



Harvard Pilgrim
Health Care

a Point32Health company

Member Guide

Your Health Plan Highlights





Dear Member,

At Harvard Pilgrim, we're not just your health plan provider; we are your health care partner.

That's why we offer flexible health plans, preventive care programs, digital tools for added convenience and inclusive benefits.

We encourage you to use this member guide as a self-service tool to assist you toward better health.

To maximize the benefits of your health plan:

- Activate your secure member account and download our free mobile app. Your secure member account will offer details on your specific health plan coverage and costs
- Explore our exclusive discounts and savings options

Our Medicare Enhance plan provides easy-to-use benefits and excellent service you can count on.



Visit **harvardpilgrim.org** for more information, resources and access to your secure member account.

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Secure Member Account & Mobile App

Log in or activate your secure online account or download the Harvard Pilgrim mobile app¹ to access your health plan benefits information.



harvardpilgrim.org/create



Know Your Care Options

Health care isn't one-size-fits-all. Knowing where to seek care for your situation can save you time and money. As a Harvard Pilgrim member, you have access to a variety of options:

When to See Your General Practitioner

For non-urgent needs, your general practitioner is best suited to coordinate your care. They may also offer virtual health care services for even greater convenience.

When to Go to a Retail Clinic

Retail clinics that accept Medicare are a good option when you're experiencing mild symptoms such as an ear infection or skin conditions like poison ivy, and you want a health professional to check it out without an appointment.

When to Visit an Urgent Care Center

You can visit urgent care centers that accept Medicare without an appointment for situations that need immediate treatment but are not considered life-threatening, such as minor burns or cuts that may require stitches.

When to Visit the Emergency Room

If you think you're having a medical emergency and your life is in danger, call 911 or go to the nearest emergency room. Examples include severe chest or abdominal pain or serious injury.





Wellness Discounts & Perks²

At Harvard Pilgrim, we want to help you reach your wellness goals through discounts on nutrition, mind and body, fitness, vision and other services related to improving overall health.

For more details on the different programs and services available, visit harvardpilgrim.org/discounts

Wellness Reimbursement³

Harvard Pilgrim is excited to offer our wellness reimbursement program. You can be reimbursed for a range of qualifying programs, which include:

- Membership fees to gyms or fitness facilities
- Virtual fitness class subscriptions
- Studios or facilities that offer membership or tuition
- Select nutrition and mindfulness meditation programs
- Cardiovascular and strength training equipment

The wellness reimbursement is available to members of fully insured Large Group plans and eligible self-insured plans. Check with your employer to confirm program eligibility. Members may only be eligible for the wellness reimbursement or the fitness reimbursement, not both.

Fitness Reimbursement³

Whether you prefer going to the gym or taking a virtual fitness class from home, we'll reimburse you for fees you pay toward qualifying gym memberships and virtual fitness class subscriptions.

Fitness and Exercise

Whether you're looking for virtual cardio programs or yoga and strength training, we help make it more affordable for you to reach new heights. Choose what works for you:

- Get a 30-day free trial of Daily Burn,⁴ followed by 25% off your monthly membership
- Save up to 40% off Ompractice virtual yoga
- Save 20% on your entire order of fitness products at ProSourceFit

Nutrition

Sink your teeth into discounts that can help you manage your weight or eat healthier:

- Complimentary shipping on orders from the Mom's Meals home delivery service, which offers medically tailored meals to support common chronic conditions and overall well-being
- Save 25% and try the first session for free with Savory Living, an online healthy eating lifestyle program
- Save 25% on The Dinner Daily meal planning service, which provides personalized weekly dinner plans based on your needs
- Save 25% on a subscription to Eat Right Now, a mindful eating app that combines neuroscience and mindfulness to reduce craving-related eating
- Save 25% on InsideTracker's science-based, personalized nutrition plan based on your blood test results

Wellness

Well-being is more than healthy eating and exercise. No matter what stage of life you're in, we have discounts that focus on the whole person:

- Enroll in our Living Well program, and start earning rewards for participating in a variety of informative, fun and interactive activities
- Access virtual yoga, guided mindfulness and more through our Living Well Community programs. All classes are at no cost to you and easy to access via Zoom.
- Get 25% off Magic Weighted Blanket
- Save 15% on Mighty Well wearable wellness products
- Get the first month free and savings on Happier, and learn how to meditate with this step-by-step guide

Dental

Something to smile about!

- Available to residents of Maine and Massachusetts, Universal Dental Plan can help take the sting out of dental costs with savings of up to 50% on procedures from a network of participating dentists.⁵



Vision

Need a new pair of eyeglasses?

- Get discounts on frames with purchase of a complete pair of glasses at participating EyeMed affiliated providers⁵
- If your Medicare Enhance plan covers a routine eye exam, have your routine eye exam at participating Visionworks locations and get a free pair of prescription eyeglasses from a select store collection.⁷ You must choose and order your free eyewear on the day of your exam

Interested in LASIK?

- Save up to 35% off the national average price of traditional LASIK, and get special pricing for other laser procedures with QualSight

Hearing

You don't have to miss a thing. Our partnership with trusted vendors gives you access to discounted, state-of-the-art hearing aids and follow-up services:

- Get 30%-60% off state-of-the-art technology from top hearing aid manufacturers and hearing solutions for every type of hearing loss from TruHearing
- Get significant savings on hearing aids, a 60-day trial period with money-back guarantee, follow-up care, and a three-year warranty from Amplifon Hearing Health Care

Quit Smoking

Are you trying to quit smoking or tobacco-use?

Don't give up! Get some extra support with discounted resources:

- Get 25% off Craving to Quit, a 21-day app-based program
- Get 30% off QuitSmart's Stop Smoking Kit and Stop Smoking Classes

Family Care

Caring for a loved one can be overwhelming. Get the extra support you need at a discounted price:

- Help assess needs and find care through Home Instead®
- Be Safer At Home (BSAH) offers our members substantially discounted rates on the installation and monthly fees of a Personal Emergency Response System (PERS). PERS provides 24/7 emergency assistance and care, increasing safety and independence
- Save on a variety of services provided by LifeCycle Transitions that help members with chronic health problems stay well at home or transition to a new location
- Save 10% on Vigorous Minds science-based, personalized program for maintaining brain health and quality of life after 50





Stay Connected & Informed

While your secure member account provides detailed information on your specific health plan coverage and costs, we also offer many other ways to keep you informed.

Member Newsletter

Our member newsletter shares current health topics and benefit highlights, including tips to manage your health, fun recipes, discounts on wellness services, new programs and much more. It's delivered to your email inbox and posted on our website.

Member Communications

As a health plan member, you will receive valuable information about your benefits, discounts, exclusive member perks and tools that support your health and well-being. We may share these updates through email, postal mail, in-app or secure messages, as well as plan materials.

Harvardpilgrim.org

Our website is a great place to learn more about the resources, wellness options, condition management programs and additional member benefits that keep you healthy. You can also access your secure account and stay up to date with our latest news.

Social Media

Follow our social channels to keep up with the latest news, tips and stories.



How to Stay in the Know

Check your secure member account to be sure we have your current email address and mobile number, and we'll ensure you stay informed.

Important Information About Your Plan

The following information refers to plans offered by Harvard Pilgrim Health Care and its affiliates ("Harvard Pilgrim").

Appeals

You may file a complaint about a coverage decision or appeal that decision with Harvard Pilgrim. For details, see your Benefit Handbook.

To access your Benefit Handbook online, log into your personal account on harvardpilgrim.org, click on More Tasks from your Member Dashboard and select View My Plan Documents under Documents. For assistance, call Member Services at **888-333-4742**.

Member confidentiality

Harvard Pilgrim values individuals' privacy rights and is committed to safeguarding protected health information (PHI) and personal information (PI). To support this commitment, Harvard Pilgrim has established a number of Privacy and Security policies, including those describing the administration of its privacy and security programs, requirements for staff training, and permitted uses and disclosures of PHI and PI. We may collect, use and disclose financial and medical information about you when doing business with you or with others. We do this in accordance with our privacy policies and applicable state and federal laws. Harvard Pilgrim also requires its business partners who administer health care coverage to you on our behalf to protect your information in accordance with applicable state and federal laws.

Visit harvardpilgrim.org or call us for a copy of Harvard Pilgrim's Notice of Privacy Practices.

Members: **888-333-4742**

Non-members: **800-848-9995**

TTY: **711**

General Notice About Nondiscrimination and Accessibility Requirements

Harvard Pilgrim Health Care and its affiliates as noted below ("HPHC") comply with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation and gender identity). HPHC does not exclude people or treat them differently because of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation and gender identity).

HPHC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters.

If you need these services, contact our Civil Rights Compliance Officer (see below for contact information). If you believe that HPHC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation and gender identity) you can file a grievance with:

Civil Rights Compliance Officer

1 Wellness Way
Canton, MA 02021-1166

866-750-2074, TTY service: **711**

Fax: **617-509-3085**

Email: civil.rights@point32health.org

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at

www.hhs.gov/ocr/office/file/index.html

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.

Language Assistance Services

Arabic (العربية) انتباه: إذا كنت تتحدث لغة أخرى غير الإنجليزية، فإن خدمات المساعدة اللغوية متاحة لك مجانًا. يرجى الاتصال بالرقم الموجود على بطاقة هوية العضو الخاصة بك.

French (Français) ATTENTION : Si vous parlez une langue autre que l'anglais, des services d'assistance linguistique gratuits sont à votre disposition. Veuillez appeler le numéro indiqué sur votre carte d'adhérent.

Greek (Ελληνικά) ΠΡΟΣΟΧΗ: Εάν μιλάτε κάποια άλλη γλώσσα πέρα από τα αγγλικά, γλωσσικές υπηρεσίες χωρίς χρέωση είναι στη διάθεσή σας. Καλέστε τον αριθμό στην κάρτα μέλους σας.

Gujarati (ગુજરાતી) ધ્યાન આપો: જો તમે અંગ્રેજી સિવાય બીજી ભાષા બોલો છો, તો ભાષા હિતિ વિાઓ, તમારા માટે મફત ઉપલબ્ધ છે. કૃપા કરીને તમારા ભિય આઈડી કાર્ડ પરના નંબર પર કૉલ કરો.

Haitian Creole (Kreyòl Ayisyen) ATANSYON: Si w pale yon lang ki pa Anglè, gen sèvis èd pou lang ki disponib gratis pou ou. Tanpri rele nimewo ki sou kat ID manm ou a.

Hindi (हिंदी) ध्यान दें: अगर आप अंग्रेजी के अलावा कोई दूसरी भाषा बोलते हैं, तो भाषा सहायता सेवाएं आपके ललए ननःशुल्क उपलब्ध हैं। कृपया अपने सदस्य आईडी कार्ड पर ददए गए नंबर पर कॉल करें।

Italian (Italiano) ATTENZIONE: se parli una lingua diversa dall'inglese, sono disponibili gratuitamente servizi di assistenza linguistica. Chiama il numero indicato sulla tua tessera membro identificativa.

Khmer (ភាសាខ្មែរ) ប្រសិនបើអ្នក កនិយាយភាសាបសដេបហ្គីពីភាសាអង់គ្លេស ស បសវាកម្មមជ្ឈមន្ទ្រ យភាសា ដលៃឥតលិកតម្លៃ លីអាចរកបានសហារអ្នក ក។ សូ មហៅកាន់បលខហ្វលលី ID កាតសាជីករសអ្នក ក។

Korean (한국어) 알림: 영어 이외의 언어를 사용하신다면 언어 지원 서비스를 무료로 제공해 드립니다. 가입자 ID 카드에 명시된 번호로 전화하시기 바랍니다.

Lao (ພາສາລາວ) ກະລຸນາ ຮັບຊາບ: ຖ້າ ທ່ານເວົ້າພາສາອື່ນທີ່ບໍ່ແ ມ່ນພາສາ ອັງກິດ, ທ່ານສາມາດໃຊ້ບໍລິການນໍາດ້ານພາສາໄ ຕໍ່ ໂດຍບໍ່ເສຍ ຄ່າ. ກະລຸນາໂທຫາເບີທ່ຽ ຢໃນ ບັດປະຈໍາ ຕົວສະມາຊິກຂອງ ທ່ານ.

Polish (polski) UWAGA: Jeśli posługujesz się językiem innym niż angielski, możesz bezpłatnie korzystać z usług pomocy językowej. Zadzwoń pod numer podany na Twojej karcie członkowskiej.

Portuguese (Português) ATENÇÃO: caso fale outro idioma que não o inglês, são-lhe disponibilizados gratuitamente serviços de assistência linguística. Ligue para o número no seu cartão de identificação de membro.

Russian (Русский) ВНИМАНИЕ! Если вы не говорите на английском языке, то можете бесплатно воспользоваться услугами языковой поддержки. Позвоните по номеру, указанному на вашей идентификационной карте участника.

Spanish (Español) ATENCIÓN: Si usted habla un idioma que no sea inglés, están disponibles para usted, sin costo, servicios de asistencia en otros idiomas. Llame al número que figura en su tarjeta de identificación de miembro.

Traditional Chinese (繁體中文) 注意事項: 如果您講非英語的其他語言, 我們可以為您提供免費的語言協助服務。請撥打您會員 ID 卡上的電話號碼。

Vietnamese (Tiếng Việt) LƯU Ý: Nếu quý vị nói ngôn ngữ khác không phải tiếng Anh, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Vui lòng gọi đến số điện thoại trên thẻ ID hội viên của quý vị.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Please call the number on your member ID card.

Footnotes

- ¹ Estimating costs and some other features are not available on the mobile app.
- ² This information has been provided by the vendors and has not been independently confirmed by Harvard Pilgrim Health Care. Check with your health care provider regarding any health or medical condition before beginning any new treatment, exercise or nutrition regimen. Discounts are subject to change at any time.
- ³ For Small Groups based in Massachusetts, the Medicare Enhance subscriber is eligible for reimbursement of \$150 or one month of fitness facility membership or virtual fitness subscription (whichever is greater) or up to \$150 toward the cost of a fitness tracker. All other Small Group plans with sponsoring employers based in Maine, New Hampshire, or Rhode Island can also be reimbursed up to \$150 for fitness facility membership or virtual fitness subscription. Membership must be for at least four months in a calendar year. Reimbursement forms may be submitted once per calendar year. Reimbursement may be considered taxable income. For tax information, consult your employer or tax advisor. Additional restrictions may apply. Reimbursement amounts may vary by employer group.
- ⁴ At the end of your 30-day free trial, Daily Burn will automatically charge your card \$14.96 USD/month until you cancel. No refunds or credits for partial months. Additional taxes may apply.
- ⁵ Universal Dental Plan is not dental insurance and does not meet minimum creditable coverage under applicable state law. The plan provides discounts at specific dental providers for dental services. The plan does not make payments directly to the providers of dental services. The plan member is obligated to pay for all dental care services but will receive a discount from those dental care providers who have contracted with the discount dental plan organization. The range of discounts will vary depending on the services provided.
- ⁶ Participating eyewear providers offer special savings on items such as eyeglasses and contact lenses.
- ⁷ Free eyewear program is available only at select participating locations in Massachusetts, Rhode Island, New Hampshire and New York. Offer subject to restrictions; limited to one free pair of eyeglasses per member per year.

Notes

[illegible]

Contact Us

Member Services

888-333-4742 (TTY: 711)

Mon., Tues. & Thurs. 8am - 6pm

Wed. 10am - 6pm

Fri. 8am - 5:30pm



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Schedule of Benefits

Medicare Enhance MASSACHUSETTS

This Schedule of Benefits summarizes your coverage under Medicare Enhance ("the Plan") and states the Subscriber cost-sharing amounts that you must pay for Covered Services. However, it is only a summary of your benefits. Please see your *Benefit Handbook* for detailed information on the benefits covered by the Plan and the terms and conditions of coverage.

Please note that the information on Medicare benefits in this document is provided for informational purposes only. HPHC Insurance Company, Inc. (HPIC) is not responsible for Medicare benefits. Please refer to the Medicare handbook *Medicare & You* or contact the Centers for Medicare and Medicaid Services (CMS) at **1-800-MEDICARE (1-800-633-4227)** or **www.medicare.gov** for information on your Medicare benefits.

Section 1: Subscriber Cost Sharing (What You Pay)

Subscribers are required to share the cost of the benefits provided under the Plan. Please see the tables below for a detailed list of the cost sharing that applies to your Employer Group's plan.

A Copayment is a dollar amount that is payable by the Subscriber for certain Covered Services. The Copayment is due at the time services are rendered or when billed by the Provider. Your identification card contains the Copayment amounts that apply to the Plan's most frequently used services.

Payment Maximum: The Plan pays up to the Payment Maximum. You pay any charges above the Payment Maximum, plus any Subscriber cost-sharing amounts that apply under your Plan. If your Plan provides coverage for a service that is not covered by Medicare, the Plan will pay all charges up to the Payment Maximum minus the applicable cost sharing.

Section 2: Preventive Care Services

Medicare covers a number of preventive care services at no cost to Subscribers. The Plan will pay the Medicare Deductible and Coinsurance amounts, if any, for Medicare-covered preventive care services.

Medicare coverage includes a one-time "Welcome to Medicare" preventive visit received within the first 12 months a beneficiary is covered by Medicare Part B. HPIC recommends that Subscribers utilize this benefit if available. After being enrolled in Medicare Part B for one year, Medicare also covers a yearly "Wellness" visit. Your first yearly "Wellness" visit must occur 12 months after your Part B enrollment or your "Welcome to Medicare" preventive visit.

When specific Medicare coverage criteria are met, Medicare also provides coverage for preventive services including, but not limited to: (1) Pap tests, pelvic and breast exams; (2) Mammograms; (3) Prostate cancer screenings; (4) Diabetes screenings; (5) Bone mass measurements; (6) Glaucoma tests; (7) Medical nutrition therapy services; (8) Counseling to prevent tobacco use & tobacco-caused disease; (9) Colorectal cancer screenings, including fecal occult blood tests, flexible sigmoidoscopy, colonoscopy and barium enema; and (10) Immunizations for flu, pneumococcal shots and hepatitis B shots.

EFFECTIVE DATE: 01/01/2027

The Plan will also provide coverage, less any payments by Medicare, for the following preventive care services: annual routine physical exams, routine eye exams, and routine hearing exams. Please refer to Section III.C of your Benefit Handbook for detailed information on additional preventive care services covered by the Plan.

Section 3: Emergency Coverage Outside of the United States

Your Plan provides limited emergency coverage for Subscribers traveling outside of the United States. Please refer to Section III.C of your Benefit Handbook for details of your coverage.

Section 4: Inpatient Services Covered by Medicare

Benefit Period: The way that Original Medicare measures a Subscriber's use of Hospital and Skilled Nursing Facility services. A Medicare Benefit Period begins the first day of a Medicare-covered stay at an inpatient Hospital or Skilled Nursing Facility. It ends when you have not received any inpatient Hospital care or Skilled Nursing Facility care for 60 days in a row. If you go into a Hospital or a Skilled Nursing Facility after one Benefit Period has ended, a new Benefit Period begins. Medicare puts no limit on the number of Benefit Periods covered by Medicare during your lifetime.

Medicare Inpatient Services	Medicare Pays:	Medicare Enhance Pays:	Your Cost Sharing:
Hospital Care (including acute, nonmedical health care institutions, psychiatric and rehabilitation hospitalization)			
First 60 days of a Benefit Period	Covered less Medicare Deductible and Coinsurance	Medicare Deductible and Coinsurance	No charge
61st through 90th day of a Benefit Period	Covered less Medicare Deductible and Coinsurance	Medicare Deductible and Coinsurance	No charge
91st day and after of a Benefit Period – up to 60 Lifetime Reserve Days (if any)	Covered less Lifetime Reserve Days Daily Coinsurance	Medicare Lifetime Reserve Days Daily Coinsurance	No charge
Non-Medicare Covered Services			
After your 60 Lifetime Reserve Days are exhausted, your Plan covers unlimited days	Nothing	All charges	No charge
Skilled Nursing Facility Care (SNF)			
First 20 days of a Benefit Period	Medicare allowable amount	Nothing	No charge
21st through 100th day of a Benefit Period	Medicare allowable amount minus SNF Daily Coinsurance	The Medicare SNF Daily Coinsurance	No charge
101st day and after of a Benefit Period	Nothing	All charges	No charge
Physicians and Other Health Professionals (inpatient services)			
	Covered less Medicare Deductible and Coinsurance	Medicare Deductible and Coinsurance	No charge

MEDICARE ENHANCE - MASSACHUSETTS

Medicare Inpatient Services	Medicare Pays:	Medicare Enhance Pays:	Your Cost Sharing:
Human Organ Transplants (including bone marrow transplants)			
	Covered less Medicare Deductible and Coinsurance	Medicare Deductible and Coinsurance	No charge
Blood Transfusions			
First three pints per calendar year	Nothing	Medicare Blood Deductible	No charge
Beyond 3 pints per calendar year	Covered less Medicare Deductible and Coinsurance	Medicare Deductible and Coinsurance	No charge

Section 5: Outpatient Services Covered by Medicare

Medicare Outpatient Services	Medicare Pays:	Medicare Enhance Pays:	Your Cost Sharing:
Acupuncture Treatment			
Note: Limited coverage provided by Medicare. See your Benefit Handbook for details.	Covered less Medicare Deductible and Coinsurance	Medicare Deductible and Coinsurance	No charge
Administration of Allergy Injections			
	Covered less Medicare Deductible and Coinsurance	Medicare Deductible and Coinsurance	No charge
Ambulance Services			
	Covered less Medicare Deductible and Coinsurance	Medicare Deductible and Coinsurance	No charge
Cardiac Rehabilitation Services			
	Covered less Medicare Deductible and Coinsurance	Medicare Deductible and Coinsurance	No charge
Chiropractic Services			
Note: Limited coverage provided by Medicare. See your Benefit Handbook for details.	Covered less Medicare Deductible and Coinsurance	Medicare Deductible and Coinsurance	No charge
Dental Care and Oral Surgery			
Note: Limited coverage provided by Medicare. See your Benefit Handbook for details.	Covered less Medicare Deductible and Coinsurance	Medicare Deductible and Coinsurance	No charge
Diagnostic Tests and Procedures			
Diagnostic tests and procedures	Covered less Medicare Deductible and Coinsurance	Medicare Deductible and Coinsurance	No charge
Advanced radiology, including CT scans, PET scans, MRI, MRA and nuclear medicine services	Covered less Medicare Deductible and Coinsurance	Medicare Deductible and Coinsurance	No charge

MEDICARE ENHANCE - MASSACHUSETTS

Medicare Outpatient Services	Medicare Pays:	Medicare Enhance Pays:	Your Cost Sharing:
Durable Medical Equipment (DME) and Prosthetic Devices			
	Covered less Medicare Deductible and Coinsurance	Medicare Deductible and Coinsurance	No charge
Emergency Room Care			
	Covered less Medicare Deductible and Coinsurance	Medicare Deductible and Coinsurance	No charge
Home Health Care			
	Medicare allowable amount	Nothing	No charge
Home Infusion Therapy			
	Covered less Medicare Deductible and Coinsurance	Medicare Deductible and Coinsurance	No charge
Hospice Care (including inpatient Respite Care)			
Additional Hospice benefits may apply. See "Section 6: Additional Covered Services" below.	100% of the Medicare allowable amount; and 95% of the cost of outpatient drugs and respite care (Medicare Hospice Coinsurance) Benefits are covered less Medicare Deductible	Medicare Deductible and Hospice Coinsurance	No charge
House Calls			
	Covered less Medicare Deductible and Coinsurance	Medicare Deductible and Coinsurance	No charge
Kidney Dialysis			
	Covered less Medicare Deductible and Coinsurance	Medicare Deductible and Coinsurance	No charge
Medical Therapies			
	Covered less Medicare Deductible and Coinsurance	Medicare Deductible and Coinsurance	No charge
Observation Care Services			
	Covered less Medicare Deductible and Coinsurance	Medicare Deductible and Coinsurance	No charge
Outpatient Methadone Maintenance			
	Covered less Medicare Deductible and Coinsurance	Medicare Deductible and Coinsurance	No charge

MEDICARE ENHANCE - MASSACHUSETTS

Medicare Outpatient Services	Medicare Pays:	Medicare Enhance Pays:	Your Cost Sharing:
Outpatient Surgery			
	Covered less Medicare Deductible and Coinsurance	Medicare Deductible and Coinsurance	No charge
Physical, Occupational and Speech Therapy			
	Covered less Medicare Deductible and Coinsurance	Medicare Deductible and Coinsurance	No charge
Physicians and Other Health Professionals (including mental health and substance use disorder treatment)			
	Covered less Medicare Deductible and Coinsurance	Medicare Deductible and Coinsurance	No charge
Podiatrist Services			
Note: Limited coverage provided by Medicare. See your Benefit Handbook for details.	Covered less Medicare Deductible and Coinsurance	Medicare Deductible and Coinsurance	No charge
Telemedicine Virtual Visits			
	Covered less Medicare Deductible and Coinsurance	Medicare Deductible and Coinsurance	No charge
Urgent Care Services			
	Covered less Medicare Deductible and Coinsurance	Medicare Deductible and Coinsurance	No charge

Section 6: Additional Covered Services

The plan will cover the benefits in this section when Medicare coverage is not available:

HPIC Plan Benefits	Medicare Pays:	Medicare Enhance Pays:	Your Cost Sharing:
Acupuncture Treatment			
- Limited to 12 visits per calendar year	Nothing	All charges	No charge
Applied Behavior Analysis			
Applied behavior analysis for the treatment of: - Autism Spectrum Disorder - Down syndrome	Nothing	All charges	No charge
Autism Spectrum Disorders Treatment			
Diagnosis and treatment	Nothing	All charges	No charge
Breast Ultrasound or MRI			
	Nothing	All charges	No charge
Cardiac Rehabilitation Services			
	Nothing	All charges	No charge
Chiropractic Services			
	Nothing	All charges	No charge
COVID-19			
- Testing, treatment, and vaccines See your Benefit Handbook for details.	Nothing	All charges	No charge
Dental Services Inpatient or Surgical Day Care Oral Surgery			
The removal of 7 or more permanent teeth, removal of one or more impacted teeth, excision of radicular cysts involving the roots of three or more teeth, gingivectomies (including osseous surgery) of two or more gum quadrants. Benefits are only provided for the above procedures when the Subscriber has a serious medical condition that makes it Medically necessary that he or she be admitted to a general hospital as an inpatient or to a surgical day care unit or ambulatory surgical facility as an outpatient in order for the dental care to be performed safely. Serious medical conditions include, but are not limited to, hemophilia and heart disease	Nothing	All charges	No charge

MEDICARE ENHANCE - MASSACHUSETTS

HPIC Plan Benefits	Medicare Pays:	Medicare Enhance Pays:	Your Cost Sharing:
Diabetes Treatment			
Treatments and services including, but not limited to: Diabetic supplies, screenings, and foot care See your Benefit Handbook for details.	Nothing	All charges	No charge
Diabetes Self-Management Training	Nothing	All charges	No charge
Emergency Services received outside of the United States			
Note: See your Benefit Handbook for details.	Nothing	All charges	No charge
Hearing Aids			
Limited to \$2,000 every 36 months, per hearing impaired ear	Nothing	Up to \$2,000 every 36 months	All charges in excess of \$2,000
Hospice Care (including inpatient Respite Care)			
	Nothing	All charges	No charge
Low Protein Foods			
- Up to \$5,000 per calendar year	Nothing	All charges	All charges in excess of \$5,000
Mental Health Care and Substance Use Disorder Treatment Services			
Inpatient Services - Benefits are provided for the same number of days as the coverage provided for a physical illness	Nothing	All charges	No charge
Outpatient Services - Benefits are provided for unlimited visits	Nothing	All charges	No charge
Detoxification and Psychopharmacological Services, Psychological Testing and Neuropsychological Assessment Services	Nothing	All charges	No charge
Partial Hospitalization	Nothing	All charges	No charge
Outpatient services provided by a recovery coach	Nothing	All charges	No charge
Nutritional Counseling			
	Nothing	All charges	No charge
Routine Eye Exam			
- Limited to 1 exam per calendar year	Nothing	All charges	No charge
Routine Hearing Exam			
- Limited to 1 exam per calendar year	Nothing	All charges	No charge
Routine Physical Exam			
	Nothing	All charges	No charge
Scalp Hair Prosthetics (Wigs)			
- Up to \$350 per calendar year	Nothing	All charges	All charges in excess of \$350

HPIC Plan Benefits	Medicare Pays:	Medicare Enhance Pays:	Your Cost Sharing:
Special Formulas for Malabsorption			
	Nothing	All charges	No charge
Speech Language and Hearing Services			
	Nothing	All charges	No charge
Telemedicine Virtual Visits			
	Nothing	All charges	No charge

Section 7. What The Plan Does Not Cover

A. No benefits will be provided by the Plan for any of the following:

- Any product or service that is not covered by Medicare unless specifically listed as a Covered Service in the Benefit Handbook, Schedule of Benefits or (if applicable) the Prescription Drug Brochure.
- Any charges for products or services covered by a Medicare Advantage plan operated under Medicare Part C or a Prescription Drug Plan (PDP) under Medicare Part D.
- Any product or service obtained at an unapproved facility if Medicare requires that the product or service be provided at a Medicare-approved facility. This exclusion applies to liver, lung, heart and heart-lung transplants; and any other services Medicare determines must be obtained at a Medicare-approved facility.
- Any product or service provided after the date on which your enrollment in the Plan has ended.
- Any charges that exceed the Payment Maximum.
- Any product or services received in a hospital not certified to provide services to Medicare beneficiaries, unless (1) the hospital is outside the United States, (2) the Subscriber's Plan includes benefits for emergency services outside of the United States, and (3) coverage is available under that benefit.
- Any product or service for which no charge would be made in the absence of insurance.

B. Unless covered by Medicare Parts A and B, no Benefits will be provided by the Plan for any of the following:

- Any product or service that is not Medically Necessary.
- Any product or service (1) for which you are legally entitled to treatment at government expense or (2) for which payment is required to be made by a Workers' Compensation plan or an employer under state or federal law.
- Any charges for inpatient care over the semi-private room rate, except when a private room is Medically Necessary.
- Any product or service received outside of the United States that is: (1) related to the provision of routine or preventive care of any kind; (2) a service that was, or could have been, scheduled before leaving the United States, even if such scheduling would have delayed travel plans; (3) a form of transportation, including transportation back to the United States, except road ambulance to the nearest hospital; or (4) a service that would not be covered by Medicare or the Plan in the United States.
- Any products or services, including, but not limited to, drugs, devices, treatments, procedures, and diagnostic tests that are Experimental, Unproven or Investigational.

MEDICARE ENHANCE - MASSACHUSETTS

- Cosmetic services or products, including, but not limited to, cosmetic surgery, except for services required to be covered under the Women's Health and Cancer Rights Act of 1998.
- Custodial Care.
- Recovery programs including rest or domiciliary care, sober houses, transitional support services and therapeutic communities.
- Eyeglasses, contact lenses, fittings or examinations. (Note that Medicare provides limited benefits for eyeglasses or contact lenses after cataract surgery).
- Refractive eye surgery, including but not limited to, lasik surgery, orthokeratology and lens implantation for the correction of naturally occurring myopia, hyperopia and astigmatism.
- Hearing aids unless specifically listed as a Covered Service in the Schedule of Benefits.
- Hearing aid batteries.
- Alternative, holistic or naturopathic services and all procedures, laboratories and nutritional supplements associated with such treatments, except when specifically listed as a Covered Service. Aromatherapy, treatment with crystals and alternative medicine. Any of the following types of programs: health resorts, spas recreational programs, camps, outdoor residential care, self-help programs, life skills programs, relaxation or lifestyle programs, and wilderness programs (therapeutic outdoor programs), massage therapy and myotherapy.
- Routine foot care services such as the trimming of corns and bunions, removal of calluses, unless such care is Medically Necessary due to circulatory system disease such as diabetes. Foot orthotics, except as required for the treatment of severe diabetic foot disease or systemic circulatory diseases.
- Any form of hair removal or restoration, including, but not limited to, electrolysis, laser treatment, transplantation or drug therapy. (Please see Section III.C for the coverage provided for wigs.)
- Dental Services, including, but not limited to, restorative, periodontal, orthodontic, endodontic, prosthodontic services (including any services related to dentures), or any Dental Services relative to the treatment of temporomandibular joint dysfunction (TMJ), except that (1) the Plan will cover the Medicare Deductible and Coinsurance amount for any Dental Service that has been covered by Medicare and (2) the Plan will cover additional Dental Services if such coverage is purchased by an Employer Group. If your Employer Group has purchased coverage for additional Inpatient Dental Services or Outpatient Oral Surgery, such coverage will be listed in the Schedule of Benefits.
- Infertility services or any related services, supplies, or drugs, including, but not limited to, in-vitro fertilization (IVF), gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), intra-cytoplasmic sperm injection, donor egg procedures (including related egg and inseminated egg procurement), the preservation of eggs or sperm, voluntary sterilization or the reversal of voluntary sterilization.
- Any form or Surrogacy or services for a gestational carrier.
- Ambulance services except as specified in the Benefit Handbook. No benefits will be provided for transportation other than by ambulance.
- Exercise equipment; or personal comfort or convenience items such as radios, telephone, television, or haircutting services.
- Any product or service provided by (1) anyone related to you by blood, marriage or adoption, or (2) anyone who ordinarily lives with you.
- Any product or service related to diet plans or weight loss programs, including diet foods, drinks or drugs of any kind. (However, the Plan will cover Medicare Deductible and

Coinsurance amounts for professional services or surgery covered by Medicare for the treatment of obesity.)

- Drugs or medications that can be self-administered unless (1) the Employer Group has purchased prescription drug coverage on behalf of the Subscriber, and coverage for such drug or medication is provided for in the Prescription Drug Brochure, (2) the drug or medication is covered by Medicare Parts A or B; or (3) coverage for the drug or medication is mandated by Massachusetts law.
- Educational services or testing; services for problems of school performance; sensory integrative praxis tests, vocational rehabilitation, or vocational evaluations focused on job adaptability, job placement, or therapy to restore function for a specific occupation.
- Planned home births.
- Devices or special equipment needed for sports or occupational purposes.
- Charges for any product or service, including, but not limited to, professional fees, medical equipment, drugs, and Hospital or other facility charges, that are related to any care that is not a Covered Service under this Benefit Handbook.
- Mental health services that are (1) provided to Subscribers who are confined or committed to a jail, house of correction, prison, or custodial facility of the Department of Youth Services; or (2) provided by the Department of Mental Health.
- Telemedicine services involving e-mail, fax or non-secure texting.
- Any service or supply (with the exception of contact lenses) purchased from the internet.
- Services provided by a doula.
- Taxes or governmental assessments on services or supplies.
- Cost of organs that are sold rather than donated to recipients.
- Digital therapeutics.

Section 8: Important Notices

Medical Emergency: You are always covered for care you need in a medical emergency within the United States. In the event of a medical emergency, you should go to the nearest emergency facility or call 911 or the local emergency number.

Coverage will be subject to the terms, conditions, exclusions and limitations of Medicare-eligible services and supplies, and is subject to change pursuant to Medicare guidelines.

This Plan is only available to Subscribers enrolled through Employer Groups. Coverage under the Plan is effective on the first day of the month chosen by your Employer and renews each year on your Employer's anniversary date unless terminated in accordance with the terms of the Employer Agreement. Premiums are subject to change as set forth in the Employer Agreement between HPIC and your Employer Group as permitted by law. Please refer to your Benefit Handbook for information about your eligibility and continuation of coverage rights under this Plan. To be eligible to enroll, or continue enrollment, in the Plan, an individual must be enrolled in Medicare Part A and Part B and pay any premium required for continued enrollment at all times.

VisionCare

MASSACHUSETTS

Your VisionCare Benefit

Along with other health care benefits covered under the Plan, your coverage also includes an eyewear benefit. With this additional coverage, you are eligible to be reimbursed by the Plan up to the following amounts:

- \$150 every two Calendar Years toward the cost of prescription eyeglass lenses and/or frames; or
- \$150 every two Calendar Years toward the purchase of prescription contact lenses.

Please Note: There is **no** coverage or reimbursement for contact lens fittings.

Where to Purchase Eyewear With Your VisionCare Benefit

You can purchase your eyewear from any vision hardware provider with a valid prescription from your doctor. Only contact lenses may be purchased from an internet provider. Prescription eyeglass lenses and/or frames purchased from the internet are not eligible for coverage. Simply pay out-of-pocket and submit to the Plan for reimbursement.

How to Receive Reimbursement for the VisionCare Benefit

To receive reimbursement for the VisionCare benefit, follow these simple steps:

1. Complete a member medical reimbursement form. The form is available online at www.harvardpilgrim.org/public/docs/medical-reimbursement-form, or you can call the Member Services Department at **1-888-333-4742** to request a form. For TTY service, please call **711**. A representative will be happy to assist you.
2. Each Member must use a separate member reimbursement form.
3. Attach the copy of an itemized bill to the form, showing proof of payment. Make a copy of the form for your records.
4. Mail the original form, together with the bill and proof of payment to:

HPHC Claims
P.O. Box 699183
Quincy, MA 02269-9183

We will reimburse you for the lesser of (1) the amount of your payment for covered eyeglasses or contact lenses or (2) the VisionCare benefit limits stated in this brochure. Please allow four to six weeks to receive your reimbursement.

You're Also Eligible for Eyewear Discount Programs

As a Member, you are also eligible for certain eyewear discounts. These discounts can be found online at www.harvardpilgrim.org/savings or refer to the Your Member Savings brochure for a description of these discount programs.

Where to Call With Questions

VISIONCARE - MASSACHUSETTS

If you have any questions about your VisionCare benefit, including how to receive reimbursement or eyewear discounts, please contact the Member Services Department at **1-888-333-4742**. This telephone number is also listed on your ID card. If you are deaf or hard-of-hearing, please call **711** for TTY service. A representative will be happy to assist you.

VISIONCARE - MASSACHUSETTS

Language Assistance Services

Español (Spanish) ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están a su disposición. Llame al 1-888-333-4742 (TTY: 711).

Português (Portuguese) ATENÇÃO: Se você fala português, encontram-se disponíveis serviços linguísticos gratuitos. Ligue para 1-888-333-4742 (TTY: 711).

Kreyòl Ayisyen (French Creole) ATANSYON: Si nou palé Kreyòl Ayisyen, gen asistans pou sèvis ki disponib nan lang nou pou gratis. Rele 1-888-333-4742 (TTY: 711).

繁體中文 (Traditional Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-333-4742 (TTY: 711)。

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu quý vị nói Tiếng Việt, dịch vụ thông dịch của chúng tôi sẵn sàng phục vụ quý vị miễn phí. Gọi số 1-888-333-4742 (TTY: 711).

Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-333-4742 (телетайп: 711).

العربية (Arabic)

إنتباه: إذا أنت تتكلم اللغة العربية، خدمات المساعدة اللغوية متوفرة لك مجاناً. اتصل على 1-888-333-4742 (TTY: 711)

ខ្មែរ (Cambodian) ចំណាំ: បើអ្នកនិយាយភាសាខ្មែរ, យើងមានសេវាកម្មបកប្រែ ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ ជូរ ជូរស័ព្ទ 1-888-333-4742 (TTY: 711)។

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-333-4742 (ATS: 711).

Italiano (Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-333-4742 (TTY: 711).

한국어 (Korean) '알림': 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-333-4742 (TTY: 711) 번으로 전화해 주십시오.

Ελληνικά (Greek) ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, υπάρχουν στη διάθεσή σας δωρεάν υπηρεσίες γλωσσικής υποστήριξης. Καλέστε 1-888-333-4742 (TTY: 711).

Polski (Polish) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-333-4742 (TTY: 711).

हिंदी (Hindi) ध्यान दीजिए: अगर आप हिंदी बोलते हैं तो आपके लिये भाषाकी सहायता मुफ्तमें उपलब्ध है. जानकारी के लिये फोन करे. 1-888-333-4742 (TTY: 711)

ગુજરાતી (Gujarati) ધ્યાન આપો : જો તમે ગુજરાતી બોલતા હો તો આપને માટે ભાષાકીય સહાય તદ્દન મફત ઉપલબ્ધ છે. વિશેષ માહિતી માટે ફોન કરો. 1-888-333-4742 (TTY: 711)

ພາສາລາວ (Lao) ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄວບຄູ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-333-4742 (TTY: 711).

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-888-333-4742 (TTY: 711).



Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.

(Continued)

General Notice About Nondiscrimination and Accessibility Requirements

Harvard Pilgrim Health Care and its affiliates as noted below ("HPHC") comply with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). HPHC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

HPHC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, other formats)
- Provides free language services to people whose primary language is not English, such as qualified interpreters.

If you need these services, contact our Civil Rights Compliance Officer.

If you believe that HPHC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with: Civil Rights Compliance Officer, 1 Wellness Way, Canton, MA 02021-1166, (866) 750-2074, TTY service: 711, Fax: (617) 509-3085, Email: civil_rights@point32health.org. You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
(800) 368-1019, (800) 537-7697 (TTY)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.

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Wellness Reimbursement

Get reimbursed for fees you pay toward wellness activities — up to \$150

Maximum reimbursement is \$150 per individual per Medicare Enhance plan.

What qualifies for reimbursement?

- Membership fees to gyms or fitness facilities
- Virtual fitness class subscriptions
- Studios or facilities that offer membership or tuition
- Select nutrition programs
- Select mindfulness meditation programs
- Cardiovascular and strength training equipment
- Seasonal town, club or school athletic fees

Studios and facilities that qualify for reimbursement include:

- Dance
- Gymnastics
- Swimming
- Martial arts
- Yoga
- Pilates
- Zumba
- Aerobic/group classes
- Spinning classes
- Kickboxing
- CrossFit
- Strength training
- Tennis
- Indoor rock climbing
- Personal training (taught by a certified instructor)

Qualified nutrition programs include:

- PlateJoy
- MyPlate Calorie Counter
- Wondr
- Noom
- Eat Right Now
- Weight Watchers
- Savory Living
- My Fitness Pal
- Lose It!
- EatLove
- Stronger U
- The Dinner Daily

Qualified mindfulness programs include:

- Calm
- Ten Percent Happier
- Headspace
- The Mindfulness App
- Meditation Studio
- Insight Timer



We'll reimburse you up to \$150 for fees you pay toward a wide range of wellness activities.

How do I get reimbursed?

It's simple. Pay up to four months of your membership, subscription fees, or after purchase of qualified cardiovascular or strength training equipment.

After four months of Harvard Pilgrim membership, you can complete the Reimbursement Form online or by mail.

Go to harvardpilgrim.org/reimbursement

Either click on the link to submit your request online or complete the paper form and mail to the address on the form, along with a copy of your receipts.

What does not qualify for reimbursement?

- Health club initiation fees
- Fees for country clubs, social clubs and spas
- Nutrition and mindfulness programs not selected by Harvard Pilgrim
- Road race fees, sneakers, athletic wear and non-cardiovascular and non-strength training equipment
- Fitness apparel and footwear

When can I submit my request?

You can request reimbursement:

- Starting May 1 of the current calendar year, and after you've been enrolled in a Harvard Pilgrim plan for four continuous months.
- After four months of membership or subscription
- Once per calendar year, submitted by March 31 of the following year

How long will it take to be reimbursed?

Once you submit your request, reimbursement takes up to eight weeks. We'll send a check to the subscriber's address of record, made payable to the subscriber.

➤ For complete guidelines, go to harvardpilgrim.org/reimbursement or call member services at **888-333-4742**

Must be currently enrolled in Harvard Pilgrim at the time of reimbursement for at least four months within a calendar year. Restrictions apply. Reimbursement may be considered taxable income. Members should consult their employer or tax advisor.

Benefits and Premiums are effective January 1, 2027 through December 31, 2027

PLAN DESIGN

PROVIDED BY SILVERSCRIPT INSURANCE COMPANY

PHARMACY - PRESCRIPTION DRUG BENEFITS

Pharmacy Network P1

Your Medicare Part D plan uses the network above. To find a network pharmacy, you can visit our website (<http://www.aetnaretireeplans.com>.)

Formulary (Drug List) Comprehensive Plus

Calendar-Year Deductible for Prescription Drugs \$0

Prescription drug calendar year deductible must be satisfied before any Medicare Prescription Drug benefits are paid. Covered Medicare Prescription Drug expenses will accumulate toward the pharmacy deductible. The deductible does not apply to covered insulins and most Part D vaccines.

Initial Coverage Phase - The table below represents cost sharing after the deductible, if applicable, has been reached.

3 Tier Plan	30-day Supply through Retail		90-day Supply through Retail or Mail		
	Preferred	Standard	Preferred Retail	Preferred Mail	Standard Retail or Mail
Tier 1 - Generic Generic Drugs	\$9	\$10	\$27	\$27	\$30
Tier 2 - Preferred Brand Preferred Brand Drugs	\$20	\$20	\$60	\$60	\$60
Tier 3 - Non-Preferred Brand Non-Preferred Brand Drugs	\$35	\$35	\$105	\$105	\$105

If you reside in a long-term care facility, your cost share is the same as a 30 day supply at a retail pharmacy and you may receive up to a 31 day supply.

You won't pay more than \$35 for a one-month supply or \$105 for up to a three-month supply of each covered insulin product regardless of the cost-sharing tier.

Catastrophic Coverage:

You pay \$0 for covered Part D prescription drugs.

Catastrophic Coverage benefits start once the CMS-determined annual out-of-pocket threshold of \$2,400 for covered Part D prescription drugs is reached.

Requirements:

Precertification

Applies

Step-Therapy

Applies

Pharmacy Disclaimers

Aetna Medicare Rx offered by SilverScript's retiree pharmacy coverage is an enhanced Part D Employer Group Waiver Plan that is offered as a single integrated product. The enhanced Part D plan consists of two components: basic Medicare Part D benefits and supplemental benefits. Basic Medicare Part D benefits are offered by Aetna Medicare Rx offered by SilverScript based on our contract with CMS. We receive monthly payments from CMS to pay for basic Part D benefits. Supplemental benefits are non-Medicare benefits that provide enhanced coverage beyond basic Part D. Supplemental benefits are paid for by plan sponsors or members and may include benefits for non-Part D drugs. Aetna reports claim information to CMS according to the source of applicable payment (Medicare Part D, plan sponsor or member).

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

You must use network pharmacies to receive plan benefits except in limited, non-routine circumstances as defined in the EOC. In these situations, you are limited to a 30 day supply.

Pharmacy clinical programs such as precertification, step therapy and quantity limits may apply to your prescription drug coverage.

Members who get “extra help” don’t need to fill prescriptions at preferred network pharmacies to get Low Income Subsidy (LIS) copays.

Specialty pharmacies fill high-cost specialty drugs that require special handling. Although specialty pharmacies may deliver covered medicines through the mail, they are not considered “mail-order pharmacies.” Therefore, most specialty drugs are not available at the mail-order cost share.

The typical number of business days after the mail order pharmacy receives an order to receive your shipment is up to 10 days. Enrollees have the option to sign up for automated mail order delivery.

There are three general rules about drugs that Medicare drug plans will not cover under Part D. This plan cannot:

- Cover a drug that would be covered under Medicare Part A or Part B.
- Cover a drug purchased outside the United States and its territories.
- Generally cover drugs prescribed for “off label” use, (any use of the drug other than indicated on a drug's label as approved by the Food and Drug Administration) unless supported by criteria included in certain reference books like the American Hospital Formulary Service Drug Information, the DRUGDEX Information System and the USPDI or its successor.

Additionally, by law, the following categories of drugs are not normally covered by a Medicare prescription drug plan unless we offer enhanced drug coverage for which additional premium may be charged. These drugs are not considered Part D drugs and may be referred to as “exclusions” or “non-Part D drugs”. These drugs include:

- Drugs used for the treatment of weight loss, weight gain or anorexia
- Drugs used for cosmetic purposes or to promote hair growth
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
- Outpatient drugs that the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale
- Drugs used to promote fertility
- Drugs used to relieve the symptoms of cough and colds
- Non-prescription drugs, also called over-the-counter (OTC) drugs
- Drugs when used for the treatment of sexual or erectile dysfunction

Plan Disclaimers

Aetna Medicare Rx offered by SilverScript is a group standalone Medicare Prescription Drug Plan

(PDP). This Plan is offered by SilverScript Insurance Company, which has a Medicare contract. SilverScript Insurance Company and Aetna are affiliated companies. Enrollment in the Plan depends on Medicare contract renewal.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

If there is a difference between this document and the Evidence of Coverage (EOC), the EOC is considered correct.

You can read the *Medicare & You 2027* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<http://www.medicare.gov>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

You can also visit our website at <http://www.aetnaretireeplans.com>. As a reminder, our website has the most up-to-date information about our pharmacy network (Pharmacy Directory) and our list of covered drugs (Formulary/Drug List).

*****This is the end of this plan design*****

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HPHC Insurance
Company



Medicare Enhance with Prescription Drug Coverage

Easy-to-use benefits, excellent service and
worldwide coverage for emergency care.

Your employer offers **Medicare Enhance** to retirees like you. This plan pays your Medicare-approved deductible and coinsurance amounts (less any applicable cost-sharing amounts). In addition, Medicare Enhance also covers certain benefits beyond what Medicare covers, such as emergencies anywhere in the world and routine annual eye and hearing exams.



**You're eligible if you're enrolled
in Medicare Parts A and B and
live in the U.S.**



No referrals or authorizations are required



**Enjoy Discounts & Savings on
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**You can visit any doctor or care
provider in the U.S. that accepts
Medicare**



Worldwide emergency care

Great health benefits plus the exceptional customer service you can rely on from HPHC Insurance Company (HPHC). That's the plan.

Medicare Enhance:

› Improves upon your Medicare benefits

Medicare pays primary for most services. So when you receive care, providers will typically bill Medicare directly. Then Medicare Enhance will cover any unmet Medicare deductible and coinsurance amounts, less any applicable member cost-sharing.

› Has you covered for emergencies worldwide

You'll have peace of mind knowing that Medicare Enhance has you covered for emergency care — anywhere in the world. Emergency room visits are subject to a copayment, which is waived if you're admitted to the hospital.

› Gives you exclusive discounts & savings

As an HPHC member, you also get our exclusive Discounts & Savings program. Though not insurance, it can help save you money on health-related products and services such as eyewear, hearing aids, dental care and more. You can also receive a Fitness Reimbursement Benefit per calendar year.

› Is easy to use

After you enroll, you'll receive your HPHC Medicare Enhance member identification (ID) card. Simply show both your HPHC and Medicare ID cards whenever you visit the doctor or hospital.



Prescription Drug Coverage

Your Medicare Enhance plan also includes an employer-sponsored Part D Prescription Drug Plan from Aetna Medicare Rx offered by SilverScript (PDP). **Which means you'll also have:**

- Access to a nationwide network of more than 65,000 pharmacies
- Coverage for more than 3,200 brand name and generic drugs
- Convenient delivery of your medications through CVS Caremark Mail Service

If you have questions about prescription drug coverage, call Aetna:

Current Members: 855-334-5057.

Prospective Members: 800-307-4830

Questions? Current members call 888-333-4742

Not yet a member? Call 866-874-0817 (TTY: 711)



P.O. Box 30006, Pittsburgh, PA 15222-0330



Aetna Medicare Rx offered by SilverScript

2027 Formulary

(List of Covered Drugs or "Drug List")

3T Comprehensive Plus Formulary

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

This formulary was updated on 08/30/2026. 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: 27017

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 Drug List (formulary) for our plan, which is current as of January 1, 2027. 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, 2028, and from time to time during the year.

What is the Aetna Medicare Rx offered by SilverScript formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. 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. We will generally cover the drugs listed in our plan's 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 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. Updates to the formulary are posted monthly to our website.

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

- **Substitutions of certain new versions of brand name drugs and original biological products.** When adding a new generic drug, we may move the brand drug to a different cost-sharing tier or add new restrictions.

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

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled "How do I request an exception to the Aetna Medicare Rx offered by SilverScript formulary?"

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines that a drug should be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later 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 new generic drug to replace a brand name drug currently on the formulary, or add a new biosimilar to replace an original biological product currently on the formulary, or add new restrictions or move a drug we are keeping on the formulary to a higher cost-sharing tier or both after we add a corresponding drug. 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. Alternatively, when a member requests a refill of the drug they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can 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 2027 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2027 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

This formulary is current as of January 1, 2027. 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. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

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 work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

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

Are there any restrictions on my coverage?

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

- **Prior Authorization (PA):** Our plan requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from our plan based on specific criteria before you fill your prescriptions. If you don’t get approval, our plan may not cover the drug.
- **Quantity Limits (QL):** For certain drugs, our plan limits the amount of the drug that our plan 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, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 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 us 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 waive a coverage restriction including prior authorization, step therapy, or a quantity limit 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.
- 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.

Generally, we will only approve your request for an exception if the alternative drug included on the plan’s formulary, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a tiering or formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber’s supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

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 has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover or requesting a formulary exception so that we will cover the drug you take. While you and your doctor 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 has a coverage restriction, 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. If coverage is not approved, 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 2027 formulary is a listing of brand name and generic drugs. This formulary covers most drugs identified by Medicare as Part D drugs, and your cost share may differ depending upon the tier at which the drug resides.

The cost share tiers for covered prescription medications are listed below. Please refer to your 2027 *Evidence of Coverage* for cost share information specific to your plan.

