

Longevity Health Plan 2024 Formulary List of Covered Drugs

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

HPMS Approved Formulary File Submission ID 00024257, Version Number 3

This formulary was updated on 8/30/2023. We have made no changes to this formulary since 8/30/2023. For more recent information or other questions, please contact Longevity Health Plan Customer Services at:

Longevity Health Plan of Colorado	1-888-313-3609
Longevity Health Plan of Florida	1-866-224-9499
Longevity Health Plan of North Carolina	1-888-312-5196
Longevity Health Plan of Michigan	1-888-312-8825
Longevity Health Plan of New York	1-888-885-7337
Longevity Health Plan of Illinois	1-888-886-9770
Longevity Health Plan of New Jersey	1-888-899-8490
Longevity Health Plan of Massachusetts	1-855-969-5868

(TTY users should call 711.) The hours are 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

Or visit: <https://longevityhealthplan.com/>

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 Longevity Health Plan. When it refers to “plan” or “our plan,” it means Longevity Health Plan of Florida, Longevity Health Plan of Illinois, Longevity Health Plan of New York, Longevity Health Plan of New Jersey Insurance Company, Longevity Health Plan of Michigan, Longevity Health Plan of North Carolina, Longevity Health Plan of Massachusetts, and Longevity Health Plan of Colorado.

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, 2023, and from time to time during the year.

What is the Longevity Health Plan Formulary?

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

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but Longevity Health Plan 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 the Longevity Health Plan’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, 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 31-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Longevity Health Plan’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 1/1/2024. To get updated information about the drugs covered by Longevity Health Plan please contact us. Our contact information appears on the front and back cover pages. If there are additional changes to the formulary that affect you and are not included above, you will be notified in writing of these changes and the formulary will be updated monthly and posted on our website.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 6. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, **Cardiovascular, Hypertension/Lipids**. If you know what your drug is used for, look for the category name in the list that begins on 6. 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 118. 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?

Longevity Health Plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA (Food and Drug Administration) 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:** Longevity Health Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Longevity Health Plan before you fill your prescriptions. If you don't get approval, Longevity Health Plan may not cover the drug.
- **Quantity Limits:** For certain drugs, Longevity Health Plan limits the amount of the drug that Longevity Health Plan will cover. For example, Longevity Health Plan provides 20 tablets per prescription for DIFICID ORAL TABLET. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Longevity Health 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, Longevity Health Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Longevity Health Plan 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 6. 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 restriction 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 Longevity Health Plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Longevity Health Plan’s formulary?” on page 4 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 Longevity Health Plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Longevity Health Plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Longevity Health Plan.
- You can ask Longevity Health Plan 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 Longevity Health Plan’s Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply. If your prescription is written for fewer days, we will allow refills to provide up to a maximum 31-day supply of medication. After your 31-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.

Level of care changes occur when a member changes from one treatment setting to another. If one of the following level of care change scenarios applies to you, you might be entitled to a transition supply of the drugs you are currently taking:

- You move to a long-term care facility from a hospital or other setting
- You leave a long-term care facility to your home
- If you are discharged from the hospital to a home
- If you are discharged from a skilled nursing facility
- If your status changes from hospice to non-hospice
- If you are discharged from a psychiatric hospital with an individualized medication plan.

For more information

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

If you have questions about the Longevity Health Plan Formulary, 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 <http://www.medicare.gov>.

Longevity Health Plan Formulary

The formulary that begins on the next page>] provides coverage information about the drugs covered by Longevity Health Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 118.

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

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

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

NDS: Non-Extended Day Supply Medication. This drug is only available as a 30-day supply or less.

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	1	B/D PA
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION	1	B/D PA; NDS
<i>amphotericin b injection recon soln</i>	1	B/D PA
<i>clotrimazole mucous membrane troche</i>	1	
<i>fluconazole in nacl (iso-osm) intravenous piggyback</i>	1	
<i>fluconazole oral suspension for reconstitution</i>	1	
<i>fluconazole oral tablet</i>	1	
<i>flucytosine oral capsule</i>	1	NDS
<i>griseofulvin microsize oral suspension</i>	1	
<i>griseofulvin microsize oral tablet</i>	1	
<i>griseofulvin ultramicrosize oral tablet</i>	1	
<i>itraconazole oral capsule</i>	1	QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>itraconazole oral solution</i>	1	
<i>ketoconazole oral tablet</i>	1	
<i>micafungin intravenous recon soln</i>	1	NDS
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON	1	PA; QL (32 per 30 days); NDS
NOXAFIL ORAL SUSPENSION	1	PA; QL (630 per 30 days); NDS
<i>nystatin oral suspension</i>	1	
<i>nystatin oral tablet</i>	1	
<i>posaconazole oral suspension</i>	1	PA; QL (630 per 30 days); NDS
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	1	PA; QL (96 per 30 days); NDS
<i>terbinafine hcl oral tablet</i>	1	
VIVJOA ORAL CAPSULE	1	PA; QL (18 per 84 days); NDS
<i>voriconazole intravenous recon soln</i>	1	PA; NDS
<i>voriconazole oral suspension for reconstitution</i>	1	PA; NDS
<i>voriconazole oral tablet</i>	1	PA

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 08/30/2023.

Drug Name	Drug Tier	Requirements /Limits
ANTIVIRALS		
<i>abacavir oral solution</i>	1	
<i>abacavir oral tablet</i>	1	
<i>abacavir-lamivudine oral tablet</i>	1	
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet</i>	1	
<i>acyclovir sodium intravenous solution</i>	1	B/D PA
<i>adefovir oral tablet</i>	1	
<i>amantadine hcl oral capsule</i>	1	
<i>amantadine hcl oral solution</i>	1	
<i>amantadine hcl oral tablet</i>	1	
APTIVUS ORAL CAPSULE	1	NDS
<i>atazanavir oral capsule</i>	1	
ATRIPLA ORAL TABLET	1	NDS
BARACLUDE ORAL SOLUTION	1	NDS
BIKTARVY ORAL TABLET	1	NDS
CIMDUO ORAL TABLET	1	NDS
COMPLERA ORAL TABLET	1	

Drug Name	Drug Tier	Requirements /Limits
<i>darunavir ethanolate oral tablet</i>	1	
DELSTRIGO ORAL TABLET	1	NDS
DESCOVY ORAL TABLET	1	NDS
DOVATO ORAL TABLET	1	NDS
EDURANT ORAL TABLET	1	NDS
<i>efavirenz oral capsule</i>	1	
<i>efavirenz oral tablet</i>	1	
<i>efavirenz-emtricitabin-tenofovir oral tablet</i>	1	NDS
<i>emtricitabine oral capsule</i>	1	
<i>emtricitabine-tenofovir (tdf) oral tablet</i>	1	NDS
EMTRIVA ORAL CAPSULE	1	
EMTRIVA ORAL SOLUTION	1	
<i>entecavir oral tablet</i>	1	
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	1	PA; QL (28 per 28 days); NDS
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	1	PA; QL (56 per 28 days); NDS
EPCLUSA ORAL TABLET 400-100 MG	1	PA; QL (28 per 28 days); NDS

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

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Drug Name	Drug Tier	Requirements /Limits
<i>etravirine oral tablet</i>	1	NDS
EVOTAZ ORAL TABLET	1	NDS
<i>famciclovir oral tablet</i>	1	
<i>fosamprenavir oral tablet</i>	1	NDS
FUZEON SUBCUTANEOUS RECON SOLN	1	NDS
GENVOYA ORAL TABLET	1	NDS
HARVONI ORAL TABLET 90-400 MG	1	PA; QL (28 per 28 days); NDS
INTELENCE ORAL TABLET 25 MG	1	
ISENTRESS HD ORAL TABLET	1	NDS
ISENTRESS ORAL POWDER IN PACKET	1	NDS
ISENTRESS ORAL TABLET	1	NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	1	NDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	1	
JULUCA ORAL TABLET	1	NDS
<i>lamivudine oral solution</i>	1	
<i>lamivudine oral tablet</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>lamivudine-zidovudine oral tablet</i>	1	
LEXIVA ORAL SUSPENSION	1	
LIVTENCITY ORAL TABLET	1	PA; LA; QL (120 per 30 days); NDS
<i>lopinavir-ritonavir oral solution</i>	1	
<i>lopinavir-ritonavir oral tablet</i>	1	
<i>maraviroc oral tablet</i>	1	NDS
MAVYRET ORAL PELLETS IN PACKET	1	PA; QL (168 per 28 days); NDS
MAVYRET ORAL TABLET	1	PA; QL (84 per 28 days); NDS
<i>nevirapine oral suspension</i>	1	
<i>nevirapine oral tablet</i>	1	
<i>nevirapine oral tablet extended release 24 hr</i>	1	
NORVIR ORAL POWDER IN PACKET	1	
ODEFSEY ORAL TABLET	1	NDS
<i>oseltamivir oral capsule</i>	1	
<i>oseltamivir oral suspension for reconstitution</i>	1	

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 08/30/2023.

Drug Name	Drug Tier	Requirements /Limits
PIFELTRO ORAL TABLET	1	NDS
PREVYMIS ORAL TABLET	1	PA; QL (30 per 30 days); NDS
PREZCOBIX ORAL TABLET	1	NDS
PREZISTA ORAL SUSPENSION	1	NDS
PREZISTA ORAL TABLET 150 MG, 75 MG	1	
PREZISTA ORAL TABLET 600 MG, 800 MG	1	NDS
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	1	
REYATAZ ORAL POWDER IN PACKET	1	NDS
<i>ribavirin oral tablet 200 mg</i>	1	
<i>rimantadine oral tablet</i>	1	
<i>ritonavir oral tablet</i>	1	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR	1	NDS
SELZENTRY ORAL SOLUTION	1	
SELZENTRY ORAL TABLET 150 MG, 300 MG	1	NDS

Drug Name	Drug Tier	Requirements /Limits
SELZENTRY ORAL TABLET 25 MG, 75 MG	1	
SOFOSBUVIR-VELPATASVIR ORAL TABLET	1	PA; QL (28 per 28 days); NDS
SOVALDI ORAL PELLETS IN PACKET 150 MG	1	PA; QL (28 per 28 days); NDS
SOVALDI ORAL PELLETS IN PACKET 200 MG	1	PA; QL (56 per 28 days); NDS
SOVALDI ORAL TABLET 200 MG	1	PA; QL (56 per 28 days); NDS
SOVALDI ORAL TABLET 400 MG	1	PA; QL (28 per 28 days); NDS
STRIBILD ORAL TABLET	1	NDS
SUNLENCA ORAL TABLET	1	NDS
SYMFI LO ORAL TABLET	1	NDS
SYMFI ORAL TABLET	1	NDS
SYMTUZA ORAL TABLET	1	
<i>tenofovir disoproxil fumarate oral tablet</i>	1	
TIVICAY ORAL TABLET 10 MG	1	
TIVICAY ORAL TABLET 25 MG, 50 MG	1	NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION	1	NDS

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Drug Name	Drug Tier	Requirements /Limits
TRIUMEQ ORAL TABLET	1	NDS
TRIUMEQ PD ORAL TABLET FOR SUSPENSION	1	NDS
TRIZIVIR ORAL TABLET	1	NDS
TRUVADA ORAL TABLET	1	NDS
TYBOST ORAL TABLET	1	
<i>valacyclovir oral tablet 1 gram</i>	1	QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	1	QL (60 per 30 days)
<i>valganciclovir oral recon soln</i>	1	NDS
<i>valganciclovir oral tablet</i>	1	
VEKLURY INTRAVENOUS RECON SOLN	1	NDS
VEMLIDY ORAL TABLET	1	NDS
VIRACEPT ORAL TABLET	1	NDS
VIREAD ORAL POWDER	1	NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	NDS
VOSEVI ORAL TABLET	1	PA; QL (28 per 28 days); NDS
XOFLUZA ORAL TABLET 40 MG, 80 MG	1	

Drug Name	Drug Tier	Requirements /Limits
<i>zidovudine oral capsule</i>	1	
<i>zidovudine oral syrup</i>	1	
<i>zidovudine oral tablet</i>	1	
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	1	
<i>cefadroxil oral capsule</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i>	1	
<i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 300 g, 500 mg</i>	1	
<i>cefazolin intravenous recon soln 1 gram</i>	1	
<i>cefdinir oral capsule</i>	1	
<i>cefdinir oral suspension for reconstitution</i>	1	
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	1	
<i>cefepime in dextrose, iso-osm intravenous piggyback</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>cefepime injection recon soln</i>	1	
<i>cefixime oral capsule</i>	1	
<i>cefixime oral suspension for reconstitution</i>	1	
<i>cefoxitin in dextrose, iso-osm intravenous piggyback</i>	1	
<i>cefoxitin intravenous recon soln</i>	1	
<i>cefpodoxime oral suspension for reconstitution</i>	1	
<i>cefpodoxime oral tablet</i>	1	
<i>cefprozil oral suspension for reconstitution</i>	1	
<i>cefprozil oral tablet</i>	1	
<i>ceftazidime injection recon soln</i>	1	
<i>ceftriaxone in dextrose, iso-os intravenous piggyback</i>	1	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	1	
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	1	
<i>ceftriaxone intravenous recon soln</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>cefuroxime axetil oral tablet</i>	1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	
<i>cefuroxime sodium intravenous recon soln</i>	1	
<i>cephalexin oral capsule</i>	1	
<i>cephalexin oral suspension for reconstitution</i>	1	
SUPRAX ORAL CAPSULE	1	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML, 500 MG/5 ML	1	
SUPRAX ORAL TABLET,CHEWABLE	1	
<i>tazicef injection recon soln</i>	1	
<i>tazicef intravenous recon soln</i>	1	
TEFLARO INTRAVENOUS RECON SOLN	1	PA; NDS
ZERBAXA INTRAVENOUS RECON SOLN	1	PA; NDS
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous recon soln</i>	1	

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 08/30/2023.

Drug Name	Drug Tier	Requirements /Limits
<i>azithromycin oral suspension for reconstitution</i>	1	
<i>azithromycin oral tablet</i>	1	
<i>clarithromycin oral suspension for reconstitution</i>	1	
<i>clarithromycin oral tablet</i>	1	
<i>clarithromycin oral tablet extended release 24 hr</i>	1	
DIFICID ORAL TABLET	1	QL (20 per 10 days); NDS
<i>e.e.s. 400 oral tablet</i>	1	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION	1	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	1	
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	1	
<i>erythromycin oral tablet</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	1	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole oral tablet</i>	1	NDS
<i>amikacin injection solution 500 mg/2 ml</i>	1	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION	1	PA; LA
<i>atovaquone oral suspension</i>	1	NDS
<i>atovaquone-proguanil oral tablet</i>	1	
<i>aztreonam injection recon soln</i>	1	
BENZNIDAZOLE ORAL TABLET	1	
BETHKIS INHALATION SOLUTION FOR NEBULIZATION	1	PA; QL (224 per 28 days); NDS
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	1	PA; LA; QL (84 per 56 days); NDS
<i>chloroquine phosphate oral tablet</i>	1	
<i>clindamycin hcl oral capsule</i>	1	
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK	1	

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This drug list was last updated on 08/30/2023.

Drug Name	Drug Tier	Requirements /Limits
<i>clindamycin in 5 % dextrose intravenous piggyback</i>	1	
<i>clindamycin pediatric oral recon soln</i>	1	
<i>clindamycin phosphate injection solution</i>	1	
<i>clindamycin phosphate intravenous solution</i>	1	
COARTEM ORAL TABLET	1	
<i>colistin (colistimethate na) injection recon soln</i>	1	QL (30 per 10 days)
DALVANCE INTRAVENOUS SOLUTION	1	PA; NDS
<i>dapsone oral tablet</i>	1	
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	1	NDS
<i>daptomycin intravenous recon soln 500 mg</i>	1	NDS
DARAPRIM ORAL TABLET	1	PA; NDS
EMVERM ORAL TABLET,CHEWABLE	1	NDS
<i>ertapenem injection recon soln</i>	1	QL (14 per 14 days)
<i>ethambutol oral tablet</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	1	
<i>gentamicin injection solution 40 mg/ml</i>	1	
HUMATIN ORAL CAPSULE	1	
<i>hydroxychloroquine oral tablet</i>	1	
<i>imipenem-cilastatin intravenous recon soln</i>	1	
IMPAVIDO ORAL CAPSULE	1	PA; NDS
<i>isoniazid oral solution</i>	1	
<i>isoniazid oral tablet</i>	1	
<i>ivermectin oral tablet</i>	1	PA; QL (20 per 30 days)
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION	1	PA; QL (280 per 28 days); NDS
<i>linezolid in dextrose 5% intravenous piggyback</i>	1	
<i>linezolid oral suspension for reconstitution</i>	1	NDS
<i>linezolid oral tablet</i>	1	
<i>linezolid-0.9% sodium chloride intravenous parenteral solution</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>mefloquine oral tablet</i>	1	
<i>meropenem intravenous recon soln 1 gram</i>	1	QL (30 per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	1	QL (10 per 10 days)
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	1	QL (30 per 10 days)
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 500 MG/50 ML	1	QL (10 per 10 days)
<i>metro i.v. intravenous piggyback</i>	1	
<i>metronidazole in nacl (iso-os) intravenous piggyback</i>	1	
<i>metronidazole oral tablet</i>	1	
<i>neomycin oral tablet</i>	1	
<i>nitazoxanide oral tablet</i>	1	NDS
<i>paromomycin oral capsule</i>	1	
<i>pentamidine inhalation recon soln</i>	1	B/D PA; QL (1 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>pentamidine injection recon soln</i>	1	
<i>polymyxin b sulfate injection recon soln</i>	1	
<i>praziquantel oral tablet</i>	1	
PRIFTIN ORAL TABLET	1	
PRIMAQUINE ORAL TABLET	1	
<i>pyrazinamide oral tablet</i>	1	
<i>pyrimethamine oral tablet</i>	1	PA; NDS
<i>quinine sulfate oral capsule</i>	1	
<i>rifabutin oral capsule</i>	1	
<i>rifampin intravenous recon soln</i>	1	
<i>rifampin oral capsule</i>	1	
SIRTURO ORAL TABLET 100 MG	1	PA; LA; NDS
STREPTOMYCIN INTRAMUSCULAR RECON SOLN	1	QL (60 per 30 days); NDS
<i>tigecycline intravenous recon soln</i>	1	NDS
<i>tinidazole oral tablet</i>	1	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	1	QL (224 per 56 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization</i>	1	PA; QL (280 per 28 days); NDS
<i>tobramycin sulfate injection recon soln</i>	1	
<i>tobramycin sulfate injection solution</i>	1	
TRECTOR ORAL TABLET	1	
VANCOMYCIN INJECTION RECON SOLN	1	QL (2 per 10 days)
<i>vancomycin intravenous recon soln 1,000 mg, 500 mg, 750 mg</i>	1	
<i>vancomycin intravenous recon soln 10 gram</i>	1	QL (2 per 10 days)
<i>vancomycin oral capsule 125 mg</i>	1	QL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	1	QL (80 per 10 days)
XIFAXAN ORAL TABLET 200 MG	1	QL (9 per 30 days); NDS
XIFAXAN ORAL TABLET 550 MG	1	QL (90 per 30 days); NDS
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension for reconstitution</i>	1	
<i>amoxicillin oral tablet</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	1	
<i>amoxicillin-pot clavulanate oral tablet</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	1	
<i>ampicillin sodium intravenous recon soln 1 gram</i>	1	
<i>ampicillin-sulbactam injection recon soln</i>	1	
<i>ampicillin-sulbactam intravenous recon soln</i>	1	
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION	1	

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Drug Name	Drug Tier	Requirements /Limits
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	1	
BICILLIN C-R INTRAMUSCULAR SYRINGE	1	
BICILLIN L-A INTRAMUSCULAR SYRINGE	1	
<i>dicloxacillin oral capsule</i>	1	
<i>nafcillin in dextrose iso-osm intravenous piggyback</i>	1	
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	1	
<i>nafcillin injection recon soln 10 gram</i>	1	NDS
<i>nafcillin intravenous recon soln 2 gram</i>	1	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback</i>	1	
<i>oxacillin injection recon soln</i>	1	
<i>penicillin g potassium injection recon soln</i>	1	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>penicillin g sodium injection recon soln</i>	1	
<i>penicillin v potassium oral recon soln</i>	1	
<i>penicillin v potassium oral tablet</i>	1	
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	1	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	1	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML	1	
QUINOLONES		
<i>ciprofloxacin hcl oral tablet</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	1	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	1	
<i>levofloxacin oral solution</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>levofloxacin oral tablet</i>	1	
<i>moxifloxacin oral tablet</i>	1	
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK	1	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
SULFA'S / RELATED AGENTS		
<i>sulfadiazine oral tablet</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
TETRACYCLINES		
<i>demeclocycline oral tablet</i>	1	
<i>doxy-100 intravenous recon soln</i>	1	
<i>doxycycline hyclate intravenous recon soln</i>	1	
<i>doxycycline hyclate oral capsule</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral capsule</i>	1	
<i>minocycline oral tablet</i>	1	
<i>tetracycline oral capsule</i>	1	
VIBRAMYCIN (CALCIUM) ORAL SYRUP	1	
URINARY TRACT AGENTS		
HIPREX ORAL TABLET	1	
<i>methenamine hippurate oral tablet</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral capsule</i>	1	
<i>nitrofurantoin oral suspension</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>trimethoprim oral tablet</i>	1	
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral tablet</i>	1	
MESNEX ORAL TABLET	1	NDS
XGEVA SUBCUTANEOUS SOLUTION	1	B/D PA; NDS
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	1	PA; QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i>	1	PA; QL (60 per 30 days)
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION	1	B/D PA; NDS
ADCETRIS INTRAVENOUS RECON SOLN	1	B/D PA; NDS
ADRIAMYCIN INTRAVENOUS RECON SOLN 50 MG	1	B/D PA
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG	1	PA; QL (330 per 30 days); NDS

