Medica

Medica Prime Solution® (Cost) Part D
Medica Advantage Solution® (HMO-POS)
Medica Advantage Solution® (PPO)
Medica Advantage℠ (PPO)
Medica Group Prime Solution℠ w/ Rx (Cost)
Medica Group Advantage Solution℠ (PPO)

2024 Formulary (List of Covered Drugs)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THESE PLANS

Medica Medicare Approved Formulary ID #00024252, v.6

This formulary was updated on 08/29/2023. Effective: January 1, 2024.

For more recent information or other questions, please contact Member Services at **1 (800) 234-8755** (TTY users should call **711)** for Prime Solution (Cost); **1 (866) 269-6804** (TTY users should call **711**) for Advantage Solution (HMO-POS) and Advantage Solution (PPO); **1 (866) 398-7374** (TTY users should call **711**) for Medica Advantage (PPO) NE/IA; **1 (877) 407-8494 (**TTY users should call **711)** for Medica Advantage (PPO) ND/SD and **1 (800) 575-2330** (TTY users should call **711**) for Group Prime Solution w/ Rx (Cost) and Group Advantage Solution (PPO), Oct. 1 – March 31, 8 a.m. – 9 p.m. CT, 7 days a week and April 1 –Sept. 30, 8 a.m. – 9 p.m. CT, Monday – Friday, or visit **Medica.com/Members**.

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Form Approved
OMB# 0938-1421

MULTI-LANGUAGE INSERT

Multi-Language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1 (866) 745-9919.** Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1 (866) 745-9919.** Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 **1 (866) 745-9919**。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 **1 (866) 745-9919**。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1 (866) 745-9919.** Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1 (866) 745-9919.** Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi **1 (866) 745-9919** sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1 (866) 745-9919.** Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Form Approved
OMB# 0938-1421

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1 (866) 745-9919** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1 (866) 745-9919.** Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم بمساعدتك. هذه خدمة مجانية فوري، ليس عليك سوى الاتصال بنا على **1 (866) 745-9919**. سيقوم شخص ما يتحدث العربية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1 (866) 745-9919** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1 (866) 745-9919.** Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1 (866) 745-9919.** Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1 (866) 745-9919.** Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1 (866) 745-9919.** Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、**1 (866) 745-9919** にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

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2024 Formulary
(List of Covered Drugs)

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

Medica Medicare approved Formulary ID #00024252, v.6

This formulary was updated on August 29, 2023. For more recent information or other questions, please contact Medica Member Services at:

1 (800) 234-8755 (TTY users should call 711) for Prime Solution (Cost) Part D,

1 (866) 269-6804 (TTY users should call 711) for Advantage Solution (HMO-POS, PPO),

1 (866) 398-7374 (TTY users should call 711) for Medica Advantage (PPO) Iowa/Nebraska,

1 (877) 407-8494 (TTY users should call 711) for Medica Advantage (PPO) North Dakota/South Dakota,

1 (800) 575-2330 (TTY users should call 711) for Group Prime Solution w/ Rx (Cost) and Group Advantage Solution (PPO).

We are available from Oct. 1 - March 31, 8 a.m. – 9 p.m. CT, 7 days a week and April 1 – Sept 30 from 8 a.m. – 9 p.m. CT, Monday – Friday. If you call during off hours, your voice message will be returned the next business day. Or visit **Medica.com/Members**.

Formulary ID: 00024252
Version Number: 6
Effective: 01/01/2024

Y0088_58000_C

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to "we," "us," or "our," it means Medica Insurance Company, Medica Health Plans and Medica Community Health Plan. When it refers to "plan" or "our plan," it means Medica Prime Solution Part D, Medica Advantage Solution, Medica Advantage, Medica Group Prime Solution w/ Rx (Cost), and Medica Group Advantage Solution (PPO).

This document includes the list of the drugs (formulary) for our plan, which is current as of August 29, 2023. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.

What is the Medica Prime Solution Part D, Medica Advantage Solution and Medica Advantage Formulary?

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

Can the Formulary (Drug List) change?

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

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
    - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled "How do I request an exception to Medica's Formulary?"

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
    - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to Medica's Formulary?"

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

The enclosed formulary is current as of August 29, 2023. To get updated information about the drugs covered by Medica, please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 2. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular." If you know what your drug is used for, look for the category name in the list that begins on page 2. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 110. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

- **Quantity Limits:** For certain drugs, Medica limits the amount of the drug that Medica will cover. For example, Medica provides 18 tablets per a 28-day prescription for sumatriptan. This may be in addition to a standard one-month or three-month supply.

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Medica to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to Medica's Formulary?" on page vi for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

- You can ask Member Services for a list of similar drugs that are covered by Medica. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Medica.

- You can ask Medica to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Medica Formulary?

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

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

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

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

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

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

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

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

For current members who experience a Level of Care change: We will cover a temporary supply of your drug, in order to ensure that you have continued access to your medications. You are allowed "refill-too-soon" overrides for each medication that you no longer have access to, due to the Level of Care change.

For more information

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

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

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

Medica's Formulary

The Formulary that begins on the next page provides coverage information about the drugs covered by Medica. If you have trouble finding your drug in the list, turn to the Index that begins on page 110.

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

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

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

List of Abbreviations

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements /Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET INTRAVENOUS SUSPENSION	4	B/D PA; MO
amphotericin b injection recon soln	4	B/D PA; MO
caspofungin intravenous recon soln	4	
clotrimazole mucous membrane troche	2	MO
CRESEMBA ORAL CAPSULE	5	PA
fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 400 mg/200 ml	4	PA
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml	4	PA; MO
fluconazole oral suspension for reconstitution	2	MO
fluconazole oral tablet	2	MO
flucytosine oral capsule	5	MO
griseofulvin microsize oral suspension	4	MO
griseofulvin microsize oral tablet	4	MO
griseofulvin ultramicrosize oral tablet	4	MO
itraconazole oral capsule	4	MO; QL (120 per 30 days)
itraconazole oral solution	4	MO
ketoconazole oral tablet	2	MO
micafungin intravenous recon soln	5	MO
nystatin oral suspension	2	MO
nystatin oral tablet	2	MO
posaconazole oral tablet,delayed release (dr/ec)	5	PA; MO; QL (96 per 30 days)
terbinafine hcl oral tablet	2	MO
voriconazole intravenous recon soln	5	PA; MO
voriconazole oral suspension for reconstitution	5	PA; MO
voriconazole oral tablet	4	PA; MO
ANTIVIRALS		
abacavir oral solution	3	MO
abacavir oral tablet	3	MO
abacavir-lamivudine oral tablet	3	MO
acyclovir oral capsule	2	MO

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

This drug list was last updated on 08/29/2023.

Drug Name	Drug Tier	Requirements /Limits
acyclovir oral suspension 200 mg/5 ml	4	MO
acyclovir oral tablet	2	MO
acyclovir sodium intravenous solution	4	B/D PA; MO
adefovir oral tablet	4	MO
amantadine hcl oral capsule	2	MO
amantadine hcl oral solution	2	MO
amantadine hcl oral tablet	2	MO
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE	5	MO
APTIVUS ORAL CAPSULE	5	MO
atazanavir oral capsule	4	MO
BARACLUDE ORAL SOLUTION	5	MO
BIKTARVY ORAL TABLET	5	MO
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE	5	MO
cidofovir intravenous solution	5	B/D PA; MO
CIMDUO ORAL TABLET	5	MO

Drug Name	Drug Tier	Requirements /Limits
COMPLERA ORAL TABLET	5	MO
darunavir ethanolate oral tablet	5	MO
DELSTRIGO ORAL TABLET	5	MO
DESCOVY ORAL TABLET	5	MO
DOVATO ORAL TABLET	5	MO
EDURANT ORAL TABLET	5	MO
efavirenz oral capsule	4	MO
efavirenz oral tablet	4	MO
efavirenz-emtricitabin-tenofov oral tablet	5	MO
efavirenz-lamivu-tenofov disop oral tablet	5	MO
emtricitabine oral capsule	4	MO
emtricitabine-tenofovir (tdf) oral tablet	4	MO
EMTRIVA ORAL SOLUTION	3	MO
entecavir oral tablet	4	MO
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	5	PA; MO; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	5	PA; MO; QL (56 per 28 days)

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

This drug list was last updated on 08/29/2023.

Drug Name	Drug Tier	Requirements /Limits
EPCLUSA ORAL TABLET 200-50 MG	5	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	5	PA; MO; QL (28 per 28 days)
etravirine oral tablet	5	MO
EVOTAZ ORAL TABLET	5	MO
famciclovir oral tablet	2	MO
fosamprenavir oral tablet	4	MO
FUZEON SUBCUTANEOUS RECON SOLN	5	MO
ganciclovir sodium intravenous recon soln	2	B/D PA; MO
ganciclovir sodium intravenous solution	2	B/D PA; MO
GENVOYA ORAL TABLET	5	MO
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; MO; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	5	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 90-400 MG	5	PA; MO; QL (28 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
INTELENCE ORAL TABLET 25 MG	4	MO
ISENTRESS HD ORAL TABLET	5	MO
ISENTRESS ORAL POWDER IN PACKET	5	MO
ISENTRESS ORAL TABLET	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO
JULUCA ORAL TABLET	5	MO
lamivudine oral solution	3	MO
lamivudine oral tablet	3	MO
lamivudine-zidovudine oral tablet	3	MO
LEXIVA ORAL SUSPENSION	4	MO
lopinavir-ritonavir oral solution	4	MO
lopinavir-ritonavir oral tablet	3	MO
maraviroc oral tablet	5	MO
nevirapine oral suspension	4	

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This drug list was last updated on 08/29/2023.

Drug Name	Drug Tier	Requirements /Limits
nevirapine oral tablet	3	MO
nevirapine oral tablet extended release 24 hr	4	MO
NORVIR ORAL POWDER IN PACKET	4	MO
ODEFSEY ORAL TABLET	5	MO
oseltamivir oral capsule	3	MO
oseltamivir oral suspension for reconstitution	3	MO
PIFELTRO ORAL TABLET	5	MO
PREVYMIS INTRAVENOUS SOLUTION	5	PA
PREVYMIS ORAL TABLET	5	PA; MO; QL (30 per 30 days)
PREZCOBIX ORAL TABLET	5	MO
PREZISTA ORAL SUSPENSION	5	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	4	MO
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	4	MO
RETROVIR INTRAVENOUS SOLUTION	3	MO

Drug Name	Drug Tier	Requirements /Limits
REYATAZ ORAL POWDER IN PACKET	5	MO
ribavirin oral capsule	3	MO
ribavirin oral tablet 200 mg	3	MO
rimantadine oral tablet	4	MO
ritonavir oral tablet	3	MO
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR	5	MO
SELZENTRY ORAL SOLUTION	3	MO
SELZENTRY ORAL TABLET 25 MG, 75 MG	3	MO
STRIBILD ORAL TABLET	5	MO
SUNLENCA ORAL TABLET	5	
SUNLENCA SUBCUTANEOUS SOLUTION	5	
SYMTUZA ORAL TABLET	5	MO
SYNAGIS INTRAMUSCULAR SOLUTION	5	MO; LA
tenofovir disoproxil fumarate oral tablet	4	MO
TIVICAY ORAL TABLET 10 MG	3	MO

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Drug Name	Drug Tier	Requirements /Limits
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO
TIVICAY PD ORAL TABLET FOR SUSPENSION	5	MO
TRIUMEQ ORAL TABLET	5	MO
TRIUMEQ PD ORAL TABLET FOR SUSPENSION	5	MO
TRIZIVIR ORAL TABLET	5	MO
TROGARZO INTRAVENOUS SOLUTION	5	MO; LA
valacyclovir oral tablet 1 gram	2	MO; QL (120 per 30 days)
valacyclovir oral tablet 500 mg	2	MO; QL (60 per 30 days)
valganciclovir oral recon soln	5	MO
valganciclovir oral tablet	3	MO
VEKLURY INTRAVENOUS RECON SOLN	5	
VEMLIDY ORAL TABLET	5	MO
VIRACEPT ORAL TABLET	5	MO
VIREAD ORAL POWDER	5	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	MO

Drug Name	Drug Tier	Requirements /Limits
VOSEVI ORAL TABLET	5	PA; MO; QL (28 per 28 days)
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	MO
zidovudine oral capsule	3	MO
zidovudine oral syrup	3	MO
zidovudine oral tablet	2	MO
CEPHALOSPORINS		
cefaclor oral capsule	2	MO
cefaclor oral suspension for reconstitution 125 mg/5 ml	2	MO
cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml	2	
cefaclor oral tablet extended release 12 hr	4	MO
cefadroxil oral capsule	2	MO
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	2	MO
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	4	MO

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Drug Name	Drug Tier	Requirements /Limits
cefazolin injection recon soln 1 gram, 500 mg	4	MO
cefazolin injection recon soln 10 gram, 100 gram, 300 g	4	
cefazolin intravenous recon soln 1 gram	4	
cefdinir oral capsule	2	MO
cefdinir oral suspension for reconstitution	3	MO
cefepime in dextrose,iso-osm intravenous piggyback	4	
cefepime injection recon soln	4	MO
cefixime oral capsule	4	MO
cefixime oral suspension for reconstitution	4	MO
cefoxitin in dextrose, iso-osm intravenous piggyback	4	PA
cefoxitin intravenous recon soln 1 gram, 2 gram	4	PA; MO
cefoxitin intravenous recon soln 10 gram	4	PA
cefpodoxime oral suspension for reconstitution	4	MO
cefpodoxime oral tablet	4	MO

Drug Name	Drug Tier	Requirements /Limits
cefprozil oral suspension for reconstitution	2	MO
cefprozil oral tablet	2	MO
ceftazidime injection recon soln 1 gram, 2 gram	4	PA; MO
ceftazidime injection recon soln 6 gram	4	PA
ceftriaxone in dextrose,iso-os intravenous piggyback	4	MO
ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg	4	MO
ceftriaxone injection recon soln 10 gram	4	
ceftriaxone intravenous recon soln	4	MO
cefuroxime axetil oral tablet	2	MO
cefuroxime sodium injection recon soln 750 mg	4	PA; MO
cefuroxime sodium intravenous recon soln 1.5 gram	4	PA; MO
cefuroxime sodium intravenous recon soln 7.5 gram	4	PA
cephalexin oral capsule 250 mg, 500 mg	2	MO

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Drug Name	Drug Tier	Requirements /Limits
cephalexin oral suspension for reconstitution	2	MO
tazicef injection recon soln	4	PA; MO
tazicef intravenous recon soln	4	PA
TEFLARO INTRAVENOUS RECON SOLN	5	PA; MO
ERYTHROMYCINS / OTHER MACROLIDES		
azithromycin intravenous recon soln	4	PA; MO
azithromycin oral packet	3	MO
azithromycin oral suspension for reconstitution	2	MO
azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)	2	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	2	MO
clarithromycin oral suspension for reconstitution	2	MO
clarithromycin oral tablet	2	MO
clarithromycin oral tablet extended release 24 hr	2	MO
DIFICID ORAL TABLET	5	MO; QL (20 per 10 days)

Drug Name	Drug Tier	Requirements /Limits
e.e.s. 400 oral tablet	4	MO
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	4	MO
erythrocin (as stearate) oral tablet 250 mg	4	MO
erythromycin ethylsuccinate oral tablet	4	MO
erythromycin oral capsule,delayed release(dr/ec)	4	MO
erythromycin oral tablet	4	MO
erythromycin oral tablet,delayed release (dr/ec)	4	MO
MISCELLANEOUS ANTIINFECTIVES		
albendazole oral tablet	5	MO
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	4	PA; MO
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION	5	PA; LA
atovaquone oral suspension	4	MO
atovaquone-proguanil oral tablet	4	MO
aztreonam injection recon soln	4	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
bacitracin intramuscular recon soln	4	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	5	PA; MO; LA; QL (84 per 56 days)
chloramphenicol sod succinate intravenous recon soln	4	
chloroquine phosphate oral tablet	2	MO
clindamycin hcl oral capsule	2	MO
clindamycin in 5 % dextrose intravenous piggyback	4	PA; MO
clindamycin phosphate injection solution	4	PA; MO
clindamycin phosphate intravenous solution	4	PA; MO
COARTEM ORAL TABLET	4	MO
colistin (colistimethate na) injection recon soln	4	PA; MO; QL (30 per 10 days)
dapsone oral tablet	3	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	5	MO
daptomycin intravenous recon soln 500 mg	5	MO

Drug Name	Drug Tier	Requirements /Limits
EMVERM ORAL TABLET,CHEWABLE	5	MO
ertapenem injection recon soln	4	PA; MO; QL (14 per 14 days)
ethambutol oral tablet	3	MO
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml	4	PA; MO
gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml	4	PA
gentamicin injection solution 40 mg/ml	4	PA; MO
gentamicin sulfate (ped) (pf) injection solution	4	PA; MO
hydroxychloroquine oral tablet 200 mg	2	MO
imipenem-cilastatin intravenous recon soln	4	PA; MO
isoniazid injection solution	4	
isoniazid oral solution	2	MO
isoniazid oral tablet	2	MO
ivermectin oral tablet	3	PA; MO; QL (20 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
lincomycin injection solution	4	PA
linezolid in dextrose 5% intravenous piggyback	4	PA; MO
linezolid oral suspension for reconstitution	5	MO
linezolid oral tablet	4	MO
linezolid-0.9% sodium chloride intravenous parenteral solution	4	PA
mefloquine oral tablet	2	MO
meropenem intravenous recon soln 1 gram	4	PA; MO; QL (30 per 10 days)
meropenem intravenous recon soln 500 mg	4	PA; MO; QL (10 per 10 days)
metro i.v. intravenous piggyback	4	PA; MO
metronidazole in nacl (iso-os) intravenous piggyback	4	PA; MO
metronidazole oral tablet	2	MO
neomycin oral tablet	2	MO
nitazoxanide oral tablet	5	MO
paromomycin oral capsule	4	MO
pentamidine inhalation recon soln	4	B/D PA; MO; QL (1 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
pentamidine injection recon soln	4	MO
praziquantel oral tablet	4	MO
PRIFTIN ORAL TABLET	3	MO
PRIMAQUINE ORAL TABLET	4	MO
pyrazinamide oral tablet	4	MO
pyrimethamine oral tablet	5	PA; MO
quinine sulfate oral capsule	4	MO
rifabutin oral capsule	4	MO
rifampin intravenous recon soln	4	MO
rifampin oral capsule	3	MO
SIRTURO ORAL TABLET	5	PA; LA
STREPTOMYCIN INTRAMUSCULAR RECON SOLN	5	PA; MO; QL (60 per 30 days)
tigecycline intravenous recon soln	5	PA; MO
tinidazole oral tablet	3	MO
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	5	MO; QL (224 per 56 days)

