PA; MO; M
GENOTROPIN MINIQUICK	3	PA; MO; M
GRANIX	3	PA; MO
HUMATROPE INJECTION CARTRIDGE	3	PA; MO; M
ILARIS (PF)	2	PA; MO; LA; M; QL (28 per 28 days)
LEUKINE INJECTION RECON SOLN	2	PA; MO
NEULASTA	3	PA; MO
NEULASTA ONPRO	3	PA; MO
NEUPOGEN	3	PA; MO
NGENLA	3	M
NIVESTYM	2	PA; MO
NORDITROPIN FLEXPRO	3	PA; MO; M
NUTROPIN AQ NUSPIN	3	PA; MO; M
NYVEPRIA	2	PA; MO
OMNITROPE	2	PA; MO; M
PEGASYS SUBCUTANEOUS SOLUTION	2	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	2	MO; QL (2 per 28 days)
PLEGRIDY INTRAMUSCULAR	2	PA; MO; M; QL (28 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	2	PA; MO; M; 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; M; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
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; M
REBIF (WITH ALBUMIN)	3	PA; MO; M; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	3	PA; MO; M; 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)
REBLOZYL	3	PA; M
RELEUKO	3	PA; MO
RETACRIT	2	PA; MO; M
SAIZEN	3	PA; MO; M
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	3	PA; MO; M
SKYTROFA	3	PA; MO; M
SOGROYA	3	PA; MO; M
UDENYCA	3	PA; MO
UDENYCA AUTOINJECTOR	3	PA; MO
ZARXIO	2	PA; MO
ZIEXTENZO	2	PA; MO
ZOMACTON	3	PA; MO; M
ZORBTIVE	3	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	2	MO
ADACEL(TDAP ADOLESN/ADULT)(PF)	1	MO; V
ASCENIV	3	PA; MO; M
BCG VACCINE, LIVE (PF)	1	MO; V
BEXSERO	1	MO; V
BIVIGAM	3	PA; MO; M
BOOSTRIX TDAP	1	MO; V
CUTAQUIG	3	B/D PA; MO; M
CUVITRU	3	B/D PA; MO; M
DAPTACEL (DTAP PEDIATRIC) (PF)	2	MO
DYSPORT	3	PA; MO
ENGERIX-B (PF)	1	B/D PA; MO; V

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Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B PEDIATRIC (PF)	1	B/D PA; MO; V
FLEBOGAMMA DIF	3	PA; M
GAMMAGARD LIQUID	3	PA; MO; M
GAMMAGARD S-D (IGA < 1 MCG/ML)	3	PA; MO; M
GAMMAKED	3	PA; MO; M
GAMMAPLEX	3	PA; MO; M
GAMMAPLEX (WITH SORBITOL)	3	PA; MO; M
GAMUNEX-C	3	PA; MO; M
GARDASIL 9 (PF)	1	MO; V
GRASTEK	3	MO; M
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	MO; V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	2	MO
HEPLISAV-B (PF)	1	B/D PA; MO; V
HIBERIX (PF)	2	MO
HIZENTRA	2	B/D PA; MO; M
HYQVIA	3	B/D PA; MO; M
IMOVAX RABIES VACCINE (PF)	1	V
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	2	MO
IPOL	1	V
IXIARO (PF)	1	V
JYNNEOS (PF)(STOCKPILE)	1	B/D PA; V
KINRIX (PF) INTRAMUSCULAR SYRINGE	2	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	1	MO; V
MENQUADFI (PF)	1	MO; V
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	1	MO; V
M-M-R II (PF)	1	MO; V
OCTAGAM	3	PA; MO; M
ODACTRA	3	PA; MO; M
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	3	M
PALFORZIA (LEVEL 1)	3	PA; M
PALFORZIA (LEVEL 2)	3	PA; M

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Drug Name	Drug Tier	Requirements/Limits
PALFORZIA (LEVEL 3)	3	PA; M
PALFORZIA (LEVEL 4)	3	PA; M
PALFORZIA (LEVEL 5)	3	PA; M
PALFORZIA (LEVEL 6)	3	PA; M
PALFORZIA (LEVEL 7)	3	PA; M
PALFORZIA (LEVEL 8)	3	PA; M
PALFORZIA (LEVEL 9)	3	PA; M
PALFORZIA (LEVEL 10)	3	PA; M
PALFORZIA (LEVEL 11 UP-DOSE)	3	PA; M
PALFORZIA LEVEL 11 MAINTENANCE	3	PA; M
PANZYGA INTRAVENOUS SOLUTION 10 %	3	PA; MO; M
PANZYGA INTRAVENOUS SOLUTION 10 % (100 ML), 10 % (200 ML), 10 % (25 ML), 10 % (300 ML), 10 % (50 ML)	3	PA; M
PEDIARIX (PF)	2	MO

Drug Name	Drug Tier	Requirements/Limits
PEDVAX HIB (PF)	2	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	2	
PREHEVBRIO (PF)	1	B/D PA; MO; V
PRIORIX (PF)	1	V
PRIVIGEN	2	PA; MO; M
PROQUAD (PF)	2	
QUADRACEL (PF)	2	
RABAVERT (PF)	1	MO; V
RAGWITEK	3	MO; M
RECOMBIVAX HB (PF)	1	B/D PA; MO; V
ROTARIX	2	
ROTATEQ VACCINE	2	MO
SHINGRIX (PF)	1	MO; V; QL (2 per 720 days)
TDVAX	1	MO; V
TENIVAC (PF)	1	MO; V
TETANUS,DIPHTHERIA TOX PED(PF)	2	MO
TICOVAC	2	MO
TRUMENBA	1	MO; V
TWINRIX (PF)	1	MO; V

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Drug Name	Drug Tier	Requirements/Limits
TYPHIM VI INTRAMUSCULAR SOLUTION	1	V
TYPHIM VI INTRAMUSCULAR SYRINGE	1	MO; V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	2	MO
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	MO; V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	2	MO
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	1	MO; V
VARIVAX (PF)	1	V
XEMBIFY	3	B/D PA; MO; LA; M
YF-VAX (PF)	1	V

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		
1ST TIER UNIFINE PENTIPS	3	ST
1ST TIER UNIFINE PENTIPS PLUS	3	ST
ADVOCATE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32"	3	ST; MO
ADVOCATE SYRINGES SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	3	ST; MO
ASSURE ID PEN NEEDLE	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
BD AUTOSHIELD DUO PEN NEEDLE	2	MO
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2"	2	MO
BD INSULIN SYRINGE (HALF UNIT)	2	MO
BD INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	2	
BD INSULIN SYRINGE U-500	2	MO
BD INSULIN ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2"	2	MO
BD LO-DOSE MICRO-FINE IV	2	MO
BD NANO 2ND GEN PEN NEEDLE	2	MO
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	2	MO
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2"	2	
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8"	2	MO
BD ULTRA-FINE MICRO PEN NEEDLE	2	MO
BD ULTRA-FINE MINI PEN NEEDLE	2	MO
BD ULTRA-FINE NANO PEN NEEDLE	2	MO

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Drug Name	Drug Tier	Requirements/Limits
BD ULTRA-FINE ORIG PEN NEEDLE	2	MO
BD ULTRA-FINE SHORT PEN NEEDLE	2	MO
BD VEO INSULIN SYR (HALF UNIT)	2	MO
BD VEO INSULIN SYRINGE UF	2	MO
CAREFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	3	ST
CAREFINE PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	3	ST; MO
CARETOUCH INSULIN SYRINGE	3	ST
CARETOUCH PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	3	ST
CARETOUCH PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	3	ST; MO
CEQUR SIMPLICITY	2	MO
CEQUR SIMPLICITY INSERTER	2	MO
CLICKFINE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	3	ST
CLICKFINE PEN NEEDLE 32 GAUGE X 5/32"	3	ST; MO
COMFORT EZ INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	3	ST

