

Express Scripts® Medicare (PDP)

HealthSelectSM Medicare Rx Prescription Drug Plan (PDP) *2027 Formulary (Drug List)*

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

Formulary ID Number: 27029, v6

This *Formulary* was updated on 09/01/2026, which is the date it was submitted to The Centers for Medicare & Medicaid (CMS) and has been made available to members as of October 27, 2026. It is effective as of January 1, 2027. For the most current information or to price a medication, you can visit us online, or you can contact Customer Service toll-free at **(866) 264-4676**. Customer Service is available 24 hours a day, seven days a week. TTY users should call **(800) 716-3231**.

Note: Please review this document to understand the 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 Express Scripts Medicare. When it refers to “Plan” or “the Plan,” it means HealthSelectSM Medicare Rx PDP.

This document includes the drug list (*Formulary*) for the Plan, which is current as of September 1, 2026. 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 In-Network pharmacies to fill your prescriptions to get the most from your benefit. Please be aware that this Plan has limited coverage for Out-of-Network pharmacies. Additional details are available in the *Evidence of Coverage* document, available at **HSMedicareRx.com**.

Benefits, Premiums (if applicable), deductibles and/or Copayments may change on January 1 of each year. Our *Formulary* and/or pharmacy network may change at any time. We will notify affected enrollees about certain changes at least 30 days in advance. Limitations, Copayments and restrictions may apply. Most negative changes in coverage happen on an annual basis. You will receive notice when necessary.

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 September 2026.

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 Plan may provide coverage of additional drugs that are not listed in this *Formulary*.** For more information on the Plan's drug coverage, please review the *Evidence of Coverage* document, 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 In-Network pharmacy and other Plan rules are followed. For more information on how to fill your prescriptions, please review the *Evidence of Coverage* document.

Can my drug coverage change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the *Formulary* during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the *Formulary* are posted to our website at **HSMedicareRx.com**. You will also be notified by mail or at the time when you fill a prescription at an In-network pharmacy of any changes to medications that you are currently taking.

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

Changes that can affect you this year (2027): In the below cases, you will be affected by coverage changes during the year:

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

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

If you are currently taking the brand-name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the 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*?”

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

- **Drugs removed from the market.** If the Food and Drug Administration (FDA) deems a drug on our *Formulary* to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our *Formulary* and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand-name drug from the *Formulary* when adding a generic equivalent or remove an original biological produce when adding a biosimilar. We may also apply new restrictions to the brand-name drug or original biological product or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our *Formulary*, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a one-month supply of the drug and notice of the change.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the 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*?”

To get current information about the drugs covered by the Plan, please contact us. Our contact information appears on the front and back covers.

The enclosed *Formulary* is current as of 09/01/2026. To get current information about the drugs covered by the 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 150. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the “Drug Name” column of the list.

What are generic drugs?

Both brand-name drugs and generic drugs are covered under this Plan. A generic drug is approved by the FDA as having the same active ingredient(s) as the brand-name drug. Generally, generic drugs work just as well as and usually cost less than brand-name drugs. There are generic drug substitutes available for many brand-name drugs. Generic drugs usually can be substituted for the brand-name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Your prescriber is required to get prior authorization for certain drugs. This means that you will need to get approval from the Plan based on criteria before you fill your prescriptions. If you don’t get approval, the drugs may not be covered. These drugs are noted with “PA” next to them in the *Formulary*.

Some drugs may be covered under Part B or under Part D, depending on your medical condition. Your prescriber will need to get a prior authorization for these drugs as well, so your pharmacy can process your prescription correctly. This Plan does not cover Part B drugs. Please provide the pharmacy with your medical ID for any Part B covered drugs.

- **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 at **HSMedicareRx.com**. 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 prescriber and ask him or her to prescribe a similar drug that is covered.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

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

How do I request an exception to the *Formulary*?

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

- You can request coverage of a drug that is not currently covered by this Plan. If approved, the drug will be covered at a pre-determined cost-sharing level, and you will not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a *Formulary* drug at a lower cost-sharing level. If approved, this would lower the amount you must pay for your drug.
- 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.

This drug list was updated in September 2026.

You can request an expedited (fast) exception if you or your prescriber believes that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your prescriber.

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

How do I request an appeal?

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

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

For more information about the appeals process, you may contact Customer Service 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 the Plan, you may be taking drugs that are not covered from one year to the next. Or you may be taking a drug that is covered but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your prescriber to decide if you should switch to an appropriate drug that we cover or request an exception so that we will cover the drug you take. While you talk to your prescriber to determine the right course of action for you, or while you wait for a coverage decision from us, we may cover a temporary transition supply of your drug in certain cases during the first 90 days that you are enrolled in the Plan or at the start of a new coverage year.

For each of your drugs that is not on our *Formulary*, or if your ability to get drugs is limited, we will cover a temporary transition supply when you go to an In-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 the 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 the Plan may provide

The Plan also covers some categories of excluded drugs that are not normally covered by a Medicare prescription drug plan. **Drugs in the following categories may be covered subject to the rules and limitations of your 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
- Over-the-counter (OTC) drugs when accompanied by a prescription
- 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 the Plan's 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, 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 150.

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.** The 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 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 the Plan’s coverage stages and list the 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 prescriber if switching to a lower-cost generic or preferred brand-name drug may be right for you.

If you qualify for Extra Help

If you qualify for Extra Help from Medicare to help pay for your prescription drugs, your cost-sharing amounts may be lower than the 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 the Plan’s 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 (800) MEDICARE ((800) 633-4227), 24 hours a day, seven days a week. TTY users should call (877) 486-2048. Or visit 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 the Plan’s benefit, you may not experience every restriction or limit indicated in the list.**

To confirm the Plan’s coverage, contact Customer Service at **(866) 264-4676** or visit us on the Web at **HSMedicareRx.com**.

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. Please note that the drug list does not include all of the Enhanced Drugs covered by this Plan. If one of your drugs is not listed on the drug list, you should visit **HSMedicareRx.com** or call Customer Service at **(866) 264-4676**.

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 In-Network pharmacies may be more appropriate for short-term prescriptions, such as antibiotics. Express Scripts Pharmacy will only fill prescriptions for 60- to 90-day supplies.

PA: Prior Authorization. The Plan requires 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		
AMBISOME	3	PA
<i>amphotericin b</i>	1	PA
<i>amphotericin b liposome</i>	1	PA
ANCOBON	3	MO
<i>caspofungin</i>	1	
<i>clotrimazole mucous membrane</i>	1	MO
CRESEMBA ORAL	3	PA
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	MO
ERAXIS(WATER DILUENT)	3	MO
<i>fluconazole</i>	1	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	1	PA; MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	1	PA
<i>flucytosine</i>	1	MO
<i>griseofulvin microsize</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	MO
<i>griseofulvin ultramicrosize oral tablet 165 mg</i>	1	
<i>itraconazole oral capsule</i>	1	MO; QL (120 per 30 days)
<i>itraconazole oral solution</i>	1	MO
<i>ketoconazole oral</i>	1	MO
<i>micafungin</i>	1	MO
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON	3	PA; MO; QL (32 per 30 days)
<i>nystatin oral suspension</i>	1	MO
<i>nystatin oral tablet</i>	1	MO
<i>posaconazole oral suspension</i>	1	PA; MO; QL (630 per 30 days)
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	1	PA; MO; QL (96 per 30 days)
<i>terbinafine hcl oral</i>	1	MO
TOLSURA	3	PA; MO; QL (120 per 30 days)
VFEND IV	3	PA
VFEND ORAL SUSPENSION FOR RECONSTITUTION	3	PA; 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 ix. 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 September 2026.

Drug Name	Drug Tier	Requirements/Limits
VIVJOA	3	PA; QL (18 per 84 days)
<i>voriconazole intravenous reconstruction solution</i>	1	PA
<i>voriconazole oral</i>	1	PA; MO
ANTIVIRALS		
<i>abacavir</i>	1	MO
<i>abacavir-lamivudine</i>	1	MO
<i>acyclovir oral capsule</i>	1	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	MO
<i>acyclovir oral suspension 200 mg/5 ml (5 ml)</i>	1	M
<i>acyclovir oral tablet</i>	1	MO
<i>acyclovir sodium intravenous solution</i>	1	PA; MO
<i>adefovir</i>	1	MO
<i>amantadine hcl</i>	1	MO
APTIVUS	2	MO
<i>atazanavir</i>	1	MO
BARACLUDE	3	MO
BIKTARVY	3	MO
CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML	3	MO; M
CIMDUO	2	MO
COMBIVIR	3	MO; M

Drug Name	Drug Tier	Requirements/Limits
COMPLERA	3	MO
<i>darunavir</i>	1	MO
DELSTRIGO	3	MO
DESCOVY	3	MO
DOVATO	3	MO
EDURANT	3	MO
EDURANT PED	3	MO
<i>efavirenz oral tablet</i>	1	MO
<i>efavirenz-emtricitabin-tenofovir</i>	1	MO
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1	MO
<i>emtricitabine</i>	1	MO
<i>emtricitabine-tenofovir (tdf)</i>	1	MO
<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>	1	MO
EMTRIVA ORAL CAPSULE	3	MO
EMTRIVA ORAL SOLUTION	2	MO
<i>entecavir</i>	1	MO
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	3	PA; MO; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	3	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	3	PA; MO; QL (56 per 28 days)

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 ix. 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
EPCLUSA ORAL TABLET 400-100 MG	3	PA; MO; QL (28 per 28 days)
EPIVIR	3	MO
<i>etravirine</i>	1	MO
EVOTAZ	3	MO
<i>famciclovir</i>	1	MO
<i>fosamprenavir</i>	1	MO
GENVOYA	3	MO
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	3	PA; MO; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	3	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	3	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 90-400 MG	3	PA; MO; QL (28 per 28 days)
HEPCLUDEX	3	PA; LA; QL (30 per 30 days)
IDVYNZO	3	MO
INTELENCE ORAL TABLET 100 MG	3	MO; M
INTELENCE ORAL TABLET 200 MG, 25 MG	3	MO
ISENTRESS	2	MO
ISENTRESS HD	3	MO
JULUCA	3	MO

Drug Name	Drug Tier	Requirements/Limits
KALETRA	3	MO
<i>lamivudine</i>	1	MO
<i>lamivudine-zidovudine</i>	1	MO
LEDIPASVIR-SOFOSBUVIR	3	PA; MO; QL (28 per 28 days)
LIVTENCITY	3	PA; LA; QL (120 per 30 days)
<i>lopinavir-ritonavir oral tablet</i>	1	MO
<i>maraviroc</i>	1	MO
MAVYRET ORAL PELLETS IN PACKET	2	PA; MO; QL (168 per 28 days)
MAVYRET ORAL TABLET	2	PA; MO; QL (84 per 28 days)
<i>nevirapine</i>	1	MO
NORVIR ORAL POWDER IN PACKET	3	MO
NORVIR ORAL TABLET	3	MO
ODEFSEY	3	MO
<i>oseltamivir</i>	1	MO
<i>paxlovid oral tablets, dose pack 150 mg (10)- 100 mg (10)</i>	1	QL (20 per 30 days)
<i>paxlovid oral tablets, dose pack 150 mg (6)- 100 mg (5)</i>	1	QL (11 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>paxlovid oral tablets, dose pack 300 mg (150 mg x 2)-100 mg</i>	1	QL (30 per 30 days)
PIFELTRO	3	MO
PREVYMIS ORAL PELLETS IN PACKET 120 MG	3	PA; MO; QL (120 per 30 days)
PREVYMIS ORAL PELLETS IN PACKET 20 MG	3	PA; MO; QL (150 per 30 days)
PREVYMIS ORAL TABLET 240 MG	2	PA; MO; QL (56 per 28 days)
PREVYMIS ORAL TABLET 480 MG	2	PA; MO; QL (28 per 28 days)
PREZCOBIX	3	MO
PREZISTA ORAL SUSPENSION	3	MO
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	3	MO
RELENZA DISKHALER	3	MO
RETROVIR ORAL CAPSULE	3	MO
RETROVIR ORAL SYRUP	3	MO
REYATAZ ORAL CAPSULE 200 MG, 300 MG	3	MO
REYATAZ ORAL POWDER IN PACKET	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>ribavirin oral capsule</i>	1	MO
<i>ribavirin oral tablet 200 mg</i>	1	MO
<i>rilpivirine hcl</i>	1	MO; M
<i>rimantadine</i>	1	MO
<i>ritonavir</i>	1	MO
RUKOBIA	3	MO
SELZENTRY ORAL SOLUTION	2	MO
SELZENTRY ORAL TABLET 150 MG, 300 MG	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)
SOVALDI ORAL TABLET 400 MG	3	PA; MO; QL (28 per 28 days)
STRIBILD	3	MO
SUNLENCA ORAL	3	
SUNLENCA SUBCUTANEOUS	3	M
SYMFI	3	MO
SYMITUZA	3	MO

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Drug Name	Drug Tier	Requirements/Limits
TAMIFLU ORAL CAPSULE 75 MG	3	MO
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	3	MO
<i>tenofovir disoproxil fumarate</i>	1	MO
TIVICAY ORAL TABLET 10 MG	2	M
TIVICAY ORAL TABLET 25 MG	3	MO; M
TIVICAY ORAL TABLET 50 MG	3	MO
TIVICAY PD	3	MO
TRIUMEQ	3	MO
TRIUMEQ PD	3	MO
TROGARZO	2	MO; M
TRUVADA	3	MO
TYBOST	2	M
<i>valacyclovir oral tablet 1 gram</i>	1	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	1	MO; QL (60 per 30 days)
VALCYTE ORAL RECON SOLN	3	MO
<i>valganciclovir</i>	1	MO
VALTREX ORAL TABLET 1 GRAM	3	QL (120 per 30 days)
VALTREX ORAL TABLET 500 MG	3	QL (60 per 30 days)
VEMLIDY	2	MO
VIRACEPT ORAL TABLET	3	MO

Drug Name	Drug Tier	Requirements/Limits
VIREAD	3	MO
VOSEVI	2	PA; MO; QL (28 per 28 days)
XOFLUZA ORAL TABLET 40 MG, 80 MG	2	MO
ZIAGEN ORAL SOLUTION	3	MO
<i>zidovudine</i>	1	MO
CEPHALOSPORINS		
AVYCAZ	3	MO
<i>cefaclor oral capsule</i>	1	MO
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	1	MO
<i>cefadroxil oral capsule</i>	1	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	MO
<i>cefadroxil oral tablet</i>	1	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	1	MO
<i>cefazolin intravenous recon soln 10 gram</i>	1	
<i>cefdinir</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>cefepime injection</i>	1	MO
<i>cefixime oral capsule</i>	1	MO
<i>cefixime oral suspension for reconstitution</i>	1	MO
<i>cefixime oral tablet</i>	1	
<i>cefotetan injection</i>	1	
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	1	MO
<i>cefoxitin intravenous recon soln 10 gram</i>	1	
<i>cefpodoxime</i>	1	MO
<i>cefprozil</i>	1	MO
<i>ceftaroline fosamil</i>	1	
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	1	MO
<i>ceftazidime injection recon soln 6 gram</i>	1	
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	1	MO
<i>ceftriaxone injection recon soln 10 gram</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	1	MO
<i>cephalexin</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>tazicef injection</i>	1	MO
TEFLARO	3	MO
ZERBAXA	3	
ZEVTERA	3	
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	1	MO
<i>azithromycin oral suspension for reconstitution</i>	1	MO
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	MO
<i>clarithromycin</i>	1	MO
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	3	QL (136 per 10 days)
DIFICID ORAL TABLET	3	QL (20 per 10 days)
<i>e.e.s. 400 oral tablet</i>	1	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	MO
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin oral tablet</i>	1	MO
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	1	MO
<i>fidaxomicin</i>	1	QL (20 per 10 days)
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	3	MO
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	1	MO
<i>amikacin injection solution 500 mg/2 ml</i>	1	MO
ARIKAYCE	3	PA; LA
<i>atovaquone</i>	1	MO
<i>atovaquone-proguanil</i>	1	MO
AZACTAM INJECTION RECON SOLN 2 GRAM	3	MO
<i>aztreonam</i>	1	MO
BENZNIDAZOLE	3	MO
BETHKIS	3	PA; MO; QL (224 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
CAYSTON	2	PA; MO; LA; QL (84 per 56 days)
<i>chloroquine phosphate</i>	1	MO
CLEOCIN PEDIATRIC	3	MO
<i>clindamycin hcl</i>	1	MO
<i>clindamycin in 5 % dextrose</i>	1	MO
<i>clindamycin pediatric</i>	1	
<i>clindamycin phosphate injection</i>	1	MO
COARTEM	3	MO
<i>colistin (colistimethate na)</i>	1	MO; QL (30 per 10 days)
<i>cycloserine</i>	1	MO
<i>dalbavancin</i>	1	MO
DALVANCE	3	MO
<i>dapsone oral</i>	1	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	3	MO
<i>daptomycin intravenous recon soln 500 mg</i>	1	MO
DARAPRIM	3	PA
EMVERM	2	MO
<i>ertapenem</i>	1	MO; QL (14 per 14 days)
<i>ethambutol</i>	1	MO
FIRVANQ	3	QL (450 per 10 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	1	MO
<i>gentamicin injection</i>	1	MO
HUMATIN	3	MO
<i>hydroxychloroquine</i>	1	MO
<i>imipenem-cilastatin</i>	1	MO
<i>isoniazid oral</i>	1	MO
<i>ivermectin oral tablet 3 mg</i>	1	PA; QL (20 per 30 days)
<i>ivermectin oral tablet 6 mg</i>	1	PA; QL (8 per 30 days)
KITABIS PAK	3	PA; MO; QL (280 per 28 days)
KRINTAFEL	3	
LAMPIT	3	MO
<i>linezolid</i>	1	MO
<i>linezolid in dextrose 5%</i>	1	MO
MALARONE	3	MO
MALARONE PEDIATRIC	3	MO
<i>mefloquine</i>	1	MO
MEPRON	3	MO
<i>meropenem intravenous recon soln 1 gram</i>	1	QL (30 per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	1	QL (10 per 10 days)

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole in nacl (iso-os)</i>	1	MO
<i>metronidazole oral capsule</i>	1	MO
METRONIDAZOLE ORAL TABLET 125 MG	3	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	MO
NEBUPENT	3	PA; MO; QL (1 per 28 days)
<i>neomycin</i>	1	MO
<i>nitazoxanide</i>	1	MO; QL (12 per 30 days)
ORLYNVAH	3	
PENTAM	3	MO
<i>pentamidine inhalation</i>	1	PA; MO; QL (1 per 28 days)
<i>pentamidine injection</i>	1	
PLAQUENIL	3	MO
<i>polymyxin b sulfate</i>	1	MO
<i>praziquantel</i>	1	MO
PRETOMANID	3	PA
PRIFTIN	2	MO
PRIMAQUINE	3	MO
<i>pyrazinamide</i>	1	MO
<i>pyrimethamine</i>	1	PA; MO
<i>quinine sulfate</i>	1	MO
<i>rifabutin</i>	1	MO
<i>rifampin</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
SIRTURO	3	PA; LA
SIVEXTRO INTRAVENOUS	3	
SIVEXTRO ORAL	3	MO
SOLOSEC	3	MO
SOVUNA	3	MO
STREPTOMYCIN	3	MO; QL (60 per 30 days)
STROMECTOL	3	PA; QL (20 per 30 days)
<i>tigecycline</i>	1	MO
<i>tinidazole</i>	1	MO
TOBI	3	PA; MO; M; QL (280 per 28 days)
TOBI PODHALER	2	MO; QL (224 per 56 days)
<i>tobramycin in 0.225 % nacl</i>	1	PA; MO; QL (280 per 28 days)
<i>tobramycin inhalation</i>	1	PA; MO; QL (224 per 28 days)
<i>tobramycin sulfate injection solution 10 mg/ml</i>	1	
<i>tobramycin sulfate injection solution 40 mg/ml</i>	1	MO
TYGACIL	3	MO
TYZAVAN INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	3	QL (4000 per 10 days)
VABOMERE	3	

Drug Name	Drug Tier	Requirements/Limits
VANCOCIN ORAL CAPSULE 125 MG	3	PA; MO; QL (40 per 10 days)
VANCOCIN ORAL CAPSULE 250 MG	3	PA; MO; QL (80 per 10 days)
<i>vancomycin intravenous recon soln 1,000 mg</i>	1	MO; QL (20 per 10 days)
<i>vancomycin intravenous recon soln 10 gram</i>	1	QL (2 per 10 days)
<i>vancomycin intravenous recon soln 500 mg</i>	1	MO; QL (10 per 10 days)
<i>vancomycin intravenous recon soln 750 mg</i>	1	QL (27 per 10 days)
<i>vancomycin oral capsule 125 mg</i>	1	PA; MO; QL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	1	PA; MO; QL (80 per 10 days)
<i>vancomycin oral recon soln 25 mg/ml</i>	1	QL (450 per 10 days)
<i>vancomycin oral recon soln 50 mg/ml</i>	1	MO; QL (450 per 10 days)
XIFAXAN ORAL TABLET 200 MG	2	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	2	PA; MO; QL (90 per 30 days)
ZYVOX INTRAVENOUS PIGGYBACK 600 MG/300 ML	3	MO

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Drug Name	Drug Tier	Requirements/Limits
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	3	MO
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	MO
<i>amoxicillin oral suspension for reconstitution</i>	1	MO
<i>amoxicillin oral tablet</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	1	MO
<i>ampicillin oral capsule 500 mg</i>	1	MO
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram</i>	1	MO
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	1	
AUGMENTIN ES-600	3	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	MO
BICILLIN C-R	3	MO
BICILLIN L-A	3	
<i>dicloxacillin</i>	1	MO
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	1	MO
<i>nafcillin injection recon soln 10 gram</i>	1	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	1	
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	1	
<i>oxacillin injection recon soln 2 gram</i>	1	MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>penicillin g potassium injection recon soln 20 million unit</i>	1	MO
<i>penicillin g sodium</i>	1	MO
<i>penicillin v potassium</i>	1	MO
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	1	MO
<i>piperacillin-tazobactam intravenous recon soln 40.5 gram</i>	1	
UNASYN INJECTION RECON SOLN 15 GRAM	3	
UNASYN INJECTION RECON SOLN 3 GRAM	3	MO
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML	3	
QUINOLONES		
BAXDELA INTRAVENOUS	3	
BAXDELA ORAL	3	MO

Drug Name	Drug Tier	Requirements/Limits
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	MO
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	MO
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	1	MO
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	1	MO
<i>levofloxacin oral</i>	1	MO
<i>moxifloxacin oral</i>	1	MO
<i>moxifloxacin-sod.chloride(iso)</i>	1	MO
<i>ofloxacin oral tablet 300 mg</i>	1	MO
<i>ofloxacin oral tablet 400 mg</i>	1	
SULFA'S / RELATED AGENTS		
BACTRIM	3	
BACTRIM DS	3	
<i>sulfadiazine</i>	1	MO
<i>sulfamethoxazole-trimethoprim oral</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
TETRACYCLINES		
<i>demeclocycline</i>	1	MO
DORYX MPC ORAL TABLET, DELAYED RELEASE (DR/EC) 60 MG	3	ST
<i>doxy-100</i>	1	MO
<i>doxycycline hyclate intravenous</i>	1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	MO
<i>doxycycline hyclate oral tablet</i>	1	MO
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	MO
<i>doxycycline monohydrate</i>	1	MO
EMROSI	3	ST
<i>minocycline oral capsule</i>	1	MO
<i>minocycline oral tablet</i>	1	MO
<i>minocycline oral tablet extended release 24 hr</i>	1	MO
NUZYRA	3	
ORACEA	3	ST; MO
SEYSARA	3	ST; MO
TARGADOX	3	ST

Drug Name	Drug Tier	Requirements/Limits
<i>tetracycline oral capsule</i>	1	MO
<i>tetracycline oral tablet</i>	1	
URINARY TRACT AGENTS		
BLUJEP	3	MO
<i>fosfomycin tromethamine</i>	1	MO
MACROBID	3	MO
MACRODANTIN	3	
<i>methenamine hippurate</i>	1	MO
<i>nitrofurantoin macrocrystal</i>	1	MO
<i>nitrofurantoin monohydr/m-cryst</i>	1	MO
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	MO
NITROFURANTOIN ORAL SUSPENSION 50 MG/5 ML	3	MO
<i>trimethoprim</i>	1	MO
ANTI-NEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
AUKELSO	3	PA
BILPREVDA	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
BOMYNTRA	2	PA; MO
JUBEREQ	3	PA; MO; M
<i>leucovorin calcium oral</i>	1	MO
<i>mesna oral</i>	1	MO
MESNEX ORAL	3	MO
OSENVELT	3	PA; MO
WYOST	2	PA; MO
XGEVA	3	PA; MO
XTRENBO	3	PA; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	1	PA; MO; QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>abirtega</i>	1	PA; QL (120 per 30 days)
ADAKVEO	3	MO; M
ADSTILADRIN	3	M
AFINITOR	3	PA; MO; QL (30 per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG	3	PA; MO; QL (150 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG	3	PA; MO; QL (90 per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 5 MG	3	PA; MO; QL (60 per 30 days)
AKEEGA	2	PA; LA; QL (60 per 30 days)
ALECENSA	2	PA; MO; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	3	PA; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	3	PA; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS, DOSE PACK	3	PA; QL (30 per 180 days)
ALYMSYS	3	MO; M
<i>anastrozole</i>	1	MO
ANKTIVA	3	MO; M
ARIMIDEX	3	MO
AROMASIN	3	MO
ARRANON	3	MO; M
ASTAGRAF XL	3	PA; MO
AUGTYRO ORAL CAPSULE 160 MG	3	PA; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	3	PA; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
AVASTIN INTRAVENOUS	3	MO; M
AVMAPKI-FAKZYNJA	3	PA; QL (66 per 28 days)
AXTLE	3	M
AYVAKIT	3	PA; LA; QL (30 per 30 days)
AZASAN	3	PA; MO
<i>azathioprine</i>	1	PA; MO
BALVERSA	2	PA; LA
BAVENCIO	2	M
BELEODAQ	2	M
<i>bexarotene</i>	1	PA; MO
<i>bicalutamide</i>	1	MO
BIZENGRI	3	M
BLENREP	3	M
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	3	M
BOSULIF ORAL CAPSULE 100 MG	3	PA; MO; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	3	PA; MO; QL (330 per 30 days)
BOSULIF ORAL TABLET 100 MG	3	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	3	PA; MO; QL (30 per 30 days)
<i>bosutinib oral tablet 100 mg, 500 mg</i>	1	M

Drug Name	Drug Tier	Requirements/Limits
<i>bosutinib oral tablet 400 mg</i>	1	PA; QL (30 per 30 days)
BRAFTOVI	2	PA; MO; LA; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE	2	PA; LA; M; QL (120 per 30 days)
BRUKINSA ORAL TABLET	2	PA; LA; QL (60 per 30 days)
BYNFEZIA	3	MO; M
CABOMETYX	2	PA; MO; LA; QL (30 per 30 days)
CALQUENCE (ACALABRUTINIB MAL)	2	PA; LA; QL (60 per 30 days)
CAMCEVI (6 MONTH)	3	M
CAPRELSA ORAL TABLET 100 MG	2	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	2	PA; LA; QL (30 per 30 days)
CASODEX	3	MO
CAVHANZA	3	M
CELLCEPT	3	PA; MO
CLIGAVYX	3	M
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	2	PA; MO; QL (56 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	2	PA; MO; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	2	PA; MO; QL (84 per 28 days)
COPIKTRA	3	PA; LA; QL (56 per 28 days)
COTELLIC	2	PA; MO; LA; QL (63 per 28 days)
<i>cyclophosphamide oral capsule</i>	1	PA; MO
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	2	PA; MO
<i>cyclosporine modified</i>	1	PA; MO
<i>cyclosporine oral capsule</i>	1	PA; MO
CYRAMZA	2	MO; M
DANYELZA	3	M
DANZITEN	2	PA; QL (112 per 28 days)
DARZALEX FASPRO	3	MO; M
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>dasatinib oral tablet 20 mg</i>	1	PA; MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>dasatinib oral tablet 70 mg</i>	1	PA; MO; QL (60 per 30 days)
DATROWAY	3	MO; M
DAURISMO ORAL TABLET 100 MG	3	PA; MO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	3	PA; MO; QL (60 per 30 days)
DECNUPAZ	3	M
DROXIA	2	MO
ELAHERE	3	M
ELIGARD	2	PA; MO
ELIGARD (3 MONTH)	2	PA; MO
ELIGARD (4 MONTH)	2	PA; MO
ELIGARD (6 MONTH)	2	PA; MO
ELREXFIO	3	M
EMRELIS	3	M
ENSACOVE	2	PA; LA; QL (60 per 30 days)
ENSPRYNG	3	PA; MO
ENVARISUS XR	3	PA; MO
EPKINLY	3	M
ERIVEDGE	2	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET 240 MG	2	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ERLEADA ORAL TABLET 60 MG	2	PA; MO; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	1	PA; MO; QL (60 per 30 days)
EULEXIN	3	
EVDI	3	MO; M
<i>everolimus (antineoplastic) oral tablet</i>	1	PA; MO; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	1	PA; MO; QL (150 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>everolimus (immunosuppressive)</i>	1	PA; MO
<i>exemestane</i>	1	MO
FARESTON	3	M
FASLODEX	3	MO; M
FEMARA	3	MO
FENSOLVI	3	MO; M

Drug Name	Drug Tier	Requirements/Limits
FIRMAGON KIT W DILUENT SYRINGE	3	PA; MO
FOTIVDA	3	PA; LA; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	3	PA; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	3	PA; QL (21 per 28 days)
<i>fulvestrant</i>	1	MO; M
FYARRO	3	M
GAMIFANT	3	M
GAVRETO	2	PA; LA; QL (120 per 30 days)
<i>gefitinib</i>	1	PA; MO; QL (30 per 30 days)
<i>gengraf oral capsule</i>	1	PA; MO
GILOTRIF	3	PA; MO; QL (30 per 30 days)
GLEEVEC ORAL TABLET 100 MG	3	PA; MO; QL (180 per 30 days)
GLEEVEC ORAL TABLET 400 MG	3	PA; MO; QL (60 per 30 days)
GLEOSTINE	3	
GOMEKLI ORAL CAPSULE 1 MG	3	PA; QL (126 per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	3	PA; QL (84 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
GOMEKLI ORAL TABLET FOR SUSPENSION	3	PA; QL (168 per 28 days)
HERCEPTIN	3	MO; M
HERCEPTIN HYLECTA	3	MO; M
HERCESSI	3	M
HERNEXEOS	3	PA; MO; QL (90 per 30 days)
HERZUMA	3	MO; M
HYDREA	3	MO
<i>hydroxyurea</i>	1	MO
HYRNUO	3	PA; QL (120 per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 75 MG	2	MO; M
IBRANCE ORAL CAPSULE 125 MG	2	PA; MO; QL (21 per 28 days)
IBRANCE ORAL TABLET	2	PA; MO; QL (21 per 28 days)
IBTROZI	3	PA; QL (90 per 30 days)
ICLUSIG	3	PA; QL (30 per 30 days)
IDHIFA	2	PA; MO; LA; QL (30 per 30 days)
<i>imatinib oral tablet 100 mg</i>	1	PA; MO; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>imatinib oral tablet 400 mg</i>	1	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	2	PA; QL (90 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	2	PA; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION	2	PA; QL (324 per 30 days)
IMBRUVICA ORAL TABLET	2	PA; QL (28 per 28 days)
IMDELLTRA	3	MO; M
IMFINZI	2	MO; M
IMKELDI	3	PA; MO; QL (280 per 28 days)
IMURAN	3	PA; MO
INLEXZO	3	MO; M
INLURIYO	3	PA
INLYTA ORAL TABLET 1 MG	2	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	2	PA; MO; QL (120 per 30 days)
INQOVI	3	PA; MO; QL (5 per 28 days)
INREBIC	3	PA; MO; LA; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
IRESSA	3	PA; MO; QL (30 per 30 days)
ITOVEBI ORAL TABLET 3 MG	3	PA; MO; QL (60 per 30 days)
ITOVEBI ORAL TABLET 9 MG	3	PA; MO; QL (30 per 30 days)
IWILFIN	3	PA; LA; QL (240 per 30 days)
JAKAFI	2	PA; MO; QL (60 per 30 days)
JAKAFI XR	2	PA; MO; QL (30 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	3	PA; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	3	PA; QL (30 per 30 days)
JEMPERLI	3	MO; M
JOBEVNE	3	PA; MO; M
JYLAMVO	3	PA; MO
KANJINTI	3	PA; MO; M
KEYTRUDA	2	MO; M
KEYTRUDA QLEX	3	MO; M
KIMMTRAK	3	M
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	2	PA; MO; QL (21 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	2	PA; MO; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	2	PA; MO; QL (63 per 28 days)
KLISYRI (250 MG)	3	MO
KOMZIFTI	3	PA; QL (90 per 30 days)
KOSELUGO	3	PA
KRAZATI	3	PA; QL (180 per 30 days)
KYPROLIS	3	MO; M
LANREOTIDE SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	3	MO; M
<i>lapatinib</i>	1	PA; MO; QL (180 per 30 days)
LAZCLUZE ORAL TABLET 240 MG	3	PA; LA; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	3	PA; LA; QL (60 per 30 days)
<i>lenalidomide</i>	1	PA; MO; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	2	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	2	PA; MO; QL (90 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	2	PA; MO; QL (60 per 30 days)
<i>letrozole</i>	1	MO
LEUKERAN	3	MO
<i>leuprolide subcutaneous kit</i>	1	PA; MO
LIBTAYO	2	M
LIFYORLI ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 125 MG/DAY(100 MG X1-25MG X3), 125 MG/DAY(100 MG X1-25MG X9)	3	PA; LA; QL (18 per 28 days)
LIFYORLI ORAL CAPSULE 150 MG/DAY(100 MG X1-25MG X2), 150 MG/DAY(100 MG X1-25MG X3), 150 MG/DAY(100 MG X1-25MG X9)	3	PA; LA; QL (27 per 28 days)
<i>lomustine</i>	1	
LONSURF	2	PA; MO
LOQTORZI	3	MO; M

Drug Name	Drug Tier	Requirements/Limits
LORBRENA ORAL TABLET 100 MG	2	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	2	PA; MO; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	2	PA; MO; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	2	PA; MO; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	2	PA; MO; QL (90 per 30 days)
LUPKYNIS	3	PA; LA; QL (180 per 30 days)
LUPRON DEPOT	3	PA; MO
LUPRON DEPOT (3 MONTH)	3	PA; MO
LUPRON DEPOT (4 MONTH)	3	PA; MO
LUPRON DEPOT (6 MONTH)	3	PA; MO
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	3	PA; MO; M
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	3	MO; M