Formulary Name	3T Comprehensive Plus Formulary
Tier 1	Generic
Tier 2	Preferred Brand
Tier 3	Non-Preferred Brand

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. 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 [Medicare.gov](https://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 Required
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
LD	Limited Distribution. The drug manufacturer may limit the number of pharmacies that can stock and dispense this medication.
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 sodium injection 500mg</i>	1	
<i>allopurinol tablet 100mg, 200mg, 300mg</i>	1	MO
ALOPRIM INJECTION 500MG	3	
<i>colchicine capsule 0.6mg</i>	1	QL (60 EA per 30 days) MO
<i>colchicine tablet 0.6mg</i>	1	QL (120 EA per 30 days) MO
<i>febuxostat tablet 40mg, 80mg</i>	1	ST MO
GLOPERBA SOLUTION 0.6MG/5ML	3	QL (300 ML per 30 days) PA MO
KRYSTEXXA INJECTION 8MG/50ML	3	QL (100 ML per 28 days) PA; ACS LD
KRYSTEXXA INJECTION 8MG/ML	3	QL (2 ML per 28 days) PA; ACS LD
MITIGARE CAPSULE 0.6MG	3	QL (60 EA per 30 days) MO
<i>probenecid/colchicine tablet 0.5mg; 500mg</i>	1	MO
<i>probenecid tablet 500mg</i>	1	MO
ULORIC TABLET 40MG, 80MG	3	ST MO
MISCELLANEOUS		
<i>acetaminophen injection 10mg/ml</i>	1	
ALLZITAL TABLET 325MG; 25MG	3	QL (180 EA per 30 days) PA MO
<i>bac tablet 325mg; 50mg; 40mg</i>	1	QL (180 EA per 30 days) PA
BUPIVACAINE FISIOPHARMA INJECTION 2.5MG/ML	3	
BUPIVACAINE FISIOPHARMA INJECTION 0.5%	3	MO
<i>bupivacaine hydrochloride injection 0.25%</i>	1	
<i>bupivacaine hydrochloride injection 0.25% pf, 0.5%, 0.75% pf</i>	1	MO
<i>bupivacaine/epinephrine injection 0.25%; 1:200000, 0.5%; 1:200000 preservative free</i>	1	
<i>bupivacaine/epinephrine injection 0.5%; 1:200000</i>	1	MO
<i>butalbital/acetaminophen/caffeine capsule 300mg; 50mg; 40mg, 325mg; 50mg; 40mg</i>	1	QL (180 EA per 30 days) PA MO
<i>butalbital/acetaminophen/caffeine solution 325mg/15ml; 50mg/15ml; 40mg/15ml</i>	1	QL (2700 ML per 30 days) PA
<i>butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg</i>	1	QL (180 EA per 30 days) PA MO
<i>butalbital/acetaminophen capsule 300mg; 50mg</i>	1	QL (180 EA per 30 days) PA MO
<i>butalbital/acetaminophen tablet 300mg; 50mg, 325mg; 50mg</i>	1	QL (180 EA per 30 days) PA MO
<i>butalbital/aspirin/caffeine capsule 325mg; 50mg; 40mg</i>	1	QL (180 EA per 30 days) PA MO
<i>clonidine hcl injection 100mcg/ml, 500mcg/ml</i>	1	
DURACLON INJECTION 100MCG/ML	3	
FIORICET CAPSULE 300MG; 50MG; 40MG	3	QL (180 EA per 30 days) PA MO
JOURNAVX TABLET 50MG	2	QL (29 EA per 14 days) PA
<i>lidocaine hcl injection 0.5%, 1.5%, 4%</i>	1	
<i>lidocaine hydrochloride injection 1% preservative free, 100mg/5ml, 2%</i>	1	
<i>lidocaine hydrochloride injection 1%</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>lidocaine/epinephrine injection 1:100000; 1%, 1:100000; 2%, 1:200000; 0.5%, 1:200000; 1.5%, 1:200000; 2%</i>		
MARCAINE/EPINEPHRINE INJECTION 0.25%; 1:200000, 3		
0.5%; 1:200000		
MARCAINE/EPINEPHRINE PRESERVATIVE FREE INJECTION 0.5%; 1:200000	3	MO
MARCAINE INJECTION 0.25%, 0.75%	3	
MARCAINE INJECTION 0.5%	3	MO
NAROPIN INJECTION 10MG/ML, 2MG/ML, 5MG/ML, 7.5MG/ML	3	
PRIALT INJECTION 100MCG/ML, 500MCG/20ML, 500MCG/5ML	3	B/D; LD
<i>ropivacaine hcl injection 7.5mg/ml</i>	1	
<i>ropivacaine hydrochloride injection 10mg/ml, 2mg/ml, 5mg/ml</i>	1	
SENSORCAINE-MPF/EPINEPHRINE INJECTION 0.5%; 1:200000, 0.75%; 1:200000	3	
<i>sensorcaine-mpf/epinephrine injection 0.25%; 1:200000</i>	1	
<i>sensorcaine-mpf injection 0.25%, 0.5%, 0.75%</i>	1	
<i>sensorcaine/epinephrine injection 0.25%; 1:200000, 0.5%; 1:200000</i>	1	
SENSORCAINE INJECTION 0.25%	3	
SENSORCAINE INJECTION 0.5%	3	MO
<i>tencon tablet 325mg; 50mg</i>	1	QL (180 EA per 30 days) PA
XYLOCAINE-MPF/EPINEPHRINE INJECTION 1:200000; 1%, 1:200000; 1.5%, 1:200000; 2%	3	
XYLOCAINE-MPF INJECTION 0.5%, 1%, 1.5%, 2%	3	
XYLOCAINE/EPINEPHRINE INJECTION 1:100000; 1%, 1:100000; 2%, 1:200000; 0.5%	3	
XYLOCAINE INJECTION 0.5%, 1%, 2%	3	
NSAIDS		
ARTHROTEC 50 TABLET DELAYED RELEASE 50MG; 200MCG	3	QL (120 EA per 30 days) MO
ARTHROTEC 75 TABLET DELAYED RELEASE 75MG; 200MCG	3	QL (90 EA per 30 days) MO
CALDOLOR INJECTION 800MG/200ML, 800MG/8ML	3	
CELEBREX CAPSULE 400MG	3	QL (30 EA per 30 days) ST MO
CELEBREX CAPSULE 100MG, 200MG, 50MG	3	QL (60 EA per 30 days) ST MO
<i>celecoxib capsule 400mg</i>	1	QL (30 EA per 30 days) MO
<i>celecoxib capsule 100mg, 200mg, 50mg</i>	1	QL (60 EA per 30 days) MO
COMBOGESIC INJECTION 1000MG/100ML; 300MG/100ML	3	
<i>diclofenac potassium capsule 25mg</i>	1	QL (120 EA per 30 days) PA MO
<i>diclofenac potassium tablet 50mg</i>	1	QL (120 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>diclofenac potassium tablet 25mg</i>	1	QL (120 EA per 30 days) PA 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>	1	QL (120 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tablet delayed release 75mg; 200mcg</i>	1	QL (90 EA per 30 days) MO
<i>diflunisal tablet 500mg</i>	1	QL (90 EA per 30 days) MO
DOLOBID TABLET 375MG	3	QL (120 EA per 30 days) ST
DOLOBID TABLET 250MG	3	QL (90 EA per 30 days) ST
<i>etodolac er tablet extended release 24 hour 600mg</i>	1	QL (30 EA per 30 days) MO
<i>etodolac er tablet extended release 24 hour 400mg, 500mg</i>	1	QL (60 EA per 30 days) MO
<i>etodolac capsule 300mg</i>	1	QL (120 EA per 30 days) MO
<i>etodolac capsule 200mg</i>	1	QL (90 EA per 30 days) MO
<i>etodolac tablet 500mg</i>	1	QL (60 EA per 30 days) MO
<i>etodolac tablet 400mg</i>	1	QL (90 EA per 30 days) MO
<i>fenoprofen calcium capsule 200mg</i>	1	QL (180 EA per 30 days) PA
<i>fenoprofen calcium capsule 400mg</i>	1	QL (240 EA per 30 days) MO
FENOPRON CAPSULE 300MG	3	QL (240 EA per 30 days) PA
<i>flurbiprofen tablet 100mg</i>	1	QL (90 EA per 30 days) MO
<i>ibuprofen/famotidine tablet 26.6mg; 800mg</i>	1	QL (90 EA per 30 days) PA MO
<i>ibuprofen suspension 100mg/5ml</i>	1	MO
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	1	MO
<i>ibuprofen tablet 300mg</i>	1	QL (120 EA per 30 days) MO
<i>ibu tablet 400mg, 600mg, 800mg</i>	1	MO
<i>indocin suppository 50mg</i>	1	PA MO; HRM
INDOCIN SUSPENSION 25MG/5ML	3	PA MO
<i>indomethacin er capsule extended release 75mg</i>	1	PA MO
<i>indomethacin capsule 25mg, 50mg</i>	1	PA MO
<i>indomethacin suppository 50mg</i>	1	PA MO
<i>indomethacin suspension 25mg/5ml</i>	1	PA MO
<i>ketoprofen er capsule extended release 24 hour 200mg</i>	1	QL (30 EA per 30 days) MO
<i>ketoprofen capsule 25mg</i>	1	QL (120 EA per 30 days) MO
<i>ketoprofen capsule 75mg</i>	1	QL (120 EA per 30 days) PA
<i>ketoprofen capsule 50mg</i>	1	QL (180 EA per 30 days) MO
<i>ketorolac tromethamine injection 15mg/ml, 30mg/ml</i>	1	QL (20 ML per 30 days) MO
<i>ketorolac tromethamine tablet 10mg</i>	1	QL (20 EA per 30 days) PA MO
LODINE TABLET 400MG	3	QL (90 EA per 30 days) ST MO
<i>lofena tablet 25mg</i>	1	QL (120 EA per 30 days) PA
LURBIRO TABLET 100MG	3	QL (90 EA per 30 days) PA
<i>meclofenamate sodium capsule 100mg, 50mg</i>	1	QL (120 EA per 30 days) MO
<i>mefenamic acid capsule 250mg</i>	1	MO
<i>meloxicam capsule 10mg, 5mg</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
MELOXICAM SUSPENSION 7.5MG/5ML	3	QL (300 ML per 30 days) PA
<i>meloxicam tablet 15mg, 7.5mg</i>	1	MO
<i>nabumetone tablet 500mg, 750mg</i>	1	MO
<i>naproxen dr tablet delayed release 375mg</i>	1	QL (120 EA per 30 days) MO
<i>naproxen dr tablet delayed release 500mg</i>	1	QL (90 EA per 30 days) MO
NAPROXEN SODIUM CR TABLET EXTENDED RELEASE 24 HOUR 375MG	3	QL (120 EA per 30 days) MO
<i>naproxen sodium cr tablet extended release 24 hour 500mg</i>	1	QL (90 EA per 30 days) MO
<i>naproxen sodium er tablet extended release 24 hour 375mg</i>	1	QL (120 EA per 30 days) MO
<i>naproxen sodium er tablet extended release 24 hour 750mg</i>	1	QL (60 EA per 30 days) MO
<i>naproxen sodium er tablet extended release 24 hour 500mg</i>	1	QL (90 EA per 30 days) MO
<i>naproxen sodium tablet 275mg, 550mg</i>	1	MO
<i>naproxen/esomeprazole magnesium tablet delayed release 20mg; 375mg, 20mg; 500mg</i>	1	QL (60 EA per 30 days) PA MO
<i>naproxen suspension 125mg/5ml</i>	1	QL (1800 ML per 30 days) PA MO
<i>naproxen tablet 250mg, 375mg, 500mg</i>	1	MO
ORUDIS CAPSULE 75MG	3	QL (120 EA per 30 days) PA
<i>oxaprozin tablet 600mg</i>	1	QL (90 EA per 30 days) MO
<i>piroxicam capsule 20mg</i>	1	QL (30 EA per 30 days) MO
<i>piroxicam capsule 10mg</i>	1	QL (60 EA per 30 days) MO
RELAFEN DS TABLET 1000MG	3	QL (60 EA per 30 days) ST MO
<i>salsalate tablet 750mg</i>	1	QL (120 EA per 30 days) MO
<i>salsalate tablet 500mg</i>	1	QL (180 EA per 30 days) MO
SPRIX SOLUTION 15.75MG/SPRAY	3	QL (5 EA per 30 days) PA; ACS LD
<i>sulindac tablet 150mg, 200mg</i>	1	QL (60 EA per 30 days) MO
<i>tolectin 600 tablet 600mg</i>	1	QL (90 EA per 30 days)
TOLECTIN DS CAPSULE 400MG	3	ST
<i>tolmetin sodium capsule 400mg</i>	1	MO
<i>tolmetin sodium tablet 200mg</i>	1	QL (120 EA per 30 days) PA
<i>tolmetin sodium tablet 600mg</i>	1	QL (90 EA per 30 days) MO
VYSCOXIA SUSPENSION 10MG/ML	3	QL (946 ML per 21 days) PA
XIFYRM INJECTION 30MG/ML	3	
ZIPSOR CAPSULE 25MG	3	QL (120 EA per 30 days) PA MO
ZYBIC SUSPENSION 7.5MG/5ML	3	QL (300 ML per 30 days) PA
OPIOID ANALGESICS, LONG-ACTING		
BELBUCA FILM 150MCG, 300MCG, 450MCG, 600MCG, 750MCG, 75MCG, 900MCG	3	QL (60 EA per 30 days) PA MO
<i>buprenorphine patch weekly 10mcg/hr, 15mcg/hr, 20mcg/hr, 5mcg/hr, 7.5mcg/hr</i>	1	QL (4 EA per 28 days) PA MO
BUTRANS PATCH WEEKLY 10MCG/HR, 15MCG/HR, 20MCG/HR, 5MCG/HR, 7.5MCG/HR	3	QL (4 EA per 28 days) PA MO
CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 200MG, 300MG	3	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>fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr</i>	1	QL (10 EA per 30 days) PA MO
<i>hydrocodone bitartrate er capsule extended release 12 hour (generic Zohydro ER) 10mg, 15mg, 20mg, 30mg, 40mg, 50mg</i>	1	QL (60 EA per 30 days) PA MO
<i>hydrocodone bitartrate er (generic Hysingla ER) tablet er 24 hour abuse-deterrent 100mg, 120mg, 20mg, 30mg, 40mg, 60mg, 80mg</i>	1	QL (30 EA per 30 days) PA MO
<i>hydromorphone hcl er tablet extended release 24 hour 12mg, 16mg, 8mg</i>	1	QL (30 EA per 30 days) PA MO
<i>hydromorphone hydrochloride er tablet extended release 24 hour 32mg</i>	1	QL (30 EA per 30 days) PA MO
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 100MG, 20MG, 30MG, 40MG, 60MG, 80MG	3	QL (30 EA per 30 days) PA MO
<i>levorphanol tartrate tablet 2mg, 3mg</i>	1	QL (180 EA per 30 days) MO
METHADONE HCL INJECTION 10MG/ML	3	PA
<i>methadone hcl oral solution 5mg/5ml</i>	1	QL (450 ML per 30 days) PA MO
<i>methadone hcl tablet 10mg, 5mg</i>	1	QL (90 EA per 30 days) PA MO
<i>methadone hydrochloride concentrate 10mg/ml</i>	1	QL (90 ML per 30 days) PA MO
<i>methadone hydrochloride solution 10mg/5ml</i>	1	QL (450 ML per 30 days) PA MO
METHADOSE SUGAR-FREE CONCENTRATE 10MG/ML	3	QL (90 ML per 30 days) PA MO
METHADOSE CONCENTRATE 10MG/ML	3	QL (90 ML per 30 days) PA MO
<i>morphine sulfate er capsule extended release 24 hour (generic Avinza) 120mg, 30mg, 45mg, 60mg, 75mg, 90mg</i>	1	QL (30 EA per 30 days) MO
<i>morphine sulfate er capsule extended release 24 hour (generic Kadian) 100mg, 10mg, 20mg, 30mg, 50mg, 60mg, 80mg</i>	1	QL (60 EA per 30 days) MO
<i>morphine sulfate er tablet extended release (generic MS Contin) 30mg, 60mg</i>	1	QL (60 EA per 30 days) MO
<i>morphine sulfate er tablet extended release (generic MS Contin) 100mg, 200mg</i>	1	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tablet extended (generic MS Contin) release 15mg</i>	1	QL (90 EA per 30 days) MO
MORPHINE SULFATE/SODIUM CHLORIDE INJECTION 1MG/ML	3	B/D
MS CONTIN TABLET EXTENDED RELEASE 30MG, 60MG	3	QL (60 EA per 30 days) MO
MS CONTIN TABLET EXTENDED RELEASE 15MG	3	QL (90 EA per 30 days) MO
NUCYNIA ER TABLET EXTENDED RELEASE 12 HOUR 100MG, 150MG, 200MG, 250MG, 50MG	3	QL (60 EA per 30 days) PA MO
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 10MG, 15MG, 20MG, 30MG, 40MG, 60MG, 80MG	3	QL (60 EA per 30 days) PA MO
<i>oxycodone hydrochloride er tablet extended release 12 hour 10mg, 15mg, 20mg, 30mg, 5mg, 7.5mg</i>	1	QL (60 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>oxymorphone hydrochloride er tablet extended release 12 hour 40mg</i>	1	QL (60 EA per 30 days) PA MO
TAPENTADOL HYDROCHLORIDE ER TABLET EXTENDED RELEASE 12 HOUR 100MG, 150MG, 200MG, 250MG, 50MG	3	QL (60 EA per 30 days) PA
TRAMADOL HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 200MG, 300MG	3	QL (30 EA per 30 days) MO; HRM
<i>tramadol hcl er tablet extended release 24 hour 100mg, 300mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>tramadol hcl er tablet extended release 24 hour 200mg</i>	1	QL (30 EA per 30 days); HRM
<i>tramadol hydrochloride er tablet extended release 24 hour 100mg, 200mg, 300mg</i>	1	QL (30 EA per 30 days) MO; HRM
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 36MG	2	QL (240 EA per 30 days) PA MO
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5MG, 18MG, 27MG, 9MG	3	QL (60 EA per 30 days) PA MO
<i>xyvona tablet 3mg</i>	1	QL (180 EA per 30 days)
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen/caffeine/dihydrocodeine capsule 320.5mg; 30mg; 16mg</i>	1	QL (300 EA per 30 days)
<i>acetaminophen/codeine solution 120mg/5ml; 12mg/5ml</i>	1	QL (2700 ML per 30 days) MO
<i>acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg, 300mg; 60mg</i>	1	QL (180 EA per 30 days) MO
<i>ascomp/codeine capsule 325mg; 50mg; 40mg; 30mg</i>	1	QL (180 EA per 30 days) PA MO; HRM
<i>buprenorphine hcl injection 0.3mg/ml</i>	1	MO
<i>butalbital/acetaminophen/caffeine/codeine capsule 300mg; 50mg; 40mg; 30mg, 325mg; 50mg; 40mg; 30mg</i>	1	QL (180 EA per 30 days) PA MO
<i>butalbital/aspirin/caffeine/codeine capsule 325mg; 50mg; 40mg; 30mg</i>	1	QL (180 EA per 30 days) PA MO; HRM
<i>butorphanol tartrate injection 1mg/ml, 2mg/ml</i>	1	MO
<i>butorphanol tartrate nasal solution 10mg/ml</i>	1	QL (5 ML per 30 days) MO
CODEINE SULFATE TABLET 15MG, 30MG, 60MG	3	QL (180 EA per 30 days) MO
DEMEROL INJECTION 25MG/ML, 50MG/ML, 75MG/ML	3	PA; HRM
DILAUDID INJECTION 0.2MG/ML, 1MG/ML, 2MG/ML	3	B/D
DILAUDID LIQUID 1MG/ML	3	QL (600 ML per 30 days) MO
DILAUDID TABLET 2MG, 4MG, 8MG	3	QL (180 EA per 30 days) MO
DURAMORPH INJECTION 0.5MG/ML, 1MG/ML	3	B/D
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg</i>	1	QL (180 EA per 30 days)
FENTANYL CITRATE INJECTION 1000MCG/20ML, 100MCG/2ML, 2500MCG/50ML, 250MCG/5ML, 500MCG/10ML, 50MCG/ML	3	B/D
<i>fentanyl citrate prefilled syringe injection 100mcg/2ml, 25mcg/0.5ml, 50mcg/ml</i>	1	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
<i>hydrocodone bitartrate/acetaminophen solution 300mg/15ml; 10mg/15ml, 325mg/15ml; 10mg/15ml, 325mg/15ml; 7.5mg/15ml</i>	1	QL (2700 ML per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen tablet 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg</i>	1	QL (180 EA per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 2.5mg</i>	1	QL (240 EA per 30 days) MO
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	1	QL (180 EA per 30 days) MO
<i>hydrocodone/ibuprofen tablet 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	1	QL (150 EA per 30 days) MO
HYDROMORPHONE HCL INJECTION 1MG/ML, 4MG/ML	3	B/D
<i>hydromorphone hcl injection 10mg/ml</i>	1	B/D
<i>hydromorphone hcl liquid 1mg/ml</i>	1	QL (600 ML per 30 days) MO
<i>hydromorphone hcl tablet 2mg, 4mg, 8mg</i>	1	QL (180 EA per 30 days) MO
HYDROMORPHONE HYDROCHLORIDE INJECTION 0.25MG/0.5ML, 1MG/ML PRESERVATIVE FREE, 2MG/ML PRESERVATIVE FREE, 4MG/ML PRESERVATIVE FREE	3	B/D
<i>hydromorphone hydrochloride injection 0.2mg/ml, 2mg/ml, 50mg/5ml</i>	1	B/D
INFUMORPH 200 INJECTION 10MG/ML	3	B/D
INFUMORPH 500 INJECTION 25MG/ML	3	B/D
<i>meperidine hcl injection 25mg/ml</i>	1	PA MO; HRM
<i>meperidine hcl injection 100mg/ml, 50mg/ml</i>	1	PA; HRM
<i>meperidine hcl oral solution 50mg/5ml</i>	1	QL (3600 ML per 30 days) PA MO; HRM
<i>meperidine hydrochloride tablet 50mg</i>	1	QL (120 EA per 30 days) PA MO; HRM
<i>mitigo injection 10mg/ml, 25mg/ml</i>	1	B/D
MORPHINE SULFATE INJECTION 10MG/ML IV CARPUJECT AND IV OR IM SINGLE DOSE VIAL, 2MG/ML IV PREFILLED SYRINGE IV OR IM SINGLE DOSE VIAL & PREFILLED SYRINGE, 4MG/ML IV CARPUJECT IV OR IM SINGLE DOSE VIAL & PREFILLED SYRINGE, 50MG/ML	3	B/D
<i>morphine sulfate injection 0.5mg/ml, 10mg/ml i.v. single dose vial, 2mg/ml i.v. prefilled syringe, 4mg/ml i.v. single dose vial, 8mg/ml i.v. single dose vial</i>	1	B/D
<i>morphine sulfate injection 1mg/ml</i>	1	B/D MO
<i>morphine sulfate oral solution 100mg/5ml</i>	1	QL (180 ML per 30 days) MO
<i>morphine sulfate oral solution 10mg/5ml, 20mg/5ml</i>	1	QL (900 ML per 30 days) MO
<i>morphine sulfate suppository 30mg, 5mg</i>	1	QL (60 EA per 30 days)
<i>morphine sulfate suppository 10mg, 20mg</i>	1	QL (60 EA per 30 days) MO
<i>morphine sulfate tablet 15mg, 30mg</i>	1	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>nalbuphine hydrochloride injection 10mg/ml, 20mg/ml</i>	1	MO
NALOCET TABLET 300MG; 2.5MG	3	QL (180 EA per 30 days)
NUCYNTA TABLET 100MG, 50MG, 75MG	3	QL (180 EA per 30 days) MO
OXYCODONE AND ACETAMINOPHEN TABLET 300MG; 7.5MG	3	QL (180 EA per 30 days) PA
<i>oxycodone hcl capsule 5mg</i>	1	QL (180 EA per 30 days) MO
OXYCODONE HYDROCHLORIDE/ACETAMINOPHEN SOLUTION 300MG/5ML; 10MG/5ML	3	QL (900 ML per 30 days) PA
<i>oxycodone hydrochloride/acetaminophen solution 325mg/5ml; 15mg/5ml</i>		QL (1800 ML per 30 days) MO
<i>oxycodone hydrochloride capsule 5mg</i>	1	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride concentrate 100mg/5ml</i>	1	QL (180 ML per 30 days) MO
<i>oxycodone hydrochloride solution 5mg/5ml</i>	1	QL (900 ML per 30 days) MO
OXYCODONE HYDROCHLORIDE TABLET ABUSE-DETERRENT 10MG, 15MG	3	QL (180 EA per 30 days)
OXYCODONE HYDROCHLORIDE TABLET ABUSE-DETERRENT 30MG, 5MG	3	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride tablet 30mg</i>	1	QL (120 EA per 30 days) MO
<i>oxycodone hydrochloride tablet 10mg, 15mg, 20mg, 5mg</i>	1	QL (180 EA per 30 days) MO
OXYCODONE/ACETAMINOPHEN TABLET 300MG; 2.5MG	3	QL (180 EA per 30 days)
OXYCODONE/ACETAMINOPHEN TABLET 300MG; 10MG, 300MG; 5MG	3	QL (180 EA per 30 days) PA
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	QL (180 EA per 30 days) MO
<i>oxymorphone hydrochloride tablet 10mg, 5mg</i>	1	QL (180 EA per 30 days) MO
<i>pentazocine/naloxone hcl tablet 0.5mg; 50mg</i>	1	QL (360 EA per 30 days) PA MO; HRM
PERCOCET TABLET 325MG; 10MG, 325MG; 5MG, 325MG; 7.5MG	3	QL (180 EA per 30 days) MO
PROLATE SOLUTION 300MG/5ML; 10MG/5ML	3	QL (900 ML per 30 days) PA
PROLATE TABLET 300MG; 10MG, 300MG; 5MG, 300MG; 7.5MG	3	QL (180 EA per 30 days) PA
ROXICODONE TABLET 30MG	3	QL (120 EA per 30 days) MO
ROXICODONE TABLET 15MG	3	QL (180 EA per 30 days) MO
ROXYBOND TABLET ABUSE-DETERRENT 10MG, 15MG, 30MG, 5MG	3	QL (180 EA per 30 days) MO
<i>tapentadol hydrochloride tablet 100mg, 50mg, 75mg</i>	1	QL (180 EA per 30 days) MO
<i>tramadol hydrochloride/acetaminophen tablet 325mg; 37.5mg</i>	1	QL (240 EA per 30 days) MO; HRM
TRAMADOL HYDROCHLORIDE SOLUTION 5MG/ML	3	QL (1800 ML per 30 days) PA MO; HRM
<i>tramadol hydrochloride tablet 25mg</i>	1	QL (120 EA per 30 days) MO
<i>tramadol hydrochloride tablet 100mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>tramadol hydrochloride tablet 75mg</i>	1	QL (150 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>tramadol hydrochloride tablet 50mg</i>	1	QL (240 EA per 30 days) MO; HRM
<i>trexiz capsule 320.5mg; 30mg; 16mg</i>	1	QL (300 EA per 30 days)
ANESTHETICS		
LOCAL ANESTHETICS		
EXPAREL INJECTION 1.3%	3	
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole tablet 200mg</i>	1	MO
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	1	MO
ARIKAYCE SUSPENSION 590MG/8.4ML	2	PA; LD
<i>atovaquone suspension 750mg/5ml</i>	1	MO
AZACTAM INJECTION 1GM, 2GM	3	
<i>aztreonam injection 1gm, 2gm</i>	1	MO
BACTRIM DS TABLET 800MG; 160MG	3	MO
BACTRIM TABLET 400MG; 80MG	3	MO
BENZNIDAZOLE TABLET 100MG, 12.5MG	3	
BETHKIS NEBULIZATION SOLUTION 300MG/4ML	3	QL (224 ML per 56 days) PA; ACS LD
BILTRICIDE TABLET 600MG	3	
BLUJEPa TABLET 750MG	2	
CAYSTON SOLUTION RECONSTITUTED 75MG	3	PA; ACS LD
<i>chloramphenicol sodium succinate injection 1gm</i>	1	
CLEOCIN PEDIATRIC GRANULES SOLUTION RECONSTITUTED 75MG/5ML	3	MO
CLEOCIN PHOSPHATE INJECTION 300MG/2ML, 9GM/60ML	3	
CLEOCIN PHOSPHATE INJECTION 600MG/4ML, 900MG/6ML	3	MO
CLEOCIN CAPSULE 150MG, 300MG, 75MG	3	MO
<i>clindamycin hcl capsule 300mg</i>	1	MO
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	1	MO
<i>clindamycin palmitate hydrochloride solution reconstituted 75mg/5ml</i>	1	MO
<i>clindamycin phosphate/dextrose injection 300mg/50ml; 5%, 600mg/50ml; 5%, 900mg/50ml; 5%</i>	1	
<i>clindamycin phosphate injection 300mg/2ml, 900mg/6ml</i>	1	
<i>clindamycin phosphate injection 600mg/4ml</i>	1	MO
CLINDAMYCIN/SODIUM CHLORIDE INJECTION 300MG/50ML; 0.9%, 600MG/50ML; 0.9%, 900MG/50ML; 0.9%	3	
<i>colistimethate sodium injection 150mg</i>	1	MO
COLY-MYCIN M INJECTION 150MG	3	MO
CONTEPO INJECTION 6GM	3	QL (42 EA per 14 days) PA
<i>dalbavancin hydrochloride injection 500mg</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
DALVANCE INJECTION 500MG	3	
<i>dapsone tablet 100mg, 25mg</i>	1	MO
DAPTOMYCIN/SODIUM CHLORIDE INJECTION	3	
1000MG/100ML; 0.9%, 350MG/50ML; 0.9%, 500MG/50ML; 0.9%, 700MG/100ML; 0.9%		
<i>daptomycin injection 350mg, 500mg</i>	1	
DARAPRIM TABLET 25MG	3	QL (90 EA per 30 days) PA MO
EMBLAVEO INJECTION 0.5GM; 1.5GM	3	PA
EMVERM TABLET CHEWABLE 100MG	3	QL (24 EA per 365 days) MO
<i>ertapenem sodium injection 1gm</i>	1	MO
FIRVANQ SOLUTION RECONSTITUTED 25MG/ML, 50MG/ML	3	QL (1800 ML per 180 days)
<i>fosfomycin tromethamine packet 3gm</i>	1	MO
<i>gentamicin sulfate pediatric injection 10mg/ml</i>	1	MO
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride injection 1.6mg/ml; 0.9%</i>	1	MO
<i>gentamicin sulfate injection 40mg/ml</i>	1	MO
HIPREX TABLET 1GM	3	MO
HUMATIN CAPSULE 250MG	3	MO
<i>imipenem/cilastatin injection 250mg; 250mg, 500mg; 500mg</i>	1	MO
<i>isotonic gentamicin injection 0.8mg/ml; 0.9%</i>	1	
<i>ivermectin tablet 6mg</i>	1	QL (10 EA per 90 days) PA MO
<i>ivermectin tablet 3mg</i>	1	QL (12 EA per 90 days) PA MO
KIMYRSA INJECTION 1200MG	3	
KITABIS PAK NEBULIZATION SOLUTION 300MG/5ML	3	QL (280 ML per 56 days) PA; ACS LD
LAMPIT TABLET 120MG, 30MG	3	PA
LIKMEZ SUSPENSION 500MG/5ML	3	PA MO
LINCOCIN INJECTION 300MG/ML	3	MO
<i>lincomycin hydrochloride injection 300mg/ml</i>	1	
LINEZOLID IN SODIUM CHLORIDE INJECTION	3	PA
600MG/300ML; 0.9%		
<i>linezolid injection 600mg/300ml</i>	1	PA
<i>linezolid suspension reconstituted 100mg/5ml</i>	1	QL (1800 ML per 30 days) MO
<i>linezolid tablet 600mg</i>	1	QL (56 EA per 28 days) MO
MACROBID CAPSULE 100MG	3	MO
MACRODANTIN CAPSULE 100MG, 25MG, 50MG	3	MO
<i>me/naphos/mb/hyo 1 tablet 0.12mg; 81.6mg; 10.8mg; 40.8mg</i>	1	MO; HRM
MEPRON SUSPENSION 750MG/5ML	3	PA MO
MEROPENEM/SODIUM CHLORIDE INJECTION	3	
1GM/50ML; 0.9%, 500MG; 0.9%		
<i>meropenem injection 2gm</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>meropenem injection 1gm, 500mg</i>	1	MO
<i>methenamine hippurate tablet 1gm</i>	1	MO
<i>methenamine mandelate tablet 0.5gm, 1gm</i>	1	MO
<i>metronidazole capsule 375mg</i>	1	MO
<i>metronidazole injection 500mg/100ml</i>	1	
<i>metronidazole tablet 250mg, 500mg</i>	1	MO
<i>metronidazole tablet 125mg</i>	1	PA
NEBUPENT SOLUTION RECONSTITUTED 300MG	3	B/D MO
<i>neomycin sulfate tablet 500mg</i>	1	MO
<i>nitazoxanide tablet 500mg</i>	1	QL (6 EA per 30 days) MO
<i>nitrofurantoin macrocrystals capsule 100mg, 25mg, 50mg</i>	1	MO
<i>nitrofurantoin monohydrate/macrocrystals capsule 100mg</i>	1	MO
NITROFURANTOIN SUSPENSION 50MG/5ML	3	MO
<i>nitrofurantoin suspension 25mg/5ml</i>	1	MO
ORBACTIV INJECTION 400MG	3	MO
ORLYNVAH TABLET 500MG; 500MG	2	PA; ACS LD
PENTAM 300 INJECTION 300MG	3	MO
<i>pentamidine isethionate injection 300mg</i>	1	MO
<i>pentamidine isethionate inhalation solution reconstituted 300mg</i>	1	B/D MO
<i>polymyxin b sulfate injection 500000unit</i>	1	
<i>praziquantel tablet 600mg</i>	1	MO
PRIMAXIN IV INJECTION 500MG; 500MG	3	MO
<i>pyrimethamine tablet 25mg</i>	1	QL (90 EA per 30 days) PA MO
RECARBRIO INJECTION 500MG; 500MG; 250MG	3	PA
SIVEXTRO INJECTION 200MG	3	
SIVEXTRO TABLET 200MG	3	MO
SOLOSEC PACKET 2GM	3	MO
<i>streptomycin sulfate injection 1gm</i>	1	MO
STROMEKTOL TABLET 3MG	3	QL (12 EA per 90 days) PA MO
<i>sulfadiazine tablet 500mg</i>	1	MO
<i>sulfamethoxazole/trimethoprim ds tablet 800mg; 160mg</i>	1	MO
<i>sulfamethoxazole/trimethoprim injection 400mg/5ml; 80mg/5ml</i>	1	MO
<i>sulfamethoxazole/trimethoprim suspension 200mg/5ml; 40mg/5ml</i>	1	MO
<i>sulfamethoxazole/trimethoprim tablet 400mg; 80mg</i>	1	MO
<i>tinidazole tablet 250mg, 500mg</i>	1	MO
TOBI PODHALER CAPSULE 28MG	3	QL (224 EA per 28 days) PA; ACS LD
<i>tobramycin sulfate injection 1.2gm, 10mg/ml</i>	1	
<i>tobramycin sulfate injection 1.2gm/30ml, 80mg/2ml</i>	1	MO
<i>tobramycin nebulization solution 300mg/4ml</i>	1	QL (224 ML per 56 days) PA; ACS
<i>tobramycin nebulization solution 300mg/5ml</i>	1	QL (280 ML per 56 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
<i>trimethoprim tablet 100mg</i>	1	MO
TYZAVAN INJECTION 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 2000MG/400ML, 500MG/100ML, 750MG/150ML	3	
UROGESIC-BLUE TABLET 0.12MG; 81.6MG; 10.8MG; 40.8MG	3	MO; HRM
VABOMERE INJECTION 1GM; 1GM	3	PA
VANCOGIN CAPSULE 125MG	3	QL (120 EA per 30 days)
VANCOGIN CAPSULE 250MG	3	QL (240 EA per 30 days)
VANCOMYCIN HCL INJECTION 0.9%; 1GM/200ML	3	
<i>vancomycin hcl injection 100gm, 10gm</i>	1	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE INJECTION 5%; 1.25GM/250ML, 5%; 1.5GM/300ML, 5%; 1GM/200ML, 5%; 500MG/100ML, 5%; 750MG/150ML	3	
<i>vancomycin hydrochloride capsule 125mg</i>	1	QL (120 EA per 30 days) MO
<i>vancomycin hydrochloride capsule 250mg</i>	1	QL (240 EA per 30 days) MO
VANCOMYCIN HYDROCHLORIDE INJECTION 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 2000MG/400ML, 500MG/100ML, 750MG/150ML	3	
<i>vancomycin hydrochloride injection 1.25gm, 1.5gm, 1.75gm, 1gm, 2gm, 500mg, 5gm, 750mg</i>	1	
<i>vancomycin hydrochloride oral solution reconstituted 250mg/5ml, 25mg/ml</i>	1	QL (1800 ML per 180 days) MO
VANCOMYCIN INJECTION 0.9%; 500MG/100ML, 0.9%; 750MG/150ML	3	
VIBATIV INJECTION 750MG	3	PA
XACDURO INJECTION 1GM; 1GM	3	
XIFAXAN TABLET 200MG	2	QL (9 EA per 30 days) PA MO
ZEMDRI INJECTION 500MG/10ML	3	PA
ZYVOX INJECTION 600MG/300ML	3	PA
ZYVOX SUSPENSION RECONSTITUTED 100MG/5ML	3	QL (1800 ML per 30 days) PA MO
ANTIFUNGALS		
AMBISOME INJECTION 50MG	3	B/D MO
<i>amphotericin b liposome injection 50mg</i>	1	B/D MO
<i>amphotericin b injection 50mg</i>	1	B/D MO
ANCOBON CAPSULE 250MG	3	PA
ANCOBON CAPSULE 500MG	3	PA MO
<i>caspofungin acetate injection 50mg, 70mg</i>	1	
CRESEMBA CAPSULE 74.5MG	3	QL (175 EA per 30 days) MO
CRESEMBA CAPSULE 186MG	3	QL (70 EA per 30 days) MO
CRESEMBA INJECTION 372MG	3	QL (34 EA per 30 days)
DIFLUCAN SUSPENSION RECONSTITUTED 40MG/ML	3	MO
ERAXIS INJECTION 100MG, 50MG	3	PA

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>fluconazole in sodium chloride injection 200mg/100ml; 0.9%, 400mg/200ml; 0.9%</i>	1	
<i>fluconazole suspension reconstituted 10mg/ml, 40mg/ml</i>	1	MO
<i>fluconazole tablet 100mg, 150mg, 200mg, 50mg</i>	1	MO
<i>flucytosine capsule 250mg, 500mg</i>	1	PA MO
<i>griseofulvin microsize suspension 125mg/5ml</i>	1	MO
<i>griseofulvin microsize tablet 500mg</i>	1	MO
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	1	MO
<i>griseofulvin ultramicrosize tablet 165mg</i>	1	QL (120 EA per 30 days) PA
<i>itraconazole capsule 100mg</i>	1	PA MO
<i>itraconazole solution 10mg/ml</i>	1	PA MO
<i>ketoconazole tablet 200mg</i>	1	PA MO
MICAFUNGIN SODIUM/SODIUM CHLORIDE INJECTION 150MG/150ML; 0.9%	3	
MICAFUNGIN/SODIUM CHLORIDE INJECTION 100MG/100ML; 0.9%, 50MG/50ML; 0.9%	3	
<i>micafungin injection 100mg, 50mg</i>	1	
NOXAFIL INJECTION 300MG/16.7ML	3	
NOXAFIL PACKET 300MG	3	QL (32 EA per 30 days) PA MO
NOXAFIL SUSPENSION 40MG/ML	3	QL (630 ML per 30 days) PA MO
<i>nystatin tablet 500000unit</i>	1	MO
<i>posaconazole dr tablet delayed release 100mg</i>	1	QL (93 EA per 30 days) PA MO
<i>posaconazole injection 300mg/16.7ml</i>	1	
<i>posaconazole suspension 40mg/ml</i>	1	QL (630 ML per 30 days) PA MO
REZZAYO INJECTION 200MG	3	PA
<i>terbinafine hcl tablet 250mg</i>	1	QL (90 EA per 365 days) MO
TOLSURA CAPSULE 65MG	3	PA MO
VFEND IV INJECTION 200MG	3	PA
VFEND SUSPENSION RECONSTITUTED 40MG/ML	3	PA MO
VIVJOA CAPSULE THERAPY PACK 150MG	3	QL (18 EA per 84 days) PA; ACS LD
VORICONAZOLE INJECTION 200MG/20ML	3	PA
<i>voriconazole injection 200mg</i>	1	PA
<i>voriconazole suspension reconstituted 40mg/ml</i>	1	PA MO
<i>voriconazole tablet 200mg</i>	1	QL (120 EA per 30 days) MO
<i>voriconazole tablet 50mg</i>	1	QL (480 EA per 30 days) MO
ANTIMALARIALS		
<i>atovaquone/proguanil hcl tablet 62.5mg; 25mg</i>	1	MO
<i>atovaquone/proguanil hydrochloride tablet 250mg; 100mg</i>	1	MO
<i>chloroquine phosphate tablet 250mg, 500mg</i>	1	MO
COARTEM TABLET 20MG; 120MG	3	MO
KRINTAFEL TABLET 150MG	3	PA MO
MALARONE TABLET 250MG; 100MG, 62.5MG; 25MG	3	MO
<i>mefloquine hydrochloride tablet 250mg</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>primaquine phosphate tablet 26.3mg</i>	1	
<i>quinine sulfate capsule 324mg</i>	1	PA MO
ANTIRETROVIRAL AGENTS		
<i>abacavir solution 20mg/ml</i>	1	MO
<i>abacavir tablet 300mg</i>	1	MO
APTIVUS CAPSULE 250MG	3	MO
<i>atazanavir sulfate capsule 300mg</i>	1	MO
<i>atazanavir capsule 150mg, 200mg</i>	1	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 PED TABLET SOLUBLE 2.5MG	3	MO
EDURANT TABLET 25MG	3	MO
<i>efavirenz tablet 600mg</i>	1	MO
<i>emtricitabine capsule 200mg</i>	1	MO
EMTRIVA CAPSULE 200MG	3	MO
EMTRIVA SOLUTION 10MG/ML	3	MO
EPIVIR SOLUTION 10MG/ML	3	MO
EPIVIR TABLET 150MG, 300MG	3	MO
<i>etravirine tablet 100mg, 200mg</i>	1	MO
<i>fosamprenavir calcium tablet 700mg</i>	1	MO
INTELENCE TABLET 25MG	3	
INTELENCE TABLET 100MG, 200MG	3	MO
ISENTRESS HD TABLET 600MG	3	MO
ISENTRESS PACKET 100MG	3	MO
ISENTRESS TABLET CHEWABLE 100MG, 25MG	3	MO
ISENTRESS TABLET 400MG	3	MO
<i>lamivudine solution 10mg/ml</i>	1	MO
<i>lamivudine tablet 150mg, 300mg</i>	1	MO
<i>maraviroc tablet 150mg, 300mg</i>	1	MO
<i>nevirapine er tablet extended release 24 hour 400mg</i>	1	MO
<i>nevirapine suspension 50mg/5ml</i>	1	MO
<i>nevirapine tablet 200mg</i>	1	MO
NORVIR PACKET 100MG	3	MO
NORVIR TABLET 100MG	3	MO
PIFELTRO TABLET 100MG	3	MO
PREZISTA SUSPENSION 100MG/ML	3	QL (400 ML per 30 days) MO
PREZISTA TABLET 150MG	3	QL (240 EA per 30 days) MO
PREZISTA TABLET 800MG	3	QL (30 EA per 30 days) MO
PREZISTA TABLET 75MG	3	QL (480 EA per 30 days) MO
PREZISTA TABLET 600MG	3	QL (60 EA per 30 days) MO
RETROVIR IV INFUSION INJECTION 10MG/ML	3	
RETROVIR CAPSULE 100MG	3	MO
RETROVIR SYRUP 50MG/5ML	3	MO
REYATAZ CAPSULE 200MG, 300MG	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
REYATAZ PACKET 50MG	3	MO
<i>rilpivirine hydrochloride tablet 25mg</i>	1	MO
<i>ritonavir tablet 100mg</i>	1	MO
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600MG	3	MO
SELZENTRY SOLUTION 20MG/ML	3	MO
SELZENTRY TABLET 150MG, 300MG	3	MO
SUNLENCA INJECTION 463.5MG/1.5ML	3	QL (3 ML per 180 days) MO; LD
SUNLENCA TABLET THERAPY PACK 300MG	3	MO; LD
SUNLENCA TABLET 300MG	3	MO; LD
<i>tenofovir disoproxil fumarate tablet 300mg</i>	1	MO
TIVICAY PD TABLET SOLUBLE 5MG	3	MO
TIVICAY TABLET 50MG	3	MO
TROGARZO INJECTION 200MG/1.33ML	3	MO; LD
TYBOST TABLET 150MG	2	MO
VIRACEPT TABLET 250MG, 625MG	3	MO
VIREAD POWDER 40MG/GM	3	MO
VIREAD TABLET 150MG, 200MG, 250MG, 300MG	3	MO
ZIAGEN SOLUTION 20MG/ML	3	MO
<i>zidovudine capsule 100mg</i>	1	MO
<i>zidovudine syrup 50mg/5ml</i>	1	MO
<i>zidovudine tablet 300mg</i>	1	MO
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate/lamivudine tablet 600mg; 300mg</i>	1	MO
BIKTARVY TABLET 30MG; 120MG; 15MG, 50MG; 200MG; 25MG	3	MO
CABENUVA INJECTION 400MG/2ML; 600MG/2ML	3	QL (4 ML per 30 days) MO; LD
CABENUVA INJECTION 600MG/3ML; 900MG/3ML	3	QL (6 ML per 30 days) MO; LD
CIMDUO TABLET 300MG; 300MG	2	MO
COMPLERA TABLET 200MG; 25MG; 300MG	3	MO
DELSTRIGO TABLET 100MG; 300MG; 300MG	3	MO
DESCOVY TABLET 120MG; 15MG, 200MG; 25MG	3	MO
DOVATO TABLET 50MG; 300MG	3	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate tablet 600mg; 200mg; 300mg</i>	1	MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 400mg; 300mg; 300mg, 600mg; 300mg; 300mg</i>	1	MO
<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate tablet 200mg; 25mg; 300mg</i>	1	MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 133mg; 200mg, 200mg; 300mg</i>	1	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 167mg; 250mg</i>	1	QL (30 EA per 30 days) MO
EVOTAZ TABLET 300MG; 150MG	2	MO
GENVOYA TABLET 150MG; 150MG; 200MG; 10MG	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
IDVYNZO TABLET 100MG; 0.25MG	3	MO
JULUCA TABLET 50MG; 25MG	3	MO
KALETRA SOLUTION 400MG/5ML; 100MG/5ML	3	MO
KALETRA TABLET 100MG; 25MG; 200MG; 50MG	3	MO
<i>lamivudine/zidovudine tablet 150mg; 300mg</i>	1	MO
<i>lopinavir/ritonavir tablet 100mg; 25mg, 200mg; 50mg</i>	1	MO
ODEFSEY TABLET 200MG; 25MG; 25MG	3	MO
PREZCOBIX TABLET 150MG; 675MG, 150MG; 800MG	3	MO
STRIBILD TABLET 150MG; 150MG; 200MG; 300MG	3	MO
SYMFI TABLET 600MG; 300MG; 300MG	2	MO
SYMTUZA TABLET 150MG; 800MG; 200MG; 10MG	3	MO
TRIUMEQ PD TABLET SOLUBLE 60MG; 5MG; 30MG	3	MO
TRIUMEQ TABLET 600MG; 50MG; 300MG	3	MO
TRUVADA TABLET 100MG; 150MG, 133MG; 200MG, 167MG; 250MG, 200MG; 300MG	3	QL (30 EA per 30 days) MO
ANTITUBERCULAR AGENTS		
<i>cycloserine capsule 250mg</i>	1	MO
<i>ethambutol hydrochloride tablet 100mg, 400mg</i>	1	MO
<i>isoniazid injection 100mg/ml</i>	1	
<i>isoniazid syrup 50mg/5ml</i>	1	MO
<i>isoniazid tablet 100mg, 300mg</i>	1	MO
PRETOMANID TABLET 200MG	3	QL (30 EA per 30 days) PA MO
PRIFTIN TABLET 150MG	3	MO
<i>pyrazinamide tablet 500mg</i>	1	MO
<i>rifabutin capsule 150mg</i>	1	MO
<i>rifampin capsule 150mg, 300mg</i>	1	MO
<i>rifampin injection 600mg</i>	1	
SIRTURO TABLET 100MG, 20MG	3	PA; ACS LD
ANTIVIRALS		
<i>acyclovir sodium injection 50mg/ml</i>	1	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 tablet 10mg</i>	1	QL (30 EA per 30 days) MO
BARACLUDE SOLUTION 0.05MG/ML	3	QL (630 ML per 30 days) MO
BARACLUDE TABLET 0.5MG, 1MG	3	QL (30 EA per 30 days) MO
<i>cidofovir injection 75mg/ml</i>	1	
<i>entecavir tablet 0.5mg, 1mg</i>	1	QL (30 EA per 30 days) MO
EPCLUSA PACKET 150MG; 37.5MG, 200MG; 50MG	3	PA; ACS
EPCLUSA TABLET 200MG; 50MG, 400MG; 100MG	3	PA; ACS
<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>foscarnet sodium injection 6000mg/250ml</i>	1	PA
<i>ganciclovir injection 500mg/10ml, 500mg</i>	1	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
HARVONI PACKET 33.75MG; 150MG, 45MG; 200MG	3	PA; ACS
HARVONI TABLET 45MG; 200MG, 90MG; 400MG	3	PA; ACS
LAGEVRIO CAPSULE 200MG	3	QL (80 EA per 180 days) PA MO
<i>lamivudine tablet 100mg</i>	1	MO
LEDIPASVIR/SOFOSBUVIR TABLET 90MG; 400MG	3	PA; ACS
LIVTENCITY TABLET 200MG	3	QL (336 EA per 28 days) PA; LD
MAVYRET PACKET 50MG; 20MG	2	PA; ACS
MAVYRET TABLET 100MG; 40MG	2	PA; ACS
<i>oseltamivir phosphate capsule 30mg</i>	1	QL (168 EA per 365 days) MO
<i>oseltamivir phosphate capsule 45mg, 75mg</i>	1	QL (84 EA per 365 days) MO
<i>oseltamivir phosphate suspension reconstituted 6mg/ml</i>	1	QL (1080 ML per 365 days) MO
PAXLOVID TABLET 5 DAY THERAPY PACK 150MG; 100MG AND 300MG; 100MG	1	QL (22 EA per 180 days) MO
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	1	QL (40 EA per 180 days) MO
PAXLOVID TABLET THERAPY PACK 300MG; 100MG	1	QL (60 EA per 180 days) MO
PEGASYS INJECTION 180MCG/0.5ML, 180MCG/ML	3	PA; ACS LD
PREVYMIS INJECTION 240MG/12ML, 480MG/24ML	3	
PREVYMIS PACKET 120MG, 20MG	3	QL (120 EA per 30 days) PA MO
PREVYMIS TABLET 240MG, 480MG	3	QL (28 EA per 28 days) PA MO
RAPIVAB INJECTION 200MG/20ML	3	
RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5MG/BLISTER	2	QL (120 EA per 365 days) MO
<i>ribavirin capsule 200mg</i>	1	ACS
<i>ribavirin tablet 200mg</i>	1	ACS
<i>rimantadine hydrochloride tablet 100mg</i>	1	MO
SOFOSBUVIR/VELPATASVIR TABLET 400MG; 100MG	3	PA; ACS
SOVALDI PACKET 150MG	3	QL (28 EA per 28 days) PA; ACS
SOVALDI PACKET 200MG	3	QL (56 EA per 28 days) PA; ACS
SOVALDI TABLET 200MG, 400MG	3	QL (28 EA per 28 days) PA; ACS
TAMIFLU CAPSULE 75MG	3	QL (84 EA per 365 days) MO
TAMIFLU SUSPENSION RECONSTITUTED 6MG/ML	3	QL (1080 ML per 365 days) MO
<i>valacyclovir hydrochloride tablet 1gm, 500mg</i>	1	MO
VALCYTE SOLUTION RECONSTITUTED 50MG/ML	3	MO
<i>valganciclovir hydrochloride solution reconstituted 50mg/ml</i>	1	MO
<i>valganciclovir tablet 450mg</i>	1	MO
VALTREX TABLET 1GM, 500MG	3	MO
VEKLURY INJECTION 100MG	3	QL (4 EA per 30 days) PA
VEMLIDY TABLET 25MG	2	MO
VOSEVI TABLET 400MG; 100MG; 100MG	3	QL (28 EA per 28 days) PA; ACS
XOFLUZA TABLET THERAPY PACK 40MG, 80MG	3	QL (1 EA per 180 days) MO
ZEPATIER TABLET 50MG; 100MG	3	PA; ACS
CEPHALOSPORINS		
AVYCAZ INJECTION 0.5GM; 2GM	3	PA

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
CEFACLOR ER TABLET EXTENDED RELEASE 12 HOUR 500MG	3	MO
<i>cefaclor capsule 250mg, 500mg</i>	1	MO
<i>cefaclor suspension reconstituted 250mg/5ml</i>	1	
<i>cefadroxil capsule 500mg</i>	1	MO
<i>cefadroxil suspension reconstituted 250mg/5ml, 500mg/5ml</i>	1	MO
<i>cefadroxil tablet 1gm</i>	1	MO
CEFAZOLIN SODIUM/DEXTROSE INJECTION 1GM; 4%, 3GM; 3%, 3GM; 2%	3	
CEFAZOLIN SODIUM INJECTION 1GM/50ML; 4%	2	
CEFAZOLIN SODIUM INJECTION 100GM, 300GM	3	
<i>cefazolin sodium injection 1gm</i>	1	
<i>cefazolin sodium injection 10gm, 1gm, 500mg</i>	1	MO
CEFAZOLIN/DEXTROSE INJECTION 3GM/150ML; 4%	2	
CEFAZOLIN INJECTION 2GM/100ML; 4%	2	
CEFAZOLIN IV INJECTION 2GM, 3GM	3	
<i>cefazolin i.m. or i.v. injection 3gm</i>	1	
<i>cefazolin i.m. or i.v. injection 2gm</i>	1	MO
<i>cefdinir capsule 300mg</i>	1	MO
<i>cefdinir suspension reconstituted 125mg/5ml, 250mg/5ml</i>	1	MO
CEFEPIME HYDROCHLORIDE INJECTION 100GM	3	
<i>cefepime hydrochloride injection 2gm</i>	1	MO
CEFEPIME/DEXTROSE INJECTION 1GM/50ML; 5%, 2GM/50ML; 5%	3	
CEFEPIME INJECTION 1GM/50ML, 2GM/100ML	3	
<i>cefepime injection 1gm, 2gm</i>	1	MO
<i>cefixime capsule 400mg</i>	1	MO
<i>cefixime suspension reconstituted 100mg/5ml, 200mg/5ml</i>	1	MO
<i>cefixime tablet 400mg</i>	1	MO
<i>cefotetan injection 1gm, 2gm</i>	1	
CEFOXITIN SODIUM/DEXTROSE INJECTION 1GM/50ML, 2GM/50ML	3	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	1	
<i>cefpodoxime proxetil suspension reconstituted 100mg/5ml, 50mg/5ml</i>	1	MO
<i>cefpodoxime proxetil tablet 100mg, 200mg</i>	1	MO
<i>cefprozil suspension reconstituted 125mg/5ml, 250mg/5ml</i>	1	MO
<i>cefprozil tablet 250mg, 500mg</i>	1	MO
<i>ceftaroline fosamil injection 400mg, 600mg</i>	1	
<i>ceftazidime injection 2gm, 6gm</i>	1	
<i>ceftazidime injection 1gm</i>	1	MO
<i>ceftriaxone in iso-osmotic dextrose injection 1gm/50ml, 2gm/50ml</i>	1	
CEFTRIAZONE SODIUM INJECTION 100GM	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>ceftriaxone sodium i.v. injection 1gm</i>	1	
<i>ceftriaxone sodium injection 10gm, 1gm i.m. or i.v., 250mg, 2gm, 500mg</i>	1	MO
CEFTRIAZONE/DEXTROSE INJECTION 1GM; 3.74%, 2GM; 2.22%	3	
<i>cefuroxime axetil tablet 250mg, 500mg</i>	1	MO
<i>cefuroxime sodium injection 1.5gm</i>	1	
<i>cefuroxime sodium injection 750mg</i>	1	MO
<i>cephalexin capsule 250mg, 500mg, 750mg</i>	1	MO
<i>cephalexin suspension reconstituted 125mg/5ml, 250mg/5ml</i>	1	MO
<i>cephalexin tablet 250mg, 500mg</i>	1	MO
FETROJA INJECTION 1GM	3	
<i>tazicef injection 1gm, 2gm, 6gm</i>	1	
TEFLARO INJECTION 400MG, 600MG	3	
ZERBAXA INJECTION 1GM; 0.5GM	3	
ZEVTERA INJECTION 667MG	3	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin injection 500mg</i>	1	MO
<i>azithromycin suspension reconstituted 100mg/5ml, 200mg/5ml</i>	1	MO
<i>azithromycin tablet 250mg, 500mg, 600mg</i>	1	MO
<i>clarithromycin er tablet extended release 24 hour 500mg</i>	1	MO
<i>clarithromycin suspension reconstituted 125mg/5ml, 250mg/5ml</i>	1	MO
<i>clarithromycin tablet 250mg, 500mg</i>	1	MO
DIFICID SUSPENSION RECONSTITUTED 40MG/ML	3	MO
DIFICID TABLET 200MG	3	MO
<i>e.e.s. 400 tablet 400mg</i>	1	
ERYTHROCIN LACTOBIONATE INJECTION 500MG	3	
<i>erythromycin base tablet 250mg, 500mg</i>	1	MO
<i>erythromycin dr tablet delayed release 250mg, 333mg, 500mg</i>	1	MO
<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml, 400mg/5ml</i>	1	MO
<i>erythromycin lactobionate injection 500mg</i>	1	
<i>fidaxomicin tablet 200mg</i>	1	MO
ZITHROMAX TRI-PAK TABLET 500MG	3	MO
ZITHROMAX Z-PAK TABLET 250MG	3	MO
ZITHROMAX INJECTION 500MG	3	MO
ZITHROMAX SUSPENSION RECONSTITUTED 200MG/5ML	3	MO
ZITHROMAX TABLET 250MG, 500MG	3	MO
FLUOROQUINOLONES		
BAXDELA INJECTION 300MG	3	PA
BAXDELA TABLET 450MG	3	PA MO
<i>ciprofloxacin hcl tablet 750mg</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>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	1	MO
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%</i>	1	
<i>ciprofloxacin i.v.-in d5w injection 400mg/200ml; 5%</i>	1	MO
CIPRO SUSPENSION RECONSTITUTED 500MG/5ML, 5GM/100ML	3	MO
CIPRO TABLET 250MG, 500MG	3	MO
<i>levofloxacin in d5w injection 5%; 250mg/50ml, 5%; 500mg/100ml, 5%; 750mg/150ml</i>	1	
<i>levofloxacin injection 25mg/ml</i>	1	
<i>levofloxacin oral solution 25mg/ml</i>	1	MO
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	1	MO
<i>moxifloxacin hydrochloride/sodium hydrochloride injection 400mg/250ml; 0.8%</i>	1	
MOXIFLOXACIN HYDROCHLORIDE INJECTION 400MG/250ML	3	
<i>moxifloxacin hydrochloride tablet 400mg</i>	1	MO
<i>ofloxacin tablet 300mg, 400mg</i>	1	MO
PENICILLINS		
<i>amoxicillin/clavulanate potassium er tablet extended release 12 hour 1000mg; 62.5mg</i>	1	MO
<i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 250mg/5ml; 62.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	1	MO
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg, 500mg; 125mg, 875mg; 125mg</i>	1	MO
<i>amoxicillin capsule 250mg, 500mg</i>	1	MO
<i>amoxicillin suspension reconstituted 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml</i>	1	MO
<i>amoxicillin tablet chewable 125mg, 250mg</i>	1	MO
<i>amoxicillin tablet 500mg, 875mg</i>	1	MO
<i>ampicillin sodium injection 10gm, 1gm advantage vial, 250mg, 2gm advantage vial</i>	1	
<i>ampicillin sodium injection 1gm, 2gm, 500mg</i>	1	MO
<i>ampicillin-sulbactam injection 10gm; 5gm, 1gm; 0.5gm, 2gm; 1gm</i>	1	
<i>ampicillin/sulbactam injection 1gm; 0.5gm, 2gm; 1gm</i>	1	
<i>ampicillin capsule 500mg</i>	1	MO
AUGMENTIN ES-600 SUSPENSION RECONSTITUTED 600MG/5ML; 42.9MG/5ML	3	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	3	MO
BICILLIN C-R INJECTION 900000UNIT/2ML; 300000UNIT/2ML	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
BICILLIN C-R INJECTION 300000UNIT/ML; 300000UNIT/ML	3	MO
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	3	MO
<i>dicloxacillin sodium capsule 250mg, 500mg</i>	1	MO
LENTOCILIN INJECTION 1200000UNIT	3	
<i>nafticillin sodium injection 10gm, 1gm</i>	1	
<i>nafticillin sodium injection 2gm</i>	1	MO
NAFCILLIN INJECTION 5%; 2GM/100ML	3	
OXACILLIN SODIUM INJECTION 300MG/50ML; 2GM/50ML	3	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	1	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE INJECTION 40000UNIT/ML, 60000UNIT/ML	3	
<i>penicillin g potassium injection 20000000unit, 5000000unit</i>	1	MO
<i>penicillin g sodium injection 5000000unit</i>	1	
<i>penicillin v potassium solution reconstituted 125mg/5ml, 250mg/5ml</i>	1	MO
<i>penicillin v potassium tablet 250mg, 500mg</i>	1	MO
<i>pfizerpen injection 20000000unit</i>	1	
<i>pfizerpen injection 5000000unit</i>	1	MO
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM/NACL INJECTION 2GM/50ML; 0.45%; 0.25GM/50ML, 3GM/50ML; 0.3%; 0.375GM/50ML, 4GM/100ML; 0.45%; 0.5GM/100ML	3	
<i>piperacillin sodium/tazobactam sodium injection 12gm; 1.5gm, 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	1	
UNASYN BULK PACK INJECTION 10GM; 5GM	3	
UNASYN INJECTION 1GM; 0.5GM	3	
UNASYN INJECTION 2GM; 1GM	3	MO
ZOSYN INJECTION 1GM/50ML; 2GM/50ML; 0.25GM/50ML, 2GM/100ML; 4GM/100ML; 0.5GM/100ML, 350MG/50ML; 3GM/50ML; 0.375GM/50ML	3	
TETRACYCLINES		
<i>demeclocycline hcl tablet 150mg, 300mg</i>	1	MO
DORYX MPC TABLET DELAYED RELEASE 60MG	3	ST MO
<i>doxy 100 injection 100mg</i>	1	MO
<i>doxycycline hyclate dr tablet delayed release 100mg, 150mg, 200mg, 50mg, 75mg</i>	1	MO
<i>doxycycline hyclate capsule 100mg, 50mg</i>	1	MO
<i>doxycycline hyclate injection 100mg</i>	1	MO
<i>doxycycline hyclate tablet 100mg, 150mg, 20mg, 50mg, 75mg</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>doxycycline monohydrate capsule 100mg, 150mg, 50mg, 75mg</i>	1	MO
<i>doxycycline monohydrate tablet 100mg, 150mg, 50mg, 75mg</i>	1	MO
<i>doxycycline suspension reconstituted 25mg/5ml</i>	1	MO
MINOCIN INJECTION 100MG	3	
<i>minocycline hcl capsule 75mg</i>	1	MO
<i>minocycline hcl tablet 100mg, 75mg</i>	1	ST MO
<i>minocycline hydrochloride er tablet extended release 24 hour 105mg, 115mg, 135mg, 45mg, 55mg, 65mg, 80mg, 90mg</i>	1	ST MO
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	1	MO
<i>minocycline hydrochloride tablet 50mg</i>	1	ST MO
<i>mondoxyne nl capsule 100mg</i>	1	
NUZYRA INJECTION 100MG	3	ACS LD
NUZYRA TABLET 150MG	2	ACS LD
SEYSARA TABLET 100MG, 150MG, 60MG	3	QL (30 EA per 30 days) PA MO
<i>targadox tablet 50mg</i>	1	
<i>tetracycline hydrochloride capsule 250mg, 500mg</i>	1	MO
<i>tetracycline hydrochloride tablet 250mg</i>	1	PA
<i>tetracycline hydrochlorid tablet 500mg</i>	1	PA
<i>tigecycline injection 50mg</i>	1	
TYGACIL INJECTION 50MG	3	
XERAVA INJECTION 100MG, 50MG	3	