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Drug Name	Drug Tier	Requirements /Limits
tobramycin in 0.225 % nacl inhalation solution for nebulization	5	PA; MO; QL (280 per 28 days)
tobramycin inhalation solution for nebulization	5	PA; MO; QL (224 per 28 days)
tobramycin sulfate injection recon soln	4	PA; QL (9 per 14 days)
tobramycin sulfate injection solution	4	PA; MO
TRECATOR ORAL TABLET	4	MO
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	3	PA; QL (4000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	3	PA; QL (1000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	3	PA; QL (4050 per 10 days)
VANCOMYCIN INJECTION RECON SOLN	4	PA; QL (1 per 10 days)
vancomycin intravenous recon soln 1,000 mg	4	PA; MO; QL (20 per 10 days)

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

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

Drug Name	Drug Tier	Requirements /Limits
ampicillin-sulbactam intravenous recon soln	4	PA
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	4	MO
BICILLIN C-R INTRAMUSCULAR SYRINGE	3	PA; MO
BICILLIN L-A INTRAMUSCULAR SYRINGE	4	PA; MO
dicloxacillin oral capsule	2	MO
nafcillin in dextrose iso-osm intravenous piggyback	4	PA
nafcillin injection recon soln 1 gram, 2 gram	4	PA; MO
nafcillin injection recon soln 10 gram	5	PA
nafcillin intravenous recon soln 2 gram	4	PA
oxacillin in dextrose(iso-osm) intravenous piggyback	4	PA
oxacillin injection recon soln 1 gram, 10 gram	4	PA
oxacillin injection recon soln 2 gram	4	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML	3	PA
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	4	PA
penicillin g potassium injection recon soln	4	PA; MO
penicillin g procaine intramuscular syringe 1.2 million unit/2 ml	4	PA; MO
penicillin g sodium injection recon soln	4	PA; MO
penicillin v potassium oral recon soln	2	MO
penicillin v potassium oral tablet	2	MO
pfizerpen-g injection recon soln	4	PA
piperacillin-tazobactam intravenous recon soln 13.5 gram, 40.5 gram	4	

Drug Name	Drug Tier	Requirements /Limits
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram	4	MO
QUINOLONES		
ciprofloxacin hcl oral tablet 100 mg, 750 mg	2	MO
ciprofloxacin hcl oral tablet 250 mg, 500 mg	1	MO
ciprofloxacin in 5 % dextrose intravenous piggyback	4	PA; MO
ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml	4	
levofloxacin in d5w intravenous piggyback 250 mg/50 ml	4	PA
levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml	4	PA; MO
levofloxacin intravenous solution	4	PA; MO
levofloxacin oral solution	4	MO
levofloxacin oral tablet	2	MO
moxifloxacin oral tablet	3	MO

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Drug Name	Drug Tier	Requirements /Limits
moxifloxacin-sod.chloride(iso) intravenous piggyback	4	PA; MO
SULFA'S / RELATED AGENTS		
sulfadiazine oral tablet	4	MO
sulfamethoxazole-trimethoprim intravenous solution	4	PA; MO
sulfamethoxazole-trimethoprim oral suspension	2	MO
sulfamethoxazole-trimethoprim oral tablet	1	MO
TETRACYCLINES		
demeclocycline oral tablet	4	MO
doxy-100 intravenous recon soln	4	PA; MO
doxycycline hyclate intravenous recon soln	4	PA
doxycycline hyclate oral capsule	2	MO
doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg	2	MO
doxycycline monohydrate oral capsule 100 mg, 50 mg	2	MO
doxycycline monohydrate oral suspension for reconstitution	4	MO

Drug Name	Drug Tier	Requirements /Limits
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	2	MO
minocycline oral capsule	2	MO
minocycline oral tablet	4	MO
mondoxyne nl oral capsule 100 mg	2	MO
tetracycline oral capsule	4	MO
URINARY TRACT AGENTS		
methenamine hippurate oral tablet	3	MO
methenamine mandelate oral tablet	2	MO
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	3	MO
nitrofurantoin monohyd/m-cryst oral capsule	3	MO
trimethoprim oral tablet	2	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
dexrazoxane hcl intravenous recon soln	5	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
ELITEK INTRAVENOUS RECON SOLN	5	MO
KEPIVANCE INTRAVENOUS RECON SOLN	5	
KHAPZORY INTRAVENOUS RECON SOLN	5	B/D PA
leucovorin calcium oral tablet	3	MO
levoleucovorin calcium intravenous recon soln	5	B/D PA; MO
levoleucovorin calcium intravenous solution	5	B/D PA
mesna intravenous solution	2	B/D PA; MO
MESNEX ORAL TABLET	5	MO
VISTOGARD ORAL GRANULES IN PACKET	5	PA
XGEVA SUBCUTANEOUS SOLUTION	5	B/D PA; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
abiraterone oral tablet 250 mg	5	PA; MO; QL (120 per 30 days)
abiraterone oral tablet 500 mg	5	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION	5	B/D PA; MO
ADCETRIS INTRAVENOUS RECON SOLN	5	B/D PA; MO
ALECENSA ORAL CAPSULE	5	PA; MO; QL (240 per 30 days)
ALIQOPA INTRAVENOUS RECON SOLN	5	B/D PA; LA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; QL (30 per 180 days)
anastrozole oral tablet	2	MO
arsenic trioxide intravenous solution 1 mg/ml	5	B/D PA
arsenic trioxide intravenous solution 2 mg/ml	5	B/D PA; MO
ARZERRA INTRAVENOUS SOLUTION	5	B/D PA; MO
ASPARLAS INTRAVENOUS SOLUTION	5	PA

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Drug Name	Drug Tier	Requirements /Limits
AYVAKIT ORAL TABLET	5	PA; LA; QL (30 per 30 days)
azacitidine injection recon soln	5	B/D PA; MO
azathioprine oral tablet 50 mg	2	B/D PA; MO
azathioprine sodium injection recon soln	2	B/D PA; MO
BALVERSA ORAL TABLET	5	PA; LA
BAVENCIO INTRAVENOUS SOLUTION	5	B/D PA; LA
BELEODAQ INTRAVENOUS RECON SOLN	5	B/D PA
bendamustine intravenous recon soln	5	B/D PA
BENDEKA INTRAVENOUS SOLUTION	5	B/D PA; MO
BESPONSA INTRAVENOUS RECON SOLN	5	B/D PA; MO; LA
bexarotene oral capsule	5	PA; MO
bexarotene topical gel	5	PA; MO
bicalutamide oral tablet	2	MO
bleomycin injection recon soln	2	B/D PA; MO
BLINCYTO INTRAVENOUS KIT	5	B/D PA

Drug Name	Drug Tier	Requirements /Limits
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	5	B/D PA
bortezomib injection recon soln 3.5 mg	5	B/D PA; MO
BORTEZOMIB INTRAVENOUS RECON SOLN	5	B/D PA
BOSULIF ORAL TABLET 100 MG	5	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; MO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; MO; LA; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE	5	PA; LA; QL (120 per 30 days)
busulfan intravenous solution	5	B/D PA
CABOMETYX ORAL TABLET	5	PA; MO; LA; QL (30 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET	5	PA; LA; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60 per 30 days)

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

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

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

Drug Name	Drug Tier	Requirements /Limits
doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml	2	B/D PA; MO
doxorubicin intravenous solution 2 mg/ml	2	B/D PA
doxorubicin, peg-liposomal intravenous suspension	5	B/D PA; MO
DROXIA ORAL CAPSULE	3	MO
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE	3	PA; MO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE	3	PA; MO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE	3	PA; MO
ELIGARD SUBCUTANEOUS SYRINGE	3	PA; MO
ELZONRIS INTRAVENOUS SOLUTION	5	PA; LA
EMCYT ORAL CAPSULE	5	MO
EMPLICITI INTRAVENOUS RECON SOLN	5	B/D PA; MO

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This drug list was last updated on 08/29/2023.

Drug Name	Drug Tier	Requirements /Limits
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR	4	B/D PA; MO
epirubicin intravenous solution 200 mg/100 ml	2	B/D PA
EPKINLY SUBCUTANEOUS SOLUTION	5	PA
ERBITUX INTRAVENOUS SOLUTION	5	B/D PA; MO
ERIVEDGE ORAL CAPSULE	5	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET 240 MG	5	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA; MO; QL (120 per 30 days)
erlotinib oral tablet 100 mg, 150 mg	5	PA; MO; QL (30 per 30 days)
erlotinib oral tablet 25 mg	5	PA; MO; QL (60 per 30 days)
ERWINASE INJECTION RECON SOLN	5	B/D PA
ETOPOPHOS INTRAVENOUS RECON SOLN	4	B/D PA; MO
etoposide intravenous solution	2	B/D PA; MO

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

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Drug Name	Drug Tier	Requirements /Limits
fludarabine intravenous recon soln	2	B/D PA; MO
fludarabine intravenous solution	2	B/D PA
fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml	2	B/D PA; MO
fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml	2	B/D PA
FOLOTYN INTRAVENOUS SOLUTION	5	B/D PA; MO
FOTIVDA ORAL CAPSULE	5	PA; LA; QL (21 per 28 days)
fulvestrant intramuscular syringe	5	B/D PA; MO
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION	5	PA
GAVRETO ORAL CAPSULE	5	PA; MO; LA; QL (120 per 30 days)
GAZYVA INTRAVENOUS SOLUTION	5	B/D PA; MO
gefitinib oral tablet	5	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
gemcitabine intravenous recon soln 1 gram, 200 mg	2	B/D PA; MO
gemcitabine intravenous recon soln 2 gram	2	B/D PA
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)	2	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	3	B/D PA
gengraf oral capsule	3	B/D PA; MO
gengraf oral solution	3	B/D PA; MO
GILOTRIF ORAL TABLET	5	PA; MO; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE	5	MO
HALAVEN INTRAVENOUS SOLUTION	5	B/D PA; MO
hydroxyurea oral capsule	2	MO
IBRANCE ORAL CAPSULE	5	PA; MO; QL (21 per 28 days)
IBRANCE ORAL TABLET	5	PA; MO; QL (21 per 28 days)
ICLUSIG ORAL TABLET	5	PA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
idarubicin intravenous solution	2	B/D PA; MO
IDHIFA ORAL TABLET	5	PA; MO; LA; QL (30 per 30 days)
ifosfamide intravenous recon soln	2	B/D PA; MO
ifosfamide intravenous solution 1 gram/20 ml	2	B/D PA; MO
ifosfamide intravenous solution 3 gram/60 ml	2	B/D PA
imatinib oral tablet 100 mg	5	PA; MO; QL (180 per 30 days)
imatinib oral tablet 400 mg	5	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30 per 30 days)
IMBRUVICA ORAL SUSPENSION	5	PA; QL (324 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA; QL (30 per 30 days)
IMFINZI INTRAVENOUS SOLUTION	5	B/D PA; MO; LA

Drug Name	Drug Tier	Requirements /Limits
IMJUDO INTRAVENOUS SOLUTION	5	PA; MO
INLYTA ORAL TABLET 1 MG	5	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (120 per 30 days)
INQOVI ORAL TABLET	5	PA; MO; QL (5 per 28 days)
INREBIC ORAL CAPSULE	5	PA; MO; LA; QL (120 per 30 days)
irinotecan intravenous solution 100 mg/5 ml	2	B/D PA; MO
irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml	5	B/D PA
irinotecan intravenous solution 40 mg/2 ml	5	B/D PA; MO
ISTODAX INTRAVENOUS RECON SOLN	5	B/D PA; MO
IXEMPRA INTRAVENOUS RECON SOLN	5	B/D PA; MO
JAKAFI ORAL TABLET	5	PA; MO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
JAYPIRCA ORAL TABLET 50 MG	5	PA; MO; QL (30 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION	5	PA; MO
JEVTANA INTRAVENOUS SOLUTION	5	B/D PA; MO
KADCYLA INTRAVENOUS RECON SOLN	5	PA; MO
KEYTRUDA INTRAVENOUS SOLUTION	5	PA
KIMMTRAK INTRAVENOUS SOLUTION	5	PA
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA; MO; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA; MO; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA; MO; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; MO; QL (21 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; MO; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; MO; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE	5	PA
KRAZATI ORAL TABLET	5	PA; QL (180 per 30 days)
KYPROLIS INTRAVENOUS RECON SOLN	5	B/D PA
lapatinib oral tablet	5	PA; MO; QL (180 per 30 days)
lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg	5	PA; MO; QL (28 per 28 days)
lenalidomide oral capsule 2.5 mg, 20 mg	5	PA; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5	PA; MO; QL (30 per 30 days)
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)	5	PA; MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	5	PA; MO; QL (60 per 30 days)
letrozole oral tablet	2	MO
LEUKERAN ORAL TABLET	5	MO
leuprolide subcutaneous kit	5	PA; MO
LIBTAYO INTRAVENOUS SOLUTION	5	PA; LA
LONSURF ORAL TABLET	5	PA; MO
LORBRENA ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; MO; QL (90 per 30 days)
LUMAKRAS ORAL TABLET	5	PA; MO
LUMOXITI INTRAVENOUS RECON SOLN	5	PA; LA
LUNSUMIO INTRAVENOUS SOLUTION	5	PA; MO
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT	5	PA; MO
LYNPARZA ORAL TABLET	5	PA; MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
LYSODREN ORAL TABLET	5	
LYTGOBI ORAL TABLET	5	PA; LA
MARGENZA INTRAVENOUS SOLUTION	5	PA
MATULANE ORAL CAPSULE	5	
megestrol oral suspension 400 mg/10 ml (10 ml)	3	PA
megestrol oral suspension 400 mg/10 ml (40 mg/ml)	3	PA; MO
megestrol oral suspension 625 mg/5 ml (125 mg/ml)	4	PA; MO
megestrol oral tablet	3	PA; MO
MEKINIST ORAL RECON SOLN	5	PA; MO; QL (1200 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; MO; QL (30 per 30 days)
MEKTOVI ORAL TABLET	5	PA; MO; LA; QL (180 per 30 days)
melphalan hcl intravenous recon soln	5	B/D PA
melphalan oral tablet	2	B/D PA; MO
mercaptopurine oral tablet	3	MO

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Drug Name	Drug Tier	Requirements /Limits
methotrexate sodium (pf) injection recon soln	2	B/D PA
methotrexate sodium (pf) injection solution	2	B/D PA; MO
methotrexate sodium injection solution	2	B/D PA; MO
methotrexate sodium oral tablet	2	B/D PA; MO
mitomycin intravenous recon soln 20 mg, 5 mg	2	B/D PA; MO
mitomycin intravenous recon soln 40 mg	5	B/D PA; MO
mitoxantrone intravenous concentrate	2	B/D PA; MO
MONJUVI INTRAVENOUS RECON SOLN	5	PA; LA
mycophenolate mofetil (hcl) intravenous recon soln	4	B/D PA; MO
mycophenolate mofetil oral capsule	3	B/D PA; MO
mycophenolate mofetil oral suspension for reconstitution	5	B/D PA; MO
mycophenolate mofetil oral tablet	3	B/D PA; MO
mycophenolate sodium oral tablet,delayed release (dr/ec)	4	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
MYLOTARG INTRAVENOUS RECON SOLN	5	B/D PA; MO; LA
nelarabine intravenous solution	5	B/D PA; MO
NERLYNX ORAL TABLET	5	PA; MO; LA
nilutamide oral tablet	5	PA; MO
NINLARO ORAL CAPSULE	5	PA; MO; QL (3 per 28 days)
NUBEQA ORAL TABLET	5	PA; MO; LA; QL (120 per 30 days)
NULOJIX INTRAVENOUS RECON SOLN	5	B/D PA; MO
octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml	5	PA; MO
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	4	PA; MO
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)	4	PA; MO
octreotide acetate injection syringe 500 mcg/ml (1 ml)	5	PA; MO
ODOMZO ORAL CAPSULE	5	PA; MO; LA; QL (30 per 30 days)
ONCASPAR INJECTION SOLUTION	5	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
ONIVYDE INTRAVENOUS DISPERSION	5	B/D PA
ONUREG ORAL TABLET	5	PA; MO; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION	5	PA; MO
OPDUALAG INTRAVENOUS SOLUTION	5	PA; MO
ORGOVYX ORAL TABLET	5	PA; LA; QL (30 per 28 days)
ORSERDU ORAL TABLET 345 MG	5	PA; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA; QL (90 per 30 days)
oxaliplatin intravenous recon soln 100 mg	2	B/D PA; MO
oxaliplatin intravenous recon soln 50 mg	2	B/D PA
oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)	2	B/D PA; MO
oxaliplatin intravenous solution 200 mg/40 ml	2	B/D PA
paclitaxel intravenous concentrate	2	B/D PA; MO
PADCEV INTRAVENOUS RECON SOLN	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
paraplatin intravenous solution	2	B/D PA
PEMAZYRE ORAL TABLET	5	PA; LA; QL (14 per 21 days)
pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg	5	B/D PA; MO
pemetrexed disodium intravenous recon soln 100 mg	4	B/D PA; MO
pemetrexed disodium intravenous recon soln 750 mg	5	B/D PA
PERJETA INTRAVENOUS SOLUTION	5	B/D PA; MO
PIQRAY ORAL TABLET	5	PA; MO
POLIVY INTRAVENOUS RECON SOLN	5	PA; MO
POMALYST ORAL CAPSULE	5	PA; MO; LA
PORTRAZZA INTRAVENOUS SOLUTION	5	B/D PA; MO
POTELIGEO INTRAVENOUS SOLUTION	5	PA
PROGRAF INTRAVENOUS SOLUTION	3	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
PROGRAF ORAL GRANULES IN PACKET	4	B/D PA; MO
PURIXAN ORAL SUSPENSION	5	
QINLOCK ORAL TABLET	5	PA; LA; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA; MO; LA; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA; MO; LA; QL (120 per 30 days)
REZLIDHIA ORAL CAPSULE	5	PA; QL (60 per 30 days)
REZUROCK ORAL TABLET	5	PA; LA; QL (30 per 30 days)
romidepsin intravenous recon soln	5	B/D PA
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; MO; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; MO; QL (90 per 30 days)
RUBRACA ORAL TABLET	5	PA; MO; LA; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION	5	PA; MO
RYBREVANT INTRAVENOUS SOLUTION	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
RYDAPT ORAL CAPSULE	5	PA; MO; QL (224 per 28 days)
RYLAZE INTRAMUSCULAR SOLUTION	5	PA
SANDIMMUNE ORAL SOLUTION	4	B/D PA; MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	5	PA; MO
SARCLISA INTRAVENOUS SOLUTION	5	PA; LA
SCEMBLIX ORAL TABLET 20 MG	5	PA; MO; QL (600 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA; MO; QL (300 per 30 days)
SIGNIFOR SUBCUTANEOUS SOLUTION	5	PA
SIMULECT INTRAVENOUS RECON SOLN	3	B/D PA; MO
sirolimus oral solution	5	B/D PA; MO
sirolimus oral tablet	4	B/D PA; MO
SOLTAMOX ORAL SOLUTION	5	MO