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Drug Name	Drug Tier	Requirements/Limits
COMFORT EZ INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	3	ST; MO
COMFORT EZ PEN NEEDLES	3	ST; MO
COMFORT TOUCH PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 31 GAUGE X 5/32", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	3	ST
COMFORT TOUCH PEN NEEDLE NEEDLE 32 GAUGE X 1/4"	3	ST; MO
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5ML 30 GAUGE X 15/64"	3	ST
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 31 GAUGE X 5/16"	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64"	3	ST
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	3	ST; MO
DROPLET MICRON PEN NEEDLE	3	ST; MO
DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	3	ST; MO
DROPLET PEN NEEDLE 30 GAUGE X 5/16"	3	ST
DROPSAFE INSULIN SYRINGE	3	ST
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	3	ST; MO
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	3	ST

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Drug Name	Drug Tier	Requirements/Limits
EASY COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"	3	ST
EASY COMFORT PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	3	ST; MO
EASY COMFORT PEN NEEDLE 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	3	ST
EASY GLIDE INSULIN SYRINGE	3	ST
EASY GLIDE PEN NEEDLE	3	ST
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	3	ST
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16"	3	ST; MO
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2"	3	ST
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2"	3	ST; MO
EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1/2 ML 27 GAUGE X 1/2"	3	ST

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Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	3	ST; MO
EASY TOUCH LUER LOCK INSULIN	3	ST; MO
EASY TOUCH NEEDLE	3	ST; MO
EASY TOUCH PEN NEEDLE	3	ST; MO
EASY TOUCH SAFETY PEN NEEDLE 29 GAUGE X 3/16"	3	ST; MO
EASY TOUCH SAFETY PEN NEEDLE 29 GAUGE X 5/16", 30 GAUGE X 1/4", 30 GAUGE X 3/16", 30 GAUGE X 5/16"	3	ST
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	3	ST
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"	3	ST; MO
EASY TOUCH UNI-SLIP SYRINGE 1 ML	3	ST
EMBRACE PEN NEEDLE	3	ST
FREESTYLE PRECISION SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
FREESTYLE PRECISION SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	3	ST
GAUZE PADS 2 X 2	2	
HEALTHWISE INSULIN SYRINGE	3	ST
HEALTHWISE PEN NEEDLE	3	ST
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	3	ST
INCONTROL PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	3	ST; MO
INCONTROL PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16"	3	ST
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	
INSULIN PEN NEEDLE	2	MO; M
INSULIN PEN NEEDLE NEEDLE 29 GAUGE X 15/32", 31 GAUGE X 13/64", 31 GAUGE X 15/64", 31 GAUGE X 5/32", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	3	ST

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Drug Name	Drug Tier	Requirements/Limits
INSULIN MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8"	2	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1/2 ML	2	M
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	3	ST; MO
INSULIN SYRINGE (DISP) U-100 1 ML	2	MO; M
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 27 GAUGE X 1/2"	3	ST
INSUPEN PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16"	3	ST
INSUPEN PEN NEEDLE NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 5/32"	3	ST; MO

Drug Name	Drug Tier	Requirements/Limits
LITE TOUCH INSULIN PEN NEEDLES	3	ST; MO
LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1/2 ML 28 GAUGE X 1/2"	3	ST
LITE TOUCH INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
MAGELLAN INSULIN SAFETY SYRNG	3	ST; MO
MAGELLAN SYRINGE 0.3 ML 30 X 5/16"	3	ST; MO
MAGELLAN SYRINGE 0.5 ML 30 GAUGE X 5/16"	3	ST
MAXICOMFORT II PEN NEEDLE	3	ST
MAXICOMFORT INSULIN SYRINGE	3	ST
MAXI-COMFORT INSULIN SYRINGE	3	ST; MO
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16"	3	ST
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 5/16"	3	ST; MO
MICRODOT INSULIN PEN NEEDLE	3	ST
MINI ULTRA-THIN II	3	ST; MO
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 29 GAUGE X 1/2"	3	ST; MO
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 30 GAUGE X 5/16"	3	ST

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Drug Name	Drug Tier	Requirements/Limits
MONOJECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 25 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	3	ST; MO
MONOJECT INSULIN SYRINGE SYRINGE 1 ML , 1 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	3	ST
MONOJECT SYRINGE 1/2 ML 28 GAUGE	3	ST
MONOJECT ULTRA COMFORT INSULIN	3	ST; MO
NEEDLES, INSULIN DISP.,SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	3	ST
NEEDLES, INSULIN DISP.,SAFETY SYRINGE 0.5 ML 31 GAUGE X 15/64"	3	ST; MO
NEEDLES, INSULIN DISP.,SAFETY	2	MO; M
NOVOFINE 32	3	ST; MO
NOVOFINE AUTOCOVER	3	ST; MO
NOVOFINE PLUS	3	ST; MO
OMNIPOD 5 G6 INTRO KIT (GEN 5)	2	MO; QL (1 per 720 days)
OMNIPOD 5 G6 PODS (GEN 5)	2	MO
OMNIPOD CLASSIC PODS (GEN 3)	2	MO
OMNIPOD DASH INTRO KIT (GEN 4)	2	MO; QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4)	2	MO

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Drug Name	Drug Tier	Requirements/Limits
PEN NEEDLE, DIABETIC, SAFETY	3	ST
PENTIPS	3	ST
PIP PEN NEEDLE	3	ST; MO
PREVENT DROPSAFE PEN NEEDLE	3	ST
PRO COMFORT INSULIN SYRINGE	3	ST
PRO COMFORT PEN NEEDLE	3	ST
PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	3	ST
PRODIGY INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2"	3	ST; MO
PURE COMFORT PEN NEEDLE	3	ST
PURE COMFORT SAFETY PEN NEEDLE	3	ST
SAFESNAP INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	3	ST; MO
SAFESNAP INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"	3	ST
SAFETY PEN NEEDLE	3	ST
SECURESAFE INSULIN SYRINGE	3	ST
SECURESAFE PEN NEEDLE	3	ST
SKY SAFETY PEN NEEDLE	3	ST
SURE COMFORT INS. SYR. U-100	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	3	ST; MO
SURE COMFORT INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4"	3	ST
SURE COMFORT PEN NEEDLE	3	ST; MO
SURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4"	3	ST
SURE COMFORT SAFETY PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	3	ST; MO
SURE-FINE PEN NEEDLES	3	ST; MO
SURE-JECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	3	ST
SURE-JECT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2"	3	ST
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	3	ST; MO
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16"	3	ST
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"	3	ST; MO
TECHLITE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	3	ST; MO
TECHLITE PEN NEEDLE 29 GAUGE X 3/8"	3	ST
TERUMO INSULIN SYRINGE 0.3 ML 30 X 3/8", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	3	ST
TERUMO INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	3	ST; MO
thinpro insulin syringe 0.3 ml 29 gauge x 1/2", 0.5 ml 29 gauge x 1/2", 1 ml 29 gauge x 1/2"	1	ST