ANTINEOPLASTIC AGENTS**ALKYLATING AGENTS**

BENDAMUSTINE HYDROCHLORIDE INJECTION 100MG/4ML	3	ACS
<i>bendamustine hydrochloride injection 100mg, 25mg</i>	1	ACS
BENDEKA INJECTION 100MG/4ML	3	ACS LD
<i>busulfan injection 6mg/ml</i>	1	
BUSULFEX INJECTION 6MG/ML	3	
<i>carboplatin injection 150mg/15ml, 450mg/45ml, 50mg/5ml, 600mg/60ml</i>	1	
<i>carmustine injection 100mg</i>	1	
<i>cisplatin injection 100mg/100ml, 200mg/200ml, 50mg/50ml</i>	1	
CYCLOPHOSPHAMIDE MONOHYDRATE INJECTION 2GM/10ML	3	
<i>cyclophosphamide capsule 25mg, 50mg</i>	1	PA MO
CYCLOPHOSPHAMIDE INJECTION 1000MG/10ML, 1GM/5ML, 2000MG/20ML, 500MG/2.5ML, 500MG/5ML	3	
CYCLOPHOSPHAMIDE INJECTION 1GM/2ML, 500MG/ML	3	LD
<i>cyclophosphamide injection 1gm, 2gm, 500mg</i>	1	
CYCLOPHOSPHAMIDE TABLET 50MG	2	PA
EVDI INJECTION 1MG/20ML	3	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
EVOMELA INJECTION 50MG	3	ACS LD
FRINDOVYX INJECTION 1GM/2ML, 2GM/4ML, 500MG/ML	3	LD
GLEOSTINE CAPSULE 100MG, 10MG, 40MG	3	ACS
GRAFAPEX INJECTION 1GM, 5GM	3	B/D; LD
IFEX INJECTION 1GM, 3GM	3	
IFOSFAMIDE INJECTION 3GM	3	
<i>ifosfamide injection 1gm/20ml, 1gm, 3gm/60ml</i>	1	
IVRA INJECTION 90MG/ML	3	ACS
KYXATA INJECTION 500MG/50ML, 80MG/8ML	3	PA; LD
LEUKERAN TABLET 2MG	3	MO
<i>lomustine capsule 100mg, 10mg, 40mg</i>	1	ACS
<i>melfhalan hydrochloride injection 50mg</i>	1	
<i>oxaliplatin injection 100mg/20ml, 100mg, 200mg/40ml, 50mg/10ml, 50mg</i>	1	
TEMODAR INJECTION 100MG	3	ACS
TEPADINA INJECTION 0.9%; 200MG/200ML, 100MG, 15MG	3	ACS
TEPYLUTE INJECTION 100MG/10ML, 15MG/1.5ML	3	LD
<i>thiotepa injection 100mg, 15mg</i>	1	
TREANDA INJECTION 100MG, 25MG	3	ACS LD
VIVIMUSTA INJECTION 100MG/4ML	3	ACS LD
YONDELIS INJECTION 1MG	3	PA; ACS LD
ZEPZELCA INJECTION 4MG	3	PA; ACS LD
ANTIBIOTICS		
<i>adriamycin injection 50mg</i>	1	B/D
ANTIMETABOLITES		
ALIMTA INJECTION 100MG, 500MG	3	
ARRANON INJECTION 5MG/ML	3	
AVGEMSI INJECTION 1GM/26.3ML, 2GM/52.6ML	3	LD
AXTLE INJECTION 100MG, 500MG	3	LD
<i>azacitidine injection 100mg</i>	1	ACS
<i>cladribine injection 10mg/10ml</i>	1	B/D
<i>clofarabine injection 1mg/ml</i>	1	
<i>cytarabine aqueous injection 20mg/ml</i>	1	B/D
<i>cytarabine injection 100mg/ml</i>	1	B/D
<i>decitabine injection 50mg</i>	1	ACS
FAVLYXA INJECTION 250MG/10ML	3	B/D; LD
FAVLYXA INJECTION 2.5GM/100ML	3	LD
<i>fludarabine phosphate injection 50mg/2ml, 50mg</i>	1	
<i>fluorouracil injection 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	1	B/D
FOLOTYN INJECTION 20MG/ML, 40MG/2ML	3	ACS
<i>gemcitabine hcl injection 1gm, 200mg, 2gm</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>gemcitabine hydrochloride injection 1gm/26.3ml, 200mg/5.26ml, 2gm/52.6ml</i>	1	
INQOVI TABLET 100MG; 35MG	3	QL (5 EA per 28 days) PA; ACS LD
LONSURF TABLET 6.14MG; 15MG, 8.19MG; 20MG	3	PA; ACS LD
<i>mercaptopurine suspension 2000mg/100ml</i>	1	ACS
<i>mercaptopurine tablet 50mg</i>	1	MO
<i>methotrexate sodium injection 1gm/40ml, 1gm</i>	1	
<i>methotrexate sodium injection 250mg/10ml, 50mg/2ml</i>	1	MO
<i>methotrexate injection 50mg/2ml</i>	1	MO
<i>nelarabine injection 5mg/ml</i>	1	
ONUREG TABLET 200MG, 300MG	3	QL (14 EA per 28 days) PA; ACS LD
PEMETREXED INJECTION 100MG/4ML, 1GM/40ML, 500MG/20ML	3	
<i>pemetrexed injection 1000mg, 100mg, 500mg, 750mg</i>	1	
PEMRYDI RTU INJECTION 100MG/10ML, 500MG/50ML	3	
<i>pralatrexate injection 20mg/ml, 40mg/2ml</i>	1	ACS
PURIXAN SUSPENSION 2000MG/100ML	3	ACS LD
TABLOID TABLET 40MG	3	MO
VIDAZA INJECTION 100MG	3	ACS LD
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate tablet 250mg, 500mg</i>	1	PA; ACS
<i>abirtega tablet 250mg</i>	1	PA; ACS
AKEEGA TABLET 500MG; 100MG, 500MG; 50MG	3	QL (60 EA per 30 days) PA; LD
<i>anastrozole tablet 1mg</i>	1	MO
ARIMIDEX TABLET 1MG	3	MO
AROMASIN TABLET 25MG	3	MO
<i>bicalutamide tablet 50mg</i>	1	MO
CAMCEVI INJECTION 42MG	3	PA; LD
CASODEX TABLET 50MG	3	MO
CLIGAVYX INJECTION 250MG/5ML	3	LD
ELIGARD INJECTION 22.5MG, 30MG, 45MG, 7.5MG	3	PA; ACS
ERLEADA TABLET 240MG, 60MG	2	PA; ACS LD
EULEXIN CAPSULE 125MG	3	
<i>exemestane tablet 25mg</i>	1	MO
FARESTON TABLET 60MG	3	PA MO
FASLODEX INJECTION 250MG/5ML	3	
FEMARA TABLET 2.5MG	3	MO
FIRMAGON INJECTION 120MG/VIAL	2	PA; ACS
FIRMAGON INJECTION 80MG	3	PA; ACS
<i>fulvestrant injection 250mg/5ml</i>	1	
INLURIYO TABLET 200MG	3	QL (56 EA per 28 days) PA; LD
<i>letrozole tablet 2.5mg</i>	1	MO
<i>leuprolide acetate injection 1mg/0.2ml</i>	1	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
LIFYORLI CAPSULE THERAPY PACK 125MG 1 DOSE SUPPLY, 125MG 3 DOSE SUPPLY, 125MG 9 DOSE SUPPLY	3	QL (18 EA per 28 days) PA; LD
LIFYORLI CAPSULE THERAPY PACK 150MG 1 DOSE SUPPLY, 150MG 3 DOSE SUPPLY, 150MG 9 DOSE SUPPLY	3	QL (27 EA per 28 days) PA; LD
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG, 7.5MG	3	PA; ACS
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG, 22.5MG	3	PA; ACS
LUPRON DEPOT (4-MONTH) INJECTION 30MG	3	PA; ACS
LUPRON DEPOT (6-MONTH) INJECTION 45MG	3	PA; ACS
LUTRATE DEPOT INJECTION 22.5MG	3	PA; LD
LYSODREN TABLET 500MG	3	LD
<i>megestrol acetate tablet 20mg, 40mg</i>	1	MO
<i>nilutamide tablet 150mg</i>	1	MO
NUBEQA TABLET 300MG	2	PA; ACS LD
ORGOVYX TABLET 120MG	2	PA; LD
ORSERDU TABLET 345MG	3	QL (30 EA per 30 days) PA; LD
ORSERDU TABLET 86MG	3	QL (90 EA per 30 days) PA; LD
SOLTAMOX SOLUTION 10MG/5ML	3	MO
<i>tamoxifen citrate tablet 10mg, 20mg</i>	1	MO
<i>toremifene citrate tablet 60mg</i>	1	PA MO
TRELSTAR MIXJECT INJECTION 11.25MG, 22.5MG, 3.75MG	3	PA; ACS
VABRINTY INJECTION 30MG	3	QL (1 EA per 120 days) PA; LD
VABRINTY INJECTION 45MG	3	QL (1 EA per 180 days) PA; LD
VABRINTY INJECTION 7.5MG	3	QL (1 EA per 30 days) PA; LD
VABRINTY INJECTION 22.5MG	3	QL (1 EA per 90 days) PA; LD
VEPPANU TABLET 200MG	3	QL (30 EA per 30 days) PA; LD
VEPPANU TABLET 100MG	3	QL (90 EA per 30 days) PA; LD
XTANDI CAPSULE 40MG	3	PA; ACS LD
XTANDI TABLET 40MG, 80MG	3	PA; ACS LD
YONSA TABLET 125MG	3	QL (120 EA per 30 days) PA; ACS LD
ZOLADEX INJECTION 10.8MG, 3.6MG	3	ACS
ZYTIGA TABLET 500MG	2	PA; ACS LD
ZYTIGA TABLET 250MG	3	PA; ACS LD
IMMUNOMODULATORS		
<i>lenalidomide capsule 20mg, 25mg</i>	1	QL (21 EA per 28 days) PA; ACS LD
<i>lenalidomide capsule 10mg, 15mg, 2.5mg, 5mg</i>	1	QL (28 EA per 28 days) PA; ACS LD

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Drug Name	Drug Tier	Requirements/Limits
<i>pomalidomide capsule 1mg, 2mg, 3mg, 4mg</i>	1	QL (21 EA per 28 days) PA; ACS LD
POMALYST CAPSULE 1MG, 2MG, 3MG, 4MG	3	QL (21 EA per 28 days) PA; ACS LD
REVLIMID CAPSULE 20MG, 25MG	3	QL (21 EA per 28 days) PA; ACS LD
REVLIMID CAPSULE 10MG, 15MG, 2.5MG, 5MG	3	QL (28 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 100MG	3	QL (112 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 50MG	3	QL (224 EA per 28 days) PA; ACS LD
MISCELLANEOUS		
<i>arsenic trioxide injection 10mg/10ml, 12mg/6ml</i>	1	
ASPARLAS INJECTION 3750UNIT/5ML	3	PA; LD
BESREMI INJECTION 500MCG/ML	3	QL (2 ML per 28 days) PA; LD
<i>bexarotene capsule 75mg</i>	1	PA; ACS
<i>bleomycin sulfate injection 15unit, 30unit</i>	1	B/D
CAMPTOSAR INJECTION 100MG/5ML, 300MG/15ML, 40MG/2ML	3	
<i>dacarbazine injection 100mg, 200mg</i>	1	
<i>dactinomycin injection 0.5mg</i>	1	
DAUNORUBICIN HYDROCHLORIDE INJECTION 50MG/10ML	3	
<i>daunorubicin hydrochloride injection 20mg/4ml</i>	1	
<i>dexrazoxane injection 250mg, 500mg</i>	1	
DOXIL INJECTION 2MG/ML	3	
<i>doxorubicin hcl injection 50mg</i>	1	B/D
<i>doxorubicin hydrochloride liposomal injection 20mg/10ml, 2mg/ml, 50mg/25ml</i>	1	
<i>doxorubicin hydrochloride injection 10mg, 2mg/ml</i>	1	B/D
ELITEK INJECTION 1.5MG, 7.5MG	3	
ELLECE INJECTION 200MG/100ML, 50MG/25ML	3	
ETHYOL INJECTION 500MG	3	
HYCANTIN INJECTION 4MG	3	
HYDREA CAPSULE 500MG	3	MO
<i>hydroxyurea capsule 500mg</i>	1	MO
IDAMYCIN PFS INJECTION 10MG/10ML, 20MG/20ML, 5MG/5ML	3	
<i>idarubicin hcl injection 10mg/10ml, 20mg/20ml, 5mg/5ml</i>	1	
IMLYGIC SUSPENSION	3	PA; LD
<i>irinotecan hydrochloride injection 100mg/5ml, 300mg/15ml, 40mg/2ml</i>	1	
<i>irinotecan injection 500mg/25ml</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
IWILFIN TABLET 192MG	3	QL (240 EA per 30 days) PA; LD
KEPIVANCE INJECTION 5.16MG	3	
KHAPZORY INJECTION 175MG	3	B/D; ACS LD
<i>leucovorin calcium injection 100mg/10ml, 100mg, 200mg, 350mg, 500mg/50ml, 500mg, 50mg</i>	1	
<i>leucovorin calcium tablet 10mg, 15mg, 25mg, 5mg</i>	1	MO
<i>levoleucovorin calcium injection 175mg/17.5ml, 250mg/25ml</i>	1	ACS
<i>levoleucovorin injection 50mg</i>	1	ACS
MATULANE CAPSULE 50MG	3	LD
<i>mesna injection 100mg/ml</i>	1	
<i>mesna tablet 400mg</i>	1	MO
MESNEX INJECTION 100MG/ML	3	
MESNEX TABLET 400MG	3	MO
<i>mitomycin injection 20mg, 40mg, 5mg</i>	1	
<i>mitoxantrone hydrochloride injection 20mg/10ml, 25mg/12.5ml, 30mg/15ml</i>	1	ACS
MODEYSO CAPSULE 125MG	3	QL (20 EA per 28 days) PA; LD
<i>mutamycin injection 40mg, 5mg</i>	1	
NIPENT INJECTION 10MG	3	
ONCASPAR INJECTION 750UNIT/ML	3	PA; LD
ONIVYDE INJECTION 43MG/10ML	3	PA; ACS LD
RYLAZE INJECTION 10MG/0.5ML	3	PA; ACS LD
SYLVANT INJECTION 100MG, 400MG	3	PA; ACS LD
TARGRETIN CAPSULE 75MG	3	PA; ACS
TICE BCG INJECTION 50MG	3	
TOPOTECAN HCL INJECTION 4MG/4ML	3	
<i>topotecan hcl injection 4mg</i>	1	
<i>tretinoin capsule 10mg</i>	1	MO
TRISENOX INJECTION 12MG/6ML	3	
<i>valrubicin injection 40mg/ml</i>	1	ACS
VALSTAR INJECTION 40MG/ML	3	ACS LD
VYKOURA INJECTION 350MG/35ML, 500MG/50ML, 50MG/5ML	3	LD
VYXEOS INJECTION 100MG; 44MG	3	PA; ACS LD
WELIREG TABLET 40MG	3	QL (90 EA per 30 days) PA; LD
MITOTIC INHIBITORS		
ABRAXANE INJECTION 900MG; 100MG	3	ACS LD
AVOPEF INJECTION 100MG/5ML, 500MG/25ML	3	LD
BEIZRAY INJECTION 20MG/ML, 25%; 80MG/4ML	3	LD
<i>docetaxel injection 160mg/16ml, 160mg/8ml, 20mg/2ml, 20mg/ml, 80mg/4ml, 80mg/8ml</i>	1	
DOCIVYX INJECTION 160MG/16ML, 20MG/2ML, 80MG/8ML	3	LD
<i>eribulin mesylate injection 1mg/2ml</i>	1	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
ETOPOPHOS INJECTION 100MG	3	
<i>etoposide injection 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	1	
HALAVEN INJECTION 1MG/2ML	3	PA; ACS
IXEMPRA KIT INJECTION 15MG, 45MG	3	PA; ACS
JEVTANA INJECTION 60MG/1.5ML	3	PA; ACS LD
<i>paclitaxel protein-bound particles injection 900mg; 100mg</i>	1	ACS
<i>paclitaxel injection 100mg/16.7ml, 150mg/25ml, 300mg/50ml, 1</i>	1	
<i>30mg/5ml</i>		
<i>vinblastine sulfate injection 1mg/ml</i>	1	B/D
<i>vincristine sulfate injection 1mg/ml</i>	1	B/D
<i>vinorelbine tartrate injection 10mg/ml, 50mg/5ml</i>	1	
MOLECULAR TARGET AGENTS		
AFINITOR DISPERZ TABLET SOLUBLE 2MG	3	QL (150 EA per 30 days) PA; ACS
AFINITOR DISPERZ TABLET SOLUBLE 5MG	3	QL (60 EA per 30 days) PA; ACS
AFINITOR DISPERZ TABLET SOLUBLE 3MG	3	QL (90 EA per 30 days) PA; ACS
AFINITOR TABLET 10MG, 2.5MG, 5MG, 7.5MG	3	QL (30 EA per 30 days) PA; ACS
ALECENSA CAPSULE 150MG	2	QL (240 EA per 30 days) PA; ACS LD
ALUNBRIG TABLET THERAPY PACK 90MG; 180MG	2	PA; LD
ALUNBRIG TABLET 30MG	2	QL (120 EA per 30 days) PA; LD
ALUNBRIG TABLET 180MG, 90MG	2	QL (30 EA per 30 days) PA; LD
ALYMSYS INJECTION 100MG/4ML, 400MG/16ML	3	PA; ACS
ARZERRA INJECTION 100MG/5ML	3	PA; LD
AUGTYRO CAPSULE 40MG	2	QL (240 EA per 30 days) PA; LD
AUGTYRO CAPSULE 160MG	2	QL (60 EA per 30 days) PA; LD
AVASTIN INJECTION 100MG/4ML, 400MG/16ML	3	PA; ACS LD
AVMAPKI FAKZYNJA CO-PACK THERAPY PACK 0.8MG; 200MG	3	QL (66 EA per 28 days) PA; LD
AYVAKIT TABLET 100MG, 200MG, 25MG, 300MG, 50MG	3	QL (30 EA per 30 days) PA; LD
BALVERSA TABLET 5MG	3	QL (28 EA per 28 days) PA; ACS LD
BALVERSA TABLET 4MG	3	QL (56 EA per 28 days) PA; ACS LD
BALVERSA TABLET 3MG	3	QL (84 EA per 28 days) PA; ACS LD
BAVENCIO INJECTION 200MG/10ML	3	PA; ACS LD
BELEODAQ INJECTION 500MG	3	PA; ACS LD
BESPONSA INJECTION 0.9MG	3	PA; ACS LD
BLENREP INJECTION 70MG	3	PA; LD
BLINCYTO INJECTION 35MCG	3	PA; ACS LD
BORTEZOMIB INJECTION 1MG, 2.5MG	3	PA; ACS
<i>bortezomib injection 3.5mg</i>	1	PA; ACS
BORUZU INJECTION 3.5MG/1.4ML	3	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
BOSULIF CAPSULE 100MG	3	QL (150 EA per 25 days) PA; ACS LD
BOSULIF CAPSULE 50MG	3	QL (360 EA per 30 days) PA; ACS LD
BOSULIF TABLET 100MG	3	QL (180 EA per 30 days) PA; ACS LD
BOSULIF TABLET 400MG, 500MG	3	QL (30 EA per 30 days) PA; ACS LD
<i>bosutinib tablet 100mg</i>	1	QL (180 EA per 30 days) PA; ACS
<i>bosutinib tablet 400mg, 500mg</i>	1	QL (30 EA per 30 days) PA; ACS
BRAFTOVI CAPSULE 75MG	3	QL (180 EA per 30 days) PA; ACS LD
BRUKINSA CAPSULE 80MG	3	QL (120 EA per 30 days) PA; LD
BRUKINSA TABLET 160MG	3	QL (60 EA per 30 days) PA; LD
CABOMETYX TABLET 20MG, 40MG, 60MG	2	QL (30 EA per 30 days) PA; ACS LD
CALQUENCE TABLET 100MG	3	QL (60 EA per 30 days) PA; LD
CAPRELSA TABLET 300MG	3	QL (30 EA per 30 days) PA; LD
CAPRELSA TABLET 100MG	3	QL (60 EA per 30 days) PA; LD
COLUMVI INJECTION 10MG/10ML, 2.5MG/2.5ML	3	PA; ACS LD
COMETRIQ KIT 140MG DAILY	3	QL (112 EA per 28 days) PA; ACS LD
COMETRIQ KIT 100MG DAILY	3	QL (56 EA per 28 days) PA; ACS LD
COMETRIQ KIT 60MG DAILY	3	QL (84 EA per 28 days) PA; ACS LD
COPIKTRA CAPSULE 15MG, 25MG	3	QL (56 EA per 28 days) PA; ACS LD
COTELLIC TABLET 20MG	3	QL (63 EA per 28 days) PA; ACS LD
CYRAMZA INJECTION 100MG/10ML, 500MG/50ML	3	PA; ACS LD
DANZITEN TABLET 71MG, 95MG	2	QL (112 EA per 28 days) PA; LD
DARZALEX FASPRO INJECTION 1800MG/15ML; 30000UNIT/15ML	3	PA; ACS LD
DARZALEX INJECTION 100MG/5ML, 400MG/20ML	3	PA; ACS LD
<i>dasatinib tablet 100mg, 140mg, 50mg, 70mg, 80mg</i>	1	QL (30 EA per 30 days) PA; ACS
<i>dasatinib tablet 20mg</i>	1	QL (90 EA per 30 days) PA; ACS
DATROWAY INJECTION 100MG	3	PA; ACS LD
DAURISMO TABLET 100MG	3	QL (30 EA per 30 days) PA; ACS LD
DAURISMO TABLET 25MG	3	QL (60 EA per 30 days) PA; ACS LD
DECNUPAZ INJECTION 2MG	3	PA; LD
ELAHERE INJECTION 100MG/20ML	3	PA; LD

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
ELREXFIO INJECTION 44MG/1.1ML, 76MG/1.9ML	3	PA; LD
EMPLICITI INJECTION 300MG, 400MG	3	PA; ACS LD
EMRELIS INJECTION 100MG, 20MG	3	PA; LD
ENHERTU INJECTION 100MG	3	PA; ACS LD
ENSACOVE CAPSULE 25MG	3	QL (270 EA per 30 days) PA; LD
ENSACOVE CAPSULE 100MG	3	QL (60 EA per 30 days) PA; LD
EPKINLY INJECTION 48MG/0.8ML, 4MG/0.8ML	3	PA; LD
ERBITUX INJECTION 100MG/50ML, 200MG/100ML	3	PA; ACS
ERIVEDGE CAPSULE 150MG	3	PA; ACS LD
<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
<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
FOTIVDA CAPSULE 0.89MG, 1.34MG	3	QL (21 EA per 28 days) PA; LD
FRUZAQLA CAPSULE 5MG	3	QL (21 EA per 28 days) PA; LD
FRUZAQLA CAPSULE 1MG	3	QL (84 EA per 28 days) PA; LD
FYARRO INJECTION 100MG	3	PA; LD
GAVRETO CAPSULE 100MG	3	QL (120 EA per 30 days) PA; LD
GAZYVA INJECTION 1000MG/40ML	3	PA; ACS LD
<i>gefitinib tablet 250mg</i>	1	QL (60 EA per 30 days) PA; ACS
GILOTRIF TABLET 20MG, 30MG, 40MG	3	QL (30 EA per 30 days) PA; LD
GLEEVEC TABLET 400MG	3	QL (60 EA per 30 days) PA; ACS
GLEEVEC TABLET 100MG	3	QL (90 EA per 30 days) PA; ACS
GOMEKLI CAPSULE 1MG	3	QL (168 EA per 28 days) PA; LD
GOMEKLI CAPSULE 2MG	3	QL (84 EA per 28 days) PA; LD
GOMEKLI TABLET SOLUBLE 1MG	3	QL (168 EA per 28 days) PA; LD
HERCEPTIN HYLECTA INJECTION 10000UNIT/5ML; 600MG/5ML	3	PA; ACS LD
HERCEPTIN INJECTION 150MG	3	PA; ACS LD
HERCESSI INJECTION 150MG, 420MG	3	PA; ACS LD
HERNEXEOS TABLET 60MG	3	QL (120 EA per 30 days) PA; LD
HERZUMA INJECTION 150MG, 420MG	3	PA; ACS
HYRNUO TABLET 10MG	3	QL (120 EA per 30 days) PA; LD
IBRANCE CAPSULE 100MG, 125MG, 75MG	3	QL (21 EA per 28 days) PA; ACS LD
IBRANCE TABLET 100MG, 125MG, 75MG	3	QL (21 EA per 28 days) PA; ACS LD
IBTROZI CAPSULE 200MG	3	QL (90 EA per 30 days) PA; LD
ICLUSIG TABLET 10MG, 30MG	3	PA; LD
ICLUSIG TABLET 15MG, 45MG	3	QL (30 EA per 30 days) PA; LD
IDHIFA TABLET 100MG, 50MG	3	QL (30 EA per 30 days) PA; ACS LD

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>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 CAPSULE 70MG	3	QL (30 EA per 30 days) PA; LD
IMBRUVICA CAPSULE 140MG	3	QL (90 EA per 30 days) PA; LD
IMBRUVICA SUSPENSION 70MG/ML	3	QL (216 ML per 30 days) PA; LD
IMBRUVICA TABLET 140MG, 280MG, 420MG	3	QL (30 EA per 30 days) PA; LD
IMDELLTRA INJECTION 10MG, 1MG	3	PA; ACS LD
IMFINZI INJECTION 120MG/2.4ML, 500MG/10ML	3	PA; ACS LD
IMJUDO INJECTION 25MG/1.25ML, 300MG/15ML	3	PA; ACS LD
IMKELDI SOLUTION 80MG/ML	3	QL (280 ML per 28 days) PA; LD
INLYTA TABLET 5MG	3	QL (120 EA per 30 days) PA; ACS LD
INLYTA TABLET 1MG	3	QL (180 EA per 30 days) PA; ACS LD
INREBIC CAPSULE 100MG	3	QL (120 EA per 30 days) PA; ACS LD
IRESSA TABLET 250MG	3	QL (60 EA per 30 days) PA; ACS LD
ISTODAX INJECTION 10MG	3	ACS LD
ITOVEBI TABLET 9MG	3	QL (28 EA per 28 days) PA; ACS LD
ITOVEBI TABLET 3MG	3	QL (56 EA per 28 days) PA; ACS LD
JAKAFI XR TABLET EXTENDED RELEASE 24 HOUR 11MG, 22MG, 33MG, 44MG, 55MG	3	QL (30 EA per 30 days) PA; ACS LD
JAKAFI TABLET 10MG, 15MG, 20MG, 25MG, 5MG	3	QL (60 EA per 30 days) PA; ACS LD
JAYPIRCA TABLET 50MG	3	QL (30 EA per 30 days) PA; LD
JAYPIRCA TABLET 100MG	3	QL (60 EA per 30 days) PA; LD
JEMPERLI INJECTION 500MG/10ML	3	PA; ACS LD
JOBEVNE INJECTION 100MG/4ML, 400MG/16ML	3	PA; ACS LD
KADCYLA INJECTION 100MG, 160MG	3	ACS LD
KANJINTI INJECTION 150MG, 420MG	3	PA; ACS LD
KEYTRUDA QLEX INJECTION 4800UNIT/2.4ML; 395MG/2.4ML, 9600UNIT/4.8ML; 790MG/4.8ML	3	PA; ACS LD
KEYTRUDA INJECTION 100MG/4ML	3	PA; ACS LD
KIMMTRAK INJECTION 100MCG/0.5ML	3	PA; LD
KISQALI TABLET THERAPY PACK 200MG	2	PA; ACS LD
KOMZIFTI CAPSULE 200MG	3	QL (90 EA per 30 days) PA; LD
KOSELUGO CAPSULE SPRINKLE 5MG, 7.5MG	3	PA; LD
KOSELUGO CAPSULE 10MG, 25MG	3	PA; LD
KRAZATI TABLET 200MG	3	QL (180 EA per 30 days) PA; LD
KYPROLIS INJECTION 10MG, 30MG, 60MG	3	PA; ACS LD
<i>lapatinib ditosylate tablet 250mg</i>	1	QL (180 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
LAZCLUZE TABLET 240MG	3	QL (30 EA per 30 days) PA; LD
LAZCLUZE TABLET 80MG	3	QL (60 EA per 30 days) PA; LD
LENVIMA 10 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	2	PA; ACS LD
LENVIMA 12MG DAILY DOSE CAPSULE THERAPY PACK 4MG	2	PA; ACS LD
LENVIMA 14 MG DAILY DOSE CAPSULE THERAPY PACK	2	PA; ACS LD
LENVIMA 18 MG DAILY DOSE CAPSULE THERAPY PACK	2	PA; ACS LD
LENVIMA 20 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	2	PA; ACS LD
LENVIMA 24 MG DAILY DOSE CAPSULE THERAPY PACK	2	PA; ACS LD
LENVIMA 4 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	2	PA; ACS LD
LENVIMA 8 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	2	PA; ACS LD
LIBTAYO INJECTION 350MG/7ML	3	PA; LD
LOQTORZI INJECTION 240MG/6ML	3	PA; ACS LD
LORBRENA TABLET 100MG	3	QL (30 EA per 30 days) PA; ACS LD
LORBRENA TABLET 25MG	3	QL (90 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 240MG	2	QL (120 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 120MG	2	QL (240 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 320MG	2	QL (90 EA per 30 days) PA; ACS LD
LUNSUMIO VELO INJECTION 45MG/ML, 5MG/0.5ML	3	PA; ACS LD
LUNSUMIO INJECTION 1MG/ML, 30MG/30ML	3	PA; ACS LD
LYNOZYFIC INJECTION 200MG/10ML, 5MG/2.5ML	3	PA; LD
LYNPARZA TABLET 100MG, 150MG	3	QL (120 EA per 30 days) PA; ACS LD
LYTGOBI TABLET THERAPY PACK 16MG	3	QL (112 EA per 28 days) PA; LD
LYTGOBI TABLET THERAPY PACK 20MG	3	QL (140 EA per 28 days) PA; LD
LYTGOBI TABLET THERAPY PACK 12MG	3	QL (84 EA per 28 days) PA; LD
MARGENZA INJECTION 250MG/10ML	3	PA; ACS LD
MEKINIST SOLUTION RECONSTITUTED 0.05MG/ML	3	QL (1260 ML per 30 days) PA; ACS LD
MEKINIST TABLET 2MG	3	QL (30 EA per 30 days) PA; ACS LD

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
MEKINIST TABLET 0.5MG	3	QL (90 EA per 30 days) PA; ACS LD
MEKTOVI TABLET 15MG	3	QL (180 EA per 30 days) PA; ACS LD
MONJUVI INJECTION 200MG	3	PA; LD
MVASI INJECTION 100MG/4ML, 400MG/16ML	3	PA; ACS LD
MYLOTARG INJECTION 4.5MG	3	PA; ACS LD
NERLYNX TABLET 40MG	3	QL (180 EA per 30 days) PA; ACS LD
NEXAVAR TABLET 200MG	3	QL (120 EA per 30 days) PA; ACS LD
NILOTINIB D-TARTRATE CAPSULE 150MG, 200MG	3	QL (112 EA per 28 days) PA; LD
NILOTINIB D-TARTRATE CAPSULE 50MG	3	QL (120 EA per 30 days) PA; LD
<i>nilotinib hydrochloride capsule 150mg, 200mg</i>	1	QL (112 EA per 28 days) PA; ACS
<i>nilotinib hydrochloride capsule 50mg</i>	1	QL (120 EA per 30 days) PA; ACS
NINLARO CAPSULE 2.3MG, 3MG, 4MG	3	PA; ACS LD
ODOMZO CAPSULE 200MG	3	PA; ACS LD
OGIVRI INJECTION 150MG, 420MG	3	PA; ACS LD
OGSIVEO TABLET 100MG, 150MG	3	QL (56 EA per 28 days) PA; LD
OJEMDA SUSPENSION RECONSTITUTED 25MG/ML	3	QL (96 ML per 28 days) PA; LD
OJEMDA TABLET 100MG	3	QL (24 EA per 28 days) PA; LD
OJJAARA TABLET 100MG, 150MG, 200MG	3	QL (30 EA per 30 days) PA; LD
ONTRUZANT INJECTION 150MG, 420MG	3	PA; ACS LD
OPDIVO QVANTIG INJECTION 10000UNIT/5ML; 600MG/5ML, 5000UNIT/2.5ML; 300MG/2.5ML	3	PA; ACS LD
OPDIVO INJECTION 100MG/10ML, 120MG/12ML, 240MG/24ML, 40MG/4ML	3	PA; ACS LD
OPDUALAG INJECTION 240MG/20ML; 80MG/20ML	3	PA; ACS LD
PADCEV INJECTION 20MG, 30MG	3	PA; ACS LD
<i>pazopanib hydrochloride tablet 200mg</i>	1	QL (120 EA per 30 days) PA; ACS
<i>pazopanib hydrochloride tablet 400mg</i>	1	QL (60 EA per 30 days) PA; ACS
PEMAZYRE TABLET 13.5MG, 4.5MG, 9MG	3	QL (28 EA per 28 days) PA; LD
PERJETA INJECTION 420MG/14ML	3	PA; ACS LD
PHESGO INJECTION 2000UNIT/ML; 60MG/ML; 60MG/ML, 2000UNIT/ML; 80MG/ML; 40MG/ML	3	PA; ACS LD
PHYRAGO TABLET 100MG, 140MG, 50MG, 70MG, 80MG	3	QL (30 EA per 30 days) PA; LD
PHYRAGO TABLET 20MG	3	QL (90 EA per 30 days) PA; LD
PIQRAY 200MG DAILY DOSE TABLET THERAPY PACK 200MG	3	QL (28 EA per 28 days) PA; LD
PIQRAY 250MG DAILY DOSE TABLET THERAPY PACK	3	QL (56 EA per 28 days) PA; LD
PIQRAY 300MG DAILY DOSE TABLET THERAPY PACK 150MG	3	QL (56 EA per 28 days) PA; LD

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
POLIVY INJECTION 140MG, 30MG	3	PA; ACS LD
POTELIGEO INJECTION 20MG/5ML	3	PA; ACS LD
QINLOCK TABLET 50MG	3	QL (90 EA per 30 days) PA; LD
RETEVMO TABLET 120MG, 160MG, 80MG	3	QL (60 EA per 30 days) PA; ACS LD
RETEVMO TABLET 40MG	3	QL (90 EA per 30 days) PA; ACS LD
REVUFORJ TABLET 110MG	3	QL (120 EA per 30 days) PA; LD
REVUFORJ TABLET 25MG	3	QL (240 EA per 30 days) PA; LD
REVUFORJ TABLET 160MG	3	QL (60 EA per 30 days) PA; LD
REZLIDHIA CAPSULE 150MG	3	QL (60 EA per 30 days) PA; LD
RIABNI INJECTION 100MG/10ML, 500MG/50ML	3	PA; ACS LD
RITUXAN HYCELA INJECTION 23400UNT/11.7ML; 1400MG/11.7ML, 26800UNT/13.4ML; 1600MG/13.4ML	3	PA; ACS LD
RITUXAN INJECTION 100MG/10ML, 500MG/50ML	3	PA; ACS LD
ROMIDEPSIN INJECTION 27.5MG/5.5ML	3	ACS
<i>romidepsin injection 10mg</i>	1	ACS
ROMVIMZA CAPSULE 14MG, 20MG, 30MG	3	QL (8 EA per 28 days) PA; LD
ROZLYTREK CAPSULE 100MG	3	QL (180 EA per 30 days) PA; ACS LD
ROZLYTREK CAPSULE 200MG	3	QL (90 EA per 30 days) PA; ACS LD
ROZLYTREK PACKET 50MG	3	QL (336 EA per 28 days) PA; ACS LD
RUBRACA TABLET 200MG, 250MG, 300MG	3	PA; ACS LD
RUXIENCE INJECTION 100MG/10ML, 500MG/50ML	2	PA; ACS
RYBREVANT FASPRO INJECTION 1600MG/10ML; 20000UNIT/10ML, 2240MG/14ML; 28000UNIT/14ML, 2400MG/15ML; 30000UNIT/15ML, 3520MG/22ML; 44000UNIT/22ML	3	PA; ACS LD
RYBREVANT INJECTION 350MG/7ML	3	PA; ACS LD
RYDAPT CAPSULE 25MG	3	QL (224 EA per 28 days) PA; ACS
SARCLISA INJECTION 100MG/5ML, 500MG/25ML	3	PA; ACS LD
SCEMBLIX TABLET 100MG	2	QL (120 EA per 30 days) PA; LD
SCEMBLIX TABLET 40MG	2	QL (300 EA per 30 days) PA; LD
SCEMBLIX TABLET 20MG	2	QL (60 EA per 30 days) PA; LD
<i>sorafenib tosylate tablet 200mg</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 TABLET 40MG	2	QL (84 EA per 28 days) PA; ACS LD
<i>sunitinib malate capsule 12.5mg, 25mg, 37.5mg, 50mg</i>	1	QL (30 EA per 30 days) PA; ACS
SUTENT CAPSULE 12.5MG, 25MG, 37.5MG, 50MG	3	QL (30 EA per 30 days) PA; ACS LD

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
TABRECTA TABLET 150MG, 200MG	3	QL (112 EA per 28 days) PA; ACS
TAFINLAR CAPSULE 50MG, 75MG	3	QL (120 EA per 30 days) PA; ACS LD
TAFINLAR TABLET SOLUBLE 10MG	3	QL (840 EA per 28 days) PA; ACS LD
TAGRISSO TABLET 40MG, 80MG	3	QL (30 EA per 30 days) PA; ACS LD
TALVEY INJECTION 3MG/1.5ML, 40MG/ML	3	PA; LD
TALZENNA CAPSULE 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG	3	QL (30 EA per 30 days) PA; ACS LD
TALZENNA CAPSULE 0.25MG	3	QL (90 EA per 30 days) PA; ACS LD
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
TECENTRIQ HYBREZA INJECTION 1875MG/15ML; 30000UNIT/15ML	3	QL (15 ML per 21 days) PA; ACS LD
TECENTRIQ INJECTION 1200MG/20ML, 840MG/14ML	3	PA; ACS LD
TECVAYLI INJECTION 153MG/1.7ML, 30MG/3ML	3	PA; LD
<i>temsirolimus injection 25mg/ml</i>	1	ACS
TEPMETKO TABLET 225MG	3	QL (60 EA per 30 days) PA; LD
TEVIMBRA INJECTION 100MG/10ML, 150MG/15ML	3	PA; LD
TIBSOVO TABLET 250MG	3	PA; LD
TIVDAK INJECTION 40MG	3	PA; ACS LD
TORISEL INJECTION 25MG/ML	3	ACS
<i>torpenz tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	1	QL (30 EA per 30 days) PA; LD
TRAZIMERA INJECTION 150MG, 420MG	3	PA; ACS
TRODELVY INJECTION 180MG	3	PA; LD
TRUQAP TABLET THERAPY PACK 160MG, 200MG	3	QL (64 EA per 28 days) PA; LD
TRUQAP TABLET 200MG	3	QL (64 EA per 28 days) PA; LD
TRUXIMA INJECTION 100MG/10ML, 500MG/50ML	2	PA; ACS
TUKYSA TABLET 150MG	3	QL (120 EA per 30 days) PA; LD
TUKYSA TABLET 50MG	3	QL (240 EA per 30 days) PA; LD
TURALIO CAPSULE 125MG	3	QL (120 EA per 30 days) PA; LD
TYKERB TABLET 250MG	3	QL (180 EA per 30 days) PA; ACS
VANFLYTA TABLET 17.7MG, 26.5MG	2	QL (56 EA per 28 days) PA; LD
VECTIBIX INJECTION 100MG/5ML, 400MG/20ML	3	PA; ACS LD
VEGZELMA INJECTION 100MG/4ML, 400MG/16ML	3	PA; ACS
VELCADE INJECTION 3.5MG	3	PA; ACS
VENCLEXTA STARTING PACK TABLET THERAPY PACK 10MG; 100MG; 50MG	3	QL (42 EA per 28 days) PA; LD
VENCLEXTA TABLET 10MG	2	QL (120 EA per 30 days) PA; LD
VENCLEXTA TABLET 50MG	3	QL (120 EA per 30 days) PA; LD
VENCLEXTA TABLET 100MG	3	QL (180 EA per 30 days) PA; LD
VERZENIO TABLET 100MG, 150MG, 200MG, 50MG	2	PA; ACS LD

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
VITRAKVI CAPSULE 25MG	2	QL (180 EA per 30 days) PA; ACS LD
VITRAKVI CAPSULE 100MG	2	QL (60 EA per 30 days) PA; ACS LD
VITRAKVI SOLUTION 20MG/ML	2	QL (300 ML per 30 days) PA; ACS LD
VIZIMPRO TABLET 15MG, 30MG, 45MG	3	QL (30 EA per 30 days) PA; ACS LD
VONJO CAPSULE 100MG	3	QL (120 EA per 30 days) PA; LD
VORANIGO TABLET 40MG	3	QL (30 EA per 30 days) PA; LD
VORANIGO TABLET 10MG	3	QL (60 EA per 30 days) PA; LD
VOTRIENT TABLET 200MG	3	QL (120 EA per 30 days) PA; ACS LD
VYLOY INJECTION 100MG, 300MG	3	PA; LD
XALKORI CAPSULE SPRINKLE 50MG	3	QL (120 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 150MG	3	QL (180 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 20MG	3	QL (240 EA per 30 days) PA; ACS LD
XALKORI CAPSULE 200MG, 250MG	3	QL (120 EA per 30 days) PA; ACS LD
XOSPATA TABLET 40MG	3	PA; ACS LD
XPOVIO 60 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	3	QL (24 EA per 28 days) PA; LD
XPOVIO 80 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	3	QL (32 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK 40MG ONCE WEEKLY (16 TABLET PACK)	3	QL (16 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK 60MG, 80MG	3	QL (4 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK 100MG ONCE WEEKLY, 80MG ONCE WEEKLY, 40MG TWICE WEEKLY	3	QL (8 EA per 28 days) PA; LD
YERVOY INJECTION 200MG/40ML, 50MG/10ML	3	PA; ACS LD
<i>yulithira tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	1	QL (30 EA per 30 days) PA; ACS
ZALTRAP INJECTION 100MG/4ML, 200MG/8ML	3	PA; ACS LD
ZEJULA TABLET 100MG, 200MG, 300MG	2	QL (30 EA per 30 days) PA; ACS LD
ZELBORAF TABLET 240MG	3	QL (240 EA per 30 days) PA; ACS LD
ZIIHERA INJECTION 300MG	3	PA; ACS LD
ZIRABEV INJECTION 100MG/4ML, 400MG/16ML	3	PA; ACS LD
ZOLINZA CAPSULE 100MG	3	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
ZYDELIG TABLET 100MG, 150MG	3	QL (60 EA per 30 days) PA; ACS LD
ZYKADIA TABLET 150MG	3	QL (84 EA per 28 days) PA; ACS
ZYNLONTA INJECTION 10MG	3	PA; LD
ZYNYZ INJECTION 500MG/20ML	3	PA; ACS LD

CARDIOVASCULAR**ACE INHIBITOR COMBINATIONS**

<i>amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg, 10mg; 40mg, 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg</i>	1	QL (30 EA per 30 days) MO
<i>benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg, 5mg; 6.25mg</i>	1	MO
<i>captopril/hydrochlorothiazide tablet 25mg; 15mg, 25mg; 25mg, 50mg; 15mg, 50mg; 25mg</i>	1	MO
<i>enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg, 5mg; 12.5mg</i>	1	MO
<i>fosinopril sodium/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg</i>	1	MO
<i>lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg</i>	1	MO
LOTENSIN HCT TABLET 10MG; 12.5MG, 20MG; 12.5MG, 20MG; 25MG	3	MO
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg</i>	1	
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 20mg, 25mg; 20mg</i>	1	MO
<i>trandolapril/verapamil hcl er tablet extended release 1mg; 240mg, 2mg; 180mg, 2mg; 240mg, 4mg; 240mg</i>	1	MO
VASERETIC TABLET 10MG; 25MG	3	MO
ZESTORETIC TABLET 12.5MG; 10MG, 12.5MG; 20MG, 25MG; 20MG	3	MO

ACE INHIBITORS

<i>benazepril hydrochloride tablet 10mg, 20mg, 40mg, 5mg</i>	1	MO
<i>captopril tablet 100mg, 12.5mg, 25mg, 50mg</i>	1	MO
<i>enalapril maleate solution 1mg/ml</i>	1	MO
<i>enalapril maleate tablet 10mg, 2.5mg, 20mg, 5mg</i>	1	MO
<i>enalaprilat injection 1.25mg/ml</i>	1	
EPANED SOLUTION 1MG/ML	3	MO
<i>fosinopril sodium tablet 10mg, 20mg, 40mg</i>	1	MO
<i>lisinopril tablet 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg</i>	1	MO
LOTENSIN TABLET 10MG, 20MG, 40MG	3	MO
<i>moexipril hydrochloride tablet 15mg, 7.5mg</i>	1	MO
<i>perindopril erbumine tablet 2mg, 4mg, 8mg</i>	1	MO
QBRELIS SOLUTION 1MG/ML	3	MO
<i>quinapril hydrochloride tablet 10mg, 20mg, 40mg, 5mg</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>ramipril capsule 1.25mg, 10mg, 2.5mg, 5mg</i>	1	MO
<i>trandolapril tablet 1mg, 2mg, 4mg</i>	1	MO
VASOTEC TABLET 10MG, 2.5MG, 20MG, 5MG	3	MO
ZESTRIL TABLET 10MG, 2.5MG, 20MG, 30MG, 40MG, 5MG	3	MO
ALDOSTERONE RECEPTOR ANTAGONISTS		
ALDACTONE TABLET 100MG, 25MG, 50MG	3	MO
CAROSPIR SUSPENSION 25MG/5ML	3	MO
<i>eplerenone tablet 25mg, 50mg</i>	1	MO
KERENDIA TABLET 10MG, 20MG, 40MG	2	QL (30 EA per 30 days) MO
<i>spironolactone suspension 25mg/5ml</i>	1	MO
<i>spironolactone tablet 100mg, 25mg, 50mg</i>	1	MO
ALPHA BLOCKERS		
CARDURA TABLET 1MG, 2MG, 4MG, 8MG	3	MO
<i>doxazosin mesylate tablet 1mg, 2mg, 4mg, 8mg</i>	1	MO
<i>prazosin hydrochloride capsule 1mg, 2mg, 5mg</i>	1	MO
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	MO
<i>terazosin hydrochloride capsule 2mg</i>	1	MO
TEZRULY SOLUTION 1MG/ML	3	QL (600 ML per 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate/valsartan tablet 10mg; 160mg, 10mg; 320mg, 5mg; 160mg, 5mg; 320mg</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine/olmesartan medoxomil tablet 10mg; 20mg, 10mg; 40mg, 5mg; 20mg, 5mg; 40mg</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine/valsartan/hydrochlorothiazide tablet 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 10mg; 25mg; 320mg, 5mg; 12.5mg; 160mg, 5mg; 25mg; 160mg</i>	1	QL (30 EA per 30 days) MO
ATACAND HCT TABLET 32MG; 12.5MG, 32MG; 25MG	3	QL (30 EA per 30 days) ST MO
ATACAND HCT TABLET 16MG; 12.5MG	3	QL (60 EA per 30 days) ST MO
AVALIDE TABLET 12.5MG; 300MG	3	QL (30 EA per 30 days) ST MO
AVALIDE TABLET 12.5MG; 150MG	3	QL (60 EA per 30 days) ST MO
AZOR TABLET 10MG; 20MG, 10MG; 40MG, 5MG; 20MG, 35MG; 40MG	3	QL (30 EA per 30 days) ST MO
BENICAR HCT TABLET 12.5MG; 20MG, 12.5MG; 40MG, 25MG; 40MG	3	QL (30 EA per 30 days) ST 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
DIOVAN HCT TABLET 12.5MG; 160MG, 12.5MG; 320MG, 12.5MG; 80MG, 25MG; 160MG, 25MG; 320MG	3	QL (30 EA per 30 days) ST MO
EDARBYCLOR TABLET 40MG; 12.5MG, 40MG; 25MG	3	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
ENTRESTO CAPSULE SPRINKLE 15MG; 16MG, 6MG; 6MG	2	MO
ENTRESTO TABLET 24MG; 26MG, 49MG; 51MG, 97MG; 103MG	3	MO
EXFORGE HCT TABLET 10MG; 12.5MG; 160MG, 10MG; 25MG; 160MG, 10MG; 25MG; 320MG, 5MG; 12.5MG; 160MG, 5MG; 25MG; 160MG	3	QL (30 EA per 30 days) ST MO
EXFORGE TABLET 10MG; 160MG, 10MG; 320MG, 5MG; 160MG, 5MG; 320MG	3	QL (30 EA per 30 days) ST MO
HYZAAR TABLET 12.5MG; 100MG, 12.5MG; 50MG, 25MG; 100MG	3	QL (30 EA per 30 days) ST 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 tablet 12.5mg; 100mg, 12.5mg; 50mg, 25mg; 100mg</i>	1	QL (30 EA per 30 days) MO
MICARDIS HCT TABLET 12.5MG; 40MG, 25MG; 80MG	3	QL (30 EA per 30 days) ST MO
MICARDIS HCT TABLET 12.5MG; 80MG	3	QL (60 EA per 30 days) ST MO
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tablet 10mg; 12.5mg; 40mg, 10mg; 25mg; 40mg, 5mg; 12.5mg; 20mg, 5mg; 12.5mg; 40mg, 5mg; 25mg; 40mg</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg, 12.5mg; 40mg, 25mg; 40mg</i>	1	QL (30 EA per 30 days) MO
<i>sacubitril/valsartan tablet 24mg; 26mg, 49mg; 51mg, 97mg; 103mg</i>	1	MO
<i>telmisartan/amlodipine tablet 10mg; 40mg, 10mg; 80mg, 5mg; 40mg, 5mg; 80mg</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
TRIBENZOR TABLET 10MG; 12.5MG; 40MG, 10MG; 25MG; 40MG, 5MG; 12.5MG; 20MG, 5MG; 12.5MG; 40MG, 5MG; 25MG; 40MG	3	QL (30 EA per 30 days) ST MO
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 160mg, 12.5mg; 320mg, 12.5mg; 80mg, 25mg; 160mg, 25mg; 320mg</i>	1	QL (30 EA per 30 days) MO
WIDAPLIK TABLET 1.25MG; 0.625MG; 10MG, 2.5MG; 1.25MG; 20MG, 5MG; 2.5MG; 40MG	3	QL (30 EA per 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ARBLI SUSPENSION 10MG/ML	3	QL (330 ML per 30 days) ST MO
ATACAND TABLET 32MG	3	QL (30 EA per 30 days) ST MO
ATACAND TABLET 16MG, 4MG, 8MG	3	QL (60 EA per 30 days) ST MO
AVAPRO TABLET 150MG, 300MG	3	QL (30 EA per 30 days) ST MO
AZILSARTAN MEDOXOMIL TABLET 40MG, 80MG	3	QL (30 EA per 30 days)
BENICAR TABLET 20MG, 40MG	3	QL (30 EA per 30 days) ST MO
BENICAR TABLET 5MG	3	QL (60 EA per 30 days) ST MO

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Drug Name	Drug Tier	Requirements/Limits
<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
COZAAR TABLET 100MG	3	QL (30 EA per 30 days) ST MO
COZAAR TABLET 25MG, 50MG	3	QL (60 EA per 30 days) ST MO
DIOVAN TABLET 320MG	3	QL (30 EA per 30 days) ST MO
DIOVAN TABLET 160MG, 40MG, 80MG	3	QL (60 EA per 30 days) ST MO
EDARBI TABLET 40MG, 80MG	3	QL (30 EA per 30 days) MO
<i>irbesartan tablet 150mg, 300mg, 75mg</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 tablet 20mg, 40mg, 80mg</i>	1	QL (30 EA per 30 days) MO
<i>valsartan solution 4mg/ml</i>	1	QL (2400 ML per 30 days) PA 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 hydrochloride injection 150mg/3ml, 50mg/ml, 900mg/18ml</i>	1	
<i>amiodarone hydrochloride tablet 100mg, 200mg, 400mg</i>	1	MO
BETAPACE AF TABLET 120MG, 160MG, 80MG	3	MO
BETAPACE TABLET 120MG, 160MG, 80MG	3	MO
<i>disopyramide phosphate capsule 100mg, 150mg</i>	1	PA MO
<i>dofetilide capsule 125mcg, 250mcg, 500mcg</i>	1	ACS
<i>flecainide acetate tablet 100mg, 150mg, 50mg</i>	1	MO
LIDOCAINE HCL IN D5W INJECTION 5%; 4MG/ML	3	
LIDOCAINE HCL INJECTION 100MG/5ML	3	
<i>lidocaine hcl injection prefilled syringe 100mg/5ml, 50mg/5ml</i>	1	
<i>mexiletine hydrochloride capsule 150mg, 200mg, 250mg</i>	1	MO
MULTAQ TABLET 400MG	3	MO
NEXTERONE INJECTION 150MG/100ML; 42.1MG/ML, 360MG/200ML; 41.4MG/ML	3	
NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 100MG, 150MG	3	MO
NORPACE CAPSULE 100MG, 150MG	3	PA MO
<i>pacerone tablet 100mg, 200mg</i>	1	
<i>procainamide hydrochloride injection 100mg/ml, 500mg/ml</i>	1	
<i>propafenone hcl tablet 150mg, 225mg, 300mg</i>	1	MO
<i>propafenone hydrochloride er capsule extended release 12 hour 225mg, 325mg, 425mg</i>	1	MO
<i>propafenone hydrochloride tablet 150mg, 225mg, 300mg</i>	1	MO
<i>quinidine gluconate cr tablet extended release 324mg</i>	1	MO
<i>quinidine gluconate er tablet extended release 324mg</i>	1	MO
<i>quinidine sulfate tablet 200mg, 300mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>sotalol hcl tablet 120mg, 160mg, 240mg</i>	1	MO
<i>sotalol hydrochloride (af) tablet 120mg, 160mg, 80mg</i>	1	MO
<i>sotalol hydrochloride tablet 80mg</i>	1	MO
SOTYLIZE SOLUTION 5MG/ML	3	MO
TIKOSYN CAPSULE 125MCG, 250MCG, 500MCG	3	ST; ACS
ANTIPEMICS, FIBRATES		
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	1	MO
<i>fenofibrate capsule 130mg, 150mg, 43mg, 50mg</i>	1	MO
<i>fenofibrate tablet 120mg, 145mg, 160mg, 40mg, 48mg, 54mg</i>	1	MO
<i>fenofibric acid dr capsule delayed release 135mg, 45mg</i>	1	MO
FENOFIBRIC ACID TABLET 105MG, 35MG	3	
<i>gemfibrozil tablet 600mg</i>	1	MO
LIPOFEN CAPSULE 150MG, 50MG	3	MO
LOPID TABLET 600MG	3	MO
ANTIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ATORVALIQ SUSPENSION 20MG/5ML	3	QL (600 ML per 30 days) ST MO
<i>atorvastatin calcium tablet 10mg, 20mg, 40mg, 80mg</i>	1	QL (30 EA per 30 days) MO
CRESTOR TABLET 10MG, 20MG, 40MG, 5MG	3	QL (30 EA per 30 days) ST MO
EZALLOR SPRINKLE CAPSULE SPRINKLE 10MG, 20MG, 40MG, 5MG	3	QL (30 EA per 30 days) ST MO
FLOLIPID SUSPENSION 20MG/5ML, 40MG/5ML	3	QL (300 ML per 30 days) ST
<i>fluvastatin sodium er tablet extended release 24 hour 80mg</i>	1	QL (30 EA per 30 days) MO
<i>fluvastatin capsule 20mg, 40mg</i>	1	QL (60 EA per 30 days) MO
LESCOL XL TABLET EXTENDED RELEASE 24 HOUR 80MG	3	QL (30 EA per 30 days) ST MO
LIPITOR TABLET 10MG, 20MG, 40MG, 80MG	3	QL (30 EA per 30 days) ST MO
LIVALO TABLET 1MG, 2MG, 4MG	3	QL (30 EA per 30 days) ST MO
<i>lovastatin tablet 10mg, 20mg, 40mg</i>	1	MO
<i>pitavastatin calcium tablet 1mg, 2mg, 4mg</i>	1	QL (30 EA per 30 days) MO
<i>pravastatin sodium tablet 10mg, 20mg, 40mg, 80mg</i>	1	QL (30 EA per 30 days) MO
<i>rosuvastatin calcium tablet 10mg, 20mg, 40mg, 5mg</i>	1	QL (30 EA per 30 days) MO
<i>simvastatin tablet 10mg, 20mg, 40mg, 5mg, 80mg</i>	1	QL (30 EA per 30 days) MO
ZOCOR TABLET 10MG, 20MG, 40MG	3	QL (30 EA per 30 days) ST MO
ZYPITAMAG TABLET 2MG, 4MG	3	QL (30 EA per 30 days) ST MO
ANTIPEMICS, MISCELLANEOUS		
<i>cholestyramine light packet 4gm</i>	1	MO
<i>cholestyramine light powder 4gm/dose</i>	1	MO
<i>cholestyramine packet 4gm</i>	1	MO
<i>cholestyramine powder 4gm/dose</i>	1	MO
<i>colesevelam hydrochloride packet 3.75gm</i>	1	MO
<i>colesevelam hydrochloride tablet 625mg</i>	1	MO
COLESTID GRANULES 5GM	3	MO
COLESTID TABLET 1GM	3	MO
<i>colestipol hydrochloride granules 5gm</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>colestipol hydrochloride packet 5gm</i>	1	MO
<i>colestipol hydrochloride tablet 1gm</i>	1	MO
EVKEEZA INJECTION 1200MG/8ML, 345MG/2.3ML	3	PA; LD
<i>ezetimibe/simvastatin tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg</i>	1	QL (30 EA per 30 days) MO
<i>ezetimibe tablet 10mg</i>	1	MO
<i>icosapent ethyl capsule 0.5gm, 1gm</i>	1	MO
JUXTAPID CAPSULE 10MG, 20MG, 2MG, 30MG, 5MG	3	PA; LD
LEQVIO INJECTION 284MG/1.5ML	3	PA; ACS LD
LERECHOL INJECTION 300MG/1.2ML	3	PA
LOVAZA CAPSULE 375MG; 465MG; 1GM	3	QL (120 EA per 30 days) PA MO
NEXLETOL TABLET 180MG	2	QL (30 EA per 30 days) MO
NEXLIZET TABLET 180MG; 10MG	2	QL (30 EA per 30 days) MO
<i>niacin er tablet extended release 1000mg, 750mg</i>	1	MO
<i>niacin er tablet extended release 500mg</i>	1	QL (60 EA per 30 days) MO
<i>niacin tablet 500mg</i>	1	MO
<i>niacor tablet 500mg</i>	1	MO
<i>omega-3-acid ethyl esters capsule 375mg; 465mg; 1gm</i>	1	QL (120 EA per 30 days) MO
PRALUENT INJECTION 150MG/ML, 75MG/ML	2	PA
QUESTRAN LIGHT POWDER 4GM/DOSE	3	MO
QUESTRAN PACKET 4GM	3	MO
QUESTRAN POWDER 4GM/DOSE	3	MO
REDEMPLO INJECTION 25MG/0.5ML	3	QL (0.5 ML per 90 days) PA; ACS LD
REPATHA SURECLICK INJECTION 140MG/ML	2	PA
REPATHA INJECTION 140MG/ML	2	PA
TRYNGOLZA INJECTION 80MG/0.8ML	3	QL (0.8 ML per 30 days) PA; ACS LD
VASCEPA CAPSULE 0.5GM, 1GM	3	MO
VYTORIN TABLET 10MG; 10MG, 10MG; 20MG, 10MG; 40MG, 10MG; 80MG	3	QL (30 EA per 30 days) ST MO
WELCHOL PACKET 3.75GM	3	MO
WELCHOL TABLET 625MG	3	MO
ZETIA TABLET 10MG	3	MO
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol/chlorthalidone tablet 100mg; 25mg, 50mg; 25mg</i>	1	MO
<i>bisoprolol fumarate/hydrochlorothiazide tablet 10mg; 6.25mg, 12.5mg; 6.25mg, 5mg; 6.25mg</i>	1	MO
<i>metoprolol/hydrochlorothiazide tablet 25mg; 100mg, 25mg; 50mg, 50mg; 100mg</i>	1	MO
BETA-BLOCKERS		
<i>acebutolol hydrochloride capsule 200mg, 400mg</i>	1	MO
<i>atenolol tablet 100mg, 25mg, 50mg</i>	1	MO
<i>betaxolol hcl tablet 10mg, 20mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>bisoprolol fumarate tablet 10mg, 2.5mg, 5mg</i>	1	MO
BYSTOLIC TABLET 10MG, 2.5MG, 5MG	3	QL (30 EA per 30 days) MO
BYSTOLIC TABLET 20MG	3	QL (60 EA per 30 days) MO
<i>carvedilol phosphate er capsule extended release 24 hour 10mg, 20mg, 40mg, 80mg</i>	1	QL (30 EA per 30 days) MO
<i>carvedilol tablet 12.5mg, 25mg, 3.125mg, 6.25mg</i>	1	MO
COREG CR CAPSULE EXTENDED RELEASE 24 HOUR 10MG, 20MG, 40MG, 80MG	3	QL (30 EA per 30 days) MO
COREG TABLET 12.5MG, 25MG, 3.125MG, 6.25MG	3	MO
HEMANGEOL SOLUTION 4.28MG/ML	3	ACS LD
INDERAL LA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 160MG, 60MG, 80MG	3	MO
INDERAL XL CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	3	MO
INNOPRAN XL CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	3	MO
KASPARGO SPRINKLE CAPSULE ER 24 HOUR SPRINKLE 100MG, 200MG, 25MG, 50MG	3	MO
LABETALOL HYDROCHLORIDE INJECTION 10MG/2ML, 20MG/4ML	3	
<i>labetalol hydrochloride injection 5mg/ml</i>	1	
<i>labetalol hydrochloride tablet 100mg, 200mg, 300mg, 400mg</i>	1	MO
LOPRESSOR SOLUTION 10MG/ML	3	MO
LOPRESSOR TABLET 12.5MG	3	
LOPRESSOR TABLET 100MG, 50MG	3	MO
<i>metoprolol succinate er tablet extended release 24 hour 100mg, 200mg, 25mg, 50mg</i>	1	MO
<i>metoprolol tartrate injection 5mg/5ml</i>	1	
<i>metoprolol tartrate tablet 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	1	MO
<i>nadolol tablet 20mg, 40mg, 80mg</i>	1	MO
<i>nebivolol hydrochloride tablet 10mg, 2.5mg, 5mg</i>	1	QL (30 EA per 30 days) MO
<i>nebivolol hydrochloride tablet 20mg</i>	1	QL (60 EA per 30 days) MO
<i>pindolol tablet 10mg, 5mg</i>	1	MO
<i>propranolol hcl injection 1mg/ml</i>	1	
<i>propranolol hcl oral solution 40mg/5ml</i>	1	MO
<i>propranolol hcl tablet 40mg</i>	1	MO
<i>propranolol hydrochloride er capsule extended release 24 hour 120mg, 160mg, 60mg, 80mg</i>	1	MO
<i>propranolol hydrochloride solution 20mg/5ml</i>	1	MO
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	1	MO
TENORMIN TABLET 100MG, 25MG, 50MG	3	MO
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	1	MO
TOPROL XL TABLET EXTENDED RELEASE 24 HOUR 100MG, 200MG, 25MG, 50MG	3	MO

