Express Scripts Medicare (PDP)
2025 Formulary (List of Covered Drugs or "Drug List")

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

Formulary ID Number: 25060, v6

This formulary was updated on 08/22/2024. For more recent information or to price a medication, you can visit us on the Web at **express-scripts.com**. Or you can contact **Express Scripts Medicare®** (PDP) Customer Service at the numbers located on the back of your member ID card. Customer Service is available 24 hours a day, 7 days a week.

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

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

This document includes the list of the covered drugs (formulary) for our plan, which is current as of August 22, 2024. For more recent information, please contact us. Our contact information, along with the date we last updated the formulary, appears above and on the back cover.

You must use network pharmacies to fill your prescriptions to get the most from your benefit. Benefits, premium and/or copayments/coinsurance may change on January 1, 2026. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

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

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

What is the Express Scripts Medicare formulary?

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

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

Can my drug coverage change?

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

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

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

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

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

  If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the formulary?"

This drug list was updated in August 2024.

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

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

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

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 08/22/2024. To get current information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back covers.

How do I use the formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 146. 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

This drug list was updated in August 2024.

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

What are generic drugs?

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

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

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

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

Are there any restrictions on my coverage?

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

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

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

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

- **Step Therapy:** In some cases, you are required to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B. These drugs are noted with "ST" next to them in the formulary.

This drug list was updated in August 2024.

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

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

What if my drug is not listed on this formulary?

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

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

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

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

How do I request an exception to the formulary?

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

- You can request coverage of a drug that is not currently covered by this plan. If approved, the drug will be covered at a pre-determined cost-sharing level, and you will not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to cover a formulary drug at a lower cost-sharing level. If approved, this would lower the amount you must pay for your drug. In certain Express Scripts Medicare plans, you cannot ask us to change the cost-sharing tier for any drug in the specialty tier, if applicable.

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

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

This drug list was updated in August 2024.

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

How do I request an appeal?

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

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

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

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

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

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

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

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

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

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

Other coverage that your plan may provide

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

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

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

Formulary

The formulary that begins on page 1 provides coverage information about some of the drugs covered by this plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 146.

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

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

Your Costs

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

- **Your coverage stage.** Your plan has different stages of coverage. In each stage, the amount you pay for a drug may change. Please refer to your other plan documents for more information about your specific prescription drug benefit.

This drug list was updated in August 2024.

- **The drug tier for your drug.** Each covered drug is in one of four drug tiers. Each tier may have a different cost-sharing amount. The "Drug Tiers" chart below explains what types of drugs are included in each tier and shows how costs may change with each tier.

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

Drug Tiers

Tier	Includes	Helpful tips
Tier 1: **Generic Drugs**	This tier includes many commonly prescribed generic drugs and may include other low-cost drugs.	Use Tier 1 drugs for the lowest cost-sharing amount.
Tier 2: **Preferred Brand Drugs**	This tier includes preferred brand-name drugs as well as some generic drugs.	Drugs in this tier will generally have lower cost-sharing amounts than non-preferred drugs.
Tier 3: **Non-Preferred Drugs**	This tier includes non-preferred brand-name drugs as well as some generic drugs.	Many non-preferred drugs have lower-cost alternatives in Tiers 1 and 2. Ask your prescriber if switching to a lower-cost generic or preferred brand-name drug may be right for you.
Tier 4: **Specialty Tier Drugs**	This tier includes very high cost brand-name and generic drugs.	To learn more about medications in this tier, you may contact a pharmacist using the information provided on the front and back covers of this formulary.

If you qualify for Extra Help

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

For more information

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

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

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

This drug list was updated in August 2024.

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

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

List of abbreviations

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

MO: Mail-Order Drug. This prescription drug is available through Express Scripts® Pharmacy, our home delivery service, as well as through select retail network pharmacies. It may also be available through other network pharmacies. Consider using our home delivery service for your long-term (maintenance) medications, such as high blood pressure medications. Retail network pharmacies may be more appropriate for short-term prescriptions, such as antibiotics.

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

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

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

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

This drug list was updated in August 2024.

Drug Name	Drug Tier	Requirements/Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	3	PA
AMBISOME	4	PA
amphotericin b	1	PA; MO
amphotericin b liposome	4	PA
ANCOBON	4	MO
CANCIDAS	4	
caspofungin	1	
clotrimazole mucous membrane	1	MO
CRESEMBA ORAL	4	PA
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	MO
DIFLUCAN ORAL TABLET 100 MG, 200 MG	3	MO
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	4	MO
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 50 MG	3	MO
fluconazole	1	MO
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml	1	PA; MO
fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml	1	PA
flucytosine	4	MO
griseofulvin microsize	1	MO
griseofulvin ultramicrosize	1	MO
itraconazole oral capsule	1	MO; QL (120 per 30 days)
itraconazole oral solution	1	MO
ketoconazole oral	1	MO
micafungin	1	MO
MYCAMINE INTRAVENOUS RECON SOLN 50 MG	3	MO
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON	4	PA; MO; QL (32 per 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
NOXAFIL ORAL SUSPENSION	4	PA; MO; QL (630 per 30 days)
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC)	4	PA; MO; QL (96 per 30 days)
nystatin oral	1	MO
posaconazole oral suspension	4	PA; MO; QL (630 per 30 days)
posaconazole oral tablet,delayed release (dr/ec)	4	PA; MO; QL (96 per 30 days)
SPORANOX ORAL CAPSULE	3	MO; QL (120 per 30 days)
terbinafine hcl oral	1	MO
TOLSURA	4	PA; MO; QL (120 per 30 days)
VFEND IV	3	PA; MO
VFEND ORAL SUSPENSION FOR RECONSTITUTION	4	PA; MO
VFEND ORAL TABLET	3	PA; MO
VIVJOA	4	PA; QL (18 per 84 days)
voriconazole intravenous	4	PA; MO
voriconazole oral suspension for reconstitution	4	PA; MO
voriconazole oral tablet	1	PA; MO
ANTIVIRALS		
abacavir	1	MO
abacavir-lamivudine	1	MO
acyclovir oral capsule	1	MO
acyclovir oral suspension 200 mg/5 ml	1	MO
acyclovir oral tablet	1	MO
acyclovir sodium intravenous solution	1	PA; MO
adefovir	1	MO
amantadine hcl	1	MO
APTIVUS	4	MO
atazanavir	1	MO
BARACLUDE	4	MO
BIKTARVY	4	MO
CIMDUO	4	MO
COMBIVIR	3	MO
COMPLERA	4	MO
darunavir	4	MO
DELSTRIGO	4	MO
DESCOVY	4	MO
DOVATO	4	MO
EDURANT	4	MO
efavirenz oral tablet	1	MO
efavirenz-emtricitabin-tenofov	4	MO
efavirenz-lamivu-tenofov disop	4	MO
emtricitabine	1	MO

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Drug Name	Drug Tier	Requirements/Limits
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg	4	MO
emtricitabine-tenofovir (tdf) oral tablet 133-200 mg, 167-250 mg, 200-300 mg	1	MO
EMTRIVA ORAL CAPSULE	3	MO
EMTRIVA ORAL SOLUTION	2	MO
entecavir	1	MO
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	4	PA; MO; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	4	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	4	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	4	PA; MO; QL (28 per 28 days)
EPIVIR	3	MO
EPZICOM	4	MO
etravirine	4	MO
EVOTAZ	4	MO
famciclovir	1	MO
fosamprenavir	1	MO
FUZEON SUBCUTANEOUS RECON SOLN	4	MO
GENVOYA	4	MO
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	4	PA; MO; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	4	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	4	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 90-400 MG	4	PA; MO; QL (28 per 28 days)
INTELENCE ORAL TABLET 100 MG, 200 MG	4	MO
INTELENCE ORAL TABLET 25 MG	3	MO
ISENTRESS HD	4	MO
ISENTRESS ORAL POWDER IN PACKET	4	MO
ISENTRESS ORAL TABLET	4	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	4	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	2	MO
JULUCA	4	MO

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Drug Name	Drug Tier	Requirements/Limits
KALETRA ORAL SOLUTION	3	MO
KALETRA ORAL TABLET 100-25 MG	3	MO
KALETRA ORAL TABLET 200-50 MG	4	MO
lamivudine	1	MO
lamivudine-zidovudine	1	MO
LEDIPASVIR-SOFOSBUVIR	4	PA; MO; QL (28 per 28 days)
LEXIVA ORAL TABLET	4	
LIVTENCITY	4	PA; LA; QL (120 per 30 days)
lopinavir-ritonavir	1	MO
maraviroc	4	MO
MAVYRET ORAL PELLETS IN PACKET	4	PA; MO; QL (168 per 28 days)
MAVYRET ORAL TABLET	4	PA; MO; QL (84 per 28 days)
nevirapine oral suspension	1	
nevirapine oral tablet	1	MO
nevirapine oral tablet extended release 24 hr 400 mg	1	MO
NORVIR ORAL POWDER IN PACKET	3	MO
NORVIR ORAL TABLET	3	MO
ODEFSEY	4	MO
oseltamivir	1	MO
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	1	QL (20 per 90 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	QL (30 per 90 days)
PIFELTRO	4	MO
PREVYMIS ORAL	4	PA; MO; QL (30 per 30 days)
PREZCOBIX	4	MO
PREZISTA ORAL SUSPENSION	4	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	3	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	4	MO
RELENZA DISKHALER	3	MO
RETROVIR ORAL CAPSULE	3	MO

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Drug Name	Drug Tier	Requirements/Limits
RETROVIR ORAL SYRUP	3	MO
REYATAZ ORAL CAPSULE 200 MG, 300 MG	4	MO
REYATAZ ORAL POWDER IN PACKET	4	MO
ribavirin oral capsule	1	MO
ribavirin oral tablet 200 mg	1	MO
rimantadine	1	MO
ritonavir	1	MO
RUKOBIA	4	MO
SELZENTRY ORAL SOLUTION	2	MO
SELZENTRY ORAL TABLET 150 MG, 300 MG	4	MO
SELZENTRY ORAL TABLET 25 MG, 75 MG	2	MO
SOFOSBUVIR-VELPATASVIR	4	PA; MO; QL (28 per 28 days)
SOVALDI ORAL PELLETS IN PACKET 150 MG	4	PA; MO; QL (28 per 28 days)
SOVALDI ORAL PELLETS IN PACKET 200 MG	4	PA; MO; QL (56 per 28 days)
SOVALDI ORAL TABLET 200 MG	4	PA; MO; QL (56 per 28 days)
SOVALDI ORAL TABLET 400 MG	4	PA; MO; QL (28 per 28 days)
STRIBILD	4	MO
SUNLENCA ORAL	4	
SYMFI	4	MO
SYMFI LO	4	MO
SYMTUZA	4	MO
TAMIFLU	3	MO
tenofovir disoproxil fumarate	1	MO
TIVICAY ORAL TABLET 10 MG	2	
TIVICAY ORAL TABLET 25 MG, 50 MG	4	MO
TIVICAY PD	4	MO
TRIUMEQ	4	MO
TRIUMEQ PD	3	MO
TRUVADA	4	MO
TYBOST	2	MO
valacyclovir oral tablet 1 gram	1	MO; QL (120 per 30 days)
valacyclovir oral tablet 500 mg	1	MO; QL (60 per 30 days)
VALCYTE	4	MO
valganciclovir oral recon soln	4	MO
valganciclovir oral tablet	1	MO

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Drug Name	Drug Tier	Requirements/Limits
VALTREX ORAL TABLET 1 GRAM	3	MO; QL (120 per 30 days)
VALTREX ORAL TABLET 500 MG	3	MO; QL (60 per 30 days)
VEMLIDY	4	MO
VIRACEPT ORAL TABLET	4	MO
VIREAD ORAL POWDER	4	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	3	MO
VIREAD ORAL TABLET 300 MG	4	MO
VOSEVI	4	PA; MO; QL (28 per 28 days)
XOFLUZA ORAL TABLET 40 MG, 80 MG	2	MO
ZEPATIER	4	PA; MO; QL (28 per 28 days)
ZIAGEN ORAL SOLUTION	3	MO
zidovudine	1	MO
CEPHALOSPORINS		
AVYCAZ	4	PA; MO
cefaclor oral capsule	1	MO
cefaclor oral suspension for reconstitution 250 mg/5 ml	1	
cefaclor oral tablet extended release 12 hr	1	MO
cefadroxil oral capsule	1	MO
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	MO
cefadroxil oral tablet	1	MO
cefazolin injection recon soln 1 gram, 500 mg	1	MO
cefazolin injection recon soln 10 gram	1	
cefdinir	1	MO
cefepime injection	1	MO
cefixime	1	MO
cefotetan injection	1	PA
cefoxitin intravenous recon soln 1 gram, 2 gram	1	PA; MO
cefoxitin intravenous recon soln 10 gram	1	PA
cefpodoxime	1	MO
cefprozil	1	MO
ceftazidime injection recon soln 1 gram, 2 gram	1	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
ceftazidime injection recon soln 6 gram	1	PA
ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg	1	MO
ceftriaxone injection recon soln 10 gram	1	
cefuroxime axetil oral tablet	1	MO
cefuroxime sodium injection recon soln 750 mg	1	PA; MO
cefuroxime sodium intravenous recon soln 1.5 gram	1	PA; MO
cephalexin	1	MO
tazicef injection	1	PA; MO
TEFLARO	4	PA; MO
ZERBAXA	4	PA
ERYTHROMYCINS / OTHER MACROLIDES		
azithromycin intravenous	1	PA; MO
azithromycin oral packet	1	MO
azithromycin oral suspension for reconstitution	1	MO
azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)	1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	MO
clarithromycin	1	MO
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	4	QL (136 per 10 days)
DIFICID ORAL TABLET	4	MO; QL (20 per 10 days)
e.e.s. 400 oral tablet	1	MO
E.E.S. GRANULES	3	MO
ERYPED 200	3	MO
ERYPED 400	3	MO
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	1	MO
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	MO
erythrocin (as stearate) oral tablet 250 mg	1	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	PA; MO
erythromycin ethylsuccinate oral suspension for reconstitution	1	MO

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Drug Name	Drug Tier	Requirements/Limits
erythromycin ethylsuccinate oral tablet	1	MO
erythromycin oral	1	MO
ZITHROMAX INTRAVENOUS	3	PA; MO
ZITHROMAX ORAL PACKET	3	MO
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	3	MO
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	MO
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	MO
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO	3	MO; QL (12 per 30 days)
albendazole	4	MO
amikacin injection solution 500 mg/2 ml	1	PA; MO
ARIKAYCE	4	PA; LA
atovaquone	1	MO
atovaquone-proguanil	1	MO
AZACTAM	3	PA; MO
aztreonam	1	PA; MO
BETHKIS	4	PA; MO; QL (224 per 28 days)
BILTRICIDE	3	MO
CAYSTON	4	PA; MO; LA; QL (84 per 56 days)
chloroquine phosphate	1	MO
CLEOCIN HCL	3	MO
CLEOCIN INJECTION	3	PA; MO
CLEOCIN PEDIATRIC	3	MO
clindamycin hcl	1	MO
clindamycin in 5 % dextrose	1	PA; MO
clindamycin pediatric	1	MO
clindamycin phosphate injection	1	PA; MO
COARTEM	3	MO
colistin (colistimethate na)	4	PA; MO; QL (30 per 10 days)
CUBICIN RF	4	MO
cycloserine	1	MO
DALVANCE	4	PA; MO
dapsone oral	1	MO

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Drug Name	Drug Tier	Requirements/Limits
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	4	MO
daptomycin intravenous recon soln 500 mg	4	MO
DARAPRIM	4	PA
EMVERM	4	MO
ertapenem	1	PA; MO; QL (14 per 14 days)
ethambutol	1	MO
FIRVANQ	3	QL (450 per 10 days)
FLAGYL ORAL CAPSULE	3	MO
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml	1	PA; MO
gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml	1	PA
gentamicin injection solution 40 mg/ml	1	PA; MO
HUMATIN	3	MO
hydroxychloroquine	1	MO
imipenem-cilastatin	1	PA; MO
IMPAVIDO	4	PA; MO
INVANZ INJECTION	3	PA; QL (14 per 14 days)
isoniazid oral	1	MO
ivermectin oral	1	PA; MO; QL (20 per 30 days)
KITABIS PAK	4	PA; MO; QL (280 per 28 days)
KRINTAFEL	3	
LAMPIT	3	MO
linezolid in dextrose 5%	1	PA; MO
linezolid oral suspension for reconstitution	4	MO
linezolid oral tablet	1	MO
MALARONE	3	MO
MALARONE PEDIATRIC	3	MO
mefloquine	1	
MEPRON	4	MO
meropenem intravenous recon soln 1 gram	1	PA; QL (30 per 10 days)
meropenem intravenous recon soln 500 mg	1	PA; QL (10 per 10 days)
metronidazole in nacl (iso-os)	1	PA; MO
metronidazole oral	1	MO
MYAMBUTOL ORAL TABLET 400 MG	3	MO
MYCOBUTIN	3	MO

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Drug Name	Drug Tier	Requirements/Limits
NEBUPENT	3	PA; MO; QL (1 per 28 days)
neomycin	1	MO
nitazoxanide	4	MO; QL (12 per 30 days)
PENTAM	3	MO
pentamidine inhalation	1	PA; MO; QL (1 per 28 days)
pentamidine injection	1	MO
PLAQUENIL	3	MO
polymyxin b sulfate	1	PA; MO
praziquantel	1	MO
PRETOMANID	3	PA
PRIFTIN	2	MO
PRIMAQUINE	3	MO
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	3	PA; MO
pyrazinamide	1	MO
pyrimethamine	4	PA; MO
QUALAQUIN	3	MO
quinine sulfate	1	MO
rifabutin	1	MO
rifampin	1	MO
SIRTURO	4	PA; LA
SIVEXTRO INTRAVENOUS	4	PA
SIVEXTRO ORAL	4	MO
SOLOSEC	3	MO
STREPTOMYCIN	4	PA; MO; QL (60 per 30 days)
STROMECTOL	3	PA; MO; QL (20 per 30 days)
tigecycline	4	PA; MO
tinidazole	1	MO
TOBI	4	PA; MO; QL (280 per 28 days)
TOBI PODHALER	4	MO; QL (224 per 56 days)
tobramycin in 0.225 % nacl	4	PA; MO; QL (280 per 28 days)
tobramycin inhalation	4	PA; MO; QL (224 per 28 days)
tobramycin sulfate injection solution	1	PA; MO
TRECATOR	3	MO
TYGACIL	4	PA; MO
VABOMERE	3	PA
VANCOCIN ORAL CAPSULE 125 MG	3	PA; MO; QL (40 per 10 days)
VANCOCIN ORAL CAPSULE 250 MG	4	PA; MO; QL (80 per 10 days)
vancomycin intravenous recon soln 1,000 mg	1	PA; MO; QL (20 per 10 days)

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Drug Name	Drug Tier	Requirements/Limits
vancomycin intravenous recon soln 10 gram	1	PA; QL (2 per 10 days)
vancomycin intravenous recon soln 500 mg	1	PA; MO; QL (10 per 10 days)
vancomycin intravenous recon soln 750 mg	1	PA; MO; QL (27 per 10 days)
vancomycin oral capsule 125 mg	1	PA; MO; QL (40 per 10 days)
vancomycin oral capsule 250 mg	1	PA; MO; QL (80 per 10 days)
VANCOMYCIN ORAL RECON SOLN 25 MG/ML	3	QL (450 per 10 days)
vancomycin oral recon soln 50 mg/ml	1	MO; QL (450 per 10 days)
XIFAXAN ORAL TABLET 200 MG	2	PA; MO; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	4	PA; MO; QL (90 per 30 days)
ZEMDRI	4	PA
ZYVOX INTRAVENOUS PIGGYBACK 600 MG/300 ML	3	PA; MO
ZYVOX ORAL	4	MO
PENICILLINS		
amoxicillin oral capsule	1	MO
amoxicillin oral suspension for reconstitution	1	MO
amoxicillin oral tablet	1	MO
amoxicillin oral tablet,chewable 125 mg, 250 mg	1	MO
amoxicillin-pot clavulanate oral suspension for reconstitution	1	MO
amoxicillin-pot clavulanate oral tablet	1	MO
amoxicillin-pot clavulanate oral tablet extended release 12 hr	1	MO
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg	1	MO
amoxicillin-pot clavulanate oral tablet,chewable 400-57 mg	1	
ampicillin oral capsule 500 mg	1	MO
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg	1	PA; MO
ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram	1	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
ampicillin-sulbactam injection recon soln 15 gram	1	PA
AUGMENTIN ES-600	3	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	MO
BICILLIN C-R	3	PA; MO
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML	3	PA; MO
BICILLIN L-A INTRAMUSCULAR SYRINGE 600,000 UNIT/ML	3	PA
dicloxacillin	1	MO
nafcillin injection recon soln 1 gram, 2 gram	1	PA; MO
nafcillin injection recon soln 10 gram	4	PA
oxacillin in dextrose(iso-osm)	1	PA
oxacillin injection recon soln 1 gram, 10 gram	1	PA
oxacillin injection recon soln 2 gram	1	PA; MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	3	PA
penicillin g potassium injection recon soln 20 million unit	1	PA; MO
penicillin g sodium	1	PA; MO
penicillin v potassium	1	MO
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram	1	MO
piperacillin-tazobactam intravenous recon soln 40.5 gram	1	
UNASYN INJECTION RECON SOLN 15 GRAM	3	PA
UNASYN INJECTION RECON SOLN 3 GRAM	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML	3	
QUINOLONES		
BAXDELA INTRAVENOUS	4	PA
BAXDELA ORAL	4	MO
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	MO
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	MO
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml	1	PA; MO
levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml	1	PA; MO
levofloxacin oral	1	MO
moxifloxacin oral	1	MO
moxifloxacin-sod.chloride(iso)	1	PA; MO
ofloxacin oral tablet 300 mg, 400 mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
SULFA'S / RELATED AGENTS		
BACTRIM	3	MO
BACTRIM DS	3	MO
sulfadiazine	1	MO
sulfamethoxazole-trimethoprim oral	1	MO
TETRACYCLINES		
demeclocycline	1	MO
DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC) 60 MG	3	ST; MO
doxy-100	1	PA; MO
doxycycline hyclate oral capsule	1	MO
doxycycline hyclate oral tablet	1	MO
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1	MO
DOXYCYCLINE HYCLATE ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG	3	ST; MO
doxycycline monohydrate	1	MO
minocycline oral capsule	1	MO

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Drug Name	Drug Tier	Requirements/Limits
minocycline oral tablet	1	MO
minocycline oral tablet extended release 24 hr	1	MO
NUZYRA INTRAVENOUS	4	PA
NUZYRA ORAL	4	
ORACEA	3	ST; MO
SEYSARA ORAL TABLET 100 MG, 60 MG	3	ST; MO
SEYSARA ORAL TABLET 150 MG	4	ST; MO
TARGADOX	3	ST; MO
tetracycline oral capsule	1	MO
VIBRAMYCIN ORAL CAPSULE 100 MG	3	ST; MO
URINARY TRACT AGENTS		
fosfomycin tromethamine	1	MO
HIPREX	3	
MACROBID	3	MO
MACRODANTIN	3	
methenamine hippurate	1	MO
nitrofurantoin macrocrystal	1	MO
nitrofurantoin monohyd/m-cryst	1	MO
nitrofurantoin oral suspension 25 mg/5 ml	1	MO
NITROFURANTOIN ORAL SUSPENSION 50 MG/5 ML	4	MO
trimethoprim	1	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
leucovorin calcium oral	1	MO
MESNEX ORAL	4	MO
XGEVA	4	PA; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
abiraterone oral tablet 250 mg	4	PA; MO; QL (120 per 30 days)
abiraterone oral tablet 500 mg	4	PA; MO; QL (60 per 30 days)
AFINITOR	4	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG	4	PA; MO; QL (330 per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG	4	PA; MO; QL (240 per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 5 MG	4	PA; MO; QL (180 per 30 days)
AKEEGA	4	PA; LA; QL (60 per 30 days)
ALECENSA	4	PA; MO; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	4	PA; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	4	PA; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	4	PA; QL (30 per 180 days)
anastrozole	1	MO
ARIMIDEX	4	MO
AROMASIN	4	MO
ASTAGRAF XL	3	PA; MO
AUGTYRO	4	PA; MO; QL (240 per 30 days)
AYVAKIT	4	PA; LA; QL (30 per 30 days)
AZASAN	3	PA; MO
azathioprine	1	PA; MO
BALVERSA	4	PA; LA
bexarotene	4	PA; MO
bicalutamide	1	MO
BOSULIF ORAL CAPSULE 100 MG	4	PA; MO; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	4	PA; MO; QL (330 per 30 days)
BOSULIF ORAL TABLET 100 MG	4	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	4	PA; MO; QL (30 per 30 days)
BRAFTOVI	4	PA; MO; LA; QL (180 per 30 days)
BRUKINSA	4	PA; LA; QL (120 per 30 days)
CABOMETYX	4	PA; MO; LA; QL (30 per 30 days)
CALQUENCE	4	PA; LA; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
CALQUENCE (ACALABRUTINIB MAL)	4	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	4	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	4	PA; LA; QL (30 per 30 days)
CASODEX	3	MO
CELLCEPT ORAL CAPSULE	3	PA; MO
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	4	PA; MO
CELLCEPT ORAL TABLET	4	PA; MO
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	4	PA; MO; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	4	PA; MO; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	4	PA; MO; QL (84 per 28 days)
COPIKTRA	4	PA; LA; QL (60 per 30 days)
COTELLIC	4	PA; MO; LA; QL (63 per 28 days)
cyclophosphamide oral capsule	1	PA; MO
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG	2	PA
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	2	PA; MO
cyclosporine modified oral capsule	1	PA; MO
cyclosporine modified oral solution	1	PA
cyclosporine oral capsule	1	PA; MO
DAURISMO ORAL TABLET 100 MG	4	PA; MO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	4	PA; MO; QL (60 per 30 days)
DROXIA	2	MO
ELIGARD	2	PA; MO
ELIGARD (3 MONTH)	2	PA; MO
ELIGARD (4 MONTH)	2	PA; MO
ELIGARD (6 MONTH)	2	PA; MO
ENSPRYNG	4	PA; MO
ENVARSUS XR	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
ERIVEDGE	4	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET 240 MG	4	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	4	PA; MO; QL (120 per 30 days)
erlotinib oral tablet 100 mg, 150 mg	4	PA; MO; QL (30 per 30 days)
erlotinib oral tablet 25 mg	4	PA; MO; QL (60 per 30 days)
everolimus (antineoplastic) oral tablet	4	PA; MO; QL (30 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 2 mg	4	PA; MO; QL (330 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 3 mg	4	PA; MO; QL (240 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 5 mg	4	PA; MO; QL (180 per 30 days)
everolimus (immunosuppressive) oral tablet 0.25 mg	1	PA; MO
everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg	4	PA; MO
exemestane	1	MO
FARESTON	4	MO
FEMARA	3	MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	4	PA; MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	3	PA; MO
FOTIVDA	4	PA; LA; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	4	PA; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	4	PA; QL (21 per 28 days)
GAVRETO	4	PA; LA; QL (120 per 30 days)
gefitinib	4	PA; MO; QL (30 per 30 days)
gengraf	1	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
GILOTRIF	4	PA; MO; QL (30 per 30 days)
GLEEVEC ORAL TABLET 100 MG	4	PA; MO; QL (180 per 30 days)
GLEEVEC ORAL TABLET 400 MG	4	PA; MO; QL (60 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG	3	MO
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG	4	MO
HYDREA	3	MO
hydroxyurea	1	MO
IBRANCE	4	PA; MO; QL (21 per 28 days)
ICLUSIG	4	PA; QL (30 per 30 days)
IDHIFA	4	PA; MO; LA; QL (30 per 30 days)
imatinib oral tablet 100 mg	4	PA; MO; QL (180 per 30 days)
imatinib oral tablet 400 mg	4	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	4	PA; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	4	PA; QL (30 per 30 days)
IMBRUVICA ORAL SUSPENSION	4	PA; QL (324 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	4	PA; QL (30 per 30 days)
IMURAN	3	PA; MO
INLYTA ORAL TABLET 1 MG	4	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	4	PA; MO; QL (120 per 30 days)
INQOVI	4	PA; MO; QL (5 per 28 days)
INREBIC	4	PA; MO; LA; QL (120 per 30 days)
IRESSA	4	PA; MO; QL (30 per 30 days)
IWILFIN	4	PA; LA; QL (240 per 30 days)
JAKAFI	4	PA; MO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	4	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
JAYPIRCA ORAL TABLET 50 MG	4	PA; MO; QL (30 per 30 days)
JYLAMVO	3	PA
KANJINTI	4	PA; MO
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	4	PA; MO; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	4	PA; MO; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	4	PA; MO; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	4	PA; MO; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	4	PA; MO; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	4	PA; MO; QL (63 per 28 days)
KLISYRI	4	MO
KOSELUGO	4	PA
KRAZATI	4	PA; QL (180 per 30 days)
lapatinib	4	PA; MO; QL (180 per 30 days)
lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg	4	PA; MO; QL (28 per 28 days)
lenalidomide oral capsule 2.5 mg, 20 mg	4	PA; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	4	PA; MO; QL (30 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	4	PA; MO; QL (90 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	4	PA; MO; QL (60 per 30 days)
letrozole	1	MO
LEUKERAN	4	MO
LEUPROLIDE (3 MONTH)	3	PA; MO
leuprolide subcutaneous kit	1	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
LONSURF	4	PA; MO
LORBRENA ORAL TABLET 100 MG	4	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	4	PA; MO; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	4	PA; MO; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	4	PA; MO; QL (90 per 30 days)
LUPKYNIS	4	PA; LA; QL (180 per 30 days)
LUPRON DEPOT	4	PA; MO
LUPRON DEPOT (3 MONTH)	4	PA; MO
LUPRON DEPOT (4 MONTH)	4	PA; MO
LUPRON DEPOT (6 MONTH)	4	PA; MO
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	4	PA; MO
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	4	PA; MO
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT	4	PA; MO
LYNPARZA	4	PA; MO; QL (120 per 30 days)
LYSODREN	4	
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	4	PA; LA; QL (84 per 28 days)
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	4	PA; LA; QL (112 per 28 days)
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	4	PA; LA; QL (140 per 28 days)
MATULANE	4	
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	1	PA; MO
megestrol oral tablet	1	PA; MO
MEKINIST ORAL RECON SOLN	4	PA; MO; QL (1200 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	4	PA; MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
MEKINIST ORAL TABLET 2 MG	4	PA; MO; QL (30 per 30 days)
MEKTOVI	4	PA; MO; LA; QL (180 per 30 days)
mercaptopurine	1	MO
methotrexate sodium (pf) injection solution	1	PA; MO
methotrexate sodium injection	1	PA
methotrexate sodium oral	1	PA; MO
MVASI	4	PA; MO
MYCAPSSA	4	PA; LA
mycophenolate mofetil oral capsule	1	PA; MO
mycophenolate mofetil oral suspension for reconstitution	4	PA; MO
mycophenolate mofetil oral tablet	1	PA; MO
mycophenolate sodium	1	PA; MO
MYFORTIC	3	PA; MO
MYHIBBIN	4	PA
NEORAL	3	PA; MO
NERLYNX	4	PA; MO; LA
NEXAVAR	4	PA; MO; LA; QL (120 per 30 days)
NILANDRON	4	PA; MO
nilutamide	4	PA; MO
NINLARO	4	PA; MO; QL (3 per 28 days)
NUBEQA	4	PA; MO; LA; QL (120 per 30 days)
octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml	4	PA; MO
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	1	PA; MO
ODOMZO	4	PA; MO; LA; QL (30 per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG	4	PA; QL (56 per 28 days)
OGSIVEO ORAL TABLET 50 MG	4	PA; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	4	PA; QL (96 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	4	PA; QL (20 per 28 days)
OJJAARA	4	PA; QL (30 per 30 days)
ONTRUZANT	4	PA
ONUREG	4	PA; MO; QL (14 per 28 days)
ORGOVYX	4	PA; LA; QL (30 per 28 days)
ORSERDU ORAL TABLET 345 MG	4	PA; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	4	PA; QL (90 per 30 days)
pazopanib	4	PA; MO; QL (120 per 30 days)
PEMAZYRE	4	PA; LA; QL (28 per 28 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	4	PA; MO; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	4	PA; MO; QL (56 per 28 days)
POMALYST	4	PA; MO; LA; QL (21 per 28 days)
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG	3	PA; MO
PROGRAF ORAL CAPSULE 5 MG	4	PA; MO
PROGRAF ORAL GRANULES IN PACKET	3	PA; MO
PURIXAN	4	
QINLOCK	4	PA; LA; QL (90 per 30 days)
RAPAMUNE ORAL TABLET 1 MG	4	PA; MO
RETEVMO ORAL CAPSULE 40 MG	4	PA; MO; LA; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	4	PA; MO; LA; QL (120 per 30 days)
REVLIMID	4	PA; MO; LA; QL (28 per 28 days)
REZLIDHIA	4	PA; QL (60 per 30 days)
REZUROCK	4	PA; LA; QL (30 per 30 days)
RIABNI	4	PA; MO
ROZLYTREK ORAL CAPSULE 100 MG	4	PA; MO; QL (150 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK ORAL CAPSULE 200 MG	4	PA; MO; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET	4	PA; MO; QL (336 per 28 days)
RUBRACA	4	PA; MO; LA; QL (120 per 30 days)
RUXIENCE	4	PA; MO
RYDAPT	4	PA; MO; QL (224 per 28 days)
SANDIMMUNE ORAL CAPSULE	3	PA; MO
SANDIMMUNE ORAL SOLUTION	3	PA
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	PA; MO
SCEMBLIX ORAL TABLET 100 MG	4	PA; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	4	PA; QL (600 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	4	PA; QL (300 per 30 days)
SIGNIFOR	4	PA
SIKLOS ORAL TABLET 1,000 MG	4	MO
SIKLOS ORAL TABLET 100 MG	3	MO
sirolimus oral solution	4	PA; MO
sirolimus oral tablet	1	PA; MO
SOLTAMOX	4	MO
SOMATULINE DEPOT	4	PA; MO
sorafenib	4	PA; MO; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	4	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	4	PA; MO; QL (60 per 30 days)
STIVARGA	4	PA; MO; QL (84 per 28 days)
sunitinib malate	4	PA; MO; QL (30 per 30 days)
SUTENT	4	PA; MO; QL (30 per 30 days)
TABLOID	3	MO
TABRECTA	4	PA; MO
tacrolimus oral capsule	1	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
TAFINLAR ORAL CAPSULE	4	PA; MO; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION	4	PA; MO; QL (840 per 28 days)
TAGRISSO	4	PA; MO; LA; QL (30 per 30 days)
TALZENNA	4	PA; MO; QL (30 per 30 days)
tamoxifen	1	MO
TARGRETIN	4	PA; MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	4	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	4	PA; MO; QL (120 per 30 days)
TAZVERIK	4	PA; LA
TEPMETKO	4	PA; LA
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA; MO; QL (28 per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	4	PA; QL (56 per 28 days)
TIBSOVO	4	PA
toremifene	4	MO
TRAZIMERA	4	PA; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	PA; MO
tretinoin (antineoplastic)	4	MO
TREXALL	3	PA; MO
TRUQAP	4	PA; QL (64 per 28 days)
TUKYSA ORAL TABLET 150 MG	4	PA; LA; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	4	PA; LA; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG	4	PA; LA; QL (120 per 30 days)
TYKERB	4	PA; MO; LA; QL (180 per 30 days)
VANFLYTA	4	PA; QL (56 per 28 days)
VENCLEXTA ORAL TABLET 10 MG	2	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	4	PA; LA; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	4	PA; LA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA STARTING PACK	4	PA; LA; QL (42 per 180 days)
VERZENIO	4	PA; MO; LA; QL (60 per 30 days)
VIJOICE ORAL GRANULES IN PACKET	4	PA; QL (28 per 28 days)
VIJOICE ORAL TABLET 125 MG, 50 MG	4	PA; QL (28 per 28 days)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	4	PA; QL (56 per 28 days)
VITRAKVI ORAL CAPSULE 100 MG	4	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	4	PA; MO; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	4	PA; MO; LA; QL (300 per 30 days)
VIZIMPRO	4	PA; MO; QL (30 per 30 days)
VONJO	4	PA; QL (120 per 30 days)
VOTRIENT	4	PA; MO; QL (120 per 30 days)
WELIREG	4	PA; LA
XALKORI ORAL CAPSULE	4	PA; MO; QL (60 per 30 days)
XALKORI ORAL PELLET 150 MG	4	PA; MO; QL (180 per 30 days)
XALKORI ORAL PELLET 20 MG, 50 MG	4	PA; MO; QL (120 per 30 days)
XATMEP	3	PA; MO
XERMELO	4	PA; LA; QL (84 per 28 days)
XOSPATA	4	PA; LA; QL (90 per 30 days)
XPOVIO	4	PA; LA
XTANDI ORAL CAPSULE	4	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	4	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	4	PA; MO; QL (60 per 30 days)
YONSA	4	PA; MO; QL (120 per 30 days)
ZEJULA ORAL TABLET	4	PA; MO; LA; QL (30 per 30 days)
ZELBORAF	4	PA; MO; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZIRABEV	4	PA; MO
ZOLINZA	4	PA; MO; QL (120 per 30 days)
ZORTRESS ORAL TABLET 0.25 MG	3	PA; MO
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG, 1 MG	4	PA; MO
ZYDELIG	4	PA; MO; QL (60 per 30 days)
ZYKADIA	4	PA; MO; QL (90 per 30 days)
ZYTIGA ORAL TABLET 250 MG	4	PA; MO; QL (120 per 30 days)
ZYTIGA ORAL TABLET 500 MG	4	PA; MO; QL (60 per 30 days)
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG	4	MO; QL (180 per 30 days)
APTIOM ORAL TABLET 400 MG	4	MO; QL (90 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	4	MO; QL (60 per 30 days)
BANZEL	4	PA; MO
BRIVIACT INTRAVENOUS	3	MO; QL (600 per 30 days)
BRIVIACT ORAL SOLUTION	4	MO; QL (600 per 30 days)
BRIVIACT ORAL TABLET	4	MO; QL (60 per 30 days)
carbamazepine oral capsule, er multiphase 12 hr	1	MO
carbamazepine oral suspension 100 mg/5 ml	1	MO
carbamazepine oral tablet	1	MO
carbamazepine oral tablet extended release 12 hr	1	MO
carbamazepine oral tablet,chewable	1	MO
CARBATROL	3	MO
CELONTIN ORAL CAPSULE 300 MG	3	MO
clobazam oral suspension	1	PA; MO; QL (480 per 30 days)
clobazam oral tablet	1	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
clonazepam oral tablet 0.5 mg, 1 mg	1	MO; QL (90 per 30 days)
clonazepam oral tablet 2 mg	1	MO; QL (300 per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	1	MO; QL (90 per 30 days)
clonazepam oral tablet,disintegrating 2 mg	1	MO; QL (300 per 30 days)
DEPAKOTE	3	MO
DEPAKOTE ER	3	MO
DEPAKOTE SPRINKLES	3	MO
DIACOMIT	4	PA; LA
diazepam rectal	1	MO
DILANTIN 30 MG	3	MO
DILANTIN EXTENDED 100 MG	3	MO
DILANTIN INFATABS	3	MO
DILANTIN-125	3	MO
divalproex	1	MO
EPIDIOLEX	4	PA; MO; LA
epitol	1	MO
EPRONTIA	3	PA; MO
EQUETRO	3	MO
ethosuximide	1	MO
felbamate	1	MO
FELBATOL ORAL TABLET	4	MO
FINTEPLA	4	PA; LA; QL (360 per 30 days)
FYCOMPA ORAL SUSPENSION	4	MO; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	4	MO; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	3	MO; QL (60 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	4	MO; QL (60 per 30 days)
gabapentin oral capsule 100 mg, 400 mg	1	MO; QL (270 per 30 days)
gabapentin oral capsule 300 mg	1	MO; QL (360 per 30 days)
gabapentin oral solution 250 mg/5 ml	1	MO; QL (2160 per 30 days)
gabapentin oral tablet 600 mg	1	MO; QL (180 per 30 days)
gabapentin oral tablet 800 mg	1	MO; QL (120 per 30 days)
gabapentin oral tablet extended release 24 hr 300 mg	1	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
gabapentin oral tablet extended release 24 hr 600 mg	1	PA; MO; QL (90 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	PA; MO; QL (30 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG	3	PA; MO; QL (60 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	3	PA; MO; QL (90 per 30 days)
KEPPRA ORAL	3	MO
KEPPRA XR	3	MO
KLONOPIN ORAL TABLET 0.5 MG, 1 MG	3	MO; QL (90 per 30 days)
KLONOPIN ORAL TABLET 2 MG	3	MO; QL (300 per 30 days)
lacosamide oral solution	1	MO; QL (1200 per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg	1	MO; QL (60 per 30 days)
lacosamide oral tablet 50 mg	1	MO; QL (120 per 30 days)
LAMICTAL ODT	3	MO
LAMICTAL ORAL TABLET	3	MO
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	MO
LAMICTAL STARTER (BLUE) KIT	3	MO
LAMICTAL STARTER (GREEN) KIT	3	MO
LAMICTAL STARTER (ORANGE) KIT	3	MO
LAMICTAL XR	3	MO
LAMICTAL XR STARTER (BLUE)	3	MO
LAMICTAL XR STARTER (GREEN)	3	MO
LAMICTAL XR STARTER (ORANGE)	3	MO
lamotrigine	1	MO
levetiracetam oral solution 100 mg/ml	1	MO
levetiracetam oral tablet	1	MO
levetiracetam oral tablet extended release 24 hr	1	MO
LIBERVANT	4	PA; QL (10 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	3	PA; MO; QL (30 per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	3	PA; MO; QL (60 per 30 days)
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	3	MO; QL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	3	MO; QL (60 per 30 days)
LYRICA ORAL SOLUTION	3	MO; QL (900 per 30 days)
methsuximide	1	MO
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	3	ST; MO; QL (120 per 30 days)
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 200 MG	4	ST; MO; QL (60 per 30 days)
MYSOLINE	4	MO
NAYZILAM	2	PA; MO; QL (10 per 30 days)
NEURONTIN ORAL CAPSULE 100 MG, 400 MG	3	MO; QL (270 per 30 days)
NEURONTIN ORAL CAPSULE 300 MG	3	MO; QL (360 per 30 days)
NEURONTIN ORAL SOLUTION	3	MO; QL (2160 per 30 days)
NEURONTIN ORAL TABLET 600 MG	3	MO; QL (180 per 30 days)
NEURONTIN ORAL TABLET 800 MG	3	MO; QL (120 per 30 days)
ONFI ORAL SUSPENSION	4	PA; MO; QL (480 per 30 days)
ONFI ORAL TABLET	4	PA; MO; QL (60 per 30 days)
oxcarbazepine	1	MO
OXTELLAR XR	3	MO
phenobarbital oral elixir	1	PA; MO
phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg	1	PA
phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg	1	PA; MO
PHENYTEK	3	MO
phenytoin oral suspension 125 mg/5 ml	1	MO