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Drug Name	Drug Tier	Requirements /Limits
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE	5	PA; MO
sorafenib oral tablet	5	PA; MO; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	5	PA; MO; QL (60 per 30 days)
STIVARGA ORAL TABLET	5	PA; MO; QL (84 per 28 days)
sunitinib malate oral capsule	5	PA; MO; QL (30 per 30 days)
SYNRIBO SUBCUTANEOUS RECON SOLN	5	B/D PA
TABLOID ORAL TABLET	4	MO
TABRECTA ORAL TABLET	5	PA; MO
tacrolimus oral capsule	3	B/D PA; MO
TAFINLAR ORAL CAPSULE	5	PA; MO; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION	5	PA; MO; QL (840 per 28 days)
TAGRISSO ORAL TABLET	5	PA; MO; LA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	5	PA; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA; MO; QL (30 per 30 days)
tamoxifen oral tablet	2	MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA; MO; QL (120 per 30 days)
TAZVERIK ORAL TABLET	5	PA; LA
TECENTRIQ INTRAVENOUS SOLUTION	5	B/D PA; MO; LA
TECVAYLI SUBCUTANEOUS SOLUTION	5	PA
TEMODAR INTRAVENOUS RECON SOLN	5	B/D PA; MO
temsirolimus intravenous recon soln	5	B/D PA; MO
TEPMETKO ORAL TABLET	5	PA; LA
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA; MO; QL (28 per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (56 per 28 days)
thiotepa injection recon soln 100 mg	5	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
thiotepa injection recon soln 15 mg	5	B/D PA; MO
TIBSOVO ORAL TABLET	5	PA
TIVDAK INTRAVENOUS RECON SOLN	5	PA; MO
topotecan intravenous recon soln	5	B/D PA; MO
topotecan intravenous solution	5	B/D PA; MO
toremifene oral tablet	5	MO
TRAZIMERA INTRAVENOUS RECON SOLN	5	B/D PA; MO
tretinoin (antineoplastic) oral capsule	5	MO
TRODELVY INTRAVENOUS RECON SOLN	5	PA; LA
TUKYSA ORAL TABLET 150 MG	5	PA; LA; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA; LA; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG	5	PA; LA; QL (120 per 30 days)
UNITUXIN INTRAVENOUS SOLUTION	5	B/D PA
valrubicin intravesical solution	5	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
VECTIBIX INTRAVENOUS SOLUTION	5	B/D PA; MO
VENCLEXTA ORAL TABLET 10 MG	4	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK	5	PA; LA; QL (42 per 180 days)
VERZENIO ORAL TABLET	5	PA; MO; LA; QL (60 per 30 days)
vinblastine intravenous solution	2	B/D PA; MO
vincasar pfs intravenous solution	2	B/D PA; MO
vincristine intravenous solution	2	B/D PA; MO
vinorelbine intravenous solution	2	B/D PA; MO
VITRAKVI ORAL CAPSULE 100 MG	5	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; MO; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	5	PA; MO; LA; QL (300 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
VIZIMPRO ORAL TABLET	5	PA; MO; QL (30 per 30 days)
VONJO ORAL CAPSULE	5	PA; QL (120 per 30 days)
VOTRIENT ORAL TABLET	5	PA; MO; QL (120 per 30 days)
VYXEOS INTRAVENOUS RECON SOLN	5	B/D PA
WELIREG ORAL TABLET	5	PA; LA
XALKORI ORAL CAPSULE	5	PA; MO; QL (60 per 30 days)
XATMEP ORAL SOLUTION	4	B/D PA; MO
XERMELO ORAL TABLET	5	PA; LA; QL (84 per 28 days)
XOSPATA ORAL TABLET	5	PA; LA; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	5	PA; LA
XTANDI ORAL CAPSULE	5	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA; MO; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION	5	B/D PA; MO
YONDELIS INTRAVENOUS RECON SOLN	5	B/D PA
ZALTRAP INTRAVENOUS SOLUTION	5	B/D PA; MO
ZANOSAR INTRAVENOUS RECON SOLN	4	B/D PA; MO
ZEJULA ORAL CAPSULE	5	PA; MO; LA; QL (90 per 30 days)
ZELBORAF ORAL TABLET	5	PA; MO; QL (240 per 30 days)
ZEPZELCA INTRAVENOUS RECON SOLN	5	PA
ZIRABEV INTRAVENOUS SOLUTION	5	B/D PA; MO
ZOLADEX SUBCUTANEOUS IMPLANT	4	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
ZOLINZA ORAL CAPSULE	5	PA; MO; QL (120 per 30 days)
ZYDELIG ORAL TABLET	5	PA; MO; QL (60 per 30 days)
ZYKADIA ORAL TABLET	5	PA; MO; QL (90 per 30 days)
ZYNLONTA INTRAVENOUS RECON SOLN	5	PA; LA
ZYNYZ INTRAVENOUS SOLUTION	5	PA
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG	5	MO; QL (180 per 30 days)
APTIOM ORAL TABLET 400 MG	5	MO; QL (90 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	5	MO; QL (60 per 30 days)
BRIVIACT INTRAVENOUS SOLUTION	4	MO; QL (600 per 30 days)
BRIVIACT ORAL SOLUTION	5	MO; QL (600 per 30 days)
BRIVIACT ORAL TABLET	5	MO; QL (60 per 30 days)
carbamazepine oral capsule, er multiphase 12 hr	3	MO

Drug Name	Drug Tier	Requirements /Limits
carbamazepine oral suspension 100 mg/5 ml	2	MO
carbamazepine oral suspension 200 mg/10 ml	2	
carbamazepine oral tablet	2	MO
carbamazepine oral tablet extended release 12 hr	3	MO
carbamazepine oral tablet,chewable	2	MO
clobazam oral suspension	4	PA; MO; QL (480 per 30 days)
clobazam oral tablet	4	PA; MO; QL (60 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	2	MO; QL (90 per 30 days)
clonazepam oral tablet 2 mg	2	MO; QL (300 per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	2	MO; QL (90 per 30 days)
clonazepam oral tablet,disintegrating 2 mg	2	MO; QL (300 per 30 days)
DIACOMIT ORAL CAPSULE	5	PA; LA
DIACOMIT ORAL POWDER IN PACKET	5	PA; LA
diazepam rectal kit	4	MO
DILANTIN 30 MG ORAL CAPSULE	4	MO

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Drug Name	Drug Tier	Requirements /Limits
divalproex oral capsule, delayed rel sprinkle	2	MO
divalproex oral tablet extended release 24 hr	2	MO
divalproex oral tablet,delayed release (dr/ec)	2	MO
EPIDIOLEX ORAL SOLUTION	5	PA; MO; LA
epitol oral tablet	2	MO
EPRONTIA ORAL SOLUTION	4	PA; MO
ethosuximide oral capsule	3	MO
ethosuximide oral solution	3	MO
felbamate oral suspension	5	MO
felbamate oral tablet	4	MO
FINTEPLA ORAL SOLUTION	5	PA; LA; QL (360 per 30 days)
fosphenytoin injection solution	2	MO
FYCOMPA ORAL SUSPENSION	5	MO; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	MO; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	MO; QL (60 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
gabapentin oral capsule 100 mg, 400 mg	2	MO; QL (270 per 30 days)
gabapentin oral capsule 300 mg	2	MO; QL (360 per 30 days)
gabapentin oral solution 250 mg/5 ml	3	MO; QL (2160 per 30 days)
gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)	3	QL (2160 per 30 days)
gabapentin oral tablet 600 mg	2	MO; QL (180 per 30 days)
gabapentin oral tablet 800 mg	2	MO; QL (120 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	PA; MO; QL (30 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG	3	PA; MO; QL (60 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	3	PA; MO; QL (90 per 30 days)
lacosamide intravenous solution	3	MO; QL (1200 per 30 days)
lacosamide oral solution	4	MO; QL (1200 per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg	4	MO; QL (60 per 30 days)

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This drug list was last updated on 08/29/2023.

Drug Name	Drug Tier	Requirements /Limits
lacosamide oral tablet 50 mg	3	MO; QL (120 per 30 days)
lamotrigine oral tablet	1	MO
lamotrigine oral tablet disintegrating, dose pk	4	MO
lamotrigine oral tablet, chewable dispersible	2	MO
lamotrigine oral tablet,disintegrating	4	MO
lamotrigine oral tablets,dose pack	4	MO
levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml	2	MO
levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml	2	
levetiracetam intravenous solution	2	MO
levetiracetam oral solution 100 mg/ml	2	MO
levetiracetam oral solution 500 mg/5 ml (5 ml)	2	
levetiracetam oral tablet	2	MO
levetiracetam oral tablet extended release 24 hr	2	MO
methsuximide oral capsule	4	MO

Drug Name	Drug Tier	Requirements /Limits
NAYZILAM NASAL SPRAY,NON-AEROSOL	5	PA; MO; QL (10 per 30 days)
oxcarbazepine oral suspension	4	MO
oxcarbazepine oral tablet	3	MO
phenobarbital oral elixir	4	PA; MO
phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg	3	PA
phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg	3	PA; MO
phenobarbital sodium injection solution 130 mg/ml	2	MO
phenobarbital sodium injection solution 65 mg/ml	2	
phenytoin oral suspension 100 mg/4 ml	2	
phenytoin oral suspension 125 mg/5 ml	2	MO
phenytoin oral tablet,chewable	2	MO
phenytoin sodium extended oral capsule	2	MO
phenytoin sodium intravenous solution	2	

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Drug Name	Drug Tier	Requirements /Limits
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	3	MO; QL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg	3	MO; QL (60 per 30 days)
pregabalin oral solution	3	MO; QL (900 per 30 days)
PRIMIDONE ORAL TABLET 125 MG	4	MO
primidone oral tablet 250 mg, 50 mg	2	MO
roweepra oral tablet 500 mg	2	MO
rufinamide oral suspension	5	PA; MO
rufinamide oral tablet 200 mg	4	PA; MO
rufinamide oral tablet 400 mg	5	PA; MO
SPRITAM ORAL TABLET FOR SUSPENSION	4	MO
subvenite oral tablet	1	MO
subvenite starter (blue) kit oral tablets,dose pack	4	MO
subvenite starter (green) kit oral tablets,dose pack	4	MO
subvenite starter (orange) kit oral tablets,dose pack	4	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
SYMPAZAN ORAL FILM 5 MG	4	PA; MO; QL (60 per 30 days)
tiagabine oral tablet	4	MO
topiramate oral capsule, sprinkle	2	PA; MO
topiramate oral tablet	2	PA; MO
valproate sodium intravenous solution	2	MO
valproic acid (as sodium salt) oral solution 250 mg/5 ml	2	MO
valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)	2	
valproic acid oral capsule	2	MO
VALTOCO NASAL SPRAY,NON-AEROSOL	5	PA; MO; QL (10 per 30 days)
vigabatrin oral powder in packet	5	PA; MO; LA
vigabatrin oral tablet	5	PA; MO; LA
vigadrone oral powder in packet	5	PA; LA
vigadrone oral tablet	5	PA; LA

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Drug Name	Drug Tier	Requirements /Limits
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	5	MO; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG	5	MO; QL (120 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	5	MO; QL (60 per 30 days)
XCOPRI ORAL TABLET 50 MG	5	MO; QL (240 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	4	MO; QL (28 per 180 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	5	MO; QL (28 per 180 days)
ZONISADE ORAL SUSPENSION	5	PA; MO
zonisamide oral capsule	2	PA; MO
ZTALMY ORAL SUSPENSION	5	PA; LA; QL (1080 per 30 days)
ANTIPARKINSONISM AGENTS		

Drug Name	Drug Tier	Requirements /Limits
APOKYN SUBCUTANEOUS CARTRIDGE	5	PA; MO; LA; QL (90 per 30 days)
apomorphine subcutaneous cartridge	5	PA; QL (90 per 30 days)
benztropine injection solution	2	MO
benztropine oral tablet	2	PA; MO
bromocriptine oral capsule	4	MO
bromocriptine oral tablet	4	MO
carbidopa oral tablet	2	MO
carbidopa-levodopa oral tablet	2	MO
carbidopa-levodopa oral tablet extended release	2	MO
carbidopa-levodopa oral tablet,disintegrating	2	MO
carbidopa-levodopa-entacapone oral tablet	4	MO
entacapone oral tablet	4	MO
NEUPRO TRANSDERMAL PATCH 24 HOUR	4	MO
pramipexole oral tablet	2	MO
rasagiline oral tablet	4	MO
ropinirole oral tablet	2	MO

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Drug Name	Drug Tier	Requirements /Limits
ropinirole oral tablet extended release 24 hr	4	MO
selegiline hcl oral capsule	2	MO
selegiline hcl oral tablet	2	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	3	PA; MO; QL (1 per 30 days)
dihydroergotamine injection solution	5	
dihydroergotamine nasal spray,non-aerosol	5	QL (8 per 28 days)
eletriptan oral tablet	4	MO; QL (18 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; MO; QL (2 per 30 days)
ergotamine-caffeine oral tablet	3	MO
naratriptan oral tablet	3	MO; QL (18 per 28 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING	3	PA; QL (16 per 30 days)
QULIPTA ORAL TABLET	3	PA; MO; QL (30 per 30 days)
rizatriptan oral tablet	2	MO; QL (36 per 28 days)
rizatriptan oral tablet,disintegrating	3	MO; QL (36 per 28 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation	4	MO; QL (18 per 28 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	4	MO; QL (36 per 28 days)
sumatriptan succinate oral tablet	2	MO; QL (18 per 28 days)
sumatriptan succinate subcutaneous cartridge	4	MO; QL (8 per 28 days)
sumatriptan succinate subcutaneous pen injector	4	MO; QL (8 per 28 days)
sumatriptan succinate subcutaneous solution	4	MO; QL (8 per 28 days)
UBRELVY ORAL TABLET	3	PA; QL (20 per 30 days)
zolmitriptan oral tablet	4	MO; QL (18 per 28 days)
zolmitriptan oral tablet,disintegrating	4	MO; QL (18 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
BRIUMVI INTRAVENOUS SOLUTION	5	PA; MO; QL (24 per 180 days)
dalfampridine oral tablet extended release 12 hr	3	PA; MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
glatopa subcutaneous syringe 20 mg/ml	5	PA; MO; QL (30 per 30 days)
glatopa subcutaneous syringe 40 mg/ml	5	PA; MO; QL (12 per 28 days)
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK	5	PA; LA; QL (28 per 180 days)
INGREZZA ORAL CAPSULE	5	PA; LA; QL (30 per 30 days)
memantine oral capsule,sprinkle,er 24hr	4	PA; MO
memantine oral solution	3	PA; MO
memantine oral tablet	2	PA; MO
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	3	PA; MO
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	3	PA; MO
NUEDEXTA ORAL CAPSULE	5	PA; MO
RADICAVA ORS ORAL SUSPENSION	5	PA; MO
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION	5	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
rivastigmine tartrate oral capsule	3	MO
rivastigmine transdermal patch 24 hour	4	MO
teriflunomide oral tablet	5	PA; MO; QL (30 per 30 days)
tetrabenazine oral tablet 12.5 mg	5	PA; MO; QL (240 per 30 days)
tetrabenazine oral tablet 25 mg	5	PA; MO; QL (120 per 30 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC)	5	PA; MO; QL (120 per 30 days)
ZEPOSIA ORAL CAPSULE	5	PA; MO; QL (30 per 30 days)
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK	5	PA; MO; QL (28 per 180 days)
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK	5	PA; MO; QL (7 per 180 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
baclofen oral tablet	2	MO
cyclobenzaprine oral tablet 10 mg, 5 mg	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
dantrolene intravenous recon soln	2	
dantrolene oral capsule	4	MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	3	B/D PA; MO
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	3	B/D PA
pyridostigmine bromide oral tablet 60 mg	3	MO
pyridostigmine bromide oral tablet extended release	3	MO
revonto intravenous recon soln	2	
tizanidine oral tablet	2	MO
NARCOTIC ANALGESICS		
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml)	2	QL (4500 per 30 days)
acetaminophen-codeine oral solution 120-12 mg/5 ml	2	MO; QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	2	MO; QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	2	MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
BELBUCA BUCCAL FILM	3	PA; MO; QL (60 per 30 days)
buprenorphine hcl injection syringe	2	
buprenorphine hcl sublingual tablet	2	MO
buprenorphine transdermal patch transdermal patch weekly	4	PA; MO; QL (4 per 28 days)
endocet oral tablet	3	MO; QL (360 per 30 days)
fentanyl citrate (pf) injection solution	2	
fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)	2	
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg	5	PA; MO; QL (120 per 30 days)
fentanyl citrate buccal lozenge on a handle 200 mcg	4	PA; MO; QL (120 per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	4	PA; MO; QL (10 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	3	MO; QL (5550 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	3	MO; QL (390 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	3	MO; QL (360 per 30 days)
hydrocodone-ibuprofen oral tablet	3	MO; QL (50 per 30 days)
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 2 mg/ml	4	
hydromorphone (pf) injection solution 10 mg/ml	4	MO
hydromorphone injection solution 1 mg/ml	4	
hydromorphone injection solution 2 mg/ml	4	MO
hydromorphone injection syringe 1 mg/ml, 4 mg/ml	4	MO
hydromorphone injection syringe 2 mg/ml	4	
hydromorphone oral liquid	4	MO; QL (2400 per 30 days)
hydromorphone oral tablet	3	MO; QL (180 per 30 days)
hydromorphone oral tablet extended release 24 hr	4	PA; MO; QL (60 per 30 days)
methadone injection solution	3	