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Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	3	MO; M
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	3	PA; MO; M
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT	3	PA; MO; M
LUTRATE DEPOT (3 MONTH)	3	PA; MO
LYNOZYFIC INTRAVENOUS SOLUTION 20 MG/ML	3	M
LYNPARZA	2	PA; MO; QL (120 per 30 days)
LYSODREN	3	
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	3	PA; LA; QL (84 per 28 days)
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	3	PA; LA; QL (112 per 28 days)
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	3	PA; LA; QL (140 per 28 days)
MATULANE	2	

Drug Name	Drug Tier	Requirements/Limits
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	1	PA; M
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	PA; MO
<i>megestrol oral tablet</i>	1	PA; MO
MEKINIST ORAL RECON SOLN	2	PA; MO; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	2	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	2	PA; MO; QL (30 per 30 days)
MEKTOVI	2	PA; MO; LA; QL (180 per 30 days)
<i>mercaptopurine</i>	1	MO
<i>methotrexate sodium (pf) injection solution</i>	1	MO
<i>methotrexate sodium injection</i>	1	MO
<i>methotrexate sodium oral</i>	1	PA; MO
<i>mitoxantrone</i>	1	MO; M
MODEYSO	3	PA; QL (20 per 28 days)
MONJUVI	3	M
MVASI	3	PA; MO; M
MYCAPSSA	3	PA; LA

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Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil</i>	1	PA; MO
<i>mycophenolate sodium</i>	1	PA; MO
MYFORTIC	3	PA; MO
MYHIBBIN	3	PA; MO
NELARABINE	3	MO; M
NEMLUVIO	2	PA; MO; QL (2 per 28 days)
NEORAL	3	PA; MO
NERLYNX	2	PA; MO; LA
NEXAVAR	3	PA; MO; LA; QL (120 per 30 days)
NIKTIMVO	3	M
NILANDRON	3	MO; M
NILOTINIB D-TARTRATE ORAL CAPSULE 150 MG, 200 MG	3	PA; MO; QL (112 per 28 days)
NILOTINIB D-TARTRATE ORAL CAPSULE 50 MG	3	PA; MO; QL (120 per 30 days)
<i>nilotinib hcl oral capsule 150 mg, 200 mg</i>	1	PA; MO; QL (112 per 28 days)
<i>nilotinib hcl oral capsule 50 mg</i>	1	PA; MO; QL (120 per 30 days)
<i>nilutamide</i>	1	PA; MO
NINLARO	3	PA; MO; QL (3 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
NUBEQA	2	PA; MO; LA; QL (120 per 30 days)
NULOJIX	2	MO; M
<i>octreotide acetate injection solution</i>	1	PA; MO
<i>octreotide acetate injection syringe</i>	1	MO; M
<i>octreotide, microspheres</i>	1	M
ODOMZO	2	PA; MO; LA; QL (30 per 30 days)
OGIVRI	3	PA; MO; M
OGSIVEO ORAL TABLET 100 MG, 150 MG	3	PA; QL (56 per 28 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	3	PA; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	3	PA; QL (16 per 28 days)
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	3	PA; QL (20 per 28 days)
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	3	PA; QL (24 per 28 days)
OJJAARA	3	PA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG	3	PA; M
ONTRUZANT INTRAVENOUS RECON SOLN 420 MG	3	PA; MO; M
ONUREG	3	PA; MO; QL (14 per 28 days)
OPDIVO	3	MO; M
OPDIVO QVANTIG	3	MO; M
OPDUALAG	3	MO; M
ORGOVYX	2	PA; LA; QL (30 per 28 days)
ORSERDU ORAL TABLET 345 MG	3	PA; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	3	PA; QL (90 per 30 days)
PADCEV	3	MO; M
PALSONIFY	3	PA
<i>pazopanib oral tablet 200 mg</i>	1	PA; MO; QL (120 per 30 days)
PAZOPANIB ORAL TABLET 400 MG	3	MO; M
PEMAZYRE	3	PA; LA; QL (28 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg, 500 mg</i>	1	MO; M
<i>pemetrexed disodium intravenous recon soln 750 mg</i>	1	M
PEMETREXED DISODIUM INTRAVENOUS SOLUTION	3	M
PEMETREXED INTRAVENOUS SOLUTION	3	M
PEMRYDI RTU	3	M
PHESGO	3	MO; M
PHYRAGO ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	3	PA; QL (30 per 30 days)
PHYRAGO ORAL TABLET 20 MG	3	PA; QL (90 per 30 days)
PHYRAGO ORAL TABLET 70 MG	3	PA; QL (60 per 30 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	2	PA; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	2	PA; QL (56 per 28 days)

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<i>pomalidomide</i>	1	PA; MO; QL (21 per 28 days)
POMALYST	2	PA; MO; LA; QL (21 per 28 days)
POTELIGEO	2	M
PROGRAF ORAL	3	PA; MO
PURIXAN	3	
QINLOCK	3	PA; LA; QL (90 per 30 days)
RETEVMO ORAL CAPSULE	2	MO; M
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	2	PA; MO; LA; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	2	PA; MO; LA; QL (90 per 30 days)
REVLIMID	3	PA; MO; LA; QL (28 per 28 days)
REVTORPYK	3	M
REVUFORJ ORAL TABLET 110 MG	3	PA; QL (120 per 30 days)
REVUFORJ ORAL TABLET 160 MG	3	PA; QL (60 per 30 days)
REVUFORJ ORAL TABLET 25 MG	3	PA; QL (240 per 30 days)
REZLIDHIA	3	PA; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
REZUROCK	3	PA; LA; QL (30 per 30 days)
RIABNI	3	PA; MO
RITUXAN	3	MO; M
RITUXAN HYCELA	3	MO; M
ROMVIMZA	3	PA; LA; QL (8 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	2	PA; MO; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	2	PA; MO; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET	2	PA; MO; QL (336 per 28 days)
RUBRACA	3	PA; MO; LA; QL (120 per 30 days)
RUXIENCE	2	PA; MO
RYBREVA	3	MO; M
RYBREVA FASPRO	3	MO; M
RYDAPT	2	PA; MO; QL (224 per 28 days)
RYTELO	3	M
SANDIMMUNE ORAL CAPSULE	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	PA; MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON	3	MO; M
SAPHNELO INTRAVENOUS	3	MO; M
SAPHNELO PEN	3	PA; MO; LA
SAPHNELO SUBCUTANEOUS	3	PA; MO; LA
SARCLISA	3	M
SARCLISA ESCENA	3	M
SCEMBLIX ORAL TABLET 100 MG	2	PA; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	2	PA; QL (60 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	2	PA; QL (300 per 30 days)
SIGNIFOR	2	PA
SIGNIFOR LAR	3	M
SIKLOS	3	MO
<i>sirolimus</i>	1	PA; MO
SOLTAMOX	3	MO

Drug Name	Drug Tier	Requirements/Limits
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	3	PA; MO; M
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML	2	PA; MO; M
<i>sorafenib</i>	1	PA; MO; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	3	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	3	PA; MO; QL (90 per 30 days)
SPRYCEL ORAL TABLET 70 MG	3	PA; MO; QL (60 per 30 days)
STIVARGA	2	PA; MO; QL (84 per 28 days)
<i>sunitinib malate</i>	1	PA; MO; QL (28 per 28 days)
SUPPRELIN LA	3	MO; M
SUTENT	3	PA; MO; QL (28 per 28 days)
SYLVANT	3	MO; M
TABLOID	3	MO
TABRECTA	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus oral</i>	1	PA; MO
TAFINLAR ORAL CAPSULE	2	PA; MO; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION	2	PA; MO; QL (840 per 28 days)
TAGRISSO	3	PA; MO; LA; QL (30 per 30 days)
TALVEY	3	M
TALZENNA	2	PA; MO; QL (30 per 30 days)
<i>tamoxifen</i>	1	MO
TARGETIN	3	PA; MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	3	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	3	PA; MO; QL (120 per 30 days)
TECENTRIQ	2	MO; M
TECENTRIQ HYBREZA	3	MO; M
TEPMETKO	3	PA; LA
TEVIMBRA	3	M
THALOMID ORAL CAPSULE 100 MG	3	PA; MO; QL (112 per 28 days)
THALOMID ORAL CAPSULE 200 MG	3	M
THALOMID ORAL CAPSULE 50 MG	3	PA; MO; QL (28 per 28 days)
TIBSOVO	2	PA

Drug Name	Drug Tier	Requirements/Limits
TIVDAK	3	MO; M
<i>toremifene</i>	1	MO
<i>torpenz</i>	1	PA; QL (30 per 30 days)
TRAZIMERA	2	MO; M
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	PA; MO
<i>tretinoin (antineoplastic)</i>	1	MO
TREXALL	3	PA; MO
TRIPTODUR	3	M
TRODELVY	3	M
TRUQAP	3	PA; QL (64 per 28 days)
TRUTAKNA	3	M
TUKYSA ORAL TABLET 150 MG	3	PA; LA; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	3	PA; LA; QL (300 per 30 days)
TURALIO	3	PA; LA; QL (120 per 30 days)
TYKERB	3	PA; MO; LA; QL (180 per 30 days)
UNLOXCYT	3	M
UPLIZNA	3	MO; M
VABRINTY (1 MONTH)	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
VABRINTY (3 MONTH)	3	PA; MO
VABRINTY (4 MONTH)	3	PA; MO
VABRINTY (6 MONTH)	3	PA; MO
VANFLYTA	3	PA; QL (56 per 28 days)
VEGZELMA	3	MO; M
VENCLEXTA ORAL TABLET 10 MG	2	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	2	PA; LA; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	2	PA; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK	2	PA; LA; QL (42 per 180 days)
VEPPANU	3	M
VERZENIO	2	PA; MO; LA; QL (56 per 28 days)
VIJOICE ORAL GRANULES IN PACKET	3	PA; QL (28 per 28 days)
VIJOICE ORAL TABLET 125 MG, 50 MG	3	PA; QL (28 per 28 days)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	3	PA; QL (56 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
VITRAKVI ORAL CAPSULE 100 MG	2	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	2	PA; MO; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	2	PA; MO; LA; QL (300 per 30 days)
VIZIMPRO	3	MO; M
VONJO	3	PA; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG	3	PA; QL (60 per 30 days)
VORANIGO ORAL TABLET 40 MG	3	PA; QL (30 per 30 days)
VOTRIENT	3	PA; MO; QL (120 per 30 days)
VOYXACT	3	PA; LA; QL (2 per 28 days)
VYLOY	3	M
WAYRILZ	3	PA; LA
WELIREG	3	PA; LA
XALKORI ORAL CAPSULE	3	PA; MO; QL (60 per 30 days)
XALKORI ORAL PELLETT 150 MG	3	PA; MO; QL (180 per 30 days)
XALKORI ORAL PELLETT 20 MG, 50 MG	3	PA; MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
XATMEP	3	PA; MO
XERMELO	3	PA; LA; QL (84 per 28 days)
XOSPATA	2	PA; LA; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 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), 80 MG/WEEK (80 MG X 1), 80MG TWICE WEEK (160 MG/WEEK)	3	PA; LA
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1)	3	PA; LA; M
XROMI	3	MO
XTANDI ORAL CAPSULE	2	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	2	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	2	PA; MO; QL (60 per 30 days)
YONDELIS	2	M

Drug Name	Drug Tier	Requirements/Limits
YONSA	3	PA; MO; QL (120 per 30 days)
<i>yulithira</i>	1	M
ZALTRAP	2	MO; M
ZEJULA	3	PA; MO; LA; QL (30 per 30 days)
ZELBORAF	2	PA; MO; QL (224 per 28 days)
ZENBEXUS	3	M
ZEPZELCA	3	M
ZIIHERA	3	M
ZIRABEV	2	MO; M
ZOLADEX	3	MO; M
ZOLINZA	2	PA; MO; QL (120 per 30 days)
ZORTRESS	3	PA; MO
ZYDELIG	3	MO; M
ZYKADIA	3	PA; MO; QL (90 per 30 days)
ZYNLONTA	3	M
ZYNYZ	3	MO; M
ZYTIGA ORAL TABLET 250 MG	3	PA; MO; QL (120 per 30 days)
ZYTIGA ORAL TABLET 500 MG	3	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG, 600 MG, 800 MG	3	MO; QL (60 per 30 days)
APTIOM ORAL TABLET 400 MG	3	MO; QL (30 per 30 days)
BANZEL	3	PA; MO
<i>brivaracetam oral solution</i>	1	PA; MO; M; QL (600 per 30 days)
<i>brivaracetam oral tablet</i>	1	PA; MO; QL (60 per 30 days)
BRIVIACT ORAL SOLUTION	3	PA; MO; QL (600 per 30 days)
BRIVIACT ORAL TABLET	3	PA; MO; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	MO
<i>carbamazepine oral suspension 100 mg/5 ml (5 ml), 200 mg/10 ml</i>	1	M
<i>carbamazepine oral tablet</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine oral tablet extended release 12 hr</i>	1	MO
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	MO
CARBAMAZEPINE ORAL TABLET, CHEWABLE 200 MG	3	MO
CARBATROL	3	MO
CELONTIN ORAL CAPSULE 300 MG	3	MO
<i>clobazam oral suspension</i>	1	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet</i>	1	PA; MO; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	MO; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	1	MO; QL (300 per 30 days)
DEPAKOTE	3	MO
DEPAKOTE ER	3	MO
DEPAKOTE SPRINKLES	3	MO
DIACOMIT	3	PA; LA

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Drug Name	Drug Tier	Requirements/Limits
<i>diazepam rectal</i>	1	MO
DILANTIN 30 MG	3	MO
DILANTIN EXTENDED 100 MG	3	MO
DILANTIN INFATABS	3	MO
DILANTIN-125	3	MO
<i>divalproex</i>	1	MO
ELEPSIA XR	3	M
EPIDIOLEX	3	PA; MO; LA
EPRONTIA	3	PA; MO
EQUETRO	3	MO
<i>eslicarbazepine oral tablet 200 mg, 600 mg, 800 mg</i>	1	MO; QL (60 per 30 days)
<i>eslicarbazepine oral tablet 400 mg</i>	1	MO; QL (30 per 30 days)
<i>ethosuximide</i>	1	MO
<i>felbamate</i>	1	MO
FELBATOL ORAL TABLET	3	MO
FINTEPLA	3	PA; LA; QL (360 per 30 days)
FYCOMPA ORAL SUSPENSION	3	MO; QL (720 per 30 days)
FYCOMPA ORAL TABLET	3	MO; QL (30 per 30 days)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	MO; QL (270 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin oral capsule 200 mg</i>	1	M
<i>gabapentin oral capsule 300 mg</i>	1	MO; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	1	MO; QL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	1	M; QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	MO; QL (120 per 30 days)
<i>gabapentin oral tablet extended release 24 hr 300 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>gabapentin oral tablet extended release 24 hr 450 mg, 600 mg, 750 mg, 900 mg</i>	1	PA; MO; QL (60 per 30 days)
GABARONE	3	QL (270 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	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, 600 MG, 750 MG, 900 MG	3	PA; MO; QL (60 per 30 days)
KEPPRA ORAL	3	MO
KEPPRA XR	3	MO
KLONOPIN ORAL TABLET 0.5 MG, 1 MG	3	MO; QL (90 per 30 days)
KLONOPIN ORAL TABLET 2 MG	3	MO; QL (300 per 30 days)
<i>lacosamide oral solution</i>	1	MO; QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	1	MO; QL (60 per 30 days)
<i>lacosamide oral tablet 50 mg</i>	1	MO; QL (120 per 30 days)
LAMICTAL ODT	3	MO
LAMICTAL ORAL TABLET	3	MO
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	MO
LAMICTAL STARTER (BLUE) KIT	3	MO
LAMICTAL STARTER (GREEN) KIT	3	MO

Drug Name	Drug Tier	Requirements/Limits
LAMICTAL STARTER (ORANGE) KIT	3	MO
LAMICTAL XR	3	MO
LAMICTAL XR STARTER (BLUE)	3	MO
LAMICTAL XR STARTER (GREEN)	3	MO
LAMICTAL XR STARTER (ORANGE)	3	MO
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet disintegrating, dose pk</i>	1	MO
<i>lamotrigine oral tablet extended release 24hr</i>	1	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	1	MO
<i>lamotrigine oral tablet, disintegrating</i>	1	MO; M
<i>lamotrigine oral tablets, dose pack</i>	1	MO
<i>levetiracetam oral solution 100 mg/ml</i>	1	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	1	M
<i>levetiracetam oral tablet</i>	1	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
LEVETIRACETAM ORAL TABLET FOR SUSPENSION	3	MO
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	3	PA; MO; QL (30 per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	3	PA; MO; QL (60 per 30 days)
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 75 MG	3	MO; QL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	3	MO; QL (60 per 30 days)
LYRICA ORAL CAPSULE 50 MG	3	QL (90 per 30 days)
LYRICA ORAL SOLUTION	3	MO; QL (900 per 30 days)
<i>methsuximide</i>	1	MO
MOTPOLY XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG	3	ST; MO; QL (120 per 30 days)
MOTPOLY XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 200 MG	3	ST; MO; QL (60 per 30 days)
MYSOLINE	3	MO

Drug Name	Drug Tier	Requirements/Limits
NAYZILAM	2	PA; MO; QL (10 per 30 days)
NEURONTIN ORAL CAPSULE 100 MG, 400 MG	3	MO; QL (270 per 30 days)
NEURONTIN ORAL CAPSULE 300 MG	3	MO; QL (360 per 30 days)
NEURONTIN ORAL SOLUTION	3	MO; QL (2160 per 30 days)
NEURONTIN ORAL TABLET 600 MG	3	MO; QL (180 per 30 days)
NEURONTIN ORAL TABLET 800 MG	3	MO; QL (120 per 30 days)
ONFI ORAL SUSPENSION	3	PA; MO; QL (480 per 30 days)
ONFI ORAL TABLET	3	PA; MO; QL (60 per 30 days)
<i>oxcarbazepine</i>	1	MO
OXTELLAR XR	3	MO
<i>perampanel oral suspension</i>	1	MO; QL (720 per 30 days)
<i>perampanel oral tablet</i>	1	MO; QL (30 per 30 days)
<i>phenobarbital oral elixir</i>	1	PA; MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	1	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	1	PA; MO
PHENYTEK	3	MO
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	MO
<i>phenytoin oral tablet, chewable</i>	1	MO
<i>phenytoin sodium extended oral capsule 100 mg</i>	1	MO
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	1	M
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	1	MO; QL (900 per 30 days)
<i>pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>pregabalin oral tablet extended release 24 hr 330 mg</i>	1	PA; MO; QL (60 per 30 days)
PRIMIDONE ORAL TABLET 125 MG	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>primidone oral tablet 250 mg, 50 mg</i>	1	MO
RELGAABI ORAL CAPSULE 200 MG	3	QL (540 per 30 days)
<i>relgaabi oral capsule 300 mg</i>	1	QL (360 per 30 days)
<i>relgaabi oral capsule 400 mg</i>	1	QL (270 per 30 days)
<i>roweepra</i>	1	MO
<i>rufinamide</i>	1	PA; MO
SABRIL	3	PA; MO; LA
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 750 MG	3	M
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG	3	
SUBVENITE ORAL SUSPENSION	3	MO
<i>subvenite oral tablet</i>	1	MO
<i>subvenite starter (blue) kit</i>	1	MO
<i>subvenite starter (green) kit</i>	1	MO
<i>subvenite starter (orange) kit</i>	1	MO
SYMPAZAN	3	PA; MO; QL (60 per 30 days)
TEGRETOL ORAL SUSPENSION	3	MO

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Drug Name	Drug Tier	Requirements/Limits
TEGRETOL ORAL TABLET	3	MO
TEGRETOL XR	3	MO
<i>tiagabine</i>	1	MO
TOPAMAX	3	PA; MO
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	PA; MO
TOPIRAMATE ORAL CAPSULE, SPRINKLE 50 MG	3	PA; MO
<i>topiramate oral capsule, extended release 24hr</i>	1	PA; MO
<i>topiramate oral capsule, sprinkle, er 24hr</i>	1	PA; MO
<i>topiramate oral solution</i>	1	PA; MO
<i>topiramate oral tablet</i>	1	PA; MO
TRILEPTAL	3	MO
TROKENDI XR	3	PA; MO
<i>valproic acid</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	1	M
VALTOCO	2	PA; MO; QL (10 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>vigabatrin</i>	1	PA; MO; LA
<i>vigadrone</i>	1	PA; LA
VIGAFYDE	3	PA; LA
VIMPAT ORAL SOLUTION	3	MO; QL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	3	MO; QL (60 per 30 days)
VIMPAT ORAL TABLET 50 MG	3	MO; QL (120 per 30 days)
XCOPRI MAINTENANCE PACK	3	MO; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	3	MO; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	3	MO; QL (60 per 30 days)
XCOPRI TITRATION PACK	3	MO; QL (28 per 180 days)
ZARONTIN	3	MO
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	PA; MO
ZONISADE	3	PA; MO
<i>zonisamide</i>	1	PA; MO
ZTALMY	3	PA; LA; QL (1100 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSONISM AGENTS		
APOKYN	3	PA; MO; LA; QL (90 per 30 days)
<i>apomorphine</i>	1	PA; QL (90 per 30 days)
AZILECT	3	MO
<i>benztropine oral</i>	1	PA; MO
<i>bromocriptine oral capsule</i>	1	
<i>bromocriptine oral tablet</i>	1	MO
<i>carbidopa</i>	1	MO
CARBIDOPA-LEVODOPA ORAL CAPSULE, EXTENDED RELEASE	3	MO
<i>carbidopa-levodopa oral tablet</i>	1	MO
<i>carbidopa-levodopa oral tablet extended release</i>	1	MO
<i>carbidopa-levodopa oral tablet, disintegrating</i>	1	MO
<i>carbidopa-levodopa-entacapone</i>	1	MO
CREXONT	3	MO
DHIVY	3	MO
DUOPA	3	PA; MO
<i>entacapone</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 137 MG	3	PA; QL (60 per 30 days)
GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 68.5 MG	3	PA; QL (30 per 30 days)
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	2	PA; QL (300 per 30 days)
LODOSYN	3	MO
NEUPRO	3	MO
NOURIANZ	3	PA; MO; LA; QL (30 per 30 days)
ONAPGO	3	PA; LA
ONGENTYS	3	MO; QL (30 per 30 days)
PARLODEL	3	
<i>pramipexole</i>	1	MO
<i>rasagiline</i>	1	MO
<i>ropinirole</i>	1	MO
RYTARY	3	MO
<i>selegiline hcl</i>	1	MO
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	MO
TASMAR ORAL TABLET 100 MG	3	PA; MO
<i>tolcapone</i>	1	PA; MO
<i>trihexyphenidyl</i>	1	MO
VYALEV	3	MO; M

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Drug Name	Drug Tier	Requirements/Limits
XADAGO	3	MO; M
ZELAPAR	3	PA; MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	2	PA; MO; QL (1 per 30 days)
AJOVY AUTOINJECTOR	3	PA; MO; QL (1.5 per 30 days)
AJOVY SYRINGE	3	PA; MO; QL (1.5 per 30 days)
<i>almotriptan malate</i>	1	MO; QL (16 per 28 days)
BREKIYA	3	ST; QL (24 per 28 days)
CAFERGOT	3	
<i>dihydroergotamine nasal</i>	1	QL (8 per 28 days)
<i>eletriptan</i>	1	MO; QL (18 per 28 days)
ELYXYB	3	PA; MO
EMGALITY PEN	2	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; MO; QL (2 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
EMGALITY SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	3	PA; MO; QL (3 per 30 days)
ERGOMAR	3	
<i>ergotamine-caffeine</i>	1	MO
<i>frovatriptan</i>	1	MO; QL (27 per 28 days)
IMITREX ORAL TABLET 100 MG	3	MO; QL (18 per 28 days)
IMITREX ORAL TABLET 25 MG, 50 MG	3	QL (18 per 28 days)
IMITREX STATDOSE SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML	3	MO; QL (8 per 28 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 6 MG/0.5 ML	3	MO; QL (8 per 28 days)
MAXALT ORAL TABLET 10 MG	3	MO; QL (24 per 28 days)
MAXALT-MLT ORAL TABLET, DISINTEGRATING 10 MG	3	MO; QL (24 per 28 days)
<i>migergot</i>	1	MO
<i>naratriptan</i>	1	MO; QL (18 per 28 days)
NURTEC ODT	2	PA; QL (16 per 30 days)

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ONZETRA XSAIL	3	MO; QL (32 per 28 days)
QULIPTA	2	PA; MO; QL (30 per 30 days)
RELPAX	3	MO; QL (18 per 28 days)
REYVOW ORAL TABLET 100 MG	3	PA; QL (16 per 30 days)
REYVOW ORAL TABLET 50 MG	3	PA; QL (8 per 30 days)
<i>rizatriptan</i>	1	MO; QL (24 per 28 days)
<i>sumatriptan</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan succinate oral</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	1	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	1	MO; QL (8 per 28 days)
<i>sumatriptan-naproxen</i>	1	MO; QL (18 per 28 days)
SYMBRAVO	3	ST; MO; QL (9 per 28 days)
TOSYMRA	3	MO; QL (24 per 28 days)
TREXIMET	3	MO; QL (18 per 28 days)
TRUDHESA	3	ST; QL (12 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
UBRELVY	2	PA; QL (20 per 30 days)
VYEPTI	3	M
ZAVZPRET	3	PA; MO; QL (6 per 28 days)
ZEMBRACE SYMTOUCH	3	MO; QL (8 per 28 days)
ZOLMITRIPTAN NASAL SPRAY, NON-AEROSOL 2.5 MG	3	MO; QL (18 per 28 days)
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i>	1	MO; QL (18 per 28 days)
<i>zolmitriptan oral</i>	1	MO; QL (18 per 28 days)
ZOMIG	3	MO; QL (18 per 28 days)

MISCELLANEOUS NEUROLOGICAL THERAPY

AMONDYS-45	3	M
AMPYRA	3	PA; MO; LA; QL (60 per 30 days)
AMVUTTRA	3	MO; M
ARICEPT	3	MO
AUBAGIO	3	PA; MO; QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	2	PA; MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
AUSTEDO ORAL TABLET 6 MG	2	PA; MO; QL (60 per 30 days)
AUSTEDO XR	2	PA; MO; QL (30 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	2	PA; MO; QL (28 per 180 days)
BAFIERTAM	3	PA; MO; QL (120 per 30 days)
BRIUMVI	3	MO; M
<i>cladribine(multiple sclerosis) oral tablet 10 mg</i>	1	PA; MO; M; QL (36 per 720 days)
<i>cladribine(multiple sclerosis) oral tablet 10 mg (10 pack)</i>	1	PA; QL (40 per 720 days)
<i>cladribine(multiple sclerosis) oral tablet 10 mg (4 pack)</i>	1	PA; QL (16 per 720 days)
<i>cladribine(multiple sclerosis) oral tablet 10 mg (5 pack)</i>	1	PA; QL (20 per 720 days)
<i>cladribine(multiple sclerosis) oral tablet 10 mg (6 pack)</i>	1	PA; QL (24 per 720 days)
<i>cladribine(multiple sclerosis) oral tablet 10 mg (7 pack)</i>	1	PA; QL (28 per 720 days)
<i>cladribine(multiple sclerosis) oral tablet 10 mg (8 pack)</i>	1	PA; QL (32 per 720 days)

Drug Name	Drug Tier	Requirements/Limits
<i>cladribine(multiple sclerosis) oral tablet 10 mg (9 pack)</i>	1	PA; QL (36 per 720 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	3	PA; MO; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	3	PA; MO; QL (12 per 28 days)
<i>dalfampridine</i>	1	PA; MO; QL (60 per 30 days)
DAYBUE	3	PA; LA
DAYBUE STIX	3	PA; LA
<i>dichlorphenamide</i>	1	PA; MO
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	1	PA; MO; QL (56 per 28 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	1	PA; MO; QL (120 per 180 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>donepezil</i>	1	MO
<i>edaravone intravenous solution 30 mg/100 ml</i>	1	M
EVRYSDI ORAL RECON SOLN	3	PA; MO; LA; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
EVRYSDI ORAL TABLET	3	PA; MO; LA; QL (30 per 30 days)
EXELON PATCH	3	MO
EXONDYS-51	3	M
<i>fingolimod</i>	1	PA; MO; QL (30 per 30 days)
FIRDAPSE	3	PA; LA
<i>galantamine</i>	1	MO
GILENYA ORAL CAPSULE 0.25 MG	3	PA; QL (30 per 30 days)
GILENYA ORAL CAPSULE 0.5 MG	3	PA; MO; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	1	PA; MO; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	1	PA; MO; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	1	PA; MO; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	1	PA; MO; QL (12 per 28 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	3	PA; MO; QL (30 per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	3	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
INGREZZA	2	PA; LA; QL (30 per 30 days)
INGREZZA INITIATION PK(TARDIV)	2	PA; LA; QL (28 per 180 days)
INGREZZA SPRINKLE	2	PA; LA; QL (30 per 30 days)
KESIMPTA PEN	2	PA; MO; QL (1.6 per 28 days)
KEVEYIS	3	PA
KISUNLA	3	MO; M
LEMTRADA	3	MO; M
LEQEMBI	3	M
LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 360 MG/1.8 ML	3	PA
LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 500 MG/2.5 ML (250MG/1.25MLX2)	2	M
MAVENCLAD (10 TABLET PACK)	3	PA; MO; LA; QL (40 per 720 days)
MAVENCLAD (4 TABLET PACK)	3	PA; MO; LA; QL (16 per 720 days)
MAVENCLAD (5 TABLET PACK)	3	PA; MO; LA; QL (20 per 720 days)

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Drug Name	Drug Tier	Requirements/Limits
MAVENCLAD (6 TABLET PACK)	3	PA; MO; LA; QL (24 per 720 days)
MAVENCLAD (7 TABLET PACK)	3	PA; MO; LA; QL (28 per 720 days)
MAVENCLAD (8 TABLET PACK)	3	PA; MO; LA; QL (32 per 720 days)
MAVENCLAD (9 TABLET PACK)	3	PA; MO; LA; QL (36 per 720 days)
MAYZENT ORAL TABLET 0.25 MG	3	PA; MO; QL (120 per 30 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	3	PA; MO; QL (30 per 30 days)
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)
<i>memantine oral capsule,sprinkle,er 24hr</i>	1	PA; MO
<i>memantine oral solution</i>	1	PA; MO
<i>memantine oral tablet</i>	1	PA; MO
<i>memantine-donepezil</i>	1	PA; MO
MIPLYFFA	3	PA; LA

Drug Name	Drug Tier	Requirements/Limits
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	3	PA; MO
NUEDEXTA	3	PA; MO
NULIBRY	3	M
OCREVUS	3	MO; M
OCREVUS ZUNOVO	3	MO; M
ONPATTRO	3	MO; M
<i>ormalvi</i>	1	PA
PONVORY	3	PA; MO; QL (30 per 30 days)
PONVORY 14-DAY STARTER PACK	3	PA; MO; QL (14 per 180 days)
RADICAVA	3	M
RADICAVA ORS	2	PA; MO; M
RADICAVA ORS STARTER KIT SUSP	2	PA; MO
<i>rivastigmine</i>	1	MO
<i>rivastigmine tartrate</i>	1	MO
SKYCLARYS	3	PA; LA
TASCENSO ODT	3	PA; MO; QL (30 per 30 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG	3	PA; MO; LA; QL (56 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
TECFIDERA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 120 MG (14)- 240 MG (46)	3	PA; MO; LA; QL (120 per 180 days)
TECFIDERA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 240 MG	3	PA; MO; LA; QL (60 per 30 days)
<i>teriflunomide</i>	1	PA; MO; QL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	1	PA; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	1	PA; MO; QL (120 per 30 days)
TYRUKO	3	PA; MO; M; QL (15 per 28 days)
TYSABRI	3	MO; M
VILTEPSO	3	M
VUMERITY	2	PA; MO; QL (120 per 30 days)
VYONDYS-53	3	M
WAINUA SUBCUTANEOUS AUTO-INJECTOR	3	PA; LA; QL (0.8 per 28 days)
WAINUA SUBCUTANEOUS SYRINGE	3	M

Drug Name	Drug Tier	Requirements/Limits
XENAZINE ORAL TABLET 12.5 MG	3	PA; MO; LA; QL (240 per 30 days)
XENAZINE ORAL TABLET 25 MG	3	PA; MO; LA; QL (120 per 30 days)
ZEPOSIA	2	PA; MO; QL (30 per 30 days)
ZEPOSIA STARTER KIT (28-DAY)	2	PA; MO; QL (28 per 180 days)
ZEPOSIA STARTER PACK (7-DAY)	2	PA; MO; QL (7 per 180 days)
ZUNVEYL	3	MO
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
AMRIX	3	PA; MO
<i>baclofen intrathecal solution</i>	1	M
<i>baclofen intrathecal syringe</i>	1	M
<i>baclofen oral solution</i>	1	MO
<i>baclofen oral suspension</i>	1	MO
<i>baclofen oral tablet</i>	1	MO
<i>carisoprodol</i>	1	PA; MO
<i>chlorzoxazone oral tablet 250 mg</i>	1	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg</i>	1	PA; MO
<i>cyclobenzaprine</i>	1	PA; MO
DANTRIUM ORAL CAPSULE 25 MG	3	MO
<i>dantrolene oral</i>	1	MO
FEXMID	3	PA
FLEQSUVY	3	MO
GABLOFEN	3	M
IMAAVY	3	MO; M
LIORESAL	2	M
<i>meprobamate</i>	1	MO
MESTINON ORAL	3	MO
MESTINON TIMESPAN	3	MO
<i>metaxalone oral tablet 400 mg, 800 mg</i>	1	PA; MO
METAXALONE ORAL TABLET 640 MG	3	PA; MO
<i>methocarbamol oral tablet 1,000 mg</i>	1	PA
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	PA; MO
NORGESIC	3	PA
NORGESIC FORTE	3	PA
ONTRALFY	3	MO
<i>orphenadrine citrate oral</i>	1	PA; MO

Drug Name	Drug Tier	Requirements/Limits
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>	1	PA
OZOBAX DS	3	
<i>pyridostigmine bromide oral syrup</i>	1	MO
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	MO
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1	MO
RYSTIGGO	3	M
SOMA	3	PA; MO
<i>tanlor</i>	1	PA
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	1	MO
TIZANIDINE ORAL CAPSULE 8 MG	3	
<i>tizanidine oral tablet</i>	1	MO
TONMYA	3	PA; MO
VYVGART	3	MO; M
VYVGART HYTRULO SUBCUTANEOUS SOLUTION	3	PA; MO; LA; M
VYVGART HYTRULO SUBCUTANEOUS SYRINGE	3	PA; MO; LA