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Drug Name	Drug Tier	Requirements/Limits
phenytoin oral tablet,chewable	1	MO
phenytoin sodium extended oral capsule 100 mg	1	MO
phenytoin sodium extended oral capsule 200 mg, 300 mg	1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	1	MO; QL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg	1	MO; QL (60 per 30 days)
pregabalin oral solution	1	MO; QL (900 per 30 days)
pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg	1	PA; MO; QL (30 per 30 days)
pregabalin oral tablet extended release 24 hr 330 mg	1	PA; MO; QL (60 per 30 days)
PRIMIDONE ORAL TABLET 125 MG	3	MO
primidone oral tablet 250 mg, 50 mg	1	MO
QUDEXY XR	3	PA; MO
roweepra oral tablet 500 mg	1	MO
rufinamide oral suspension	4	PA; MO
rufinamide oral tablet 200 mg	1	PA; MO
rufinamide oral tablet 400 mg	4	PA; MO
SABRIL	4	PA; MO; LA
SPRITAM	3	MO
subvenite	1	MO
subvenite starter (blue) kit	1	MO
subvenite starter (green) kit	1	MO
subvenite starter (orange) kit	1	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	4	PA; MO; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	3	PA; MO; QL (60 per 30 days)
TEGRETOL ORAL SUSPENSION	3	MO
TEGRETOL ORAL TABLET	3	MO
TEGRETOL XR	3	MO
tiagabine	1	MO
TOPAMAX	3	PA; MO
topiramate oral capsule, sprinkle	1	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
topiramate oral capsule,extended release 24hr 100 mg, 25 mg, 50 mg	1	PA; MO
topiramate oral capsule,extended release 24hr 200 mg	4	PA; MO
topiramate oral capsule,sprinkle,er 24hr	1	PA; MO
topiramate oral tablet	1	PA; MO
TRILEPTAL	3	MO
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	3	PA; MO
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	4	PA; MO
valproic acid	1	MO
valproic acid (as sodium salt) oral solution 250 mg/5 ml	1	MO
VALTOCO	2	PA; MO; QL (10 per 30 days)
vigabatrin	4	PA; MO; LA
vigadrone	4	PA; LA
vigpoder	4	PA; LA
VIMPAT ORAL SOLUTION	4	MO; QL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	4	MO; QL (60 per 30 days)
VIMPAT ORAL TABLET 50 MG	3	MO; QL (120 per 30 days)
XCOPRI MAINTENANCE PACK	4	MO; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	4	MO; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	4	MO; QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	3	MO; QL (28 per 180 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	4	MO; QL (28 per 180 days)
ZARONTIN	3	MO
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	PA; MO
ZONISADE	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
zonisamide	1	PA; MO
ZTALMY	4	PA; LA; QL (1100 per 30 days)
ANTIPARKINSONISM AGENTS		
APOKYN	4	PA; MO; LA; QL (90 per 30 days)
apomorphine	4	PA; QL (90 per 30 days)
AZILECT	3	MO
benztropine oral	1	PA; MO
bromocriptine	1	MO
carbidopa	1	MO
carbidopa-levodopa oral tablet	1	MO
carbidopa-levodopa oral tablet extended release	1	MO
carbidopa-levodopa oral tablet,disintegrating	1	
carbidopa-levodopa-entacapone	1	MO
COMTAN	3	
DHIVY	3	MO
DUOPA	4	PA; MO
entacapone	1	MO
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG	4	PA; QL (60 per 30 days)
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 68.5 MG	4	PA; QL (30 per 30 days)
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; QL (300 per 30 days)
LODOSYN	3	MO
NEUPRO	3	MO
NOURIANZ	4	PA; MO; LA; QL (30 per 30 days)
ONGENTYS	3	PA; MO; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG	3	PA; QL (30 per 30 days)
PARLODEL ORAL CAPSULE	3	MO
PARLODEL ORAL TABLET	3	
pramipexole	1	MO
rasagiline	1	MO
ropinirole	1	MO
RYTARY	3	MO
selegiline hcl	1	MO
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	MO
STALEVO 100	3	MO

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Drug Name	Drug Tier	Requirements/Limits
STALEVO 125	3	MO
STALEVO 150	3	MO
STALEVO 200	3	MO
STALEVO 50	3	MO
STALEVO 75	3	MO
TASMAR ORAL TABLET 100 MG	4	PA; MO
tolcapone	4	PA
trihexyphenidyl oral tablet	1	MO
XADAGO	4	MO
ZELAPAR	4	PA; MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	2	PA; MO; QL (1 per 30 days)
AJOVY AUTOINJECTOR	3	PA; MO; QL (1.5 per 30 days)
AJOVY SYRINGE	3	PA; MO; QL (1.5 per 30 days)
almotriptan malate	1	MO; QL (16 per 28 days)
dihydroergotamine nasal	4	QL (8 per 28 days)
eletriptan	1	MO; QL (18 per 28 days)
ELYXYB	3	PA; MO; QL (57.6 per 28 days)
EMGALITY PEN	2	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	4	PA; MO; QL (3 per 30 days)
ergotamine-caffeine	1	MO
FROVA	3	MO; QL (27 per 28 days)
frovatriptan	1	MO; QL (27 per 28 days)
IMITREX ORAL TABLET 100 MG, 25 MG	3	MO; QL (18 per 28 days)
IMITREX ORAL TABLET 50 MG	3	QL (18 per 28 days)
IMITREX STATDOSE SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML	3	MO; QL (8 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 6 MG/0.5 ML	3	MO; QL (8 per 28 days)
MAXALT ORAL TABLET 10 MG	3	MO; QL (24 per 28 days)
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG	3	MO; QL (24 per 28 days)
migergot	4	MO
MIGRANAL	4	QL (8 per 28 days)
naratriptan	1	MO; QL (18 per 28 days)
NURTEC ODT	2	PA; QL (16 per 30 days)
ONZETRA XSAIL	3	MO; QL (32 per 28 days)
QULIPTA	2	PA; MO; QL (30 per 30 days)
RELPAX	3	MO; QL (18 per 28 days)
REYVOW ORAL TABLET 100 MG	3	PA; QL (16 per 30 days)
REYVOW ORAL TABLET 50 MG	3	PA; QL (8 per 30 days)
rizatriptan	1	MO; QL (24 per 28 days)
sumatriptan	1	MO; QL (18 per 28 days)
sumatriptan succinate oral	1	MO; QL (18 per 28 days)
sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml	1	QL (8 per 28 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml	1	QL (8 per 28 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	1	MO; QL (8 per 28 days)
sumatriptan succinate subcutaneous solution	1	MO; QL (8 per 28 days)
sumatriptan-naproxen	1	MO; QL (18 per 28 days)
TOSYMRA	3	MO; QL (24 per 28 days)
TREXIMET	3	MO; QL (18 per 28 days)
UBRELVY	2	PA; QL (20 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZAVZPRET	4	PA; MO; QL (6 per 28 days)
ZEMBRACE SYMTOUCH	4	MO; QL (8 per 28 days)
zolmitriptan nasal spray,non-aerosol 5 mg	1	MO; QL (18 per 28 days)
zolmitriptan oral	1	MO; QL (18 per 28 days)
ZOMIG NASAL SPRAY,NON-AEROSOL 5 MG	3	MO; QL (18 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
ADLARITY	3	MO
AMPYRA	4	PA; MO; LA; QL (60 per 30 days)
ARICEPT	3	MO
AUBAGIO	4	PA; MO; QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	4	PA; MO; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	4	PA; MO; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	4	PA; MO; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	4	PA; MO; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG	4	PA; MO; QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	4	PA; MO; QL (210 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14)	4	PA; MO; QL (42 per 180 days)
BAFIERTAM	4	PA; MO; QL (120 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	4	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	4	PA; MO; QL (12 per 28 days)
dalfampridine	1	PA; MO; QL (60 per 30 days)
DAYBUE	4	PA; LA
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg	4	PA; MO; QL (14 per 30 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	4	PA; MO; QL (120 per 180 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg	4	PA; MO; QL (60 per 30 days)
donepezil	1	MO
EVRYSDI	4	PA; MO; LA; QL (240 per 30 days)
EXELON PATCH	3	MO
fingolimod	4	PA; MO; QL (30 per 30 days)
FIRDAPSE	4	PA; LA
galantamine	1	MO
GILENYA ORAL CAPSULE 0.25 MG	4	PA; QL (30 per 30 days)
GILENYA ORAL CAPSULE 0.5 MG	4	PA; MO; QL (30 per 30 days)
glatiramer subcutaneous syringe 20 mg/ml	4	PA; QL (30 per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	4	PA; QL (12 per 28 days)
glatopa subcutaneous syringe 20 mg/ml	4	PA; MO; QL (30 per 30 days)
glatopa subcutaneous syringe 40 mg/ml	4	PA; MO; QL (12 per 28 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	3	PA; MO; QL (30 per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	3	PA; MO; QL (60 per 30 days)
INGREZZA	4	PA; LA; QL (30 per 30 days)
INGREZZA INITIATION PK(TARDIV)	4	PA; LA; QL (28 per 180 days)
INGREZZA SPRINKLE	4	PA; LA; QL (30 per 30 days)
KESIMPTA PEN	4	PA; MO; QL (1.6 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
KEVEYIS	4	PA
MAVENCLAD (10 TABLET PACK)	4	PA; MO; LA; QL (40 per 720 days)
MAVENCLAD (4 TABLET PACK)	4	PA; MO; LA; QL (16 per 720 days)
MAVENCLAD (5 TABLET PACK)	4	PA; MO; LA; QL (20 per 720 days)
MAVENCLAD (6 TABLET PACK)	4	PA; MO; LA; QL (24 per 720 days)
MAVENCLAD (7 TABLET PACK)	4	PA; MO; LA; QL (28 per 720 days)
MAVENCLAD (8 TABLET PACK)	4	PA; MO; LA; QL (32 per 720 days)
MAVENCLAD (9 TABLET PACK)	4	PA; MO; LA; QL (36 per 720 days)
MAYZENT ORAL TABLET 0.25 MG	4	PA; MO; QL (120 per 30 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	4	PA; MO; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT)	3	PA; MO; QL (7 per 180 days)
MAYZENT STARTER(FOR 2MG MAINT)	4	PA; MO; QL (12 per 180 days)
memantine oral capsule,sprinkle,er 24hr	1	PA; MO
memantine oral solution	1	PA; MO
memantine oral tablet	1	PA; MO
MEMANTINE ORAL TABLETS,DOSE PACK	3	PA; MO
NAMENDA TITRATION PAK	3	PA; MO
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 14 MG, 28 MG	3	PA
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 21 MG	3	PA; MO
NAMZARIC ORAL CAP,SPRINKLE, ER 24HR DOSE PACK	2	PA

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Drug Name	Drug Tier	Requirements/Limits
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	2	PA; MO
NUEDEXTA	4	PA; MO
ormalvi	4	PA
PONVORY	4	PA; MO; QL (30 per 30 days)
PONVORY 14-DAY STARTER PACK	4	PA; MO; QL (14 per 180 days)
RADICAVA ORS	4	PA; MO
RADICAVA ORS STARTER KIT SUSP	4	PA; MO
rivastigmine	1	MO
rivastigmine tartrate	1	MO
SKYCLARYS	4	PA; LA
TASCENSO ODT	4	MO
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG	4	PA; MO; LA; QL (14 per 30 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	4	PA; MO; LA; QL (120 per 180 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 240 MG	4	PA; MO; LA; QL (60 per 30 days)
TEGSEDI	4	PA; MO; LA
teriflunomide	4	PA; MO; QL (30 per 30 days)
tetrabenazine oral tablet 12.5 mg	4	PA; MO; QL (240 per 30 days)
tetrabenazine oral tablet 25 mg	4	PA; MO; QL (120 per 30 days)
VUMERITY	4	PA; MO; QL (120 per 30 days)
WAINUA	4	PA; LA; QL (0.8 per 28 days)
XENAZINE ORAL TABLET 12.5 MG	4	PA; MO; LA; QL (240 per 30 days)
XENAZINE ORAL TABLET 25 MG	4	PA; MO; LA; QL (120 per 30 days)
ZEPOSIA	4	PA; MO; QL (30 per 30 days)
ZEPOSIA STARTER KIT (28-DAY)	4	PA; MO; QL (28 per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
ZEPOSIA STARTER PACK (7-DAY)	4	PA; MO; QL (7 per 180 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
BACLOFEN ORAL SOLUTION 10 MG/5 ML (2 MG/ML)	3	MO
baclofen oral suspension	4	MO
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	MO
BACLOFEN ORAL TABLET 15 MG	3	MO
cyclobenzaprine oral tablet	1	PA; MO
DANTRIUM ORAL CAPSULE 25 MG	3	MO
dantrolene oral	1	MO
FEXMID	3	PA
FLEQSUVY	4	MO
LYVISPAH	3	MO
MESTINON ORAL	4	MO
MESTINON TIMESPAN	4	MO
OZOBAX DS	4	
pyridostigmine bromide oral syrup	1	MO
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	MO
pyridostigmine bromide oral tablet 60 mg	1	MO
pyridostigmine bromide oral tablet extended release	1	
tizanidine	1	MO
ZANAFLEX	3	MO
ZILBRYSQ	4	PA; LA
NARCOTIC ANALGESICS		
acetaminophen-caff-dihydrocod	1	QL (300 per 30 days)
acetaminophen-codeine oral solution 120-12 mg/5 ml	1	MO; QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	1	MO; QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	1	MO; QL (180 per 30 days)
BELBUCA	2	PA; MO; QL (60 per 30 days)
buprenorphine hcl sublingual	1	MO
buprenorphine transdermal patch	1	PA; MO; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
BUTRANS	3	PA; MO; QL (4 per 28 days)
codeine sulfate	1	MO; QL (180 per 30 days)
DILAUDID ORAL LIQUID	3	MO; QL (2400 per 30 days)
DILAUDID ORAL TABLET	3	MO; QL (180 per 30 days)
endocet	1	MO; QL (360 per 30 days)
fentanyl	1	PA; MO; QL (10 per 30 days)
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg	4	PA; MO; QL (120 per 30 days)
fentanyl citrate buccal lozenge on a handle 200 mcg	1	PA; MO; QL (120 per 30 days)
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 400 MCG, 800 MCG	4	PA; QL (120 per 30 days)
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 600 MCG	4	PA; MO; QL (120 per 30 days)
FENTORA	4	PA; MO; QL (120 per 30 days)
hydrocodone bitartrate, oral only, er 12hr	1	PA; MO; QL (90 per 30 days)
hydrocodone bitartrate, oral only,ext.rel.24 hr 100 mg, 120 mg	4	PA; MO; QL (60 per 30 days)
hydrocodone bitartrate, oral only,ext.rel.24 hr 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	1	PA; MO; QL (60 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	1	MO; QL (5550 per 30 days)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	1	MO; QL (390 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	MO; QL (360 per 30 days)
hydrocodone-ibuprofen	1	MO; QL (50 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml	1	
hydromorphone oral liquid	1	MO; QL (2400 per 30 days)
hydromorphone oral tablet	1	MO; QL (180 per 30 days)
hydromorphone oral tablet extended release 24 hr	1	PA; MO; QL (60 per 30 days)
HYSINGLA ER, ORAL ONLY,EXT.REL. 24 HR 100 MG, 120 MG, 80 MG	4	PA; MO; QL (60 per 30 days)
HYSINGLA ER, ORAL ONLY,EXT.REL. 24 HR 20 MG, 30 MG, 40 MG, 60 MG	3	PA; MO; QL (60 per 30 days)
levorphanol tartrate	4	MO; QL (120 per 30 days)
methadone oral solution 10 mg/5 ml	1	PA; MO; QL (600 per 30 days)
methadone oral solution 5 mg/5 ml	1	PA; MO; QL (1200 per 30 days)
methadone oral tablet 10 mg	1	PA; MO; QL (120 per 30 days)
methadone oral tablet 5 mg	1	PA; MO; QL (240 per 30 days)
morphine concentrate oral solution	1	MO; QL (900 per 30 days)
morphine oral capsule, er multiphase 24 hr	1	PA; MO; QL (60 per 30 days)
morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	1	PA; MO; QL (90 per 30 days)
morphine oral solution	1	MO; QL (900 per 30 days)
morphine oral tablet	1	MO; QL (180 per 30 days)
morphine oral tablet extended release	1	PA; MO; QL (120 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG, 60 MG	4	PA; MO; QL (120 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG	3	PA; MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
NALOCET	3	MO; QL (390 per 30 days)
oxycodone oral capsule	1	MO; QL (360 per 30 days)
oxycodone oral concentrate	1	MO; QL (180 per 30 days)
oxycodone oral solution	1	MO; QL (1200 per 30 days)
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	MO; QL (180 per 30 days)
oxycodone oral tablet 5 mg	1	MO; QL (360 per 30 days)
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL. 12 HR 10 MG, 20 MG	3	PA; QL (90 per 30 days)
oxycodone-acetaminophen oral solution 5-325 mg/5 ml	1	QL (1860 per 30 days)
oxycodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	4	QL (390 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	MO; QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg	1	QL (360 per 30 days)
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	2	PA; MO; QL (90 per 30 days)
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 80 MG	4	PA; MO; QL (60 per 30 days)
oxymorphone oral tablet 10 mg	1	MO; QL (360 per 30 days)
oxymorphone oral tablet 5 mg	1	MO; QL (180 per 30 days)
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	PA; MO; QL (90 per 30 days)
oxymorphone oral tablet extended release 12 hr 40 mg	4	PA; MO; QL (90 per 30 days)
PERCOCET	3	MO; QL (360 per 30 days)
PROLATE ORAL SOLUTION	4	MO; QL (2000 per 30 days)
prolate oral tablet	1	MO; QL (390 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	MO; QL (180 per 30 days)
ROXYBOND ORAL TABLET, ORAL ONLY 15 MG, 30 MG	3	MO; QL (180 per 30 days)
ROXYBOND ORAL TABLET, ORAL ONLY 5 MG	3	MO; QL (360 per 30 days)
SEGLENTIS	3	ST; MO; QL (120 per 30 days)
SUBLOCADE	4	MO
TREZIX	3	QL (300 per 30 days)
XTAMPZA ER	3	PA; MO; QL (90 per 30 days)
NON-NARCOTIC ANALGESICS		
ARTHROTEC 50	3	ST; MO
ARTHROTEC 75	3	ST; MO
buprenorphine-naloxone sublingual film 12-3 mg	1	MO; QL (60 per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg	1	MO; QL (360 per 30 days)
buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg	1	MO; QL (90 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg	1	MO; QL (360 per 30 days)
buprenorphine-naloxone sublingual tablet 8-2 mg	1	MO; QL (90 per 30 days)
butorphanol nasal	1	MO; QL (10 per 28 days)
CAMBIA	3	ST; MO; QL (9 per 30 days)
CELEBREX	3	MO
celecoxib	1	MO
CONZIP	3	PA; MO; QL (30 per 30 days)
DAYPRO	3	ST; MO
DICLOFENAC EPOLAMINE	3	PA; QL (60 per 30 days)
diclofenac potassium oral capsule	1	MO
diclofenac potassium oral powder in packet	1	MO; QL (9 per 30 days)
diclofenac potassium oral tablet 25 mg	4	MO
diclofenac potassium oral tablet 50 mg	1	MO
diclofenac sodium oral	1	MO

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Drug Name	Drug Tier	Requirements/Limits
diclofenac sodium topical drops	1	MO; QL (300 per 28 days)
diclofenac sodium topical solution in metered-dose pump	4	MO; QL (224 per 28 days)
diclofenac-misoprostol	1	MO
diflunisal	1	MO
etodolac	1	MO
fenoprofen oral tablet	1	
FLECTOR	3	PA; MO; QL (60 per 30 days)
flurbiprofen oral tablet 100 mg	1	MO
ibu oral tablet 600 mg, 800 mg	1	MO
ibuprofen oral suspension	1	MO
ibuprofen oral tablet 400 mg, 800 mg	1	MO
ibuprofen oral tablet 600 mg	1	
ibuprofen-famotidine	1	MO
INDOCIN RECTAL	4	MO
indomethacin rectal suppository 50 mg	4	MO
ketoprofen oral capsule 25 mg, 50 mg	1	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	1	MO
KLOXXADO	3	MO
LICART	3	PA; MO; QL (30 per 30 days)
LODINE ORAL TABLET	3	ST
lofena	4	MO
LUCEMYRA	4	PA; MO
meclofenamate	1	MO
mefenamic acid	1	MO
meloxicam oral tablet	1	MO; QL (30 per 30 days)
meloxicam submicronized	1	MO; QL (30 per 30 days)
nabumetone	1	MO
NALFON ORAL TABLET	3	ST; MO
naloxone injection solution	1	MO
naloxone injection syringe	1	MO
naloxone nasal	1	MO
naltrexone	1	MO
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 750 MG	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 500 MG	3	ST
NAPROSYN ORAL SUSPENSION	4	ST
naproxen oral suspension	1	MO
naproxen oral tablet	1	MO
naproxen oral tablet,delayed release (drlec) 375 mg	1	MO
naproxen sodium oral tablet 275 mg, 550 mg	1	MO
naproxen sodium oral tablet, er multiphase 24 hr	1	MO
naproxen-esomeprazole	4	MO
NUCYNTA ER	3	PA; MO; QL (60 per 30 days)
NUCYNTA ORAL TABLET 100 MG	3	MO; QL (181 per 30 days)
NUCYNTA ORAL TABLET 50 MG	3	MO; QL (362 per 30 days)
NUCYNTA ORAL TABLET 75 MG	3	MO; QL (242 per 30 days)
OPVEE	3	
oxaprozin oral tablet	1	MO
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	4	ST; QL (224 per 28 days)
piroxicam	1	MO
QDOLO	4	QL (2400 per 30 days)
RELAFEN DS	4	ST; MO
SPRIX	4	ST
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	MO; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	3	MO; QL (360 per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	3	MO; QL (90 per 30 days)
sulindac	1	MO
TOLECTIN 600	4	ST
tolmetin oral capsule	1	MO
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	3	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	PA; MO; QL (30 per 30 days)
TRAMADOL ORAL SOLUTION	3	MO; QL (2400 per 30 days)
TRAMADOL ORAL TABLET 100 MG, 25 MG	3	MO; QL (120 per 30 days)
tramadol oral tablet 50 mg	1	MO; QL (240 per 30 days)
tramadol oral tablet extended release 24 hr	1	PA; MO; QL (30 per 30 days)
tramadol oral tablet, er multiphase 24 hr	1	PA; QL (30 per 30 days)
tramadol-acetaminophen	1	MO; QL (240 per 30 days)
VIMOVO	4	ST; MO
VIVITROL	4	MO
ZIMHI	3	
ZIPSOR	3	ST; MO
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	2	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	2	MO; QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	4	MO; QL (2.4 per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	4	MO; QL (3.2 per 56 days)
ABILIFY MAINTENA	4	MO; QL (1 per 28 days)
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	4	PA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 10 MG	4	PA; QL (30 per 30 days)
ABILIFY ORAL TABLET 10 MG, 15 MG, 30 MG, 5 MG	3	QL (30 per 30 days)
ABILIFY ORAL TABLET 2 MG, 20 MG	3	MO; QL (30 per 30 days)
ADDERALL ORAL TABLET 20 MG, 5 MG, 7.5 MG	3	MO
ADDERALL XR	3	ST; MO
ADZENYS XR-ODT	3	ST; MO
AMBIEN	3	MO; QL (30 per 30 days)
AMBIEN CR	3	MO; QL (30 per 30 days)
amitriptyline	1	MO
amoxapine	1	MO
amphetamine sulfate	1	PA; MO
ANAFRANIL	3	MO
APLENZIN	4	MO; QL (30 per 30 days)
APTENSIO XR	3	ST; MO
aripiprazole oral solution	1	MO
aripiprazole oral tablet	1	MO; QL (30 per 30 days)
aripiprazole oral tablet,disintegrating	1	MO; QL (60 per 30 days)
ARISTADA INITIO	4	MO; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	4	MO; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	4	MO; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	4	MO; QL (2.4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	4	MO; QL (3.2 per 28 days)
armodafinil	1	PA; MO; QL (30 per 30 days)
asenapine maleate	1	MO; QL (60 per 30 days)
ATIVAN ORAL TABLET 0.5 MG, 1 MG	3	PA; MO; QL (90 per 30 days)
ATIVAN ORAL TABLET 2 MG	3	PA; MO; QL (150 per 30 days)
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	1	MO; QL (60 per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	1	MO; QL (30 per 30 days)
AUVELITY	4	ST; MO; QL (60 per 30 days)
AZSTARYS	3	ST; MO
BELSOMRA	3	PA; MO; QL (30 per 30 days)
bupropion hcl oral tablet	1	MO
bupropion hcl oral tablet extended release 24 hr 150 mg	1	MO; QL (90 per 30 days)
bupropion hcl oral tablet extended release 24 hr 300 mg	1	MO; QL (30 per 30 days)
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	MO; QL (30 per 30 days)
bupropion hcl oral tablet sustained-release 12 hr	1	MO; QL (60 per 30 days)
buspirone	1	MO
CAPLYTA	3	MO; QL (30 per 30 days)
CELEXA ORAL TABLET	3	MO; QL (30 per 30 days)
chlorpromazine oral	1	MO
CITALOPRAM ORAL CAPSULE	3	MO; QL (30 per 30 days)
citalopram oral solution	1	MO
citalopram oral tablet	1	MO; QL (30 per 30 days)
clomipramine	1	MO
clonidine hcl oral tablet extended release 12 hr	1	MO
clorazepate dipotassium oral tablet 15 mg	1	PA; MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
clorazepate dipotassium oral tablet 3.75 mg	1	PA; MO; QL (90 per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	1	PA; MO; QL (360 per 30 days)
clozapine	1	
CLOZARIL ORAL TABLET 100 MG	4	
CLOZARIL ORAL TABLET 200 MG, 25 MG, 50 MG	3	
CONCERTA	3	ST; MO
COTEMPLA XR-ODT	3	ST; MO
CYMBALTA	3	MO; QL (60 per 30 days)
DAYTRANA	3	ST; MO
DAYVIGO	3	PA; MO; QL (30 per 30 days)
desipramine	1	MO
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	MO; QL (120 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	MO; QL (30 per 30 days)
desvenlafaxine succinate	1	MO; QL (30 per 30 days)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG	3	ST; MO
dexmethylphenidate	1	MO
dextroamphetamine sulfate oral capsule, extended release	1	MO
dextroamphetamine sulfate oral solution	1	MO
dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	MO
dextroamphetamine-amphetamine	1	MO
diazepam intensol	1	PA; MO; QL (240 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1	PA; MO; QL (1200 per 30 days)
diazepam oral tablet	1	PA; MO; QL (120 per 30 days)
doxepin oral capsule	1	MO

