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Aetna Medicare Rx offered by SilverScript

2024 Formulary (List of Covered Drugs) 3T Classic Formulary

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

This formulary was updated on 10/25/2023. For more recent information or other questions, please contact Aetna Medicare Rx offered by SilverScript at the number on your ID card.

Formulary ID Number: 24029

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means SilverScript[®] Insurance Company. When it refers to “plan” or “our plan,” it means Aetna Medicare Rx offered by SilverScript.

This document includes a list of the drugs (formulary) for our plan, which is current as of January 1, 2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the Aetna Medicare Rx offered by SilverScript Formulary?

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

Please note: Aetna Medicare Rx offered by SilverScript may provide additional coverage for prescription drugs not included in your Medicare Part D benefit. For more information about your share of the cost or which prescription drugs may or may not be covered, please call Customer Care, or refer to your *Evidence of Coverage*.

Can the Formulary (drug list) change?

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

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

New generic drugs. We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Aetna Medicare Rx offered by SilverScript Formulary?”

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

Other changes. We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add quantity limits, prior authorization, and/or step therapy restrictions on a drug; or move a drug to a higher

cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Aetna Medicare Rx offered by SilverScript Formulary?”

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

This formulary is current as of January 1, 2024. To get updated information about the drugs covered by our plan, please contact us at the number on your member ID card. Our contact information also appears on the front and back cover pages.

How do I use the Formulary?

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index at the back of this document. 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. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

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.” If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

Prior Authorization (PA): Some drugs require you or your physician to get prior authorization. You must get an approval from us before you can get your prescription filled. If you don't get approval, we may not cover the drug.

Quantity Limits (QL): For certain drugs, there is a quantity limit in the amount of the drug that we will cover. For example, our plan provides up to 30 tablets per 30-day prescription for *atorvastatin*. This may be in addition to a standard one-month or three-month supply.

Step Therapy (ST): In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Aetna Medicare Rx offered by SilverScript will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You may ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Aetna Medicare Rx offered by SilverScript to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Aetna Medicare Rx offered by SilverScript Formulary?" for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

- You can ask Customer Care for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Aetna Medicare Rx offered by SilverScript 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 ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level and you would not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to cover a formulary drug at a lower cost-sharing tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

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

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

If you experience a change in your level of care, such as a move from a home to a long-term care setting, and need a drug that is not on our formulary (or if your ability to get your drugs is limited), we may cover a one-time temporary supply from a network pharmacy for up to 31 days, unless you have a prescription for fewer days. You should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

Drug Tier Copay Levels

This comprehensive formulary is a listing of brand-name and generic drugs. This formulary covers most drugs identified by Medicare as Part D drugs, and your copay may differ depending upon the tier at which the drug resides.

The copay tiers for covered prescription medications are listed below. Please refer to your 2024 *Evidence of Coverage* for copay information specific to your plan.

Formulary Name	3T Classic Formulary
Tier 1	Generic
Tier 2	Preferred Brand
Tier 3	Non-Preferred Drug

Please Note: Our plan, in some instances, combines higher cost generic drugs on brand tiers. Refer to the drug list to determine the tier of coverage for each drug you take.

You can find complete cost-sharing and days' supply information, including costs for long-term supplies, long-term care, and out-of-network pharmacy pricing, in your *Evidence of Coverage*.

For more information

For more detailed information about your Aetna Medicare Rx offered by SilverScript prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about our plan, please contact us at the number on the back of your member ID card. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Aetna Medicare Rx offered by SilverScript's Formulary

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

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

The information in the Requirements/Limits column tells you if Aetna Medicare Rx offered by SilverScript has any special requirements for coverage of your drug.

PA	Prior Authorization
QL	Drug has Quantity Limits
ST	Step Therapy required
MO	Available at our mail-order pharmacies
ACS	Available at CVS Specialty Pharmacy
HRM	High Risk Medication
LA	Limited Access. This prescription may be available only at certain pharmacies.
B/D	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
<i>allopurinol tablet 100mg, 300mg</i>	1	MO
<i>colchicine tablet 0.6mg</i>	2	QL (120 EA per 30 days) MO
<i>febuxostat</i>	2	ST MO
MITIGARE	2	QL (60 EA per 30 days) MO
<i>probenecid</i>	2	MO
<i>probenecid/colchicine</i>	2	MO
NSAIDS		
<i>celecoxib capsule 400mg</i>	2	QL (30 EA per 30 days) MO
<i>celecoxib capsule 100mg, 200mg, 50mg</i>	2	QL (60 EA per 30 days) MO
<i>diclofenac potassium tablet 50mg</i>	1	QL (120 EA per 30 days) MO
<i>diclofenac sodium dr tablet delayed release 25mg, 50mg, 75mg</i>	1	MO
<i>diclofenac sodium er tablet extended release 24 hour 100mg</i>	1	QL (60 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tablet delayed release 50mg; 200mcg</i>	3	QL (120 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tablet delayed release 75mg; 200mcg</i>	3	QL (90 EA per 30 days) MO
<i>diflunisal</i>	3	QL (90 EA per 30 days) MO
<i>ec-naproxen tablet delayed release 375mg</i>	1	QL (120 EA per 30 days)
<i>ec-naproxen tablet delayed release 500mg</i>	1	QL (90 EA per 30 days) MO
<i>etodolac er tablet extended release 24 hour 600mg</i>	3	QL (30 EA per 30 days) MO
<i>etodolac er tablet extended release 24 hour 400mg, 500mg</i>	3	QL (60 EA per 30 days) MO
<i>etodolac capsule 300mg</i>	2	QL (120 EA per 30 days) MO
<i>etodolac capsule 200mg</i>	2	QL (90 EA per 30 days) MO
<i>etodolac tablet 500mg</i>	2	QL (60 EA per 30 days) MO
<i>etodolac tablet 400mg</i>	2	QL (90 EA per 30 days) MO
FENOPROFEN CALCIUM CAPSULE 400MG	3	QL (240 EA per 30 days) MO
<i>fenopropfen calcium tablet</i>	3	QL (150 EA per 30 days) MO
<i>flurbiprofen tablet 100mg</i>	1	QL (90 EA per 30 days) MO
<i>ibu tablet 400mg, 600mg, 800mg</i>	1	MO
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	1	MO
<i>ketoprofen er</i>	3	QL (30 EA per 30 days) MO
<i>ketorolac tromethamine tablet 10mg</i>	1	QL (20 EA per 30 days) PA MO
<i>meclofenamate sodium</i>	3	QL (120 EA per 30 days) MO
<i>meloxicam tablet</i>	1	MO
<i>nabumetone</i>	1	MO
NAPROXEN SODIUM CR	3	QL (120 EA per 30 days) MO
NAPROXEN SODIUM ER TABLET EXTENDED RELEASE 24 HOUR 375MG	3	QL (120 EA per 30 days) MO
<i>naproxen sodium er tablet extended release 24 hour 500mg</i>	1	QL (90 EA per 30 days) MO
NAPROXEN SODIUM TABLET EXTENDED RELEASE 24 HOUR	3	QL (60 EA per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen sodium tablet 275mg, 550mg</i>	1	MO
<i>naproxen suspension, tablet</i>	1	MO
<i>naproxen tablet delayed release 375mg</i>	1	QL (120 EA per 30 days) MO
<i>naproxen tablet delayed release 500mg</i>	1	QL (90 EA per 30 days) MO
<i>oxaprozin</i>	3	QL (90 EA per 30 days) MO
<i>piroxicam capsule 20mg</i>	2	QL (30 EA per 30 days) MO
<i>piroxicam capsule 10mg</i>	2	QL (60 EA per 30 days) MO
<i>sulindac</i>	1	QL (60 EA per 30 days) MO
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine transdermal patch</i>	3	QL (4 EA per 28 days) PA MO
<i>fentanyl transdermal patch</i>	3	QL (10 EA per 30 days) PA MO
<i>hydrocodone bitartrate er tablet extended release</i>	2	QL (30 EA per 30 days) PA MO
HYSINGLA ER	2	QL (30 EA per 30 days) PA MO
<i>methadone hcl oral concentrate 10mg/ml</i>	2	QL (90 ML per 30 days) PA MO
METHADONE HCL INJECTION	3	PA
<i>methadone hcl oral solution</i>	2	QL (450 ML per 30 days) PA MO
<i>methadone hcl tablet 10mg, 5mg</i>	2	QL (90 EA per 30 days) PA MO
<i>morphine sulfate er capsule extended release 24 hour (generic 3</i>	3	QL (30 EA per 30 days) MO
<i>Avinza) 120mg, 30mg, 45mg, 60mg, 75mg, 90mg</i>		
<i>morphine sulfate er capsule extended release 24 hour (generic 3</i>		QL (60 EA per 30 days) MO
<i>Kadian) 100mg, 10mg, 20mg, 30mg, 50mg, 60mg, 80mg</i>		
<i>morphine sulfate er tablet extended release 30mg, 60mg</i>	2	QL (60 EA per 30 days) MO
<i>morphine sulfate er tablet extended release 100mg, 200mg</i>	2	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tablet extended release 15mg</i>	2	QL (90 EA per 30 days) MO
MORPHINE SULFATE/SODIUM CHLORIDE	3	B/D
<i>tramadol hcl er</i>	3	QL (30 EA per 30 days) MO; HRM
<i>tramadol hydrochloride er</i>	3	QL (30 EA per 30 days) MO; HRM
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen/codeine tablet</i>	2	QL (180 EA per 30 days) MO
<i>acetaminophen/codeine solution</i>	2	QL (2700 ML per 30 days) MO
<i>butorphanol tartrate nasal solution</i>	3	QL (5 ML per 30 days) MO
<i>butorphanol tartrate injection 1mg/ml</i>	3	
<i>butorphanol tartrate injection 2mg/ml</i>	3	MO
CODEINE SULFATE TABLET	3	QL (180 EA per 30 days) MO
<i>endocet tablet 10mg; 325mg, 2.5mg; 325mg, 5mg; 325mg,</i>	2	QL (180 EA per 30 days)
<i>7.5mg; 325mg</i>		
<i>fentanyl citrate oral transmucosal lozenge on a handle</i>	1	QL (120 EA per 30 days) PA MO
<i>1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>		
<i>fentanyl citrate oral transmucosal lozenge on a handle</i>	3	QL (120 EA per 30 days) PA MO
<i>200mcg</i>		
<i>hydrocodone bitartrate/acetaminophen tablet</i>	2	QL (180 EA per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen solution</i>	2	QL (2700 ML per 30 days) MO
<i>hydrocodone/acetaminophen tablet 7.5mg; 325mg</i>	2	QL (180 EA per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone/ibuprofen tablet 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	2	QL (150 EA per 30 days) MO
<i>hydromorphone hcl tablet</i>	2	QL (180 EA per 30 days) MO
<i>hydromorphone hcl oral liquid</i>	3	QL (600 ML per 30 days) MO
HYDROMORPHONE HCL INJECTION 4MG/ML	3	B/D
HYDROMORPHONE HCL INJECTION 1MG/ML	3	B/D MO
<i>hydromorphone hcl pf injection 10mg/ml</i>	3	B/D
HYDROMORPHONE HYDROCHLORIDE PF INJECTION 3 1MG/ML, 2MG/ML	3	B/D
HYDROMORPHONE HYDROCHLORIDE PF INJECTION 3 4MG/ML	3	B/D MO
<i>hydromorphone hydrochloride pf injection 50mg/5ml</i>	3	B/D
<i>hydromorphone hydrochloride injection 2mg/ml</i>	3	B/D MO
<i>morphine sulfate tablet 15mg, 30mg</i>	2	QL (180 EA per 30 days) MO
MORPHINE SULFATE INJECTION 10MG/ML, 2MG/ML, 4MG/ML, 5MG/ML, 8MG/ML	3	B/D
<i>morphine sulfate injection 0.5mg/ml, 10mg/ml, 4mg/ml, 50mg/ml, 8mg/ml</i>	3	B/D
<i>morphine sulfate injection 1mg/ml</i>	3	B/D MO
<i>morphine sulfate oral solution 10mg/5ml, 20mg/5ml</i>	2	QL (900 ML per 30 days) MO
<i>morphine sulfate oral solution 20mg/ml</i>	3	QL (180 ML per 30 days) MO
<i>oxycodone hydrochloride capsule</i>	2	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride solution</i>	2	QL (900 ML per 30 days) MO
<i>oxycodone hydrochloride concentrate</i>	3	QL (180 ML per 30 days) MO
<i>oxycodone hydrochloride tablet 30mg</i>	2	QL (120 EA per 30 days) MO
<i>oxycodone hydrochloride tablet 10mg, 15mg, 20mg, 5mg</i>	2	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen tablet 10mg; 325mg, 2.5mg; 325mg, 5mg; 325mg, 7.5mg; 325mg</i>	2	QL (180 EA per 30 days) MO
<i>oxymorphone hydrochloride tablet 10mg, 5mg</i>	3	QL (180 EA per 30 days) MO
<i>tramadol hcl tablet 50mg</i>	1	QL (240 EA per 30 days) MO; HRM
<i>tramadol hydrochloride tablet 100mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>tramadol hydrochloride/acetaminophen tablet 37.5mg; 325mg</i>	3	QL (240 EA per 30 days) MO; HRM

ANESTHETICS**LOCAL ANESTHETICS**

<i>lidocaine hcl injection 0.5%, 1%, 1.5% pf, 2% pf, 4% pf</i>	3	
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ANTI-INFECTIVES**ANTI-INFECTIVES - MISCELLANEOUS**

<i>albendazole</i>	1	MO
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	3	MO
<i>atovaquone oral suspension</i>	3	PA MO
<i>aztreonam</i>	3	MO
CAYSTON	3	PA LA; ACS
<i>chloramphenical sodium succinate iv solution injection</i>	3	
<i>clindamycin hcl capsule 300mg</i>	1	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	1	MO
<i>clindamycin palmitate hcl solution 75mg/5ml</i>	3	MO
<i>clindamycin phosphate/dextrose</i>	3	
<i>clindamycin phosphate injection 300mg/2ml, 9000mg/60ml, 900mg/6ml</i>	3	
<i>clindamycin phosphate injection 600mg/4ml</i>	3	MO
CLINDAMYCIN/SODIUM CHLORIDE	3	
<i>colistimethate sodium</i>	1	PA MO
<i>dapsone tablet 100mg, 25mg</i>	2	MO
DAPTOMYCIN INJECTION 350MG	3	
<i>daptomycin injection 500mg</i>	1	
EMVERM	3	QL (12 EA per 365 days) MO
<i>ertapenem</i>	3	MO
<i>gentamicin sulfate pediatric injection 10mg/ml</i>	3	MO
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	3	
<i>gentamicin sulfate/0.9% sodium chloride injection 1.6mg/ml; 0.9%</i>	3	MO
<i>gentamicin sulfate injection 40mg/ml</i>	3	MO
<i>imipenem/cilastatin</i>	3	MO
<i>gentamicin isotonic/0.9% sodium chloride injection 0.8mg/ml</i>	3	
<i>ivermectin tablet 3mg</i>	2	QL (12 EA per 90 days) PA MO
<i>linezolid oral suspension reconstituted 100mg/5ml</i>	1	QL (1800 ML per 30 days) PA MO
<i>linezolid tablet</i>	3	QL (56 EA per 28 days) PA MO
LINEZOLID INJECTION 600MG/300ML; 0.9%	3	PA
<i>linezolid injection 600mg/300ml</i>	3	PA
<i>meropenem</i>	3	MO
<i>methenamine hippurate</i>	3	MO
<i>methenamine mandelate tablet</i>	3	MO
<i>metronidazole capsule 375mg</i>	2	MO
<i>metronidazole injection 500mg/100ml</i>	3	
<i>metronidazole tablet 250mg, 500mg</i>	2	MO
<i>neomycin sulfate</i>	1	MO
<i>nitazoxanide</i>	1	QL (6 EA per 30 days) MO
<i>nitrofurantoin macrocrystals</i>	2	MO
<i>nitrofurantoin monohydrate/macrocrystals capsule 100mg</i>	2	MO
<i>paromomycin sulfate</i>	3	
<i>pentamidine isethionate inhalation solution reconstituted</i>	3	B/D MO
<i>pentamidine isethionate injection</i>	3	MO
<i>praziquantel</i>	2	MO
SIVEXTRO TABLET	2	MO
SIVEXTRO INJECTION	3	
<i>streptomycin sulfate</i>	1	MO
<i>sulfadiazine</i>	3	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole/trimethoprim ds</i>	1	MO
<i>sulfamethoxazole/trimethoprim tablet</i>	1	MO
<i>sulfamethoxazole/trimethoprim injection, suspension</i>	3	MO
<i>tinidazole</i>	3	MO
<i>tobramycin sulfate injection 1.2gm</i>	1	
<i>tobramycin sulfate injection 10mg/ml, 40mg/ml</i>	3	
<i>tobramycin sulfate injection 1.2gm/30ml, 80mg/2ml</i>	3	MO
<i>tobramycin nebulization solution 300mg/5ml</i>	1	QL (280 ML per 56 days) PA; ACS
<i>trimethoprim</i>	1	MO
VANCOMYCIN INJECTION 0.9%; 500MG/100ML, 0.9%; 750MG/150ML	3	
VANCOMYCIN HCL INJECTION 0.9%; 1GM/200ML	3	
<i>vancomycin hcl injection 100gm, 10gm</i>	3	
<i>vancomycin hydrochloride capsule 125mg</i>	3	QL (120 EA per 30 days) MO
<i>vancomycin hydrochloride capsule 250mg</i>	3	QL (240 EA per 30 days) MO
VANCOMYCIN HYDROCHLORIDE INJECTION 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 500MG/100ML, 750MG/150ML	3	
<i>vancomycin hydrochloride injection 1.25gm, 1.5gm, 1gm, 5gm, 750mg</i>	3	
<i>vancomycin hydrochloride injection 500mg</i>	3	MO
ANTIFUNGALS		
ABELCET	3	B/D
<i>amphotericin b</i>	3	B/D MO
<i>amphotericin b liposome</i>	1	B/D MO
<i>caspofungin acetate</i>	3	
<i>fluconazole in sodium chloride injection 200mg; 100ml, 400mg; 100ml</i>	3	
<i>fluconazole tablet</i>	1	MO
<i>fluconazole oral suspension reconstituted</i>	2	MO
<i>fluconazole/sodium chloride injection 100mg/50ml</i>	3	
<i>flucytosine capsule 500mg</i>	1	PA MO
<i>flucytosine capsule 250mg</i>	3	PA MO
<i>griseofulvin microsize tablet 500mg, oral suspension 125mg/5ml</i>	3	MO
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	3	MO
<i>itraconazole capsule 200mg</i>	3	PA MO
<i>ketoconazole tablet 200mg</i>	1	PA MO
<i>micafungin</i>	1	
<i>mycamine</i>	1	MO
<i>nystatin tablet 500000unit</i>	3	MO
<i>posaconazole oral suspension</i>	1	QL (630 ML per 30 days) MO
<i>posaconazole dr tablet delayed release 100mg</i>	1	QL (93 EA per 30 days) PA MO
<i>terbinafine hcl tablet 250mg</i>	1	QL (90 EA per 365 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole suspension reconstituted</i>	1	PA MO
<i>voriconazole injection</i>	3	PA
<i>voriconazole tablet 200mg</i>	3	QL (120 EA per 30 days) MO
<i>voriconazole tablet 50mg</i>	3	QL (480 EA per 30 days) MO
ANTIMALARIALS		
<i>atovaquone/proguanil hcl</i>	3	MO
<i>chloroquine phosphate</i>	3	MO
COARTEM	3	MO
<i>mefloquine hcl</i>	2	MO
<i>primaquine phosphate</i>	2	
<i>quinine sulfate</i>	3	PA MO
ANTIRETROVIRAL AGENTS		
<i>abacavir</i>	3	MO
APTIVUS	3	MO
<i>atazanavir capsule 150mg, 200mg</i>	3	MO
<i>atazanavir sulfate capsule 300mg</i>	3	MO
<i>darunavir tablet 800mg</i>	1	QL (30 EA per 30 days) MO
<i>darunavir tablet 600mg</i>	1	QL (60 EA per 30 days) MO
EDURANT	3	MO
<i>efavirenz capsule 50mg</i>	2	MO
<i>efavirenz capsule 200mg</i>	3	MO
<i>efavirenz tablet</i>	3	MO
<i>emtricitabine</i>	3	MO
EMTRIVA ORAL SOLUTION	3	MO
<i>etravirine</i>	1	MO
<i>fosamprenavir calcium</i>	1	MO
FUZEON	3	LA MO
INTELENCE TABLET 25MG	3	
ISENTRESS	3	MO
ISENTRESS HD	3	MO
<i>lamivudine solution 10mg/ml</i>	3	MO
<i>lamivudine tablet 150mg, 300mg</i>	3	MO
LEXIVA ORAL SUSPENSION	3	MO
<i>maraviroc</i>	1	MO
<i>nevirapine er tablet extended release 24 hour 100mg</i>	2	
<i>nevirapine er tablet extended release 24 hour 400mg</i>	2	MO
<i>nevirapine tablet</i>	2	MO
<i>nevirapine suspension</i>	3	MO
NORVIR ORAL POWDER PACKET, ORAL SOLUTION	3	MO
PIFELTRO	3	MO
PREZISTA SUSPENSION	3	QL (400 ML per 30 days) MO
PREZISTA TABLET 150MG	3	QL (240 EA per 30 days) MO
PREZISTA TABLET 75MG	3	QL (480 EA per 30 days) MO
REYATAZ ORAL POWDER PACKET	3	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>ritonavir</i>	2	MO
RUKOBIA	3	MO
SELZENTRY SOLUTION	3	MO
SELZENTRY TABLET 25MG	2	
SELZENTRY TABLET 75MG	3	
<i>stavudine</i>	3	MO
SUNLENCA INJECTION	3	QL (3 ML per 180 days) LA MO
SUNLENCA TABLET THERAPY PACK (5 TAB PACK) 300MG	3	QL (10 EA per 365 days) LA MO
SUNLENCA TABLET THERAPY PACK (4 TAB PACK) 300MG	3	QL (8 EA per 365 days) LA MO
<i>tenofovir disoproxil fumarate</i>	3	MO
TIVICAY PD	3	MO
TIVICAY TABLET 10MG	2	MO
TIVICAY TABLET 25MG, 50MG	3	MO
TROGARZO	3	LA MO
TYBOST	3	MO
VIRACEPT	3	MO
VIREAD ORAL POWDER, TABLET 150MG, 200MG, 250MG	3	MO
<i>zidovudine</i>	2	MO
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate/lamivudine</i>	3	MO
BIKTARVY	3	MO
CIMDUO	2	MO
COMPLERA	3	MO
DELSTRIGO	3	MO
DESCOVY	3	MO
DOVATO	3	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	1	MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	1	MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 133mg; 200mg</i>	1	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	3	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil tablet 167mg; 250mg</i>	3	QL (30 EA per 30 days) MO
EVOTAZ	2	MO
GENVOYA	3	MO
JULUCA	3	MO
<i>lamivudine/zidovudine</i>	3	MO
<i>lopinavir/ritonavir</i>	3	MO
ODEFSEY	3	MO
PREZCOBIX	3	MO
STRIBILD	3	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
SYMTUZA	3	MO
TRIUMEQ	3	MO
TRIUMEQ PD	3	MO
TRIZIVIR	3	MO
ANTITUBERCULAR AGENTS		
<i>cycloserine</i>	1	MO
<i>ethambutol hydrochloride</i>	3	MO
<i>isoniazid syrup, tablet</i>	1	MO
<i>isoniazid injection</i>	3	
PRETOMANID	3	QL (30 EA per 30 days) PA
PRIFTIN	3	MO
<i>pyrazinamide</i>	3	MO
<i>rifabutin</i>	3	MO
<i>rifampin capsule</i>	2	MO
<i>rifampin injection</i>	3	
SIRTURO	3	PA LA; ACS
TRECTOR	3	MO
ANTIVIRALS		
<i>acyclovir sodium</i>	3	B/D
<i>acyclovir capsule 200mg</i>	1	MO
<i>acyclovir suspension 200mg/5ml</i>	1	MO
<i>acyclovir tablet 400mg, 800mg</i>	1	MO
<i>adefovir dipivoxil</i>	3	QL (30 EA per 30 days) MO
BARACLUDE ORAL SOLUTION	3	QL (630 ML per 30 days) MO
<i>entecavir</i>	3	QL (30 EA per 30 days) MO
EPCLUSA PACKET 200MG; 50MG	2	PA; ACS
EPCLUSA PACKET 150MG; 37.5MG	3	PA; ACS
EPCLUSA TABLET 400MG; 100MG	2	PA; ACS
EPCLUSA TABLET 200MG; 50MG	3	PA; ACS
EPIVIR HBV ORAL SOLUTION	3	MO
<i>famciclovir tablet 500mg</i>	1	QL (21 EA per 30 days) MO
<i>famciclovir tablet 125mg, 250mg</i>	1	QL (60 EA per 30 days) MO
<i>ganciclovir</i>	2	B/D
HARVONI TABLET	2	PA; ACS
HARVONI PACKET 33.75MG; 150MG	2	PA; ACS
HARVONI PACKET 45MG; 200MG	3	PA; ACS
<i>lamivudine tablet 100mg</i>	2	MO
MAVYRET	2	PA; ACS
<i>oseltamivir phosphate capsule 30mg</i>	2	QL (168 EA per 365 days) MO
<i>oseltamivir phosphate capsule 45mg, 75mg</i>	2	QL (84 EA per 365 days) MO
<i>oseltamivir phosphate suspension reconstituted</i>	2	QL (1080 ML per 365 days) MO
PEGASYS	3	PA; ACS
PREVYMIS TABLET	3	QL (28 EA per 28 days) PA MO
RELENZA DISKHALER	2	QL (120 EA per 365 days) MO