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Drug Name	Drug Tier	Requirements/Limits
ZANAFLEX	3	MO
ZILBRYSQ	3	PA; LA
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	MO; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	MO; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	MO; QL (180 per 30 days)
ALLZITAL	3	QL (360 per 30 days)
<i>ascomp with codeine</i>	1	MO; QL (180 per 30 days)
BELBUCA	3	PA; MO; QL (60 per 30 days)
BRIXADI	3	MO; M
<i>buprenorphine hcl sublingual</i>	1	MO
<i>buprenorphine transdermal patch</i>	1	PA; MO; QL (4 per 28 days)
<i>butalbital-acetaminophen-caf-cod oral capsule 50-300-40-30 mg</i>	1	MO; QL (360 per 30 days)
<i>butalbital-acetaminophen-caf-cod oral capsule 50-325-40-30 mg</i>	1	MO; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-acetaminophen</i>	1	MO; QL (180 per 30 days)
<i>butalbital-acetaminophen-caf oral capsule</i>	1	MO; QL (180 per 30 days)
<i>butalbital-acetaminophen-caf oral tablet</i>	1	MO; QL (180 per 30 days)
<i>butalbital-aspirin-cafeine oral capsule</i>	1	MO; QL (180 per 30 days)
BUTRANS	3	PA; MO; QL (4 per 28 days)
<i>codeine sulfate</i>	1	QL (180 per 30 days)
<i>codeine-bitalbital-asa-caf</i>	1	MO; QL (180 per 30 days)
DEMEROL (PF) INJECTION SYRINGE 25 MG/ML	3	
DEMEROL INJECTION	3	
DILAUDID ORAL LIQUID	3	QL (2400 per 30 days)
DILAUDID ORAL TABLET	3	QL (180 per 30 days)
<i>fentanyl</i>	1	PA; QL (10 per 30 days)
FIORICET	3	MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone bitartrate, oral only, er 12hr</i>	1	PA; QL (90 per 30 days)
<i>hydrocodone bitartrate, oral only, ext.rel.24 hr</i>	1	PA; QL (60 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15 ml</i>	1	QL (6000 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	1	QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (360 per 30 days)
<i>hydrocodone-ibuprofen</i>	1	QL (50 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	1	
<i>hydromorphone oral liquid</i>	1	QL (2400 per 30 days)
<i>hydromorphone oral tablet</i>	1	QL (180 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr</i>	1	PA; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>HYSINGLA ER ORAL TABLET, ORAL ONLY, EXT.REL.24 HR 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG</i>	3	PA; QL (60 per 30 days)
<i>levorphanol tartrate</i>	1	QL (120 per 30 days)
<i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	1	
<i>meperidine oral solution</i>	1	QL (1200 per 30 days)
<i>meperidine oral tablet 50 mg</i>	1	QL (240 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	1	PA; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	1	PA; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	1	PA; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	1	PA; QL (240 per 30 days)
<i>morphine concentrate oral solution</i>	1	QL (900 per 30 days)
<i>morphine oral capsule, er multiphase 24 hr</i>	1	PA; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine oral capsule, extended release pellets 10 mg, 100 mg, 20 mg, 50 mg, 60 mg, 80 mg</i>	1	PA; QL (90 per 30 days)
<i>morphine oral solution</i>	1	QL (900 per 30 days)
<i>morphine oral tablet</i>	1	QL (180 per 30 days)
<i>morphine oral tablet extended release</i>	1	PA; QL (120 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG	3	PA; QL (120 per 30 days)
NALOCET	3	QL (390 per 30 days)
<i>oxycodone oral capsule</i>	1	QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	1	QL (180 per 30 days)
<i>oxycodone oral solution</i>	1	QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	1	QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	1	QL (360 per 30 days)
OXYCODONE ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG	3	QL (180 per 30 days)
OXYCODONE ORAL TABLET, ORAL ONLY 5 MG	3	QL (360 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	1	QL (390 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (360 per 30 days)
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	3	PA; QL (90 per 30 days)
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 80 MG	3	PA; QL (60 per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	1	QL (360 per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	1	QL (180 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr</i>	1	PA; QL (90 per 30 days)
PERCOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	3	QL (360 per 30 days)
PROLATE ORAL SOLUTION	3	MO; QL (2000 per 30 days)
<i>prolate oral tablet</i>	1	QL (390 per 30 days)
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	QL (180 per 30 days)

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ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG	3	QL (180 per 30 days)
ROXYBOND ORAL TABLET, ORAL ONLY 5 MG	3	QL (360 per 30 days)
SUBLOCADE	3	MO; M
<i>tencon</i>	1	QL (180 per 30 days)
XTAMPZA ER	3	PA; QL (90 per 30 days)
NON-NARCOTIC ANALGESICS		
ARTHROTEC 50	3	ST; MO
ARTHROTEC 75	3	ST; MO
<i>buprenorphine-naloxone</i>	1	MO
<i>butorphanol nasal</i>	1	MO; QL (10 per 28 days)
CAMBIA	3	ST; MO; QL (9 per 30 days)
CELEBREX ORAL CAPSULE 100 MG, 400 MG, 50 MG	3	
CELEBREX ORAL CAPSULE 200 MG	3	M
<i>celecoxib</i>	1	MO
CONZIP	3	PA; MO; QL (30 per 30 days)
DICLOFENAC EPOLAMINE	3	PA; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac potassium oral capsule</i>	1	MO
<i>diclofenac potassium oral powder in packet</i>	1	MO; QL (9 per 30 days)
<i>diclofenac potassium oral tablet</i>	1	MO
<i>diclofenac sodium oral</i>	1	MO
<i>diclofenac sodium topical drops</i>	1	PA; MO; QL (300 per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump</i>	1	PA; MO; QL (224 per 28 days)
<i>diclofenac-misoprostol</i>	1	MO
<i>diflunisal</i>	1	MO
DOLOBID	3	ST
<i>etodolac</i>	1	MO
<i>fenoprofen oral capsule 200 mg, 400 mg</i>	1	
<i>fenoprofen oral tablet</i>	1	M
FENOPRON	3	ST
FLECTOR	3	PA; MO; QL (60 per 30 days)
<i>flurbiprofen oral tablet 100 mg</i>	1	MO
<i>ibu oral tablet 400 mg</i>	1	MO; M
<i>ibu oral tablet 600 mg, 800 mg</i>	1	MO

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<i>ibuprofen oral suspension</i>	1	MO
<i>ibuprofen oral tablet 300 mg, 400 mg, 800 mg</i>	1	MO
<i>ibuprofen oral tablet 600 mg</i>	1	
<i>ibuprofen-famotidine</i>	1	MO
INDOCIN	3	MO
<i>indomethacin oral</i>	1	MO
<i>indomethacin rectal suppository 50 mg</i>	1	MO
JOURNAVX	2	MO; QL (30 per 90 days)
<i>ketoprofen oral capsule</i>	1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	MO
<i>ketorolac oral</i>	1	
KLOXXADO	3	MO
LICART	3	PA; MO; QL (30 per 30 days)
LODINE ORAL TABLET	3	ST
<i>lofena</i>	1	
<i>lofexidine</i>	1	PA; MO
<i>lurbiro</i>	1	
<i>meclofenamate</i>	1	MO
<i>mefenamic acid</i>	1	MO
MELOXICAM ORAL SUSPENSION	3	ST; MO; M; QL (300 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>meloxicam oral tablet</i>	1	MO; QL (30 per 30 days)
<i>meloxicam submicronized</i>	1	MO; QL (30 per 30 days)
<i>nabumetone</i>	1	MO
NALFON ORAL TABLET	3	M
<i>naloxone injection solution</i>	1	
<i>naloxone injection syringe</i>	1	
<i>naltrexone</i>	1	MO
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG	3	ST; MO; M
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 500 MG	3	ST; M
<i>naproxen</i>	1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	1	MO
<i>naproxen-esomeprazole</i>	1	MO
NUCYNTA ER	3	PA; QL (60 per 30 days)
NUCYNTA ORAL TABLET 100 MG	3	QL (181 per 30 days)
NUCYNTA ORAL TABLET 50 MG	3	QL (362 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
NUCYNTA ORAL TABLET 75 MG	3	QL (242 per 30 days)
OPVEE	3	MO
ORUDIS	3	ST
<i>oxaprozin oral tablet</i>	1	MO
<i>pentazocine-naloxone</i>	1	MO; QL (325 per 30 days)
<i>piroxicam</i>	1	MO
RELAFEN DS	3	ST; MO
<i>salsalate</i>	1	MO; M
SPRIX	3	ST
SUBOXONE	3	MO
<i>sulindac</i>	1	MO
<i>tapentadol oral tablet 100 mg</i>	1	QL (181 per 30 days)
<i>tapentadol oral tablet 50 mg</i>	1	QL (362 per 30 days)
<i>tapentadol oral tablet 75 mg</i>	1	QL (242 per 30 days)
TAPENTADOL ORAL TABLET EXTENDED RELEASE 12 HR	3	PA; QL (60 per 30 days)
TOLECTIN 600	3	ST
<i>tolectin ds</i>	1	
<i>tolmetin oral capsule</i>	1	
<i>tolmetin oral tablet 200 mg</i>	1	M
<i>tolmetin oral tablet 600 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
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)
<i>tramadol oral tablet 100 mg</i>	1	MO; QL (120 per 30 days)
TRAMADOL ORAL TABLET 25 MG, 75 MG	3	MO; QL (120 per 30 days)
<i>tramadol oral tablet 50 mg</i>	1	MO; QL (240 per 30 days)
<i>tramadol oral tablet extended release 24 hr</i>	1	PA; MO; QL (30 per 30 days)
<i>tramadol-acetaminophen</i>	1	MO; QL (240 per 30 days)
VIVITROL	3	MO
VIVLODEX	3	MO; M
VYSCOXIA	3	ST; MO
ZIPSOR	3	ST; MO
ZUBSOLV	3	MO
ZURNAI	3	
ZYBIC	3	ST; M; QL (300 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; QL (2.4 per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 960 MG/3.2 ML	2	MO; QL (3.2 per 56 days)
ABILIFY MAINTENA	2	MO; QL (1 per 28 days)
ABILIFY MYCITE MAINTENANCE KIT	3	M
ABILIFY ORAL TABLET	3	MO; QL (30 per 30 days)
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 30 MG	3	MO; M
ADDERALL ORAL TABLET 20 MG, 5 MG, 7.5 MG	3	MO
ADDERALL XR	3	ST; MO
ADZENYS XR-ODT	3	ST; MO
AMBIEN	3	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
AMBIEN CR	3	MO; QL (30 per 30 days)
<i>amitriptyline</i>	1	MO
<i>amitriptyline-chlordiazepoxide</i>	1	MO; M
<i>amoxapine</i>	1	MO
<i>amphetamine</i>	1	MO
<i>amphetamine sulfate</i>	1	PA; MO
ANAFRANIL	3	MO
APLENZIN	3	MO; QL (30 per 30 days)
APTENSIO XR	3	MO; M
<i>aripiprazole oral solution</i>	1	MO
<i>aripiprazole oral tablet</i>	1	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet, disintegrating</i>	1	MO; QL (60 per 30 days)
ARISTADA INITIO	2	MO; QL (2.4 per 180 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	2	MO; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	2	MO; QL (1.6 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE SYRING 662 MG/2.4 ML	2	MO; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE SYRING 882 MG/3.2 ML	2	MO; QL (3.2 per 28 days)
<i>armodafinil</i>	1	PA; MO; QL (30 per 30 days)
ARYNTA	3	ST; MO
<i>asenapine maleate</i>	1	MO; 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)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	MO; QL (30 per 30 days)
ATOMOXETINE ORAL SOLUTION	3	M
ATONCY	3	MO; M
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC	3	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
AUVELITY ORAL TABLET, IR ER BIPHASIC, DOSE PACK	3	QL (51 per 180 days)
AZSTARYS	3	ST; MO
BELSOMRA	2	PA; QL (30 per 30 days)
BUCAPSOL ORAL CAPSULE 10 MG, 15 MG, 7.5 MG	3	
BUCAPSOL ORAL CAPSULE 5 MG	3	M
<i>bupropion hcl oral tablet</i>	1	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	MO; QL (30 per 30 days)
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	MO; QL (60 per 30 days)
<i>buspirone oral tablet 10 mg, 30 mg, 5 mg, 7.5 mg</i>	1	MO
BUSPIRONE ORAL TABLET 12.5 MG, 2.5 MG	3	M
<i>buspirone oral tablet 15 mg</i>	1	MO; M
BYSANTI	3	M

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Drug Name	Drug Tier	Requirements/Limits
CAPLYTA	2	MO; QL (30 per 30 days)
CELEXA ORAL TABLET	3	MO; QL (30 per 30 days)
<i>chlorpromazine oral</i>	1	MO
<i>citalopram oral capsule</i>	1	MO; QL (30 per 30 days)
<i>citalopram oral solution</i>	1	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clomipramine</i>	1	MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	1	PA; MO; QL (360 per 30 days)
<i>clozapine</i>	1	
CLOZARIL ORAL TABLET 100 MG, 25 MG	3	
COBENFY	2	MO; QL (60 per 30 days)
COBENFY STARTER PACK	2	MO; QL (56 per 180 days)
CONCERTA	3	ST; MO
COTEMPLA XR-ODT	3	ST; MO

Drug Name	Drug Tier	Requirements/Limits
DAYTRANA	3	ST
DAYVIGO	3	PA; MO; QL (30 per 30 days)
<i>desipramine</i>	1	MO
DESVENLAFAXIN E ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	MO; QL (120 per 30 days)
DESVENLAFAXIN E ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	MO; QL (30 per 30 days)
<i>desvenlafaxine succinate</i>	1	MO; QL (30 per 30 days)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG	3	ST; MO
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 15 MG	3	MO; M
<i>dexmethylphenidate</i>	1	MO
<i>dextroamphetamine sulfate oral capsule, extended release</i>	1	MO
<i>dextroamphetamine sulfate oral solution</i>	1	MO
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg</i>	1	MO; M
<i>dextroamphetamine-amphetamine</i>	1	MO
<i>diazepam intensol</i>	1	PA; MO; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	PA; MO; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	1	PA; MO; QL (120 per 30 days)
<i>doxepin oral capsule</i>	1	MO
<i>doxepin oral concentrate</i>	1	MO
<i>doxepin oral tablet</i>	1	MO; QL (30 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	3	MO; QL (60 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	3	MO; QL (30 per 30 days)
DULOXETINE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 120 MG, 80 MG, 90 MG	3	MO; M

Drug Name	Drug Tier	Requirements/Limits
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	MO; QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	1	MO; QL (30 per 30 days)
DYANAVEL XR	3	ST; MO
EDLUAR	3	MO; QL (30 per 30 days)
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 37.5 MG	3	QL (30 per 30 days)
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 75 MG	3	QL (90 per 30 days)
EMSAM	2	MO
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	3	ST; QL (0.75 per 28 days)
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML	3	ST; QL (1 per 28 days)
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	3	ST; QL (1.5 per 28 days)
ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML	3	ST; QL (2.25 per 28 days)

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ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	ST; QL (0.25 per 28 days)
ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	3	ST; QL (0.5 per 28 days)
ESCITALOPRAM OXALATE ORAL CAPSULE	3	MO; QL (30 per 30 days)
<i>escitalopram oxalate oral solution</i>	1	MO
<i>escitalopram oxalate oral tablet</i>	1	MO; QL (30 per 30 days)
<i>eszopiclone</i>	1	MO; QL (30 per 30 days)
EVEKEO	3	PA; MO
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 18.2 MG	3	ST; QL (30 per 30 days)
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 36.3 MG, 54.5 MG, 72.6 MG	3	ST; MO; QL (30 per 30 days)
EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK	3	ST; MO; QL (32 per 180 days)
FANAPT	3	ST; MO; QL (60 per 30 days)
FANAPT TITRATION PACK A	3	ST; MO; QL (8 per 180 days)

Drug Name	Drug Tier	Requirements/Limits
FANAPT TITRATION PACK B	3	ST; QL (12 per 180 days)
FANAPT TITRATION PACK C	3	ST; QL (8 per 180 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	2	QL (28 per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	2	QL (30 per 30 days)
<i>fluoxetine (pmdd) oral tablet 10 mg</i>	1	QL (240 per 30 days)
<i>fluoxetine (pmdd) oral tablet 20 mg</i>	1	QL (120 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO; QL (120 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; M; QL (60 per 30 days)
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	1	MO; QL (4 per 28 days)
<i>fluoxetine oral solution</i>	1	MO
<i>fluoxetine oral tablet 10 mg</i>	1	MO; QL (240 per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	1	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine oral tablet 60 mg</i>	1	MO; QL (30 per 30 days)
<i>fluphenazine decanoate</i>	1	MO
<i>fluphenazine hcl injection</i>	1	
<i>fluphenazine hcl oral</i>	1	MO
<i>fluvoxamine oral capsule, extended release 24hr</i>	1	MO; QL (60 per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	1	MO; QL (60 per 30 days)
FOCALIN	3	MO; M
FOCALIN XR ORAL CAPSULE, ER BIPHASIC 50-50 10 MG, 15 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	3	ST; MO
FOCALIN XR ORAL CAPSULE, ER BIPHASIC 50-50 20 MG	3	ST; MO; M
GEODON INTRAMUSCULAR	3	
GEODON ORAL	3	MO; QL (60 per 30 days)
<i>guanfacine oral tablet extended release 24 hr</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)</i>	1	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml, 50 mg/ml (1ml)</i>	1	MO
<i>haloperidol lactate injection</i>	1	
<i>haloperidol lactate oral</i>	1	MO
HETLIOZ	3	PA; MO; QL (30 per 30 days)
HETLIOZ LQ	3	PA; MO; QL (158 per 30 days)
<i>imipramine hcl</i>	1	MO
<i>imipramine pamoate</i>	1	MO
INTUNIV ER	3	MO
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	2	MO; QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	2	MO; QL (5 per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 9 MG	3	MO; QL (30 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	3	MO; QL (60 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	2	MO; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	2	MO; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	2	MO; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	2	MO; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	2	MO; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	2	MO; QL (0.88 per 90 days)

Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	2	MO; QL (1.32 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	2	MO; QL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	2	MO; QL (2.63 per 90 days)
JORNAY PM	3	ST; MO
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	3	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	3	MO; QL (60 per 30 days)
LEXAPRO ORAL TABLET	3	QL (30 per 30 days)
<i>lisdexamfetamine</i>	1	MO
<i>lithium carbonate</i>	1	MO
<i>lithium citrate</i>	1	MO
LITHOBID	3	MO
<i>lorazepam intensol</i>	1	PA; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	PA; MO; QL (150 per 30 days)

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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)
<i>loxapine succinate</i>	1	MO
LUMRYZ	3	PA; MO; QL (30 per 30 days)
LUMRYZ STARTER PACK	3	PA; MO; QL (28 per 30 days)
LUNESTA	3	MO; QL (30 per 30 days)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	1	MO; QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i>	1	MO; QL (60 per 30 days)
LYBALVI	2	MO; QL (30 per 30 days)
MARPLAN	3	MO
METADATE CD	3	ST; MO
<i>methamphetamine</i>	1	PA; MO
METHYLIN ORAL SOLUTION	3	MO

<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i>	1	MO
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	1	MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	1	MO
<i>methylphenidate hcl oral solution</i>	1	MO
<i>methylphenidate hcl oral tablet</i>	1	MO
<i>methylphenidate hcl oral tablet extended release</i>	1	MO
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 36 mg (bx rating), 54 mg (bx rating)</i>	1	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg, 72 mg</i>	1	MO
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG	3	ST; MO
<i>methylphenidate hcl oral tablet,chewable</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
METHYLPHENIDATE ORAL	3	M
<i>methylphenidate transdermal</i>	1	MO
<i>mirtazapine</i>	1	MO
<i>modafinil oral tablet 100 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>molindone oral tablet 10 mg, 25 mg</i>	1	
<i>molindone oral tablet 5 mg</i>	1	MO
MYDAYIS	3	ST; MO
NARDIL	3	MO
<i>nefazodone</i>	1	MO
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	
<i>nortriptyline</i>	1	MO
NUPLAZID	3	PA; MO; QL (30 per 30 days)
NUVIGIL	3	PA; MO; M; QL (30 per 30 days)
<i>olanzapine intramuscular</i>	1	
<i>olanzapine oral</i>	1	MO; QL (30 per 30 days)
<i>olanzapine-fluoxetine</i>	1	MO
ONYDA XR	3	ST; MO

Drug Name	Drug Tier	Requirements/Limits
OPIPZA ORAL FILM 10 MG	2	MO; QL (90 per 30 days)
OPIPZA ORAL FILM 2 MG	2	MO; QL (30 per 30 days)
OPIPZA ORAL FILM 5 MG	2	MO; QL (180 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	1	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	MO; QL (60 per 30 days)
PARNATE	3	MO
<i>paroxetine hcl oral suspension</i>	1	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	MO; QL (60 per 30 days)
<i>paroxetine mesylate(menop.sym)</i>	1	MO; QL (30 per 30 days)
PAXIL CR	3	MO; QL (60 per 30 days)
PAXIL ORAL TABLET 10 MG, 20 MG, 40 MG	3	MO; QL (30 per 30 days)
PAXIL ORAL TABLET 30 MG	3	MO; QL (60 per 30 days)
<i>perphenazine</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>perphenazine-amitriptyline oral tablet 2-10 mg</i>	1	
<i>perphenazine-amitriptyline oral tablet 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	MO
PERSERIS	3	ST; MO; QL (1 per 30 days)
<i>phenelzine</i>	1	MO
<i>pimozide</i>	1	MO
PRISTIQ	3	MO; QL (30 per 30 days)
<i>procentra</i>	1	MO
<i>protriptyline</i>	1	MO
PROVIGIL ORAL TABLET 100 MG	3	MO; M
PROVIGIL ORAL TABLET 200 MG	3	PA; MO; M; QL (60 per 30 days)
PROZAC ORAL CAPSULE 20 MG, 40 MG	3	M
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG	3	ST; QL (30 per 30 days)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	3	ST; QL (60 per 30 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
QUETIAPINE ORAL TABLET 150 MG	3	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
QUILLICHEW ER	3	ST; MO
QUILLIVANT XR	3	ST; MO
QUVIVIQ	3	PA; MO; QL (30 per 30 days)
RALDESY	3	ST; MO
<i>ramelteon</i>	1	MO; QL (30 per 30 days)
RELEXXII	3	ST; MO
REMERON ORAL TABLET 15 MG, 30 MG	3	MO
REMERON SOLTAB	3	MO
REXULTI ORAL TABLET	2	MO; QL (30 per 30 days)
RISPERDAL CONSTA	3	MO; QL (2 per 28 days)
RISPERDAL ORAL SOLUTION	3	MO

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Drug Name	Drug Tier	Requirements/Limits
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG	3	MO; QL (60 per 30 days)
RISPERDAL ORAL TABLET 4 MG	3	MO; QL (120 per 30 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i>	1	QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i>	1	MO; QL (2 per 28 days)
<i>risperidone oral solution</i>	1	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	1	MO; QL (120 per 30 days)
RITALIN ORAL TABLET 10 MG, 20 MG	3	MO

Drug Name	Drug Tier	Requirements/Limits
RITALIN ORAL TABLET 5 MG	3	MO; M
ROZEREM	3	MO; QL (30 per 30 days)
RYKINDO INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 25 MG/2 ML	3	ST; M; QL (2 per 28 days)
RYKINDO INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	3	M
SAPHRIS	3	MO; QL (60 per 30 days)
SECUADO	3	MO; QL (30 per 30 days)
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	3	MO; M; QL (90 per 30 days)
SEROQUEL ORAL TABLET 300 MG	3	MO; M; QL (60 per 30 days)
SEROQUEL ORAL TABLET 400 MG	3	MO; M
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	MO; M; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 200 MG	3	MO; QL (30 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	MO; QL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	3	MO; M; QL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	MO; M
<i>sertraline oral capsule</i>	1	MO; QL (30 per 30 days)
<i>sertraline oral concentrate</i>	1	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
SILENOR	3	MO; QL (30 per 30 days)
<i>sodium oxybate</i>	1	PA; MO; LA; QL (540 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	3	MO; M
STRATTERA ORAL CAPSULE 100 MG, 25 MG, 80 MG	3	M
STRATTERA ORAL CAPSULE 18 MG	3	MO; M
SUNOSI	3	PA; QL (30 per 30 days)
<i>tasimelteon</i>	1	PA; MO; QL (30 per 30 days)
<i>thioridazine</i>	1	MO
<i>thiothixene</i>	1	MO
<i>tranlycypromine</i>	1	MO
<i>trazodone</i>	1	MO
<i>trifluoperazine</i>	1	MO
<i>trimipramine</i>	1	MO
TRINTELLIX	3	QL (30 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 100 MG/0.28 ML	3	ST; MO; QL (0.28 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 125 MG/0.35 ML	3	ST; MO; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 150 MG/0.42 ML	3	ST; MO; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 200 MG/0.56 ML	3	ST; MO; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 250 MG/0.7 ML	3	ST; MO; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 50 MG/0.14 ML	3	ST; MO; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 75 MG/0.21 ML	3	ST; MO; QL (0.21 per 28 days)
VALIUM	3	PA; MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
VENLAFAXINE BESYLATE	3	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	1	MO; M; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	MO; M; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	1	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet extended release 24hr</i>	1	MO; QL (30 per 30 days)
VERSACLOZ	2	
VIIBRYD ORAL TABLET	3	MO; QL (30 per 30 days)
<i>vilazodone</i>	1	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	2	MO; QL (30 per 30 days)
VYVANSE	3	ST; MO
WAKIX	3	PA; MO; LA; QL (60 per 30 days)
WELLBUTRIN SR	3	QL (60 per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	QL (90 per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	3	PA; MO; QL (28 per 365 days)
ZURZUVAE ORAL CAPSULE 30 MG	3	PA; MO; QL (14 per 365 days)
ZYPREXA INTRAMUSCULAR	3	
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG	3	MO; QL (30 per 30 days)
ZYPREXA ORAL TABLET 7.5 MG	3	QL (30 per 30 days)
ZYPREXA RELPREVV	3	M
ZYPREXA ZYDIS	3	MO; QL (30 per 30 days)

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone oral</i>	1	MO
BETAPACE AF	3	MO; M
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	3	MO
<i>disopyramide phosphate oral capsule</i>	1	MO
<i>dofetilide</i>	1	MO
<i>flecainide</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>mexiletine</i>	1	MO
MULTAQ	2	MO
NORPACE CR	3	
NORPACE ORAL CAPSULE 100 MG	3	MO
NORPACE ORAL CAPSULE 150 MG	3	
<i>pacerone oral tablet 100 mg, 200 mg</i>	1	
<i>propafenone</i>	1	MO
<i>quinidine gluconate oral</i>	1	MO
<i>quinidine sulfate oral tablet</i>	1	MO
<i>sotalol af</i>	1	
<i>sotalol oral</i>	1	MO
SOTYLIZE	3	MO
TIKOSYN	3	MO
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol</i>	1	MO
ALDACTONE ORAL TABLET 100 MG, 25 MG	3	M
ALDACTONE ORAL TABLET 50 MG	3	MO
<i>aliskiren</i>	1	MO
<i>amiloride</i>	1	MO
<i>amiloride-hydrochlorothiazide</i>	1	MO
<i>amlodipine</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-benazepril oral capsule 10-20 mg, 5-40 mg</i>	1	MO; M
<i>amlodipine-benazepril oral capsule 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg</i>	1	MO
<i>amlodipine-olmesartan</i>	1	MO
<i>amlodipine-valsartan</i>	1	MO
<i>amlodipine-valsartan-hctiazid</i>	1	MO
ARBLI	3	ST; MO
ATACAND	3	ST; MO
ATACAND HCT	3	ST; MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
AVALIDE	3	ST; MO
AVAPRO ORAL TABLET 150 MG, 300 MG	3	ST; MO
<i>azilsartan medoxomil</i>	1	MO
AZOR	3	ST; MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	MO
BENICAR	3	ST; MO
BENICAR HCT	3	ST; MO
<i>betaxolol oral</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
BIDIL	3	MO; QL (180 per 30 days)
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	MO
BISOPROLOL FUMARATE ORAL TABLET 2.5 MG	3	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide injection</i>	1	
<i>bumetanide oral</i>	1	MO
BYSTOLIC	3	MO
<i>candesartan</i>	1	MO
<i>candesartan-hydrochlorothiazide</i>	1	MO
<i>captopril</i>	1	MO
<i>captopril-hydrochlorothiazide</i>	1	M
CARDAMYST	3	PA; MO
CARDIZEM CD	3	
CARDIZEM LA	3	MO
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	MO
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG	3	MO; QL (30 per 30 days)
CARDURA ORAL TABLET 8 MG	3	MO; QL (60 per 30 days)
CARDURA XL	3	MO; QL (30 per 30 days)
CAROSPIR	3	MO
<i>cartia xt</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>carvedilol</i>	1	MO
<i>carvedilol phosphate</i>	1	MO
<i>chlorthalidone oral tablet 25 mg</i>	1	MO; M
<i>chlorthalidone oral tablet 50 mg</i>	1	MO
<i>clonidine</i>	1	MO; QL (4 per 28 days)
CLONIDINE HCL ORAL TABLET 0.05 MG	3	MO
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	MO
CLONIDINE HCL ORAL TABLET EXTENDED RELEASE 24 HR	3	MO
COREG	3	MO
COREG CR	3	MO
COZAAR	3	ST; MO
DEMSER	3	M
<i>diltiazem hcl oral capsule, ext. rel 24h degradable</i>	1	MO; M
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	1	MO
<i>diltiazem hcl oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	M
<i>diltiazem hcl oral capsule, extended release 24 hr 360 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl oral capsule, extended release 24 hr 420 mg</i>	1	MO
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	MO
<i>diltiazem hcl oral capsule, extended release 24hr 360 mg</i>	1	MO; M
<i>diltiazem hcl oral tablet</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 240 mg, 300 mg</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 360 mg, 420 mg</i>	1	
<i>dilt-xr</i>	1	MO
DIOVAN	3	ST; MO
DIOVAN HCT	3	ST; MO
DIURIL	3	M
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	MO; M; QL (60 per 30 days)
DYRENIUM	3	MO
EDARBI	3	MO
EDARBYCLOR	2	MO
EDECIN	3	MO
<i>enalapril maleate</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>enalapril-hydrochlorothiazide</i>	1	MO
ENBUMYST	3	ST; LA
EPANED	3	MO; M
<i>eplerenone</i>	1	MO
<i>epoprostenol</i>	1	MO; M
<i>ethacrynic acid</i>	1	MO
EXFORGE HCT	3	ST; MO
EXFORGE ORAL TABLET 10-160 MG, 5-160 MG, 5-320 MG	3	ST; MO
EXFORGE ORAL TABLET 10-320 MG	3	ST
<i>felodipine</i>	1	MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	1	MO
FUROSCIX	3	ST
<i>furosemide injection</i>	1	
<i>furosemide oral</i>	1	MO
<i>guanfacine oral tablet</i>	1	MO
HEMANGEOL	3	
HEMICLOR	3	MO
<i>hydralazine oral</i>	1	MO
<i>hydrochlorothiazide</i>	1	MO
HYZAAR	3	ST; MO
<i>indapamide</i>	1	MO
INDERAL LA	3	MO
INDERAL XL	3	MO; M
INNOPRAN XL	3	MO

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Drug Name	Drug Tier	Requirements/Limits
INSPIRA	3	M
INZIRGO	3	
<i>irbesartan</i>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO
<i>isosorbide-hydralazine</i>	1	MO; QL (180 per 30 days)
<i>isradipine</i>	1	
JAVADIN	3	MO
KAPSPARGO SPRINKLE	3	MO; M
KATERZIA	3	MO
KERENDIA	2	PA; QL (30 per 30 days)
<i>labetalol oral tablet 100 mg, 300 mg</i>	1	MO; M
<i>labetalol oral tablet 200 mg</i>	1	MO
LABETALOL ORAL TABLET 400 MG	3	MO
LASIX ONYU	3	ST
LASIX ORAL TABLET 20 MG, 40 MG	3	MO; M
LASIX ORAL TABLET 80 MG	3	M
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
LOPRESSOR ORAL SOLUTION	3	MO

Drug Name	Drug Tier	Requirements/Limits
LOPRESSOR ORAL TABLET 100 MG, 50 MG	3	MO
LOPRESSOR ORAL TABLET 12.5 MG	3	
<i>losartan</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO
LOTENSIN HCT ORAL TABLET 10-12.5 MG	3	M
LOTENSIN HCT ORAL TABLET 20-12.5 MG, 20-25 MG	3	MO; M
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	
<i>matzim la</i>	1	MO
<i>methyl dopa</i>	1	MO
<i>metolazone</i>	1	MO
<i>metoprolol succinate</i>	1	MO
<i>metoprolol tartrate hydrochlorothiazide</i>	1	MO
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	MO
METOPROLOL TARTRATE ORAL TABLET 12.5 MG	3	MO; M
<i>metirosine</i>	1	PA; MO
MICARDIS HCT	3	ST; MO
<i>minoxidil oral</i>	1	MO
<i>moexipril</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>nadolol</i>	1	MO
<i>nebivolol</i>	1	MO
NEXICLON XR	3	
<i>nicardipine oral</i>	1	MO
<i>nifedipine</i>	1	MO
<i>nimodipine oral capsule</i>	1	MO
<i>nimodipine oral solution</i>	1	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg</i>	1	M
NORLIQVA	3	MO
NORVASC	3	
NYMALIZE ORAL SYRINGE 60 MG/10 ML	3	
<i>olmesartan oral tablet 20 mg, 5 mg</i>	1	MO
<i>olmesartan oral tablet 40 mg</i>	1	MO; M
<i>olmesartan-amlodipin-hcthiiazid</i>	1	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO
ORENITRAM MONTH 1 TITRATION KT	3	PA; MO; QL (168 per 180 days)
ORENITRAM MONTH 2 TITRATION KT	3	PA; MO; QL (336 per 180 days)
ORENITRAM MONTH 3 TITRATION KT	3	PA; MO; QL (252 per 180 days)