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Drug Name	Drug Tier	Requirements/Limits
doxepin oral concentrate	1	MO
doxepin oral tablet	1	MO; QL (30 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	3	MO; QL (60 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	3	MO; QL (90 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	1	MO; QL (60 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 40 mg	1	MO; QL (90 per 30 days)
DYANAVEL XR	3	ST; MO
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 37.5 MG	3	MO; QL (30 per 30 days)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 75 MG	3	MO; QL (90 per 30 days)
EMSAM	4	MO
ergoloid	1	
escitalopram oxalate oral solution	1	MO
escitalopram oxalate oral tablet	1	MO; QL (30 per 30 days)
eszopiclone	1	MO; QL (30 per 30 days)
EVEKEO	3	PA; MO
FANAPT ORAL TABLET	3	ST; MO; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	3	ST; MO; QL (8 per 180 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	2	MO; QL (28 per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	2	MO; QL (30 per 30 days)
fluoxetine (pmdd) oral tablet 10 mg	1	QL (240 per 30 days)
fluoxetine (pmdd) oral tablet 20 mg	1	QL (120 per 30 days)
fluoxetine oral capsule 10 mg	1	MO; QL (30 per 30 days)
fluoxetine oral capsule 20 mg	1	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
fluoxetine oral capsule 40 mg	1	MO; QL (60 per 30 days)
fluoxetine oral capsule,delayed release(dr/ec)	1	MO; QL (4 per 28 days)
fluoxetine oral solution	1	MO
fluoxetine oral tablet 10 mg	1	MO; QL (240 per 30 days)
fluoxetine oral tablet 20 mg	1	MO; QL (120 per 30 days)
fluoxetine oral tablet 60 mg	1	MO; QL (30 per 30 days)
fluphenazine decanoate	1	MO
fluphenazine hcl	1	MO
fluvoxamine oral capsule,extended release 24hr	1	MO; QL (60 per 30 days)
fluvoxamine oral tablet 100 mg	1	MO; QL (90 per 30 days)
fluvoxamine oral tablet 25 mg	1	MO; QL (30 per 30 days)
fluvoxamine oral tablet 50 mg	1	MO; QL (60 per 30 days)
FOCALIN	3	MO
FOCALIN XR	3	ST; MO
FORFIVO XL	3	MO; QL (30 per 30 days)
GEODON INTRAMUSCULAR	3	MO
GEODON ORAL CAPSULE 20 MG	3	MO; QL (60 per 30 days)
GEODON ORAL CAPSULE 40 MG, 60 MG, 80 MG	4	MO; QL (60 per 30 days)
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML	3	MO
haloperidol	1	MO
haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)	1	
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml, 50 mg/ml(1ml)	1	MO
haloperidol lactate injection	1	MO
haloperidol lactate oral	1	MO
HETLIOZ	4	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
HETLIOZ LQ	4	PA; MO; QL (158 per 30 days)
imipramine hcl	1	MO
imipramine pamoate	1	MO
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	4	MO; QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	4	MO; QL (5 per 180 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 9 MG	3	MO; QL (30 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	3	MO; QL (60 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	4	MO; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	4	MO; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	4	MO; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	2	MO; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	4	MO; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	4	MO; QL (0.88 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	4	MO; QL (1.32 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	4	MO; QL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	4	MO; QL (2.63 per 90 days)
JORNAY PM	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	4	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	4	MO; QL (60 per 30 days)
LEXAPRO ORAL TABLET	3	MO; QL (30 per 30 days)
lisdexamfetamine	1	MO
lithium carbonate	1	MO
lithium citrate	1	
LITHOBID	3	MO
lorazepam intensol	1	PA; QL (150 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	1	PA; MO; QL (90 per 30 days)
lorazepam oral tablet 2 mg	1	PA; MO; QL (150 per 30 days)
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 1 MG, 1.5 MG	3	PA; MO; QL (30 per 30 days)
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 2 MG	3	PA; MO; QL (150 per 30 days)
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 3 MG	3	PA; MO; QL (90 per 30 days)
loxapine succinate	1	MO
LUMRYZ	4	PA; MO; QL (30 per 30 days)
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	1	MO; QL (30 per 30 days)
lurasidone oral tablet 80 mg	1	MO; QL (60 per 30 days)
LYBALVI	4	ST; MO; QL (30 per 30 days)
MARPLAN	3	MO
METADATE CD	3	ST
methamphetamine	1	PA; MO
METHYLIN ORAL SOLUTION	3	MO
methylphenidate	1	MO
methylphenidate hcl oral cap,er sprinkle,biphasic 40-60	1	MO
methylphenidate hcl oral capsule, er biphasic 30-70	1	MO
methylphenidate hcl oral capsule,er biphasic 50-50	1	MO

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Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl oral solution	1	MO
methylphenidate hcl oral tablet	1	MO
methylphenidate hcl oral tablet extended release	1	MO
methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 36 mg (bx rating), 54 mg (bx rating)	1	
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg	1	MO
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG	3	ST; MO
methylphenidate hcl oral tablet,chewable	1	MO
mirtazapine	1	MO
modafinil oral tablet 100 mg	1	PA; MO; QL (30 per 30 days)
modafinil oral tablet 200 mg	1	PA; MO; QL (60 per 30 days)
molindone oral tablet 10 mg, 25 mg	1	
molindone oral tablet 5 mg	1	MO
MYDAYIS	3	ST; MO
NARDIL	3	MO
nefazodone	1	MO
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	
nortriptyline	1	MO
NUPLAZID	3	PA; MO; QL (30 per 30 days)
NUVIGIL	3	PA; MO; QL (30 per 30 days)
olanzapine intramuscular	1	MO
olanzapine oral	1	MO; QL (30 per 30 days)
olanzapine-fluoxetine	1	MO
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	1	MO; QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	1	MO; QL (60 per 30 days)
PAMELOR	3	MO
PARNATE	3	MO
paroxetine hcl oral suspension	1	MO

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Drug Name	Drug Tier	Requirements/Limits
paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg	1	MO; QL (30 per 30 days)
paroxetine hcl oral tablet 30 mg	1	MO; QL (60 per 30 days)
paroxetine hcl oral tablet extended release 24 hr	1	MO; QL (60 per 30 days)
paroxetine mesylate(menop.sym)	1	MO; QL (30 per 30 days)
PAXIL CR	3	MO; QL (60 per 30 days)
PAXIL ORAL TABLET 10 MG, 20 MG, 40 MG	3	MO; QL (30 per 30 days)
PAXIL ORAL TABLET 30 MG	3	MO; QL (60 per 30 days)
perphenazine	1	MO
PERSERIS	4	ST; MO; QL (1 per 30 days)
phenelzine	1	MO
pimozide	1	MO
PRISTIQ	3	MO; QL (30 per 30 days)
procentra	1	MO
protriptyline	1	MO
PROVIGIL ORAL TABLET 100 MG	4	PA; MO; QL (30 per 30 days)
PROVIGIL ORAL TABLET 200 MG	4	PA; MO; QL (60 per 30 days)
PROZAC ORAL CAPSULE 10 MG	3	MO; QL (30 per 30 days)
PROZAC ORAL CAPSULE 20 MG	3	MO; QL (90 per 30 days)
PROZAC ORAL CAPSULE 40 MG	3	MO; QL (60 per 30 days)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG	3	ST; MO; QL (30 per 30 days)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	3	ST; MO; QL (60 per 30 days)
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	MO; QL (90 per 30 days)
QUETIAPINE ORAL TABLET 150 MG	3	MO; QL (90 per 30 days)
quetiapine oral tablet 300 mg, 400 mg	1	MO; QL (60 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	1	MO; QL (60 per 30 days)
QUILLICHEW ER	3	ST; MO
QUILLIVANT XR	3	ST; MO
QUVIVIQ	3	PA; MO; QL (30 per 30 days)
ramelteon	1	MO; QL (30 per 30 days)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG	3	ST
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG	3	ST; MO
REMERON ORAL TABLET 15 MG, 30 MG	3	MO
REMERON SOLTAB	3	MO
REXULTI ORAL TABLET	3	MO; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	3	MO; QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	4	MO; QL (2 per 28 days)
RISPERDAL ORAL SOLUTION	3	MO
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG	3	MO; QL (60 per 30 days)
RISPERDAL ORAL TABLET 4 MG	3	MO; QL (120 per 30 days)
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml	1	MO; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml	4	MO; QL (2 per 28 days)
risperidone oral solution	1	MO
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	1	MO; QL (60 per 30 days)
risperidone oral tablet 4 mg	1	MO; QL (120 per 30 days)
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	1	MO; QL (60 per 30 days)
risperidone oral tablet,disintegrating 4 mg	1	MO; QL (120 per 30 days)
RITALIN	3	MO
RITALIN LA	3	ST; MO
ROZEREM	3	MO; QL (30 per 30 days)
SAPHRIS	3	MO; QL (60 per 30 days)
SECUADO	4	MO; QL (30 per 30 days)
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	3	MO; QL (90 per 30 days)
SEROQUEL ORAL TABLET 300 MG, 400 MG	3	MO; QL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG	3	MO; QL (30 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 400 MG, 50 MG	3	MO; QL (60 per 30 days)
SERTRALINE ORAL CAPSULE	3	MO; QL (30 per 30 days)
sertraline oral concentrate	1	MO
sertraline oral tablet 100 mg, 50 mg	1	MO; QL (60 per 30 days)
sertraline oral tablet 25 mg	1	MO; QL (30 per 30 days)
SILENOR	3	MO; QL (30 per 30 days)
SODIUM OXYBATE (PREFERRED NDCS STARTING WITH 00054)	4	PA; LA; QL (540 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	3	ST; MO; QL (60 per 30 days)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	3	ST; MO; QL (30 per 30 days)
SUNOSI	3	PA; MO; QL (30 per 30 days)
SYMBYAX ORAL CAPSULE 3-25 MG	3	
SYMBYAX ORAL CAPSULE 6-25 MG	3	MO
tasimelteon	4	PA; MO; QL (30 per 30 days)
thioridazine	1	MO
thiothixene	1	MO
tranylcypromine	1	MO
trazodone	1	MO
trifluoperazine	1	MO
trimipramine	1	MO
TRINTELLIX	2	MO; QL (30 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	4	MO; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	4	MO; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	4	MO; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	4	MO; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	4	MO; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	4	MO; QL (0.14 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	4	MO; QL (0.21 per 28 days)
VENLAFAXINE BESYLATE	3	MO; QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg	1	MO; QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 75 mg	1	MO; QL (90 per 30 days)
venlafaxine oral tablet	1	MO; QL (90 per 30 days)
venlafaxine oral tablet extended release 24hr	1	MO; QL (30 per 30 days)
VERSACLOZ	4	
VIIBRYD ORAL TABLET	3	MO; QL (30 per 30 days)
vilazodone	1	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	3	MO; QL (30 per 30 days)
VYVANSE	3	ST; MO
WAKIX	4	PA; MO; LA; QL (60 per 30 days)
WELLBUTRIN SR	3	MO; QL (60 per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	MO; QL (90 per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	MO; QL (30 per 30 days)
XELSTRYM	3	ST; MO
XYREM	4	PA; LA; QL (540 per 30 days)
XYWAV	4	PA; LA; QL (540 per 30 days)
zaleplon oral capsule 10 mg	1	MO; QL (60 per 30 days)
zaleplon oral capsule 5 mg	1	MO; QL (30 per 30 days)
zenzedi oral tablet 10 mg, 5 mg	1	MO
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	MO
ziprasidone hcl	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ziprasidone mesylate	1	MO
ZOLOFT ORAL CONCENTRATE	3	MO
ZOLOFT ORAL TABLET 100 MG, 50 MG	3	MO; QL (60 per 30 days)
ZOLOFT ORAL TABLET 25 MG	3	MO; QL (30 per 30 days)
zolpidem oral tablet	1	MO; QL (30 per 30 days)
zolpidem oral tablet,ext release multiphase	1	MO; QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	4	PA; MO; QL (28 per 365 days)
ZURZUVAE ORAL CAPSULE 30 MG	4	PA; MO; QL (14 per 365 days)
ZYPREXA INTRAMUSCULAR	3	MO
ZYPREXA ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	3	MO; QL (30 per 30 days)
ZYPREXA ORAL TABLET 15 MG, 20 MG	4	MO; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	3	MO; QL (2 per 28 days)
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG, 5 MG	3	MO; QL (30 per 30 days)
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 15 MG, 20 MG	4	MO; QL (30 per 30 days)
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
amiodarone oral tablet 100 mg, 200 mg	1	MO
amiodarone oral tablet 400 mg	1	
BETAPACE AF	3	MO
dofetilide	1	MO
flecainide	1	MO
mexiletine	1	MO
MULTAQ	2	MO

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Drug Name	Drug Tier	Requirements/Limits
pacerone oral tablet 100 mg, 200 mg, 400 mg	1	MO
propafenone	1	MO
quinidine gluconate oral	1	MO
quinidine sulfate oral tablet	1	MO
RYTHMOL SR	3	
sotalol af	1	
sotalol oral	1	MO
SOTYLIZE	3	MO
TIKOSYN	3	MO
ANTIHYPERTENSIVE THERAPY		
acebutolol	1	MO
ALDACTONE	3	MO
aliskiren	1	MO
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG	3	MO
ALTACE ORAL CAPSULE 5 MG	3	
amiloride	1	MO
amiloride-hydrochlorothiazide	1	MO
amlodipine	1	MO
amlodipine-benazepril	1	MO
amlodipine-olmesartan	1	MO
amlodipine-valsartan	1	MO
amlodipine-valsartan-hcthiazid	1	MO
ATACAND	3	ST; MO
ATACAND HCT	3	ST; MO
atenolol	1	MO
atenolol-chlorthalidone	1	MO
AVALIDE	3	ST; MO
AVAPRO	3	ST; MO
AZOR	3	ST; MO
benazepril	1	MO
benazepril-hydrochlorothiazide	1	MO
BENICAR	3	ST; MO
BENICAR HCT	3	ST; MO
betaxolol oral	1	MO
BIDIL	3	MO; QL (180 per 30 days)
bisoprolol fumarate	1	MO
bisoprolol-hydrochlorothiazide	1	MO
bumetanide	1	MO
BYSTOLIC ORAL TABLET 10 MG	3	
BYSTOLIC ORAL TABLET 2.5 MG, 20 MG, 5 MG	3	MO
candesartan	1	MO
candesartan-hydrochlorothiazid	1	MO
captopril	1	MO

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Drug Name	Drug Tier	Requirements/Limits
CARDIZEM CD	3	MO
CARDIZEM LA	3	MO
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	MO
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG	3	MO; QL (30 per 30 days)
CARDURA ORAL TABLET 8 MG	3	MO; QL (60 per 30 days)
CARDURA XL	3	MO; QL (30 per 30 days)
CAROSPIR	3	MO
cartia xt	1	MO
carvedilol	1	MO
carvedilol phosphate	1	MO
chlorthalidone oral tablet 25 mg, 50 mg	1	MO
clonidine	1	MO; QL (4 per 28 days)
clonidine hcl oral tablet	1	MO
CLONIDINE HCL ORAL TABLET EXTENDED RELEASE 24 HR	4	MO
COZAAR	3	ST; MO
DEMSER	4	PA; MO
DIBENZYLINE	4	PA; MO
diltiazem hcl oral capsule,extended release 12 hr	1	MO
diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg	1	MO
diltiazem hcl oral capsule,extended release 24hr 120 mg	1	
diltiazem hcl oral capsule,extended release 24hr 180 mg, 240 mg, 300 mg	1	MO
diltiazem hcl oral tablet	1	MO
diltiazem hcl oral tablet extended release 24 hr	1	MO
dilt-xr	1	MO
DIOVAN	3	ST; MO
DIOVAN HCT	3	ST; MO
DIURIL	3	MO
doxazosin oral tablet 1 mg, 2 mg, 4 mg	1	MO; QL (30 per 30 days)
doxazosin oral tablet 8 mg	1	MO; QL (60 per 30 days)
DYRENIUM	3	MO
EDARBI	2	MO
EDARBYCLOR	2	MO
EDECRIN	3	MO
enalapril maleate	1	MO

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Drug Name	Drug Tier	Requirements/Limits
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	1	MO
eplerenone	1	MO
ethacrynic acid	1	MO
EXFORGE	3	ST; MO
EXFORGE HCT	3	ST; MO
felodipine	1	MO
fosinopril	1	MO
fosinopril-hydrochlorothiazide	1	MO
FUROSCIX	4	ST
furosemide injection solution	1	MO
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	MO
furosemide oral tablet	1	MO
hydralazine oral	1	MO
hydrochlorothiazide	1	MO
HYZAAR	3	ST; MO
indapamide	1	MO
INDERAL LA	3	MO
INNOPRAN XL	3	MO
INSPRA	3	MO
irbesartan	1	MO
irbesartan-hydrochlorothiazide	1	MO
isosorbide-hydralazine	1	MO; QL (180 per 30 days)
isradipine	1	MO
KAPSPARGO SPRINKLE	3	MO
KATERZIA	3	MO
KERENDIA	2	PA; QL (30 per 30 days)
labetalol oral	1	MO
LASIX ORAL TABLET 20 MG, 40 MG	3	MO
LASIX ORAL TABLET 80 MG	3	
lisinopril	1	MO
lisinopril-hydrochlorothiazide	1	MO
LOPRESSOR ORAL	3	MO
losartan	1	MO
losartan-hydrochlorothiazide	1	MO
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	
LOTREL	3	MO
matzim la	1	MO
metolazone	1	MO
metoprolol succinate	1	MO
metoprolol ta-hydrochlorothiaz	1	MO
metoprolol tartrate oral	1	MO
metyrosine	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
MICARDIS HCT	3	ST; MO
minoxidil oral	1	MO
moexipril oral tablet 15 mg	1	
moexipril oral tablet 7.5 mg	1	MO
nadolol	1	MO
nebivolol	1	MO
NEXICLON XR	4	
nicardipine oral	1	MO
nifedipine oral tablet extended release	1	MO
nifedipine oral tablet extended release 24hr	1	MO
nimodipine	1	MO
nisoldipine	1	MO
NORLIQVA	3	MO
NORVASC	3	MO
NYMALIZE ORAL SYRINGE 60 MG/10 ML	4	
olmesartan	1	MO
olmesartan-amlodipin-hcthiazid	1	MO
olmesartan-hydrochlorothiazide	1	MO
ORENITRAM MONTH 1 TITRATION KT	4	PA; MO; QL (168 per 180 days)
ORENITRAM MONTH 2 TITRATION KT	4	PA; MO; QL (336 per 180 days)
ORENITRAM MONTH 3 TITRATION KT	4	PA; MO; QL (252 per 180 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	3	PA; MO; QL (90 per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG	4	PA; MO; QL (90 per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG	4	PA; MO; QL (720 per 30 days)
perindopril erbumine	1	MO
phenoxybenzamine	4	PA; MO
pindolol	1	MO
prazosin	1	MO
PROCARDIA XL	3	MO
propranolol oral	1	MO
QBRELIS	3	MO
quinapril	1	
ramipril	1	MO
SOAANZ	3	ST; MO
spironolactone	1	MO
spironolacton-hydrochlorothiaz	1	MO

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Drug Name	Drug Tier	Requirements/Limits
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	MO
TEKTURNA	3	MO
telmisartan	1	MO
telmisartan-amlodipine	1	MO
telmisartan-hydrochlorothiazid	1	MO
TENORETIC 100	3	MO
TENORETIC 50	3	MO
TENORMIN	3	MO
terazosin oral capsule 1 mg, 2 mg, 5 mg	1	MO; QL (30 per 30 days)
terazosin oral capsule 10 mg	1	MO; QL (60 per 30 days)
THALITONE	3	MO
tiadylt er	1	MO
TIAZAC	3	MO
timolol maleate oral	1	MO
TOPROL XL	3	MO
torsemide oral	1	MO
trandolapril	1	MO
trandolapril-verapamil	1	MO
treprostinil sodium	4	PA; MO
triamterene	1	MO
triamterene-hydrochlorothiazid	1	MO
TRIBENZOR	3	ST; MO
UPTRAVI ORAL TABLET	4	PA; MO; LA; QL (60 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK	4	PA; MO; LA; QL (200 per 180 days)
VALSARTAN ORAL SOLUTION	4	ST; MO
valsartan oral tablet	1	MO
valsartan-hydrochlorothiazide	1	MO
VASERETIC	3	MO
VASOTEC	3	MO
verapamil oral	1	MO
VERELAN	3	
VERELAN PM	3	MO
ZESTORETIC	3	MO
ZESTRIL	3	MO
COAGULATION THERAPY		
ALVAIZ	4	PA; MO
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	4	MO
ARIXTRA SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	3	MO

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Drug Name	Drug Tier	Requirements/Limits
aspirin-dipyridamole	1	MO
BRILINTA	2	MO
CABLIVI INJECTION KIT	4	PA; LA
cilostazol	1	MO
clopidogrel oral tablet 75 mg	1	MO; QL (30 per 30 days)
dabigatran etexilate	1	MO; QL (60 per 30 days)
dipyridamole oral	1	MO
DOPTELET (10 TAB PACK)	4	PA; MO; LA
DOPTELET (15 TAB PACK)	4	PA; MO; LA
DOPTELET (30 TAB PACK)	4	PA; MO; LA
EFFIENT	3	MO
ELIQUIS	2	MO; QL (60 per 30 days)
ELIQUIS DVT-PE TREAT 30D START	2	MO; QL (74 per 180 days)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	1	MO; QL (28 per 28 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	1	MO; QL (22.4 per 28 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml	1	MO; QL (16.8 per 28 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	1	MO; QL (11.2 per 28 days)
fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	4	MO
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	1	MO
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	4	MO
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 7,500 ANTI-XA UNIT/0.3 ML	4	MO

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Drug Name	Drug Tier	Requirements/Limits
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	3	MO
heparin (porcine) injection solution	1	MO
jantoven	1	MO
LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 150 MG/ML	3	MO; QL (28 per 28 days)
LOVENOX SUBCUTANEOUS SYRINGE 120 MG/0.8 ML, 80 MG/0.8 ML	3	MO; QL (22.4 per 28 days)
LOVENOX SUBCUTANEOUS SYRINGE 30 MG/0.3 ML, 60 MG/0.6 ML	3	MO; QL (16.8 per 28 days)
LOVENOX SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	3	MO; QL (11.2 per 28 days)
MULPLETA	4	PA; MO
pentoxifylline	1	MO
PLAVIX ORAL TABLET 75 MG	3	MO; QL (30 per 30 days)
PRADAXA ORAL CAPSULE	3	PA; MO; QL (60 per 30 days)
PRADAXA ORAL PELLETS IN PACKET 110 MG, 30 MG, 40 MG, 50 MG	4	PA; QL (120 per 30 days)
PRADAXA ORAL PELLETS IN PACKET 150 MG, 20 MG	4	PA; QL (60 per 30 days)
prasugrel	1	MO
PROMACTA	4	PA; MO; LA
SAVAYSA	3	PA; MO; QL (30 per 30 days)
TAVALISSE	4	PA; LA; QL (60 per 30 days)
warfarin	1	MO
XARELTO DVT-PE TREAT 30D START	2	MO; QL (51 per 180 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	2	MO; QL (775 per 28 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	2	MO; QL (30 per 30 days)
XARELTO ORAL TABLET 2.5 MG	2	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LIPID/CHOLESTEROL LOWERING AGENTS		
ALTOPREV	4	ST; MO; QL (30 per 30 days)
amlodipine-atorvastatin	1	MO; QL (30 per 30 days)
ATORVALIQ	3	ST; MO; QL (600 per 30 days)
atorvastatin	1	MO; QL (30 per 30 days)
CADUET	3	ST; MO; QL (30 per 30 days)
cholestyramine (with sugar) oral powder in packet	1	MO
cholestyramine light oral powder in packet	1	
colesevelam	1	MO
COLESTID ORAL TABLET	3	
colestipol oral packet	1	
colestipol oral tablet	1	MO
CRESTOR	3	ST; MO; QL (30 per 30 days)
EZALLOR SPRINKLE	3	ST; QL (30 per 30 days)
ezetimibe	1	MO
ezetimibe-simvastatin	1	MO; QL (30 per 30 days)
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	MO
fenofibrate nanocrystallized	1	MO
FENOFIBRATE ORAL CAPSULE	3	MO
fenofibrate oral tablet	1	MO
fenofibric acid (choline)	1	MO
FENOGLIDE	3	MO
FLOLIPID	3	ST; QL (300 per 30 days)
fluvastatin oral capsule 20 mg	1	MO; QL (30 per 30 days)
fluvastatin oral capsule 40 mg	1	MO; QL (60 per 30 days)
fluvastatin oral tablet extended release 24 hr	1	MO; QL (30 per 30 days)
gemfibrozil	1	MO
icosapent ethyl	1	MO
JUXTAPID	4	PA; MO; LA

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Drug Name	Drug Tier	Requirements/Limits
LESCOL XL	3	ST; MO; QL (30 per 30 days)
LIPITOR	3	ST; MO; QL (30 per 30 days)
LIPOFEN	3	MO
LIVALO	3	ST; MO; QL (30 per 30 days)
LOPID	3	
lovastatin oral tablet 10 mg	1	MO; QL (30 per 30 days)
lovastatin oral tablet 20 mg, 40 mg	1	MO; QL (60 per 30 days)
LOVAZA	3	ST; MO
NEXLETOL	2	PA; MO
NEXLIZET	2	PA; MO
niacin oral tablet 500 mg	1	MO
niacin oral tablet extended release 24 hr	1	MO
NIACOR	3	MO
omega-3 acid ethyl esters	1	MO
pitavastatin calcium	1	MO; QL (30 per 30 days)
PRALUENT PEN	3	PA; QL (2 per 28 days)
pravastatin	1	MO; QL (30 per 30 days)
prevalite oral powder in packet	1	MO
QUESTRAN LIGHT	3	
QUESTRAN ORAL POWDER	3	MO
REPATHA	2	PA; QL (6 per 28 days)
REPATHA PUSHTRONEX	2	PA; QL (7 per 28 days)
REPATHA SURECLICK	2	PA; QL (6 per 28 days)
rosuvastatin	1	MO; QL (30 per 30 days)
simvastatin	1	MO; QL (30 per 30 days)
TRICOR	3	MO
TRILIPIX	3	MO
VASCEPA	3	ST; MO
VYTORIN 10-10	3	ST; MO; QL (30 per 30 days)
VYTORIN 10-20	3	ST; MO; QL (30 per 30 days)
VYTORIN 10-40	3	ST; MO; QL (30 per 30 days)
VYTORIN 10-80	3	ST; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
WELCHOL	3	MO
ZETIA	3	MO
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	ST; MO; QL (30 per 30 days)
ZYPITAMAG	3	ST; MO; QL (30 per 30 days)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ASPRUZYO SPRINKLE ORAL EXTEND RELEASE GRANULES,PACKET 1,000 MG	3	MO
ASPRUZYO SPRINKLE ORAL EXTEND RELEASE GRANULES,PACKET 500 MG	3	
CAMZYOS	4	PA; MO; QL (30 per 30 days)
CORLANOR ORAL SOLUTION	3	QL (450 per 30 days)
CORLANOR ORAL TABLET	2	MO; QL (60 per 30 days)
digoxin oral	1	MO
ENTRESTO	2	MO; QL (60 per 30 days)
FILSPARI	4	PA; QL (30 per 30 days)
LANOXIN ORAL	3	MO
LODOCO	3	PA; MO
ranolazine	1	MO
VECAMYL	4	
VERQUVO	2	MO; QL (30 per 30 days)
VYNDAMAX	4	PA; MO
VYNDAQEL	3	PA; MO
NITRATES		
ISORDIL	4	MO
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	MO
isosorbide dinitrate oral tablet	1	MO
isosorbide mononitrate	1	MO
nitro-bid	1	MO
NITRO-DUR	3	MO
nitroglycerin sublingual	1	MO
nitroglycerin transdermal patch 24 hour	1	MO
nitroglycerin translingual	1	MO
NITROLINGUAL	3	MO

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Drug Name	Drug Tier	Requirements/Limits
NITROSTAT	3	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin	1	MO
BIMZELX	4	PA; MO; QL (2 per 21 days)
BIMZELX AUTOINJECTOR	4	PA; MO; QL (2 per 21 days)
calcipotriene scalp	1	MO; QL (120 per 30 days)
calcipotriene topical cream	1	MO; QL (120 per 30 days)
CALCIPOTRIENE TOPICAL FOAM	3	QL (120 per 30 days)
calcipotriene topical ointment	1	MO; QL (120 per 30 days)
calcipotriene-betamethasone	1	MO; QL (400 per 30 days)
calcitriol topical	1	
COSENTYX (2 SYRINGES)	4	PA; MO; QL (10 per 28 days)
COSENTYX PEN (2 PENS)	4	PA; MO; QL (10 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; MO; QL (2.5 per 28 days)
COSENTYX UNOREADY PEN	4	PA; MO; QL (10 per 28 days)
ENSTILAR	4	MO; QL (400 per 30 days)
ILUMYA	4	PA; MO; QL (2 per 28 days)
selenium sulfide topical lotion	1	MO
SILIQ	4	PA; MO; QL (6 per 28 days)
SKYRIZI SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; MO; QL (2 per 28 days)
SORILUX	3	QL (120 per 30 days)
SOTYKTU	4	PA; MO; QL (30 per 30 days)
SPEVIGO SUBCUTANEOUS	4	PA; MO; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
STELARA INTRAVENOUS	4	PA; MO; QL (104 per 180 days)
STELARA SUBCUTANEOUS SOLUTION	4	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; MO; QL (1 per 28 days)
TACLONEX TOPICAL SUSPENSION	4	MO; QL (400 per 30 days)
TALTZ AUTOINJECTOR	4	PA; MO; QL (1 per 28 days)
TALTZ SUBCUTANEOUS SYRINGE 80 MG/ML	4	PA; MO; QL (1 per 28 days)
TREMFYA	4	PA; MO; QL (2 per 28 days)
VECTICAL	3	
VTAMA	4	PA; MO; QL (60 per 30 days)
ZORYVE TOPICAL CREAM 0.3 %	3	PA; MO; QL (60 per 30 days)
ZORYVE TOPICAL FOAM	3	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS AUTO-INJECTOR	4	PA; QL (6 per 28 days)
ADBRY SUBCUTANEOUS SYRINGE	4	PA; MO; QL (6 per 28 days)
ammonium lactate	1	MO
CARAC	4	
CIBINQO	4	PA; MO; QL (30 per 30 days)
CONDYLOX TOPICAL GEL	3	MO
diclofenac sodium topical gel 3 %	1	PA; MO; QL (100 per 28 days)
doxepin topical	1	MO; QL (45 per 30 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	4	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	4	PA; MO; QL (8 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	4	PA; QL (1.34 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	4	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA; MO; QL (8 per 28 days)
EFUDEX TOPICAL CREAM	3	MO
ELIDEL	3	PA; MO; QL (100 per 30 days)
EUCRISA	3	PA; MO; QL (120 per 30 days)
FILSUVEZ	4	PA; LA
FLUOROURACIL TOPICAL CREAM 0.5 %	4	
fluorouracil topical cream 5 %	1	MO
fluorouracil topical solution	1	MO
HYFTOR	4	PA
imiquimod topical cream in metered-dose pump	1	MO
imiquimod topical cream in packet 5 %	1	MO
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	1	MO
lidocaine topical adhesive patch,medicated 5 %	1	PA; MO; QL (90 per 30 days)
lidocaine topical ointment	1	MO; QL (36 per 30 days)
lidocaine viscous	1	
lidocaine-prilocaine topical cream	1	MO; QL (30 per 30 days)
lidocan iii	1	PA; QL (90 per 30 days)
methoxsalen	4	MO
OPZELURA	4	PA; MO; QL (240 per 28 days)
PANRETIN	4	PA; MO
pimecrolimus	1	PA; MO; QL (100 per 30 days)
PLIAGLIS	3	PA; QL (30 per 30 days)
podofilox	1	MO
prudoxin	1	MO; QL (45 per 30 days)
REGRANEX	4	QL (15 per 30 days)
SANTYL	2	MO; QL (180 per 30 days)
SILVADENE	3	MO