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Drug Name	Drug Tier	Requirements/Limits
THINPRO INSULIN SYRINGE 0.3 ML 30 X 3/8", 1 ML 30 GAUGE X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	3	ST
THINPRO INSULIN SYRINGE 0.3 ML 31 X 3/8", 0.5 ML 31 X 3/8", 1 ML 28 GAUGE X 1/2", 1 ML 31 X 3/8"	3	ST; MO
TOPCARE CLICKFINE	3	ST
TOPCARE ULTRA COMFORT	3	ST
TRUE COMFORT INSULIN SYRINGE	3	ST
TRUE COMFORT PEN NEEDLE	3	ST
TRUE COMFORT PRO INS SYRINGE	3	ST
TRUE COMFORT SAFETY PEN NEEDLE	3	ST
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	3	ST
TRUEPLUS INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	3	ST; MO
TRUEPLUS PEN NEEDLE	3	ST; MO
ULTICARE INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4"	3	ST; MO
ULTICARE INSULIN SYRINGE 1/2 ML 31 GAUGE X 1/4"	3	ST

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Drug Name	Drug Tier	Requirements/Limits
ULTICARE INSULN SYR(HALF UNIT)	3	ST; MO
ULTICARE PEN NEEDLE	3	ST; MO
ULTICARE SAFETY PEN NEEDLE	3	ST
ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	3	ST; MO
ULTICARE SYRINGE 0.3 ML 31 GAUGE X 5/16"	3	ST
ULTIGUARD SAFEPACK-INSULIN SYR	3	ST
ULTIGUARD SAFEPACK-PEN NEEDLE	3	ST
ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	3	ST
ULTILET PEN NEEDLE 29 GAUGE	3	ST
ULTILET PEN NEEDLE 32 GAUGE X 5/32"	3	ST; MO
ULTRA CMFT INS SYR (HALF UNIT)	3	ST
ULTRA COMFORT INSULIN SYRINGE	3	ST
ULTRA FLO INSUL SYR(HALF UNIT)	3	ST

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Drug Name	Drug Tier	Requirements/Limits
ULTRA FLO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2"	3	ST
ULTRA FLO INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16"	3	ST; MO
ULTRA FLO PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 5/16", 33 GAUGE X 5/32"	3	ST
ULTRA FLO PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32"	3	ST; MO
ULTRA THIN PEN NEEDLE	3	ST
ULTRACARE INSULIN SYRINGE	3	ST
ULTRACARE PEN NEEDLE	3	ST; MO
ULTRA-THIN II (SHORT) INS SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	3	ST; MO
ULTRA-THIN II (SHORT) INS SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	3	ST
ULTRA-THIN II (SHORT) PEN NDL	3	ST; MO
ULTRA-THIN II INS PEN NEEDLES	3	ST; MO
ULTRA-THIN II INSULIN SYRINGE	3	ST; MO
UNIFINE PENTIPS MAXFLOW	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	3	ST; MO
UNIFINE PENTIPS PLUS	3	ST; MO
UNIFINE PENTIPS PLUS MAXFLOW	3	ST
UNIFINE SAFECONTROL	3	ST
UNIFINE ULTRA PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	3	ST
UNIFINE ULTRA PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	3	ST; MO
VANISHPOINT INSULIN SYRINGE	3	ST
VANISHPOINT SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	3	ST; MO
VERIFINE INSULIN SYRINGE	3	ST
VERIFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	3	ST
V-GO 20	2	MO
V-GO 30	2	MO
V-GO 40	2	MO
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
allopurinol oral tablet 100 mg, 300 mg	1	MO; M
ALLOPURINOL ORAL TABLET 200 MG	3	M