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Drug Name	Drug Tier	Requirements/Limits
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate tablet 10mg, 2.5mg, 5mg</i>	1	MO
CARDAMYST SOLUTION 70MG/DOSE	3	PA MO
CARDENE I.V. INJECTION 2.5MG/ML	3	
CARDENE IV INJECTION 20MG/200ML; 0.86%, 40MG/200ML; 0.83%	3	
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 180MG, 240MG, 300MG, 360MG	3	MO
CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR 120MG, 180MG, 240MG, 300MG, 360MG, 420MG	3	MO
CARDIZEM TABLET 120MG, 30MG, 60MG	3	MO
<i>cartia xt capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg</i>	1	
<i>dilt-xr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	1	MO
<i>diltiazem hcl er capsule extended release 12 hour (generic Cardizem SR) 120mg, 60mg, 90mg</i>	1	MO
<i>diltiazem hcl er capsule extended release 24 hour (generic Tiazac) 120mg, 180mg, 240mg, 420mg</i>	1	MO
<i>diltiazem hcl er tablet extended release 24 hour (generic Cardizem LA) 240mg, 300mg, 360mg, 420mg</i>	1	MO
DILTIAZEM HCL INJECTION 100MG	3	
<i>diltiazem hcl injection 50mg/10ml</i>	1	
<i>diltiazem hcl tablet 30mg, 60mg</i>	1	MO
<i>diltiazem hydrochloride er capsule extended release 24 hour (generic Cardizem CD, Dilacor XR, and Tiazac) 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	MO
<i>diltiazem hydrochloride er tablet extended release 24 hour (generic Cardizem LA) 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	MO
<i>diltiazem hydrochloride injection 125mg/25ml, 25mg/5ml</i>	1	
<i>diltiazem hydrochloride tablet 120mg, 90mg</i>	1	MO
<i>felodipine er tablet extended release 24 hour 10mg, 2.5mg, 5mg</i>	1	MO
<i>isradipine capsule 2.5mg, 5mg</i>	1	MO
KATERZIA SUSPENSION 1MG/ML	3	MO
<i>matzim la tablet extended release 24 hour 420mg</i>	1	
<i>matzim la tablet extended release 24 hour 180mg, 240mg, 300mg, 360mg</i>	1	MO
<i>nicardipine hcl capsule 20mg, 30mg</i>	1	MO
NICARDIPINE HYDROCHLORIDE/SODIUM CHLORIDE INJECTION 40MG/200ML; 0.9%	3	
<i>nicardipine hydrochloride/sodium chloride injection 20mg/200ml; 0.86%, 40mg/200ml; 0.83%</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
NICARDIPINE HYDROCHLORIDE INJECTION 20MG/200ML; 0.9%	3	
<i>nicardipine hydrochloride injection 2.5mg/ml</i>	1	
<i>nifedipine er tablet extended release 24 hour 30mg, 60mg, 90mg</i>	1	MO
<i>nifedipine capsule 10mg, 20mg</i>	1	PA MO
<i>nimodipine capsule 30mg</i>	1	MO
<i>nimodipine solution 60mg/20ml</i>	1	
<i>nisoldipine er tablet extended release 24 hour 17mg</i>	1	
<i>nisoldipine er tablet extended release 24 hour 34mg, 8.5mg</i>	1	MO
NORLIQVA SOLUTION 1MG/ML	3	MO
NORVASC TABLET 10MG, 2.5MG, 5MG	3	MO
NYMALIZE SOLUTION 6MG/ML	3	
PROCARDIA XL TABLET EXTENDED RELEASE 24 HOUR 30MG, 60MG	3	MO
SDAMLO SOLUTION RECONSTITUTED 10MG, 2.5MG, 5MG	3	QL (30 EA per 30 days) PA
SULAR TABLET EXTENDED RELEASE 24 HOUR 17MG	3	
SULAR TABLET EXTENDED RELEASE 24 HOUR 34MG, 8.5MG	3	MO
<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
TIAZAC CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 180MG, 240MG, 300MG, 360MG, 420MG	3	MO
<i>verapamil hcl er capsule extended release 24 hour 100mg, 120mg, 180mg, 240mg, 300mg</i>	1	MO
<i>verapamil hcl er tablet extended release 120mg</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 hydrochloride er capsule extended release 24 hour 100mg, 200mg, 300mg</i>	1	MO
<i>verapamil hydrochloride er tablet extended release 180mg, 240mg</i>	1	MO
VERAPAMIL HYDROCHLORIDE SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	2	MO
<i>verapamil hydrochloride sr capsule extended release 24 hour 240mg</i>	1	MO
<i>verapamil hydrochloride injection 2.5mg/ml</i>	1	MO
<i>verapamil hydrochloride tablet 120mg, 40mg, 80mg</i>	1	MO
DIURETICS		
<i>acetazolamide er capsule extended release 12 hour 500mg</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>acetazolamide sodium injection 500mg</i>	1	
<i>acetazolamide tablet 125mg, 250mg</i>	1	MO
<i>amiloride hcl tablet 5mg</i>	1	MO
<i>amiloride/hydrochlorothiazide tablet 5mg; 50mg</i>	1	MO
<i>bumetanide injection 0.25mg/ml</i>	1	MO
<i>bumetanide tablet 0.5mg, 1mg, 2mg</i>	1	MO
BUMEX TABLET 0.5MG	3	
<i>chlorothiazide sodium injection 500mg</i>	1	
<i>chlorthalidone tablet 25mg, 50mg</i>	1	MO
<i>dichlorphenamide tablet 50mg</i>	1	QL (120 EA per 30 days) PA; ACS
DIURIL SUSPENSION 250MG/5ML	3	MO
DYRENIUM CAPSULE 100MG, 50MG	3	MO
EDECIN TABLET 25MG	3	MO
ENBUMYST SOLUTION 0.5MG/0.1ML	3	QL (120 EA per 30 days) PA MO
<i>ethacrynate sodium injection 50mg</i>	1	
<i>ethacrynic acid tablet 25mg</i>	1	MO
FUROSCIX INJECTION 80MG/10ML	3	
<i>furosemide injection 10mg/ml</i>	1	MO
<i>furosemide oral solution 10mg/ml, 40mg/5ml</i>	1	MO
<i>furosemide tablet 20mg, 40mg, 80mg</i>	1	MO
HEMICLOR TABLET 12.5MG	3	MO
<i>hydrochlorothiazide capsule 12.5mg</i>	1	MO
<i>hydrochlorothiazide tablet 12.5mg, 25mg, 50mg</i>	1	MO
<i>indapamide tablet 1.25mg, 2.5mg</i>	1	MO
INZIRQO SUSPENSION RECONSTITUTED 10MG/ML	3	PA MO
KEYEYIS TABLET 50MG	3	QL (120 EA per 30 days) PA; LD
LASIX ONYU INJECTION 80MG/2.67ML	3	QL (10 EA per 90 days) PA
LASIX TABLET 20MG, 40MG, 80MG	3	MO
<i>mannitol injection 20%, 25%</i>	1	
<i>methazolamide tablet 25mg, 50mg</i>	1	MO
<i>metolazone tablet 10mg, 2.5mg, 5mg</i>	1	MO
<i>ormarvi tablet 50mg</i>	1	QL (120 EA per 30 days) PA; LD
OSMITROL VIAFLEX INJECTION 10%, 20%	3	
SOAANZ TABLET 40MG	3	MO
<i>spironolactone/hydrochlorothiazide tablet 25mg; 25mg</i>	1	MO
THALITONE TABLET 15MG	3	QL (390 EA per 30 days) MO
<i>torsemide tablet 100mg, 10mg, 20mg, 5mg</i>	1	MO
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	MO
<i>triamterene/hydrochlorothiazide tablet 25mg; 37.5mg, 50mg; 75mg</i>	1	MO
<i>triamterene capsule 100mg, 50mg</i>	1	MO
MISCELLANEOUS		
ADRENALIN INJECTION 1MG/ML	3	MO
<i>aliskiren tablet 150mg, 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>amlodipine besylate/atorvastatin calcium tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg, 2.5mg; 10mg, 2.5mg; 20mg, 2.5mg; 40mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg, 5mg; 80mg</i>	1	MO
ATTRUBY TABLET THERAPY PACK 356MG	2	QL (112 EA per 28 days) PA; LD
BAXFENDY TABLET 1MG, 2MG	3	QL (30 EA per 30 days) PA
BIDIL TABLET 37.5MG; 20MG	3	MO
CADUET TABLET 10MG; 10MG, 10MG; 20MG, 10MG; 40MG, 10MG; 80MG, 5MG; 10MG, 5MG; 20MG, 5MG; 40MG, 5MG; 80MG	3	MO
CAMZYOS CAPSULE 10MG, 15MG, 2.5MG, 5MG	3	QL (30 EA per 30 days) PA; ACS LD
CLONIDINE HYDROCHLORIDE ER TABLET EXTENDED RELEASE 24 HOUR 0.17MG	3	MO
<i>clonidine hydrochloride tablet 0.1mg, 0.2mg, 0.3mg</i>	1	MO
<i>clonidine hydrochloride tablet 0.05mg</i>	1	PA MO
<i>clonidine patch weekly 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr</i>	1	QL (8 EA per 28 days) MO
CORLANOR SOLUTION 5MG/5ML	3	
CORLANOR TABLET 5MG, 7.5MG	3	MO
DEMSER CAPSULE 250MG	3	PA; ACS
<i>digoxin injection 0.25mg/ml</i>	1	MO
<i>digoxin oral solution 0.05mg/ml</i>	1	MO
<i>digoxin tablet 125mcg, 250mcg</i>	1	QL (30 EA per 30 days) MO
<i>digoxin tablet 62.5mcg</i>	1	QL (90 EA per 30 days) MO
<i>digox tablet 125mcg, 250mcg</i>	1	QL (30 EA per 30 days)
DOBUTAMINE HCL/D5W INJECTION 5%; 1MG/ML	3	B/D
<i>dobutamine hcl injection 250mg/20ml</i>	1	B/D
DOBUTAMINE HYDROCHLORIDE/DEXTROSE 5% INJECTION 5%; 2MG/ML, 5%; 4MG/ML	3	B/D
DOPAMINE HYDROCHLORIDE/DEXTROSE INJECTION 5%; 0.8MG/ML, 5%; 1.6MG/ML	3	B/D
DOPAMINE HYDROCHLORIDE INJECTION 40MG/ML	3	B/D
DOPAMINE/D5W INJECTION 5%; 3.2MG/ML	3	B/D
<i>droxidopa capsule 200mg, 300mg</i>	1	QL (180 EA per 30 days) PA; ACS
<i>droxidopa capsule 100mg</i>	1	QL (90 EA per 30 days) PA; ACS
<i>epinephrine injection 1mg/ml</i>	1	
<i>guanfacine hydrochloride tablet 1mg, 2mg</i>	1	PA MO
<i>hydralazine hydrochloride injection 20mg/ml</i>	1	MO
<i>hydralazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg</i>	1	MO
INPEFA TABLET 200MG, 400MG	3	QL (30 EA per 30 days) PA MO
<i>isosorbide dinitrate/hydralazine hydrochloride tablet 37.5mg; 20mg</i>	1	MO
<i>ivabradine hydrochloride tablet 5mg, 7.5mg</i>	1	MO
JAVADIN SOLUTION 0.02MG/ML	3	PA MO

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Drug Name	Drug Tier	Requirements/Limits
LANOXIN PEDIATRIC INJECTION 0.1MG/ML	3	
LANOXIN INJECTION 0.25MG/ML	3	
LANOXIN TABLET 125MCG, 250MCG	3	QL (30 EA per 30 days) MO
LANOXIN TABLET 62.5MCG	3	QL (90 EA per 30 days) MO
LODOCO TABLET 0.5MG	3	QL (30 EA per 30 days) PA MO
<i>methyldopa tablet 500mg</i>	1	QL (120 EA per 30 days) PA MO
<i>methyldopa tablet 250mg</i>	1	QL (90 EA per 30 days) PA
<i>metirosine capsule 250mg</i>	1	PA; ACS
<i>midodrine hydrochloride tablet 10mg, 2.5mg, 5mg</i>	1	MO
<i>milrinone lactate in dextrose injection 5%; 20mg/100ml, 5%; 40mg/200ml</i>	1	B/D
<i>milrinone lactate injection 10mg/10ml, 20mg/20ml, 50mg/50ml</i>	1	B/D
<i>minoxidil tablet 10mg, 2.5mg</i>	1	MO
MYQORZO TABLET 10MG, 15MG, 20MG, 5MG	3	QL (30 EA per 30 days) PA; LD
NEXICLON XR TABLET EXTENDED RELEASE 24 HOUR 0.17MG	3	MO
NORTHERA CAPSULE 200MG, 300MG	3	QL (180 EA per 30 days) PA; ACS LD
NORTHERA CAPSULE 100MG	3	QL (90 EA per 30 days) PA; ACS LD
<i>phenoxybenzamine hydrochloride capsule 10mg</i>	1	MO
<i>ranolazine er tablet extended release 12 hour 1000mg, 500mg</i>	1	MO
TEKTRUNA TABLET 150MG, 300MG	3	MO
TRYNGOLZA INJECTION 50MG/0.8ML	3	QL (0.8 ML per 30 days) PA; ACS LD
TRYVIO TABLET 12.5MG	3	QL (30 EA per 30 days) PA
VECAMEYL TABLET 2.5MG	3	QL (300 EA per 30 days) PA
VERQUVO TABLET 10MG, 2.5MG, 5MG	2	MO
VYNDAMAX CAPSULE 61MG	2	QL (30 EA per 30 days) PA; ACS LD
NITRATES		
ISORDIL TITRADOSE TABLET 40MG, 5MG	3	MO
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 40mg, 5mg</i>	1	MO
<i>isosorbide mononitrate er tablet extended release 24 hour 120mg, 30mg, 60mg</i>	1	MO
<i>isosorbide mononitrate tablet 10mg, 20mg</i>	1	
<i>nitro-bid ointment 2%</i>	1	
NITRO-DUR PATCH 24 HOUR 0.1MG/HR, 0.2MG/HR, 0.3MG/HR, 0.4MG/HR, 0.6MG/HR, 0.8MG/HR	3	MO
NITROGLYCERIN IN DEXTROSE 5% INJECTION 5%; 100MCG/ML, 5%; 200MCG/ML, 5%; 400MCG/ML	3	
<i>nitroglycerin transdermal patch 24 hour 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
NITROGLYCERIN INJECTION 5MG/ML	3	
<i>nitroglycerin transdermal ointment 2%</i>	1	
<i>nitroglycerin translingual solution 0.4mg/spray</i>	1	MO
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	1	MO
NITROLINGUAL SOLUTION 0.4MG/SPRAY	3	MO
NITROSTAT TABLET SUBLINGUAL 0.3MG, 0.4MG, 0.6MG	3	MO
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA TABLET 20MG	3	PA; ACS
ADEMPAS TABLET 0.5MG, 1.5MG, 1MG, 2.5MG, 2MG	2	QL (90 EA per 30 days) PA; ACS LD
<i>alyq tablet 20mg</i>	1	PA; ACS
<i>ambrisentan tablet 10mg, 5mg</i>	1	QL (30 EA per 30 days) PA; ACS
<i>bosentan tablet soluble 32mg</i>	1	QL (120 EA per 30 days) PA; ACS LD
<i>bosentan tablet 62.5mg</i>	1	QL (120 EA per 30 days) PA; ACS LD
<i>bosentan tablet 125mg</i>	1	QL (60 EA per 30 days) PA; ACS LD
<i>epoprostenol sodium injection 0.5mg, 1.5mg</i>	1	B/D; ACS
FLOLAN INJECTION 0.5MG, 1.5MG	3	B/D; ACS LD
LETAIRIS TABLET 10MG, 5MG	3	QL (30 EA per 30 days) PA; ACS LD
<i>macitentan tablet 10mg</i>	1	QL (30 EA per 30 days) PA; ACS
OPSUMIT TABLET 10MG	3	QL (30 EA per 30 days) PA; ACS LD
OPSYNVI TABLET 10MG; 20MG, 10MG; 40MG	2	QL (30 EA per 30 days) PA; ACS LD
ORENITRAM TITRATION KIT MONTH 1 TABLET EXTENDED RELEASE THERAPY PACK	3	PA; ACS LD
ORENITRAM TITRATION KIT MONTH 2 TABLET EXTENDED RELEASE THERAPY PACK	3	PA; ACS LD
ORENITRAM TITRATION KIT MONTH 3 TABLET EXTENDED RELEASE THERAPY PACK	3	PA; ACS LD
ORENITRAM TABLET EXTENDED RELEASE 0.125MG, 0.25MG, 1MG, 2.5MG, 5MG	3	PA; ACS LD
REMODULIN INJECTION 100MG/20ML, 200MG/20ML, 20MG/20ML, 50MG/20ML, 8MG/20ML	3	PA; ACS LD
REVATIO INJECTION 10MG/12.5ML	3	QL (1125 ML per 30 days) PA; ACS
REVATIO TABLET 20MG	3	QL (360 EA per 30 days) PA; ACS
<i>sildenafil citrate suspension reconstituted (generic Revatio) 10mg/ml</i>	1	QL (784 ML per 30 days) PA; ACS
<i>sildenafil citrate (generic Revatio) tablet 20mg</i>	1	QL (360 EA per 30 days) PA; ACS
<i>sildenafil injection 10mg/12.5ml</i>	1	QL (1125 ML per 30 days) PA; ACS

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Drug Name	Drug Tier	Requirements/Limits
<i>tadalafil (generic Adcirca) tablet 20mg</i>	1	PA; ACS
TADLIQ SUSPENSION 20MG/5ML	3	QL (300 ML per 30 days) PA; ACS
TRACLEER TABLET SOLUBLE 32MG	3	QL (120 EA per 30 days) PA; ACS LD
TRACLEER TABLET 62.5MG	3	QL (120 EA per 30 days) PA; ACS LD
TRACLEER TABLET 125MG	3	QL (60 EA per 30 days) PA; ACS LD
<i>treprostinil injection 100mg/20ml, 200mg/20ml, 20mg/20ml, 50mg/20ml</i>	1	PA; ACS LD
TYVASO DPI INSTITUTIONAL KIT POWDER 80MCG	3	QL (112 EA per 28 days) PA; ACS LD
TYVASO DPI MAINTENANCE KIT POWDER 16MCG, 32MCG, 48MCG, 64MCG, 80MCG	3	QL (112 EA per 28 days) PA; ACS LD
TYVASO DPI MAINTENANCE KIT POWDER 32MCG; 64MCG, 48MCG; 64MCG	3	QL (224 EA per 28 days) PA; ACS LD
TYVASO DPI TITRATION KIT POWDER 16MCG; 32MCG; 48MCG	3	QL (252 EA per 28 days) PA; ACS LD
TYVASO REFILL KIT SOLUTION 0.6MG/ML	3	PA; ACS LD
TYVASO STARTER KIT SOLUTION 0.6MG/ML	3	PA; ACS LD
TYVASO SOLUTION 0.6MG/ML	2	PA; ACS LD
UPTRAVI TITRATION PACK TABLET THERAPY PACK 200MCG; 800MCG	2	QL (200 EA per 28 days) PA; ACS LD
UPTRAVI INJECTION 1800MCG	3	QL (60 EA per 30 days) PA; LD
UPTRAVI TABLET 200MCG	2	QL (140 EA per 28 days) PA; ACS LD
UPTRAVI TABLET 1000MCG, 1200MCG, 1400MCG, 1600MCG, 400MCG, 600MCG, 800MCG	2	QL (60 EA per 30 days) PA; ACS LD
VELETRI INJECTION 0.5MG, 1.5MG	3	B/D; ACS LD
WINREVAIR INJECTION (2 VIAL KIT) 45MG, 60MG	3	QL (1 EA per 21 days) PA; ACS LD
WINREVAIR INJECTION (1 VIAL KIT) 45MG, 60MG	3	QL (2 EA per 21 days) PA; ACS LD
YUTREPIA CAPSULE 106MCG, 26.5MCG, 53MCG	2	QL (140 EA per 28 days) PA; ACS LD
YUTREPIA CAPSULE 79.5MCG	2	QL (280 EA per 28 days) PA; ACS LD

CENTRAL NERVOUS SYSTEM

ANTIANXIETY

<i>alprazolam er tablet extended release 24 hour 0.5mg</i>	1	QL (150 EA per 30 days) PA MO; HRM
<i>alprazolam er tablet extended release 24 hour 1mg</i>	1	QL (30 EA per 30 days) PA MO; HRM
<i>alprazolam er tablet extended release 24 hour 3mg</i>	1	QL (60 EA per 30 days) PA MO; HRM

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Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam er tablet extended release 24 hour 2mg</i>	1	QL (90 EA per 30 days) PA MO; HRM
ALPRAZOLAM INTENSOL CONCENTRATE 1MG/ML	3	QL (300 ML per 30 days) PA MO; HRM
<i>alprazolam odt tablet disintegrating 0.25mg</i>	1	QL (120 EA per 30 days) PA MO; HRM
<i>alprazolam odt tablet disintegrating 0.5mg, 1mg, 2mg</i>	1	QL (150 EA per 30 days) PA MO; HRM
ALPRAZOLAM XR TABLET EXTENDED RELEASE 24 HOUR 0.5MG	3	QL (150 EA per 30 days) PA MO; HRM
ALPRAZOLAM XR TABLET EXTENDED RELEASE 24 HOUR 1MG	3	QL (30 EA per 30 days) PA MO; HRM
ALPRAZOLAM XR TABLET EXTENDED RELEASE 24 HOUR 3MG	3	QL (60 EA per 30 days) PA MO; HRM
ALPRAZOLAM XR TABLET EXTENDED RELEASE 24 HOUR 2MG	3	QL (90 EA per 30 days) PA MO; HRM
<i>alprazolam tablet 0.25mg, 0.5mg</i>	1	QL (120 EA per 30 days) PA MO; HRM
<i>alprazolam tablet 1mg, 2mg</i>	1	QL (150 EA per 30 days) PA MO; HRM
ATIVAN INJECTION 2MG/ML, 4MG/ML	3	QL (150 ML per 30 days) PA; HRM
ATIVAN TABLET 0.5MG	3	QL (120 EA per 30 days) PA MO; HRM
ATIVAN TABLET 1MG, 2MG	3	QL (150 EA per 30 days) PA MO; HRM
BUCAPSOL CAPSULE 15MG	3	QL (120 EA per 30 days) PA
BUCAPSOL CAPSULE 10MG, 7.5MG	3	QL (60 EA per 30 days) PA
<i>buspirone hcl tablet 15mg</i>	1	MO
<i>buspirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg</i>	1	MO
<i>buspirone hydrochloride tablet 12.5mg, 2.5mg</i>	1	QL (60 EA per 30 days) PA
<i>chlordiazepoxide hcl capsule 10mg, 5mg</i>	1	QL (120 EA per 30 days) PA MO; HRM
<i>chlordiazepoxide hydrochloride capsule 25mg</i>	1	QL (120 EA per 30 days) PA MO; HRM
<i>droperidol injection 2.5mg/ml</i>	1	
<i>fluvoxamine maleate er capsule extended release 24 hour 100mg, 150mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>fluvoxamine maleate tablet 100mg, 25mg, 50mg</i>	1	MO; HRM
<i>lorazepam intensol concentrate 2mg/ml</i>	1	QL (150 ML per 30 days) PA; HRM
<i>lorazepam injection 2mg/ml, 4mg/ml</i>	1	QL (150 ML per 30 days) PA MO; HRM
<i>lorazepam tablet 0.5mg</i>	1	QL (120 EA per 30 days) PA MO; HRM

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Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam tablet 1mg, 2mg</i>	1	QL (150 EA per 30 days) PA MO; HRM
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 1.5MG, 1MG, 2MG	3	QL (150 EA per 30 days) PA MO; HRM
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 3MG	3	QL (90 EA per 30 days) PA MO; HRM
<i>meprobamate tablet 200mg, 400mg</i>	1	PA MO
<i>oxazepam capsule 10mg, 15mg, 30mg</i>	1	QL (120 EA per 30 days) PA MO; HRM
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 2MG	3	QL (90 EA per 30 days) PA MO; HRM
XANAX TABLET 0.25MG, 0.5MG	3	QL (120 EA per 30 days) PA MO; HRM
XANAX TABLET 1MG, 2MG	3	QL (150 EA per 30 days) PA MO; HRM
ANTIDEMENTIA		
ARICEPT TABLET 10MG, 23MG, 5MG	3	QL (30 EA per 30 days) MO
<i>donepezil hcl tablet disintegrating 10mg, 5mg</i>	1	QL (30 EA per 30 days) MO
<i>donepezil hcl tablet 10mg, 23mg</i>	1	QL (30 EA per 30 days) MO
<i>donepezil hydrochloride tablet 5mg</i>	1	QL (30 EA per 30 days) MO
EXELON PATCH 24 HOUR 13.3MG/24HR, 4.6MG/24HR, 9.5MG/24HR	3	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide er capsule extended release 24 hour 16mg, 24mg, 8mg</i>	1	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide solution 4mg/ml</i>	1	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide tablet 12mg, 4mg, 8mg</i>	1	QL (60 EA per 30 days) MO
LEQEMBI IQLIK INJECTION 360MG/1.8ML	2	QL (7.2 ML per 28 days) PA; LD
<i>memantine hcl titration pak tablet 10mg; 5mg</i>	1	QL (98 EA per 365 days) PA
<i>memantine hydrochloride er capsule extended release 24 hour 14mg, 21mg, 28mg, 7mg</i>	1	PA MO
<i>memantine hydrochloride solution 2mg/ml</i>	1	QL (360 ML per 30 days) PA MO
<i>memantine hydrochloride tablet 10mg, 5mg</i>	1	QL (60 EA per 30 days) PA MO
<i>memantine/donepezil hydrochloride er capsule extended release 24 hour 10mg; 14mg, 10mg; 21mg, 10mg; 28mg</i>	1	MO
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 14MG, 10MG; 21MG, 10MG; 28MG, 10MG; 7MG	3	MO
<i>rivastigmine tartrate capsule 1.5mg, 3mg, 4.5mg, 6mg</i>	1	QL (60 EA per 30 days) MO
<i>rivastigmine transdermal system patch 24 hour 13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr</i>	1	QL (30 EA per 30 days) MO
ZUNVEYL TABLET DELAYED RELEASE 10MG, 15MG, 5MG	3	QL (60 EA per 30 days) PA MO
ANTIDEPRESSANTS		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	1	PA MO; HRM

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Drug Name	Drug Tier	Requirements/Limits
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 150mg, 25mg, 50mg, 75mg</i>	1	PA MO; HRM
<i>amoxapine tablet 100mg, 150mg, 25mg, 50mg</i>	1	MO; HRM
ANAFRANIL CAPSULE 25MG, 50MG, 75MG	3	PA MO; HRM
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 348MG, 522MG	3	QL (30 EA per 30 days) ST MO
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 174MG	3	QL (60 EA per 30 days) ST MO
AUVELITY TITRATION PACK TABLET EXTENDED RELEASE THERAPY PACK 30MG/105MG; 45MG/105MG	3	QL (102 EA per 365 days) MO
AUVELITY TABLET EXTENDED RELEASE 105MG; 45MG	3	QL (60 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	1	QL (60 EA per 30 days) MO
BUPROPION HYDROCHLORIDE ER (XL) TABLET EXTENDED RELEASE 24 HOUR 450MG	3	QL (30 EA per 30 days) MO
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg</i>	1	QL (30 EA per 30 days) MO
<i>bupropion hydrochloride tablet 100mg</i>	1	QL (120 EA per 30 days) MO
<i>bupropion hydrochloride tablet 75mg</i>	1	QL (180 EA per 30 days) MO
CELEXA TABLET 10MG	3	QL (120 EA per 30 days) ST MO; HRM
CELEXA TABLET 40MG	3	QL (30 EA per 30 days) ST MO; HRM
CELEXA TABLET 20MG	3	QL (60 EA per 30 days) ST MO; HRM
<i>chlordiazepoxide/amitriptyline tablet 12.5mg; 5mg, 25mg; 10mg</i>	1	PA MO; HRM
CITALOPRAM HYDROBROMIDE CAPSULE 30MG	3	QL (30 EA per 30 days) PA MO; HRM
<i>citalopram hydrobromide solution 10mg/5ml</i>	1	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
<i>citalopram hydrobromide tablet 20mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>clomipramine hydrochloride capsule 25mg, 50mg, 75mg</i>	1	PA MO; HRM
<i>desipramine hydrochloride tablet 100mg, 10mg, 150mg, 25mg, 50mg, 75mg</i>	1	PA MO; HRM
DESVENLAFAXINE ER TABLET EXTENDED RELEASE 24 HOUR 100MG	3	QL (30 EA per 30 days) PA MO; HRM
DESVENLAFAXINE ER TABLET EXTENDED RELEASE 24 HOUR 50MG	3	QL (30 EA per 30 days) PA; HRM
<i>desvenlafaxine er tablet (generic Pristiq) extended release 24 hour 100mg, 25mg, 50mg</i>	1	QL (30 EA per 30 days) MO; HRM

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Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl capsule 75mg</i>	1	PA MO; HRM
<i>doxepin hcl concentrate 10mg/ml</i>	1	PA MO; HRM
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	1	PA MO; HRM
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 30MG, 60MG	3	QL (60 EA per 30 days) PA MO
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	3	QL (90 EA per 30 days) PA MO
<i>duloxetine hydrochloride dr capsule delayed release particles 20mg, 30mg, 40mg, 60mg</i>	1	QL (60 EA per 30 days) MO; HRM
EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 37.5MG, 75MG	3	QL (30 EA per 30 days) ST MO; HRM
EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 150MG	3	QL (60 EA per 30 days) ST MO; HRM
EMSAM PATCH 24 HOUR 12MG/24HR, 6MG/24HR, 9MG/24HR	2	QL (30 EA per 30 days) PA MO
ESCITALOPRAM OXALATE CAPSULE 15MG	3	QL (30 EA per 30 days) PA MO
<i>escitalopram oxalate solution 5mg/5ml</i>	1	QL (600 ML per 30 days) MO; HRM
<i>escitalopram oxalate tablet 20mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>escitalopram oxalate tablet 10mg, 5mg</i>	1	QL (45 EA per 30 days) MO; HRM
EXXUA TITRATION PACK TABLET EXTENDED RELEASE 24 HOUR 18.2MG	3	QL (64 EA per 365 days) PA MO
EXXUA TABLET EXTENDED RELEASE 24 HOUR 18.2MG	3	QL (30 EA per 30 days) PA
EXXUA TABLET EXTENDED RELEASE 24 HOUR 36.3MG, 54.5MG, 72.6MG	3	QL (30 EA per 30 days) PA MO
FETZIMA TITRATION PACK CAPSULE ER 24 HOUR THERAPY PACK 20MG; 40MG	3	PA; 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>	1	QL (4 EA per 28 days) MO; HRM
<i>fluoxetine hydrochloride 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 20mg/5ml</i>	1	MO; HRM
<i>fluoxetine hydrochloride (generic Prozac) tablet 10mg, 20mg, 60mg</i>	1	MO; HRM
<i>fluoxetine hydrochloride (generic Sarafem) tablet 20mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride (generic Sarafem) tablet 10mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>imipramine hcl tablet 25mg, 50mg</i>	1	PA MO; HRM
<i>imipramine hydrochloride tablet 10mg</i>	1	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>imipramine pamoate capsule 100mg, 125mg, 150mg, 75mg</i>	1	PA MO; HRM
LEXAPRO TABLET 20MG	3	QL (30 EA per 30 days) MO; HRM
LEXAPRO TABLET 10MG, 5MG	3	QL (45 EA per 30 days) MO; HRM
MARPLAN TABLET 10MG	3	QL (180 EA per 30 days) MO
<i>mirtazapine odt tablet disintegrating 15mg, 30mg, 45mg</i>	1	QL (30 EA per 30 days) MO
<i>mirtazapine tablet 15mg, 30mg, 45mg, 7.5mg</i>	1	QL (30 EA per 30 days) MO
NARDIL TABLET 15MG	3	MO
<i>nefazodone hydrochloride tablet 100mg, 150mg, 200mg, 250mg, 50mg</i>	1	MO
NORPRAMIN TABLET 10MG, 25MG	3	PA MO; HRM
<i>nortriptyline hcl capsule 25mg, 75mg</i>	1	MO; HRM
<i>nortriptyline hcl solution 10mg/5ml</i>	1	MO; HRM
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	1	MO; HRM
<i>olanzapine/fluoxetine capsule 25mg; 12mg, 25mg; 3mg, 25mg; 6mg, 50mg; 12mg, 50mg; 6mg</i>	1	QL (30 EA per 30 days) MO; HRM
PARNATE TABLET 10MG	3	MO
<i>paroxetine hcl er tablet extended release 24 hour 37.5mg</i>	1	QL (60 EA per 30 days) PA MO; HRM
<i>paroxetine hcl er tablet extended release 24 hour 12.5mg, 25mg</i>	1	QL (90 EA per 30 days) PA MO; HRM
<i>paroxetine hcl tablet 40mg</i>	1	QL (30 EA per 30 days) PA MO; HRM
<i>paroxetine hcl tablet 30mg</i>	1	QL (60 EA per 30 days) PA MO; HRM
<i>paroxetine hydrochloride suspension 10mg/5ml</i>	1	QL (900 ML per 30 days) PA MO; HRM
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	1	QL (30 EA per 30 days) PA MO; HRM
PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 37.5MG	3	QL (60 EA per 30 days) PA MO; HRM
PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 12.5MG, 25MG	3	QL (90 EA per 30 days) PA MO; HRM
PAXIL TABLET 10MG, 20MG, 40MG	3	QL (30 EA per 30 days) PA MO; HRM
PAXIL TABLET 30MG	3	QL (60 EA per 30 days) PA MO; HRM
<i>perphenazine/amitriptyline tablet 10mg; 2mg, 10mg; 4mg, 25mg; 2mg, 25mg; 4mg, 50mg; 4mg</i>	1	PA MO; HRM
<i>phenelzine sulfate tablet 15mg</i>	1	MO
PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 100MG, 25MG, 50MG	3	QL (30 EA per 30 days) ST MO; HRM
<i>protriptyline hcl tablet 10mg, 5mg</i>	1	PA MO; HRM
RALDESY SOLUTION 10MG/ML	3	QL (1800 ML per 30 days) PA MO

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Drug Name	Drug Tier	Requirements/Limits
REMERON SOLTAB TABLET DISINTEGRATING 15MG, 30MG, 45MG	3	QL (30 EA per 30 days) MO
REMERON TABLET 15MG, 30MG	3	QL (30 EA per 30 days) MO
<i>sertraline hcl concentrate 20mg/ml</i>	1	QL (300 ML per 30 days) MO; HRM
<i>sertraline hcl tablet 50mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>sertraline hydrochloride capsule 150mg, 200mg</i>	1	QL (30 EA per 30 days) ST MO; HRM
<i>sertraline hydrochloride tablet 25mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>sertraline hydrochloride tablet 100mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>tranylcypromine sulfate tablet 10mg</i>	1	MO
<i>trazodone hydrochloride tablet 100mg, 150mg, 300mg, 50mg</i>	1	MO
<i>trimipramine maleate capsule 50mg</i>	1	QL (120 EA per 30 days) PA MO; HRM
<i>trimipramine maleate capsule 25mg</i>	1	QL (240 EA per 30 days) PA MO; HRM
<i>trimipramine maleate capsule 100mg</i>	1	QL (60 EA per 30 days) PA MO; HRM
TRINTELLIX TABLET 10MG, 20MG, 5MG	3	QL (30 EA per 30 days) PA MO
VENLAFAXINE BESYLATE ER TABLET EXTENDED RELEASE 24 HOUR 112.5MG	3	QL (60 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride er capsule extended release 24 hour 37.5mg, 75mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride er capsule extended release 24 hour 150mg</i>	1	QL (60 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
<i>venlafaxine hydrochloride tablet 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	1	MO; HRM
VIIBRYD TABLET 10MG, 20MG, 40MG	3	QL (30 EA per 30 days) MO
<i>vilazodone hydrochloride tablet 10mg, 20mg, 40mg</i>	1	QL (30 EA per 30 days) MO
WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 100MG, 150MG, 200MG	3	QL (60 EA per 30 days) ST MO
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 150MG, 300MG	3	QL (30 EA per 30 days) ST MO
ZOLOFT CONCENTRATE 20MG/ML	3	QL (300 ML per 30 days) MO; HRM
ZOLOFT TABLET 25MG	3	QL (30 EA per 30 days) ST MO; HRM
ZOLOFT TABLET 100MG, 50MG	3	QL (60 EA per 30 days) ST 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
ZURZUVAE CAPSULE 30MG	3	QL (14 EA per 14 days) PA; ACS LD
ZURZUVAE CAPSULE 20MG, 25MG	3	QL (28 EA per 14 days) PA; ACS LD
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl capsule 100mg</i>	1	QL (120 EA per 30 days) MO
<i>amantadine hcl solution 50mg/5ml</i>	1	MO
<i>amantadine hcl tablet 100mg</i>	1	MO
<i>amantadine hydrochloride tablet 100mg</i>	1	MO
APOKYN INJECTION 30MG/3ML	3	QL (60 ML per 30 days) PA; ACS LD
<i>apomorphine hydrochloride injection 30mg/3ml</i>	1	QL (60 ML per 30 days) PA; ACS
AZILECT TABLET 0.5MG, 1MG	3	MO
<i>benztropine mesylate injection 1mg/ml</i>	1	MO
<i>benztropine mesylate tablet 0.5mg, 1mg, 2mg</i>	1	PA MO; HRM
<i>bromocriptine mesylate capsule 5mg</i>	1	MO
<i>bromocriptine mesylate tablet 2.5mg</i>	1	MO
CARBIDOPA/LEVODOPA ER CAPSULE EXTENDED RELEASE 23.75MG; 95MG, 36.25MG; 145MG, 48.75MG; 195MG, 61.25MG; 245MG	3	ST MO
<i>carbidopa/levodopa er tablet extended release 25mg; 100mg, 50mg; 200mg</i>	1	MO
<i>carbidopa/levodopa odt tablet disintegrating 10mg; 100mg, 25mg; 100mg, 25mg; 250mg</i>	1	MO
<i>carbidopa/levodopa/entacapone tablet 12.5mg; 200mg; 50mg, 18.75mg; 200mg; 75mg, 25mg; 200mg; 100mg, 31.25mg; 200mg; 125mg, 37.5mg; 200mg; 150mg, 50mg; 200mg; 200mg</i>	1	MO
<i>carbidopa/levodopa tablet 10mg; 100mg, 25mg; 100mg, 25mg; 250mg</i>	1	MO
<i>carbidopa tablet 25mg</i>	1	MO
CREXONT CAPSULE EXTENDED RELEASE 35MG; 140MG, 52.5MG; 210MG, 70MG; 280MG, 87.5MG; 350MG	3	ST MO
DHIVY TABLET 25MG; 100MG	3	MO
DUOPA SUSPENSION 4.63MG/ML; 20MG/ML	3	B/D; ACS LD
<i>entacapone tablet 200mg</i>	1	MO
GOCOVRI CAPSULE EXTENDED RELEASE 24 HOUR 68.5MG	2	QL (30 EA per 30 days); ACS LD
GOCOVRI CAPSULE EXTENDED RELEASE 24 HOUR 137MG	2	QL (60 EA per 30 days); ACS LD
INBRIJA CAPSULE 42MG	3	QL (300 EA per 30 days) PA; LD
LODOSYN TABLET 25MG	3	MO
NEUPRO PATCH 24 HOUR 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR	3	MO

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Drug Name	Drug Tier	Requirements/Limits
NOURIANZ TABLET 20MG, 40MG	2	QL (30 EA per 30 days) PA; ACS LD
ONAPGO INJECTION 98MG/20ML	3	QL (600 ML per 30 days); ACS LD
ONGENTYS CAPSULE 25MG, 50MG	3	QL (30 EA per 30 days) PA MO
PARLODEL CAPSULE 5MG	3	
PARLODEL TABLET 2.5MG	3	
<i>pramipexole dihydrochloride er tablet extended release 24 hour 0.375mg, 0.75mg, 1.5mg, 2.25mg, 3.75mg, 3mg, 4.5mg</i>	1	QL (30 EA per 30 days) MO
<i>pramipexole dihydrochloride tablet 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1.5mg, 1mg</i>	1	MO
<i>rasagiline mesylate tablet 0.5mg, 1mg</i>	1	MO
<i>ropinirole er tablet extended release 24 hour 6mg</i>	1	QL (120 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 4mg</i>	1	QL (150 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 2mg</i>	1	QL (30 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 12mg</i>	1	QL (60 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 8mg</i>	1	QL (90 EA per 30 days) MO
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	1	MO
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	1	MO
RYTARY CAPSULE EXTENDED RELEASE 23.75MG; 95MG, 36.25MG; 145MG, 48.75MG; 195MG, 61.25MG; 245MG	3	ST MO
<i>selegiline hcl capsule 5mg</i>	1	MO
<i>selegiline hcl tablet 5mg</i>	1	MO
SINEMET TABLET 10MG; 100MG, 25MG; 100MG	3	MO
TASMAR TABLET 100MG	3	MO
<i>tolcapone tablet 100mg</i>	1	MO
<i>trihexyphenidyl hydrochloride solution 0.4mg/ml</i>	1	MO; HRM
<i>trihexyphenidyl hydrochloride tablet 2mg, 5mg</i>	1	MO; HRM
VYALEV INJECTION 12MG/ML; 240MG/ML	3	QL (560 ML per 28 days) PA; ACS LD
XADAGO TABLET 100MG, 50MG	3	QL (30 EA per 30 days) ST MO
ZELAPAR TABLET DISINTEGRATING 1.25MG	3	QL (60 EA per 30 days) MO
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII INJECTION 720MG/2.4ML	2	QL (2.4 ML per 56 days) MO
ABILIFY ASIMTUFII INJECTION 960MG/3.2ML	2	QL (3.2 ML per 56 days) MO
ABILIFY MAINTENA INJECTION 300MG, 400MG	2	QL (1 EA per 28 days) MO; HRM
ABILIFY MYCITE MAINTENANCE KIT TABLET THERAPY PACK 10MG, 15MG, 20MG, 2MG, 30MG, 5MG	3	QL (30 EA per 30 days) PA; HRM
ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 10MG, 15MG, 20MG, 2MG, 30MG, 5MG	3	QL (30 EA per 30 days) PA; HRM
ABILIFY TABLET 10MG, 15MG, 20MG, 2MG, 30MG, 5MG	3	QL (30 EA per 30 days) MO; HRM
<i>aripiprazole odt tablet disintegrating 10mg, 15mg</i>	1	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>aripiprazole solution 1mg/ml</i>	1	QL (900 ML per 30 days) MO; HRM
<i>aripiprazole tablet 10mg, 15mg, 20mg, 2mg, 30mg, 5mg</i>	1	QL (30 EA per 30 days) MO; HRM
ARISTADA INITIO INJECTION 675MG/2.4ML	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 tablet sublingual 10mg, 2.5mg, 5mg</i>	1	QL (60 EA per 30 days) MO; HRM
BYSANTI TITRATION PACK A TABLET THERAPY PACK 1MG; 2MG; 4MG; 6MG	3	QL (16 EA per 365 days) PA
BYSANTI TITRATION PACK B TABLET THERAPY PACK 1MG; 2MG; 6MG; 8MG	3	QL (24 EA per 365 days) PA
BYSANTI TITRATION PACK C TABLET THERAPY PACK 1MG; 2MG; 6MG	3	QL (16 EA per 365 days) PA
BYSANTI TABLET 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 3 8MG	3	QL (60 EA per 30 days) PA
CAPLYTA CAPSULE 10.5MG, 21MG, 42MG	2	QL (30 EA per 30 days) MO; HRM
<i>chlorpromazine hcl injection 50mg/2ml</i>	1	HRM
<i>chlorpromazine hcl injection 25mg/ml</i>	1	MO; HRM
<i>chlorpromazine hcl tablet 100mg, 10mg, 200mg, 25mg, 50mg</i>	1	MO; HRM
<i>chlorpromazine hydrochloride concentrate 100mg/ml, 30mg/ml</i>	1	MO; HRM
<i>chlorpromazine hydrochloride tablet 100mg, 10mg, 200mg, 25mg, 50mg</i>	1	MO; HRM
<i>clozapine odt tablet disintegrating 12.5mg, 25mg</i>	1	PA; HRM
<i>clozapine odt tablet disintegrating 200mg</i>	1	QL (120 EA per 30 days) PA; HRM
<i>clozapine odt tablet disintegrating 150mg</i>	1	QL (180 EA per 30 days) PA; HRM
<i>clozapine odt tablet disintegrating 100mg</i>	1	QL (270 EA per 30 days) PA; HRM
<i>clozapine tablet 25mg, 50mg</i>	1	HRM
<i>clozapine tablet 200mg</i>	1	QL (120 EA per 30 days); HRM
<i>clozapine tablet 100mg</i>	1	QL (270 EA per 30 days); HRM
CLOZARIL TABLET 25MG	3	HRM
CLOZARIL TABLET 100MG	3	QL (270 EA per 30 days); HRM
COBENFY STARTER PACK CAPSULE THERAPY PACK 3 50MG; 20MG & 100MG; 20MG	3	QL (112 EA per 365 days) MO
COBENFY CAPSULE 20MG; 100MG, 20MG; 50MG, 30MG; 125MG	2	QL (60 EA per 30 days) MO
ERZOFRI INJECTION 78MG/0.5ML	2	QL (0.5 ML per 28 days) MO
ERZOFRI INJECTION 117MG/0.75ML	2	QL (0.75 ML per 28 days) MO
ERZOFRI INJECTION 156MG/ML	2	QL (1 ML per 28 days) MO
ERZOFRI INJECTION 234MG/1.5ML	2	QL (1.5 ML per 28 days) MO
ERZOFRI INJECTION 351MG/2.25ML	2	QL (4.5 ML per 365 days)
ERZOFRI INJECTION 39MG/0.25ML	3	QL (0.25 ML per 28 days) MO

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Drug Name	Drug Tier	Requirements/Limits
FANAPT TITRATION PACK A TABLET 1MG; 2MG; 4MG; 6MG	3	PA; HRM
FANAPT TITRATION PACK B TABLET 1MG; 2MG; 6MG; 8MG	3	PA
FANAPT TITRATION PACK C TABLET 1MG; 3MG; 6MG	3	PA
FANAPT TABLET 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG	3	QL (60 EA per 30 days) PA MO; HRM
<i>fluphenazine decanoate injection 25mg/ml</i>	1	MO; HRM
<i>fluphenazine hcl concentrate 5mg/ml</i>	1	MO; HRM
<i>fluphenazine hydrochloride elixir 2.5mg/5ml</i>	1	MO; HRM
<i>fluphenazine hydrochloride injection 2.5mg/ml</i>	1	MO; HRM
<i>fluphenazine hydrochloride tablet 10mg, 1mg, 2.5mg, 5mg</i>	1	MO; HRM
GEODON CAPSULE 20MG, 40MG, 60MG, 80MG	3	QL (60 EA per 30 days) MO; HRM
GEODON INJECTION 20MG	3	QL (6 EA per 3 days) MO; HRM
<i>haloperidol decanoate injection 100mg/ml, 50mg/ml</i>	1	MO; HRM
<i>haloperidol lactate injection 5mg/ml</i>	1	MO; HRM
<i>haloperidol concentrate 2mg/ml</i>	1	MO; HRM
<i>haloperidol tablet 0.5mg, 10mg, 1mg, 20mg, 2mg, 5mg</i>	1	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
INVEGA TABLET EXTENDED RELEASE 24 HOUR 3MG, 9MG	3	QL (30 EA per 30 days) MO; HRM
INVEGA TABLET EXTENDED RELEASE 24 HOUR 6MG	3	QL (60 EA per 30 days) MO; HRM
LATUDA TABLET 120MG, 20MG, 40MG, 60MG	3	QL (30 EA per 30 days) MO; HRM
LATUDA TABLET 80MG	3	QL (60 EA per 30 days) MO; HRM
<i>loxapine capsule 10mg, 25mg, 50mg, 5mg</i>	1	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
LYBALVI TABLET 10MG; 10MG, 15MG; 10MG, 20MG; 10MG, 5MG; 10MG	3	QL (30 EA per 30 days) MO; HRM
<i>molindone hydrochloride tablet 10mg, 25mg, 5mg</i>	1	HRM
NUPLAZID CAPSULE 34MG	3	QL (30 EA per 30 days) PA; ACS HRM LD

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
NUPLAZID TABLET 10MG	3	QL (30 EA per 30 days) PA; ACS HRM LD
<i>olanzapine odt tablet disintegrating 10mg, 15mg, 20mg, 5mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>olanzapine injection 10mg</i>	1	QL (3 EA per 1 days) MO; HRM
<i>olanzapine tablet 10mg, 15mg, 20mg, 7.5mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>olanzapine tablet 2.5mg, 5mg</i>	1	QL (60 EA per 30 days) MO; HRM
OPIPZA FILM 2MG, 5MG	3	QL (30 EA per 30 days) PA MO
OPIPZA FILM 10MG	3	QL (90 EA per 30 days) PA MO
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>paliperidone er tablet extended release 24 hour 6mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>perphenazine tablet 16mg, 2mg, 4mg, 8mg</i>	1	MO; HRM
PERSERIS INJECTION 120MG, 90MG	3	QL (1 EA per 30 days); HRM
<i>pimozide tablet 1mg, 2mg</i>	1	MO
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 200mg</i>	1	QL (30 EA per 30 days) PA MO; HRM
<i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg, 50mg</i>	1	QL (60 EA per 30 days) PA MO; HRM
<i>quetiapine fumarate tablet 200mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 25mg</i>	1	QL (180 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 300mg, 400mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 100mg, 150mg, 50mg</i>	1	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 12.5MG, 25MG, 37.5MG, 50MG	3	QL (2 EA per 28 days) MO; HRM
RISPERDAL SOLUTION 1MG/ML	3	QL (480 ML per 30 days) MO; HRM
RISPERDAL TABLET 4MG	3	QL (120 EA per 30 days) MO; HRM
RISPERDAL TABLET 1MG, 2MG	3	QL (60 EA per 30 days) MO; HRM
RISPERDAL TABLET 0.5MG, 3MG	3	QL (90 EA per 30 days) MO; HRM
<i>risperidone er injection 25mg, 37.5mg, 50mg</i>	1	QL (2 EA per 28 days) MO
<i>risperidone er injection 12.5mg</i>	1	QL (2 EA per 28 days) MO; HRM
<i>risperidone odt tablet disintegrating 4mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 1mg, 2mg, 3mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 0.25mg, 0.5mg</i>	1	QL (90 EA per 30 days) MO; HRM
<i>risperidone solution 1mg/ml</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
RYKINDO INJECTION 25MG, 37.5MG, 50MG	3	QL (2 EA per 28 days) PA
SAPHRIS TABLET SUBLINGUAL 10MG, 2.5MG, 5MG	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
SECUADO PATCH 24 HOUR 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	2	QL (30 EA per 30 days) MO; HRM
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 200MG	3	QL (30 EA per 30 days) PA MO; HRM
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 300MG, 50MG	3	QL (60 EA per 30 days) PA MO; HRM
SEROQUEL TABLET 400MG	3	QL (60 EA per 30 days) MO; HRM
<i>thioridazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg</i>	1	PA MO; HRM
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	1	MO; HRM
<i>trifluoperazine hcl tablet 10mg, 2mg, 5mg</i>	1	MO; HRM
<i>trifluoperazine hydrochloride tablet 1mg</i>	1	MO; HRM
UZEDY INJECTION 50MG/0.14ML	3	QL (0.14 ML per 30 days) PA MO
UZEDY INJECTION 75MG/0.21ML	3	QL (0.21 ML per 30 days) PA MO
UZEDY INJECTION 100MG/0.28ML	3	QL (0.28 ML per 30 days) PA MO
UZEDY INJECTION 125MG/0.35ML	3	QL (0.35 ML per 30 days) PA MO
UZEDY INJECTION 150MG/0.42ML	3	QL (0.42 ML per 60 days) PA MO
UZEDY INJECTION 200MG/0.56ML	3	QL (0.56 ML per 60 days) PA MO
UZEDY INJECTION 250MG/0.7ML	3	QL (0.7 ML per 60 days) PA MO
VERSACLOZ SUSPENSION 50MG/ML	3	QL (600 ML per 30 days) PA; HRM
VRAYLAR CAPSULE 0.5MG, 0.75MG	2	QL (30 EA per 30 days) MO
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 20mg, 40mg, 60mg, 80mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone mesylate injection 20mg</i>	1	QL (6 EA per 3 days) MO; HRM
ZYPREXA RELPREVV INJECTION 405MG	3	QL (1 EA per 28 days) PA; ACS
ZYPREXA RELPREVV INJECTION 210MG, 300MG	3	QL (2 EA per 28 days) PA; ACS
ZYPREXA ZYDIS TABLET DISINTEGRATING 10MG, 15MG, 20MG, 5MG	3	QL (30 EA per 30 days)
ZYPREXA INJECTION 10MG	3	QL (3 EA per 1 days) MO; HRM
ZYPREXA TABLET 10MG	3	QL (30 EA per 30 days)
ZYPREXA TABLET 15MG, 7.5MG	3	QL (30 EA per 30 days) MO
ZYPREXA TABLET 20MG	3	QL (30 EA per 30 days) MO; HRM
ZYPREXA TABLET 2.5MG, 5MG	3	QL (60 EA per 30 days) MO; HRM
ANTISEIZURE AGENTS		
APTOM TABLET 200MG, 400MG	3	QL (30 EA per 30 days) MO
APTOM TABLET 600MG, 800MG	3	QL (60 EA per 30 days) MO
BANZEL SUSPENSION 40MG/ML	3	QL (2760 ML per 30 days) PA MO
BANZEL TABLET 400MG	3	QL (240 EA per 30 days) PA MO
BANZEL TABLET 200MG	3	QL (480 EA per 30 days) PA MO
<i>brivaracetam injection 50mg/5ml</i>	1	QL (600 ML per 30 days)
<i>brivaracetam oral solution 10mg/ml</i>	1	QL (600 ML per 30 days) MO
<i>brivaracetam tablet 100mg, 10mg, 25mg, 50mg, 75mg</i>	1	QL (60 EA per 30 days) MO
BRIVIACT INJECTION 50MG/5ML	3	QL (600 ML per 30 days) PA
BRIVIACT ORAL SOLUTION 10MG/ML	3	QL (600 ML per 30 days) PA MO