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Drug Name	Drug Tier	Requirements/Limits
silver sulfadiazine	1	MO
ssd	1	MO
tacrolimus topical	1	PA; MO; QL (100 per 30 days)
VALCHLOR	4	PA; MO
VEREGEN	3	MO; QL (30 per 30 days)
ZONALON	3	MO; QL (45 per 30 days)
ZTLIDO	3	PA; MO; QL (90 per 30 days)
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP	4	MO
THERAPY FOR ACNE		
ABSORICA	4	
ABSORICA LD	4	
ACANYA TOPICAL GEL WITH PUMP	3	MO
accutane oral capsule 10 mg, 20 mg, 40 mg	1	
ACZONE	3	MO
adapalene topical cream	1	PA; MO
adapalene topical gel 0.3 %	1	PA; MO
adapalene topical swab	1	PA
adapalene-benzoyl peroxide	1	MO
AKLIEF	3	PA; MO
ALTRENO	3	PA; MO
amnesteem	1	
ARAZLO	3	PA; MO
ATRALIN	3	PA; MO
azelaic acid	1	MO
AZELEX	3	MO
BENZAMYCIN	3	MO
brimonidine topical	1	PA; MO
CABTREO	3	MO
claravis	1	
CLEOCIN T TOPICAL LOTION	3	MO; QL (120 per 30 days)
clindacin	1	QL (100 per 30 days)
clindacin etz topical swab	1	MO; QL (69 per 30 days)
CLINDAGEL	4	QL (150 per 30 days)
clindamycin phosphate topical foam	1	QL (100 per 30 days)
clindamycin phosphate topical gel	1	MO; QL (120 per 30 days)
clindamycin phosphate topical gel, once daily	1	MO; QL (150 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
clindamycin phosphate topical lotion	1	MO; QL (120 per 30 days)
clindamycin phosphate topical solution	1	MO; QL (120 per 30 days)
clindamycin phosphate topical swab	1	MO; QL (60 per 30 days)
clindamycin-benzoyl peroxide topical gel	1	MO
clindamycin-benzoyl peroxide topical gel with pump 1.2 %(1 % base) -3.75 %, 1.2-2.5 %	1	MO
clindamycin-tretinoin	1	MO
dapsone topical	1	MO
DIFFERIN TOPICAL CREAM	3	PA; MO
DIFFERIN TOPICAL GEL WITH PUMP	3	PA; MO
DIFFERIN TOPICAL LOTION	3	PA; MO
EPIDUO FORTE	3	MO
EPIDUO TOPICAL GEL WITH PUMP	3	
EPSOLAY	3	ST; MO
ery pads	1	MO
erygel	1	MO
erythromycin with ethanol topical gel	1	MO
erythromycin with ethanol topical solution	1	MO
erythromycin-benzoyl peroxide	1	MO
FABIOR	3	PA; MO
FINACEA TOPICAL FOAM	3	ST; MO
FINACEA TOPICAL GEL	3	ST
isotretinoin	1	
ivermectin topical cream	1	MO; QL (90 per 30 days)
METROCREAM	3	ST
METROGEL TOPICAL GEL 1 %	3	ST; MO
METROLOTION	3	ST
metronidazole topical cream	1	MO
metronidazole topical gel	1	MO
metronidazole topical lotion	1	MO
MIRVASO	3	PA; MO
neuac	1	MO
NORITATE	4	ST; MO
ONEXTON TOPICAL GEL WITH PUMP	3	MO
RETIN-A	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 %	3	PA; MO
RETIN-A MICRO TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	3	PA; MO
SOOLANTRA	3	ST; MO; QL (90 per 30 days)
tazarotene topical cream	1	PA; MO
TAZAROTENE TOPICAL FOAM	3	PA
tazarotene topical gel	1	PA; MO
TAZORAC	3	PA; MO
tretinoin microspheres topical gel	1	PA; MO
tretinoin microspheres topical gel with pump 0.08 %	1	PA; MO
tretinoin topical	1	PA; MO
TWYNEO	3	MO
VELTIN	3	
WINLEVI	3	PA; MO
zenatane	1	
ZIANA	3	
TOPICAL ANTIBACTERIALS		
ALTABAX	3	QL (30 per 30 days)
gentamicin topical	1	MO; QL (60 per 30 days)
KLARON	3	MO
mupirocin	1	MO; QL (44 per 30 days)
mupirocin calcium	1	MO; QL (30 per 30 days)
NEO-SYNALAR	3	MO
sulfacetamide sodium (acne)	1	MO
SULFAMYLON TOPICAL CREAM	3	MO
TOPICAL ANTIFUNGALS		
ciclopirox topical cream	1	MO; QL (90 per 28 days)
ciclopirox topical gel	1	MO; QL (100 per 28 days)
ciclopirox topical shampoo	1	MO; QL (120 per 28 days)
ciclopirox topical solution	1	MO; QL (6.6 per 28 days)
ciclopirox topical suspension	1	MO; QL (60 per 28 days)
clotrimazole topical cream	1	MO; QL (45 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
clotrimazole topical solution	1	MO; QL (30 per 28 days)
clotrimazole-betamethasone topical cream	1	MO; QL (45 per 28 days)
clotrimazole-betamethasone topical lotion	1	MO; QL (60 per 28 days)
econazole	1	MO; QL (85 per 28 days)
ERTACZO	3	QL (60 per 28 days)
JUBLIA	3	MO; QL (8 per 30 days)
ketoconazole topical cream	1	MO; QL (60 per 28 days)
ketoconazole topical foam	1	MO; QL (100 per 28 days)
ketoconazole topical shampoo	1	MO; QL (120 per 28 days)
ketodan	1	QL (100 per 28 days)
LOPROX TOPICAL SHAMPOO	3	QL (120 per 28 days)
LULICONAZOLE	3	MO; QL (60 per 28 days)
LUZU	3	MO; QL (60 per 28 days)
naftifine topical cream	1	MO; QL (60 per 28 days)
naftifine topical gel 2 %	1	MO; QL (60 per 28 days)
NAFTIN TOPICAL GEL	3	MO; QL (60 per 28 days)
nyamyc	1	MO; QL (180 per 30 days)
nystatin topical cream	1	MO; QL (30 per 28 days)
nystatin topical ointment	1	MO; QL (30 per 28 days)
nystatin topical powder	1	MO; QL (180 per 30 days)
nystatin-triamcinolone	1	MO; QL (60 per 28 days)
nystop	1	MO; QL (180 per 30 days)
oxiconazole	1	MO; QL (90 per 28 days)
OXISTAT TOPICAL CREAM	3	QL (90 per 28 days)
OXISTAT TOPICAL LOTION	3	MO; QL (60 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
tavaborole	1	MO; QL (10 per 30 days)
TOPICAL ANTIVIRALS		
acyclovir topical cream	1	PA; MO; QL (5 per 30 days)
acyclovir topical ointment	1	PA; MO; QL (30 per 30 days)
DENAVIR	3	MO; QL (5 per 30 days)
penciclovir	1	MO; QL (5 per 30 days)
XERESE	4	MO
ZOVIRAX TOPICAL CREAM	3	PA; MO; QL (5 per 30 days)
ZOVIRAX TOPICAL OINTMENT	3	PA; MO; QL (30 per 30 days)
TOPICAL CORTICOSTEROIDS		
ala-cort topical cream 1 %	1	MO
ala-cort topical cream 2.5 %	1	
ALA-SCALP	3	MO
alclometasone	1	MO
amcinonide topical cream	1	
amcinonide topical ointment	1	
apexicon e	1	MO; QL (120 per 30 days)
betamethasone dipropionate	1	MO
betamethasone valerate	1	MO
betamethasone, augmented	1	MO
BRYHALI	3	MO
clobetasol scalp	1	MO; QL (100 per 28 days)
clobetasol topical cream	1	MO; QL (120 per 28 days)
clobetasol topical foam	1	MO; QL (100 per 28 days)
clobetasol topical gel	1	MO; QL (120 per 28 days)
clobetasol topical lotion	1	MO; QL (118 per 28 days)
clobetasol topical ointment	1	MO; QL (120 per 28 days)
clobetasol topical shampoo	1	MO; QL (236 per 28 days)
clobetasol topical spray,non-aerosol	1	MO; QL (125 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
clobetasol-emollient topical cream	1	MO; QL (120 per 28 days)
clobetasol-emollient topical foam	1	MO; QL (100 per 28 days)
CLOBEX TOPICAL LOTION	3	QL (118 per 28 days)
CLOBEX TOPICAL SHAMPOO	3	MO; QL (236 per 28 days)
CLOBEX TOPICAL SPRAY,NON-AEROSOL	3	QL (125 per 28 days)
clocortolone pivalate	1	MO
clodan	1	MO; QL (236 per 28 days)
CORDRAN TAPE LARGE ROLL	3	MO
CORDRAN TOPICAL CREAM 0.05 %	3	QL (120 per 30 days)
CORDRAN TOPICAL LOTION	3	QL (120 per 30 days)
DERMA-SMOOTHE/FS SCALP OIL	3	MO
desonide	1	MO
DESOWEN TOPICAL CREAM	3	

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

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Drug Name	Drug Tier	Requirements/Limits
halobetasol propionate topical cream	1	MO
halobetasol propionate topical foam	1	
halobetasol propionate topical ointment	1	MO
HALOG TOPICAL CREAM	3	MO
HALOG TOPICAL OINTMENT	3	
HALOG TOPICAL SOLUTION	3	
hydrocortisone butyrate topical cream	1	MO; QL (120 per 30 days)
hydrocortisone butyrate topical lotion	1	MO; QL (118 per 30 days)
hydrocortisone butyrate topical ointment	1	MO; QL (120 per 30 days)
hydrocortisone butyrate topical solution	1	MO; QL (120 per 30 days)
hydrocortisone topical cream 1 %	1	MO
hydrocortisone topical lotion 2.5 %	1	MO
hydrocortisone topical ointment 1 %, 2.5 %	1	MO
hydrocortisone valerate	1	MO
KENALOG TOPICAL	3	QL (126 per 28 days)
LEXETTE	3	
LOCOID LIPOCREAM	3	MO; QL (120 per 30 days)
LOCOID TOPICAL LOTION	3	MO; QL (118 per 30 days)
mometasone topical	1	MO
PANDEL	3	MO
SYNALAR TOPICAL CREAM	3	MO
SYNALAR TOPICAL OINTMENT	3	MO
TEXACORT	3	MO
TOPICORT TOPICAL CREAM	3	
TOPICORT TOPICAL GEL	3	
TOPICORT TOPICAL OINTMENT 0.05 %	3	
TOPICORT TOPICAL SPRAY,NON-AEROSOL	3	

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Drug Name	Drug Tier	Requirements/Limits
tovet emollient	1	MO; QL (100 per 28 days)
triamcinolone acetonide topical cream	1	MO
triamcinolone acetonide topical lotion	1	MO
triamcinolone acetonide topical ointment	1	MO
triderm topical cream	1	
ULTRAVATE TOPICAL LOTION	4	
VANOS	4	MO; QL (120 per 30 days)
VERDESO	3	MO
TOPICAL SCABICIDES / PEDICULICIDES		
crotan	1	
malathion	1	MO
NATROBA	3	MO
OVIDE	3	MO
permethrin	1	MO; QL (60 per 30 days)
spinosad	1	MO

Drug Name	Drug Tier	Requirements/Limits
DIAGNOSTICS / MISCELLANEOUS AGENTS		
MISCELLANEOUS AGENTS		
acamprosate	1	MO
AGRYLIN	3	MO
anagrelide	1	MO
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	4	PA; MO; LA
BUPHENYL	4	PA
CARBAGLU	4	PA; MO; LA
carglumic acid	4	PA; MO
CARNITOR ORAL	3	MO
cevimeline	1	MO
CHEMET	2	PA
CLINIMIX 4.25%/D5W SULFIT FREE	3	PA
CLINIMIX E 2.75%/D5W SULF FREE	3	PA
CUVRIOR	4	PA; LA
d10 %-0.45 % sodium chloride	1	
d2.5 %-0.45 % sodium chloride	1	

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Drug Name	Drug Tier	Requirements/Limits
d5 % and 0.9 % sodium chloride	1	MO
d5 %-0.45 % sodium chloride	1	MO
deferasirox oral granules in packet	4	PA; MO
deferasirox oral tablet	1	PA; MO
deferasirox oral tablet, dispersible 125 mg	1	PA; MO
deferasirox oral tablet, dispersible 250 mg, 500 mg	4	PA; MO
deferiprone	4	PA; MO
dextrose 10 % and 0.2 % nacl	1	
dextrose 10 % in water (d10w)	1	
dextrose 5 % in water (d5w) intravenous piggyback	1	MO
dextrose 5%-0.2 % sod chloride	1	
disulfiram oral tablet 250 mg	1	MO
disulfiram oral tablet 500 mg	1	
droxidopa	4	PA; MO
ENDARI	4	PA; MO
EVOXAC	3	MO
EXJADE	4	PA; MO; LA
EXSERVAN	4	PA
FABHALTA	4	PA
FERRIPROX	4	PA
FERRIPROX (2 TIMES A DAY)	4	PA
GLASSIA	4	PA; MO; LA
INCRELEX	4	MO; LA
JADENU	4	PA; MO
JADENU SPRINKLE	4	PA; MO
JOENJA	4	PA; LA; QL (60 per 30 days)
kionex (with sorbitol)	1	
levocarnitine (with sugar)	1	MO
levocarnitine oral tablet	1	MO
LITFULO	4	PA; MO; QL (28 per 28 days)
LITHOSTAT	3	
LOKELMA	2	MO
midodrine	1	MO
nitisinone	4	PA; MO
NITYR	3	PA; MO; LA
NORTHERA	4	PA; MO
OLPRUVA	4	PA; LA
ORFADIN	4	PA; LA

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Drug Name	Drug Tier	Requirements/Limits
OXBRYTA ORAL TABLET 300 MG	4	PA; MO; LA; QL (150 per 30 days)
OXBRYTA ORAL TABLET 500 MG	4	PA; MO; LA; QL (90 per 30 days)
OXBRYTA ORAL TABLET FOR SUSPENSION	4	PA; MO; LA; QL (150 per 30 days)
PHEBURANE	4	PA; MO
pilocarpine hcl oral	1	MO
PROLASTIN-C INTRAVENOUS SOLUTION	4	PA; MO; LA
PYRUKYND ORAL TABLET 20 MG, 5 MG (4-WEEK PACK), 50 MG	4	PA; LA; QL (56 per 28 days)
PYRUKYND ORAL TABLET 5 MG	4	PA; LA; QL (7 per 180 days)
PYRUKYND ORAL TABLETS,DOSE PACK	4	PA; LA; QL (14 per 180 days)
RAVICTI	4	PA; MO
REVCOVI	4	PA; LA
REZDIFFRA	4	PA; MO; QL (30 per 30 days)
riluzole	1	PA; MO
risedronate oral tablet 30 mg	1	MO; QL (30 per 30 days)
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	3	MO
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	3	
sodium chloride 0.9 % intravenous parenteral solution	1	MO
sodium chloride irrigation	1	MO
sodium phenylbutyrate oral powder	4	PA; MO
sodium phenylbutyrate oral tablet	4	PA
sodium polystyrene sulfonate oral powder	1	MO
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG	4	PA; LA; QL (112 per 28 days)
SOHONOS ORAL CAPSULE 10 MG	4	PA; LA; QL (56 per 28 days)
SOHONOS ORAL CAPSULE 2.5 MG	4	PA; LA; QL (140 per 28 days)
SOHONOS ORAL CAPSULE 5 MG	4	PA; LA; QL (84 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
sps (with sorbitol) oral	1	MO
SYPRINE	4	PA; MO
TAVNEOS	4	PA; LA; QL (180 per 30 days)
TEGLUTIK	4	PA
THIOLA	4	PA
THIOLA EC	4	PA
TIGLUTIK	4	PA
tiopronin oral tablet	4	PA; MO
trientine oral capsule 250 mg	4	PA; MO
TRIENTINE ORAL CAPSULE 500 MG	4	PA; MO
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 8.4 GRAM	2	MO
VELTASSA ORAL POWDER IN PACKET 25.2 GRAM	2	
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	4	PA; MO; LA

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS CARDIOVASCULAR AGENTS		
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML	4	PA; MO; QL (4 per 365 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	4	PA; MO; QL (3 per 28 days)
SMOKING DETERRENTS		
bupropion hcl (smoking deter)	1	MO
NICOTROL	3	
NICOTROL NS	3	MO
varenicline oral tablet 0.5 mg, 1 mg	1	MO
varenicline oral tablet 1 mg (56 pack)	1	
varenicline oral tablets,dose pack	1	MO

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Drug Name	Drug Tier	Requirements/Limits
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	1	MO; QL (60 per 30 days)
chlorhexidine gluconate mucous membrane	1	MO
ipratropium bromide nasal	1	MO; QL (30 per 30 days)
kourzeq	1	
olopatadine nasal	1	MO; QL (30.5 per 30 days)
periogard	1	MO
triamcinolone acetonide dental	1	MO
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear)	1	MO
DERMOTIC OIL	3	MO
flac otic oil	1	
fluocinolone acetonide oil	1	MO
hydrocortisone-acetic acid	1	MO
ofloxacin otic (ear)	1	MO
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	3	MO
ciprofloxacin-dexamethasone	1	MO; QL (7.5 per 7 days)
neomycin-polymyxin-hc otic (ear)	1	MO
ENDOCRINE/ DIABETES		
ADRENAL HORMONES		
ACTHAR	4	PA; MO
AGAMREE	4	PA; LA
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG	3	
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 2 MG, 5 MG	4	
CORTEF	3	MO
CORTROPHIN GEL	4	PA; MO
deflazacort oral suspension	4	PA
deflazacort oral tablet	4	PA; MO
dexabliss	1	

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Drug Name	Drug Tier	Requirements/Limits
dexamethasone oral solution	1	MO
dexamethasone oral tablet	1	MO
dexamethasone oral tablets,dose pack	1	MO
EMFLAZA	4	PA; MO; LA
fludrocortisone	1	MO
HEMADY	3	
hydrocortisone oral	1	MO
MEDROL (PAK)	3	MO
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	PA; MO
MEDROL ORAL TABLET 2 MG	3	PA
methylprednisolone oral tablet	1	PA; MO
methylprednisolone oral tablets,dose pack	1	MO
ORAPRED ODT	3	PA; MO
prednisolone oral solution	1	MO
prednisolone oral tablet	1	PA; MO
prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	1	MO
prednisolone sodium phosphate oral tablet,disintegrating 10 mg	1	PA
prednisolone sodium phosphate oral tablet,disintegrating 15 mg, 30 mg	1	PA; MO
prednisone	1	MO
prednisone intensol	1	MO
RAYOS	4	MO
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS)	3	MO
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (27 TABS), 1.5 MG (49 TABS)	3	
TARPEYO	4	PA; QL (120 per 30 days)
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	1	MO
propylthiouracil	1	MO
DIABETES THERAPY		
acarbose oral tablet 100 mg	1	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
acarbose oral tablet 25 mg	1	MO; QL (360 per 30 days)
acarbose oral tablet 50 mg	1	MO; QL (180 per 30 days)
ACTOPLUS MET ORAL TABLET 15-850 MG	3	MO; QL (90 per 30 days)
ACTOS	3	MO; QL (30 per 30 days)
ADMELOG SOLOSTAR U-100 INSULIN	3	ST; MO
ADMELOG U-100 INSULIN LISPRO	3	ST; MO
AFREZZA	3	MO
alcohol pads	1	PA
ALOGLIPTIN	3	ST; MO; QL (30 per 30 days)
ALOGLIPTIN-METFORMIN	3	ST; MO; QL (60 per 30 days)
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	MO; QL (30 per 30 days)
APIDRA SOLOSTAR U-100 INSULIN	3	ST; MO
APIDRA U-100 INSULIN	3	ST; MO
BAQSIMI	2	MO
BASAGLAR KWIKPEN U-100 INSULIN	3	ST; MO
BASAGLAR TEMPO PEN(U-100)INSLN	3	ST; MO
BYDUREON BCISE	2	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	2	PA; MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	PA; MO; QL (1.2 per 30 days)
CYCLOSET	3	MO; QL (180 per 30 days)
DAPAGLIFLOZ PROPANED-METFORMIN ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG	3	ST; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
DAPAGLIFLOZ PROPANED-METFORMIN ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	ST; MO; QL (60 per 30 days)
DAPAGLIFLOZIN PROPANEDIOL ORAL TABLET 10 MG	3	ST; MO; QL (30 per 30 days)
DAPAGLIFLOZIN PROPANEDIOL ORAL TABLET 5 MG	3	ST; MO; QL (60 per 30 days)
diazoxide	4	MO
DROPSAFE ALCOHOL PREP PADS	2	PA
DUETACT	3	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 10 MG	2	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	2	MO; QL (60 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN	3	ST
FIASP PENFILL U-100 INSULIN	3	ST; MO
FIASP U-100 INSULIN	3	ST
glimepiride oral tablet 1 mg	1	MO; QL (240 per 30 days)
glimepiride oral tablet 2 mg	1	MO; QL (120 per 30 days)
glimepiride oral tablet 4 mg	1	MO; QL (60 per 30 days)
glipizide oral tablet 10 mg	1	MO; QL (120 per 30 days)
GLIPIZIDE ORAL TABLET 2.5 MG	3	MO; QL (30 per 30 days)
glipizide oral tablet 5 mg	1	MO; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 10 mg	1	MO; QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg	1	MO; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 5 mg	1	MO; QL (120 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	1	MO; QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	MO; QL (120 per 30 days)
GLUCAGON EMERGENCY KIT (HUMAN)	3	MO

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Drug Name	Drug Tier	Requirements/Limits
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG	3	MO; QL (60 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	3	MO; QL (120 per 30 days)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG	4	ST; MO; QL (60 per 30 days)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG	4	ST; MO; QL (120 per 30 days)
GLYXAMBI	2	MO; QL (30 per 30 days)
GVOKE	2	MO
GVOKE HYPOPEN 2-PACK	2	MO
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	MO
HUMALOG JUNIOR KWIKPEN U-100	2	MO
HUMALOG KWIKPEN INSULIN	2	MO
HUMALOG MIX 50-50 KWIKPEN	2	MO
HUMALOG MIX 75-25 KWIKPEN	2	MO
HUMALOG MIX 75-25(U-100)INSULN	2	MO
HUMALOG TEMPO PEN(U-100)INSULN	3	ST; MO
HUMALOG U-100 INSULIN	2	MO
HUMULIN 70/30 U-100 INSULIN	2	MO
HUMULIN 70/30 U-100 KWIKPEN	2	MO
HUMULIN N NPH INSULIN KWIKPEN	2	MO
HUMULIN N NPH U-100 INSULIN	2	MO
HUMULIN R REGULAR U-100 INSULN	2	MO
HUMULIN R U-500 (CONC) INSULIN	2	MO
HUMULIN R U-500 (CONC) KWIKPEN	2	MO

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Drug Name	Drug Tier	Requirements/Limits
INPEFA	2	PA; MO; QL (30 per 30 days)
INSULIN ASP PRT-INSULIN ASPART	3	ST; MO
INSULIN ASPART U-100	3	ST; MO
INSULIN DEGLUDEC	3	ST; MO
INSULIN GLARGINE U-300 CONC	3	ST; MO
INSULIN GLARGINE-YFGN	3	ST; MO
INSULIN LISPRO PROTAMIN-LISPRO	3	ST; MO
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN	3	ST; MO
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT	3	ST; MO
INSULIN LISPRO SUBCUTANEOUS SOLUTION	2	MO
INVOKAMET	3	ST; MO; QL (60 per 30 days)
INVOKAMET XR	3	ST; MO; QL (60 per 30 days)
INVOKANA	3	ST; MO; QL (30 per 30 days)
JANUMET	2	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	MO; QL (60 per 30 days)
JANUVIA	2	MO; QL (30 per 30 days)
JARDIANCE	2	MO; QL (30 per 30 days)
JENTADUETO	2	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	2	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	2	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
KAZANO ORAL TABLET 12.5-1,000 MG	3	ST; MO; QL (60 per 30 days)
KAZANO ORAL TABLET 12.5-500 MG	3	ST; QL (60 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	2	MO
LANTUS U-100 INSULIN	2	MO
LYUMJEV KWIKPEN U-100 INSULIN	2	MO
LYUMJEV KWIKPEN U-200 INSULIN	2	MO
LYUMJEV TEMPO PEN(U-100)INSULN	3	ST; MO
LYUMJEV U-100 INSULIN	2	MO
metformin oral solution	1	MO; QL (765 per 30 days)
metformin oral tablet 1,000 mg	1	MO; QL (75 per 30 days)
metformin oral tablet 500 mg	1	MO; QL (150 per 30 days)
METFORMIN ORAL TABLET 625 MG	4	MO; QL (120 per 30 days)
metformin oral tablet 850 mg	1	MO; QL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg	1	MO; QL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg	1	MO; QL (60 per 30 days)
metformin oral tablet extended release (osm) 24 hr 1,000 mg	1	ST; MO; QL (60 per 30 days)
metformin oral tablet extended release (osm) 24 hr 500 mg	1	ST; MO; QL (150 per 30 days)
metformin oral tablet,er gast.retention 24 hr 1,000 mg	1	ST; MO; QL (60 per 30 days)
metformin oral tablet,er gast.retention 24 hr 500 mg	1	ST; MO; QL (120 per 30 days)
miglitol oral tablet 100 mg	1	MO; QL (90 per 30 days)
miglitol oral tablet 25 mg	1	MO; QL (360 per 30 days)
miglitol oral tablet 50 mg	1	MO; QL (180 per 30 days)
MOUNJARO	2	PA; MO; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
nateglinide oral tablet 120 mg	1	MO; QL (90 per 30 days)
nateglinide oral tablet 60 mg	1	MO; QL (180 per 30 days)
NESINA	3	ST; QL (30 per 30 days)
NOVOLIN 70/30 U-100 INSULIN	3	ST; MO
NOVOLIN 70-30 FLEXPEN U-100	3	ST; MO
NOVOLIN N FLEXPEN	3	ST; MO
NOVOLIN N NPH U-100 INSULIN	3	ST; MO
NOVOLIN R FLEXPEN	3	ST; MO
NOVOLIN R REGULAR U100 INSULIN	3	ST; MO
NOVOLOG FLEXPEN U-100 INSULIN	3	ST; MO
NOVOLOG MIX 70-30 U-100 INSULN	3	ST; MO
NOVOLOG MIX 70-30FLEXPEN U-100	3	ST; MO
NOVOLOG PENFILL U-100 INSULIN	3	ST; MO
NOVOLOG U-100 INSULIN ASPART	3	ST; MO
OSENI ORAL TABLET 12.5-30 MG	3	MO; QL (30 per 30 days)
OSENI ORAL TABLET 25-15 MG, 25-30 MG, 25-45 MG	3	QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; MO; QL (3 per 28 days)
pioglitazone	1	MO; QL (30 per 30 days)
pioglitazone-glimepiride	1	MO; QL (30 per 30 days)
pioglitazone-metformin	1	MO; QL (90 per 30 days)
PROGLYCEM	3	MO
QTERN	3	ST; MO; QL (30 per 30 days)
repaglinide oral tablet 0.5 mg	1	MO; QL (960 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
repaglinide oral tablet 1 mg	1	MO; QL (480 per 30 days)
repaglinide oral tablet 2 mg	1	MO; QL (240 per 30 days)
REZVOGLAR KWIKPEN	3	ST; MO
RYBELSUS	2	PA; MO; QL (30 per 30 days)
saxagliptin	1	MO; QL (30 per 30 days)
saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg	1	MO; QL (60 per 30 days)
saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg	1	MO; QL (30 per 30 days)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	2	MO; QL (60 per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	2	MO; QL (120 per 30 days)
SEMGLEE(INSULIN GLARGINE-YFGN)	3	ST; MO
SEMGLEE(INSULIN GLARG-YFGN)PEN	3	ST; MO
SITAGLIPTIN	3	ST; QL (30 per 30 days)
SOLIQUA 100/33	2	MO; QL (90 per 30 days)
STEGLATRO	2	MO; QL (30 per 30 days)
STEGLUJAN	3	ST; MO; QL (30 per 30 days)
SYMLINPEN 120	4	PA; MO; QL (10.8 per 30 days)
SYMLINPEN 60	4	PA; MO; QL (6 per 30 days)
SYNJARDY	2	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	2	MO; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	2	MO; QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	2	MO
TOUJEO SOLOSTAR U-300 INSULIN	2	MO

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Drug Name	Drug Tier	Requirements/Limits
TRADJENTA	2	MO; QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100	3	ST; MO
TRESIBA FLEXTOUCH U-200	3	ST; MO
TRESIBA U-100 INSULIN	3	ST; MO
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	2	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	2	MO; QL (60 per 30 days)
TRULICITY	2	PA; MO; QL (2 per 28 days)
VICTOZA 3-PAK	3	PA; MO; QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	2	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	2	MO; QL (60 per 30 days)
XULTOPHY 100/3.6	3	ST; MO; QL (15 per 30 days)
ZEGALOGUE AUTOINJECTOR	3	ST; MO
ZEGALOGUE SYRINGE	3	ST; MO
ZITUVIO	3	ST; QL (30 per 30 days)
MISCELLANEOUS HORMONES		
AVEED	3	PA; LA
cabergoline	1	MO
calcitonin (salmon) nasal	1	MO
calcitriol oral capsule	1	MO
calcitriol oral solution	1	
CERDELGA	4	PA; MO
cinacalcet oral tablet 30 mg, 60 mg	1	PA; MO
cinacalcet oral tablet 90 mg	4	PA; MO
danazol	1	MO
DDAVP ORAL	3	MO

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Drug Name	Drug Tier	Requirements/Limits
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML	3	PA; MO
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 200 MG/ML	3	PA
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	1	
desmopressin oral	1	MO
doxercalciferol oral	1	MO
ELFABRIO	4	PA
GALAFOLD	4	PA; MO; LA; QL (15 per 30 days)
ISTURISA ORAL TABLET 1 MG	4	PA; LA; QL (240 per 30 days)
ISTURISA ORAL TABLET 5 MG	4	PA; LA; QL (360 per 30 days)
JATENZO ORAL CAPSULE 158 MG, 198 MG	3	PA; MO; QL (120 per 30 days)
JATENZO ORAL CAPSULE 237 MG	4	PA; MO; QL (60 per 30 days)
javygtor oral powder in packet 100 mg	1	PA; MO
javygtor oral powder in packet 500 mg	4	PA; MO
javygtor oral tablet,soluble	4	PA; MO
JYNARQUE	4	PA; LA
KORLYM	4	PA
KUVAN	4	PA; MO
METHITEST	3	MO
methyltestosterone oral capsule	4	MO
mifepristone oral tablet 300 mg	4	PA; MO
miglustat	4	PA; MO; LA
MYALEPT	4	PA; MO; LA
ORILISSA	4	MO
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	4	PA; MO; LA; QL (15 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	4	PA; MO; LA; QL (4 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	4	PA; MO; LA; QL (60 per 30 days)
paricalcitol oral	1	MO
RAYALDEE	4	MO
RECORLEV	4	PA
ROCALTROL	3	
SAMSCA	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
sapropterin	4	PA; MO
SENSIPAR ORAL TABLET 30 MG	3	PA; MO
SENSIPAR ORAL TABLET 60 MG, 90 MG	4	PA; MO
SOMAVERT	4	PA; MO
STRENSIQ SUBCUTANEOUS SOLUTION 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	4	PA
SYNAREL	4	PA; MO
TESTIM	3	PA; MO; QL (300 per 30 days)
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	1	PA; MO
testosterone cypionate intramuscular oil 200 mg/ml (1 ml)	1	PA
testosterone enanthate	1	PA; MO
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	1	PA; QL (120 per 30 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	1	PA; MO; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	1	PA; MO; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	1	PA; MO; QL (300 per 30 days)
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)	1	PA; MO; QL (37.5 per 30 days)
testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)	1	PA; MO; QL (150 per 30 days)
testosterone transdermal solution in metered pump w/app	1	PA; MO; QL (180 per 30 days)
TLANDO	3	PA; MO; QL (120 per 30 days)
tolvaptan	4	PA; MO
VOGELXO TRANSDERMAL GEL	3	PA; QL (300 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; QL (300 per 30 days)
VOXZOGO	4	PA; MO
XYOSTED	3	PA; MO; QL (2 per 28 days)
yargesa	4	PA; LA
ZAVESCA	4	PA; MO; LA
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	MO
THYROID HORMONES		
CYTOMEL	3	MO
ERMEZA	3	
euthyrox	1	MO
LEVOTHYROXINE ORAL CAPSULE	3	MO
levothyroxine oral tablet	1	MO
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	MO
liothyronine oral	1	MO
SYNTHROID	3	ST; MO
THYQUIDITY	3	MO
TIROSINT	3	MO
TIROSINT-SOL	3	MO
unithroid	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
CUVPOSA	3	MO
dicyclomine oral capsule	1	MO
dicyclomine oral solution	1	MO
dicyclomine oral tablet	1	MO
diphenoxylate-atropine	1	MO
GLYCATE	3	
glycopyrrolate oral solution	1	MO
glycopyrrolate oral tablet 1 mg, 2 mg	1	MO
glycopyrrolate oral tablet 1.5 mg	1	
LOMOTIL	3	MO
loperamide oral capsule	1	MO
methscopolamine	1	MO
MOTOFEN	3	MO
MYTESI	3	MO
ROBINUL FORTE	3	MO