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Drug Name	Drug Tier	Requirements /Limits
methadone intensol oral concentrate	3	PA; MO; QL (90 per 30 days)
methadone oral concentrate	3	PA; QL (90 per 30 days)
methadone oral solution 10 mg/5 ml	3	PA; MO; QL (600 per 30 days)
methadone oral solution 5 mg/5 ml	3	PA; MO; QL (1200 per 30 days)
methadone oral tablet 10 mg	3	PA; MO; QL (120 per 30 days)
methadone oral tablet 5 mg	3	PA; MO; QL (240 per 30 days)
methadose oral concentrate	3	PA; MO; QL (90 per 30 days)
morphine (pf) injection solution 0.5 mg/ml	4	
morphine (pf) injection solution 1 mg/ml	4	MO
morphine concentrate oral solution	3	MO; QL (900 per 30 days)
morphine injection syringe 4 mg/ml	4	MO
morphine injection syringe 8 mg/ml	4	
morphine intravenous solution 10 mg/ml, 4 mg/ml	4	MO

Drug Name	Drug Tier	Requirements /Limits
morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml	4	
morphine oral solution	3	MO; QL (900 per 30 days)
morphine oral tablet	3	MO; QL (180 per 30 days)
morphine oral tablet extended release	3	PA; MO; QL (120 per 30 days)
oxycodone oral capsule	3	MO; QL (360 per 30 days)
oxycodone oral concentrate	4	MO; QL (180 per 30 days)
oxycodone oral solution	3	MO; QL (1200 per 30 days)
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg	3	MO; QL (180 per 30 days)
oxycodone oral tablet 5 mg	3	MO; QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	3	MO; QL (360 per 30 days)
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	3	PA; MO; QL (90 per 30 days)
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 80 MG	5	PA; MO; QL (60 per 30 days)
NON-NARCOTIC ANALGESICS		

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Drug Name	Drug Tier	Requirements /Limits
buprenorphine-naloxone sublingual film 12-3 mg	3	MO; QL (60 per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg	3	MO; QL (360 per 30 days)
buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg	3	MO; QL (90 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg	2	MO; QL (360 per 30 days)
buprenorphine-naloxone sublingual tablet 8-2 mg	2	MO; QL (90 per 30 days)
butorphanol injection solution	2	MO
butorphanol nasal spray,non-aerosol	4	MO; QL (10 per 28 days)
celecoxib oral capsule	2	MO
clonidine (pf) epidural solution 5,000 mcg/10 ml	2	
diclofenac potassium oral tablet 50 mg	2	MO
diclofenac sodium oral tablet extended release 24 hr	2	MO
diclofenac sodium oral tablet,delayed release (dr/ec)	2	MO
diclofenac sodium topical gel 1 %	3	MO; QL (1000 per 28 days)
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic	4	MO

Drug Name	Drug Tier	Requirements /Limits
diflunisal oral tablet	3	MO
ec-naproxen oral tablet,delayed release (dr/ec) 375 mg	2	
ec-naproxen oral tablet,delayed release (dr/ec) 500 mg	2	MO
etodolac oral capsule	3	MO
etodolac oral tablet	3	MO
etodolac oral tablet extended release 24 hr	4	MO
flurbiprofen oral tablet 100 mg	2	MO
ibu oral tablet	1	MO
ibuprofen oral suspension	2	MO
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	MO
meloxicam oral tablet	1	MO; QL (30 per 30 days)
nabumetone oral tablet	2	MO
nalbuphine injection solution	2	MO
naloxone injection solution	2	MO
naloxone injection syringe	2	MO
naloxone nasal spray,non-aerosol	2	MO
naltrexone oral tablet	2	MO

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This drug list was last updated on 08/29/2023.

Drug Name	Drug Tier	Requirements /Limits
naproxen oral tablet	1	MO
naproxen oral tablet,delayed release (dr/ec) 375 mg	2	MO
naproxen oral tablet,delayed release (dr/ec) 500 mg	2	
naproxen sodium oral tablet 275 mg, 550 mg	2	MO
oxaprozin oral tablet	4	MO
piroxicam oral capsule	3	MO
salsalate oral tablet	1	MO
sulindac oral tablet	2	MO
tramadol oral tablet 50 mg	2	MO; QL (240 per 30 days)
tramadol-acetaminophen oral tablet	2	MO; QL (240 per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	5	MO
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	3	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	MO; QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	5	MO; QL (2.4 per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	5	MO; QL (3.2 per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	5	MO; QL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	5	MO; QL (1 per 28 days)
amitriptyline oral tablet	2	MO
amoxapine oral tablet	3	MO

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Drug Name	Drug Tier	Requirements /Limits
aripiprazole oral solution	4	MO
aripiprazole oral tablet	2	MO; QL (30 per 30 days)
aripiprazole oral tablet,disintegrating	4	MO; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	5	MO; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	5	MO; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5	MO; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5	MO; QL (2.4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	MO; QL (3.2 per 28 days)
armodafinil oral tablet	4	PA; MO; QL (30 per 30 days)
asenapine maleate sublingual tablet	4	MO; QL (60 per 30 days)
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	4	MO; QL (60 per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	4	MO; QL (30 per 30 days)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC	5	ST; MO; QL (60 per 30 days)
bupropion hcl oral tablet	2	MO
bupropion hcl oral tablet extended release 24 hr 150 mg	2	MO; QL (90 per 30 days)
bupropion hcl oral tablet extended release 24 hr 300 mg	2	MO; QL (30 per 30 days)
bupropion hcl oral tablet sustained-release 12 hr	2	MO; QL (60 per 30 days)
buspirone oral tablet	2	MO
CAPLYTA ORAL CAPSULE	4	MO; QL (30 per 30 days)
chlorpromazine injection solution	2	MO

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

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

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

This drug list was last updated on 08/29/2023.

Drug Name	Drug Tier	Requirements /Limits
EMSAM TRANSDERMAL PATCH 24 HOUR	5	MO
escitalopram oxalate oral solution	2	MO
escitalopram oxalate oral tablet	1	MO; QL (30 per 30 days)
eszopiclone oral tablet	4	MO; QL (30 per 30 days)
FANAPT ORAL TABLET	4	MO; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	4	MO; QL (8 per 180 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	3	MO; QL (28 per 180 days)
FETZIMA ORAL CAPSULE,EXTEN DED RELEASE 24 HR	3	MO; QL (30 per 30 days)
flumazenil intravenous solution	2	
fluoxetine (pmdd) oral tablet 10 mg	2	QL (240 per 30 days)
fluoxetine (pmdd) oral tablet 20 mg	2	QL (120 per 30 days)
fluoxetine oral capsule 10 mg	1	MO; QL (30 per 30 days)
fluoxetine oral capsule 20 mg	1	MO; QL (90 per 30 days)
fluoxetine oral capsule 40 mg	1	MO; QL (60 per 30 days)
fluoxetine oral capsule,delayed release(dr/ec)	2	MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
fluoxetine oral solution	2	MO
fluoxetine oral tablet 10 mg	2	MO; QL (240 per 30 days)
fluoxetine oral tablet 20 mg	2	MO; QL (120 per 30 days)
fluphenazine decanoate injection solution	4	MO
fluphenazine hcl injection solution	4	MO
fluphenazine hcl oral concentrate	4	MO
fluphenazine hcl oral elixir	4	MO
fluphenazine hcl oral tablet	4	MO
fluvoxamine oral capsule,extended release 24hr	4	MO; QL (60 per 30 days)
fluvoxamine oral tablet 100 mg	2	MO; QL (90 per 30 days)
fluvoxamine oral tablet 25 mg	2	MO; QL (30 per 30 days)
fluvoxamine oral tablet 50 mg	2	MO; QL (60 per 30 days)
haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)	4	
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml, 50 mg/ml(1ml)	4	MO

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This drug list was last updated on 08/29/2023.

Drug Name	Drug Tier	Requirements /Limits
haloperidol lactate injection solution	4	MO
haloperidol lactate intramuscular syringe	2	
haloperidol lactate oral concentrate	2	MO
haloperidol oral tablet	2	MO
imipramine hcl oral tablet	4	MO
imipramine pamoate oral capsule	4	MO
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	MO; QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	MO; QL (5 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	MO; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	MO; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	MO; QL (1.5 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	MO; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	MO; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	MO; QL (0.88 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	MO; QL (1.32 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	MO; QL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	MO; QL (2.63 per 90 days)
lithium carbonate oral capsule	1	MO
lithium carbonate oral tablet	1	MO
lithium carbonate oral tablet extended release	1	MO
lorazepam injection solution	2	PA; MO
lorazepam injection syringe 2 mg/ml	2	PA; MO
lorazepam intensol oral concentrate	2	PA; QL (150 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
lorazepam oral concentrate	2	PA; MO; QL (150 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	2	PA; MO; QL (90 per 30 days)
lorazepam oral tablet 2 mg	2	PA; MO; QL (150 per 30 days)
loxapine succinate oral capsule	2	MO
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	5	MO; QL (30 per 30 days)
lurasidone oral tablet 80 mg	5	MO; QL (60 per 30 days)
MARPLAN ORAL TABLET	4	MO
methylphenidate hcl oral capsule,er biphasic 50-50	4	MO
methylphenidate hcl oral solution	4	MO
methylphenidate hcl oral tablet	3	MO
methylphenidate hcl oral tablet extended release	4	MO
methylphenidate hcl oral tablet,chewable	4	MO
mirtazapine oral tablet	2	MO
mirtazapine oral tablet,disintegrating	3	MO
modafinil oral tablet 100 mg	3	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
modafinil oral tablet 200 mg	3	PA; MO; QL (60 per 30 days)
molindone oral tablet	4	MO
nefazodone oral tablet	4	MO
nortriptyline oral capsule	2	MO
nortriptyline oral solution	4	MO
NUPLAZID ORAL CAPSULE	4	PA; MO; QL (30 per 30 days)
NUPLAZID ORAL TABLET	4	PA; MO; QL (30 per 30 days)
olanzapine intramuscular recon soln	4	MO
olanzapine oral tablet	2	MO; QL (30 per 30 days)
olanzapine oral tablet,disintegrating	4	MO; QL (30 per 30 days)
olanzapine-fluoxetine oral capsule	4	MO
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	4	MO; QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	4	MO; QL (60 per 30 days)
paroxetine hcl oral suspension	4	MO

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This drug list was last updated on 08/29/2023.

Drug Name	Drug Tier	Requirements /Limits
paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg	2	MO; QL (30 per 30 days)
paroxetine hcl oral tablet 30 mg	2	MO; QL (60 per 30 days)
paroxetine hcl oral tablet extended release 24 hr	3	MO; QL (60 per 30 days)
perphenazine oral tablet	4	MO
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING	5	MO; QL (1 per 30 days)
phenelzine oral tablet	3	MO
pimozide oral tablet	4	MO
protriptyline oral tablet	4	MO
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	2	MO; QL (90 per 30 days)
quetiapine oral tablet 300 mg, 400 mg	2	MO; QL (60 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	3	MO; QL (30 per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	3	MO; QL (60 per 30 days)
ramelteon oral tablet	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
REXULTI ORAL TABLET	4	MO; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	3	MO; QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	5	MO; QL (2 per 28 days)
risperidone oral solution	2	MO
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	1	MO; QL (60 per 30 days)
risperidone oral tablet 4 mg	1	MO; QL (120 per 30 days)
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	4	MO; QL (60 per 30 days)
risperidone oral tablet,disintegrating 4 mg	4	MO; QL (120 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR	5	MO; QL (30 per 30 days)
sertraline oral concentrate	4	MO

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This drug list was last updated on 08/29/2023.

Drug Name	Drug Tier	Requirements /Limits
sertraline oral tablet 100 mg, 50 mg	1	MO; QL (60 per 30 days)
sertraline oral tablet 25 mg	1	MO; QL (30 per 30 days)
SODIUM OXYBATE ORAL SOLUTION	5	PA; LA; QL (540 per 30 days)
thioridazine oral tablet	3	MO
thiothixene oral capsule	2	MO
tranylcypromine oral tablet	4	MO
trazodone oral tablet	1	MO
trifluoperazine oral tablet	3	MO
trimipramine oral capsule	4	MO
TRINTELLIX ORAL TABLET	3	MO; QL (30 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	5	MO; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	5	MO; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	5	MO; QL (0.42 per 56 days)

Drug Name	Drug Tier	Requirements /Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	5	MO; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	5	MO; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	5	MO; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	5	MO; QL (0.21 per 28 days)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg	2	MO; QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 75 mg	2	MO; QL (90 per 30 days)
venlafaxine oral tablet	2	MO; QL (90 per 30 days)
VERSACLOZ ORAL SUSPENSION	5	
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	3	MO; QL (30 per 180 days)

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This drug list was last updated on 08/29/2023.

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

Drug Name	Drug Tier	Requirements /Limits
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
adenosine intravenous solution	2	
adenosine intravenous syringe	2	
amiodarone intravenous solution	2	B/D PA; MO
amiodarone intravenous syringe	2	B/D PA
amiodarone oral tablet 100 mg, 200 mg	2	MO
amiodarone oral tablet 400 mg	2	
dofetilide oral capsule	4	MO
flecainide oral tablet	2	MO
ibutilide fumarate intravenous solution	2	
lidocaine (pf) intravenous solution	2	
lidocaine (pf) intravenous syringe	2	
lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)	4	
mexiletine oral capsule	3	MO
pacerone oral tablet 100 mg, 200 mg, 400 mg	2	MO

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Drug Name	Drug Tier	Requirements /Limits
procainamide injection solution	2	
propafenone oral capsule,extended release 12 hr	4	MO
propafenone oral tablet	2	MO
quinidine sulfate oral tablet	2	MO
sorine oral tablet 120 mg, 160 mg, 80 mg	2	MO
sorine oral tablet 240 mg	2	
sotalol af oral tablet	2	
sotalol oral tablet	2	MO
ANTIHYPERTENSIVE THERAPY		
acebutolol oral capsule	2	MO
aliskiren oral tablet	4	MO
amiloride oral tablet	2	MO
amiloride-hydrochlorothiazide oral tablet	2	MO
amlodipine oral tablet	1	MO
amlodipine-benazepril oral capsule	1	MO
amlodipine-olmesartan oral tablet	1	MO
amlodipine-valsartan oral tablet	1	MO

Drug Name	Drug Tier	Requirements /Limits
amlodipine-valsartan-hcthiazid oral tablet	2	MO
atenolol oral tablet	1	MO
atenolol-chlorthalidone oral tablet	1	MO
benazepril oral tablet	1	MO
benazepril-hydrochlorothiazide oral tablet	1	MO
betaxolol oral tablet	3	MO
bisoprolol fumarate oral tablet	2	MO
bisoprolol-hydrochlorothiazide oral tablet	1	MO
bumetanide injection solution	4	MO
bumetanide oral tablet	2	MO
candesartan oral tablet	1	MO
candesartan-hydrochlorothiazid oral tablet	2	MO
captopril oral tablet 100 mg, 50 mg	2	MO
captopril oral tablet 12.5 mg, 25 mg	1	MO
captopril-hydrochlorothiazide oral tablet	2	MO
cartia xt oral capsule,extended release 24hr	2	MO

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This drug list was last updated on 08/29/2023.

Drug Name	Drug Tier	Requirements /Limits
carvedilol oral tablet	1	MO
chlorothiazide sodium intravenous recon soln	2	MO
chlorthalidone oral tablet 25 mg, 50 mg	2	MO
clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)	2	
clonidine hcl oral tablet	1	MO
clonidine transdermal patch weekly	4	MO; QL (4 per 28 days)
diltiazem hcl intravenous recon soln	2	
diltiazem hcl intravenous solution	2	
diltiazem hcl oral capsule,ext.rel 24h degradable	2	MO
diltiazem hcl oral capsule,extended release 12 hr	2	MO
diltiazem hcl oral capsule,extended release 24 hr	2	MO
diltiazem hcl oral capsule,extended release 24hr	2	MO
diltiazem hcl oral tablet	2	MO
diltiazem hcl oral tablet extended release 24 hr 120 mg	2	MO

Drug Name	Drug Tier	Requirements /Limits
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
dilt-xr oral capsule,ext.rel 24h degradable	2	MO
doxazosin oral tablet 1 mg, 2 mg, 4 mg	2	MO; QL (30 per 30 days)
doxazosin oral tablet 8 mg	2	MO; QL (60 per 30 days)
EDARBI ORAL TABLET	3	MO
EDARBYCLOR ORAL TABLET	3	MO
enalapril maleate oral tablet	1	MO
enalaprilat intravenous solution	2	
enalapril-hydrochlorothiazide oral tablet	1	MO
eplerenone oral tablet	3	MO
esmolol intravenous solution	2	
ethacrynate sodium intravenous recon soln	5	
felodipine oral tablet extended release 24 hr	2	MO
fosinopril oral tablet	1	MO
fosinopril-hydrochlorothiazide oral tablet	1	MO

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Drug Name	Drug Tier	Requirements /Limits
furosemide injection solution	4	MO
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	2	MO
furosemide oral tablet	1	MO
hydralazine injection solution	2	MO
hydralazine oral tablet	2	MO
hydrochlorothiazide oral capsule	1	MO
hydrochlorothiazide oral tablet	1	MO
indapamide oral tablet	1	MO
irbesartan oral tablet	1	MO
irbesartan-hydrochlorothiazide oral tablet	1	MO
isosorbide-hydralazine oral tablet	3	MO; QL (180 per 30 days)
isradipine oral capsule	2	MO
KERENDIA ORAL TABLET	3	PA; QL (30 per 30 days)
labetalol intravenous solution	2	
labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)	2	
labetalol oral tablet	2	MO

Drug Name	Drug Tier	Requirements /Limits
lisinopril oral tablet	1	MO
lisinopril-hydrochlorothiazide oral tablet	1	MO
losartan oral tablet	1	MO
losartan-hydrochlorothiazide oral tablet	1	MO
mannitol 20 % intravenous parenteral solution	4	
mannitol 25 % intravenous solution	2	MO
matzim la oral tablet extended release 24 hr	2	MO
metolazone oral tablet	2	MO
metoprolol succinate oral tablet extended release 24 hr	1	MO
metoprolol ta-hydrochlorothiaz oral tablet	2	MO
metoprolol tartrate intravenous solution	2	
metoprolol tartrate oral tablet	1	MO
metyrosine oral capsule	5	PA; MO
minoxidil oral tablet	2	MO
moexipril oral tablet	1	MO
nadolol oral tablet	4	MO
nebivolol oral tablet	2	MO
nicardipine intravenous solution	2	

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This drug list was last updated on 08/29/2023.