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Drug Name	Drug Tier	Requirements/Limits
BRIVIACT TABLET 100MG, 10MG, 25MG, 50MG, 75MG	3	QL (60 EA per 30 days) PA MO
<i>carbamazepine er capsule extended release 12 hour 100mg, 200mg, 300mg</i>	1	MO; HRM
<i>carbamazepine er tablet extended release 12 hour 100mg, 200mg, 400mg</i>	1	MO; HRM
<i>carbamazepine suspension 100mg/5ml</i>	1	MO; HRM
<i>carbamazepine tablet chewable 200mg</i>	1	MO
<i>carbamazepine tablet chewable 100mg</i>	1	MO; HRM
<i>carbamazepine tablet 200mg</i>	1	MO; HRM
CARBATROL CAPSULE EXTENDED RELEASE 12 HOUR 100MG, 200MG, 300MG	3	MO; HRM
CELONTIN CAPSULE 300MG	3	MO
CEREBYX INJECTION 100MG PE/2ML	3	
CEREBYX INJECTION 500MG PE/10ML	3	MO
<i>clobazam suspension 2.5mg/ml</i>	1	QL (480 ML per 30 days) PA MO; HRM
<i>clobazam tablet 10mg, 20mg</i>	1	QL (60 EA per 30 days) PA MO; HRM
<i>clonazepam odt tablet disintegrating 2mg</i>	1	QL (300 EA per 30 days) MO
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	1	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>	1	QL (180 EA per 30 days) PA MO; HRM
<i>clorazepate dipotassium tablet 3.75mg, 7.5mg</i>	1	QL (90 EA per 30 days) PA MO; HRM
DEPAKOTE ER TABLET EXTENDED RELEASE 24 HOUR 250MG, 500MG	3	MO
DEPAKOTE SPRINKLES CAPSULE DELAYED RELEASE SPRINKLE 125MG	3	MO
DEPAKOTE TABLET DELAYED RELEASE 125MG, 250MG, 500MG	3	MO
DIACOMIT CAPSULE 500MG	3	QL (180 EA per 30 days) PA; LD
DIACOMIT CAPSULE 250MG	3	QL (360 EA per 30 days) PA; LD
DIACOMIT PACKET 500MG	3	QL (180 EA per 30 days) PA; LD
DIACOMIT PACKET 250MG	3	QL (360 EA per 30 days) PA; LD
<i>diazepam intensol concentrate 5mg/ml</i>	1	QL (240 ML per 30 days) PA MO; HRM
<i>diazepam concentrate 5mg/ml</i>	1	QL (240 ML per 30 days) PA MO; HRM
<i>diazepam gel 10mg, 2.5mg, 20mg</i>	1	QL (5 EA per 30 days) MO; HRM
<i>diazepam injection 5mg/ml</i>	1	QL (240 ML per 30 days) PA MO; HRM

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Drug Name	Drug Tier	Requirements/Limits
<i>diazepam oral solution 5mg/5ml</i>	1	QL (1200 ML per 30 days) PA MO; HRM
<i>diazepam tablet 10mg, 2mg, 5mg</i>	1	QL (120 EA per 30 days) PA MO; HRM
DILANTIN INFATABS TABLET CHEWABLE 50MG	3	MO
DILANTIN-125 SUSPENSION 125MG/5ML	3	MO
DILANTIN CAPSULE 100MG, 30MG	3	MO
<i>divalproex sodium dr capsule delayed release sprinkle 125mg</i>	1	MO
<i>divalproex sodium dr tablet delayed release 125mg, 250mg, 500mg</i>	1	MO
<i>divalproex sodium er tablet extended release 24 hour 250mg, 500mg</i>	1	MO
ELEPSIA XR TABLET EXTENDED RELEASE 24 HOUR 1500MG	3	QL (60 EA per 30 days) MO
ELEPSIA XR TABLET EXTENDED RELEASE 24 HOUR 1000MG	3	QL (90 EA per 30 days)
EPIDIOLEX SOLUTION 100MG/ML	2	QL (600 ML per 30 days) PA; ACS LD
EPRONTIA SOLUTION 25MG/ML	3	QL (480 ML per 30 days) PA MO
<i>eslicarbazepine acetate tablet 200mg, 400mg</i>	1	QL (30 EA per 30 days) MO
<i>eslicarbazepine acetate tablet 600mg, 800mg</i>	1	QL (60 EA per 30 days) MO
<i>ethosuximide capsule 250mg</i>	1	MO
<i>ethosuximide solution 250mg/5ml</i>	1	MO
<i>felbamate suspension 600mg/5ml</i>	1	MO
<i>felbamate tablet 400mg, 600mg</i>	1	MO
FELBATOL TABLET 400MG, 600MG	3	MO
FINTEPLA SOLUTION 2.2MG/ML	3	QL (360 ML per 30 days) PA; LD
<i>fosphenytoin sodium injection 100mg pe/2ml</i>	1	
<i>fosphenytoin sodium injection 500mg pe/10ml</i>	1	MO
FYCOMPA SUSPENSION 0.5MG/ML	2	QL (680 ML per 28 days) PA MO
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	2	QL (30 EA per 30 days) PA MO
FYCOMPA TABLET 2MG	3	QL (60 EA per 30 days) PA MO
<i>gabapentin (generic Neurontin) capsule 100mg</i>	1	QL (180 EA per 30 days) MO
<i>gabapentin (generic Neurontin) capsule 400mg</i>	1	QL (270 EA per 30 days) MO
<i>gabapentin (generic Neurontin) capsule 300mg</i>	1	QL (360 EA per 30 days) MO
<i>gabapentin capsule 200mg</i>	1	QL (60 EA per 30 days) PA
<i>gabapentin (generic Neurontin) solution 250mg/5ml</i>	1	QL (2160 ML per 30 days) MO
<i>gabapentin (generic Neurontin) tablet 600mg</i>	1	QL (180 EA per 30 days) MO
<i>gabapentin (generic Neurontin) tablet 800mg</i>	1	QL (90 EA per 30 days) MO
GABARONE TABLET 100MG	3	QL (180 EA per 30 days) PA
GABARONE TABLET 400MG	3	QL (270 EA per 30 days) PA
KEPPRA XR TABLET EXTENDED RELEASE 24 HOUR 500MG, 750MG	3	MO
KEPPRA INJECTION 500MG/5ML	3	

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Drug Name	Drug Tier	Requirements/Limits
KEPPRA ORAL SOLUTION 100MG/ML	3	MO
KEPPRA TABLET 1000MG, 250MG, 500MG, 750MG	3	MO
KLONOPIN TABLET 2MG	3	QL (300 EA per 30 days) MO
KLONOPIN TABLET 0.5MG, 1MG	3	QL (90 EA per 30 days) MO
<i>lacosamide injection 200mg/20ml</i>	1	
<i>lacosamide oral solution 10mg/ml</i>	1	QL (1200 ML per 30 days) MO
<i>lacosamide tablet 50mg</i>	1	QL (120 EA per 30 days) MO
<i>lacosamide tablet 100mg, 150mg, 200mg</i>	1	QL (60 EA per 30 days) MO
LAMICTAL CHEWABLE DISPERSIBLE TABLET CHEWABLE 25MG, 5MG	3	MO
LAMICTAL ODT KIT BLUE, GREEN, ORANGE	3	
LAMICTAL ODT TABLET DISINTEGRATING 100MG, 200MG, 25MG, 50MG	3	MO
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT 25MG; 100MG	3	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT 25MG; 100MG	3	
LAMICTAL STARTER/TAKING VALPROATE KIT 25MG	3	
LAMICTAL XR TITRATION KIT BLUE, GREEN, ORANGE	3	MO
LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 100MG, 200MG, 250MG, 25MG, 300MG, 50MG	3	MO
LAMICTAL TABLET 100MG, 150MG, 200MG, 25MG	3	MO
<i>lamotrigine er tablet extended release 24 hour 100mg, 200mg, 250mg, 25mg, 300mg, 50mg</i>	1	MO
<i>lamotrigine odt tablet disintegrating 100mg, 200mg, 25mg, 50mg</i>	1	MO
<i>lamotrigine starter kit/blue kit 25mg</i>	1	
<i>lamotrigine starter kit/green kit 100mg; 25mg</i>	1	
<i>lamotrigine starter kit/orange kit 100mg; 25mg</i>	1	
<i>lamotrigine odt titration kit blue, green, orange</i>	1	
<i>lamotrigine tablet chewable 25mg, 5mg</i>	1	MO
<i>lamotrigine tablet 100mg, 150mg, 200mg, 25mg</i>	1	MO
<i>levetiracetam er tablet extended release 24 hour 500mg, 750mg</i>	1	MO
<i>levetiracetam/sodium chloride injection 1000mg/100ml; 750mg/100ml, 1500mg/100ml; 540mg/100ml, 500mg/100ml; 820mg/100ml</i>	1	
<i>levetiracetam injection 500mg/5ml</i>	1	
<i>levetiracetam oral solution 100mg/ml</i>	1	MO
LEVETIRACETAM TABLET DISINTEGRATING SOLUBLE 500MG	3	QL (180 EA per 30 days) MO
LEVETIRACETAM TABLET DISINTEGRATING SOLUBLE 250MG	3	QL (360 EA per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam tablet 1000mg, 250mg, 500mg, 750mg</i>	1	MO
LYRICA CAPSULE 100MG, 150MG, 25MG, 50MG, 75MG	3	QL (120 EA per 30 days) PA MO
LYRICA CAPSULE 225MG, 300MG	3	QL (60 EA per 30 days) PA MO
LYRICA CAPSULE 200MG	3	QL (90 EA per 30 days) PA MO
LYRICA SOLUTION 20MG/ML	3	QL (900 ML per 30 days) PA MO
<i>methsuximide capsule 300mg</i>	1	MO
MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 100MG	3	QL (120 EA per 30 days) PA MO
MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 150MG, 200MG	3	QL (60 EA per 30 days) PA MO
MYSOLINE TABLET 250MG, 50MG	3	MO
NAYZILAM SOLUTION 5MG/0.1ML	3	QL (10 EA per 30 days) PA MO
NEURONTIN CAPSULE 100MG	3	QL (180 EA per 30 days) MO
NEURONTIN CAPSULE 400MG	3	QL (270 EA per 30 days) MO
NEURONTIN CAPSULE 300MG	3	QL (360 EA per 30 days) MO
NEURONTIN SOLUTION 250MG/5ML	3	QL (2160 ML per 30 days) MO
NEURONTIN TABLET 600MG	3	QL (180 EA per 30 days) MO
NEURONTIN TABLET 800MG	3	QL (90 EA per 30 days) MO
ONFI SUSPENSION 2.5MG/ML	3	QL (480 ML per 30 days) PA MO; HRM
ONFI TABLET 10MG, 20MG	3	QL (60 EA per 30 days) PA MO; HRM
<i>oxcarbazepine er tablet extended release 24 hour 150mg, 300mg, 600mg</i>	1	MO
<i>oxcarbazepine suspension 300mg/5ml</i>	1	MO; HRM
<i>oxcarbazepine tablet 150mg, 300mg, 600mg</i>	1	MO; HRM
OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 150MG, 300MG, 600MG	3	PA MO; HRM
<i>perampanel suspension 0.5mg/ml</i>	1	QL (680 ML per 28 days) PA MO
<i>perampanel tablet 10mg, 12mg, 4mg, 6mg, 8mg</i>	1	QL (30 EA per 30 days) PA MO
<i>perampanel tablet 2mg</i>	1	QL (60 EA per 30 days) PA MO
<i>phenobarbital sodium injection 130mg/ml, 65mg/ml</i>	1	PA; HRM
<i>phenobarbital elixir 20mg/5ml</i>	1	QL (1500 ML per 30 days) PA MO; HRM
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	1	QL (120 EA per 30 days) PA MO; HRM
<i>phenytek capsule 200mg, 300mg</i>	1	MO
<i>phenytoin sodium extended capsule 100mg, 200mg, 300mg</i>	1	MO
<i>phenytoin sodium injection 50mg/ml</i>	1	
<i>phenytoin suspension 125mg/5ml</i>	1	MO
<i>phenytoin tablet chewable 50mg</i>	1	MO
<i>pregabalin capsule 100mg, 150mg, 25mg, 50mg, 75mg</i>	1	QL (120 EA per 30 days) PA MO
<i>pregabalin capsule 225mg, 300mg</i>	1	QL (60 EA per 30 days) PA MO
<i>pregabalin capsule 200mg</i>	1	QL (90 EA per 30 days) PA MO

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Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin solution 20mg/ml</i>	1	QL (900 ML per 30 days) PA MO
<i>primidone tablet 125mg, 250mg, 50mg</i>	1	MO
<i>relgaabi capsule 400mg</i>	1	QL (270 EA per 30 days) PA
<i>relgaabi capsule 300mg</i>	1	QL (360 EA per 30 days) PA
<i>relgaabi capsule 200mg</i>	1	QL (60 EA per 30 days) PA
<i>roweepra tablet 500mg</i>	1	
<i>rufinamide suspension 40mg/ml</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>	1	QL (480 EA per 30 days) PA MO
SABRIL PACKET 500MG	3	QL (180 EA per 30 days) PA; ACS LD
SABRIL TABLET 500MG	3	QL (180 EA per 30 days) PA; ACS LD
SPRITAM TABLET DISINTEGRATING SOLUBLE 500MG	3	QL (180 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG	3	QL (360 EA per 30 days) MO
<i>subvenite starter kit/blue kit 25mg</i>	1	
<i>subvenite starter kit/green kit 100mg; 25mg</i>	1	
<i>subvenite starter kit/orange kit 100mg; 25mg</i>	1	
SUBVENITE SUSPENSION 10MG/ML	3	PA MO
<i>subvenite tablet 100mg, 150mg, 200mg, 25mg</i>	1	
SYMPAZAN FILM 10MG, 20MG, 5MG	3	QL (60 EA per 30 days) PA MO; HRM
TEGRETOL-XR TABLET EXTENDED RELEASE 12 HOUR 100MG, 200MG, 400MG	3	MO; HRM
TEGRETOL SUSPENSION 100MG/5ML	3	MO; HRM
TEGRETOL TABLET 200MG	3	MO; HRM
<i>tiagabine hydrochloride tablet 12mg, 16mg, 2mg, 4mg</i>	1	MO
TOPAMAX SPRINKLE CAPSULE SPRINKLE 15MG, 25MG	3	MO
TOPAMAX TABLET 100MG	3	QL (120 EA per 30 days) MO
TOPAMAX TABLET 200MG	3	QL (60 EA per 30 days) MO
TOPAMAX TABLET 25MG, 50MG	3	QL (90 EA per 30 days) MO
<i>topiramate er capsule er 24 hour sprinkle 100mg, 150mg, 200mg, 25mg, 50mg</i>	1	MO
<i>topiramate er capsule extended release 24 hour 100mg, 200mg, 25mg, 50mg</i>	1	MO
<i>topiramate capsule sprinkle 15mg, 25mg, 50mg</i>	1	MO
<i>topiramate solution 25mg/ml</i>	1	QL (480 ML per 30 days) PA 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
TRILEPTAL SUSPENSION 300MG/5ML	3	MO; HRM
TRILEPTAL TABLET 150MG, 300MG, 600MG	3	MO; HRM

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Drug Name	Drug Tier	Requirements/Limits
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 200MG, 25MG, 50MG	3	PA MO
VALIUM TABLET 10MG, 2MG, 5MG	3	QL (120 EA per 30 days) PA MO; HRM
<i>valproate sodium injection 100mg/ml</i>	1	
<i>valproic acid capsule 250mg</i>	1	MO
<i>valproic acid solution 250mg/5ml</i>	1	MO
VALTOCO 10 MG DOSE LIQUID 10MG/0.1ML	2	QL (10 EA per 30 days) PA MO
VALTOCO 15 MG DOSE LIQUID THERAPY PACK 7.5MG/0.1ML	2	QL (10 EA per 30 days) PA MO
VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10MG/0.1ML	2	QL (10 EA per 30 days) PA MO
VALTOCO 5 MG DOSE LIQUID 5MG/0.1ML	2	QL (10 EA per 30 days) PA MO
<i>vigabatrin packet 500mg</i>	1	QL (180 EA per 30 days) PA; ACS
<i>vigabatrin tablet 500mg</i>	1	QL (180 EA per 30 days) PA; ACS
<i>vigadrone packet 500mg</i>	1	QL (180 EA per 30 days) PA; LD
<i>vigadrone tablet 500mg</i>	1	QL (180 EA per 30 days) PA; LD
VIGAFYDE SOLUTION 100MG/ML	3	QL (750 ML per 30 days) PA; LD
VIMPAT INJECTION 200MG/20ML	3	
VIMPAT ORAL SOLUTION 10MG/ML	3	QL (1200 ML per 30 days) MO
VIMPAT TABLET 50MG	3	QL (120 EA per 30 days) MO
VIMPAT TABLET 100MG, 150MG, 200MG	3	QL (60 EA per 30 days) MO
XCOPRI TABLET TITRATION THERAPY PACK 150MG; 200MG, 50MG; 100MG	2	QL (28 EA per 28 days)
XCOPRI TABLET MAINTENANCE THERAPY PACK 150MG; 100MG, 200MG; 150MG	2	QL (56 EA per 28 days) MO
XCOPRI TABLET TITRATION THERAPY PACK 12.5MG; 25MG	3	QL (28 EA per 28 days)
XCOPRI TABLET 100MG, 25MG, 50MG	2	QL (30 EA per 30 days) MO
XCOPRI TABLET 150MG, 200MG	2	QL (60 EA per 30 days) MO
ZARONTIN CAPSULE 250MG	3	MO
ZARONTIN SOLUTION 250MG/5ML	3	MO
ZONEGRAN CAPSULE 100MG, 25MG	3	MO
ZONISADE SUSPENSION 100MG/5ML	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 SUSPENSION 50MG/ML	3	QL (1100 ML per 30 days) PA; LD
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 5MG, 10MG, 15MG, 20MG, 25MG, 30MG	3	QL (30 EA per 30 days) MO
ADDERALL TABLET 5MG, 7.5MG, 10MG, 12.5MG, 15MG, 30MG	3	QL (60 EA per 30 days) MO
ADDERALL TABLET 20MG	3	QL (90 EA per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISINTEGRATING 12.5MG, 15.7MG, 18.8MG, 3.1MG, 6.3MG, 9.4MG	3	QL (30 EA per 30 days) MO
<i>amphetamine er odt tablet extended release disintegrating 12.5mg, 15.7mg, 18.8mg, 3.1mg, 6.3mg, 9.4mg</i>	1	QL (30 EA per 30 days) MO
<i>amphetamine sulfate tablet 10mg, 5mg</i>	1	QL (180 EA per 30 days) MO
<i>amphetamine/dextroamphetamine er capsule extended release 24 hour 12.5mg; 12.5mg; 12.5mg; 12.5mg, 3.125mg; 3.125mg; 3.125mg, 6.25mg; 6.25mg; 6.25mg; 6.25mg, 9.375mg; 9.375mg; 9.375mg; 9.375mg</i>	1	QL (30 EA per 30 days) MO
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 5mg, 6.25mg; 6.25mg; 6.25mg; 6.25mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	1	QL (30 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tablet 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	1	QL (60 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tablet 20mg</i>	1	QL (90 EA per 30 days) MO
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 10MG, 15MG, 20MG, 30MG, 40MG, 50MG, 60MG	3	QL (30 EA per 30 days) MO
ARYNTA SOLUTION 10MG/ML	3	QL (240 ML per 30 days) MO
<i>atomoxetine hydrochloride capsule 10mg, 25mg</i>	1	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 10mg, 18mg, 25mg</i>	1	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 100mg, 60mg, 80mg</i>	1	QL (30 EA per 30 days) MO
<i>atomoxetine capsule 40mg</i>	1	QL (60 EA per 30 days) MO
ATONCY SOLUTION 4MG/ML	3	QL (700 ML per 28 days)
AZSTARYS CAPSULE 10.4MG; 52.3MG, 5.2MG; 26.1MG, 7.8MG; 39.2MG	3	QL (30 EA per 30 days) MO
<i>clonidine hydrochloride er tablet extended release 12 hour 0.1mg</i>	1	MO
CONCERTA TABLET EXTENDED RELEASE 18MG, 27MG, 36MG, 54MG	3	QL (30 EA per 30 days) MO
COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISINTEGRATING 17.3MG, 8.6MG	3	QL (30 EA per 30 days) MO
COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISINTEGRATING 25.9MG	3	QL (60 EA per 30 days) MO
DAYTRANA PATCH 10MG/9HR, 15MG/9HR, 20MG/9HR, 30MG/9HR	3	QL (30 EA per 30 days) MO
DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 10MG, 15MG	3	QL (120 EA per 30 days) MO
<i>dexmethylphenidate hcl tablet 10mg, 5mg</i>	1	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride er capsule extended release 24 hour 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg, 5mg</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>dexmethylphenidate hydrochloride tablet 2.5mg</i>	1	QL (60 EA per 30 days) MO
<i>dextroamphetamine sulfate er capsule extended release 24 hour 10mg, 15mg, 5mg</i>	1	QL (120 EA per 30 days) MO
<i>dextroamphetamine sulfate solution 5mg/5ml</i>	1	QL (1800 ML per 30 days) MO
<i>dextroamphetamine sulfate tablet 15mg</i>	1	QL (120 EA per 30 days) MO
<i>dextroamphetamine sulfate tablet 10mg, 2.5mg, 5mg</i>	1	QL (180 EA per 30 days) MO
<i>dextroamphetamine sulfate tablet 7.5mg</i>	1	QL (240 EA per 30 days) MO
<i>dextroamphetamine sulfate tablet 30mg</i>	1	QL (60 EA per 30 days) MO
<i>dextroamphetamine sulfate tablet 20mg</i>	1	QL (90 EA per 30 days) MO
DYANAVEL XR SUSPENSION EXTENDED RELEASE 2.5MG/ML	3	QL (240 ML per 30 days) MO
DYANAVEL XR TABLET EXTENDED RELEASE 10MG, 15MG, 20MG	3	QL (30 EA per 30 days) MO
DYANAVEL XR TABLET EXTENDED RELEASE 5MG	3	QL (60 EA per 30 days) MO
EVEKEO TABLET 10MG, 5MG	3	QL (180 EA per 30 days) MO
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 10MG, 15MG, 20MG, 25MG, 30MG, 35MG, 40MG, 5MG	3	QL (30 EA per 30 days) MO
<i>guanfacine hydrochloride er tablet extended release 24 hour 1mg, 2mg, 4mg</i>	1	QL (30 EA per 30 days) PA MO
<i>guanfacine hydrochloride er tablet extended release 24 hour 3mg</i>	1	QL (60 EA per 30 days) PA MO
INTUNIV TABLET EXTENDED RELEASE 24 HOUR 1MG, 2MG, 4MG	3	QL (30 EA per 30 days) PA MO
INTUNIV TABLET EXTENDED RELEASE 24 HOUR 3MG	3	QL (60 EA per 30 days) PA MO
JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 20MG, 40MG, 60MG, 80MG	3	QL (30 EA per 30 days) MO
<i>lisdexamfetamine dimesylate capsule 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg</i>	1	QL (30 EA per 30 days) MO
<i>lisdexamfetamine dimesylate tablet chewable 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	1	QL (30 EA per 30 days) MO
METADATE CD CAPSULE EXTENDED RELEASE 10MG, 20MG, 30MG, 40MG, 50MG, 60MG	3	QL (30 EA per 30 days) MO
<i>methamphetamine hydrochloride tablet 5mg</i>	1	QL (150 EA per 30 days) MO
METHYLIN SOLUTION 5MG/5ML	3	QL (1800 ML per 30 days) MO
METHYLIN SOLUTION 10MG/5ML	3	QL (900 ML per 30 days) MO
METHYLPHENIDATE ER ODT TABLET EXTENDED RELEASE DISINTEGRATING 17.3MG, 8.6MG	3	QL (30 EA per 30 days)
METHYLPHENIDATE ER ODT TABLET EXTENDED RELEASE DISINTEGRATING 25.9MG	3	QL (60 EA per 30 days)
<i>methylphenidate hydrochloride er (cd) capsule extended release (generic Metadate CD) 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</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>methylphenidate hydrochloride er (dif) tablet extended release 27mg, 36mg, 54mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er (la) capsule extended release 24 hour (generic Ritalin LA) 10mg, 20mg, 40mg, 60mg</i>	1	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er (la) capsule extended release 24 hour (generic Ritalin LA) 30mg</i>	1	QL (60 EA per 30 days) MO
METHYLPHENIDATE HYDROCHLORIDE ER (OSM) TABLET EXTENDED RELEASE (GENERIC RELEXXI) 45MG, 63MG	3	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er (osm) tablet extended release (generic Concerta) 18mg, 27mg, 36mg, 54mg, (generic Relexxi) 72mg</i>	1	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er (xr) capsule extended release 24 hour (generic Aptensio XR) 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	1	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release 24 hour 18mg, 27mg, 36mg, 54mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release (generic Metadate ER and Ritalin SR) 10mg, 20mg</i>	1	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	1	QL (1800 ML per 30 days) MO
<i>methylphenidate hydrochloride solution 10mg/5ml</i>	1	QL (900 ML per 30 days) MO
<i>methylphenidate hydrochloride tablet chewable 10mg, 2.5mg, 5mg</i>	1	QL (180 EA per 30 days) MO
<i>methylphenidate hydrochloride tablet 10mg, 20mg, 5mg</i>	1	QL (90 EA per 30 days) MO
<i>methylphenidate patch 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr</i>	1	QL (30 EA per 30 days) MO
MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 12.5MG; 12.5MG; 12.5MG; 12.5MG, 3.125MG; 3.125MG; 3.125MG; 3.125MG, 6.25MG; 6.25MG; 6.25MG; 6.25MG, 9.375MG; 9.375MG; 9.375MG; 9.375MG	3	QL (30 EA per 30 days) MO
ONYDA XR SUSPENSION EXTENDED RELEASE 0.1MG/ML	3	QL (120 ML per 30 days) MO
<i>procentra solution 5mg/5ml</i>	1	QL (1800 ML per 30 days)
QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 100MG	3	QL (30 EA per 30 days) PA MO
QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 150MG	3	QL (60 EA per 30 days) PA MO
QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 200MG	3	QL (90 EA per 30 days) PA MO
QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 40MG	3	QL (30 EA per 30 days) MO
QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 30MG	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
QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 20MG	3	QL (90 EA per 30 days) MO
QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25MG/5ML	3	QL (360 ML per 30 days) MO
RELEXXII TABLET EXTENDED RELEASE 18MG, 27MG, 36MG, 45MG, 54MG, 63MG, 72MG	3	QL (30 EA per 30 days) MO
RITALIN TABLET 5MG	3	QL (90 EA per 30 days) MO
VYVANSE CAPSULE 10MG, 20MG, 30MG, 40MG, 50MG, 60MG, 70MG	3	QL (30 EA per 30 days) MO
VYVANSE TABLET CHEWABLE 10MG, 20MG, 30MG, 40MG, 50MG, 60MG	3	QL (30 EA per 30 days) MO
XELSTRYM PATCH 13.5MG/9HR, 18MG/9HR, 4.5MG/9HR, 9MG/9HR	3	QL (30 EA per 30 days) MO
<i>zenzedi tablet 15mg</i>	1	QL (120 EA per 30 days)
<i>zenzedi tablet 10mg, 2.5mg, 5mg</i>	1	QL (180 EA per 30 days)
<i>zenzedi tablet 7.5mg</i>	1	QL (240 EA per 30 days)
<i>zenzedi tablet 30mg</i>	1	QL (60 EA per 30 days)
<i>zenzedi tablet 20mg</i>	1	QL (90 EA per 30 days)
HYPNOTICS		
AMBIEN CR TABLET EXTENDED RELEASE 12.5MG, 6.25MG	3	QL (30 EA per 30 days) PA MO; HRM
AMBIEN TABLET 10MG, 5MG	3	QL (30 EA per 30 days) PA MO; HRM
BELSOMRA TABLET 10MG, 15MG, 20MG, 5MG	2	QL (30 EA per 30 days) MO
DAYVIGO TABLET 10MG, 5MG	2	QL (30 EA per 30 days) MO
<i>doxepin hydrochloride tablet 3mg, 6mg</i>	1	QL (30 EA per 30 days) MO; HRM
EDLUAR TABLET SUBLINGUAL 10MG	3	QL (30 EA per 30 days) PA MO; HRM
EDLUAR TABLET SUBLINGUAL 5MG	3	QL (60 EA per 30 days) PA MO; HRM
<i>estazolam tablet 1mg, 2mg</i>	1	QL (30 EA per 30 days) PA MO; HRM
<i>eszopiclone tablet 1mg, 2mg, 3mg</i>	1	QL (30 EA per 30 days) PA MO; HRM
<i>flurazepam hydrochloride capsule 15mg, 30mg</i>	1	QL (30 EA per 30 days)
HETLIOZ LQ SUSPENSION 4MG/ML	3	QL (158 ML per 30 days) PA; LD
HETLIOZ CAPSULE 20MG	3	QL (30 EA per 30 days) PA; LD
IGALMI FILM 120MCG, 180MCG	3	QL (60 EA per 30 days) PA
LUNESTA TABLET 1MG, 2MG, 3MG	3	QL (30 EA per 30 days) PA MO; HRM
<i>midazolam hcl injection 10mg/2ml, 2mg/2ml, 5mg/5ml, 5mg/ml</i>	1	HRM
<i>midazolam hcl syrup 2mg/ml</i>	1	QL (300 ML per 30 days); HRM

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Drug Name	Drug Tier	Requirements/Limits
<i>midazolam hydrochloride injection 10mg/10ml, 25mg/5ml, 2mg/2ml, 50mg/10ml, 5mg/5ml, 5mg/ml</i>	1	HRM
<i>midazolam hydrochloride injection 10mg/2ml</i>	1	MO; HRM
<i>pentobarbital sodium injection 50mg/ml</i>	1	
QUVIVIQ TABLET 25MG, 50MG	2	QL (30 EA per 30 days) MO
<i>ramelteon tablet 8mg</i>	1	QL (30 EA per 30 days) MO
RESTORIL CAPSULE 15MG, 22.5MG, 30MG, 7.5MG	3	QL (30 EA per 30 days) PA MO; HRM
ROZEREM TABLET 8MG	3	QL (30 EA per 30 days) MO
SILENOR TABLET 3MG, 6MG	3	QL (30 EA per 30 days) MO; HRM
<i>tasimelteon capsule 20mg</i>	1	QL (30 EA per 30 days) PA; ACS
<i>temazepam capsule 15mg, 22.5mg, 30mg, 7.5mg</i>	1	QL (30 EA per 30 days) PA MO; HRM
<i>triazolam tablet 0.125mg, 0.25mg</i>	1	QL (60 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 5mg</i>	1	QL (30 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 10mg</i>	1	QL (60 EA per 30 days) PA MO; HRM
<i>zolpidem tartrate er tablet extended release 12.5mg, 6.25mg</i>	1	QL (30 EA per 30 days) PA MO; HRM
ZOLPIDEM TARTRATE CAPSULE 7.5MG	3	QL (30 EA per 30 days) PA MO
<i>zolpidem tartrate tablet sublingual 1.75mg, 3.5mg</i>	1	QL (30 EA per 30 days) PA MO; HRM
<i>zolpidem tartrate tablet 10mg, 5mg</i>	1	QL (30 EA per 30 days) PA MO; HRM
MIGRAINE		
AIMOVIG INJECTION 140MG/ML, 70MG/ML	2	QL (1 ML per 30 days) PA; ACS
AJOVY AUTO-INJECTOR 225MG/1.5ML	2	QL (1.5 ML per 28 days) PA; ACS
AJOVY PREFILLED SYRINGE 225MG/1.5ML	2	QL (4.5 ML per 90 days) PA; ACS
<i>almotriptan malate tablet 12.5mg, 6.25mg</i>	1	QL (8 EA per 30 days) MO
<i>almotriptan tablet 12.5mg, 6.25mg</i>	1	QL (8 EA per 30 days) MO
BREKIYA INJECTION 1MG/ML	3	QL (24 ML per 28 days) PA; ACS LD
CAFERGOT TABLET 100MG; 1MG	3	QL (40 EA per 28 days) PA
CAMBIA PACKET 50MG	3	QL (9 EA per 30 days) PA MO
<i>diclofenac potassium packet 50mg</i>	1	QL (9 EA per 30 days) PA MO
<i>dihydroergotamine mesylate injection 1mg/ml</i>	1	PA MO
<i>dihydroergotamine mesylate nasal solution 4mg/ml</i>	1	QL (8 ML per 30 days) PA MO
<i>eletriptan hydrobromide tablet 20mg, 40mg</i>	1	QL (12 EA per 30 days) MO
ELYXYB SOLUTION 120MG/4.8ML	3	QL (28.8 ML per 21 days) PA MO
EMGALITY INJECTION 120MG/ML	2	QL (2 ML per 30 days) PA; ACS
EMGALITY INJECTION 100MG/ML	2	QL (3 ML per 30 days) PA; ACS
ERGOMAR TABLET SUBLINGUAL 2MG	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>ergotamine tartrate/cafeine tablet 100mg; 1mg</i>	1	QL (40 EA per 28 days) PA MO
FROVA TABLET 2.5MG	3	QL (12 EA per 30 days) ST MO
<i>frovatriptan succinate tablet 2.5mg</i>	1	QL (12 EA per 30 days) MO
IMITREX STATDOSE REFILL INJECTION 4MG/0.5ML, 6MG/0.5ML	3	QL (4 ML per 30 days) ST MO
IMITREX STATDOSE SYSTEM INJECTION 4MG/0.5ML, 6MG/0.5ML	3	QL (4 ML per 30 days) ST MO
IMITREX TABLET 100MG	3	QL (12 EA per 30 days) ST MO
IMITREX TABLET 25MG, 50MG	3	QL (9 EA per 30 days) ST MO
MAXALT-MLT TABLET DISINTEGRATING 10MG	3	QL (12 EA per 30 days) ST MO
MAXALT TABLET 10MG	3	QL (12 EA per 30 days) ST MO
<i>migergot suppository 100mg; 2mg</i>	1	QL (20 EA per 28 days) PA MO
<i>naratriptan hcl tablet 1mg, 2.5mg</i>	1	QL (9 EA per 30 days) MO
NURTEC TABLET DISINTEGRATING 75MG	2	QL (16 EA per 30 days) PA MO
ONZETRA XSAIL EXHALER POWDER 11MG/NOSEPC	3	QL (16 EA per 30 days) ST MO
QULIPTA TABLET 10MG, 30MG, 60MG	2	QL (30 EA per 30 days) PA MO
RELPAK TABLET 20MG, 40MG	3	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate odt tablet disintegrating 10mg, 5mg</i>	1	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate tablet 10mg, 5mg</i>	1	QL (12 EA per 30 days) MO
<i>sumatriptan succinate injection 6mg/0.5ml</i>	1	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 tablet 500mg; 85mg</i>	1	QL (9 EA per 30 days) MO
<i>sumatriptan solution 20mg/act, 5mg/act</i>	1	QL (12 EA per 30 days) MO
SYMBRAVO TABLET 20MG; 10MG	3	QL (9 EA per 30 days) ST MO
TOSYMRA SOLUTION 10MG/ACT	3	QL (12 EA per 30 days) ST MO
TREXIMET TABLET 500MG; 85MG	3	QL (9 EA per 30 days) ST MO
TRUDHESA AEROSOL SOLUTION 0.725MG/ACT	3	QL (12 ML per 28 days) PA
UBRELVY TABLET 100MG, 50MG	2	QL (16 EA per 30 days) PA MO
VYEPTI INJECTION 100MG/ML	3	QL (1 ML per 90 days) PA; ACS LD
ZAVZPRET SOLUTION 10MG/ACT	3	QL (6 EA per 21 days) PA MO
ZEMBRACE SYMTOUCH INJECTION 3MG/0.5ML	2	QL (8 ML per 30 days) ST MO
<i>zolmitriptan odt tablet disintegrating 2.5mg, 5mg</i>	1	QL (6 EA per 30 days) MO
ZOLMITRIPTAN SOLUTION 2.5MG	3	QL (12 EA per 30 days) MO
<i>zolmitriptan solution 5mg</i>	1	QL (12 EA per 30 days) MO
<i>zolmitriptan tablet 2.5mg, 5mg</i>	1	QL (6 EA per 30 days) MO
ZOMIG NASAL SPRAY 2.5MG, 5MG	3	QL (12 EA per 30 days) ST MO
<i>zomig tablet 2.5mg, 5mg</i>	1	QL (6 EA per 30 days)
MISCELLANEOUS		
AMONDYS 45 INJECTION 100MG/2ML	3	PA; LD
AMVUTTRA INJECTION 25MG/0.5ML	3	QL (0.5 ML per 90 days) PA; ACS LD

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
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 12MG; 18MG; 24MG; 30MG	3	QL (56 EA per 365 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	3	QL (120 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18MG, 30MG, 36MG, 42MG, 48MG	3	QL (30 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	3	QL (60 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	3	QL (90 EA per 30 days) PA; ACS
AUSTEDO TABLET 12MG, 9MG	3	QL (120 EA per 30 days) PA; ACS
AUSTEDO TABLET 6MG	3	QL (60 EA per 30 days) PA; ACS
DAYBUE STIX PACKET 5000MG, 6000MG	3	QL (120 EA per 30 days) PA; LD
DAYBUE STIX PACKET 8000MG	3	QL (60 EA per 30 days) PA; LD
DAYBUE SOLUTION 200MG/ML	3	QL (3600 ML per 30 days) PA; LD
DUVYZAT SUSPENSION 8.86MG/ML	3	QL (420 ML per 30 days) PA; LD
edaravone injection 60mg/100ml	1	QL (1400 ML per 28 days) PA; ACS
edaravone injection 30mg/100ml	1	QL (2800 ML per 28 days) PA; ACS
ENSPRYNG INJECTION 120MG/ML	3	PA; ACS LD
EQUETRO CAPSULE EXTENDED RELEASE 12 HOUR 100MG, 200MG, 300MG	3	MO; HRM
EVRYSDI SOLUTION RECONSTITUTED 0.75MG/ML	3	QL (80 ML per 12 days) PA; LD
EVRYSDI TABLET 5MG	3	QL (30 EA per 30 days) PA; LD
EXONDYS 51 INJECTION 100MG/2ML, 500MG/10ML	3	PA MO; LD
FIRDAPSE TABLET 10MG	3	PA; LD
flumazenil injection 0.5mg/5ml, 1mg/10ml	1	
gabapentin once-daily (generic Gralise) tablet 300mg	1	QL (150 EA per 30 days) MO
gabapentin once-daily (generic Gralise) tablet 750mg, 900mg	1	QL (60 EA per 30 days) MO
gabapentin once-daily (generic Gralise) tablet 450mg, 600mg	1	QL (90 EA per 30 days) MO
GRALISE TABLET 300MG	3	QL (150 EA per 30 days) MO
GRALISE TABLET 750MG, 900MG	3	QL (60 EA per 30 days) MO
GRALISE TABLET 450MG, 600MG	3	QL (90 EA per 30 days) MO
HORIZANT TABLET EXTENDED RELEASE 300MG, 600MG	3	QL (60 EA per 30 days) MO
INGREZZA CAPSULE SPRINKLE 40MG, 60MG, 80MG	2	QL (30 EA per 30 days) PA; ACS LD
INGREZZA CAPSULE THERAPY PACK 40MG; 80MG	2	QL (28 EA per 28 days) PA; ACS LD
INGREZZA CAPSULE 40MG, 60MG, 80MG	2	QL (30 EA per 30 days) PA; ACS LD
lithium carbonate er tablet extended release 300mg, 450mg	1	MO
lithium carbonate capsule 150mg, 300mg, 600mg	1	MO
lithium carbonate tablet 300mg	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>lithium solution 8meq/5ml</i>	1	MO
LITHOBID TABLET EXTENDED RELEASE 300MG	3	MO
LYRICA CR TABLET EXTENDED RELEASE 24 HOUR 330MG	3	QL (60 EA per 30 days) PA MO
LYRICA CR TABLET EXTENDED RELEASE 24 HOUR 165MG, 82.5MG	3	QL (90 EA per 30 days) PA MO
MESTINON TIMESPAN TABLET EXTENDED RELEASE 180MG	3	MO
MESTINON SOLUTION 60MG/5ML	3	MO
MESTINON TABLET 60MG	3	MO
<i>milnacipran hydrochloride titration pack 12mg; 25mg; 50mg</i>	1	QL (110 EA per 365 days) PA
<i>milnacipran hydrochloride tablet 100mg, 12.5mg, 25mg, 50mg</i>	1	QL (60 EA per 30 days) PA
NUEDEXTA CAPSULE 20MG; 10MG	3	QL (60 EA per 30 days) PA MO
<i>paroxetine capsule 7.5mg</i>	1	PA MO; HRM
<i>pregabalin er tablet extended release 24 hour 330mg</i>	1	QL (60 EA per 30 days) PA MO
<i>pregabalin er tablet extended release 24 hour 165mg, 82.5mg</i>	1	QL (90 EA per 30 days) PA MO
<i>pyridostigmine bromide er tablet extended release 180mg</i>	1	MO
<i>pyridostigmine bromide solution 60mg/5ml</i>	1	MO
<i>pyridostigmine bromide tablet 30mg, 60mg</i>	1	MO
RADICAVA ORS STARTER KIT SUSPENSION 105MG/5ML	2	QL (140 ML per 365 days) PA; ACS LD
RADICAVA ORS SUSPENSION 105MG/5ML	2	QL (50 ML per 28 days) PA; ACS LD
RADICAVA INJECTION 30MG/100ML	3	QL (2800 ML per 28 days) PA; ACS LD
REGONOL INJECTION 10MG/2ML	3	
<i>riluzole tablet 50mg</i>	1	MO
SAVELLA TABLET 100MG, 12.5MG, 25MG, 50MG	3	QL (60 EA per 30 days) PA MO
SKYCLARYS CAPSULE 50MG	3	QL (90 EA per 30 days) PA; LD
TEGLUTIK SUSPENSION 50MG/10ML	3	QL (600 ML per 30 days); ACS LD
<i>tetrabenazine tablet 25mg</i>	1	QL (120 EA per 30 days) PA; ACS
<i>tetrabenazine tablet 12.5mg</i>	1	QL (90 EA per 30 days) PA; ACS
TIGLUTIK SUSPENSION 50MG/10ML	3	QL (600 ML per 30 days); ACS LD
TONMYA TABLET SUBLINGUAL 2.8MG	3	QL (60 EA per 30 days) PA MO
UPLIZNA INJECTION 100MG/10ML	3	PA; ACS LD
VILTEPSO INJECTION 250MG/5ML	3	PA; ACS LD
VYONDYS 53 INJECTION 100MG/2ML	3	PA; LD
WAINUA INJECTION 45MG/0.8ML	3	QL (0.8 ML per 30 days) PA; LD
XENAZINE TABLET 25MG	3	QL (120 EA per 30 days) PA; ACS LD
XENAZINE TABLET 12.5MG	3	QL (90 EA per 30 days) PA; ACS LD

MULTIPLE SCLEROSIS AGENTS

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
AMPYRA TABLET EXTENDED RELEASE 12 HOUR 10MG	3	PA; ACS LD
AUBAGIO TABLET 14MG, 7MG	3	QL (30 EA per 30 days) PA; ACS LD
AVONEX PEN INJECTION 30MCG/0.5ML	2	QL (1 EA per 28 days) PA; ACS
AVONEX INJECTION 30MCG/0.5ML	2	QL (1 EA per 28 days) PA; ACS
BAFIERTAM CAPSULE DELAYED RELEASE 95MG	2	QL (120 EA per 30 days) PA; ACS LD
BETASERON INJECTION 0.3MG	2	QL (14 EA per 28 days) PA; ACS
BRIUMVI INJECTION 150MG/6ML	3	QL (42 ML per 365 days) PA; ACS LD
<i>cladribine tablet therapy pack (4 tab pack) 10mg</i>	1	QL (16 EA per 999 days) PA; ACS
<i>cladribine tablet therapy pack (5 tab pack) 10mg</i>	1	QL (20 EA per 999 days) PA; ACS
<i>cladribine tablet therapy pack (6 tab pack) 10mg</i>	1	QL (24 EA per 999 days) PA; ACS
<i>cladribine tablet therapy pack (7 tab pack) 10mg</i>	1	QL (28 EA per 999 days) PA; ACS
<i>cladribine tablet therapy pack (8 tab pack) 10mg</i>	1	QL (32 EA per 999 days) PA; ACS
<i>cladribine tablet therapy pack (9 tab pack) 10mg</i>	1	QL (36 EA per 999 days) PA; ACS
<i>cladribine tablet therapy pack (10 tab pack) 10mg</i>	1	QL (40 EA per 999 days) PA; ACS
COPAXONE INJECTION 40MG/ML	3	QL (12 ML per 28 days) PA; ACS
COPAXONE INJECTION 20MG/ML	3	QL (30 ML per 30 days) PA; ACS
<i>dalfampridine er tablet extended release 12 hour 10mg</i>	1	PA; ACS
<i>dimethyl fumarate starter pack capsule delayed release therapy pack 120mg; 240mg</i>	1	QL (120 EA per 365 days) PA; ACS
<i>dimethyl fumarate capsule delayed release 120mg</i>	1	QL (14 EA per 7 days) PA; ACS
<i>dimethyl fumarate capsule delayed release 240mg</i>	1	QL (60 EA per 30 days) PA; ACS
<i>fingolimod hydrochloride capsule 0.5mg</i>	1	QL (30 EA per 30 days) PA; ACS
GILENYA CAPSULE 0.25MG	3	QL (28 EA per 28 days) PA; ACS
GILENYA CAPSULE 0.5MG	3	QL (30 EA per 30 days) PA; ACS
<i>glatiramer acetate injection 40mg/ml</i>	1	QL (12 ML per 28 days) PA; ACS
<i>glatiramer acetate injection 20mg/ml</i>	1	QL (30 ML per 30 days) PA; ACS
<i>glatopa injection 40mg/ml</i>	1	QL (12 ML per 28 days) PA; ACS
<i>glatopa injection 20mg/ml</i>	1	QL (30 ML per 30 days) PA; ACS
KESIMPTA INJECTION 20MG/0.4ML	2	QL (6.4 ML per 365 days) PA; ACS LD
LEMTRADA INJECTION 12MG/1.2ML	3	QL (6 ML per 365 days) PA; ACS LD
MAVENCLAD TABLET THERAPY PACK (4 TAB PACK) 10MG	3	QL (16 EA per 999 days) PA; ACS LD
MAVENCLAD TABLET THERAPY PACK (5 TAB PACK) 10MG	3	QL (20 EA per 999 days) PA; ACS LD
MAVENCLAD TABLET THERAPY PACK (6 TAB PACK) 10MG	3	QL (24 EA per 999 days) PA; ACS LD
MAVENCLAD TABLET THERAPY PACK (7 TAB PACK) 10MG	3	QL (28 EA per 999 days) PA; ACS LD

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
MAVENCLAD TABLET THERAPY PACK (8 TAB PACK) 10MG	3	QL (32 EA per 999 days) PA; ACS LD
MAVENCLAD TABLET THERAPY PACK (9 TAB PACK) 10MG	3	QL (36 EA per 999 days) PA; ACS LD
MAVENCLAD TABLET THERAPY PACK (10 TAB PACK) 10MG	3	QL (40 EA per 999 days) PA; ACS LD
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG (FOR 2MG MAINTENANCE DOSAGE)	2	QL (24 EA per 365 days) PA; ACS LD
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG (FOR 1MG MAINTENANCE DOSAGE)	3	QL (14 EA per 365 days) PA; ACS LD
MAYZENT TABLET 0.25MG	2	QL (112 EA per 28 days) PA; ACS LD
MAYZENT TABLET 1MG, 2MG	2	QL (30 EA per 30 days) PA; ACS LD
OCREVUS ZUNOVO INJECTION 23000UNIT/23ML; 920MG/23ML	3	QL (23 ML per 180 days) PA; ACS LD
OCREVUS INJECTION 300MG/10ML	3	QL (20 ML per 180 days) PA; ACS LD
PLEGRIDY STARTER PACK INJECTION 63MCG/0.5ML; 94MCG/0.5ML	2	QL (2 ML per 365 days) PA; ACS LD
PLEGRIDY STARTER PACK INJECTION AUTOINJECTOR 63MCG/0.5ML; 94MCG/0.5ML	3	QL (2 ML per 365 days) PA; ACS LD
PLEGRIDY INJECTION 125MCG/0.5ML	2	QL (1 ML per 28 days) PA; ACS LD
PONVORY TABLET 20MG	3	QL (30 EA per 30 days) PA; ACS LD
REBIF REBIDOSE TITRATION PACK INJECTION 8.8MCG/0.2ML; 22MCG/0.5ML	3	QL (8.4 ML per 365 days) PA; ACS
REBIF REBIDOSE INJECTION 22MCG/0.5ML, 44MCG/0.5ML	3	QL (6 ML per 28 days) PA; ACS
REBIF TITRATION PACK INJECTION 8.8MCG/0.2ML; 22MCG/0.5ML	3	QL (8.4 ML per 365 days) PA; ACS
REBIF INJECTION 22MCG/0.5ML, 44MCG/0.5ML	3	QL (6 ML per 28 days) PA; ACS
TASCENSO ODT TABLET DISINTEGRATING 0.25MG, 0.5MG	3	QL (30 EA per 30 days) PA; LD
TECFIDERA STARTER PACK CAPSULE DELAYED RELEASE THERAPY PACK 120MG; 240MG	3	QL (120 EA per 365 days) PA; ACS LD
TECFIDERA CAPSULE DELAYED RELEASE 120MG	3	QL (14 EA per 7 days) PA; ACS LD
TECFIDERA CAPSULE DELAYED RELEASE 240MG	3	QL (60 EA per 30 days) PA; ACS LD
<i>teriflunomide tablet 14mg, 7mg</i>	1	QL (30 EA per 30 days) PA; ACS
TYRUKO INJECTION 300MG/15ML	2	PA; ACS LD
TYSABRI INJECTION 300MG/15ML	3	PA; ACS LD
VUMERITY CAPSULE DELAYED RELEASE 231MG	2	QL (120 EA per 30 days) PA; ACS LD

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
ZEPOSIA 7-DAY STARTER PACK CAPSULE THERAPY PACK 0.23MG; 0.46MG	3	QL (14 EA per 365 days) PA; ACS LD
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0.23MG; 0.46MG; 0.92MG	2	QL (56 EA per 365 days) PA; ACS LD
ZEPOSIA CAPSULE 0.92MG	2	QL (30 EA per 30 days) PA; ACS LD
MUSCULOSKELETAL THERAPY AGENTS		
AMRIX CAPSULE EXTENDED RELEASE 24 HOUR 15MG, 30MG	3	QL (30 EA per 30 days) PA MO; HRM
ATMEKSI SUSPENSION 750MG/5ML	3	QL (900 ML per 30 days) PA
BACLOFEN INJECTION 50MCG/ML	3	B/D
<i>baclofen injection 20000mcg/20ml, 40000mcg/20ml, 500mcg/ml</i>	1	B/D
<i>baclofen oral solution 10mg/5ml, 5mg/5ml</i>	1	QL (1200 ML per 30 days) PA MO
<i>baclofen suspension 25mg/5ml</i>	1	QL (480 ML per 30 days) PA MO
<i>baclofen tablet 10mg, 15mg, 20mg, 5mg</i>	1	MO
BOTOX INJECTION 200UNIT	3	QL (2 EA per 84 days) PA
BOTOX INJECTION 100UNIT	3	QL (4 EA per 84 days) PA
<i>carisoprodol tablet 250mg, 350mg</i>	1	QL (84 EA per 30 days) PA MO; HRM
<i>chlorzoxazone tablet 250mg, 375mg, 750mg</i>	1	QL (120 EA per 30 days) PA MO; HRM
<i>chlorzoxazone tablet 500mg</i>	1	QL (180 EA per 30 days) PA MO; HRM
<i>cyclobenzaprine hydrochloride er capsule extended release 24 hour 15mg, 30mg</i>	1	QL (30 EA per 30 days) PA MO; HRM
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg, 7.5mg</i>	1	QL (90 EA per 30 days) PA MO; HRM
DANTRIUM CAPSULE 25MG	3	MO
<i>dantrolene sodium capsule 100mg, 25mg, 50mg</i>	1	MO
DAXXIFY INJECTION 100UNIT	3	PA; ACS LD
DYSPORT INJECTION 300UNIT, 500UNIT	3	PA; ACS
<i>fexmid tablet 7.5mg</i>	1	QL (90 EA per 30 days) PA; HRM
FLEQSUVY SUSPENSION 25MG/5ML	3	QL (480 ML per 30 days) PA MO
GABLOFEN INJECTION 10000MCG/20ML, 20000MCG/20ML, 40000MCG/20ML, 50MCG/ML	3	B/D
LIORESAL INTRATHECAL INJECTION 0.05MG/ML, 10MG/20ML, 10MG/5ML, 40MG/20ML	3	B/D
METAXALONE TABLET 640MG	3	QL (120 EA per 30 days) PA
<i>metaxalone tablet 400mg, 800mg</i>	1	QL (120 EA per 30 days) PA MO; HRM
<i>methocarbamol injection 1000mg/10ml</i>	1	PA
<i>methocarbamol tablet 1000mg</i>	1	QL (120 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>methocarbamol tablet 750mg</i>	1	QL (240 EA per 30 days) PA MO; HRM
<i>methocarbamol tablet 500mg</i>	1	QL (360 EA per 30 days) PA MO; HRM
MYOBLOC INJECTION 10000UNIT/2ML, 2500UNIT/0.5ML, 5000UNIT/ML	3	PA; ACS
<i>norgesic forte tablet 770mg; 60mg; 50mg</i>	1	QL (120 EA per 30 days) PA; HRM
<i>norgesic tablet 385mg; 30mg; 25mg</i>	1	QL (120 EA per 30 days) PA; HRM
ONTRALFY SOLUTION 2MG/5ML	3	PA MO
<i>orphenadrine citrate er tablet extended release 12 hour 100mg</i>	1	QL (60 EA per 30 days) PA MO; HRM
<i>orphenadrine citrate injection 30mg/ml</i>	1	PA MO; HRM
<i>orphenadrine/aspirin/cafeine tablet 385mg; 30mg; 25mg</i>	1	QL (120 EA per 30 days) PA; HRM
<i>orphengesic forte tablet 770mg; 60mg; 50mg</i>	1	QL (120 EA per 30 days) PA; HRM
OZOBAX DS SOLUTION 10MG/5ML	3	QL (1200 ML per 30 days) PA
ROBAXIN INJECTION 1000MG/10ML	3	PA MO
SOHONOS CAPSULE 1.5MG, 10MG, 1MG, 2.5MG, 5MG	3	PA; ACS LD
SOMA TABLET 250MG, 350MG	3	QL (84 EA per 30 days) PA MO; HRM
<i>tanlor tablet 1000mg</i>	1	QL (120 EA per 30 days) PA; HRM
<i>tizanidine hcl tablet 2mg</i>	1	MO
<i>tizanidine hydrochloride capsule 2mg, 4mg, 6mg</i>	1	MO
<i>tizanidine hydrochloride capsule 8mg</i>	1	QL (120 EA per 30 days) PA
<i>tizanidine hydrochloride tablet 4mg</i>	1	MO
XEOMIN INJECTION 100UNIT, 200UNIT, 50UNIT	3	PA; ACS LD
ZANAFLEX CAPSULE 2MG, 4MG, 6MG	3	
ZANAFLEX CAPSULE 8MG	3	QL (120 EA per 30 days) PA
ZANAFLEX TABLET 4MG	3	MO
NARCOLEPSY/CATAPLEXY		
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	1	QL (30 EA per 30 days) PA MO
<i>armodafinil tablet 50mg</i>	1	QL (60 EA per 30 days) PA MO
LUMRYZ STARTER PACK THERAPY PACK 4.5GM; 6GM; 7.5GM	3	QL (56 EA per 365 days) PA; ACS LD
LUMRYZ PACKET 4.5GM, 6GM, 7.5GM, 9GM	3	QL (30 EA per 30 days) PA; ACS LD
<i>modafinil tablet 100mg</i>	1	QL (30 EA per 30 days) PA MO
<i>modafinil tablet 200mg</i>	1	QL (60 EA per 30 days) PA MO
NUVIGIL TABLET 150MG, 200MG, 250MG	3	QL (30 EA per 30 days) PA MO
NUVIGIL TABLET 50MG	3	QL (60 EA per 30 days) PA MO
PROVIGIL TABLET 100MG	3	QL (30 EA per 30 days) PA MO
PROVIGIL TABLET 200MG	3	QL (60 EA per 30 days) PA MO
<i>sodium oxybate solution 500mg/ml</i>	1	QL (540 ML per 30 days) PA; LD
SUNOSI TABLET 150MG, 75MG	3	QL (30 EA per 30 days) PA MO