Drug Name	Drug Tier	Requirements /Limits
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG	1	PA; QL (240 per 30 days); NDS
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 5 MG	1	PA; QL (180 per 30 days); NDS
AFINITOR ORAL TABLET	1	PA; QL (30 per 30 days); NDS
ALECENSA ORAL CAPSULE	1	PA; QL (240 per 30 days); NDS
ALIMTA INTRAVENOUS RECON SOLN	1	B/D PA; NDS
ALIQOPA INTRAVENOUS RECON SOLN	1	B/D PA; NDS
ALKERAN (AS HCL) INTRAVENOUS RECON SOLN	1	B/D PA; NDS
ALKERAN ORAL TABLET	1	B/D PA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	1	PA; QL (30 per 30 days); NDS
ALUNBRIG ORAL TABLET 30 MG	1	PA; QL (60 per 30 days); NDS
ALUNBRIG ORAL TABLETS,DOSE PACK	1	PA; QL (30 per 180 days); NDS
<i>anastrozole oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
ARIMIDEX ORAL TABLET	1	NDS
AROMASIN ORAL TABLET	1	NDS
ARRANON INTRAVENOUS SOLUTION	1	B/D PA; NDS
<i>arsenic trioxide intravenous solution</i>	1	B/D PA; NDS
ARZERRA INTRAVENOUS SOLUTION	1	B/D PA; NDS
ASPARLAS INTRAVENOUS SOLUTION	1	B/D PA; NDS
AVASTIN INTRAVENOUS SOLUTION	1	B/D PA; NDS
AYVAKIT ORAL TABLET	1	PA; LA; QL (30 per 30 days); NDS
<i>azacitidine injection recon soln</i>	1	B/D PA; NDS
<i>azathioprine oral tablet</i>	1	B/D PA
BALVERSA ORAL TABLET	1	PA; LA; NDS
BAVENCIO INTRAVENOUS SOLUTION	1	B/D PA; NDS
BELEODAQ INTRAVENOUS RECON SOLN	1	B/D PA; NDS
BENDEKA INTRAVENOUS SOLUTION	1	B/D PA; NDS

Drug Name	Drug Tier	Requirements /Limits
BESPONSA INTRAVENOUS RECON SOLN	1	B/D PA; NDS
<i>bexarotene oral capsule</i>	1	PA; NDS
<i>bexarotene topical gel</i>	1	PA; NDS
<i>bicalutamide oral tablet</i>	1	
BICNU INTRAVENOUS RECON SOLN	1	B/D PA; NDS
BLENREP INTRAVENOUS RECON SOLN	1	B/D PA; NDS
<i>bleomycin injection recon soln</i>	1	B/D PA
BLINCYTO INTRAVENOUS KIT	1	B/D PA; NDS
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	1	B/D PA; NDS
BORTEZOMIB INTRAVENOUS RECON SOLN	1	B/D PA; NDS
BOSULIF ORAL TABLET 100 MG	1	PA; QL (90 per 30 days); NDS
BOSULIF ORAL TABLET 400 MG, 500 MG	1	PA; QL (30 per 30 days); NDS
BRAFTOVI ORAL CAPSULE 75 MG	1	PA; LA; QL (180 per 30 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
BRUKINSA ORAL CAPSULE	1	PA; LA; QL (120 per 30 days); NDS
<i>busulfan intravenous solution</i>	1	B/D PA; NDS
BUSULFEX INTRAVENOUS SOLUTION	1	B/D PA; NDS
CABOMETYX ORAL TABLET	1	PA; LA; QL (30 per 30 days); NDS
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET	1	PA; LA; QL (60 per 30 days); NDS
CALQUENCE ORAL CAPSULE	1	PA; LA; QL (60 per 30 days); NDS
CAMPTOSAR INTRAVENOUS SOLUTION	1	B/D PA
CAPRELSA ORAL TABLET 100 MG	1	PA; LA; QL (60 per 30 days); NDS
CAPRELSA ORAL TABLET 300 MG	1	PA; LA; QL (30 per 30 days); NDS
<i>carboplatin intravenous solution</i>	1	B/D PA
<i>carmustine intravenous recon soln 100 mg</i>	1	B/D PA; NDS
CASODEX ORAL TABLET	1	
<i>cisplatin intravenous solution</i>	1	B/D PA
<i>cladribine intravenous solution</i>	1	B/D PA; NDS

Drug Name	Drug Tier	Requirements /Limits
<i>clofarabine intravenous solution</i>	1	B/D PA; NDS
CLOLAR INTRAVENOUS SOLUTION	1	B/D PA; NDS
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	1	PA; QL (56 per 28 days); NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	1	PA; QL (112 per 28 days); NDS
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	1	PA; QL (84 per 28 days); NDS
COPIKTRA ORAL CAPSULE	1	PA; LA; QL (60 per 30 days); NDS
COSMEGEN INTRAVENOUS RECON SOLN	1	B/D PA; NDS
COTELLIC ORAL TABLET	1	PA; LA; QL (63 per 28 days); NDS
<i>cyclophosphamide intravenous recon soln</i>	1	B/D PA
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 200 MG/ML	1	B/D PA
<i>cyclophosphamide oral capsule</i>	1	B/D PA
CYCLOPHOSPHAMIDE ORAL TABLET	1	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
<i>cyclosporine modified oral capsule</i>	1	B/D PA
<i>cyclosporine modified oral solution</i>	1	B/D PA
<i>cyclosporine oral capsule</i>	1	B/D PA
CYRAMZA INTRAVENOUS SOLUTION	1	B/D PA; NDS
<i>cytarabine (pf) injection solution</i>	1	B/D PA
<i>cytarabine injection solution</i>	1	B/D PA
<i>dacarbazine intravenous recon soln</i>	1	B/D PA
DACOGEN INTRAVENOUS RECON SOLN	1	B/D PA; NDS
<i>dactinomycin intravenous recon soln</i>	1	B/D PA
DANYELZA INTRAVENOUS SOLUTION	1	B/D PA; NDS
DARZALEX FASPRO SUBCUTANEOUS SOLUTION	1	B/D PA; NDS
DARZALEX INTRAVENOUS SOLUTION	1	B/D PA; NDS
<i>daunorubicin intravenous solution</i>	1	B/D PA

Drug Name	Drug Tier	Requirements /Limits
DAURISMO ORAL TABLET 100 MG	1	PA; QL (30 per 30 days); NDS
DAURISMO ORAL TABLET 25 MG	1	PA; QL (60 per 30 days); NDS
<i>decitabine intravenous recon soln</i>	1	B/D PA; NDS
<i>docetaxel intravenous solution</i>	1	B/D PA; NDS
DOXIL INTRAVENOUS SUSPENSION	1	B/D PA; NDS
<i>doxorubicin intravenous recon soln</i>	1	B/D PA
<i>doxorubicin intravenous solution</i>	1	B/D PA
<i>doxorubicin, peg-liposomal intravenous suspension</i>	1	B/D PA; NDS
DROXIA ORAL CAPSULE	1	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE	1	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE	1	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE	1	PA

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Drug Name	Drug Tier	Requirements /Limits
ELIGARD SUBCUTANEOUS SYRINGE	1	PA
ELLENC INTRAVENOUS SOLUTION	1	B/D PA
ELZONRIS INTRAVENOUS SOLUTION	1	B/D PA; NDS
EMCYT ORAL CAPSULE	1	NDS
EMPLICITI INTRAVENOUS RECON SOLN	1	B/D PA; NDS
ENHERTU INTRAVENOUS RECON SOLN	1	B/D PA; NDS
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HR	1	B/D PA
<i>epirubicin intravenous solution</i>	1	B/D PA
ERBITUX INTRAVENOUS SOLUTION	1	B/D PA; NDS
ERIVEDGE ORAL CAPSULE	1	PA; QL (30 per 30 days); NDS
ERLEADA ORAL TABLET 240 MG	1	PA; QL (30 per 30 days); NDS
ERLEADA ORAL TABLET 60 MG	1	PA; QL (120 per 30 days); NDS
<i>erlotinib oral tablet 100 mg, 150 mg</i>	1	PA; QL (30 per 30 days); NDS

Drug Name	Drug Tier	Requirements /Limits
<i>erlotinib oral tablet 25 mg</i>	1	PA; QL (60 per 30 days); NDS
ERWINASE INJECTION RECON SOLN	1	B/D PA; NDS
ETOPOPHOS INTRAVENOUS RECON SOLN	1	B/D PA
<i>etoposide intravenous solution</i>	1	B/D PA
<i>everolimus (antineoplastic) oral tablet</i>	1	PA; QL (30 per 30 days); NDS
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	1	PA; QL (330 per 30 days); NDS
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	1	PA; QL (240 per 30 days); NDS
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	1	PA; QL (180 per 30 days); NDS
<i>everolimus (immunosuppressive) oral tablet</i>	1	B/D PA; NDS
EVOMELA INTRAVENOUS RECON SOLN	1	B/D PA
<i>exemestane oral tablet</i>	1	
EXKIVITY ORAL CAPSULE	1	PA; LA; QL (120 per 30 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
FARESTON ORAL TABLET	1	NDS
FASLODEX INTRAMUSCULAR SYRINGE	1	B/D PA; NDS
FEMARA ORAL TABLET	1	
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	1	PA; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	1	PA
<i>flouxuridine injection recon soln</i>	1	B/D PA
<i>fludarabine intravenous recon soln</i>	1	B/D PA
<i>fludarabine intravenous solution</i>	1	B/D PA
<i>fluorouracil intravenous solution</i>	1	B/D PA
FOLOTYN INTRAVENOUS SOLUTION	1	B/D PA; NDS
FOTIVDA ORAL CAPSULE	1	PA; LA; QL (21 per 28 days); NDS
<i>fulvestrant intramuscular syringe</i>	1	B/D PA; NDS

Drug Name	Drug Tier	Requirements /Limits
GAVRETO ORAL CAPSULE	1	PA; LA; QL (120 per 30 days); NDS
GAZYVA INTRAVENOUS SOLUTION	1	B/D PA; NDS
<i>gefitinib oral tablet</i>	1	PA; QL (30 per 30 days); NDS
<i>gemcitabine intravenous recon soln</i>	1	B/D PA
<i>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)</i>	1	B/D PA
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	1	B/D PA
<i>gengraf oral capsule</i>	1	B/D PA
<i>gengraf oral solution</i>	1	B/D PA
GILOTRIF ORAL TABLET	1	PA; QL (30 per 30 days); NDS
GLEEVEC ORAL TABLET 100 MG	1	PA; QL (180 per 30 days); NDS
GLEEVEC ORAL TABLET 400 MG	1	PA; QL (60 per 30 days); NDS
GLEOSTINE ORAL CAPSULE	1	

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Drug Name	Drug Tier	Requirements /Limits
HALAVEN INTRAVENOUS SOLUTION	1	B/D PA; NDS
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION	1	B/D PA; NDS
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	1	B/D PA; NDS
HERZUMA INTRAVENOUS RECON SOLN	1	B/D PA; NDS
HYCAMTIN INTRAVENOUS RECON SOLN	1	B/D PA; NDS
HYDREA ORAL CAPSULE	1	
<i>hydroxyurea oral capsule</i>	1	
IBRANCE ORAL CAPSULE	1	PA; QL (21 per 28 days); NDS
IBRANCE ORAL TABLET	1	PA; QL (21 per 28 days); NDS
ICLUSIG ORAL TABLET	1	PA; QL (30 per 30 days); NDS
IDAMYCIN PFS INTRAVENOUS SOLUTION	1	B/D PA
<i>idarubicin intravenous solution</i>	1	B/D PA
IDHIFA ORAL TABLET	1	PA; LA; QL (30 per 30 days); NDS

Drug Name	Drug Tier	Requirements /Limits
IFEX INTRAVENOUS RECON SOLN	1	B/D PA
<i>ifosfamide intravenous recon soln</i>	1	B/D PA
<i>ifosfamide intravenous solution</i>	1	B/D PA
<i>imatinib oral tablet 100 mg</i>	1	PA; QL (180 per 30 days); NDS
<i>imatinib oral tablet 400 mg</i>	1	PA; QL (60 per 30 days); NDS
IMBRUVICA ORAL CAPSULE 140 MG	1	PA; QL (120 per 30 days); NDS
IMBRUVICA ORAL CAPSULE 70 MG	1	PA; QL (30 per 30 days); NDS
IMBRUVICA ORAL SUSPENSION	1	PA; QL (324 per 30 days); NDS
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	1	PA; QL (30 per 30 days); NDS
IMFINZI INTRAVENOUS SOLUTION	1	B/D PA; NDS
INFUGEM INTRAVENOUS PIGGYBACK	1	B/D PA; NDS
INLYTA ORAL TABLET 1 MG	1	PA; QL (180 per 30 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
INLYTA ORAL TABLET 5 MG	1	PA; QL (120 per 30 days); NDS
INQOVI ORAL TABLET	1	PA; QL (5 per 28 days); NDS
INREBIC ORAL CAPSULE	1	PA; LA; QL (120 per 30 days); NDS
IRESSA ORAL TABLET	1	PA; QL (30 per 30 days); NDS
<i>irinotecan intravenous solution 100 mg/5 ml</i>	1	B/D PA
<i>irinotecan intravenous solution 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml</i>	1	B/D PA; NDS
ISTODAX INTRAVENOUS RECON SOLN	1	B/D PA; NDS
IXEMPRA INTRAVENOUS RECON SOLN	1	B/D PA; NDS
JAKAFI ORAL TABLET	1	PA; QL (60 per 30 days); NDS
JAYPIRCA ORAL TABLET 100 MG	1	PA; QL (60 per 30 days); NDS
JAYPIRCA ORAL TABLET 50 MG	1	PA; QL (30 per 30 days); NDS
JEMPERLI INTRAVENOUS SOLUTION	1	B/D PA; NDS

Drug Name	Drug Tier	Requirements /Limits
JEVTANA INTRAVENOUS SOLUTION	1	B/D PA; NDS
KADCYLA INTRAVENOUS RECON SOLN	1	B/D PA; NDS
KANJINTI INTRAVENOUS RECON SOLN	1	B/D PA; NDS
KEYTRUDA INTRAVENOUS SOLUTION	1	B/D PA; NDS
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	1	PA; QL (49 per 28 days); NDS
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	1	PA; QL (70 per 28 days); NDS
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	1	PA; QL (91 per 28 days); NDS
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA; QL (21 per 28 days); NDS
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	1	PA; QL (42 per 28 days); NDS
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	1	PA; QL (63 per 28 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
KLISYRI TOPICAL OINTMENT IN PACKET	1	NDS
KOSELUGO ORAL CAPSULE	1	PA; NDS
KRAZATI ORAL TABLET	1	PA; QL (180 per 30 days); NDS
KYPROLIS INTRAVENOUS RECON SOLN	1	B/D PA; NDS
<i>lapatinib oral tablet</i>	1	PA; QL (180 per 30 days); NDS
<i>lenalidomide oral capsule</i>	1	PA; QL (28 per 28 days); NDS
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	1	PA; QL (30 per 30 days); NDS
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X 2), 24 MG/DAY (10 MG X 2-4 MG X 1)	1	PA; QL (90 per 30 days); NDS
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)	1	PA; QL (60 per 30 days); NDS
<i>letrozole oral tablet</i>	1	
LEUKERAN ORAL TABLET	1	NDS

Drug Name	Drug Tier	Requirements /Limits
LEUPROLIDE (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	1	PA; NDS
<i>leuprolide subcutaneous kit</i>	1	PA; NDS
LIBTAYO INTRAVENOUS SOLUTION	1	B/D PA; NDS
LONSURF ORAL TABLET	1	PA; NDS
LORBRENA ORAL TABLET 100 MG	1	PA; QL (30 per 30 days); NDS
LORBRENA ORAL TABLET 25 MG	1	PA; QL (90 per 30 days); NDS
LUMAKRAS ORAL TABLET	1	PA; NDS
LUMOXITI INTRAVENOUS RECON SOLN	1	B/D PA; NDS
LUPKYNIS ORAL CAPSULE	1	PA; LA; QL (180 per 30 days); NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT	1	PA; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT	1	PA; NDS

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Drug Name	Drug Tier	Requirements /Limits
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT	1	PA; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT	1	PA; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	1	PA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	1	PA
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT	1	PA
LYNPARZA ORAL TABLET	1	PA; QL (120 per 30 days); NDS
LYSODREN ORAL TABLET	1	NDS
LYTGOBI ORAL TABLET	1	PA; LA; NDS
MATULANE ORAL CAPSULE	1	NDS
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	
<i>megestrol oral tablet</i>	1	

Drug Name	Drug Tier	Requirements /Limits
MEKINIST ORAL RECON SOLN	1	PA; QL (1200 per 30 days); NDS
MEKINIST ORAL TABLET 0.5 MG	1	PA; QL (90 per 30 days); NDS
MEKINIST ORAL TABLET 2 MG	1	PA; QL (30 per 30 days); NDS
MEKTOVI ORAL TABLET	1	PA; LA; QL (180 per 30 days); NDS
<i>melphalan hcl intravenous recon soln</i>	1	B/D PA; NDS
<i>melphalan oral tablet</i>	1	B/D PA
<i>mercaptopurine oral tablet</i>	1	
<i>methotrexate sodium (pf) injection recon soln</i>	1	B/D PA
<i>methotrexate sodium (pf) injection solution</i>	1	B/D PA
<i>methotrexate sodium injection solution</i>	1	B/D PA
<i>methotrexate sodium oral tablet</i>	1	B/D PA
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	1	B/D PA
<i>mitomycin intravenous recon soln 40 mg</i>	1	B/D PA; NDS
<i>mitoxantrone intravenous concentrate</i>	1	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
MONJUVI INTRAVENOUS RECON SOLN	1	B/D PA; NDS
MUTAMYCIN INTRAVENOUS RECON SOLN	1	B/D PA
MVASI INTRAVENOUS SOLUTION	1	B/D PA; NDS
<i>mycophenolate mofetil oral capsule</i>	1	B/D PA
<i>mycophenolate mofetil oral suspension for reconstitution</i>	1	B/D PA; NDS
<i>mycophenolate mofetil oral tablet</i>	1	B/D PA
<i>mycophenolate sodium oral tablet, delayed release (dr/ec)</i>	1	B/D PA
MYLOTARG INTRAVENOUS RECON SOLN	1	B/D PA; NDS
<i>nelarabine intravenous solution</i>	1	B/D PA; NDS
NERLYNX ORAL TABLET	1	PA; LA; NDS
NEXAVAR ORAL TABLET	1	PA; LA; QL (120 per 30 days); NDS
NILANDRON ORAL TABLET	1	PA; NDS
<i>nilutamide oral tablet</i>	1	PA; NDS
NINLARO ORAL CAPSULE	1	PA; QL (3 per 28 days); NDS

Drug Name	Drug Tier	Requirements /Limits
NIPENT INTRAVENOUS RECON SOLN	1	B/D PA; NDS
NUBEQA ORAL TABLET	1	PA; LA; QL (120 per 30 days); NDS
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	1	PA; NDS
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	1	PA
ODOMZO ORAL CAPSULE	1	PA; LA; QL (30 per 30 days); NDS
OGIVRI INTRAVENOUS RECON SOLN	1	B/D PA; NDS
ONCASPAR INJECTION SOLUTION	1	B/D PA; NDS
ONIVYDE INTRAVENOUS DISPERSION	1	B/D PA; NDS
ONTRUZANT INTRAVENOUS RECON SOLN	1	B/D PA; NDS
ONUREG ORAL TABLET	1	PA; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION	1	B/D PA; NDS
ORGOVYX ORAL TABLET	1	PA; LA; QL (30 per 28 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
ORSERDU ORAL TABLET 345 MG	1	PA; QL (30 per 30 days); NDS
ORSERDU ORAL TABLET 86 MG	1	PA; QL (90 per 30 days); NDS
<i>oxaliplatin intravenous recon soln</i>	1	B/D PA
<i>oxaliplatin intravenous solution</i>	1	B/D PA
<i>paclitaxel intravenous concentrate</i>	1	B/D PA
PADCEV INTRAVENOUS RECON SOLN	1	B/D PA; NDS
<i>paraplatin intravenous solution</i>	1	B/D PA
PEMAZYRE ORAL TABLET	1	PA; LA; QL (14 per 21 days); NDS
PERJETA INTRAVENOUS SOLUTION	1	B/D PA; NDS
PHESGO SUBCUTANEOUS SOLUTION	1	B/D PA; NDS
PIQRAY ORAL TABLET	1	PA; NDS
POLIVY INTRAVENOUS RECON SOLN	1	B/D PA; NDS
POMALYST ORAL CAPSULE	1	PA; LA; NDS
PORTRAZZA INTRAVENOUS SOLUTION	1	B/D PA; NDS