Drug Name	Drug Tier	Requirements /Limits
nicardipine oral capsule	4	MO
nifedipine oral tablet extended release	2	MO
nifedipine oral tablet extended release 24hr	2	MO
nimodipine oral capsule	4	MO
nisoldipine oral tablet extended release 24 hr	4	MO
olmesartan oral tablet	1	MO
olmesartan-amlodipin-hcthiazid oral tablet	2	MO
olmesartan-hydrochlorothiazide oral tablet	1	MO
osmitrol 20 % intravenous parenteral solution	4	
perindopril erbumine oral tablet	1	MO
phentolamine injection recon soln	2	
pindolol oral tablet	3	MO
prazosin oral capsule	2	MO
propranolol intravenous solution	2	
propranolol oral capsule,extended release 24 hr	2	MO
propranolol oral solution	2	MO

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

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This drug list was last updated on 08/29/2023.

Drug Name	Drug Tier	Requirements /Limits
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr	2	MO
treprostinil sodium injection solution	5	PA; MO; LA
triamterene-hydrochlorothiazid oral capsule	1	MO
triamterene-hydrochlorothiazid oral tablet	1	MO
UPTRAVI ORAL TABLET	5	PA; MO; LA
UPTRAVI ORAL TABLETS,DOSE PACK	5	PA; MO; LA
valsartan oral tablet	1	MO
valsartan-hydrochlorothiazide oral tablet	1	MO
veletri intravenous recon soln	2	B/D PA; MO
verapamil intravenous solution	2	
verapamil intravenous syringe	2	
verapamil oral capsule, 24 hr er pellet ct	2	MO
verapamil oral capsule,ext rel. pellets 24 hr	2	MO
verapamil oral tablet	1	MO
verapamil oral tablet extended release	2	MO
COAGULATION THERAPY		

Drug Name	Drug Tier	Requirements /Limits
aminocaproic acid intravenous solution	2	MO
aminocaproic acid oral solution	5	MO
aminocaproic acid oral tablet	5	MO
aspirin-dipyridamole oral capsule, er multiphase 12 hr	4	MO
BRILINTA ORAL TABLET	3	MO
CABLIVI INJECTION KIT	5	PA; LA
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN	3	PA; MO
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN	3	PA; MO
cilostazol oral tablet	2	MO
clopidogrel oral tablet 300 mg	2	MO
clopidogrel oral tablet 75 mg	1	MO; QL (30 per 30 days)
dabigatran etexilate oral capsule	4	MO
dipyridamole intravenous solution	2	
dipyridamole oral tablet	4	MO
DOPTELET (10 TAB PACK) ORAL TABLET	5	PA; MO; LA

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This drug list was last updated on 08/29/2023.

Drug Name	Drug Tier	Requirements /Limits
DOPTELET (15 TAB PACK) ORAL TABLET	5	PA; MO; LA
DOPTELET (30 TAB PACK) ORAL TABLET	5	PA; MO; LA
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	3	MO
ELIQUIS ORAL TABLET	3	MO
enoxaparin subcutaneous solution	2	MO; QL (30 per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	4	MO; QL (28 per 28 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	4	MO; QL (22.4 per 28 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml	4	MO; QL (16.8 per 28 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	4	MO; QL (11.2 per 28 days)
fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	5	MO

Drug Name	Drug Tier	Requirements /Limits
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	4	MO
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)	3	
heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	3	MO
heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml	3	MO
heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml	3	
heparin (porcine) injection cartridge	3	MO
heparin (porcine) injection solution	3	MO
heparin (porcine) injection syringe 5,000 unit/ml	3	MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	

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Drug Name	Drug Tier	Requirements /Limits
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	3	MO
heparin, porcine (pf) injection solution 1,000 unit/ml	3	
heparin, porcine (pf) injection solution 5,000 unit/0.5 ml	3	MO
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml	3	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3	
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE	3	MO
jantoven oral tablet	1	MO
pentoxifylline oral tablet extended release	2	MO
prasugrel oral tablet	3	MO
PROMACTA ORAL POWDER IN PACKET	5	PA; MO; LA
PROMACTA ORAL TABLET	5	PA; MO; LA
protamine intravenous solution	2	
warfarin oral tablet	1	MO

Drug Name	Drug Tier	Requirements /Limits
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	3	MO
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	3	MO
XARELTO ORAL TABLET	3	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
amlodipine-atorvastatin oral tablet	2	MO; QL (30 per 30 days)
atorvastatin oral tablet	1	MO; QL (30 per 30 days)
cholestyramine (with sugar) oral powder	3	MO
cholestyramine (with sugar) oral powder in packet	3	MO
cholestyramine light oral powder	3	
cholestyramine light oral powder in packet	3	
cholestyramine-aspartame oral powder in packet	3	
colesevelam oral powder in packet	4	MO
colesevelam oral tablet	4	MO
colestipol oral granules	4	MO

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This drug list was last updated on 08/29/2023.

Drug Name	Drug Tier	Requirements /Limits
colestipol oral packet	4	MO
colestipol oral tablet	4	MO
ezetimibe oral tablet	2	MO
ezetimibe-simvastatin oral tablet	2	MO; QL (30 per 30 days)
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	2	MO
fenofibrate nanocrystallized oral tablet	2	MO
fenofibrate oral tablet 160 mg, 54 mg	2	MO
fenofibric acid (choline) oral capsule,delayed release(dr/ec)	4	MO
fenofibric acid oral tablet	2	MO
fluvastatin oral capsule 20 mg	2	MO; QL (30 per 30 days)
fluvastatin oral capsule 40 mg	2	MO; QL (60 per 30 days)
gemfibrozil oral tablet	1	MO
icosapent ethyl oral capsule	3	MO
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	5	PA; MO; LA
lovastatin oral tablet 10 mg	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
lovastatin oral tablet 20 mg, 40 mg	1	MO; QL (60 per 30 days)
NEXLETOL ORAL TABLET	3	PA; MO
NEXLIZET ORAL TABLET	3	PA; MO
niacin oral tablet 500 mg	2	MO
niacin oral tablet extended release 24 hr	4	MO
omega-3 acid ethyl esters oral capsule	2	MO
pravastatin oral tablet	1	MO; QL (30 per 30 days)
prevalite oral powder	3	MO
prevalite oral powder in packet	3	MO
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR	3	PA; QL (7 per 28 days)
REPATHA SUBCUTANEOUS SYRINGE	3	PA; QL (6 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	3	PA; QL (6 per 28 days)
rosuvastatin oral tablet	1	MO; QL (30 per 30 days)
simvastatin oral tablet	1	MO; QL (30 per 30 days)
MISCELLANEOUS CARDIOVASCULAR AGENTS		

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This drug list was last updated on 08/29/2023.

Drug Name	Drug Tier	Requirements /Limits
CORLANOR ORAL SOLUTION	3	QL (450 per 30 days)
CORLANOR ORAL TABLET	3	MO; QL (60 per 30 days)
digoxin oral solution	3	MO
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	2	MO
digoxin oral tablet 62.5 mcg (0.0625 mg)	3	MO
dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)	2	B/D PA
dobutamine intravenous solution	2	B/D PA
dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)	2	B/D PA
dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)	2	B/D PA; MO
dopamine intravenous solution 200 mg/5 ml (40 mg/ml)	2	B/D PA
dopamine intravenous solution 400 mg/10 ml (40 mg/ml)	2	B/D PA; MO
ENTRESTO ORAL TABLET	3	MO; QL (60 per 30 days)
milrinone in 5 % dextrose intravenous piggyback	2	B/D PA
milrinone intravenous solution	2	B/D PA
norepinephrine bitartrate intravenous solution	2	
ranolazine oral tablet extended release 12 hr	3	MO
sodium nitroprusside intravenous solution	2	B/D PA
VECAMYL ORAL TABLET	5	
VERQUVO ORAL TABLET	3	MO; QL (30 per 30 days)
VYNDAMAX ORAL CAPSULE	5	PA; MO
NITRATES		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	2	MO
isosorbide mononitrate oral tablet	1	MO
isosorbide mononitrate oral tablet extended release 24 hr	1	MO

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This drug list was last updated on 08/29/2023.

Drug Name	Drug Tier	Requirements /Limits
nitro-bid transdermal ointment	3	MO
nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)	2	B/D PA
nitroglycerin intravenous solution	2	B/D PA
nitroglycerin sublingual tablet	2	MO
nitroglycerin transdermal patch 24 hour	2	MO
nitroglycerin translingual spray,non-aerosol	4	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin oral capsule	4	MO
calcipotriene scalp solution	3	MO; QL (120 per 30 days)
calcipotriene topical cream	4	MO; QL (120 per 30 days)
calcipotriene topical ointment	4	MO; QL (120 per 30 days)
calcitriol topical ointment	4	
selenium sulfide topical lotion	2	MO

Drug Name	Drug Tier	Requirements /Limits
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; QL (2 per 28 days)
STELARA INTRAVENOUS SOLUTION	5	PA; MO; QL (104 per 180 days)
STELARA SUBCUTANEOUS SOLUTION	5	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; MO; QL (1 per 28 days)
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; QL (4 per 28 days)
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; QL (3 per 180 days)
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; QL (1 per 28 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE	5	PA; MO; QL (1 per 28 days)

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This drug list was last updated on 08/29/2023.

Drug Name	Drug Tier	Requirements /Limits
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS SYRINGE	5	PA; MO; QL (6 per 28 days)
ammonium lactate topical cream	2	MO
ammonium lactate topical lotion	2	MO
chloroprocaine (pf) injection solution	2	
CIBINQO ORAL TABLET	5	PA; MO; QL (30 per 30 days)
diclofenac sodium topical gel 3 %	4	PA; MO; QL (100 per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; MO; QL (8 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; MO; QL (1.34 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; MO; QL (8 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
fluorouracil topical cream 5 %	3	MO
fluorouracil topical solution	3	MO
glydo mucous membrane jelly in applicator	2	MO; QL (60 per 30 days)
imiquimod topical cream in packet 5 %	3	MO
lidocaine (pf) injection solution	2	
lidocaine hcl injection solution	2	
lidocaine hcl laryngotracheal solution	3	MO
lidocaine hcl mucous membrane jelly in applicator	2	MO; QL (60 per 30 days)
lidocaine hcl mucous membrane solution 2 %	2	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	3	MO
lidocaine topical adhesive patch,medicated 5 %	4	PA; MO; QL (90 per 30 days)
lidocaine topical ointment	4	MO; QL (36 per 30 days)
lidocaine viscous mucous membrane solution	2	MO
lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000	2	

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Drug Name	Drug Tier	Requirements /Limits
lidocaine-epinephrine injection solution	2	
lidocaine-prilocaine topical cream	3	MO; QL (30 per 30 days)
methoxsalen oral capsule,liqd-filled,rapid rel	5	MO
PANRETIN TOPICAL GEL	5	PA; MO
pimecrolimus topical cream	4	PA; MO; QL (100 per 30 days)
podofilox topical solution	3	MO
polocaine injection solution 1 % (10 mg/ml)	2	
polocaine-mpf injection solution	2	
REGRANEX TOPICAL GEL	5	MO; QL (15 per 30 days)
SANTYL TOPICAL OINTMENT	3	MO; QL (180 per 30 days)
silver sulfadiazine topical cream	2	MO
ssd topical cream	2	MO
tacrolimus topical ointment	4	PA; MO; QL (100 per 30 days)
VALCHLOR TOPICAL GEL	5	PA; MO
THERAPY FOR ACNE		
accutane oral capsule	4	

Drug Name	Drug Tier	Requirements /Limits
amnesteem oral capsule	4	
avita topical cream	4	PA; MO
azelaic acid topical gel	4	MO
claravis oral capsule	4	
clindamycin phosphate topical gel	3	MO; QL (120 per 30 days)
clindamycin phosphate topical gel, once daily	3	MO; QL (150 per 30 days)
clindamycin phosphate topical lotion	3	MO; QL (120 per 30 days)
clindamycin phosphate topical solution	3	MO; QL (120 per 30 days)
ery pads topical swab	3	MO
erythromycin with ethanol topical solution	2	MO
isotretinoin oral capsule	4	
ivermectin topical cream	2	MO; QL (60 per 30 days)
metronidazole topical cream	4	MO
metronidazole topical gel	4	MO
metronidazole topical gel with pump	4	MO
metronidazole topical lotion	4	MO

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Drug Name	Drug Tier	Requirements /Limits
tazarotene topical cream	4	PA; MO
tazarotene topical gel	4	PA; MO
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	4	PA; MO
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	3	PA; MO
zenatane oral capsule	4	
TOPICAL ANTIBACTERIALS		
gentamicin topical cream	3	MO; QL (60 per 30 days)
gentamicin topical ointment	3	MO; QL (60 per 30 days)
mupirocin topical ointment	2	MO; QL (44 per 30 days)
sulfacetamide sodium (acne) topical suspension	4	MO
TOPICAL ANTIFUNGALS		
ciclodan topical solution	2	MO; QL (6.6 per 28 days)
ciclopirox topical cream	2	MO; QL (90 per 28 days)
ciclopirox topical gel	3	MO; QL (100 per 28 days)
ciclopirox topical shampoo	3	MO; QL (120 per 28 days)
ciclopirox topical solution	2	MO; QL (6.6 per 28 days)
ciclopirox topical suspension	3	MO; QL (60 per 28 days)
clotrimazole topical cream	2	MO; QL (45 per 28 days)
clotrimazole topical solution	2	MO; QL (30 per 28 days)
clotrimazole-betamethasone topical cream	3	MO; QL (45 per 28 days)
clotrimazole-betamethasone topical lotion	4	MO; QL (60 per 28 days)
econazole topical cream	4	MO; QL (85 per 28 days)
ketoconazole topical cream	2	MO; QL (60 per 28 days)
ketoconazole topical shampoo	2	MO; QL (120 per 28 days)
naftifine topical cream	4	MO; QL (60 per 28 days)
naftifine topical gel 2 %	4	MO; QL (60 per 28 days)
nyamyc topical powder	3	MO; QL (180 per 30 days)
nystatin topical cream	2	MO; QL (30 per 28 days)
nystatin topical ointment	2	MO; QL (30 per 28 days)
nystatin topical powder	3	QL (180 per 30 days)
nystatin-triamcinolone topical cream	3	MO; QL (60 per 28 days)
nystatin-triamcinolone topical ointment	3	MO; QL (60 per 28 days)
nystop topical powder	3	MO; QL (180 per 30 days)
TOPICAL ANTIVIRALS		

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This drug list was last updated on 08/29/2023.

Drug Name	Drug Tier	Requirements /Limits
acyclovir topical ointment	4	PA; MO; QL (30 per 30 days)
penciclovir topical cream	4	MO; QL (5 per 30 days)
TOPICAL CORTICOSTEROIDS		
ala-cort topical cream 1 %	2	MO
ala-cort topical cream 2.5 %	2	
alclometasone topical cream	3	MO
alclometasone topical ointment	3	MO
betamethasone dipropionate topical cream	2	MO
betamethasone dipropionate topical lotion	2	MO
betamethasone dipropionate topical ointment	2	MO
betamethasone valerate topical cream	2	MO
betamethasone valerate topical lotion	2	MO
betamethasone valerate topical ointment	2	MO
betamethasone, augmented topical cream	2	MO

Drug Name	Drug Tier	Requirements /Limits
betamethasone, augmented topical gel	2	MO
betamethasone, augmented topical lotion	2	MO
betamethasone, augmented topical ointment	2	MO
clobetasol scalp solution	4	MO; QL (100 per 28 days)
clobetasol topical cream	4	MO; QL (120 per 28 days)
clobetasol topical foam	4	MO; QL (100 per 28 days)
clobetasol topical gel	4	MO; QL (120 per 28 days)
clobetasol topical lotion	4	MO; QL (118 per 28 days)
clobetasol topical ointment	4	MO; QL (120 per 28 days)
clobetasol topical shampoo	4	MO; QL (236 per 28 days)
clobetasol-emollient topical cream	4	MO; QL (120 per 28 days)
clodan topical shampoo	4	MO; QL (236 per 28 days)
desonide topical cream	4	MO
desonide topical gel	4	MO
desonide topical lotion	4	MO
desonide topical ointment	4	MO
desrx topical gel	4	MO

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Drug Name	Drug Tier	Requirements /Limits
fluocinolone and shower cap scalp oil	4	MO
fluocinolone topical cream	4	MO
fluocinolone topical oil	4	MO
fluocinolone topical ointment	4	MO
fluocinolone topical solution	4	MO
fluocinonide topical cream 0.05 %	4	MO; QL (120 per 30 days)
fluocinonide topical gel	4	MO; QL (120 per 30 days)
fluocinonide topical ointment	4	MO; QL (120 per 30 days)
fluocinonide topical solution	4	MO; QL (120 per 30 days)
fluocinonide-e topical cream	4	QL (120 per 30 days)
fluocinonide-emollient topical cream	4	MO; QL (120 per 30 days)
halobetasol propionate topical cream	4	MO
halobetasol propionate topical ointment	4	MO
hydrocortisone topical cream 1 %, 2.5 %	2	MO
hydrocortisone topical lotion 2.5 %	2	MO
hydrocortisone topical ointment 1 %, 2.5 %	2	MO
mometasone topical cream	2	MO
mometasone topical ointment	2	MO
mometasone topical solution	2	MO
prednicarbate topical ointment	4	MO
triamcinolone acetonide topical cream	2	MO
triamcinolone acetonide topical lotion	2	MO
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	2	MO
triderm topical cream	2	MO
TOPICAL SCABICIDES / PEDICULICIDES		
crotan topical lotion	2	MO
lindane topical shampoo	4	MO
malathion topical lotion	4	MO
permethrin topical cream	3	MO; QL (60 per 30 days)
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
acetylcysteine intravenous solution	3	
IRRIGATING SOLUTIONS		

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This drug list was last updated on 08/29/2023.