Drug Name	Drug Tier	Requirements/Limits
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG	3	PA; MO; QL (90 per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG	3	PA; MO; QL (720 per 30 days)
<i>perindopril erbumine</i>	1	MO
<i>phenoxybenzamine</i>	1	PA; MO
<i>pindolol</i>	1	MO
<i>prazosin</i>	1	MO
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG	3	MO
<i>propranolol oral capsule, extended release 24 hr</i>	1	MO
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml)</i>	1	MO; M
<i>propranolol oral solution 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>propranolol oral tablet</i>	1	MO
QBRELIS	3	MO
<i>quinapril</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	1	MO
<i>ramipril</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	3	MO; M
SDAMLO ORAL POWDER IN CONTAINER 10 MG, 5 MG	3	ST; MO
SDAMLO ORAL POWDER IN CONTAINER 2.5 MG	3	MO; M
SOAANZ ORAL TABLET 40 MG	3	ST; MO
SOAANZ ORAL TABLET 60 MG	3	M
<i>spironolactone oral suspension</i>	1	MO
<i>spironolactone oral tablet</i>	1	MO
<i>spironolactone-hydrochlorothiaz</i>	1	MO
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG	3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 8.5 MG	3	MO
TEKTURNIA	3	MO
<i>telmisartan</i>	1	MO
<i>telmisartan-amlodipine</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan-hydrochlorothiazid</i>	1	MO
TENORETIC 100	3	MO; M
TENORETIC 50	3	M
TENORMIN	3	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
TEZRULY	3	MO; M; QL (600 per 30 days)
THALITONE	3	MO
<i>tiadylt er</i>	1	MO
TIAZAC	3	MO
<i>timolol maleate oral tablet 10 mg</i>	1	
<i>timolol maleate oral tablet 20 mg, 5 mg</i>	1	MO
TOPROL XL	3	MO
<i>torseamide oral</i>	1	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil</i>	1	MO
<i>treprostinil sodium</i>	1	PA; MO; LA; M
<i>triamterene</i>	1	MO
<i>triamterene-hydrochlorothiazid</i>	1	MO
TRIBENZOR	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	2	PA; MO; LA; QL (60 per 30 days)
UPTRAVI ORAL TABLET 100 MCG, 150 MCG	2	M
UPTRAVI ORAL TABLETS, DOSE PACK	2	PA; MO; LA; QL (200 per 180 days)
VALSARTAN ORAL SOLUTION	3	ST; MO
<i>valsartan oral tablet</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
VASERETIC	3	MO
VASOTEC	3	MO
<i>veletri</i>	1	MO; M
<i>verapamil oral</i>	1	MO
VERELAN PM ORAL CAPSULE, 24 HR ER PELLET CT 100 MG	3	MO; M
VERELAN PM ORAL CAPSULE, 24 HR ER PELLET CT 200 MG, 300 MG	3	M
WIDAPLIK	3	M
ZESTORETIC	3	MO

Drug Name	Drug Tier	Requirements/Limits
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	3	
ZESTRIL ORAL TABLET 30 MG, 40 MG	3	MO
COAGULATION THERAPY		
ALVAIZ	3	PA; MO
ARIXTRA	3	MO
<i>aspirin-dipyridamole</i>	1	MO
BRILINTA	3	MO
CABLIVI INJECTION KIT	2	PA; LA
CEPROTIN (BLUE BAR)	2	MO; M
CEPROTIN (GREEN BAR)	2	MO; M
<i>cilostazol</i>	1	MO
<i>clopidogrel oral tablet 300 mg</i>	1	
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>dabigatran etexilate</i>	1	MO; QL (60 per 30 days)
<i>dipyridamole oral</i>	1	MO
DOPTELET (10 TAB PACK)	2	PA; MO; LA
DOPTELET (15 TAB PACK)	2	PA; MO; LA
DOPTELET (30 TAB PACK)	2	PA; MO; LA
DOPTELET SPRINKLE	2	PA; MO; LA

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Drug Name	Drug Tier	Requirements/Limits
EFFIENT	3	MO
ELIQUIS DVT-PE TREAT 30D START	2	MO; QL (74 per 180 days)
ELIQUIS ORAL TABLET	2	MO; QL (60 per 30 days)
ELIQUIS ORAL TABLET FOR SUSPENSION	2	MO; M
ELIQUIS SPRINKLE	2	M
<i>eltrombopag olamine</i>	1	PA; MO
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	1	MO; QL (56 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	1	MO; QL (44.8 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	1	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	1	MO; QL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	1	MO; QL (33.6 per 28 days)
<i>fondaparinux</i>	1	MO
FRAGMIN SUBCUTANEOUS SOLUTION	3	MO
FRAGMIN SUBCUTANEOUS SYRINGE	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>heparin (porcine) injection solution</i>	1	MO
<i>jantoven</i>	1	
LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 150 MG/ML	3	MO; QL (56 per 28 days)
LOVENOX SUBCUTANEOUS SYRINGE 120 MG/0.8 ML, 80 MG/0.8 ML	3	MO; QL (44.8 per 28 days)
LOVENOX SUBCUTANEOUS SYRINGE 30 MG/0.3 ML	3	MO; QL (16.8 per 28 days)
LOVENOX SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	3	MO; QL (22.4 per 28 days)
LOVENOX SUBCUTANEOUS SYRINGE 60 MG/0.6 ML	3	MO; QL (33.6 per 28 days)
MULPLETA	3	PA; MO
NPLATE	3	MO; M
<i>pentoxifylline</i>	1	MO
PLAVIX ORAL TABLET 75 MG	3	MO; QL (30 per 30 days)
PRADAXA ORAL CAPSULE	3	ST; MO; QL (60 per 30 days)
PRADAXA ORAL PELLETS IN PACKET 110 MG, 30 MG, 40 MG, 50 MG	3	ST; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PRADAXA ORAL PELLETS IN PACKET 150 MG, 20 MG	3	ST; QL (60 per 30 days)
<i>prasugrel hcl</i>	1	MO
PROMACTA	3	PA; MO; LA
<i>rivaroxaban oral suspension for reconstitution</i>	1	ST; MO; QL (775 per 28 days)
<i>rivaroxaban oral tablet</i>	1	ST; MO; QL (60 per 30 days)
SAVAYSA	3	ST; MO; QL (30 per 30 days)
TAVALISSE	3	PA; LA; QL (60 per 30 days)
<i>ticagrelor</i>	1	MO
<i>warfarin</i>	1	MO
XARELTO DVT-PE TREAT 30D START	3	ST; MO; QL (51 per 180 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	3	ST; MO; QL (775 per 28 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	3	ST; MO; QL (30 per 30 days)
XARELTO ORAL TABLET 2.5 MG	3	ST; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	1	MO; QL (30 per 30 days)
ATORVALIQ	3	ST; MO; QL (600 per 30 days)
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
CADUET ORAL TABLET 10-10 MG	3	ST; QL (30 per 30 days)
CADUET ORAL TABLET 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	3	ST; MO; QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder</i>	1	MO; M
<i>cholestyramine (with sugar) oral powder in packet</i>	1	MO
<i>cholestyramine light oral powder</i>	1	MO; M
<i>cholestyramine light oral powder in packet</i>	1	MO
<i>colestevlam</i>	1	MO
COLESTID ORAL GRANULES	3	MO; M
COLESTID ORAL TABLET	3	MO
<i>colestipol oral granules</i>	1	MO; M

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Drug Name	Drug Tier	Requirements/Limits
<i>colestipol oral packet</i>	1	
<i>colestipol oral tablet</i>	1	MO
CRESTOR	3	ST; MO; QL (30 per 30 days)
EVKEEZA	3	M
<i>ezetimibe</i>	1	MO
<i>ezetimibe-simvastatin</i>	1	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	MO
<i>fenofibrate nanocrystallized</i>	1	MO
FENOFIBRATE ORAL CAPSULE	3	MO
<i>fenofibrate oral tablet</i>	1	MO
<i>fenofibric acid</i>	1	M
<i>fenofibric acid (choline)</i>	1	MO
FLOLIPID	3	ST; QL (300 per 30 days)
<i>fluvastatin oral capsule 20 mg</i>	1	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr</i>	1	MO; QL (30 per 30 days)
<i>gemfibrozil</i>	1	MO
<i>icosapent ethyl</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	3	PA; MO; LA
JUXTAPID ORAL CAPSULE 2 MG	3	PA; MO
LEQVIO	3	M
LEROCHOL	3	M
LESCOL XL	3	ST; QL (30 per 30 days)
LIPFENDRA	3	MO; M
LIPITOR	3	ST; MO; QL (30 per 30 days)
LIPOFEN	3	MO
LIVALO	3	ST; MO; QL (30 per 30 days)
LOPID	3	M
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
LOVAZA	3	ST; MO
NEXLETOL	2	PA; MO
NEXLIZET	2	PA; MO
<i>niacin oral tablet 500 mg</i>	1	MO
<i>niacin oral tablet extended release 24 hr</i>	1	MO
NIACOR	3	MO
<i>omega-3 acid ethyl esters</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>pitavastatin calcium</i>	1	MO; QL (30 per 30 days)
PRALUENT PEN	3	PA; QL (2 per 28 days)
<i>pravastatin</i>	1	MO; QL (30 per 30 days)
<i>prevalite</i>	1	MO; M
QUESTRAN LIGHT	3	MO
QUESTRAN ORAL POWDER	3	MO
QUESTRAN ORAL POWDER IN PACKET	3	MO; M
REDEMPLO	3	PA; LA; QL (0.5 per 84 days)
REPATHA	2	PA; QL (6 per 28 days)
REPATHA SURECLICK	2	PA; QL (6 per 28 days)
<i>rosuvastatin</i>	1	MO; QL (30 per 30 days)
<i>simvastatin</i>	1	MO; QL (30 per 30 days)
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 50 MG/0.8 ML	2	MO; M
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML	2	PA; MO; LA; QL (0.8 per 30 days)
VASCEPA	3	ST; MO

Drug Name	Drug Tier	Requirements/Limits
VYTORIN 10-10	3	ST; MO; QL (30 per 30 days)
VYTORIN 10-20	3	ST; MO; QL (30 per 30 days)
VYTORIN 10-40	3	ST; MO; QL (30 per 30 days)
VYTORIN 10-80	3	ST; MO; QL (30 per 30 days)
WELCHOL	3	MO
ZETIA	3	MO
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	ST; MO; QL (30 per 30 days)
ZYPITAMAG	3	ST; MO; QL (30 per 30 days)

MISCELLANEOUS CARDIOVASCULAR AGENTS

ATTRUBY	3	PA
BAXFENDY	3	MO; M
CAMZYOS	3	PA; MO; QL (30 per 30 days)
CORLANOR ORAL SOLUTION	3	M
CORLANOR ORAL TABLET	3	MO; M
<i>digoxin oral</i>	1	MO
ENTRESTO ORAL TABLET 24-26 MG	3	QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	3	QL (60 per 30 days)
ENTRESTO SPRINKLE	2	QL (240 per 30 days)
FILSPARI	3	PA; QL (30 per 30 days)
<i>ivabradine</i>	1	MO; QL (60 per 30 days)
LANOXIN ORAL	3	MO
LODOCO	3	PA; MO
MYQORZO	3	PA; QL (30 per 30 days)
<i>ranolazine</i>	1	MO
<i>sacubitril-valsartan oral tablet 24-26 mg</i>	1	MO; QL (180 per 30 days)
<i>sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg</i>	1	MO; QL (60 per 30 days)
TRYVIO	3	PA
VANRAFIA	3	PA; QL (30 per 30 days)
VECAMYL	3	
VERQUVO	2	MO; QL (30 per 30 days)
VYNDAMAX	2	PA; MO
VYNDAQEL	2	M
NITRATES		
ISORDIL	3	MO; M
<i>isosorbide dinitrate oral tablet</i>	1	MO
<i>isosorbide mononitrate</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>nitro-bid</i>	1	MO
NITRO-DUR	3	MO
<i>nitroglycerin sublingual</i>	1	MO
<i>nitroglycerin transdermal ointment</i>	1	M
<i>nitroglycerin transdermal patch 24 hour</i>	1	MO
<i>nitroglycerin translingual</i>	1	MO
NITROLINGUAL	3	MO
NITROSTAT	3	MO

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHOEIC

<i>acitretin</i>	1	MO
ANALPRAM-HC TOPICAL	3	MO
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML	3	PA; MO; QL (2 per 21 days)
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 320 MG/2 ML	3	PA; MO; QL (4 per 21 days)

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Drug Name	Drug Tier	Requirements/Limits
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML	3	PA; MO; QL (2 per 21 days)
BIMZELX SUBCUTANEOUS SYRINGE 320 MG/2 ML	3	PA; MO; QL (4 per 21 days)
<i>calcipotriene scalp</i>	1	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	1	MO; QL (120 per 30 days)
CALCIPOTRIENE TOPICAL FOAM	3	QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	1	MO; QL (120 per 30 days)
<i>calcipotriene- betamethasone</i>	1	MO; QL (400 per 30 days)
<i>calcitriol topical</i>	1	
COSENTYX (2 SYRINGES)	2	PA; MO; QL (10 per 28 days)
COSENTYX INTRAVENOUS	2	M
COSENTYX PEN	2	PA; MO; M; QL (10 per 28 days)
COSENTYX PEN (2 PENS)	2	PA; MO; QL (10 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA; MO; M; QL (10 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	2	PA; MO; QL (2.5 per 28 days)
COSENTYX UNOREADY PEN	2	PA; MO; QL (10 per 28 days)
ENSTILAR	3	MO; QL (400 per 30 days)
ICOTYDE	3	PA; MO; QL (30 per 30 days)
ILUMYA	3	PA; MO; QL (2 per 28 days)
IMULDOSA INTRAVENOUS	3	PA; MO; QL (104 per 180 days)
IMULDOSA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; MO; QL (0.5 per 28 days)
IMULDOSA SUBCUTANEOUS SYRINGE 90 MG/ML	3	PA; MO; QL (1 per 28 days)
OTULFI INTRAVENOUS	2	PA; MO; QL (104 per 180 days)
OTULFI SUBCUTANEOUS SOLUTION	2	PA; MO; QL (0.5 per 28 days)
OTULFI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	2	PA; MO; QL (0.5 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
OTULFI SUBCUTANEOUS SYRINGE 90 MG/ML	2	PA; MO; QL (1 per 28 days)
PRAMOSONE TOPICAL CREAM 1-1 %	3	MO
PRAMOSONE TOPICAL LOTION	3	MO
PYZCHIVA (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	2	PA; MO; QL (0.5 per 28 days)
PYZCHIVA (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	2	PA; MO; QL (0.5 per 28 days)
PYZCHIVA (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 90 MG/ML	2	PA; MO; QL (1 per 28 days)
PYZCHIVA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.5 ML	3	PA; MO; QL (0.5 per 28 days)
PYZCHIVA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 90 MG/ML	3	PA; MO; QL (1 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
SELARSDI INTRAVENOUS	3	PA; MO; QL (104 per 180 days)
SELARSDI SUBCUTANEOUS SOLUTION	3	PA; MO; QL (0.5 per 28 days)
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; MO; QL (0.5 per 28 days)
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	3	PA; QL (1 per 28 days)
<i>selenium sulfide topical lotion</i>	1	MO
SILIQ	3	PA; MO; QL (6 per 28 days)
SKYRIZI SUBCUTANEOUS PEN INJECTOR	2	PA; MO; QL (2 per 84 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA; MO; QL (2 per 84 days)
SKYRIZI SUBCUTANEOUS SYRINGE 55 MG/0.37 ML	2	M
SORILUX	3	MO; QL (120 per 30 days)
SOTYKTU	3	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SPEVIGO SUBCUTANEOUS	3	PA; MO; QL (4 per 28 days)
STARJEMZA SUBCUTANEOUS	3	MO; M
STELARA SUBCUTANEOUS SOLUTION	3	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	3	PA; MO; QL (1 per 28 days)
STEQEYMA SUBCUTANEOUS SOLUTION	3	PA; MO; QL (0.5 per 28 days)
STEQEYMA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; MO; QL (0.5 per 28 days)
STEQEYMA SUBCUTANEOUS SYRINGE 90 MG/ML	3	PA; MO; QL (1 per 28 days)
TACLONEX TOPICAL SUSPENSION	3	MO; QL (400 per 30 days)
TALTZ AUTOINJECTOR	3	PA; MO; QL (1 per 28 days)
TALTZ AUTOINJECTOR (2 PACK)	3	PA; MO; M; QL (1 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
TALTZ AUTOINJECTOR (3 PACK)	3	PA; MO; M; QL (1 per 28 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML	3	PA; MO; QL (0.25 per 28 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 40 MG/0.5 ML	3	PA; MO; QL (0.5 per 28 days)
TALTZ SUBCUTANEOUS SYRINGE 80 MG/ML	3	PA; MO; QL (1 per 28 days)
TREMFYA ONE- PRESS	2	PA; MO; QL (2 per 28 days)
TREMFYA PEN INDUCTION PK(2PEN)	2	PA; MO; QL (12 per 180 days)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	2	PA; MO; M; QL (2 per 28 days)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	2	PA; MO; QL (2 per 28 days)
TREMFYA SUBCUTANEOUS SYRINGE	2	PA; MO; QL (2 per 28 days)
USTEKINUMAB SUBCUTANEOUS SOLUTION	3	PA; MO; QL (0.5 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
USTEKINUMAB SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; MO; QL (0.5 per 28 days)
USTEKINUMAB SUBCUTANEOUS SYRINGE 90 MG/ML	3	PA; MO; QL (1 per 28 days)
USTEKINUMAB-AAUZ	3	MO; M
USTEKINUMAB-AEKN SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; MO; QL (0.5 per 28 days)
USTEKINUMAB-AEKN SUBCUTANEOUS SYRINGE 90 MG/ML	3	PA; MO; QL (1 per 28 days)
USTEKINUMAB-TTWE SUBCUTANEOUS SOLUTION	3	PA; MO; QL (0.5 per 28 days)
USTEKINUMAB-TTWE SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; MO; QL (0.5 per 28 days)
USTEKINUMAB-TTWE SUBCUTANEOUS SYRINGE 90 MG/ML	3	PA; MO; QL (1 per 28 days)
VECTICAL	3	
VTAMA	3	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
WEZLANA SUBCUTANEOUS SOLUTION	3	PA; MO; QL (0.5 per 28 days)
WEZLANA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; MO; QL (0.5 per 28 days)
WEZLANA SUBCUTANEOUS SYRINGE 90 MG/ML	3	PA; MO; QL (1 per 28 days)
YESINTEK INTRAVENOUS	2	PA; MO; QL (104 per 180 days)
YESINTEK SUBCUTANEOUS SOLUTION	2	PA; MO; QL (0.5 per 28 days)
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	2	PA; MO; QL (0.5 per 28 days)
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	2	PA; MO; QL (1 per 28 days)
ZORYVE TOPICAL CREAM 0.05 %	3	PA; QL (60 per 30 days)
ZORYVE TOPICAL CREAM 0.15 %, 0.3 %	3	PA; MO; QL (60 per 30 days)
ZORYVE TOPICAL FOAM	3	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS DERMATOLOGICALS		
ADBRY	2	PA; MO; QL (6 per 28 days)
<i>ammonium lactate</i>	1	MO
ANZUPGO	3	PA; QL (60 per 30 days)
CIBINQO	3	PA; MO; QL (30 per 30 days)
<i>diclofenac sodium topical gel 3 %</i>	1	PA; MO; QL (100 per 28 days)
<i>doxepin topical</i>	1	MO; QL (45 per 30 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	2	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	2	PA; MO; QL (8 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	2	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	2	PA; MO; QL (8 per 28 days)
EBGLYSS PEN	2	PA; MO; QL (8 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
EBGLYSS SYRINGE	2	PA; MO; QL (8 per 28 days)
EUCRISA	3	PA; MO; QL (120 per 30 days)
FILSUVEZ	3	PA; LA
FLUOROURACIL TOPICAL CREAM 0.5 %	3	MO
<i>fluorouracil topical cream 5 %</i>	1	MO
<i>fluorouracil topical solution</i>	1	MO
HYFTOR	3	PA
<i>imiquimod topical cream in metered-dose pump</i>	1	MO
<i>imiquimod topical cream in packet 5 %</i>	1	MO
<i>lidocaine hcl mucous membrane solution</i>	1	MO
<i>lidocaine topical adhesive patch, medicated 5 %</i>	1	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	1	PA; MO; QL (50 per 30 days)
<i>lidocaine-prilocaine topical cream</i>	1	PA; MO; QL (30 per 30 days)
<i>lidocaine iii</i>	1	PA; QL (90 per 30 days)
<i>methoxsalen</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
OPZELURA	3	PA; MO; QL (240 per 28 days)
PANRETIN	2	PA; MO
<i>pimecrolimus</i>	1	PA; MO; QL (100 per 30 days)
<i>podofilox</i>	1	MO
<i>prudoxin</i>	1	MO; QL (45 per 30 days)
QBREXZA	3	PA; MO
SANTYL	2	MO; QL (180 per 30 days)
SILVADENE	3	MO
<i>silver sulfadiazine</i>	1	MO
SOFDRA	3	PA
<i>ssd</i>	1	MO
<i>tacrolimus topical</i>	1	PA; MO; QL (100 per 30 days)
VALCHLOR	2	PA; MO
VEREGEN	3	MO; QL (30 per 30 days)
VYJUVEK	3	M
ZELSUVMI	3	MO
ZONALON	3	MO; QL (45 per 30 days)
ZTLIDO	3	PA; QL (90 per 30 days)
ZYCLARA TOPICAL CREAM IN METERED- DOSE PUMP 3.75 %	3	MO

Drug Name	Drug Tier	Requirements/Limits
THERAPY FOR ACNE		
ABSORICA	3	
ABSORICA LD	3	
ACANYA TOPICAL GEL WITH PUMP	3	MO
<i>accutane oral capsule 10 mg, 20 mg, 40 mg</i>	1	
ACZONE TOPICAL GEL WITH PUMP	3	MO
<i>adapalene topical cream</i>	1	PA; MO
<i>adapalene topical gel 0.3 %</i>	1	PA; MO
<i>adapalene topical swab</i>	1	PA
<i>adapalene-benzoyl peroxide</i>	1	MO
AKLIEF	3	PA; MO
ALTRENO	3	PA; MO
<i>amnestem</i>	1	
AMZEEQ	3	MO
ARAZLO	3	PA; MO
ATRALIN	3	PA
<i>azelaic acid</i>	1	MO
AZELEX	3	MO
BENZAMYCIN	3	MO
<i>brimonidine topical</i>	1	PA; MO
CABTREO	3	MO
<i>claravis</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
CLEOCIN T TOPICAL LOTION	3	MO; QL (120 per 30 days)
<i>clindacin</i>	1	QL (100 per 30 days)
<i>clindacin etz topical swab</i>	1	MO; QL (69 per 30 days)
CLINDAGEL	3	QL (150 per 30 days)
<i>clindamycin phosphate topical foam</i>	1	QL (100 per 30 days)
<i>clindamycin phosphate topical gel</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical gel, once daily</i>	1	MO; QL (150 per 30 days)
<i>clindamycin phosphate topical lotion</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical swab</i>	1	MO; QL (60 per 30 days)
<i>clindamycin-benzoyl peroxide topical gel</i>	1	MO
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2 % (1 % base) -3.75 %, 1.2-2.5 %</i>	1	MO
<i>clindamycin-tretinoin</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>dapsone topical gel 5 %</i>	1	MO
<i>dapsone topical gel with pump</i>	1	MO
EPIDUO FORTE	3	MO
EPSOLAY	3	ST
<i>ery pads</i>	1	MO
<i>erythromycin with ethanol topical gel</i>	1	MO
<i>erythromycin with ethanol topical solution</i>	1	MO
<i>erythromycin-benzoyl peroxide</i>	1	MO
FINACEA TOPICAL FOAM	3	ST; MO
<i>isotretinoin</i>	1	
<i>ivermectin topical cream</i>	1	QL (90 per 30 days)
<i>metronidazole topical cream</i>	1	MO
<i>metronidazole topical gel</i>	1	MO
<i>metronidazole topical lotion</i>	1	MO
MIRVASO	3	PA; MO
<i>neuac</i>	1	MO
NORITATE	3	ST; MO
ONEXTON TOPICAL GEL WITH PUMP	3	MO
RETIN-A	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
RETIN-A MICRO TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	3	PA; MO
RHOFADE	3	MO
SOOLANTRA	3	ST; QL (90 per 30 days)
<i>tazarotene topical cream</i>	1	PA; MO
TAZAROTENE TOPICAL FOAM	3	PA
<i>tazarotene topical gel</i>	1	PA; MO
TAZORAC TOPICAL CREAM 0.05 %	3	PA; MO
TAZORAC TOPICAL CREAM 0.1 %	3	PA
TAZORAC TOPICAL GEL	3	PA
<i>tretinoin microspheres topical gel</i>	1	PA; MO
<i>tretinoin microspheres topical gel with pump 0.08 %</i>	1	PA; MO
<i>tretinoin topical</i>	1	PA; MO
TWYNEO	3	MO
WINLEVI	3	PA; MO
<i>zenatane</i>	1	
ZIANA	3	
ZILXI	3	ST; MO

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

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Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole-betamethasone topical cream</i>	1	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	1	MO; QL (60 per 28 days)
<i>econazole nitrate topical cream</i>	1	MO; QL (85 per 28 days)
ECONAZOLE NITRATE TOPICAL FOAM	3	QL (70 per 28 days)
ERTACZO	3	QL (60 per 28 days)
EXELDERM TOPICAL CREAM	3	MO; QL (60 per 28 days)
JUBLIA	3	QL (8 per 30 days)
<i>ketconazole topical cream</i>	1	MO; QL (60 per 28 days)
<i>ketconazole topical foam</i>	1	MO; QL (100 per 28 days)
<i>ketconazole topical shampoo</i>	1	MO; QL (120 per 28 days)
<i>ketodan</i>	1	QL (100 per 28 days)
LULICONAZOLE	3	MO; QL (60 per 28 days)
LUZU	3	MO; QL (60 per 28 days)
<i>naftifine</i>	1	MO; QL (60 per 28 days)
NAFTIN TOPICAL GEL 2 %	3	MO; QL (60 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>nyamyc</i>	1	QL (180 per 30 days)
<i>nystatin topical cream</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	1	MO; QL (180 per 30 days)
<i>nystatin-triamcinolone</i>	1	MO; QL (60 per 28 days)
<i>nystop</i>	1	MO; QL (180 per 30 days)
<i>oxiconazole</i>	1	MO; QL (90 per 28 days)
<i>tavaborole</i>	1	MO; QL (10 per 30 days)

TOPICAL ANTIVIRALS

<i>acyclovir topical cream</i>	1	PA; MO; QL (5 per 30 days)
<i>acyclovir topical ointment</i>	1	PA; MO; QL (30 per 30 days)
DENAVIR	3	MO; QL (5 per 30 days)
<i>penciclovir</i>	1	MO; QL (5 per 30 days)
XERESE	3	MO
ZOVIRAX TOPICAL CREAM	3	PA; MO; QL (5 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZOVIRAX TOPICAL OINTMENT	3	PA; MO; QL (30 per 30 days)
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream</i>	1	MO
ALA-SCALP	3	MO
<i>alclometasone</i>	1	MO
<i>amcinonide topical cream</i>	1	
<i>amcinonide topical ointment</i>	1	
<i>betamethasone dipropionate</i>	1	MO
<i>betamethasone valerate</i>	1	MO
<i>betamethasone, augmented</i>	1	MO
BRYHALI	3	MO
<i>clobetasol scalp</i>	1	MO; QL (100 per 28 days)
CLOBETASOL TOPICAL CREAM 0.025 %	3	QL (120 per 28 days)
<i>clobetasol topical cream 0.05 %</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical foam</i>	1	MO; QL (100 per 28 days)
<i>clobetasol topical gel</i>	1	MO; QL (120 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol topical lotion</i>	1	MO; QL (118 per 28 days)
<i>clobetasol topical ointment</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	1	MO; QL (236 per 28 days)
<i>clobetasol topical spray, non-aerosol</i>	1	MO; QL (125 per 28 days)
<i>clobetasol-emollient topical cream</i>	1	MO; QL (120 per 28 days)
<i>clobetasol-emollient topical foam</i>	1	MO; QL (100 per 28 days)
<i>clocortolone pivalate</i>	1	MO
<i>clodan</i>	1	MO; QL (236 per 28 days)
CORDRAN TAPE LARGE ROLL	3	MO
DERMA-SMOOTH/FS SCALP OIL	3	MO
<i>desonide</i>	1	MO
<i>desoximetasone topical cream</i>	1	MO
<i>desoximetasone topical gel</i>	1	
<i>desoximetasone topical ointment</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>desoximetasone topical spray, non-aerosol</i>	1	MO
<i>diflorasone</i>	1	MO; QL (120 per 30 days)
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	3	
DUOBRII	3	MO; QL (200 per 30 days)
<i>fluocinolone and shower cap</i>	1	MO
<i>fluocinolone topical cream</i>	1	MO
<i>fluocinolone topical ointment</i>	1	MO
<i>fluocinolone topical solution</i>	1	MO
<i>fluocinonide</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide-emollient</i>	1	MO; QL (120 per 30 days)
<i>flurandrenolide topical lotion</i>	1	MO; QL (120 per 30 days)
<i>fluticasone propionate topical</i>	1	MO
<i>halcinonide topical cream</i>	1	MO
<i>halcinonide topical solution</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>halobetasol propionate topical cream</i>	1	MO
<i>halobetasol propionate topical foam</i>	1	
HALOBETASOL PROPIONATE TOPICAL LOTION	3	
<i>halobetasol propionate topical ointment</i>	1	MO
HALOG TOPICAL CREAM	3	
HALOG TOPICAL SOLUTION	3	
<i>hydrocortisone butyrate topical cream</i>	1	MO; QL (120 per 30 days)
<i>hydrocortisone butyrate topical lotion</i>	1	MO; QL (118 per 30 days)
<i>hydrocortisone butyrate topical ointment</i>	1	MO; QL (120 per 30 days)
<i>hydrocortisone butyrate topical solution</i>	1	MO; QL (120 per 30 days)
<i>hydrocortisone topical cream 1 %</i>	1	MO
<i>hydrocortisone topical lotion 2 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone topical solution</i>	1	
<i>hydrocortisone valerate</i>	1	MO
<i>lexette</i>	1	
<i>mometasone topical</i>	1	MO
SYNALAR TOPICAL CREAM	3	
SYNALAR TOPICAL OINTMENT	3	MO
TEXACORT	3	MO
TOPICORT TOPICAL SPRAY, NON-AEROSOL	3	
<i>tovet emollient</i>	1	QL (100 per 28 days)
<i>triamcinolone acetonide topical cream</i>	1	MO
<i>triamcinolone acetonide topical lotion</i>	1	MO
<i>triamcinolone acetonide topical ointment</i>	1	MO
<i>triderm topical cream 0.5 %</i>	1	
ULTRAVATE TOPICAL LOTION	3	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>malathion</i>	1	MO
NATROBA	3	MO
OVIDE	3	MO
<i>permethrin</i>	1	MO; QL (60 per 30 days)
<i>pruradik</i>	1	
<i>spinosad</i>	1	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	1	MO
AGRYLIN	3	MO
<i>anagrelide</i>	1	MO
AQVESME	3	PA; QL (56 per 28 days)
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	3	PA; MO; LA
ARALAST NP INTRAVENOUS RECON SOLN 500 MG	3	PA; MO; LA; M
AURYXIA	3	MO; M
BKEMV	3	MO; M
BUPHENYL	3	M
CARBAGLU	3	PA; MO; LA
<i>carglumic acid</i>	1	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
CARNITOR (SUGAR-FREE)	3	MO; M
CARNITOR ORAL	3	MO
cevimeline	1	MO
CHEMET	2	PA
CLINIMIX 4.25%/D5W SULFIT FREE	3	PA
CLINIMIX E 2.75%/D5W SULF FREE	3	PA
CUVRIOR	3	PA; LA
d10 %-0.45 % sodium chloride	1	
d2.5 %-0.45 % sodium chloride	1	
d5 % and 0.9 % sodium chloride	1	MO
d5 %-0.45 % sodium chloride	1	MO
deferasirox	1	PA; MO
deferiprone	1	PA; MO
dextrose 10 % and 0.2 % nacl	1	
dextrose 10 % in water (d10w)	1	
dextrose 5 % in water (d5w) intravenous parenteral solution	1	MO
dextrose 5%-0.2 % sod chloride	1	
disulfiram oral tablet 250 mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
disulfiram oral tablet 500 mg	1	
droxidopa	1	PA; MO
DUVYZAT	3	PA
EMPAVELI	3	PA; LA
ENDARI	3	PA; MO
ENJAYMO	3	M
EPYSQLI	3	MO; M
EVOXAC	3	MO
EXJADE	3	PA; MO; LA
FABHALTA	3	PA
ferric citrate	1	MO; M
FERRIPROX (2 TIMES A DAY)	3	PA
FERRIPROX ORAL SOLUTION	3	PA
FERRIPROX ORAL TABLET 1,000 MG	3	PA
FORZINITY	3	PA; LA
FOSRENOL	3	PA; MO
GIVLAARI	3	MO; M
GLASSIA	3	PA; MO; LA
glutamine (sickle cell)	1	PA; MO
glycerol phenylbutyrate	1	PA; MO
HARLIKU	3	PA; LA
INCRELEX	2	LA
JADENU	3	PA; MO
JADENU SPRINKLE	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
JOENJA	3	PA; LA; QL (60 per 30 days)
<i>kionex oral suspension</i>	1	
KYGEVVI	3	PA; LA
LAMZEDE	3	M
<i>lanthanum</i>	1	PA; MO
<i>levocarnitine (with sugar)</i>	1	MO
<i>levocarnitine oral solution 100 mg/ml</i>	1	MO; M
<i>levocarnitine oral tablet</i>	1	MO
LITFULO	2	PA; MO; QL (28 per 28 days)
LITHOSTAT	3	
LOARGYS	3	PA
LOKELMA	2	MO
<i>midodrine</i>	1	MO
<i>nitisinone</i>	1	PA; MO
NITYR	3	PA; MO; LA
NORTHERA	3	PA; MO
OLPRUVA	3	PA; LA
ORFADIN	3	PA; LA
ORLISTAT	3	MO; M
OXBRYTA	3	M
PHEBURANE	3	PA; MO
<i>pilocarpine hcl oral</i>	1	MO
PROLASTIN-C INTRAVENOUS SOLUTION	2	PA; MO; LA

Drug Name	Drug Tier	Requirements/Limits
PYRUKYND ORAL TABLET 20 MG, 5 MG (4-WEEK PACK), 50 MG	3	PA; LA; QL (56 per 28 days)
PYRUKYND ORAL TABLET 5 MG	3	PA; LA; QL (7 per 180 days)
PYRUKYND ORAL TABLETS, DOSE PACK	3	PA; LA; QL (14 per 180 days)
RAVICTI	3	PA; MO
REVELA	3	MO; M
REVCIVI	3	PA; LA
REZDIFFRA	2	PA; MO; QL (30 per 30 days)
RHAPSIDO	3	PA; MO
<i>riluzole</i>	1	PA; MO
<i>risedronate oral tablet 30 mg</i>	1	MO; QL (30 per 30 days)
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	3	MO
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	3	
<i>sevelamer carbonate</i>	1	PA; MO
<i>sevelamer hcl</i>	1	PA; MO
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride irrigation</i>	1	MO
<i>sodium phenylbutyrate oral powder</i>	1	PA
<i>sodium phenylbutyrate oral tablet</i>	1	PA; MO
<i>sodium polystyrene sulfonate oral powder</i>	1	MO
<i>sodium polystyrene sulfonate oral suspension</i>	1	
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG	3	PA; LA; QL (112 per 28 days)
SOHONOS ORAL CAPSULE 10 MG	3	PA; LA; QL (56 per 28 days)
SOHONOS ORAL CAPSULE 2.5 MG	3	PA; LA; QL (140 per 28 days)
SOHONOS ORAL CAPSULE 5 MG	3	PA; LA; QL (84 per 28 days)
SOLIRIS	3	MO; M
<i>sps (with sorbitol) oral</i>	1	MO
SYPRINE	3	PA; MO
TAVNEOS	3	PA; LA; QL (180 per 30 days)
TEGLUTIK	3	M
THIOLA	3	PA
THIOLA EC	3	PA