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Drug Name	Drug Tier	Requirements/Limits
ROBINUL ORAL	3	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
alosetron oral tablet 0.5 mg	1	PA; MO
alosetron oral tablet 1 mg	4	PA; MO
AMITIZA	3	ST; MO; QL (60 per 30 days)
ANTIVERT ORAL TABLET 50 MG	3	
ANTIVERT ORAL TABLET,CHEWABLE	3	
ANUSOL-HC TOPICAL	3	MO
ANZEMET ORAL TABLET 50 MG	3	PA; MO
aprepitant	1	PA; MO
APRISO	3	MO
AZULFIDINE	3	MO
AZULFIDINE EN-TABS	3	MO
balsalazide	1	MO
betaine	4	MO
BONJESTA	3	MO
budesonide oral capsule,delayed,extend.release	1	MO
budesonide oral tablet,delayed and ext.release	4	MO
budesonide rectal	1	MO
BYLVAY	4	PA; MO; LA
CANASA	3	MO
CHENODAL	4	PA; LA
CHOLBAM ORAL CAPSULE 250 MG	4	PA
CHOLBAM ORAL CAPSULE 50 MG	4	PA; QL (120 per 30 days)
CIMZIA	4	PA; MO; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST	4	PA; MO; QL (2 per 28 days)
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM-12 GRAM/160 ML	3	ST
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM-12 GRAM/175 ML	3	ST; MO
COLAZAL	4	MO
compro	1	MO
constulose	1	MO
CORTIFOAM	2	MO
CREON	2	MO
cromolyn oral	1	MO
CYSTADANE	4	

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Drug Name	Drug Tier	Requirements/Limits
DELZICOL	3	
DICLEGIS	3	MO
DIPENTUM	4	MO
doxylamine-pyridoxine (vit b6)	1	MO
dronabinol	1	PA
EMEND ORAL CAPSULE 80 MG	3	PA; MO
EMEND ORAL CAPSULE,DOSE PACK	3	PA; MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	PA
ENTYVIO PEN	4	PA; MO; QL (1.36 per 28 days)
enulose	1	MO
GASTROCROM	3	MO
GATTEX 30-VIAL	4	PA; MO
gavilyte-c	1	MO
gavilyte-g	1	MO
generlac	1	
GIMOTI	4	
GOLYTELY	3	ST; MO
granisetron hcl oral	1	PA; MO
hydrocortisone rectal	1	MO
hydrocortisone topical cream with perineal applicator 2.5 %	1	MO
hydrocortisone-pramoxine rectal cream 1-1 %	1	MO
IBSRELA	4	PA; MO; QL (60 per 30 days)
INFLECTRA	4	PA; MO; QL (20 per 28 days)
KRISTALOSE	3	MO
lactulose oral packet	1	
lactulose oral solution 10 gram/15 ml	1	MO
LIALDA	3	MO
LINZESS	2	MO; QL (30 per 30 days)
LIVMARLI ORAL SOLUTION 9.5 MG/ML	4	PA; LA
LOTRONEX	4	PA; MO
lubiprostone	1	MO; QL (60 per 30 days)
MARINOL ORAL CAPSULE 10 MG, 5 MG	4	PA
MARINOL ORAL CAPSULE 2.5 MG	3	PA
meclizine oral tablet 12.5 mg, 25 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
mesalamine oral capsule (with del rel tablets)	1	MO
mesalamine oral capsule, extended release	1	
mesalamine oral capsule,extended release 24hr	1	MO
mesalamine oral tablet,delayed release (dr/ec)	1	MO
mesalamine rectal	1	MO
metoclopramide hcl oral solution	1	MO
metoclopramide hcl oral tablet	1	MO
metoclopramide hcl oral tablet,disintegrating 5 mg	1	
MOTEGRITY	3	ST; MO; QL (30 per 30 days)
MOVANTIK	3	ST; MO; QL (30 per 30 days)
MOVIPREP	3	ST; MO
nitroglycerin rectal	1	MO
OCALIVA	4	PA; MO; LA; QL (30 per 30 days)
OMVOH PEN	4	PA; MO; QL (2 per 28 days)
OMVOH SUBCUTANEOUS	4	PA; QL (2 per 28 days)
ondansetron hcl oral solution	1	PA; MO
ondansetron hcl oral tablet 4 mg, 8 mg	1	PA; MO
ondansetron oral tablet,disintegrating 4 mg, 8 mg	1	PA; MO
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800-98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 4,200-14,200- 24,600 UNIT	3	ST; MO
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 37,000-97,300-149,900 UNIT	4	ST; MO
peg 3350-electrolytes	1	
peg3350-sod sul-nacl-kcl-asb-c	1	MO
peg-electrolyte	1	MO

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Drug Name	Drug Tier	Requirements/Limits
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	4	MO
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500-60,500 UNIT, 4,000-14,375-15,125 UNIT, 8,000-28,750-30,250 UNIT	3	ST; MO
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 24,000-86,250-90,750 UNIT	4	ST; MO
PLENVU	3	ST; MO
prochlorperazine	1	MO
prochlorperazine maleate	1	MO
PROCTOFOAM HC	3	MO
procto-med hc	1	MO
proctosol hc topical	1	MO
proctozone-hc	1	MO
RECTIV	3	MO
REGLAN ORAL	3	MO
RELISTOR ORAL	4	ST; MO; QL (90 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION	4	ST; MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	4	ST; MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	4	ST; MO; QL (12 per 30 days)
RELTONE	4	
REMICADE	4	PA; MO; QL (20 per 28 days)
RENFLEXIS	4	PA; MO; QL (20 per 28 days)
ROWASA RECTAL ENEMA KIT	3	MO
SANCUSO	4	MO
scopolamine base	1	MO
SKYRIZI INTRAVENOUS	4	PA; MO; QL (30 per 180 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	4	PA; MO; QL (1.2 per 56 days)

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Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	4	PA; MO; QL (2.4 per 56 days)
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	1	MO
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)	1	
SUCRAID	4	PA
SUFLAVE	3	ST; MO
sulfasalazine	1	MO
SUPREP BOWEL PREP KIT	3	ST; MO
SUTAB	3	ST; MO
SYMPROIC	2	MO; QL (30 per 30 days)
TRULANCE	2	MO; QL (30 per 30 days)
UCERIS ORAL	4	MO
UCERIS RECTAL	3	MO
URSO 250	3	
URSO FORTE	3	
ursodiol oral capsule 200 mg, 400 mg	4	
ursodiol oral capsule 300 mg	1	MO
ursodiol oral tablet	1	MO
VARUBI	2	PA
VELSIPITY	4	PA; MO; QL (30 per 30 days)
VIBERZI	4	MO; QL (60 per 30 days)
VIOKACE	3	MO
VOWST	4	PA; LA
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT	2	MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 60,000-189,600-252,600 UNIT	4	MO
ZYMFENTRA	4	PA; MO; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ULCER THERAPY		
amoxicil-clarithromy-lansopraz	1	MO; QL (112 per 180 days)
bismuth subcit k-metronidz-tcn	1	MO; QL (120 per 180 days)
CARAFATE ORAL SUSPENSION	3	
CARAFATE ORAL TABLET	3	MO
cimetidine	1	MO
CYTOTEC	3	MO
DEXILANT	3	MO; QL (30 per 30 days)
dexlansoprazole	1	MO; QL (30 per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	1	MO; QL (30 per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	1	MO; QL (60 per 30 days)
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg	1	MO; QL (30 per 30 days)
esomeprazole magnesium oral granules dr for susp in packet 40 mg	1	MO; QL (60 per 30 days)
famotidine oral suspension for reconstitution	1	MO
famotidine oral tablet 20 mg, 40 mg	1	MO
KONVOMEP	3	QL (600 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	1	MO; QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	1	MO; QL (60 per 30 days)
lansoprazole oral tablet,disintegrat, delay rel 15 mg	1	MO; QL (30 per 30 days)
lansoprazole oral tablet,disintegrat, delay rel 30 mg	1	MO; QL (60 per 30 days)
misoprostol	1	MO
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	3	MO; QL (30 per 30 days)
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG	3	MO; QL (60 per 30 days)

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NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	3	MO; QL (30 per 30 days)
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	3	MO; QL (60 per 30 days)
nizatidine oral capsule	1	MO
OMECLAMOX-PAK	3	QL (80 per 180 days)
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg	1	MO; QL (30 per 30 days)
omeprazole oral capsule,delayed release(dr/ec) 40 mg	1	MO; QL (60 per 30 days)
omeprazole-sodium bicarbonate oral capsule	1	MO; QL (30 per 30 days)
omeprazole-sodium bicarbonate oral packet	4	MO; QL (30 per 30 days)
pantoprazole oral granules dr for susp in packet	1	MO; QL (60 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1	MO; QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1	MO; QL (60 per 30 days)
PEPCID ORAL TABLET	3	MO
PREVACID	3	MO; QL (60 per 30 days)
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 15 MG	3	MO; QL (30 per 30 days)
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 30 MG	3	MO; QL (60 per 30 days)
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG	3	MO; QL (120 per 30 days)
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 2.5 MG	3	MO; QL (480 per 30 days)
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	3	MO; QL (60 per 30 days)
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 40 MG	3	MO; QL (60 per 30 days)
PYLERA	3	MO; QL (120 per 180 days)
rabeprazole oral tablet,delayed release (dr/ec)	1	MO; QL (60 per 30 days)
sucralfate	1	MO
TALICIA	3	MO; QL (168 per 180 days)
VOQUEZNA	3	ST; MO; QL (30 per 30 days)
VOQUEZNA DUAL PAK	3	MO; QL (112 per 180 days)
VOQUEZNA TRIPLE PAK	3	MO; QL (112 per 180 days)
ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM	4	MO; QL (30 per 30 days)
ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM	4	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	4	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML	4	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	3	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML, 60 MCG/0.3 ML	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML	4	PA; MO
ARCALYST	4	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	PA; MO; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	4	PA; MO; QL (1 per 28 days)
BESREMI	4	PA; LA
BETASERON SUBCUTANEOUS KIT	4	PA; MO; QL (14 per 28 days)
EGRIFTA SV	4	PA; MO
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
FULPHILA	4	PA; MO
FYLNETRA	4	PA
GENOTROPIN	4	PA; MO
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	3	PA; MO
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	4	PA; MO
GRANIX	4	PA; MO
HUMATROPE INJECTION CARTRIDGE	4	PA; MO
LEUKINE INJECTION RECON SOLN	4	PA; MO
NEULASTA	4	PA; MO
NEULASTA ONPRO	4	PA; MO
NEUPOGEN	4	PA; MO
NGENLA	4	PA; MO
NIVESTYM	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	4	PA; MO
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 30 MG/3 ML (10 MG/ML)	4	PA
NUTROPIN AQ NUSPIN	4	PA; MO
NYVEPRIA	4	PA; MO
OMNITROPE	4	PA; MO
PEGASYS SUBCUTANEOUS SOLUTION	4	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	4	MO; QL (2 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	4	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML-94 MCG/0.5 ML	4	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	4	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; MO; QL (1 per 180 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	4	PA; MO
REBIF (WITH ALBUMIN)	4	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; MO; QL (4.2 per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
REBIF TITRATION PACK	4	PA; MO; QL (4.2 per 180 days)
RELEUKO SUBCUTANEOUS	3	PA; MO
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	4	PA; MO
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA; MO
SKYTROFA	4	PA; MO
SOGROYA	4	PA; MO
STIMUFEND	4	PA; MO
UDENYCA	4	PA; MO
UDENYCA AUTOINJECTOR	4	PA; MO
UDENYCA ONBODY	4	PA; MO
XOLREMDI	4	PA; LA
ZARXIO	4	PA; MO
ZIEXTENZO	4	PA; MO
ZOMACTON	3	PA; MO

Drug Name	Drug Tier	Requirements/Limits
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF)	1	V
ACTHIB (PF)	2	
ADACEL(TDAP ADOLESN/ADULT)(PF)	1	V
AREXVY (PF)	1	V
BCG VACCINE, LIVE (PF)	1	V
BEXSERO	1	V
BIVIGAM	4	PA; MO
BOOSTRIX TDAP	1	V
DAPTACEL (DTAP PEDIATRIC) (PF)	2	
DYSPORT	3	PA; MO
ENGERIX-B (PF)	1	PA; V
ENGERIX-B PEDIATRIC (PF)	1	PA; V
GAMMAGARD LIQUID	4	PA; MO
GAMMAGARD S-D (IGA < 1 MCG/ML)	4	PA; MO
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	4	PA; MO
GAMMAPLEX	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
GAMMAPLEX (WITH SORBITOL)	4	PA; MO
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	4	PA; MO
GARDASIL 9 (PF)	1	V
GRASTEK	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	2	
HEPLISAV-B (PF)	1	PA; V
HIBERIX (PF)	2	
IMOVAX RABIES VACCINE (PF)	1	V
INFANRIX (DTAP) (PF)	2	
IPOL	1	V
IXCHIQ (PF)	1	V
IXIARO (PF)	1	V
JYNNEOS (PF)	1	PA; V
KINRIX (PF)	2	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	1	V
MENQUADFI (PF)	1	V
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	1	V
M-M-R II (PF)	1	V
OCTAGAM	4	PA; MO
ODACTRA	3	PA; MO
PANZYGA	4	PA; MO
PEDIARIX (PF)	2	
PEDVAX HIB (PF)	2	
PENBRAYA (PF)	1	V
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	2	
PREHEVBRIO (PF)	1	PA; V
PRIORIX (PF)	1	V
PRIVIGEN	4	PA; MO
PROQUAD (PF)	2	
QUADRACEL (PF)	2	
RABAVERT (PF)	1	V
RAGWITEK	3	MO
RECOMBIVAX HB (PF)	1	PA; V
ROTARIX ORAL SUSPENSION	2	

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Drug Name	Drug Tier	Requirements/Limits
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION	1	
ROTATEQ VACCINE	2	
SHINGRIX (PF)	1	V; QL (2 per 720 days)
TDVAX	1	V
TENIVAC (PF)	1	V
TETANUS,DIPHTHERIA TOX PED(PF)	2	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	2	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	2	V
TRUMENBA	1	V
TWINRIX (PF)	1	V
TYPHIM VI	1	V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	2	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	2	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	1	V
VARIVAX (PF)	1	V
YF-VAX (PF)	1	V
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		
NOVO PEN NEEDLE	2	PA; MO
BD AUTOSHIELD DUO PEN NEEDLE	2	PA; MO
BD INSULIN SYRINGE (HALF UNIT)	2	PA; MO
BD INSULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1"	2	PA
BD INSULIN SYRINGE U-500	2	PA; MO
BD INSULIN SYRINGE	2	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
BD NANO 2ND GEN PEN NEEDLE	2	PA; MO
BD ULTRA-FINE MICRO PEN NEEDLE	2	PA; MO
BD ULTRA-FINE MINI PEN NEEDLE	2	PA; MO
BD ULTRA-FINE NANO PEN NEEDLE	2	PA
BD ULTRA-FINE SHORT PEN NEEDLE	2	PA; MO
BD VEO INSULIN SYR (HALF UNIT)	2	PA; MO
BD VEO INSULIN SYRINGE UF	2	PA; MO
CEQUR SIMPLICITY	2	MO
CEQUR SIMPLICITY INSERTER	2	MO
PEN NEEDLES (NON-PREFERRED BRANDS)	3	PA
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5ML 30 GAUGE X 15/64"	3	PA
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16"	3	PA; MO
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64"	3	PA

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Drug Name	Drug Tier	Requirements/Limits
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	3	PA; MO
DROPLET MICRON PEN NEEDLE	3	PA; MO
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	3	PA; MO
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 3/8", 30 GAUGE X 5/16", 32 GAUGE X 5/16"	3	PA
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	3	PA; MO
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	3	PA
GAUZE PADS 2 X 2	2	PA
INPEN (FOR HUMALOG) BLUE	3	
INPEN (FOR HUMALOG) GREY	3	
INPEN (FOR HUMALOG) PINK	3	
INPEN (NOVOLOG OR FIASP) BLUE	3	
INPEN (NOVOLOG OR FIASP) GREY	3	
INPEN (NOVOLOG OR FIASP) PINK	3	
BD INSULIN SYRINGE	2	PA
BD INSULIN SYRINGE	2	PA; MO
NOVO PEN NEEDLE NEEDLE 32 GAUGE X 1/4"	2	PA; MO
NOVO PEN NEEDLE NEEDLE 32 GAUGE X 1/5", 32 GAUGE X 1/6"	2	PA

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Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 G6 INTRO KIT (GEN 5)	2	MO; QL (1 per 720 days)
OMNIPOD 5 G6 PODS (GEN 5)	2	MO
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	2	QL (1 per 720 days)
OMNIPOD 5 G6-G7 PODS (GEN 5)	2	
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4)	2	MO
OMNIPOD GO PODS	2	
OMNIPOD GO PODS 10 UNITS/DAY	2	
OMNIPOD GO PODS 15 UNITS/DAY	2	
OMNIPOD GO PODS 20 UNITS/DAY	2	
OMNIPOD GO PODS 25 UNITS/DAY	2	
OMNIPOD GO PODS 30 UNITS/DAY	2	
OMNIPOD GO PODS 40 UNITS/DAY	2	
BD PEN NEEDLE	2	PA
PEN NEEDLES (NON-PREFERRED BRANDS)	3	PA
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2"	3	PA
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	3	PA; MO
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16"	3	PA

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Drug Name	Drug Tier	Requirements/Limits
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"	3	PA; MO
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	3	PA; MO
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 3/8", 31 GAUGE X 1/4", 32 GAUGE X 5/16"	3	PA
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	3	PA
TRUEPLUS INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	3	PA; MO
TRUEPLUS PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	3	PA
TRUEPLUS PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	3	PA; MO
UNIFINE PENTIPS MAXFLOW	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	3	PA; MO
UNIFINE PENTIPS PLUS	3	PA; MO
UNIFINE PENTIPS PLUS MAXFLOW	3	PA
UNIFINE SAFECONTROL NEEDLE 30 GAUGE X 3/16", 32 GAUGE X 5/32"	3	PA
UNIFINE SAFECONTROL NEEDLE 30 GAUGE X 5/16"	3	PA; MO
UNIFINE SAFECONTROL PEN NEEDLE	3	PA
UNIFINE ULTRA PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	3	PA
UNIFINE ULTRA PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	3	PA; MO
INSULIN SYRINGES (NON-PREFERRED BRANDS)	3	PA
V-GO 20	3	MO
V-GO 30	3	MO
V-GO 40	3	MO
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
allopurinol oral tablet 100 mg, 300 mg	1	MO
ALLOPURINOL ORAL TABLET 200 MG	3	
colchicine	1	MO
COLCRYS	3	ST; MO
febuxostat	1	MO
GLOPERBA	3	ST
MITIGARE	3	ST; MO
probenecid	1	MO
probenecid-colchicine	1	MO
ULORIC	3	MO

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Drug Name	Drug Tier	Requirements/Limits
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG	3	ST; MO; QL (1 per 30 days)
ACTONEL ORAL TABLET 35 MG	3	ST; MO; QL (4 per 28 days)
alendronate oral solution	1	MO; QL (300 per 28 days)
alendronate oral tablet 10 mg	1	MO; QL (30 per 30 days)
alendronate oral tablet 35 mg, 70 mg	1	MO; QL (4 per 28 days)
ATELVIA	3	ST; MO; QL (4 per 28 days)
BINOSTO	3	ST; MO; QL (4 per 28 days)
EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML (105MG/1.17MLX2)	4	PA; MO; QL (2.34 per 30 days)
EVISTA	3	MO
FORTEO	4	PA; MO; QL (2.4 per 28 days)
FOSAMAX ORAL TABLET 70 MG	3	ST; MO; QL (4 per 28 days)
FOSAMAX PLUS D	3	ST; MO; QL (4 per 28 days)
ibandronate oral	1	MO; QL (1 per 30 days)
PROLIA	3	PA; MO; QL (1 per 180 days)
raloxifene	1	MO
risedronate oral tablet 150 mg	1	MO; QL (1 per 30 days)
risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	1	MO; QL (4 per 28 days)
risedronate oral tablet 5 mg	1	MO; QL (30 per 30 days)
risedronate oral tablet,delayed release (dr/ec)	1	MO; QL (4 per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	4	PA; QL (2.48 per 28 days)
TYMLOS	4	PA; MO; QL (1.56 per 30 days)
OTHER RHEUMATOLOGICALS		
ABRILADA(CF) PEN	4	PA; QL (6 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML	4	PA; QL (2 per 28 days)
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; QL (6 per 28 days)
ACTEMRA ACTPEN	4	PA; MO; QL (3.6 per 28 days)
ACTEMRA SUBCUTANEOUS	4	PA; MO; QL (3.6 per 28 days)
ADALIMUMAB-AACF	4	PA; MO; QL (6 per 28 days)
ADALIMUMAB-AATY SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	4	PA; QL (6 per 28 days)
ADALIMUMAB-AATY SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	4	PA; QL (3 per 28 days)
ADALIMUMAB-AATY SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	4	PA; QL (2 per 28 days)
ADALIMUMAB-AATY SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; QL (6 per 28 days)
ADALIMUMAB-ADAZ	4	PA; MO; QL (2.4 per 28 days)
ADALIMUMAB-ADBM (PREFERRED NDCS STARTING WITH 00597) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; MO; QL (4 per 28 days)
ADALIMUMAB-ADBM (PREFERRED NDCS STARTING WITH 00597) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	4	PA; MO; QL (2 per 28 days)
ADALIMUMAB-ADBM (PREFERRED NDCS STARTING WITH 00597) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; QL (4 per 28 days)

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ADALIMUMAB-ADBM (PREFERRED NDCS STARTING WITH 00597) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; MO; QL (4 per 28 days)
ADALIMUMAB-ADBM(CF) PEN CROHNS (PREFERRED NDCS STARTING WITH 00597)	4	PA; QL (6 per 180 days)
ADALIMUMAB-ADBM(CF) PEN PS-UV (PREFERRED NDCS STARTING WITH 00597)	4	PA; QL (4 per 180 days)
ADALIMUMAB-FKJP SUBCUTANEOUS PEN INJECTOR KIT	4	PA; QL (6 per 28 days)
ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML	4	PA; QL (2 per 28 days)
ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; QL (6 per 28 days)
ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT	4	PA; MO; QL (6 per 28 days)
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	4	PA; MO; QL (2.4 per 28 days)
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	4	PA; MO; QL (4.8 per 28 days)
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.2 ML	4	PA; MO; QL (0.4 per 28 days)

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

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Drug Name	Drug Tier	Requirements/Limits
HADLIMA(CF)	4	PA; MO; QL (2.4 per 28 days)
HADLIMA(CF) PUSHTOUCH	4	PA; MO; QL (2.4 per 28 days)
HULIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	4	PA; QL (6 per 28 days)
HULIO(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML	4	PA; QL (2 per 28 days)
HULIO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; QL (6 per 28 days)
HUMIRA (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; MO; QL (4 per 28 days)
HUMIRA PEN (PREFERRED NDCS STARTING WITH 00074)	4	PA; MO; QL (4 per 28 days)
HUMIRA(CF) (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	4	PA; MO; QL (2 per 28 days)
HUMIRA(CF) (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEN (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEN (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; MO; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) PEN CROHNS-UC-HS (PREFERRED NDCS STARTING WITH 00074)	4	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEN PEDIATRIC UC (PREFERRED NDCS STARTING WITH 00074)	4	PA; MO; QL (4 per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS (PREFERRED NDCS STARTING WITH 00074)	4	PA; MO; QL (3 per 180 days)
HYRIMOZ (PREFERRED NDCS STARTING WITH 61314)	4	PA; QL (3.2 per 28 days)
HYRIMOZ PEN (PREFERRED NDCS STARTING WITH 61314)	4	PA; QL (3.2 per 28 days)
HYRIMOZ PEN CROHN'S-UC STARTER (PREFERRED NDCS STARTING WITH 61314)	4	PA; MO; QL (2.4 per 180 days)
HYRIMOZ PEN PSORIASIS STARTER (PREFERRED NDCS STARTING WITH 61314)	4	PA; MO; QL (1.6 per 180 days)
HYRIMOZ(CF) (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML	4	PA; MO; QL (0.2 per 28 days)
HYRIMOZ(CF) (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML	4	PA; MO; QL (0.4 per 28 days)
HYRIMOZ(CF) (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	PA; QL (1.6 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ(CF) PEDI CROHN STARTER (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	4	PA; MO; QL (2.4 per 180 days)
HYRIMOZ(CF) PEDI CROHN STARTER (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 80 MG/0.8 ML- 40 MG/0.4 ML	4	PA; MO; QL (1.2 per 180 days)
HYRIMOZ(CF) PEN (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	4	PA; QL (1.6 per 28 days)
HYRIMOZ(CF) PEN (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	4	PA; MO; QL (1.6 per 28 days)
IDACIO(CF)	4	PA; MO; QL (4 per 28 days)
IDACIO(CF) PEN	4	PA; MO; QL (4 per 28 days)
IDACIO(CF) PEN CROHN-UC STARTR	4	PA; MO; QL (6 per 180 days)
IDACIO(CF) PEN PSORIASIS START	4	PA; MO; QL (4 per 180 days)
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML	4	PA; QL (2.28 per 28 days)
KEVZARA SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	4	PA; MO; QL (2.28 per 28 days)
KEVZARA SUBCUTANEOUS SYRINGE	4	PA; MO; QL (2.28 per 28 days)
KINERET	4	PA; QL (20.1 per 30 days)
leflunomide	1	MO; QL (30 per 30 days)
OLUMIANT	4	PA; MO; QL (30 per 30 days)
ORENCIA CLICKJECT	4	PA; MO; QL (4 per 28 days)

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This drug list was updated in August 2024.

Drug Name	Drug Tier	Requirements/Limits
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	4	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	4	PA; MO; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	4	PA; MO; QL (2.8 per 28 days)
OTEZLA ORAL TABLET 30 MG	4	PA; MO; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; MO; QL (55 per 180 days)
OTREXUP (PF)	3	MO
penicillamine	4	PA; MO
RASUVO (PF)	3	MO
RIDAURA	4	MO
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	4	PA; MO; QL (30 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	4	PA; MO; QL (84 per 180 days)
SAVELLA ORAL TABLET	2	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	2	MO; QL (55 per 180 days)
SIMLANDI(CF) AUTOINJECTOR	4	PA; MO; QL (6 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; MO; QL (3 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	4	PA; MO; QL (0.5 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; MO; QL (3 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	4	PA; MO; QL (0.5 per 28 days)
TOFIDENCE	4	PA; QL (160 per 28 days)
XELJANZ ORAL SOLUTION	4	PA; MO; QL (480 per 24 days)
XELJANZ ORAL TABLET	4	PA; MO; QL (60 per 30 days)
XELJANZ XR	4	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
YUFLYMA(CF) AI CROHN'S-UC-HS	4	PA; QL (3 per 180 days)
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	4	PA; QL (4 per 28 days)
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	4	PA; QL (2 per 28 days)
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	4	PA; QL (2 per 28 days)
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; QL (4 per 28 days)
YUSIMRY(CF) PEN	4	PA; QL (4.8 per 28 days)
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
ACTIVELLA	3	PA; MO
ANGELIQ	3	PA; MO
BIJUVA	3	PA; MO
camila	1	MO
CLIMARA	3	PA; MO; QL (4 per 28 days)
CLIMARA PRO	3	PA; MO
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR	3	PA; MO
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.25 MG/24 HR	3	PA
CRINONE VAGINAL GEL 4 %	3	MO
CRINONE VAGINAL GEL 8 %	3	PA; MO
deblitane	1	MO
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML	3	MO
DEPO-ESTRADIOL	3	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	MO

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Drug Name	Drug Tier	Requirements/Limits
DEPO-PROVERA INTRAMUSCULAR SYRINGE	3	MO
DEPO-SUBQ PROVERA 104	2	MO
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %)	3	PA; MO; QL (30 per 30 days)
DIVIGEL TRANSDERMAL GEL IN PACKET 1.25 MG/1.25 GRAM (0.1 %)	3	PA; MO; QL (37.5 per 30 days)
dotti	1	PA; MO; QL (8 per 28 days)
DUAVEE	2	MO
ELESTRIN	3	PA; MO; QL (70 per 30 days)
errin	1	MO
ESTRACE VAGINAL	3	ST; MO
estradiol oral	1	PA; MO
estradiol transdermal gel in metered-dose pump	1	PA; MO; QL (50 per 30 days)
estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %)	1	PA; MO; QL (30 per 30 days)
estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)	1	PA; MO; QL (37.5 per 30 days)
estradiol transdermal patch semiweekly	1	PA; MO; QL (8 per 28 days)
estradiol transdermal patch weekly	1	PA; MO; QL (4 per 28 days)
estradiol vaginal	1	MO
estradiol valerate	1	MO
estradiol-norethindrone acet	1	PA; MO
ESTRING	3	ST; MO
EVAMIST	3	PA; MO; QL (16.2 per 30 days)
FEMRING	3	ST; MO
fyavolv	1	PA; MO
heather	1	MO
IMVEXXY MAINTENANCE PACK	2	MO
IMVEXXY STARTER PACK	2	MO
incassia	1	MO
jinteli	1	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
lyleq	1	MO
lyllana	1	PA; MO; QL (8 per 28 days)
lyza	1	
medroxyprogesterone	1	MO
MENEST	3	PA; MO
MENOSTAR	3	PA; MO; QL (4 per 28 days)
mimvey	1	PA; MO
MINIVELLE	3	PA; MO; QL (8 per 28 days)
nora-be	1	MO
norethindrone (contraceptive)	1	
norethindrone acetate	1	MO
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	PA; MO
PREMARIN ORAL	2	MO
PREMARIN VAGINAL	2	MO
PREMPHASE	2	MO
PREMPRO	2	MO
progesterone micronized	1	MO
PROMETRIUM	3	MO
PROVERA	3	MO
sharobel	1	MO
VAGIFEM	3	ST; MO
VIVELLE-DOT	3	PA; MO; QL (8 per 28 days)
yuvafem	1	MO
MISCELLANEOUS OB/GYN		
ANNOVERA	3	MO
CLEOCIN VAGINAL	3	MO
clindamycin phosphate vaginal	1	MO
CLINDESSE	3	MO
eluryng	1	MO
enilloring	1	MO
etonogestrel-ethinyl estradiol	1	
GYNAZOLE-1	3	MO
haloette	1	MO
INTRAROSA	3	MO
KYLEENA	3	
LILETTA	2	MO
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	1	MO
miconazole-3 vaginal suppository	1	MO
MIRENA	3	
MYFEMBREE	4	PA; MO
NEXPLANON	2	
norelgestromin-ethin.estradiol	1	
NUVARING	3	MO

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Drug Name	Drug Tier	Requirements/Limits
ORIAHNN	4	PA; MO
OSPHENA	3	MO
PHEXXI	3	MO
SKYLA	3	
terconazole	1	MO
tranexamic acid oral	1	MO
vandazole	1	MO
VEOZAH	3	PA; MO
XACIATO	3	ST; MO
xulane	1	MO
zafemy	1	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
altavera (28)	1	MO
alyacen 1/35 (28)	1	MO
amethia	1	
apri	1	MO
aranelle (28)	1	MO
ashlyna	1	MO
aubra eq	1	MO
aviane	1	MO
BALCOLTRA	3	MO
balziva (28)	1	MO
BEYAZ	3	MO
blisovi 24 fe	1	MO
blisovi fe 1.5/30 (28)	1	MO
briellyn	1	MO
camrese lo	1	MO
cryselle (28)	1	MO
cyred eq	1	MO
desog-e.estradiolle.estradiol	1	
desogestrel-ethinyl estradiol	1	
dolishale	1	MO
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)	1	MO
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	1	MO
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	1	
enpresse	1	MO
enskyce	1	MO
estarylla	1	MO
ethynodiol diac-eth estradiol	1	
falmina (28)	1	MO
finzala	1	MO
gemmily	1	MO
hailey 24 fe	1	MO
iclevia	1	
introvale	1	
isibloom	1	MO
jasmiel (28)	1	MO
joyeaux	1	MO
juleber	1	MO
junel 1.5/30 (21)	1	MO

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Drug Name	Drug Tier	Requirements/Limits
junel 1/20 (21)	1	MO
junel fe 1.5/30 (28)	1	MO
junel fe 1/20 (28)	1	MO
junel fe 24	1	MO
kaitlib fe	1	MO
kariva (28)	1	MO
kelnor 1/35 (28)	1	MO
kelnor 1-50 (28)	1	MO
kurvelo (28)	1	MO
l norgestle.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)	1	
l norgestle.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	1	MO
larin 1.5/30 (21)	1	MO
larin 1/20 (21)	1	MO
larin fe 1.5/30 (28)	1	MO
larin fe 1/20 (28)	1	MO
layolis fe	1	MO
lessina	1	MO
levonest (28)	1	MO
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	1	MO
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg, 90-20 mcg (28)	1	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month	1	
levonorg-eth estrad triphasic	1	
levora-28	1	MO
LO LOESTRIN FE	3	MO
LOESTRIN 1.5/30 (21)	3	MO
LOESTRIN 1/20 (21)	3	MO
LOESTRIN FE 1.5/30 (28-DAY)	3	MO
LOESTRIN FE 1/20 (28-DAY)	3	MO
loryna (28)	1	MO
low-ogestrel (28)	1	MO
lutera (28)	1	MO
marlissa (28)	1	MO
merzee	1	MO
mibelas 24 fe	1	MO
microgestin 1.5/30 (21)	1	MO
microgestin 1/20 (21)	1	MO
microgestin 24 fe	1	
microgestin fe 1.5/30 (28)	1	MO

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microgestin fe 1/20 (28)	1	MO
mili	1	MO
NATAZIA	3	MO
necon 0.5/35 (28)	1	MO
NEXTSTELLIS	3	MO
nikki (28)	1	MO
noreth-ethinyl estradiol-iron	1	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	1	MO
norethindrone-e.estradiol-iron oral capsule	1	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9)	1	
norethindrone-e.estradiol-iron oral tablet,chewable	1	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg	1	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1	MO
nortrel 0.5/35 (28)	1	MO
nortrel 1/35 (21)	1	MO
nortrel 1/35 (28)	1	MO
nortrel 7/7/7 (28)	1	MO
nylia 1/35 (28)	1	MO
nylia 7/7/7 (28)	1	MO
nymyo	1	
ocella	1	MO
pimtrea (28)	1	MO
portia 28	1	MO
reclipsen (28)	1	MO
rivelsa	1	MO
SAFYRAL	3	MO
setlakin	1	MO
sprintec (28)	1	MO
sronyx	1	MO
syeda	1	MO
tarina 24 fe	1	MO
tarina fe 1-20 eq (28)	1	MO
tilia fe	1	MO
tri-estarylla	1	MO
tri-legest fe	1	MO
tri-lo-estarylla	1	MO
tri-lo-sprintec	1	
tri-mili	1	
tri-nymyo	1	
tri-sprintec (28)	1	MO
trivora (28)	1	MO
tri-vylibra	1	MO
tri-vylibra lo	1	MO
turqoz (28)	1	MO
tydemy	1	
velivet triphasic regimen (28)	1	MO

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This drug list was updated in August 2024.