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Drug Name	Drug Tier	Requirements/Limits
<i>ribavirin</i>	2	ACS
<i>rimantadine hydrochloride</i>	3	MO
<i>valacyclovir hcl tablet 1gm</i>	2	MO
<i>valacyclovir hydrochloride tablet 500mg</i>	2	MO
<i>valganciclovir hydrochloride oral solution</i>	1	MO
<i>valganciclovir tablet 450mg</i>	2	MO
VOSEVI	2	PA; ACS
CEPHALOSPORINS		
CEFACTOR ER	3	MO
<i>cefaclor capsule</i>	1	MO
<i>cefaclor suspension reconstituted 250mg/5ml</i>	1	
<i>cefaclor suspension reconstituted 125mg/5ml, 375mg/5ml</i>	1	MO
<i>cefadroxil</i>	1	MO
CEFAZOLIN SODIUM INJECTION 1GM/50ML; 4%	2	
CEFAZOLIN SODIUM INJECTION 100GM, 300GM	3	
<i>cefazolin sodium injection 1gm</i>	3	
<i>cefazolin sodium injection 10gm, 1gm, 500mg</i>	3	MO
CEFAZOLIN INJECTION 2GM/100ML; 4%	2	
CEFAZOLIN INJECTION 2GM, 3GM	3	
<i>cefazolin injection 2gm</i>	3	
<i>cefdinir capsule</i>	1	MO
<i>cefdinir suspension reconstituted</i>	2	MO
<i>cefepime injection iv</i>	3	MO
<i>cefixime capsule</i>	2	MO
<i>cefixime suspension reconstituted</i>	3	MO
<i>cefotetan</i>	3	
<i>cefotetan sodium injection 10gm, 1gm, 2gm</i>	3	
<i>cefprozil</i>	2	MO
CEFTAZIDIME/DEXTROSE	3	
<i>ceftazidime injection 6gm</i>	3	
<i>ceftazidime injection 1gm, 2gm</i>	3	MO
<i>ceftriaxone in iso-osmotic dextrose</i>	3	
CEFTRIAZONE SODIUM INJECTION 100GM	3	
<i>ceftriaxone sodium injection 1gm</i>	3	
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	3	MO
<i>cefuroxime axetil</i>	2	MO
<i>cefuroxime sodium injection 1.5gm</i>	3	
<i>cefuroxime sodium injection 750mg</i>	3	MO
<i>cephalexin oral suspension reconstituted, tablet, capsule</i>	1	MO
SUPRAX ORAL SUSPENSION 500MG/5ML	2	
<i>tazicef injection</i>	3	
TEFLARO	3	
ERYTHROMYCINS/MACROLIDES		

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
AZITHROMYCIN PACKET	2	MO
<i>azithromycin suspension reconstituted, tablet</i>	1	MO
<i>azithromycin injection</i>	3	MO
<i>clarithromycin er tablet extended release 24 hour 500mg</i>	3	MO
<i>clarithromycin immediate release tablet, oral susp</i>	2	MO
DIFICID SUSPENSION RECONSTITUTED	2	
DIFICID TABLET	2	MO
<i>erythrocin stearate</i>	3	MO
<i>erythromycin base</i>	2	MO
<i>erythromycin dr</i>	3	MO
<i>erythromycin ethylsuccinate tablet</i>	2	MO
<i>erythromycin lactobionate</i>	1	
<i>erythromycin capsule delayed release particles 250mg</i>	2	MO
FLUOROQUINOLONES		
<i>ciprofloxacin hcl tablet 100mg, 750mg</i>	1	MO
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	1	MO
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%</i>	3	
<i>ciprofloxacin i.v.-in d5w injection 400mg/200ml; 5%</i>	3	MO
<i>levofloxacin in d5w</i>	3	
<i>levofloxacin injection 25mg/ml</i>	3	
<i>levofloxacin oral solution 25mg/ml</i>	2	MO
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	1	MO
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	3	
<i>moxifloxacin hydrochloride injection 400mg/250ml</i>	3	
<i>moxifloxacin hydrochloride tablet 400mg</i>	3	MO
PENICILLINS		
<i>amoxicillin</i>	1	MO
<i>amoxicillin/clavulanate potassium</i>	1	MO
<i>amoxicillin/clavulanate potassium er</i>	3	MO
<i>ampicillin capsule</i>	1	MO
<i>ampicillin sodium injection 10gm, 125mg, 1gm, 250mg, 2gm</i>	3	
<i>ampicillin sodium injection 1gm, 2gm, 500mg</i>	3	MO
<i>ampicillin-sulfactam injection</i>	3	
BICILLIN L-A	3	MO
<i>dicloxacillin sodium</i>	2	MO
<i>nafcillin sodium injection 10gm, 2gm</i>	1	
<i>nafcillin sodium injection 1gm</i>	3	
<i>nafcillin sodium injection 2gm</i>	3	MO
<i>oxacillin sodium</i>	3	
<i>penicillin g potassium</i>	3	MO
PENICILLIN G POTASSIUM IN ISO-OSMOTIC	3	
DEXTROSE		
PENICILLIN G PROCAINE	3	MO
<i>penicillin g sodium</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium</i>	1	MO
<i>piperacillin sodium/tazobactam sodium</i>	3	
TETRACYCLINES		
<i>doxy 100 injection</i>	3	MO
<i>doxycycline hyclate capsule</i>	1	MO
<i>doxycycline hyclate injection</i>	3	MO
<i>doxycycline hyclate tablet 100mg</i>	1	MO
<i>doxycycline hyclate tablet 20mg</i>	2	MO
<i>doxycycline monohydrate tablet</i>	1	MO
<i>doxycycline monohydrate capsule</i>	3	MO
<i>doxycycline suspension reconstituted 25mg/5ml</i>	2	MO
<i>minocycline hcl capsule</i>	1	MO
<i>minocycline hcl tablet</i>	3	ST MO
<i>minocycline hydrochloride capsule 50mg, 100mg</i>	1	MO
<i>mondoxyne nl</i>	3	
NUZYRA TABLET	2	LA MO; ACS
NUZYRA INJECTION	3	LA MO; ACS
<i>tetracycline hydrochloride</i>	3	MO
<i>tigecycline</i>	1	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
CYCLOPHOSPHAMIDE TABLET	2	PA
<i>cyclophosphamide capsule</i>	2	PA MO
GLEOSTINE	3	ACS
LEUKERAN	3	MO
<i>melfhalan tablet 2mg</i>	3	B/D MO
ANTIMETABOLITES		
INQOVI	3	QL (5 EA per 28 days) PA LA; ACS
LONSURF	3	PA LA; ACS
<i>mercaptopurine</i>	3	MO
<i>methotrexate</i>	2	MO
<i>methotrexate sodium injection 1gm</i>	2	
<i>methotrexate sodium injection 250mg/10ml, 50mg/2ml</i>	2	MO
ONUREG	3	QL (14 EA per 28 days) PA LA; ACS
PURIXAN	3	LA; ACS
TABLOID	3	MO
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i>	1	PA; ACS
<i>anastrozole</i>	1	MO
<i>bicalutamide</i>	2	MO
ELIGARD	3	PA; ACS
EMCYT	3	MO
ERLEADA	2	PA LA; ACS

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Drug Name	Drug Tier	Requirements/Limits
<i>exemestane</i>	3	MO
FIRMAGON INJECTION 120MG/VIAL	2	PA; ACS
FIRMAGON INJECTION 80MG	3	PA; ACS
<i>letrozole</i>	1	MO
<i>leuprolide acetate injection kit 1mg/0.2ml</i>	3	PA; ACS
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG	3	PA; ACS
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG	3	PA; ACS
LYSODREN	3	LA MO
<i>megestrol acetate tablet 20mg, 40mg</i>	2	MO
<i>nilutamide</i>	1	MO
NUBEQA	2	PA LA; ACS
ORGOVYX	2	PA LA MO
ORSERDU TABLET 345MG	3	QL (30 EA per 30 days) PA LA MO
ORSERDU TABLET 86MG	3	QL (90 EA per 30 days) PA LA MO
SOLTAMOX	3	MO
<i>tamoxifen citrate</i>	1	MO
<i>toremifene citrate</i>	1	PA MO
XTANDI	2	PA LA; ACS
ZYTIGA TABLET 500MG	2	PA LA; ACS
IMMUNOMODULATORS		
<i>lenalidomide capsule 20mg, 25mg</i>	1	QL (21 EA per 28 days) PA LA; ACS
<i>lenalidomide capsule 10mg, 15mg, 2.5mg, 5mg</i>	1	QL (28 EA per 28 days) PA LA; ACS
POMALYST	3	QL (21 EA per 28 days) PA LA; ACS
THALOMID CAPSULE 100MG, 50MG	3	QL (28 EA per 28 days) PA LA; ACS
THALOMID CAPSULE 150MG, 200MG	3	QL (56 EA per 28 days) PA LA; ACS
MISCELLANEOUS		
<i>arsenic trioxide</i>	1	
ASPARLAS	3	PA LA; ACS
BESREMI	3	QL (2 ML per 28 days) PA LA
<i>bexarotene capsule 75mg</i>	1	PA; ACS
<i>hydroxyurea</i>	1	MO
KISQALI FEMARA 200 DOSE	3	PA; ACS
KISQALI FEMARA 400 DOSE	3	PA; ACS
KISQALI FEMARA 600 DOSE	3	PA; ACS
MATULANE	3	LA MO
ONCASPAR	3	PA LA
SYNRIBO	3	PA; ACS
<i>tretinoin capsule 10mg</i>	1	MO
WELIREG	3	QL (90 EA per 30 days) PA LA MO

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Drug Name	Drug Tier	Requirements/Limits
MOLECULAR TARGET AGENTS		
ALECENSA	2	QL (240 EA per 30 days) PA LA; ACS
ALUNBRIG TABLET THERAPY PACK	3	PA LA MO
ALUNBRIG TABLET 30MG	3	QL (120 EA per 30 days) PA LA MO
ALUNBRIG TABLET 180MG, 90MG	3	QL (30 EA per 30 days) PA LA MO
AYVAKIT	3	QL (30 EA per 30 days) PA LA MO
BALVERSA TABLET 5MG	3	QL (28 EA per 28 days) PA LA; ACS
BALVERSA TABLET 4MG	3	QL (56 EA per 28 days) PA LA; ACS
BALVERSA TABLET 3MG	3	QL (84 EA per 28 days) PA LA; ACS
BOSULIF TABLET 100MG	3	QL (180 EA per 30 days) PA; ACS
BOSULIF TABLET 400MG, 500MG	3	QL (30 EA per 30 days) PA; ACS
BRAFTOVI CAPSULE 75MG	3	QL (180 EA per 30 days) PA LA; ACS
BRUKINSA	2	QL (120 EA per 30 days) PA LA MO
CABOMETYX	2	QL (30 EA per 30 days) PA LA; ACS
CALQUENCE	3	QL (60 EA per 30 days) PA LA MO
CAPRELSA TABLET 300MG	3	QL (30 EA per 30 days) PA LA MO
CAPRELSA TABLET 100MG	3	QL (60 EA per 30 days) PA LA MO
COMETRIQ KIT 140MG/DAY	3	QL (112 EA per 28 days) PA LA; ACS
COMETRIQ KIT 100MG/DAY	3	QL (56 EA per 28 days) PA LA; ACS
COMETRIQ KIT 20MG	3	QL (84 EA per 28 days) PA LA; ACS
COPIKTRA	3	QL (56 EA per 28 days) PA LA; ACS
COTELLIC	3	QL (63 EA per 28 days) PA LA; ACS
DAURISMO TABLET 100MG	3	QL (30 EA per 30 days) PA LA; ACS
DAURISMO TABLET 25MG	3	QL (60 EA per 30 days) PA LA; ACS
ERIVEDGE	3	PA LA; ACS
<i>erlotinib hydrochloride tablet 100mg, 150mg</i>	1	QL (30 EA per 30 days) PA; ACS
<i>erlotinib hydrochloride tablet 25mg</i>	1	QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 2mg</i>	1	QL (150 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 5mg</i>	1	QL (60 EA per 30 days) PA; ACS

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Drug Name	Drug Tier	Requirements/Limits
<i>everolimus tablet soluble 3mg</i>	1	QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	1	QL (30 EA per 30 days) PA; ACS
EXKIVITY	3	QL (120 EA per 30 days) PA LA MO
FOTIVDA	3	QL (21 EA per 28 days) PA LA MO
GAVRETO	3	QL (120 EA per 30 days) PA LA; ACS
<i>gefitinib</i>	1	QL (30 EA per 30 days) PA; ACS
GILOTRIF	3	QL (30 EA per 30 days) PA LA MO
IBRANCE	2	QL (21 EA per 28 days) PA LA; ACS
ICLUSIG TABLET 10MG, 30MG	3	PA LA MO
ICLUSIG TABLET 15MG, 45MG	3	QL (30 EA per 30 days) PA LA MO
IDHIFA	3	QL (30 EA per 30 days) PA LA; ACS
<i>imatinib mesylate tablet 400mg</i>	1	QL (60 EA per 30 days) PA; ACS
<i>imatinib mesylate tablet 100mg</i>	1	QL (90 EA per 30 days) PA; ACS
IMBRUVICA SUSPENSION	2	QL (216 ML per 27 days) PA LA MO
IMBRUVICA TABLET	2	QL (30 EA per 30 days) PA LA MO
IMBRUVICA CAPSULE 70MG	2	QL (30 EA per 30 days) PA LA MO
IMBRUVICA CAPSULE 140MG	2	QL (90 EA per 30 days) PA LA MO
INLYTA TABLET 5MG	3	QL (120 EA per 30 days) PA LA; ACS
INLYTA TABLET 1MG	3	QL (180 EA per 30 days) PA LA; ACS
INREBIC	3	QL (120 EA per 30 days) PA LA; ACS
JAKAFI	3	QL (60 EA per 30 days) PA LA; ACS
JAYPIRCA TABLET 50MG	3	QL (30 EA per 30 days) PA LA; ACS
JAYPIRCA TABLET 100MG	3	QL (60 EA per 30 days) PA LA; ACS
KISQALI	3	PA; ACS
KOSELUGO	3	PA LA MO
KRAZATI	3	QL (180 EA per 30 days) PA LA MO
<i>lapatinib ditosylate</i>	1	QL (180 EA per 30 days) PA LA; ACS
LENVIMA 10 MG DAILY DOSE	3	PA LA; ACS
LENVIMA 12MG DAILY DOSE	3	PA LA; ACS
LENVIMA 14 MG DAILY DOSE	3	PA LA; ACS
LENVIMA 18 MG DAILY DOSE	3	PA LA; ACS

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA 20 MG DAILY DOSE	3	PA LA; ACS
LENVIMA 24 MG DAILY DOSE	3	PA LA; ACS
LENVIMA 4 MG DAILY DOSE	3	PA LA; ACS
LENVIMA 8 MG DAILY DOSE	3	PA LA; ACS
LORBRENA TABLET 100MG	3	QL (30 EA per 30 days) PA LA; ACS
LORBRENA TABLET 25MG	3	QL (90 EA per 30 days) PA LA; ACS
LUMAKRAS TABLET 120MG	3	QL (240 EA per 30 days) PA LA; ACS
LUMAKRAS TABLET 320MG	3	QL (90 EA per 30 days) PA LA; ACS
LYNPARZA	3	QL (120 EA per 30 days) PA LA; ACS
LYTGOBI TABLET THERAPY PACK 16MG	3	QL (112 EA per 28 days) PA LA MO
LYTGOBI TABLET THERAPY PACK 20MG	3	QL (140 EA per 28 days) PA LA MO
LYTGOBI TABLET THERAPY PACK 12MG	3	QL (84 EA per 28 days) PA LA MO
MEKINIST SOLUTION RECONSTITUTED	3	QL (1260 ML per 30 days) PA LA; ACS
MEKINIST TABLET 2MG	3	QL (30 EA per 30 days) PA LA; ACS
MEKINIST TABLET 0.5MG	3	QL (90 EA per 30 days) PA LA; ACS
MEKTOVI	3	QL (180 EA per 30 days) PA LA; ACS
NERLYNX	3	QL (180 EA per 30 days) PA LA; ACS
NEXAVAR	2	QL (120 EA per 30 days) PA LA; ACS
NINLARO	3	PA; ACS
ODOMZO	3	PA LA; ACS
PEMAZYRE	3	QL (14 EA per 21 days) PA LA MO
PIQRAY 200MG DAILY DOSE	3	QL (28 EA per 28 days) PA; ACS
PIQRAY 250MG DAILY DOSE	3	QL (56 EA per 28 days) PA; ACS
PIQRAY 300MG DAILY DOSE	3	QL (56 EA per 28 days) PA; ACS
QINLOCK	3	QL (90 EA per 30 days) PA LA MO
RETEVMO CAPSULE 80MG	3	QL (120 EA per 30 days) PA LA; ACS
RETEVMO CAPSULE 40MG	3	QL (180 EA per 30 days) PA LA; ACS
REZLIDHIA	3	QL (60 EA per 30 days) PA LA MO
<i>romidepsin</i>	1	ACS