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Drug Name	Drug Tier	Requirements/Limits
COLCHICINE ORAL CAPSULE	3	ST; MO; M
colchicine oral tablet	1	MO; M
COLCRYS	3	ST; MO; M
febuxostat	1	MO; M
KRYSTEXXA	3	PA; MO; M
MITIGARE	3	ST; MO; M
probenecid	1	MO; M
probenecid-colchicine	1	MO; M
ULORIC	3	MO; M
ZYLOPRIM	3	MO; M
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG	3	ST; MO; M; QL (1 per 30 days)
ACTONEL ORAL TABLET 35 MG	3	ST; MO; M; QL (4 per 28 days)
alendronate oral solution	1	MO; M; QL (300 per 28 days)
alendronate oral tablet 10 mg	1	MO; M; QL (30 per 30 days)
alendronate oral tablet 35 mg, 70 mg	1	MO; M; QL (4 per 28 days)
ATELVIA	3	ST; MO; M; QL (4 per 28 days)
BINOSTO	3	ST; MO; M; QL (4 per 28 days)
EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML (105MG/1.17MLX2)	3	PA; MO; QL (2.34 per 30 days)
EVISTA	3	MO; M
FORTEO	3	PA; MO; M; QL (2.4 per 28 days)
FOSAMAX ORAL TABLET 70 MG	3	ST; MO; M; QL (4 per 28 days)
FOSAMAX PLUS D	3	ST; MO; M; QL (4 per 28 days)
ibandronate intravenous	1	PA; MO; M
ibandronate oral	1	MO; M; QL (1 per 30 days)
PROLIA	3	PA; MO; M; QL (1 per 180 days)
raloxifene	1	MO; M
risedronate oral tablet 150 mg	1	MO; M; QL (1 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	1	MO; M; QL (4 per 28 days)
risedronate oral tablet 5 mg	1	MO; M; QL (30 per 30 days)
risedronate oral tablet,delayed release (dr/ec)	1	MO; M; QL (4 per 28 days)
TERIPARATIDE	2	PA; MO; M; QL (2.48 per 28 days)
TYMLOS	3	PA; MO; M; QL (1.56 per 30 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN	3	PA; MO; M; QL (3.6 per 28 days)
ACTEMRA INTRAVENOUS	3	PA; MO; M; QL (28 per 28 days)
ACTEMRA SUBCUTANEOUS	3	PA; MO; M; QL (3.6 per 28 days)
ADALIMUMAB-ADAZ	2	PA; MO; M; QL (28 per 28 days)
ADALIMUMAB-ADBM	3	M
ADALIMUMAB-ADBM(CF) PEN CROHNS	3	M
ADALIMUMAB-ADBM(CF) PEN PS-UV	3	M
ADALIMUMAB-FKJP SUBCUTANEOUS PEN INJECTOR KIT	3	PA; M; QL (6 per 28 days)
ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML	3	PA; M; QL (2 per 28 days)
ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	3	PA; M; QL (6 per 28 days)
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	3	PA; MO; M; QL (4.8 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML	3	PA; MO; M; QL (0.4 per 28 days)
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 20 MG/0.4 ML	3	PA; MO; M; QL (0.8 per 28 days)
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	3	PA; MO; M; QL (4.8 per 28 days)
ARAVA	3	MO; M; QL (30 per 30 days)
BENLYSTA	2	PA; MO; M
CUPRIMINE	3	PA; MO; M
CYLTEZO(CF) PEN	2	PA; MO; M; QL (4 per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS	2	PA; M; QL (6 per 180 days)
CYLTEZO(CF) PEN PSORIASIS-UV	2	PA; M; QL (4 per 180 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	2	PA; MO; M; QL (2 per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	PA; MO; M; QL (4 per 28 days)
DEPEN TITRATABS	3	PA; MO; M
ENBREL MINI	2	PA; MO; M; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	2	PA; MO; M; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	2	PA; MO; M; QL (8 per 28 days)
ENBREL SURECLICK	2	PA; MO; M; QL (8 per 28 days)
HADLIMA	3	PA; M; QL (28 per 28 days)
HADLIMA PUSHTOUCH	3	PA; M; QL (28 per 28 days)
HADLIMA(CF)	3	PA; M; QL (2.4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
HADLIMA(CF) PUSHTOUCH	3	PA; M; QL (2.4 per 28 days)
HULIO(CF) PEN	3	PA; MO; M; QL (6 per 28 days)
HULIO(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML	3	PA; MO; M; QL (2 per 28 days)
HULIO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	3	PA; MO; M; QL (6 per 28 days)
HUMIRA PEN	2	PA; MO; M; QL (4 per 28 days)
HUMIRA PEN CROHNS-UC-HS START	2	PA; MO; QL (6 per 180 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS	2	PA; MO; QL (4 per 180 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	PA; MO; M; QL (4 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	2	PA; MO; M; QL (3 per 180 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	2	PA; MO; QL (2 per 180 days)
HUMIRA(CF) PEN CROHNS-UC-HS	2	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEN PEDIATRIC UC	2	PA; MO; QL (4 per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	2	PA; MO; QL (3 per 180 days)
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	PA; MO; M; QL (4 per 28 days)
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	PA; MO; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	2	PA; MO; M; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	2	PA; MO; M; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ PEN CROHN'S-UC STARTER	2	PA; MO; M; QL (2.4 per 180 days)
HYRIMOZ PEN PSORIASIS STARTER	2	PA; MO; QL (1.6 per 180 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	2	PA; MO; M; QL (180 per 180 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML- 40 MG/0.4 ML	2	PA; MO; QL (1.2 per 180 days)
HYRIMOZ(CF) PEN	2	PA; MO; M; QL (1.6 per 28 days)
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML	2	PA; MO; M; QL (0.2 per 28 days)
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML	2	PA; MO; M; QL (0.4 per 28 days)
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	2	PA; MO; M; QL (1.6 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
KEVZARA	3	PA; MO; M; QL (2.28 per 28 days)
KINERET	3	PA; M; QL (20.1 per 30 days)
leflunomide	1	MO; M; QL (30 per 30 days)
OLUMIANT	3	PA; MO; M; QL (30 per 30 days)
ORENCIA (WITH MALTOSE)	2	PA; MO; M; QL (28 per 28 days)
ORENCIA CLICKJECT	2	PA; MO; M; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	2	PA; MO; M; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	2	PA; MO; M; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	2	PA; MO; M; QL (2.8 per 28 days)
OTEZLA	2	PA; MO; M; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	2	PA; MO; QL (55 per 180 days)
OTREXUP (PF)	3	MO; M
penicillamine	1	PA; MO; M
RASUVO (PF)	3	MO; M
REDITREX (PF)	3	MO; M
RIDAURA	3	MO; M
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	2	PA; MO; M; QL (30 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	2	PA; MO; M; QL (84 per 180 days)
SAVELLA ORAL TABLET	2	MO; M; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	2	MO; QL (55 per 180 days)
SIMPONI ARIA	3	PA; MO; M; QL (28 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	3	PA; MO; M; QL (3 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	3	PA; MO; M; QL (0.5 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	3	PA; MO; M; QL (3 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	3	PA; MO; M; QL (0.5 per 28 days)
XELJANZ ORAL SOLUTION	2	PA; MO; M; QL (300 per 30 days)
XELJANZ ORAL TABLET	2	PA; MO; M; QL (60 per 30 days)
XELJANZ XR	2	PA; MO; M; QL (30 per 30 days)
YUFLYMA(CF)	3	PA; M; QL (28 per 28 days)
YUFLYMA(CF) AUTOINJECTOR	3	PA; M; QL (28 per 28 days)
YUSIMRY(CF) PEN	3	PA; M; QL (4.8 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
ACTIVELLA	3	PA; MO; M
amabelz	1	PA; MO; M
ANGELIQ	3	PA; MO; M
AYGESTIN	3	MO; M
BIJUVA	3	PA; MO; M
camila	1	MO; M; ENC
CLIMARA	3	PA; MO; M; QL (4 per 28 days)
CLIMARA PRO	3	PA; MO; M
COMBIPATCH	3	PA; MO; M
CRINONE VAGINAL GEL 4 %	3	MO
CRINONE VAGINAL GEL 8 %	3	PA; MO
deblitane	1	MO; M; ENC
DELESTROGEN	3	MO; M
DEPO-ESTRADIOL	3	MO; M
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	MO; M
DEPO-PROVERA INTRAMUSCULAR SYRINGE	3	MO; M
DEPO-SUBQ PROVERA 104	3	MO; M
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %)	3	PA; MO; M; QL (30 per 30 days)
DIVIGEL TRANSDERMAL GEL IN PACKET 1.25 MG/1.25 GRAM (0.1 %)	3	PA; MO; M; QL (37.5 per 30 days)
dotti	1	PA; MO; M; QL (8 per 28 days)
DUAVEE	2	MO; M
ELESTRIN	3	PA; MO; M; QL (70 per 30 days)
errin	1	MO; M; ENC
ESTRACE ORAL	3	PA; MO; M

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Drug Name	Drug Tier	Requirements/Limits
ESTRACE VAGINAL	3	ST; MO; M
estradiol oral	1	PA; MO; M
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	PA; MO; M; QL (30 per 30 days)
estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)	1	PA; MO; M; QL (37.5 per 30 days)
estradiol transdermal patch semiweekly	1	PA; MO; M; QL (8 per 28 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr	1	PA; M; QL (4 per 28 days)
estradiol transdermal patch weekly 0.05 mg/24 hr, 0.1 mg/24 hr	1	PA; MO; M; QL (4 per 28 days)
estradiol vaginal	1	MO; M
estradiol valerate	1	MO; M
estradiol-norethindrone acet	1	PA; MO; M
ESTRING	3	MO; M
ESTROGEL	3	MO; M; QL (50 per 30 days)
EVAMIST	3	PA; MO; M; QL (16.2 per 30 days)
FEMRING	3	ST; MO; M
fyavolv	1	PA; MO; M
heather	1	MO; M; ENC
IMVEXXY MAINTENANCE PACK	2	MO; M
IMVEXXY STARTER PACK	2	MO
incassia	1	MO; M; ENC
jencycla	1	MO; M; ENC
jinteli	1	PA; MO; M
lyleq	1	MO; M; ENC
lyllana	1	PA; MO; M; QL (8 per 28 days)
lyza	1	M; ENC
medroxyprogesterone	1	MO; M
MENEST	2	PA; MO; M
MENOSTAR	3	PA; MO; M; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
mimvey	1	PA; MO; M
MINIVELLE	3	PA; MO; M; QL (8 per 28 days)
nora-be	1	MO; M; ENC
norethindrone (contraceptive)	1	M; ENC
norethindrone acetate	1	MO; M
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg	1	PA; M
norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg	1	PA; MO; M
PREFEST	3	PA; MO; M
PREMARIN ORAL	2	MO; M
PREMARIN VAGINAL	2	MO; M
PREMPHASE	2	MO; M
PREMPRO	2	MO; M
progesterone micronized	1	MO; M
PROMETRIUM	3	MO; M
PROVERA	3	MO; M
sharobel	1	MO; M; ENC
VAGIFEM	3	ST; MO; M
VIVELLE-DOT	3	PA; MO; M; QL (8 per 28 days)
yuvafem	1	MO; M
MISCELLANEOUS OB/GYN		
ANNOVERA	3	MO; M; ENC
CLEOCIN VAGINAL	3	MO
clindamycin phosphate vaginal	1	MO
CLINDESSE	3	MO
eluryng	1	MO; M; ENC
enilloring	1	M; ENC
etonogestrel-ethinyl estradiol	1	M; ENC
GYNAZOLE-1	3	MO
haloette	1	MO; M; ENC
INTRAROSA	3	MO
KYLEENA	3	M
LILETTA	3	MO; M
metronidazole vaginal	1	MO
miconazole-3 vaginal suppository	1	MO
MIRENA	3	M
MYFEMBREE	2	PA; MO; M
NEXPLANON	3	