Drug Name	Drug Tier	Requirements/Limits
vestura (28)	1	MO
vienva	1	MO
vyfemla (28)	1	MO
vylibra	1	MO
wymzya fe	1	MO
YASMIN (28)	3	MO
YAZ (28)	3	MO
zovia 1-35 (28)	1	MO
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE	3	MO
bacitracin ophthalmic (eye)	1	MO
bacitracin-polymyxin b	1	MO
BESIVANCE	3	MO
CILOXAN OPHTHALMIC (EYE) OINTMENT	3	MO
ciprofloxacin hcl ophthalmic (eye)	1	MO
erythromycin ophthalmic (eye)	1	MO; QL (3.5 per 14 days)
gatifloxacin	1	MO
gentamicin ophthalmic (eye) drops	1	MO; QL (70 per 30 days)
levofloxacin ophthalmic (eye) drops 0.5 %	1	
moxifloxacin ophthalmic (eye) drops	1	MO
NATACYN	3	
neomycin-bacitracin-polymyxin	1	MO
neomycin-polymyxin-gramicidin	1	MO
neo-polycin	1	
OCUFLOX	3	MO
ofloxacin ophthalmic (eye)	1	MO
polycin	1	
polymyxin b sulf-trimethoprim	1	MO
tobramycin ophthalmic (eye)	1	MO; QL (10 per 14 days)
TOBREX OPHTHALMIC (EYE) OINTMENT	3	MO; QL (3.5 per 14 days)
VIGAMOX	3	MO
ANTIVIRALS		
trifluridine	1	MO
ZIRGAN	3	MO
BETA-BLOCKERS		
betaxolol ophthalmic (eye)	1	MO
BETIMOL	3	MO
BETOPTIC S	3	MO

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Drug Name	Drug Tier	Requirements/Limits
carteolol	1	MO
ISTALOL	3	MO
levobunolol ophthalmic (eye) drops 0.5%	1	MO
timolol maleate (pf)	1	MO
timolol maleate ophthalmic (eye)	1	MO
TIMOPTIC OCUDOSE (PF)	3	MO
MISCELLANEOUS OPHTHALMOLOGICS		
ALOMIDE	3	MO
atropine ophthalmic (eye) drops 1%	1	MO
azelastine ophthalmic (eye)	1	MO
bepotastine besilate	1	MO
BEPREVE	3	MO
BYOOVIZ	4	PA; MO
CEQUA	3	MO; QL (60 per 30 days)
cromolyn ophthalmic (eye)	1	
cyclosporine ophthalmic (eye)	1	MO; QL (60 per 30 days)
CYSTADROPS	4	PA
CYSTARAN	4	PA
epinastine	1	MO
LACRISERT	3	PA
MIEBO (PF)	2	MO; QL (12 per 30 days)
OXERVATE	4	PA; MO
PHOSPHOLINE IODIDE	3	
pilocarpine hcl ophthalmic (eye) drops 1%, 2%, 4%	1	MO
RESTASIS	3	MO; QL (60 per 30 days)
RESTASIS MULTIDOSE	3	MO; QL (5.5 per 30 days)
sulfacetamide sodium ophthalmic (eye) drops	1	MO
sulfacetamide sodium ophthalmic (eye) ointment	1	
sulfacetamide-prednisolone	1	MO
TYRVAYA	3	MO; QL (8.4 per 30 days)
VEVYE	3	MO; QL (2 per 30 days)
VUITY	3	PA; MO
XDEMVY	4	PA; QL (10 per 42 days)
XIIDRA	2	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR	3	MO
ACULAR LS	3	MO
ACUVAIL (PF)	3	MO
bromfenac	1	MO
BROMSITE	3	MO
diclofenac sodium ophthalmic (eye)	1	MO
flurbiprofen sodium	1	MO
ILEVRO	3	MO
ketorolac ophthalmic (eye)	1	MO
NEVANAC	3	MO
PROLENSA	3	MO
ORAL DRUGS FOR GLAUCOMA		
acetazolamide	1	MO
methazolamide	1	MO
OTHER GLAUCOMA DRUGS		
AZOPT	3	MO
bimatoprost ophthalmic (eye)	1	MO
brimonidine-timolol	1	MO
brinzolamide	1	MO
COMBIGAN	3	MO
COSOPT	3	MO
COSOPT (PF)	3	MO
dorzolamide	1	
dorzolamide-timolol	1	MO
dorzolamide-timolol (pf) ophthalmic (eye) dropperette	1	MO
IYUZEH (PF)	3	ST; MO
latanoprost	1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	MO
RHOPRESSA	2	MO
ROCKLATAN	2	MO
SIMBRINZA	2	MO
tafluprost (pf)	1	MO
TRAVATAN Z	3	ST; MO
travoprost	1	MO
VYZULTA	3	ST; MO
XALATAN	3	ST; MO
XELPROS	3	ST
ZIOPTAN (PF)	3	ST; MO
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL	3	MO
neomycin-bacitracin-poly-hc	1	MO
neomycin-polymyxin b-dexameth	1	MO

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Drug Name	Drug Tier	Requirements/Limits
neomycin-polymyxin-hc ophthalmic (eye)	1	MO
neo-polycin hc	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	2	MO; QL (3.5 per 14 days)
tobramycin-dexamethasone	1	MO; QL (10 per 14 days)
ZYLET	3	MO; QL (10 per 14 days)
STEROIDS		
ALREX	3	MO
dexamethasone sodium phosphate ophthalmic (eye)	1	MO
difluprednate	1	MO
DUREZOL	3	MO
EYSUVIS	3	PA; MO; QL (8.3 per 14 days)
fluorometholone	1	MO
FML FORTE	3	MO
FML LIQUIFILM	3	MO
INVELTYS	2	MO
LOTEMAX	3	MO
LOTEMAX SM	3	MO
loteprednol etabonate	1	MO
MAXIDEX	3	MO
PRED FORTE	3	MO
PRED MILD	3	MO
prednisolone acetate	1	MO
prednisolone sodium phosphate ophthalmic (eye)	1	MO
SYMPATHOMIMETICS		
ALPHAGAN P	3	MO
apraclonidine	1	MO
brimonidine ophthalmic (eye)	1	MO
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	3	MO
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
AUVI-Q	3	QL (2 per 30 days)
cetirizine oral solution 1 mg/ml	1	MO
CLARINEX ORAL TABLET	3	MO; QL (30 per 30 days)
CLARINEX-D 12 HOUR	3	QL (60 per 30 days)
desloratadine	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	3	MO; QL (2 per 30 days)
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)	1	MO; QL (2 per 30 days)
EPINEPHRINE INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML (MANUFACTURED BY MYLAN SPECIALTY)	3	QL (2 per 30 days)
EPIPEN 2-PAK	3	QL (2 per 30 days)
EPIPEN JR 2-PAK	3	QL (2 per 30 days)
hydroxyzine hcl oral tablet	1	PA; MO
levocetirizine oral solution	1	MO
levocetirizine oral tablet	1	MO; QL (30 per 30 days)
promethazine oral	1	PA; MO
PULMONARY AGENTS		
acetylcysteine	1	PA; MO
ADCIRCA	4	PA; MO; QL (60 per 30 days)
ADEMPAS	4	PA; MO; LA; QL (90 per 30 days)
ADVAIR DISKUS	3	MO; QL (60 per 30 days)
ADVAIR HFA	2	MO; QL (12 per 30 days)
AIRDUO DIGIHALER	3	ST; QL (1 per 30 days)
AIRDUO RESPICLICK	3	ST; MO; QL (1 per 30 days)
AIRSUPRA	3	ST; MO; QL (32.1 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	1	MO; QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm	1	QL (13.4 per 30 days)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020983)	3	ST; QL (36 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml	1	PA; MO
albuterol sulfate oral syrup	1	MO
albuterol sulfate oral tablet	1	MO
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	2	MO; QL (12.2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	2	MO; QL (6.1 per 30 days)
alyq	4	PA; QL (60 per 30 days)
ambrisentan	4	PA; MO; LA; QL (30 per 30 days)
ANORO ELLIPTA	3	ST; MO; QL (60 per 30 days)
arformoterol	1	PA; MO; QL (120 per 30 days)
ARMONAIR DIGIHALER	3	ST; QL (1 per 30 days)
ARNUITY ELLIPTA	3	ST; MO; QL (30 per 30 days)
ASMANEX HFA	2	MO; QL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30)	2	MO; QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	2	MO; QL (2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (60)	2	QL (1 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ATROVENT HFA	3	MO; QL (25.8 per 30 days)
azelastine-fluticasone	1	MO; QL (23 per 30 days)
BERINERT INTRAVENOUS KIT	4	PA; MO
BEVESPI AEROSPHERE	2	MO; QL (10.7 per 30 days)
bosentan	4	PA; MO; LA; QL (60 per 30 days)
BREO ELLIPTA	2	MO; QL (60 per 30 days)
breyna	1	MO; QL (10.3 per 30 days)
BREZTRI AEROSPHERE	2	MO; QL (10.7 per 30 days)
BROVANA	4	PA; MO; QL (120 per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	1	PA; MO; QL (120 per 30 days)
budesonide inhalation suspension for nebulization 1 mg/2 ml	1	PA; MO; QL (60 per 30 days)
budesonide-formoterol	1	QL (10.2 per 30 days)
CINRYZE	4	PA; MO
COMBIVENT RESPIMAT	2	MO; QL (8 per 30 days)
cromolyn inhalation	1	PA; MO
DALIRESP	3	PA; MO; QL (30 per 30 days)
DUAKLIR PRESSAIR	4	ST; MO; QL (1 per 30 days)
DULERA	2	MO; QL (13 per 30 days)
DYMISTA	3	MO; QL (23 per 30 days)
ESBRIET ORAL CAPSULE	4	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	4	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	4	PA; MO; QL (90 per 30 days)
FASENRA PEN	4	PA; MO; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	4	PA; MO; QL (0.5 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	4	PA; MO; QL (1 per 28 days)
FIRAZYR	4	PA; MO
flunisolide	1	MO; QL (50 per 30 days)
FLUTICASONE FUROATE-VILANTEROL	3	ST; MO; QL (60 per 30 days)
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	ST; MO; QL (60 per 30 days)
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	ST; MO; QL (240 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	3	ST; MO; QL (12 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	ST; MO; QL (24 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	ST; MO; QL (10.6 per 30 days)
fluticasone propionate nasal	1	MO; QL (16 per 30 days)
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	3	ST; MO; QL (1 per 30 days)
fluticasone propion-salmeterol inhalation blister with device	1	MO; QL (60 per 30 days)
FLUTICASONE PROPION-SALMETEROL INHALATION HFA AEROSOL INHALER	3	ST; MO; QL (12 per 30 days)
formoterol fumarate	1	PA; MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
HAEGARDA	4	PA; MO; LA
icatibant	4	PA; MO
INCRUSE ELLIPTA	3	ST; MO; QL (30 per 30 days)
ipratropium bromide inhalation	1	PA; MO
ipratropium-albuterol	1	PA; MO
KALYDECO	4	PA; MO; QL (56 per 28 days)
LETAIRIS	4	PA; MO; LA; QL (30 per 30 days)
levalbuterol hcl	1	PA; MO
LEVALBUTEROL TARTRATE	3	ST; MO; QL (30 per 30 days)
LIQREV	4	PA; MO; QL (244 per 30 days)
mometasone nasal	1	MO; QL (34 per 30 days)
montelukast	1	MO
NUCALA SUBCUTANEOUS AUTO-INJECTOR	4	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN	4	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	PA; MO; LA; QL (0.4 per 28 days)
OFEV	4	PA; MO; QL (60 per 30 days)
OMNARIS	3	ST; MO; QL (12.5 per 30 days)
OPSUMIT	4	PA; MO; LA; QL (30 per 30 days)
OPSYNVI	4	PA; MO; QL (30 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET	4	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	4	PA; MO; QL (112 per 28 days)
ORLADEYO	4	PA; LA
PERFOROMIST	4	PA; MO; QL (120 per 30 days)
pirfenidone oral capsule	4	PA; MO; QL (270 per 30 days)
pirfenidone oral tablet 267 mg	4	PA; MO; QL (270 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PIRFENIDONE ORAL TABLET 534 MG	4	PA; QL (90 per 30 days)
pirfenidone oral tablet 801 mg	4	PA; MO; QL (90 per 30 days)
PROAIR DIGIHALER	3	ST; QL (2 per 30 days)
PROAIR RESPICLICK	3	ST; MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	2	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	MO; QL (1 per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML	3	PA; MO; QL (120 per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	3	PA; MO; QL (60 per 30 days)
PULMOZYME	4	PA; MO
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	3	ST; MO; QL (6.8 per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	3	ST; MO; QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	2	MO; QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	2	MO; QL (21.2 per 30 days)
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	4	PA; MO; QL (224 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
REVATIO ORAL TABLET	4	PA; MO; QL (90 per 30 days)
roflumilast	1	PA; MO; QL (30 per 30 days)
RUCONEST	4	PA; MO
RYALTRIS	3	ST; MO; QL (29 per 30 days)
sajazir	4	PA; MO
SEREVENT DISKUS	3	ST; MO; QL (60 per 30 days)
sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml	4	PA; MO; QL (224 per 30 days)
sildenafil (pulmonary arterial hypertension) oral tablet 20 mg	1	PA; MO; QL (90 per 30 days)
SINGULAIR	3	MO
SPIRIVA RESPIMAT	2	MO; QL (4 per 30 days)
SPIRIVA WITH HANDIHALER	3	ST; MO; QL (90 per 90 days)
STIOLTO RESPIMAT	2	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	2	MO; QL (4 per 30 days)
SYMBICORT	3	ST; MO; QL (10.2 per 30 days)
SYMDEKO	4	PA; MO; QL (56 per 28 days)
tadalafil (pulmonary arterial hypertension) oral tablet 20 mg	4	PA; QL (60 per 30 days)
TADLIQ	4	PA; MO; QL (300 per 30 days)
TAKHZYRO	4	PA; MO; LA
terbutaline oral	1	MO
TEZSPIRE	4	PA; MO; QL (1.91 per 30 days)
THEO-24	3	MO
theophylline oral solution	1	
theophylline oral tablet extended release 12 hr	1	MO
theophylline oral tablet extended release 24 hr	1	MO
tiotropium bromide	1	QL (90 per 90 days)
TRACLEER ORAL TABLET	4	PA; MO; LA; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TRACLEER ORAL TABLET FOR SUSPENSION	4	PA; MO; LA; QL (112 per 28 days)
TRELEGY ELLIPTA	2	MO; QL (60 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	4	PA; MO; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	4	PA; MO; QL (84 per 28 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	3	ST; MO; QL (1 per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION (30 ACTUAT)	3	ST; QL (1 per 30 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 32 MCG, 48 MCG, 64 MCG	4	PA; MO; QL (112 per 28 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16(112)-32(112) - 48(28) MCG	4	PA; MO; QL (252 per 180 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 32-48 MCG	4	PA; MO; QL (224 per 28 days)
VENTOLIN HFA	3	ST; MO; QL (36 per 30 days)
wixela inhub	1	QL (60 per 30 days)
XHANCE	3	ST; MO; QL (32 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	4	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	4	PA; MO; LA; QL (1 per 28 days)

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This drug list was updated in August 2024.

Drug Name	Drug Tier	Requirements/Limits
XOLAIR SUBCUTANEOUS RECON SOLN	4	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	4	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; MO; LA; QL (1 per 28 days)
XOPENEX HFA	3	ST; MO; QL (30 per 30 days)
YUPELRI	4	PA; MO; QL (90 per 30 days)
zafirlukast	1	MO
ZETONNA	3	ST; MO; QL (6.1 per 30 days)
zileuton	4	MO
ZYFLO	4	MO
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
darifenacin	1	MO
DETROL	3	MO
DETROL LA	3	MO
fesoterodine	1	MO
flavoxate	1	MO
GEMTESA	3	MO
mirabegron	1	MO
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	2	MO
oxybutynin chloride oral syrup	1	MO
oxybutynin chloride oral tablet 5 mg	1	MO
oxybutynin chloride oral tablet extended release 24hr	1	MO
OXYTROL	3	MO; QL (8 per 28 days)
solifenacin	1	MO
tolterodine	1	MO
TOVIAZ	3	MO
trospium	1	MO
VESICARE	3	MO
VESICARE LS	3	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
alfuzosin	1	MO
dutasteride	1	MO

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This drug list was updated in August 2024.

Drug Name	Drug Tier	Requirements/Limits
dutasteride-tamsulosin	1	MO
ENTADFI	3	PA; QL (30 per 30 days)
finasteride oral tablet 5 mg	1	MO
FLOMAX	3	MO
PROSCAR	3	MO
RAPAFLO	3	MO
silodosin	1	MO
tamsulosin	1	MO
UROXATRAL	3	MO
MISCELLANEOUS UROLOGICALS		
bethanechol chloride	1	MO
CIALIS ORAL TABLET 2.5 MG	3	PA; QL (60 per 30 days)
CIALIS ORAL TABLET 5 MG	3	PA; MO; QL (30 per 30 days)
CYSTAGON	3	PA; LA
ELMIRON	2	MO
potassium citrate oral tablet extended release	1	MO
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET	4	PA; MO
RIVFLOZA	4	PA
tadalafil oral tablet 2.5 mg	1	PA; MO; QL (60 per 30 days)
tadalafil oral tablet 5 mg	1	PA; MO; QL (30 per 30 days)
UROCIT-K 10	3	MO
UROCIT-K 15	3	MO
UROCIT-K 5	3	MO
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
klor-con 10	1	MO
klor-con 8	1	MO
klor-con m10	1	MO
klor-con m15	1	MO
klor-con m20	1	MO
klor-con oral packet 20	1	MO
magnesium sulfate injection solution	1	MO
magnesium sulfate injection syringe	1	
potassium chlorid-d5-0.45%nacl	1	
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	1	

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This drug list was updated in August 2024.

Drug Name	Drug Tier	Requirements/Limits
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l	1	
potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l	1	
potassium chloride in water intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml	1	
potassium chloride intravenous	1	
potassium chloride oral capsule, extended release	1	MO
potassium chloride oral liquid	1	MO
potassium chloride oral packet	1	
potassium chloride oral tablet extended release 10 meq, 8 meq	1	MO
potassium chloride oral tablet extended release 20 meq	1	
potassium chloride oral tablet,er particles/crystals 10 meq	1	MO
potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq	1	
potassium chloride-0.45 % nacl	1	
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l	1	
potassium chloride-d5-0.9%nacl	1	
sodium chloride 0.45 % intravenous	1	MO
sodium chloride 3 % hypertonic	1	
sodium chloride 5 % hypertonic	1	MO
TPN ELECTROLYTES	3	
MISCELLANEOUS NUTRITION PRODUCTS		
CLINIMIX 5%/D15W SULFITE FREE	3	PA
CLINIMIX 4.25%/D10W SULF FREE	3	PA
CLINIMIX 5%-D20W(SULFITE-FREE)	3	PA
CLINIMIX E 4.25%/D10W SUL FREE	3	PA

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This drug list was updated in August 2024.

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 4.25%/D5W SULF FREE	3	PA
CLINIMIX E 5%/D15W SULFIT FREE	3	PA
CLINIMIX E 5%/D20W SULFIT FREE	3	PA
CLINISOL SF 15 %	3	PA
DOJOLVI	4	PA; MO; LA
electrolyte-148	1	
intralipid intravenous emulsion 20 %	1	PA
INTRALIPID INTRAVENOUS EMULSION 30 %	3	PA
ISOLYTE S PH 7.4	3	
ISOLYTE-P IN 5 % DEXTROSE	3	
NUTRILIPID	3	PA
PLASMA-LYTE 148	3	
PLASMA-LYTE A	3	
PLENAMINE	3	PA
premasol 10 %	1	PA
PROSOL 20 %	3	PA
travasol 10 %	1	PA
TROPHAMINE 10 %	3	PA

Drug Name	Drug Tier	Requirements/Limits
VITAMINS / HEMATINICS		
fluoride (sodium) oral tablet	1	
prenatal vitamin oral tablet	1	

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This drug list was updated in August 2024.

Index

abacavir 2
abacavir-lamivudine 2
ABELCET 1
ABILIFY 47
ABILIFY ASIMTUFII 46
ABILIFY MAINTENA 46
ABILIFY MYCITE MAINTENANCE KIT 46
ABILIFY MYCITE STARTER KIT 47
abiraterone 14
ABRILADA(CF) 117
ABRILADA(CF) PEN 116
ABRYSVO (PF) 108
ABSORICA 74
ABSORICA LD 74
acamprosate 81
ACANYA 74
acarbose 86, 87
accutane 74
acebutolol 61
acetaminophen-caff-dihydrocod 39
acetaminophen-codeine 39
acetazolamide 132
acetic acid 85
acetylcysteine 134
acitretin 71
ACTEMRA 117
ACTEMRA ACTPEN 117
ACTHAR 85
ACTHIB (PF) 108
ACTIMMUNE 105
ACTIVELLA 124
ACTONEL 116
ACTOPLUS MET 87
ACTOS 87
ACULAR 132
ACULAR LS 132
ACUVAIL (PF) 132
acyclovir 2, 78
acyclovir sodium 2
ACZONE 74
ADACEL(TDAP ADOLESN/ADULT)(PF) 108
ADALIMUMAB-AACF 117
ADALIMUMAB-AATY 117
ADALIMUMAB-ADAZ 117
ADALIMUMAB-ADBM (PREFERRED NDCS STARTING WITH 00597) 117, 118
ADALIMUMAB-ADBM(CF) PEN CROHNS (PREFERRED NDCS STARTING WITH 00597) 118
ADALIMUMAB-ADBM(CF) PEN PS-UV (PREFERRED NDCS STARTING WITH 00597) 118
ADALIMUMAB-FKJP 118
ADALIMUMAB-RYVK 118
adapalene 74
adapalene-benzoyl peroxide 74
ADBRY 72
ADCIRCA 134
ADDERALL 47
ADDERALL XR 47
adefovir 2
ADEMPAS 134
ADLARITY 35
ADMELOG SOLOSTAR U-100 INSULIN 87
ADMELOG U-100 INSULIN LISPRO 87
ADVAIR DISKUS 134
ADVAIR HFA 134
ADZENYS XR-ODT 47
AEMCOLO 8
AFINITOR 14
AFINITOR DISPERZ 15
AFREZZA 87
AGAMREE 85
AGRYLIN 81
AIMOVIG AUTOINJECTOR 33
AIRDUO DIGIHALER 134
AIRDUO RESPICLICK 134
AIRSUPRA 134
AJOVY AUTOINJECTOR 33
AJOVY SYRINGE 33
AKEEGA 15
AKLIEF 74
ala-cort 78
ALA-SCALP 78
albendazole 8
albuterol sulfate 134, 135
ALBUTEROL SULFATE 134
alclometasone 78
alcohol pads 87
ALDACTONE 61
ALECENSA 15
alendronate 116
alfuzosin 142
aliskiren 61
ALKINDI SPRINKLE 85
allopurinol 115
ALLOPURINOL 115
almotriptan malate 33
ALOGLIPTIN 87
ALOGLIPTIN-METFORMIN 87
ALOGLIPTIN-PIOGLITAZONE 87
ALOMIDE 131
alosetron 98
ALPHAGAN P 133
ALREX 133
ALTABAX 76
ALTACE 61
altavera (28) 127
ALTOPREV 68
ALTRENO 74
ALUNBRIG 15
ALVAIZ 65
ALVESCO 135

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

This drug list was updated in August 2024.

alyacen 1/35 (28) 127
alyq 135
amantadine hcl 2
AMBIEN 47
AMBIEN CR 47
AMBISOME 1
ambrisentan 135
amcinonide 78
amethia 127
amikacin 8
amiloride 61
amiloride-hydrochlorothiazide 61
amiodarone 60
AMITIZA 98
amitriptyline 47
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) 118, 119
amlodipine 61
amlodipine-atorvastatin 68
amlodipine-benazepril 61
amlodipine-olmesartan 61
amlodipine-valsartan 61
amlodipine-valsartan-hcthiazid 61
ammonium lactate 72
amnesteem 74
amoxapine 47
amoxicil-clarithromy-lansopraz 103
amoxicillin 11
amoxicillin-pot clavulanate 11
amphetamine sulfate 47
amphotericin b 1
amphotericin b liposome 1
ampicillin 11
ampicillin sodium 11
ampicillin-sulbactam 11, 12
AMPYRA 35
ANAFRANIL 47
anagrelide 81
anastrozole 15
ANCOBON 1
ANGELIQ 124
ANNOVERA 126
ANORO ELLIPTA 135
ANTIVERT 98
ANUSOL-HC 98
ANZEMET 98
apexicon e 78
APIDRA SOLOSTAR U-100 INSULIN 87
APIDRA U-100 INSULIN 87
APLENZIN 47
APOKYN 32
apomorphine 32
apraclonidine 133
aprepitant 98
apri 127
APRISO 98
APTENSIO XR 47
APTIOM 26
APTIVUS 2
ARALAST NP 81
aranelle (28) 127
ARANESP (IN POLYSORBATE) 105, 106
ARAVA 119
ARAZLO 74
ARCALYST 106
AREXVY (PF) 108
arformoterol 135
ARICEPT 35
ARIKAYCE 8
ARIMIDEX 15
aripiprazole 47
ARISTADA 47, 48
ARISTADA INITIO 47
ARIXTRA 65
armodafinil 48
ARMONAIR DIGIHALER 135
ARNUITY ELLIPTA 135
AROMASIN 15
ARTHROTEC 50 43
ARTHROTEC 75 43
asenapine maleate 48
ashlyna 127
ASMANEX HFA 135
ASMANEX TWISTHALER 135
aspirin-dipyridamole 66
ASPRUZYO SPRINKLE 70
ASSURE ID INSULIN SAFETY 110
ASTAGRAF XL 15
ATACAND 61
ATACAND HCT 61
atazanavir 2
ATELVIA 116
atenolol 61
atenolol-chlorthalidone 61
ATIVAN 48
atomoxetine 48
ATORVALIQ 68
atorvastatin 68
atovaquone 8
atovaquone-proguanil 8
ATRALIN 74
atropine 131
ATROVENT HFA 136
AUBAGIO 35
aubra eq 127
AUGMENTIN 12
AUGMENTIN ES-600 12
AUGTYRO 15
AUSTEDO 35
AUSTEDO XR 35
AUSTEDO XR TITRATION KT(WK1-4) 35
AUVELITY 48
AUVI-Q 133
AVALIDE 61
AVAPRO 61
AVEED 94
aviane 127
AVONEX 106
AVYCAZ 6
AYVAKIT 15

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

This drug list was updated in August 2024.

AZACTAM 8
AZASAN 15
AZASITE 130
azathioprine 15
azelaic acid 74
azelastine 85, 131
azelastine-fluticasone 136
AZELEX 74
AZILECT 32
azithromycin 7
AZOPT 132
AZOR 61
AZSTARYS 48
aztreonam 8
AZULFIDINE 98
AZULFIDINE EN-TABS 98
bacitracin 130
bacitracin-polymyxin b 130
BACLOFEN 39
baclofen 39
BACTRIM 13
BACTRIM DS 13
BAFIERTAM 35
BALCOLTRA 127
balsalazide 98
BALVERSA 15
balziva (28) 127
BANZEL 26
BAQSIMI 87
BARACLUDE 2
BASAGLAR KWIKPEN U-100 INSULIN 87
BASAGLAR TEMPO PEN(U-100)INSLN 87
BAXDELA 13
BCG VACCINE, LIVE (PF) 108
BD AUTOSHIELD DUO PEN NEEDLE 110
BD INSULIN SYRINGE 110
BD INSULIN SYRINGE (HALF UNIT) 110
BD INSULIN SYRINGE U-500 110
BD INSULIN SYRINGE ULTRA-FINE 110
BD NANO 2ND GEN PEN NEEDLE 111
BD ULTRA-FINE MICRO PEN NEEDLE 111
BD ULTRA-FINE MINI PEN NEEDLE 111
BD ULTRA-FINE NANO PEN NEEDLE 111
BD ULTRA-FINE SHORT PEN NEEDLE 111
BD VEO INSULIN SYR (HALF UNIT) 111
BD VEO INSULIN SYRINGE UF 111
BELBUCA 39
BELSOMRA 48
benazepril 61
benazepril-hydrochlorothiazide 61
BENICAR 61
BENICAR HCT 61
BENLYSTA 119
BENZAMYCIN 74
benztropine 32
bepotastine besilate 131
BEPREVE 131
BERINERT 136
BESIVANCE 130
BESREMI 106
betaine 98
betamethasone dipropionate 78
betamethasone valerate 78
betamethasone, augmented 78
BETAPACE AF 60
BETASERON 106
betaxolol 61, 130
bethanechol chloride 143
BETHKIS 8
BETIMOL 130
BETOPTIC S 130
BEVESPI AEROSPHERE 136
bexarotene 15
BEXSERO 108
BEYAZ 127
bicalutamide 15
BICILLIN C-R 12
BICILLIN L-A 12
BIDIL 61
BIJUVA 124
BIKTARVY 2
BILTRICIDE 8
bimatoprost 132
BIMZELX 71
BIMZELX AUTOINJECTOR 71
BINOSTO 116
bismuth subcit k-metronidz-tcn 103
bisoprolol fumarate 61
bisoprolol-hydrochlorothiazide 61
BIVIGAM 108
blisovi 24 fe 127
blisovi fe 1.5/30 (28) 127
BONJESTA 98
BOOSTRIX TDAP 108
bosentan 136
BOSULIF 15
BRAFTOVI 15
BREO ELLIPTA 136
breyna 136
BREZTRI AEROSPHERE 136
briellyn 127
BRILINTA 66
brimonidine 74, 133
brimonidine-timolol 132
brinzolamide 132
BRIVIACT 26
bromfenac 132
bromocriptine 32
BROMSITE 132
BROVANA 136

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

This drug list was updated in August 2024.

BRUKINSA.....15
BRYHALI..... 78
budesonide..... 98, 136
budesonide-formoterol..... 136
bumetanide.....61
BUPHENYL.....81
buprenorphine hcl..... 39
buprenorphine transdermal patch.....39
buprenorphine-naloxone..... 43
bupropion hcl.....48
BUPROPION HCL..... 48
bupropion hcl (smoking deter).....84
buspirone.....48
butorphanol.....43
BUTRANS.....40
BYDUREON BCISE.....87
BYETTA.....87
BYLVAY..... 98
BYOOVIZ.....131
BYSTOLIC..... 61
cabergoline.....94
CABLIVI..... 66
CABOMETYX..... 15
CABTREO.....74
CADUET.....68
calcipotriene.....71
CALCIPOTRIENE.....71
calcipotriene-betamethasone...71
calcitonin (salmon)..... 94
calcitriol..... 71, 94
CALQUENCE.....15
CALQUENCE (ACALABRUTINIB MAL). 16
CAMBIA..... 43
camila..... 124
camrese lo..... 127
CAMZYOS.....70
CANASA.....98
CANCIDAS.....1
candesartan.....61
candesartan-hydrochlorothiazid.....61
CAPLYTA.....48
CAPRELSA.....16
captopril.....61
CARAC.....72
CARAFATE..... 103
CARBAGLU..... 81
carbamazepine.....26
CARBATROL..... 26
carbidopa..... 32
carbidopa-levodopa.....32
carbidopa-levodopa-entacapone..... 32
CARDIZEM.....62
CARDIZEM CD..... 62
CARDIZEM LA.....62
CARDURA..... 62
CARDURA XL..... 62
carglumic acid..... 81
CARNITOR..... 81
CAROSPIR.....62
carteolol..... 131
cartia xt..... 62
carvedilol.....62
carvedilol phosphate..... 62
CASODEX.....16
caspofungin..... 1
CAYSTON..... 8
cefaclor..... 6
cefadroxil.....6
cefazolin.....6
cefdinir.....6
cefepime.....6
cefixime..... 6
cefotetan..... 6
cefoxitin.....6
cefpodoxime.....6
cefprozil.....6
ceftazidime.....6, 7
ceftriaxone.....7
cefuroxime axetil..... 7
cefuroxime sodium..... 7
CELEBREX.....43
celecoxib..... 43
CELEXA.....48
CELLCEPT.....16
CELONTIN..... 26
cephalexin..... 7
CEQUA.....131
CEQUR SIMPLICITY..... 111
CEQUR SIMPLICITY INSERTER..... 111
CERDELGA.....94
cetirizine.....133
cevimeline.....81
CHEMET.....81
CHENODAL..... 98
chlorhexidine gluconate..... 85
chloroquine phosphate..... 8
chlorpromazine.....48
chlorthalidone.....62
CHOLBAM..... 98
cholestyramine (with sugar)...68
cholestyramine light.....68
CIALIS.....143
CIBINQO.....72
ciclopirox..... 76
cilostazol.....66
CILOXAN..... 130
CIMDUO.....2
cimetidine.....103
CIMZIA.....98
CIMZIA POWDER FOR RECONST..... 98
cinacalcet..... 94
CINRYZE.....136
CIPRO..... 13
CIPRO HC.....85
ciprofloxacin hcl..... 13, 130
ciprofloxacin in 5 % dextrose..13
ciprofloxacin-dexamethasone..85
CITALOPRAM..... 48
citalopram.....48
claravis.....74
CLARINEX.....133

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

This drug list was updated in August 2024.