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK CAPSULE 100MG	3	QL (150 EA per 30 days) PA LA; ACS
ROZLYTREK CAPSULE 200MG	3	QL (90 EA per 30 days) PA LA; ACS
RUBRACA	3	PA LA; ACS
RYDAPT	3	QL (224 EA per 28 days) PA; ACS
SCEMBLIX TABLET 40MG	3	QL (300 EA per 30 days) PA; ACS
SCEMBLIX TABLET 20MG	3	QL (60 EA per 30 days) PA; ACS
<i>sorafenib tosylate</i>	1	QL (120 EA per 30 days) PA; ACS
SPRYCEL TABLET 100MG, 140MG, 50MG, 70MG, 80MG	3	QL (30 EA per 30 days) PA; ACS
SPRYCEL TABLET 20MG	3	QL (90 EA per 30 days) PA; ACS
STIVARGA	3	QL (84 EA per 28 days) PA LA; ACS
<i>sunitinib malate</i>	1	QL (30 EA per 30 days) PA; ACS
TABRECTA	3	QL (112 EA per 28 days) PA; ACS
TAFINLAR CAPSULE	3	QL (120 EA per 30 days) PA LA; ACS
TAFINLAR TABLET SOLUBLE	3	QL (900 EA per 30 days) PA LA; ACS
TAGRISO	3	QL (30 EA per 30 days) PA LA; ACS
TALZENNA CAPSULE 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG	3	QL (30 EA per 30 days) PA LA; ACS
TALZENNA CAPSULE 0.25MG	3	QL (90 EA per 30 days) PA LA; ACS
TASIGNA CAPSULE 150MG, 200MG	3	QL (112 EA per 28 days) PA; ACS
TASIGNA CAPSULE 50MG	3	QL (120 EA per 30 days) PA; ACS
TAZVERIK	3	QL (240 EA per 30 days) PA LA MO
TECVAYLI	3	PA LA
TEPMETKO	3	QL (60 EA per 30 days) PA LA MO
TIBSOVO	3	PA LA MO
TRUSELTIQ CAPSULE THERAPY PACK 100MG	3	QL (21 EA per 28 days) PA LA; ACS
TRUSELTIQ CAPSULE THERAPY PACK 0, 25MG	3	QL (42 EA per 28 days) PA LA; ACS
TRUSELTIQ CAPSULE THERAPY PACK 25MG	3	QL (63 EA per 28 days) PA LA; ACS
TRUXIMA	2	PA; ACS
TUKYSA TABLET 150MG	3	QL (120 EA per 30 days) PA LA MO
TUKYSA TABLET 50MG	3	QL (240 EA per 30 days) PA LA MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
TURALIO	3	QL (120 EA per 30 days) PA LA MO
VANFLYTA	3	QL (56 EA per 28 days) PA LA
VENCLEXTA STARTING PACK	3	QL (42 EA per 28 days) PA LA MO
VENCLEXTA TABLET 10MG, 50MG	3	QL (120 EA per 30 days) PA LA MO
VENCLEXTA TABLET 100MG	3	QL (180 EA per 30 days) PA LA MO
VERZENIO	2	PA LA; ACS
VITRAKVI SOLUTION	3	QL (300 ML per 30 days) PA LA; ACS
VITRAKVI CAPSULE 25MG	2	QL (180 EA per 30 days) PA LA; ACS
VITRAKVI CAPSULE 100MG	2	QL (60 EA per 30 days) PA LA; ACS
VIZIMPRO	3	QL (30 EA per 30 days) PA LA; ACS
VONJO	3	QL (120 EA per 30 days) PA LA MO
VOTRIENT	3	QL (120 EA per 30 days) PA LA; ACS
XALKORI	3	QL (120 EA per 30 days) PA LA; ACS
XOSPATA	3	PA LA; ACS
XPOVIO 60 MG TWICE WEEKLY	3	QL (24 EA per 28 days) PA LA MO
XPOVIO 80 MG TWICE WEEKLY	3	QL (32 EA per 28 days) PA LA MO
XPOVIO TABLET THERAPY PACK 40MG, 60MG	3	QL (4 EA per 28 days) PA LA MO
XPOVIO TABLET THERAPY PACK 40MG, 50MG	3	QL (8 EA per 28 days) PA LA MO
ZEJULA CAPSULE	3	PA LA; ACS
ZEJULA TABLET	3	QL (30 EA per 30 days) PA LA; ACS
ZELBORAF	3	QL (240 EA per 30 days) PA LA; ACS
ZIRABEV	2	PA LA; ACS
ZOLINZA	3	PA; ACS
ZYDELIG	3	QL (60 EA per 30 days) PA LA; ACS
ZYKADIA	3	QL (84 EA per 28 days) PA LA; ACS
PROTECTIVE AGENTS		
<i>leucovorin calcium tablet</i>	2	MO
MESNEX TABLET 400MG	3	MO

CARDIOVASCULAR**ACE INHIBITOR COMBINATIONS**

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate/benazepril hydrochloride</i>	1	QL (30 EA per 30 days) MO
<i>benazepril hcl/hydrochlorothiazide</i>	1	MO
<i>captopril/hydrochlorothiazide</i>	1	MO
<i>enalapril maleate/hydrochlorothiazide</i>	1	MO
<i>fosinopril sodium/hydrochlorothiazide</i>	1	MO
<i>lisinopril/hydrochlorothiazide</i>	1	MO
<i>quinapril/hydrochlorothiazide</i>	1	MO
<i>trandolapril/verapamil hcl er</i>	1	MO
ACE INHIBITORS		
<i>benazepril hcl tablet 10mg, 40mg, 5mg</i>	1	MO
<i>benazepril hydrochloride tablet 20mg</i>	1	MO
<i>captopril</i>	1	MO
<i>enalapril maleate tablet</i>	1	MO
<i>fosinopril sodium</i>	1	MO
<i>lisinopril</i>	1	MO
<i>moexipril hcl</i>	1	MO
<i>perindopril erbumine</i>	1	MO
<i>quinapril hcl tablet 20mg, 40mg</i>	1	MO
<i>quinapril hydrochloride tablet 10mg, 5mg</i>	1	MO
<i>ramipril</i>	1	MO
<i>trandolapril</i>	1	MO
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i>	3	MO
KERENDIA	2	QL (30 EA per 30 days) MO
<i>spironolactone</i>	1	MO
ALPHA BLOCKERS		
<i>doxazosin mesylate</i>	1	MO
<i>prazosin hydrochloride</i>	2	MO
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	MO
<i>terazosin hydrochloride capsule 2mg</i>	1	MO
ANGIOTENSIN II RECEPTOR ANTAGONIST		
COMBINATIONS		
<i>amlodipine besylate/valsartan</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine/olmesartan medoxomil</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine/valsartan/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tablet 32mg; 12.5mg, 32mg; 25mg</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg</i>	1	QL (60 EA per 30 days) MO
EDARBYCLOR	3	QL (30 EA per 30 days) MO
ENTRESTO	2	MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg</i>	1	QL (30 EA per 30 days) MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg</i>	1	QL (60 EA per 30 days) MO
<i>losartan potassium/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/amlodipine</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 80mg</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 80mg</i>	1	QL (60 EA per 30 days) MO
<i>valsartan/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tablet 32mg</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil tablet 16mg, 4mg, 8mg</i>	1	QL (60 EA per 30 days) MO
EDARBI	3	QL (30 EA per 30 days) MO
<i>irbesartan</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tablet 100mg</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tablet 25mg, 50mg</i>	1	QL (60 EA per 30 days) MO
<i>olmesartan medoxomil tablet 20mg, 40mg</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil tablet 5mg</i>	1	QL (60 EA per 30 days) MO
<i>telmisartan</i>	1	QL (30 EA per 30 days) MO
<i>valsartan tablet 320mg</i>	1	QL (30 EA per 30 days) MO
<i>valsartan tablet 160mg, 40mg, 80mg</i>	1	QL (60 EA per 30 days) MO
ANTIARRHYTHMICS		
<i>amiodarone hcl injection 50mg/ml</i>	3	
<i>amiodarone hydrochloride tablet</i>	1	MO
<i>amiodarone hydrochloride injection 150mg/3ml, 450mg/9ml, 900mg/18ml</i>	3	
<i>disopyramide phosphate</i>	3	PA MO
<i>dofetilide</i>	3	ACS
<i>flecainide acetate</i>	2	MO
LIDOCAINE HCL IN D5W	3	
LIDOCAINE HCL INJECTION 100MG/5ML	3	
<i>lidocaine hcl injection 100mg/5ml, 50mg/5ml</i>	3	
MULTAQ	3	MO
NORPACE CR	3	MO
<i>pacerone</i>	1	
<i>propafenone hcl tablet</i>	2	MO
<i>propafenone hydrochloride er capsule extended release 12 hour</i>	3	MO
<i>quinidine sulfate</i>	1	MO
<i>sorine tablet 160mg, 240mg, 80mg</i>	1	
<i>sorine tablet 120mg</i>	1	MO
<i>sotalol hcl</i>	1	MO
<i>sotalol hydrochloride (af)</i>	1	MO
ANTILIPEMICS, FIBRATES		
<i>fenofibrate micronized capsule 134mg, 130mg, 200mg, 43mg, 67mg</i>	2	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate capsule</i>	2	MO
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	2	MO
<i>fenofibrate tablet 120mg, 40mg</i>	3	MO
<i>fenofibric acid dr capsule delayed release 135mg, 45mg</i>	3	MO
<i>gemfibrozil</i>	1	MO
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i>	1	QL (30 EA per 30 days) MO
<i>fluvastatin capsule 20mg, 40mg</i>	1	QL (60 EA per 30 days) MO
<i>fluvastatin sodium er tablet extended release 24 hour 80mg</i>	1	QL (30 EA per 30 days) MO
<i>lovastatin</i>	1	MO
<i>pravastatin sodium</i>	1	QL (30 EA per 30 days) MO
<i>rosuvastatin calcium</i>	1	QL (30 EA per 30 days) MO
<i>simvastatin</i>	1	QL (30 EA per 30 days) MO
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i>	3	MO
<i>cholestyramine light</i>	3	MO
<i>colesevelam hydrochloride</i>	2	MO
<i>colestipol hcl</i>	3	MO
<i>ezetimibe</i>	3	MO
<i>ezetimibe/simvastatin</i>	1	QL (30 EA per 30 days) MO
<i>niacin er tablet extended release 1000mg, 750mg</i>	3	MO
<i>niacin er tablet extended release 500mg</i>	3	QL (60 EA per 30 days) MO
<i>niacin immediate release tablet 500mg</i>	3	MO
<i>niacor</i>	3	MO
<i>omega-3-acid ethyl esters</i>	3	QL (120 EA per 30 days) PA MO
<i>prevalite</i>	3	
REPATHA	2	PA
REPATHA PUSHTRONEX SYSTEM	2	PA
REPATHA SURECLICK	2	PA
VASCEPA	3	MO
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol/chlorthalidone</i>	1	MO
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	MO
<i>metoprolol/hydrochlorothiazide</i>	2	MO
BETA-BLOCKERS		
<i>acebutolol hydrochloride</i>	1	MO
<i>atenolol</i>	1	MO
<i>betaxolol hcl tablet 10mg, 20mg</i>	2	MO
<i>bisoprolol fumarate</i>	1	MO
<i>carvedilol phosphate er capsule extended release 24 hour</i>	3	QL (30 EA per 30 days) MO
<i>carvedilol tablet</i>	1	MO
<i>labetalol hydrochloride tablet</i>	2	MO
<i>labetalol hydrochloride injection</i>	3	MO
<i>metoprolol succinate er</i>	1	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol tartrate tablet</i>	1	MO
<i>metoprolol tartrate injection</i>	3	
<i>nadolol</i>	3	MO
<i>nebivolol hydrochloride tablet 10mg, 2.5mg, 5mg</i>	2	QL (30 EA per 30 days) MO
<i>nebivolol hydrochloride tablet 20mg</i>	2	QL (60 EA per 30 days) MO
<i>pindolol</i>	2	MO
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	3	MO
<i>propranolol hcl er capsule extended release 24 hour 60mg, 80mg</i>	3	MO
<i>propranolol hcl tablet 10mg, 20mg, 80mg, 60mg</i>	2	MO
<i>propranolol hcl oral solution 20mg/5ml, 40mg/5ml, tablet 40mg</i>	2	MO
<i>propranolol hcl injection</i>	3	
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	1	MO
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i>	1	MO
<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	MO
<i>diltiazem hcl cd</i>	1	MO
<i>diltiazem hcl immediate release tablet</i>	1	MO
DILTIAZEM HCL INJECTION 100MG	3	
<i>diltiazem hcl injection 125mg/25ml, 50mg/10ml</i>	3	
<i>diltiazem hydrochloride er</i>	1	MO
<i>diltiazem hydrochloride tablet</i>	1	MO
<i>diltiazem hydrochloride injection solution 25mg/5ml</i>	3	
<i>felodipine er</i>	3	MO
<i>isradipine</i>	1	MO
<i>matzim la</i>	1	
<i>nicardipine hcl capsule 20mg, 30mg</i>	3	MO
<i>nifedipine er tablet extended release 24 hour</i>	2	MO
<i>nimodipine</i>	1	MO
<i>nisoldipine er</i>	3	MO
<i>taztia xt</i>	1	
<i>tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	
<i>tiadylt er capsule extended release 24 hour 420mg</i>	1	MO
<i>verapamil hcl er capsule extended release 24 hour</i>	1	MO
VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	2	MO
<i>verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	1	MO
<i>verapamil hcl sr tablet extended release</i>	1	MO
<i>verapamil hcl tablet 40mg, 80mg</i>	1	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hydrochloride er tablet extended release</i>	1	MO
<i>verapamil hydrochloride tablet</i>	1	MO
<i>verapamil hydrochloride injection</i>	3	MO
DIURETICS		
<i>acetazolamide tablet</i>	2	MO
<i>acetazolamide er capsule extended release</i>	3	MO
<i>amiloride hcl</i>	2	MO
<i>amiloride/hydrochlorothiazide</i>	1	MO
<i>bumetanide injection, tablet</i>	2	MO
<i>chlorthalidone</i>	1	MO
<i>furosemide oral solution, tablet</i>	1	MO
<i>furosemide injection</i>	3	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
<i>methazolamide</i>	3	MO
<i>metolazone</i>	3	MO
<i>spironolactone/hydrochlorothiazide</i>	2	MO
<i>toremide</i>	2	MO
<i>triamterene/hydrochlorothiazide</i>	1	MO
MISCELLANEOUS		
<i>aliskiren</i>	1	MO
<i>amlodipine besylate/atorvastatin calcium</i>	1	MO
<i>clonidine hcl patch weekly</i>	2	QL (8 EA per 28 days) MO
<i>clonidine hydrochloride tablet</i>	1	MO
CORLANOR SOLUTION	3	
CORLANOR TABLET	3	MO
<i>digox</i>	2	QL (30 EA per 30 days)
<i>digoxin oral solution</i>	2	MO
<i>digoxin injection</i>	3	MO
<i>digoxin tablet 125mcg, 250mcg</i>	2	QL (30 EA per 30 days) MO
<i>digoxin tablet 62.5mcg</i>	2	QL (90 EA per 30 days) MO
<i>droxidopa capsule 200mg, 300mg</i>	1	QL (180 EA per 30 days) PA; ACS
<i>droxidopa capsule 100mg</i>	3	QL (90 EA per 30 days) PA; ACS
<i>epinephrine injection 30mg/30ml</i>	2	
<i>guanfacine hydrochloride tablet 1mg, 2mg</i>	3	PA MO
<i>hydralazine hcl tablet 10mg</i>	1	MO
<i>hydralazine hcl injection</i>	3	MO
<i>hydralazine hydrochloride tablet 100mg, 25mg, 50mg</i>	1	MO
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	3	MO
<i>metyrosine</i>	1	PA MO
<i>midodrine hcl</i>	3	MO
<i>minoxidil tablet 10mg, 2.5mg</i>	1	MO
<i>ranolazine er</i>	2	MO
VERQUVO	2	PA MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
NITRATES		
<i>isosorbide dinitrate tablet 40mg</i>	1	MO
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	2	MO
<i>isosorbide mononitrate</i>	1	MO
<i>isosorbide mononitrate er</i>	1	MO
NITRO-BID OINTMENT 2%	2	MO
<i>nitroglycerin lingual spray</i>	3	MO
<i>nitroglycerin transdermal</i>	1	MO
NITROGLYCERIN INJECTION	3	
<i>nitroglycerin tablet sublingual</i>	2	MO
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS	2	QL (90 EA per 30 days) PA LA; ACS
<i>alyq</i>	1	PA; ACS
<i>ambrisentan</i>	1	QL (30 EA per 30 days) PA LA; ACS
<i>bosentan tablet 62.5mg</i>	1	QL (120 EA per 30 days) PA LA; ACS
<i>bosentan tablet 125mg</i>	1	QL (60 EA per 30 days) PA LA; ACS
<i>epoprostenol sodium</i>	3	B/D LA; ACS
OPSUMIT	2	QL (30 EA per 30 days) PA LA; ACS
<i>sildenafil injection</i>	1	QL (1125 ML per 30 days) PA; ACS
<i>sildenafil citrate (generic Revatio) tablet 20mg</i>	2	QL (360 EA per 30 days) PA; ACS
<i>tadalafil tablet (generic Adcirca) 20mg</i>	1	PA; ACS
TRACLEER	3	QL (120 EA per 30 days) PA LA; ACS
<i>treprostinil</i>	1	PA LA; ACS
VENTAVIS	3	PA LA; ACS
CENTRAL NERVOUS SYSTEM		
ANTI-ANXIETY		
<i>alprazolam er tablet extended release 24 hour 1mg</i>	3	QL (30 EA per 30 days) MO; HRM
<i>alprazolam er tablet extended release 24 hour 3mg</i>	3	QL (60 EA per 30 days) MO; HRM
<i>alprazolam er tablet extended release 24 hour 0.5mg</i>	3	QL (600 EA per 30 days) MO; HRM
<i>alprazolam er tablet extended release 24 hour 2mg</i>	3	QL (90 EA per 30 days) MO; HRM
ALPRAZOLAM INTENSOL	3	QL (300 ML per 30 days) MO; HRM
<i>alprazolam tablet 0.25mg, 0.5mg</i>	2	QL (120 EA per 30 days) MO; HRM
<i>alprazolam tablet 1mg, 2mg</i>	2	QL (150 EA per 30 days) MO; HRM
<i>bupirone hcl tablet 15mg, 30mg</i>	1	MO
<i>bupirone hydrochloride tablet 5mg, 7.5mg, 10mg</i>	1	MO
<i>chlordiazepoxide hcl capsule 5mg, 10mg</i>	3	QL (120 EA per 30 days) PA MO; HRM