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Drug Name	Drug Tier	Requirements/Limits
NUVARING	3	MO; M; ENC
ORIAHNN	3	PA; MO; M
OSPHENA	3	MO; M
PHEXXI	3	MO
SKYLA	3	M
terconazole	1	MO
tranexamic acid oral	1	MO; M
vandazole	1	MO
VEOZAH	3	MO; M
xulane	1	MO; M; ENC
zafemy	1	MO; M; ENC
ORAL CONTRACEPTIVES / RELATED AGENTS		
afirmelle	1	MO; M; ENC
altavera (28)	1	MO; M; ENC
alyacen 1/35 (28)	1	MO; M; ENC
alyacen 7/7/7 (28)	1	MO; M; ENC
amethia	1	MO; M; ENC
amethyst (28)	1	MO; M; ENC
apri	1	MO; M; ENC
aranelle (28)	1	MO; M; ENC
ashlyna	1	MO; M; ENC
aubra eq	1	MO; M; ENC
aurovela 1.5/30 (21)	1	MO; M; ENC
aurovela 1/20 (21)	1	MO; M; ENC
aurovela 24 fe	1	MO; M; ENC
aurovela fe 1.5/30 (28)	1	MO; M; ENC
aurovela fe 1-20 (28)	1	MO; M; ENC
aviane	1	MO; M; ENC
ayuna	1	MO; M; ENC
azurette (28)	1	MO; M; ENC
BALCOLTRA	3	MO; M; ENC
balziva (28)	1	MO; M; ENC
BEYAZ	3	MO; M; ENC
blisovi 24 fe	1	MO; M; ENC

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Drug Name	Drug Tier	Requirements/Limits
blisovi fe 1.5/30 (28)	1	MO; M; ENC
blisovi fe 1/20 (28)	1	MO; M; ENC
briellyn	1	MO; M; ENC
camrese	1	MO; M; ENC
camrese lo	1	MO; M; ENC
charlotte 24 fe	1	MO; M; ENC
chateal eq (28)	1	MO; M; ENC
cryselle (28)	1	MO; M; ENC
cyred eq	1	MO; M; ENC
dasetta 1/35 (28)	1	MO; M; ENC
dasetta 7/7/7 (28)	1	MO; M; ENC
daysee	1	MO; M; ENC
desog-e.estradiol/e.estradiol	1	M; ENC
desogestrel-ethinyl estradiol	1	M; ENC
dolishale	1	MO; M; ENC
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)	1	M; ENC
drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)	1	MO; M; ENC
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	1	MO; M; ENC
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	1	M; ENC
elinest	1	MO; M; ENC
enpresse	1	MO; M; ENC
enskyce	1	MO; M; ENC
estarylla	1	MO; M; ENC
ethynodiol diac-eth estradiol	1	M; ENC
falmina (28)	1	MO; M; ENC
finzala	1	MO; M; ENC
gemmily	1	MO; M; ENC
hailey	1	MO; M; ENC
hailey 24 fe	1	MO; M; ENC

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Drug Name	Drug Tier	Requirements/Limits
hailey fe 1.5/30 (28)	1	MO; M; ENC
hailey fe 1/20 (28)	1	MO; M; ENC
iclevia	1	M; ENC
introvale	1	MO
isibloom	1	MO; M; ENC
jaimiess	1	MO; M; ENC
jasmiel (28)	1	MO; M; ENC
jolessa	1	MO; M; ENC
joyeaux	1	M; ENC
juleber	1	MO; M; ENC
junel 1.5/30 (21)	1	MO; M; ENC
junel 1/20 (21)	1	MO; M; ENC
junel fe 1.5/30 (28)	1	MO; M; ENC
junel fe 1/20 (28)	1	MO; M; ENC
junel fe 24	1	MO; M; ENC
kaitlib fe	1	MO; M; ENC
kalliga	1	MO; M; ENC
kariva (28)	1	MO; M; ENC
kelnor 1/35 (28)	1	MO; M; ENC
kelnor 1-50 (28)	1	MO; M; ENC
kurvelo (28)	1	MO; M; ENC
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)	1	M; ENC
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	1	MO; M; ENC
larin 1.5/30 (21)	1	MO; M; ENC
larin 1/20 (21)	1	MO; M; ENC
larin 24 fe	1	MO; M; ENC
larin fe 1.5/30 (28)	1	MO; M; ENC
larin fe 1/20 (28)	1	MO; M; ENC
layolis fe	1	MO; M; ENC
leena 28	1	MO; M; ENC

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Drug Name	Drug Tier	Requirements/Limits
lessina	1	MO; M; ENC
levonest (28)	1	MO; M; ENC
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	1	MO; M; ENC
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg, 90-20 mcg (28)	1	M; ENC
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month	1	MO; M; ENC
levonorg-eth estrad triphasic	1	M; ENC
levora-28	1	MO; M; ENC
LO LOESTRIN FE	3	MO; M; ENC
LOESTRIN 1.5/30 (21)	3	MO; M; ENC
LOESTRIN 1/20 (21)	3	MO; M; ENC
LOESTRIN FE 1.5/30 (28-DAY)	3	MO; M; ENC
LOESTRIN FE 1/20 (28-DAY)	3	MO; M; ENC
lojaimiess	1	MO; M; ENC
loryna (28)	1	MO; M; ENC
LOSEASONIQUE	3	MO; M; ENC
low-ogestrel (28)	1	MO; M; ENC
lo-zumandimine (28)	1	MO; M; ENC
lutera (28)	1	MO; M; ENC
marlissa (28)	1	MO; M; ENC
merzee	1	MO; M; ENC
mibelas 24 fe	1	MO; M; ENC
microgestin 1.5/30 (21)	1	MO; M; ENC
microgestin 1/20 (21)	1	MO; M; ENC
microgestin 24 fe	1	MO; M; ENC
microgestin fe 1.5/30 (28)	1	MO; M; ENC
microgestin fe 1/20 (28)	1	MO; M; ENC
mili	1	MO; M; ENC
MINASTRIN 24 FE	3	MO; M; ENC
mono-linyah	1	MO; M; ENC
NATAZIA	3	MO; M; ENC

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Drug Name	Drug Tier	Requirements/Limits
necon 0.5/35 (28)	1	MO; M; ENC
NEXTSTELLIS	3	MO; M; ENC
nikki (28)	1	MO; M; ENC
noreth-ethinyl estradiol-iron	1	M; ENC
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg	1	M; ENC
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	1	MO; M; ENC
norethindrone-e.estradiol-iron	1	M; ENC
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg	1	M; ENC
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1	MO; M; ENC
nortrel 0.5/35 (28)	1	MO; M; ENC
nortrel 1/35 (21)	1	MO; M; ENC
nortrel 1/35 (28)	1	MO; M; ENC
nortrel 7/7/7 (28)	1	MO; M; ENC
nylia 1/35 (28)	1	MO; M; ENC
nylia 7/7/7 (28)	1	MO; M; ENC
nymyo	1	MO; M; ENC
ocella	1	MO; M; ENC
philith	1	MO; M; ENC
pimtrea (28)	1	MO; M; ENC
portia 28	1	MO; M; ENC
QUARTETTE	3	MO; M; ENC
reclipsen (28)	1	MO; M; ENC
rivelsa	1	MO; M; ENC
SAFYRAL	3	MO; M; ENC
SEASONIQUE	3	MO; M; ENC
setlakin	1	MO; M; ENC
simliya (28)	1	MO; M; ENC
simpesse	1	MO; M; ENC
SLYND	3	MO; M; ENC