Drug Name	Drug Tier	Requirements /Limits
lactated ringers irrigation solution	4	MO
neomycin-polymyxin b gu irrigation solution	2	MO
ringer's irrigation solution	4	
MISCELLANEOUS AGENTS		
acamprosate oral tablet,delayed release (dr/ec)	4	MO
acetic acid irrigation solution	2	MO
anagrelide oral capsule	3	MO
caffeine citrate intravenous solution	2	
caffeine citrate oral solution	2	MO
carglumic acid oral tablet, dispersible	5	PA
cevimeline oral capsule	4	MO
CHEMET ORAL CAPSULE	3	PA
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
d10 %-0.45 % sodium chloride intravenous parenteral solution	4	MO

Drug Name	Drug Tier	Requirements /Limits
d2.5 %-0.45 % sodium chloride intravenous parenteral solution	4	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	4	MO
d5 %-0.45 % sodium chloride intravenous parenteral solution	4	MO
deferasirox oral granules in packet	5	PA; MO
deferasirox oral tablet 180 mg, 360 mg	5	PA; MO
deferasirox oral tablet 90 mg	4	PA; MO
deferasirox oral tablet, dispersible 125 mg	4	PA; MO
deferasirox oral tablet, dispersible 250 mg, 500 mg	5	PA; MO
deferiprone oral tablet	5	PA; MO
deferoxamine injection recon soln	2	B/D PA; MO
dextrose 10 % and 0.2 % nacl intravenous parenteral solution	4	
dextrose 10 % in water (d10w) intravenous parenteral solution	4	

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This drug list was last updated on 08/29/2023.

Drug Name	Drug Tier	Requirements /Limits
dextrose 25 % in water (d25w) intravenous syringe	4	
dextrose 5 % in water (d5w) intravenous parenteral solution	4	MO
dextrose 5 % in water (d5w) intravenous piggyback	4	MO
dextrose 5 %-lactated ringers intravenous parenteral solution	4	MO
dextrose 5%-0.2 % sod chloride intravenous parenteral solution	4	
dextrose 5%-0.3 % sod.chloride intravenous parenteral solution	4	
dextrose 50 % in water (d50w) intravenous parenteral solution	4	MO
dextrose 50 % in water (d50w) intravenous syringe	4	MO
dextrose 70 % in water (d70w) intravenous parenteral solution	4	
disulfiram oral tablet 250 mg	2	MO
disulfiram oral tablet 500 mg	2	

Drug Name	Drug Tier	Requirements /Limits
droxidopa oral capsule	5	PA; MO
ENDARI ORAL POWDER IN PACKET	5	PA; MO
INCRELEX SUBCUTANEOUS SOLUTION	5	MO; LA
levocarnitine (with sugar) oral solution	4	MO
levocarnitine oral solution 100 mg/ml	4	MO
levocarnitine oral tablet	4	MO
LOKELMA ORAL POWDER IN PACKET	3	MO
midodrine oral tablet	3	MO
nitisinone oral capsule	5	PA; MO
pilocarpine hcl oral tablet	4	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	5	PA; LA
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; LA
REVCOVI INTRAMUSCULAR SOLUTION	5	PA; LA
riluzole oral tablet	3	PA; MO
risedronate oral tablet 30 mg	3	MO; QL (30 per 30 days)
sevelamer carbonate oral tablet	4	MO; QL (270 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
sodium benzoate-sod phenylacet intravenous solution	5	
sodium chloride 0.9 % intravenous parenteral solution	4	MO
sodium chloride 0.9 % intravenous piggyback	4	MO
sodium chloride irrigation solution	4	MO
sodium phenylbutyrate oral powder	5	PA; MO
sodium phenylbutyrate oral tablet	5	PA
sodium polystyrene sulfonate oral powder	3	MO
sps (with sorbitol) oral suspension	3	MO
sps (with sorbitol) rectal enema	3	
trientine oral capsule	5	PA; MO
VELPHORO ORAL TABLET,CHEWABLE	5	MO; QL (180 per 30 days)
VELTASSA ORAL POWDER IN PACKET	3	MO
water for irrigation, sterile irrigation solution	4	MO

Drug Name	Drug Tier	Requirements /Limits
XIAFLEX INJECTION RECON SOLN	5	PA
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	2	PA; MO
SMOKING DETERRENTS		
bupropion hcl (smoking deter) oral tablet extended release 12 hr	2	MO
NICOTROL INHALATION CARTRIDGE	4	MO
NICOTROL NS NASAL SPRAY,NON-AEROSOL	4	MO
varenicline oral tablet	4	MO
varenicline oral tablets,dose pack	4	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal aerosol,spray	3	MO; QL (60 per 30 days)
azelastine nasal spray,non-aerosol	3	MO; QL (60 per 30 days)
chlorhexidine gluconate mucous membrane mouthwash	1	MO
denta 5000 plus dental cream	2	MO

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Drug Name	Drug Tier	Requirements /Limits
dentagel dental gel	2	MO
fluoride (sodium) dental cream	2	
fluoride (sodium) dental gel	2	
fluoride (sodium) dental paste	2	MO
ipratropium bromide nasal spray,non-aerosol	2	MO; QL (30 per 30 days)
oralone dental paste	2	MO
periogard mucous membrane mouthwash	1	MO
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE	4	MO
PREVIDENT 5000 DRY MOUTH DENTAL PASTE	4	MO
sf 5000 plus dental cream	2	MO
sf dental gel	2	MO
sodium fluoride 5000 dry mouth dental paste	2	MO
sodium fluoride 5000 plus dental cream	2	
sodium fluoride-pot nitrate dental paste	2	MO
triamcinolone acetonide dental paste	2	MO
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear) solution	2	MO
ciprofloxacin hcl otic (ear) dropperette	4	MO
flac otic oil otic (ear) drops	4	MO
fluocinolone acetonide oil otic (ear) drops	4	MO
hydrocortisone-acetic acid otic (ear) drops	3	MO
ofloxacin otic (ear) drops	3	MO
OTIC STEROID / ANTIBIOTIC		
ciprofloxacin-dexamethasone otic (ear) drops,suspension	3	MO; QL (7.5 per 7 days)
neomycin-polymyxin-hc otic (ear) drops,suspension	3	MO
neomycin-polymyxin-hc otic (ear) solution	3	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
cortisone oral tablet	2	MO
dexamethasone intensol oral drops	2	MO
dexamethasone oral elixir	2	MO
dexamethasone oral solution	2	MO

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Drug Name	Drug Tier	Requirements /Limits
dexamethasone oral tablet	2	MO
dexamethasone sodium phos (pf) injection solution	2	MO
dexamethasone sodium phosphate injection solution	2	MO
dexamethasone sodium phosphate injection syringe	2	MO
fludrocortisone oral tablet	2	MO
hydrocortisone oral tablet	2	MO
methylprednisolone acetate injection suspension	2	MO
methylprednisolone oral tablet	2	B/D PA; MO
methylprednisolone oral tablets,dose pack	2	MO
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	2	MO
methylprednisolone sodium succ intravenous recon soln	2	MO
prednisolone oral solution	2	MO
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	2	MO
prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)	2	
prednisone intensol oral concentrate	4	MO
prednisone oral solution	2	MO
prednisone oral tablet	1	MO
prednisone oral tablets,dose pack 10 mg (48 pack), 5 mg (48 pack)	1	
prednisone oral tablets,dose pack 10 mg, 5 mg	1	MO
triamcinolone acetonide injection suspension 40 mg/ml	2	MO
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	1	MO
propylthiouracil oral tablet	2	MO
DIABETES THERAPY		
acarbose oral tablet 100 mg	2	MO; QL (90 per 30 days)
acarbose oral tablet 25 mg	2	MO; QL (360 per 30 days)

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This drug list was last updated on 08/29/2023.

Drug Name	Drug Tier	Requirements /Limits
acarbose oral tablet 50 mg	2	MO; QL (180 per 30 days)
alcohol pads topical pads, medicated	3	
BAQSIMI NASAL SPRAY,NON-AEROSOL	3	MO
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	3	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	3	PA; MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	PA; MO; QL (1.2 per 30 days)
diazoxide oral suspension	4	MO
DROPSAFE ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	3	MO
FARXIGA ORAL TABLET 10 MG	3	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	3	MO; QL (60 per 30 days)
glimepiride oral tablet 1 mg	1	MO; QL (240 per 30 days)
glimepiride oral tablet 2 mg	1	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
glimepiride oral tablet 4 mg	1	MO; QL (60 per 30 days)
glipizide oral tablet 10 mg	1	MO; QL (120 per 30 days)
glipizide oral tablet 5 mg	1	MO; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 10 mg	1	MO; QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg	1	MO; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 5 mg	1	MO; QL (120 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	1	MO; QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	MO; QL (120 per 30 days)
glucagon emergency kit (human) injection recon soln	3	MO
GLYXAMBI ORAL TABLET	3	MO; QL (30 per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR	3	MO
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR	3	MO

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Drug Name	Drug Tier	Requirements /Limits
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE	3	MO
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE	3	MO
GVOKE SUBCUTANEOUS SOLUTION	3	MO
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT	3	MO
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN	3	MO
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION	3	MO
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN	3	MO
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN	3	MO
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION	3	MO

Drug Name	Drug Tier	Requirements /Limits
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	3	MO
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	3	B/D PA; MO
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	3	MO
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN	3	MO
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN	3	MO
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	3	MO
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION	3	MO
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION	3	MO
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN	3	MO

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Drug Name	Drug Tier	Requirements /Limits
INSULIN GLARGINE SUBCUTANEOUS INSULIN PEN	3	MO
INSULIN GLARGINE SUBCUTANEOUS SOLUTION	3	MO
INSULIN LISPRO SUBCUTANEOUS SOLUTION	3	B/D PA; MO
JANUMET ORAL TABLET	3	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	MO; QL (60 per 30 days)
JANUVIA ORAL TABLET	3	MO; QL (30 per 30 days)
JARDIANCE ORAL TABLET	3	MO; QL (30 per 30 days)
JENTADUETO ORAL TABLET	3	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN	3	MO
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION	3	MO
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	3	MO
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN	3	MO
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION	3	B/D PA; MO
metformin oral tablet 1,000 mg	1	MO; QL (75 per 30 days)
metformin oral tablet 500 mg	1	MO; QL (150 per 30 days)
metformin oral tablet 850 mg	1	MO; QL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg	1	MO; QL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg	1	MO; QL (60 per 30 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
nateglinide oral tablet 120 mg	2	MO; QL (90 per 30 days)
nateglinide oral tablet 60 mg	2	MO; QL (180 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA; MO; QL (3 per 28 days)
pioglitazone oral tablet	1	MO; QL (30 per 30 days)
QTERN ORAL TABLET	3	MO; QL (30 per 30 days)
repaglinide oral tablet 0.5 mg	2	MO; QL (960 per 30 days)
repaglinide oral tablet 1 mg	2	MO; QL (480 per 30 days)
repaglinide oral tablet 2 mg	2	MO; QL (240 per 30 days)
RYBELSUS ORAL TABLET	3	PA; MO; QL (30 per 30 days)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	3	MO; QL (60 per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	3	MO; QL (120 per 30 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN	3	MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
STEGLATRO ORAL TABLET	3	MO; QL (30 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (10.8 per 30 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (6 per 30 days)
SYNJARDY ORAL TABLET	3	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	MO; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	MO; QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN	3	MO
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN	3	MO
TRADJENTA ORAL TABLET	3	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	MO; QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	MO; QL (60 per 30 days)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	3	MO
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE	3	MO
MISCELLANEOUS HORMONES		
ALDURAZYME INTRAVENOUS SOLUTION	5	PA; MO
cabergoline oral tablet	3	MO
calcitonin (salmon) injection solution	5	MO
calcitonin (salmon) nasal spray,non-aerosol	3	MO
calcitriol intravenous solution 1 mcg/ml	2	MO
calcitriol oral capsule	2	MO
calcitriol oral solution	4	
cinacalcet oral tablet	4	PA; MO
clomid oral tablet	2	PA; MO
clomiphene citrate oral tablet	2	PA
CRYSVITA SUBCUTANEOUS SOLUTION	5	PA; MO; LA
danazol oral capsule	4	MO
desmopressin injection solution	2	MO
desmopressin nasal spray with pump	4	MO
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	4	
desmopressin oral tablet	3	MO
doxercalciferol intravenous solution	2	
doxercalciferol oral capsule	4	MO
ELAPRASE INTRAVENOUS SOLUTION	5	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
FABRAZYME INTRAVENOUS RECON SOLN	5	PA; MO
KANUMA INTRAVENOUS SOLUTION	5	PA; MO
KORLYM ORAL TABLET	5	PA
LUMIZYME INTRAVENOUS RECON SOLN	5	PA; MO
MEPSEVII INTRAVENOUS SOLUTION	5	PA; MO
MYALEPT SUBCUTANEOUS RECON SOLN	5	PA; MO; LA
NAGLAZYME INTRAVENOUS SOLUTION	5	PA; MO; LA
NATPARA SUBCUTANEOUS CARTRIDGE	5	PA; LA
pamidronate intravenous solution	2	MO
paricalcitol intravenous solution	2	
paricalcitol oral capsule	4	MO
sapropterin oral powder in packet	5	PA; MO
sapropterin oral tablet,soluble	5	PA; MO
SOMAVERT SUBCUTANEOUS RECON SOLN	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
STRENSIQ SUBCUTANEOUS SOLUTION	5	PA; LA
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	3	PA; MO
testosterone cypionate intramuscular oil 200 mg/ml (1 ml)	3	PA
testosterone enanthate intramuscular oil	3	PA; MO
testosterone transdermal gel	3	PA; MO; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	4	PA; MO; QL (120 per 30 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	3	PA; MO; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	4	PA; MO; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	3	PA; MO; QL (300 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)	4	PA; MO; QL (37.5 per 30 days)
testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)	4	PA; MO; QL (150 per 30 days)
testosterone transdermal solution in metered pump w/app	4	PA; MO; QL (180 per 30 days)
tolvaptan oral tablet	5	PA; MO
VIMIZIM INTRAVENOUS SOLUTION	5	PA; MO; LA
zoledronic acid intravenous solution	2	B/D PA; MO
zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml	2	B/D PA; MO
THYROID HORMONES		
euthyrox oral tablet	1	MO
levo-t oral tablet	1	
levothyroxine intravenous recon soln	2	MO
levothyroxine oral tablet	1	
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	MO

Drug Name	Drug Tier	Requirements /Limits
liothyronine intravenous solution	2	MO
liothyronine oral tablet	2	MO
unithroid oral tablet	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
atropine injection solution 0.4 mg/ml	2	
atropine injection syringe 0.05 mg/ml, 0.1 mg/ml	2	
atropine intravenous solution 0.4 mg/ml	2	
dicyclomine intramuscular solution	2	MO
dicyclomine oral capsule	2	MO
dicyclomine oral solution	4	MO
dicyclomine oral tablet	2	MO
diphenoxylate-atropine oral liquid	4	MO
diphenoxylate-atropine oral tablet	3	MO
glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)	2	MO
glycopyrrolate injection solution	2	MO
glycopyrrolate oral tablet 1 mg, 2 mg	3	MO

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Drug Name	Drug Tier	Requirements /Limits
glycopyrrolate oral tablet 1.5 mg	3	
loperamide oral capsule	2	MO
opium tincture oral tincture	2	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
alosetron oral tablet 0.5 mg	4	PA; MO
alosetron oral tablet 1 mg	5	PA; MO
aprepitant oral capsule	4	B/D PA; MO
aprepitant oral capsule,dose pack	4	B/D PA; MO
balsalazide oral capsule	3	MO
betaine oral powder	5	MO
budesonide oral capsule,delayed,extend.release	4	MO
budesonide oral tablet,delayed and ext.release	5	MO
CHENODAL ORAL TABLET	5	PA; LA
CHOLBAM ORAL CAPSULE 250 MG	5	PA
CHOLBAM ORAL CAPSULE 50 MG	5	PA; QL (120 per 30 days)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT	5	PA; MO; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT	5	PA; MO; QL (3 per 180 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT	5	PA; MO; QL (2 per 28 days)
CINVANTI INTRAVENOUS EMULSION	3	MO
compro rectal suppository	4	MO
constulose oral solution	2	MO
CORTIFOAM RECTAL FOAM	3	MO
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	MO
cromolyn oral concentrate	4	MO
dimenhydrinate injection solution	2	MO
dronabinol oral capsule	4	B/D PA; MO
droperidol injection solution	2	MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	4	B/D PA
ENTYVIO INTRAVENOUS RECON SOLN	5	PA; MO; QL (2 per 28 days)
enulose oral solution	2	MO

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Drug Name	Drug Tier	Requirements /Limits
fosaprepitant intravenous recon soln	2	MO
GATTEX 30-VIAL SUBCUTANEOUS KIT	5	PA; MO
GATTEX ONE-VIAL SUBCUTANEOUS KIT	5	PA; MO
gavilyte-c oral recon soln	2	MO
gavilyte-g oral recon soln	2	MO
generlac oral solution	2	MO
granisetron (pf) intravenous solution 1 mg/ml (1 ml)	2	MO
granisetron hcl intravenous solution	2	MO
granisetron hcl oral tablet	3	B/D PA; MO
hydrocortisone rectal enema	4	MO
hydrocortisone topical cream with perineal applicator	2	MO
lactulose oral solution 10 gram/15 ml	2	MO
lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml	2	
LINZESS ORAL CAPSULE	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
lubiprostone oral capsule	4	MO; QL (60 per 30 days)
meclizine oral tablet 12.5 mg, 25 mg	2	MO
mesalamine oral capsule (with del rel tablets)	4	MO
mesalamine oral capsule, extended release	5	
mesalamine oral capsule,extended release 24hr	4	MO
mesalamine oral tablet,delayed release (dr/ec)	4	MO
mesalamine rectal enema	4	MO
mesalamine rectal suppository	4	MO
mesalamine with cleansing wipe rectal enema kit	4	MO
metoclopramide hcl injection solution	2	MO
metoclopramide hcl oral solution	2	MO
metoclopramide hcl oral tablet	1	MO
MOVANTIK ORAL TABLET	3	MO; QL (30 per 30 days)
OCALIVA ORAL TABLET	5	PA; MO; LA; QL (30 per 30 days)
ondansetron hcl (pf) injection solution	2	MO