CLARINEX-D 12 HOUR .. 133
clarithromycin 7
CLENPIQ 98
CLEOCIN 8, 126
CLEOCIN HCL 8
CLEOCIN PEDIATRIC 8
CLEOCIN T 74
CLIMARA 124
CLIMARA PRO 124
clindacin 74
clindacin etz 74
CLINDAGEL 74
clindamycin hcl 8
clindamycin in 5 % dextrose 8
clindamycin pediatric 8
clindamycin phosphate 8, 74, 75, 126
clindamycin-benzoyl peroxide . 75
clindamycin-tretinoin 75
CLINDESSE 126
CLINIMIX 5%/D15W SULFITE FREE 144
CLINIMIX 4.25%/D10W SULF FREE 144
CLINIMIX 4.25%/D5W SULFIT FREE 81
CLINIMIX 5%-D20W(SULFITE-FREE) 144
CLINIMIX E 2.75%/D5W SULF FREE 81
CLINIMIX E 4.25%/D10W SUL FREE 144
CLINIMIX E 4.25%/D5W SULF FREE 145
CLINIMIX E 5%/D15W SULFIT FREE 145
CLINIMIX E 5%/D20W SULFIT FREE 145
CLINISOL SF 15 % 145
clobazam 26
clobetasol 78
clobetasol-emollient 79
CLOBEX 79
clocortolone pivalate 79
clodan 79
clomipramine 48
clonazepam 27
clonidine 62
clonidine hcl 48, 62
CLONIDINE HCL 62
clopidogrel 66
clorazepate dipotassium 48, 49
clotrimazole 1, 76, 77
clotrimazole-betamethasone 77
clozapine 49
CLOZARIL 49
COARTEM 8
codeine sulfate 40
COLAZAL 98
colchicine 115
COLCRYS 115
colesevelam 68
COLESTID 68
colestipol 68
colistin (colistimethate na) 8
COMBIGAN 132
COMBIPATCH 124
COMBIVENT RESPIMAT 136
COMBIVIR 2
COMETRIQ 16
COMFORT EZ PRO SAFETY PEN NDL 111
COMPLERA 2
compro 98
COMTAN 32
CONCERTA 49
CONDYLOX 72
constulose 98
CONZIP 43
COPAXONE 35, 36
COPIKTRA 16
CORDRAN 79
CORDRAN TAPE LARGE ROLL 79
CORLANOR 70
CORTEF 85
CORTIFOAM 98
CORTROPHIN GEL 85
COSENTYX 71
COSENTYX (2 SYRINGES) 71
COSENTYX PEN (2 PENS) . 71
COSENTYX UNOREADY PEN 71
COSOPT 132
COSOPT (PF) 132
COTELLIC 16
COTEMPLA XR-ODT 49
COZAAR 62
CREON 98
CRESEMBA 1
CRESTOR 68
CRINONE 124
cromolyn 98, 131, 136
crotan 81
cryselle (28) 127
CUBICIN RF 8
CUPRIMINE 119
CUVPOSA 97
CUVRIOR 81
cyclobenzaprine 39
cyclophosphamide 16
CYCLOPHOSPHAMIDE 16
cycloserine 8
CYCLOSET 87
cyclosporine 16, 131
cyclosporine modified 16
CYLTEZO(CF) 119
CYLTEZO(CF) PEN 119
CYLTEZO(CF) PEN CROHN'S-UC-HS 119
CYLTEZO(CF) PEN PSORIASIS-UV 119
CYMBALTA 49
cyred eq 127
CYSTADANE 98
CYSTADROPS 131
CYSTAGON 143
CYSTARAN 131

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

This drug list was updated in August 2024.

CYTOMEL 97
CYTOTEC 103
d10 %-0.45 % sodium chloride 81
d2.5 %-0.45 % sodium chloride 81
d5 % and 0.9 % sodium chloride 82
d5 %-0.45 % sodium chloride .. 82
dabigatran etexilate 66
dalfampridine 36
DALIRESP 136
DALVANCE 8
danazol 94
DANTRIUM 39
dantrolene 39
DAPAGLIFLOZ PROPANED-METFORMIN 87, 88
DAPAGLIFLOZIN PROPANEDIOL 88
dapsone 8, 75
DAPTACEL (DTAP PEDIATRIC) (PF) 108
DAPTOMYCIN 9
daptomycin 9
DARAPRIM 9
darifenacin 142
darunavir 2
DAURISMO 16
DAYBUE 36
DAYPRO 43
DAYTRANA 49
DAYVIGO 49
DDAVP 94
deblitane 124
deferasirox 82
deferiprone 82
deflazacort 85
DELESTROGEN 124
DELSTRIGO 2
DELZICOL 99
demeclocycline 13
DEMSER 62
DENAVIR 78
DEPAKOTE 27
DEPAKOTE ER 27
DEPAKOTE SPRINKLES .. 27
DEPEN TITRATABS 119
DEPO-ESTRADIOL 124
DEPO-PROVERA 124, 125
DEPO-SUBQ PROVERA 104 125
DEPO-TESTOSTERONE 95
DERMA-SMOOTHE/FS SCALP OIL 79
DERMOTIC OIL 85
DESCOVY 2
desipramine 49
desloratadine 133
desmopressin 95
desog-e.estradiol/e.estradiol .. 127
desogestrel-ethinyl estradiol .. 127
desonide 79
DESOWEN 79
desoximetasone 79
DESVENLAFAXINE 49
desvenlafaxine succinate 49
DETROL 142
DETROL LA 142
dexabliss 85
dexamethasone 86
dexamethasone sodium phosphate 133
DEXEDRINE SPANSULE .. 49
DEXILANT 103
dexlansoprazole 103
dexmethylphenidate 49
dextroamphetamine sulfate 49
dextroamphetamine-amphetamine 49
dextrose 10 % and 0.2 % nacl . 82
dextrose 10 % in water (d10w) 82
dextrose 5 % in water (d5w) ... 82
dextrose 5%-0.2 % sod chloride 82
DHIVY 32
DIACOMIT 27
diazepam 27, 49
diazepam intensol 49
diazoxide 88
DIBENZYLINE 62
DICLEGIS 99
DICLOFENAC EPOLAMINE 43
diclofenac potassium 43
diclofenac sodium 43, 44, 72, 132
diclofenac-misoprostol 44
dicloxacillin 12
dicyclomine 97
DIFFERIN 75
DIFICID 7
diflorasone 79
DIFLUCAN 1
diflunisal 44
difluprednate 133
digoxin 70
dihydroergotamine 33
DILANTIN 30 MG 27
DILANTIN EXTENDED 100 MG 27
DILANTIN INFATABS 27
DILANTIN-125 27
DILAUDID 40
diltiazem hcl 62
dilt-xr 62
dimethyl fumarate 36
DIOVAN 62
DIOVAN HCT 62
DIPENTUM 99
diphenoxylate-atropine 97
DIPROLENE (AUGMENTED) 79
dipyridamole 66
disulfiram 82
DIURIL 62
divalproex 27
DIVIGEL 125
dofetilide 60

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

This drug list was updated in August 2024.

DOJOLVI....145
dolishale....127
donepezil....36
DOPTELET (10 TAB PACK)....66
DOPTELET (15 TAB PACK)....66
DOPTELET (30 TAB PACK)....66
DORYX MPC....13
dorzolamide....132
dorzolamide-timolol....132
dorzolamide-timolol (pf)....132
dotti....125
DOVATO....2
doxazosin....62
doxepin....49, 50, 72
doxercalciferol....95
doxy-100....13
doxycycline hyclate....13
DOXYCYCLINE HYCLATE....13
doxycycline monohydrate....13
doxylamine-pyridoxine (vit b6)....99
DRIZALMA SPRINKLE....50
dronabinol....99
DROPLET INSULIN SYR(HALF UNIT)....111
DROPLET INSULIN SYRINGE....111, 112
DROPLET MICRON PEN NEEDLE....112
DROPLET PEN NEEDLE....112
DROPSAFE ALCOHOL PREP PADS....88
DROPSAFE PEN NEEDLE....112
drospirenone-e.estradiol-lm.fa....127
*drospirenone-ethinyl estradiol*127
DROXIA....16
droxidopa....82
DUAKLIR PRESSAIR....136
DUAVEE....125
DUETACT....88
DULERA....136
duloxetine....50
DUOBRII....79
DUOPA....32
DUPIXENT PEN....72
DUPIXENT SYRINGE....73
DUREZOL....133
dutasteride....142
dutasteride-tamsulosin....143
DYANAVEL XR....50
DYMISTA....136
DYRENIUM....62
DYSPORT....108
e.e.s. 400....7
E.E.S. GRANULES....7
econazole....77
EDARBI....62
EDARBYCLOR....62
EDECRIN....62
EDURANT....2
efavirenz....2
efavirenz-emtricitabin-tenofov..2
efavirenz-lamivu-tenofov disop....2
EFFEXOR XR....50
EFFIENT....66
EFUDEX....73
EGRIFTA SV....106
electrolyte-148....145
ELESTRIN....125
eletriptan....33
ELFABRIO....95
ELIDEL....73
ELIGARD....16
ELIGARD (3 MONTH)....16
ELIGARD (4 MONTH)....16
ELIGARD (6 MONTH)....16
ELIQUIS....66
ELIQUIS DVT-PE TREAT 30D START....66
ELMIRON....143
eluryng....126
ELYXYB....33
EMEND....99
EMFLAZA....86
EMGALITY PEN....33
EMGALITY SYRINGE....33
EMSAM....50
emtricitabine....2
emtricitabine-tenofovir (tdf)....3
EMTRIVA....3
EMVERM....9
enalapril maleate....62
enalapril-hydrochlorothiazide..63
ENBREL....119
ENBREL MINI....119
ENBREL SURECLICK....119
ENDARI....82
endocet....40
ENGERIX-B (PF)....108
ENGERIX-B PEDIATRIC (PF)....108
enilloring....126
enoxaparin....66
enpresse....127
enskyce....127
ENSPRYNG....16
ENSTILAR....71
entacapone....32
ENTADFI....143
entecavir....3
ENTRESTO....70
ENTYVIO PEN....99
enulose....99
ENVARSUS XR....16
EPCLUSA....3
EPIDIOLEX....27
EPIDUO....75
EPIDUO FORTE....75
epinastine....131
EPINEPHRINE....134
epinephrine....134
EPIPEN 2-PAK....134

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

This drug list was updated in August 2024.

EPIPEN JR 2-PAK 134
epitol 27
EPIVIR 3
eplerenone 63
EPOGEN 106
EPRONTIA 27
EPSOLAY 75
EPZICOM 3
EQUETRO 27
ERAXIS(WATER DILUENT) 1
ergoloid 50
ergotamine-caffeine 33
ERIVEDGE 17
ERLEADA 17
erlotinib 17
ERMEZA 97
errin 125
ERTACZO 77
ertapenem 9
ery pads 75
erygel 75
ERYPED 200 7
ERYPED 400 7
ery-tab 7
ERY-TAB 7
ERYTHROCIN 7
erythrocin (as stearate) 7
erythromycin 8, 130
erythromycin ethylsuccinate ..7, 8
erythromycin with ethanol 75
erythromycin-benzoyl peroxide 75
ESBRIET 136
escitalopram oxalate 50
esomeprazole magnesium 103
estarylla 127
ESTRACE 125
estradiol 125
estradiol valerate 125
estradiol-norethindrone acet ..125
ESTRING 125
eszopiclone 50
ethacrynic acid 63
ethambutol 9
ethosuximide 27
ethynodiol diac-eth estradiol . 127
etodolac 44
etonogestrel-ethinyl estradiol 126
etravirine 3
EUCRISA 73
euthyrox 97
EVAMIST 125
EVEKEO 50
EVENITY 116
everolimus (antineoplastic) 17
everolimus (immunosuppressive) 17
EVISTA 116
EVOTAZ 3
EVOXAC 82
EVRYSDI 36
EXELON PATCH 36
exemestane 17
EXFORGE 63
EXFORGE HCT 63
EXJADE 82
EXSERVAN 82
EYSUVIS 133
EZALLOR SPRINKLE 68
ezetimibe 68
ezetimibe-simvastatin 68
FABHALTA 82
FABIOR 75
falmina (28) 127
famciclovir 3
famotidine 103
FANAPT 50
FARESTON 17
FARXIGA 88
FASENRA 137
FASENRA PEN 136
febuxostat 115
felbamate 27
FELBATOL 27
felodipine 63
FEMARA 17
FEMRING 125
FENOFIBRATE 68
fenofibrate 68
fenofibrate micronized 68
fenofibrate nanocrystallized 68
fenofibric acid (choline) 68
FENOGLIDE 68
fenoprofen 44
fentanyl 40
fentanyl citrate 40
FENTANYL CITRATE 40
FENTORA 40
FERRIPROX 82
FERRIPROX (2 TIMES A DAY) 82
fesoterodine 142
FETZIMA 50
FEXMID 39
FIASP FLEXTOUCH U-100 INSULIN 88
FIASP PENFILL U-100 INSULIN 88
FIASP U-100 INSULIN 88
FILSPARI 70
FILSUVEZ 73
FINACEA 75
finasteride 143
fingolimod 36
FINTEPLA 27
finzala 127
FIRAZYR 137
FIRDAPSE 36
FIRMAGON KIT W DILUENT SYRINGE 17
FIRVANQ 9
flac otic oil 85
FLAGYL 9
flavoxate 142
flecainide 60
FLECTOR 44
FLEQSUVY 39
FLOLIPID 68

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

This drug list was updated in August 2024.

FLOMAX 143
fluconazole 1
fluconazole in nacl (iso-osm) 1
flucytosine 1
fludrocortisone 86
flunisolide 137
fluocinolone 79
fluocinolone acetonide oil 85
fluocinolone and shower cap 79
fluocinonide 79
fluocinonide-emollient 79
fluoride (sodium) 145
fluorometholone 133
FLUOROURACIL 73
fluorouracil 73
fluoxetine 50, 51
fluoxetine (pmdd) 50
fluphenazine decanoate 51
fluphenazine hcl 51
flurandrenolide 79
flurbiprofen 44
flurbiprofen sodium 132
FLUTICASONE FUROATE-VILANTEROL 137
fluticasone propionate 79, 137
FLUTICASONE PROPIONATE 137
FLUTICASONE PROPION-SALMETEROL 137
fluticasone propion-salmeterol 137
fluvastatin 68
fluvoxamine 51
FML FORTE 133
FML LIQUIFILM 133
FOCALIN 51
FOCALIN XR 51
fondaparinux 66
FORFIVO XL 51
formoterol fumarate 137
FORTEO 116
FOSAMAX 116
FOSAMAX PLUS D 116
fosamprenavir 3
fosfomycin tromethamine 14
fosinopril 63
fosinopril-hydrochlorothiazide 63
FOTIVDA 17
FRAGMIN 66, 67
FROVA 33
frovatriptan 33
FRUZAQLA 17
FULPHILA 106
FUROSCIX 63
furosemide 63
FUZEON 3
fyavolv 125
FYCOMPA 27
FYLNETRA 106
gabapentin 27, 28
GALAFOLD 95
galantamine 36
GAMMAGARD LIQUID 108
GAMMAGARD S-D (IGA < 1 MCG/ML) 108
GAMMAKED 108
GAMMAPLEX 108
GAMMAPLEX (WITH SORBITOL) 109
GAMUNEX-C 109
GARDASIL 9 (PF) 109
GASTROCROM 99
gatifloxacin 130
GATTEX 30-VIAL 99
GAUZE PAD 112
gavilyte-c 99
gavilyte-g 99
GAVRETO 17
gefitinib 17
gemfibrozil 68
gemmily 127
GEMTESA 142
generlac 99
gengraf 17
GENOTROPIN 106
GENOTROPIN MINIQUICK 106
gentamicin 9, 76, 130
gentamicin in nacl (iso-osm) 9
GENVOYA 3
GEODON 51
GILENYA 36
GILOTRIF 18
GIMOTI 99
GLASSIA 82
glatiramer 36
glatopa 36
GLEEVEC 18
GLEOSTINE 18
glimepiride 88
glipizide 88
GLIPIZIDE 88
glipizide-metformin 88
GLOPERBA 115
GLUCAGON EMERGENCY KIT (HUMAN) 88
GLUCOTROL XL 89
GLUMETZA 89
GLYCATE 97
glycopyrrolate 97
GLYXAMBI 89
GOCOVRI 32
GOLYTELY 99
GRALISE 28
granisetron hcl 99
GRANIX 106
GRASTEK 109
griseofulvin microsize 1
griseofulvin ultramicrosize 1
GVOKE 89
GVOKE HYPOPEN 2-PACK 89
GVOKE PFS 1-PACK SYRINGE 89
GYNAZOLE-1 126
HADLIMA 119
HADLIMA PUSHTOUCH 119

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

This drug list was updated in August 2024.

HADLIMA(CF)....120
HADLIMA(CF) PUSHTOUCH....120
HAEGARDA....138
hailey 24 fe....127
halcinonide....79
HALDOL DECANOATE....51
halobetasol propionate....80
haloette....126
HALOG....80
haloperidol....51
haloperidol decanoate....51
haloperidol lactate....51
HARVONI....3
HAVRIX (PF)....109
heather....125
HEMADY....86
heparin (porcine)....67
HEPLISAV-B (PF)....109
HETLIOZ....51
HETLIOZ LQ....52
HIBERIX (PF)....109
HIPREX....14
HORIZANT....36
HULIO(CF)....120
HULIO(CF) PEN....120
HUMALOG JUNIOR KWIKPEN U-100....89
HUMALOG KWIKPEN INSULIN....89
HUMALOG MIX 50-50 KWIKPEN....89
HUMALOG MIX 75-25 KWIKPEN....89
HUMALOG MIX 75-25(U-100)INSULN....89
HUMALOG TEMPO PEN(U-100)INSULN....89
HUMALOG U-100 INSULIN....89
HUMATIN....9
HUMATROPE....106
HUMIRA (PREFERRED NDCS STARTING WITH 00074)....120
HUMIRA PEN (PREFERRED NDCS STARTING WITH 00074)....120
HUMIRA(CF) (PREFERRED NDCS STARTING WITH 00074)....120
HUMIRA(CF) PEN (PREFERRED NDCS STARTING WITH 00074)....120
HUMIRA(CF) PEN CROHNS-UC-HS (PREFERRED NDCS STARTING WITH 00074)....121
HUMIRA(CF) PEN PEDIATRIC UC (PREFERRED NDCS STARTING WITH 00074)....121
HUMIRA(CF) PEN PSOR-UV-ADOL HS (PREFERRED NDCS STARTING WITH 00074)....121
HUMULIN 70/30 U-100 INSULIN....89
HUMULIN 70/30 U-100 KWIKPEN....89
HUMULIN N NPH INSULIN KWIKPEN....89
HUMULIN N NPH U-100 INSULIN....89
HUMULIN R REGULAR U-100 INSULN....89
HUMULIN R U-500 (CONC) INSULIN....89
HUMULIN R U-500 (CONC) KWIKPEN....89
hydralazine....63
HYDREA....18
hydrochlorothiazide....63
hydrocodone bitartrate....40
hydrocodone-acetaminophen....40
hydrocodone-ibuprofen....40
hydrocortisone....80, 86, 99
hydrocortisone butyrate....80
hydrocortisone valerate....80
hydrocortisone-acetic acid....85
hydrocortisone-pramoxine....99
hydromorphone....41
hydromorphone (pf)....41
hydroxychloroquine....9
hydroxyurea....18
hydroxyzine hcl....134
HYFTOR....73
HYRIMOZ (PREFERRED NDCS STARTING WITH 61314)....121
HYRIMOZ PEN (PREFERRED NDCS STARTING WITH 61314)....121
HYRIMOZ PEN CROHN'S-UC STARTER (PREFERRED NDCS STARTING WITH 61314)....121
HYRIMOZ PEN PSORIASIS STARTER (PREFERRED NDCS STARTING WITH 61314)....121
HYRIMOZ(CF) (PREFERRED NDCS STARTING WITH 61314)....121
HYRIMOZ(CF) PEDI CROHN STARTER (PREFERRED NDCS STARTING WITH 61314)....122
HYRIMOZ(CF) PEN (PREFERRED NDCS STARTING WITH 61314)....122
HYSINGLA ER....41
HYZAAR....63
ibandronate....116
IBRANCE....18
IBSRELA....99
ibu....44
ibuprofen....44

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

This drug list was updated in August 2024.

ibuprofen-famotidine 44
icatibant 138
iclevia 127
ICLUSIG 18
icosapent ethyl 68
IDACIO(CF) 122
IDACIO(CF) PEN 122
IDACIO(CF) PEN CROHN-UC STARTR 122
IDACIO(CF) PEN PSORIASIS START 122
IDHIFA 18
ILEVRO 132
ILUMYA 71
imatinib 18
IMBRUVICA 18
imipenem-cilastatin 9
imipramine hcl 52
imipramine pamoate 52
imiquimod 73
IMITREX 33
IMITREX STATDOSE PEN 33
IMITREX STATDOSE REFILL 34
IMOVAX RABIES VACCINE (PF) 109
IMPAVIDO 9
IMURAN 18
IMVEXXY MAINTENANCE PACK ... 125
IMVEXXY STARTER PACK 125
INBRIJA 32
incassia 125
INCRELEX 82
INCRUSE ELLIPTA 138
indapamide 63
INDERAL LA 63
INDOCIN 44
indomethacin 44
INFANRIX (DTAP) (PF) ... 109
INFLECTRA 99
INGREZZA 36
INGREZZA INITIATION PK(TARDIV) 36
INGREZZA SPRINKLE 36
INLYTA 18
INNOPRAN XL 63
INPEFA 90
INPEN (FOR HUMALOG) BLUE 112
INPEN (FOR HUMALOG) GREY 112
INPEN (FOR HUMALOG) PINK 112
INPEN (NOVOLOG OR FIASP) BLUE 112
INPEN (NOVOLOG OR FIASP) GREY 112
INPEN (NOVOLOG OR FIASP) PINK 112
INQOVI 18
INREBIC 18
INSPRA 63
INSULIN ASP PRT-INSULIN ASPART 90
INSULIN ASPART U-100 ... 90
INSULIN DEGLUDEC 90
INSULIN GLARGINE U-300 CONC 90
INSULIN GLARGINE-YFGN 90
INSULIN LISPRO 90
INSULIN LISPRO PROTAMIN-LISPRO 90
INSULIN SYRINGE-NEEDLE U-100 112
INTELENCE 3
intralipid 145
INTRALIPID 145
INTRAROSA 126
introvale 127
INVANZ 9
INVEGA 52
INVEGA HAFYERA 52
INVEGA SUSTENNA 52
INVEGA TRINZA 52
INVELTYS 133
INVOKAMET 90
INVOKAMET XR 90
INVOKANA 90
IOPIDINE 133
IPOL 109
ipratropium bromide 85, 138
ipratropium-albuterol 138
irbesartan 63
irbesartan-hydrochlorothiazide 63
IRESSA 18
ISENTRESS 3
ISENTRESS HD 3
isibloom 127
ISOLYTE S PH 7.4 145
ISOLYTE-P IN 5 % DEXTROSE 145
isoniazid 9
ISORDIL 70
ISORDIL TITRADOSE 70
isosorbide dinitrate 70
isosorbide mononitrate 70
isosorbide-hydralazine 63
isotretinoin 75
isradipine 63
ISTALOL 131
ISTURISA 95
itraconazole 1
ivermectin 9, 75
IWILFIN 18
IXCHIQ (PF) 109
IXIARO (PF) 109
IYUZEH (PF) 132
JADENU 82
JADENU SPRINKLE 82
JAKAFI 18
jantoven 67
JANUMET 90
JANUMET XR 90
JANUVIA 90

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

This drug list was updated in August 2024.

JARDIANCE....90
jasmiel (28).... 127
JATENZO....95
javygtor....95
JAYPIRCA.... 18, 19
JENTADUETO.... 90
JENTADUETO XR.... 90
jinteli....125
JOENJA....82
JORNAY PM....52
joyeaux.... 127
JUBLIA....77
juleber.... 127
JULUCA....3
junel 1.5/30 (21)....127
junel 1/20 (21).... 128
junel fe 1.5/30 (28)....128
junel fe 1/20 (28)....128
junel fe 24....128
JUXTAPID....68
JYLAMVO.... 19
JYNARQUE....95
JYNNEOS (PF)....109
kaitlib fe....128
KALETRA.... 4
KALYDECO.... 138
KANJINTI.... 19
KAPSPARGO SPRINKLE..63
kariva (28)....128
KATERZIA....63
KAZANO.... 91
kelnor 1/35 (28)....128
kelnor 1-50 (28)....128
KENALOG....80
KEPPRA....28
KEPPRA XR.... 28
KERENDIA.... 63
KESIMPTA PEN....36
ketoconazole....1, 77
ketodan.... 77
ketoprofen....44
ketorolac.... 132
KEVEYIS.... 37
KEVZARA.... 122
KINERET....122
KINRIX (PF)....109
kionex (with sorbitol).... 82
KISQALI.... 19
KISQALI FEMARA CO-PACK....19
KITABIS PAK.... 9
KLARON.... 76
KLISYRI.... 19
KLONOPIN.... 28
klor-con 10.... 143
klor-con 8....143
klor-con m10.... 143
klor-con m15.... 143
klor-con m20.... 143
klor-con oral packet 20.... 143
KLOXXADO....44
KONVOMEP....103
KORLYM....95
KOSELUGO....19
kourzeq.... 85
KRAZATI.... 19
KRINTAFEL.... 9
KRISTALOSE....99
kurvelo (28)....128
KUVAN....95
KYLEENA.... 126
l norgestle.estradiol-e.estrad. 128
labetalol.... 63
lacosamide.... 28
LACRISERT.... 131
lactulose....99
LAMICTAL....28
LAMICTAL ODT.... 28
LAMICTAL STARTER (BLUE) KIT....28
LAMICTAL STARTER (GREEN) KIT.... 28
LAMICTAL STARTER (ORANGE) KIT....28
LAMICTAL XR....28
LAMICTAL XR STARTER (BLUE).... 28
LAMICTAL XR STARTER (GREEN).... 28
LAMICTAL XR STARTER (ORANGE)....28
lamivudine....4
lamivudine-zidovudine.... 4
lamotrigine....28
LAMPIT.... 9
LANOXIN....70
lansoprazole.... 103
LANTUS SOLOSTAR U-100 INSULIN.... 91
LANTUS U-100 INSULIN.. 91
lapatinib....19
larin 1.5/30 (21)....128
larin 1/20 (21)....128
larin fe 1.5/30 (28)....128
larin fe 1/20 (28)....128
LASIX....63
latanoprost.... 132
LATUDA....53
layolis fe....128
LEDIPASVIR-SOFOSBUVIR....4
leflunomide....122
lenalidomide....19
LENVIMA....19
LESCOL XL.... 69
lessina.... 128
LETAIRIS....138
letrozole.... 19
leucovorin calcium.... 14
LEUKERAN.... 19
LEUKINE....106
leuprolide.... 19
LEUPROLIDE (3 MONTH).... 19
levalbuterol hcl.... 138
LEVALBUTEROL TARTRATE.... 138
levetiracetam....28

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

This drug list was updated in August 2024.

levobunolol 131
levocarnitine 82
levocarnitine (with sugar) 82
levocetirizine 134
levofloxacin 13, 130
levofloxacin in d5w 13
levonest (28) 128
levonorgestrel-ethinyl estrad . 128
levonorg-eth estrad triphasic . 128
levora-28 128
levorphanol tartrate 41
LEVOTHYROXINE 97
levothyroxine 97
levoxyl 97
LEXAPRO 53
LEXETTE 80
LEXIVA 4
LIALDA 99
LIBERVANT 28
LICART 44
lidocaine 73
lidocaine hcl 73
lidocaine viscous 73
lidocaine-prilocaine 73
lidocan iii 73
LILETTA 126
linezolid 9
linezolid in dextrose 5% 9
LINZESS 99
liothyronine 97
LIPITOR 69
LIPOFEN 69
LIQREV 138
lisdexamfetamine 53
lisinopril 63
lisinopril-hydrochlorothiazide . 63
LITFULO 82
lithium carbonate 53
lithium citrate 53
LITHOBID 53
LITHOSTAT 82
LIVALO 69
LIVMARLI 99
LIVTENCITY 4
LO LOESTRIN FE 128
LOCOID 80
LOCOID LIPOCREAM 80
LODINE 44
LODOCO 70
LODOSYN 32
LOESTRIN 1.5/30 (21) 128
LOESTRIN 1/20 (21) 128
LOESTRIN FE 1.5/30 (28-DAY) 128
LOESTRIN FE 1/20 (28-DAY) 128
lofena 44
LOKELMA 82
LOMOTIL 97
LONSURF 20
loperamide 97
LOPID 69
lopinavir-ritonavir 4
LOPRESSOR 63
LOPROX 77
lorazepam 53
lorazepam intensol 53
LORBRENA 20
LOREEV XR 53
loryna (28) 128
losartan 63
losartan-hydrochlorothiazide .. 63
LOTEMAX 133
LOTEMAX SM 133
LOTENSIN 63
loteprednol etabonate 133
LOTREL 63
LOTRONEX 99
lovastatin 69
LOVAZA 69
LOVENOX 67
low-ogestrel (28) 128
loxapine succinate 53
lubiprostone 99
LUCEMYRA 44
LULICONAZOLE 77
LUMAKRAS 20
LUMIGAN 132
LUMRYZ 53
LUPKYNIS 20
LUPRON DEPOT 20
LUPRON DEPOT (3 MONTH) 20
LUPRON DEPOT (4 MONTH) 20
LUPRON DEPOT (6 MONTH) 20
LUPRON DEPOT-PED 20
LUPRON DEPOT-PED (3 MONTH) 20
lurasidone 53
lutera (28) 128
LUZU 77
LYBALVI 53
lyleq 126
lyllana 126
LYNPARZA 20
LYRICA 29
LYRICA CR 29
LYSODREN 20
LYTGOBI 20
LYUMJEV KWIKPEN U-100 INSULIN 91
LYUMJEV KWIKPEN U-200 INSULIN 91
LYUMJEV TEMPO PEN(U-100)INSULN 91
LYUMJEV U-100 INSULIN 91
LYVISPAH 39
lyza 126
MACROBID 14
MACRODANTIN 14
magnesium sulfate 143
MALARONE 9
MALARONE PEDIATRIC ... 9
malathion 81
maraviroc 4
MARINOL 99

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

This drug list was updated in August 2024.

marlissa (28) 128
MARPLAN 53
MATULANE 20
matzim la 63
MAVENCLAD (10 TABLET PACK) 37
MAVENCLAD (4 TABLET PACK) 37
MAVENCLAD (5 TABLET PACK) 37
MAVENCLAD (6 TABLET PACK) 37
MAVENCLAD (7 TABLET PACK) 37
MAVENCLAD (8 TABLET PACK) 37
MAVENCLAD (9 TABLET PACK) 37
MAVYRET 4
MAXALT 34
MAXALT-MLT 34
MAXIDEX 133
MAXITROL 132
MAYZENT 37
MAYZENT STARTER(FOR 1MG MAINT) 37
MAYZENT STARTER(FOR 2MG MAINT) 37
meclizine 99
meclofenamate 44
MEDROL 86
MEDROL (PAK) 86
medroxyprogesterone 126
mefenamic acid 44
mefloquine 9
megestrol 20
MEKINIST 20, 21
MEKTOVI 21
meloxicam 44
meloxicam submicronized 44
memantine 37
MEMANTINE 37
MENACTRA (PF) 109
MENEST 126
MENOSTAR 126
MENQUADFI (PF) 109
MENVEO A-C-Y-W-135-DIP (PF) 109
MEPRON 9
mercaptopurine 21
meropenem 9
merzee 128
mesalamine 100
MESNEX 14
MESTINON 39
MESTINON TIMESPAN 39
METADATE CD 53
metformin 91
METFORMIN 91
methadone 41
methamphetamine 53
methazolamide 132
methenamine hippurate 14
methimazole 86
METHITEST 95
methotrexate sodium 21
methotrexate sodium (pf) 21
methoxsalen 73
methscopolamine 97
methsuximide 29
METHYLIN 53
methylphenidate 53
methylphenidate hcl 53, 54
METHYLPHENIDATE HCL 54
methylprednisolone 86
methyltestosterone 95
metoclopramide hcl 100
metolazone 63
metoprolol succinate 63
metoprolol ta-hydrochlorothiaz 63
metoprolol tartrate 63
METROCREAM 75
METROGEL 75
METROLOTION 75
metronidazole 9, 75, 126
metronidazole in nacl (iso-os) 9
metyrosine 63
mexiletine 60
mibelas 24 fe 128
micafungin 1
MICARDIS HCT 64
miconazole-3 126
microgestin 1.5/30 (21) 128
microgestin 1/20 (21) 128
microgestin 24 fe 128
microgestin fe 1.5/30 (28) 128
microgestin fe 1/20 (28) 129
midodrine 82
MIEBO (PF) 131
mifepristone 95
migergot 34
miglitol 91
miglustat 95
MIGRANAL 34
mili 129
mimvey 126
MINIVELLE 126
minocycline 13, 14
minoxidil 64
mirabegron 142
MIRENA 126
mirtazapine 54
MIRVASO 75
misoprostol 103
MITIGARE 115
M-M-R II (PF) 109
modafinil 54
moexipril 64
molindone 54
mometasone 80, 138
montelukast 138
morphine 41
morphine concentrate 41
MOTEGRITY 100
MOTOFEN 97

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

This drug list was updated in August 2024.