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>chlordiazepoxide hydrochloride capsule 25mg</i>	3	QL (120 EA per 30 days) PA MO; HRM
<i>fluvoxamine maleate er capsule extended release 24 hour</i>	3	QL (60 EA per 30 days) MO; HRM
<i>fluvoxamine maleate tablet 100mg, 25mg, 50mg</i>	2	MO; HRM
<i>lorazepam intensol</i>	1	QL (150 ML per 30 days) MO; HRM
<i>lorazepam injection</i>	3	QL (150 ML per 30 days) MO; HRM
<i>lorazepam tablet 0.5mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>lorazepam tablet 1mg, 2mg</i>	1	QL (150 EA per 30 days) MO; HRM
<i>meprobamate</i>	3	PA MO
<i>oxazepam</i>	3	QL (120 EA per 30 days) PA MO; HRM
ANTIDEMENTIA		
<i>donepezil hcl tablet disintegrating 10mg, 5mg</i>	1	QL (30 EA per 30 days) MO
<i>donepezil hcl tablet 10mg</i>	1	QL (30 EA per 30 days) MO
<i>donepezil hcl tablet 23mg</i>	2	QL (30 EA per 30 days) MO
<i>donepezil hydrochloride tablet 5mg</i>	1	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide er capsule extended release 24 hour</i>	3	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide solution</i>	3	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide tablet</i>	3	QL (60 EA per 30 days) MO
<i>memantine hcl titration pak</i>	1	QL (98 EA per 365 days) PA MO
<i>memantine hydrochloride er capsule extended release 24 hour</i>	3	PA MO
<i>memantine hydrochloride solution</i>	2	QL (360 ML per 30 days) PA MO
<i>memantine hydrochloride tablet</i>	2	QL (60 EA per 30 days) PA MO
NAMZARIC	3	MO
<i>rivastigmine tartrate capsule</i>	3	QL (60 EA per 30 days) MO
<i>rivastigmine transdermal system</i>	3	QL (30 EA per 30 days) MO
ANTIDEPRESSANTS		
<i>amitriptyline hcl tablet 100mg, 150mg, 75mg, 25mg</i>	2	PA MO; HRM
<i>amitriptyline hydrochloride tablet 10mg, 50mg</i>	2	PA MO; HRM
<i>amoxapine</i>	2	MO; HRM
<i>bupropion hcl tablet 100mg</i>	2	QL (120 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	2	QL (60 EA per 30 days) MO
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg</i>	2	QL (30 EA per 30 days) MO
<i>bupropion hydrochloride tablet 75mg</i>	2	QL (180 EA per 30 days) MO
<i>chlordiazepoxide/amitriptyline</i>	3	PA MO; HRM
<i>citalopram hydrobromide solution</i>	2	QL (600 ML per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 10mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 40mg</i>	1	QL (30 EA per 30 days) MO; HRM

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>citalopram hydrobromide tablet 20mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>clomipramine hydrochloride capsule</i>	3	PA MO; HRM
<i>desipramine hydrochloride tablet</i>	3	PA MO; HRM
DESVENLAFAXINE ER TABLET (GENERIC KHEDEZLA) EXTENDED RELEASE 24 HOUR 100MG, 50MG	2	QL (30 EA per 30 days); HRM
<i>desvenlafaxine er tablet (generic Pristiq) extended release 24 hour 100mg, 25mg, 50mg</i>	2	QL (30 EA per 30 days) PA MO; HRM
<i>doxepin hcl capsule 75mg, oral concentrate 10mg/ml</i>	2	PA MO; HRM
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	2	PA MO; HRM
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 30MG, 60MG	3	QL (60 EA per 30 days) PA MO; HRM
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	3	QL (90 EA per 30 days) PA MO; HRM
<i>duloxetine hydrochloride capsule 20mg, 30mg, 60mg</i>	2	QL (60 EA per 30 days) MO; HRM
EMSAM	3	QL (30 EA per 30 days) PA MO
<i>escitalopram oxalate solution</i>	2	QL (600 ML per 30 days) MO; HRM
<i>escitalopram oxalate tablet 20mg</i>	2	QL (30 EA per 30 days) MO; HRM
<i>escitalopram oxalate tablet 10mg, 5mg</i>	2	QL (45 EA per 30 days) MO; HRM
FETZIMA TITRATION PACK	3	PA MO; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	3	QL (30 EA per 30 days) PA MO; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG, 40MG	3	QL (60 EA per 30 days) PA MO; HRM
<i>fluoxetine dr capsule delayed release 90mg</i>	3	QL (4 EA per 28 days) MO; HRM
<i>fluoxetine hcl capsule 20mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride capsule 10mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride capsule 40mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride solution</i>	1	MO; HRM
<i>fluoxetine hydrochloride (generic Prozac) tablet 10mg, 20mg</i>	1	MO; HRM
<i>fluoxetine hydrochloride (generic Prozac) tablet 60mg</i>	2	MO; HRM
<i>imipramine hcl tablet 25mg, 50mg</i>	2	PA MO; HRM
<i>imipramine hydrochloride tablet 10mg</i>	2	PA MO; HRM
<i>imipramine pamoate</i>	3	PA MO; HRM
MARPLAN	3	QL (180 EA per 30 days) MO
<i>mirtazapine odt</i>	2	QL (30 EA per 30 days) MO
<i>mirtazapine tablet</i>	1	QL (30 EA per 30 days) MO
<i>nefazodone hydrochloride</i>	3	MO
<i>nortriptyline hcl caps 25mg, 75mg, oral solution 10mg/5ml</i>	2	MO; HRM
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	2	MO; HRM
<i>paroxetine hcl er tablet extended release 24 hour 37.5mg</i>	3	QL (60 EA per 30 days) MO; HRM

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl er tablet extended release 24 hour 12.5mg, 25mg</i>	3	QL (90 EA per 30 days) MO; HRM
<i>paroxetine hcl tablet 40mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>paroxetine hcl tablet 30mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>paroxetine hcl tablet 10mg, 20mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>paroxetine hydrochloride suspension</i>	3	QL (900 ML per 30 days) MO; HRM
<i>perphenazine/amitriptyline</i>	3	PA MO; HRM
<i>phenelzine sulfate</i>	2	MO
<i>protriptyline hcl</i>	3	PA MO; HRM
<i>sertraline hcl concentrate</i>	2	QL (300 ML per 30 days) MO; HRM
<i>sertraline hcl tablet 25mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>sertraline hcl tablet 50mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>sertraline hydrochloride tablet 100mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>tranylcypromine sulfate</i>	3	MO
<i>trazodone hydrochloride tablet</i>	1	MO
<i>trimipramine maleate capsule 50mg</i>	3	QL (120 EA per 30 days) PA MO; HRM
<i>trimipramine maleate capsule 25mg</i>	3	QL (240 EA per 30 days) PA MO; HRM
<i>trimipramine maleate capsule 100mg</i>	3	QL (60 EA per 30 days) PA MO; HRM
TRINTELLIX	3	QL (30 EA per 30 days) MO
VENLAFAXINE BESYLATE ER TABLET EXTENDED RELEASE 24 HOUR 112.5MG	3	QL (60 EA per 30 days) MO; HRM
<i>venlafaxine hcl er capsule extended release 24 hour 37.5mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>venlafaxine hcl er capsule extended release 24 hour 150mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride tablet 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	1	MO; HRM
<i>venlafaxine hydrochloride er capsule extended release 24 hour 75mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride er tablet extended release 24 hour 225mg, 37.5mg, 75mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride er tablet extended release 24 hour 150mg</i>	1	QL (60 EA per 30 days) MO; HRM
VIIBRYD STARTER PACK	3	MO
<i>vilazodone hydrochloride</i>	3	QL (30 EA per 30 days) MO
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl tablet</i>	2	MO
<i>amantadine hcl solution</i>	3	MO
<i>amantadine hcl capsule</i>	3	QL (120 EA per 30 days) MO
<i>benztropine mesylate injection</i>	1	MO
<i>benztropine mesylate tablet</i>	1	PA MO; HRM

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Drug Name	Drug Tier	Requirements/Limits
<i>bromocriptine mesylate capsule, tablet</i>	3	MO
<i>carbidopa tablet</i>	3	MO
<i>carbidopa/levodopa</i>	1	MO
<i>carbidopa/levodopa er</i>	3	MO
<i>carbidopa/levodopa odt</i>	2	MO
CARBIDOPA/LEVODOPA/ENTACAPONE	3	MO
<i>entacapone</i>	3	MO
INBRIJA	2	QL (300 EA per 30 days) PA LA MO
NEUPRO	3	MO
<i>pramipexole dihydrochloride er</i>	3	QL (30 EA per 30 days) MO
<i>pramipexole dihydrochloride immediate release tablet</i>	1	MO
<i>rasagiline mesylate</i>	2	MO
<i>ropinirole er tablet extended release 24 hour 6mg</i>	3	QL (120 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 4mg</i>	3	QL (150 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 2mg</i>	3	QL (30 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 12mg</i>	3	QL (60 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 8mg</i>	3	QL (90 EA per 30 days) MO
<i>ropinirole hcl immediate release tablet 0.25mg, 3mg</i>	1	MO
<i>ropinirole hcl immediate release tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	1	MO
<i>selegiline hcl capsule, tablet</i>	1	MO
<i>trihexyphenidyl hcl oral solution</i>	1	PA MO; HRM
<i>trihexyphenidyl hydrochloride tablet</i>	1	PA MO; HRM
ANTIPSYCHOTICS		
ABILIFY MAINTENA	2	QL (1 EA per 28 days) MO; HRM
<i>aripiprazole odt</i>	3	QL (60 EA per 30 days) MO; HRM
<i>aripiprazole tablet</i>	3	QL (30 EA per 30 days) MO; HRM
<i>aripiprazole solution</i>	3	QL (900 ML per 30 days) MO; HRM
ARISTADA INITIO	2	HRM
ARISTADA INJECTION 441MG/1.6ML	2	QL (1.6 ML per 28 days); HRM
ARISTADA INJECTION 662MG/2.4ML	2	QL (2.4 ML per 28 days); HRM
ARISTADA INJECTION 882MG/3.2ML	2	QL (3.2 ML per 28 days); HRM
ARISTADA INJECTION 1064MG/3.9ML	2	QL (3.9 ML per 56 days); HRM
<i>asenapine maleate sl</i>	3	QL (60 EA per 30 days) MO; HRM
CAPLYTA	3	QL (30 EA per 30 days) MO; HRM
<i>chlorpromazine hcl tablet</i>	3	MO; HRM
<i>chlorpromazine hcl injection 50mg/2ml</i>	3	HRM
<i>chlorpromazine hcl injection 25mg/ml</i>	3	MO; HRM
<i>chlorpromazine hydrochloride oral concentrate</i>	3	HRM
<i>chlorpromazine hydrochloride tablet</i>	3	MO; HRM
CLOZAPINE ODT TABLET DISINTEGRATING 200MG	3	QL (120 EA per 30 days) PA; HRM
CLOZAPINE ODT TABLET DISINTEGRATING 150MG	3	QL (180 EA per 30 days) PA; HRM

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine odt tablet disintegrating 12.5mg, 25mg</i>	3	PA; HRM
<i>clozapine odt tablet disintegrating 100mg</i>	3	QL (270 EA per 30 days) PA; HRM
<i>clozapine tablet 25mg, 50mg</i>	2	HRM
<i>clozapine tablet 200mg</i>	2	QL (120 EA per 30 days); HRM
<i>clozapine tablet 100mg</i>	2	QL (270 EA per 30 days); HRM
FANAPT	3	QL (60 EA per 30 days) PA MO; HRM
FANAPT TITRATION PACK	3	PA MO; HRM
<i>fluphenazine decanoate injection</i>	3	MO; HRM
<i>fluphenazine hcl oral concentrate, tablet</i>	1	MO; HRM
<i>fluphenazine hcl injection</i>	3	MO; HRM
<i>fluphenazine hydrochloride oral elixir</i>	1	MO; HRM
<i>haloperidol tablet, oral concentrate</i>	2	MO; HRM
<i>haloperidol decanoate</i>	3	MO; HRM
<i>haloperidol lactate injection</i>	3	MO; HRM
INVEGA HAFYERA INJECTION 1092MG/3.5ML	2	QL (3.5 ML per 180 days); HRM
INVEGA HAFYERA INJECTION 1560MG/5ML	2	QL (5 ML per 180 days); HRM
INVEGA SUSTENNA INJECTION 78MG/0.5ML	2	QL (0.5 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 117MG/0.75ML	2	QL (0.75 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 156MG/ML	2	QL (1 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 234MG/1.5ML	2	QL (1.5 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 39MG/0.25ML	3	QL (0.25 ML per 28 days) MO; HRM
INVEGA TRINZA INJECTION 273MG/0.88ML	2	QL (0.88 ML per 90 days); HRM
INVEGA TRINZA INJECTION 410MG/1.32ML	2	QL (1.32 ML per 90 days); HRM
INVEGA TRINZA INJECTION 546MG/1.75ML	2	QL (1.75 ML per 90 days); HRM
INVEGA TRINZA INJECTION 819MG/2.63ML	2	QL (2.63 ML per 90 days); HRM
<i>loxapine</i>	2	MO; HRM
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>lurasidone hydrochloride tablet 80mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>molindone hydrochloride tablet 10mg, 5mg</i>	2	HRM
<i>molindone hydrochloride tablet 25mg</i>	3	HRM
NUPLAZID	3	QL (30 EA per 30 days) PA LA; ACS HRM
<i>olanzapine odt</i>	3	QL (30 EA per 30 days) MO; HRM
<i>olanzapine injection</i>	3	QL (3 EA per 1 days) MO; HRM
<i>olanzapine tablet 10mg, 15mg, 20mg, 7.5mg</i>	2	QL (30 EA per 30 days) MO; HRM
<i>olanzapine tablet 2.5mg, 5mg</i>	2	QL (60 EA per 30 days) MO; HRM
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	3	QL (30 EA per 30 days) MO; HRM
<i>paliperidone er tablet extended release 24 hour 6mg</i>	3	QL (60 EA per 30 days) MO; HRM
<i>perphenazine</i>	3	MO; HRM
PERSERIS	2	QL (1 EA per 30 days); HRM

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>pimozide</i>	3	MO
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 200mg</i>	3	QL (30 EA per 30 days) PA MO; HRM
<i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg, 50mg</i>	3	QL (60 EA per 30 days) PA MO; HRM
<i>quetiapine fumarate tablet 200mg</i>	2	QL (120 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 25mg</i>	2	QL (180 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 300mg, 400mg</i>	2	QL (60 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 100mg, 150mg, 50mg</i>	2	QL (90 EA per 30 days) MO; HRM
REXULTI TABLET 3MG, 4MG	2	QL (30 EA per 30 days) MO; HRM
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG	2	QL (60 EA per 30 days) MO; HRM
RISPERDAL CONSTA INJECTION 37.5MG, 50MG	2	QL (2 EA per 28 days) MO; HRM
RISPERDAL CONSTA INJECTION 12.5MG, 25MG	3	QL (2 EA per 28 days) MO; HRM
<i>risperidone odt tablet disintegrating 4mg</i>	3	QL (120 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 1mg, 2mg, 3mg</i>	3	QL (60 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 0.25mg, 0.5mg</i>	3	QL (90 EA per 30 days) MO; HRM
<i>risperidone solution</i>	1	QL (480 ML per 30 days) MO; HRM
<i>risperidone tablet 4mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>risperidone tablet 1mg, 2mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>risperidone tablet 0.25mg, 0.5mg, 3mg</i>	1	QL (90 EA per 30 days) MO; HRM
SECUADO	2	QL (30 EA per 30 days) MO; HRM
<i>thioridazine hcl tablet</i>	2	PA MO; HRM
<i>thiothixene</i>	3	MO; HRM
<i>trifluoperazine hcl tablet 2mg, 5mg, 10mg</i>	3	MO; HRM
<i>trifluoperazine hydrochloride tablet 1mg</i>	3	MO; HRM
VERSACLOZ	3	QL (600 ML per 30 days) PA; HRM
VRAYLAR CAPSULE THERAPY PACK	3	MO; HRM
VRAYLAR CAPSULE 3MG, 4.5MG, 6MG	2	QL (30 EA per 30 days) MO; HRM
VRAYLAR CAPSULE 1.5MG	2	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone hcl capsule</i>	2	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone mesylate injection</i>	3	QL (6 EA per 3 days) MO; HRM
ZYPREXA RELPREVV INJECTION 405MG	3	QL (1 EA per 28 days) PA MO; ACS HRM
ZYPREXA RELPREVV INJECTION 210MG, 300MG	3	QL (2 EA per 28 days) PA MO; ACS HRM
ANTISEIZURE AGENTS		
APTiom TABLET 200MG, 400MG	2	QL (30 EA per 30 days) MO
APTiom TABLET 600MG, 800MG	2	QL (60 EA per 30 days) MO
BRIVIACT TABLET	3	QL (60 EA per 30 days) PA MO
BRIVIACT INJECTION	3	QL (600 ML per 30 days) PA
BRIVIACT ORAL SOLUTION	3	QL (600 ML per 30 days) PA MO
<i>carbamazepine</i>	1	MO; HRM
<i>carbamazepine er</i>	3	MO; HRM