Drug Name	Drug Tier	Requirements/Limits
TIGLUTIK	3	PA
<i>tiopronin</i>	1	PA; MO
<i>trientine oral capsule 250 mg</i>	1	PA; MO
TRIENTINE ORAL CAPSULE 500 MG	3	PA
ULTOMIRIS	3	MO; M
VELPHORO	3	PA; MO
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM	2	MO
VELTASSA ORAL POWDER IN PACKET 25.2 GRAM	2	
<i>venxxiva</i>	1	PA
VEOPOZ	3	M
VOYDEYA	3	PA; LA; QL (180 per 30 days)
VYKAT XR	3	PA; LA
WEGOVY ORAL	2	PA; QL (30 per 30 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML	2	PA; QL (2 per 28 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	2	PA; QL (3 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
XENICAL	3	MO; M
XENPOZYME	3	MO; M
XPHOZAH	3	M
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	3	PA; MO; LA
ZEMAIRA INTRAVENOUS RECON SOLN 4,000 MG, 5,000 MG	3	PA; MO; LA; M
ZEPBOUND KWIKPEN	3	PA; QL (2.4 per 28 days)
ZEPBOUND SUBCUTANEOUS PEN INJECTOR	3	PA; QL (2 per 28 days)
ZEPBOUND SUBCUTANEOUS SOLUTION 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	3	M
ZOKINVY	3	PA; LA; QL (120 per 30 days)
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	1	MO
CHANTIX	3	
CHANTIX CONTINUING MONTH BOX	3	MO

Drug Name	Drug Tier	Requirements/Limits
CHANTIX STARTING MONTH BOX	3	MO
NICOTROL NS	3	MO
<i>varenicline tartrate oral tablet 0.5 mg</i>	1	MO
<i>varenicline tartrate oral tablet 1 mg</i>	1	MO; ENC
<i>varenicline tartrate oral tablet 1 mg (56 pack)</i>	1	
<i>varenicline tartrate oral tablets, dose pack</i>	1	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>	1	MO; QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane</i>	1	MO
CLINPRO 5000	3	MO; M
<i>denta 5000 plus</i>	1	MO; M
<i>denta 5000 plus sensitive</i>	1	M
<i>dentagel</i>	1	MO; M
<i>fluoride (sodium) dental cream</i>	1	M
<i>fluoride (sodium) dental gel</i>	1	M

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Drug Name	Drug Tier	Requirements/Limits
<i>fluoride (sodium) dental paste</i>	1	MO; M
<i>fluoride (sodium) dental solution</i>	1	MO; M
FLUORIDEX DAILY DEFENSE	3	M
FLUORIDEX SENSITIVITY RELIEF	3	M
FLUORIMAX 5000	3	M
FLUORIMAX 5000 SENSITIVE	3	M
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %)</i>	1	MO; QL (30 per 28 days)
<i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i>	1	MO; QL (30 per 20 days)
JUST RIGHT 5000	3	M
<i>kourzeq</i>	1	MO
<i>olopatadine nasal</i>	1	MO; QL (30.5 per 30 days)
<i>periogard</i>	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

Drug Name	Drug Tier	Requirements/Limits
PREVIDENT 5000 PLUS	3	MO; M
PREVIDENT 5000 SENSITIVE	3	MO; M
PREVIDENT KIDS	3	MO; M
<i>sf</i>	1	MO; M
<i>sf 5000 plus</i>	1	MO; M
<i>sodium fluoride 5000 dry mouth</i>	1	MO; M
<i>sodium fluoride 5000 plus</i>	1	M
<i>sodium fluoride-pot nitrate</i>	1	MO; M
<i>triamcinolone acetonide dental</i>	1	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	1	MO
<i>ciprofloxacin hcl otic (ear)</i>	1	MO
DERMOTIC OIL	3	MO
<i>fluocinolone acetonide oil</i>	1	MO
<i>hydrocortisone-acetic acid</i>	1	MO
<i>ofloxacin otic (ear)</i>	1	MO
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	3	MO
<i>ciprofloxacin-dexamethasone</i>	1	MO; QL (7.5 per 7 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin-hydrocortisone</i>	1	
<i>neomycin-polymyxin-hc otic (ear)</i>	1	MO
ENDOCRINE/ DIABETES		
ADRENAL HORMONES		
ACTHAR	3	PA; MO
ACTHAR SELFJECT	3	PA; MO
AGAMREE	3	PA; LA
ALKINDI SPRINKLE	3	
CORTEF	3	MO
CORTROPHIN GEL	3	PA; MO
<i>deflazacort</i>	1	PA; MO
<i>dexamethasone oral solution</i>	1	MO
<i>dexamethasone oral tablet</i>	1	MO
<i>dexamethasone oral tablets,dose pack</i>	1	MO
DEXLYT	3	
EMFLAZA	3	PA; MO; LA
<i>fludrocortisone</i>	1	MO
HEMADY	3	
<i>hydrocortisone oral</i>	1	MO
<i>jaythari</i>	1	PA
KHINDIVI	3	

Drug Name	Drug Tier	Requirements/Limits
<i>kymbee oral suspension</i>	1	M
<i>kymbee oral tablet</i>	1	PA
MEDROL (PAK)	3	MO
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	3	PA; MO
<i>methylprednisolone oral tablet</i>	1	PA; MO
<i>methylprednisolone oral tablets,dose pack</i>	1	MO
ORAPRED ODT	3	PA; MO
<i>prednisolone oral solution</i>	1	MO
<i>prednisolone oral tablet</i>	1	PA; MO
<i>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)</i>	1	MO
<i>prednisolone sodium phosphate oral tablet,disintegrating</i>	1	PA; MO
<i>prednisone intensol</i>	1	MO
<i>prednisone oral solution</i>	1	MO
<i>prednisone oral tablet</i>	1	MO
<i>prednisone oral tablet,delayed release (dr/ec) 1 mg, 2 mg</i>	1	MO

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<i>prednisone oral tablets, dose pack 10 mg (48 pack), 5 mg (48 pack)</i>	1	
<i>prednisone oral tablets, dose pack 10 mg, 5 mg</i>	1	MO
<i>pyquvi</i>	1	PA
TARPEYO	3	PA; QL (120 per 30 days)
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil</i>	1	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	1	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	1	MO; QL (180 per 30 days)
ACTOPLUS MET	3	MO; QL (90 per 30 days)
ACTOS	3	MO; QL (30 per 30 days)
ADMELOG SOLOSTAR U-100 INSULIN	3	ST; MO
ADMELOG U-100 INSULIN LISPRO	3	ST; MO
AFREZZA	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>alcohol pads</i>	1	PA; MO
ALOGLIPTIN	3	ST; MO; QL (30 per 30 days)
ALOGLIPTIN-METFORMIN	3	ST; MO; QL (60 per 30 days)
ALOGLIPTIN-PIOGLITAZONE	3	MO; QL (30 per 30 days)
APIDRA SOLOSTAR U-100 INSULIN	3	ST; MO
APIDRA U-100 INSULIN	3	ST; MO
AWIQLI FLEXTOUCH	3	MO; M
BAQSIMI	2	MO
BASAGLAR KWIKPEN U-100 INSULIN	3	ST; MO
BRYNOVIN	3	ST; QL (120 per 30 days)
CYCLOSET	3	MO; QL (180 per 30 days)
<i>dapagliflozin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>dapagliflozin oral tablet 5 mg</i>	1	MO; M; QL (30 per 30 days)
<i>dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg</i>	1	MO; QL (30 per 30 days)

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<i>dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 5-1,000 mg, 5-500 mg</i>	1	MO; QL (60 per 30 days)
<i>dapagliflozin-saxagliptin</i>	1	MO; QL (30 per 30 days)
<i>diazoxide</i>	1	MO
DROPSAFE ALCOHOL PREP PADS	2	PA
DUETACT ORAL TABLET 30-2 MG	3	MO; QL (30 per 30 days)
DUETACT ORAL TABLET 30-4 MG	3	QL (30 per 30 days)
<i>exenatide</i>	1	M
FARXIGA	2	MO; QL (30 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN	3	ST; MO
FIASP PENFILL U-100 INSULIN	3	ST; MO
FIASP U-100 INSULIN	3	ST; MO
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
GLIMEPIRIDE ORAL TABLET 3 MG	3	QL (60 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
GLIPIZIDE ORAL TABLET 15 MG	3	MO; M
GLIPIZIDE ORAL TABLET 2.5 MG	3	MO; QL (30 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 per 30 days)
<i>glucagon emergency kit (human)</i>	3	MO
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	3	M; QL (120 per 30 days)
GLUMETZA	3	M
<i>glyburide</i>	1	MO
<i>glyburide micronized oral tablet 3 mg, 6 mg</i>	1	M

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Drug Name	Drug Tier	Requirements/Limits
<i>glyburide-metformin</i>	1	MO
GLYXAMBI	2	MO; QL (30 per 30 days)
GVOKE	2	MO
GVOKE HYPOPEN 2-PACK	2	MO
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	MO
HUMALOG JUNIOR KWIKPEN U-100	2	MO
HUMALOG KWIKPEN INSULIN	2	MO
HUMALOG MIX 50-50 KWIKPEN	2	MO
HUMALOG MIX 75-25 KWIKPEN	2	MO
HUMALOG MIX 75-25(U-100)INSULN	2	MO
HUMALOG TEMPO PEN(U-100)INSULN	3	MO; M
HUMALOG U-100 INSULIN	2	MO
HUMULIN 70/30 U-100 INSULIN	2	MO
HUMULIN 70/30 U-100 KWIKPEN	2	MO
HUMULIN N NPH INSULIN KWIKPEN	2	MO

Drug Name	Drug Tier	Requirements/Limits
HUMULIN N NPH U-100 INSULIN	2	MO
HUMULIN R REGULAR U-100 INSULN	2	MO
HUMULIN R U-500 (CONC) INSULIN	2	
HUMULIN R U-500 (CONC) KWIKPEN	2	MO
INPEFA	2	PA; MO; QL (30 per 30 days)
INSULIN ASP PRT-INSULIN ASPART	3	M
INSULIN ASPART U-100	3	M
INSULIN DEGLUDEC	3	M
INSULIN GLARGINE U-300 CONC	3	ST; MO
INSULIN GLARGINE-YFGN	3	ST; MO
INSULIN LISPRO	2	MO
INSULIN LISPRO PROTAMIN-LISPRO	2	MO
INVOKAMET	3	ST; MO; QL (60 per 30 days)
INVOKAMET XR	3	ST; MO; QL (60 per 30 days)
INVOKANA	3	ST; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
JANUMET	3	ST; MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	MO; QL (60 per 30 days)
JANUVIA	3	ST; MO; QL (30 per 30 days)
JARDIANCE	2	MO; QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG	3	ST; MO; QL (60 per 30 days)
JENTADUETO ORAL TABLET 2.5-850 MG	3	MO; M
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	ST; MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	ST; MO; QL (30 per 30 days)
KAZANO ORAL TABLET 12.5-1,000 MG	3	M
KIRSTY	2	
KIRSTY PEN	2	

Drug Name	Drug Tier	Requirements/Limits
LANTUS SOLOSTAR U-100 INSULIN	2	
LANTUS U-100 INSULIN	2	MO
LEVEMIR FLEXPEN	3	M
LEVEMIR U-100 INSULIN	3	M
<i>linagliptin-metformin</i>	1	M
<i>liraglutide</i>	1	PA; QL (9 per 30 days)
LYUMJEV KWIKPEN U-100 INSULIN	2	MO
LYUMJEV KWIKPEN U-200 INSULIN	2	MO
LYUMJEV TEMPO PEN(U-100)INSULIN	3	MO; M
LYUMJEV U-100 INSULIN	2	MO
MERILOG	3	ST; MO
MERILOG SOLOSTAR	3	ST; MO
<i>metformin oral solution</i>	1	MO; QL (765 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
METFORMIN ORAL TABLET 625 MG	3	MO; QL (120 per 30 days)
<i>metformin oral tablet 750 mg</i>	1	QL (90 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (60 per 30 days)
<i>metformin oral tablet extended release (osm) 24 hr 1,000 mg</i>	1	ST; MO; QL (60 per 30 days)
<i>metformin oral tablet extended release (osm) 24 hr 500 mg</i>	1	ST; MO; QL (150 per 30 days)
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg</i>	1	ST; MO; QL (60 per 30 days)
<i>metformin oral tablet,er gast.retention 24 hr 500 mg</i>	1	ST; MO; QL (120 per 30 days)
<i>miglitol oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>miglitol oral tablet 25 mg</i>	1	MO; QL (360 per 30 days)
<i>miglitol oral tablet 50 mg</i>	1	MO; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
MOUNJARO	2	PA; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg</i>	1	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	1	MO; QL (180 per 30 days)
NESINA ORAL TABLET 25 MG, 6.25 MG	3	M
NOVOLIN 70/30 U-100 INSULIN	2	MO
NOVOLIN 70-30 FLEXPEN U-100	2	MO
NOVOLIN N FLEXPEN	2	MO
NOVOLIN N NPH U-100 INSULIN	2	MO
NOVOLIN R FLEXPEN	2	MO
NOVOLIN R REGULAR U100 INSULIN	2	MO
NOVOLOG FLEXPEN U-100 INSULIN	3	ST; MO
NOVOLOG MIX 70-30 U-100 INSULIN	3	ST; MO
NOVOLOG MIX 70-30FLEXPEN U-100	3	ST; MO
NOVOLOG PENFILL U-100 INSULIN	3	ST; MO
NOVOLOG U-100 INSULIN ASPART	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
OZEMPIC ORAL	2	PA; QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS	2	PA; QL (3 per 28 days)
<i>pioglitazone</i>	1	MO; QL (30 per 30 days)
<i>pioglitazone-glimepiride</i>	1	MO; QL (30 per 30 days)
<i>pioglitazone-metformin</i>	1	MO; QL (90 per 30 days)
PROGLYCEM	3	MO
<i>repaglinide oral tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)
REZVOGLAR KWIKPEN	3	ST; MO
RIOMET	3	M
RYBELSUS	2	M
<i>saxagliptin</i>	1	MO; QL (30 per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	1	MO; QL (60 per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	3	ST; MO; QL (60 per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	3	ST; MO; QL (120 per 30 days)
SEMGLEE(INSULIN GLARGINE-YFGN)	3	ST
SEMGLEE(INSULIN GLARG-YFGN)PEN	3	ST
SITAGLIPTIN	3	ST; MO; QL (30 per 30 days)
<i>sitagliptin phosphate metformin oral tablet</i>	1	MO; QL (60 per 30 days)
<i>sitagliptin phosphate metformin oral tablet, er multiphase 24 hr</i>	1	M
<i>sitagliptin phosphate</i>	1	MO; QL (30 per 30 days)
SITAGLIPTIN-METFORMIN ORAL TABLET	3	ST; MO; QL (60 per 30 days)
SITAGLIPTIN-METFORMIN ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	ST; QL (30 per 30 days)

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SITAGLIPTIN-METFORMIN ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	ST; QL (60 per 30 days)
SOLIQUA 100/33	2	QL (15 per 25 days)
STEGLATRO	3	ST; MO; QL (30 per 30 days)
STEGLUJAN	3	ST; MO; QL (30 per 30 days)
SYMLINPEN 120	3	M
SYMLINPEN 60	3	M
SYNJARDY	2	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	2	MO; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	2	MO; QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	2	MO
TOUJEO SOLOSTAR U-300 INSULIN	2	MO
TRADJENTA	2	MO; QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100	3	ST; MO

Drug Name	Drug Tier	Requirements/Limits
TRESIBA FLEXTOUCH U-200	3	ST; MO
TRESIBA U-100 INSULIN	3	ST; MO
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	2	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	2	MO; QL (60 per 30 days)
TRULICITY	2	PA; QL (2 per 28 days)
VICTOZA 2-PAK	3	PA; M; QL (9 per 30 days)
VICTOZA 3-PAK	3	PA; QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	ST; MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	ST; MO; QL (60 per 30 days)
XULTOPHY 100/3.6	3	ST; QL (15 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZITUVIMET	3	ST; MO; QL (60 per 30 days)
ZITUVIMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	ST; MO; QL (30 per 30 days)
ZITUVIMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	ST; MO; QL (60 per 30 days)
ZITUVIO	3	ST; MO; QL (30 per 30 days)

MISCELLANEOUS HORMONES

ALDURAZYME	2	MO; M
AVEED	3	PA; MO; LA
AVLAYAH	3	M
AZMIRO	3	M
<i>cabergoline</i>	1	MO
<i>calcitonin (salmon) nasal</i>	1	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	ENC
<i>calcitriol oral capsule</i>	1	MO
<i>calcitriol oral solution</i>	1	
CERDELGA	3	PA; MO

Drug Name	Drug Tier	Requirements/Limits
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	3	MO; M
<i>cinacalcet</i>	1	PA; MO
CRENESSITY ORAL CAPSULE 100 MG, 50 MG	3	PA; LA
CRENESSITY ORAL CAPSULE 25 MG	3	M
CRENESSITY ORAL SOLUTION	3	PA; LA
CRYSVITA	2	MO; M
<i>danazol</i>	1	MO
DDAVP ORAL	3	MO
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML	3	PA; MO
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 200 MG/ML	3	PA
DESMODA	3	
<i>desmopressin nasal spray with pump</i>	1	MO; M
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin oral</i>	1	MO
<i>doxercalciferol intravenous</i>	1	MO; M
<i>doxercalciferol oral</i>	1	MO
ELAPRASE	2	MO; M

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Drug Name	Drug Tier	Requirements/Limits
ELELYSO	3	MO; M
ELFABRIO	3	PA; MO; LA; M
FABRAZYME	2	MO; M
GALAFOLD	3	PA; MO; LA; QL (15 per 30 days)
ISTURISA ORAL TABLET 1 MG	3	PA; LA; QL (240 per 30 days)
ISTURISA ORAL TABLET 5 MG	3	PA; LA; QL (360 per 30 days)
JATENZO ORAL CAPSULE 158 MG, 198 MG	3	PA; MO; QL (120 per 30 days)
JATENZO ORAL CAPSULE 237 MG	3	PA; MO; QL (60 per 30 days)
<i>javygtor</i>	1	PA; MO
JYNARQUE	3	PA; LA
KANUMA	2	MO; M
KORLYM	3	PA
KUVAN	3	PA; MO
KYZATREX ORAL CAPSULE 150 MG, 200 MG	3	PA; QL (120 per 30 days)
LUMIZYME	2	MO; M
MEPSEVII	2	MO; M
METHITEST	3	PA
<i>methyltestosterone oral capsule</i>	1	PA; MO
<i>mifepristone oral tablet 300 mg</i>	1	PA; MO

Drug Name	Drug Tier	Requirements/Limits
<i>miglustat</i>	1	PA; MO; LA
MYALEPT	3	PA; MO; LA
NAGLAZYME	2	MO; M
NATESTO	3	MO; M
NEXVIAZYME	3	MO; M
OPFOLDA	3	MO; M
ORILISSA	3	MO
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	3	PA; MO; LA; QL (15 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	3	PA; MO; LA; QL (4 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	3	PA; MO; LA; QL (60 per 30 days)
<i>paricalcitol intravenous</i>	1	M
<i>paricalcitol oral</i>	1	MO
POMBILITI	3	MO; M
RAYALDEE	3	MO
RECORLEV	3	PA
ROCALTROL	3	
SAMSCA	3	PA; MO
<i>sapropterin oral powder in packet 100 mg</i>	1	PA; MO; M
<i>sapropterin oral powder in packet 500 mg</i>	1	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>sapropterin oral tablet, soluble</i>	1	PA; MO
SENSIPAR	3	M
SEPHIENCE	3	PA
SOMAVERT	3	PA; MO
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML	2	M
STRENSIQ SUBCUTANEOUS SOLUTION 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	2	PA; LA; M
SYNAREL	3	PA; MO
TESTIM	3	PA; MO; QL (300 per 30 days)
TESTOPEL	3	M
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	PA; MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	1	PA
<i>testosterone enanthate</i>	1	PA; MO
<i>testosterone transdermal gel</i>	1	PA; MO; M; QL (300 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	1	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	1	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	1	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	1	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	1	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	1	PA; MO; QL (180 per 30 days)
TLANDO	3	PA; QL (120 per 30 days)
<i>tolvaptan</i>	1	PA; MO
<i>tolvaptan (polycystic kidney dis)</i>	1	PA; MO
VIMIZIM	2	MO; M
VOGELXO TRANSDERMAL GEL	3	PA; QL (300 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; QL (300 per 30 days)
VOGELXO TRANSDERMAL GEL IN PACKET	3	PA; M; QL (300 per 30 days)
VOXZOGO	3	PA; MO
VPRIV	3	MO; M
XYOSTED	3	PA; MO; QL (2 per 28 days)
<i>yargesa</i>	1	PA; LA
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML	3	PA; QL (1.12 per 28 days)
YORVIPATH SUBCUTANEOUS PEN INJECTOR 294 MCG/0.98 ML	3	PA; QL (1.96 per 28 days)
YORVIPATH SUBCUTANEOUS PEN INJECTOR 420 MCG/1.4 ML	3	PA; QL (2.8 per 28 days)
YUVIWEL	3	PA
ZAVESCA	3	PA; MO; LA
<i>zelvysia</i>	1	PA
ZEMPLAR INTRAVENOUS	3	MO; M
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	MO; M
<i>zoledronic acid intravenous solution</i>	1	MO; M

Drug Name	Drug Tier	Requirements/Limits
ZOLEDRONIC AC-MANNITOL-0.9NACL	3	M
THYROID HORMONES		
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	3	M
<i>amerithroid</i>	1	MO; M
ARMOUR THYROID	3	MO; M
CYTOMEL	3	MO
<i>evexithroid oral tablet 120 mg, 15 mg, 180 mg, 30 mg, 45 mg, 60 mg, 90 mg</i>	1	MO; M
<i>evexithroid oral tablet 75 mg</i>	1	M
LEVOTHYROXINE ORAL CAPSULE	3	MO
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
<i>levothyroxine oral tablet 175 mcg</i>	1	MO; M
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
<i>liomny</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>liothyronine oral</i>	1	MO
<i>niva thyroid</i>	1	MO; M
<i>np thyroid</i>	1	MO; M
<i>renthyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	MO; M
RENTHYROID ORAL TABLET 45 MG, 75 MG	3	MO; M
SYNTHROID	3	ST; MO
THYQUIDITY	3	MO
<i>thyroid (pork)</i>	1	M
TIROSINT	3	MO
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 50 MCG/ML, 75 MCG/ML, 88 MCG/ML	3	MO
TIROSINT-SOL ORAL SOLUTION 44 MCG/ML, 62.5 MCG/ML	3	
<i>unithroid</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>chlordiazepoxide-clidinium</i>	1	MO
CUVPOSA	3	MO
<i>dicyclomine oral capsule</i>	1	MO
<i>dicyclomine oral solution</i>	1	MO
<i>dicyclomine oral tablet 20 mg</i>	1	MO
DICYCLOMINE ORAL TABLET 40 MG	3	MO
<i>diphenoxylate-atropine</i>	1	MO
GLYCATE	3	
<i>glycopyrrolate oral solution</i>	1	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	MO
<i>glycopyrrolate oral tablet 1.5 mg</i>	1	
LIBRAX (WITH CLIDINIUM)	3	MO
LOMOTIL	3	MO
<i>loperamide oral capsule</i>	1	MO
<i>methscopolamine</i>	1	MO
MOTOFEN	3	MO

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Drug Name	Drug Tier	Requirements/Limits
MYTESI	3	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron</i>	1	PA; MO
AMITIZA ORAL CAPSULE 24 MCG	3	ST; M; QL (60 per 30 days)
AMITIZA ORAL CAPSULE 8 MCG	3	ST; MO; QL (180 per 30 days)
ANALPRAM-HC RECTAL CREAM 1-1 %	3	MO
ANALPRAM-HC SINGLES	3	MO
ANUSOL-HC TOPICAL	3	MO
<i>aprepitant</i>	1	PA; MO
APRISO	3	MO
AVSOLA	3	MO; M
AZULFIDINE	3	MO
AZULFIDINE EN-TABS	3	MO
<i>balsalazide</i>	1	MO
<i>betaine</i>	1	MO
BONJESTA	3	MO
<i>budesonide oral</i>	1	MO
<i>budesonide rectal</i>	1	MO
BYLVAY	3	PA; MO; LA
CANASA	3	MO

Drug Name	Drug Tier	Requirements/Limits
CHOLBAM ORAL CAPSULE 250 MG	3	PA
CHOLBAM ORAL CAPSULE 50 MG	3	PA; QL (120 per 30 days)
CIMZIA POWDER FOR RECONST	3	PA; MO; QL (2 per 28 days)
CIMZIA STARTER KIT	3	PA; MO; QL (3 per 180 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML	3	PA; QL (4 per 28 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	3	PA; MO; M; QL (3 per 180 days)
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	3	ST; MO
<i>compro</i>	1	MO
<i>constulose</i>	1	MO
CORTIFOAM	3	MO
CREON	2	MO
<i>cromolyn oral</i>	1	MO
CTEXLI	3	PA; LA
CYSTADANE	3	
DICLEGIS	3	MO
DIPENTUM	3	MO
<i>doxylamine-pyridoxine (vit b6)</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>dronabinol oral capsule</i>	1	PA; MO
EMEND ORAL CAPSULE 80 MG	3	PA; MO
EMEND ORAL CAPSULE,DOSE PACK	3	PA; MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	PA
ENTYVIO	3	MO; M
ENTYVIO PEN	3	PA; MO; QL (1.36 per 28 days)
<i>enulose</i>	1	MO
EOHILIA	3	PA; MO; QL (600 per 30 days)
GASTROCROM	3	MO
GATTEX 30-VIAL	3	PA; MO
GATTEX ONE-VIAL	3	PA; MO; M
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-n</i>	1	MO
<i>generlac</i>	1	MO
GIMOTI	3	
GOLYTELY	3	ST; MO
<i>granisetron hcl oral</i>	1	PA; MO
GRANISOL	3	PA
<i>hydrocortisone acetate topical cream with perineal applicator</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone rectal</i>	1	MO
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1	MO
IBSRELA	3	PA; QL (60 per 30 days)
INFLECTRA	3	PA; MO; M; QL (20 per 28 days)
INFLIXIMAB	2	M
IQIRVO	3	PA; MO; QL (30 per 30 days)
KRISTALOSE	3	MO
<i>lactulose</i>	1	MO
LIALDA	3	
LINZESS	2	MO; QL (30 per 30 days)
LIVDELZI	3	PA; QL (30 per 30 days)
LIVMARLI	3	PA; LA
<i>lubiprostone oral capsule 24 mcg</i>	1	MO; QL (60 per 30 days)
<i>lubiprostone oral capsule 8 mcg</i>	1	MO; QL (180 per 30 days)
LYNAVOY	3	M
MARINOL ORAL CAPSULE 2.5 MG	3	PA
<i>meclizine oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine oral capsule (with del rel tablets)</i>	1	MO
<i>mesalamine oral capsule, extended release 250 mg</i>	1	M
<i>mesalamine oral capsule, extended release 500 mg</i>	1	MO
<i>mesalamine oral capsule, extended release 24hr</i>	1	MO
<i>mesalamine oral tablet, delayed release (dr/ec)</i>	1	MO
<i>mesalamine rectal</i>	1	MO
<i>mesalamine with cleansing wipe</i>	1	MO; M
<i>metoclopramide hcl oral solution</i>	1	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
MICORT-HC	3	
MOTEGRITY	3	ST; QL (30 per 30 days)
MOVANTIK	3	ST; MO; QL (30 per 30 days)
MOVIPREP	3	ST; MO
<i>nitroglycerin rectal</i>	1	MO
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML (100 MG/ML X 2)	3	PA; M; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	3	PA; MO; QL (2 per 28 days)
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 300MG/3ML(100MG /ML-200 MG/2ML)	3	PA; MO; QL (3 per 28 days)
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML (100 MG/ML X 2)	3	PA; M; QL (2 per 28 days)
OMVOH SUBCUTANEOUS SYRINGE 200 MG/2 ML	3	PA; MO; QL (2 per 28 days)
OMVOH SUBCUTANEOUS SYRINGE 300MG/3ML(100MG /ML-200 MG/2ML)	3	PA; MO; QL (3 per 28 days)
<i>ondansetron hcl oral solution</i>	1	PA; MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	PA; MO
ONDANSETRON ORAL TABLET, DISINTEGRATING 16 MG	3	PA
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
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
<i>peg 3350-electrolytes</i>	1	
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	1	MO
<i>peg-electrolyte</i>	1	MO
PENTASA	3	MO
PERTZYE	3	ST; MO
PLENVU	3	ST; MO
<i>prochlorperazine</i>	1	MO
<i>prochlorperazine maleate</i>	1	MO
PROCTOFOAM HC	3	MO
<i>procto-med hc</i>	1	MO
<i>proctosol hc topical</i>	1	MO
<i>proctozone-hc</i>	1	
<i>prucalopride</i>	1	MO; M; QL (30 per 30 days)
REGLAN ORAL	3	MO

Drug Name	Drug Tier	Requirements/Limits
RELISTOR ORAL	3	ST; MO; QL (90 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION	3	ST; MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	3	ST; MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	3	ST; MO; QL (12 per 30 days)
RELTONE	3	
REMICADE	2	PA; MO; M; QL (20 per 28 days)
RENFLEXIS	3	MO; M
ROWASA RECTAL ENEMA KIT	3	MO
SANCUSO	3	MO
<i>scopolamine base</i>	1	MO
SKYRIZI INTRAVENOUS	2	PA; MO; QL (60 per 180 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	2	PA; MO; QL (1.2 per 56 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	2	PA; MO; QL (2.4 per 56 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	1	MO
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)</i>	1	
SUCRAID	2	PA
SUFLAVE	3	ST; MO
<i>sulfasalazine</i>	1	MO
SUPREP BOWEL PREP KIT	3	ST; MO
SUTAB	3	ST; MO
SYMPROIC	2	MO; QL (30 per 30 days)
TRANSDERM-SCOP	3	MO
<i>trimethobenzamide oral</i>	1	
TRULANCE	2	QL (30 per 30 days)
UCERIS	3	MO
URSO FORTE	3	M
<i>ursodiol oral capsule 200 mg, 400 mg</i>	1	
<i>ursodiol oral capsule 300 mg</i>	1	MO
<i>ursodiol oral tablet</i>	1	MO
URSOLIGN	3	M
VARUBI	2	PA

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

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

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

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

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

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Drug Name	Drug Tier	Requirements/Limits
VOQUEZNA TRIPLE PAK	3	MO; QL (112 per 180 days)
ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM	3	MO; M
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	2	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	3	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	3	PA; MO
ARCALYST	2	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	2	PA; MO; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	2	PA; MO; QL (1 per 28 days)
BESREMI	3	PA; LA
BESREMI PEN	3	M

Drug Name	Drug Tier	Requirements/Limits
BETASERON SUBCUTANEOUS KIT	2	PA; MO; QL (14 per 28 days)
EGRIFTA SV	3	PA
EGRIFTA WR	3	PA; MO
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML	3	MO; M
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	PA; MO
FYLNTRA	3	PA; MO
GENOTROPIN	3	PA; MO
GENOTROPIN MINIQUICK	3	PA; MO
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML	3	PA; MO
GRANIX SUBCUTANEOUS SYRINGE	3	PA; MO
HUMATROPE INJECTION CARTRIDGE	3	PA; MO
ILARIS (PF)	2	MO; M

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Drug Name	Drug Tier	Requirements/Limits
LEUKINE INJECTION RECON SOLN	3	PA; MO
MIRCERA	3	PA
NEULASTA	3	PA; MO
NEULASTA ONPRO	3	PA; MO
NEUPOGEN	3	PA; MO
NGENLA	3	PA; MO
NIVESTYM	2	PA; MO
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	3	PA; MO
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 30 MG/3 ML (10 MG/ML)	3	PA; M
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	3	M
NYVEPRIA	2	PA; MO
OMNITROPE	2	PA; MO
PEGASYS SUBCUTANEOUS SOLUTION	3	MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
PEGASYS SUBCUTANEOUS SYRINGE	3	MO; QL (2 per 28 days)
PLEGRIDY INTRAMUSCULAR	2	PA; MO; M; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	2	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	2	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; MO; QL (1 per 180 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	2	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/2 ML	2	PA; MO; M

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

Drug Name	Drug Tier	Requirements/Limits
ZOMACTON	3	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
<i>abrysvo (pf)</i>	1	V
ACTHIB (PF)	2	
<i>adacel(tdap adolesn/adult)(pf)</i>	1	V
ALYGLO	3	MO; M
<i>arexvy (pf)</i>	1	V
ASCENIV	3	MO; M
<i>bcg vaccine, live (pf)</i>	1	V
<i>bexsero</i>	1	V
BIVIGAM	3	PA; MO
<i>boostrix tdap</i>	1	V
CUTAQUIG	3	MO; M
CUVITRU	3	MO; M
DAPTACEL (DTAP PEDIATRIC) (PF)	2	
DYSPORT	3	PA; MO
<i>engerix-b (pf)</i>	1	PA; V
<i>engerix-b pediatric (pf)</i>	1	PA; V
GAMMAGARD LIQUID	3	PA; MO
GAMMAGARD LIQUID ERC	3	PA; MO
GAMMAGARD S-D (IGA < 1 MCG/ML)	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	3	PA; MO
GAMMAKED INJECTION SOLUTION 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	3	MO; M
GAMMAPLEX	3	PA; MO
GAMMAPLEX (WITH SORBITOL)	3	PA; MO
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	2	PA; MO
GAMUNEX-C INJECTION SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	2	MO; M
<i>gardasil 9 (pf)</i>	1	V
GRASTEK	3	MO
<i>havrix (pf) intramuscular syringe 1,440 elisa unit/ml</i>	1	V

Drug Name	Drug Tier	Requirements/Limits
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	2	
<i>heplisav-b (pf)</i>	1	PA; V
HIBERIX (PF)	2	
HIZENTRA	3	MO; M
HYQVIA	3	MO; M
<i>imovax rabies vaccine (pf)</i>	1	PA; V
INFANRIX (DTAP) (PF)	2	
<i>ipol</i>	1	V
<i>ixiaro (pf)</i>	1	V
<i>jynneos (pf)</i>	1	PA; V
KINRIX (PF)	2	
<i>menquadfi (pf)</i>	1	V
<i>menveo a-c-y-w-135-dip (pf) intramuscular kit</i>	1	V
<i>m-m-r ii (pf)</i>	1	V
<i>mresvia (pf)</i>	1	V
OCTAGAM	3	PA; MO
ODACTRA	3	PA; MO
PALFORZIA (LEVEL 1)	3	MO; M
PALFORZIA (LEVEL 2)	3	MO; M
PALFORZIA (LEVEL 3)	3	MO; M
PALFORZIA (LEVEL 4)	3	MO; M