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Drug Name	Drug Tier	Requirements/Limits
WAKIX TABLET 17.8MG, 4.45MG	3	QL (60 EA per 30 days) PA; ACS LD
XYREM SOLUTION 500MG/ML	3	QL (540 ML per 30 days) PA; LD
XYWAV SOLUTION 234MG/ML; 96MG/ML; 130MG/ML; 40MG/ML	2	QL (540 ML per 30 days) PA; LD
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium dr tablet delayed release 333mg</i>	1	MO
BRIXADI INJECTION 64MG/0.18ML	2	QL (0.18 ML per 28 days) PA; ACS LD
BRIXADI INJECTION 96MG/0.27ML	2	QL (0.27 ML per 28 days) PA; ACS LD
BRIXADI INJECTION 128MG/0.36ML	2	QL (0.36 ML per 28 days) PA; ACS LD
BRIXADI INJECTION 8MG/0.16ML	2	QL (0.64 ML per 28 days) PA; ACS LD
BRIXADI INJECTION 16MG/0.32ML	2	QL (1.28 ML per 28 days) PA; ACS LD
BRIXADI INJECTION 24MG/0.48ML	2	QL (1.92 ML per 28 days) PA; ACS LD
BRIXADI INJECTION 32MG/0.64ML	2	QL (2.56 ML per 28 days) PA; ACS LD
<i>buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg</i>	1	QL (120 EA per 30 days) MO
<i>buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg</i>	1	QL (180 EA per 30 days) MO
<i>buprenorphine hcl tablet sublingual 8mg</i>	1	QL (120 EA per 30 days) MO
<i>buprenorphine hcl tablet sublingual 2mg</i>	1	QL (180 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 8mg; 2mg</i>	1	QL (120 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg</i>	1	QL (180 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg</i>	1	QL (90 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tablet (smoking deterrent) extended release 12 hour 150mg</i>	1	QL (60 EA per 30 days) MO
CHANTIX CONTINUING MONTH PAK TABLET 1MG	3	MO
CHANTIX STARTING MONTH PAK TABLET THERAPY PACK 0.5MG; 1MG	3	MO
CHANTIX TABLET 0.5MG, 1MG	3	MO
<i>disulfiram tablet 250mg, 500mg</i>	1	MO
KLOXXADO LIQUID 8MG/0.1ML	3	MO
<i>lofexidine hydrochloride tablet 0.18mg</i>	1	QL (224 EA per 14 days) PA MO
<i>naloxone hcl injection 4mg/10ml</i>	1	MO
<i>naloxone hydrochloride injection 0.4mg/ml cartridge, 2mg/2ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>naloxone hydrochloride vial and prefilled syringe injection 0.4mg/ml</i>	1	MO
<i>naltrexone hydrochloride tablet 50mg</i>	1	MO
NICOTROL NS SOLUTION 10MG/ML	3	QL (360 ML per 365 days) MO
OPVEE SOLUTION 2.7MG/0.1ML	3	
REXTOVY LIQUID 4MG/0.25ML	3	MO
REZENOPY LIQUID 10MG/0.11ML	3	QL (4 EA per 30 days)
SUBLOCADE INJECTION 100MG/0.5ML, 300MG/1.5ML	3	QL (1.5 ML per 30 days) PA; ACS LD
SUBOXONE FILM 8MG; 2MG	3	QL (120 EA per 30 days) MO
SUBOXONE FILM 2MG; 0.5MG	3	QL (180 EA per 30 days) MO
SUBOXONE FILM 12MG; 3MG, 4MG; 1MG	3	QL (90 EA per 30 days) MO
<i>varenicline starting month tablet therapy pack 0.5mg; 1mg</i>	1	
<i>varenicline tartrate continuing month tablet 1mg</i>	1	MO
<i>varenicline tartrate tablet 0.5mg, 1mg</i>	1	MO
VIVITROL INJECTION 380MG	3	ACS
ZUBSOLV TABLET SUBLINGUAL 11.4MG; 2.9MG	3	QL (30 EA per 30 days) MO
ZUBSOLV TABLET SUBLINGUAL 1.4MG; 0.36MG, 2.9MG; 0.71MG, 5.7MG; 1.4MG, 8.6MG; 2.1MG	3	QL (60 EA per 30 days) MO
ZUBSOLV TABLET SUBLINGUAL 0.7MG; 0.18MG	3	QL (90 EA per 30 days) MO
ZURNAI INJECTION 1.5MG/0.5ML	3	

ENDOCRINE AND METABOLIC**ANDROGENS**

AVEED INJECTION 750MG/3ML	3	ACS LD
AZMIRO INJECTION 200MG/ML	3	PA MO
<i>danazol capsule 100mg, 200mg, 50mg</i>	1	MO
<i>depo-testosterone injection 100mg/ml, 200mg/ml</i>	1	PA
JATENZO CAPSULE 158MG, 198MG	3	QL (120 EA per 30 days) PA MO
JATENZO CAPSULE 237MG	3	QL (60 EA per 30 days) PA MO
KYZATREX CAPSULE 150MG, 200MG	3	QL (120 EA per 30 days) PA
<i>methitest tablet 10mg</i>	1	PA
<i>methylestosterone capsule 10mg</i>	1	PA MO
TESTIM GEL 1%	3	QL (300 GM per 30 days) PA MO
TESTOPEL PELLET 75MG	3	PA; ACS LD
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	1	MO
<i>testosterone enanthate injection 200mg/ml</i>	1	PA MO
<i>testosterone pump gel 1.62%</i>	1	QL (150 GM per 30 days) MO
<i>testosterone pump gel 1%</i>	1	QL (300 GM per 30 days) MO
<i>testosterone gel 1.62% (20.25mg/1.25gm, 40.5mg/2.5gm)</i>	1	QL (150 GM per 30 days) MO
<i>testosterone gel 1% (25mg/2.5gm, 50mg/5gm)</i>	1	QL (300 GM per 30 days) MO
<i>testosterone solution 30mg/act</i>	1	QL (180 ML per 30 days) MO
TLANDO CAPSULE 112.5MG	3	QL (120 EA per 30 days) PA MO
VOGELXO PUMP GEL 1%	3	QL (300 GM per 30 days) PA MO
VOGELXO GEL 50MG/5GM	3	QL (300 GM per 30 days) PA MO

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Drug Name	Drug Tier	Requirements/Limits
XYOSTED INJECTION 100MG/0.5ML, 50MG/0.5ML, 75MG/0.5ML	3	PA MO
ANTIDIABETICS, INSULINS		
ADMELOG SOLOSTAR INJECTION 100UNIT/ML	3	ST MO
ADMELOG INJECTION 100UNIT/ML	3	PA MO
AFREZZA POWDER 4UNIT; 8 UNIT TITRATION PACK, 4UNIT; 8UNIT; 12UNIT TITRATION PACK, 8UNIT; 12UNIT, 12UNIT, 4UNIT, 8UNIT	3	MO
BD ALCOHOL SWABS	2	PA MO
APIDRA SOLOSTAR INJECTION 100UNIT/ML	3	ST MO
APIDRA INJECTION 100UNIT/ML	3	PA MO
BD INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	PA MO
BASAGLAR KWIKPEN INJECTION 100UNIT/ML	3	ST MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	PA MO
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 1/2"	2	PA MO
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16"	2	PA MO
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 1/2"	2	PA MO
BD PEN	2	MO
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM	2	PA MO
CEQR SIMPLICITY 2U DEVICE	3	MO
CEQR SIMPLICITY INSERTER	3	MO
CURITY GAUZE PADS 2"X2" 12 PLY PAD	2	PA MO
FIASP FLEXTOUCH INJECTION 100UNIT/ML	2	MO
FIASP PENFILL INJECTION 100UNIT/ML	2	MO
FIASP PUMPCART INJECTION 100UNIT/ML	2	B/D MO
FIASP INJECTION 100UNIT/ML	2	B/D MO
HUMALOG JUNIOR KWIKPEN INJECTION 100UNIT/ML	3	ST MO
HUMALOG KWIKPEN INJECTION 100UNIT/ML, 200UNIT/ML	3	ST MO
HUMALOG MIX 50/50 KWIKPEN INJECTION 50UNIT/ML; 50UNIT/ML	3	ST MO
HUMALOG MIX 75/25 KWIKPEN INJECTION 25UNIT/ML; 75UNIT/ML	3	ST MO
HUMALOG MIX 75/25 INJECTION 25UNIT/ML; 75UNIT/ML	3	ST MO
HUMALOG TEMPO PEN INJECTION 100UNIT/ML	3	ST MO
HUMALOG INJECTION VIAL 100UNIT/ML	3	PA MO
HUMALOG INJECTION CARTRIDGE 100UNIT/ML	3	ST MO
HUMULIN 70/30 KWIKPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	ST MO
HUMULIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	ST MO
HUMULIN N KWIKPEN INJECTION 100UNIT/ML	3	ST MO

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Drug Name	Drug Tier	Requirements/Limits
HUMULIN N INJECTION 100UNIT/ML	3	ST MO
HUMULIN R U-500 KWIKPEN INJECTION 500UNIT/ML	2	MO
HUMULIN R INJECTION 100UNIT/ML	3	PA MO
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	ST MO
INSULIN DEGLUDEC FLEXTOUCH INJECTION 100UNIT/ML, 200UNIT/ML	3	ST MO
INSULIN DEGLUDEC INJECTION 100UNIT/ML	3	ST MO
INSULIN GLARGINE MAX SOLOSTAR INJECTION 300UNIT/ML	3	ST MO
INSULIN GLARGINE SOLOSTAR INJECTION 300UNIT/ML	3	ST MO
INSULIN GLARGINE-YFGN INJECTION 100UNIT/ML	3	ST MO
INSULIN LISPRO JUNIOR KWIKPEN INJECTION 100UNIT/ML	3	ST MO
INSULIN LISPRO KWIKPEN INJECTION 100UNIT/ML	3	ST MO
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN INJECTION 25UNIT/ML; 75UNIT/ML	3	ST MO
INSULIN LISPRO INJECTION 100UNIT/ML	3	PA MO
KIRSTY INJECTION 100UNIT ML VIAL	3	PA MO
KIRSTY INJECTION 100UNIT ML PEN	3	ST MO
LANTUS SOLOSTAR INJECTION 100UNIT/ML	2	MO
LANTUS INJECTION 100UNIT/ML	2	MO
LYUMJEV KWIKPEN INJECTION 100UNIT/ML, 200UNIT/ML	3	ST MO
LYUMJEV INJECTION 100UNIT/ML	3	PA MO
MERIOLOG SOLOSTAR INJECTION 100UNIT/ML	3	ST MO
MERIOLOG INJECTION 100UNIT/ML	3	PA MO
MODD1 PATIENT WELCOME KIT	3	MO
MODD1 SUPPLY KIT	3	MO
MYXREDLIN INJECTION 100UNIT/100ML; 0.9%	3	ST
NOVOLIN 70/30 FLEXPEN RELION INJECTION 30UNIT/ML; 70UNIT/ML	3	ST MO
NOVOLIN 70/30 FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML	2	MO
NOVOLIN 70/30 RELION INJECTION 30UNIT/ML; 70UNIT/ML	3	ST MO
NOVOLIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	2	MO
NOVOLIN N FLEXPEN RELION INJECTION 100UNIT/ML	3	ST MO
NOVOLIN N FLEXPEN INJECTION 100UNIT/ML	2	MO
NOVOLIN N RELION INJECTION 100UNIT/ML	3	ST MO
NOVOLIN N INJECTION 100UNIT/ML	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
NOVOLIN R FLEXPEN RELION INJECTION 100UNIT/ML	3	ST MO
NOVOLIN R FLEXPEN INJECTION 100UNIT/ML	2	MO
NOVOLIN R RELION INJECTION 100UNIT/ML	3	PA MO
NOVOLIN R INJECTION 100UNIT/ML	2	B/D MO
NOVOLOG FLEXPEN RELION INJECTION 100UNIT/ML	3	ST MO
NOVOLOG FLEXPEN INJECTION 100UNIT/ML	2	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION INJECTION 30UNIT/ML; 70UNIT/ML	3	ST MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML	2	MO
NOVOLOG MIX 70/30 RELION INJECTION 30UNIT/ML; 70UNIT/ML	3	ST MO
NOVOLOG MIX 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	2	MO
NOVOLOG PENFILL INJECTION 100UNIT/ML	2	MO
NOVOLOG RELION INJECTION 100UNIT/ML	3	PA MO
NOVOLOG INJECTION 100UNIT/ML	2	B/D MO
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	3	MO
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	3	MO
OMNIPOD 5 LIBRE INTRO KIT	3	MO
OMNIPOD 5 LIBRE PODS	3	MO
OMNIPOD DASH INTRO KIT (GEN 4)	3	MO
OMNIPOD DASH PODS (GEN 4)	3	MO
OMNIPOD POD PALS	3	
PIVOT INSULIN PUMP STARTER KIT KIT	3	
PIVOT SUPPLY KIT KIT	3	
REZVOGLAR KWIKPEN INJECTION 100UNIT/ML	3	ST MO
SEMGLEE INJECTION 100UNIT/ML	3	ST MO
SOLIQUA 100/33 INJECTION 100UNIT/ML; 33MCG/ML	2	QL (15 ML per 25 days) MO
TOUJEO MAX SOLOSTAR INJECTION 300UNIT/ML	2	MO
TOUJEO SOLOSTAR INJECTION 300UNIT/ML	2	MO
TRESIBA FLEXTOUCH INJECTION 100UNIT/ML, 200UNIT/ML	3	ST MO
TRESIBA INJECTION 100UNIT/ML	3	ST MO
TWIIST REFILL KIT/INFUSION SET KIT	3	MO
TWIIST REFILL KIT	3	
TWIIST STARTER KIT	3	MO
V-GO 20 KIT	3	QL (30 EA per 30 days) MO
V-GO 30 KIT	3	QL (30 EA per 30 days) MO
V-GO 40 KIT	3	QL (30 EA per 30 days) MO
XULTOPHY 100/3.6 INJECTION 100UNIT/ML; 3.6MG/ML	2	QL (15 ML per 30 days) MO
ANTIDIABETICS		
acarbose tablet 100mg, 25mg, 50mg	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
ACTOPLUS MET TABLET 850MG; 15MG	3	QL (90 EA per 30 days) MO
ACTOS TABLET 15MG, 30MG, 45MG	3	QL (30 EA per 30 days) MO
ALOGLIPTIN/METFORMIN HCL TABLET 12.5MG; 500MG	3	QL (60 EA per 30 days) ST MO
ALOGLIPTIN/METFORMIN HYDROCHLORIDE TABLET 12.5MG; 1000MG	3	QL (60 EA per 30 days) ST MO
ALOGLIPTIN/PIOGLITAZONE TABLET 12.5MG; 30MG, 25MG; 15MG, 25MG; 30MG, 25MG; 45MG	3	QL (30 EA per 30 days) ST MO
ALOGLIPTIN TABLET 12.5MG, 25MG, 6.25MG	3	QL (30 EA per 30 days) ST MO
BRYNOVIN SOLUTION 25MG/ML	3	QL (120 ML per 30 days) ST MO
CYCLOSET TABLET 0.8MG	3	MO
dapagliflozin/metformin hydrochloride er tablet extended release 24 hour 10mg; 1000mg, 10mg; 500mg	1	QL (30 EA per 30 days)
dapagliflozin/metformin hydrochloride er tablet extended release 24 hour 5mg; 1000mg, 5mg; 500mg	1	QL (60 EA per 30 days)
dapagliflozin/saxagliptin tablet 10mg; 5mg	1	QL (30 EA per 30 days)
dapagliflozin tablet 10mg, 5mg	1	QL (30 EA per 30 days)
DUETACT TABLET 2MG; 30MG, 4MG; 30MG	3	QL (30 EA per 30 days) MO
FARXIGA TABLET 10MG, 5MG	2	QL (30 EA per 30 days) MO
glimepiride tablet 4mg	1	QL (60 EA per 30 days) MO
glimepiride tablet 3mg	1	QL (60 EA per 30 days) PA
glimepiride tablet 1mg, 2mg	1	QL (90 EA per 30 days) MO
glipizide er tablet extended release 24 hour 10mg	1	QL (60 EA per 30 days) MO
glipizide er tablet extended release 24 hour 2.5mg, 5mg	1	QL (90 EA per 30 days) MO
glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg	1	QL (120 EA per 30 days) MO
glipizide/metformin hydrochloride tablet 2.5mg; 250mg	1	QL (240 EA per 30 days) MO
glipizide tablet 10mg	1	QL (120 EA per 30 days) MO
glipizide tablet 2.5mg, 5mg	1	QL (240 EA per 30 days) MO
glipizide tablet 15mg	1	QL (60 EA per 30 days) MO
glyburide micronized tablet 6mg	1	PA
glyburide micronized tablet 3mg	1	PA MO
glyburide/metformin hydrochloride tablet 1.25mg; 250mg, 2.5mg; 500mg, 5mg; 500mg	1	PA MO
glyburide tablet 1.25mg, 2.5mg, 5mg	1	PA MO
GLYXAMBI TABLET 10MG; 5MG, 25MG; 5MG	2	QL (30 EA per 30 days) MO
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50MG; 500MG	3	QL (120 EA per 30 days) ST MO
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150MG; 1000MG, 150MG; 500MG, 50MG; 1000MG	3	QL (60 EA per 30 days) ST MO
INVOKAMET TABLET 50MG; 500MG	3	QL (120 EA per 30 days) ST MO
INVOKAMET TABLET 150MG; 1000MG, 150MG; 500MG, 50MG; 1000MG	3	QL (60 EA per 30 days) ST MO
INVOKANA TABLET 300MG	3	QL (30 EA per 30 days) ST MO

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Drug Name	Drug Tier	Requirements/Limits
INVOKANA TABLET 100MG	3	QL (60 EA per 30 days) ST 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
JANUMET TABLET 1000MG; 50MG, 500MG; 50MG	2	QL (60 EA per 30 days) MO
JANUVIA TABLET 100MG, 25MG, 50MG	2	QL (30 EA per 30 days) MO
JARDIANCE TABLET 10MG, 25MG	2	QL (30 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
JENTADUETO TABLET 2.5MG; 1000MG, 2.5MG; 500MG, 2.5MG; 850MG	2	QL (60 EA per 30 days) MO
<i>liraglutide injection 6mg/ml</i>	1	QL (9 ML per 30 days) PA 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 (generic Fortamet and Glumetza) tablet extended release 24 hour 500mg</i>	1	QL (120 EA per 30 days) PA MO
<i>metformin hydrochloride er (generic Glucophage XR) tablet extended release 24 hour 750mg</i>	1	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er tablet extended release 24 hour 1000mg</i>	1	QL (60 EA per 30 days) PA MO
<i>metformin hydrochloride solution 500mg/5ml</i>	1	MO
<i>metformin hydrochloride tablet 625mg</i>	1	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>metformin hydrochloride tablet 750mg</i>	1	QL (90 EA per 30 days) PA
<i>miglitol tablet 100mg, 25mg, 50mg</i>	1	QL (90 EA per 30 days) MO
MOUNJARO INJECTION 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	2	QL (2 ML per 28 days) PA MO
MOUNJARO INJECTION 2.5MG/0.5ML	2	QL (4 ML per 365 days) PA
<i>nateglinide tablet 120mg, 60mg</i>	1	QL (90 EA per 30 days) MO
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	2	QL (3 ML per 28 days) PA MO
OZEMPIC TABLET 1.5MG	2	QL (30 EA per 30 days) PA
OZEMPIC TABLET 4MG, 9MG	2	QL (30 EA per 30 days) PA MO
<i>pioglitazone hcl-glimepiride tablet 2mg; 30mg, 4mg; 30mg</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hcl/metformin hcl tablet 500mg; 15mg, 850mg; 15mg</i>	1	QL (90 EA per 30 days) MO
<i>pioglitazone hcl tablet 45mg</i>	1	QL (30 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

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Drug Name	Drug Tier	Requirements/Limits
RIOMET SOLUTION 500MG/5ML	3	MO
RYBELSUS TABLET 3MG	2	QL (30 EA per 30 days) PA
RYBELSUS TABLET 14MG, 7MG	2	QL (30 EA per 30 days) PA MO
saxagliptin hydrochloride/metformin hydrochloride er tablet extended release 24 hour 1000mg; 5mg, 500mg; 5mg	1	QL (30 EA per 30 days) MO
saxagliptin hydrochloride/metformin hydrochloride er tablet extended release 24 hour 1000mg; 2.5mg	1	QL (60 EA per 30 days) MO
saxagliptin hydrochloride tablet 2.5mg, 5mg	1	QL (30 EA per 30 days) MO
SEGLUROMET TABLET 2.5MG; 500MG	3	QL (120 EA per 30 days) ST MO
SEGLUROMET TABLET 2.5MG; 1000MG, 7.5MG; 1000MG, 7.5MG; 500MG	3	QL (60 EA per 30 days) ST MO
sitagliptin phosphate/metformin hydrochloride tablet 1000mg; 50mg, 500mg; 50mg	1	QL (60 EA per 30 days) MO
sitagliptin phosphate tablet 100mg, 25mg	1	QL (30 EA per 30 days)
sitagliptin phosphate tablet 50mg	1	QL (30 EA per 30 days) MO
SITAGLIPTIN/METFORMIN HYDROCHLORIDE TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	3	QL (30 EA per 30 days) ST
SITAGLIPTIN/METFORMIN HYDROCHLORIDE TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	3	QL (60 EA per 30 days) ST
SITAGLIPTIN/METFORMIN HYDROCHLORIDE TABLET 1000MG; 50MG, 500MG; 50MG	3	QL (60 EA per 30 days) ST MO
SITAGLIPTIN TABLET 100MG, 25MG, 50MG	3	QL (30 EA per 30 days) ST MO
STEGLATRO TABLET 15MG, 5MG	3	QL (30 EA per 30 days) ST MO
STEGLUJAN TABLET 15MG; 100MG, 5MG; 100MG	3	QL (30 EA per 30 days) MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	3	QL (30 EA per 30 days) ST MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	3	QL (60 EA per 30 days) ST MO
SYNJARDY TABLET 5MG; 500MG	3	QL (120 EA per 30 days) ST MO
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	3	QL (60 EA per 30 days) ST MO
TRADJENTA TABLET 5MG	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 INJECTION 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	2	QL (2 ML per 28 days) PA MO
TZIELD INJECTION 2MG/2ML	3	PA; LD
VICTOZA INJECTION 18MG/3ML	3	QL (9 ML per 30 days) PA MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG	2	QL (30 EA per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	2	QL (60 EA per 30 days) MO
ZITUVIMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	3	QL (30 EA per 30 days) ST MO
ZITUVIMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	3	QL (60 EA per 30 days) ST MO
ZITUVIMET TABLET 1000MG; 50MG, 500MG; 50MG	3	QL (60 EA per 30 days) ST MO
ZITUVIO TABLET 100MG, 25MG, 50MG	3	QL (30 EA per 30 days) ST MO
CALCIUM REGULATORS		
ACTONEL TABLET 150MG	3	QL (1 EA per 28 days) ST MO
ACTONEL TABLET 35MG	3	QL (4 EA per 28 days) ST MO
<i>alendronate sodium solution 70mg/75ml</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
ATELVIA TABLET DELAYED RELEASE 35MG	3	QL (4 EA per 28 days) ST MO
AUKELSO INJECTION 120MG/1.7ML	3	PA; ACS
BILDYOS INJECTION 60MG/ML	3	QL (1 ML per 180 days); ACS
BILPREVDA INJECTION 120MG/1.7ML	3	PA; ACS
BINOSTO TABLET EFFERVESCENT 70MG	3	QL (4 EA per 28 days) ST MO
BOMYNTRA INJECTION 120MG/1.7ML	3	PA; ACS LD
BONSITY INJECTION 560MCG/2.24ML	2	PA; ACS
BOSAYA INJECTION 60MG/ML	3	QL (1 ML per 180 days) PA; ACS
<i>calcitonin salmon injection 200unit/ml</i>	1	PA MO
<i>calcitonin-salmon solution 200unit/act</i>	1	MO
CONEXXENCE INJECTION 60MG/ML	3	QL (1 ML per 180 days) PA; ACS LD
ENOBY INJECTION 60MG/ML	3	QL (1 ML per 180 days) PA; ACS
EVENITY INJECTION 105MG/1.17ML	3	QL (2.34 ML per 28 days) PA; ACS
FORTEO INJECTION 560MCG/2.24ML	3	PA; ACS
FOSAMAX PLUS D TABLET 70MG; 2800UNIT, 70MG; 5600UNIT	3	QL (4 EA per 28 days) ST MO
FOSAMAX TABLET 70MG	3	QL (4 EA per 28 days) ST MO
<i>ibandronate sodium injection 3mg/3ml</i>	1	QL (3 ML per 90 days) MO
<i>ibandronate sodium tablet 150mg</i>	1	QL (1 EA per 30 days) MO
JUBBONTI INJECTION 60MG/ML	3	QL (1 ML per 180 days) PA; ACS LD
JUBEREQ INJECTION 120MG/1.7ML	3	PA; ACS
MIACALCIN INJECTION 200UNIT/ML	3	PA MO
OSENVELT INJECTION 120MG/1.7ML	3	PA; ACS
OSPOMYV INJECTION 60MG/ML	3	QL (1 ML per 180 days); ACS
OSVYRTI INJECTION 60MG/ML	3	QL (1 ML per 180 days) PA; ACS
PAMIDRONATE DISODIUM INJECTION 6MG/ML	3	
<i>pamidronate disodium injection 30mg/10ml, 90mg/10ml</i>	1	
PROLIA INJECTION 60MG/ML	3	QL (1 ML per 180 days) PA; ACS

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Drug Name	Drug Tier	Requirements/Limits
RECLAST INJECTION 5MG/100ML	3	ACS
<i>risedronate sodium dr tablet delayed release 35mg</i>	1	QL (4 EA per 28 days) MO
<i>risedronate sodium tablet 150mg</i>	1	QL (1 EA per 28 days) MO
<i>risedronate sodium tablet 30mg, 5mg</i>	1	QL (30 EA per 30 days) MO
<i>risedronate sodium tablet 35mg</i>	1	QL (4 EA per 28 days) MO
STOBOCLO INJECTION 60MG/ML	3	QL (1 ML per 180 days) PA; ACS
<i>teriparatide injection (brand by Alvogen) 560mcg/2.24ml</i>	1	PA; ACS
TYMLOS INJECTION 3120MCG/1.56ML	2	PA; ACS LD
WYOST INJECTION 120MG/1.7ML	2	PA; ACS LD
XGEVA INJECTION 120MG/1.7ML	3	PA; ACS
XTRENBO INJECTION 120MG/1.7ML	3	PA; ACS
YORVIPATH INJECTION 168MCG/0.56ML	3	QL (1.12 ML per 28 days) PA; LD
YORVIPATH INJECTION 294MCG/0.98ML	3	QL (1.96 ML per 28 days) PA; LD
YORVIPATH INJECTION 420MCG/1.4ML	3	QL (2.8 ML per 28 days) PA; LD
ZOLEDRONIC ACID INJECTION 4MG/100ML	3	ACS
<i>zoledronic acid injection 4mg/5ml, 5mg/100ml</i>	1	ACS
CHELATING AGENTS		
CHEMET CAPSULE 100MG	3	MO
CUPRIMINE CAPSULE 250MG	3	ACS
CUVRIOR TABLET 300MG	3	PA; LD
<i>deferasirox packet 180mg, 360mg, 90mg</i>	1	PA; ACS
<i>deferasirox tablet soluble 125mg, 250mg, 500mg</i>	1	PA; ACS
<i>deferasirox tablet 180mg, 360mg, 90mg</i>	1	PA; ACS
<i>deferiprone tablet 1000mg, 500mg</i>	1	PA; ACS LD
<i>deferoxamine mesylate injection 2gm, 500mg</i>	1	B/D; ACS
DEPEN TITRATABS TABLET 250MG	3	ACS
DESFERAL INJECTION 500MG	3	B/D; ACS
EXJADE TABLET SOLUBLE 125MG, 250MG, 500MG	3	PA; ACS LD
FERRIPROX TWICE-A-DAY TABLET 1000MG	3	PA; LD
FERRIPROX SOLUTION 100MG/ML	3	PA; LD
FERRIPROX TABLET 1000MG	3	PA; LD
JADENU SPRINKLE PACKET 180MG, 360MG, 90MG	3	PA; ACS LD
JADENU TABLET 180MG, 360MG, 90MG	3	PA; ACS LD
<i>kionex suspension 15gm/60ml</i>	1	
LOKELMA PACKET 10GM	2	QL (34 EA per 30 days) MO
LOKELMA PACKET 5GM	2	QL (96 EA per 30 days) MO
<i>penicillamine capsule 250mg</i>	1	ACS
<i>penicillamine tablet 250mg</i>	1	ACS
<i>sodium polystyrene sulfonate powder</i>	1	MO
<i>sodium polystyrene sulfonate suspension 15gm/60ml</i>	1	MO
<i>sps multiple routes suspension 15gm/60ml, 15gm/60ml</i>	1	MO
SYPRINE CAPSULE 250MG	3	PA; ACS
<i>trientine hydrochloride capsule 250mg, 500mg</i>	1	PA; ACS
VELTASSA PACKET 1GM	2	QL (240 EA per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
VELTASSA PACKET 25.2GM	2	QL (30 EA per 30 days)
VELTASSA PACKET 16.8GM	2	QL (30 EA per 30 days) MO
VELTASSA PACKET 8.4GM	2	QL (90 EA per 30 days) MO
CONTRACEPTIVES		
<i>afirmelle tablet 20mcg; 0.1mg</i>	1	
<i>altavera tablet 30mcg; 0.15mg</i>	1	
<i>alyacen 1/35 tablet 35mcg; 1mg</i>	1	MO
<i>alyacen 7/7/7 tablet 0.5mg; 0.75mg; 1mg; 0.035mg</i>	1	
<i>amethyst tablet 20mcg; 90mcg</i>	1	
ANNOVERA RING 0.013MG/24HR; 0.15MG/24HR	3	QL (1 EA per 365 days) MO
<i>apri tablet 0.15mg; 30mcg</i>	1	
<i>aranelle tablet 0.5mg; 1mg; 0.035mg</i>	1	MO
<i>ashlyna tablet 0.15mg; 0.01mg; 0.03mg</i>	1	
<i>aubra eq tablet 20mcg; 0.1mg</i>	1	
<i>aurovela 1.5/30 tablet 30mcg; 1.5mg</i>	1	
<i>aurovela 1/20 tablet 20mcg; 1mg</i>	1	
<i>aurovela 24 fe tablet 20mcg; 75mg; 1mg</i>	1	
<i>aurovela fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	1	
<i>aurovela fe 1/20 tablet 20mcg; 75mg; 1mg</i>	1	MO
AVERI TABLET 0.15MG; 0.03MG; 36.5MG	3	
<i>aviane tablet 20mcg; 0.1mg</i>	1	MO
<i>ayuna tablet 0.03mg; 0.15mg</i>	1	
<i>azurette tablet 0.15mg; 0.02mg; 0.01mg</i>	1	MO
BALCOLTRA TABLET 20MCG; 36.5MG; 0.1MG	3	MO
<i>balziva tablet 35mcg; 0.4mg</i>	1	
BEYAZ TABLET 3MG; 0.02MG; 0.451MG	3	MO
<i>blisovi 24 fe tablet 20mcg; 75mg; 1mg</i>	1	MO
<i>blisovi fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	1	
<i>blisovi fe 1/20 tablet 20mcg; 75mg; 1mg</i>	1	
<i>briellyn tablet 35mcg; 0.4mg</i>	1	
<i>camila tablet 0.35mg</i>	1	
CAMRESE LO TABLET 0.1MG; 0.02MG; 0.01MG	3	
CAMRESE TABLET 0.15MG; 0.03MG; 0.01MG	3	
<i>charlotte 24 fe tablet chewable 20mcg; 75mg; 1mg</i>	1	
<i>chateal eq tablet 30mcg; 0.15mg</i>	1	
<i>cryselle-28 tablet 30mcg; 0.3mg</i>	1	
<i>cryselle tablet 30mcg; 0.3mg</i>	1	MO
<i>cyred eq tablet 0.15mg; 30mcg</i>	1	
<i>dasetta 1/35 tablet 35mcg; 1mg</i>	1	
<i>dasetta 7/7/7 tablet 0.5mg; 0.75mg; 1mg; 0.035mg</i>	1	
<i>daysee tablet 0.15mg; 0.03mg; 0.01mg</i>	1	
<i>deblitane tablet 0.35mg</i>	1	
<i>delyla tablet 20mcg; 0.1mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
DEPO-PROVERA CONTRACEPTIVE INJECTION 150MG/ML	3	MO
DEPO-SUBQ PROVERA 104 INJECTION 104MG/0.65ML	2	MO
<i>desogestrel/ethinyl estradiol tablet 0.15mg; 0.02mg</i>	1	MO
<i>dolishale tablet 20mcg; 90mcg</i>	1	MO
<i>drospirenone/ethinyl estradiol/levomefolate calcium tablet 3mg; 0.02mg; 0.451mg, 3mg; 0.03mg; 0.451mg</i>	1	MO
<i>drospirenone/ethinyl estradiol tablet 3mg; 0.02mg, 3mg; 0.03mg</i>	1	MO
<i>elonest tablet 30mcg; 0.3mg</i>	1	
<i>eluryng ring 0.015mg/24hr; 0.12mg/24hr</i>	1	
<i>emzahh tablet 0.35mg</i>	1	MO
<i>enilloring ring 0.015mg/24hr; 0.12mg/24hr</i>	1	MO
<i>enskyce tablet 0.15mg; 0.03mg</i>	1	MO
<i>errin tablet 0.35mg</i>	1	
<i>estarylla tablet 35mcg; 0.25mg</i>	1	
<i>ethynodiol diacetate/ethinyl estradiol tablet 35mcg; 1mg, 50mcg; 1mg</i>	1	MO
<i>etonogestrel/ethinyl estradiol ring 0.015mg/24hr; 0.12mg/24hr</i>	1	MO
<i>falmina tablet 20mcg; 0.1mg</i>	1	
<i>feirza 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	1	
<i>feirza 1/20 tablet 20mcg; 75mg; 1mg</i>	1	
FEMLYV TABLET DISINTEGRATING 0.02MG; 1MG	3	PA MO
<i>finzala tablet chewable 20mcg; 75mg; 1mg</i>	1	
<i>galbriela tablet chewable 25mcg; 75mg; 0.8mg</i>	1	
<i>gemmily capsule 20mcg; 75mg; 1mg</i>	1	
<i>hailey 1.5/30 tablet 30mcg; 1.5mg</i>	1	MO
<i>hailey 24 fe tablet 20mcg; 75mg; 1mg</i>	1	
<i>hailey fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	1	
<i>hailey fe 1/20 tablet 20mcg; 75mg; 1mg</i>	1	
<i>heather tablet 0.35mg</i>	1	
<i>iclevia tablet 0.03mg; 0.15mg</i>	1	
<i>incassia tablet 0.35mg</i>	1	
<i>introvale tablet 0.03mg; 0.15mg</i>	1	
<i>isibloom tablet 0.15mg; 30mcg</i>	1	
<i>jaimiess tablet 0.15mg; 0.03mg; 0.01mg</i>	1	
<i>jasmiel tablet 3mg; 0.02mg</i>	1	
<i>jencycla tablet 0.35mg</i>	1	
JOLESSA TABLET 0.03MG; 0.15MG	3	
<i>joyeaux tablet 20mcg; 75mg; 0.1mg</i>	1	
<i>juleber tablet 0.15mg; 30mcg</i>	1	
<i>junel 1.5/30 tablet 30mcg; 1.5mg</i>	1	
<i>junel 1/20 tablet 20mcg; 1mg</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 fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	1	MO
<i>junel fe 1/20 tablet 20mcg; 75mg; 1mg</i>	1	
<i>junel fe 24 tablet 20mcg; 75mg; 1mg</i>	1	
<i>kaitlib fe tablet chewable 25mcg; 75mg; 0.8mg</i>	1	MO
<i>kalliga tablet 0.15mg; 30mcg</i>	1	
<i>kariva tablet 0.15mg; 0.02mg; 0.01mg</i>	1	
<i>kelnor 1/35 tablet 35mcg; 1mg</i>	1	MO
<i>kurvelo tablet 0.03mg; 0.15mg</i>	1	
KYLEENA INTRAUTERINE DEVICE 19.5MG	3	ACS LD
<i>larin 1.5/30 tablet 30mcg; 1.5mg</i>	1	
<i>larin 1/20 tablet 20mcg; 1mg</i>	1	
<i>larin 24 fe tablet 20mcg; 75mg; 1mg</i>	1	
<i>larin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	1	
<i>larin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	1	
<i>lessina tablet 20mcg; 0.1mg</i>	1	MO
<i>levonest tablet 0.05mg; 0.075mg; 0.125mg; 0.03mg; 0.04mg</i>	1	
<i>levonorgestrel and ethinyl estradiol tablet 0.1mg; 0.02mg; 0.01mg; 20mcg; 90mcg</i>	1	MO
<i>levonorgestrel/ethinyl estradiol/ferrous bisglycinate tablet 0.02mg; 36.5mg; 0.1mg</i>	1	MO
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0.15mg; 0.03mg; 0.01mg, 0.15mg; 0.02mg; 0.15mg; 0.02mg, 0.15mg; 0.03mg; 0.01mg, 0.05mg; 0.03mg; 0.075mg; 0.04mg, 0.125mg; 0.03mg, 20mcg; 0.1mg</i>	1	MO
<i>levora 0.15/30-28 tablet 0.03mg; 0.15mg</i>	1	
LILETTA INTRAUTERINE DEVICE 20.1MCG/DAY	2	ACS LD
LO LOESTRIN FE TABLET 10MCG; 75MG; 1MG	3	MO
<i>lo-zumandimine tablet 3mg; 0.02mg</i>	1	MO
<i>loestrin 1.5/30-21 tablet 30mcg; 1.5mg</i>	1	
<i>loestrin 1/20-21 tablet 20mcg; 1mg</i>	1	
<i>loestrin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	1	
<i>loestrin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	1	
<i>lojaimiess tablet 0.1mg; 0.02mg; 0.01mg</i>	1	MO
<i>loryna tablet 3mg; 0.02mg</i>	1	
<i>luizza 1.5/30 tablet 30mcg; 1.5mg</i>	1	
<i>luizza 1/20 tablet 20mcg; 1mg</i>	1	
<i>luteru tablet 20mcg; 0.1mg</i>	1	
<i>lyleq tablet 0.35mg</i>	1	
<i>lyza tablet 0.35mg</i>	1	
<i>marlissa tablet 0.03mg; 0.15mg</i>	1	MO
<i>medroxyprogesterone acetate injection 150mg/ml</i>	1	MO
<i>meleya tablet 0.35mg</i>	1	
<i>mibelas 24 fe tablet chewable 20mcg; 75mg; 1mg</i>	1	MO
<i>microgestin 1.5/30 tablet 30mcg; 1.5mg</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>microgestin 1/20 tablet 20mcg; 1mg</i>	1	
<i>microgestin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	1	
<i>microgestin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	1	
<i>mili tablet 35mcg; 0.25mg</i>	1	
<i>minzoya tablet 0.02mg; 36.5mg; 0.1mg</i>	1	MO
MIRENA INTRAUTERINE DEVICE 21MCG/DAY	3	MO; ACS LD
<i>mono-lynyah tablet 35mcg; 0.25mg</i>	1	
NATAZIA TABLET 3MG; 1MG; 2MG	3	MO
<i>necon 0.5/35-28 tablet 35mcg; 0.5mg</i>	1	
NEXPLANON INJECTION 68MG	2	ACS LD
NEXTSTELLIS TABLET 3MG; 14.2MG	3	MO
<i>nikki tablet 3mg; 0.02mg</i>	1	
NORA-BE TABLET 0.35MG	3	
<i>norelgestromin/ethinyl estradiol patch weekly 35mcg/24hr; 150mcg/24hr</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate capsule 20mcg; 75mg; 1mg</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet chewable 20mcg; 75mg; 1mg</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 30mcg; 75mg; 1.5mg</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg</i>	1	MO
<i>norethindrone/ethinyl estradiol/ferrous fumarate tablet chewable 35mcg; 0.4mg</i>	1	MO
<i>norethindrone tablet 0.35mg</i>	1	MO
<i>norgestimate/ethinyl estradiol tablet 0.18mg; 0.215mg; ; 0.25mg; 0.025mg, 0.25mg; 0.035mg</i>	1	MO
<i>norlyroc tablet 0.35mg</i>	1	
<i>nortrel 0.5/35 (28) tablet 35mcg; 0.5mg</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 tablet 35mcg; 0.5mg; 0.75mg; 1mg</i>	1	
NUVARING RING 0.015MG/24HR; 0.12MG/24HR	3	MO
<i>nylia 1/35 tablet 35mcg; 1mg</i>	1	
<i>nylia 7/7/7 tablet 35mcg; 0.5mg; 0.75mg; 1mg</i>	1	MO
<i>orquidea tablet 0.35mg</i>	1	MO
<i>orsythia tablet 20mcg; 0.1mg</i>	1	
PHEXX GEL 1%; 1.8%; 0.4%	3	MO
<i>philith tablet 35mcg; 0.4mg</i>	1	
<i>pimtrea tablet 0.15mg; 0.02mg; 0.01mg</i>	1	
<i>portia-28 tablet 0.03mg; 0.15mg</i>	1	
<i>reclipsen tablet 0.15mg; 0.03mg</i>	1	
RIVELSA TABLET 0.15MG; 0.02MG; 0.025MG; 0.03MG	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>rosyrah tablet 0.15mg; 0.02mg; 0.025mg; 0.03mg; 0.01mg</i>	1	MO
SAFYRAL TABLET 3MG; 0.03MG; 0.451MG	3	MO
<i>setlakin tablet 0.03mg; 0.15mg</i>	1	
<i>sharobel tablet 0.35mg</i>	1	
<i>simliya tablet 0.15mg; 0.02mg; 0.01mg</i>	1	
<i>simpesse tablet 0.1mg; 0.03mg; 0.01mg</i>	1	MO
SKYLA INTRAUTERINE DEVICE 13.5MG	3	ACS LD
SLYND TABLET 4MG	3	
<i>sprintec 28 tablet 35mcg; 0.25mg</i>	1	MO
<i>sronyx tablet 20mcg; 0.1mg</i>	1	
<i>syeda tablet 3mg; 0.03mg</i>	1	
<i>tarina 24 fe tablet 20mcg; 75mg; 1mg</i>	1	
<i>tarina fe 1/20 eq tablet 20mcg; 75mg; 1mg</i>	1	
TAYTULLA CAPSULE 20MCG; 75MG; 1MG	3	MO
<i>tilia fe tablet 0.02mg; 0.03mg; 0.35mg; 75mg; 1mg</i>	1	
<i>tri-estarylla tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg</i>	1	MO
<i>tri-legest fe tablet 20mcg; 30mcg; 35mcg; 75mg; 1mg</i>	1	MO
<i>tri-linyah tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg</i>	1	
<i>tri-lo-estarylla tablet 0.18mg; 0.215mg; 0.25mg; 0.025mg</i>	1	
<i>tri-lo-marzia tablet 0.18mg; 0.215mg; 0.25mg; 0.025mg</i>	1	
<i>tri-lo-mili tablet 0.180mg; 0.215mg; 0.250mg; 0.025mg</i>	1	MO
<i>tri-lo-sprintec tablet 0.18mg; 0.215mg; 0.25mg; 0.25mg</i>	1	
<i>tri-mili tablet 0.180mg; 0.215mg; 0.250mg; 0.035mg</i>	1	
<i>tri-sprintec tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg</i>	1	
<i>tri-vylibra lo tablet 0.18mg; 0.215mg; 0.25mg; 0.025mg</i>	1	
<i>tri-vylibra tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg</i>	1	
<i>trivora-28 tablet 0.05mg; 0.03mg; 0.075mg; 0.04mg; 0.125mg; 0.03mg</i>	1	
<i>turqoz tablet 30mcg; 0.3mg</i>	1	
TYBLUME TABLET CHEWABLE 20MCG; 0.1MG	2	
<i>tydemy tablet 3mg; 0.03mg; 0.451mg</i>	1	
<i>valtya 1/35 tablet 35mcg; 1mg</i>	1	
<i>valtya 1/50 tablet 50mcg; 1mg</i>	1	MO
<i>velivet tablet 0.1mg; 0.125mg; 0.15mg; 0.025mg</i>	1	MO
<i>vestura tablet 3mg; 0.02mg</i>	1	
<i>vienva tablet 20mcg; 0.1mg</i>	1	
<i>vioarele tablet 0.15mg; 0.02mg; 0.01mg</i>	1	
<i>volnea tablet 0.15mg; 0.02mg; 0.01mg</i>	1	
<i>vyfemla tablet 35mcg; 0.4mg</i>	1	MO
<i>vylibra tablet 35mcg; 0.25mg</i>	1	
<i>wera tablet 35mcg; 0.5mg</i>	1	
<i>wymzya fe tablet chewable 35mcg; 0.4mg; 75mg</i>	1	
<i>xarah fe tablet 20mcg; 30mcg; 35mcg; 75mg; 1mg</i>	1	
<i>xelria fe tablet chewable 35mcg; 75mg; 0.4mg</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>xulane patch weekly 35mcg/24hr; 150mcg/24hr</i>	1	
YASMIN 28 TABLET 3MG; 0.03MG	3	MO
YAZ TABLET 3MG; 0.02MG	3	MO
<i>zafemy patch weekly 35mcg/24hr; 150mcg/24hr</i>	1	
<i>zovia 1/35 tablet 35mcg; 1mg</i>	1	
<i>zumandimine tablet 3mg; 0.03mg</i>	1	
ESTROGENS		
<i>abigale lo tablet 0.5mg; 0.1mg</i>	1	
<i>abigale tablet 1mg; 0.5mg</i>	1	
ACTIVELLA TABLET 1MG; 0.5MG	3	MO
ANGELIQ TABLET 0.25MG; 0.5MG, 0.5MG; 1MG	3	MO
BIJUVA CAPSULE 0.5MG; 100MG, 1MG; 100MG	3	QL (30 EA per 30 days) MO
CLIMARA PRO PATCH WEEKLY 0.045MG/DAY;	3	QL (4 EA per 28 days) MO
0.015MG/DAY		
CLIMARA PATCH WEEKLY 0.025MG/24HR,	3	QL (4 EA per 28 days) MO
0.05MG/24HR, 0.06MG/24HR, 0.075MG/24HR,		
0.1MG/24HR, 37.5MCG/24HR		
COMBIPATCH PATCH TWICE WEEKLY 0.05MG/DAY;	3	QL (8 EA per 28 days) MO
0.14MG/DAY, 0.05MG/DAY; 0.25MG/DAY		
<i>conjugated estrogens tablet 0.3mg, 0.45mg, 0.625mg, 0.9mg,</i>	1	MO
<i>1.25mg</i>		
DELESTROGEN INJECTION 10MG/ML, 20MG/ML	3	MO
DEPO-ESTRADIOL INJECTION 5MG/ML	3	MO
DIVIGEL GEL 0.25MG/0.25GM, 0.5MG/0.5GM,	3	MO
0.75MG/0.75GM, 1.25MG/1.25GM, 1MG/GM		
<i>dotti patch twice weekly 0.025mg/24hr, 0.0375mg/24hr,</i>	1	QL (8 EA per 28 days)
<i>0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>		
DUAVERE TABLET 20MG; 0.45MG	3	MO
ELESTRIN GEL 0.06%	3	MO
ESTRACE CREAM 0.1MG/GM	3	MO
<i>estradiol valerate injection 10mg/ml, 20mg/ml, 40mg/ml</i>	1	MO
<i>estradiol/norethindrone acetate tablet 0.5mg; 0.1mg, 1mg;</i>	1	MO
<i>0.5mg</i>		
<i>estradiol cream 0.1mg/gm</i>	1	MO
<i>estradiol gel 0.06%, 0.25mg/0.25gm, 0.5mg/0.5gm,</i>	1	MO
<i>0.75mg/0.75gm, 1.25mg/1.25gm, 1mg/gm</i>		
<i>estradiol patch twice weekly 0.025mg/24hr, 0.0375mg/24hr,</i>	1	QL (8 EA per 28 days) MO
<i>0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>		
<i>estradiol patch weekly 0.025mg/24hr, 0.05mg/24hr,</i>	1	QL (4 EA per 28 days) MO
<i>0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr, 37.5mcg/24hr</i>		
<i>estradiol oral tablet 0.5mg, 1mg, 2mg, 10mcg</i>	1	MO
ESTRING RING 7.5MCG/24HR	3	QL (1 EA per 90 days) MO
EVAMIST SOLUTION 1.53MG/SPRAY	3	QL (16.2 ML per 30 days) MO
FEMRING RING 0.05MG/24HR, 0.1MG/24HR	3	QL (1 EA per 90 days) MO

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Drug Name	Drug Tier	Requirements/Limits
<i>fyavolv tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	1	MO
IMVEXXY MAINTENANCE PACK INSERT 10MCG, 4MCG	3	PA MO
IMVEXXY STARTER PACK INSERT 10MCG, 4MCG	3	PA MO
<i>jinteli tablet 5mcg; 1mg</i>	1	
<i>lyllana patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	1	QL (8 EA per 28 days)
MENOSTAR PATCH WEEKLY 14MCG/24HR	3	QL (4 EA per 28 days) MO
<i>mimvey tablet 1mg; 0.5mg</i>	1	
MINIVELLE PATCH TWICE WEEKLY 0.025MG/24HR, 0.0375MG/24HR, 0.05MG/24HR, 0.075MG/24HR, 0.1MG/24HR	3	QL (8 EA per 28 days) MO
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	1	MO
PREMARIN CREAM 0.625MG/GM	3	MO
PREMARIN INJECTION 25MG	3	MO
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	3	MO
PREMPHASE TABLET 0.625MG; 5MG	3	MO
PREMPRO TABLET 0.3MG; 1.5MG, 0.45MG; 1.5MG, 0.625MG; 2.5MG, 0.625MG; 5MG	3	MO
VAGIFEM TABLET 10MCG	3	MO
VIVELLE-DOT PATCH TWICE WEEKLY 0.025MG/24HR, 0.0375MG/24HR, 0.05MG/24HR, 0.075MG/24HR, 0.1MG/24HR	3	QL (8 EA per 28 days) MO
<i>yuvafem tablet 10mcg</i>	1	
GLUCOCORTICOIDS		
AGAMREE SUSPENSION 40MG/ML	3	QL (200 ML per 26 days) PA; LD
ALKINDI SPRINKLE CAPSULE SPRINKLE 0.5MG, 1MG, 2MG, 5MG	3	PA; ACS LD
<i>betamethasone sodium phosphate/betamethasone acetate injection 3mg/ml; 3mg/ml</i>	1	MO
CELESTONE SOLUSPAN INJECTION 3MG/ML; 3MG/ML	3	
CORTEF TABLET 10MG, 20MG, 5MG	3	MO
CORTISONE ACETATE TABLET 25MG	3	
<i>deflazacort suspension 22.75mg/ml</i>	1	PA; ACS LD
<i>deflazacort tablet 18mg, 30mg, 36mg, 6mg</i>	1	PA; ACS
DEPO-MEDROL INJECTION 20MG/ML, 40MG/ML, 80MG/ML	3	B/D MO
<i>dexamethasone 10-day dose pack tablet therapy pack 1.5mg</i>	1	
<i>dexamethasone 13-day dose pack tablet therapy pack 1.5mg</i>	1	MO
<i>dexamethasone 6-day dose pack tablet therapy pack 1.5mg</i>	1	MO
DEXAMETHASONE INTENSOL CONCENTRATE 1MG/ML	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone sodium phosphate prefilled syringe injection 10mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	1	MO
<i>dexamethasone elixir 0.5mg/5ml</i>	1	MO
<i>dexamethasone solution 0.5mg/5ml</i>	1	MO
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	1	MO
DEXLYT TABLET 0.25MG	3	PA
EMFLAZA SUSPENSION 22.75MG/ML	3	PA; LD
EMFLAZA TABLET 18MG, 30MG, 36MG, 6MG	3	PA; LD
<i>fludrocortisone acetate tablet 0.1mg</i>	1	MO
HEMADY TABLET 20MG	3	MO
HEXATRIONE INJECTION 20MG/ML	3	
<i>hidex 6-day tablet therapy pack 1.5mg</i>	1	
<i>hydrocortisone sodium succinate injection 100mg</i>	1	MO
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	1	MO
<i>jaythari suspension 22.75mg/ml</i>	1	PA; LD
<i>jaythari tablet 18mg, 30mg, 36mg, 6mg</i>	1	PA; LD
KENALOG-10 INJECTION 10MG/ML	3	
KENALOG-40 INJECTION 40MG/ML	3	MO
KENALOG-80 INJECTION 80MG/ML	3	MO
KHINDIVI SOLUTION 1MG/ML	3	PA
<i>kymbee suspension 22.75mg/ml</i>	1	PA; LD
<i>kymbee tablet 18mg, 30mg, 36mg, 6mg</i>	1	PA; LD
MEDROL DOSEPAK TABLET THERAPY PACK 4MG	3	MO
MEDROL TABLET 16MG, 2MG, 4MG, 8MG	3	B/D MO
<i>methylprednisolone acetate injection 40mg/ml, 80mg/ml</i>	1	B/D MO
<i>methylprednisolone dose pack tablet therapy pack 4mg</i>	1	MO
<i>methylprednisolone sodium succinate injection 500mg</i>	1	B/D
<i>methylprednisolone sodium succinate injection 1000mg, 125mg</i>	1	B/D MO
<i>methylprednisolone sodiumsuccinate injection 40mg</i>	1	B/D MO
<i>methylprednisolone tablet 16mg, 32mg, 4mg, 8mg</i>	1	B/D MO
ORAPRED ODT TABLET DISINTEGRATING 10MG, 15MG, 30MG	3	B/D MO
<i>prednisolone sodium phosphate odt tablet disintegrating 10mg, 15mg, 30mg</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
<i>prednisolone solution 15mg/5ml</i>	1	B/D MO
<i>prednisolone tablet 5mg</i>	1	B/D MO
<i>prednisone dr tablet delayed release 1mg, 2mg</i>	1	B/D MO
PREDNISONE INTENSOL CONCENTRATE 5MG/ML	3	B/D MO

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisone solution 5mg/5ml</i>	1	B/D MO
<i>prednisone tablet therapy pack 10mg, 5mg</i>	1	MO
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	B/D MO
<i>pyquvi suspension 22.75mg/ml</i>	1	PA; LD
SOLU-CORTEF INJECTION 1000MG, 100MG, 250MG, 500MG	3	MO
SOLU-MEDROL INJECTION 2GM	3	B/D
SOLU-MEDROL INJECTION 1000MG, 125MG, 40MG, 500MG	3	B/D MO
<i>taperdex 12-day tablet therapy pack 1.5mg</i>	1	
<i>taperdex 6-day tablet therapy pack 1.5mg</i>	1	MO
<i>taperdex 7-day tablet therapy pack 1.5mg</i>	1	
<i>triamcinolone acetonide injection 10mg/ml, 40mg/ml</i>	1	MO
ZILRETTA INJECTION 32MG	3	ACS LD
GLUCOSE ELEVATING AGENTS		
BAQSIMI ONE PACK POWDER 3MG/DOSE	3	MO
BAQSIMI TWO PACK POWDER 3MG/DOSE	3	MO
<i>diazoxide suspension 50mg/ml</i>	1	MO
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION SOLUTION RECONSTITUTED 1MG/ML (FRESENIUS KABI)	3	
<i>glucagon emergency kit for low blood sugar injection kit 1mg</i>	1	MO
GVOKE HYPOPEN 1-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML	2	MO
GVOKE HYPOPEN 2-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML	2	MO
GVOKE KIT INJECTION 1MG/0.2ML	2	MO
GVOKE PFS INJECTION 1MG/0.2ML	2	MO
PROGLYCEM SUSPENSION 50MG/ML	3	MO
ZEGALOGUE INJECTION 0.6MG/0.6ML	3	MO
MISCELLANEOUS		
ACETADOTE INJECTION 200MG/ML	3	
<i>acetylcysteine injection 200mg/ml</i>	1	
ACTHAR GEL INJECTION 40UNIT/0.5ML	2	QL (14 ML per 28 days) PA; ACS LD
ACTHAR GEL INJECTION 80UNIT/ML	2	QL (28 ML per 28 days) PA; ACS LD
ACTHAR INJECTION 80UNIT/ML	2	QL (1.5 ML per 1 days) PA; ACS LD
ALDURAZYME INJECTION 2.9MG/5ML	3	PA; ACS LD
AQNEURSA PACKET 1GM	3	QL (112 EA per 28 days) PA; LD
AVLAYAH INJECTION 150MG	3	PA; LD
<i>betaine anhydrous powder 1gm</i>	1	ACS
BUPHENYL POWDER 3GM/TSP	3	PA; ACS LD

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
BUPHENYL TABLET 500MG	3	PA; ACS LD
BYNFEZIA PEN INJECTION 2500MCG/ML	3	PA; ACS
<i>cabergoline tablet 0.5mg</i>	1	MO
CARBAGLU TABLET SOLUBLE 200MG	3	PA; LD
<i>carglumic acid tablet soluble 200mg</i>	1	PA; LD
CARNITOR SF SOLUTION 1GM/10ML	3	MO
CARNITOR INJECTION 200MG/ML	3	MO
CARNITOR ORAL SOLUTION 1GM/10ML	3	MO
CARNITOR TABLET 330MG	3	MO
CERDELGA CAPSULE 84MG	3	PA; ACS LD
CEREZYME INJECTION 400UNIT	3	PA; ACS LD
CHORIONIC GONADOTROPIN INJECTION 10000UNIT	3	PA; ACS
<i>cinacalcet hydrochloride tablet 90mg</i>	1	QL (120 EA per 30 days); ACS
<i>cinacalcet hydrochloride tablet 30mg, 60mg</i>	1	QL (60 EA per 30 days); ACS
CORTROPHIN INJECTION 80UNIT/ML	3	QL (1.5 ML per 1 days) PA; ACS LD
CORTROPHIN INJECTION 40UNIT/0.5ML	3	QL (14 ML per 28 days) PA; ACS LD
CORTROPHIN INJECTION PREFILLED SYRINGE 80UNIT/ML	3	QL (28 ML per 28 days) PA; ACS LD
CRENESSITY CAPSULE 100MG, 25MG, 50MG	3	QL (60 EA per 30 days) PA; LD
CRENESSITY SOLUTION 50MG/ML	3	QL (120 ML per 30 days) PA; LD
CRYSVITA INJECTION 10MG/ML, 20MG/ML, 30MG/ML	3	PA; ACS LD
CYSTADANE POWDER 1GM	3	LD
CYSTAGON CAPSULE 150MG, 50MG	3	PA; ACS LD
DDAVP INJECTION 4MCG/ML	3	MO
DDAVP TABLET 0.1MG, 0.2MG	3	MO
DESMODA SOLUTION 0.05MG/ML	3	QL (725 ML per 30 days) PA
<i>desmopressin acetate preservative free injection 4mcg/ml</i>	1	MO
<i>desmopressin acetate nasal solution 0.01%</i>	1	MO
<i>desmopressin acetate tablet 0.1mg, 0.2mg</i>	1	MO
DOJOLVI LIQUID 100%	3	PA; ACS LD
EGRIFTA SV INJECTION 2MG	3	QL (30 EA per 30 days) PA; ACS LD
EGRIFTA WR INJECTION 11.6MG	3	QL (4 EA per 28 days) PA; ACS LD
ELAPRASE INJECTION 6MG/3ML	3	PA; ACS LD
ELELYSO INJECTION 200UNIT	3	PA; ACS LD
ELFABRIO INJECTION 20MG/10ML, 5MG/2.5ML	3	PA; ACS LD
EVISTA TABLET 60MG	3	MO
FABRAZYME INJECTION 35MG, 5MG	3	PA; ACS LD
FENSOLVI INJECTION 45MG	3	PA; ACS LD
<i>fomepizole injection 1.5gm/1.5ml</i>	1	
FORZINITY INJECTION 280MG/3.5ML	3	QL (14 ML per 28 days) PA; LD
GALAFOLD CAPSULE 123MG	3	QL (14 EA per 28 days) PA; LD