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>clobazam suspension</i>	3	QL (480 ML per 30 days) PA MO; HRM
<i>clobazam tablet</i>	3	QL (60 EA per 30 days) PA MO; HRM
<i>clonazepam odt tablet disintegrating 2mg</i>	2	QL (300 EA per 30 days) MO
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	2	QL (90 EA per 30 days) MO
<i>clonazepam tablet 2mg</i>	1	QL (300 EA per 30 days) MO
<i>clonazepam tablet 0.5mg, 1mg</i>	1	QL (90 EA per 30 days) MO
<i>clorazepate dipotassium tablet 15mg</i>	2	QL (180 EA per 30 days) PA MO; HRM
<i>clorazepate dipotassium tablet 3.75mg, 7.5mg</i>	2	QL (90 EA per 30 days) PA MO; HRM
DIACOMIT CAPSULE 500MG	3	QL (180 EA per 30 days) PA LA MO
DIACOMIT CAPSULE 250MG	3	QL (360 EA per 30 days) PA LA MO
DIACOMIT PACKET 500MG	3	QL (180 EA per 30 days) PA LA MO
DIACOMIT PACKET 250MG	3	QL (360 EA per 30 days) PA LA MO
<i>diazepam intensol</i>	2	QL (240 ML per 30 days) PA MO; HRM
DIAZEPAM RECTAL GEL	3	MO; HRM
<i>diazepam tablet</i>	2	QL (120 EA per 30 days) PA MO; HRM
<i>diazepam concentrate</i>	2	QL (240 ML per 30 days) PA MO; HRM
<i>diazepam oral solution</i>	3	QL (1200 ML per 30 days) PA MO; HRM
<i>diazepam injection</i>	3	QL (240 ML per 30 days) PA MO; HRM
DILANTIN	3	MO
DILANTIN INFATABS	3	MO
DILANTIN-125	3	MO
<i>divalproex sodium dr tablet delayed release</i>	2	MO
<i>divalproex sodium er tablet extended release 24 hour</i>	3	MO
<i>divalproex sodium sprinkle capsule</i>	2	MO
EPIDIOLEX	2	QL (600 ML per 30 days) PA LA; ACS
<i>epitol</i>	1	HRM
EPRONTIA	3	QL (480 ML per 30 days) PA MO
<i>ethosuximide capsule</i>	2	MO
<i>ethosuximide solution</i>	3	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>felbamate</i>	3	MO
FINTEPLA	3	QL (360 ML per 30 days) PA LA MO
<i>fosphenytoin sodium injection 100mg pe/2ml</i>	3	
<i>fosphenytoin sodium injection 500mg pe/10ml</i>	3	MO
FYCOMPA SUSPENSION	3	QL (720 ML per 30 days) PA MO
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	3	QL (30 EA per 30 days) PA MO
FYCOMPA TABLET 2MG	3	QL (60 EA per 30 days) PA MO
<i>gabapentin capsule 100mg</i>	2	QL (180 EA per 30 days) MO
<i>gabapentin capsule 400mg</i>	2	QL (270 EA per 30 days) MO
<i>gabapentin capsule 300mg</i>	2	QL (360 EA per 30 days) MO
<i>gabapentin solution</i>	2	QL (2160 ML per 30 days) MO
<i>gabapentin tablet 600mg</i>	2	QL (180 EA per 30 days) MO
<i>gabapentin tablet 800mg</i>	2	QL (90 EA per 30 days) MO
<i>lacosamide injection</i>	3	
<i>lacosamide oral solution</i>	3	QL (1200 ML per 30 days) MO
<i>lacosamide tablet 50mg</i>	3	QL (120 EA per 30 days) MO
<i>lacosamide tablet 100mg, 150mg, 200mg</i>	3	QL (60 EA per 30 days) MO
<i>lamotrigine er</i>	3	MO
<i>lamotrigine immediate release tablet, chewable tablet</i>	1	MO
<i>lamotrigine odt tablet disintegrating 100mg, 200mg, 25mg, 50mg</i>	3	MO
<i>lamotrigine starter kit/blue</i>	3	MO
<i>lamotrigine starter kit/green</i>	1	MO
<i>lamotrigine starter kit/orange</i>	3	MO
<i>levetiracetam er</i>	3	MO
<i>levetiracetam/sodium chloride injection</i>	3	
<i>levetiracetam oral solution, tablet</i>	1	MO
<i>methsuximide</i>	3	MO
NAYZILAM	3	QL (10 EA per 30 days) PA MO
<i>oxcarbazepine tablet</i>	2	MO; HRM
<i>oxcarbazepine suspension</i>	3	MO; HRM
<i>phenobarbital sodium injection</i>	3	PA; HRM
<i>phenobarbital tablet</i>	3	QL (120 EA per 30 days) PA MO; HRM
<i>phenobarbital elixir</i>	3	QL (1500 ML per 30 days) PA MO; HRM
PHENYTEK	3	MO
<i>phenytoin oral suspension, tablet chewable</i>	2	MO
<i>phenytoin sodium extended release capsule</i>	2	MO
<i>phenytoin sodium injection</i>	3	
<i>pregabalin capsule 100mg, 150mg, 25mg, 50mg, 75mg</i>	2	QL (120 EA per 30 days) PA MO
<i>pregabalin capsule 225mg, 300mg</i>	2	QL (60 EA per 30 days) PA MO
<i>pregabalin capsule 200mg</i>	2	QL (90 EA per 30 days) PA MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin solution</i>	2	QL (900 ML per 30 days) PA MO
<i>primidone</i>	1	MO
<i>roweepra</i>	1	
<i>rufinamide suspension</i>	1	QL (2760 ML per 30 days) PA MO
<i>rufinamide tablet 400mg</i>	1	QL (240 EA per 30 days) PA MO
<i>rufinamide tablet 200mg</i>	3	QL (480 EA per 30 days) PA MO
SPRITAM	3	PA MO
<i>subvenite</i>	1	
<i>subvenite starter kit/blue</i>	3	
<i>subvenite starter kit/green</i>	1	
<i>subvenite starter kit/orange</i>	3	
SYMPAZAN	3	QL (60 EA per 30 days) PA MO; HRM
<i>tiagabine hydrochloride</i>	3	MO
<i>topiramate er</i>	3	MO
<i>topiramate immediate release capsule sprinkle</i>	1	MO
<i>topiramate tablet 100mg</i>	1	QL (120 EA per 30 days) MO
<i>topiramate tablet 200mg</i>	1	QL (60 EA per 30 days) MO
<i>topiramate tablet 25mg, 50mg</i>	1	QL (90 EA per 30 days) MO
<i>valproate sodium injection</i>	3	
<i>valproic acid capsule, oral solution</i>	1	MO
VALTOCO 10 MG DOSE	3	QL (10 EA per 30 days) PA MO
VALTOCO 15 MG DOSE	2	QL (10 EA per 30 days) PA MO
VALTOCO 20 MG DOSE	2	QL (10 EA per 30 days) PA MO
VALTOCO 5 MG DOSE	3	QL (10 EA per 30 days) PA MO
<i>vigabatrin</i>	1	QL (180 EA per 30 days) PA LA; ACS
<i>vigadrone tablet</i>	1	QL (180 EA per 30 days) PA LA
<i>vigadrone packet</i>	3	QL (180 EA per 30 days) PA LA
XCOPRI TITRATION PACK 50MG; 100MG, 150MG; 200MG	2	QL (28 EA per 28 days) MO
XCOPRI MAINTENANCE PACK 100MG; 150MG, 150MG; 200MG	2	QL (56 EA per 28 days) MO
XCOPRI TITRATION PACK 12.5MG; 25MG	3	QL (28 EA per 28 days) MO
XCOPRI TABLET 100MG, 50MG	2	QL (30 EA per 30 days) MO
XCOPRI TABLET 150MG, 200MG	2	QL (60 EA per 30 days) MO
ZONISADE	3	QL (900 ML per 30 days) PA MO
<i>zonisamide capsule 100mg, 25mg</i>	1	MO
<i>zonisamide capsule 50mg</i>	1	MO; HRM
ZTALMY	3	QL (1100 ML per 30 days) PA LA MO
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine/dextroamphetamine capsule extended release 243 hour</i>		QL (30 EA per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine/dextroamphetamine tablet 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	2	QL (60 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tablet 20mg</i>	2	QL (90 EA per 30 days) MO
<i>atomoxetine hydrochloride capsule 10mg, 25mg</i>	3	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 18mg</i>	3	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 100mg, 60mg, 80mg</i>	3	QL (30 EA per 30 days) MO
<i>atomoxetine capsule 40mg</i>	3	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hcl er capsule extended release 24 hour 20mg, 35mg</i>	3	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hcl tablet 5mg, 10mg</i>	3	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride er capsule extended release 24 hour 10mg, 15mg, 25mg, 30mg, 40mg, 5mg</i>	3	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride tablet 2.5mg</i>	3	QL (60 EA per 30 days) MO
<i>dextroamphetamine sulfate er</i>	3	QL (120 EA per 30 days) MO
<i>dextroamphetamine sulfate immediate release tablet 10mg, 5mg</i>	3	QL (180 EA per 30 days) MO
<i>dextroamphetamine sulfate solution</i>	3	QL (1800 ML per 30 days) MO
<i>guanfacine er tablet extended release 24 hour 2mg</i>	2	QL (30 EA per 30 days) PA MO
<i>guanfacine hydrochloride tablet extended release 24 hour 1mg, 4mg</i>	2	QL (30 EA per 30 days) PA MO
<i>guanfacine hydrochloride tablet extended release 24 hour 3mg</i>	2	QL (60 EA per 30 days) PA MO
<i>lisdexamfetamine dimesylate</i>	3	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride cd capsule extended release 20mg, 30mg, 50mg, 60mg</i>	3	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride extended release capsule 24 hour (generic Ritalin LA) 60mg</i>	3	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er capsule extended release 243 hour (generic Ritalin LA) 10mg, 20mg, 40mg</i>	3	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er capsule extended release 243 hour (generic Ritalin LA) 30mg</i>	3	QL (60 EA per 30 days) MO
<i>methylphenidate hydrochloride cd capsule extended release 10mg, 40mg</i>	3	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release 24 hour 18mg, 36mg</i>	3	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 24 hour 27mg, 54mg</i>	3	QL (30 EA per 30 days) MO
METHYLPHENIDATE HYDROCHLORIDE ER TABLET EXTENDED RELEASE 45MG, 63MG, 72MG	3	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release (generic Concerta) 18mg, 27mg, 36mg, 54mg</i>	3	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release 10mg, 20mg</i>	3	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride tablet</i>	2	QL (90 EA per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hydrochloride tablet chewable</i>	3	QL (180 EA per 30 days) MO
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	3	QL (1800 ML per 30 days) MO
<i>methylphenidate hydrochloride solution 10mg/5ml</i>	3	QL (900 ML per 30 days) MO
VYVANSE	3	QL (30 EA per 30 days) MO
<i>zenzedi tablet 10mg, 5mg</i>	3	QL (180 EA per 30 days)
HYPNOTICS		
DAYVIGO	2	QL (30 EA per 30 days) MO
<i>doxepin hydrochloride tablet 3mg, 6mg</i>	2	QL (30 EA per 30 days) MO; HRM
<i>eszopiclone</i>	3	QL (30 EA per 30 days) PA MO; HRM
HETLIOZ LQ ORAL SUSPENSION	3	QL (158 ML per 30 days) PA LA MO
<i>tasimelteon</i>	1	QL (30 EA per 30 days) PA; ACS
<i>temazepam</i>	3	QL (30 EA per 30 days) PA MO; HRM
<i>triazolam</i>	3	QL (60 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 5mg</i>	2	QL (30 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 10mg</i>	2	QL (60 EA per 30 days) PA MO; HRM
<i>zolpidem tartrate immediate release tablet 10mg, 5mg</i>	1	QL (30 EA per 30 days) PA MO; HRM
MIGRAINE		
AIMOVIG	2	QL (1 ML per 30 days) PA MO; ACS
<i>almotriptan maleate tablet 6.25mg, 12.5mg</i>	3	QL (8 EA per 30 days) MO
<i>dihydroergotamine mesylate injection</i>	1	PA MO
<i>dihydroergotamine mesylate nasal solution</i>	1	QL (8 ML per 30 days) PA MO
<i>eletriptan hydrobromide</i>	2	QL (12 EA per 30 days) MO
<i>ergotamine tartrate/caffeine</i>	2	QL (40 EA per 28 days) PA MO
<i>frovatriptan succinate</i>	3	QL (12 EA per 30 days) MO
<i>naratriptan hcl</i>	2	QL (9 EA per 30 days) MO
NURTEC	2	QL (16 EA per 30 days) PA MO
<i>rizatriptan benzoate odt</i>	2	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate tablet</i>	2	QL (12 EA per 30 days) MO
<i>sumatriptan nasal spray</i>	1	QL (12 EA per 30 days) MO
<i>sumatriptan succinate refill injection</i>	3	QL (4 ML per 30 days) MO
<i>sumatriptan succinate injection</i>	3	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tablet 100mg</i>	1	QL (12 EA per 30 days) MO
<i>sumatriptan succinate tablet 25mg, 50mg</i>	1	QL (9 EA per 30 days) MO
<i>sumatriptan/naproxen sodium</i>	3	QL (9 EA per 30 days) MO
<i>zolmitriptan tablet</i>	3	QL (6 EA per 30 days) MO
<i>zolmitriptan odt</i>	3	QL (6 EA per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
AUSTEDO XR PATIENT TITRATION KIT	2	QL (84 EA per 365 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	2	QL (120 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	2	QL (60 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	2	QL (90 EA per 30 days) PA; ACS
AUSTEDO TABLET 12MG, 9MG	2	QL (120 EA per 30 days) PA LA; ACS
AUSTEDO TABLET 6MG	2	QL (60 EA per 30 days) PA LA; ACS
<i>lithium carbonate capsule, tablet</i>	1	MO
<i>lithium carbonate er</i>	1	MO
NUEDEXTA	2	QL (60 EA per 30 days) PA MO
<i>pregabalin er tablet extended release 24 hour 330mg</i>	2	QL (60 EA per 30 days) PA MO
<i>pregabalin er tablet extended release 24 hour 165mg, 82.5mg</i>	2	QL (90 EA per 30 days) PA MO
<i>pyridostigmine bromide tablet 60mg, 30mg</i>	2	MO
<i>pyridostigmine bromide er</i>	2	MO
<i>riluzole</i>	2	MO
<i>tetrabenazine tablet 25mg</i>	1	QL (120 EA per 30 days) PA LA; ACS
<i>tetrabenazine tablet 12.5mg</i>	1	QL (90 EA per 30 days) PA LA; ACS
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO	2	QL (30 EA per 30 days) PA LA; ACS
AVONEX	2	QL (1 EA per 28 days) PA; ACS
AVONEX PEN	2	QL (1 EA per 28 days) PA; ACS
BETASERON	2	QL (14 EA per 28 days) PA; ACS
COPAXONE INJECTION 40MG/ML	2	QL (12 ML per 28 days) PA; ACS
COPAXONE INJECTION 20MG/ML	2	QL (30 ML per 30 days) PA; ACS
<i>dalfampridine er</i>	2	PA; ACS
<i>ingolimod</i>	1	QL (30 EA per 30 days) PA; ACS
KESIMPTA	2	QL (6.4 ML per 365 days) PA LA; ACS
TECFIDERA STARTER PACK	2	QL (120 EA per 365 days) PA LA; ACS
TECFIDERA CAPSULE DELAYED RELEASE 120MG	2	QL (14 EA per 7 days) PA LA; ACS
TECFIDERA CAPSULE DELAYED RELEASE 240MG	2	QL (60 EA per 30 days) PA LA; ACS
VUMERITY	2	QL (120 EA per 30 days) PA LA; ACS
MUSCULOSKELETAL THERAPY AGENTS		

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Drug Name	Drug Tier	Requirements/Limits
<i>baclofen tablet</i>	2	MO
<i>chlorzoxazone tablet 500mg</i>	2	QL (180 EA per 30 days) PA MO
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	2	QL (90 EA per 30 days) PA MO; HRM
<i>dantrolene sodium capsule 25mg, 50mg, 100mg</i>	3	MO
<i>tizanidine hcl capsule 4mg, tablet 2mg</i>	1	MO
<i>tizanidine hydrochloride capsule 2mg, 6mg, tablet 4mg</i>	1	MO
NARCOLEPSY/CATAPLEXY		
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	3	QL (30 EA per 30 days) PA MO
<i>armodafinil tablet 50mg</i>	3	QL (60 EA per 30 days) PA MO
<i>modafinil tablet 100mg</i>	2	QL (30 EA per 30 days) PA MO
<i>modafinil tablet 200mg</i>	2	QL (60 EA per 30 days) PA MO
SODIUM OXYBATE	3	QL (540 ML per 30 days) PA LA MO
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium dr</i>	3	MO
<i>buprenorphine hcl sublingual tablet 2mg, 8mg</i>	1	QL (90 EA per 30 days) PA MO
<i>buprenorphine hcl/naloxone hcl sublingual tablet</i>	1	QL (90 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	3	QL (60 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	3	QL (90 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tablet (smoking deterrent) extended release 12 hour 150mg</i>	2	QL (60 EA per 30 days) MO
<i>disulfiram tablet</i>	3	MO
<i>naloxone hcl injection 4mg/10ml</i>	1	MO
<i>naloxone hcl injection 2mg/2ml</i>	2	
<i>naloxone hydrochloride nasal spray</i>	2	MO
<i>naloxone hydrochloride cartridge inj 0.4mg/ml</i>	1	
<i>naloxone hydrochloride vial inj 0.4mg/ml</i>	1	MO
<i>naltrexone hcl tablet</i>	2	MO
NICOTROL INHALER	3	MO
NICOTROL NASAL SPRAY	3	QL (360 ML per 365 days) MO
VARENICLINE STARTING MONTH BOX	3	PA MO
VARENICLINE TARTRATE	3	PA MO
VIVITROL	3	MO; ACS
ENDOCRINE AND METABOLIC		
ANDROGENS		
<i>methyltestosterone capsule</i>	1	PA MO
<i>oxandrolone tablet 2.5mg</i>	2	QL (120 EA per 30 days) PA MO
<i>oxandrolone tablet 10mg</i>	3	QL (60 EA per 30 days) PA MO
<i>testosterone cypionate injection</i>	3	MO
<i>testosterone enanthate injection</i>	3	PA MO
<i>testosterone pump gel 1%</i>	2	QL (300 GM per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone pump gel 2% (10mg/act)</i>	2	QL (120 GM per 30 days) MO
<i>testosterone gel 1% (25mg/2.5gm, 50mg/5gm)</i>	2	QL (300 GM per 30 days) MO
<i>testosterone topical solution</i>	2	QL (180 ML per 30 days) MO
ANTIDIABETICS, INSULINS		
ADMELOG	2	MO
ADMELOG SOLOSTAR	2	MO
BD ALCOHOL SWABS	2	MO
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	MO
BASAGLAR KWIKPEN	2	MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	MO
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 1/2"	2	MO
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16"	2	MO
BD/NOVO PEN NEEDLE ULTRA-FINE	2	MO
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 15/64"	2	MO
CURITY GAUZE PADS 2"X2" 12 PLY	2	MO
FIASP	2	MO
FIASP FLEXTOUCH	2	MO
FIASP PENFILL	2	MO
HUMULIN R U-500 (CONCENTRATED)	2	B/D MO
HUMULIN R U-500 KWIKPEN	2	MO
LANTUS	2	MO
LANTUS SOLOSTAR	2	MO
NOVOLIN 70/30 (BRAND RELION NOT COVERED)	2	MO
NOVOLIN 70/30 FLEXPEN (BRAND RELION NOT COVERED)	2	MO
NOVOLIN N (BRAND RELION NOT COVERED)	2	MO
NOVOLIN N FLEXPEN (BRAND RELION NOT COVERED)	2	MO
NOVOLIN R (BRAND RELION NOT COVERED)	2	MO
NOVOLIN R FLEXPEN (BRAND RELION NOT COVERED)	2	MO
NOVOLOG (BRAND RELION NOT COVERED)	2	MO
NOVOLOG FLEXPEN (BRAND RELION NOT COVERED)	2	MO
NOVOLOG MIX 70/30 (BRAND RELION NOT COVERED)	2	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN (BRAND RELION NOT COVERED)	2	MO
NOVOLOG PENFILL	2	MO
SOLIQUA 100/33	2	QL (15 ML per 25 days) MO
TOUJEO MAX SOLOSTAR	2	MO
TOUJEO SOLOSTAR	2	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
TRESIBA	2	MO
TRESIBA FLEXTOUCH	2	MO
XULTOPHY 100/3.6	2	QL (15 ML per 30 days) MO
ANTIDIABETICS		
<i>acarbose tablet</i>	1	QL (90 EA per 30 days) MO
BYDUREON BCISE	2	QL (3.4 ML per 28 days) PA MO
BYETTA INJECTION 5MCG/0.02ML	3	QL (1.2 ML per 30 days) PA MO
BYETTA INJECTION 10MCG/0.04ML	3	QL (2.4 ML per 30 days) PA MO
FARXIGA	2	QL (30 EA per 30 days) MO
<i>glimepiride tablet 4mg</i>	1	QL (60 EA per 30 days) MO
<i>glimepiride tablet 1mg, 2mg</i>	1	QL (90 EA per 30 days) MO
<i>glipizide er tablet extended release 24 hour 10mg</i>	1	QL (60 EA per 30 days) MO
<i>glipizide er tablet extended release 24 hour 2.5mg, 5mg</i>	1	QL (90 EA per 30 days) MO
<i>glipizide xl tablet extended release 24 hour 10mg</i>	1	QL (60 EA per 30 days) MO
<i>glipizide xl tablet extended release 24 hour 2.5mg, 5mg</i>	1	QL (90 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	1	QL (120 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg</i>	1	QL (240 EA per 30 days) MO
<i>glipizide tablet 10mg</i>	1	QL (120 EA per 30 days) MO
<i>glipizide tablet 5mg</i>	1	QL (240 EA per 30 days) MO
GLYXAMBI	2	QL (30 EA per 30 days) MO
JANUMET	2	QL (60 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	2	QL (30 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	2	QL (60 EA per 30 days) MO
JANUVIA	2	QL (30 EA per 30 days) MO
JARDIANCE	2	QL (30 EA per 30 days) MO
JENTADUETO	2	QL (60 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	2	QL (30 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	2	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er (generic Glucophage XR) tablet extended release 24 hour 500mg</i>	1	QL (120 EA per 30 days) MO
<i>metformin hydrochloride er tablet extended release 24 hour (generic Glucophage XR) 750mg</i>	1	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er (generic Fortamet and Glumetza) tablet extended release 24 hour 500mg</i>	3	QL (120 EA per 30 days) PA MO
<i>metformin hydrochloride tablet 500mg</i>	1	QL (150 EA per 30 days) MO
<i>metformin hydrochloride tablet 1000mg</i>	1	QL (75 EA per 30 days) MO
<i>metformin hydrochloride tablet 850mg</i>	1	QL (90 EA per 30 days) MO
<i>miglitol</i>	1	QL (90 EA per 30 days) MO
<i>nateglinide</i>	1	QL (90 EA per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
OZEMPIC INJECTION 2MG/1.5ML	2	QL (1.5 ML per 28 days) PA
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 5.5MG/ML; 14MG/ML; 8MG/3ML	2	QL (3 ML per 28 days) PA MO
<i>pioglitazone hcl tablet 45mg</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hcl-glimepiride</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hcl/metformin hcl</i>	1	QL (90 EA per 30 days) MO
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	QL (30 EA per 30 days) MO
<i>repaglinide tablet 0.5mg, 1mg</i>	1	QL (120 EA per 30 days) MO
<i>repaglinide tablet 2mg</i>	1	QL (240 EA per 30 days) MO
RYBELSUS	2	QL (30 EA per 30 days) PA MO
SYMLINPEN 120	3	QL (10.8 ML per 30 days) PA MO
SYMLINPEN 60	3	QL (6 ML per 30 days) PA MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	2	QL (30 EA per 30 days) MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	2	QL (60 EA per 30 days) MO
SYNJARDY TABLET 5MG; 500MG	2	QL (120 EA per 30 days) MO
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	2	QL (60 EA per 30 days) MO
TRADJENTA	2	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	2	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	2	QL (60 EA per 30 days) MO
TRULICITY	2	QL (2 ML per 28 days) PA MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG	2	QL (30 EA per 30 days) MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	2	QL (60 EA per 30 days) MO
CALCIUM REGULATORS		
<i>alendronate sodium solution</i>	1	MO
<i>alendronate sodium tablet 10mg</i>	1	QL (120 EA per 30 days) MO
<i>alendronate sodium tablet 35mg, 70mg</i>	1	QL (4 EA per 28 days) MO
<i>calcitonin-salmon nasal spray</i>	2	MO
<i>ibandronate sodium tablet</i>	2	QL (1 EA per 30 days) MO
<i>ibandronate sodium injection</i>	3	QL (3 ML per 90 days) MO
NATPARA	3	PA LA; ACS
PAMIDRONATE DISODIUM INJECTION 6MG/ML	3	
<i>pamidronate disodium injection 30mg/10ml, 90mg/10ml</i>	3	
PROLIA	3	QL (1 ML per 180 days); ACS
<i>risedronate sodium dr tablet 35mg</i>	3	QL (4 EA per 28 days) MO
<i>risedronate sodium tablet 150mg</i>	3	QL (1 EA per 28 days) MO
<i>risedronate sodium tablet 30mg, 5mg</i>	3	QL (30 EA per 30 days) MO
<i>risedronate sodium tablet 35mg</i>	3	QL (4 EA per 28 days) MO