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Drug Name	Drug Tier	Requirements/Limits
PALFORZIA (LEVEL 5)	3	MO; M
PALFORZIA (LEVEL 6)	3	MO; M
PALFORZIA (LEVEL 7)	3	MO; M
PALFORZIA (LEVEL 8)	3	MO; M
PALFORZIA (LEVEL 9)	3	MO; M
PALFORZIA (LEVEL 10)	3	MO; M
PALFORZIA (LEVEL 11 UP-DOSE)	3	MO; M
PALFORZIA LEVEL 11 MAINTENANCE	3	MO; M
PANZYGA	3	PA; MO
PEDIARIX (PF)	2	
PEDVAX HIB (PF)	2	
<i>penbraya (pf)</i>	1	V
<i>penmenvy men a-b-c-w-y (pf)</i>	1	V
PENTACEL (PF)	2	
<i>priorix (pf)</i>	1	V
PRIVIGEN	3	PA; MO
PROQUAD (PF)	2	
QIVIGY INTRAVENOUS SOLUTION 10 %	3	PA
QIVIGY INTRAVENOUS SOLUTION 10 %	3	PA; MO
QUADRACEL (PF)	2	

Drug Name	Drug Tier	Requirements/Limits
<i>rabavert (pf)</i>	1	PA; V
RAGWITEK	3	MO; M
<i>recombivax hb (pf)</i>	1	PA; V
ROTARIX	2	
ROTATEQ VACCINE	2	
<i>shingrix (pf) intramuscular suspension for reconstitution</i>	1	V; QL (2 per 720 days)
<i>shingrix (pf) intramuscular syringe</i>	1	V; QL (1 per 720 days)
<i>tenivac (pf)</i>	1	V
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	2	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	2	V
<i>trumenba</i>	1	V
<i>twinrix (pf)</i>	1	V
<i>typhim vi intramuscular syringe</i>	1	V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	2	
<i>vaqta (pf) intramuscular suspension 50 unit/ml</i>	1	V

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Drug Name	Drug Tier	Requirements/Limits
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	2	
<i>vaqta (pf)</i> <i>intramuscular</i> <i>syringe 50 unit/ml</i>	1	V
<i>varivax (pf)</i>	1	V
<i>vaxchora vaccine</i>	1	V
<i>vimkunya (pf)</i>	1	V
<i>vivotif</i>	1	MO; V
XEMBIFY	2	MO; M
<i>yf-vax (pf)</i>	1	V
YIMMUGO INTRAVENOUS SOLUTION 10 %	3	PA; MO
YIMMUGO INTRAVENOUS SOLUTION 10 % (200 ML), 10 % (50 ML)	3	PA
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		
NOVO PEN NEEDLE	2	PA; MO
CEQR SIMPLICITY DEVICE 2 UNIT (200 UNIT)	2	MO; QL (8 per 30 days)
CEQR SIMPLICITY INSERTER	2	MO; QL (1 per 720 days)

Drug Name	Drug Tier	Requirements/Limits
PEN NEEDLES (NON-PREFERRED BRANDS)	3	PA
GAUZE PADS 2 X 2	2	PA; MO
INPEN (FOR HUMALOG) BLUE	3	
INPEN (FOR HUMALOG) GREY	3	
INPEN (FOR HUMALOG) PINK	3	
INPEN (NOVOLOG OR FIASP) BLUE	3	
INPEN (NOVOLOG OR FIASP) GREY	3	
INPEN (NOVOLOG OR FIASP) PINK	3	
EMBECTA INSULIN SYRINGE	2	PA; MO
BD PEN NEEDLE	2	PA; MO
OMNIPOD 5 (LIBRE 2/3 PLUS)	2	MO; QL (15 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	2	MO; QL (1 per 720 days)
OMNIPOD 5 G6-G7 PODS (GEN 5)	2	MO; QL (15 per 30 days)
OMNIPOD 5 INTRO (LIBRE2/3PLUS)	2	MO; QL (1 per 720 days)
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4)	2	MO; QL (15 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
EMBECTA PEN NEEDLE	2	PA; MO
PIVOT INSULIN PUMP STARTER KIT	2	QL (1 per 720 days)
PIVOT SUPPLY KIT	2	QL (40 per 30 days)
TWIIST REFILL KIT(CSST-NDL-SYR)	2	QL (1 per 30 days)
TWIIST RFL(INFUS-CSST-NDL-SYR)	2	QL (1 per 30 days)
TWIIST STARTER KIT	2	QL (1 per 720 days)
BD INSULIN SYRINGE	2	PA; MO
INSULIN SYRINGES (NON-PREFERRED BRANDS)	3	PA
V-GO 20	3	MO; QL (30 per 30 days)
V-GO 30	3	MO; QL (30 per 30 days)
V-GO 40	3	MO; QL (30 per 30 days)
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>colchicine oral capsule</i>	1	
<i>colchicine oral tablet</i>	1	MO
<i>febuxostat</i>	1	MO
GLOPERBA	3	ST
KRYSTEXXA	3	MO; M
MITIGARE	3	ST
<i>probenecid</i>	1	MO
<i>probenecid-colchicine</i>	1	MO
ULORIC	3	MO
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG	3	ST; MO; QL (1 per 30 days)
ACTONEL ORAL TABLET 35 MG	3	ST; MO; QL (4 per 28 days)
<i>alendronate oral solution</i>	1	MO; QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
ATELVIA	3	ST; MO; QL (4 per 28 days)
BILDYOS	3	PA; MO; QL (1 per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
BINOSTO	3	ST; MO; QL (4 per 28 days)
BONSITY	2	PA; MO; QL (2.24 per 28 days)
BOSAYA	3	PA; QL (1 per 180 days)
CONEXXENCE	3	PA; MO; QL (1 per 180 days)
ENOBY	3	PA; MO; QL (1 per 180 days)
EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML (105MG/1.17MLX2)	3	PA; MO; QL (2.34 per 30 days)
EVISTA	3	MO
FORTEO	3	PA; MO; QL (2.24 per 28 days)
FOSAMAX ORAL TABLET 70 MG	3	ST; MO; QL (4 per 28 days)
FOSAMAX PLUS D	3	ST; MO; QL (4 per 28 days)
<i>ibandronate intravenous solution</i>	1	M
<i>ibandronate intravenous syringe</i>	1	MO; M
<i>ibandronate oral</i>	1	MO; QL (1 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
JUBBONTI	2	MO; QL (1 per 180 days)
OSPOMYV	3	PA; MO; QL (1 per 180 days)
OSVYRTI	3	PA; MO; M; QL (1 per 180 days)
PROLIA	2	MO; QL (1 per 180 days)
<i>raloxifene</i>	1	MO
<i>risedronate oral tablet 150 mg</i>	1	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	1	MO; QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	MO; QL (4 per 28 days)
STOBOCLO	3	PA; MO; QL (1 per 180 days)
<i>teriparatide (preferred ndcs starting with 47781)</i>	1	PA; MO; QL (2.24 per 28 days)
TYMLOS	2	PA; MO; QL (1.56 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
OTHER RHEUMATOLOGICALS		
ABRILADA(CF) PEN	3	PA; QL (6 per 28 days)
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML	3	PA; QL (2 per 28 days)
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	3	PA; QL (6 per 28 days)
ACTEMRA ACTPEN	3	PA; MO; QL (3.6 per 28 days)
ACTEMRA INTRAVENOUS	3	PA; MO; M; QL (160 per 28 days)
ACTEMRA SUBCUTANEOUS	3	PA; MO; QL (3.6 per 28 days)
ADALIMUMAB-AACF SUBCUTANEOUS PEN INJECTOR KIT	3	MO; M
ADALIMUMAB-AACF SUBCUTANEOUS SYRINGE KIT	3	MO; M
ADALIMUMAB-AACF(CF) PEN CROHNS	3	M
ADALIMUMAB-AACF(CF) PEN PS-UV	3	M

Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-AATY SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	3	PA; MO; QL (6 per 28 days)
ADALIMUMAB-AATY SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	3	PA; MO; QL (3 per 28 days)
ADALIMUMAB-AATY SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	3	PA; MO; QL (2 per 28 days)
ADALIMUMAB-AATY SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	3	PA; MO; QL (6 per 28 days)
ADALIMUMAB-AATY(CF) AI CROHNS	3	PA; MO; QL (3 per 180 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	3	PA; MO; QL (1.6 per 28 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	3	PA; MO; QL (2.4 per 28 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 10 MG/0.1 ML	3	PA; MO; QL (0.2 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 20 MG/0.2 ML	3	PA; MO; QL (0.4 per 28 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	3	PA; MO; QL (1.6 per 28 days)
ADALIMUMAB-ADBM SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	3	PA; MO; QL (6 per 28 days)
ADALIMUMAB-ADBM SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	3	PA; MO; QL (4 per 28 days)
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	3	PA; MO; QL (2 per 28 days)
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	3	PA; MO; QL (6 per 28 days)
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	3	PA; MO; QL (4 per 28 days)
ADALIMUMAB-BWWD	3	PA; QL (2.4 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-FKJP SUBCUTANEOUS PEN INJECTOR KIT	3	MO; M
ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT	3	M
ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	3	PA; MO; QL (6 per 28 days)
ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	3	PA; QL (3 per 28 days)
ADALIMUMAB-RYVK SUBCUTANEOUS SYRINGE KIT	3	PA; MO; QL (6 per 28 days)
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	3	PA; MO; QL (1.6 per 28 days)
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	3	PA; QL (3.2 per 28 days)
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML	3	PA; MO; QL (2.4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.2 ML	3	PA; MO; QL (0.4 per 28 days)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	3	PA; MO; QL (1.6 per 28 days)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	3	PA; QL (3.2 per 28 days)
ARAVA	3	MO; M
AURANOFIN	3	
AVTOZMA AUTOINJECTOR	3	PA; MO; QL (3.6 per 28 days)
AVTOZMA INTRAVENOUS	3	PA; MO; M; QL (160 per 28 days)
AVTOZMA SUBCUTANEOUS	3	PA; MO; QL (3.6 per 28 days)
BENLYSTA INTRAVENOUS	2	MO; M
BENLYSTA SUBCUTANEOUS	2	PA; MO
CUPRIMINE	3	PA; MO
CYLTEZO(CF) PEN	3	PA; MO; QL (4 per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	3	PA; MO; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML	3	PA; MO; QL (4 per 28 days)
DEPEN TITRATABS	3	PA; MO
ENBREL MINI	2	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	2	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	2	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK	2	PA; MO; QL (8 per 28 days)
HADLIMA	2	PA; MO; QL (4.8 per 28 days)
HADLIMA PUSHTOUCH	2	PA; MO; QL (4.8 per 28 days)
HADLIMA(CF)	2	PA; MO; QL (2.4 per 28 days)
HADLIMA(CF) PUSHTOUCH	2	PA; MO; QL (2.4 per 28 days)
HULIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	3	MO; M

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Drug Name	Drug Tier	Requirements/Limits
HULIO(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML	3	M
HULIO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	3	MO; M
HUMIRA PEN	3	PA; MO; QL (4 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	3	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEN CROHN'S-UC-HS	3	PA; QL (3 per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	3	PA; QL (3 per 180 days)
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	3	PA; MO; QL (4 per 28 days)
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	3	PA; MO; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	3	PA; MO; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	3	PA; MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ	3	M
HYRIMOZ PEN	3	M
HYRIMOZ PEN CROHN'S-UC STARTER	3	PA; MO; QL (2.4 per 180 days)
HYRIMOZ PEN PSORIASIS STARTER	3	PA; MO; QL (1.6 per 180 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	3	MO; M
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML- 40 MG/0.4 ML	3	PA; MO; QL (1.2 per 180 days)
HYRIMOZ(CF) PEN	3	PA; MO; QL (1.6 per 28 days)
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML	3	PA; MO; QL (0.2 per 28 days)
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML	3	PA; MO; QL (0.4 per 28 days)
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	3	PA; QL (1.6 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
KEVZARA SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (2.28 per 28 days)
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML	3	M
KEVZARA SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	3	PA; MO; QL (2.28 per 28 days)
KINERET	3	PA; QL (18.76 per 28 days)
<i>leflunomide</i>	1	MO; QL (30 per 30 days)
LEQSELVI	3	PA; MO; QL (60 per 30 days)
<i>milnacipran oral tablet</i>	1	MO; QL (60 per 30 days)
OLUMIANT	3	PA; MO; QL (30 per 30 days)
ORENCIA (WITH MALTOSE)	3	MO; M
ORENCIA CLICKJECT	3	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	3	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	3	PA; MO; QL (1.6 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	3	PA; MO; QL (2.8 per 28 days)
OTEZLA	2	PA; MO; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	2	PA; MO; QL (55 per 180 days)
OTEZLA XR	2	PA; MO; QL (30 per 30 days)
OTEZLA XR INITIATION	2	PA; MO; QL (41 per 180 days)
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.4 ML	3	M
<i>penicillamine</i>	1	PA; MO
RASUVO (PF)	3	MO
RIDAURA	3	MO; M
RINVOQ LQ	2	PA; MO; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	2	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	2	PA; MO; QL (84 per 180 days)
SAVELLA ORAL TABLET	3	QL (60 per 30 days)
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	2	PA; MO; QL (4 per 28 days)
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	2	PA; MO; QL (3 per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	2	PA; MO; QL (2 per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	2	PA; MO; QL (4 per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	2	PA; M; QL (3 per 28 days)
SIMPONI ARIA	3	MO; M
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	3	PA; MO; QL (3 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	3	PA; MO; QL (0.5 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	3	PA; MO; QL (3 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	3	PA; MO; QL (0.5 per 28 days)
<i>tofacitinib oral solution</i>	1	PA; MO; QL (480 per 30 days)
<i>tofacitinib oral tablet</i>	1	PA; MO; QL (60 per 30 days)
<i>tofacitinib oral tablet extended release 24 hr</i>	1	PA; MO; QL (30 per 30 days)
TOFIDENCE	3	M
TYENNE AUTOINJECTOR	3	PA; MO; QL (3.6 per 28 days)
TYENNE INTRAVENOUS	3	PA; MO; M; QL (160 per 28 days)
TYENNE SUBCUTANEOUS	3	PA; MO; QL (3.6 per 28 days)
XELJANZ ORAL SOLUTION	3	PA; MO; QL (480 per 30 days)
XELJANZ ORAL TABLET	3	PA; MO; QL (60 per 30 days)
XELJANZ XR	3	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
YUFLYMA(CF) AI CROHN'S-UC-HS	3	PA; MO; QL (3 per 180 days)
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	3	PA; QL (4 per 28 days)
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	3	PA; MO; QL (2 per 28 days)
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	3	MO; M
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	3	PA; QL (4 per 28 days)
YUSIMRY(CF) PEN	3	MO; M

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

<i>abigale</i>	1	MO
<i>abigale lo</i>	1	MO
ACTIVELLA	3	MO
ANGELIQ	3	MO
BIJUVA	3	MO
<i>camila</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
CLIMARA PRO	3	MO
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	MO; QL (4 per 28 days)
CLIMARA TRANSDERMAL PATCH WEEKLY 0.05 MG/24 HR	3	QL (4 per 28 days)
COMBIPATCH	3	
<i>conjugated estrogens</i>	1	MO
CRINONE VAGINAL GEL 8 %	3	PA; MO
<i>deblitane</i>	1	MO
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML	3	MO
DEPO-ESTRADIOL	3	MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	MO
DEPO-PROVERA INTRAMUSCULAR SYRINGE	3	MO
DEPO-SUBQ PROVERA 104	2	MO

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Drug Name	Drug Tier	Requirements/Limits
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %)	3	MO; QL (30 per 30 days)
DIVIGEL TRANSDERMAL GEL IN PACKET 1.25 MG/1.25 GRAM (0.1 %)	3	MO; QL (37.5 per 30 days)
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr</i>	1	QL (8 per 28 days)
<i>dotti transdermal patch semiweekly 0.1 mg/24 hr</i>	1	MO; QL (8 per 28 days)
DUAVEE	3	MO
ELESTRIN	3	MO; QL (70 per 30 days)
<i>emzahh</i>	1	MO; ENC; M
<i>errin</i>	1	MO
ESTRACE VAGINAL	3	ST; MO
<i>estradiol oral</i>	1	MO
<i>estradiol transdermal gel in metered-dose pump</i>	1	MO; QL (50 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>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 %)</i>	1	MO; QL (30 per 30 days)
<i>estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)</i>	1	MO; QL (37.5 per 30 days)
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr</i>	1	QL (8 per 28 days)
<i>estradiol transdermal patch semiweekly 0.1 mg/24 hr</i>	1	MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	MO; QL (4 per 28 days)
<i>estradiol transdermal patch weekly 0.0375 mg/24 hr, 0.05 mg/24 hr</i>	1	QL (4 per 28 days)
<i>estradiol vaginal</i>	1	MO
<i>estradiol valerate</i>	1	MO
<i>estradiol- norethindrone acet</i>	1	MO
ESTRING	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
EVAMIST	3	MO; QL (16.2 per 30 days)
FEMRING	3	ST; MO
<i>fyavolv</i>	1	MO
<i>gallifrey</i>	1	MO
<i>heather</i>	1	MO
IMVEXXY MAINTENANCE PACK	2	MO
IMVEXXY STARTER PACK	2	MO
<i>incassia</i>	1	MO
<i>jencycla</i>	1	MO; ENC; M
<i>jinteli</i>	1	MO
<i>lyleq</i>	1	MO
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr</i>	1	QL (8 per 28 days)
<i>lyllana transdermal patch semiweekly 0.1 mg/24 hr</i>	1	MO; QL (8 per 28 days)
<i>lyza</i>	1	
<i>medroxyprogesterone</i>	1	MO
<i>meleya</i>	1	MO
MENEST ORAL TABLET 2.5 MG	3	M
MENOSTAR	3	MO; QL (4 per 28 days)
<i>mimvey</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR	3	MO; QL (8 per 28 days)
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	QL (8 per 28 days)
<i>nora-be</i>	1	MO
<i>norethindrone (contraceptive)</i>	1	
<i>norethindrone acetate</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	MO
<i>orquidea</i>	1	MO
PREMARIN ORAL	3	MO
PREMARIN VAGINAL	2	
PREMPHASE	2	MO
PREMPRO	2	MO
<i>progesterone micronized oral</i>	1	MO
PROMETRIUM	3	MO
PROVERA	3	MO
<i>sharobel</i>	1	MO
VAGIFEM	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR	3	MO; QL (8 per 28 days)
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	QL (8 per 28 days)
<i>yuvafem</i>	1	
MISCELLANEOUS OB/GYN		
ANNOVERA	3	MO
CLEOCIN VAGINAL	3	MO
<i>clindamycin phosphate vaginal</i>	1	MO
CLINDESSE	3	MO
<i>eluryng</i>	1	MO
<i>enilloring</i>	1	MO
<i>etonogestrel-ethinyl estradiol</i>	1	
GWYN LO	3	ENC; M
GYNAZOLE-1	3	MO
INTRAROSA	3	MO
KYLEENA	3	
LILETTA	2	MO
LYNKUET	3	PA; MO
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>miconazole-3 vaginal suppository</i>	1	MO
MIRENA	3	
MIUDELLA	3	M
MYFEMBREE	2	PA; MO
NEXPLANON	2	
<i>norelgestromin- ethin.estradiol</i>	1	MO
NUVARING	3	MO
NUVESSA	3	MO
ORIAHNN	3	PA; MO
OSPHENA	3	MO
PHEXX	3	MO
SKYLA	3	
<i>terconazole</i>	1	MO
<i>tranexamic acid oral</i>	1	MO
TWIRLA	3	MO; ENC; M
VEOZAH	3	PA; MO
XACIATO	3	ST; MO
<i>xulane</i>	1	
<i>zafemy</i>	1	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>afirmelle</i>	1	ENC; M
<i>altavera (28)</i>	1	MO
<i>alyacen 1/35 (28)</i>	1	MO
<i>alyacen 7/7/7 (28)</i>	1	ENC; M
<i>amethyst (28)</i>	1	ENC; M
<i>apri</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>aranelle (28)</i>	1	MO
<i>ashlyna</i>	1	MO
<i>aubra eq</i>	1	MO
<i>aurovela 1.5/30 (21)</i>	1	MO; ENC; M
<i>aurovela 1/20 (21)</i>	1	ENC; M
<i>aurovela 24 fe</i>	1	MO; ENC; M
<i>aurovela fe 1.5/30 (28)</i>	1	MO; ENC; M
<i>aurovela fe 1-20 (28)</i>	1	MO; ENC; M
AVERI	3	ENC; M
<i>aviane</i>	1	MO
<i>ayuna</i>	1	ENC; M
<i>azurette (28)</i>	1	MO
BALCOLTRA	3	MO
<i>balziva (28)</i>	1	MO
BEYAZ	3	MO
<i>blisovi 24 fe</i>	1	MO
<i>blisovi fe 1.5/30 (28)</i>	1	MO
<i>blisovi fe 1/20 (28)</i>	1	MO; ENC; M
<i>briellyn</i>	1	MO
<i>camrese</i>	1	MO; ENC; M
<i>camrese lo</i>	1	MO
<i>charlotte 24 fe</i>	1	MO; ENC; M
<i>chateal eq (28)</i>	1	MO; ENC; M
<i>cryselle (28)</i>	1	MO
<i>cyred eq</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>dasetta 1/35 (28)</i>	1	MO; ENC; M
<i>dasetta 7/7/7 (28)</i>	1	MO; ENC; M
<i>daysee</i>	1	MO; ENC; M
<i>desog-e.estradiol/e.estradiol</i>	1	ENC; M
<i>dolishale</i>	1	MO
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	1	MO
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	1	MO; ENC; M
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	1	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	1	
<i>elinest</i>	1	MO; ENC; M
<i>enskyce</i>	1	MO
<i>estarylla</i>	1	MO
<i>ethynodiol diac-eth estradiol</i>	1	ENC; M
<i>falmina (28)</i>	1	MO
<i>feirza</i>	1	MO
FEMLYV	3	MO
<i>finzala</i>	1	MO
<i>galbriela</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	ENC; M
<i>larin 1.5/30 (21)</i>	1	MO
<i>larin 1/20 (21)</i>	1	MO
<i>larin 24 fe</i>	1	MO; ENC; M
<i>larin fe 1.5/30 (28)</i>	1	MO
<i>larin fe 1/20 (28)</i>	1	MO
<i>lessina</i>	1	MO
<i>levonest (28)</i>	1	MO
<i>levonorgest-eth.estradiol-iron</i>	1	
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 90-20 mcg (28)</i>	1	
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month</i>	1	
<i>levonorg-eth estradiol triphasic</i>	1	MO
LO LOESTRIN FE	3	
LOESTRIN 1.5/30 (21)	3	MO
LOESTRIN 1/20 (21)	3	MO
LOESTRIN FE 1.5/30 (28-DAY)	3	MO
LOESTRIN FE 1/20 (28-DAY)	3	MO
<i>lojaimiess</i>	1	MO

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<i>loryna (28)</i>	1	MO
<i>low-ogestrel (28)</i>	1	ENC; M
<i>lo-zumandimine (28)</i>	1	MO; ENC; M
<i>luizza</i>	1	MO
<i>lutra (28)</i>	1	ENC; M
<i>marlissa (28)</i>	1	MO
<i>merzee</i>	1	ENC; M
<i>mibelas 24 fe</i>	1	MO
<i>microgestin 1.5/30 (21)</i>	1	MO
<i>microgestin 1/20 (21)</i>	1	MO
<i>microgestin 24 fe</i>	1	ENC; M
<i>microgestin fe 1.5/30 (28)</i>	1	MO
<i>microgestin fe 1/20 (28)</i>	1	MO
<i>mili</i>	1	MO
<i>minzoya</i>	1	MO
<i>mono-lynyah</i>	1	MO; ENC; M
NATAZIA	3	MO
<i>necon 0.5/35 (28)</i>	1	MO
NEXTSTELLIS	3	MO
<i>nikki (28)</i>	1	MO
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	1	ENC; M
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	1	ENC; M

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	1	MO
<i>norethindrone-e.estradiol-iron oral capsule</i>	1	
<i>norethindrone-e.estradiol-iron oral tablet</i>	1	ENC; M
<i>norethindrone-e.estradiol-iron oral tablet, chewable</i>	1	
<i>norgestimate-ethinyl estradiol</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	MO
<i>nortrel 1/35 (21)</i>	1	MO
<i>nortrel 1/35 (28)</i>	1	MO
<i>nortrel 7/7/7 (28)</i>	1	MO
<i>nylia 1/35 (28)</i>	1	MO
<i>nylia 7/7/7 (28)</i>	1	MO
<i>nymyo</i>	1	ENC; M
<i>philith</i>	1	MO; ENC; M
<i>pimtrea (28)</i>	1	MO
<i>portia 28</i>	1	MO
<i>reclipsen (28)</i>	1	MO
<i>rivelsa</i>	1	MO
<i>rosyrah</i>	1	MO
SAFYRAL	3	MO
<i>setlakin</i>	1	MO
<i>simliya (28)</i>	1	ENC; M
<i>simpesse</i>	1	MO; ENC; M
SLYND	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>sprintec (28)</i>	1	MO
<i>syeda</i>	1	MO
<i>tarina 24 fe</i>	1	MO
<i>tarina fe 1-20 eq (28)</i>	1	MO
TAYTULLA	3	MO; ENC; M
<i>tilia fe</i>	1	MO
<i>tri-estarylla</i>	1	MO
<i>tri-legest fe</i>	1	MO
<i>tri-linyah</i>	1	MO; ENC; M
<i>tri-lo-estarylla</i>	1	MO
<i>tri-lo-marzia</i>	1	MO; ENC; M
<i>tri-lo-mili</i>	1	MO; ENC; M
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	ENC; M
<i>tri-sprintec (28)</i>	1	MO
<i>tri-vylibra</i>	1	MO
<i>tri-vylibra lo</i>	1	MO
<i>turqoz (28)</i>	1	MO
TYBLUME	3	MO
<i>tydemy</i>	1	MO
<i>valtya</i>	1	MO
<i>velivet triphasic regimen (28)</i>	1	MO
<i>vestura (28)</i>	1	MO
<i>vienva</i>	1	MO
<i>viorele (28)</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>volnea (28)</i>	1	MO; ENC; M
<i>vyfemla (28)</i>	1	MO
<i>vylibra</i>	1	MO
<i>wera (28)</i>	1	MO; ENC; M
<i>wymzya fe</i>	1	MO
<i>xarah fe</i>	1	MO
<i>xelria fe</i>	1	MO
YASMIN (28)	3	MO
YAZ (28)	3	MO
<i>zovia 1-35 (28)</i>	1	MO
<i>zumandimine (28)</i>	1	MO; ENC; M

OPHTHALMOLOGY

ANTIBIOTICS

AZASITE	3	
<i>bacitracin-polymyxin b</i>	1	MO
BESIFLOXACIN	3	MO
BESIVANCE	3	MO
CILOXAN OPHTHALMIC (EYE) OINTMENT	3	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	MO
<i>erythromycin ophthalmic (eye)</i>	1	MO; QL (3.5 per 14 days)
<i>gatifloxacin</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin ophthalmic (eye) drops</i>	1	MO; QL (70 per 30 days)
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>moxifloxacin ophthalmic (eye) drops</i>	1	MO
NATACYN	3	
<i>neomycin-bacitracin-polymyxin</i>	1	MO
<i>neomycin-polymyxin-gramicidin</i>	1	MO
OCUFLOX	3	MO
<i>ofloxacin ophthalmic (eye)</i>	1	MO
<i>polymyxin b sulf-trimethoprim</i>	1	MO
<i>tobramycin ophthalmic (eye)</i>	1	MO; QL (10 per 14 days)
TOBREX OPHTHALMIC (EYE) OINTMENT	3	MO; QL (3.5 per 14 days)
VIGAMOX	3	MO
ANTIVIRALS		
<i>trifluridine</i>	1	MO
ZIRGAN	3	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
BETIMOL OPHTHALMIC (EYE) DROPS 0.5 %	3	MO
<i>carteolol</i>	1	MO
ISTALOL	3	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>timolol</i>	1	MO
<i>timolol maleate (pf)</i>	1	MO
<i>timolol maleate ophthalmic (eye)</i>	1	MO
TIMOPTIC	3	M
TIMOPTIC OCUDOSE (PF)	3	MO
TIMOPTIC-XE	3	M
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	1	MO
ATROPINE SULFATE (PF)	3	M
<i>azelastine ophthalmic (eye)</i>	1	MO
BEOVU	3	MO; M
<i>bepotastine besilate</i>	1	MO
BEPREVE	3	MO
BYOOVIZ	3	M
CEQUA	3	MO; QL (60 per 30 days)
CIMERLI	2	MO; M

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Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn ophthalmic (eye)</i>	1	MO
<i>cyclosporine ophthalmic (eye)</i>	1	MO; QL (60 per 30 days)
CYSTADROPS	3	PA
CYSTARAN	2	PA
<i>epinastine</i>	1	MO
EYLEA	3	MO; M
EYLEA HD	3	MO; M
IZERVAY (PF)	3	MO; M
LUCENTIS INTRAVITREAL SYRINGE	3	MO; M
MIEBO (PF)	2	MO; QL (3 per 30 days)
NUFYMCO	3	MO; M
OXERVATE	3	PA; MO
PAVBLU	2	MO; M
PHOSPHOLINE IODIDE	3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	MO
<i>pilocarpine hcl ophthalmic (eye) drops 1.25 %</i>	1	PA; MO
RESTASIS	3	MO; QL (60 per 30 days)
RESTASIS MULTIDOSE	3	MO; QL (5.5 per 30 days)
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide-prednisolone</i>	1	MO
SYFOVRE (PF)	3	MO; M
TRYPTYR	3	ST; MO; QL (60 per 30 days)
TYRVAYA	3	MO; QL (8.4 per 30 days)
VABYSMO	3	MO; M
VERKAZIA	3	PA; QL (120 per 30 days)
VEVYE	3	MO; QL (2 per 30 days)
VUITY	3	MO; M
XDEMZY	2	PA; QL (10 per 42 days)
XIIDRA	2	MO; QL (60 per 30 days)
YESAFILI	3	MO; M
ZERVATE	3	MO
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR	3	MO
ACULAR LS	3	MO
ACUVAIL (PF)	3	MO
<i>bromfenac</i>	1	MO
BROMSITE	3	MO
<i>diclofenac sodium ophthalmic (eye)</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>flurbiprofen sodium</i>	1	MO
ILEVRO	3	MO
<i>ketorolac ophthalmic (eye)</i>	1	MO
NEVANAC	3	MO
PROLENSA	3	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	MO
<i>methazolamide</i>	1	MO
OTHER GLAUCOMA DRUGS		
AZOPT	3	MO
<i>bimatoprost ophthalmic (eye)</i>	1	MO
<i>brimonidine-timolol</i>	1	MO
<i>brinzolamide</i>	1	MO
COMBIGAN	3	MO
COSOPT	3	MO
COSOPT (PF)	3	
<i>dorzolamide</i>	1	MO
<i>dorzolamide-timolol</i>	1	MO
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	1	MO
IYUZEH (PF)	3	ST; MO
<i>latanoprost</i>	1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	ST; MO

Drug Name	Drug Tier	Requirements/Limits
RHOPRESSA	2	
ROCKLATAN	2	
SIMBRINZA	3	MO
<i>tafluprost (pf)</i>	1	MO
TRAVATAN Z	3	ST; MO
<i>travoprost</i>	1	MO
VYZULTA	3	ST
XALATAN	3	ST; MO
ZIOPTAN (PF)	3	ST; MO
ZOLYMBUS	3	ST; MO
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
<i>neomycin-bacitracin-poly-hc</i>	1	MO
<i>neomycin-polymyxin b-dexameth</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	1	MO
TOBRADEX OPHTHALMIC (EYE) OINTMENT	2	MO; QL (3.5 per 14 days)
TOBRADEX ST	3	MO
<i>tobramycin-dexamethasone</i>	1	MO; QL (10 per 14 days)
<i>tobramycin-lotepred</i>	1	QL (20 per 14 days)

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Drug Name	Drug Tier	Requirements/Limits
ZYLET	3	QL (20 per 14 days)
STEROIDS		
ALREX	3	
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	MO
<i>difluprednate</i>	1	MO
DUREZOL	3	MO
EYSUVIS	3	PA; MO; QL (8.3 per 14 days)
FLAREX	3	MO
<i>fluorometholone</i>	1	MO
FML FORTE	3	MO
FML LIQUIFILM	3	MO
ILUVIEN	3	MO; M
INVELTYS	3	MO
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	3	MO
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT	3	MO
LOTEMAX SM	3	MO
<i>loteprednol etabonate</i>	1	MO
MAXIDEX	3	MO
PRED MILD	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone acetate</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	MO
RETISERT	3	M
SYMPATHOMIMETICS		
ALPHAGAN P	3	MO
<i>apraclonidine</i>	1	MO
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i>	1	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	MO; M
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	3	MO
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTI-ALLERGIC AGENTS		
AUVI-Q	3	ST; QL (4 per 30 days)
<i>carbinoxamine maleate oral liquid</i>	1	PA; MO
CARBINOXAMINE MALEATE ORAL SUSPENSION,EXTENDED REL 12 HR	3	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>carbinoxamine maleate oral tablet</i>	1	PA; MO
<i>carbzah</i>	1	PA
<i>cetirizine oral solution 1 mg/ml</i>	1	MO
CLARINEX ORAL TABLET	3	MO; QL (30 per 30 days)
CLARINEX-D 12 HOUR	3	MO; QL (60 per 30 days)
<i>clemastine oral syrup</i>	1	PA
<i>clemastine oral tablet</i>	1	PA; MO
<i>clemsza</i>	1	PA
<i>corphena</i>	1	
<i>cyproheptadine oral syrup</i>	1	PA; MO
<i>cyproheptadine oral tablet</i>	1	PA; MO
DESLORATADINE ORAL SOLUTION	3	QL (300 per 30 days)
<i>desloratadine oral tablet</i>	1	MO; QL (30 per 30 days)
<i>desloratadine oral tablet, disintegrating</i>	1	MO; QL (30 per 30 days)
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	3	ST; MO; QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	1	MO; QL (4 per 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
ADCIRCA	3	PA; MO; QL (60 per 30 days)
ADEMPAS	2	PA; MO; LA; QL (90 per 30 days)
ADVAIR DISKUS	3	MO; QL (60 per 30 days)
ADVAIR HFA	2	MO; QL (12 per 30 days)
AIRSUPRA	3	PA; MO; QL (32.1 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	MO; QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm</i>	1	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>	3	QL (36 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	1	PA; MO
<i>albuterol sulfate oral syrup</i>	1	MO
<i>albuterol sulfate oral tablet</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	2	MO; QL (12.2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	2	MO; QL (6.1 per 30 days)
ALYFTREK ORAL TABLET 10-50-125 MG	3	PA; MO; QL (56 per 28 days)
ALYFTREK ORAL TABLET 4-20-50 MG	3	PA; MO; QL (84 per 28 days)
<i>alyq</i>	1	PA; MO; QL (60 per 30 days)
<i>ambrisentan</i>	1	PA; MO; LA; QL (30 per 30 days)
ANDEMBRY AUTOINJECTOR	3	PA; MO
ANORO ELLIPTA	3	ST; MO; QL (60 per 30 days)
<i>arformoterol</i>	1	PA; MO; QL (120 per 30 days)
ARNUITY ELLIPTA	3	ST; QL (30 per 30 days)
ASMANEX HFA	2	MO; QL (13 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	MO; QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	2	MO; QL (2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	2	M
ATROVENT HFA	3	MO; QL (25.8 per 30 days)
<i>azelastine-fluticasone</i>	1	MO; QL (23 per 30 days)
<i>beclomethasone dipropionate</i>	1	MO; QL (17.4 per 30 days)
BERINERT INTRAVENOUS KIT	3	PA; MO