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Drug Name	Drug Tier	Requirements /Limits
ondansetron hcl (pf) injection syringe	2	MO
ondansetron hcl intravenous solution	2	MO
ondansetron hcl oral solution	4	B/D PA; MO
ondansetron hcl oral tablet 4 mg, 8 mg	2	B/D PA; MO
ondansetron oral tablet,disintegrating	2	B/D PA; MO
palonosetron intravenous solution 0.25 mg/5 ml	2	MO
palonosetron intravenous syringe	2	
peg 3350-electrolytes oral recon soln	2	MO
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet	4	MO
peg-electrolyte oral recon soln	2	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	4	MO
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)	2	MO
prochlorperazine maleate oral tablet	2	MO
prochlorperazine rectal suppository	4	MO
procto-med hc topical cream with perineal applicator	2	MO
proctosol hc topical cream with perineal applicator	2	MO
proctozone-hc topical cream with perineal applicator	2	MO
RECTIV RECTAL OINTMENT	3	MO
RELISTOR SUBCUTANEOUS SOLUTION	5	MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	5	MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	5	MO; QL (12 per 30 days)
REMICADE INTRAVENOUS RECON SOLN	5	PA; MO; QL (20 per 28 days)
SANCUSO TRANSDERMAL PATCH WEEKLY	5	MO
scopolamine base transdermal patch 3 day	4	MO
SKYRIZI INTRAVENOUS SOLUTION	5	PA; MO; QL (30 per 180 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5	PA; MO; QL (1.2 per 56 days)

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Drug Name	Drug Tier	Requirements /Limits
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; MO; QL (2.4 per 56 days)
sodium,potassium,mag sulfates oral recon soln	4	MO
SUCRAID ORAL SOLUTION	5	PA
sulfasalazine oral tablet	2	MO
sulfasalazine oral tablet,delayed release (dr/ec)	2	MO
TRULANCE ORAL TABLET	3	MO; QL (30 per 30 days)
ursodiol oral capsule 300 mg	3	MO
ursodiol oral tablet	3	MO
VARUBI ORAL TABLET	3	B/D PA
VIBERZI ORAL TABLET	5	MO; QL (60 per 30 days)
VIOKACE ORAL TABLET	3	MO

Drug Name	Drug Tier	Requirements /Limits
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT	3	MO
ULCER THERAPY		
cimetidine oral tablet	2	MO
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	3	MO; QL (30 per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	3	MO; QL (60 per 30 days)
esomeprazole sodium intravenous recon soln 40 mg	2	
famotidine (pf) intravenous solution	2	MO
famotidine (pf)-nacl (iso-os) intravenous piggyback	2	MO
famotidine intravenous solution	2	MO

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Drug Name	Drug Tier	Requirements /Limits
famotidine oral tablet 20 mg, 40 mg	1	MO
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	2	MO; QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	2	MO; QL (60 per 30 days)
misoprostol oral tablet	3	MO
nizatidine oral capsule	3	MO
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg	1	MO; QL (30 per 30 days)
omeprazole oral capsule,delayed release(dr/ec) 40 mg	1	MO; QL (60 per 30 days)
pantoprazole intravenous recon soln	2	MO
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1	MO; QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1	MO; QL (60 per 30 days)
sucralfate oral suspension	4	MO
sucralfate oral tablet	2	MO
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		

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

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Drug Name	Drug Tier	Requirements /Limits
OMNITROPE SUBCUTANEOUS CARTRIDGE	5	PA; MO
OMNITROPE SUBCUTANEOUS RECON SOLN	5	PA; MO
PEGASYS SUBCUTANEOUS SOLUTION	5	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	5	MO; QL (2 per 28 days)
PLEGRIDY INTRAMUSCULAR SYRINGE	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)

Drug Name	Drug Tier	Requirements /Limits
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; MO
ZARXIO INJECTION SYRINGE	5	PA; MO
ZIEXTENZO SUBCUTANEOUS SYRINGE	5	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN	3	MO

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Drug Name	Drug Tier	Requirements /Limits
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	1	MO; V
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE	1	MO; V
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	1	MO; V
BEXSERO INTRAMUSCULAR SYRINGE	1	MO; V
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION	1	MO; V
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	1	MO; V
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	3	MO
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	1	B/D PA; MO; V

Drug Name	Drug Tier	Requirements /Limits
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	1	B/D PA; MO; V
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	1	B/D PA; MO; V
fomepizole intravenous solution	2	
GAMASTAN INTRAMUSCULAR SOLUTION	3	MO
GAMASTAN S/D INTRAMUSCULAR SOLUTION	3	
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	1	MO; V
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	1	MO; V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	MO; V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	MO
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE	1	B/D PA; MO; V
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	3	MO
HIZENTRA SUBCUTANEOUS SOLUTION	5	B/D PA; MO

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This drug list was last updated on 08/29/2023.

Drug Name	Drug Tier	Requirements /Limits
HIZENTRA SUBCUTANEOUS SYRINGE	5	B/D PA; MO
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML	3	
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML (5 ML)	3	MO
HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE	3	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN	1	V
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3	MO
IPOL INJECTION SUSPENSION	1	V
IXIARO (PF) INTRAMUSCULAR SYRINGE	1	V
JYNNEOS (PF)(STOCKPILE) SUBCUTANEOUS SUSPENSION	1	B/D PA; V
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	1	MO; V

Drug Name	Drug Tier	Requirements /Limits
MENQUADFI (PF) INTRAMUSCULAR SOLUTION	1	MO; V
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	1	MO; V
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION	1	MO; V
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	1	MO; V
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	3	MO
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	3	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	3	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION	1	B/D PA; MO; V
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	1	V
PRIVIGEN INTRAVENOUS SOLUTION	5	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	3	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE	3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	1	MO; V
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	1	B/D PA; MO; V
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	1	B/D PA; MO; V
ROTARIX ORAL SUSPENSION	3	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION	3	
ROTATEQ VACCINE ORAL SOLUTION	3	MO

Drug Name	Drug Tier	Requirements /Limits
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	1	MO; V; QL (2 per 720 days)
TDVAX INTRAMUSCULAR SUSPENSION	1	MO; V
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	1	MO; V
TENIVAC (PF) INTRAMUSCULAR SYRINGE	1	MO; V
TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION	3	MO
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION	3	B/D PA; MO
TICOVAC INTRAMUSCULAR SYRINGE	3	MO
TRUMENBA INTRAMUSCULAR SYRINGE	1	MO; V
TWINRIX (PF) INTRAMUSCULAR SYRINGE	1	MO; V
TYPHIM VI INTRAMUSCULAR SOLUTION	1	V

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Drug Name	Drug Tier	Requirements /Limits
TYPHIM VI INTRAMUSCULAR SYRINGE	1	MO; V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3	MO
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	MO; V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3	MO
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	1	MO; V
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	1	V
VARIZIG INTRAMUSCULAR SOLUTION	3	MO
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	1	V
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		
BD INSULIN SYRINGE	3	

Drug Name	Drug Tier	Requirements /Limits
BD PEN NEEDLE	3	MO
CEQUR SIMPLICITY INSERTER	3	MO
GAUZE PADS 2 X 2	3	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1/2 ML 28 GAUGE	3	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2"	3	MO
INSULIN SYRINGES (NON-PREFERRED BRANDS) SYRINGE 1 ML 29 GAUGE X 1/2"	3	MO
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	3	MO; QL (1 per 720 days)
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	3	MO
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	3	MO

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Drug Name	Drug Tier	Requirements /Limits
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	3	MO; QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	3	MO
PEN NEEDLES (NON-PREFERRED BRANDS) NEEDLE 29 GAUGE X 1/2"	3	MO
V-GO 20 DEVICE	3	MO
V-GO 30 DEVICE	3	MO
V-GO 40 DEVICE	3	MO
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
allopurinol oral tablet 100 mg, 300 mg	1	MO
allopurinol sodium intravenous recon soln	2	
aloprim intravenous recon soln	2	
colchicine (gout) oral tablet	2	MO
febuxostat oral tablet	3	MO
probenecid oral tablet	3	MO
probenecid-colchicine oral tablet	3	MO
OSTEOPOROSIS THERAPY		
alendronate oral solution	2	MO; QL (300 per 28 days)
alendronate oral tablet 10 mg	1	MO; QL (30 per 30 days)
alendronate oral tablet 35 mg, 70 mg	1	MO; QL (4 per 28 days)
FOSAMAX PLUS D ORAL TABLET	4	ST; MO; QL (4 per 28 days)
ibandronate intravenous solution	2	PA; MO
ibandronate intravenous syringe	2	PA; MO
ibandronate oral tablet	2	MO; QL (1 per 30 days)
PROLIA SUBCUTANEOUS SYRINGE	4	PA; MO; QL (1 per 180 days)
raloxifene oral tablet	2	MO
risedronate oral tablet 150 mg	3	MO; QL (1 per 30 days)
risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	3	MO; QL (4 per 28 days)
risedronate oral tablet 5 mg	3	MO; QL (30 per 30 days)
risedronate oral tablet,delayed release (dr/ec)	4	MO; QL (4 per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (2.48 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (3.6 per 28 days)
ACTEMRA INTRAVENOUS SOLUTION	5	PA; MO; QL (160 per 28 days)
ACTEMRA SUBCUTANEOUS SYRINGE	5	PA; MO; QL (3.6 per 28 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (1.6 per 28 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE	5	PA; MO; QL (1.6 per 28 days)
BENLYSTA INTRAVENOUS RECON SOLN	5	PA; MO
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO
BENLYSTA SUBCUTANEOUS SYRINGE	5	PA; MO
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT	5	PA; QL (6 per 180 days)
CYLTEZO(CF) PEN PSORIASIS STRT SUBCUTANEOUS PEN INJECTOR KIT	5	PA; QL (4 per 180 days)
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MO; QL (4 per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA; MO; QL (2 per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)
ENBREL MINI SUBCUTANEOUS CARTRIDGE	5	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	5	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	5	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (8 per 28 days)
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MO; QL (6 per 180 days)

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

Drug Name	Drug Tier	Requirements /Limits
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MO; QL (3 per 180 days)
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; MO; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PA; MO; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (2.4 per 180 days)
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (1.6 per 180 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	5	PA; MO; QL (2.4 per 180 days)

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Drug Name	Drug Tier	Requirements /Limits
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML- 40 MG/0.4 ML	5	PA; MO; QL (1.2 per 180 days)
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (1.6 per 28 days)
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML	5	PA; MO; QL (0.2 per 28 days)
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML	5	PA; MO; QL (0.4 per 28 days)
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; MO; QL (1.6 per 28 days)
leflunomide oral tablet	2	MO; QL (30 per 30 days)
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN	5	PA; MO; QL (12 per 28 days)
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; MO; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; MO; QL (2.8 per 28 days)
OTEZLA ORAL TABLET	5	PA; MO; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; MO; QL (55 per 180 days)
penicillamine oral tablet	5	PA; MO
RIDAURA ORAL CAPSULE	5	MO
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5	PA; MO; QL (30 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5	PA; MO; QL (84 per 180 days)
SAVELLA ORAL TABLET	3	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	3	MO; QL (55 per 180 days)
XELJANZ ORAL SOLUTION	5	PA; MO; QL (300 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
XELJANZ ORAL TABLET	5	PA; MO; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR	5	PA; MO; QL (30 per 30 days)
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
amabelz oral tablet	3	PA; MO
camila oral tablet	2	MO
deblitane oral tablet	2	MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	4	MO
dotti transdermal patch semiweekly	3	PA; MO; QL (8 per 28 days)
DUAVEE ORAL TABLET	3	MO
errin oral tablet	2	MO
estradiol oral tablet	4	PA; MO
estradiol transdermal patch semiweekly	3	PA; MO; QL (8 per 28 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr	3	PA; QL (4 per 28 days)
estradiol transdermal patch weekly 0.05 mg/24 hr, 0.1 mg/24 hr	3	PA; MO; QL (4 per 28 days)
estradiol vaginal cream	4	MO
estradiol vaginal tablet	4	MO
estradiol valerate intramuscular oil	4	MO
estradiol-norethindrone acet oral tablet	3	PA; MO
fyavolv oral tablet	4	PA; MO
heather oral tablet	2	MO
hydroxyprogesterone caproate intramuscular oil	5	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	3	MO
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK	3	MO
incassia oral tablet	2	MO
jencycla oral tablet	2	MO
jinteli oral tablet	4	PA; MO
lyleq oral tablet	2	MO
lyllana transdermal patch semiweekly	3	PA; MO; QL (8 per 28 days)
lyza oral tablet	2	
medroxyprogesterone intramuscular suspension	2	MO
medroxyprogesterone intramuscular syringe	2	MO
medroxyprogesterone oral tablet	2	MO

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Drug Name	Drug Tier	Requirements /Limits
MENEST ORAL TABLET	3	PA; MO
mimvey oral tablet	3	PA; MO
nora-be oral tablet	2	MO
norethindrone (contraceptive) oral tablet	2	
norethindrone acetate oral tablet	2	MO
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg	4	PA
norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg	4	PA; MO
PREMARIN ORAL TABLET	3	MO
PREMARIN VAGINAL CREAM	3	MO
PREMPHASE ORAL TABLET	3	MO
PREMPRO ORAL TABLET	3	MO
progesterone intramuscular oil	2	MO
progesterone micronized oral capsule	2	MO
sharobel oral tablet	2	MO
yuvafem vaginal tablet	4	MO
MISCELLANEOUS OB/GYN		
clindamycin phosphate vaginal cream	3	MO
eluryng vaginal ring	4	MO
etonogestrel-ethinyl estradiol vaginal ring	4	
metronidazole vaginal gel	3	MO
mifepristone oral tablet	2	LA
MYFEMBREE ORAL TABLET	5	PA; MO
NEXPLANON SUBDERMAL IMPLANT	4	
terconazole vaginal cream	3	MO
terconazole vaginal suppository	3	MO
tranexamic acid oral tablet	3	MO
vandazole vaginal gel	3	MO
xulane transdermal patch weekly	4	MO
zafemy transdermal patch weekly	4	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
altavera (28) oral tablet	2	MO
alyacen 1/35 (28) oral tablet	2	MO
alyacen 7/7/7 (28) oral tablet	2	MO
amethyst (28) oral tablet	2	MO
apri oral tablet	2	MO

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Drug Name	Drug Tier	Requirements /Limits
aranelle (28) oral tablet	2	MO
aubra eq oral tablet	2	MO
aviane oral tablet	2	MO
azurette (28) oral tablet	2	MO
camrese oral tablets,dose pack,3 month	2	MO
cryselle (28) oral tablet	2	MO
cyred eq oral tablet	2	MO
dasetta 1/35 (28) oral tablet	2	MO
dasetta 7/7/7 (28) oral tablet	2	MO
daysee oral tablets,dose pack,3 month	2	MO
desog-e.estradiol/e.estradiol oral tablet	2	
desogestrel-ethinyl estradiol oral tablet	2	
drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)	4	MO
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	2	MO
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	2	
elinest oral tablet	2	MO
enpresse oral tablet	2	MO

Drug Name	Drug Tier	Requirements /Limits
enskyce oral tablet	2	MO
estarylla oral tablet	2	MO
ethynodiol diac-eth estradiol oral tablet	2	
falmina (28) oral tablet	2	MO
introvale oral tablets,dose pack,3 month	2	MO
isibloom oral tablet	2	MO
jasmiel (28) oral tablet	2	MO
jolessa oral tablets,dose pack,3 month	2	MO
juleber oral tablet	2	MO
kalliga oral tablet	2	MO
kariva (28) oral tablet	2	MO
kelnor 1/35 (28) oral tablet	2	MO
kelnor 1-50 (28) oral tablet	2	MO
kurvelo (28) oral tablet	2	MO
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)	2	

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Drug Name	Drug Tier	Requirements /Limits
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	2	MO
larin 1.5/30 (21) oral tablet	2	MO
larin 1/20 (21) oral tablet	2	MO
larin 24 fe oral tablet	2	MO
larin fe 1.5/30 (28) oral tablet	2	MO
larin fe 1/20 (28) oral tablet	2	MO
lessina oral tablet	2	MO
levonest (28) oral tablet	2	MO
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	2	MO
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg, 90-20 mcg (28)	2	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month	2	MO
levonorg-eth estrad triphasic oral tablet	2	
levora-28 oral tablet	2	MO
loryna (28) oral tablet	2	MO
low-ogestrel (28) oral tablet	2	MO

Drug Name	Drug Tier	Requirements /Limits
lo-zumandimine (28) oral tablet	2	MO
lutera (28) oral tablet	2	MO
marlissa (28) oral tablet	2	MO
microgestin 1.5/30 (21) oral tablet	2	MO
microgestin 1/20 (21) oral tablet	2	MO
microgestin fe 1.5/30 (28) oral tablet	2	MO
microgestin fe 1/20 (28) oral tablet	2	MO
mili oral tablet	2	MO
mono-linyah oral tablet	2	MO
nikki (28) oral tablet	2	MO
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg	2	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	2	MO
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	2	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg	2	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	2	MO

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This drug list was last updated on 08/29/2023.