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Drug Name	Drug Tier	Requirements/Limits
sprintec (28)	1	MO; M; ENC
sronyx	1	MO; M; ENC
syeda	1	MO; M; ENC
tarina 24 fe	1	MO; M; ENC
tarina fe 1-20 eq (28)	1	MO; M; ENC
taysofy	1	MO; M; ENC
TAYTULLA	3	MO; M; ENC
tilia fe	1	MO; M; ENC
tri-estarylla	1	MO; M; ENC
tri-legest fe	1	MO; M; ENC
tri-linyah	1	MO; M; ENC
tri-lo-estarylla	1	MO; M; ENC
tri-lo-marzia	1	MO; M; ENC
tri-lo-mili	1	MO; M; ENC
tri-lo-sprintec	1	MO; M; ENC
tri-mili	1	MO; M; ENC
tri-nymyo	1	MO; M; ENC
tri-sprintec (28)	1	MO; M; ENC
trivora (28)	1	MO; M; ENC
tri-vylibra	1	MO; M; ENC
tri-vylibra lo	1	MO; M; ENC
TYBLUME	3	MO; M; ENC
tydemy	1	MO; M; ENC
velivet triphasic regimen (28)	1	MO; M; ENC
vestura (28)	1	MO; M; ENC
vienva	1	MO; M; ENC
viorele (28)	1	MO; M; ENC
volnea (28)	1	MO; M; ENC
vyfemla (28)	1	MO; M; ENC
vylibra	1	MO; M; ENC
wera (28)	1	MO; M; ENC
wymzya fe	1	MO; M; ENC

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Drug Name	Drug Tier	Requirements/Limits
YASMIN (28)	3	MO; M; ENC
YAZ (28)	3	MO; M; ENC
zovia 1-35 (28)	1	MO; M; ENC
zumandimine (28)	1	MO; M; ENC
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE	2	MO
bacitracin ophthalmic (eye)	1	MO
bacitracin-polymyxin b	1	MO
BESIVANCE	2	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
NATACYN	3	
neomycin-bacitracin-polymyxin	1	MO
neomycin-polymyxin-gramicidin	1	MO
neo-polycin	1	MO
OCUFLOX	3	MO
ofloxacin ophthalmic (eye)	1	MO
polycin	1	MO
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
ZYMAXID	3	MO
ANTIVIRALS		
trifluridine	1	MO
ZIRGAN	3	MO

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Drug Name	Drug Tier	Requirements/Limits
BETA-BLOCKERS		
betaxolol ophthalmic (eye)	1	MO; M
BETIMOL	3	MO; M
BETOPTIC S	3	MO; M
carteolol	1	MO; M
ISTALOL	3	MO; M
levobunolol ophthalmic (eye) drops 0.5 %	1	MO; M
timolol maleate (pf)	1	MO; M
timolol maleate ophthalmic (eye)	1	MO; M
TIMOPTIC OCUDOSE (PF)	3	MO; M
MISCELLANEOUS OPHTHALMOLOGICS		
ALOMIDE	3	MO
atropine ophthalmic (eye) drops	1	MO; M
ATROPINE SULFATE (PF)	3	M
azelastine ophthalmic (eye)	1	MO
BEOVU INTRAVITREAL SYRINGE	3	PA; MO; M
bepotastine besilate	1	MO
BEPREVE	3	MO
BYOOVIZ	3	PA; MO; M
CEQUA	3	MO; M; QL (60 per 30 days)
CIMERLI	2	PA; MO; M
cromolyn ophthalmic (eye)	1	MO
cyclosporine ophthalmic (eye)	1	MO; M; QL (60 per 30 days)
CYSTADROPS	3	PA; M
CYSTARAN	2	PA; M
epinastine	1	MO
EYLEA	2	PA; MO; M
EYLEA HD	3	M
IZERVAY	3	M
LACRISERT	3	PA; MO
LUCENTIS INTRAVITREAL SYRINGE	3	PA; MO; M
olopatadine ophthalmic (eye) drops 0.1 %	1	MO
OXERVATE	3	PA; MO
PHOSPHOLINE IODIDE	3	M
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1	MO; M
RESTASIS	3	MO; M; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RESTASIS MULTIDOSE	3	MO; M; QL (5.5 per 30 days)
sulfacetamide sodium ophthalmic (eye)	1	MO
sulfacetamide-prednisolone	1	MO
SYFOVRE	3	PA; MO; M
TYRVAYA	3	MO; M; QL (8.4 per 30 days)
VABYSMO	3	PA; MO; M
VERKAZIA	3	PA; MO; M; QL (120 per 30 days)
VUITY	3	PA; MO; M
XIIDRA	2	MO; M; QL (60 per 30 days)
ZERVIATE	3	MO
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR	3	ST; MO
ACULAR LS	3	ST; MO
ACUVAIL (PF)	3	ST; MO
bromfenac	1	MO
BROMSITE	2	MO
diclofenac sodium ophthalmic (eye)	1	MO
flurbiprofen sodium	1	MO
ILEVRO	3	ST; MO
ketorolac ophthalmic (eye)	1	MO
NEVANAC	3	ST; MO
PROLENSA	2	MO
ORAL DRUGS FOR GLAUCOMA		
acetazolamide	1	MO; M
methazolamide	1	MO; M
OTHER GLAUCOMA DRUGS		
AZOPT	3	MO; M
bimatoprost ophthalmic (eye)	1	MO; M
brimonidine-timolol	1	MO; M
brinzolamide	1	MO; M
COMBIGAN	3	MO; M
COSOPT	3	MO; M
COSOPT (PF)	3	MO; M
dorzolamide	1	MO; M
dorzolamide-timolol	1	MO; M
dorzolamide-timolol (pf) ophthalmic (eye) dropperette	1	MO; M
DURYSTA	3	PA; MO; LA; M
IYUZEH	3	M
latanoprost	1	MO; M

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Drug Name	Drug Tier	Requirements/Limits
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	MO; M
RHOPRESSA	2	MO; M
ROCKLATAN	2	MO; M
SIMBRINZA	2	MO; M
tafluprost (pf)	1	MO; M
TRAVATAN Z	3	ST; MO; M
travoprost	1	MO; M
VYZULTA	3	ST; MO; M
XALATAN	3	ST; MO; M
XELPROS	3	ST; M
ZIOPTAN (PF)	3	ST; MO; M
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	MO
TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO; QL (10 per 14 days)
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	2	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