Drug Name	Drug Tier	Requirements/Limits
BEVESPI AEROSPHERE	2	MO; QL (10.7 per 30 days)
<i>bosentan oral tablet</i>	1	PA; MO; LA; QL (60 per 30 days)
<i>bosentan oral tablet for suspension</i>	1	PA; MO; LA; QL (112 per 28 days)
BREO ELLIPTA	2	MO; QL (60 per 30 days)
<i>breynga</i>	1	MO; QL (10.3 per 30 days)
BREZTRI AEROSPHERE	2	MO; QL (10.7 per 30 days)
BRINSUPRI	3	PA
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	1	PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	PA; MO; QL (60 per 30 days)
<i>budesonide-formoterol</i>	1	QL (10.2 per 30 days)
CINQAIR	3	MO; M
CINRYZE	2	PA; MO
COMBIVENT RESPIMAT	2	QL (8 per 30 days)
<i>cromolyn inhalation</i>	1	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
DALIRESP	3	PA; MO; QL (30 per 30 days)
DAWNZERA	3	PA; LA
DUAKLIR PRESSAIR	3	ST; MO; QL (1 per 30 days)
DULERA	2	MO; QL (13 per 30 days)
DYMISTA	3	MO; QL (23 per 30 days)
EKTERLY	3	PA; MO
ELIXOPHYLLIN	3	M
ESBRIET ORAL TABLET 267 MG	3	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	3	PA; MO; QL (90 per 30 days)
EXDENSUR	3	M
FASENRA PEN	2	PA; MO; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	2	PA; MO; QL (0.5 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	2	PA; MO; QL (1 per 28 days)
FIRAZYR	3	PA; MO
<i>flunisolide</i>	1	MO; QL (50 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
FLUTICASONE FUROATE	3	ST; MO; QL (30 per 30 days)
FLUTICASONE FUROATE-VILANTEROL	2	MO; QL (60 per 30 days)
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 50 MCG/ACTUATION	3	ST; MO; QL (60 per 30 days)
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	ST; MO; QL (240 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	3	ST; MO; QL (12 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	ST; MO; QL (24 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	1	MO; QL (10.6 per 30 days)
<i>fluticasone propionate nasal</i>	1	MO; QL (16 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
FLUTICASONE PROPION- SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	3	ST; MO; QL (1 per 30 days)
<i>fluticasone propion- salmeterol inhalation blister with device</i>	1	MO; QL (60 per 30 days)
FLUTICASONE PROPION- SALMETEROL INHALATION HFA AEROSOL INHALER	3	ST; MO; QL (12 per 30 days)
<i>formoterol fumarate</i>	1	PA; MO; QL (120 per 30 days)
HAEGARDA	3	PA; MO; LA
<i>icatibant</i>	1	PA; MO
INCRUSE ELLIPTA	3	ST; MO; QL (30 per 30 days)
<i>ipratropium bromide inhalation hfa aerosol inhaler</i>	1	MO; QL (25.8 per 30 days)
<i>ipratropium bromide inhalation solution</i>	1	PA; MO
<i>ipratropium- albuterol</i>	1	PA; MO
JASCAYD	2	PA; MO; QL (60 per 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
OHTUVAYRE	3	PA; QL (150 per 30 days)
OMLYCLO	3	M
OMNARIS	3	ST; MO; QL (12.5 per 30 days)
OPSUMIT	3	PA; MO; LA; QL (30 per 30 days)
OPSYNVI	3	PA; MO; QL (30 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET	3	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	3	PA; MO; QL (112 per 28 days)
ORLADEYO ORAL CAPSULE	3	PA; LA
ORLADEYO ORAL PELLETS IN PACKET	3	M
PERFOROMIST	3	PA; MO; QL (120 per 30 days)
<i>pirfenidone oral capsule</i>	1	PA; MO; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	1	PA; MO; QL (270 per 30 days)
PIRFENIDONE ORAL TABLET 534 MG	3	PA; MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>pirfenidone oral tablet 801 mg</i>	1	PA; MO; QL (90 per 30 days)
PROAIR RESPICLICK	3	ST; MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	2	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	MO; QL (1 per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML	3	PA; MO; QL (120 per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	3	PA; MO; QL (60 per 30 days)
PULMOZYME	2	PA; MO
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	3	ST; QL (6.8 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	3	ST; QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	2	QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	2	QL (21.2 per 30 days)
REVATIO ORAL TABLET	3	PA; MO; QL (90 per 30 days)
<i>roflumilast</i>	1	PA; MO; QL (30 per 30 days)
RUCONEST	3	PA; MO
RYALTRIS	3	ST; QL (31 per 30 days)
<i>sajazir</i>	1	PA; MO
SEREVENT DISKUS	3	ST; MO; QL (60 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml</i>	1	PA; MO; QL (224 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA; MO; QL (90 per 30 days)
SINGULAIR	3	
SPIRIVA RESPIMAT	2	MO; QL (4 per 30 days)
SPIRIVA WITH HANDIHALER	3	ST; MO; QL (90 per 90 days)
STIOLTO RESPIMAT	2	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	2	MO; QL (4 per 30 days)
SYMBICORT	3	ST; MO; QL (10.2 per 30 days)
SYMDEKO	3	PA; MO; QL (56 per 28 days)
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA; QL (60 per 30 days)
TADLIQ	3	PA; MO; QL (300 per 30 days)
TAKHZYRO SUBCUTANEOUS SOLUTION	3	PA; MO; LA; M
TAKHZYRO SUBCUTANEOUS SYRINGE	3	PA; MO; LA
<i>terbutaline oral</i>	1	MO
TEZSPIRE SUBCUTANEOUS PEN INJECTOR	2	PA; MO; QL (1.91 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TEZSPIRE SUBCUTANEOUS SYRINGE	2	PA; MO; M; QL (1.91 per 30 days)
THEO-24	3	MO
<i>theophylline oral elixir</i>	1	MO; M
<i>theophylline oral solution</i>	1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	MO
<i>theophylline oral tablet extended release 24 hr</i>	1	MO
<i>tiotropium bromide</i>	1	QL (90 per 90 days)
TRACLEER ORAL TABLET	3	PA; MO; LA; QL (60 per 30 days)
TRACLEER ORAL TABLET FOR SUSPENSION	3	PA; MO; LA; QL (112 per 28 days)
TRELEGY ELLIPTA	2	MO; QL (60 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	3	PA; MO; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	3	PA; MO; QL (84 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	3	ST; MO; QL (1 per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION (30 ACTUAT)	3	ST; QL (1 per 30 days)
TYVASO	3	MO; M
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG	3	PA; MO; QL (112 per 28 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16(112)-32(112) - 48(28) MCG	3	PA; MO; QL (252 per 180 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 32-64 MCG, 48-64 MCG, 48-80 MCG	3	PA; MO; QL (224 per 28 days)
TYVASO REFILL KIT	3	MO; M
UMECLIDINIUM	3	ST; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
UMECLIDINIUM-VILANTEROL	3	ST; MO; QL (60 per 30 days)
VENTOLIN HFA	3	ST; MO; QL (36 per 30 days)
WINREVAIR	3	PA; MO; QL (1 per 21 days)
<i>wixela inhub</i>	1	QL (60 per 30 days)
XHANCE	3	ST; MO; QL (32 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	3	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	3	PA; MO; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN	3	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	3	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	3	PA; MO; LA; QL (1 per 28 days)
XOPENEX HFA	3	ST; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
YUPELRI	3	PA; MO; QL (90 per 30 days)
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG	2	PA; MO; QL (224 per 28 days)
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 26.5 MCG	2	PA; MO; QL (896 per 28 days)
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 53 MCG	2	PA; MO; QL (448 per 28 days)
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 79.5 MCG	2	PA; MO; QL (308 per 28 days)
<i>zafirlukast</i>	1	MO
<i>zileuton</i>	1	MO
ZYFLO	3	M

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

<i>darifenacin</i>	1	MO
DETROL ORAL TABLET 1 MG	3	MO; M
DETROL ORAL TABLET 2 MG	3	M

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Drug Name	Drug Tier	Requirements/Limits
<i>fesoterodine</i>	1	MO
<i>flavoxate</i>	1	MO
GEMTESA	2	MO
<i>mirabegron oral suspension, extended rel recon</i>	1	
<i>mirabegron oral tablet extended release 24 hr</i>	1	MO
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON	3	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	MO
<i>oxybutynin chloride oral syrup</i>	1	MO
<i>oxybutynin chloride oral tablet 2.5 mg</i>	1	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	1	MO; M
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	MO
OXYTROL	3	MO; QL (8 per 28 days)
<i>solifenacin</i>	1	MO
<i>tolterodine</i>	1	MO
TOVIAZ	3	MO
<i>trospium</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin</i>	1	MO
AVODART	3	MO
<i>dutasteride</i>	1	MO
<i>dutasteride-tamsulosin</i>	1	MO
<i>finasteride oral tablet 5 mg</i>	1	MO
JALYN	3	
PROSCAR	3	MO
<i>silodosin</i>	1	MO
<i>tamsulosin</i>	1	MO
UROXATRAL	3	MO
MISCELLANEOUS UROLOGICALS		
<i>bethanechol chloride</i>	1	MO
CIALIS ORAL TABLET 5 MG	3	PA; QL (30 per 30 days)
CYSTAGON	3	PA; LA
ELMIRON	2	MO
OXLUMO	3	M
<i>potassium citrate oral tablet extended release</i>	1	MO
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE	3	MO; M

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Drug Name	Drug Tier	Requirements/Limits
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET	3	PA; MO
RIVFLOZA	3	PA
<i>tadalafil oral tablet 2.5 mg</i>	1	PA; MO; M; QL (60 per 30 days)
<i>tadalafil oral tablet 5 mg</i>	1	PA; MO; M; QL (30 per 30 days)
UROKIT-K 10	3	MO
UROKIT-K 15	3	MO
VITAMINS, HEMATINICS / ELECTROLYTES		
BLOOD DERIVATIVES		
RYPLAZIM	3	M
ELECTROLYTES		
<i>calcium acetate(phosphat bind)</i>	1	PA; MO
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	MO; M
<i>effe-k oral tablet, effervescent 25 meq</i>	1	MO; M
<i>klor-con 10</i>	1	MO
<i>klor-con 8</i>	1	MO
<i>klor-con m10</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	MO
<i>klor-con oral packet 20</i>	1	MO
<i>klor-con/ef</i>	1	M
<i>magnesium sulfate injection</i>	1	
POKONZA ORAL LIQUID	3	
POKONZA ORAL PACKET	3	MO
<i>potassium chloride- d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 20 meq/100 ml</i>	1	
<i>potassium chloride intravenous</i>	1	
<i>potassium chloride oral capsule, extended release</i>	1	MO
<i>potassium chloride oral liquid</i>	1	MO
<i>potassium chloride oral packet 20 meq</i>	1	MO

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<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	MO
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	3	MO
<i>potassium chloride oral tablet, er particles/crystals 10 meq, 20 meq</i>	1	MO
<i>potassium chloride oral tablet, er particles/crystals 15 meq</i>	1	
<i>potassium chloride-0.45 % nacl</i>	1	
<i>sodium chloride 0.45 % intravenous</i>	1	MO
<i>sodium chloride 3 % hypertonic</i>	1	
<i>sodium chloride 5 % hypertonic</i>	1	MO
TPN ELECTROLYTES	3	
ZYCUBO	3	M
MISCELLANEOUS NUTRITION PRODUCTS		
AQNEURSA	3	PA; LA
CLINIMIX 5%/D15W SULFITE FREE	3	PA

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

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Drug Name	Drug Tier	Requirements/Limits
PROSOL 20 %	3	PA
<i>travasol 10 %</i>	1	PA
TROPHAMINE 10 %	3	PA
VITAMINS / HEMATINICS		
<i>fluoride (sodium) oral tablet</i>	1	MO
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	MO; M
NESTABS ONE	3	MO; ENC; M
<i>prenatal vitamin oral tablet</i>	1	MO
<i>wescap-pn dha</i>	1	MO; ENC; M

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<i>acebutolol</i>	62	ADEMPAS.....	138	<i>altavera (28)</i>	128
<i>acetaminophen-codeine</i>	42	ADMELOG SOLOSTAR U-		ALTRENO.....	79
<i>acetazolamide</i>	135	100 INSULIN.....	92	ALUNBRIG.....	13
<i>acetic acid</i>	90	ADMELOG U-100 INSULIN		ALVAIZ.....	68
<i>acetylcysteine</i>	137	LISPRO.....	92	ALVESCO.....	138
ACIPHEX.....	108	ADSTILADRIN.....	13	<i>alyacen 1/35 (28)</i>	128
<i>acitretin</i>	73	ADTHYZA.....	102	<i>alyacen 7/7/7 (28)</i>	128
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ACTHAR SELFJECT.....	91	AFINITOR.....	13	<i>alyq</i>	138
ACTHIB (PF).....	113	AFINITOR DISPERZ.....	13	<i>amantadine hcl</i>	2
ACTIMMUNE.....	111	<i>afirmelle</i>	128	AMBIEN.....	48
ACTIVELLA.....	125	AFREZZA.....	92	AMBIEN CR.....	48
ACTONEL.....	117	AGAMREE.....	91	AMBISOME.....	1
ACTOPLUS MET.....	92	AGRYLIN.....	85	<i>ambrisentan</i>	138
ACTOS.....	92	AIMOVIG AUTOINJECTOR.....	35	<i>amcinonide</i>	83
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<i>acyclovir sodium</i>	2	AKLIEF.....	79	<i>amiloride-hydrochlorothiazide</i>	62
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<i>adacel(tdap adolesn/adult)(pf)</i>	113	ALA-SCALP.....	83	AMITIZA.....	104
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<i>amitriptyline-chlordiazepoxide</i>	48	APIDRA U-100 INSULIN.....	92	ASSURE ID INSULIN	
AMJEVITA(CF).....	121	APLENZIN.....	48	SAFETY.....	116
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<i>amlodipine</i>	62	<i>apraclonidine</i>	136	ATACAND HCT.....	62
<i>amlodipine-atorvastatin</i>	70	<i>aprepitant</i>	104	<i>atazanavir</i>	2
<i>amlodipine-benazepril</i>	62	<i>apri</i>	128	ATELVIA.....	117
<i>amlodipine-olmesartan</i>	62	APRISO.....	104	<i>atenolol</i>	62
<i>amlodipine-valsartan</i>	62	APTENSIO XR.....	48	<i>atenolol-chlorthalidone</i>	62
<i>amlodipine-valsartan-</i>		APTIOM.....	28	ATIVAN.....	49
<i>hcthiiazid</i>	62	APTIVUS.....	2	<i>atomoxetine</i>	49
<i>ammonium lactate</i>	78	AQNEURSA.....	148	ATOMOXETINE.....	49
<i>amnesteem</i>	79	AQVESME.....	85	ATONCY.....	49
AMONDYS-45.....	36	ARALAST NP.....	85	ATORVALIQ.....	70
<i>amoxapine</i>	48	<i>aranelle (28)</i>	129	<i>atorvastatin</i>	70
<i>amoxicil-clarithromy-</i>		ARANESP (IN		<i>atovaquone</i>	7
<i>lansopraz</i>	108	POLYSORBATE).....	111	<i>atovaquone-proguanil</i>	7
<i>amoxicillin</i>	10	ARAVA.....	121	ATRALIN.....	79
<i>amoxicillin-pot clavulanate</i>	10	ARAZLO.....	79	<i>atropine</i>	133
<i>amphetamine</i>	48	ARBLI.....	62	ATROPINE SULFATE (PF).....	133
<i>amphetamine sulfate</i>	48	ARCALYST.....	111	ATROVENT HFA.....	139
<i>amphotericin b</i>	1	<i>arexvy (pf)</i>	113	ATTRUBY.....	72
<i>amphotericin b liposome</i>	1	<i>arformoterol</i>	138	AUBAGIO.....	36
<i>ampicillin</i>	10	ARICEPT.....	36	<i>aubra eq</i>	129
<i>ampicillin sodium</i>	10	ARIKAYCE.....	7	AUGMENTIN.....	10
<i>ampicillin-sulbactam</i>	10	ARIMIDEX.....	13	AUGMENTIN ES-600.....	10
AMPYRA.....	36	<i>aripiprazole</i>	48	AUGTYRO.....	13
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AMZEEQ.....	79	ARIXTRA.....	68	<i>aurovela 1.5/30 (21)</i>	129
ANAFRANIL.....	48	<i>armodafinil</i>	49	<i>aurovela 1/20 (21)</i>	129
<i>anagrelide</i>	85	ARMOUR THYROID.....	102	<i>aurovela 24 fe</i>	129
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ANALPRAM-HC SINGLES.....	104	AROMASIN.....	13	<i>aurovela fe 1-20 (28)</i>	129
<i>anastrozole</i>	13	ARRANON.....	13	AURYXIA.....	85
ANCOBON.....	1	ARTHROTEC 50.....	45	AUSTEDO.....	36, 37
ANDEMBRY		ARTHROTEC 75.....	45	AUSTEDO XR.....	37
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ANNOVERA.....	128	<i>asenapine maleate</i>	49	AUVI-Q.....	136
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<i>aviane</i>	129	BASAGLAR KWIKPEN U-	BIDIL.....	63
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AVMAPKI-FAKZYNJA.....	14	BAVENCIO.....	BIKTARVY.....	2
AVODART.....	146	BAXDELA.....	BILDYOS.....	117
AVONEX.....	111	BAXFENDY.....	BILPREVDA.....	12
AVSOLA.....	104	<i>bcg vaccine, live (pf)</i>	<i>bimatoprost</i>	135
AVTOZMA.....	121	BD PEN NEEDLE.....	BIMZELX.....	74
AVTOZMA.....		<i>beclomethasone dipropionate</i>	BIMZELX AUTOINJECTOR..	73
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AVYCAZ.....	5	BELEODAQ.....	<i>bismuth subcit k-metronidz-tcn</i>	
AWIQLI FLEXTOUCH.....	92	BELSOMRA.....		109
AXTLE.....	14	<i>benazepril</i>	<i>bisoprolol fumarate</i>	63
<i>ayuna</i>	129	<i>benazepril-</i>	BISOPROLOL FUMARATE..	63
AYVAKIT.....	14	<i>hydrochlorothiazide</i>	<i>bisoprolol-</i>	
AZACTAM.....	7	BENICAR.....	<i>hydrochlorothiazide</i>	63
AZASAN.....	14	BENICAR HCT.....	BIVIGAM.....	113
AZASITE.....	132	BENLYSTA.....	BIZENGRI.....	14
<i>azathioprine</i>	14	BENZAMYCIN.....	BKEMV.....	85
<i>azelaic acid</i>	79	BENZNIDAZOLE.....	BLENREP.....	14
<i>azelastine</i>	89, 133	<i>benztropine</i>	<i>blisovi 24 fe</i>	129
<i>azelastine-fluticasone</i>	139	BEOVU.....	<i>blisovi fe 1.5/30 (28)</i>	129
AZELEX.....	79	<i>bepotastine besilate</i>	<i>blisovi fe 1/20 (28)</i>	129
AZILECT.....	34	BEPREVE.....	BLUJEPa.....	12
<i>azilsartan medoxomil</i>	62	BERINERT.....	BOMYNTRA.....	13
<i>azithromycin</i>	6	BESIFLOXACIN.....	BONJESTA.....	104
AZMIRO.....	99	BESIVANCE.....	BONSITY.....	118
AZOPT.....	135	BESREMI.....	<i>boostrix tdap</i>	113
AZOR.....	62	BESREMI PEN.....	BORTEZOMIB.....	14
AZSTARYS.....	49	<i>betaine</i>	BOSAYA.....	118
<i>aztreonam</i>	7	<i>betamethasone dipropionate</i>	<i>bosentan</i>	139
AZULFIDINE.....	104	<i>betamethasone valerate</i>	BOSULIF.....	14
AZULFIDINE EN-TABS.....	104	<i>betamethasone, augmented</i>	<i>bosutinib</i>	14
<i>azurette (28)</i>	129	BETAPACE.....	BRAFTOVI.....	14
<i>bacitracin-polymyxin b</i>	132	BETAPACE AF.....	BREKIYA.....	35
<i>baclofen</i>	40	BETASERON.....	BREO ELLIPTA.....	139
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BACTRIM DS.....	11	<i>bethanechol chloride</i>	BREZTRI AEROSPHERE.....	139
BAFIERTAM.....	37	BETHKIS.....	<i>briellyn</i>	129
BALCOLTRA.....	129	BETIMOL.....	BRILINTa.....	68
<i>balsalazide</i>	104	BEVESPI AEROSPHERE.....	<i>brimonidine</i>	79, 136
BALVERSA.....	14	<i>bexarotene</i>	<i>brimonidine-timolol</i>	135
<i>balziva (28)</i>	129	<i>bexsero</i>	BRINSUPRI.....	139
BANZEL.....	28	BEYAZ.....	<i>brinzolamide</i>	135
BAQSIMI.....	92	<i>bicalutamide</i>	BRIUMVI.....	37
BARACLUDE.....	2	BICILLIN C-R.....	<i>brivaracetam</i>	28
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BRIXADI.....	42	CALQUENCE		<i>caspofungin</i>	1
<i>bromfenac</i>	134	(ACALABRUTINIB MAL).....	14	CAVHANZA.....	14
<i>bromocriptine</i>	34	CAMBIA.....	45	CAYSTON.....	7
BROMSITE.....	134	CAMCEVI (6 MONTH).....	14	<i>cefactor</i>	5
BRUKINSA.....	14	<i>camila</i>	125	<i>cefadroxil</i>	5
BRYHALI.....	83	<i>camrese</i>	129	<i>cefazolin</i>	5
BRYNOVIN.....	92	<i>camrese lo</i>	129	<i>cefdinir</i>	5
BUCAPSOL.....	49	CAMZYOS.....	72	<i>cefepime</i>	6
<i>budesonide</i>	104, 139	CANASA.....	104	<i>cefixime</i>	6
<i>budesonide-formoterol</i>	139	<i>candesartan</i>	63	<i>cefotetan</i>	6
<i>bumetanide</i>	63	<i>candesartan-</i>		<i>cefoxitin</i>	6
BUPHENYL.....	85	<i>hydrochlorothiazid</i>	63	<i>cefpodoxime</i>	6
<i>buprenorphine hcl</i>	42	CAPLYTA.....	50	<i>cefprozil</i>	6
<i>buprenorphine transdermal</i>		CAPRELSA.....	14	<i>ceftaroline fosamil</i>	6
<i>patch</i>	42	<i>captopril</i>	63	<i>ceftazidime</i>	6
<i>buprenorphine-naloxone</i>	45	<i>captopril-hydrochlorothiazide</i> ..	63	<i>ceftriaxone</i>	6
<i>bupropion hcl</i>	49	CARAFATE.....	109	<i>cefuroxime axetil</i>	6
BUPROPION HCL.....	49	CARBAGLU.....	85	<i>cefuroxime sodium</i>	6
<i>bupropion hcl (smoking deter)</i> ..	89	<i>carbamazepine</i>	28	CELEBREX.....	45
<i>buspirone</i>	49	CARBAMAZEPINE.....	28	<i>celecoxib</i>	45
BUSPIRONE.....	49	CARBATROL.....	28	CELEXA.....	50
<i>butalbital-acetaminop-caf-cod</i> ..	42	<i>carbidopa</i>	34	CELLCEPT.....	14
<i>butalbital-acetaminophen</i>	42	CARBIDOPA-LEVODOPA....	34	CELONTIN.....	28
<i>butalbital-acetaminophen-caff</i> ..	42	<i>carbidopa-levodopa</i>	34	<i>cephalexin</i>	6
<i>butalbital-aspirin-caffeine</i>	42	<i>carbidopa-levodopa-</i>		CEPROTIN (BLUE BAR).....	68
<i>butorphanol</i>	45	<i>entacapone</i>	34	CEPROTIN (GREEN BAR).....	68
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BYLVAY.....	104	CARBINOXAMINE		CEQUR SIMPLICITY.....	116
BYNFEZIA.....	14	MALEATE.....	136	CEQUR SIMPLICITY	
BYOOVIZ.....	133	<i>carbzah</i>	137	INSERTER.....	116
BYSANTI.....	49	CARDAMYST.....	63	CERDELGA.....	99
BYSTOLIC.....	63	CARDIZEM.....	63	CEREZYME.....	99
CABENUVA.....	2	CARDIZEM CD.....	63	<i>cetirizine</i>	137
<i>cabergoline</i>	99	CARDIZEM LA.....	63	<i>cevimeline</i>	86
CABLIVI.....	68	CARDURA.....	63	CHANTIX.....	89
CABOMETYX.....	14	CARDURA XL.....	63	CHANTIX CONTINUING	
CABTREO.....	79	<i>carglumic acid</i>	85	MONTH BOX.....	89
CADUET.....	70	<i>carisoprodol</i>	40	CHANTIX STARTING	
CAFERGOT.....	35	CARNITOR.....	86	MONTH BOX.....	89
<i>calcipotriene</i>	74	CARNITOR (SUGAR-FREE)..	86	<i>charlotte 24 fe</i>	129
CALCIPOTRIENE.....	74	CAROSPIR.....	63	<i>chateal eq (28)</i>	129
<i>calcipotriene-betamethasone</i>	74	<i>carteolol</i>	133	CHEMET.....	86
<i>calcitonin (salmon)</i>	99	<i>cartia xt</i>	63	<i>chlordiazepoxide-clidinium</i>	103
<i>calcitriol</i>	74, 99	<i>carvedilol</i>	63	<i>chlorhexidine gluconate</i>	89
<i>calcium acetate(phosphat</i>		<i>carvedilol phosphate</i>	63	<i>chloroquine phosphate</i>	7
<i>bind)</i>	147	CASODEX.....	14	<i>chlorpromazine</i>	50

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<i>chlorthalidone</i>	63	<i>clindamycin in 5 % dextrose</i>	7	COBENFY STARTER PACK.....	50
<i>chlorzoxazone</i>	40, 41	<i>clindamycin pediatric</i>	7	<i>codeine sulfate</i>	42
CHOLBAM.....	104	<i>clindamycin phosphate</i>	7, 80, 128	<i>codeine-butalbital-asa-caff</i>	42
<i>cholestyramine (with sugar)</i>	70	<i>clindamycin-benzoyl peroxide</i>	80	<i>colchicine</i>	117
<i>cholestyramine light</i>	70	<i>clindamycin-tretinoin</i>	80	<i>colesevelam</i>	70
CIALIS.....	146	CLINDESSE.....	128	COLESTID.....	70
CIBINQO.....	78	CLINIMIX 5%/D15W		<i>colestipol</i>	70, 71
<i>ciclopirox</i>	81	SULFITE FREE.....	148	<i>colistin (colistimethate na)</i>	7
<i>cilostazol</i>	68	CLINIMIX 4.25%/D10W		COMBIGAN.....	135
CILOXAN.....	132	SULF FREE.....	148	COMBIPATCH.....	125
CIMDUO.....	2	CLINIMIX 4.25%/D5W		COMBIVENT RESPIMAT....	139
CIMERLI.....	133	SULFIT FREE.....	86	COMBIVIR.....	2
<i>cimetidine</i>	109	CLINIMIX 5%-		COMETRIQ.....	14, 15
<i>cimetidine hcl</i>	109	D20W(SULFITE-FREE).....	148	COMFORT EZ PRO SAFETY	
CIMZIA.....	104	CLINIMIX E 2.75%/D5W		PEN NDL.....	116
CIMZIA POWDER FOR		SULF FREE.....	86	COMPLERA.....	2
RECONST.....	104	CLINIMIX E 4.25%/D10W		<i>compro</i>	104
CIMZIA STARTER KIT.....	104	SUL FREE.....	148	CONCERTA.....	50
<i>cinacalcet</i>	99	CLINIMIX E 4.25%/D5W		CONEXXENCE.....	118
CINQAIR.....	139	SULF FREE.....	148	<i>conjugated estrogens</i>	125
CINRYZE.....	139	CLINIMIX E 5%/D15W		<i>constulose</i>	104
CIPRO.....	11	SULFIT FREE.....	148	CONZIP.....	45
CIPRO HC.....	90	CLINIMIX E 5%/D20W		COPAXONE.....	37
<i>ciprofloxacin hcl</i>	11, 90, 132	SULFIT FREE.....	148	COPIKTRA.....	15
<i>ciprofloxacin in 5 % dextrose</i> ...	11	CLINISOL SF 15 %.....	148	CORDRAN TAPE LARGE	
<i>ciprofloxacin-dexamethasone</i> ...	90	CLINOLIPID.....	148	ROLL.....	83
<i>ciprofloxacin-hydrocortisone</i> ...	91	CLINPRO 5000.....	89	COREG.....	63
<i>citalopram</i>	50	<i>clobazam</i>	28	COREG CR.....	63
<i>cladribine(multiple sclerosis)</i> ...	37	<i>clobetasol</i>	83	CORLANOR.....	72
<i>claravis</i>	79	CLOBETASOL.....	83	<i>corphena</i>	137
CLARINEX.....	137	<i>clobetasol-emollient</i>	83	CORTEF.....	91
CLARINEX-D 12 HOUR.....	137	<i>clocortolone pivalate</i>	83	CORTIFOAM.....	104
<i>clarithromycin</i>	6	<i>clodan</i>	83	CORTROPHIN GEL.....	91
<i>clemastine</i>	137	<i>clomipramine</i>	50	COSENTYX.....	74
<i>clemsza</i>	137	<i>clonazepam</i>	28	COSENTYX (2 SYRINGES)...	74
CLENPIQ.....	104	<i>clonidine</i>	63	COSENTYX PEN.....	74
CLEOCIN.....	128	<i>clonidine hcl</i>	50, 63	COSENTYX PEN (2 PENS)....	74
CLEOCIN PEDIATRIC.....	7	CLONIDINE HCL.....	63	COSENTYX UNOREADY	
CLEOCIN T.....	80	<i>clopidogrel</i>	68	PEN.....	74
CLIGAVYX.....	14	<i>clorazepate dipotassium</i>	50	COSOPT.....	135
CLIMARA.....	125	<i>clotrimazole</i>	1, 81	COSOPT (PF).....	135
CLIMARA PRO.....	125	<i>clotrimazole-betamethasone</i>	82	COTELLIC.....	15
<i>clindacin</i>	80	<i>clozapine</i>	50	COTEMPLA XR-ODT.....	50
<i>clindacin etz</i>	80	CLOZARIL.....	50	COZAAR.....	63
CLINDAGEL.....	80	COARTEM.....	7	CRENESSITY.....	99
<i>clindamycin hcl</i>	7	COBENFY.....	50	CREON.....	104