Drug Name	Drug Tier	Requirements /Limits
POTELIGEO INTRAVENOUS SOLUTION	1	B/D PA; NDS
PROGRAF ORAL GRANULES IN PACKET	1	B/D PA
PURIXAN ORAL SUSPENSION	1	NDS
QINLOCK ORAL TABLET	1	PA; LA; QL (90 per 30 days); NDS
RETEVMO ORAL CAPSULE 40 MG	1	PA; LA; QL (180 per 30 days); NDS
RETEVMO ORAL CAPSULE 80 MG	1	PA; LA; QL (120 per 30 days); NDS
REVLIMID ORAL CAPSULE	1	PA; LA; QL (28 per 28 days); NDS
REZLIDHIA ORAL CAPSULE	1	PA; QL (60 per 30 days); NDS
REZUROCK ORAL TABLET	1	PA; LA; QL (30 per 30 days); NDS
RIABNI INTRAVENOUS SOLUTION	1	B/D PA; NDS
RITUXAN HYCELA SUBCUTANEOUS SOLUTION	1	B/D PA; NDS
RITUXAN INTRAVENOUS CONCENTRATE	1	B/D PA; NDS

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Drug Name	Drug Tier	Requirements /Limits
ROMIDEPSIN INTRAVENOUS SOLUTION	1	B/D PA; NDS
ROZLYTREK ORAL CAPSULE 100 MG	1	PA; QL (150 per 30 days); NDS
ROZLYTREK ORAL CAPSULE 200 MG	1	PA; QL (90 per 30 days); NDS
RUBRACA ORAL TABLET	1	PA; LA; QL (120 per 30 days); NDS
RUXIENCE INTRAVENOUS SOLUTION	1	B/D PA; NDS
RYBREVANT INTRAVENOUS SOLUTION	1	B/D PA; NDS
RYDAPT ORAL CAPSULE	1	PA; QL (224 per 28 days); NDS
RYLAZE INTRAMUSCULAR SOLUTION	1	B/D PA; NDS
SANDIMMUNE ORAL SOLUTION	1	B/D PA
SARCLISA INTRAVENOUS SOLUTION	1	B/D PA; NDS
SCEMBLIX ORAL TABLET 20 MG	1	PA; QL (600 per 30 days); NDS
SCEMBLIX ORAL TABLET 40 MG	1	PA; QL (300 per 30 days); NDS
SIGNIFOR SUBCUTANEOUS SOLUTION	1	PA; NDS

Drug Name	Drug Tier	Requirements /Limits
SIKLOS ORAL TABLET 1,000 MG	1	NDS
SIKLOS ORAL TABLET 100 MG	1	
<i>sirolimus oral solution</i>	1	B/D PA; NDS
<i>sirolimus oral tablet</i>	1	B/D PA
SOLTAMOX ORAL SOLUTION	1	NDS
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE	1	PA; NDS
<i>sorafenib oral tablet</i>	1	PA; QL (120 per 30 days); NDS
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	1	PA; QL (30 per 30 days); NDS
SPRYCEL ORAL TABLET 20 MG, 70 MG	1	PA; QL (60 per 30 days); NDS
STIVARGA ORAL TABLET	1	PA; QL (84 per 28 days); NDS
<i>sunitinib malate oral capsule</i>	1	PA; QL (30 per 30 days); NDS
SUTENT ORAL CAPSULE	1	PA; QL (30 per 30 days); NDS
SYNRIBO SUBCUTANEOUS RECON SOLN	1	B/D PA; NDS
TABLOID ORAL TABLET	1	

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Drug Name	Drug Tier	Requirements /Limits
TABRECTA ORAL TABLET	1	PA; NDS
<i>tacrolimus oral capsule</i>	1	B/D PA
TAFINLAR ORAL CAPSULE	1	PA; QL (120 per 30 days); NDS
TAFINLAR ORAL TABLET FOR SUSPENSION	1	PA; QL (840 per 28 days); NDS
TAGRISSO ORAL TABLET	1	PA; LA; QL (30 per 30 days); NDS
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	1	PA; QL (30 per 30 days); NDS
<i>tamoxifen oral tablet</i>	1	
TARGRETIN ORAL CAPSULE	1	PA; NDS
TARGRETIN TOPICAL GEL	1	PA; NDS
TASIGNA ORAL CAPSULE 150 MG, 200 MG	1	PA; QL (112 per 28 days); NDS
TASIGNA ORAL CAPSULE 50 MG	1	PA; QL (120 per 30 days); NDS
TAZVERIK ORAL TABLET	1	PA; LA; NDS
TECENTRIQ INTRAVENOUS SOLUTION	1	B/D PA; NDS
TEMODAR INTRAVENOUS RECON SOLN	1	B/D PA; NDS

Drug Name	Drug Tier	Requirements /Limits
<i>temsirolimus intravenous recon soln</i>	1	B/D PA; NDS
TEPMETKO ORAL TABLET	1	PA; LA; NDS
THALOMID ORAL CAPSULE 100 MG, 50 MG	1	PA; QL (28 per 28 days); NDS
THALOMID ORAL CAPSULE 150 MG, 200 MG	1	PA; QL (56 per 28 days); NDS
<i>thiotepa injection recon soln</i>	1	B/D PA; NDS
TIBSOVO ORAL TABLET	1	PA; NDS
TIVDAK INTRAVENOUS RECON SOLN	1	B/D PA; NDS
<i>topotecan intravenous recon soln</i>	1	B/D PA; NDS
<i>topotecan intravenous solution</i>	1	B/D PA; NDS
<i>toremifene oral tablet</i>	1	NDS
TORISEL INTRAVENOUS RECON SOLN	1	B/D PA; NDS
TRAZIMERA INTRAVENOUS RECON SOLN	1	B/D PA; NDS
TREANDA INTRAVENOUS RECON SOLN	1	B/D PA; NDS

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Drug Name	Drug Tier	Requirements /Limits
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	1	PA; NDS
<i>tretinoin (antineoplastic) oral capsule</i>	1	NDS
TREXALL ORAL TABLET	1	B/D PA
TRISENOX INTRAVENOUS SOLUTION	1	B/D PA; NDS
TRODELVY INTRAVENOUS RECON SOLN	1	B/D PA; NDS
TRUXIMA INTRAVENOUS SOLUTION	1	B/D PA; NDS
TUKYSA ORAL TABLET 150 MG	1	PA; LA; QL (120 per 30 days); NDS
TUKYSA ORAL TABLET 50 MG	1	PA; LA; QL (300 per 30 days); NDS
TURALIO ORAL CAPSULE 125 MG	1	PA; LA; QL (120 per 30 days); NDS
TYKERB ORAL TABLET	1	PA; LA; QL (180 per 30 days); NDS
UNITUXIN INTRAVENOUS SOLUTION	1	B/D PA; NDS
<i>valrubicin intravesical solution</i>	1	B/D PA; NDS

Drug Name	Drug Tier	Requirements /Limits
VALSTAR INTRAVESICAL SOLUTION	1	B/D PA; NDS
VECTIBIX INTRAVENOUS SOLUTION	1	B/D PA; NDS
VELCADE INJECTION RECON SOLN	1	B/D PA; NDS
VENCLEXTA ORAL TABLET 10 MG	1	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	1	PA; LA; QL (120 per 30 days); NDS
VENCLEXTA ORAL TABLET 50 MG	1	PA; LA; QL (30 per 30 days); NDS
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK	1	PA; LA; QL (42 per 180 days); NDS
VERZENIO ORAL TABLET	1	PA; LA; QL (60 per 30 days); NDS
VIDAZA INJECTION RECON SOLN	1	B/D PA; NDS
VIJOICE ORAL TABLET 125 MG, 50 MG	1	PA; QL (28 per 28 days); NDS
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	1	PA; QL (56 per 28 days); NDS
<i>vinblastine intravenous solution</i>	1	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
<i>vincasar pfs intravenous solution</i>	1	B/D PA
<i>vincristine intravenous solution</i>	1	B/D PA
<i>vinorelbine intravenous solution</i>	1	B/D PA
VITRAKVI ORAL CAPSULE 100 MG	1	PA; LA; QL (60 per 30 days); NDS
VITRAKVI ORAL CAPSULE 25 MG	1	PA; LA; QL (180 per 30 days); NDS
VITRAKVI ORAL SOLUTION	1	PA; LA; QL (300 per 30 days); NDS
VIZIMPRO ORAL TABLET	1	PA; QL (30 per 30 days); NDS
VONJO ORAL CAPSULE	1	PA; QL (120 per 30 days); NDS
VOTRIENT ORAL TABLET	1	PA; QL (120 per 30 days); NDS
VYXEOS INTRAVENOUS RECON SOLN	1	B/D PA; NDS
WELIREG ORAL TABLET	1	PA; LA; NDS
XALKORI ORAL CAPSULE	1	PA; QL (60 per 30 days); NDS
XATMEP ORAL SOLUTION	1	B/D PA
XERMELO ORAL TABLET	1	PA; LA; QL (84 per 28 days); NDS

Drug Name	Drug Tier	Requirements /Limits
XOSPATA ORAL TABLET	1	PA; LA; QL (90 per 30 days); NDS
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)	1	PA; LA
XTANDI ORAL CAPSULE	1	PA; QL (120 per 30 days); NDS
XTANDI ORAL TABLET 40 MG	1	PA; QL (120 per 30 days); NDS
XTANDI ORAL TABLET 80 MG	1	PA; QL (60 per 30 days); NDS
YERVOY INTRAVENOUS SOLUTION	1	B/D PA; NDS
YONDELIS INTRAVENOUS RECON SOLN	1	B/D PA; NDS
YONSA ORAL TABLET	1	PA; QL (120 per 30 days); NDS
ZALTRAP INTRAVENOUS SOLUTION	1	B/D PA; NDS

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Drug Name	Drug Tier	Requirements /Limits
ZANOSAR INTRAVENOUS RECON SOLN	1	B/D PA
ZEJULA ORAL CAPSULE	1	PA; LA; QL (90 per 30 days); NDS
ZELBORAF ORAL TABLET	1	PA; QL (240 per 30 days); NDS
ZEPZELCA INTRAVENOUS RECON SOLN	1	B/D PA; NDS
ZIRABEV INTRAVENOUS SOLUTION	1	B/D PA; NDS
ZOLADEX SUBCUTANEOUS IMPLANT	1	B/D PA
ZOLINZA ORAL CAPSULE	1	PA; QL (120 per 30 days); NDS
ZORTRESS ORAL TABLET 1 MG	1	B/D PA; NDS
ZYDELIG ORAL TABLET	1	PA; QL (60 per 30 days); NDS
ZYKADIA ORAL TABLET	1	PA; QL (90 per 30 days); NDS
ZYNLONTA INTRAVENOUS RECON SOLN	1	B/D PA; NDS
ZYTIGA ORAL TABLET 250 MG	1	PA; QL (120 per 30 days); NDS
ZYTIGA ORAL TABLET 500 MG	1	PA; QL (60 per 30 days); NDS

Drug Name	Drug Tier	Requirements /Limits
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG	1	QL (180 per 30 days)
APTIOM ORAL TABLET 400 MG	1	QL (90 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	1	QL (60 per 30 days)
BRIVIACT ORAL SOLUTION	1	QL (600 per 30 days); NDS
BRIVIACT ORAL TABLET	1	QL (60 per 30 days); NDS
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	1	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet extended release 12 hr</i>	1	
<i>carbamazepine oral tablet, chewable</i>	1	
CELONTIN ORAL CAPSULE 300 MG	1	
<i>clobazam oral suspension</i>	1	PA; QL (480 per 30 days)
<i>clobazam oral tablet</i>	1	PA; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>clonazepam oral tablet 2 mg</i>	1	QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	1	QL (300 per 30 days)
DIACOMIT ORAL CAPSULE	1	PA; LA; NDS
DIACOMIT ORAL POWDER IN PACKET	1	PA; LA; NDS
<i>diazepam rectal kit</i>	1	
DILANTIN 30 MG ORAL CAPSULE	1	
DILANTIN EXTENDED 100 MG ORAL CAPSULE	1	
DILANTIN INFATABS 50 MG ORAL TABLET, CHEWABLE	1	
<i>divalproex oral capsule, delayed release sprinkle</i>	1	
<i>divalproex oral tablet extended release 24 hr</i>	1	
<i>divalproex oral tablet, delayed release (dr/ec)</i>	1	
EPIDIOLEX ORAL SOLUTION	1	PA; LA
<i>epitol oral tablet</i>	1	

Drug Name	Drug Tier	Requirements /Limits
EPRONTIA ORAL SOLUTION	1	PA
<i>ethosuximide oral capsule</i>	1	
<i>ethosuximide oral solution</i>	1	
<i>felbamate oral suspension</i>	1	NDS
<i>felbamate oral tablet</i>	1	
FELBATOL ORAL SUSPENSION	1	NDS
FINTEPLA ORAL SOLUTION	1	PA; LA; QL (360 per 30 days); NDS
FYCOMPA ORAL SUSPENSION	1	QL (720 per 30 days); NDS
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	1	QL (30 per 30 days); NDS
FYCOMPA ORAL TABLET 2 MG	1	QL (60 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	1	QL (60 per 30 days); NDS
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	QL (270 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	QL (360 per 30 days)
<i>gabapentin oral solution</i>	1	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	QL (120 per 30 days)

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This drug list was last updated on 08/30/2023.

Drug Name	Drug Tier	Requirements /Limits
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	1	PA; QL (30 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG	1	PA; QL (60 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	1	PA; QL (90 per 30 days)
<i>lacosamide oral solution</i>	1	QL (1200 per 30 days); NDS
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	1	QL (60 per 30 days)
<i>lacosamide oral tablet 50 mg</i>	1	QL (120 per 30 days)
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7), 50 mg (42) -100 mg (14)</i>	1	
<i>lamotrigine oral tablet extended release 24hr</i>	1	
<i>lamotrigine oral tablet, chewable dispersible</i>	1	
<i>levetiracetam oral solution</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>levetiracetam oral tablet</i>	1	
<i>levetiracetam oral tablet extended release 24 hr</i>	1	
<i>methsuximide oral capsule</i>	1	
NAYZILAM NASAL SPRAY, NON-AEROSOL	1	PA; QL (10 per 30 days); NDS
<i>oxcarbazepine oral suspension</i>	1	
<i>oxcarbazepine oral tablet</i>	1	
<i>phenobarbital oral elixir</i>	1	PA
<i>phenobarbital oral tablet</i>	1	PA
PHENYTEK ORAL CAPSULE	1	
<i>phenytoin oral suspension</i>	1	
<i>phenytoin oral tablet, chewable</i>	1	
<i>phenytoin sodium extended oral capsule</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	QL (60 per 30 days)
<i>pregabalin oral solution</i>	1	QL (900 per 30 days)

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This drug list was last updated on 08/30/2023.

Drug Name	Drug Tier	Requirements /Limits
<i>pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg</i>	1	PA; QL (30 per 30 days)
<i>pregabalin oral tablet extended release 24 hr 330 mg</i>	1	PA; QL (60 per 30 days)
PRIMIDONE ORAL TABLET 125 MG	1	
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
<i>roweepra oral tablet 500 mg</i>	1	
RUFINAMIDE ORAL SUSPENSION	1	PA; NDS
<i>rufinamide oral tablet 200 mg</i>	1	PA
<i>rufinamide oral tablet 400 mg</i>	1	PA; NDS
SPRITAM ORAL TABLET FOR SUSPENSION	1	
<i>subvenite oral tablet</i>	1	
<i>subvenite starter (blue) kit oral tablets,dose pack</i>	1	
<i>subvenite starter (green) kit oral tablets,dose pack</i>	1	
<i>subvenite starter (orange) kit oral tablets,dose pack</i>	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG	1	PA; QL (60 per 30 days); NDS

Drug Name	Drug Tier	Requirements /Limits
SYMPAZAN ORAL FILM 5 MG	1	PA; QL (60 per 30 days)
<i>tiagabine oral tablet</i>	1	
<i>topiramate oral capsule, sprinkle</i>	1	PA
<i>topiramate oral capsule,extended release 24hr 100 mg, 25 mg, 50 mg</i>	1	PA
<i>topiramate oral capsule,extended release 24hr 200 mg</i>	1	PA; NDS
<i>topiramate oral tablet</i>	1	PA
<i>valproic acid (as sodium salt) oral solution</i>	1	
<i>valproic acid oral capsule</i>	1	
VALTOCO NASAL SPRAY, NON-AEROSOL	1	PA; QL (10 per 30 days); NDS
<i>vigabatrin oral powder in packet</i>	1	PA; LA; NDS
<i>vigabatrin oral tablet</i>	1	PA; LA; NDS
<i>vigadrone oral powder in packet</i>	1	PA; LA; NDS
VIMPAT ORAL SOLUTION	1	QL (1200 per 30 days); NDS
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	1	QL (60 per 30 days); NDS
VIMPAT ORAL TABLET 50 MG	1	QL (120 per 30 days)

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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)	1	QL (56 per 28 days); NDS
XCOPRI ORAL TABLET 100 MG	1	QL (120 per 30 days); NDS
XCOPRI ORAL TABLET 150 MG, 200 MG	1	QL (60 per 30 days); NDS
XCOPRI ORAL TABLET 50 MG	1	QL (240 per 30 days); NDS
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	1	QL (28 per 180 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	1	QL (28 per 180 days); NDS
ZONISADE ORAL SUSPENSION	1	PA; NDS
<i>zonisamide oral capsule</i>	1	PA
ZTALMY ORAL SUSPENSION	1	PA; LA; QL (1080 per 30 days); NDS

ANTIPARKINSONISM AGENTS

Drug Name	Drug Tier	Requirements /Limits
APOKYN SUBCUTANEOUS CARTRIDGE	1	PA; LA; QL (90 per 30 days); NDS
<i>apomorphine subcutaneous cartridge</i>	1	PA; QL (90 per 30 days); NDS
<i>benztropine oral tablet</i>	1	PA
<i>bromocriptine oral capsule</i>	1	
<i>bromocriptine oral tablet</i>	1	
<i>carbidopa oral tablet</i>	1	
<i>carbidopa-levodopa oral tablet</i>	1	
<i>carbidopa-levodopa oral tablet extended release</i>	1	
<i>carbidopa-levodopa oral tablet,disintegrating</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet</i>	1	
DHIVY ORAL TABLET	1	
<i>entacapone oral tablet</i>	1	
NEUPRO TRANSDERMAL PATCH 24 HOUR	1	
ONGENTYS ORAL CAPSULE	1	PA; QL (30 per 30 days)
<i>pramipexole oral tablet</i>	1	
<i>rasagiline oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>ropinirole oral tablet</i>	1	
RYTARY ORAL CAPSULE, EXTENDED RELEASE	1	
<i>selegiline hcl oral capsule</i>	1	
<i>selegiline hcl oral tablet</i>	1	
<i>tolcapone oral tablet</i>	1	PA; NDS
<i>trihexyphenidyl oral elixir</i>	1	
<i>trihexyphenidyl oral tablet</i>	1	
ZELAPAR ORAL TABLET,DISINTEGRATING	1	PA; NDS

MIGRAINE / CLUSTER HEADACHE THERAPY

AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	1	PA; QL (1 per 30 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	1	PA; QL (1.5 per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE	1	PA; QL (1.5 per 30 days)
<i>dihydroergotamine nasal spray,non-aerosol</i>	1	QL (8 per 28 days); NDS
<i>eletriptan oral tablet</i>	1	QL (18 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR	1	PA; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	1	PA; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	1	PA; QL (3 per 30 days); NDS
<i>ergotamine-caffeine oral tablet</i>	1	
<i>migergot rectal suppository</i>	1	
<i>naratriptan oral tablet</i>	1	QL (18 per 28 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING	1	PA; QL (16 per 30 days)
QULIPTA ORAL TABLET	1	PA; QL (30 per 30 days); NDS
<i>rizatriptan oral tablet</i>	1	QL (36 per 28 days)
<i>rizatriptan oral tablet,disintegrating</i>	1	QL (36 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	1	QL (18 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	1	QL (36 per 28 days)
<i>sumatriptan succinate oral tablet</i>	1	QL (18 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>sumatriptan succinate subcutaneous cartridge</i>	1	QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	1	QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	1	QL (8 per 28 days)
TRUDHESA NASAL SPRAY, NON-AEROSOL	1	ST; QL (8 per 28 days); NDS
UBRELVY ORAL TABLET	1	PA; QL (20 per 30 days)
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i>	1	QL (18 per 28 days)
<i>zolmitriptan oral tablet</i>	1	QL (18 per 28 days)
<i>zolmitriptan oral tablet, disintegrating</i>	1	QL (18 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
ADLARITY TRANSDERMAL PATCH WEEKLY	1	
AUBAGIO ORAL TABLET	1	PA; QL (30 per 30 days); NDS
AUSTEDO ORAL TABLET 12 MG, 9 MG	1	PA; LA; QL (120 per 30 days); NDS