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Drug Name	Drug Tier	Requirements/Limits
GENOTROPIN MINISQUICK INJECTION 0.2MG, 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	2	PA; ACS
GENOTROPIN INJECTION 12MG, 5MG	2	PA; ACS
<i>glycerol phenylbutyrate liquid 1.1gm/ml</i>	1	PA; ACS LD
HARLIKU TABLET 2MG	3	QL (30 EA per 30 days) PA; LD
HUMATROPE INJECTION 12MG, 24MG, 6MG	2	PA; ACS
INCRELEX INJECTION 40MG/4ML	3	PA; LD
ISTURISA TABLET 1MG	3	QL (240 EA per 30 days) PA; LD
ISTURISA TABLET 5MG	3	QL (360 EA per 30 days) PA; LD
<i>javygtor packet 100mg, 500mg</i>	1	PA; LD
<i>javygtor tablet 100mg</i>	1	PA; LD
JYNARQUE TABLET THERAPY PACK 15MG; 15MG, 30MG; 15MG, 45MG; 15MG, 60MG; 30MG, 90MG; 30MG	3	QL (56 EA per 28 days) PA; LD
JYNARQUE TABLET 15MG, 30MG	3	QL (120 EA per 30 days) PA; LD
KANUMA INJECTION 20MG/10ML	3	PA; ACS LD
KORLYM TABLET 300MG	3	PA; LD
KUVAN PACKET 100MG, 500MG	3	PA; ACS LD
KUVAN TABLET 100MG	3	PA; ACS LD
KYGEVVI PACKET 2GM; 2GM	3	PA; LD
LAMZEDE INJECTION 10MG	3	PA; LD
<i>lanreotide acetate injection 120mg/0.5ml</i>	1	PA; ACS
<i>levocarnitine injection 200mg/ml</i>	1	
<i>levocarnitine oral solution 1gm/10ml</i>	1	MO
<i>levocarnitine tablet 330mg</i>	1	MO
LOARGYS INJECTION 2MG/0.4ML	3	PA; LD
LUMIZYME INJECTION 50MG	3	PA; ACS LD
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
LUPRON DEPOT-PED (6-MONTH) INJECTION 45MG	3	PA; ACS
LYNKUET CAPSULE 60MG	3	QL (60 EA per 30 days) PA MO
MEPSEVII INJECTION 10MG/5ML	3	PA; LD
<i>methergine tablet 0.2mg</i>	1	
<i>methylergonovine maleate tablet 0.2mg</i>	1	MO
<i>mifepristone tablet 300mg</i>	1	PA; ACS
<i>miglustat capsule 100mg</i>	1	QL (90 EA per 30 days) PA; ACS
MIPLYFFA CAPSULE 124MG, 47MG, 62MG, 93MG	3	QL (90 EA per 30 days) PA; LD
MYALEPT INJECTION 11.3MG	3	QL (30 EA per 30 days) PA; LD
MYCAPSSA CAPSULE DELAYED RELEASE 20MG	3	QL (112 EA per 28 days) PA; LD
MYFEMBREE TABLET 1MG; 0.5MG; 40MG	2	QL (28 EA per 28 days) PA MO
NAGLAZYME INJECTION 1MG/ML	3	PA; ACS LD
NEXVIAZYME INJECTION 100MG	3	PA; ACS LD
NGENLA INJECTION 24MG/1.2ML, 60MG/1.2ML	3	PA; ACS LD

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Drug Name	Drug Tier	Requirements/Limits
<i>nitisinone capsule 10mg, 20mg, 2mg, 5mg</i>	1	PA; ACS
NITYR TABLET 10MG, 2MG, 5MG	3	PA; LD
NORDITROPIN FLEXPPO INJECTION 10MG/1.5ML, 15MG/1.5ML, 5MG/1.5ML	3	PA; ACS
NOVAREL INJECTION 5000UNIT	3	PA; ACS
NULIBRY INJECTION 9.5MG	3	PA; LD
<i>octreotide acetate injection 1000mcg/ml, 100mcg/ml, 10mg, 200mcg/ml, 20mg, 30mg, 500mcg/ml, 50mcg/ml</i>	1	PA; ACS
OLPRUVA THERAPY PACK 2GM, 3GM, 4GM, 5GM, 6.67GM, 6GM	3	PA; LD
OMNITROPE INJECTION 10MG/1.5ML, 5.8MG, 5MG/1.5ML	3	PA; ACS LD
OPFOLDA CAPSULE 65MG	3	QL (8 EA per 28 days) PA; ACS LD
ORFADIN CAPSULE 10MG, 20MG, 2MG, 5MG	3	PA; LD
ORFADIN SUSPENSION 4MG/ML	3	PA; LD
ORIAHNN CAPSULE THERAPY PACK 300MG; 1MG; 0.5MG	3	QL (56 EA per 28 days) PA MO
ORILISSA TABLET 150MG	3	QL (28 EA per 28 days) PA MO
ORILISSA TABLET 200MG	3	QL (56 EA per 28 days) PA MO
OSPHENA TABLET 60MG	3	QL (30 EA per 30 days) PA MO
PALSONIFY TABLET 30MG	3	QL (120 EA per 30 days) PA; LD
PALSONIFY TABLET 20MG	3	QL (90 EA per 30 days) PA; LD
PALYNZIQ INJECTION 10MG/0.5ML, 2.5MG/0.5ML, 20MG/ML	3	PA; ACS LD
PHEBURANE PELLETT 483MG/GM	3	PA; ACS LD
POMBILITI INJECTION 105MG	3	PA; ACS LD
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL INJECTION 10000UNIT	3	PA; ACS
PROCYSBI CAPSULE DELAYED RELEASE 25MG	3	QL (120 EA per 30 days) PA; LD
PROCYSBI CAPSULE DELAYED RELEASE 75MG	3	QL (810 EA per 30 days) PA; LD
PROCYSBI PACKET 300MG, 75MG	3	PA; LD
<i>raloxifene hydrochloride tablet 60mg</i>	1	MO
RAVICTI LIQUID 1.1GM/ML	3	PA; ACS LD
RECORLEV TABLET 150MG	2	QL (240 EA per 30 days) PA; LD
REVCIVI INJECTION 2.4MG/1.5ML	3	PA; LD
REZDIFFRA TABLET 100MG, 60MG, 80MG	2	QL (30 EA per 30 days) PA; ACS LD
SAMSCA TABLET 15MG	3	QL (30 EA per 30 days) PA; ACS LD
SAMSCA TABLET 30MG	3	QL (60 EA per 30 days) PA; ACS LD
SANDOSTATIN LAR DEPOT INJECTION 10MG, 20MG, 30MG	3	PA; ACS

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Drug Name	Drug Tier	Requirements/Limits
SANDOSTATIN INJECTION 100MCG/ML, 500MCG/ML, 50MCG/ML	3	PA; ACS
<i>sapropterin dihydrochloride packet 100mg, 500mg</i>	1	PA; ACS
<i>sapropterin dihydrochloride tablet 100mg</i>	1	PA; ACS
SENSIPAR TABLET 90MG	3	QL (120 EA per 30 days); ACS
SENSIPAR TABLET 60MG	3	QL (60 EA per 30 days); ACS
SEPHIENCE PACKET 1000MG	3	PA; LD
SEPHIENCE PACKET 250MG	3	QL (90 EA per 30 days) PA; LD
SEROSTIM INJECTION 4MG, 5MG, 6MG	3	PA; ACS LD
SIGNIFOR LAR INJECTION 10MG, 20MG, 30MG, 40MG, 60MG	3	QL (1 EA per 28 days) PA; LD
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	3	PA; LD
SKYTROFA INJECTION 0.7MG, 1.4MG, 1.8MG, 11MG, 13.3MG, 2.1MG, 2.5MG, 3.6MG, 3MG, 4.3MG, 5.2MG, 6.3MG, 7.6MG, 9.1MG	3	PA; ACS LD
<i>sodium phenylbutyrate powder 3gm/tsp</i>	1	PA; ACS
<i>sodium phenylbutyrate tablet 500mg</i>	1	PA; ACS
SOGROYA INJECTION 10MG/1.5ML, 15MG/1.5ML, 5MG/1.5ML	3	PA; ACS LD
SOMATULINE DEPOT INJECTION 120MG/0.5ML, 60MG/0.2ML, 90MG/0.3ML	3	PA; ACS LD
SOMAVERT INJECTION 10MG, 15MG, 20MG, 25MG, 30MG	3	PA; ACS LD
STRENSIQ INJECTION 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML	3	PA; LD
SYNAREL SOLUTION 2MG/ML	3	MO
TEPEZZA INJECTION 500MG	3	PA; ACS LD
<i>tolvaptan tablet therapy pack 15mg; 15mg, 30mg; 15mg, 45mg; 15mg, 60mg; 30mg, 90mg; 30mg</i>	1	QL (56 EA per 28 days) PA; ACS LD
<i>tolvaptan (generic Jynarque) tablet 15mg, 30mg</i>	1	QL (120 EA per 30 days) PA; ACS LD
<i>tolvaptan (generic Samsca) tablet 15mg</i>	1	QL (30 EA per 30 days) PA; ACS
<i>tolvaptan (generic Samsca) tablet 30mg</i>	1	QL (60 EA per 30 days) PA; ACS
TRIPTODUR INJECTION 22.5MG	3	PA; LD
VASOPRESSIN/SODIUM CHLORIDE INJECTION 0.9%; 20UNIT/100ML, 0.9%; 40UNIT/100ML	3	
<i>vasopressin injection 20unit/ml</i>	1	
VASOSTRICT INJECTION 20UNIT/ML, 5%; 20UNIT/100ML, 5%; 40UNIT/100ML	3	
VEOZAH TABLET 45MG	3	QL (30 EA per 30 days) PA MO
VIJOICE PACKET 50MG	3	QL (28 EA per 28 days) PA; LD
VIJOICE TABLET THERAPY PACK 125MG, 50MG	3	QL (28 EA per 28 days) PA; LD
VIJOICE TABLET THERAPY PACK 250MG	3	QL (56 EA per 28 days) PA; LD
VIMIZIM INJECTION 5MG/5ML	3	PA; ACS LD

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Drug Name	Drug Tier	Requirements/Limits
VOXZOGO INJECTION 0.4MG, 0.56MG, 1.2MG	3	QL (30 EA per 30 days) PA; ACS LD
VPRIV INJECTION 400UNIT	3	PA; ACS LD
VYKAT XR TABLET EXTENDED RELEASE 24 HOUR 25MG	3	QL (120 EA per 30 days) PA; LD
VYKAT XR TABLET EXTENDED RELEASE 24 HOUR 75MG	3	QL (30 EA per 30 days) PA; LD
VYKAT XR TABLET EXTENDED RELEASE 24 HOUR 150MG	3	QL (90 EA per 30 days) PA; LD
WEGOVY INJECTION 0.25MG/0.5ML, 0.5MG/0.5ML, 1MG/0.5ML	2	QL (2 ML per 28 days) PA
WEGOVY INJECTION 1.7MG/0.75ML, 2.4MG/0.75ML	2	QL (3 ML per 28 days) PA MO
WEGOVY TABLET 1.5MG, 25MG, 4MG, 9MG	2	QL (30 EA per 30 days) PA MO
XENPOZYME INJECTION 20MG, 4MG	3	PA; ACS LD
XIAFLEX INJECTION 0.9MG	3	PA; ACS LD
<i>yargesa capsule 100mg</i>	1	QL (90 EA per 30 days) PA; LD
YUWIWEL INJECTION 1.3MG, 2.8MG	3	QL (4 EA per 28 days) PA; LD
YUWIWEL INJECTION 5.5MG	3	QL (8 EA per 28 days) PA; LD
ZAVESCA CAPSULE 100MG	3	QL (90 EA per 30 days) PA; LD
<i>zelvysia packet 100mg, 500mg</i>	1	PA; LD
ZOKINVY CAPSULE 50MG, 75MG	3	QL (120 EA per 30 days) PA; LD
ZOMACTON INJECTION 10MG, 5MG	3	PA; ACS
ZYCUBO INJECTION 2.9MG	3	QL (60 EA per 30 days) PA; LD
PHOSPHATE BINDER AGENTS		
<i>calcium acetate capsule 667mg</i>	1	QL (360 EA per 30 days) B/D MO
<i>sevelamer carbonate tablet 800mg</i>	1	QL (540 EA per 30 days) B/D MO
PROGESTINS		
CRINONE GEL 4%, 8%	3	PA MO
<i>gallifrey tablet 5mg</i>	1	
<i>medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg</i>	1	MO
<i>megestrol acetate suspension 40mg/ml, 625mg/5ml</i>	1	MO
<i>norethindrone acetate tablet 5mg</i>	1	MO
<i>progesterone capsule 100mg, 200mg</i>	1	MO
<i>progesterone injection 50mg/ml</i>	1	MO
PROMETRIUM CAPSULE 100MG, 200MG	3	MO
PROVERA TABLET 10MG, 2.5MG, 5MG	3	MO
THYROID AGENTS		
ARMOUR THYROID TABLET 120MG, 15MG, 180MG, 240MG, 300MG, 30MG, 60MG, 90MG	3	MO
CYTOMEL TABLET 25MCG, 50MCG, 5MCG	3	MO
EVEXITHROID TABLET 45MG, 75MG	3	
EVEXITHROID TABLET 120MG, 15MG, 30MG, 60MG, 90MG	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>levo-t tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	
LEVOTHYROXINE SODIUM CAPSULE 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	3	MO
LEVOTHYROXINE SODIUM INJECTION 100MCG/ML, 100MCG, 200MCG/5ML, 500MCG/5ML	3	
LEVOTHYROXINE SODIUM INJECTION 100MCG/5ML	3	MO
<i>levothyroxine sodium injection 200mcg, 500mcg</i>	1	MO
<i>levothyroxine sodium tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	MO
<i>levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	MO
<i>liomny tablet 25mcg, 50mcg, 5mcg</i>	1	
<i>liothyronine sodium injection 10mcg/ml</i>	1	
<i>liothyronine sodium tablet 25mcg, 50mcg, 5mcg</i>	1	MO
<i>methimazole tablet 10mg, 5mg</i>	1	MO
NIVA THYROID TABLET 120MG, 15MG, 30MG, 60MG, 90MG	3	MO
NP THYROID 120 TABLET 120MG	3	MO
NP THYROID 15 TABLET 15MG	3	MO
NP THYROID 30 TABLET 30MG	3	MO
NP THYROID 60 TABLET 60MG	3	MO
NP THYROID 90 TABLET 90MG	3	MO
<i>propylthiouracil tablet 50mg</i>	1	MO
SYNTHROID TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	3	MO
THYQUIDITY SOLUTION 100MCG/5ML	3	MO
THYROID TABLET 120MG, 15MG, 30MG, 60MG, 90MG	3	MO
TIROSINT-SOL SOLUTION 100MCG/ML, 112MCG/ML, 125MCG/ML, 137MCG/ML, 150MCG/ML, 175MCG/ML, 200MCG/ML, 25MCG/ML, 37.5MCG/ML, 44MCG/ML, 50MCG/ML, 62.5MCG/ML, 75MCG/ML, 88MCG/ML	3	MO
TIROSINT CAPSULE 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 37.5MCG, 44MCG, 50MCG, 62.5MCG, 75MCG, 88MCG	3	MO
<i>unithroid tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	
VITAMIN D ANALOGS		
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	1	MO
<i>calcitriol injection 1mcg/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>calcitriol oral solution 1mcg/ml</i>	1	MO
<i>doxercalciferol capsule 0.5mcg, 1mcg, 2.5mcg</i>	1	MO
<i>doxercalciferol injection 4mcg/2ml</i>	1	
<i>paricalcitol capsule 1mcg, 2mcg, 4mcg</i>	1	MO
<i>paricalcitol injection 2mcg/ml, 5mcg/ml</i>	1	MO
RAYALDEE CAPSULE EXTENDED RELEASE 30MCG	3	MO
ROCALTROL CAPSULE 0.25MCG, 0.5MCG	3	MO
ROCALTROL SOLUTION 1MCG/ML	3	MO
ZEMPLAR INJECTION 2MCG/ML, 5MCG/ML	3	MO
GASTROINTESTINAL		
ANTIEMETICS		
AKYNZEO CAPSULE 300MG; 0.5MG	3	QL (4 EA per 30 days) B/D
AKYNZEO INJECTION 235MG/20ML; 0.25MG/20ML, 235MG; 0.25MG POWDER FOR INJECTION	3	ACS LD
ANZEMET TABLET 50MG	3	B/D
APONVIE INJECTION 32MG/4.4ML	3	
<i>aprepitant capsule therapy pack</i>	1	B/D MO
<i>aprepitant capsule 125mg, 40mg, 80mg</i>	1	B/D MO
BONJESTA TABLET EXTENDED RELEASE 20MG; 20MG	3	QL (60 EA per 30 days) MO; HRM
CINVANTI INJECTION 130MG/18ML	3	PA
<i>compro suppository 25mg</i>	1	MO; HRM
DICLEGIS TABLET DELAYED RELEASE 10MG; 10MG	3	QL (120 EA per 30 days) MO; HRM
DIMENHYDRINATE INJECTION 50MG/ML	3	
<i>doxylamine succinate/pyridoxine hydrochloride tablet delayed release 10mg; 10mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>dronabinol capsule 10mg, 2.5mg, 5mg</i>	1	QL (60 EA per 30 days) PA MO
EMEND BIPACK CAPSULE 80MG	3	B/D MO
EMEND TRIPACK CAPSULE THERAPY PACK 125MG; 80MG	3	B/D MO
EMEND INJECTION 150MG	3	MO
EMEND SUSPENSION RECONSTITUTED 125MG/5ML	3	B/D MO
FOCINVEZ INJECTION 150MG/50ML	3	
<i>fosaprepitant dimeglumine injection 150mg</i>	1	MO
GIMOTI SOLUTION 15MG/ACT	3	QL (9.8 ML per 28 days) PA
<i>granisetron hcl injection 1mg/ml, 4mg/4ml</i>	1	MO
<i>granisetron hydrochloride tablet 1mg</i>	1	QL (60 EA per 30 days) B/D MO
GRANISOL SOLUTION 2MG/10ML	3	QL (300 ML per 30 days) B/D
MARINOL CAPSULE 2.5MG	3	QL (60 EA per 30 days) PA MO
<i>meclizine hcl tablet 12.5mg, 25mg</i>	1	MO; HRM
MECLIZINE HYDROCHLORIDE TABLET CHEWABLE 25MG	3	
<i>meclizine hydrochloride tablet 50mg</i>	1	MO
<i>meclizine hydrochloride tablet 25mg</i>	1	MO; HRM

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Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl solution 5mg/5ml</i>	1	MO
<i>metoclopramide hydrochloride injection 5mg/ml</i>	1	MO
<i>metoclopramide hydrochloride tablet 10mg, 5mg</i>	1	MO
NAVITRUX INJECTION 150MG	3	
NEREUS CAPSULE 85MG	3	QL (16 EA per 30 days)
<i>ondansetron hcl solution 4mg/5ml</i>	1	QL (900 ML per 30 days) B/D MO
<i>ondansetron hcl tablet 24mg</i>	1	B/D
<i>ondansetron hydrochloride injection 40mg/20ml, 4mg/2ml</i>	1	MO
<i>ondansetron hydrochloride tablet 4mg, 8mg</i>	1	B/D MO
<i>ondansetron odt tablet disintegrating 16mg</i>	1	B/D
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	1	B/D MO
<i>palonosetron hydrochloride injection 0.25mg/5ml</i>	1	
PHENERGAN INJECTION 25MG/ML	3	PA MO; HRM
PHENERGAN INJECTION 50MG/ML	3	PA; HRM
POSFREA INJECTION 0.25MG/5ML	3	
<i>prochlorperazine edisylate injection 10mg/2ml</i>	1	MO; HRM
<i>prochlorperazine maleate tablet 10mg, 5mg</i>	1	MO; HRM
<i>prochlorperazine suppository 25mg</i>	1	MO; HRM
<i>promethazine hcl injection 25mg/ml, 50mg/ml</i>	1	PA MO; HRM
<i>promethazine hcl suppository 12.5mg</i>	1	PA MO; HRM
<i>promethazine hydrochloride plain solution 6.25mg/5ml</i>	1	PA MO; HRM
<i>promethazine hydrochloride solution 6.25mg/5ml</i>	1	PA MO
<i>promethazine hydrochloride suppository 25mg</i>	1	PA MO; HRM
<i>promethazine hydrochloride tablet 12.5mg, 25mg, 50mg</i>	1	PA MO; HRM
<i>promethegan suppository 50mg</i>	1	PA MO; HRM
<i>promethegan suppository 12.5mg, 25mg</i>	1	PA; HRM
REGLAN TABLET 10MG, 5MG	3	MO
SANCUSO PATCH 3.1MG/24HR	2	QL (4 EA per 28 days) MO
<i>scopolamine patch 72 hour 1mg/3days</i>	1	QL (10 EA per 30 days) PA MO; HRM
SUSTOL INJECTION 10MG/0.4ML	3	
TIGAN INJECTION 100MG/ML	3	PA MO
TRANSDERM SCOP PATCH 72 HOUR 1MG/3DAYS	3	QL (10 EA per 30 days) PA MO
<i>trimethobenzamide hydrochloride capsule 300mg</i>	1	PA MO
VARUBI TABLET THERAPY PACK 90MG	3	QL (4 EA per 30 days) B/D; ACS LD
ANTISPASMODICS		
ATROPINE SULFATE INJECTION 0.25MG/5ML	3	PA
ATROPINE SULFATE INJECTION 1MG/10ML	3	PA MO
<i>atropine sulfate injection 0.4mg/ml, 0.5mg/5ml, 1mg/ml, 8mg/20ml</i>	1	PA
BELLADONNA/OPIUM SUPPOSITORY 16.2MG; 30MG, 16.2MG; 60MG	3	PA MO; HRM

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Drug Name	Drug Tier	Requirements/Limits
<i>chlordiazepoxide hydrochloride/clidinium bromide capsule 5mg; 2.5mg</i>	1	QL (240 EA per 30 days) PA MO; HRM
CUVPOSA SOLUTION 1MG/5ML	3	QL (1350 ML per 30 days) MO
<i>dicyclomine hcl solution 10mg/5ml</i>	1	PA MO; HRM
<i>dicyclomine hydrochloride capsule 10mg</i>	1	PA MO; HRM
<i>dicyclomine hydrochloride injection 10mg/ml</i>	1	PA MO; HRM
<i>dicyclomine hydrochloride tablet 20mg</i>	1	PA MO; HRM
<i>dicyclomine hydrochloride tablet 40mg</i>	1	QL (56 EA per 14 days) PA
GLYCATATE TABLET 1.5MG	3	
GLYCOPYRROLATE INJECTION 0.6MG/3ML	3	
<i>glycopyrrolate injection 0.2mg/ml prefilled syringe, 0.4mg/2ml</i>	1	
<i>glycopyrrolate injection 0.2mg/ml, 1mg/5ml, 4mg/20ml</i>	1	MO
<i>glycopyrrolate oral solution 1mg/5ml</i>	1	MO
GLYCOPYRROLATE TABLET 1.5MG	3	
<i>glycopyrrolate tablet 1mg, 2mg</i>	1	MO
<i>hyoscyamine sulfate odt tablet disintegrating 0.125mg</i>	1	PA MO; HRM
<i>hyoscyamine sulfate elixir 0.125mg/5ml</i>	1	PA MO; HRM
<i>hyoscyamine sulfate solution 0.125mg/ml</i>	1	PA MO; HRM
<i>hyoscyamine sulfate tablet sublingual 0.125mg</i>	1	PA MO; HRM
<i>hyoscyamine sulfate tablet 0.125mg</i>	1	PA MO; HRM
LEVSIN/SL TABLET SUBLINGUAL 0.125MG	3	PA MO; HRM
LEVSIN TABLET 0.125MG	3	PA MO; HRM
LIBRAX CAPSULE 5MG; 2.5MG	3	QL (240 EA per 30 days) PA MO; HRM
<i>methscopolamine bromide tablet 2.5mg, 5mg</i>	1	PA MO
<i>nulev tablet disintegrating 0.125mg</i>	1	PA MO; HRM
<i>oscimin tablet sublingual 0.125mg</i>	1	PA MO; HRM
<i>oscimin tablet 0.125mg</i>	1	PA; HRM
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine hydrochloride solution 300mg/5ml</i>	1	PA MO
<i>cimetidine tablet 200mg, 300mg, 400mg, 800mg</i>	1	MO
<i>famotidine premixed injection 0.4mg/ml; 0.9%</i>	1	
FAMOTIDINE INJECTION 200MG/50ML, 20MG/5ML, 40MG/10ML	3	
<i>famotidine injection 200mg/20ml, 20mg/2ml, 40mg/4ml</i>	1	
<i>famotidine suspension reconstituted 40mg/5ml</i>	1	MO
<i>famotidine tablet 20mg, 40mg</i>	1	MO
<i>nizatidine capsule 150mg, 300mg</i>	1	MO
PEPCID TABLET 20MG, 40MG	3	MO
<i>ranitidine hydrochloride tablet 150mg</i>	1	QL (120 EA per 30 days) PA MO
<i>ranitidine hydrochloride tablet 300mg</i>	1	QL (30 EA per 30 days) PA MO
INFLAMMATORY BOWEL DISEASE		

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Drug Name	Drug Tier	Requirements/Limits
APRISO CAPSULE EXTENDED RELEASE 24 HOUR 0.375GM	3	QL (120 EA per 30 days) MO
AZULFIDINE EN-TABS TABLET DELAYED RELEASE 500MG	3	MO
AZULFIDINE TABLET 500MG	3	MO
<i>balsalazide disodium capsule 750mg</i>	1	MO
<i>budesonide er tablet extended release 24 hour 9mg</i>	1	MO
<i>budesonide capsule delayed release particles 3mg</i>	1	MO
<i>budesonide foam 2mg</i>	1	QL (66.8 GM per 28 days) MO
CANASA SUPPOSITORY 1000MG	3	MO
CORTENEMA ENEMA 100MG/60ML	3	
DIPENTUM CAPSULE 250MG	3	MO
<i>hydrocortisone enema 100mg/60ml</i>	1	MO
LIALDA TABLET DELAYED RELEASE 1.2GM	3	MO
<i>mesalamine dr capsule delayed release 400mg</i>	1	MO
<i>mesalamine dr tablet delayed release 1.2gm, 800mg</i>	1	MO
<i>mesalamine er capsule extended release 24 hour 0.375gm</i>	1	QL (120 EA per 30 days) MO
<i>mesalamine er capsule extended release 500mg</i>	1	QL (240 EA per 30 days) MO
<i>mesalamine enema 4gm</i>	1	MO
<i>mesalamine kit 4gm</i>	1	MO
<i>mesalamine suppository 1000mg</i>	1	MO
PENTASA CAPSULE EXTENDED RELEASE 500MG	3	QL (240 EA per 30 days) MO
PENTASA CAPSULE EXTENDED RELEASE 250MG	3	QL (480 EA per 30 days) MO
ROWASA KIT 4GM	3	MO
SFROWASA ENEMA 4GM/60ML	3	QL (1680 ML per 28 days) MO
<i>sulfasalazine tablet delayed release 500mg</i>	1	MO
<i>sulfasalazine tablet 500mg</i>	1	MO
UCERIS FOAM 2MG/ACT	3	QL (66.8 GM per 28 days) MO
UCERIS TABLET EXTENDED RELEASE 24 HOUR 9MG	3	MO
LAXATIVES		
CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML	3	MO
<i>constulose solution 10gm/15ml</i>	1	
<i>enulose solution 10gm/15ml</i>	1	
<i>gavilyte-c solution reconstituted 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	1	MO
<i>gavilyte-g solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	1	MO
<i>gavilyte-n/flavor pack solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	1	
<i>generlac solution 10gm/15ml</i>	1	
GOLYTELY SOLUTION RECONSTITUTED 236GM; 2.97GM; 6.74GM; 5.86GM; 22.74GM	3	MO
<i>kristalose packet 10gm, 20gm</i>	1	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>lactulose packet 10gm, 20gm</i>	1	PA MO
<i>lactulose solution 10gm/15ml</i>	1	MO
MOVIPREP SOLUTION RECONSTITUTED 4.7GM; 100GM; 1.015GM; 5.9GM; 2.691GM; 7.5GM	3	MO
<i>peg-3350/electrolytes/ascorbate solution reconstituted 4.7gm; 1 100gm; 1.015gm; 5.9gm; 2.691gm; 7.5gm</i>	1	MO
<i>peg-3350/electrolytes solution reconstituted 236gm; 2.97gm; 1 6.74gm; 5.86gm; 22.74gm</i>	1	MO
<i>peg-3350/nacl/na bicarbonate/kcl solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	1	MO
PLENVU SOLUTION RECONSTITUTED 7.54GM; 140GM; 3 2.2GM; 48.11GM; 5.2GM; 9GM	3	MO
<i>sodium sulfate/potassium sulfate/magnesium sulfate solution 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml</i>	1	MO
SUFLAVE SOLUTION RECONSTITUTED 0.9GM; 178.7GM; 1.12GM; 0.5GM; 7.3GM	3	MO
SUPREP BOWEL PREP KIT SOLUTION 1.6GM/177ML; 3.13GM/177ML; 17.5GM/177ML	3	MO
SUTAB TABLET 225MG; 188MG; 1479MG	3	MO
MISCELLANEOUS		
<i>alosetron hydrochloride tablet 0.5mg, 1mg</i>	1	QL (60 EA per 30 days) PA MO
AMITIZA CAPSULE 24MCG, 8MCG	3	QL (60 EA per 30 days) PA MO
<i>bismuth subcitrate pot/metronidazole/tetracycline hydrochlo capsule 140mg; 125mg; 125mg</i>	1	MO
BYLVAY (PELLETS) CAPSULE SPRINKLE 600MCG	3	QL (120 EA per 30 days) PA; LD
BYLVAY (PELLETS) CAPSULE SPRINKLE 200MCG	3	QL (360 EA per 30 days) PA; LD
BYLVAY CAPSULE 1200MCG	3	QL (180 EA per 30 days) PA; LD
BYLVAY CAPSULE 400MCG	3	QL (540 EA per 30 days) PA; LD
CARAFATE TABLET 1GM	3	MO
CHOLBAM CAPSULE 250MG, 50MG	3	PA; LD
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	2	MO
<i>cromolyn sodium concentrate 100mg/5ml</i>	1	MO
CTEXLI TABLET 250MG	3	PA; LD
CYTOTEC TABLET 100MCG, 200MCG	3	MO
<i>diphenoxylate hydrochloride/atropine sulfate tablet 0.025mg; 2.5mg</i>	1	MO; HRM
<i>diphenoxylate/atropine liquid 0.025mg/5ml; 2.5mg/5ml</i>	1	MO; HRM
EOHILIA SUSPENSION 2MG/10ML	3	QL (600 ML per 30 days) PA MO
GASTROCROM CONCENTRATE 100MG/5ML	3	MO
GATTEX INJECTION 5MG	3	PA; ACS LD

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Drug Name	Drug Tier	Requirements/Limits
IBSRELA TABLET 50MG	3	PA; ACS LD
IQIRVO TABLET 80MG	3	QL (30 EA per 30 days) PA; ACS LD
<i>lansoprazole/amoxicillin/clarithromycin therapy pack 500mg; 500mg; 30mg</i>	1	QL (224 EA per 365 days) MO
LINZESS CAPSULE 145MCG, 290MCG, 72MCG	2	QL (30 EA per 30 days) MO
LIVDELZI CAPSULE 10MG	3	QL (30 EA per 30 days) PA; LD
LIVMARLI SOLUTION 19MG/ML	3	QL (60 ML per 30 days) PA; LD
LIVMARLI SOLUTION 9.5MG/ML	3	QL (90 ML per 30 days) PA; LD
LIVMARLI TABLET 30MG	3	QL (30 EA per 30 days) PA; LD
LIVMARLI TABLET 10MG, 15MG, 20MG	3	QL (60 EA per 30 days) PA; LD
LOMOTIL TABLET 0.025MG; 2.5MG	3	MO; HRM
<i>loperamide hydrochloride capsule 2mg</i>	1	MO
<i>lubiprostone capsule 24mcg, 8mcg</i>	1	QL (60 EA per 30 days) MO
LYNAVOY TABLET 40MG	3	QL (60 EA per 30 days) PA; LD
<i>misoprostol tablet 100mcg, 200mcg</i>	1	MO
MOTEGRITY TABLET 1MG, 2MG	3	QL (30 EA per 30 days) PA MO
MOTOFEN TABLET 0.025MG; 1MG	3	QL (64 EA per 30 days) ST MO; HRM
MOVANTIK TABLET 25MG	2	QL (30 EA per 30 days) MO
MOVANTIK TABLET 12.5MG	2	QL (60 EA per 30 days) MO
MYTESI TABLET DELAYED RELEASE 125MG	3	PA; ACS LD
<i>opium tincture tincture 1%</i>	1	MO
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 149900UNIT; 37000UNIT; 97300UNIT, 83900UNIT; 21000UNIT; 54700UNIT	2	MO
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 15200UNIT; 2600UNIT; 8800UNIT, 24600UNIT; 4200UNIT; 14200UNIT, 61500UNIT; 10500UNIT; 35500UNIT, 98400UNIT; 16800UNIT; 56800UNIT	3	MO
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 16000UNIT, 24000UNIT, 4000UNIT, 8000UNIT	3	MO
<i>prucalopride tablet 1mg, 2mg</i>	1	QL (30 EA per 30 days) PA MO
PYLERA CAPSULE 140MG; 125MG; 125MG	3	MO
REBYOTA SUSPENSION 150ML	3	PA; LD
RELISTOR INJECTION 12MG/0.6ML, 8MG/0.4ML	3	PA MO
RELISTOR TABLET 150MG	2	QL (90 EA per 30 days) PA MO
RELTONE CAPSULE 200MG, 400MG	3	PA
SUCRAID SOLUTION 8500UNIT/ML	3	LD
<i>sucralfate suspension 1gm/10ml</i>	1	MO
<i>sucralfate tablet 1gm</i>	1	MO
SYMPROIC TABLET 0.2MG	3	MO

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Drug Name	Drug Tier	Requirements/Limits
TALICIA CAPSULE DELAYED RELEASE 250MG; 10MG; 12.5MG	3	QL (336 EA per 365 days) MO
TRULANCE TABLET 3MG	3	QL (30 EA per 30 days) MO
URSO FORTE TABLET 500MG	3	MO
URSODIOL CAPSULE 200MG, 400MG	3	PA
<i>ursodiol capsule 300mg</i>	1	MO
<i>ursodiol tablet 250mg, 500mg</i>	1	MO
VIBERZI TABLET 100MG, 75MG	3	QL (60 EA per 30 days) PA MO
VIOKACE TABLET 10440UNIT, 20880UNIT	3	MO
VOQUEZNA DUAL PAK THERAPY PACK 500MG; 20MG	3	QL (224 EA per 365 days) PA MO
VOQUEZNA TRIPLE PAK THERAPY PACK 500MG; 500MG; 20MG	3	QL (224 EA per 365 days) PA MO
VOWST CAPSULE	3	PA; LD
XERMELO TABLET 250MG	3	QL (84 EA per 28 days) PA; LD
XIFAXAN TABLET 550MG	2	PA MO
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 84000UNIT; 20000UNIT; 63000UNIT	2	MO
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 14000UNIT; 3000UNIT; 10000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT	3	MO
PROTON PUMP INHIBITORS		
ACIPHEX TABLET DELAYED RELEASE 20MG	3	QL (30 EA per 30 days) MO
DEXILANT CAPSULE DELAYED RELEASE 30MG, 60MG	3	QL (30 EA per 30 days) MO
<i>dexlansoprazole capsule delayed release 30mg, 60mg</i>	1	QL (30 EA per 30 days) MO
<i>esomeprazole magnesium capsule delayed release 20mg, 40mg</i>	1	QL (30 EA per 30 days) MO
<i>esomeprazole magnesium packet 10mg, 2.5mg, 20mg, 40mg, 5mg</i>	1	QL (30 EA per 30 days) MO
<i>esomeprazole sodium injection 40mg</i>	1	
KONVOMEPEP SUSPENSION RECONSTITUTED 2MG/ML; 84MG/ML	3	QL (600 ML per 30 days) PA
<i>lansoprazole capsule delayed release 15mg</i>	1	QL (30 EA per 30 days) MO
<i>lansoprazole capsule delayed release 30mg</i>	1	QL (42 EA per 30 days) MO
<i>lansoprazole tablet delayed release disintegrating 15mg</i>	1	QL (30 EA per 30 days) MO
<i>lansoprazole tablet delayed release disintegrating 30mg</i>	1	QL (42 EA per 30 days) MO
NEXIUM CAPSULE DELAYED RELEASE 20MG, 40MG	3	QL (30 EA per 30 days) MO
NEXIUM PACKET 10MG, 2.5MG, 20MG, 40MG, 5MG	3	QL (30 EA per 30 days) MO
<i>omeprazole dr capsule delayed release 10mg</i>	1	QL (30 EA per 30 days) MO
<i>omeprazole/sodium bicarbonate capsule 20mg; 1100mg, 40mg; 1100mg</i>	1	QL (30 EA per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole/sodium bicarbonate packet 20mg; 1680mg, 40mg; 1680mg</i>	1	QL (30 EA per 30 days) MO
<i>omeprazole capsule delayed release 20mg, 40mg</i>	1	QL (60 EA per 30 days) MO
PANTOPRAZOLE SODIUM/SODIUM CHLORIDE INJECTION 40MG/100ML; 0.9%, 40MG/50ML; 0.9%, 80MG/100ML; 0.9%	3	
<i>pantoprazole sodium injection 40mg</i>	1	
<i>pantoprazole sodium packet 40mg</i>	1	QL (30 EA per 30 days) MO
<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
PREVACID SOLUTAB TABLET DELAYED RELEASE DISINTEGRATING 15MG	3	QL (30 EA per 30 days) MO
PREVACID SOLUTAB TABLET DELAYED RELEASE DISINTEGRATING 30MG	3	QL (42 EA per 30 days) MO
PREVACID CAPSULE DELAYED RELEASE 30MG	3	QL (42 EA per 30 days) MO
PRILOSEC PACKET 10MG	3	QL (120 EA per 30 days) MO
PRILOSEC PACKET 2.5MG	3	QL (90 EA per 30 days) MO
PROTONIX INJECTION 40MG	3	
PROTONIX PACKET 40MG	3	QL (30 EA per 30 days) MO
PROTONIX TABLET DELAYED RELEASE 20MG	3	QL (30 EA per 30 days) MO
PROTONIX TABLET DELAYED RELEASE 40MG	3	QL (60 EA per 30 days) MO
<i>rabeprazole sodium tablet delayed release 20mg</i>	1	QL (30 EA per 30 days) MO
VOQUEZNA TABLET 10MG	3	QL (30 EA per 30 days) PA MO
VOQUEZNA TABLET 20MG	3	QL (60 EA per 30 days) PA MO

GENITOURINARY***BENIGN PROSTATIC HYPERPLASIA***

<i>alfuzosin hcl er tablet extended release 24 hour 10mg</i>	1	QL (30 EA per 30 days) MO
AVODART CAPSULE 0.5MG	3	QL (30 EA per 30 days) MO
CARDURA XL TABLET EXTENDED RELEASE 24 HOUR 8MG	3	QL (30 EA per 30 days) MO
CARDURA XL TABLET EXTENDED RELEASE 24 HOUR 4MG	3	QL (60 EA per 30 days) MO
CIALIS TABLET 5MG	3	QL (30 EA per 30 days) PA MO
<i>dutasteride/tamsulosin hydrochloride capsule 0.5mg; 0.4mg</i>	1	QL (30 EA per 30 days) MO
<i>dutasteride capsule 0.5mg</i>	1	QL (30 EA per 30 days) MO
<i>finasteride tablet 5mg</i>	1	QL (30 EA per 30 days) MO
JALYN CAPSULE 0.5MG; 0.4MG	3	QL (30 EA per 30 days) MO
PROSCAR TABLET 5MG	3	QL (30 EA per 30 days) MO
<i>silodosin capsule 4mg, 8mg</i>	1	QL (30 EA per 30 days) MO
<i>tadalafil (generic Cialis) tablet 5mg</i>	1	QL (30 EA per 30 days) PA MO
<i>tamsulosin hydrochloride capsule 0.4mg</i>	1	QL (60 EA per 30 days) MO
UROXATRAL TABLET EXTENDED RELEASE 24 HOUR 10MG	3	QL (30 EA per 30 days) MO

MISCELLANEOUS

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Drug Name	Drug Tier	Requirements/Limits
<i>acetic acid 0.25% solution 0.25%</i>	1	MO
<i>bethanechol chloride tablet 10mg, 25mg, 50mg, 5mg</i>	1	MO
ELMIRON CAPSULE 100MG	3	QL (90 EA per 30 days) MO
FILSPARI TABLET 200MG	3	QL (30 EA per 30 days) PA; ACS LD
FILSPARI TABLET 400MG	3	QL (60 EA per 30 days) PA; ACS LD
<i>flavoxate hcl tablet 100mg</i>	1	MO; HRM
INTRAROSA INSERT 6.5MG	3	QL (28 EA per 28 days) PA MO
LITHOSTAT TABLET 250MG	3	MO
<i>neomycin/polymyxin b sulfates solution 40mg/ml; 200000unit/ml</i>	1	MO
ORACIT SOLUTION 640MG/5ML; 490MG/5ML	3	MO
OXLUMO INJECTION 94.5MG/0.5ML	3	PA; ACS LD
<i>potassium citrate er tablet extended release 1080mg, 15meq, 540mg</i>	1	MO
<i>potassium citrate/citric acid solution 334mg/5ml; 1100mg/5ml</i>	1	MO
RENACIDIN SOLUTION 1980.6MG/30ML; 59.4MG/30ML; 3980.4MG/30ML	3	MO
RIMSO-50 INJECTION 50%	3	MO
RIVFLOZA INJECTION 128MG/0.8ML	3	QL (0.8 ML per 30 days) PA; ACS LD
RIVFLOZA INJECTION 160MG/ML, 80MG/0.5ML	3	QL (1 ML per 30 days) PA; ACS LD
<i>sodium citrate/citric acid solution 334mg/5ml; 500mg/5ml</i>	1	MO
SORBITOL SOLUTION 3%	3	
TARPEYO CAPSULE DELAYED RELEASE 4MG	3	QL (120 EA per 30 days) PA; LD
THIOLA EC TABLET DELAYED RELEASE 100MG, 300MG	3	LD
THIOLA TABLET 100MG	3	LD
<i>tiopronin dr tablet delayed release 100mg, 300mg</i>	1	ACS
<i>tiopronin tablet 100mg</i>	1	ACS
<i>tricitrates solution 334mg/5ml; 550mg/5ml; 500mg/5ml</i>	1	MO
UROCIT-K 10 TABLET EXTENDED RELEASE 1080MG	3	MO
UROCIT-K 15 TABLET EXTENDED RELEASE 15MEQ	3	MO
VANRAFIA TABLET 0.75MG	3	QL (30 EA per 30 days) PA; LD
<i>venxxiva tablet delayed release 100mg, 300mg</i>	1	LD
VOYXACT INJECTION 400MG/2ML	3	QL (2 ML per 28 days) PA; LD
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide er tablet extended release 24 hour 15mg, 7.5mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>fesoterodine fumarate er tablet extended release 24 hour 4mg, 8mg</i>	1	QL (30 EA per 30 days) MO; HRM
GEMTESA TABLET 75MG	2	QL (30 EA per 30 days) MO
<i>mirabegron er suspension reconstituted er 8mg/ml</i>	1	QL (300 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>mirabegron er tablet extended release 24 hour 25mg, 50mg</i>	1	QL (30 EA per 30 days) MO
MYRBETRIQ SUSPENSION RECONSTITUTED ER 8MG/ML	3	QL (300 ML per 28 days) MO
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25MG, 50MG	3	QL (30 EA per 30 days) MO
<i>oxybutynin chloride er tablet extended release 24 hour 5mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>oxybutynin chloride solution 5mg/5ml</i>	1	QL (600 ML per 30 days) MO; HRM
<i>oxybutynin chloride tablet 5mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>oxybutynin chloride tablet 2.5mg</i>	1	QL (90 EA per 30 days) MO
OXYTROL PATCH TWICE WEEKLY 3.9MG/24HR	3	QL (8 EA per 28 days) MO; HRM
<i>solifenacin succinate tablet 10mg, 5mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>tolterodine tartrate er capsule extended release 24 hour 2mg, 4mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>tolterodine tartrate tablet 1mg, 2mg</i>	1	QL (60 EA per 30 days) MO; HRM
TOVIAZ TABLET EXTENDED RELEASE 24 HOUR 4MG, 8MG	3	QL (30 EA per 30 days) MO; HRM
<i>tropium chloride er capsule extended release 24 hour 60mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>tropium chloride tablet 20mg</i>	1	QL (60 EA per 30 days) MO; HRM
VAGINAL ANTI-INFECTIVES		
CLEOCIN CREAM 2%	3	MO
CLEOCIN SUPPOSITORY 100MG	3	MO
<i>clindamycin phosphate cream 2%</i>	1	MO
CLINDESSE CREAM 2%	3	QL (5 GM per 30 days) MO
GYNAZOLE-1 CREAM 2%	3	MO
<i>metronidazole vaginal gel 0.75%</i>	1	MO
<i>miconazole 3 suppository 200mg</i>	1	MO
NUVESSA GEL 1.3%	3	
<i>terconazole cream 0.4%, 0.8%</i>	1	MO
<i>terconazole suppository 80mg</i>	1	MO
XACIATO GEL 2%	3	MO
HEMATOLOGIC		
ANTICOAGULANTS		
<i>argatroban injection 250mg/2.5ml, 50mg/50ml</i>	1	
ARIXTRA INJECTION 10MG/0.8ML, 2.5MG/0.5ML, 5MG/0.4ML, 7.5MG/0.6ML	3	MO
<i>dabigatran etexilate capsule 110mg</i>	1	QL (120 EA per 30 days) MO
<i>dabigatran etexilate capsule 150mg, 75mg</i>	1	QL (60 EA per 30 days) MO
ELIQUIS STARTER PACK TABLET THERAPY PACK 5MG	2	QL (74 EA per 30 days) MO
ELIQUIS CAPSULE SPRINKLE 0.15MG	2	QL (56 EA per 21 days)
ELIQUIS TABLET SOLUBLE 0.5MG	2	QL (588 EA per 29 days)

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Drug Name	Drug Tier	Requirements/Limits
ELIQUIS TABLET SOLUBLE 1.5MG	2	QL (591 EA per 29 days)
ELIQUIS TABLET SOLUBLE 2MG	2	QL (592 EA per 30 days)
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 injection 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	1	MO
<i>fondaparinux sodium injection 10mg/0.8ml, 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	1	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 INJECTION 5%; 100UNIT/ML, 5%; 25000UNIT/500ML, 5%; 40UNIT/ML	3	
HEPARIN SODIUM/DEXTROSE INJECTION 5%; 25000UNIT/250ML	3	
HEPARIN SODIUM/NACL 0.45% INJECTION 12500UNIT/250ML; 0.45%, 25000UNIT/250ML; 0.45%	2	
HEPARIN SODIUM/SODIUM CHLORIDE INJECTION 25000UNIT/250ML; 0.45%, 25000UNIT/500ML; 0.45%	2	
HEPARIN SODIUM INJECTION 5000UNIT/0.5ML, 5000UNIT/ML PF	2	
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml pf, 5000unit/ml</i>	1	MO
<i>jantoven tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	
LOVENOX INJECTION 100MG/ML, 120MG/0.8ML, 150MG/ML, 300MG/3ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML	3	MO
PRADAXA CAPSULE 110MG	3	QL (120 EA per 30 days) MO
PRADAXA CAPSULE 150MG, 75MG	3	QL (60 EA per 30 days) MO
PRADAXA PACKET 30MG, 40MG, 50MG	3	QL (120 EA per 30 days)
PRADAXA PACKET 110MG	3	QL (120 EA per 30 days) MO
PRADAXA PACKET 150MG, 20MG	3	QL (60 EA per 30 days)
<i>rivaroxaban suspension reconstituted 1mg/ml</i>	1	QL (620 ML per 30 days) MO
<i>rivaroxaban tablet 2.5mg</i>	1	QL (60 EA per 30 days) MO
SAVAYSA TABLET 15MG, 30MG, 60MG	3	QL (30 EA per 30 days) ST MO
<i>warfarin sodium tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	MO
XARELTO STARTER PACK TABLET THERAPY PACK 15MG; 20MG	2	QL (51 EA per 30 days) MO
XARELTO SUSPENSION RECONSTITUTED 1MG/ML	2	QL (620 ML per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
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		
ARANESP ALBUMIN FREE INJECTION 500MCG/ML	3	QL (1 ML per 21 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 150MCG/0.3ML, 60MCG/0.3ML	3	QL (1.2 ML per 28 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 10MCG/0.4ML, 200MCG/0.4ML, 40MCG/0.4ML	3	QL (1.6 ML per 28 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 25MCG/0.42ML	3	QL (1.68 ML per 28 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 100MCG/0.5ML	3	QL (2 ML per 28 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 300MCG/0.6ML	3	QL (2.4 ML per 28 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 100MCG/ML, 200MCG/ML, 25MCG/ML, 40MCG/ML, 60MCG/ML	3	QL (4 ML per 28 days) PA; ACS
ARMLUPEG INJECTION 6MG/0.6ML	3	PA; ACS
EPOGEN INJECTION 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	QL (12 ML per 28 days) PA; ACS
FILKRI INJECTION 300MCG/0.5ML, 480MCG/0.8ML	3	PA; ACS
FULPHILA INJECTION 6MG/0.6ML	3	PA; ACS
FYLNETRA INJECTION 6MG/0.6ML	3	PA; ACS LD
GRANIX INJECTION 300MCG/0.5ML, 300MCG/ML, 480MCG/0.8ML	3	PA; ACS
LEUKINE INJECTION 250MCG	3	PA; ACS
MIRCERA INJECTION 100MCG/0.3ML, 120MCG/0.3ML, 150MCG/0.3ML, 200MCG/0.3ML, 50MCG/0.3ML, 75MCG/0.3ML	3	QL (0.6 ML per 28 days) PA; LD
MIRCERA INJECTION 30MCG/0.3ML	3	QL (1.2 ML per 28 days) PA; LD
MOZOBIL INJECTION 24MG/1.2ML	3	PA; ACS LD
NEULASTA ONPRO KIT INJECTION 6MG/0.6ML	3	PA; ACS
NEULASTA INJECTION 4MG/0.4ML, 6MG/0.6ML	3	PA; ACS
NEUPOGEN INJECTION 300MCG/0.5ML, 300MCG/ML, 480MCG/0.8ML, 480MCG/1.6ML	3	PA; ACS
NIVESTYM INJECTION 300MCG/0.5ML, 300MCG/ML, 480MCG/0.8ML, 480MCG/1.6ML	3	PA; ACS
NPLATE INJECTION 125MCG, 250MCG, 500MCG	3	PA; ACS
NYPOZI INJECTION 300MCG/0.5ML, 480MCG/0.8ML	3	PA; ACS
NYVEPRIA INJECTION 6MG/0.6ML	3	PA; ACS
plerixafor injection 24mg/1.2ml	1	PA; ACS
PROCRIT INJECTION 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 40000UNIT/ML, 4000UNIT/ML	2	PA; ACS
RELEUKO INJECTION 300MCG/0.5ML, 480MCG/0.8ML	3	PA; ACS LD
RETACRIT INJECTION 40000UNIT/ML	2	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
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 30000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA; ACS
ROLVEDON INJECTION 13.2MG/0.6ML	3	PA; ACS LD
RYZNEUTA INJECTION 20MG/ML	3	PA; ACS LD
STIMUFEND INJECTION 6MG/0.6ML	3	PA; ACS
UDENYCA ONBODY INJECTION 6MG/0.6ML	3	PA; ACS
UDENYCA INJECTION 6MG/0.6ML	3	PA; ACS
XOLREMDI CAPSULE 100MG	3	QL (120 EA per 30 days) PA; LD
ZARXIO INJECTION 300MCG/0.5ML, 480MCG/0.8ML	2	PA; ACS
ZIEXTENZO INJECTION 6MG/0.6ML	3	PA; ACS LD
MISCELLANEOUS		
ADAKVEO INJECTION 100MG/10ML	3	PA; ACS
ADZYNMA INJECTION 1500UNIT, 500UNIT	3	PA; ACS LD
AGRYLIN CAPSULE 0.5MG	3	MO
ALVAIZ TABLET 54MG, 9MG	3	QL (60 EA per 30 days) PA; ACS
ALVAIZ TABLET 18MG, 36MG	3	QL (90 EA per 30 days) PA; ACS
<i>aminocaproic acid injection 250mg/ml</i>	1	
<i>aminocaproic acid oral solution 0.25gm/ml</i>	1	MO
<i>aminocaproic acid tablet 1000mg, 500mg</i>	1	MO
<i>anagrelide hydrochloride capsule 0.5mg, 1mg</i>	1	MO
ANDEMBRY INJECTION 200MG/1.2ML	3	QL (15.6 ML per 365 days) PA; ACS LD
AQVESME TABLET 100MG	3	QL (56 EA per 28 days) PA; LD
BERINERT INJECTION 500UNIT	3	QL (24 EA per 30 days) PA; ACS LD
BKEMV INJECTION 300MG/30ML	3	PA; ACS LD
CABLIVI INJECTION 11MG	3	PA; LD
<i>cilostazol tablet 100mg, 50mg</i>	1	MO
CINRYZE INJECTION 500UNIT	3	QL (20 EA per 30 days) PA; ACS LD
CYKLOKAPRON INJECTION 1000MG/10ML	3	
DAWNZERA INJECTION 80MG/0.8ML	3	QL (0.8 ML per 28 days) PA; LD
DOPTELET SPRINKLE CAPSULE SPRINKLE 10MG	3	QL (60 EA per 30 days) PA; ACS LD
DOPTELET TABLET 20MG	2	QL (60 EA per 30 days) PA; ACS LD
DROXIA CAPSULE 200MG, 300MG, 400MG	3	MO
EKTERLY TABLET 300MG	3	QL (12 EA per 30 days) PA; ACS LD
<i>eltrombopag olamine packet 25mg</i>	1	QL (180 EA per 30 days) PA; ACS
<i>eltrombopag olamine packet 12.5mg</i>	1	QL (360 EA per 30 days) PA; ACS
<i>eltrombopag olamine tablet 12.5mg, 25mg</i>	1	QL (30 EA per 30 days) PA; ACS
<i>eltrombopag olamine tablet 50mg, 75mg</i>	1	QL (60 EA per 30 days) PA; ACS

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Drug Name	Drug Tier	Requirements/Limits
EMPAVELI INJECTION 1080MG/20ML	3	QL (200 ML per 30 days) PA; LD
ENDARI PACKET 5GM	3	PA; ACS LD
ENJAYMO INJECTION 1100MG/22ML	3	PA; ACS LD
EPYSQLI INJECTION 300MG/30ML	3	PA; ACS LD
FABHALTA CAPSULE 200MG	3	QL (60 EA per 30 days) PA; LD
FIRAZYR INJECTION 30MG/3ML	3	QL (27 ML per 30 days) PA; ACS LD
GIVLAARI INJECTION 189MG/ML	3	PA; ACS LD
HAEGARDA INJECTION 3000UNIT	3	QL (20 EA per 30 days) PA; ACS LD
HAEGARDA INJECTION 2000UNIT	3	QL (30 EA per 30 days) PA; ACS LD
<i>icatibant acetate injection 30mg/3ml</i>	1	QL (27 ML per 30 days) PA; ACS
KALBITOR INJECTION 10MG/ML	3	QL (12 ML per 30 days) PA; ACS LD
<i>l-glutamine packet 5gm</i>	1	PA; ACS
MULPLETA TABLET 3MG	3	QL (14 EA per 365 days) PA; ACS
ORLADEYO CAPSULE 110MG, 150MG	3	QL (28 EA per 28 days) PA; LD
ORLADEYO PACKET 108MG, 132MG, 72MG, 96MG	3	QL (28 EA per 28 days) PA; LD
<i>pentoxifylline er tablet extended release 400mg</i>	1	MO
PIASKY INJECTION 340MG/2ML	3	PA; ACS LD
PROMACTA PACKET 25MG	3	QL (180 EA per 30 days) PA; ACS LD
PROMACTA PACKET 12.5MG	3	QL (360 EA per 30 days) PA; ACS LD
PROMACTA TABLET 12.5MG, 25MG	3	QL (30 EA per 30 days) PA; ACS LD
PROMACTA TABLET 50MG, 75MG	3	QL (60 EA per 30 days) PA; ACS LD
PYRUKYND TAPER PACK TABLET THERAPY PACK 20MG; 5MG, 50MG; 20MG	3	QL (14 EA per 14 days) PA; LD
PYRUKYND TAPER PACK TABLET THERAPY PACK 5MG	3	QL (7 EA per 7 days) PA; LD
PYRUKYND TABLET 20MG, 50MG, 5MG	3	QL (56 EA per 28 days) PA; LD
REBLOZYL INJECTION 25MG, 75MG	3	PA; ACS LD
RUCONEST INJECTION 2100UNIT	3	QL (12 EA per 30 days) PA; ACS LD
RYPLAZIM INJECTION 68.8MG	3	PA; ACS LD
RYTELO INJECTION 188MG, 47MG	3	PA; LD
<i>sajazir injection 30mg/3ml</i>	1	QL (27 ML per 30 days) PA; LD
SIKLOS TABLET 1000MG, 100MG	3	PA MO
SOLIRIS INJECTION 300MG/30ML	3	PA; ACS LD
TAKHZYRO INJECTION 150MG/ML	2	QL (2 ML per 28 days) PA; ACS LD
TAKHZYRO INJECTION 300MG/2ML	2	QL (4 ML per 28 days) PA; ACS LD