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CRINONE.....	125	<i>dapagliflozin-metformin</i>	92, 93	DERMA-SMOOTH/FS.....	
<i>cromolyn</i>	104, 134, 139	<i>dapagliflozin-saxagliptin</i>	93	SCALP OIL.....	83
<i>crotan</i>	85	<i>dapsone</i>	7, 80	DERMOTIC OIL.....	90
<i>cryselle (28)</i>	129	DAPTACEL (DTAP.....		DESCOVY.....	2
CRYSVITA.....	99	PEDIATRIC) (PF).....	113	<i>desipramine</i>	50
CTEXTLI.....	104	DAPTOMYCIN.....	7	DESLOTATADINE.....	137
CUPRIMINE.....	121	<i>daptomycin</i>	7	<i>desloratadine</i>	137
CUTAQUIG.....	113	DARAPRIM.....	7	DESMODA.....	99
CUVITRU.....	113	<i>darifenacin</i>	145	<i>desmopressin</i>	99
CUVPOSA.....	103	<i>darunavir</i>	2	<i>desog-e.estradiol/e.estradiol</i>	129
CUVRIOR.....	86	DARZALEX FASPRO.....	15	<i>desonide</i>	83
<i>cyclobenzaprine</i>	41	<i>dasatinib</i>	15	<i>desoximetasone</i>	83, 84
<i>cyclophosphamide</i>	15	<i>dasetta 1/35 (28)</i>	129	DESVENLAFAXINE.....	50
CYCLOPHOSPHAMIDE.....	15	<i>dasetta 7/7/7 (28)</i>	129	<i>desvenlafaxine succinate</i>	50
<i>cycloserine</i>	7	DATROWAY.....	15	DETROL.....	145
CYCLOSET.....	92	DAURISMO.....	15	<i>dexamethasone</i>	91
<i>cyclosporine</i>	15, 134	DAWNZERA.....	140	<i>dexamethasone sodium</i>	
<i>cyclosporine modified</i>	15	DAYBUE.....	37	<i>phosphate</i>	136
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<i>cypheptadine</i>	137	DAYTRANA.....	50	<i>dexlansoprazole</i>	109
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<i>d2.5 %-0.45 % sodium</i>		<i>demeclocycline</i>	12	<i>chloride</i>	86
<i>chloride</i>	86	DEMEROL.....	42	DHIVY.....	34
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<i>diflunisal</i>	45	<i>doxylamine-pyridoxine (vit b6)</i>		EFFIENT.....	69
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<i>dorzolamide-timolol</i>	135	EDECRIIN.....	64	<i>emtricitabine-tenofov</i>	2
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<i>engerix-b pediatric (pf)</i>	113	ERYTHROCIN.....	6	EXFORGE.....	64
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<i>enulose</i>	105	<i>estradiol valerate</i>	126	FANAPT.....	52
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<i>epoprostenol</i>	64	EVENITY.....	118	<i>felodipine</i>	64
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<i>fenofibric acid (choline)</i>	71	<i>fluocinonide-emollient</i>	84	FOTIVDA.....	16
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<i>ferric citrate</i>	86	RELIEF.....	90	<i>fulvestrant</i>	16
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<i>fesoterodine</i>	146	<i>fluorometholone</i>	136	<i>fyavolv</i>	127
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FIASP PENFILL U-100		<i>fluphenazine decanoate</i>	53	GABLOFEN.....	41
INSULIN.....	93	<i>fluphenazine hcl</i>	53	GALAFOLD.....	100
FIASP U-100 INSULIN.....	93	<i>flurandrenolide</i>	84	<i>galantamine</i>	38
<i>fidaxomicin</i>	7	<i>flurbiprofen</i>	45	<i>galbriela</i>	129
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<i>fluconazole</i>	1	FORTEO.....	118	<i>gavilyte-g</i>	105
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<i>flucytosine</i>	1	FOSAMAX.....	118	GAVRETO.....	16
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<i>fluocinolone</i>	84	<i>fosfomycin tromethamine</i>	12	<i>gemmily</i>	130
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<i>isradipine</i>	65	<i>junel 1/20 (21)</i>	130	<i>klor-con 10</i>	147
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<i>javygtor</i>	100	<i>ketodan</i>	82	LABETALOL.....	65
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LAMICTAL XR STARTER (GREEN).....	30	<i>leuprolide</i>	19	<i>lisdexamfetamine</i>	54
LAMICTAL XR STARTER (ORANGE).....	30	<i>levallbuterol hcl</i>	141	<i>lisinopril</i>	65
<i>lamivudine</i>	3	LEVALBUTEROL TARTRATE.....	141	<i>lisinopril-hydrochlorothiazide</i> ..	65
<i>lamivudine-zidovudine</i>	3	LEVEMIR FLEXPEN.....	95	LITFULO.....	87
<i>lamotrigine</i>	30	LEVEMIR U-100 INSULIN....	95	<i>lithium carbonate</i>	54
LAMPIT.....	8	<i>levetiracetam</i>	30	<i>lithium citrate</i>	54
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LANOXIN.....	73	<i>levobunolol</i>	133	LITHOSTAT.....	87
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<i>lansoprazole</i>	109	<i>levocarnitine (with sugar)</i>	87	LIVDELZI.....	105
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<i>lapatinib</i>	18	<i>levonest (28)</i>	130	LOARGYS.....	87
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<i>larin 1/20 (21)</i>	130	<i>levonorgestrel-ethinyl estrad</i> ..	130	LODOCO.....	73
<i>larin 24 fe</i>	130	<i>levonorg-eth estrad triphasic</i> ..	130	LODOSYN.....	34
<i>larin fe 1.5/30 (28)</i>	130	<i>levorphanol tartrate</i>	43	LOESTRIN 1.5/30 (21).....	130
<i>larin fe 1/20 (28)</i>	130	LEVOTHYROXINE.....	102	LOESTRIN 1/20 (21).....	130
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<i>lenalidomide</i>	18	<i>lidocaine</i>	78	LONSURF.....	19
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<i>lessina</i>	130	<i>linezolid in dextrose 5%</i>	8	LORBRENA.....	19
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LOTENSIN.....	65	LYTGOBI.....	20	2MG MAINT).....	39
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<i>loteprednol etabonate</i>	136	INSULIN.....	95	<i>meclofenamate</i>	46
<i>lovastatin</i>	71	LYUMJEV KWIKPEN U-200		MEDROL.....	91
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LOVENOX.....	69	LYUMJEV TEMPO PEN(U-		<i>medroxyprogesterone</i>	127
<i>low-ogestrel (28)</i>	131	100)INSULN.....	95	<i>mefenamic acid</i>	46
<i>loxapine succinate</i>	55	LYUMJEV U-100 INSULIN...	95	<i>mefloquine</i>	8
<i>lo-zumandimine (28)</i>	131	<i>lyza</i>	127	<i>megestrol</i>	20
<i>lubiprostone</i>	105	<i>macitentan</i>	141	MEKINIST.....	20
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<i>luizza</i>	131	MACRODANTIN.....	12	<i>meleya</i>	127
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LUMIGAN.....	135	MALARONE PEDIATRIC.....	8	<i>meloxicam submicronized</i>	46
LUMIZYME.....	100	<i>malathion</i>	85	<i>memantine</i>	39
LUMRYZ.....	55	<i>maraviroc</i>	3	<i>memantine-donepezil</i>	39
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LUNESTA.....	55	<i>marlissa (28)</i>	131	MENOSTAR.....	127
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LUPRON DEPOT (4		PACK).....	38	<i>meprobamate</i>	41
MONTH).....	19	MAVENCLAD (4 TABLET		MEPRON.....	8
LUPRON DEPOT (6		PACK).....	38	MEPSEVII.....	100
MONTH).....	19	MAVENCLAD (5 TABLET		<i>mercaptopurine</i>	20
LUPRON DEPOT-PED.....	20	PACK).....	38	MERILOG.....	95
LUPRON DEPOT-PED (3		MAVENCLAD (6 TABLET		MERILOG SOLOSTAR.....	95
MONTH).....	19	PACK).....	39	<i>meropenem</i>	8
<i>lurasidone</i>	55	MAVENCLAD (7 TABLET		<i>merzee</i>	131
<i>lurbiro</i>	46	PACK).....	39	<i>mesalamine</i>	106
<i>lutra (28)</i>	131	MAVENCLAD (8 TABLET		<i>mesalamine with cleansing</i>	
LUTRATE DEPOT (3		PACK).....	39	<i>wipe</i>	106
MONTH).....	20	MAVENCLAD (9 TABLET		<i>mesna</i>	13
LUZU.....	82	PACK).....	39	MESNEX.....	13
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<i>lyleq</i>	127	MAXALT.....	35	MESTINON TIMESPAN.....	41
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<i>methocarbamol</i>	41	<i>minocycline</i>	12	MYHIBBIN.....	21
<i>methotrexate sodium</i>	20	<i>minoxidil</i>	65	MYQORZO.....	73
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<i>methoxsalen</i>	78	MIPLYFFA.....	39	MYSOLINE.....	31
<i>methscopolamine</i>	103	<i>mirabegron</i>	146	MYTESI.....	104
<i>methsuximide</i>	31	MIRCERA.....	112	<i>nabumetone</i>	46
<i>methyl dopa</i>	65	MIRENA.....	128	<i>nadolol</i>	66
METHYLIN.....	55	<i>mirtazapine</i>	56	<i>nafcilin</i>	10
METHYLPHENIDATE.....	56	MIRVASO.....	80	<i>naftifine</i>	82
<i>methylphenidate</i>	56	<i>misoprostol</i>	109	NAFTIN.....	82
<i>methylphenidate hcl</i>	55	MITIGARE.....	117	NAGLAZYME.....	100
METHYLPHENIDATE HCL..	55	<i>mitoxantrone</i>	20	NALFON.....	46
<i>methylprednisolone</i>	91	MIUDELLA.....	128	NALOCET.....	44
<i>methyltestosterone</i>	100	<i>m-m-r ii (pf)</i>	114	<i>naloxone</i>	46
<i>metoclopramide hcl</i>	106	<i>modafinil</i>	56	<i>naltrexone</i>	46
<i>metolazone</i>	65	MODEYSO.....	20	NAMZARIC.....	39
<i>metoprolol succinate</i>	65	<i>moexipril</i>	65	NAPRELAN CR.....	46
<i>metoprolol ta-</i>		<i>molindone</i>	56	<i>naproxen</i>	46
<i>hydrochlorothiaz</i>	65	<i>mometasone</i>	85, 141	<i>naproxen sodium</i>	46
<i>metoprolol tartrate</i>	65	MONJUVI.....	20	<i>naproxen-esomeprazole</i>	46
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<i>metronidazole</i>	8, 80, 128	<i>montelukast</i>	141	NARDIL.....	56
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<i>metryrosine</i>	65	MOTEGRITY.....	106	<i>nateglinide</i>	96
<i>mexiletine</i>	62	MOTOFEN.....	103	NATESTO.....	100
<i>mibelas 24 fe</i>	131	MOTPOLY XR.....	31	NATROBA.....	85
<i>micafungin</i>	1	MOUNJARO.....	96	NAYZILAM.....	31
MICARDIS HCT.....	65	MOVANTIK.....	106	<i>nebivolol</i>	66
<i>miconazole-3</i>	128	MOVIPREP.....	106	NEBUPENT.....	8
MICORT-HC.....	106	<i>moxifloxacin</i>	11, 133	<i>necon 0.5/35 (28)</i>	131
<i>microgestin 1.5/30 (21)</i>	131	<i>moxifloxacin-sod.chloride(iso)</i> ..	11	<i>nefazodone</i>	56
<i>microgestin 1/20 (21)</i>	131	<i>mresvia (pf)</i>	114	NEFFY.....	137
<i>microgestin 24 fe</i>	131	MS CONTIN.....	44	NELARABINE.....	21
<i>microgestin fe 1.5/30 (28)</i>	131	MULPLETA.....	69	NEMPLUVIO.....	21
<i>microgestin fe 1/20 (28)</i>	131	MULTAQ.....	62	<i>neomycin</i>	8
<i>midodrine</i>	87	<i>mupirocin</i>	81	<i>neomycin-bacitracin-poly-hc</i> ..	135
MIEBO (PF).....	134	<i>mupirocin calcium</i>	81	<i>neomycin-bacitracin-</i>	
<i>mifepristone</i>	100	MVASI.....	20	<i>polymyxin</i>	133
<i>migergot</i>	35	MYALEPT.....	100	<i>neomycin-polymyxin b-</i>	
<i>miglitol</i>	96	MYCAPSSA.....	20	<i>dexameth</i>	135
<i>miglustat</i>	100	<i>mycophenolate mofetil</i>	21		

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<i>nifedipine</i>	66	
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<i>nilotinib hcl</i>	21	
<i>nilutamide</i>	21	
<i>nimodipine</i>	66	
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<i>nisoldipine</i>	66	
<i>nitazoxanide</i>	8	
<i>nitisinone</i>	87	
<i>nitro-bid</i>	73	
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AUTOINJECTOR.....	124	SOLIRIS.....	88	SUBOXONE.....	47
<i>simliya (28)</i>	131	SOLOSEC.....	9	SUBVENITE.....	32
<i>simpanse</i>	131	SOLTAMOX.....	24	<i>subvenite</i>	32
SIMPONI.....	124	SOMA.....	41	<i>subvenite starter (blue) kit</i>	32
SIMPONI ARIA.....	124	SOMATULINE DEPOT.....	24	<i>subvenite starter (green) kit</i>	32
<i>simvastatin</i>	72	SOMAVERT.....	101	<i>subvenite starter (orange) kit</i>	32
SINEMET.....	34	SOOLANTRA.....	81	SUCRAID.....	108
SINGULAIR.....	143	<i>sorafenib</i>	24	<i>sucralfate</i>	110
<i>sirolimus</i>	24	SORILUX.....	75	SUFLAVE.....	108
SIRTURO.....	9	<i>sotalol</i>	62	SULAR.....	67
SITAGLIPTIN.....	97	<i>sotalol af</i>	62	<i>sulfacetamide sodium</i>	134
<i>sitagliptin phos-metformin</i>	97	SOTYKTU.....	75	<i>sulfacetamide sodium (acne)</i>	81
<i>sitagliptin phosphate</i>	97	SOTYLIZE.....	62	<i>sulfacetamide-prednisolone</i>	134
SITAGLIPTIN-METFORMIN		SOVALDI.....	4	<i>sulfadiazine</i>	11
.....	97, 98	SOVUNA.....	9	<i>sulfamethoxazole-</i>	
SIVEXTRO.....	9	SPEVIGO.....	76	<i>trimethoprim</i>	11
SKYCLARYS.....	39	<i>spinosad</i>	85	SULFAMYLON.....	81
SKYLA.....	128	SPIRIVA RESPIMAT.....	143	<i>sulfasalazine</i>	108
SKYRIZI.....	75, 107	SPIRIVA WITH		<i>sulindac</i>	47
SKYTROFA.....	113	HANDIHALER.....	143	<i>sumatriptan</i>	36
SLYND.....	131	<i>spironolactone</i>	67	<i>sumatriptan succinate</i>	36
SOAANZ.....	67	<i>spironolacton-</i>		<i>sumatriptan-naproxen</i>	36
<i>sodium chloride</i>	88	<i>hydrochlorothiaz</i>	67	<i>sunitinib malate</i>	24
<i>sodium chloride 0.45 %</i>	148	SPRAVATO.....	59	SUNLENCA.....	4
<i>sodium chloride 0.9 %</i>	87	<i>sprintec (28)</i>	132	SUNOSI.....	59
		SPRITAM.....	32	SUPPRELIN LA.....	24

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SUPREP BOWEL PREP KIT	108	<i>tanlor</i>	41	TESTOPEL	101
SUTAB	108	<i>tapentadol</i>	47	<i>testosterone</i>	101
SUTENT	24	TAPENTADOL	47	<i>testosterone cypionate</i>	101
<i>syeda</i>	132	TARGADOX	12	<i>testosterone enanthate</i>	101
SYFOVRE (PF)	134	TARGRETIN	25	<i>tetrabenazine</i>	40
SYLVANT	24	<i>tarina 24 fe</i>	132	<i>tetracycline</i>	12
SYMBICORT	143	<i>tarina fe 1-20 eq (28)</i>	132	TEVIMBRA	25
SYMBRAVO	36	TARPEYO	92	TEXACORT	85
SYMDEKO	143	TASCENSO ODT	39	TEZRULY	67
SYMFI	4	TASIGNA	25	TEZSPIRE	143, 144
SYMLINPEN 120	98	<i>tasimelteon</i>	59	THALITONE	67
SYMLINPEN 60	98	TASMAR	34	THALOMID	25
SYMPAZAN	32	<i>tavaborole</i>	82	THEO-24	144
SYMPROIC	108	TAVALISSE	70	<i>theophylline</i>	144
SYMTUZA	4	TAVNEOS	88	THIOLA	88
SYNALAR	85	TAYTULLA	132	THIOLA EC	88
SYNAREL	101	<i>tazarotene</i>	81	<i>thioridazine</i>	59
SYNJARDY	98	TAZAROTENE	81	<i>thiothixene</i>	59
SYNJARDY XR	98	<i>tazicef</i>	6	THYQUIDITY	103
SYNTHROID	103	TAZORAC	81	<i>thyroid (pork)</i>	103
SYPRINE	88	TECENTRIQ	25	<i>tiadylt er</i>	67
TABLOID	24	TECENTRIQ HYBREZA	25	<i>tiagabine</i>	33
TABRECTA	24	TECFIDERA	39, 40	TIAZAC	67
TACLONEX	76	TEFLARO	6	TIBSOVO	25
<i>tacrolimus</i>	25, 79	TEGLUTIK	88	<i>ticagrelor</i>	70
<i>tadalafil</i>	147	TEGRETOL	32, 33	TICOVAC	115
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	143	TEGRETOL XR	33	<i>tigecycline</i>	9
TADLIQ	143	TEKTURNA	67	TIGLUTIK	88
TAFINLAR	25	<i>telmisartan</i>	67	TIKOSYN	62
<i>tafluprost (pf)</i>	135	<i>telmisartan-amlodipine</i>	67	<i>tilia fe</i>	132
TAGRISSO	25	<i>telmisartan-hydrochlorothiazid</i>	67	<i>timolol</i>	133
TAKHZYRO	143	<i>tencon</i>	45	<i>timolol maleate</i>	67, 133
TALICIA	110	<i>tenivac (pf)</i>	115	<i>timolol maleate (pf)</i>	133
TALTZ AUTOINJECTOR	76	<i>tenofovir disoproxil fumarate</i>	5	TIMOPTIC	133
TALTZ AUTOINJECTOR (2 PACK)	76	TENORETIC 100	67	TIMOPTIC OCUDOSE (PF)	133
TALTZ AUTOINJECTOR (3 PACK)	76	TENORETIC 50	67	TIMOPTIC-XE	133
TALTZ SYRINGE	76	TENORMIN	67	<i>tinidazole</i>	9
TALVEY	25	TEPMETKO	25	<i>tiopronin</i>	88
TALZENNA	25	<i>terazosin</i>	67	<i>tiotropium bromide</i>	144
TAMIFLU	5	<i>terbinafine hcl</i>	1	TIROSINT	103
<i>tamoxifen</i>	25	<i>terbutaline</i>	143	TIROSINT-SOL	103
<i>tamsulosin</i>	146	<i>terconazole</i>	128	TIVDAK	25
		<i>teriflunomide</i>	40	TIVICAY	5
		<i>teriparatide</i>	118	TIVICAY PD	5
		TESTIM	101	<i>tizanidine</i>	41
				TIZANIDINE	41

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TLANDO.....	101	TRANSDERM-SCOP.....	108	trimethobenzamide.....	108
TOBI.....	9	tranylcypromine.....	59	trimethoprim.....	12
TOBI PODHALER.....	9	travasol 10 %.....	149	tri-mili.....	132
TOBRADEX.....	135	TRAVATAN Z.....	135	trimipramine.....	59
TOBRADEX ST.....	135	travoprost.....	135	TRINTELLIX.....	59
tobramycin.....	9, 133	TRAZIMERA.....	25	tri-nymyo.....	132
tobramycin in 0.225 % nacl.....	9	trazodone.....	59	TRIPTODUR.....	25
tobramycin sulfate.....	9	TRELEGY ELLIPTA.....	144	tri-sprintec (28).....	132
tobramycin-dexamethasone....	135	TRELSTAR.....	25	TRIUMEQ.....	5
tobramycin-lotepred.....	135	TREMFYA.....	76	TRIUMEQ PD.....	5
TOBREX.....	133	TREMFYA ONE-PRESS.....	76	tri-vylibra.....	132
tofacitinib.....	124	TREMFYA PEN.....	76	tri-vylibra lo.....	132
TOFIDENCE.....	124	TREMFYA PEN.....	76	TRODELVY.....	25
tolcapone.....	34	INDUCTION PK(2PEN).....	76	TROGARZO.....	5
TOLECTIN 600.....	47	treprostinil sodium.....	67	TROKENDI XR.....	33
tolectin ds.....	47	TRESIBA FLEXTOUCH U-100.....	98	TROPHAMINE 10 %.....	149
tolmetin.....	47	TRESIBA FLEXTOUCH U-200.....	98	trospium.....	146
TOLSURA.....	1	TRESIBA U-100 INSULIN....	98	TRUDHESA.....	36
tolterodine.....	146	tretinoin (antineoplastic).....	25	TRULANCE.....	108
tolvaptan.....	101	tretinoin microspheres.....	81	TRULICITY.....	98
tolvaptan (polycys kidney dis)	101	tretinoin topical.....	81	trumenba.....	115
TONMYA.....	41	TREXALL.....	25	TRUQAP.....	25
TOPAMAX.....	33	TREXIMET.....	36	TRUTAKNA.....	25
TOPICORT.....	85	triamcinolone acetonide.....	85, 90	TRUVADA.....	5
topiramate.....	33	triamterene.....	67	TRYNGOLZA.....	72
TOPIRAMATE.....	33	triamterene-hydrochlorothiazid.....	67	TRYPTYR.....	134
TOPROL XL.....	67	TRIBENZOR.....	67	TRYVIO.....	73
toremifene.....	25	triderm.....	85	TUDORZA PRESSAIR.....	144
torpenz.....	25	trientine.....	88	TUKYSA.....	25
torsemide.....	67	TRIENTINE.....	88	TURALIO.....	25
TOSYMRA.....	36	tri-estarylla.....	132	turqoz (28).....	132
TOUJEO MAX U-300.....		trifluoperazine.....	59	TWIIST REFILL KT(CSST-NDL-SYR).....	117
SOLOSTAR.....	98	trifluridine.....	133	TWIIST RFL(INFUS-CSST-NDL-SYR).....	117
TOUJEO SOLOSTAR U-300.....		trihexyphenidyl.....	34	TWIIST STARTER KIT.....	117
INSULIN.....	98	TRIJARDY XR.....	98	twinrix (pf).....	115
tovet emollient.....	85	TRIKAFTA.....	144	TWIRLA.....	128
TOVIAZ.....	146	tri-legest fe.....	132	TWYNEO.....	81
TPN ELECTROLYTES.....	148	TRILEPTAL.....	33	TYBLUME.....	132
TRACLEER.....	144	tri-linyah.....	132	TYBOST.....	5
TRADJENTA.....	98	tri-lo-estarylla.....	132	tydemy.....	132
TRAMADOL.....	47	tri-lo-marzia.....	132	TYENNE.....	124
tramadol.....	47	tri-lo-mili.....	132	TYENNE AUTOINJECTOR.....	124
tramadol-acetaminophen.....	47	tri-lo-sprintec.....	132	TYGACIL.....	9
trandolapril.....	67			TYKERB.....	25
trandolapril-verapamil.....	67				
tranexamic acid.....	128				

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TYMLOS.....	118	<i>valacyclovir</i>	5	VEREGEN.....	79
<i>typhim vi</i>	115	VALCHLOR.....	79	VERELAN PM.....	68
TYRUKO.....	40	VALCYTE.....	5	VERIFINE INSULIN	
TYRVAYA.....	134	<i>valganciclovir</i>	5	SYRINGE.....	117
TYSABRI.....	40	VALIUM.....	60	VERKAZIA.....	134
TYVASO.....	144	<i>valproic acid</i>	33	VERQUVO.....	73
TYVASO DPI.....	144	<i>valproic acid (as sodium salt)</i>	33	VERSACLOZ.....	60
TYVASO REFILL KIT.....	144	VALSARTAN.....	68	VERZENIO.....	26
TYZAVAN.....	9	<i>valsartan</i>	68	<i>vestura (28)</i>	132
UBRELVY.....	36	<i>valsartan-hydrochlorothiazide</i>	68	VEVYE.....	134
UCERIS.....	108	VALTOCO.....	33	VFEND.....	1
UDENYCA.....	113	VALTREX.....	5	VFEND IV.....	1
UDENYCA		<i>valtya</i>	132	V-GO 20.....	117
AUTOINJECTOR.....	113	VANCOCIN.....	9	V-GO 30.....	117
UDENYCA ONBODY.....	113	<i>vancomycin</i>	9	V-GO 40.....	117
ULORIC.....	117	VANFLYTA.....	26	VIBERZI.....	108
ULTOMIRIS.....	88	VANRAFIA.....	73	VICTOZA 2-PAK.....	98
ULTRA-FINE INSULIN		VAQTA (PF).....	115, 116	VICTOZA 3-PAK.....	98
SYRINGE.....	117	<i>vaqta (pf)</i>	115, 116	<i>vienva</i>	132
ULTRAVATE.....	85	<i>varenicline tartrate</i>	89	<i>vigabatrin</i>	33
UMECLIDINIUM.....	144	<i>varivax (pf)</i>	116	<i>vigadrone</i>	33
UMECLIDINIUM-		VARUBI.....	108	VIGAFYDE.....	33
VILANTEROL.....	145	VASCEPA.....	72	VIGAMOX.....	133
UNASYN.....	11	VASERETIC.....	68	VIIBRYD.....	60
<i>unithroid</i>	103	VASOTEC.....	68	VIJOICE.....	26
UNLOXCYT.....	25	<i>vaxchora vaccine</i>	116	<i>vilazodone</i>	60
UPLIZNA.....	25	VECAMYL.....	73	VILTEPSO.....	40
UPTRAVI.....	68	VECTICAL.....	77	VIMIZIM.....	101
UROCIT-K 10.....	147	VEGZELMA.....	26	<i>vimkunya (pf)</i>	116
UROCIT-K 15.....	147	<i>veletri</i>	68	VIMPAT.....	33
UROXATRAL.....	146	<i>velivet triphasic regimen (28)</i>	132	VIOKACE.....	108
URSO FORTE.....	108	VELPHORO.....	88	<i>violele (28)</i>	132
<i>ursodiol</i>	108	VELSIPITY.....	108	VIRACEPT.....	5
URSOLIGN.....	108	VELTASSA.....	88	VIREAD.....	5
USTEKINUMAB.....	76, 77	VEMLIDY.....	5	VITRAKVI.....	26
USTEKINUMAB-AAUZ.....	77	VENCLEXTA.....	26	VIVELLE-DOT.....	128
USTEKINUMAB-AEKN.....	77	VENCLEXTA STARTING		VIVITROL.....	47
USTEKINUMAB-TTWE.....	77	PACK.....	26	VIVJOA.....	2
UZEDY.....	59, 60	<i>venlafaxine</i>	60	VIVLODEX.....	47
VABOMERE.....	9	VENLAFAXINE BESYLATE.....	60	<i>vivotif</i>	116
VABRINTY (1 MONTH).....	25	VENTOLIN HFA.....	145	VIZIMPRO.....	26
VABRINTY (3 MONTH).....	26	<i>venxxiva</i>	88	VOGELXO.....	101, 102
VABRINTY (4 MONTH).....	26	VEOPOZ.....	88	<i>volnea (28)</i>	132
VABRINTY (6 MONTH).....	26	VEOZAH.....	128	VONJO.....	26
VABYSMO.....	134	VEPPANU.....	26	VOQUEZNA.....	110
VAGIFEM.....	127	<i>verapamil</i>	68	VOQUEZNA DUAL PAK.....	110

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VOQUEZNA TRIPLE PAK.....	111	WINLEVI.....	81	XULTOPHY 100/3.6.....	98
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<i>voriconazole</i>	2	<i>wixela inhub</i>	145	XYREM.....	61
VOSEVI.....	5	<i>wymzya fe</i>	132	XYWAV.....	61
VOTRIENT.....	26	WYOST.....	13	<i>yargesa</i>	102
VOWST.....	108	XACIATO.....	128	YASMIN (28).....	132
VOXZOGO.....	102	XADAGO.....	35	YAZ (28).....	132
VOYDEYA.....	88	XALATAN.....	135	YESAFILI.....	134
VOYXACT.....	26	XALKORI.....	26	YESINTEK.....	77
VPRIV.....	102	<i>xarah fe</i>	132	<i>yf-vax (pf)</i>	116
VRAYLAR.....	60	XARELTO.....	70	YIMMUGO.....	116
VTAMA.....	77	XARELTO DVT-PE TREAT		YONDELIS.....	27
VUITY.....	134	30D START.....	70	YONSA.....	27
VUMERITY.....	40	XATMEP.....	27	YORVIPATH.....	102
VYALEV.....	34	XCOPRI.....	33	YUFLYMA(CF).....	125
VYEPTI.....	36	XCOPRI MAINTENANCE		YUFLYMA(CF) AI	
<i>vyfemla (28)</i>	132	PACK.....	33	CROHN'S-UC-HS.....	125
VYJUVEK.....	79	XCOPRI TITRATION PACK..	33	YUFLYMA(CF)	
VYKAT XR.....	88	XDEMVI.....	134	AUTOINJECTOR.....	125
<i>vylibra</i>	132	XELJANZ.....	124	<i>yulithira</i>	27
VYLOY.....	26	XELJANZ XR.....	124	YUPELRI.....	145
VYNDAMAX.....	73	<i>xelria fe</i>	132	YUSIMRY(CF) PEN.....	125
VYNDAQEL.....	73	XELSTRYM.....	61	YUTREPIA.....	145
VYONDYS-53.....	40	XEMBIFY.....	116	<i>yuvaferm</i>	128
VYSCOX.....	47	XENAZINE.....	40	YUUIWEL.....	102
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VYTORIN 10-20.....	72	XENPOZYME.....	89	<i>zafirlukast</i>	145
VYTORIN 10-40.....	72	XERESE.....	82	<i>zaleplon</i>	61
VYTORIN 10-80.....	72	XERMELO.....	27	ZALTRAP.....	27
VYVANSE.....	60	XGEVA.....	13	ZANAFLEX.....	42
VYVGART.....	41	XHANCE.....	145	ZARONTIN.....	33
VYVGART HYTRULO.....	41	XIFAXAN.....	9	ZARXIO.....	113
VYZULTA.....	135	XIGDUO XR.....	98	ZAVESCA.....	102
WAINUA.....	40	XIIDRA.....	134	ZAVZPRET.....	36
WAKIX.....	60	XOFLUZA.....	5	ZEGERID.....	111
<i>warfarin</i>	70	XOLAIR.....	145	ZEJULA.....	27
WAYRILZ.....	26	XOLREMDI.....	113	ZELAPAR.....	35
WEGOVY.....	88	XOPENEX HFA.....	145	ZELBORAF.....	27
WELCHOL.....	72	XOSPATA.....	27	ZELSUVMI.....	79
WELIREG.....	26	XPHOZAH.....	89	<i>zelvysia</i>	102
WELLBUTRIN SR.....	60	XPOVIO.....	27	ZEMAIRA.....	89
WELLBUTRIN XL.....	60	XROMI.....	27	ZEMBRACE SYMTOUCH.....	36
<i>wera (28)</i>	132	XTAMPZA ER.....	45	ZEMPLAR.....	102
<i>wescap-pn dha</i>	149	XTANDI.....	27	<i>zenatane</i>	81
WEZLANA.....	77	XTRENBO.....	13	ZENBEXUS.....	27
WIDAPLIK.....	68	<i>xulane</i>	128	ZENPEP.....	108

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<i>zenzedi</i>	61	ZOLPIDEM.....	61
ZENZEDI.....	61	<i>zolpidem</i>	61
ZEPBOUND.....	89	ZOLYMBUS.....	135
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ZEPOSIA.....	40	ZOMIG.....	36
ZEPOSIA STARTER KIT (28-DAY).....	40	ZONALON.....	79
ZEPOSIA STARTER PACK (7-DAY).....	40	ZONEGRAN.....	33
ZEPZELCA.....	27	ZONISADE.....	33
ZERBAXA.....	6	<i>zonisamide</i>	33
ZERVIAE.....	134	ZORTRESS.....	27
ZESTORETIC.....	68	ZORYVE.....	77
ZESTRIL.....	68	ZOSYN IN DEXTROSE (ISO-OSM).....	11
ZETIA.....	72	<i>zovia 1-35 (28)</i>	132
ZEVERTA.....	6	ZOVIRAX.....	82, 83
ZIAGEN.....	5	ZTALMY.....	33
ZIANA.....	81	ZTLIDO.....	79
<i>zidovudine</i>	5	ZUBSOLV.....	47
ZIEXTENZO.....	113	<i>zumandimine (28)</i>	132
ZIIHERA.....	27	ZUNVEYL.....	40
ZILBRYSQ.....	42	ZURNAL.....	47
<i>zileuton</i>	145	ZURZUVAE.....	61
ZILXI.....	81	ZYBIC.....	47
ZIOPTAN (PF).....	135	ZYCLARA.....	79
<i>ziprasidone hcl</i>	61	ZYCUBO.....	148
<i>ziprasidone mesylate</i>	61	ZYDELIG.....	27
ZIPSOR.....	47	ZYFLO.....	145
ZIRABEV.....	27	ZYKADIA.....	27
ZIRGAN.....	133	ZYLET.....	136
ZITHROMAX.....	7	ZYMFENTRA.....	108
ZITHROMAX TRI-PAK.....	7	ZYNLONTA.....	27
ZITHROMAX Z-PAK.....	7	ZYNYZ.....	27
ZITUVIMET.....	99	ZYPITAMAG.....	72
ZITUVIMET XR.....	99	ZYPREXA.....	61
ZITUVIO.....	99	ZYPREXA RELPREVV.....	61
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<i>zolmitriptan</i>	36		
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COVERED COLONOSCOPY AND BOWEL PREP AGENTS

Colonoscopy and bowel prep agents fall under the Gastroenterology category of medications. To make identifying your options easier, we are providing this stand-alone list of colonoscopy and bowel prep medications covered under the HealthSelectSM Medicare Rx Prescription Drug Plan (PDP), which is offered by the Employees Retirement System of Texas and administered by Express Scripts[®] Pharmacy Benefit Services.

These drug agents are covered by the plan when prescribed by a provider. Please share this list with your provider to decide which is right for you, ask for a prescription, and take the prescription to an In-Network pharmacy of your choice.

Brand Name	Generic Drug Name	Strength
BISACODYL	BISACODYL	5 MG
CITRATE OF MAGNESIA	MAGNESIUM CITRATE	1.745G/30ML
CITROMA	MAGNESIUM CITRATE	1.745G/30ML
CLEARLAX	POLYETHYLENE GLYCOL 3350	17 G/DOSE
DULCOLAX	MAGNESIUM HYDROXIDE	400 MG/5ML
GAVILAX	POLYETHYLENE GLYCOL 3350	17 G/DOSE
GAVILYTE-C	PEG3350/SOD SULF,BICARB,CL/KCL	240-22.72G
GAVILYTE-G	PEG3350/SOD SULF,BICARB,CL/KCL	236-22.74G
GAVILYTE-N	SODIUM CHLORIDE/NAHCO3/KCL/PEG	420G
GENTLE LAXATIVE	BISACODYL	5 MG
GENTLE LAXATIVE	MAGNESIUM HYDROXIDE	400 MG/5ML
GENTLELAX	POLYETHYLENE GLYCOL 3350	17 G/DOSE
LAXATIVE	BISACODYL	5 MG
LAXATIVE PEG 3350	POLYETHYLENE GLYCOL 3350	17 G/DOSE
MAGNESIUM CITRATE	MAGNESIUM CITRATE	1.745G/30ML
MILK OF MAGNESIA	MAGNESIUM HYDROXIDE	400 MG/5ML
MILK OF MAGNESIA	MAGNESIUM HYDROXIDE	2400 MG/10
NATURA-LAX	POLYETHYLENE GLYCOL 3350	17 G/DOSE
ONELAX MAGNESIUM CITRATE	MAGNESIUM CITRATE	1.745G/30ML
ORAL SALINE LAXATIVE	SODIUM PHOSPHATE,MONO-DIBASIC	7.2-2.7/15
PEG 3350-ELECTROLYTE	SODIUM CHLORIDE/NAHCO3/KCL/PEG	420G
PEG-3350 AND ELECTROLYTES	PEG3350/SOD SULF,BICARB,CL/KCL	236-22.74G

PEG3350-SOD SUL-NACL-KCL-ASB-C	PEG3350/SOD SUL/NACL/KCL/ASB/C	7.5-2.691G
PEG-PREP	BISAC/NACL/NAHCO3/KCL/PEG 3350	5 MG-210 G
PHOSPHATE LAXATIVE	SODIUM PHOSPHATE,MONO-DIBASIC	7.2-2.7/15
POLYETHYLENE GLYCOL 3350	POLYETHYLENE GLYCOL 3350	17 G/DOSE
POWDERLAX	POLYETHYLENE GLYCOL 3350	17 G/DOSE
PURELAX	POLYETHYLENE GLYCOL 3350	17 G/DOSE
SMOOTHLAX	POLYETHYLENE GLYCOL 3350	17 G/DOSE
SOD SULF-POTASS SULF-MAG SULF	SODIUM, POTASSIUM,MAG SULFATES	17.5-3.13G
SUTAB	SODIUM SULFATE,MAG SULFATE,POTASSIUM CHLORIDE	1479MG/225MG/188MG
WOMEN'S GENTLE LAXATIVE	BISACODYL	5 MG

You must use In-Network pharmacies to fill your prescriptions. However, there are limited circumstances under which you may be reimbursed for a covered prescription that is not filled at an In-Network pharmacy. Limitations, copayments and restrictions may apply.

This *Formulary* was updated on 09/01/2026. For more recent information or to price a medication, you can visit us on the Web at **HSMedicareRx.com**. Or you can contact Customer Service at **(866) 264-4676**. Customer Service is available 24 hours a day, seven days a week. TTY users should call **(800) 716-3231**.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **(866) 264-4676** (TTY: **(800) 716-3231**).

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This drug list was updated in September 2026.