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Drug Name	Drug Tier	Requirements/Limits
TERIPARATIDE	2	PA; ACS
XGEVA	3	PA; ACS
ZOLEDRONIC ACID INJECTION 4MG/100ML	3	ACS
<i>zoledronic acid injection 4mg/5ml, 5mg/100ml</i>	3	ACS
CHELATING AGENTS		
CHEMET	3	MO
<i>deferasirox packet</i>	1	PA; ACS
<i>deferasirox tablet soluble 250mg, 500mg</i>	1	PA; ACS
<i>deferasirox tablet soluble 125mg</i>	2	PA; ACS
<i>deferasirox tablet 360mg</i>	1	PA; ACS
<i>deferasirox tablet 90mg</i>	2	PA; ACS
<i>deferasirox tablet 180mg</i>	3	PA; ACS
<i>penicillamine tablet</i>	1	ACS
<i>sodium polystyrene sulfonate oral powder</i>	2	MO
<i>sps oral suspension 15gm/60ml</i>	2	MO
<i>trientine hydrochloride</i>	1	PA; ACS
VELTASSA PACKET 16.8GM, 25.2GM	2	QL (30 EA per 30 days) MO
VELTASSA PACKET 8.4GM	2	QL (90 EA per 30 days) MO
CONTRACEPTIVES		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	MO
<i>alyacen 7/7/7</i>	1	
<i>amethia</i>	1	
<i>amethyst</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	MO
<i>ashlyna</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1.5/30</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	MO
<i>blisovi fe 1.5/30</i>	1	MO
<i>blisovi fe 1/20</i>	1	
<i>briellyn</i>	1	
<i>camila</i>	2	MO
CAMRESE	2	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
CAMRESE LO	2	
<i>charlotte 24 fe</i>	1	
<i>chateal eq</i>	1	
<i>cryselle-28</i>	1	MO
<i>cyred</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>deblitane</i>	2	
<i>delyla</i>	1	
DEPO-SUBQ PROVERA 104	3	MO
<i>desogestrel/ethinyl estradiol</i>	1	MO
<i>dolishale</i>	1	
<i>drospirenone/ethinyl estradiol</i>	1	MO
<i>drospirenone/ethinyl estradiol/levomefolate calcium tablet</i>	1	MO
<i>3mg; 0.03mg; 0.451mg</i>		
<i>elinest</i>	1	
<i>eluryng</i>	3	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	MO
<i>errin</i>	2	MO
<i>estarylla</i>	1	MO
<i>ethynodiol diacetate/ethinyl estradiol</i>	1	MO
<i>falmina</i>	1	
<i>fayosim</i>	1	
<i>femynor</i>	1	
<i>finzala</i>	1	
<i>hailey 1.5/30</i>	1	MO
<i>hailey 24 fe</i>	1	
<i>hailey fe 1.5/30</i>	1	
<i>hailey fe 1/20</i>	1	
<i>haloette</i>	3	
<i>heather</i>	2	
<i>iclevia</i>	1	
<i>incassia</i>	2	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jaiessi</i>	1	
<i>jasmiel</i>	1	
<i>jencycla</i>	2	
JOLESSA	2	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	MO
<i>junel fe 1/20</i>	1	MO
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	MO
<i>kalliga</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	MO
<i>kelnor 1/50</i>	1	MO
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
LEENA	2	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorgestrel and ethinyl estradiol</i>	1	MO
<i>levonorgestrel/ethinyl estradiol</i>	1	MO
<i>levora 0.15/30-28</i>	1	
<i>lo-zumandimine</i>	1	MO
<i>loestrin 1.5/30-21</i>	1	
<i>loestrin 1/20-21</i>	1	
<i>loestrin fe 1.5/30</i>	1	
<i>loestrin fe 1/20</i>	1	
<i>lojaimiess</i>	1	MO
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lutera</i>	1	MO
<i>lyleq</i>	2	
<i>lyza</i>	2	
<i>marlissa</i>	1	MO
<i>medroxyprogesterone acetate injection 150mg/ml</i>	3	MO
<i>mibelas 24 fe</i>	1	
MICROGESTIN 1.5/30	2	
MICROGESTIN 1/20	2	
<i>microgestin 24 fe</i>	1	
MICROGESTIN FE 1.5/30	2	
MICROGESTIN FE 1/20	2	
<i>mili</i>	1	
<i>mono-lynyah</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>nikki</i>	1	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
NORA-BE	2	
<i>norethindrone tablet 0.35mg</i>	2	MO
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet chewable, tablet</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg</i>	1	MO
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	1	MO
<i>norgestimate/ethinyl estradiol</i>	1	MO
<i>norlyda</i>	2	
<i>norlyroc</i>	2	
<i>nortrel 0.5/35 (28)</i>	1	MO
<i>nortrel 1/35 28-day regimen</i>	1	
<i>nortrel 1/35 21-day regimen</i>	1	MO
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	MO
<i>nymyo</i>	1	
OCELLA	2	
<i>orsythia</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>pirmella 1/35</i>	1	MO
<i>pirmella 7/7/7</i>	1	MO
<i>portia-28</i>	1	
<i>reclipsen</i>	1	
RIVELSA	2	
<i>setlakin</i>	1	
<i>sharobel</i>	2	
<i>simliya</i>	1	
<i>simpesse</i>	1	MO
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	MO
<i>syeda</i>	1	
<i>tarina fe 1/20 eq</i>	1	
TILIA FE	2	
<i>tri femynor</i>	1	
<i>tri-estarylla</i>	1	MO
<i>tri-legest fe</i>	1	MO
<i>tri-linyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>trivora-28</i>	1	MO
<i>tydemy</i>	1	
<i>velivet</i>	1	MO
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	MO
<i>volnea</i>	1	MO
<i>vyfemla</i>	1	MO
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
<i>zovia 1/35</i>	1	
<i>zumandimine</i>	1	
ENDOMETRIOSIS		
<i>danazol capsule</i>	3	MO
SYNAREL	3	MO
ESTROGENS		
<i>amabelz</i>	2	MO
<i>dotti</i>	2	QL (8 EA per 28 days)
DUAVEE	3	MO
<i>estradiol valerate injection</i>	3	MO
<i>estradiol/norethindrone acetate tablet 1mg/0.5mg, 0.5mg/0.1mg</i>	2	MO
<i>estradiol vaginal cream, oral tablet, vaginal tablet</i>	2	MO
<i>estradiol patch weekly</i>	2	QL (4 EA per 28 days) MO
<i>estradiol patch twice weekly</i>	2	QL (8 EA per 28 days) MO
ESTRING	3	QL (1 EA per 90 days) MO
<i>fyavolv</i>	2	MO
<i>jinteli</i>	2	
<i>lyllana</i>	2	QL (8 EA per 28 days)
<i>mimvey</i>	2	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	2	MO
PREMARIN	3	MO
PREMPRO	3	MO
<i>yuvafem</i>	2	
GLUCOCORTICOIDS		
DEXAMETHASONE INTENSOL	3	MO
<i>dexamethasone sodium phosphate injection vial 10mg/ml</i>	3	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone sodium phosphate injection vial 100mg/10ml, 10mg/ml pf, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	3	MO
<i>dexamethasone tablet, oral solution, oral elixir</i>	1	MO
<i>fludrocortisone acetate tablet</i>	1	MO
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	2	MO
<i>methylprednisolone acetate injection</i>	1	B/D MO
<i>methylprednisolone dose pack</i>	1	MO
<i>methylprednisolone sodium succinate injection 500mg</i>	3	B/D
<i>methylprednisolone sodium succinate injection 1000mg</i>	3	B/D MO
<i>methylprednisolone sodium succinate injection 125mg, 40mg</i>	3	B/D MO
<i>methylprednisolone tablet</i>	1	B/D MO
<i>prednisolone oral solution 15mg/5ml</i>	1	B/D MO
<i>prednisolone sodium phosphate oral solution 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	1	B/D MO
PREDNISONE INTENSOL	3	B/D MO
<i>prednisone solution, tablet</i>	1	B/D MO
<i>prednisone tablet therapy pack</i>	1	MO
SOLU-CORTEF	3	MO
<i>triamcinolone acetonide injection 40mg/ml</i>	3	MO
GLUCOSE ELEVATING AGENTS		
<i>diazoxide oral suspension</i>	1	MO
GVOKE HYPOPEN 1-PACK	2	MO
GVOKE HYPOPEN 2-PACK	2	MO
GVOKE KIT	2	MO
GVOKE PFS	2	MO
MISCELLANEOUS		
<i>acetylcysteine injection 200mg/ml</i>	3	
<i>betaine anhydrous</i>	1	LA MO
<i>cabergoline</i>	2	MO
<i>carglumic acid</i>	1	PA LA MO
CERDELGA	3	PA LA; ACS
<i>cinacalcet hydrochloride tablet 90mg</i>	1	QL (120 EA per 30 days); ACS
<i>cinacalcet hydrochloride tablet 60mg</i>	1	QL (60 EA per 30 days); ACS
<i>cinacalcet hydrochloride tablet 30mg</i>	3	QL (60 EA per 30 days); ACS
CYSTAGON	3	PA LA; ACS
<i>desmopressin acetate nasal solution, tablet</i>	2	MO
<i>desmopressin acetate injection 4mcg/ml</i>	1	MO
<i>desmopressin acetate injection 4mcg/ml</i>	3	MO
<i>fomepizole</i>	1	
GENOTROPIN	2	PA; ACS
GENOTROPIN MINIQUICK INJECTION 0.2MG, 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1MG, 2MG	2	PA; ACS
GENOTROPIN MINIQUICK INJECTION 1.8MG	3	PA; ACS
INCRELEX	3	PA LA; ACS

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Drug Name	Drug Tier	Requirements/Limits
<i>javygtor</i>	1	PA LA
KORLYM	3	PA LA MO
LEVOCARNITINE TABLET	3	MO
<i>levocarnitine injection</i>	3	
<i>levocarnitine oral solution</i>	3	MO
LUPRON DEPOT-PED (6-MONTH) INJECTION 45MG	3	PA; ACS
LUPRON DEPOT-PED (1-MONTH) INJECTION 11.25MG, 15MG, 7.5MG	3	PA; ACS
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG, 30MG	3	PA; ACS
<i>methergine</i>	3	
<i>methylergonovine maleate tablet</i>	1	MO
<i>nitisinone</i>	1	PA; ACS
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	1	PA; ACS
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	3	PA; ACS
<i>raloxifene hydrochloride</i>	2	MO
SANDOSTATIN LAR DEPOT KIT	3	PA; ACS
<i>sapropterin dihydrochloride</i>	1	PA; ACS
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	3	PA LA MO
<i>sodium phenylbutyrate tablet, oral powder</i>	1	PA; ACS
SOMATULINE DEPOT	3	PA LA; ACS
SOMAVERT	3	PA LA; ACS
PHOSPHATE BINDER AGENTS		
<i>calcium acetate capsule, tablet 667mg</i>	2	QL (360 EA per 30 days) MO
<i>lanthanum carbonate</i>	1	MO
PROGESTINS		
<i>medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg</i>	1	MO
<i>megestrol acetate suspension 40mg/ml</i>	2	MO
<i>megestrol acetate suspension 625mg/5ml</i>	3	MO
<i>norethindrone acetate tablet 5mg</i>	1	MO
<i>progesterone capsule</i>	2	MO
<i>progesterone injection</i>	3	MO
THYROID AGENTS		
<i>euthyrox</i>	1	MO
<i>levo-t</i>	1	
<i>levothyroxine sodium tablet</i>	1	MO
LEVOTHYROXINE SODIUM INJECTION 100MCG/5ML, 100MCG/ML, 200MCG/5ML, 500MCG/5ML	3	
<i>levothyroxine sodium injection powder 100mcg, 200mcg, 500mcg</i>	1	MO
<i>levoxyl</i>	1	MO
<i>liothyronine sodium injection</i>	1	
<i>liothyronine sodium tablet</i>	2	MO
<i>methimazole tablet</i>	1	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>propylthiouracil tablet</i>	2	MO
SYNTHROID	3	MO
<i>unithroid</i>	1	
VITAMIN D ANALOGS		
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	2	MO
<i>calcitriol oral solution 1mcg/ml</i>	3	MO
<i>doxercalciferol injection</i>	3	
<i>paricalcitol</i>	3	MO
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant capsule 125mg</i>	1	B/D MO
<i>aprepitant capsule therapy pack, 40mg, 80mg</i>	3	B/D MO
<i>compro</i>	1	MO; HRM
DIMENHYDRINATE INJECTION	3	
<i>dronabinol</i>	3	QL (60 EA per 30 days) PA MO
EMEND ORAL SUSPENSION	3	B/D
<i>granisetron hydrochloride tablet</i>	2	QL (60 EA per 30 days) B/D MO
<i>meclizine hcl tablet 12.5mg, 25mg</i>	1	MO; HRM
<i>meclizine hydrochloride</i>	1	
<i>metoclopramide hcl tablet 5mg</i>	1	MO
<i>metoclopramide hcl oral solution</i>	3	MO
<i>metoclopramide hydrochloride tablet 10mg</i>	1	MO
<i>metoclopramide hydrochloride injection</i>	3	MO
<i>metoclopramide odt</i>	2	MO
<i>ondansetron hcl tablet 24mg</i>	1	B/D
<i>ondansetron hcl oral solution</i>	2	QL (900 ML per 30 days) B/D MO
<i>ondansetron hydrochloride tablet 4mg, 8mg</i>	1	B/D MO
<i>ondansetron hydrochloride injection</i>	3	MO
<i>ondansetron odt</i>	2	B/D MO
<i>prochlorperazine edisylate injection</i>	3	MO; HRM
<i>prochlorperazine maleate tablet</i>	1	MO; HRM
<i>prochlorperazine rectal suppository</i>	1	MO; HRM
<i>promethazine hcl plain oral syrup 6.25mg/5ml</i>	3	PA MO; HRM
<i>promethazine hcl tablet 12.5mg</i>	1	PA MO; HRM
<i>promethazine hcl injection, suppository</i>	3	PA MO; HRM
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	1	PA MO; HRM
<i>promethegan suppository 12.5mg, 50mg</i>	3	PA MO; HRM
<i>promethegan suppository 25mg</i>	3	PA; HRM
SANCUSO	2	QL (4 EA per 28 days) MO
<i>scopolamine patch</i>	3	QL (10 EA per 30 days) PA MO; HRM
<i>trimethobenzamide hydrochloride capsule</i>	3	PA MO
ANTISPASMODICS		
<i>dicyclomine hcl oral solution</i>	2	PA MO; HRM

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>dicyclomine hydrochloride capsule, tablet</i>	1	PA MO; HRM
<i>dicyclomine hydrochloride injection</i>	3	PA MO; HRM
<i>glycopyrrolate tablet 1mg, 2mg</i>	2	MO
<i>glycopyrrolate oral solution</i>	3	MO
<i>glycopyrrolate injection 0.2mg/ml pf, 0.4mg/2ml, 0.6mg/3ml</i>	3	
<i>glycopyrrolate injection 0.2mg/ml, 1mg/5ml, 4mg/20ml</i>	3	MO
<i>methscopolamine bromide tablet</i>	3	PA MO
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine tablet</i>	3	MO
<i>famotidine premixed injection 20mg/50ml</i>	3	
<i>famotidine tablet</i>	1	MO
<i>famotidine oral suspension reconstituted</i>	2	MO
<i>famotidine injection</i>	3	
<i>nizatidine</i>	1	MO
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i>	2	MO
<i>budesonide er tablet extended release 24 hour 9mg</i>	1	MO
<i>budesonide capsule delayed release particles 3mg</i>	3	MO
<i>hydrocortisone enema 100mg/60ml</i>	1	MO
<i>mesalamine kit, suppository, enema</i>	3	MO
<i>mesalamine dr capsule delayed release 400mg, tablet delayed release 1.2gm, 800mg</i>	3	MO
<i>sulfasalazine tablet delayed release</i>	1	MO
<i>sulfasalazine tablet</i>	2	MO
LAXATIVES		
CLENPIQ SOLUTION 12GM/160ML; 3.5GM/160ML; 10MG/160ML	3	
CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML	3	MO
<i>constulose</i>	1	
<i>enulose</i>	1	MO
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>generlac</i>	1	
GOLYTELY	2	MO
KRISTALOSE	3	PA MO
<i>lactulose oral solution (constipation)</i>	1	MO
<i>peg-3350/electrolytes</i>	1	MO
<i>peg-3350/nacl/na bicarbonate/kcl</i>	1	MO
PLENVU	3	MO
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	3	MO
SUPREP BOWEL PREP KIT	3	MO
SUTAB	3	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
<i>alosetron hydrochloride tablet 1mg</i>	1	QL (60 EA per 30 days) PA MO
<i>alosetron hydrochloride tablet 0.5mg</i>	3	QL (60 EA per 30 days) PA MO
<i>cromolyn sodium oral concentrate 100mg/5ml</i>	3	MO
<i>diphenoxylate hydrochloride/atropine sulfate tablet</i>	2	MO; HRM
<i>diphenoxylate/atropine oral solution</i>	2	MO; HRM
GATTEX	3	PA LA; ACS
<i>lansoprazole/amoxicillin/clarithromycin</i>	3	QL (224 EA per 365 days) MO
LINZESS	3	QL (30 EA per 30 days) MO
<i>loperamide hcl capsule</i>	2	MO
<i>misoprostol tablet</i>	2	MO
MOVANTIK TABLET 25MG	2	QL (30 EA per 30 days) MO
MOVANTIK TABLET 12.5MG	2	QL (60 EA per 30 days) MO
SUCRALFATE SUSPENSION	3	MO
<i>sucralfate tablet</i>	1	MO
<i>ursodiol capsule 300mg</i>	2	MO
<i>ursodiol tablet</i>	3	MO
XERMELO	3	QL (84 EA per 28 days) PA LA MO
XIFAXAN TABLET 550MG	2	PA MO
PANCREATIC ENZYMES		
CREON	2	MO
ZENPEP	3	MO
PROTON PUMP INHIBITORS		
<i>dexlansoprazole</i>	3	QL (30 EA per 30 days) MO
<i>esomeprazole magnesium capsule delayed release</i>	3	QL (30 EA per 30 days) MO
<i>esomeprazole sodium injection</i>	2	
<i>lansoprazole capsule delayed release 15mg</i>	3	QL (30 EA per 30 days) MO
<i>lansoprazole capsule delayed release 30mg</i>	3	QL (42 EA per 30 days) MO
<i>omeprazole dr capsule delayed release 20mg, 40mg</i>	1	QL (60 EA per 30 days) MO
<i>omeprazole dr capsule delayed release 10mg</i>	1	QL (30 EA per 30 days) MO
<i>pantoprazole sodium injection</i>	3	
<i>pantoprazole sodium tablet delayed release 20mg</i>	1	QL (30 EA per 30 days) MO
<i>pantoprazole sodium tablet delayed release 40mg</i>	1	QL (60 EA per 30 days) MO
<i>rabeprazole sodium delayed release tablet 20mg</i>	3	QL (30 EA per 30 days) MO
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl er</i>	2	QL (30 EA per 30 days) MO
<i>dutasteride</i>	3	QL (30 EA per 30 days) MO
<i>dutasteride/tamsulosin hydrochloride</i>	3	QL (30 EA per 30 days) MO
<i>finasteride tablet 5mg</i>	1	QL (30 EA per 30 days) MO
<i>silodosin</i>	3	QL (30 EA per 30 days) MO
<i>tamsulosin hydrochloride</i>	1	QL (60 EA per 30 days) MO
MISCELLANEOUS		
<i>acetic acid 0.25% irrigation soln</i>	1	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>bethanechol chloride tablet</i>	2	MO
ELMIRON	3	QL (90 EA per 30 days) MO
<i>potassium citrate er</i>	2	MO
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide er</i>	3	QL (30 EA per 30 days) MO; HRM
<i>fesoterodine fumarate er</i>	3	QL (30 EA per 30 days) MO; HRM
GEMTESA	3	QL (30 EA per 30 days) MO
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR	3	QL (30 EA per 30 days) MO
MYRBETRIQ SUSPENSION RECONSTITUTED ER	3	QL (300 ML per 28 days) MO
<i>oxybutynin chloride er tablet extended release 24 hour 5mg</i>	2	QL (30 EA per 30 days) MO; HRM
<i>oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg</i>	2	QL (60 EA per 30 days) MO; HRM
<i>oxybutynin chloride tablet 5mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>oxybutynin chloride syrup</i>	1	QL (600 ML per 30 days) MO; HRM
<i>solifenacin succinate</i>	1	QL (30 EA per 30 days) MO; HRM
<i>tolterodine tartrate</i>	3	QL (60 EA per 30 days) MO; HRM
<i>tolterodine tartrate er</i>	3	QL (30 EA per 30 days) MO; HRM
<i>tropium chloride</i>	1	QL (60 EA per 30 days) MO; HRM
<i>tropium chloride er</i>	1	QL (30 EA per 30 days) MO; HRM
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal cream 2%</i>	3	MO
<i>metronidazole vaginal gel 0.75%</i>	3	MO
<i>miconazole 3 vaginal suppository</i>	3	MO
<i>terconazole cream</i>	2	MO
<i>terconazole suppository</i>	3	MO
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate</i>	3	QL (60 EA per 30 days) MO
ELIQUIS STARTER PACK	2	QL (74 EA per 30 days) MO
ELIQUIS TABLET 2.5MG	2	QL (60 EA per 30 days) MO
ELIQUIS TABLET 5MG	2	QL (74 EA per 30 days) MO
<i>enoxaparin sodium</i>	3	MO
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	1	MO
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	3	MO
FRAGMIN INJECTION 10000UNIT/4ML	3	
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	3	MO
HEPARIN SODIUM/D5W INJ 20000UNIT/500ML, 25000UNIT/500ML	3	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
HEPARIN SODIUM/DEXTROSE 25000UNIT/250ML (100UNIT/ML)	3	
HEPARIN SODIUM/NAACL 0.45%	2	
HEPARIN SODIUM/SODIUM CHLORIDE 0.45%	2	
HEPARIN SODIUM INJECTION 5000UNIT/0.5ML, 5000UNIT/ML	2	
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	2	MO
<i>jantoven</i>	1	MO
PRADAXA CAPSULE 110MG	3	QL (120 EA per 30 days) MO
PRADAXA PACKET 110MG, 30MG, 40MG, 50MG	3	QL (120 EA per 30 days)
PRADAXA PACKET 150MG, 20MG	3	QL (60 EA per 30 days)
<i>warfarin sodium</i>	1	MO
XARELTO STARTER PACK	2	QL (51 EA per 30 days) MO
XARELTO SUSPENSION RECONSTITUTED	2	QL (620 ML per 30 days) MO
XARELTO TABLET 10MG, 15MG, 20MG	2	QL (30 EA per 30 days) MO
XARELTO TABLET 2.5MG	2	QL (60 EA per 30 days) MO
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT	2	PA; ACS
ZARXIO	2	PA; ACS
MISCELLANEOUS		
<i>anagrelide hydrochloride</i>	2	MO
BERINERT	3	QL (24 EA per 30 days) PA LA; ACS
<i>cilostazol</i>	1	MO
DOPTELET	2	QL (60 EA per 30 days) PA LA; ACS
DROXIA	2	MO
ENDARI	3	PA LA; ACS
HAEGARDA INJECTION 3000UNIT	3	QL (20 EA per 30 days) PA LA; ACS
HAEGARDA INJECTION 2000UNIT	3	QL (30 EA per 30 days) PA LA; ACS
<i>icatibant acetate</i>	1	QL (27 ML per 30 days) PA; ACS
<i>pentoxifylline er</i>	1	MO
PROMACTA PACKET 25MG	3	QL (180 EA per 30 days) PA LA; ACS
PROMACTA PACKET 12.5MG	3	QL (360 EA per 30 days) PA LA; ACS
PROMACTA TABLET 12.5MG, 25MG	3	QL (30 EA per 30 days) PA LA; ACS
PROMACTA TABLET 50MG, 75MG	3	QL (60 EA per 30 days) PA LA; ACS
<i>sajazir</i>	1	QL (27 ML per 30 days) PA LA