Drug Name	Drug Tier	Requirements /Limits
AUSTEDO ORAL TABLET 6 MG	1	PA; LA; QL (60 per 30 days); NDS
<i>dalfampridine oral tablet extended release 12 hr</i>	1	PA; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	1	PA; QL (14 per 30 days); NDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	1	PA; QL (120 per 180 days); NDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	1	PA; QL (60 per 30 days); NDS
<i>donepezil oral tablet</i>	1	
<i>donepezil oral tablet, disintegrating</i>	1	
<i> fingolimod oral capsule</i>	1	PA; QL (30 per 30 days); NDS
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	1	
<i>galantamine oral solution</i>	1	
<i>galantamine oral tablet</i>	1	
GILENYA ORAL CAPSULE	1	PA; QL (30 per 30 days); NDS
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	1	PA; QL (30 per 30 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	1	PA; QL (12 per 28 days); NDS
<i>glatopa subcutaneous syringe 20 mg/ml</i>	1	PA; QL (30 per 30 days); NDS
<i>glatopa subcutaneous syringe 40 mg/ml</i>	1	PA; QL (12 per 28 days); NDS
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK	1	PA; LA; QL (28 per 180 days); NDS
INGREZZA ORAL CAPSULE	1	PA; LA; QL (30 per 30 days); NDS
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR	1	PA; QL (1.6 per 28 days); NDS
MAYZENT ORAL TABLET 0.25 MG	1	PA; QL (120 per 30 days); NDS
MAYZENT ORAL TABLET 1 MG, 2 MG	1	PA; QL (30 per 30 days); NDS
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK	1	PA; QL (7 per 180 days)
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK	1	PA; QL (12 per 180 days); NDS

Drug Name	Drug Tier	Requirements /Limits
<i>memantine oral capsule,sprinkle,er 24hr</i>	1	PA
<i>memantine oral solution</i>	1	PA
<i>memantine oral tablet</i>	1	PA
MEMANTINE ORAL TABLETS,DOSE PACK	1	PA
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	1	PA
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	1	PA
NUEDEXTA ORAL CAPSULE	1	PA; NDS
OCREVUS INTRAVENOUS SOLUTION	1	PA; QL (20 per 135 days); NDS
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK	1	PA; QL (14 per 180 days); NDS
PONVORY ORAL TABLET	1	PA; QL (30 per 30 days); NDS
RADICAVA ORS ORAL SUSPENSION	1	PA; NDS
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION	1	PA; NDS

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Drug Name	Drug Tier	Requirements /Limits
RELYVRIO ORAL POWDER IN PACKET	1	PA; NDS
<i>rivastigmine tartrate oral capsule</i>	1	
<i>rivastigmine transdermal patch 24 hour</i>	1	
SKYCLARYS ORAL CAPSULE	1	PA; LA
TASCENSO ODT ORAL TABLET,DISINTEGRATING	1	NDS
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG	1	PA; LA; QL (14 per 30 days); NDS
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	1	PA; LA; QL (120 per 180 days); NDS
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 240 MG	1	PA; LA; QL (60 per 30 days); NDS
TEGSEDI SUBCUTANEOUS SYRINGE	1	PA; LA; NDS
<i>teriflunomide oral tablet</i>	1	PA; QL (30 per 30 days); NDS
<i>tetrabenazine oral tablet 12.5 mg</i>	1	PA; QL (240 per 30 days); NDS

Drug Name	Drug Tier	Requirements /Limits
<i>tetrabenazine oral tablet 25 mg</i>	1	PA; QL (120 per 30 days); NDS

MUSCLE RELAXANTS / ANTISPASMODIC THERAPY

<i>baclofen oral suspension</i>	1	NDS
<i>baclofen oral tablet</i>	1	
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cyclobenzaprine oral tablet</i>	1	PA
<i>dantrolene oral capsule</i>	1	
FLEQSUVY ORAL SUSPENSION	1	NDS
LYVISPAH ORAL GRANULES IN PACKET	1	NDS
<i>pyridostigmine bromide oral syrup</i>	1	NDS
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release</i>	1	
<i>tizanidine oral tablet</i>	1	

NARCOTIC ANALGESICS

<i>acetaminophen-caff-dihydrocod oral capsule</i>	1	QL (300 per 30 days)
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml</i>	1	QL (4500 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	QL (180 per 30 days)
<i>buprenorphine hcl sublingual tablet</i>	1	
<i>buprenorphine transdermal patch transdermal patch weekly</i>	1	PA; QL (4 per 28 days)
<i>butalbital-acetaminophen-caff oral tablet</i>	1	
<i>butalbital-aspirin-caffeine oral capsule</i>	1	
<i>codeine sulfate oral tablet</i>	1	QL (180 per 30 days)
<i>endocet oral tablet</i>	1	QL (360 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA; QL (120 per 30 days); NDS
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	1	PA; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA; QL (10 per 30 days)
<i>hydrocodone bitartrate, oral only,ext.rel.24 hr 100 mg, 120 mg</i>	1	PA; QL (60 per 30 days); NDS

Drug Name	Drug Tier	Requirements /Limits
<i>hydrocodone bitartrate, oral only,ext.rel.24 hr 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	1	PA; QL (60 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	QL (50 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	1	
<i>hydromorphone oral liquid</i>	1	QL (2400 per 30 days)
<i>hydromorphone oral tablet</i>	1	QL (180 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr</i>	1	PA; QL (60 per 30 days)
<i>levorphanol tartrate oral tablet</i>	1	QL (120 per 30 days); NDS
<i>methadone oral solution 10 mg/5 ml</i>	1	PA; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	1	PA; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	1	PA; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	1	PA; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>morphine concentrate oral solution</i>	1	QL (900 per 30 days)
<i>morphine oral solution</i>	1	QL (900 per 30 days)
<i>morphine oral tablet</i>	1	QL (180 per 30 days)
<i>morphine oral tablet extended release</i>	1	PA; QL (120 per 30 days)
<i>oxycodone oral concentrate</i>	1	QL (180 per 30 days)
<i>oxycodone oral solution</i>	1	QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	1	QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	1	QL (360 per 30 days)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	1	QL (1860 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	1	QL (390 per 30 days); NDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (360 per 30 days)
ROXYBOND ORAL TABLET, ORAL ONLY 15 MG, 30 MG	1	QL (180 per 30 days)
ROXYBOND ORAL TABLET, ORAL ONLY 5 MG	1	QL (360 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
SEGLENTIS ORAL TABLET	1	ST; QL (120 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER1 2HR(DONT CRUSH)	1	PA; QL (90 per 30 days)
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	1	QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	1	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	QL (90 per 30 days)
<i>butorphanol nasal spray,non-aerosol</i>	1	QL (10 per 28 days)
CAMBIA ORAL POWDER IN PACKET	1	ST; QL (9 per 30 days)
<i>celecoxib oral capsule</i>	1	
DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR	1	PA; QL (60 per 30 days)
<i>diclofenac potassium oral capsule</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>diclofenac potassium oral powder in packet</i>	1	QL (9 per 30 days)
<i>diclofenac potassium oral tablet 25 mg</i>	1	NDS
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral tablet extended release 24 hr</i>	1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec)</i>	1	
<i>diclofenac sodium topical gel 1 %</i>	1	QL (1000 per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump</i>	1	QL (224 per 28 days); NDS
<i>diflunisal oral tablet</i>	1	
DUEXIS ORAL TABLET	1	
<i>ec-naproxen oral tablet, delayed release (dr/ec)</i>	1	
<i>etodolac oral capsule</i>	1	
<i>etodolac oral tablet</i>	1	
<i>etodolac oral tablet extended release 24 hr</i>	1	
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu oral tablet 600 mg, 800 mg</i>	1	
<i>ibuprofen oral suspension</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen-famotidine oral tablet</i>	1	
<i>indomethacin oral capsule</i>	1	
<i>ketoprofen oral capsule 25 mg, 50 mg</i>	1	
KETOROLAC NASAL SPRAY, NON-AEROSOL	1	ST
KLOXXADO NASAL SPRAY, NON-AEROSOL	1	
<i>lofena oral tablet</i>	1	NDS
LUCEMYRA ORAL TABLET	1	PA; NDS
<i>meloxicam oral tablet</i>	1	QL (30 per 30 days)
<i>meloxicam submicronized oral capsule</i>	1	QL (30 per 30 days)
<i>nabumetone oral tablet</i>	1	
NALFON ORAL CAPSULE 400 MG	1	ST
<i>naloxone injection solution</i>	1	
<i>naloxone injection syringe</i>	1	
<i>naloxone nasal spray, non-aerosol</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>naltrexone oral tablet</i>	1	
<i>naproxen oral suspension</i>	1	
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	
NARCAN NASAL SPRAY, NON-AEROSOL	1	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR	1	PA; QL (60 per 30 days)
<i>piroxicam oral capsule</i>	1	
SPRIX NASAL SPRAY, NON-AEROSOL	1	ST; NDS
SUBOXONE SUBLINGUAL FILM 12-3 MG	1	QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	1	QL (360 per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	1	QL (90 per 30 days)
<i>sulindac oral tablet</i>	1	
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 17-83	1	PA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 25-75 100 MG, 200 MG	1	PA; QL (30 per 30 days)
TRAMADOL ORAL SOLUTION	1	QL (2400 per 30 days); NDS
<i>tramadol oral tablet 50 mg</i>	1	QL (240 per 30 days)
<i>tramadol oral tablet extended release 24 hr</i>	1	QL (30 per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr</i>	1	QL (30 per 30 days)
<i>tramadol-acetaminophen oral tablet</i>	1	QL (240 per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	1	NDS
ZIMHI INJECTION SYRINGE	1	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML	1	QL (2.4 per 56 days); NDS

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This drug list was last updated on 08/30/2023.

Drug Name	Drug Tier	Requirements /Limits
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	1	QL (3.2 per 56 days); NDS
ABILIFY MAINTENANCE INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	1	QL (1 per 28 days); NDS
ABILIFY MAINTENANCE INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	1	QL (1 per 28 days); NDS
<i>alprazolam intensol oral concentrate</i>	1	
<i>alprazolam oral tablet</i>	1	
<i>amitriptyline oral tablet</i>	1	
<i>amoxapine oral tablet</i>	1	
<i>aripiprazole oral solution</i>	1	
<i>aripiprazole oral tablet</i>	1	QL (30 per 30 days)
<i>aripiprazole oral tablet, disintegrating</i>	1	QL (60 per 30 days); NDS

Drug Name	Drug Tier	Requirements /Limits
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	1	QL (4.8 per 365 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	1	QL (3.9 per 56 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	1	QL (1.6 per 28 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	1	QL (2.4 per 28 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	1	QL (3.2 per 28 days); NDS
<i>armodafinil oral tablet</i>	1	PA; QL (30 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL (60 per 30 days)

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This drug list was last updated on 08/30/2023.

Drug Name	Drug Tier	Requirements /Limits
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (30 per 30 days)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC	1	ST; QL (60 per 30 days); NDS
BELSOMRA ORAL TABLET	1	PA; QL (30 per 30 days)
<i>bupropion hcl oral tablet</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	QL (30 per 30 days)
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	1	QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	QL (60 per 30 days)
<i>bupirone oral tablet</i>	1	
CAPLYTA ORAL CAPSULE	1	QL (30 per 30 days)
<i>chlordiazepoxide hcl oral capsule</i>	1	
<i>chlorpromazine oral concentrate</i>	1	
<i>chlorpromazine oral tablet</i>	1	
CITALOPRAM ORAL CAPSULE	1	QL (30 per 30 days)
<i>citalopram oral solution</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>citalopram oral tablet</i>	1	QL (30 per 30 days)
<i>clomipramine oral capsule</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	PA; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	1	PA; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	1	PA; QL (360 per 30 days)
<i>clozapine oral tablet</i>	1	
<i>clozapine oral tablet, disintegrating</i>	1	
<i>desipramine oral tablet</i>	1	
<i>desvenlafaxine succinate oral tablet extended release 24 hr</i>	1	QL (30 per 30 days)
<i>dexmethylphenidate oral capsule, er biphasic 50-50</i>	1	
<i>dexmethylphenidate oral tablet</i>	1	
<i>dextroamphetamine sulfate oral capsule, extended release</i>	1	
<i>dextroamphetamine sulfate oral tablet</i>	1	

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This drug list was last updated on 08/30/2023.

Drug Name	Drug Tier	Requirements /Limits
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	1	
<i>dextroamphetamine-amphetamine oral tablet</i>	1	
<i>diazepam intensol oral concentrate</i>	1	PA; QL (240 per 30 days)
<i>diazepam oral concentrate</i>	1	PA; QL (240 per 30 days)
<i>diazepam oral solution</i>	1	PA; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	1	PA; QL (120 per 30 days)
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR	1	NDS
<i>escitalopram oxalate oral solution</i>	1	
<i>escitalopram oxalate oral tablet</i>	1	QL (30 per 30 days)
FANAPT ORAL TABLET	1	QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	1	QL (8 per 180 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	1	QL (28 per 180 days)

Drug Name	Drug Tier	Requirements /Limits
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	1	QL (30 per 30 days)
<i>fluoxetine (pmdd) oral tablet 10 mg</i>	1	QL (240 per 30 days)
<i>fluoxetine (pmdd) oral tablet 20 mg</i>	1	QL (120 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	QL (90 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	QL (60 per 30 days)
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	1	QL (4 per 28 days)
<i>fluoxetine oral solution</i>	1	
<i>fluoxetine oral tablet 10 mg</i>	1	QL (240 per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	1	QL (120 per 30 days)
<i>fluphenazine decanoate injection solution</i>	1	
<i>fluphenazine hcl injection solution</i>	1	
<i>fluphenazine hcl oral concentrate</i>	1	
<i>fluphenazine hcl oral elixir</i>	1	
<i>fluphenazine hcl oral tablet</i>	1	
<i>fluvoxamine oral tablet 100 mg</i>	1	QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>fluvoxamine oral tablet 25 mg</i>	1	QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	1	QL (60 per 30 days)
GEODON INTRAMUSCULAR RECON SOLN	1	
<i>guanfacine oral tablet extended release 24 hr</i>	1	
<i>haloperidol decanoate intramuscular solution</i>	1	
<i>haloperidol lactate injection solution</i>	1	
<i>haloperidol lactate oral concentrate</i>	1	
<i>haloperidol oral tablet</i>	1	
HETLIOZ LQ ORAL SUSPENSION	1	PA; QL (158 per 30 days); NDS
HETLIOZ ORAL CAPSULE	1	PA; QL (30 per 30 days); NDS
<i>imipramine hcl oral tablet</i>	1	
<i>imipramine pamoate oral capsule</i>	1	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	1	QL (3.5 per 180 days); NDS

Drug Name	Drug Tier	Requirements /Limits
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	1	QL (5 per 180 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	1	QL (0.75 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	1	QL (1 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	1	QL (1.5 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	1	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	1	QL (0.5 per 28 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	1	QL (0.88 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	1	QL (1.32 per 90 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	1	QL (1.75 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	1	QL (2.63 per 90 days); NDS
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	1	QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	1	QL (60 per 30 days)
<i>lithium carbonate oral capsule</i>	1	
<i>lithium carbonate oral tablet</i>	1	
<i>lithium carbonate oral tablet extended release</i>	1	
<i>lorazepam intensol oral concentrate</i>	1	PA; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	1	PA; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	PA; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	PA; QL (150 per 30 days)
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 1 MG, 1.5 MG	1	PA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 2 MG	1	PA; QL (150 per 30 days)
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 3 MG	1	PA; QL (90 per 30 days)
<i>loxapine succinate oral capsule</i>	1	
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	1	QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i>	1	QL (60 per 30 days)
LYBALVI ORAL TABLET	1	ST; QL (30 per 30 days); NDS
MARPLAN ORAL TABLET	1	
<i>methylphenidate hcl oral solution</i>	1	
<i>methylphenidate hcl oral tablet</i>	1	
<i>methylphenidate hcl oral tablet extended release</i>	1	
<i>methylphenidate transdermal patch 24 hour</i>	1	
<i>mirtazapine oral tablet</i>	1	
<i>mirtazapine oral tablet,disintegrating</i>	1	
<i>modafinil oral tablet 100 mg</i>	1	PA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>modafinil oral tablet 200 mg</i>	1	PA; QL (60 per 30 days)
<i>molindone oral tablet</i>	1	
<i>nefazodone oral tablet</i>	1	
<i>nortriptyline oral capsule</i>	1	
<i>nortriptyline oral solution</i>	1	
NUPLAZID ORAL CAPSULE	1	PA; QL (30 per 30 days)
NUPLAZID ORAL TABLET	1	PA; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln</i>	1	
<i>olanzapine oral tablet</i>	1	QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating</i>	1	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	1	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	QL (60 per 30 days)
<i>paroxetine hcl oral suspension</i>	1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	QL (60 per 30 days)
PAXIL ORAL SUSPENSION	1	
<i>perphenazine oral tablet</i>	1	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING	1	QL (1 per 30 days); NDS
<i>phenelzine oral tablet</i>	1	
<i>pimozide oral tablet</i>	1	
<i>protriptyline oral tablet</i>	1	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL (90 per 30 days)
QUETIAPINE ORAL TABLET 150 MG	1	QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	1	QL (60 per 30 days)
QUVIVIQ ORAL TABLET	1	PA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>ramelteon oral tablet</i>	1	QL (30 per 30 days)
REXULTI ORAL TABLET	1	QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	1	QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	1	QL (2 per 28 days); NDS
<i>risperidone oral solution</i>	1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	QL (120 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	1	QL (120 per 30 days)
SAPHRIS SUBLINGUAL TABLET	1	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
SECUADO TRANSDERMAL PATCH 24 HOUR	1	QL (30 per 30 days); NDS
SERTRALINE ORAL CAPSULE	1	QL (30 per 30 days)
<i>sertraline oral concentrate</i>	1	
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	QL (30 per 30 days)
SODIUM OXYBATE ORAL SOLUTION	1	PA; LA; QL (540 per 30 days); NDS
<i>tasimelteon oral capsule</i>	1	PA; QL (30 per 30 days); NDS
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	
<i>thioridazine oral tablet</i>	1	
<i>thiothixene oral capsule</i>	1	
<i>tranlycypromine oral tablet</i>	1	
<i>trazodone oral tablet</i>	1	
<i>trifluoperazine oral tablet</i>	1	
<i>trimipramine oral capsule</i>	1	
TRINTELLIX ORAL TABLET	1	QL (30 per 30 days)

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This drug list was last updated on 08/30/2023.