Drug Name	Drug Tier	Requirements /Limits
nortrel 0.5/35 (28) oral tablet	2	MO
nortrel 1/35 (21) oral tablet	2	MO
nortrel 1/35 (28) oral tablet	2	MO
nortrel 7/7/7 (28) oral tablet	2	MO
philith oral tablet	2	MO
pimtrea (28) oral tablet	2	MO
portia 28 oral tablet	2	MO
reclipsen (28) oral tablet	2	MO
setlakin oral tablets,dose pack,3 month	2	MO
sprintec (28) oral tablet	2	MO
sronyx oral tablet	2	MO
syeda oral tablet	2	MO
tarina 24 fe oral tablet	2	MO
tarina fe 1-20 eq (28) oral tablet	2	MO
tilia fe oral tablet	2	MO
tri-estarylla oral tablet	2	MO
tri-legest fe oral tablet	2	MO
tri-linyah oral tablet	2	MO
tri-lo-estarylla oral tablet	2	MO
tri-lo-marzia oral tablet	2	MO

Drug Name	Drug Tier	Requirements /Limits
tri-lo-sprintec oral tablet	2	MO
tri-sprintec (28) oral tablet	2	MO
trivora (28) oral tablet	2	MO
velivet triphasic regimen (28) oral tablet	2	MO
vestura (28) oral tablet	2	MO
vienva oral tablet	2	MO
viorele (28) oral tablet	2	MO
wera (28) oral tablet	2	MO
zovia 1-35 (28) oral tablet	2	MO
zumandimine (28) oral tablet	2	MO
OXYTOCICS		
methergine oral tablet	4	PA
methylergonovine oral tablet	4	PA
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE OPHTHALMIC (EYE) DROPS	3	MO
bacitracin ophthalmic (eye) ointment	3	MO
bacitracin-polymyxin b ophthalmic (eye) ointment	2	MO

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Drug Name	Drug Tier	Requirements /Limits
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
ciprofloxacin hcl ophthalmic (eye) drops	2	MO
erythromycin ophthalmic (eye) ointment	2	MO; QL (3.5 per 14 days)
gatifloxacin ophthalmic (eye) drops	4	MO
gentamicin ophthalmic (eye) drops	2	MO; QL (70 per 30 days)
levofloxacin ophthalmic (eye) drops 0.5 %	3	MO
levofloxacin ophthalmic (eye) drops 1.5 %	3	
moxifloxacin ophthalmic (eye) drops	3	MO
moxifloxacin ophthalmic (eye) drops, viscous	3	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION	4	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment	3	MO
neomycin-polymyxin-gramicidin ophthalmic (eye) drops	3	MO
neo-polycin ophthalmic (eye) ointment	3	MO
ofloxacin ophthalmic (eye) drops	2	MO
polycin ophthalmic (eye) ointment	2	MO
polymyxin b sulf-trimethoprim ophthalmic (eye) drops	2	MO
tobramycin ophthalmic (eye) drops	2	MO; QL (10 per 14 days)
ANTIVIRALS		
trifluridine ophthalmic (eye) drops	3	MO
ZIRGAN OPHTHALMIC (EYE) GEL	4	MO
BETA-BLOCKERS		
betaxolol ophthalmic (eye) drops	3	MO
carteolol ophthalmic (eye) drops	2	MO
levobunolol ophthalmic (eye) drops 0.5 %	2	MO
timolol maleate ophthalmic (eye) drops	1	MO

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Drug Name	Drug Tier	Requirements /Limits
timolol maleate ophthalmic (eye) gel forming solution	4	MO
MISCELLANEOUS OPHTHALMOLOGICS		
atropine ophthalmic (eye) drops	3	MO
azelastine ophthalmic (eye) drops	2	MO
balanced salt intraocular solution	2	
bepotastine besilate ophthalmic (eye) drops	3	MO
bss intraocular solution	2	
CIMERLI INTRAVITREAL SOLUTION	5	PA; MO
cromolyn ophthalmic (eye) drops	2	MO
cyclosporine ophthalmic (eye) dropperette	3	MO; QL (60 per 30 days)
CYSTARAN OPHTHALMIC (EYE) DROPS	5	PA
epinastine ophthalmic (eye) drops	3	MO
EYLEA INTRAVITREAL SOLUTION	5	PA; MO
EYLEA INTRAVITREAL SYRINGE	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
olopatadine ophthalmic (eye) drops	3	MO
OXERVATE OPHTHALMIC (EYE) DROPS	5	PA; MO
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS	4	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	3	MO
sulfacetamide sodium ophthalmic (eye) drops	2	MO
sulfacetamide sodium ophthalmic (eye) ointment	2	MO
sulfacetamide-prednisolone ophthalmic (eye) drops	2	MO
XIIDRA OPHTHALMIC (EYE) DROPPERETTE	3	MO; QL (60 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
bromfenac ophthalmic (eye) drops	3	MO
BROMSITE OPHTHALMIC (EYE) DROPS	3	MO
diclofenac sodium ophthalmic (eye) drops	2	MO

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Drug Name	Drug Tier	Requirements /Limits
flurbiprofen sodium ophthalmic (eye) drops	2	MO
ketorolac ophthalmic (eye) drops	2	MO
PROLENSA OPHTHALMIC (EYE) DROPS	3	MO
ORAL DRUGS FOR GLAUCOMA		
acetazolamide oral capsule, extended release	3	MO
acetazolamide oral tablet	3	MO
acetazolamide sodium injection recon soln	2	MO
methazolamide oral tablet	4	MO
OTHER GLAUCOMA DRUGS		
brimonidine-timolol ophthalmic (eye) drops	3	MO
dorzolamide ophthalmic (eye) drops	2	MO
dorzolamide-timolol ophthalmic (eye) drops	2	MO
latanoprost ophthalmic (eye) drops	1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	MO

Drug Name	Drug Tier	Requirements /Limits
miostat intraocular solution	2	
RHOPRESSA OPHTHALMIC (EYE) DROPS	3	MO
ROCKLATAN OPHTHALMIC (EYE) DROPS	3	MO
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
tafluprost (pf) ophthalmic (eye) dropperette	3	MO
travoprost ophthalmic (eye) drops	3	MO
STEROID-ANTIBIOTIC COMBINATIONS		
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment	3	MO
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension	2	MO
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment	2	MO
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension	3	MO

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Drug Name	Drug Tier	Requirements /Limits
neo-polycin hc ophthalmic (eye) ointment	3	MO
TOBRADEX OPHTHALMIC (EYE) OINTMENT	3	MO; QL (3.5 per 14 days)
tobramycin-dexamethasone ophthalmic (eye) drops,suspension	3	MO; QL (10 per 14 days)
STEROIDS		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
dexamethasone sodium phosphate ophthalmic (eye) drops	2	MO
fluorometholone ophthalmic (eye) drops,suspension	3	MO
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
loteprednol etabonate ophthalmic (eye) drops,gel	3	MO
loteprednol etabonate ophthalmic (eye) drops,suspension	3	MO

Drug Name	Drug Tier	Requirements /Limits
OZURDEX INTRAVITREAL IMPLANT	5	MO
prednisolone acetate ophthalmic (eye) drops,suspension	2	MO
prednisolone sodium phosphate ophthalmic (eye) drops	2	MO
SYMPATHOMIMETICS		
apraclonidine ophthalmic (eye) drops	3	MO
brimonidine ophthalmic (eye) drops 0.15 %	3	MO
brimonidine ophthalmic (eye) drops 0.2 %	2	MO
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
adrenalin injection solution 1 mg/ml	2	
adrenalin injection solution 1 mg/ml (1 ml)	2	MO
cetirizine oral solution 1 mg/ml	2	MO
diphenhydramine hcl injection solution 50 mg/ml	2	MO
diphenhydramine hcl injection syringe	2	MO

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Drug Name	Drug Tier	Requirements /Limits
diphenhydramine hcl oral elixir	2	PA
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)	3	MO; QL (2 per 30 days)
epinephrine injection solution 1 mg/ml	2	
hydroxyzine hcl oral tablet	2	PA; MO
levocetirizine oral solution	4	MO
levocetirizine oral tablet	2	MO; QL (30 per 30 days)
promethazine injection solution	4	MO
promethazine oral syrup	4	PA; MO
promethazine oral tablet	4	PA; MO
PULMONARY AGENTS		
acetylcysteine solution	3	B/D PA; MO
ADEMPAS ORAL TABLET	5	PA; MO; LA
ADVAIR HFA AEROSOL INHALER	3	MO; QL (12 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	2	MO; QL (17 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm	2	QL (13.4 per 30 days)
albuterol sulfate inhalation solution for nebulization	2	B/D PA; MO
albuterol sulfate oral syrup	2	MO
albuterol sulfate oral tablet	4	MO
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	3	MO; QL (12.2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	3	MO; QL (6.1 per 30 days)
alyq oral tablet	5	PA; QL (60 per 30 days)
ambrisentan oral tablet	5	PA; MO; LA
arformoterol inhalation solution for nebulization	4	B/D PA; MO; QL (120 per 30 days)
ASMANEX HFA AEROSOL INHALER	3	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)	3	MO; QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	3	MO; QL (2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	3	QL (2 per 28 days)
ATROVENT HFA AEROSOL INHALER	4	MO; QL (25.8 per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER	3	MO; QL (10.7 per 30 days)
bosentan oral tablet	5	PA; MO; LA

Drug Name	Drug Tier	Requirements /Limits
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	3	MO; QL (60 per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER	3	MO; QL (10.7 per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	4	B/D PA; MO; QL (120 per 30 days)
budesonide inhalation suspension for nebulization 1 mg/2 ml	4	B/D PA; MO; QL (60 per 30 days)
CINRYZE INTRAVENOUS RECON SOLN	5	PA; MO
COMBIVENT RESPIMAT INHALATION MIST	3	MO; QL (8 per 30 days)
cromolyn inhalation solution for nebulization	4	B/D PA; MO
DULERA INHALATION HFA AEROSOL INHALER	3	MO; QL (13 per 30 days)
ELIXOPHYLLIN ORAL ELIXIR	4	MO
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
FASENRA SUBCUTANEOUS SYRINGE	5	PA; MO; QL (1 per 28 days)
flunisolide nasal spray,non-aerosol	3	MO; QL (50 per 30 days)
fluticasone propionate nasal spray,suspension	2	MO; QL (16 per 30 days)
fluticasone propion-salmeterol inhalation blister with device	3	MO; QL (60 per 30 days)
formoterol fumarate inhalation solution for nebulization	4	B/D PA; MO; QL (120 per 30 days)
icatibant subcutaneous syringe	5	PA; MO
ipratropium bromide inhalation solution	2	B/D PA; MO
ipratropium-albuterol inhalation solution for nebulization	2	B/D PA; MO
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 50 MG, 75 MG	5	PA; MO; QL (56 per 28 days)
KALYDECO ORAL TABLET	5	PA; MO; QL (56 per 28 days)
levalbuterol hcl inhalation solution for nebulization	4	B/D PA; MO
mometasone nasal spray,non-aerosol	2	MO; QL (34 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
montelukast oral granules in packet	4	MO
montelukast oral tablet	1	MO
montelukast oral tablet,chewable	2	MO
NUCALA SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; MO; LA; QL (0.4 per 28 days)
OFEV ORAL CAPSULE	5	PA; MO; QL (60 per 30 days)
OPSUMIT ORAL TABLET	5	PA; MO; LA
ORKAMBI ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	5	PA; MO; QL (112 per 28 days)
pirfenidone oral capsule	5	PA; MO; QL (270 per 30 days)
pirfenidone oral tablet 267 mg	5	PA; MO; QL (270 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
pirfenidone oral tablet 801 mg	5	PA; MO; QL (90 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	3	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	MO; QL (1 per 30 days)
PULMOZYME INHALATION SOLUTION	5	B/D PA; MO
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	3	MO; QL (21.2 per 30 days)
roflumilast oral tablet	4	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
sajazir subcutaneous syringe	5	PA; MO
sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml	5	PA
sildenafil (pulmonary arterial hypertension) oral tablet 20 mg	3	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST	3	MO; QL (4 per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE	3	MO; QL (90 per 90 days)
STIOLTO RESPIMAT INHALATION MIST	3	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST	3	MO; QL (4 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL	5	PA; MO; QL (56 per 28 days)
tadalafil (pulm. hypertension) oral tablet	5	PA; QL (60 per 30 days)
terbutaline oral tablet	4	MO

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Drug Name	Drug Tier	Requirements /Limits
terbutaline subcutaneous solution	2	MO
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR	3	MO
theophylline oral elixir	4	MO
theophylline oral solution	4	
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	2	MO
theophylline oral tablet extended release 24 hr	2	MO
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	3	MO; QL (60 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	5	PA; MO; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; MO; QL (84 per 28 days)
wixela inhub inhalation blister with device	3	QL (60 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; LA; QL (1 per 28 days)
zafirlukast oral tablet	4	MO
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
fesoterodine oral tablet extended release 24 hr	3	MO
flavoxate oral tablet	2	MO
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON	3	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	MO
oxybutynin chloride oral syrup	2	MO
oxybutynin chloride oral tablet 5 mg	2	MO
oxybutynin chloride oral tablet extended release 24hr	2	MO
solifenacin oral tablet	2	MO

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Drug Name	Drug Tier	Requirements /Limits
tolterodine oral capsule,extended release 24hr	3	MO
tolterodine oral tablet	3	MO
trospium oral tablet	2	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
alfuzosin oral tablet extended release 24 hr	2	MO
dutasteride oral capsule	2	MO
dutasteride-tamsulosin oral capsule, er multiphase 24 hr	4	MO
finasteride oral tablet 5 mg	1	MO
silodosin oral capsule	4	MO
tamsulosin oral capsule	1	MO
MISCELLANEOUS UROLOGICALS		
bethanechol chloride oral tablet	2	MO
CYSTAGON ORAL CAPSULE	4	PA; LA
ELMIRON ORAL CAPSULE	3	MO
glycine urologic irrigation solution	2	
glycine urologic irrigation solution	2	
K-PHOS NO 2 ORAL TABLET	3	MO

Drug Name	Drug Tier	Requirements /Limits
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE	3	MO
potassium citrate oral tablet extended release	2	MO
RENACIDIN IRRIGATION SOLUTION	3	MO
VITAMINS, HEMATINICS / ELECTROLYTES		
BLOOD DERIVATIVES		
albumin, human 25 % intravenous parenteral solution	4	
alburx (human) 25 % intravenous parenteral solution	4	
alburx (human) 5 % intravenous parenteral solution	4	
albutein 25 % intravenous parenteral solution	4	
albutein 5 % intravenous parenteral solution	4	
plasbumin 25 % intravenous parenteral solution	4	
plasbumin 5 % intravenous parenteral solution	4	
ELECTROLYTES		

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Drug Name	Drug Tier	Requirements /Limits
calcium acetate(phosphat bind) oral capsule	3	MO; QL (360 per 30 days)
calcium acetate(phosphat bind) oral tablet	3	MO; QL (360 per 30 days)
calcium chloride intravenous solution	2	
calcium chloride intravenous syringe	2	
calcium gluconate intravenous solution	2	
effer-k oral tablet, effervescent 25 meq	2	MO
klor-con 10 oral tablet extended release	2	MO
klor-con 8 oral tablet extended release	2	MO
klor-con m10 oral tablet,er particles/crystals	2	MO
klor-con m15 oral tablet,er particles/crystals	2	MO
klor-con m20 oral tablet,er particles/crystals	2	MO
klor-con oral packet 20 oral packet	4	MO
klor-con/ef oral tablet, effervescent	2	MO
lactated ringers intravenous parenteral solution	4	MO
magnesium chloride injection solution	4	

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

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Drug Name	Drug Tier	Requirements /Limits
potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml	4	
potassium chloride intravenous solution	4	
potassium chloride oral capsule, extended release	2	MO
potassium chloride oral liquid	4	MO
potassium chloride oral packet	4	
potassium chloride oral tablet extended release 10 meq, 8 meq	2	MO
potassium chloride oral tablet extended release 20 meq	2	
potassium chloride oral tablet,er particles/crystals 10 meq	2	MO
potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq	2	
potassium chloride-0.45 % nacl intravenous parenteral solution	4	

Drug Name	Drug Tier	Requirements /Limits
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l	4	
potassium chloride-d5-0.9%nacl intravenous parenteral solution	4	
potassium phosphate m-/d-basic intravenous solution 3 mmol/ml	4	
ringer's intravenous parenteral solution	4	
sodium acetate intravenous solution	4	
sodium bicarbonate intravenous solution	4	
sodium bicarbonate intravenous syringe	4	
sodium chloride 0.45 % intravenous parenteral solution	4	MO
sodium chloride 3 % hypertonic intravenous parenteral solution	4	
sodium chloride 5 % hypertonic intravenous parenteral solution	4	MO
sodium chloride intravenous parenteral solution	4	
sodium phosphate intravenous solution	4	MO

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Drug Name	Drug Tier	Requirements /Limits
MISCELLANEOUS NUTRITION PRODUCTS		
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA

Drug Name	Drug Tier	Requirements /Limits
electrolyte-48 in d5w intravenous parenteral solution	4	
intralipid intravenous emulsion 20 %	4	B/D PA
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	4	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	4	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	4	
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	3	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	3	
plasmanate intravenous parenteral solution	4	
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
premasol 10 % intravenous parenteral solution	4	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
travasol 10 % intravenous parenteral solution	4	B/D PA
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
VITAMINS / HEMATINICS		

Drug Name	Drug Tier	Requirements /Limits
fluoride (sodium) oral tablet	2	
fluoride (sodium) oral tablet,chewable 1 mg (2.2 mg sod. fluoride)	2	MO
prenatal vitamin oral tablet	2	
wescap-pn dha oral capsule	2	MO

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Medica Part D Prime Solution/Advantage Solution Formulary ID #00024252 v.6

This formulary was updated on 08/29/2023. Effective: January 1, 2024.

For more recent information or other questions, please contact Member Services at 1 (800) 234-8755 (TTY users should call 711) for Prime Solution (Cost); 1 (866) 269-6804 (TTY users should call 711) for Advantage Solution (HMO-POS) and Advantage Solution (PPO); 1 (866) 398-7374 (TTY users should call 711) for Medica Advantage (PPO) NE/IA; 1 (877) 407-8494 (TTY users should call 711) for Medica Advantage (PPO) ND/SD and 1 (800) 575-2330 (TTY users should call 711) for Group Prime Solution w/ Rx (Cost) and Group Advantage Solution (PPO), Oct. 1 – March 31, 8 a.m. – 9 p.m. CT, 7 days a week and April 1 –Sept. 30, 8 a.m. – 9 p.m. CT, Monday – Friday, or visit Medica.com/Members.

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