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Drug Name	Drug Tier	Requirements/Limits
PRED MILD	3	MO
prednisolone acetate	1	MO
prednisolone sodium phosphate ophthalmic (eye)	1	MO
RETISERT	3	M
YUTIQ	3	M
SYMPATHOMIMETICS		
ALPHAGAN P	3	MO; M
apraclonidine	1	MO
brimonidine ophthalmic (eye) drops 0.1 %	1	M
brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %	1	MO; M
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	3	MO
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
AUVI-Q	3	QL (2 per 30 days)
cetirizine oral solution 1 mg/ml	1	MO
CLARINEX ORAL TABLET	3	MO; M; QL (30 per 30 days)
CLARINEX-D 12 HOUR	3	MO; QL (60 per 30 days)
desloratadine	1	MO; M; QL (30 per 30 days)
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	3	MO; QL (2 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 (2 per 30 days)
EPINEPHRINE INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML (MANUFACTURED BY MYLAN SPECIALTY)	3	QL (2 per 30 days)
EPIPEN 2-PAK	3	MO; QL (2 per 30 days)
EPIPEN JR 2-PAK	3	MO; QL (2 per 30 days)
hydroxyzine hcl oral tablet	1	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
levocetirizine oral solution	1	MO; M
levocetirizine oral tablet	1	MO; M; QL (30 per 30 days)
promethazine oral	1	PA; MO
SYMJEPI	3	MO; QL (2 per 30 days)
PULMONARY AGENTS		
ACCOLATE	3	MO; M
acetylcysteine	1	B/D PA; MO
ADCIRCA	3	PA; MO; M; QL (60 per 30 days)
ADEMPAS	2	PA; MO; LA; M
ADVAIR DISKUS	3	MO; M; QL (60 per 30 days)
ADVAIR HFA	2	MO; M; QL (12 per 30 days)
AIRDUO DIGIHALER	3	ST; MO; M; QL (1 per 30 days)
AIRDUO RESPICLICK	3	ST; MO; M; QL (1 per 30 days)
AIRSUPRA	3	M
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	1	MO; M; QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm	1	M; QL (13.4 per 30 days)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020983)	3	ST; M; QL (36 per 30 days)
albuterol sulfate inhalation solution for nebulization	1	B/D PA; MO; M
albuterol sulfate oral syrup	1	MO; M
albuterol sulfate oral tablet	1	MO; M
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	2	MO; M; QL (12.2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	2	MO; M; QL (6.1 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
alyq	1	PA; M; QL (60 per 30 days)
ambrisentan	1	PA; MO; LA; M
ANORO ELLIPTA	3	ST; MO; M; QL (60 per 30 days)
arformoterol	1	B/D PA; MO; M; QL (120 per 30 days)
ARMONAIR DIGIHALER	3	ST; MO; M; QL (1 per 30 days)
ARNUITY ELLIPTA	3	ST; MO; M; QL (30 per 30 days)
ASMANEX HFA	2	MO; M; 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; M; QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	2	MO; M; QL (2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	2	M; QL (28 per 28 days)
ATROVENT HFA	3	MO; M; QL (25.8 per 30 days)
azelastine-fluticasone	1	MO; QL (23 per 30 days)
BECONASE AQ	3	ST; MO; M; QL (50 per 30 days)
BERINERT INTRAVENOUS KIT	3	PA; MO; M
BEVESPI AEROSPHERE	2	MO; M; QL (10.7 per 30 days)
bosentan	1	PA; MO; LA; M

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Drug Name	Drug Tier	Requirements/Limits
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	2	MO; M; QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE	2	M
breyna	1	M; QL (30 per 30 days)
BREZTRI AEROSPHERE	2	MO; M; QL (10.7 per 30 days)
BRONCHITOL	3	PA; MO; M
BROVANA	3	B/D PA; MO; M; QL (120 per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	1	B/D PA; MO; M; QL (120 per 30 days)
budesonide inhalation suspension for nebulization 1 mg/2 ml	1	B/D PA; MO; M; QL (60 per 30 days)
BUDESONIDE-FORMOTEROL	3	ST; MO; M; QL (10.2 per 30 days)
CINQAIR	3	PA; LA; M
CINRYZE	2	PA; MO; M
COMBIVENT RESPIMAT	2	MO; M; QL (8 per 30 days)
cromolyn inhalation	1	B/D PA; MO; M
DALIRESP	3	PA; MO; M; QL (30 per 30 days)
DUAKLIR PRESSAIR	3	ST; MO; M; QL (1 per 30 days)
DULERA	2	MO; M; QL (13 per 30 days)
DYMISTA	3	MO; QL (23 per 30 days)
ELIXOPHYLLIN	3	MO; M
ESBRIET ORAL CAPSULE	3	PA; MO; M; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	3	PA; MO; M; QL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	3	PA; MO; M; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
FASENRA	2	PA; MO; M; QL (1 per 28 days)
FASENRA PEN	2	PA; MO; M; QL (1 per 28 days)
FIRAZYR	3	PA; MO
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	ST; MO; M; QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	ST; MO; M; QL (240 per 30 days)
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION	3	ST; MO; M; QL (12 per 30 days)
FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION	3	ST; MO; M; QL (24 per 30 days)
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	3	ST; MO; M; QL (10.6 per 30 days)
flunisolide	1	MO; M; QL (50 per 30 days)
FLUTICASONE FUROATE-VILANTEROL	3	ST; MO; M; QL (60 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	3	ST; MO; M; QL (12 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	ST; MO; M; QL (24 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	ST; MO; M; QL (10.6 per 30 days)
fluticasone propionate nasal	1	MO; M; QL (16 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	3	ST; MO; M; QL (1 per 30 days)
fluticasone propion-salmeterol inhalation blister with device	1	MO; M; QL (60 per 30 days)
FLUTICASONE PROPION-SALMETEROL INHALATION HFA AEROSOL INHALER	3	ST; MO; M; QL (12 per 30 days)
formoterol fumarate	1	B/D PA; MO; M; QL (120 per 30 days)
HAEGARDA	3	PA; MO; LA; M
icatibant	1	PA; MO
INCRUSE ELLIPTA	3	ST; MO; M; QL (30 per 30 days)
ipratropium bromide inhalation	1	B/D PA; MO; M
ipratropium-albuterol	1	B/D PA; MO; M
KALBITOR	3	PA; MO
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 50 MG, 75 MG	3	PA; MO; M; QL (56 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 5.8 MG	3	M
KALYDECO ORAL TABLET	3	PA; MO; M; QL (56 per 28 days)
LETAIRIS	3	PA; MO; LA; M
levalbuterol hcl	1	B/D PA; MO; M
LEVALBUTEROL TARTRATE	3	ST; MO; M; QL (30 per 30 days)
LIQREV	3	MO; M
mometasone nasal	1	MO; M; QL (34 per 30 days)
montelukast	1	MO; M
NUCALA SUBCUTANEOUS AUTO-INJECTOR	2	PA; MO; LA; M; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN	2	PA; MO; LA; M; QL (3 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; MO; LA; M; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	2	PA; MO; LA; M; QL (0.4 per 28 days)
OFEV	2	PA; MO; M; QL (60 per 30 days)
OMNARIS	3	ST; MO; M; QL (12.5 per 30 days)
OPSUMIT	2	PA; MO; LA; M
ORKAMBI ORAL GRANULES IN PACKET	3	PA; MO; M; QL (56 per 28 days)
ORKAMBI ORAL TABLET	3	PA; MO; M; QL (112 per 28 days)
ORLADEYO	3	PA; LA; M
PERFOROMIST	3	B/D PA; MO; M; QL (120 per 30 days)
pirfenidone oral capsule	1	PA; MO; M; QL (270 per 30 days)
pirfenidone oral tablet 267 mg	1	PA; MO; M; QL (270 per 30 days)
PIRFENIDONE ORAL TABLET 534 MG	3	PA; M; QL (90 per 30 days)
pirfenidone oral tablet 801 mg	1	PA; MO; M; QL (90 per 30 days)
PROAIR DIGIHALER	3	ST; MO; M; QL (2 per 30 days)
PROAIR RESPICLICK	3	ST; MO; M; QL (2 per 30 days)
PROVENTIL HFA	3	ST; MO; M; QL (30 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	2	MO; M; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	MO; M; QL (1 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML	3	B/D PA; MO; M; QL (120 per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	3	B/D PA; MO; M; QL (60 per 30 days)
PULMOZYME	2	B/D PA; MO; M
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	3	ST; MO; M; QL (4.9 per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	3	ST; MO; M; QL (8.7 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	2	MO; M; QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	2	MO; M; QL (21.2 per 30 days)
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	3	PA; MO; M; QL (224 per 30 days)
REVATIO ORAL TABLET	3	PA; MO; M; QL (90 per 30 days)
roflumilast	1	PA; MO; M; 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; M; QL (60 per 30 days)
sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml	1	PA; MO; M; QL (224 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
sildenafil (pulmonary arterial hypertension) oral tablet 20 mg	1	PA; MO; M; QL (90 per 30 days)
SINGULAIR	3	MO; M
SPIRIVA RESPIMAT	2	MO; M; QL (4 per 30 days)
SPIRIVA WITH HANDIHALER	2	MO; M; QL (90 per 90 days)
STIOLTO RESPIMAT	2	MO; M; QL (4 per 30 days)
STRIVERDI RESPIMAT	2	MO; M; QL (4 per 30 days)
SYMBICORT	3	ST; MO; M; QL (10.2 per 30 days)
SYMDEKO	3	PA; MO; M; QL (56 per 28 days)
tadalafil (pulmonary arterial hypertension) oral tablet 20 mg	1	PA; M; QL (60 per 30 days)
TADLIQ	3	PA; MO; M; QL (300 per 30 days)
TAKHZYRO	3	PA; MO; LA; M
terbutaline oral	1	MO; M
TEZSPIRE	3	PA; MO; M; QL (1.91 per 30 days)
THEO-24	2	MO; M
theophylline oral elixir	1	MO; M
theophylline oral solution	1	M
theophylline oral tablet extended release 12 hr	1	MO; M
theophylline oral tablet extended release 24 hr	1	MO; M
tiotropium bromide	1	M
TRACLEER	3	PA; MO; LA; M
TRELEGY ELLIPTA	2	MO; M; QL (60 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	3	PA; MO; M; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	3	PA; MO; M; QL (84 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	3	ST; MO; M; QL (1 per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION (30 ACTUAT)	3	ST; M; QL (1 per 30 days)
TYVASO	3	B/D PA; MO; M
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG (112)- 32 MCG (84), 16(112)- 32(112) -48(28) MCG	3	PA; MO
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 32 MCG, 32-48 MCG, 48 MCG, 64 MCG	3	PA; MO; M
TYVASO REFILL KIT	3	B/D PA; MO; M
VENTAVIS	3	B/D PA; MO; M
VENTOLIN HFA	3	ST; MO; M; QL (36 per 30 days)
wixela inhub	1	M; QL (60 per 30 days)
XHANCE	3	ST; MO; M; QL (32 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN	3	PA; MO; LA; M; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	3	PA; MO; LA; M; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	3	PA; MO; LA; M; QL (1 per 28 days)
XOPENEX HFA	3	ST; MO; M; QL (30 per 30 days)
YUPELRI	3	B/D PA; MO; M; QL (90 per 30 days)
zafirlukast	1	MO; M
ZETONNA	3	ST; MO; M; QL (6.1 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
zileuton	1	MO; M
ZYFLO	3	MO; M
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
darifenacin	1	MO; M
DETROL	3	MO; M
DETROL LA	3	MO; M
fesoterodine	1	MO; M
flavoxate	1	MO; M
GELNIQUE TRANSDERMAL GEL IN PACKET	3	MO; M; QL (30 per 30 days)
GEMTESA	3	ST; MO; M
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON	2	M
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	2	MO; M
oxybutynin chloride oral syrup	1	MO; M
OXYBUTYNIN CHLORIDE ORAL TABLET 2.5 MG	3	MO; M
oxybutynin chloride oral tablet 5 mg	1	MO; M
oxybutynin chloride oral tablet extended release 24hr	1	MO; M
OXYTROL	3	MO; M; QL (8 per 28 days)
solifenacin	1	MO; M
tolterodine	1	MO; M
TOVIAZ	3	MO; M
trospium	1	MO; M
VESICARE	3	MO; M
VESICARE LS	3	MO; M
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
alfuzosin	1	MO; M
AVODART	3	MO; M
dutasteride	1	MO; M
dutasteride-tamsulosin	1	MO; M
ENTADFI	3	PA; MO; QL (30 per 30 days)
finasteride oral tablet 5 mg	1	MO; M
FLOMAX	3	ST; MO; M
JALYN	3	MO; M
PROSCAR	3	MO; M
RAPAFLO	3	ST; MO; M