Drug Name	Drug Tier	Requirements /Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 100 MG/0.28 ML	1	QL (0.28 per 28 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 125 MG/0.35 ML	1	QL (0.35 per 28 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 150 MG/0.42 ML	1	QL (0.42 per 56 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 200 MG/0.56 ML	1	QL (0.56 per 56 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 250 MG/0.7 ML	1	QL (0.7 per 56 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 50 MG/0.14 ML	1	QL (0.14 per 28 days); NDS

Drug Name	Drug Tier	Requirements /Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 75 MG/0.21 ML	1	QL (0.21 per 28 days); NDS
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	1	QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	1	QL (90 per 30 days)
VERSACLOZ ORAL SUSPENSION	1	NDS
VIIIBRYD ORAL TABLET	1	QL (30 per 30 days)
VIIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	1	QL (30 per 180 days)
<i>vilazodone oral tablet</i>	1	QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	1	QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	1	QL (7 per 180 days)
VYVANSE ORAL CAPSULE	1	
VYVANSE ORAL TABLET,CHEWAB LE	1	

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Drug Name	Drug Tier	Requirements /Limits
XYREM ORAL SOLUTION	1	PA; LA; QL (540 per 30 days); NDS
<i>zaleplon oral capsule 10 mg</i>	1	QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	1	QL (30 per 30 days)
<i>ziprasidone hcl oral capsule</i>	1	QL (60 per 30 days)
<i>ziprasidone mesylate intramuscular recon soln</i>	1	
<i>zolpidem oral tablet</i>	1	QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	1	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	1	QL (2 per 28 days); NDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	1	QL (1 per 28 days); NDS

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

Drug Name	Drug Tier	Requirements /Limits
<i>amiodarone oral tablet 200 mg</i>	1	
<i>dofetilide oral capsule</i>	1	
<i>flecainide oral tablet</i>	1	
<i>mexiletine oral capsule</i>	1	
MULTAQ ORAL TABLET	1	
<i>pacerone oral tablet 200 mg</i>	1	
<i>propafenone oral capsule, extended release 12 hr</i>	1	
<i>propafenone oral tablet</i>	1	
<i>quinidine gluconate oral tablet extended release</i>	1	
<i>quinidine sulfate oral tablet</i>	1	
<i>sotalol af oral tablet</i>	1	
<i>sotalol oral tablet</i>	1	
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol oral capsule</i>	1	
<i>aliskiren oral tablet</i>	1	
<i>amiloride oral tablet</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet</i>	1	
<i>amlodipine oral tablet</i>	1	
<i>amlodipine-benazepril oral capsule</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>amlodipine-olmesartan oral tablet</i>	1	
<i>amlodipine-valsartan oral tablet</i>	1	
<i>amlodipine-valsartan-hcthiazid oral tablet</i>	1	
<i>atenolol oral tablet</i>	1	
<i>atenolol-chlorthalidone oral tablet</i>	1	
<i>benazepril oral tablet</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet</i>	1	
<i>betaxolol oral tablet</i>	1	
BIDIL ORAL TABLET	1	QL (180 per 30 days)
<i>bisoprolol fumarate oral tablet</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	1	
<i>bumetanide injection solution</i>	1	
<i>bumetanide oral tablet</i>	1	
BYSTOLIC ORAL TABLET	1	
<i>candesartan oral tablet</i>	1	
<i>candesartan-hydrochlorothiazid oral tablet</i>	1	
<i>captopril oral tablet</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>captopril-hydrochlorothiazide oral tablet</i>	1	
<i>cartia xt oral capsule,extended release 24hr</i>	1	
<i>carvedilol oral tablet</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine hcl oral tablet</i>	1	
<i>clonidine transdermal patch weekly</i>	1	QL (4 per 28 days)
CONJUPRI ORAL TABLET	1	
DEMSER ORAL CAPSULE	1	PA; NDS
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr</i>	1	
<i>diltiazem hcl oral tablet</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 420 mg</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>dilt-xr oral capsule, ext. rel 24h degradable</i>	1	
DIURIL ORAL SUSPENSION	1	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	QL (60 per 30 days)
EDARBI ORAL TABLET	1	
EDARBYCLOR ORAL TABLET	1	
<i>enalapril maleate oral solution</i>	1	
<i>enalapril maleate oral tablet</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet</i>	1	
<i>eplerenone oral tablet</i>	1	
<i>ethacrynic acid oral tablet</i>	1	
<i>felodipine oral tablet extended release 24 hr</i>	1	
<i>fosinopril oral tablet</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet</i>	1	
FUROSCIX SUBCUTANEOUS KIT	1	ST; NDS
<i>furosemide injection solution</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet</i>	1	
<i>hydralazine oral tablet</i>	1	
<i>hydrochlorothiazide oral capsule</i>	1	
<i>hydrochlorothiazide oral tablet</i>	1	
<i>indapamide oral tablet</i>	1	
<i>irbesartan oral tablet</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet</i>	1	
<i>isosorbide-hydralazine oral tablet</i>	1	QL (180 per 30 days)
KERENDIA ORAL TABLET	1	PA; QL (30 per 30 days)
<i>labetalol oral tablet</i>	1	
LEVAMLODIPINE ORAL TABLET	1	
<i>lisinopril oral tablet</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet</i>	1	
<i>losartan oral tablet</i>	1	
<i>losartan-hydrochlorothiazide oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>matzim la oral tablet extended release 24 hr</i>	1	
<i>metolazone oral tablet</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>metirosine oral capsule</i>	1	PA; NDS
<i>minoxidil oral tablet</i>	1	
<i>moexipril oral tablet</i>	1	
<i>nadolol oral tablet</i>	1	
<i>nebivolol oral tablet</i>	1	
<i>nicardipine oral capsule</i>	1	
<i>nifedipine oral tablet extended release</i>	1	
<i>nifedipine oral tablet extended release 24hr</i>	1	
<i>nimodipine oral capsule</i>	1	
NORLIQVA ORAL SOLUTION	1	NDS
NYMALIZE ORAL SOLUTION	1	NDS
NYMALIZE ORAL SYRINGE	1	NDS

Drug Name	Drug Tier	Requirements /Limits
<i>olmesartan oral tablet</i>	1	
<i>olmesartan-amlodipin-hcthiazid oral tablet</i>	1	
<i>olmesartan-hydrochlorothiazide oral tablet</i>	1	
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	1	PA; NDS
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	1	PA; NDS
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	1	PA; NDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	1	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	1	PA; NDS
<i>perindopril erbumine oral tablet</i>	1	

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This drug list was last updated on 08/30/2023.

Drug Name	Drug Tier	Requirements /Limits
<i>phenoxybenzamine oral capsule</i>	1	PA; NDS
<i>pindolol oral tablet</i>	1	
<i>prazosin oral capsule</i>	1	
<i>propranolol oral capsule,extended release 24 hr</i>	1	
<i>propranolol oral solution</i>	1	
<i>propranolol oral tablet</i>	1	
<i>quinapril oral tablet</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet</i>	1	
<i>ramipril oral capsule</i>	1	
SOAANZ ORAL TABLET	1	
<i>spironolactone oral tablet</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet</i>	1	
<i>taztia xt oral capsule,extended release 24 hr</i>	1	
<i>telmisartan oral tablet</i>	1	
<i>telmisartan-amlodipine oral tablet</i>	1	
<i>telmisartan-hydrochlorothiazid oral tablet</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	QL (60 per 30 days)
THALITONE ORAL TABLET	1	
<i>tiadylt er oral capsule,extended release 24 hr</i>	1	
<i>timolol maleate oral tablet</i>	1	
<i>torse mide oral tablet</i>	1	
<i>trandolapril oral tablet</i>	1	
<i>triamterene oral capsule</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	
<i>valsartan oral tablet</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet</i>	1	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	1	
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	1	
<i>verapamil oral tablet</i>	1	
<i>verapamil oral tablet extended release</i>	1	

COAGULATION THERAPY

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 08/30/2023.

Drug Name	Drug Tier	Requirements /Limits
<i>aminocaproic acid intravenous solution</i>	1	
<i>aminocaproic acid oral solution</i>	1	NDS
<i>aminocaproic acid oral tablet</i>	1	NDS
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>	1	
BRILINTA ORAL TABLET	1	
CABLIVI INJECTION KIT	1	PA; LA; NDS
<i>cilostazol oral tablet</i>	1	
<i>clopidogrel oral tablet 75 mg</i>	1	QL (30 per 30 days)
<i>dabigatran etexilate oral capsule</i>	1	
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	1	
ELIQUIS ORAL TABLET	1	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	1	QL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	1	QL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	1	QL (16.8 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	1	QL (11.2 per 28 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	1	NDS
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	1	
<i>heparin (porcine) injection solution</i>	1	
<i>jantoven oral tablet</i>	1	
<i>pentoxifylline oral tablet extended release</i>	1	
<i>prasugrel oral tablet</i>	1	
PROMACTA ORAL POWDER IN PACKET	1	PA; LA; NDS
PROMACTA ORAL TABLET	1	PA; LA; NDS
<i>warfarin oral tablet</i>	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	1	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	1	
XARELTO ORAL TABLET	1	

LIPID/CHOLESTEROL LOWERING AGENTS

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This drug list was last updated on 08/30/2023.

Drug Name	Drug Tier	Requirements /Limits
<i>amlodipine-atorvastatin oral tablet</i>	1	QL (30 per 30 days)
<i>atorvastatin oral tablet</i>	1	QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder</i>	1	
<i>cholestyramine (with sugar) oral powder in packet</i>	1	
<i>cholestyramine light oral powder</i>	1	
<i>cholestyramine light oral powder in packet</i>	1	
<i>cholestyramine-aspartame oral powder in packet</i>	1	
<i>colesevelam oral powder in packet</i>	1	
<i>colesevelam oral tablet</i>	1	
<i>colestipol oral granules</i>	1	
<i>colestipol oral packet</i>	1	
<i>colestipol oral tablet</i>	1	
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE	1	ST; QL (30 per 30 days)
<i>ezetimibe oral tablet</i>	1	
<i>ezetimibe-simvastatin oral tablet</i>	1	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	1	
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	1	
<i>fenofibrate nanocrystallized oral tablet</i>	1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec)</i>	1	
FLOLIPID ORAL SUSPENSION	1	ST; QL (300 per 30 days)
<i>fluvastatin oral capsule 20 mg</i>	1	QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	1	QL (60 per 30 days)
<i>gemfibrozil oral tablet</i>	1	
<i>icosapent ethyl oral capsule</i>	1	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	1	PA; LA; NDS
LIVALO ORAL TABLET	1	ST; QL (30 per 30 days)
<i>lovastatin oral tablet 10 mg</i>	1	QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>niacin oral tablet 500 mg</i>	1	
<i>niacin oral tablet extended release 24 hr</i>	1	
NIACOR ORAL TABLET	1	
<i>omega-3 acid ethyl esters oral capsule</i>	1	
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR	1	PA; QL (2 per 28 days)
<i>pravastatin oral tablet</i>	1	QL (30 per 30 days)
<i>prevalite oral powder</i>	1	
<i>prevalite oral powder in packet</i>	1	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR	1	PA; QL (7 per 28 days)
REPATHA SUBCUTANEOUS SYRINGE	1	PA; QL (6 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	1	PA; QL (6 per 28 days)
<i>rosuvastatin oral tablet</i>	1	QL (30 per 30 days)
<i>simvastatin oral tablet</i>	1	QL (30 per 30 days)
VASCEPA ORAL CAPSULE	1	ST

Drug Name	Drug Tier	Requirements /Limits
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ASPRUZYO SPRINKLE ORAL EXTEND RELEASE GRANULES,PACK ET	1	
CAMZYOS ORAL CAPSULE	1	PA; QL (30 per 30 days); NDS
CORLANOR ORAL SOLUTION	1	QL (450 per 30 days)
CORLANOR ORAL TABLET	1	QL (60 per 30 days)
<i>digoxin oral solution</i>	1	
<i>digoxin oral tablet</i>	1	
ENTRESTO ORAL TABLET	1	QL (60 per 30 days)
FILSPARI ORAL TABLET	1	PA; QL (30 per 30 days); NDS
LANOXIN ORAL TABLET	1	
<i>ranolazine oral tablet extended release 12 hr</i>	1	
VERQUVO ORAL TABLET	1	QL (30 per 30 days)
VYNDAMAX ORAL CAPSULE	1	PA
VYNDAQEL ORAL CAPSULE	1	PA
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>isosorbide mononitrate oral tablet</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	1	
<i>nitro-bid transdermal ointment</i>	1	
<i>nitroglycerin sublingual tablet</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	
<i>nitroglycerin translingual spray, non-aerosol</i>	1	
NITROSTAT SUBLINGUAL TABLET	1	

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin oral capsule</i>	1	
<i>calcipotriene scalp solution</i>	1	QL (120 per 30 days)
<i>calcipotriene topical cream</i>	1	QL (120 per 30 days)
CALCIPOTRIENE TOPICAL FOAM	1	QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	1	QL (120 per 30 days)
<i>calcitriol topical ointment</i>	1	

Drug Name	Drug Tier	Requirements /Limits
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE	1	PA; QL (10 per 28 days); NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR	1	PA; QL (10 per 28 days); NDS
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR	1	PA; QL (10 per 28 days); NDS
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; QL (10 per 28 days); NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; QL (2.5 per 28 days); NDS
<i>selenium sulfide topical lotion</i>	1	
SKYRIZI SUBCUTANEOUS PEN INJECTOR	1	PA; QL (2 per 28 days); NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; QL (2 per 28 days); NDS
SOTYKTU ORAL TABLET	1	PA; NDS
STELARA SUBCUTANEOUS SOLUTION	1	PA; QL (0.5 per 28 days); NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; QL (0.5 per 28 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; QL (1 per 28 days); NDS
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR	1	PA; QL (1 per 28 days); NDS
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR	1	PA; QL (1 per 28 days); NDS
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	1	PA; QL (1 per 28 days); NDS
TALTZ SYRINGE SUBCUTANEOUS SYRINGE	1	PA; QL (1 per 28 days); NDS
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS SYRINGE	1	PA; QL (6 per 28 days); NDS
<i>ammonium lactate topical cream</i>	1	
<i>ammonium lactate topical lotion</i>	1	
CARAC TOPICAL CREAM	1	NDS
CIBINQO ORAL TABLET	1	PA; QL (30 per 30 days); NDS
<i>diclofenac sodium topical gel 3 %</i>	1	PA; QL (100 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>doxepin topical cream</i>	1	QL (45 per 30 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	1	PA; QL (1.34 per 28 days); NDS
EFUDEX TOPICAL CREAM	1	
FLUOROPLEX TOPICAL CREAM	1	
FLUOROURACIL TOPICAL CREAM 0.5 %	1	NDS
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution</i>	1	
HYFTOR TOPICAL GEL	1	PA; NDS
<i>imiquimod topical cream in metered-dose pump</i>	1	NDS
<i>imiquimod topical cream in packet 3.75 %</i>	1	NDS
<i>imiquimod topical cream in packet 5 %</i>	1	
<i>lidocaine hcl laryngotracheal solution</i>	1	
<i>lidocaine hcl mucous membrane solution</i>	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	PA; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	1	QL (36 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>lidocaine viscous mucous membrane solution</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	QL (30 per 30 days)
<i>methoxsalen oral capsule, liqd-filled, rapid rel</i>	1	NDS
OPZELURA TOPICAL CREAM	1	PA; QL (240 per 28 days); NDS
PANRETIN TOPICAL GEL	1	PA; NDS
<i>pimecrolimus topical cream</i>	1	PA; QL (100 per 30 days)
<i>podofilox topical solution</i>	1	
REGRANEX TOPICAL GEL	1	QL (15 per 30 days); NDS
SANTYL TOPICAL OINTMENT	1	QL (180 per 30 days)
<i>silver sulfadiazine topical cream</i>	1	
<i>ssd topical cream</i>	1	
<i>tacrolimus topical ointment</i>	1	PA; QL (100 per 30 days)
VALCHLOR TOPICAL GEL	1	PA; NDS
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP	1	NDS
ZYCLARA TOPICAL CREAM IN PACKET	1	NDS

THERAPY FOR ACNE

Drug Name	Drug Tier	Requirements /Limits
<i>accutane oral capsule</i>	1	
<i>adapalene topical cream</i>	1	PA
<i>adapalene topical gel 0.1 %</i>	1	PA
<i>adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %</i>	1	PA
<i>amnesteem oral capsule</i>	1	
<i>azelaic acid topical gel</i>	1	
<i>brimonidine topical gel with pump</i>	1	PA
<i>claravis oral capsule</i>	1	
<i>clindacin etz topical swab</i>	1	QL (69 per 30 days)
<i>clindacin p topical swab</i>	1	QL (69 per 30 days)
<i>clindacin topical foam</i>	1	QL (100 per 30 days)
<i>clindamycin phosphate topical gel</i>	1	QL (120 per 30 days)
<i>clindamycin phosphate topical gel, once daily</i>	1	QL (120 per 30 days)
<i>clindamycin phosphate topical lotion</i>	1	QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	1	QL (120 per 30 days)
<i>clindamycin phosphate topical swab</i>	1	QL (60 per 30 days)

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This drug list was last updated on 08/30/2023.

Drug Name	Drug Tier	Requirements /Limits
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	1	
EPSOLAY TOPICAL CREAM	1	ST
<i>ery pads topical swab</i>	1	
<i>erythromycin with ethanol topical gel</i>	1	
<i>erythromycin with ethanol topical solution</i>	1	
<i>erythromycin-benzoyl peroxide topical gel</i>	1	
FINACEA TOPICAL FOAM	1	ST
<i>isotretinoin oral capsule</i>	1	
<i>ivermectin topical cream</i>	1	QL (60 per 30 days)
<i>metronidazole topical cream</i>	1	
<i>metronidazole topical gel</i>	1	
<i>metronidazole topical gel with pump</i>	1	
<i>metronidazole topical lotion</i>	1	
MIRVASO TOPICAL GEL WITH PUMP	1	PA

Drug Name	Drug Tier	Requirements /Limits
<i>tazarotene topical cream</i>	1	PA
TAZAROTENE TOPICAL FOAM	1	PA
<i>tazarotene topical gel</i>	1	PA
<i>tretinoin microspheres topical gel</i>	1	PA
<i>tretinoin microspheres topical gel with pump</i>	1	PA
<i>tretinoin topical cream</i>	1	PA
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	1	PA
TWYNEO TOPICAL CREAM	1	PA
WINLEVI TOPICAL CREAM	1	PA
<i>zenatane oral capsule</i>	1	
ZILXI TOPICAL FOAM	1	ST
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical cream</i>	1	QL (60 per 30 days)
<i>gentamicin topical ointment</i>	1	QL (60 per 30 days)
<i>mupirocin calcium topical cream</i>	1	QL (30 per 30 days)
<i>mupirocin topical ointment</i>	1	QL (44 per 30 days)
SULFAMYLON TOPICAL CREAM	1	
TOPICAL ANTIFUNGALS		

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This drug list was last updated on 08/30/2023.

Drug Name	Drug Tier	Requirements /Limits
<i>ciclopirox topical cream</i>	1	QL (90 per 28 days)
<i>ciclopirox topical gel</i>	1	QL (100 per 28 days)
<i>ciclopirox topical shampoo</i>	1	QL (120 per 28 days)
<i>ciclopirox topical solution</i>	1	QL (6.6 per 28 days)
<i>ciclopirox topical suspension</i>	1	QL (60 per 28 days)
<i>clotrimazole topical cream</i>	1	QL (45 per 28 days)
<i>clotrimazole topical solution</i>	1	QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	1	QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	1	QL (60 per 28 days)
<i>econazole topical cream</i>	1	QL (85 per 28 days)
EXELDERM TOPICAL CREAM	1	QL (60 per 28 days)
EXELDERM TOPICAL SOLUTION	1	QL (60 per 28 days)
JUBLIA TOPICAL SOLUTION WITH APPLICATOR	1	QL (8 per 30 days)
<i>ketconazole topical cream</i>	1	QL (60 per 28 days)
<i>ketconazole topical shampoo</i>	1	QL (120 per 28 days)
<i>naftifine topical cream</i>	1	QL (60 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>naftifine topical gel 2 %</i>	1	QL (60 per 28 days)
<i>nyamyc topical powder</i>	1	QL (180 per 30 days)
<i>nystatin topical cream</i>	1	QL (30 per 28 days)
<i>nystatin topical ointment</i>	1	QL (30 per 28 days)
<i>nystatin topical powder</i>	1	QL (180 per 30 days)
<i>nystop topical powder</i>	1	QL (180 per 30 days)
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream</i>	1	QL (5 per 30 days)
<i>acyclovir topical ointment</i>	1	QL (30 per 30 days)
DENAVIR TOPICAL CREAM	1	QL (5 per 30 days)
<i>penciclovir topical cream</i>	1	QL (5 per 30 days)
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1	
<i>alclometasone topical cream</i>	1	
<i>alclometasone topical ointment</i>	1	
<i>betamethasone dipropionate topical cream</i>	1	
<i>betamethasone dipropionate topical lotion</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>betamethasone dipropionate topical ointment</i>	1	
<i>betamethasone valerate topical cream</i>	1	
<i>betamethasone valerate topical lotion</i>	1	
<i>betamethasone valerate topical ointment</i>	1	
<i>betamethasone, augmented topical cream</i>	1	
<i>betamethasone, augmented topical gel</i>	1	
<i>betamethasone, augmented topical lotion</i>	1	
<i>betamethasone, augmented topical ointment</i>	1	
<i>clobetasol scalp solution</i>	1	QL (100 per 28 days)
<i>clobetasol topical cream</i>	1	QL (120 per 28 days)
<i>clobetasol topical gel</i>	1	QL (120 per 28 days)
<i>clobetasol topical ointment</i>	1	QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	1	QL (236 per 28 days)
<i>clobetasol-emollient topical cream</i>	1	QL (120 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
CORDRAN LARGE ROLL TOPICAL TAPE	1	
<i>desonide topical ointment</i>	1	
<i>desoximetasone topical cream</i>	1	
<i>desrx topical gel</i>	1	
<i>fluocinolone and shower cap scalp oil</i>	1	
<i>fluocinolone topical cream</i>	1	
<i>fluocinolone topical oil</i>	1	
<i>fluocinolone topical ointment</i>	1	
<i>fluocinolone topical solution</i>	1	
<i>fluocinonide topical gel</i>	1	QL (120 per 30 days)
<i>fluocinonide topical ointment</i>	1	QL (120 per 30 days)
<i>fluocinonide topical solution</i>	1	QL (120 per 30 days)
<i>fluocinonide-e topical cream</i>	1	QL (120 per 30 days)
<i>fluocinonide-emollient topical cream</i>	1	QL (120 per 30 days)
<i>fluticasone propionate topical cream</i>	1	
<i>fluticasone propionate topical ointment</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>halobetasol propionate topical cream</i>	1	
<i>halobetasol propionate topical ointment</i>	1	
<i>hydrocortisone butyrate topical ointment</i>	1	QL (120 per 30 days)
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream</i>	1	
<i>hydrocortisone valerate topical ointment</i>	1	
<i>mometasone topical cream</i>	1	
<i>mometasone topical ointment</i>	1	
<i>mometasone topical solution</i>	1	
SYNALAR TOPICAL SOLUTION	1	
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triderm topical cream 0.1 %</i>	1	
<i>tritocin topical ointment</i>	1	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan topical lotion</i>	1	
<i>malathion topical lotion</i>	1	
<i>permethrin topical cream</i>	1	QL (60 per 30 days)
DIAGNOSTICS / MISCELLANEOUS AGENTS		
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec)</i>	1	
<i>anagrelide oral capsule</i>	1	
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	1	PA; LA; NDS
ARALAST NP INTRAVENOUS RECON SOLN 500 MG	1	PA; NDS
AURYXIA ORAL TABLET	1	PA; NDS
CARBAGLU ORAL TABLET, DISPERSIBLE	1	PA; LA; NDS

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This drug list was last updated on 08/30/2023.