MOTPOLY XR 29
MOUNJARO 91
MOVANTIK 100
MOVIPREP 100
moxifloxacin 13, 130
moxifloxacin-sod.chloride(iso) 13
MS CONTIN 41
MULPLETA 67
MULTAQ 60
mupirocin 76
mupirocin calcium 76
MVASI 21
MYALEPT 95
MYAMBUTOL 9
MYCAMINE 1
MYCAPSSA 21
MYCOBUTIN 9
mycophenolate mofetil 21
mycophenolate sodium 21
MYDAYIS 54
MYFEMBREE 126
MYFORTIC 21
MYHIBBIN 21
MYRBETRIQ 142
MYSOLINE 29
MYTESI 97
nabumetone 44
nadolol 64
nafcillin 12
naftifine 77
NAFTIN 77
NALFON 44
NALOCET 42
naloxone 44
naltrexone 44
NAMENDA TITRATION PAK 37
NAMENDA XR 37
NAMZARIC 37, 38
NAPRELAN CR 44, 45
NAPROSYN 45
naproxen 45
naproxen sodium 45
naproxen-esomeprazole 45
naratriptan 34
NARDIL 54
NATACYN 130
NATAZIA 129
nateglinide 92
NATROBA 81
NAYZILAM 29
nebivolol 64
NEBUPENT 10
necon 0.5/35 (28) 129
nefazodone 54
neomycin 10
neomycin-bacitracin-poly-hc 132
neomycin-bacitracin-polymyxin 130
neomycin-polymyxin b-dexameth 132
neomycin-polymyxin-gramicidin 130
neomycin-polymyxin-hc 85, 133
neo-polycin 130
neo-polycin hc 133
NEORAL 21
NEO-SYNALAR 76
NERLYNX 21
NESINA 92
neuac 75
NEULASTA 106
NEULASTA ONPRO 106
NEUPOGEN 106
NEUPRO 32
NEURONTIN 29
NEVANAC 132
nevirapine 4
NEXAVAR 21
NEXICLON XR 64
NEXIUM 103
NEXIUM PACKET 104
NEXLETOL 69
NEXLIZET 69
NEXPLANON 126
NEXTSTELLIS 129
NGENLA 106
niacin 69
NIACOR 69
nicardipine 64
NICOTROL 84
NICOTROL NS 84
nifedipine 64
nikki (28) 129
NILANDRON 21
nilutamide 21
nimodipine 64
NINLARO 21
nisoldipine 64
nitazoxanide 10
nitisinone 82
nitro-bid 70
NITRO-DUR 70
nitrofurantoin 14
NITROFURANTOIN 14
nitrofurantoin macrocrystal 14
nitrofurantoin monohyd/m-cryst 14
nitroglycerin 70, 100
NITROLINGUAL 70
NITROSTAT 71
NITYR 82
NIVESTYM 106
nizatidine 104
nora-be 126
NORDITROPIN FLEXPRO 107
norelgestromin-ethin.estradiol 126
noreth-ethinyl estradiol-iron 129
norethindrone (contraceptive) 126
norethindrone acetate 126
norethindrone ac-eth estradiol 126, 129
norethindrone-e.estradiol-iron 129

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

This drug list was updated in August 2024.

norgestimate-ethinyl estradiol 129
NORITATE 75
NORLIQVA 64
NORPRAMIN 54
NORTHERA 82
nortrel 0.5/35 (28) 129
nortrel 1/35 (21) 129
nortrel 1/35 (28) 129
nortrel 7/7/7 (28) 129
nortriptyline 54
NORVASC 64
NORVIR 4
NOURIANZ 32
NOVO PEN NEEDLE 112
NOVOLIN 70/30 U-100 INSULIN 92
NOVOLIN 70-30 FLEXPEN U-100 92
NOVOLIN N FLEXPEN 92
NOVOLIN N NPH U-100 INSULIN 92
NOVOLIN R FLEXPEN 92
NOVOLIN R REGULAR U100 INSULIN 92
NOVOLOG FLEXPEN U-100 INSULIN 92
NOVOLOG MIX 70-30 U-100 INSULN 92
NOVOLOG MIX 70-30FLEXPEN U-100 92
NOVOLOG PENFILL U-100 INSULIN 92
NOVOLOG U-100 INSULIN ASPART 92
NOXAFIL 1, 2
NUBEQA 21
NUCALA 138
NUCYNTA 45
NUCYNTA ER 45
NUEDEXTA 38
NUPLAZID 54
NURTEC ODT 34
NUTRILIPID 145
NUTROPIN AQ NUSPIN 107
NUVARING 126
NUVIGIL 54
NUZYRA 14
nyamyc 77
nylia 1/35 (28) 129
nylia 7/7/7 (28) 129
NYMALIZE 64
nymyo 129
nystatin 2, 77
nystatin-triamcinolone 77
nystop 77
NYVEPRIA 107
OCALIVA 100
ocella 129
OCTAGAM 109
octreotide acetate 21
OCUFLOX 130
ODACTRA 109
ODEFSEY 4
ODOMZO 21
OFEV 138
ofloxacin 13, 85, 130
OGSIVEO 21
OJEMDA 21, 22
OJJAARA 22
olanzapine 54
olanzapine-fluoxetine 54
olmesartan 64
olmesartan-amlodipin-hcthiazid 64
olmesartan-hydrochlorothiazide 64
olopatadine 85
OLPRUVA 82
OLUMIANT 122
OMECLAMOX-PAK 104
omega-3 acid ethyl esters 69
omeprazole 104
omeprazole-sodium bicarbonate 104
OMNARIS 138
OMNIPOD 5 G6 INTRO KIT (GEN 5) 113
OMNIPOD 5 G6 PODS (GEN 5) 113
OMNIPOD 5 G6-G7 INTRO KT(GEN5) 113
OMNIPOD 5 G6-G7 PODS (GEN 5) 113
OMNIPOD DASH INTRO KIT (GEN 4) 113
OMNIPOD DASH PODS (GEN 4) 113
OMNIPOD GO PODS 113
OMNIPOD GO PODS 10 UNITS/DAY 113
OMNIPOD GO PODS 15 UNITS/DAY 113
OMNIPOD GO PODS 20 UNITS/DAY 113
OMNIPOD GO PODS 25 UNITS/DAY 113
OMNIPOD GO PODS 30 UNITS/DAY 113
OMNIPOD GO PODS 40 UNITS/DAY 113
OMNITROPE 107
OMVOH 100
OMVOH PEN 100
ondansetron 100
ondansetron hcl 100
ONEXTON 75
ONFI 29
ONGENTYS 32
ONTRUZANT 22
ONUREG 22
ONZETRA XSAIL 34
OPSUMIT 138
OPSYNVI 138
OPVEE 45
OPZELURA 73
ORACEA 14
ORAPRED ODT 86
ORENCIA 123

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

This drug list was updated in August 2024.

ORENCIA CLICKJECT 122
ORENITRAM 64
ORENITRAM MONTH 1 TITRATION KT 64
ORENITRAM MONTH 2 TITRATION KT 64
ORENITRAM MONTH 3 TITRATION KT 64
ORFADIN 82
ORGOVYX 22
ORIAHNN 127
ORILISSA 95
ORKAMBI 138
ORLADEYO 138
ormalvi 38
ORSERDU 22
oseltamivir 4
OSENI 92
OSMOLEX ER 32
OSPHENA 127
OTEZLA 123
OTEZLA STARTER 123
OTREXUP (PF) 123
OVIDE 81
oxacillin 12
oxacillin in dextrose (iso-osm) 12
oxaprozin 45
OXBRYTA 83
oxcarbazepine 29
OXERVATE 131
oxiconazole 77
OXISTAT 77
OXTELLAR XR 29
oxybutynin chloride 142
oxycodone 42
OXYCODONE 42
oxycodone-acetaminophen 42
OXYCONTIN 42
oxymorphone 42
OXYTROL 142
OZEMPIC 92
OZOBAX DS 39
pacerone 61
paliperidone 54
PALYNZIQ 95
PAMELOR 54
PANCREAZE 100
PANDEL 80
PANRETIN 73
pantoprazole 104
PANZYGA 109
paricalcitol 95
PARLODEL 32
PARNATE 54
paroxetine hcl 54, 55
paroxetine mesylate (menop.sym.) 55
PAXIL 55
PAXIL CR 55
PAXLOVID 4
pazopanib 22
PEDIARIX (PF) 109
PEDVAX HIB (PF) 109
peg 3350-electrolytes 100
peg3350-sod sul-nacl-kcl-asb-c 100
PEGASYS 107
peg-electrolyte 100
PEMAZYRE 22
PEN NEEDLE, DIABETIC 113
PEN NEEDLES (NON-PREFERRED BRANDS) .. 113
PENBRAYA (PF) 109
penciclovir 78
penicillamine 123
PENICILLIN G POT IN DEXTROSE 12
penicillin g potassium 12
penicillin g sodium 12
penicillin v potassium 12
PENNSAID 45
PENTACEL (PF) 109
PENTAM 10
pentamidine 10
PENTASA 101
pentoxifylline 67
PEPCID 104
PERCOCET 42
PERFOROMIST 138
perindopril erbumine 64
periogard 85
permethrin 81
perphenazine 55
PERSERIS 55
PERTZYE 101
PHEBURANE 83
phenelzine 55
phenobarbital 29
phenoxybenzamine 64
PHENYTEK 29
phenytoin 29, 30
phenytoin sodium extended 30
PHEXXI 127
PHOSPHOLINE IODIDE .. 131
PIFELTRO 4
pilocarpine hcl 83, 131
pimecrolimus 73
pimozide 55
pimtrea (28) 129
pindolol 64
pioglitazone 92
pioglitazone-glimepiride 92
pioglitazone-metformin 92
piperacillin-tazobactam 12
PIQRAY 22
pirfenidone 138, 139
PIRFENIDONE 139
piroxicam 45
pitavastatin calcium 69
PLAQUENIL 10
PLASMA-LYTE 148 145
PLASMA-LYTE A 145
PLAVIX 67
PLEGRIDY 107
PLENAMINE 145
PLENVU 101
PLIAGLIS 73
podofilox 73
polycin 130

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

This drug list was updated in August 2024.

polymyxin b sulfate 10
polymyxin b sulf-trimethoprim 130
POMALYST 22
PONVORY 38
PONVORY 14-DAY STARTER PACK 38
portia 28 129
posaconazole 2
potassium chlorid-d5-0.45%nacl 143
potassium chloride 144
potassium chloride in 0.9%nacl 143
potassium chloride in 5 % dex 144
potassium chloride in lr-d5 144
potassium chloride in water ... 144
potassium chloride-0.45 % nacl 144
potassium chloride-d5-0.2%nacl 144
potassium chloride-d5-0.9%nacl 144
potassium citrate 143
PRADAXA 67
PRALUENT PEN 69
pramipexole 32
prasugrel 67
pravastatin 69
praziquantel 10
prazosin 64
PRED FORTE 133
PRED MILD 133
prednisolone 86
prednisolone acetate 133
prednisolone sodium phosphate 86, 133
prednisone 86
prednisone intensol 86
pregabalin 30
PREHEVBRIO (PF) 109
PREMARIN 126
premasol 10 % 145
PREMPHASE 126
PREMPRO 126
prenatal vitamin oral tablet ... 145
PRETOMANID 10
PREVACID 104
PREVACID SOLUTAB 104
prevalite 69
PREVYMIS 4
PREZCOBIX 4
PREZISTA 4
PRIFTIN 10
PRILOSEC 104
PRIMAQUINE 10
PRIMAXIN IV 10
PRIMIDONE 30
primidone 30
PRIORIX (PF) 109
PRISTIQ 55
PRIVIGEN 109
PROAIR DIGIHALER 139
PROAIR RESPICLICK 139
probenecid 115
probenecid-colchicine 115
PROCARDIA XL 64
procentra 55
prochlorperazine 101
prochlorperazine maleate 101
PROCRIT 107
PROCTOFOAM HC 101
procto-med hc 101
proctosol hc 101
proctozone-hc 101
PROCYSBI 143
progesterone micronized 126
PROGLYCEM 92
PROGRAF 22
PROLASTIN-C 83
PROLATE 42
prolate 42
PROLENSA 132
PROLIA 116
PROMACTA 67
promethazine 134
PROMETRIUM 126
propafenone 61
propranolol 64
propylthiouracil 86
PROQUAD (PF) 109
PROSCAR 143
PROSOL 20 % 145
PROTONIX 104, 105
protriptyline 55
PROVERA 126
PROVIGIL 55
PROZAC 55
prudoxin 73
PULMICORT 139
PULMICORT FLEXHALER 139
PULMOZYME 139
PURIXAN 22
PYLERA 105
pyrazinamide 10
pyridostigmine bromide 39
PYRIDOSTIGMINE BROMIDE 39
pyrimethamine 10
PYRUKYND 83
QBRELIS 64
QDOLO 45
QELBREE 55
QINLOCK 22
QNASL 139
QTERN 92
QUADRACEL (PF) 109
QUALAQUIN 10
QUDEXY XR 30
QUESTRAN 69
QUESTRAN LIGHT 69
quetiapine 55, 56
QUETIAPINE 55
QUILLICHEW ER 56
QUILLIVANT XR 56
quinapril 64
quinidine gluconate 61
quinidine sulfate 61

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

This drug list was updated in August 2024.

quinine sulfate 10
QULIPTA 34
QUVIVIQ 56
QVAR REDIHALER 139
RABAVERT (PF) 109
rabeprazole 105
RADICAVA ORS 38
RADICAVA ORS STARTER KIT SUSP 38
RAGWITEK 109
raloxifene 116
ramelteon 56
ramipril 64
ranolazine 70
RAPAFLO 143
RAPAMUNE 22
rasagiline 32
RASUVO (PF) 123
RAVICTI 83
RAYALDEE 95
RAYOS 86
REBIF (WITH ALBUMIN) 107
REBIF REBIDOSE 107
REBIF TITRATION PACK 108
reclipsen (28) 129
RECOMBIVAX HB (PF) ... 109
RECORLEV 95
RECTIV 101
REGLAN 101
REGRANEX 73
RELAFEN DS 45
RELENZA DISKHALER 4
RELEUKO 108
RELEXXII 56
RELISTOR 101
RELPAX 34
RELTONE 101
REMERON 56
REMERON SOLTAB 56
REMICADE 101
RENFLEXIS 101
repaglinide 92, 93
REPATHA 69
REPATHA PUSHTRONEX 69
REPATHA SURECLICK 69
RESTASIS 131
RESTASIS MULTIDOSE .. 131
RETACRIT 108
RETEVMO 22
RETIN-A 75
RETIN-A MICRO 76
RETROVIR 4, 5
REVATIO 139, 140
REVCOVI 83
REVLIMID 22
REXULTI 56
REYATAZ 5
REYVOW 34
REZDIFFRA 83
REZLIDHIA 22
REZUROCK 22
REZVOGLAR KWIKPEN .. 93
RHOPRESSA 132
RIABNI 22
ribavirin 5
RIDAURA 123
rifabutin 10
rifampin 10
riluzole 83
rimantadine 5
RINVOQ 123
risedronate 83, 116
RISPERDAL 56
RISPERDAL CONSTA 56
risperidone 57
risperidone microspheres ... 56, 57
RITALIN 57
RITALIN LA 57
ritonavir 5
rivastigmine 38
rivastigmine tartrate 38
rivelsa 129
RIVFLOZA 143
rizatriptan 34
ROBINUL 98
ROBINUL FORTE 97
ROCALTROL 95
ROCKLATAN 132
roflumilast 140
ropinirole 32
rosuvastatin 69
ROTARIX 109, 110
ROTATEQ VACCINE 110
ROWASA 101
roweepra 30
ROXICODONE 43
ROXYBOND 43
ROZEREM 57
ROZLYTREK 22, 23
RUBRACA 23
RUCONEST 140
rufinamide 30
RUKOBIA 5
RUXIENCE 23
RYALTRIS 140
RYBELSUS 93
RYDAPT 23
RYTARY 32
RYTHMOL SR 61
SABRIL 30
SAFYRAL 129
sajazir 140
SALAGEN (PILOCARPINE) 83
SAMSCA 95
SANCUSO 101
SANDIMMUNE 23
SANDOSTATIN 23
SANTYL 73
SAPHRIS 57
sapropterin 96
SAVAYSA 67
SAVELLA 123
saxagliptin 93
saxagliptin-metformin 93
SCEMBLIX 23

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

This drug list was updated in August 2024.

scopolamine base 101
SECUADO 57
SEGLENTIS 43
SEGLUROMET 93
selegiline hcl 32
selenium sulfide 71
SELZENTRY 5
SEMGLEE(INSULIN GLARGINE-YFGN) 93
SEMGLEE(INSULIN GLARG-YFGN)PEN 93
SENSIPAR 96
SEREVENT DISKUS 140
SEROQUEL 57
SEROQUEL XR 57
SEROSTIM 108
SERTRALINE 57
sertraline 57
setlakin 129
SEYSARA 14
sharobel 126
SHINGRIX (PF) 110
SIGNIFOR 23
SIKLOS 23
sildenafil (pulmonary arterial hypertension) 140
SILENOR 57
SILIQ 71
silodosin 143
SILVADENE 73
silver sulfadiazine 74
SIMBRINZA 132
SIMLANDI(CF) AUTOINJECTOR 123
SIMPONI 123
simvastatin 69
SINEMET 32
SINGULAIR 140
sirolimus 23
SIRTURO 10
SITAGLIPTIN 93
SIVEXTRO 10
SKYCLARYS 38
SKYLA 127
SKYRIZI 71, 101, 102
SKYTROFA 108
SOAANZ 64
sodium chloride 83
sodium chloride 0.45 % 144
sodium chloride 0.9 % 83
sodium chloride 3 % hypertonic 144
sodium chloride 5 % hypertonic 144
SODIUM OXYBATE (PREFERRED NDCS STARTING WITH 00054) ... 57
sodium phenylbutyrate 83
sodium polystyrene sulfonate .. 83
sodium,potassium,mag sulfates 102
SOFOSBUVIR-VELPATASVIR 5
SOGROYA 108
SOHONOS 83
solifenacin 142
SOLIQUA 100/33 93
SOLOSEC 10
SOLTAMOX 23
SOMATULINE DEPOT 23
SOMAVERT 96
SOOLANTRA 76
sorafenib 23
SORILUX 71
sotalol 61
sotalol af 61
SOTYKTU 71
SOTYLIZE 61
SOVALDI 5
SPEVIGO 71
spinosad 81
SPIRIVA RESPIMAT 140
SPIRIVA WITH HANDIHALER 140
spironolactone 64
spironolacton-hydrochlorothiaz 64
SPORANOX 2
sprintec (28) 129
SPRITAM 30
SPRIX 45
SPRYCEL 23
sps (with sorbitol) 84
sronyx 129
ssd 74
STALEVO 100 32
STALEVO 125 33
STALEVO 150 33
STALEVO 200 33
STALEVO 50 33
STALEVO 75 33
STEGLATRO 93
STEGLUJAN 93
STELARA 72
STIMUFEND 108
STIOLTO RESPIMAT 140
STIVARGA 23
STRATTERA 58
STRENSIQ 96
STREPTOMYCIN 10
STRIBILD 5
STRIVERDI RESPIMAT .. 140
STROMECTOL 10
SUBLOCADE 43
SUBOXONE 45
subvenite 30
subvenite starter (blue) kit 30
subvenite starter (green) kit ... 30
subvenite starter (orange) kit . 30
SUCRAID 102
sucralfate 105
SUFLAVE 102
SULAR 65
sulfacetamide sodium 131
sulfacetamide sodium (acne) .. 76
sulfacetamide-prednisolone ... 131
sulfadiazine 13

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

This drug list was updated in August 2024.

sulfamethoxazole-trimethoprim 13
SULFAMYLON 76
sulfasalazine 102
sulindac 45
sumatriptan 34
sumatriptan succinate 34
sumatriptan-naproxen 34
sunitinib malate 23
SUNLENCA 5
SUNOSI 58
SUPREP BOWEL PREP KIT 102
SUTAB 102
SUTENT 23
syeda 129
SYMBICORT 140
SYMBYAX 58
SYMDEKO 140
SYMFI 5
SYMFI LO 5
SYMLINPEN 120 93
SYMLINPEN 60 93
SYMPAZAN 30
SYMPROIC 102
SYMTUZA 5
SYNALAR 80
SYNAREL 96
SYNJARDY 93
SYNJARDY XR 93
SYNTHROID 97
SYPRINE 84
TABLOID 23
TABRECTA 23
TACLONEX 72
tacrolimus 23, 74
tadalafil 143
tadalafil (pulmonary arterial hypertension) oral tablet 20 mg 140
TADLIQ 140
TAFINLAR 24
tafluprost (pf) 132
TAGRISSO 24
TAKHZYRO 140
TALICIA 105
TALTZ AUTOINJECTOR 72
TALTZ SYRINGE 72
TALZENNA 24
TAMIFLU 5
tamoxifen 24
tamsulosin 143
TAPERDEX 86
TARGADOX 14
TARGRETIN 24
tarina 24 fe 129
tarina fe 1-20 eq (28) 129
TARPEYO 86
TASCENSO ODT 38
TASIGNA 24
tasimelteon 58
TASMAR 33
tavaborole 78
TAVALISSE 67
TAVNEOS 84
tazarotene 76
TAZAROTENE 76
tazicef 7
TAZORAC 76
TAZVERIK 24
TDVAX 110
TECFIDERA 38
TECHLITE INSULIN SYRINGE 113
TECHLITE INSULN SYR(HALF UNIT) 113, 114
TECHLITE PEN NEEDLE 114
TEFLARO 7
TEGLUTIK 84
TEGRETOL 30
TEGRETOL XR 30
TEGSEDI 38
TEKTURNA 65
telmisartan 65
telmisartan-amlodipine 65
telmisartan-hydrochlorothiazid 65
TENIVAC (PF) 110
tenofovir disoproxil fumarate 5
TENORETIC 100 65
TENORETIC 50 65
TENORMIN 65
TEPMETKO 24
terazosin 65
terbinafine hcl 2
terbutaline 140
terconazole 127
teriflunomide 38
TERIPARATIDE 116
TESTIM 96
testosterone 96
testosterone cypionate 96
testosterone enanthate 96
TETANUS,DIPHTHERIA TOX PED(PF) 110
tetrabenazine 38
tetracycline 14
TEXACORT 80
TEZSPIRE 140
THALITONE 65
THALOMID 24
THEO-24 140
theophylline 140
THIOLA 84
THIOLA EC 84
thioridazine 58
thiothixene 58
THYQUIDITY 97
tiadylt er 65
tiagabine 30
TIAZAC 65
TIBSOVO 24
TICOVAC 110
tigecycline 10
TIGLUTIK 84
TIKOSYN 61
tilia fe 129
timolol maleate 65, 131

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

This drug list was updated in August 2024.

timolol maleate (pf) 131
TIMOPTIC OCUDOSE (PF) 131
tinidazole 10
tiopronin 84
tiotropium bromide 140
TIROSINT 97
TIROSINT-SOL 97
TIVICAY 5
TIVICAY PD 5
tizanidine 39
TLANDO 96
TOBI 10
TOBI PODHALER 10
TOBRADEX 133
tobramycin 10, 130
tobramycin in 0.225 % nacl 10
tobramycin sulfate 10
tobramycin-dexamethasone .. 133
TOBREX 130
TOFIDENCE 123
tolcapone 33
TOLECTIN 600 45
tolmetin 45
TOLSURA 2
tolterodine 142
tolvaptan 96
TOPAMAX 30
TOPICORT 80
topiramate 30, 31
TOPROL XL 65
toremifene 24
torsemide 65
TOSYMRA 34
TOUJEO MAX U-300 SOLOSTAR 93
TOUJEO SOLOSTAR U-300 INSULIN 93
tovet emollient 81
TOVIAZ 142
TPN ELECTROLYTES 144
TRACLEER 140, 141
TRADJENTA 94
TRAMADOL 45, 46
tramadol 46
tramadol-acetaminophen 46
trandolapril 65
trandolapril-verapamil 65
tranexamic acid 127
tranylcypromine 58
travasol 10 % 145
TRAVATAN Z 132
travoprost 132
TRAZIMERA 24
trazodone 58
TRECATOR 10
TRELEGY ELLIPTA 141
TRELSTAR 24
TREMFYA 72
treprostinil sodium 65
TRESIBA FLEXTOUCH U-100 94
TRESIBA FLEXTOUCH U-200 94
TRESIBA U-100 INSULIN .. 94
tretinoin (antineoplastic) 24
tretinoin microspheres 76
tretinoin topical 76
TREXALL 24
TREXIMET 34
TREZIX 43
triamcinolone acetonide 81, 85
triamterene 65
triamterene-hydrochlorothiazid 65
TRIBENZOR 65
TRICOR 69
triderm 81
trientine 84
TRIENTINE 84
tri-estarylla 129
trifluoperazine 58
trifluridine 130
trihexyphenidyl 33
TRIJARDY XR 94
TRIKAFTA 141
tri-legest fe 129
TRILEPTAL 31
TRILIPIX 69
tri-lo-estarylla 129
tri-lo-sprintec 129
trimethoprim 14
tri-mili 129
trimipramine 58
TRINTELLIX 58
tri-nymyo 129
tri-sprintec (28) 129
TRIUMEQ 5
TRIUMEQ PD 5
trivora (28) 129
tri-vylibra 129
tri-vylibra lo 129
TROKENDI XR 31
TROPHAMINE 10 % 145
trospium 142
TRUEPLUS INSULIN 114
TRUEPLUS PEN NEEDLE 114
TRULANCE 102
TRULICITY 94
TRUMENBA 110
TRUQAP 24
TRUVADA 5
TUDORZA PRESSAIR 141
TUKYSA 24
TURALIO 24
turqoz (28) 129
TWINRIX (PF) 110
TWYNEO 76
TYBOST 5
tydemy 129
TYGACIL 10
TYKERB 24
TYMLOS 116
TYPHIM VI 110
TYRVAYA 131
TYVASO DPI 141
UBRELVY 34
UCERIS 102

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

This drug list was updated in August 2024.

UDENYCA 108
UDENYCA AUTOINJECTOR 108
UDENYCA ONBODY 108
ULORIC 115
ULTRAVATE 81
UNASYN 12
UNIFINE PENTIPS 115
UNIFINE PENTIPS MAXFLOW 114
UNIFINE PENTIPS PLUS 115
UNIFINE PENTIPS PLUS MAXFLOW 115
UNIFINE SAFECONTROL 115
UNIFINE SAFECONTROL PEN NEEDLE 115
UNIFINE ULTRA PEN NEEDLE 115
unithroid 97
UPTRAVI 65
UROCIT-K 10 143
UROCIT-K 15 143
UROCIT-K 5 143
UROXATRAL 143
URSO 250 102
URSO FORTE 102
ursodiol 102
UZEDY 58, 59
VABOMERE 10
VAGIFEM 126
valacyclovir 5
VALCHLOR 74
VALCYTE 5
valganciclovir 5
valproic acid 31
valproic acid (as sodium salt) . 31
VALSARTAN 65
valsartan 65
valsartan-hydrochlorothiazide . 65
VALTOCO 31
VALTREX 6
VANCOCIN 10
vancomycin 10, 11
VANCOMYCIN 11
vandazole 127
VANFLYTA 24
VANOS 81
VAQTA (PF) 110
varenicline 84
VARIVAX (PF) 110
VARUBI 102
VASCEPA 69
VASERETIC 65
VASOTEC 65
VECAMYL 70
VECTICAL 72
velivet triphasic regimen (28) 129
VELSIPITY 102
VELTASSA 84
VELTIN 76
VEMLIDY 6
VENCLEXTA 24
VENCLEXTA STARTING PACK 25
venlafaxine 59
VENLAFAXINE BESYLATE 59
VENTOLIN HFA 141
VEOZAH 127
verapamil 65
VERDESO 81
VEREGEN 74
VERELAN 65
VERELAN PM 65
VERIFINE INSULIN SYRINGE 115
VERQUVO 70
VERSACLOZ 59
VERZENIO 25
VESICARE 142
VESICARE LS 142
vestura (28) 130
VEVYE 131
VFEND 2
VFEND IV 2
V-GO 20 115
V-GO 30 115
V-GO 40 115
VIBERZI 102
VIBRAMYCIN 14
VICTOZA 3-PAK 94
vienva 130
vigabatrin 31
vigadrone 31
VIGAMOX 130
vigpoder 31
VIIBRYD 59
VIJOICE 25
vilazodone 59
VIMOVO 46
VIMPAT 31
VIOKACE 102
VIRACEPT 6
VIREAD 6
VITRAKVI 25
VIVELLE-DOT 126
VIVITROL 46
VIVJOA 2
VIZIMPRO 25
VOGELXO 96, 97
VONJO 25
VOQUEZNA 105
VOQUEZNA DUAL PAK . 105
VOQUEZNA TRIPLE PAK 105
voriconazole 2
VOSEVI 6
VOTRIENT 25
VOWST 102
VOXZOGO 97
VRAYLAR 59
VTAMA 72
VUITY 131
VUMERITY 38
vyfemla (28) 130
vylibra 130
VYNDAMAX 70

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

This drug list was updated in August 2024.

VYNDAQEL 70
VYTORIN 10-10 69
VYTORIN 10-20 69
VYTORIN 10-40 69
VYTORIN 10-80 69
VYVANSE 59
VYZULTA 132
WAINUA 38
WAKIX 59
warfarin 67
WEGOVY 84
WELCHOL 70
WELIREG 25
WELLBUTRIN SR 59
WELLBUTRIN XL 59
WINLEVI 76
wixela inhub 141
wymzya fe 130
XACIATO 127
XADAGO 33
XALATAN 132
XALKORI 25
XARELTO 67
XARELTO DVT-PE TREAT 30D START 67
XATMEP 25
XCOPRI 31
XCOPRI MAINTENANCE PACK 31
XCOPRI TITRATION PACK 31
XDEMVY 131
XELJANZ 123
XELJANZ XR 123
XELPROS 132
XELSTRYM 59
XENAZINE 38
XERESE 78
XERMELO 25
XGEVA 14
XHANCE 141
XIFAXAN 11
XIGDUO XR 94
XIIDRA 131
XOFLUZA 6
XOLAIR 141, 142
XOLREMDI 108
XOPENEX HFA 142
XOSPATA 25
XPOVIO 25
XTAMPZA ER 43
XTANDI 25
xulane 127
XULTOPHY 100/3.6 94
XYOSTED 97
XYREM 59
XYWAV 59
yargesa 97
YASMIN (28) 130
YAZ (28) 130
YF-VAX (PF) 110
YONSA 25
YUFLYMA(CF) 124
YUFLYMA(CF) AI CROHN'S-UC-HS 124
YUFLYMA(CF) AUTOINJECTOR 124
YUPELRI 142
YUSIMRY(CF) PEN 124
yuvafem 126
zafemy 127
zafirlukast 142
zaleplon 59
ZANAFLEX 39
ZARONTIN 31
ZARXIO 108
ZAVESCA 97
ZAVZPRET 35
ZEGALOGUE AUTOINJECTOR 94
ZEGALOGUE SYRINGE 94
ZEGERID 105
ZEJULA 25
ZELAPAR 33
ZELBORAF 25
ZEMAIRA 84
ZEMBRACE SYMTOUCH 35
ZEMDRI 11
ZEMPLAR 97
zenatane 76
ZENPEP 102
zenzedi 59
ZENZEDI 59
ZEPATIER 6
ZEPOSIA 38
ZEPOSIA STARTER KIT (28-DAY) 38
ZEPOSIA STARTER PACK (7-DAY) 39
ZERBAXA 7
ZESTORETIC 65
ZESTRIL 65
ZETIA 70
ZETONNA 142
ZIAGEN 6
ZIANA 76
zidovudine 6
ZIEXTENZO 108
ZILBRYSQ 39
zileuton 142
ZIMHI 46
ZIOPTAN (PF) 132
ziprasidone hcl 59
ziprasidone mesylate 60
ZIPSOR 46
ZIRABEV 26
ZIRGAN 130
ZITHROMAX 8
ZITHROMAX TRI-PAK 8
ZITHROMAX Z-PAK 8
ZITUVIO 94
ZOCOR 70
ZOLINZA 26
zolmitriptan 35
ZOLOFT 60
zolpidem 60
ZOMACTON 108
ZOMIG 35
ZONALON 74

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

This drug list was updated in August 2024.

ZONEGRAN.....31
ZONISADE..... 31
zonisamide..... 32
ZORTRESS..... 26
ZORYVE..... 72
ZOSYN IN DEXTROSE
(ISO-OSM).....13
zovia 1-35 (28).....130
ZOVIRAX..... 78
ZTALMY.....32
ZTLIDO.....74
ZUBSOLV..... 46
ZURZUVAE.....60
ZYCLARA..... 74
ZYDELIG.....26
ZYFLO..... 142
ZYKADIA.....26
ZYLET.....133
ZYMFENTRA..... 102
ZYPITAMAG.....70
ZYPREXA.....60
ZYPREXA RELPREVV..... 60
ZYPREXA ZYDIS..... 60
ZYTIGA..... 26
ZYVOX.....11

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

This drug list was updated in August 2024.

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

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