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Drug Name	Drug Tier	Requirements/Limits
silodosin	1	MO; M
tamsulosin	1	MO; M
UROXATRAL	3	ST; MO; M
MISCELLANEOUS UROLOGICALS		
bethanechol chloride	1	MO; M
CIALIS ORAL TABLET 2.5 MG	3	PA; MO; M; QL (60 per 30 days)
CIALIS ORAL TABLET 5 MG	3	PA; MO; M; QL (30 per 30 days)
CYSTAGON	3	PA; LA; M
ELMIRON	2	MO
OXLUMO	3	PA; LA; M
potassium citrate oral tablet extended release	1	MO; M
PROCYSBI	3	PA; MO; M
tadalafil oral tablet 2.5 mg	1	PA; MO; M; QL (60 per 30 days)
tadalafil oral tablet 5 mg	1	PA; MO; M; QL (30 per 30 days)
UROCIT-K 10	3	MO; M
UROCIT-K 15	3	MO; M
UROCIT-K 5	3	MO; M

Drug Name	Drug Tier	Requirements/Limits
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
calcium acetate(phosphat bind)	1	MO; M; QL (360 per 30 days)
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	MO; M
effer-k oral tablet, effervescent 25 meq	1	MO; M
klor-con 10	1	MO; M
klor-con 8	1	MO; M
klor-con m10	1	MO; M
klor-con m15	1	MO; M
klor-con m20	1	MO; M
klor-con oral packet 20	1	MO; M
klor-con/ef	1	MO; M
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	3	MO; M
magnesium sulfate injection solution	1	MO

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Drug Name	Drug Tier	Requirements/Limits
magnesium sulfate injection syringe	1	
potassium chlorid-d5-0.45%nacl	1	
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; M
potassium chloride oral liquid	1	MO; M
potassium chloride oral packet	1	M
potassium chloride oral tablet extended release 10 meq, 8 meq	1	MO; M
potassium chloride oral tablet extended release 20 meq	1	M
potassium chloride oral tablet,er particles/crystals 10 meq	1	MO; M
potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq	1	M
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	

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Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS NUTRITION PRODUCTS		
CLINIMIX 5%/D15W SULFITE FREE	3	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	3	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	3	B/D PA
CLINIMIX E 4.25%/D10W SUL FREE	3	B/D PA
CLINIMIX E 4.25%/D5W SULF FREE	3	B/D PA
CLINIMIX E 5%/D15W SULFIT FREE	3	B/D PA
CLINIMIX E 5%/D20W SULFIT FREE	3	B/D PA
CLINISOL SF 15 %	3	B/D PA
DOJOLVI	3	PA; MO; LA; M
intralipid intravenous emulsion 20 %	1	B/D PA
INTRALIPID INTRAVENOUS EMULSION 30 %	3	B/D PA
ISOLYTE S PH 7.4	3	
ISOLYTE-P IN 5 % DEXTROSE	3	
NUTRILIPID	3	B/D PA
PLASMA-LYTE 148	2	
PLASMA-LYTE A	2	
PLENAMINE	3	B/D PA
premasol 10 %	1	B/D PA
PROSOL 20 %	3	B/D PA
travasol 10 %	1	B/D PA
TROPHAMINE 10 %	3	B/D PA
VITAMINS / HEMATINICS		
CITRANATAL MEDLEY	3	MO; M; ENC
fluoride (sodium) oral tablet	1	M
fluoride (sodium) oral tablet,chewable 1 mg (2.2 mg sod. fluoride)	1	MO; M
NESTABS ONE	3	MO; M; ENC
prenatal vitamin oral tablet	1	M; ENC
wescap-c dha	1	MO; M; ENC
wescap-pn dha	1	MO; M; ENC

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