Drug Name	Drug Tier	Requirements /Limits
<i>carglumic acid oral tablet, dispersible</i>	1	PA; NDS
CHEMET ORAL CAPSULE	1	PA
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	1	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	
<i>deferasirox oral tablet 180 mg, 360 mg</i>	1	PA; NDS
<i>deferasirox oral tablet 90 mg</i>	1	PA
<i>deferasirox oral tablet, dispersible</i>	1	PA; NDS
<i>deferiprone oral tablet 1,000 mg</i>	1	PA; NDS
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	1	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	1	
<i>dextrose 5 % in water (d5w) intravenous piggyback</i>	1	
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	1	
<i>disulfiram oral tablet</i>	1	
<i>droxidopa oral capsule</i>	1	PA; NDS
ENDARI ORAL POWDER IN PACKET	1	PA; NDS
EXSERVAN ORAL FILM	1	PA; NDS
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE	1	PA; NDS
FERRIPROX ORAL SOLUTION	1	PA; NDS
FERRIPROX ORAL TABLET	1	PA; NDS
GLASSIA INTRAVENOUS SOLUTION	1	PA; LA; NDS
INCRELEX SUBCUTANEOUS SOLUTION	1	LA; NDS

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Drug Name	Drug Tier	Requirements /Limits
JADENU SPRINKLE ORAL GRANULES IN PACKET	1	PA; NDS
<i>lanthanum oral tablet, chewable 1,000 mg</i>	1	QL (135 per 30 days)
<i>lanthanum oral tablet, chewable 500 mg</i>	1	QL (270 per 30 days)
<i>lanthanum oral tablet, chewable 750 mg</i>	1	QL (180 per 30 days)
<i>levocarnitine (with sugar) oral solution</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet</i>	1	
LITHOSTAT ORAL TABLET	1	
LOKELMA ORAL POWDER IN PACKET	1	
<i>midodrine oral tablet</i>	1	
<i>nitisinone oral capsule</i>	1	PA; NDS
NORTHERA ORAL CAPSULE	1	PA; NDS
ORFADIN ORAL CAPSULE 20 MG	1	PA; LA; NDS
ORFADIN ORAL SUSPENSION	1	PA; LA; NDS
OXBRYTA ORAL TABLET 300 MG	1	PA; LA; QL (150 per 30 days); NDS

Drug Name	Drug Tier	Requirements /Limits
OXBRYTA ORAL TABLET FOR SUSPENSION	1	PA; LA; QL (150 per 30 days); NDS
PHEBURANE ORAL GRANULES	1	PA; NDS
<i>pilocarpine hcl oral tablet</i>	1	
PROLASTIN-C INTRAVENOUS RECON SOLN	1	PA; LA; NDS
PROLASTIN-C INTRAVENOUS SOLUTION	1	PA; NDS
PYRUKYND ORAL TABLET 20 MG, 5 MG (4-WEEK PACK), 50 MG	1	PA; LA; QL (56 per 28 days); NDS
PYRUKYND ORAL TABLET 5 MG	1	PA; LA; QL (7 per 180 days); NDS
PYRUKYND ORAL TABLETS, DOSE PACK	1	PA; LA; QL (14 per 180 days); NDS
RAVICTI ORAL LIQUID	1	PA; NDS
RECLAST INTRAVENOUS PIGGYBACK	1	PA
REVCIVI INTRAMUSCULAR SOLUTION	1	PA; LA; NDS
<i>riluzole oral tablet</i>	1	PA
<i>risedronate oral tablet 30 mg</i>	1	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	1	QL (180 per 30 days); NDS
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	1	QL (90 per 30 days); NDS
<i>sevelamer carbonate oral tablet</i>	1	QL (270 per 30 days)
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	
<i>sodium chloride 0.9 % intravenous piggyback</i>	1	
<i>sodium chloride irrigation solution</i>	1	
<i>sodium phenylbutyrate oral powder</i>	1	PA; NDS
<i>sodium phenylbutyrate oral tablet</i>	1	PA; NDS
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol) oral suspension</i>	1	
<i>sps (with sorbitol) rectal enema</i>	1	
TAVNEOS ORAL CAPSULE	1	PA; LA; QL (180 per 30 days); NDS
TIGLUTIK ORAL SUSPENSION	1	PA; NDS
<i>tiopronin oral tablet</i>	1	PA; NDS
<i>trientine oral capsule</i>	1	PA; NDS

Drug Name	Drug Tier	Requirements /Limits
VELPHORO ORAL TABLET,CHEWABLE	1	QL (180 per 30 days); NDS
VELTASSA ORAL POWDER IN PACKET	1	
XIAFLEX INJECTION RECON SOLN	1	NDS
ZEMAIRA INTRAVENOUS RECON SOLN	1	PA; LA; NDS
ZOKINVY ORAL CAPSULE	1	PA; LA; QL (120 per 30 days); NDS
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	1	PA
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr</i>	1	
CHANTIX CONTINUING MONTH BOX ORAL TABLET	1	
CHANTIX ORAL TABLET 1 MG	1	
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK	1	

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Drug Name	Drug Tier	Requirements /Limits
NICOTROL INHALATION CARTRIDGE	1	
NICOTROL NS NASAL SPRAY, NON-AEROSOL	1	
<i>varenicline oral tablet</i>	1	
<i>varenicline oral tablets, dose pack</i>	1	

EAR, NOSE / THROAT MEDICATIONS

MISCELLANEOUS AGENTS

<i>azelastine nasal aerosol, spray</i>	1	QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane mouthwash</i>	1	
<i>ipratropium bromide nasal spray, non-aerosol</i>	1	QL (30 per 30 days)
<i>perio gard mucous membrane mouthwash</i>	1	
<i>triamcinolone acetonide dental paste</i>	1	

MISCELLANEOUS OTIC PREPARATIONS

<i>acetic acid otic (ear) solution</i>	1	
<i>flac otic oil otic (ear) drops</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>fluocinolone acetonide oil otic (ear) drops</i>	1	
<i>hydrocortisone-acetic acid otic (ear) drops</i>	1	
<i>ofloxacin otic (ear) drops</i>	1	

OTIC STEROID / ANTIBIOTIC

CIPRO HC OTIC (EAR) DROPS, SUSPENSION	1	
<i>neomycin-polymyxin-hc otic (ear) drops, suspension</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution</i>	1	

ENDOCRINE/DIABETES

ADRENAL HORMONES

CORTROPHIN GEL INJECTION GEL	1	PA; NDS
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>fludrocortisone oral tablet</i>	1	
<i>hydrocortisone oral tablet</i>	1	
<i>methylprednisolone oral tablet</i>	1	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
<i>methylprednisolone oral tablets,dose pack</i>	1	
<i>prednisolone oral solution</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisone intensol oral concentrate</i>	1	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet</i>	1	
<i>prednisone oral tablets,dose pack</i>	1	
TARPEYO ORAL CAPSULE,DELAY ED RELEASE(DR/EC)	1	PA; QL (120 per 30 days); NDS
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet</i>	1	
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	1	QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	1	QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	1	QL (180 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>alcohol pads topical pads, medicated</i>	1	
BAQSIMI NASAL SPRAY,NON-AEROSOL	1	
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	1	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	1	PA; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	1	PA; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	1	PA; QL (1.2 per 30 days)
CYCLOSET ORAL TABLET	1	QL (180 per 30 days)
<i>diazoxide oral suspension</i>	1	
FARXIGA ORAL TABLET 10 MG	1	QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	1	QL (60 per 30 days)
<i>glimepiride oral tablet 1 mg</i>	1	QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>glipizide oral tablet 10 mg</i>	1	QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 per 30 days)
GLUCAGEN HYPOKIT INJECTION RECON SOLN	1	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN	1	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN	1	
GLYXAMBI ORAL TABLET	1	QL (30 per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR	1	

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

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Drug Name	Drug Tier	Requirements /Limits
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION	1	
HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN	1	ST
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	1	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	1	B/D PA
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	1	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN	1	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN	1	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	1	
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION	1	

Drug Name	Drug Tier	Requirements /Limits
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION	1	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN	1	
INSULIN DEGLUDEC SUBCUTANEOUS INSULIN PEN	1	ST
INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION	1	ST
INSULIN GLARGINE SUBCUTANEOUS INSULIN PEN	1	
INSULIN GLARGINE SUBCUTANEOUS SOLUTION	1	
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN	1	ST
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION	1	ST
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN	1	ST
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN	1	ST

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Drug Name	Drug Tier	Requirements /Limits
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT	1	ST
INSULIN LISPRO SUBCUTANEOUS SOLUTION	1	B/D PA
JANUMET ORAL TABLET	1	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	1	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	1	QL (60 per 30 days)
JANUVIA ORAL TABLET	1	QL (30 per 30 days)
JARDIANCE ORAL TABLET	1	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG	1	ST; QL (60 per 30 days)
JENTADUETO ORAL TABLET 2.5-850 MG	1	PA; ST; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	1	ST; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	1	ST; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN	1	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION	1	
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN	1	ST
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION	1	ST
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	1	
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN	1	
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN	1	ST
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION	1	B/D PA
<i>metformin oral solution</i>	1	QL (765 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	1	QL (75 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>metformin oral tablet 500 mg</i>	1	QL (150 per 30 days)
METFORMIN ORAL TABLET 625 MG	1	QL (120 per 30 days); NDS
<i>metformin oral tablet 850 mg</i>	1	QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	QL (60 per 30 days)
<i>miglitol oral tablet 100 mg</i>	1	QL (90 per 30 days)
<i>miglitol oral tablet 25 mg</i>	1	QL (360 per 30 days)
<i>miglitol oral tablet 50 mg</i>	1	QL (180 per 30 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR	1	PA; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg</i>	1	QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	1	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)	1	PA; QL (3 per 28 days)
<i>pioglitazone oral tablet</i>	1	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>pioglitazone-glimepiride oral tablet</i>	1	QL (30 per 30 days)
<i>pioglitazone-metformin oral tablet</i>	1	QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	1	QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	1	QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	QL (240 per 30 days)
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN	1	ST
RYBELSUS ORAL TABLET	1	PA; QL (30 per 30 days)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION	1	ST
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN	1	ST
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN	1	QL (90 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	1	PA; QL (10.8 per 30 days); NDS
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	1	PA; QL (6 per 30 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
SYNJARDY ORAL TABLET	1	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	1	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	1	QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN	1	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN	1	
TRADJENTA ORAL TABLET	1	ST; QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN	1	ST
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN	1	ST
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION	1	ST

Drug Name	Drug Tier	Requirements /Limits
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	1	PA; QL (2 per 28 days)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR	1	PA; QL (9 per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR	1	PA; QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	1	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	1	QL (60 per 30 days)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	1	
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE	1	
MISCELLANEOUS HORMONES		
<i>cabergoline oral tablet</i>	1	
<i>calcitonin (salmon) nasal spray, non-aerosol</i>	1	
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>calcitriol oral capsule</i>	1	
<i>calcitriol oral solution</i>	1	
<i>cinacalcet oral tablet</i>	1	
<i>danazol oral capsule</i>	1	
<i>desmopressin nasal spray with pump</i>	1	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin oral tablet</i>	1	
<i>doxercalciferol oral capsule</i>	1	
JATENZO ORAL CAPSULE 158 MG, 198 MG	1	PA; QL (120 per 30 days)
JATENZO ORAL CAPSULE 237 MG	1	PA; QL (60 per 30 days); NDS
<i>javygtor oral powder in packet 100 mg</i>	1	PA
<i>javygtor oral powder in packet 500 mg</i>	1	PA; NDS
<i>javygtor oral tablet,soluble</i>	1	PA; NDS
KORLYM ORAL TABLET	1	PA; NDS
KUVAN ORAL POWDER IN PACKET	1	PA; NDS
KUVAN ORAL TABLET,SOLUBLE	1	PA; NDS

Drug Name	Drug Tier	Requirements /Limits
<i>miglustat oral capsule</i>	1	PA; LA; NDS
MYALEPT SUBCUTANEOUS RECON SOLN	1	PA; LA; NDS
NATPARA SUBCUTANEOUS CARTRIDGE	1	PA; LA; NDS
<i>paricalcitol oral capsule</i>	1	
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR	1	NDS
RECORLEV ORAL TABLET	1	PA; NDS
ROCALTROL ORAL CAPSULE	1	
ROCALTROL ORAL SOLUTION	1	
<i>sapropterin oral powder in packet</i>	1	PA; NDS
<i>sapropterin oral tablet,soluble</i>	1	PA; NDS
SOMAVERT SUBCUTANEOUS RECON SOLN	1	PA; NDS
SYNAREL NASAL SPRAY,NON-AEROSOL	1	PA; NDS
<i>testosterone cypionate intramuscular oil</i>	1	PA
<i>testosterone enanthate intramuscular oil</i>	1	PA
<i>testosterone transdermal gel</i>	1	PA; QL (300 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	1	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	1	PA; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	1	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	1	PA; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	1	PA; QL (150 per 30 days)
TLANDO ORAL CAPSULE	1	PA; QL (120 per 30 days)
VOXZOGO SUBCUTANEOUS RECON SOLN	1	PA; NDS
<i>zoledronic acid intravenous solution</i>	1	B/D PA
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	1	B/D PA
THYROID HORMONES		
ERMEZA ORAL SOLUTION	1	

Drug Name	Drug Tier	Requirements /Limits
<i>euthyrox oral tablet</i>	1	
<i>levo-t oral tablet</i>	1	
<i>levothyroxine oral tablet</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine oral tablet</i>	1	
SYNTHROID ORAL TABLET	1	ST
THYQUIDITY ORAL SOLUTION	1	
TIROSINT-SOL ORAL SOLUTION	1	
<i>unithroid oral tablet</i>	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
CUVPOSA ORAL SOLUTION	1	
DARTISLA ORAL TABLET,DISINTEGRATING	1	
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	1	
<i>dicyclomine oral tablet</i>	1	
<i>diphenoxylate-atropine oral liquid</i>	1	

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This drug list was last updated on 08/30/2023.

Drug Name	Drug Tier	Requirements /Limits
<i>diphenoxylate-atropine oral tablet</i>	1	
GLYCATE ORAL TABLET	1	
<i>glycopyrrolate oral solution</i>	1	
<i>glycopyrrolate oral tablet 1.5 mg</i>	1	
<i>loperamide oral capsule</i>	1	
<i>methscopolamine oral tablet</i>	1	
ROBINUL FORTE ORAL TABLET	1	
ROBINUL ORAL TABLET	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron oral tablet</i>	1	PA; NDS
AMITIZA ORAL CAPSULE	1	QL (60 per 30 days)
ANTIVERT ORAL TABLET 50 MG	1	
ANTIVERT ORAL TABLET,CHEWABLE	1	
ANZEMET ORAL TABLET 50 MG	1	B/D PA
<i>aprepitant oral capsule</i>	1	B/D PA
<i>aprepitant oral capsule,dose pack</i>	1	B/D PA
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR	1	

Drug Name	Drug Tier	Requirements /Limits
<i>balsalazide oral capsule</i>	1	
<i>betaine oral powder</i>	1	NDS
<i>budesonide oral capsule,delayed,extended.release</i>	1	
<i>budesonide oral tablet,delayed and ext.release</i>	1	NDS
<i>budesonide rectal foam</i>	1	
BYLVAY ORAL CAPSULE	1	PA; LA; NDS
BYLVAY ORAL PELLETT	1	PA; LA; NDS
CHENODAL ORAL TABLET	1	PA; LA; NDS
CHOLBAM ORAL CAPSULE 250 MG	1	PA; NDS
CHOLBAM ORAL CAPSULE 50 MG	1	PA; QL (120 per 30 days); NDS
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT	1	PA; QL (2 per 28 days); NDS
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT	1	PA; QL (2 per 28 days); NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT	1	PA; QL (2 per 28 days); NDS
CLENPIQ ORAL SOLUTION	1	ST
<i>compro rectal suppository</i>	1	

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This drug list was last updated on 08/30/2023.

Drug Name	Drug Tier	Requirements /Limits
<i>constulose oral solution</i>	1	
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC)	1	
<i>cromolyn oral concentrate</i>	1	
CYSTADANE ORAL POWDER	1	NDS
DIPENTUM ORAL CAPSULE	1	NDS
<i>dronabinol oral capsule</i>	1	B/D PA
<i>enulose oral solution</i>	1	
GATTEX 30-VIAL SUBCUTANEOUS KIT	1	PA; NDS
GATTEX ONE-VIAL SUBCUTANEOUS KIT	1	PA; NDS
<i>gavilyte-c oral recon soln</i>	1	
<i>gavilyte-g oral recon soln</i>	1	
<i>generlac oral solution</i>	1	
<i>granisetron hcl oral tablet</i>	1	B/D PA
<i>hydrocortisone rectal enema</i>	1	
<i>hydrocortisone topical cream with perineal applicator</i>	1	
<i>lactulose oral solution</i>	1	

Drug Name	Drug Tier	Requirements /Limits
LINZESS ORAL CAPSULE	1	QL (30 per 30 days)
LIVMARLI ORAL SOLUTION	1	PA; LA; NDS
<i>lubiprostone oral capsule</i>	1	QL (60 per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>mesalamine oral capsule, extended release</i>	1	NDS
<i>mesalamine oral capsule,extended release 24hr</i>	1	
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram</i>	1	
<i>mesalamine rectal enema</i>	1	
<i>mesalamine rectal suppository</i>	1	
<i>mesalamine with cleansing wipe rectal enema kit</i>	1	
<i>metoclopramide hcl oral solution</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
OICALIVA ORAL TABLET	1	PA; LA; QL (30 per 30 days)
<i>ondansetron hcl (pf) injection solution</i>	1	
<i>ondansetron hcl (pf) injection syringe</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>ondansetron hcl oral solution</i>	1	B/D PA
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D PA
<i>ondansetron oral tablet,disintegrating</i>	1	B/D PA
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800-98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700-83,900 UNIT, 4,200-14,200- 24,600 UNIT	1	
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 37,000-97,300-149,900 UNIT	1	NDS
<i>peg 3350-electrolytes oral recon soln</i>	1	
<i>peg-electrolyte oral recon soln</i>	1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	1	NDS

Drug Name	Drug Tier	Requirements /Limits
<i>prochlorperazine maleate oral tablet</i>	1	
<i>prochlorperazine rectal suppository</i>	1	
<i>procto-med hc topical cream with perineal applicator</i>	1	
<i>proctosol hc topical cream with perineal applicator</i>	1	
<i>proctozone-hc topical cream with perineal applicator</i>	1	
RECTIV RECTAL OINTMENT	1	
RELISTOR ORAL TABLET	1	QL (90 per 30 days); NDS
RELISTOR SUBCUTANEOUS SOLUTION	1	QL (18 per 30 days); NDS
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	1	QL (18 per 30 days); NDS
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	1	QL (12 per 30 days); NDS
RELTONE ORAL CAPSULE	1	NDS
REMICADE INTRAVENOUS RECON SOLN	1	PA; QL (20 per 28 days); NDS
SANCUSO TRANSDERMAL PATCH WEEKLY	1	NDS

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This drug list was last updated on 08/30/2023.