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>tranexamic acid tablet</i>	2	MO
<i>tranexamic acid injection</i>	3	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin/dipyridamole er</i>	2	QL (60 EA per 30 days) MO
BRILINTA	2	MO
<i>clopidogrel tablet 300mg</i>	1	QL (2 EA per 365 days) MO
<i>clopidogrel tablet 75mg</i>	1	QL (30 EA per 30 days) MO
<i>dipyridamole tablet</i>	3	PA MO
<i>prasugrel</i>	3	MO
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
DUPIXENT INJECTION 100MG/0.67ML	2	QL (1.34 ML per 28 days) PA; ACS
DUPIXENT INJECTION 200MG/1.14ML	2	QL (4.56 ML per 28 days) PA; ACS
DUPIXENT INJECTION 300MG/2ML	2	QL (8 ML per 28 days) PA; ACS
ENBREL	2	QL (8 ML per 28 days) PA; ACS
ENBREL MINI	2	QL (8 ML per 28 days) PA; ACS
ENBREL SURECLICK	2	QL (8 ML per 28 days) PA; ACS
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	2	PA; ACS
HUMIRA PEN-CD/UC/HS STARTER	2	PA; ACS
HUMIRA PEN-PEDIATRIC UC STARTER PACK	3	PA; ACS
HUMIRA PEN-PS/UV STARTER	2	PA; ACS
HUMIRA PEN INJECTION 80MG/0.8ML	2	PA; ACS
HUMIRA PEN INJECTION 40MG/0.4ML, 40MG/0.8ML	2	QL (6 EA per 28 days) PA; ACS
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	2	QL (2 EA per 28 days) PA; ACS
HUMIRA INJECTION 40MG/0.4ML, 40MG/0.8ML	2	QL (6 EA per 28 days) PA; ACS
KEVZARA	2	QL (2.28 ML per 28 days) PA; ACS
OTEZLA TABLET THERAPY PACK	2	QL (110 EA per 365 days) PA; ACS
OTEZLA TABLET	2	QL (60 EA per 30 days) PA; ACS
RINVOQ	2	QL (30 EA per 30 days) PA; ACS
SKYRIZI PEN	2	QL (6 ML per 365 days) PA; ACS
SKYRIZI INJECTION 180MG/1.2ML	2	QL (1.2 ML per 56 days) PA; ACS
SKYRIZI INJECTION 360MG/2.4ML	2	QL (2.4 ML per 56 days) PA; ACS
SKYRIZI INJECTION 150MG/ML	2	QL (6 ML per 365 days) PA; ACS
SKYRIZI INJECTION 600MG/10ML	2	QL (60 ML per 365 days) PA; ACS
STELARA INJECTION 45MG/0.5ML VIAL	2	QL (0.5 ML per 28 days) PA LA; ACS
STELARA INJECTION 45MG/0.5ML PREFILLED SYRINGE	2	QL (0.5 ML per 28 days) PA; ACS
STELARA INJECTION 90MG/ML	2	QL (1 ML per 28 days) PA; ACS
STELARA INJECTION 130MG/26ML	2	QL (208 ML per 365 days) PA LA; ACS
TALTZ	2	QL (3 ML per 28 days) PA LA; ACS
XELJANZ XR	2	QL (30 EA per 30 days) PA; ACS

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
XELJANZ SOLUTION	2	QL (480 ML per 24 days) PA; ACS
XELJANZ TABLET	2	QL (60 EA per 30 days) PA; ACS
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
<i>hydroxychloroquine sulfate tablet 200mg</i>	2	MO
<i>leflunomide</i>	1	QL (30 EA per 30 days) MO
<i>methotrexate sodium tablet 2.5mg</i>	1	MO
XATMEP	3	MO
IMMUNOGLOBULINS		
GAMASTAN	2	B/D LA; ACS
GAMMAKED	3	PA; ACS
GAMUNEX-C	3	PA; ACS
OCTAGAM	3	PA; ACS
PRIVIGEN	3	PA; ACS
IMMUNOMODULATORS		
ACTIMMUNE	3	PA LA; ACS
ARCALYST	3	PA LA; ACS
IMMUNOSUPPRESSANTS		
ASTAGRAF XL	3	B/D MO
AZATHIOPRINE INJECTION	3	B/D
<i>azathioprine tablet 50mg</i>	2	B/D MO
BENLYSTA	3	PA LA; ACS
<i>cyclosporine capsule, injection</i>	2	B/D MO
<i>cyclosporine modified capsule, oral solution</i>	2	B/D MO
<i>everolimus tablet 0.5mg, 0.75mg, 1mg</i>	1	B/D MO
<i>everolimus tablet 0.25mg</i>	3	B/D MO
<i>gengraf capsule</i>	2	B/D
<i>gengraf solution</i>	2	B/D MO
<i>mycophenolate mofetil oral suspension reconstituted</i>	1	B/D MO
<i>mycophenolate mofetil capsule, tablet</i>	2	B/D MO
<i>mycophenolate mofetil injection</i>	3	B/D MO
<i>mycophenolic acid dr</i>	3	B/D MO
NULOJIX	3	B/D
PROGRAF GRANULES	3	B/D MO
REZUROCK	3	QL (30 EA per 30 days) PA LA MO
SANDIMMUNE ORAL SOLUTION	3	B/D MO
<i>sirolimus solution</i>	1	B/D MO
<i>sirolimus tablet</i>	3	B/D MO
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	3	B/D MO
VACCINES		
ABRYSVO	2	
ACTHIB	1	
ADACEL	1	
AREXVY	2	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
BCG VACCINE	1	
BEXSERO	1	
BOOSTRIX	1	
DAPTACEL	1	
DENGVAXIA	1	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	1	
ENGERIX-B	1	B/D
GARDASIL 9	1	
HAVRIX	1	
HEPLISAV-B	1	B/D
HIBERIX	1	
IMOVAX RABIES (H.D.C.V.)	1	B/D
INFANRIX	1	
IPOL INACTIVATED IPV	1	
IXIARO	1	
JYNNEOS	1	B/D
KINRIX	1	
M-M-R II	1	
MENACTRA	1	
MENQUADFI	1	
MENVEO	1	
PEDIARIX	1	
PEDVAX HIB	1	
PENTACEL	1	
PREHEVBRIO	1	B/D
PRIORIX	1	
PROQUAD	1	
QUADRACEL	1	
RABAVERT	1	B/D
RECOMBIVAX HB	1	B/D
ROTARIX	1	
ROTATEQ	1	
SHINGRIX	1	QL (2 EA per 999 days)
TDVAX	1	
TENIVAC	1	
TICOVAC	1	
TRUMENBA	1	
TWINRIX	1	
TYPHIM VI	1	
VAQTA	1	
VARIVAX	1	
YF-VAX	1	

NUTRITIONAL/SUPPLEMENTS

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>ELECTROLYTES/MINERALS, INJECTABLE</i>		
DEXTROSE 10%/NACL 0.45%	3	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	2	
DEXTROSE 10%/NACL 0.2%	3	
DEXTROSE 2.5%/NACL 0.45%	3	
DEXTROSE 5%/LACTATED RINGERS	3	
DEXTROSE 5%/NACL 0.2%	3	
<i>dextrose 5%/nacl 0.3%</i>	3	
DEXTROSE 5%/NACL 0.33%	3	
DEXTROSE 5%/NACL 0.45%	3	
DEXTROSE 5%/NACL 0.9%	3	MO
DEXTROSE 5%/NACL 0.225%	3	
<i>hyperlyte-cr</i>	3	B/D
ISOLYTE-P/DEXTROSE 5%	3	
ISOLYTE-S	3	B/D
ISOLYTE-S PH 7.4	3	B/D
KCL 0.075%/D5W/NACL 0.45%	3	
KCL 0.15%/D5W/NACL 0.2%	3	
KCL 0.15%/D5W/NACL 0.45%	3	
KCL 0.15%/D5W/NACL 0.9%	3	
KCL 0.3%/D5W/NACL 0.45%	3	
KCL 0.3%/D5W/NACL 0.9%	3	
<i>lactated ringers</i>	3	
MAGNESIUM SULFATE INJECTION 20GM/500ML, 40GM/1000ML, 4GM/50ML	3	
<i>magnesium sulfate injection 2gm/50ml, 4gm/100ml, 50%</i>	3	
<i>multiple electrolytes injection type 1</i>	3	
PLASMA-LYTE A	3	
PLASMA-LYTE-148	3	
POTASSIUM CHLORIDE/DEXTROSE	3	
POTASSIUM CHLORIDE/DEXTROSE/SODIUM CHLORIDE	3	
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJECTION 40MEQ/L; 0.9%	3	
<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 3 20meq/l; 0.9%</i>	3	
POTASSIUM CHLORIDE INJECTION 0.4MEQ/ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 40MEQ/100ML	3	
<i>potassium chloride injection 2meq/ml</i>	3	MO
RINGERS INJECTION	2	
SODIUM BICARBONATE INJECTION 7.5%	3	
<i>sodium bicarbonate injection 4.2%</i>	3	
<i>sodium bicarbonate injection 8.4%</i>	3	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride injection 0.45%</i>	3	
SODIUM CHLORIDE INJECTION 2.5MEQ/ML, 5%	3	MO
<i>sodium chloride injection 0.9%, 3%, 4meq/ml</i>	3	MO
TPN ELECTROLYTES	3	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>adc/fluoride drops</i>	3	MO
<i>effer-k tablet effervescent 25meq</i>	2	MO
<i>fluoride chewable tablet</i>	3	MO
<i>fluoritab drops</i>	3	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con effervescent tablet</i>	2	MO
<i>klor-con m10</i>	2	MO
<i>klor-con m15</i>	2	MO
<i>klor-con m20</i>	2	MO
<i>klor-con powder packet 20meq</i>	2	
M-NATAL PLUS	2	MO
<i>multi vitamin/fluoride</i>	3	MO
<i>multi-vitamin/fluoride drops</i>	3	MO
<i>multi-vitamin/fluoride/iron drops</i>	3	MO
<i>multivitamin/fluoride chewable tablet 1mg, 0.5mg, 0.25mg</i>	3	MO
NEONATAL PLUS	2	MO
NIVA-PLUS	2	MO
PNV PRENATAL PLUS MULTIVITAMIN	2	MO
<i>potassium chloride er capsule extended release</i>	1	MO
<i>potassium chloride er tablet extended release 10meq, 20meq, 8meq</i>	1	MO
<i>potassium chloride er tablet extended release 15meq</i>	2	
<i>potassium chloride packet 20meq</i>	2	MO
<i>potassium chloride oral solution 10%, 20%</i>	3	MO
PRENATAL	2	MO
PRENATAL PLUS	2	MO
<i>sodium fluoride solution 0.5mg/ml</i>	3	MO
<i>sodium fluoride tablet chewable 0.25mg, 0.5mg, 1mg</i>	3	MO
<i>tri-vite/fluoride</i>	3	MO
TRICARE PRENATAL TABLET	2	MO
WESTAB PLUS	2	MO
<i>IV NUTRITION</i>		
CLINIMIX 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX 6/5	3	B/D
CLINIMIX 8/10	3	B/D