Drug Name	Drug Tier	Requirements /Limits
<i>scopolamine base transdermal patch 3 day</i>	1	
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	1	PA; QL (1.2 per 56 days); NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	1	PA; QL (2.4 per 56 days); NDS
<i>sodium,potassium,mag sulfates oral recon soln</i>	1	
SUCRAID ORAL SOLUTION	1	PA; NDS
<i>sulfasalazine oral tablet</i>	1	
<i>sulfasalazine oral tablet,delayed release (dr/ec)</i>	1	
SUPREP BOWEL PREP KIT ORAL RECON SOLN	1	ST
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY	1	
<i>ursodiol oral capsule 200 mg, 400 mg</i>	1	NDS
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet</i>	1	

Drug Name	Drug Tier	Requirements /Limits
VIOKACE ORAL TABLET	1	
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	1	
ULCER THERAPY		
<i>bismuth subcit k-metronidz-ten oral capsule</i>	1	QL (120 per 180 days)
<i>cimetidine oral tablet</i>	1	
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEASE	1	QL (30 per 30 days)
<i>dexlansoprazole oral capsule,biphase delayed releas</i>	1	QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	1	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	1	QL (60 per 30 days)
<i>famotidine oral suspension</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	1	QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1	QL (60 per 30 days)
<i>misoprostol oral tablet</i>	1	
<i>nizatidine oral capsule</i>	1	
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</i>	1	QL (30 per 30 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	QL (60 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	QL (60 per 30 days)
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON 10 MG	1	QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON 2.5 MG	1	QL (480 per 30 days)
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	1	QL (60 per 30 days)
<i>sucralfate oral suspension</i>	1	
<i>sucralfate oral tablet</i>	1	
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE SUBCUTANEOUS SOLUTION	1	B/D PA; NDS
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 60 MCG/ML	1	PA; NDS
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	1	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML	1	PA

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This drug list was last updated on 08/30/2023.

Drug Name	Drug Tier	Requirements /Limits
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML, 60 MCG/0.3 ML	1	PA; NDS
ARCALYST SUBCUTANEOUS RECON SOLN	1	PA; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	1	PA; QL (1 per 28 days); NDS
AVONEX INTRAMUSCULAR SYRINGE KIT	1	PA; QL (1 per 28 days); NDS
BESREMI SUBCUTANEOUS SYRINGE	1	PA; LA; NDS
BETASERON SUBCUTANEOUS KIT	1	PA; QL (14 per 28 days); NDS
EGRIFTA SV SUBCUTANEOUS RECON SOLN	1	PA; NDS
EXTAVIA SUBCUTANEOUS KIT	1	PA; QL (15 per 28 days); NDS
EXTAVIA SUBCUTANEOUS RECON SOLN	1	PA; QL (15 per 28 days); NDS
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	1	PA

Drug Name	Drug Tier	Requirements /Limits
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	1	PA; NDS
GENOTROPIN SUBCUTANEOUS CARTRIDGE	1	PA; NDS
GRANIX SUBCUTANEOUS SOLUTION	1	PA; NDS
GRANIX SUBCUTANEOUS SYRINGE	1	PA; NDS
LEUKINE INJECTION RECON SOLN	1	PA; NDS
NEULASTA SUBCUTANEOUS SYRINGE	1	PA; NDS
NEUPOGEN INJECTION SOLUTION	1	PA; NDS
NEUPOGEN INJECTION SYRINGE	1	PA; NDS
NIVESTYM INJECTION SOLUTION	1	PA; NDS
NIVESTYM SUBCUTANEOUS SYRINGE	1	PA; NDS

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Drug Name	Drug Tier	Requirements /Limits
OMNITROPE SUBCUTANEOUS CARTRIDGE	1	PA; NDS
OMNITROPE SUBCUTANEOUS RECON SOLN	1	PA; NDS
PEGASYS SUBCUTANEOUS SOLUTION	1	QL (4 per 28 days); NDS
PEGASYS SUBCUTANEOUS SYRINGE	1	QL (2 per 28 days); NDS
PLEGRIDY INTRAMUSCULAR SYRINGE	1	PA; QL (1 per 28 days); NDS
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	1	PA; QL (1 per 28 days); NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	1	PA; QL (1 per 28 days); NDS
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	1	PA; NDS
PROLEUKIN INTRAVENOUS RECON SOLN	1	B/D PA; NDS

Drug Name	Drug Tier	Requirements /Limits
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE	1	PA; QL (6 per 28 days); NDS
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	1	PA; QL (6 per 28 days); NDS
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	1	PA; QL (4.2 per 180 days); NDS
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE	1	PA; QL (4.2 per 180 days); NDS
RELEUKO SUBCUTANEOUS SYRINGE	1	PA; NDS
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	1	PA; NDS
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	1	PA; NDS
SKYTROFA SUBCUTANEOUS CARTRIDGE	1	PA; NDS

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This drug list was last updated on 08/30/2023.

Drug Name	Drug Tier	Requirements /Limits
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	1	PA; NDS
UDENYCA SUBCUTANEOUS SYRINGE	1	PA; NDS
ZARXIO INJECTION SYRINGE	1	PA; NDS
ZORBTIVE SUBCUTANEOUS RECON SOLN	1	PA; NDS
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN	1	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	1	V
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE	1	V
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	1	V
BEXSERO INTRAMUSCULAR SYRINGE	1	V

Drug Name	Drug Tier	Requirements /Limits
BIVIGAM INTRAVENOUS SOLUTION	1	PA; NDS
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION	1	V
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	1	V
BOTOX INJECTION RECON SOLN	1	PA
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	1	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	1	B/D PA; V
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	1	B/D PA; V
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	1	B/D PA; V
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	1	PA; NDS
GAMMAGARD LIQUID INJECTION SOLUTION	1	PA; NDS
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN	1	PA; NDS

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This drug list was last updated on 08/30/2023.

Drug Name	Drug Tier	Requirements /Limits
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	1	PA; NDS
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION	1	PA; NDS
GAMMAPLEX INTRAVENOUS SOLUTION	1	PA; NDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	1	PA; NDS
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	1	V
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	1	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE	1	B/D PA; V
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	1	

Drug Name	Drug Tier	Requirements /Limits
HIZENTRA SUBCUTANEOUS SOLUTION	1	B/D PA; NDS
HIZENTRA SUBCUTANEOUS SYRINGE	1	B/D PA; NDS
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN	1	V
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	1	
IPOLE INJECTION SUSPENSION	1	V
IXIARO (PF) INTRAMUSCULAR SYRINGE	1	V
JYNNEOS (PF)(STOCKPILE) SUBCUTANEOUS SUSPENSION	1	B/D PA; V
KINRIX (PF) INTRAMUSCULAR SYRINGE	1	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	1	V
MENQUADFI (PF) INTRAMUSCULAR SOLUTION	1	V
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	1	V

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This drug list was last updated on 08/30/2023.

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

Drug Name	Drug Tier	Requirements /Limits
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	1	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	1	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE	1	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	1	V
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	1	B/D PA; V
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	1	B/D PA; V
ROTARIX ORAL SUSPENSION	1	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION	1	
ROTATEQ VACCINE ORAL SOLUTION	1	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	1	V; QL (2 per 720 days)

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This drug list was last updated on 08/30/2023.

Drug Name	Drug Tier	Requirements /Limits
TDVAX INTRAMUSCULAR SUSPENSION	1	V
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	1	V
TENIVAC (PF) INTRAMUSCULAR SYRINGE	1	V
TETANUS,DIPHTE RIA TOX PED(PF) INTRAMUSCULAR SUSPENSION	1	
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION	1	B/D PA
TICOVAC INTRAMUSCULAR SYRINGE	1	
TRUMENBA INTRAMUSCULAR SYRINGE	1	V
TWINRIX (PF) INTRAMUSCULAR SYRINGE	1	V
TYPHIM VI INTRAMUSCULAR SOLUTION	1	V
TYPHIM VI INTRAMUSCULAR SYRINGE	1	V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	1	

Drug Name	Drug Tier	Requirements /Limits
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	1	V
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	1	V
VARIZIG INTRAMUSCULAR SOLUTION	1	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	1	V
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		
GAUZE PADS 2 X 2	1	
INSULIN SYRINGE- NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	1	

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This drug list was last updated on 08/30/2023.

Drug Name	Drug Tier	Requirements /Limits
INSULIN SYRINGES (NON-PREFERRED BRANDS) SYRINGE 1 ML 29 GAUGE X 1/2"	1	
PEN NEEDLES (NON-PREFERRED BRANDS) NEEDLE 29 GAUGE X 1/2"	1	

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
ALLOPURINOL ORAL TABLET 200 MG	1	
COLCHICINE (GOUT) ORAL CAPSULE	1	
<i>colchicine (gout) oral tablet</i>	1	
<i>febuxostat oral tablet</i>	1	
<i>probenecid oral tablet</i>	1	
<i>probenecid-colchicine oral tablet</i>	1	

OSTEOPOROSIS THERAPY

<i>alendronate oral solution</i>	1	QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL (4 per 28 days)
FORTEO SUBCUTANEOUS PEN INJECTOR	1	PA; QL (2.4 per 28 days); NDS
<i>ibandronate oral tablet</i>	1	QL (1 per 30 days)
PROLIA SUBCUTANEOUS SYRINGE	1	PA; QL (1 per 180 days)
<i>raloxifene oral tablet</i>	1	
<i>risedronate oral tablet 150 mg</i>	1	QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	1	QL (30 per 30 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR	1	PA; QL (2.48 per 28 days); NDS
TYMLOS SUBCUTANEOUS PEN INJECTOR	1	PA; QL (1.56 per 30 days); NDS

OTHER RHEUMATOLOGICALS

ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR	1	PA; QL (3.6 per 28 days); NDS
ACTEMRA SUBCUTANEOUS SYRINGE	1	PA; QL (3.6 per 28 days); NDS
ADALIMUMAB-FKJP SUBCUTANEOUS PEN INJECTOR KIT	1	PA; QL (6 per 28 days)

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This drug list was last updated on 08/30/2023.

Drug Name	Drug Tier	Requirements /Limits
ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML	1	PA; QL (2 per 28 days)
ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; QL (6 per 28 days)
AMJEVITA (ONLY NDCS STARTING WITH 55513) SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	1	PA; QL (4.8 per 28 days); NDS
AMJEVITA (ONLY NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML	1	PA; QL (0.4 per 28 days); NDS
AMJEVITA (ONLY NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 20 MG/0.4 ML	1	PA; QL (0.8 per 28 days); NDS
AMJEVITA (ONLY NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	1	PA; QL (4.8 per 28 days); NDS
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR	1	PA; NDS
BENLYSTA SUBCUTANEOUS SYRINGE	1	PA; NDS

Drug Name	Drug Tier	Requirements /Limits
CYLTEZO(CF) PEN CROHN'S-UC- HS SUBCUTANEOUS PEN INJECTOR KIT	1	PA; QL (6 per 180 days)
CYLTEZO(CF) PEN PSORIASIS STRT SUBCUTANEOUS PEN INJECTOR KIT	1	PA; QL (4 per 180 days)
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	1	PA; QL (4 per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML	1	PA; QL (4 per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	1	PA; QL (2 per 28 days)
DEPEN TITRATABS ORAL TABLET	1	PA; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE	1	PA; QL (8 per 28 days); NDS
ENBREL SUBCUTANEOUS SYRINGE	1	PA; QL (8 per 28 days); NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	1	PA; QL (8 per 28 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
HADLIMA(CF) PUSH TOUCH SUBCUTANEOUS AUTO-INJECTOR	1	PA; QL (2.4 per 28 days)
HADLIMA(CF) SUBCUTANEOUS SYRINGE	1	PA; QL (6 per 28 days)
HULIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	1	PA; QL (6 per 28 days)
HULIO(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML	1	PA; QL (2 per 28 days)
HULIO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; QL (6 per 28 days)
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT	1	PA; QL (6 per 180 days); NDS
HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT	1	PA; QL (4 per 180 days); NDS
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT	1	PA; QL (4 per 28 days); NDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; QL (4 per 28 days); NDS

Drug Name	Drug Tier	Requirements /Limits
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	1	PA; QL (3 per 180 days); NDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	1	PA; QL (2 per 180 days); NDS
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT	1	PA; QL (3 per 180 days); NDS
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT	1	PA; QL (4 per 180 days); NDS
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT	1	PA; QL (3 per 180 days); NDS
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	1	PA; QL (4 per 28 days); NDS
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA; QL (2 per 28 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	1	PA; QL (2 per 28 days); NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; QL (4 per 28 days); NDS
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR	1	PA; QL (2.4 per 180 days)
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR	1	PA; QL (1.6 per 180 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML- 40 MG/0.4 ML	1	PA; QL (1.2 per 180 days)
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR	1	PA; QL (1.6 per 28 days)
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML	1	PA; QL (0.2 per 28 days)
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML	1	PA; QL (0.4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	1	PA; QL (1.6 per 28 days)
KINERET SUBCUTANEOUS SYRINGE	1	PA; QL (20.1 per 30 days); NDS
<i>leflunomide oral tablet</i>	1	QL (30 per 30 days)
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR	1	PA; QL (4 per 28 days); NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	1	PA; QL (4 per 28 days); NDS
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	1	PA; QL (1.6 per 28 days); NDS
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	1	PA; QL (2.8 per 28 days); NDS
OTEZLA ORAL TABLET	1	PA; QL (60 per 30 days); NDS
OTEZLA STARTER ORAL TABLETS,DOSE PACK	1	PA; QL (55 per 180 days); NDS
<i>penicillamine oral capsule</i>	1	PA; NDS
<i>penicillamine oral tablet</i>	1	PA; NDS
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR	1	

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Drug Name	Drug Tier	Requirements /Limits
RIDAURA ORAL CAPSULE	1	NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	1	PA; QL (30 per 30 days); NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	1	PA; QL (84 per 180 days); NDS
SAVELLA ORAL TABLET	1	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	1	QL (55 per 180 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	1	PA; QL (3 per 28 days); NDS
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	1	PA; QL (0.5 per 28 days); NDS
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA; QL (3 per 28 days); NDS
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	1	PA; QL (0.5 per 28 days); NDS
XELJANZ ORAL SOLUTION	1	PA; QL (300 per 30 days); NDS
XELJANZ ORAL TABLET	1	PA; QL (60 per 30 days); NDS

Drug Name	Drug Tier	Requirements /Limits
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR	1	PA; QL (30 per 30 days); NDS
YUSIMRY(CF) PEN SUBCUTANEOUS PEN INJECTOR	1	PA; QL (4.8 per 28 days)
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
<i>camila oral tablet</i>	1	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	1	PA
CRINONE VAGINAL GEL 4 %	1	
CRINONE VAGINAL GEL 8 %	1	PA
<i>deblitane oral tablet</i>	1	
DEPO-ESTRADIOL INTRAMUSCULAR OIL	1	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	1	
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %)	1	PA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
DIVIGEL TRANSDERMAL GEL IN PACKET 1.25 MG/1.25 GRAM (0.1 %)	1	PA; QL (37.5 per 30 days)
DUAVEE ORAL TABLET	1	
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP	1	PA; QL (70 per 30 days)
<i>errin oral tablet</i>	1	
<i>estradiol oral tablet</i>	1	PA
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %)</i>	1	PA; QL (30 per 30 days)
<i>estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)</i>	1	PA; QL (37.5 per 30 days)
<i>estradiol transdermal patch weekly</i>	1	PA; QL (4 per 28 days)
<i>estradiol vaginal cream</i>	1	
<i>estradiol vaginal tablet</i>	1	
<i>estradiol valerate intramuscular oil</i>	1	
ESTRING VAGINAL RING	1	

Drug Name	Drug Tier	Requirements /Limits
FEMRING VAGINAL RING	1	
<i>fyavolv oral tablet</i>	1	PA
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	1	
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK	1	
<i>incassia oral tablet</i>	1	
<i>jinteli oral tablet</i>	1	PA
<i>lyllana transdermal patch semiweekly</i>	1	PA; QL (8 per 28 days)
<i>lyza oral tablet</i>	1	
<i>medroxyprogesteron e intramuscular suspension</i>	1	
<i>medroxyprogesteron e intramuscular syringe</i>	1	
<i>medroxyprogesteron e oral tablet</i>	1	
MENEST ORAL TABLET	1	PA
<i>nora-be oral tablet</i>	1	
<i>norethindrone (contraceptive) oral tablet</i>	1	
<i>norethindrone acetate oral tablet</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	PA

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Drug Name	Drug Tier	Requirements /Limits
PREMARIN ORAL TABLET	1	
PREMARIN VAGINAL CREAM	1	
PREMPHASE ORAL TABLET	1	
PREMPRO ORAL TABLET	1	
<i>progesterone micronized oral capsule</i>	1	
<i>sharobel oral tablet</i>	1	
<i>yuvaferm vaginal tablet</i>	1	
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal cream</i>	1	
<i>eluryng vaginal ring</i>	1	
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	1	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE	1	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE	1	
<i>metronidazole vaginal gel</i>	1	
<i>miconazole-3 vaginal suppository</i>	1	
MIRENA INTRAUTERINE DEVICE	1	

Drug Name	Drug Tier	Requirements /Limits
MYFEMBREE ORAL TABLET	1	PA; NDS
NEXPLANON SUBDERMAL IMPLANT	1	
OSPHENA ORAL TABLET	1	
PHEXXI VAGINAL GEL	1	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE	1	
<i>terconazole vaginal cream</i>	1	
<i>terconazole vaginal suppository</i>	1	
<i>tranexamic acid oral tablet</i>	1	
<i>vandazole vaginal gel</i>	1	
<i>xulane transdermal patch weekly</i>	1	
<i>zafemy transdermal patch weekly</i>	1	
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>altavera (28) oral tablet</i>	1	
<i>alyacen 1/35 (28) oral tablet</i>	1	
<i>amethia oral tablets, dose pack, 3 month</i>	1	
<i>apri oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>aranelle (28) oral tablet</i>	1	
<i>ashlyna oral tablets,dose pack,3 month</i>	1	
<i>aubra eq oral tablet</i>	1	
<i>aviane oral tablet</i>	1	
<i>balziva (28) oral tablet</i>	1	
<i>blisovi 24 fe oral tablet</i>	1	
<i>blisovi fe 1.5/30 (28) oral tablet</i>	1	
<i>briellyn oral tablet</i>	1	
<i>camrese lo oral tablets,dose pack,3 month</i>	1	
<i>cryselle (28) oral tablet</i>	1	
<i>cyred eq oral tablet</i>	1	
<i>desog-e.estradiol/e.estradiol oral tablet</i>	1	
<i>desogestrel-ethinyl estradiol oral tablet</i>	1	
<i>dolishale oral tablet</i>	1	
<i>drospirenone-ethinyl estradiol oral tablet</i>	1	
<i>enpresse oral tablet</i>	1	
<i>enskyce oral tablet</i>	1	
<i>estarylla oral tablet</i>	1	
<i>ethynodiol diac-eth estradiol oral tablet</i>	1	
<i>falmina (28) oral tablet</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>finzala oral tablet,chewable</i>	1	
<i>hailey 24 fe oral tablet</i>	1	
<i>introvale oral tablets,dose pack,3 month</i>	1	
<i>isibloom oral tablet</i>	1	
<i>jasmiel (28) oral tablet</i>	1	
<i>juleber oral tablet</i>	1	
<i>junel 1.5/30 (21) oral tablet</i>	1	
<i>junel 1/20 (21) oral tablet</i>	1	
<i>junel fe 1.5/30 (28) oral tablet</i>	1	
<i>junel fe 1/20 (28) oral tablet</i>	1	
<i>junel fe 24 oral tablet</i>	1	
<i>kaitlib fe oral tablet,chewable</i>	1	
<i>kariva (28) oral tablet</i>	1	
<i>kelnor 1/35 (28) oral tablet</i>	1	
<i>kelnor 1-50 (28) oral tablet</i>	1	
<i>kurvelo (28) oral tablet</i>	1	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>larin 1.5/30 (21) oral tablet</i>	1	
<i>larin 1/20 (21) oral tablet</i>	1	
<i>larin fe 1.5/30 (28) oral tablet</i>	1	
<i>larin fe 1/20 (28) oral tablet</i>	1	
<i>layolis fe oral tablet, chewable</i>	1	
<i>leena 28 oral tablet</i>	1	
<i>lessina oral tablet</i>	1	
<i>levonest (28) oral tablet</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablet</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month</i>	1	
<i>levonorg-eth estrad triphasic oral tablet</i>	1	
<i>levora-28 oral tablet</i>	1	
<i>loryna (28) oral tablet</i>	1	
<i>low-ogestrel (28) oral tablet</i>	1	
<i>luteru (28) oral tablet</i>	1	
<i>marlissa (28) oral tablet</i>	1	
<i>merzee oral capsule</i>	1	
<i>mibelas 24 fe oral tablet, chewable</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>microgestin 1.5/30 (21) oral tablet</i>	1	
<i>microgestin 1/20 (21) oral tablet</i>	1	
<i>microgestin 24 fe oral tablet</i>	1	
<i>microgestin fe 1.5/30 (28) oral tablet</i>	1	
<i>microgestin fe 1/20 (28) oral tablet</i>	1	
<i>mili oral tablet</i>	1	
<i>necon 0.5/35 (28) oral tablet</i>	1	
NEXTSTELLIS ORAL TABLET	1	
<i>nikki (28) oral tablet</i>	1	
<i>noreth-ethinyl estradiol-iron oral tablet, chewable</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	1	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	
<i>norethindrone-e.estradiol-iron oral tablet, chewable</i>	1	
<i>norgestimate-ethinyl estradiol oral tablet</i>	1	
<i>nortrel 0.5/35 (28) oral tablet</i>	1	
<i>nortrel 1/35 (21) oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>nortrel 1/35 (28) oral tablet</i>	1	
<i>nortrel 7/7/7 (28) oral tablet</i>	1	
<i>nylia 1/35 (28) oral tablet</i>	1	
<i>nymyo oral tablet</i>	1	
<i>ocella oral tablet</i>	1	
<i>pimtrex (28) oral tablet</i>	1	
<i>portia 28 oral tablet</i>	1	
<i>reclipsen (28) oral tablet</i>	1	
<i>rivelsa oral tablets,dose pack,3 month</i>	1	
<i>setlakin oral tablets,dose pack,3 month</i>	1	
<i>sprintec (28) oral tablet</i>	1	
<i>sronyx oral tablet</i>	1	
<i>syeda oral tablet</i>	1	
<i>tarina 24 fe oral tablet</i>	1	
<i>tarina fe 1-20 eq (28) oral tablet</i>	1	
<i>taysofy oral capsule</i>	1	
<i>tri-estarylla oral tablet</i>	1	
<i>tri-legest fe oral tablet</i>	1	
<i>tri-lo-estarylla oral tablet</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>tri-lo-sprintec oral tablet</i>	1	
<i>tri-mili oral tablet</i>	1	
<i>tri-nymyo oral tablet</i>	1	
<i>tri-sprintec (28) oral tablet</i>	1	
<i>trivora (28) oral tablet</i>	1	
<i>tri-vylibra lo oral tablet</i>	1	
<i>tri-vylibra oral tablet</i>	1	
TYBLUME ORAL TABLET,CHEWABLE	1	
<i>velivet triphasic regimen (28) oral tablet</i>	1	
<i>vestura (28) oral tablet</i>	1	
<i>vienva oral tablet</i>	1	
<i>vyfemla (28) oral tablet</i>	1	
<i>vylibra oral tablet</i>	1	
<i>wymzya fe oral tablet,chewable</i>	1	
<i>zovia 1-35 (28) oral tablet</i>	1	
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>bacitracin ophthalmic (eye) ointment</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>bacitracin-polymyxin b ophthalmic (eye) ointment</i>	1	
BESIVANCE OPTHALMIC (EYE) DROPS,SUSPENSION	1	
CILOXAN OPTHALMIC (EYE) OINTMENT	1	
<i>ciprofloxacin hcl ophthalmic (eye) drops</i>	1	
<i>erythromycin ophthalmic (eye) ointment</i>	1	QL (3.5 per 14 days)
<i>gatifloxacin ophthalmic (eye) drops</i>	1	
<i>gentamicin ophthalmic (eye) drops</i>	1	QL (70 per 30 days)
<i>levofloxacin ophthalmic (eye) drops</i>	1	
<i>moxifloxacin ophthalmic (eye) drops</i>	1	
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	1	
NATACYN OPTHALMIC (EYE) DROPS,SUSPENSION	1	

Drug Name	Drug Tier	Requirements /Limits
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops</i>	1	
<i>neo-polycin ophthalmic (eye) ointment</i>	1	
<i>ofloxacin ophthalmic (eye) drops</i>	1	
<i>polycin ophthalmic (eye) ointment</i>	1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops</i>	1	
<i>tobramycin ophthalmic (eye) drops</i>	1	QL (10 per 14 days)
TOBREX OPTHALMIC (EYE) OINTMENT	1	QL (3.5 per 14 days)
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops</i>	1	
ZIRGAN OPTHALMIC (EYE) GEL	1	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
BETIMOL OPHTHALMIC (EYE) DROPS	1	
<i>carteolol ophthalmic (eye) drops</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	1	
MISCELLANEOUS OPHTHALMOLOGICS		
ALOCRILOPHthalmic (EYE) DROPS	1	
ALOMIDOPHthalmic (EYE) DROPS	1	
<i>atropine ophthalmic (eye) drops</i>	1	
<i>azelastine ophthalmic (eye) drops</i>	1	
<i>bepotastine besilate ophthalmic (eye) drops</i>	1	
CEQUA OPHTHALMIC (EYE) DROPPERETTE	1	QL (60 per 30 days)
<i>cromolyn ophthalmic (eye) drops</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>cyclosporine ophthalmic (eye) dropperette</i>	1	QL (60 per 30 days)
CYSTARAN OPHTHALMIC (EYE) DROPS	1	PA; NDS
<i>epinastine ophthalmic (eye) drops</i>	1	
EYLEA INTRAVITREAL SOLUTION	1	PA; NDS
EYLEA INTRAVITREAL SYRINGE	1	PA; NDS
LACRISERT OPHTHALMIC (EYE) INSERT	1	PA
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	1	
OXERVATE OPHTHALMIC (EYE) DROPS	1	PA
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS	1	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS	1	QL (5.5 per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE	1	QL (60 per 30 days)

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This drug list was last updated on 08/30/2023.

Drug Name	Drug Tier	Requirements /Limits
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops</i>	1	
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL	1	QL (8.4 per 30 days)
VERKAZIA OPTHALMIC (EYE) DROPPERETTE	1	PA; QL (120 per 30 days); NDS
VUITY OPTHALMIC (EYE) DROPS	1	PA
XIIDRA OPTHALMIC (EYE) DROPPERETTE	1	QL (60 per 30 days)
ZERVIAE OPTHALMIC (EYE) DROPPERETTE	1	
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>diclofenac sodium ophthalmic (eye) drops</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops</i>	1	

Drug Name	Drug Tier	Requirements /Limits
ILEVRO OPTHALMIC (EYE) DROPS,SUSPENSION	1	
<i>ketorolac ophthalmic (eye) drops</i>	1	
PROLENSA OPTHALMIC (EYE) DROPS	1	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release</i>	1	
<i>acetazolamide oral tablet</i>	1	
<i>methazolamide oral tablet</i>	1	
OTHER GLAUCOMA DRUGS		
AZOPT OPTHALMIC (EYE) DROPS,SUSPENSION	1	
<i>brimonidine-timolol ophthalmic (eye) drops</i>	1	
<i>brinzolamide ophthalmic (eye) drops,suspension</i>	1	
COMBIGAN OPTHALMIC (EYE) DROPS	1	
<i>dorzolamide ophthalmic (eye) drops</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	1	
<i>dorzolamide-timolol ophthalmic (eye) drops</i>	1	
<i>latanoprost ophthalmic (eye) drops</i>	1	
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	1	
RHOPRESSA OPTHALMIC (EYE) DROPS	1	
ROCKLATAN OPTHALMIC (EYE) DROPS	1	
SIMBRINZA OPTHALMIC (EYE) DROPS,SUSPENSION	1	
<i>tafluprost (pf) ophthalmic (eye) dropperette</i>	1	
<i>travoprost ophthalmic (eye) drops</i>	1	
VYZULTA OPTHALMIC (EYE) DROPS	1	ST
XELPROS OPTHALMIC (EYE) DROPS, EMULSION	1	ST

Drug Name	Drug Tier	Requirements /Limits
ZIOPTAN (PF) OPTHALMIC (EYE) DROPPERETTE	1	ST
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension</i>	1	
<i>neo-polycin hc ophthalmic (eye) ointment</i>	1	
TOBRADEX OPTHALMIC (EYE) OINTMENT	1	QL (3.5 per 14 days)
TOBRADEX ST OPTHALMIC (EYE) DROPS,SUSPENSION	1	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension</i>	1	QL (10 per 14 days)
STERIODS		

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Drug Name	Drug Tier	Requirements /Limits
<i>dexamethasone sodium phosphate ophthalmic (eye) drops</i>	1	
<i>difluprednate ophthalmic (eye) drops</i>	1	
FLAREX OPTHALMIC (EYE) DROPS,SUSPENSION	1	
<i>fluorometholone ophthalmic (eye) drops,suspension</i>	1	
FML FORTE OPTHALMIC (EYE) DROPS,SUSPENSION	1	
LOTEMAX OPTHALMIC (EYE) DROPS,GEL	1	
LOTEMAX OPTHALMIC (EYE) DROPS,SUSPENSION	1	
LOTEMAX OPTHALMIC (EYE) OINTMENT	1	
LOTEMAX SM OPTHALMIC (EYE) DROPS,GEL	1	
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>loteprednol etabonate ophthalmic (eye) drops,suspension</i>	1	
PRED MILD OPTHALMIC (EYE) DROPS,SUSPENSION	1	
<i>prednisolone acetate ophthalmic (eye) drops,suspension</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops</i>	1	
SYMPATHOMIMETICS		
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.1 %	1	
<i>apraclonidine ophthalmic (eye) drops</i>	1	
<i>brimonidine ophthalmic (eye) drops</i>	1	
RESPIRATORY AND ALLERGY		
ANTI HISTAMINE / ANTIALLERGENIC AGENTS		
<i>cetirizine oral solution 1 mg/ml</i>	1	
<i>cyproheptadine oral syrup</i>	1	
<i>cyproheptadine oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 % NOT MADE BY MYLAN	1	QL (2 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	1	QL (2 per 30 days)
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	PA
<i>hydroxyzine hcl oral tablet</i>	1	PA
<i>hydroxyzine pamoate oral capsule</i>	1	
<i>levocetirizine oral tablet</i>	1	QL (30 per 30 days)
<i>promethazine oral syrup</i>	1	PA
<i>promethazine oral tablet</i>	1	PA
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan rectal suppository 25 mg</i>	1	
SYMJEPI INJECTION SYRINGE	1	QL (2 per 30 days)
PULMONARY AGENTS		
<i>acetylcysteine solution</i>	1	B/D PA
ADEMPAS ORAL TABLET	1	PA; LA; NDS

Drug Name	Drug Tier	Requirements /Limits
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE	1	QL (60 per 30 days)
ADVAIR HFA AEROSOL INHALER	1	QL (12 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm</i>	1	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization</i>	1	B/D PA
<i>albuterol sulfate oral syrup</i>	1	
<i>albuterol sulfate oral tablet</i>	1	
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	1	QL (12.2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	1	QL (6.1 per 30 days)
<i>alyq oral tablet</i>	1	PA; QL (60 per 30 days); NDS
<i>ambriasantan oral tablet</i>	1	PA; LA; NDS

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Drug Name	Drug Tier	Requirements /Limits
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	1	QL (60 per 30 days)
<i>arformoterol inhalation solution for nebulization</i>	1	B/D PA; QL (120 per 30 days); NDS
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE	1	ST; QL (30 per 30 days)
ATROVENT HFA AEROSOL INHALER	1	QL (25.8 per 30 days)
<i>azelastine-fluticasone nasal spray, non-aerosol</i>	1	QL (23 per 30 days)
BERINERT INTRAVENOUS KIT	1	PA; NDS
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER	1	QL (10.7 per 30 days)
<i>bosentan oral tablet</i>	1	PA; LA; NDS
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	1	QL (60 per 30 days)
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE	1	PA; NDS

Drug Name	Drug Tier	Requirements /Limits
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	1	B/D PA; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	B/D PA; QL (60 per 30 days)
CINRYZE INTRAVENOUS RECON SOLN	1	PA; NDS
COMBIVENT RESPIMAT INHALATION MIST	1	QL (8 per 30 days)
<i>cromolyn inhalation solution for nebulization</i>	1	B/D PA; NDS
DALIRESP ORAL TABLET	1	PA; QL (30 per 30 days)
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED	1	QL (1 per 30 days); NDS
DULERA INHALATION HFA AEROSOL INHALER	1	QL (13 per 30 days)
DYMISTA NASAL SPRAY, NON-AEROSOL	1	QL (23 per 30 days)
ESBRIET ORAL CAPSULE	1	PA; QL (270 per 30 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
ESBRIET ORAL TABLET 267 MG	1	PA; QL (270 per 30 days); NDS
ESBRIET ORAL TABLET 801 MG	1	PA; QL (90 per 30 days); NDS
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR	1	PA; QL (1 per 28 days); NDS
FASENRA SUBCUTANEOUS SYRINGE	1	PA; QL (1 per 28 days); NDS
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 50 MCG/ACTUATION	1	ST; QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	1	ST; QL (240 per 30 days)
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION	1	ST; QL (12 per 30 days)
FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION	1	ST; QL (24 per 30 days)
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	1	ST; QL (10.6 per 30 days)
<i>flunisolide nasal spray,non-aerosol</i>	1	QL (50 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	1	ST; QL (12 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	1	ST; QL (24 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	1	ST; QL (10.6 per 30 days)
<i>fluticasone propionate nasal spray,suspension</i>	1	QL (16 per 30 days)
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	1	QL (1 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	QL (60 per 30 days)
FLUTICASONE PROPION-SALMETEROL INHALATION HFA AEROSOL INHALER	1	QL (12 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>formoterol fumarate inhalation solution for nebulization</i>	1	B/D PA; QL (120 per 30 days); NDS
HAEGARDA SUBCUTANEOUS RECON SOLN	1	PA; LA; NDS
<i>icatibant subcutaneous syringe</i>	1	PA; NDS
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE	1	ST; QL (30 per 30 days)
<i>ipratropium bromide inhalation solution</i>	1	B/D PA
<i>ipratropium-albuterol inhalation solution for nebulization</i>	1	B/D PA
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 50 MG, 75 MG	1	PA; QL (56 per 28 days); NDS
KALYDECO ORAL TABLET	1	PA; QL (56 per 28 days); NDS
<i>levalbuterol hcl inhalation solution for nebulization</i>	1	B/D PA
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER	1	ST; QL (30 per 30 days)
<i>mometasone nasal spray,non-aerosol</i>	1	QL (34 per 30 days)

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

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Drug Name	Drug Tier	Requirements /Limits
PIRFENIDONE ORAL TABLET 534 MG	1	PA; QL (90 per 30 days); NDS
<i>pirfenidone oral tablet 801 mg</i>	1	PA; QL (90 per 30 days); NDS
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED	1	ST; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	1	QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	1	QL (1 per 30 days)
PULMOZYME INHALATION SOLUTION	1	B/D PA; NDS
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	1	QL (10.6 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	1	QL (21.2 per 30 days)
<i>roflumilast oral tablet</i>	1	PA; QL (30 per 30 days)
RUCONEST INTRAVENOUS RECON SOLN	1	PA; NDS
RYALTRIS NASAL SPRAY, NON-AEROSOL	1	QL (29 per 30 days)
<i>sajazir subcutaneous syringe</i>	1	PA; NDS
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE	1	QL (60 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) oral tablet</i>	1	PA; QL (90 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST	1	QL (4 per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE	1	QL (90 per 90 days)
STIOLTO RESPIMAT INHALATION MIST	1	QL (4 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
SYMBICORT INHALATION HFA AEROSOL INHALER	1	QL (10.2 per 30 days)
<i>tadalafil (pulm. hypertension) oral tablet</i>	1	PA; QL (60 per 30 days); NDS
TADLIQ ORAL SUSPENSION	1	PA; QL (300 per 30 days); NDS
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR	1	
<i>theophylline oral elixir</i>	1	
<i>theophylline oral solution</i>	1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr</i>	1	
TRACLEER ORAL TABLET FOR SUSPENSION	1	PA; LA; NDS
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	1	QL (60 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	1	PA; QL (56 per 28 days); NDS

Drug Name	Drug Tier	Requirements /Limits
TRIKAFTA ORAL TABLETS, SEQUENTIAL	1	PA; QL (84 per 28 days); NDS
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION	1	B/D PA; NDS
<i>wixela inhub inhalation blister with device</i>	1	QL (60 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN	1	PA; LA; QL (8 per 28 days); NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; LA; QL (8 per 28 days); NDS
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; LA; QL (1 per 28 days); NDS
<i>zafirlukast oral tablet</i>	1	
<i>zileuton oral tablet, er multiphase 12 hr</i>	1	NDS
ZYFLO ORAL TABLET	1	NDS

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

<i>fesoterodine oral tablet extended release 24 hr</i>	1	
GEMTESA ORAL TABLET	1	ST

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Drug Name	Drug Tier	Requirements /Limits
MYRBETRIQ ORAL SUSPENSION,EXT ENDED REL RECON	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	1	
<i>oxybutynin chloride oral syrup</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	
<i>solifenacin oral tablet</i>	1	
<i>tolterodine oral capsule,extended release 24hr</i>	1	
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr</i>	1	
<i>dutasteride oral capsule</i>	1	
ENTADFI ORAL CAPSULE	1	PA; QL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i>	1	
<i>silodosin oral capsule</i>	1	
<i>tamsulosin oral capsule</i>	1	
MISCELLANEOUS UROLOGICALS		

Drug Name	Drug Tier	Requirements /Limits
<i>bethanechol chloride oral tablet</i>	1	
CYSTAGON ORAL CAPSULE	1	PA; LA
ELMIRON ORAL CAPSULE	1	
K-PHOS ORIGINAL ORAL TABLET,SOLUBL E	1	
<i>potassium citrate oral tablet extended release</i>	1	
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET	1	PA; NDS
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate(phosphat bind) oral capsule</i>	1	QL (360 per 30 days)
<i>calcium acetate(phosphat bind) oral tablet</i>	1	QL (360 per 30 days)
<i>klor-con 10 oral tablet extended release</i>	1	
<i>klor-con 8 oral tablet extended release</i>	1	
<i>klor-con m10 oral tablet,er particles/crystals</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>klor-con m15 oral tablet,er particles/crystals</i>	1	
<i>klor-con m20 oral tablet,er particles/crystals</i>	1	
<i>klor-con oral packet 20 oral packet</i>	1	
<i>magnesium sulfate injection solution</i>	1	
<i>magnesium sulfate injection syringe</i>	1	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution</i>	1	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i>	1	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml</i>	1	
<i>potassium chloride intravenous solution</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride oral capsule, extended release</i>	1	
<i>potassium chloride oral liquid</i>	1	
<i>potassium chloride oral packet</i>	1	
<i>potassium chloride oral tablet extended release</i>	1	
<i>potassium chloride oral tablet,er particles/crystals</i>	1	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution</i>	1	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution</i>	1	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	1	
<i>sodium chloride 3 % hypertonic intravenous parenteral solution</i>	1	
<i>sodium chloride 5 % hypertonic intravenous parenteral solution</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
TPN ELECTROLYTES INTRAVENOUS SOLUTION	1	
MISCELLANEOUS NUTRITION PRODUCTS		
<i>intralipid intravenous emulsion 20 %</i>	1	B/D PA
INTRALIPID INTRAVENOUS EMULSION 30 %	1	B/D PA
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	1	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	1	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	1	
NUTRILIPID INTRAVENOUS EMULSION	1	B/D PA

Drug Name	Drug Tier	Requirements /Limits
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	1	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	1	
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION	1	B/D PA
<i>premasol 10 % intravenous parenteral solution</i>	1	B/D PA
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	1	B/D PA
<i>travasol 10 % intravenous parenteral solution</i>	1	B/D PA
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION	1	B/D PA
VITAMINS / HEMATINICS		
NESTABS ONE ORAL CAPSULE	1	
<i>prenatal vitamin oral tablet</i>	1	

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Longevity Health Plan 2024 Formulary List of Covered Drugs

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

HPMS Approved Formulary File Submission ID 00024257, Version Number 3

This formulary was updated on 8/30/2023. We have made no changes to this formulary since 8/30/2023. For more recent information or other questions, please contact Longevity Health Plan Customer Services at:

Longevity Health Plan of Colorado	1-888-313-3609
Longevity Health Plan of Florida	1-866-224-9499
Longevity Health Plan of North Carolina	1-888-312-5196
Longevity Health Plan of Michigan	1-888-312-8825
Longevity Health Plan of New York	1-888-885-7337
Longevity Health Plan of Illinois	1-888-886-9770
Longevity Health Plan of New Jersey	1-888-899-8490
Longevity Health Plan of Massachusetts	1-855-969-5868

(TTY users should call 711.) The hours are 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

Or visit: <https://longevityhealthplan.com/>

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 Longevity Health Plan. When it refers to “plan” or “our plan,” it means Longevity Health Plan of Florida, Longevity Health Plan of Illinois, Longevity Health Plan of New York, Longevity Health Plan of New Jersey Insurance Company, Longevity Health Plan of Michigan, Longevity Health Plan of North Carolina, Longevity Health Plan of Massachusetts, and Longevity Health Plan of Colorado.

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, 2023, and from time to time during the year.

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 08/30/2023.

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