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 8/14	3	B/D
<i>clinisol sf 15%</i>	3	B/D MO
CLINOLIPID	2	B/D
<i>dextrose 10%</i>	2	
<i>dextrose 5%</i>	2	MO
DEXTROSE 50%	2	B/D
DEXTROSE 70%	2	B/D
HEPATAMINE	3	B/D
NUTRILIPID	2	B/D
<i>plenamine</i>	3	B/D
PREMASOL	3	B/D
PROSOL	3	B/D
TRAVASOL	3	B/D
TROPHAMINE	3	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>neo-polycin hc ophthalmic ointment</i>	3	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	3	MO
<i>neomycin/polymyxin/dexamethasone ophthalmic suspension, ophthalmic ointment</i>	1	MO
<i>neomycin/polymyxin/hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	2	MO
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	MO
TOBRADEX OINTMENT	2	MO
TOBRADEX ST	2	MO
<i>tobramycin/dexamethasone</i>	2	MO
ZYLET	2	MO
ANTI-INFECTIVES		
<i>bacitracin ophthalmic ointment 500units/gm</i>	2	MO
<i>bacitracin/polymyxin b ophthalmic ointment</i>	1	MO
BESIVANCE	2	MO
CILOXAN OINTMENT	2	QL (42 GM per 30 days) MO
<i>ciprofloxacin hydrochloride ophthalmic solution 0.3%</i>	2	QL (30 ML per 30 days) MO
<i>erythromycin ointment 5mg/gm</i>	1	QL (42 GM per 30 days) MO
<i>gatifloxacin ophthalmic solution</i>	3	QL (20 ML per 30 days) MO
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	1	QL (30 ML per 30 days) MO
<i>levofloxacin ophthalmic solution 1.5%</i>	2	QL (20 ML per 30 days)
<i>levofloxacin ophthalmic solution 0.5%</i>	2	QL (30 ML per 30 days) MO
<i>moxifloxacin hydrochloride ophthalmic solution 0.5%</i>	2	QL (12 ML per 30 days) MO
NATACYN	3	MO
<i>neo-polycin ophthalmic ointment</i>	2	
<i>neomycin/bacitracin/polymyxin ophthalmic ointment</i>	2	MO
<i>neomycin/polymyxin/gramicidin</i>	2	MO
<i>ofloxacin ophthalmic solution 0.3%</i>	2	QL (60 ML per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>polycin</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	MO
<i>sulfacetamide sodium ointment 10%</i>	3	MO
<i>sulfacetamide sodium ophthalmic solution 10%</i>	2	QL (90 ML per 30 days) MO
<i>tobramycin solution 0.3%</i>	1	QL (30 ML per 30 days) MO
<i>trifluridine</i>	2	MO
ZIRGAN	3	MO
ANTI-INFLAMMATORIES		
ALREX	2	MO
<i>bromfenac ophthalmic solution</i>	3	MO
BROMSITE	3	MO
<i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>	1	MO
<i>diclofenac sodium ophthalmic solution 0.1%</i>	1	QL (10 ML per 30 days) MO
<i>difluprednate</i>	2	MO
EYSUVIS	3	MO
FLAREX	3	MO
FLUOROMETHOLONE	2	MO
<i>flurbiprofen sodium ophthalmic solution 0.03%</i>	1	MO
<i>ketorolac tromethamine ophthalmic solution 0.4%, 0.5%</i>	1	MO
LOTEMAX OINTMENT	2	MO
LOTEMAX SM	2	MO
<i>loteprednol etabonate</i>	2	MO
<i>prednisolone acetate ophthalmic suspension 1%</i>	1	MO
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1%	2	MO
PROLENSA	2	MO
ANTIALLERGICS		
<i>azelastine hcl ophthalmic solution 0.05%</i>	2	MO
<i>cromolyn sodium ophthalmic solution 4%</i>	2	MO
<i>epinastine hcl</i>	2	MO
<i>olopatadine hcl ophthalmic solution 0.1%</i>	3	MO
<i>olopatadine hydrochloride ophthalmic solution 0.2%</i>	2	MO
ZERVIAE	3	MO
ANTIGLAUCOMA		
<i>betaxolol hcl solution 0.5%</i>	2	MO
BETOPTIC-S	2	MO
BRIMONIDINE TARTRATE SOLUTION 0.15%	2	MO
<i>brimonidine tartrate solution 0.2%</i>	2	MO
<i>brinzolamide</i>	2	MO
<i>carteolol hcl</i>	1	MO
COMBIGAN	2	MO
<i>dorzolamide hcl/timolol maleate</i>	1	MO
<i>dorzolamide hydrochloride</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>dorzolamide hydrochloride/timolol maleate soln 2%-0.5% preservative free</i>	3	MO
<i>latanoprost ophthalmic solution</i>	1	MO
<i>levobunolol hcl</i>	1	MO
LUMIGAN	2	MO
PHOSPHOLINE IODIDE	3	
<i>pilocarpine hcl ophthalmic solution</i>	3	MO
RHOPRESSA	3	MO
ROCKLATAN	3	MO
SIMBRINZA	3	MO
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLUTION	3	MO
<i>timolol maleate (generic Timoptic) soln 0.25%, 0.5%</i>	1	MO
<i>timolol maleate once-daily ophthalmic (generic Istalol) soln 0.5%</i>	2	MO
<i>travoprost</i>	3	MO
VYZULTA	3	MO
MISCELLANEOUS		
ATROPINE SULFATE OPHTHALMIC SOLUTION 1%	2	MO
CYSTARAN	3	PA LA MO
ISOPTO ATROPINE	2	MO
<i>proparacaine hcl</i>	2	MO
RESTASIS	2	QL (60 EA per 30 days) MO
RESTASIS MULTIDOSE	2	QL (5.5 ML per 30 days) MO
TYRVAYA	3	QL (8.4 ML per 30 days) MO
XIIDRA	2	QL (60 EA per 30 days) MO
OTIC		
OTIC AGENTS		
<i>acetic acid otic solution 0.25%</i>	2	MO
CIPRO HC	3	MO
CIPROFLOXACIN OTIC SOLUTION 0.2%	2	MO
<i>ciprofloxacin/dexamethasone</i>	2	MO
<i>flac otic oil</i>	3	
<i>fluocinolone acetonide otic oil 0.01%</i>	3	MO
<i>hydrocortisone/acetic acid otic solution</i>	3	MO
<i>neomycin/polymyxin/hc otic solution 1%</i>	3	MO
<i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	3	MO
<i>ofloxacin otic solution 0.3%</i>	2	MO
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA	2	QL (60 EA per 30 days) MO
BEVESPI AEROSPHERE	2	QL (10.7 GM per 30 days) MO
BREZTRI AEROSPHERE	2	QL (10.7 GM per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
COMBIVENT RESPIMAT	3	QL (8 GM per 30 days) MO
<i>ipratropium bromide/albuterol sulfate nebulized solution</i>	1	B/D MO
TRELEGY ELLIPTA	2	QL (60 EA per 30 days) MO
ANTICHOLINERGICS		
ATROVENT HFA	3	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA	2	QL (30 EA per 30 days) MO
<i>ipratropium bromide inhalation solution 0.02%</i>	1	B/D MO
<i>ipratropium bromide nasal solution 0.03%</i>	1	QL (30 ML per 28 days) MO
<i>ipratropium bromide nasal solution 0.06%</i>	1	QL (45 ML per 30 days) MO
ANTI-HISTAMINES		
<i>azelastine hcl nasal solution 0.1%</i>	2	QL (30 ML per 25 days) MO
<i>azelastine hcl nasal solution 0.15%</i>	2	QL (30 ML per 25 days) MO
<i>carbinoxamine maleate solution</i>	3	PA MO
CARBINOXAMINE MALEATE TABLET 6MG	3	PA MO
<i>carbinoxamine maleate tablet 4mg</i>	3	PA MO
<i>cetirizine hydrochloride oral solution 1mg/ml</i>	3	QL (300 ML per 30 days) MO
<i>clemastine fumarate tablet 2.68mg</i>	2	PA MO
<i>cyproheptadine hcl syrup</i>	3	PA MO; HRM
<i>cyproheptadine hydrochloride tablet</i>	3	PA MO; HRM
<i>desloratadine</i>	3	QL (30 EA per 30 days) MO
<i>desloratadine odt</i>	3	QL (30 EA per 30 days) MO
<i>diphenhydramine hcl injection</i>	3	MO; HRM
<i>hydroxyzine hcl tablet</i>	3	PA MO; HRM
<i>hydroxyzine hydrochloride injection, syrup 10mg/5ml</i>	3	PA MO; HRM
<i>hydroxyzine pamoate capsule</i>	3	PA MO; HRM
<i>levocetirizine dihydrochloride tablet</i>	1	QL (30 EA per 30 days) MO
<i>levocetirizine dihydrochloride solution</i>	2	MO
<i>olopatadine hcl nasal solution 0.6%</i>	3	QL (30.5 GM per 30 days) MO
BETA AGONISTS		
<i>albuterol sulfate hfa (generic Proventil HFA) aers 108mcg/act2</i>		QL (13.4 GM per 30 days) MO
<i>albuterol sulfate hfa (generic ProAir HFA) aers 108mcg/act</i>	2	QL (17 GM per 30 days) MO
<i>albuterol sulfate hfa (generic Ventolin HFA) aers 108mcg/act</i>	2	QL (36 GM per 30 days) MO
<i>albuterol sulfate nebulization solution</i>	1	B/D MO
<i>albuterol sulfate syrup</i>	1	MO
<i>albuterol sulfate tablet</i>	2	MO
<i>levalbuterol hcl nebulization solution 0.31mg/3ml, 0.63mg/3ml, 0.125mg/3ml</i>	3	B/D MO
<i>levalbuterol nebulization solution 1.25mg/0.5ml</i>	3	B/D MO
LEVALBUTEROL TARTRATE HFA	2	QL (30 GM per 30 days) MO
SEREVENT DISKUS	2	QL (60 EA per 30 days) MO
<i>terbutaline sulfate injection, tablet</i>	3	MO
VENTOLIN HFA	2	QL (36 GM per 30 days) MO
LEUKOTRIENE MODULATORS		
<i>montelukast sodium tablet chewable, tablet</i>	1	QL (30 EA per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>montelukast sodium packet</i>	2	QL (30 EA per 30 days) MO
<i>zafirlukast</i>	3	QL (60 EA per 30 days) MO
MISCELLANEOUS		
<i>acetylcysteine inhalation solution 10%, 20%</i>	2	B/D MO
<i>aminophylline</i>	3	
BRONCHITOL	3	QL (560 EA per 28 days) PA LA; ACS
BRONCHITOL TOLERANCE TEST	3	QL (560 EA per 28 days) PA LA; ACS
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	2	B/D MO
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	2	QL (2 EA per 30 days) MO
FASENRA	2	QL (1 ML per 28 days) PA LA; ACS
FASENRA PEN	2	QL (1 ML per 28 days) PA LA; ACS
KALYDECO PACKET	3	QL (56 EA per 28 days) PA LA MO
KALYDECO TABLET	3	QL (60 EA per 30 days) PA LA MO
OFEV	2	QL (60 EA per 30 days) PA LA; ACS
ORKAMBI TABLET	3	QL (112 EA per 28 days) PA LA MO
ORKAMBI PACKET	3	QL (56 EA per 28 days) PA LA MO
<i>pirfenidone capsule</i>	1	QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 267mg</i>	1	QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 534mg, 801mg</i>	1	QL (90 EA per 30 days) PA; ACS
PROLASTIN-C	2	PA LA MO
PULMOZYME	3	PA; ACS
<i>roflumilast</i>	3	MO
<i>theophylline oral solution</i>	2	MO
<i>theophylline er tablet extended release 12 hour, tablet extended release 24 hour tablet extended release 24 hour</i>	2	MO
<i>theophylline er tablet extended release 12 hour, tablet extended release 24 hour tablet extended release 12 hour 100mg, 200mg</i>	2	
<i>theophylline er tablet extended release 12 hour, tablet extended release 24 hour tablet extended release 12 hour 300mg, 450mg</i>	2	MO
TRIKAFTA THERAPY PACK	3	QL (56 EA per 28 days) PA LA
TRIKAFTA TABLET THERAPY PACK	3	QL (84 EA per 28 days) PA LA MO
XOLAIR	2	PA LA; ACS
NASAL STEROIDS		
<i>flunisolide nasal spray 0.025%</i>	2	QL (75 ML per 30 days) MO
<i>fluticasone propionate suspension 50mcg/act</i>	1	QL (16 GM per 30 days) MO
<i>mometasone furoate suspension 50mcg/act</i>	2	QL (34 GM per 30 days) MO
XHANCE	3	QL (32 ML per 30 days) PA MO

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Drug Name	Drug Tier	Requirements/Limits
STEROID INHALANTS		
ARNUITY ELLIPTA	2	QL (30 EA per 30 days) MO
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	3	B/D MO
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/BLIST, 50MCG/BLIST	2	QL (120 EA per 30 days) MO
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 250MCG/BLIST	2	QL (240 EA per 30 days) MO
FLOVENT HFA AEROSOL 44MCG/ACT	2	QL (21.2 GM per 30 days) MO
FLOVENT HFA AEROSOL 110MCG/ACT, 220MCG/ACT	2	QL (24 GM per 30 days) MO
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA	3	QL (12 GM per 30 days) MO
BREO ELLIPTA	2	QL (60 EA per 30 days) MO
<i>breyna</i>	2	QL (10.3 GM per 30 days)
<i>budesonide/formoterol fumarate dihydrate</i>	2	QL (10.2 GM per 30 days) MO
DULERA	3	QL (13 GM per 30 days) MO
<i>fluticasone propionate/salmeterol diskus</i>	1	QL (60 EA per 30 days) MO
<i>wixela inhub</i>	1	QL (60 EA per 30 days) MO
TOPICAL		
DERMATOLOGY, ACNE		
<i>accutane</i>	3	PA
<i>amnesteem</i>	3	PA
<i>claravis</i>	3	PA
<i>clindacin foam</i>	3	QL (100 GM per 30 days)
<i>clindamycin phosphate/benzoyl peroxide gel 1.2;2.5%, 1.2%;5%</i>	3	MO
<i>clindamycin phosphate foam 1%</i>	3	QL (100 GM per 30 days) MO
<i>clindamycin phosphate gel 1%</i>	2	QL (75 GM per 30 days) MO
<i>clindamycin phosphate lotion 1%</i>	3	QL (60 ML per 30 days) MO
<i>clindamycin phosphate external solution 1%</i>	2	QL (60 ML per 30 days) MO
<i>clindamycin/benzoyl peroxide gel 5%; 1%</i>	3	MO
<i>dapsone gel 5%, 7.5%</i>	3	QL (90 GM per 30 days) MO
<i>ery pad 2%</i>	3	MO
<i>erythromycin/benzoyl peroxide gel 5%; 3%</i>	3	MO
<i>erythromycin gel 2%</i>	1	QL (60 GM per 30 days) MO
<i>erythromycin solution 2%</i>	1	QL (60 ML per 30 days) MO
<i>isotretinoin</i>	3	PA
<i>neuac</i>	3	
<i>sulfacetamide sodium lotion 10%</i>	2	MO
TRETINOIN MICROSHERE GEL 0.04%, 0.1%	3	QL (50 GM per 30 days) PA MO
TRETINOIN MICROSHERE PUMP GEL 0.04%, 0.1%	3	QL (50 GM per 30 days) PA MO
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	3	QL (45 GM per 30 days) PA MO
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	3	QL (45 GM per 30 days) PA MO
<i>zenatane</i>	3	PA
DERMATOLOGY, ANTIBIOTICS		

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin sulfate cream 0.1%</i>	2	QL (30 GM per 30 days) MO
<i>gentamicin sulfate ointment 0.1%</i>	2	QL (30 GM per 30 days) MO
<i>mafenide acetate packet</i>	3	MO
<i>mupirocin ointment</i>	1	QL (30 GM per 30 days) MO
<i>mupirocin cream</i>	3	QL (30 GM per 30 days) MO
<i>silver sulfadiazine cream</i>	1	MO
SSD	2	
SULFAMYLON CREAM 85MG/GM	3	MO
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine cream 0.77%</i>	2	QL (90 GM per 30 days) MO
<i>ciclopirox gel</i>	2	QL (100 GM per 30 days) MO
<i>ciclopirox shampoo</i>	2	QL (120 ML per 30 days) MO
<i>ciclopirox olamine suspension</i>	2	QL (60 ML per 30 days) MO
<i>clotrimazole/betamethasone dipropionate cream</i>	2	QL (45 GM per 30 days) MO
<i>clotrimazole cream 1%</i>	2	QL (45 GM per 30 days) MO
<i>clotrimazole solution 1%</i>	2	QL (30 ML per 30 days) MO
<i>econazole nitrate cream</i>	3	QL (85 GM per 30 days) MO
ERTACZO	3	QL (60 GM per 30 days) MO
<i>ketoconazole cream 2%</i>	2	QL (60 GM per 30 days) MO
<i>ketoconazole foam 2%</i>	3	QL (100 GM per 30 days) MO
<i>ketodan foam 2%</i>	3	QL (100 GM per 30 days)
<i>naftifine hcl cream 1%</i>	3	QL (90 GM per 30 days) MO
<i>naftifine hydrochloride cream 2%</i>	3	QL (60 GM per 30 days) MO
<i>nyamyc powder</i>	2	QL (60 GM per 30 days) MO
<i>nystatin cream 100000unit/gm</i>	1	QL (30 GM per 30 days) MO
<i>nystatin ointment 100000unit/gm</i>	3	QL (30 GM per 30 days) MO
<i>nystatin powder 100000unit/gm</i>	2	QL (60 GM per 30 days) MO
<i>nystop powder</i>	2	QL (60 GM per 30 days)
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	2	PA MO
<i>calcipotriene cream, ointment</i>	3	QL (120 GM per 30 days) PA MO
<i>calcipotriene solution</i>	3	QL (60 ML per 30 days) PA MO
<i>calcitrene</i>	3	QL (120 GM per 30 days) PA MO
CALCITRIOL OINTMENT 3MCG/GM	3	QL (800 GM per 28 days) PA MO
<i>methoxsalen capsule</i>	1	MO
<i>tazarotene gel</i>	2	QL (100 GM per 30 days) PA MO
<i>tazarotene cream</i>	2	QL (60 GM per 30 days) PA MO
TAZORAC CREAM 0.05%	3	QL (60 GM per 30 days) PA MO
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo 2%</i>	1	MO
<i>selenium sulfide lotion 2.5%</i>	1	MO
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort cream 1%</i>	1	
<i>ala-cort cream 2.5%</i>	1	QL (30 GM per 30 days)

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>alclometasone dipropionate</i>	3	MO
<i>betamethasone dipropionate augmented cream</i>	2	MO
<i>betamethasone dipropionate augmented gel, ointment</i>	3	MO
<i>betamethasone dipropionate augmented lotion</i>	3	QL (120 ML per 30 days) MO
<i>betamethasone dipropionate lotion</i>	2	MO
<i>betamethasone dipropionate cream, ointment</i>	3	MO
<i>betamethasone valerate cream, lotion, ointment</i>	2	MO
<i>betamethasone valerate foam</i>	3	QL (120 GM per 30 days) MO
<i>calcipotriene/betamethasone dipropionate ointment</i>	3	QL (400 GM per 28 days) PA MO
<i>clobetasol propionate emollient cream 0.05%</i>	3	QL (60 GM per 30 days) MO
<i>clobetasol propionate emollient foam 0.05%</i>	3	QL (100 GM per 30 days) MO
<i>clobetasol propionate foam</i>	3	QL (100 GM per 30 days) MO
<i>clobetasol propionate shampoo</i>	3	QL (118 ML per 30 days) MO
<i>clobetasol propionate spray liquid</i>	3	QL (125 ML per 30 days) MO
<i>clobetasol propionate solution</i>	3	QL (50 ML per 30 days) MO
<i>clobetasol propionate cream, gel, ointment</i>	3	QL (60 GM per 30 days) MO
<i>clodan shampoo 0.05%</i>	3	QL (118 ML per 30 days)
<i>desonide lotion</i>	3	QL (118 ML per 30 days) MO
<i>desonide cream, gel, ointment</i>	3	QL (60 GM per 30 days) MO
<i>desoximetasone cream, ointment</i>	3	QL (100 GM per 30 days) MO
<i>desrx</i>	3	QL (60 GM per 30 days)
<i>diflorasone diacetate</i>	3	QL (60 GM per 30 days) MO
ENSTILAR	2	QL (120 GM per 30 days) PA MO
<i>fluocinolone acetonide body</i>	3	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide scalp</i>	3	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide cream 0.025%</i>	3	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide cream 0.01%</i>	3	QL (60 GM per 30 days) MO
<i>fluocinolone acetonide ointment 0.025%</i>	3	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide solution 0.01%</i>	3	QL (90 ML per 30 days) MO
<i>fluocinonide emulsified base cream 0.05%</i>	3	QL (120 GM per 30 days) MO
<i>fluocinonide cream 0.05%</i>	3	QL (120 GM per 30 days) MO
<i>fluocinonide gel, ointment</i>	3	QL (60 GM per 30 days) MO
<i>fluocinonide solution</i>	3	QL (60 ML per 30 days) MO
<i>fluticasone propionate cream 0.05%</i>	2	MO
<i>fluticasone propionate lotion 0.05%</i>	3	QL (120 ML per 30 days) MO
<i>fluticasone propionate ointment 0.005%</i>	2	MO
<i>halobetasol propionate cream, ointment</i>	3	QL (50 GM per 30 days) MO
<i>hydrocortisone butyrate (lipophilic)</i>	3	QL (60 GM per 30 days) MO
<i>hydrocortisone butyrate lotion</i>	3	QL (118 ML per 30 days) MO
<i>hydrocortisone butyrate cream, ointment</i>	3	QL (45 GM per 30 days) MO
<i>hydrocortisone butyrate solution</i>	3	QL (60 ML per 30 days) MO
<i>hydrocortisone valerate cream, ointment</i>	3	QL (60 GM per 30 days) MO
<i>hydrocortisone cream 1%</i>	1	MO
<i>hydrocortisone cream 2.5%</i>	1	QL (30 GM per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone lotion 2.5%</i>	1	MO
<i>hydrocortisone ointment 1%, 2.5%</i>	1	QL (30 GM per 30 days) MO
<i>mometasone furoate cream 0.1%</i>	2	MO
<i>mometasone furoate ointment 0.1%</i>	2	MO
<i>mometasone furoate solution 0.1%</i>	2	MO
<i>prednicarbate ointment</i>	3	QL (60 GM per 30 days) MO
<i>proctosol hc cream 2.5%</i>	3	
TEXACORT	3	MO
<i>tovet</i>	3	QL (100 GM per 30 days)
<i>triamcinolone acetonide aerosol solution 0.147mg/gm</i>	3	MO
<i>triamcinolone acetonide cream 0.025%, 0.5%</i>	1	MO
<i>triamcinolone acetonide cream 0.1%</i>	1	QL (454 GM per 30 days) MO
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	2	MO
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	1	MO
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine hcl external solution 4%</i>	3	QL (50 ML per 30 days) PA MO
<i>lidocaine/prilocaine</i>	1	QL (30 GM per 30 days) MO
<i>lidocaine patch</i>	2	QL (90 EA per 30 days) PA MO
<i>lidocaine ointment</i>	3	QL (35.44 GM per 30 days) PA MO
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir ointment 5%</i>	3	QL (30 GM per 30 days) MO
<i>ammonium lactate cream, lotion</i>	2	MO
<i>azelaic acid gel</i>	3	QL (50 GM per 30 days) MO
<i>bexarotene gel 1%</i>	1	QL (60 GM per 30 days) PA; ACS
<i>diclofenac sodium gel 1%</i>	2	QL (1000 GM per 30 days) MO
DOXEPIN HYDROCHLORIDE CREAM 5%	3	QL (45 GM per 30 days) PA MO
DOXYCYCLINE CAPSULE DELAYED RELEASE 40MG	3	QL (30 EA per 30 days) PA MO
FINACEA FOAM, GEL	3	QL (50 GM per 30 days) MO
FLUOROURACIL CREAM 0.5%	3	QL (30 GM per 30 days) PA MO
<i>fluorouracil cream 5%</i>	3	QL (40 GM per 30 days) PA MO
<i>fluorouracil topical solution 2%, 5%</i>	3	QL (10 ML per 30 days) MO
<i>hydrocortisone perianal cream 1%</i>	3	MO
IMIQUIMOD PUMP	3	QL (15 GM per 28 days) MO
<i>imiquimod cream 5%</i>	2	QL (24 EA per 30 days) MO
<i>imiquimod cream 3.75%</i>	3	QL (28 EA per 28 days) MO
<i>metronidazole cream 0.75%</i>	3	MO
<i>metronidazole gel 0.75%, 1%</i>	3	MO
<i>metronidazole lotion 0.75%</i>	3	MO
NORITATE	3	QL (60 GM per 30 days) MO
ORACEA	3	QL (30 EA per 30 days) PA MO
PANRETIN	3	QL (60 GM per 30 days) PA
<i>podofilox</i>	3	MO
<i>procto-med hc</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>proctozone-hc</i>	3	
RECTIV	3	QL (30 GM per 30 days) MO
<i>tacrolimus ointment 0.03%, 0.1%</i>	3	QL (60 GM per 30 days) MO
VALCHLOR	3	QL (60 GM per 30 days) PA LA MO
ZYCLARA PUMP CREAM 2.5%	3	QL (7.5 GM per 28 days) MO
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i>	2	MO
<i>permethrin cream 5%</i>	3	MO
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX	2	QL (30 GM per 30 days) PA MO
SANTYL	3	MO
<i>sodium chloride 0.9% irrigation soln</i>	1	MO
<i>sterile water for irrigation</i>	1	MO
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hydrochloride</i>	3	MO
<i>chlorhexidine gluconate oral rinse 0.12%</i>	1	MO
<i>clinpro 5000</i>	3	MO
<i>clotrimazole troche 10mg</i>	2	MO
<i>dentagel</i>	3	MO
<i>fluoridex daily defense</i>	3	
<i>fluoridex sensitivity relief/sls free</i>	3	
<i>fluorimax 5000</i>	3	
<i>fluorimax 5000 sensitive</i>	3	
<i>just right 5000</i>	3	
<i>lidocaine hydrochloride viscous solution 2%</i>	3	MO
<i>nystatin suspension 100000unit/ml</i>	3	MO
<i>oralone dental paste</i>	3	
<i>periogard</i>	1	
<i>pilocarpine hydrochloride tablet</i>	3	MO
<i>sf gel 1.1%</i>	3	MO
<i>sodium fluoride 5000 ppm dental paste</i>	3	MO
<i>sodium fluoride 5000 ppm dry mouth gel</i>	3	MO
<i>sodium fluoride 5000 ppm sensitive</i>	3	MO
<i>sodium fluoride gel 1.1%</i>	3	MO
<i>triamcinolone acetonide dental paste</i>	3	MO

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10/25/2023