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Drug Name	Drug Tier	Requirements/Limits
TAVALISSE TABLET 100MG, 150MG	3	QL (60 EA per 30 days) PA; LD
TAVNEOS CAPSULE 10MG	3	QL (180 EA per 30 days) PA; LD
tranexamic acid/sodium chloride injection 0.7%; 1000mg/100ml	1	
tranexamic acid injection 1000mg/10ml	1	
tranexamic acid tablet 650mg	1	MO
ULTOMIRIS INJECTION 1100MG/11ML, 300MG/3ML	3	PA; ACS LD
VEOPOZ INJECTION 400MG/2ML	3	PA; LD
VOYDEYA TABLET THERAPY PACK 100MG; 50MG	3	QL (180 EA per 30 days) PA; LD
VOYDEYA TABLET 100MG	3	QL (180 EA per 30 days) PA; LD
WAYRILZ TABLET 400MG	3	QL (60 EA per 30 days) PA; LD
XROMI SOLUTION 100MG/ML	3	PA MO
PLATELET AGGREGATION INHIBITORS		
aspirin/dipyridamole er capsule extended release 12 hour 25mg; 200mg	1	QL (60 EA per 30 days) MO
BRILINTA TABLET 60MG, 90MG	3	MO
clopidogrel tablet 300mg	1	QL (2 EA per 365 days) MO
clopidogrel tablet 75mg	1	QL (30 EA per 30 days) MO
dipyridamole tablet 25mg, 50mg, 75mg	1	PA MO
EFFIENT TABLET 10MG, 5MG	3	MO
PLAVIX TABLET 75MG	3	QL (30 EA per 30 days) ST MO
prasugrel hydrochloride tablet 10mg, 5mg	1	MO
ticagrelor tablet 60mg, 90mg	1	MO
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ABRILADA 1-PEN KIT INJECTION 40MG/0.8ML	3	QL (56 EA per 365 days) PA; ACS
ABRILADA 2-PEN KIT INJECTION 40MG/0.8ML	3	QL (56 EA per 365 days) PA; ACS
ABRILADA INJECTION 20MG/0.4ML	3	QL (52 EA per 365 days) PA; ACS
ABRILADA INJECTION 40MG/0.8ML	3	QL (56 EA per 365 days) PA; ACS
ACTEMRA ACTPEN INJECTION 162MG/0.9ML	3	QL (3.6 ML per 28 days) PA; ACS LD
ACTEMRA INJECTION 162MG/0.9ML	3	QL (3.6 ML per 28 days) PA; ACS LD
ACTEMRA INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	3	QL (40 ML per 28 days) PA; ACS LD
ADALIMUMAB-AACF (2 PEN) INJECTION 40MG/0.8ML	3	QL (28 EA per 365 days) PA; ACS
ADALIMUMAB-AACF (2 SYRINGE) INJECTION 40MG/0.8ML	3	QL (28 EA per 365 days) PA; ACS
ADALIMUMAB-AACF STARTER PACK/CD/UC/HS (6 PEN) INJECTION 40MG/0.8ML	3	QL (28 EA per 365 days) PA; ACS
ADALIMUMAB-AACF STARTER PACK/PSORIASIS/UVEITIS (4 PEN) INJECTION 40MG/0.8ML	3	QL (28 EA per 365 days) PA; ACS

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Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-AATY 1-PEN KIT INJECTION 80MG/0.8ML	3	QL (28 EA per 365 days) PA; ACS
ADALIMUMAB-AATY 1-PEN KIT INJECTION 40MG/0.4ML	3	QL (56 EA per 365 days) PA; ACS
ADALIMUMAB-AATY 2-PEN KIT INJECTION 40MG/0.4ML	3	QL (56 EA per 365 days) PA; ACS
ADALIMUMAB-AATY 2-SYRINGE INJECTION 20MG/0.2ML	3	QL (52 EA per 365 days) PA; ACS
ADALIMUMAB-AATY 2-SYRINGE INJECTION 40MG/0.4ML	3	QL (56 EA per 365 days) PA; ACS
ADALIMUMAB-AATY CD/UC/HS STARTER INJECTION 80MG/0.8ML	3	QL (6 EA per 365 days) PA; ACS
ADALIMUMAB-ADAZ INJECTION 20MG/0.2ML	3	QL (10.4 ML per 365 days) PA; ACS
ADALIMUMAB-ADAZ INJECTION 10MG/0.1ML	3	QL (2.6 ML per 365 days) PA; ACS
ADALIMUMAB-ADAZ INJECTION 40MG/0.4ML, 80MG/0.8ML	3	QL (22.4 ML per 365 days) PA; ACS
ADALIMUMAB-ADBIM INJECTION 10MG/0.2ML	3	QL (26 EA per 365 days) PA; ACS
ADALIMUMAB-ADBIM INJECTION 20MG/0.4ML	3	QL (52 EA per 365 days) PA; ACS
ADALIMUMAB-ADBIM INJECTION 40MG/0.4ML, 40MG/0.8ML	3	QL (56 EA per 365 days) PA; ACS
ADALIMUMAB-BWWD INJECTION 40MG/0.4ML	2	QL (22.4 ML per 365 days) PA; ACS
ADALIMUMAB-FKJP INJECTION 20MG/0.4ML	3	QL (52 EA per 365 days) PA; ACS
ADALIMUMAB-FKJP INJECTION 40MG/0.8ML	3	QL (56 EA per 365 days) PA; ACS
ADALIMUMAB-RYVK (1 PEN) INJECTION 80MG/0.8ML	3	QL (28 EA per 365 days) PA; ACS
ADALIMUMAB-RYVK (2 PEN) INJECTION 40MG/0.4ML	3	QL (56 EA per 365 days) PA; ACS
ADALIMUMAB-RYVK INJECTION 40MG/0.4ML	3	QL (56 EA per 365 days) PA; ACS
ADBRY INJECTION 150MG/ML, 300MG/2ML	2	QL (56 ML per 365 days) PA; ACS LD
AMJEVITA INJECTION 20MG/0.2ML	3	QL (10.4 ML per 365 days) PA; ACS
AMJEVITA INJECTION 40MG/0.4ML, 80MG/0.8ML	3	QL (22.4 ML per 365 days) PA; ACS
AMJEVITA INJECTION 40MG/0.8ML	3	QL (44.8 ML per 365 days) PA; ACS
AMJEVITA INJECTION 10MG/0.2ML	3	QL (5.2 ML per 365 days) PA; ACS
AVSOLA INJECTION 100MG	3	PA; ACS LD
AVTOZMA INJECTION 162MG/0.9ML	3	QL (3.6 ML per 28 days) PA; ACS
AVTOZMA INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	3	QL (40 ML per 28 days) PA; ACS
BIMZELX INJECTION 160MG/ML, 320MG/2ML	2	QL (4 ML per 28 days) PA; ACS
CIBINQO TABLET 100MG, 200MG, 50MG	2	QL (30 EA per 30 days) PA; ACS
CIMZIA (1 SYRINGE) INJECTION 200MG/ML	3	QL (2 EA per 28 days) PA; ACS

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Drug Name	Drug Tier	Requirements/Limits
CIMZIA STARTER KIT INJECTION 200MG/ML	3	QL (6 EA per 365 days) PA; ACS
CIMZIA INJECTION 200MG	3	QL (2 EA per 28 days) PA; ACS
COSENTYX SENSOREADY PEN INJECTION 150MG/ML	3	QL (56 ML per 365 days) PA; ACS LD
COSENTYX UNOREADY INJECTION 300MG/2ML	3	QL (56 ML per 365 days) PA; ACS LD
COSENTYX INJECTION 125MG/5ML	3	PA; LD
COSENTYX INJECTION 150MG/ML	3	QL (56 ML per 365 days) PA; ACS LD
COSENTYX INJECTION 75MG/0.5ML	3	QL (8 ML per 365 days) PA; ACS LD
CYLTEZO INJECTION 10MG/0.2ML	3	QL (26 EA per 365 days) PA; ACS
CYLTEZO INJECTION 20MG/0.4ML	3	QL (52 EA per 365 days) PA; ACS
CYLTEZO INJECTION 40MG/0.4ML, 40MG/0.8ML	3	QL (56 EA per 365 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
EBGLYSS INJECTION 250MG/2ML	2	QL (40 ML per 365 days) PA; ACS LD
ENBREL MINI INJECTION 50MG/ML	3	QL (8 ML per 28 days) PA; ACS
ENBREL SURECLICK INJECTION 50MG/ML	3	QL (8 ML per 28 days) PA; ACS
ENBREL INJECTION 25MG/0.5ML, 50MG/ML	3	QL (8 ML per 28 days) PA; ACS
ENTYVIO PEN INJECTION 108MG/0.68ML	3	QL (1.36 ML per 28 days) PA; ACS LD
ENTYVIO INJECTION 300MG	3	QL (8 EA per 365 days) PA; ACS LD
HADLIMA PUSHTOUCH INJECTION 40MG/0.4ML	2	QL (22.4 ML per 365 days) PA; ACS
HADLIMA PUSHTOUCH INJECTION 40MG/0.8ML	2	QL (44.8 ML per 365 days) PA; ACS
HADLIMA INJECTION 40MG/0.4ML	2	QL (22.4 ML per 365 days) PA; ACS
HADLIMA INJECTION 40MG/0.8ML	2	QL (44.8 ML per 365 days) PA; ACS
HULIO INJECTION PREFILED SYRINGE 40MG/0.8ML	3	QL (56 EA per 365 days) PA; ACS
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML (BRAND CORDAVIS NOT COVERED)	2	QL (6 EA per 365 days) PA; ACS
HUMIRA PEN-PS/UV STARTER INJECTION 80MG/0.8ML; 40MG/0.4ML	2	QL (6 EA per 365 days) PA; ACS
HUMIRA PEN INJECTION 80MG/0.8ML (BRAND CORDAVIS NOT COVERED)	2	QL (28 EA per 365 days) PA; ACS
HUMIRA PEN INJECTION 40MG/0.4ML (BRAND CORDAVIS NOT COVERED), 40MG/0.8ML	2	QL (56 EA per 365 days) PA; ACS
HUMIRA INJECTION 10MG/0.1ML (BRAND CORDAVIS NOT COVERED)	2	QL (26 EA per 365 days) PA; ACS

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA INJECTION 20MG/0.2ML (BRAND CORDAVIS NOT COVERED)	2	QL (52 EA per 365 days) PA; ACS
HUMIRA INJECTION 40MG/0.4ML (BRAND CORDAVIS NOT COVERED), 40MG/0.8ML	2	QL (56 EA per 365 days) PA; ACS
HYRIMOZ PEDIATRIC CROHN'S DISEASE STARTER PACK INJECTION 80MG/0.8ML; 40MG/0.4ML	3	QL (2.4 ML per 365 days) PA; ACS
HYRIMOZ PEDIATRIC CROHN'S DISEASE STARTER PACK INJECTION 80MG/0.8ML	3	QL (4.8 ML per 365 days) PA; ACS
HYRIMOZ PLAQUE PSORIASIS STARTER PACK INJECTION 80MG/0.8ML; 40MG/0.4ML	3	QL (3.2 ML per 365 days) PA; ACS
HYRIMOZ PLAQUE PSORIASIS/UEVITIS STARTER PACK INJECTION 80MG/0.8ML; 40MG/0.4ML	3	QL (3.2 ML per 365 days) PA; ACS
HYRIMOZ SENSOREADY CD/UC/HS STARTER PACK INJECTION 80MG/0.8ML	3	QL (4.8 ML per 365 days) PA; ACS
HYRIMOZ SENSOREADY PENS INJECTION 80MG/0.8ML	3	QL (22.4 ML per 365 days) PA; ACS
HYRIMOZ INJECTION 20MG/0.2ML	3	QL (10.4 ML per 365 days) PA; ACS
HYRIMOZ INJECTION 10MG/0.1ML	3	QL (2.6 ML per 365 days) PA; ACS
HYRIMOZ INJECTION 40MG/0.4ML	3	QL (22.4 ML per 365 days) PA; ACS
ICOTYDE TABLET 200MG	3	QL (30 EA per 30 days) PA; ACS LD
ILUMYA INJECTION 100MG/ML	3	PA; ACS LD
IMULDOSA INJECTION 45MG/0.5ML	3	QL (0.5 ML per 28 days) PA; ACS
IMULDOSA INJECTION 90MG/ML	3	QL (1 ML per 28 days) PA; ACS
IMULDOSA INJECTION 130MG/26ML	3	QL (208 ML per 365 days) PA; ACS
INFLECTRA INJECTION 100MG	3	PA; ACS LD
INFLIXIMAB INJECTION 100MG	3	PA; ACS LD
KEVZARA INJECTION 150MG/1.14ML PEN, 200MG/1.14ML	3	QL (2.28 ML per 28 days) PA; ACS LD
KINERET INJECTION 100MG/0.67ML	3	QL (18.76 ML per 28 days) PA; LD
LEQSELVI TABLET 8MG	3	QL (60 EA per 30 days) PA; ACS LD
LITFULO CAPSULE 50MG	3	QL (28 EA per 28 days) PA; ACS LD
NEMLUVIO INJECTION 30MG	3	QL (2 EA per 28 days) PA; ACS LD
OLUMIANT TABLET 1MG, 2MG, 4MG	3	QL (30 EA per 30 days) PA; ACS LD
OMVOH INJECTION 300MG/15ML	3	PA; ACS LD
OMVOH INJECTION 100MG/ML, 200MG/2ML	3	QL (2 ML per 28 days) PA; ACS LD
OMVOH INJECTION COMBINATION CARTON OF 200MG/2ML AND 100MG/ML	3	QL (3 ML per 28 days) PA; ACS LD
ORENCIA CLICKJECT INJECTION 125MG/ML	3	QL (4 ML per 28 days) PA; ACS

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Drug Name	Drug Tier	Requirements/Limits
ORENCIA INJECTION 250MG	3	PA; ACS
ORENCIA INJECTION 50MG/0.4ML	3	QL (1.6 ML per 28 days) PA; ACS
ORENCIA INJECTION 87.5MG/0.7ML	3	QL (2.8 ML per 28 days) PA; ACS
ORENCIA INJECTION 125MG/ML	3	QL (4 ML per 28 days) PA; ACS
OTEZLA XR TABLET EXTENDED RELEASE 24 HOUR 75MG	3	QL (30 EA per 30 days) PA; ACS
OTEZLA/OTEZLA XR 28 DAY TREATMENT INITIATION PACK TABLET THERAPY PACK 10MG; 20MG; 30MG; 75MG	3	QL (82 EA per 365 days) PA; ACS
OTEZLA TABLET THERAPY PACK 10MG; 20MG; 30MG, 10MG; 20MG	3	QL (110 EA per 365 days) PA; ACS
OTEZLA TABLET 20MG, 30MG	3	QL (60 EA per 30 days) PA; ACS
OTULFI INJECTION 45MG/0.5ML	3	QL (0.5 ML per 28 days) PA; ACS
OTULFI INJECTION 90MG/ML	3	QL (1 ML per 28 days) PA; ACS
OTULFI INJECTION 130MG/26ML	3	QL (208 ML per 365 days) PA; ACS
PYZCHIVA INJECTION 45MG/0.5ML	2	QL (0.5 ML per 28 days) PA; ACS
PYZCHIVA INJECTION 90MG/ML	3	QL (1 ML per 28 days) PA; ACS
PYZCHIVA INJECTION 130MG/26ML	3	QL (208 ML per 365 days) PA; ACS
REMICADE INJECTION 100MG	3	PA; ACS
RENFLEXIS INJECTION 100MG	3	PA; ACS LD
RHAPSIDO TABLET 25MG	3	QL (60 EA per 30 days) PA; ACS
RINVOQ LQ SOLUTION 1MG/ML	2	QL (360 ML per 30 days) PA; ACS
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 45MG	2	QL (168 EA per 365 days) PA; ACS
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG, 30MG	2	QL (30 EA per 30 days) PA; ACS
SELARSDI INJECTION 45MG/0.5ML	3	QL (0.5 ML per 28 days) PA; ACS
SELARSDI INJECTION 90MG/ML	3	QL (1 ML per 28 days) PA; ACS
SELARSDI INJECTION 130MG/26ML	3	QL (208 ML per 365 days) PA; ACS
SILIQ INJECTION 210MG/1.5ML	3	QL (4.5 ML per 28 days) PA; ACS
SIMLANDI 1-PEN KIT INJECTION 80MG/0.8ML	3	QL (28 EA per 365 days) PA; ACS
SIMLANDI 1-PEN KIT INJECTION 40MG/0.4ML	3	QL (56 EA per 365 days) PA; ACS
SIMLANDI 2-PEN KIT INJECTION 40MG/0.4ML	3	QL (56 EA per 365 days) PA; ACS
SIMLANDI INJECTION 20MG/0.2ML	3	QL (52 EA per 365 days) PA; ACS
SIMLANDI INJECTION 40MG/0.4ML	3	QL (56 EA per 365 days) PA; ACS
SIMPONI ARIA INJECTION 50MG/4ML	3	PA; ACS
SIMPONI INJECTION 50MG/0.5ML	3	QL (0.5 ML per 28 days) PA; ACS
SIMPONI INJECTION 100MG/ML	3	QL (3 ML per 28 days) PA; ACS
SKYRIZI PEN INJECTION 150MG/ML	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 600MG/10ML	2	QL (120 ML per 365 days) PA; ACS
SKYRIZI INJECTION 55MG/0.37ML	2	QL (2.22 ML per 365 days) PA; ACS
SKYRIZI INJECTION 360MG/2.4ML	2	QL (2.4 ML per 56 days) PA; ACS

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Drug Name	Drug Tier	Requirements/Limits
SKYRIZI INJECTION 150MG/ML	2	QL (6 ML per 365 days) PA; ACS
SOTYKTU TABLET 6MG	2	QL (30 EA per 30 days) PA; ACS LD
SPEVIGO INJECTION 450MG/7.5ML	3	PA; LD
SPEVIGO INJECTION 150MG/ML, 300MG/2ML	3	QL (28 ML per 365 days) PA; LD
STARJEMZA INJECTION 45MG/0.5ML	3	QL (0.5 ML per 28 days) PA; ACS
STARJEMZA INJECTION 90MG/ML	3	QL (1 ML per 28 days) PA; ACS
STARJEMZA INJECTION 130MG/26ML	3	QL (208 ML per 365 days) PA; ACS
STELARA INJECTION 45MG/0.5ML	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; ACS
STEQEYMA INJECTION 45MG/0.5ML	3	QL (0.5 ML per 28 days) PA; ACS
STEQEYMA INJECTION 90MG/ML	3	QL (1 ML per 28 days) PA; ACS
STEQEYMA INJECTION 130MG/26ML	3	QL (208 ML per 365 days) PA; ACS
TALTZ INJECTION 20MG/0.25ML	3	QL (0.25 ML per 28 days) PA; ACS LD
TALTZ INJECTION 40MG/0.5ML	3	QL (0.5 ML per 28 days) PA; ACS LD
TALTZ INJECTION 80MG/ML	3	QL (3 ML per 28 days) PA; ACS LD
<i>tofacitinib citrate er tablet extended release 24 hour 11mg, 22mg</i>	1	QL (30 EA per 30 days) PA; ACS
<i>tofacitinib citrate solution 1mg/ml</i>	1	QL (480 ML per 24 days) PA; ACS
<i>tofacitinib citrate tablet 10mg, 5mg</i>	1	QL (60 EA per 30 days) PA; ACS
TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ULCERATIVE COLITIS INJECTION 200MG/2ML	2	QL (4 ML per 28 days) PA; ACS
TREMFYA PEN INJECTION 100MG/ML	2	QL (1 ML per 28 days) PA; ACS
TREMFYA INJECTION 100MG/ML	2	QL (1 ML per 28 days) PA; ACS
TREMFYA INJECTION 200MG/20ML	2	QL (20 ML per 28 days) PA; ACS
TREMFYA INJECTION 200MG/2ML	2	QL (4 ML per 28 days) PA; ACS
TYENNE INJECTION 162MG/0.9ML	2	QL (3.6 ML per 28 days) PA; ACS
TYENNE INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	2	QL (40 ML per 28 days) PA; ACS
USTEKINUMAB-AAUZ INJECTION 45MG/0.5ML	3	QL (0.5 ML per 28 days) PA; ACS
USTEKINUMAB-AAUZ INJECTION 90MG/ML	3	QL (1 ML per 28 days) PA; ACS
USTEKINUMAB-AEKN INJECTION 45MG/0.5ML	3	QL (0.5 ML per 28 days) PA; ACS
USTEKINUMAB-AEKN INJECTION 90MG/ML	3	QL (1 ML per 28 days) PA; ACS
USTEKINUMAB-TTWE INJECTION 45MG/0.5ML	3	QL (0.5 ML per 28 days) PA; ACS
USTEKINUMAB-TTWE INJECTION 90MG/ML	3	QL (1 ML per 28 days) PA; ACS
USTEKINUMAB-TTWE INJECTION 130MG/26ML	3	QL (208 ML per 365 days) PA; ACS
USTEKINUMAB INJECTION 45MG/0.5ML	3	QL (0.5 ML per 28 days) PA; ACS
USTEKINUMAB INJECTION 90MG/ML	3	QL (1 ML per 28 days) PA; ACS
USTEKINUMAB INJECTION 130MG/26ML	3	QL (208 ML per 365 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
VELSIPITY TABLET 2MG	2	QL (30 EA per 30 days) PA; ACS LD
WEZLANA INJECTION 45MG/0.5ML	3	QL (0.5 ML per 28 days) PA; ACS
WEZLANA INJECTION 90MG/ML	3	QL (1 ML per 28 days) PA; ACS
WEZLANA INJECTION 130MG/26ML	3	QL (208 ML per 365 days) PA; ACS
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 11MG, 22MG	3	QL (30 EA per 30 days) PA; ACS
XELJANZ SOLUTION 1MG/ML	3	QL (480 ML per 24 days) PA; ACS
XELJANZ TABLET 10MG, 5MG	3	QL (60 EA per 30 days) PA; ACS
YESINTEK INJECTION 45MG/0.5ML	2	QL (0.5 ML per 28 days) PA; ACS
YESINTEK INJECTION 130MG/26ML	2	QL (208 ML per 365 days) PA; ACS
YESINTEK INJECTION 90MG/ML	3	QL (1 ML per 28 days) PA; ACS
YUFLYMA 1-PEN KIT INJECTION 80MG/0.8ML	3	QL (28 EA per 365 days) PA; ACS
YUFLYMA 1-PEN KIT INJECTION 40MG/0.4ML	3	QL (56 EA per 365 days) PA; ACS
YUFLYMA 2-PEN KIT INJECTION 40MG/0.4ML	3	QL (56 EA per 365 days) PA; ACS
YUFLYMA 2-SYRINGE KIT INJECTION 20MG/0.2ML	3	QL (52 EA per 365 days) PA; ACS
YUFLYMA 2-SYRINGE KIT INJECTION 40MG/0.4ML	3	QL (56 EA per 365 days) PA; ACS
YUFLYMA CD/UC/HS STARTER INJECTION 80MG/0.8ML	3	QL (6 EA per 365 days) PA; ACS
YUSIMRY INJECTION 40MG/0.8ML	3	QL (44.8 ML per 365 days) PA; ACS
ZYMFENTRA 2-PEN INJECTION 120MG/ML	2	QL (2 EA per 28 days) PA; ACS
ZYMFENTRA 2-SYRINGE INJECTION 120MG/ML	2	QL (2 EA per 28 days) PA; ACS
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
ARAVA TABLET 10MG, 20MG	3	QL (30 EA per 30 days) MO
AURANOFIN CAPSULE 3MG	3	MO
hydroxychloroquine sulfate tablet 100mg, 200mg, 300mg, 400mg	1	MO
JYLAMVO SOLUTION 2MG/ML	3	
leflunomide tablet 10mg, 20mg	1	QL (30 EA per 30 days) MO
methotrexate sodium tablet 2.5mg	1	MO
PLAQUENIL TABLET 200MG	3	MO
RASUVO INJECTION 7.5MG/0.15ML	3	QL (0.6 ML per 28 days); ACS
RASUVO INJECTION 10MG/0.2ML	3	QL (0.8 ML per 28 days); ACS
RASUVO INJECTION 12.5MG/0.25ML	3	QL (1 ML per 28 days); ACS
RASUVO INJECTION 15MG/0.3ML	3	QL (1.2 ML per 28 days); ACS
RASUVO INJECTION 17.5MG/0.35ML	3	QL (1.4 ML per 28 days); ACS
RASUVO INJECTION 20MG/0.4ML	3	QL (1.6 ML per 28 days); ACS
RASUVO INJECTION 22.5MG/0.45ML	3	QL (1.8 ML per 28 days); ACS
RASUVO INJECTION 25MG/0.5ML	3	QL (2 ML per 28 days); ACS
RASUVO INJECTION 30MG/0.6ML	3	QL (2.4 ML per 28 days); ACS
SOVUNA TABLET 200MG, 300MG	3	MO
TREXALL TABLET 10MG, 15MG, 5MG, 7.5MG	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
XATMEP SOLUTION 2.5MG/ML	3	MO
IMMUNOGLOBULINS		
ALYGLO INJECTION 10GM/100ML, 20GM/200ML, 5GM/50ML	3	PA; ACS LD
ASCENIV INJECTION 5GM/50ML	3	PA; ACS LD
BIVIGAM INJECTION 10%, 5GM/50ML	3	PA; ACS LD
CUTAQUIG INJECTION 1.65GM/10ML, 1GM/6ML, 2GM/12ML, 3.3GM/20ML, 4GM/24ML, 8GM/48ML	3	PA; ACS LD
CUVITRU INJECTION 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML, 8GM/40ML	3	PA; ACS LD
CYTOGAM INJECTION 50MG/ML	3	ACS
FLEBOGAMMA DIF INJECTION 10GM/200ML, 20GM/400ML, 5GM/100ML	3	PA; ACS LD
GAMASTAN INJECTION	2	B/D; ACS LD
GAMMAGARD LIQUID ERC INJECTION 10GM/100ML, 5GM/50ML	3	PA; ACS LD
GAMMAGARD LIQUID INJECTION 10GM/100ML, 1GM/10ML, 2.5GM/25ML, 20GM/200ML, 30GM/300ML, 5GM/50ML	3	PA; ACS LD
GAMMAGARD S/D IGA LESS THAN 1MCG/ML INJECTION 10GM, 5GM	3	PA; ACS LD
GAMMAKED INJECTION 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	3	PA; ACS LD
GAMMAPLEX INJECTION 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	3	PA; ACS LD
GAMUNEX-C INJECTION 10GM/100ML, 1GM/10ML, 2.5GM/25ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	3	PA; ACS LD
HEPAGAM B INJECTION 312UNIT/ML	3	ACS
HIZENTRA INJECTION 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML	3	PA; ACS LD
HYPERHEP B INJECTION 110UNIT/0.5ML, 220UNIT/ML	3	ACS LD
HYPERRAB INJECTION 1500UNIT/5ML, 300UNIT/ML, 900UNIT/3ML	3	
HYPERRHO MINI-DOSE INJECTION 250UNIT	3	ACS LD
HYPERRHO INJECTION 1500UNIT	3	ACS LD
HYPERTET INJECTION 250UNIT/ML	3	
HYQVIA INJECTION 10GM/100ML; 800UNIT/5ML, 2.5GM/25ML; 200UNT/1.25ML, 20GM/200ML; 1600UNIT/10ML, 30GM/300ML; 2400UNIT/15ML, 5GM/50ML; 400UNIT/2.5ML	3	PA; ACS LD
KEDRAB INJECTION 1500UNIT/10ML, 300UNIT/2ML	3	
NABI-HB INJECTION 312UNIT/ML	3	ACS LD

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Drug Name	Drug Tier	Requirements/Limits
OCTAGAM INJECTION 10GM/100ML, 10GM/200ML, 1GM/20ML, 2.5GM/50ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	3	PA; ACS LD
PANZYGA INJECTION 10GM/100ML, 1GM/10ML, 2.5GM/25ML, 20GM/200ML, 30GM/300ML, 5GM/50ML	3	PA; ACS LD
PRIVIGEN INJECTION 10GM/100ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	3	PA; ACS LD
QIVIGY INJECTION 10GM/100ML, 5GM/50ML	3	PA; ACS LD
RHOGAM ULTRA-FILTERED PLUS INJECTION 1500UNIT	3	ACS
RHOPHYLAC INJECTION 1500UNIT/2ML	3	ACS LD
VARIZIG INJECTION 125UNIT/1.2ML	3	ACS
WINRHO SDF INJECTION 1500UNIT/1.3ML	3	ACS
WINRHO SDF INJECTION 15000UNIT/13ML	3	PA; ACS
XEMBIFY INJECTION 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML	3	PA; ACS LD
YIMMUGO INJECTION 10GM/100ML, 20GM/200ML, 5GM/50ML	3	PA; ACS LD
IMMUNOMODULATORS		
ACTIMMUNE INJECTION 100MCG/0.5ML	3	PA; ACS LD
ARCALYST INJECTION 220MG	3	PA; ACS LD
BEYFORTUS INJECTION 100MG/ML, 50MG/0.5ML	3	
ENFLONIA INJECTION 105MG/0.7ML	3	
GRASTEK TABLET SUBLINGUAL 2800BAU	3	QL (30 EA per 30 days) PA MO
ILARIS INJECTION 150MG/ML	3	QL (2 ML per 28 days) PA; ACS LD
IMAAVY INJECTION 1200MG/6.5ML, 300MG/1.62ML	3	PA; ACS LD
JOENJA TABLET 70MG	3	QL (60 EA per 30 days) PA; LD
ODACTRA TABLET SUBLINGUAL	3	QL (30 EA per 30 days) PA MO
PALFORZIA INITIAL DOSE ESCALATION CAPSULE SPRINKLE THERAPY PACK 0.5MG; 1MG	3	QL (26 EA per 365 days) PA; ACS LD
PALFORZIA LEVEL 10 CAPSULE SPRINKLE THERAPY PACK 240MG DAILY	3	QL (120 EA per 365 days) PA; ACS LD
PALFORZIA LEVEL 11 (MAINTENANCE) PACKET 300MG	3	QL (30 EA per 30 days) PA; ACS LD
PALFORZIA LEVEL 11 (TITRATION) PACKET 300MG	3	QL (30 EA per 365 days) PA; ACS LD
PALFORZIA LEVEL 1 CAPSULE SPRINKLE THERAPY PACK 1MG	3	QL (90 EA per 365 days) PA; ACS LD
PALFORZIA LEVEL 2 CAPSULE SPRINKLE THERAPY PACK 1MG	3	QL (180 EA per 365 days) PA; ACS LD
PALFORZIA LEVEL 3 CAPSULE SPRINKLE THERAPY PACK 12MG DAILY	3	QL (90 EA per 365 days) PA; ACS LD
PALFORZIA LEVEL 4 CAPSULE SPRINKLE THERAPY PACK 20MG	3	QL (30 EA per 365 days) PA; ACS LD

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Drug Name	Drug Tier	Requirements/Limits
PALFORZIA LEVEL 5 CAPSULE SPRINKLE THERAPY PACK 20MG	3	QL (60 EA per 365 days) PA; ACS LD
PALFORZIA LEVEL 6 CAPSULE SPRINKLE THERAPY PACK 20MG	3	QL (120 EA per 365 days) PA; ACS LD
PALFORZIA LEVEL 7 CAPSULE SPRINKLE THERAPY PACK 120MG DAILY	3	QL (60 EA per 365 days) PA; ACS LD
PALFORZIA LEVEL 8 CAPSULE SPRINKLE THERAPY PACK 160MG DAILY	3	QL (120 EA per 365 days) PA; ACS LD
PALFORZIA LEVEL 9 CAPSULE SPRINKLE THERAPY PACK 100MG	3	QL (60 EA per 365 days) PA; ACS LD
RAGWITEK TABLET SUBLINGUAL 12AMB A 1-U	3	QL (30 EA per 30 days) PA MO
RYSTIGGO INJECTION 420MG/3ML	3	QL (12 ML per 28 days) PA; ACS LD
RYSTIGGO INJECTION 560MG/4ML	3	QL (16 ML per 28 days) PA; ACS LD
RYSTIGGO INJECTION 280MG/2ML, 840MG/6ML	3	QL (24 ML per 28 days) PA; ACS LD
VYVGART HYTRULO INJECTION 1000MG/5ML; 10000UNIT/5ML	2	QL (20 ML per 28 days) PA; ACS LD
VYVGART HYTRULO INJECTION 180MG/ML; 2000UNIT/ML	2	QL (22.4 ML per 28 days) PA; ACS LD
VYVGART INJECTION 400MG/20ML	2	QL (240 ML per 28 days) PA; ACS LD
ZILBRYSQ INJECTION 16.6MG/0.416ML	3	QL (11.65 ML per 28 days) PA; LD
ZILBRYSQ INJECTION 23MG/0.574ML	3	QL (16.08 ML per 28 days) PA; LD
ZILBRYSQ INJECTION 32.4MG/0.81ML	3	QL (22.68 ML per 28 days) PA; LD
ZINPLAVA INJECTION 1000MG/40ML	3	PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5MG, 1MG, 5MG	3	B/D MO
ATGAM INJECTION 50MG/ML	3	B/D
<i>azasan tablet 100mg, 75mg</i>	1	B/D
AZATHIOPRINE INJECTION 100MG	3	B/D
<i>azathioprine tablet 100mg, 50mg, 75mg</i>	1	B/D MO
BENLYSTA INJECTION 120MG, 200MG/ML, 400MG	3	PA; ACS LD
CELLCEPT INTRAVENOUS INJECTION 500MG	3	B/D
CELLCEPT CAPSULE 250MG	3	B/D MO
CELLCEPT SUSPENSION RECONSTITUTED 200MG/ML	3	B/D MO
CELLCEPT TABLET 500MG	3	B/D MO
<i>cyclosporine modified capsule 100mg, 25mg, 50mg</i>	1	B/D MO
<i>cyclosporine modified solution 100mg/ml</i>	1	B/D MO
<i>cyclosporine capsule 100mg, 25mg</i>	1	B/D MO
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG, 4MG	3	B/D MO

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Drug Name	Drug Tier	Requirements/Limits
<i>everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg</i>	1	B/D MO
<i>gengraf capsule 100mg, 25mg</i>	1	B/D
IMURAN TABLET 50MG	3	B/D MO
LUPKYNIS CAPSULE 7.9MG	3	QL (180 EA per 30 days) PA; LD
<i>mycophenolate mofetil capsule 250mg</i>	1	B/D MO
<i>mycophenolate mofetil injection 500mg</i>	1	B/D MO
<i>mycophenolate mofetil suspension reconstituted 200mg/ml</i>	1	B/D MO
<i>mycophenolate mofetil tablet 500mg</i>	1	B/D MO
<i>mycophenolic acid dr tablet delayed release 180mg, 360mg</i>	1	B/D MO
MYFORTIC TABLET DELAYED RELEASE 180MG, 360MG	3	B/D MO
MYHIBBIN SUSPENSION 200MG/ML	3	B/D MO
NEORAL CAPSULE 100MG, 25MG	3	B/D MO
NEORAL SOLUTION 100MG/ML	3	B/D MO
NIKTIMVO INJECTION 9MG/0.18ML	3	QL (1.44 ML per 28 days) PA; ACS LD
NIKTIMVO INJECTION 22MG/0.44ML	3	QL (1.76 ML per 28 days) PA; ACS LD
NULOJIX INJECTION 250MG	3	B/D
PROGRAF CAPSULE 0.5MG, 1MG, 5MG	3	B/D MO
PROGRAF INJECTION 5MG/ML	3	B/D
PROGRAF PACKET 0.2MG, 1MG	3	B/D MO
REZUROCK TABLET 200MG	3	QL (30 EA per 30 days) PA; LD
SANDIMMUNE CAPSULE 100MG, 25MG	3	B/D MO
SANDIMMUNE INJECTION 50MG/ML	3	B/D
SAPHNELO PEN INJECTION 120MG/0.8ML	3	QL (3.2 ML per 28 days) PA; ACS LD
SAPHNELO INJECTION 300MG/2ML	3	QL (2 ML per 28 days) PA; ACS LD
SAPHNELO INJECTION 120MG/0.8ML	3	QL (3.2 ML per 28 days) PA; ACS LD
SIMULECT INJECTION 10MG, 20MG	3	B/D
<i>sirolimus solution 1mg/ml</i>	1	B/D MO
<i>sirolimus tablet 0.5mg, 1mg, 2mg</i>	1	B/D MO
<i>tacrolimus er capsule extended release 24 hour 0.5mg, 1mg, 5mg</i>	1	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	1	B/D MO
<i>tacrolimus injection 5mg/ml</i>	1	B/D MO
THYMOGLOBULIN INJECTION 25MG	3	B/D
ZORTRESS TABLET 0.25MG, 0.5MG, 0.75MG, 1MG	3	B/D MO
VACCINES		
ABRYSVO INJECTION 120MCG/0.5ML	2	QL (1 EA per 999 days) PA
ACTHIB INJECTION 10MCG/0.5ML	1	
ADACEL INJECTION 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	1	

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Drug Name	Drug Tier	Requirements/Limits
AREXVY INJECTION 120MCG/0.5ML	2	QL (1 EA per 999 days) PA
BCG VACCINE INJECTION 50MG	1	
BEXSERO INJECTION 0.5ML	1	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	1	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	1	
DENG VAXIA INJECTION	1	
ENGRIX-B INJECTION 10MCG/0.5ML, 20MCG/ML	1	B/D
GARDASIL 9 INJECTION 0.5ML	1	
HAVRIX INJECTION 1440UNIT/ML, 720ELU/0.5ML	1	
HEPLISAV-B INJECTION 20MCG/0.5ML	1	B/D
HIBERIX INJECTION 10MCG	1	
IMOVAX RABIES (H.D.C.V.) INJECTION 2.5UNIT/ML	1	B/D
INFANRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	1	
IPOL INACTIVATED IPV INJECTION	1	
IXIARO INJECTION	1	
JYNNEOS INJECTION 0.5ML	1	B/D
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	1	
M-M-R II INJECTION	1	
MENQUADFI INJECTION 0.5ML	1	
MENVEO INJECTION	1	
MRESVIA INJECTION 50MCG/0.5ML	2	QL (0.5 ML per 999 days) PA
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	1	
PEDVAXHIB INJECTION 7.5MCG/0.5ML	1	
PENBRAYA INJECTION	1	
PENMENVY INJECTION	1	
PENTACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 5LFU/0.5ML	1	
PRIORIX INJECTION	1	
PROQUAD INJECTION	1	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 5LFU/0.5ML	1	
RABAVERT INJECTION	1	B/D
RECOMBIVAX HB INJECTION 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	1	B/D
ROTARIX SUSPENSION	1	
ROTATEQ SOLUTION	1	
SHINGRIX PREFILLED SYRINGE INJECTION 50MCG/0.5ML	1	QL (1 ML per 999 days)
SHINGRIX VIAL INJECTION 50MCG/0.5ML	1	QL (2 EA per 999 days)

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Drug Name	Drug Tier	Requirements/Limits
TENIVAC INJECTION 2LFU; 5LFU	1	
TICOVAC INJECTION 1.2MCG/0.25ML, 2.4MCG/0.5ML	1	
TRUMENBA INJECTION 0.5ML	1	
TWINRIX INJECTION 720ELU/ML; 20MCG/ML	1	
TYPHIM VI INJECTION 25MCG/0.5ML	1	
VAQTA INJECTION 25UNIT/0.5ML, 50UNIT/ML	1	
VARIVAX INJECTION 1350PFU/0.5ML	1	
VAXCHORA SUSPENSION RECONSTITUTED	1	
VIMKUNYA INJECTION 40MCG/0.8ML	2	
VIVOTIF CAPSULE DELAYED RELEASE	1	MO
YF-VAX INJECTION	1	
NUTRITIONAL/SUPPLEMENTS		
<i>ELECTROLYTES/MINERALS, INJECTABLE</i>		
<i>calcium gluconate/sodium chloride injection 1gm/50ml; 0.675%, 2gm/100ml; 0.675%</i>	1	
<i>calcium gluconate injection 10%</i>	1	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX INJECTION 24MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	2	
DEXTROSE 10%/SODIUM CHLORIDE 0.2% INJECTION 10%; 0.2%	3	
DEXTROSE 10%/SODIUM CHLORIDE 0.45% INJECTION 10%; 0.45%	3	
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45% INJECTION 2.5%; 0.45%	3	
DEXTROSE 5%/LACTATED RINGERS INJECTION 2.7MEQ/L; 109MEQ/L; 5%; 28MEQ/L; 4MEQ/L; 130MEQ/L	3	
DEXTROSE 5%/SODIUM CHLORIDE 0.2% INJECTION 5%; 0.2%	3	
<i>dextrose 5%/sodium chloride 0.3% injection 5%; 0.3%</i>	1	
DEXTROSE 5%/SODIUM CHLORIDE 0.33% INJECTION 5%; 0.33%	3	
DEXTROSE 5%/SODIUM CHLORIDE 0.45% INJECTION 5%; 0.45%	3	
DEXTROSE 5%/SODIUM CHLORIDE 0.9% INJECTION 5%; 0.9%	3	
<i>dextrose/sodium chloride injection 5%; 0.225%</i>	1	
IONOSOL-MB/DEXTROSE 5% INJECTION 22MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MMOLE/L; 20MEQ/L; 25MEQ/L	3	
ISOLYTE-P/DEXTROSE 5% INJECTION 23MEQ/L; 23MEQ/L; 5%; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	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
ISOLYTE-S PH 7.4 INJECTION 27MEQ/1000ML; 98MEQ/1000ML; 23MEQ/1000ML; 3MEQ/1000ML; 1MEQ/1000ML; 5MEQ/1000ML; 141MEQ/1000ML	3	B/D
ISOLYTE-S INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	3	B/D
<i>kcl 0.075%/d5w/nacl 0.45% injection 5%; 10meq/l; 0.45%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.2% injection 5%; 20meq/l; 0.2%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.45% injection 5%; 20meq/l; 0.45%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.9% injection 5%; 20meq/l; 0.9%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.45% injection 5%; 40meq/l; 0.45%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.9% injection 5%; 40meq/l; 0.9%</i>	1	
<i>lactated ringers injection 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	1	
<i>magnesium sulfate in d5w injection 5%; 1gm/100ml</i>	1	
MAGNESIUM SULFATE INJECTION 20GM/500ML, 40GM/1000ML	3	
<i>magnesium sulfate injection 2gm/50ml, 3gm/100ml, 4gm/100ml, 4gm/50ml, 50%</i>	1	
<i>multiple electrolytes injection type 1 injection 27meq/l; 98meq/l; 23meq/l; 3meq/l; 5meq/l; 140meq/l</i>	1	
NORMOSOL -R INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	3	
NORMOSOL-M/D5W INJECTION 16MEQ/L; 40MEQ/L; 5%; 3MEQ/L; 13MEQ/L; 40MEQ/L	3	
NORMOSOL-R/5% DEXTROSE INJECTION 27MEQ/L; 98MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	3	
NORMOSOL-R PH 7.4 INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	3	
PLASMA-LYTE 148 INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	3	
PLASMA-LYTE A INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	3	
POTASSIUM ACETATE INJECTION 2MEQ/ML	3	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED	3	
RINGERS INJECTION 3MEQ/L; 149MEQ/L; 5%; 28MEQ/L; 24MEQ/L; 130MEQ/L		
<i>potassium chloride/dextrose/sodium chloride injection 5%; 0.15%; 0.225%, 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%</i>	1	
<i>potassium chloride/dextrose injection 5%; 10meq/l, 5%; 20meq/l</i>	1	
<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 1 20meq/l; 0.9%, 40meq/l; 0.9%</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
POTASSIUM CHLORIDE INJECTION 0.4MEQ/ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 40MEQ/100ML	3	
<i>potassium chloride injection 2meq/ml</i>	1	MO
POTASSIUM PHOSPHATE/SODIUM CHLORIDE INJECTION 1180MG/250ML; 1120MG/250ML; 0.9%	3	
POTASSIUM PHOSPHATES/SODIUM CHLORIDE INJECTION 1180MG/100ML; 1120MG/100ML; 0.9%	3	
<i>potassium phosphates injection 15mmol/5ml; 22meq/5ml, 150mmol/50ml; 220meq/50ml</i>	1	
<i>potassium phosphates injection 45mmol/15ml; 66meq/15ml</i>	3	
RINGERS INJECTION INJECTION 4.5MEQ/L; 156MEQ/L; 2 4MEQ/L; 147MEQ/L	2	
SODIUM ACETATE INJECTION 2MEQ/ML	3	
<i>sodium acetate injection 4meq/ml</i>	1	
<i>sodium bicarbonate injection 4.2%</i>	1	
<i>sodium bicarbonate injection 8.4%</i>	1	MO
<i>sodium chloride 0.45% injection 0.45%</i>	1	
SODIUM CHLORIDE INJECTION 5%	3	MO
<i>sodium chloride injection 4meq/ml</i>	1	
<i>sodium chloride injection 0.9%, 2.5meq/ml, 3%</i>	1	MO
<i>sodium phosphate injection 142mg/ml; 276mg/ml</i>	1	
<i>sodium phosphates injection 142mg/ml; 276mg/ml</i>	1	
TPN ELECTROLYTES INJECTION 29.5MEQ/20ML; 4.5MEQ/20ML; 35MEQ/20ML; 5MEQ/20ML; 20MEQ/20ML; 35MEQ/20ML	3	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
C-NATE DHA CAPSULE 100MG; 400UNIT; 1MG; 15MCG; 28MG; 1MG; 30MG; 200MG; 20MG; 3MG; 3MG; 30UNIT; 20MG	2	MO
CITRANATAL 90 DHA MISCELLANEOUS 120MG; 159MG; 400UNIT; 2MG; 300MG; 50MG; 0.75MG; 1MG; 90MG; 20MG; 150MCG; 20MG; 3.4MG; 3MG; 30UNIT; 25MG	2	MO
COMPLETENATE TABLET CHEWABLE 120MG; 1000UNIT; 400UNIT; 12MCG; 29MG; 1MG; 20MG; 10MG; 3MG; 2MG; 11UNIT	2	MO
CONCEPT DHA CAPSULE 25MG; 300MCG; 5MG; 2MG; 12.5MCG; 156MG; 39MG; 53.5MG; 310MG; 1MG; 5MG; 1.8MG; 200MG; 38MG; 25MG; 3MG; 2MG; 10MG	2	MO
CONCEPT OB CAPSULE 210MG; 300MCG; 7MG; 800MCG; 10MCG; 130MG; 1MG; 6.9MG; 1.3MG; 20MG; 92.4MG; 25MG; 5MG; 5MG; 18.2MG	2	MO

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Drug Name	Drug Tier	Requirements/Limits
EFFER-K TABLET EFFERVESCENT 0.84GM; 1GM, 1.68GM; 2GM	3	MO
<i>effer-k tablet effervescent 25meq</i>	1	MO
ELITE-OB TABLET 120MG; 2100UNIT; 315UNIT; 1MG; 15MCG; 1.25MG; 50MG; 15MG; 10MG; 10MG; 3.4MG; 2MG; 20UNIT; 10MG	2	MO
ENBRACE HR CAPSULE 500MCG; 1MG; 50MCG; 1.5MG; 2.5MG; 6.4MG; 13.6MG; 25MCG; 1MG; 2.5MG; 24MG; 5.23MG; 25MCG; 800MCG; 12MCG; 25MCG; 25MCG; 1MG		MO
FLORIVA LIQUID 0.25MG/ML; 400UNIT/ML	3	MO
FLORIVA TABLET CHEWABLE 0.25MG, 0.5MG, 1MG	3	MO
<i>fluoride tablet chewable 0.5mg</i>	1	MO
FOLIVANE-OB CAPSULE 210MG; 300MCG; 7MG; 800MCG; 10MCG; 1MG; 85MG; 6.9MG; 1.3MG; 20MG; 25MG; 5MG; 5MG; 18.2MG	2	MO
<i>klor-con 10 tablet extended release 10meq</i>	1	
<i>klor-con 8 tablet extended release 8meq</i>	1	
<i>klor-con m10 tablet extended release 10meq</i>	1	MO
<i>klor-con m15 tablet extended release 15meq</i>	1	MO
<i>klor-con m20 tablet extended release 20meq</i>	1	MO
<i>klor-con packet 20meq</i>	1	
M-NATAL PLUS TABLET 120MG; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 4000UNIT; 3MG; 1.84MG; 22UNIT; 25MG	2	MO
<i>multi vitamin/fluoride tablet chewable 60mg; 400unit; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 1mg; 1.05mg; 15unit; 2500unit</i>	1	
<i>multi-vitamin/fluoride drops suspension 35mg/ml; 400unit/ml; 12mcg/ml; 0.25mg/ml; 8mg/ml; 0.4mg/ml; 1500unit/ml; 0.6mg/ml; 0.5mg/ml; 5unit/ml, 35mg/ml; 400unit/ml; 2mcg/ml; 8mg/ml; 0.4mg/ml; 1500unit/ml; 0.6mg/ml; 0.5mg/ml; 0.5mg/ml; 5unit/ml</i>		MO
<i>multi-vitamin/fluoride/iron solution 35mg/ml; 400unit/ml; 10mg/ml; 8mg/ml; 0.4mg/ml; 1500unit/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 5unit/ml</i>	1	MO
<i>multivitamin/fluoride tablet chewable 60mg; 4.5mcg; 300mcg; 13.5mg; 1.05mg; 1.2mg; 0.25mg; 1.05mg; 2500unit; 400unit; 15unit, 60mg; 4.5mcg; 300mcg; 13.5mg; 1.05mg; 1.2mg; 0.5mg; 1.05mg; 2500unit; 400unit; 15unit</i>		MO
NEO-VITAL RX TABLET 120MG; 0.2MG; 200MG; 2MG; 12MCG; 2MG; 1000MCG; 5MG; 27MG; 20MG; 10MG; 3MG; 1.84MG; 1200MCG; 10MCG; 9.2MG; 25MG	2	

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Drug Name	Drug Tier	Requirements/Limits
NEONATAL PLUS TABLET 20MG; 0.2MG; 200MG; 10MCG; 2MG; 2MG; 12MCG; 27MG; 1000MCG; 5MG; 20MG; 10MG; 1200MCG; 3MG; 1.84MG; 9.2MG; 25MG	2	MO
NESTABS ONE CAPSULE 18MG; 6.25MCG; 15MCG; 225MG; 38MG; 1MG; 15MG; 30MG; 10MG; 20MG	2	MO
NESTABS TABLET 65MG; 155MG; 450UNIT; 55MG; 10MCG; 32MG; 1000MCG; 100MCG; 50MG; 3MG; 120MG; 3MG; 30UNIT; 10MG	2	MO
NIVA-PLUS TABLET 120MG; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 4000UNIT; 3MG; 1.84MG; 22UNIT; 25MG	2	MO
OB COMPLETE ONE CAPSULE 200MCG; 55MG; 70MG; 1200UNIT; 1MG; 50MCG; 300MG; 40MG; 10MG; 476MG; 1000MCG; 40MG; 25MG; 10MG; 150MCG; 30MG; 4MG; 2MG; 30UNIT; 15MG	2	MO
OB COMPLETE PETITE CAPSULE 125MG; 1000UNIT; 1MG; 15MCG; 5MG; 1MG; 35MG; 200MG; 30MG; 3.4MG; 2MG; 30UNIT; 25MG	2	MO
OB COMPLETE PREMIER TABLET 120MG; 800UNIT; 1MG; 15MCG; 100MG; 15MG; 20MG; 1MG; 30MG; 10MG; 10MG; 3.4MG; 2MG; 2100UNIT; 20UNIT; 10MG	2	MO
OB COMPLETE/DHA CAPSULE 125MG; 1000UNIT; 1MG; 15MCG; 10MG; 1MG; 30MG; 200MG; 3.4MG; 2MG; 30UNIT; 25MG	2	MO
OB COMPLETE TABLET 120MG; 2100UNIT; 315UNIT; 1MG; 15MCG; 1.25MG; 50MG; 15MG; 10MG; 10MG; 3.4MG; 2MG; 20UNIT; 10MG	2	MO
ONENATAL RX TABLET 120MG; 0.2MG; 200MG; 2MG; 12MCG; 2MG; 1000MCG; 5MG; 27MG; 20MG; 10MG; 3MG; 1.84MG; 1200MCG; 10MCG; 9.2MG; 25MG	2	
PNV 27-CA/FE/FA TABLET 80MG; 30MCG; 200MG; 2.5MG; 3MG; 1MG; 60MG; 100MG; 17MG; 7MG; 4MG; 1.6MG; 1.5MG; 1200MCG; 10MCG; 7MG; 25MG	2	MO
PNV PRENATAL PLUS MULTIVITAMIN TABLET 120MG; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 4000UNIT; 3MG; 1.84MG; 22MG; 25MG	2	MO
PNV-DHA+DOCUSATE CAPSULE 28MG; 160MG; 400UNIT; 300MG; 55MG; 27MG; 1.25MG; 25MG; 30UNIT	2	MO
<i>pnv-dha capsule 85mg; 140mg; 200unit; 12mcg; 300mg; 27mg; 400mcg; 600mcg; 45mg; 25mg; 10unit</i>	1	MO
PNV-OMEGA CAPSULE 85MG; 250MCG; 140MG; 200UNIT; 12MCG; 300MG; 40MG; 28MG; 400MCG; 600MCG; 45MG; 150MCG; 25MG; 10UNIT	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>pnv-select tablet 80mg; 2500unit; 300mcg; 120mg; 6mg; 400unit; 2mg; 12mcg; 27mg; 400mcg; 600mcg; 30mg; 20mg; 150mcg; 20mg; 3.4mg; 3mg; 10unit; 15mg</i>	1	MO
POKONZA PACKET 10MEQ, 15MEQ	3	PA MO
POKONZA SOLUTION 5%	3	PA
POLY-VI-FLOR/IRON SUSPENSION 200MCG/ML; 7MG/ML; 8MG/ML; 0.4MG/ML; 0.25MG/ML; 10MCG/ML; 3.35MG/ML	3	MO
POLY-VI-FLOR/IRON TABLET CHEWABLE 10MG; 200MCG; 0.5MG;	3	MO
POLY-VI-FLOR SUSPENSION 200MCG/ML; 8MG/ML; 0.4MG/ML; 0.25MG/ML; 10MCG/ML; 3.35MG/ML	3	MO
POLY-VI-FLOR TABLET CHEWABLE 200MCG; 0.25MG; 3		MO
200MCG; 1MG; 60MG; 4.5MCG; 200MCG; 10MG; 1MG; 1.2MG; 0.5MG; 1MG; 600MCG; 10MCG; 10MG		
<i>potassium chloride er capsule extended release 10meq, 8meq</i>	1	MO
<i>potassium chloride er tablet extended release 10meq, 15meq, 20meq, 8meq</i>	1	MO
<i>potassium chloride packet 20meq</i>	1	MO
<i>potassium chloride oral solution 10%, 20%</i>	1	MO
PRENATAL PLUS VITAMIN ANDMINERAL TABLET 120MG; 200MG; 12MCG; 2MG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 1200MCG; 10MCG; 9.9MG; 25MG	2	MO
PRENATAL TABLET 120MG; 200MG; 10MCG; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 1200MCG; 3MG; 1.84MG; 10MG; 25MG	2	MO
PRENATE AM TABLET 200MG; 12MCG; 400MCG; 600MCG; 25MG; 75MG; 500MG	2	
PRENATE DHA CAPSULE 600MCG; 90MG; 155MG; 400UNIT; 25MCG; 300MG; 18MG; 400MCG; 50MG; 26MG; 40UNIT	2	MO
PRENATE ELITE TABLET 600MCG; 75MG; 2600UNIT; 330MCG; 155MG; 600UNIT; 1.5MG; 13MCG; 20MG; 400MCG; 25MG; 21MG; 150MCG; 21MG; 3.5MG; 3MG; 40UNIT; 15MG	2	MO
PRENATE ENHANCE CAPSULE 85MG; 500MCG; 155MG; 1000UNIT; 12MCG; 400MG; 28MG; 400MCG; 600MCG; 50MG; 150MCG; 25MG; 10UNIT	2	MO
PRENATE ESSENTIAL CAPSULE 600MCG; 90MG; 280MCG; 155MG; 220UNIT; 13MCG; 300MG; 40MG; 18MG; 400MCG; 50MG; 150MCG; 26MG; 10UNIT	2	MO
PRENATE MINI CAPSULE 600MCG; 60MG; 280MCG; 80MG; 1000UNIT; 13MCG; 350MG; 400MCG; 18MG; 25MG; 150MCG; 26MG; 10UNIT; 25MG	2	MO

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Drug Name	Drug Tier	Requirements/Limits
PRENATE PIXIE CAPSULE 600MCG; 30MG; 75MCG; 500UNIT; 13MCG; 200MG; 10MG; 400MCG; 5MG; 150MCG; 5MG; 10UNIT	2	MO
PRENATE RESTORE CAPSULE 85MG; 10MG; 500MCG; 155MG; 1000UNIT; 12MCG; 400MG; 27MG; 400MCG; 600MCG; 45MG; 25MG; 10UNIT	2	MO
PRENATE TABLET CHEWABLE 280MCG; 25MG; 250MCG; 500MG; 300UNIT; 125MCG; 400MCG; 600MCG; 50MG; 10MG	2	MO
PROVIDA OB CAPSULE 300MCG; 60MG; 6MG; 400UNIT; 1MG; 12MCG; 20MG; 1.25MG; 30MG; 20MG; 10MG; 20MG; 25MG; 3.5MG; 2.5MG; 10MG	2	MO
SE-NATAL 19 TABLET CHEWABLE 1000UNIT; 100MG; 200MG; 7MG; 400UNIT; 12MCG; 29MG; 1MG; 15MG; 20MG; 3MG; 3MG; 30UNIT; 20MG	2	MO
SE-NATAL 19 TABLET 100MG; 1000UNIT; 200MG; 7MG; 2 400UNIT; 12MCG; 29MG; 1MG; 15MG; 20MG; 3MG; 3MG; 30UNIT; 20MG	2	MO
SELECT-OB TABLET CHEWABLE 60MG; 400UNIT; 5MCG; 1MG; 25MG; 15MG; 29MG; 2.5MG; 1.8MG; 1.6MG; 30UNIT; 1700UNIT; 15MG	2	MO
SELECT-OB TABLET CHEWABLE 60MG; 400UNIT; 5MCG; 0.4MG; 0.6MG; 25MG; 15MG; 29MG; 2.5MG; 1700UNIT; 1.8MG; 1.6MG; 30UNIT; 15MG	2	MO
<i>sodium fluoride oral solution 0.5mg/ml</i>	1	MO
<i>sodium fluoride tablet chewable 0.25mg, 0.5mg, 1mg</i>	1	MO
TARON-C DHA CAPSULE 25MG; 300MCG; 5MG; 2MG; 12.5MCG; 156MG; 39MG; 1MG; 35MG; 5MG; 200MG; 25MG; 3MG; 2MG; 10MG	2	MO
THRIVITE RX TABLET 120MG; 4000UNIT; 30MCG; 200MG; 7MG; 400UNIT; 3MG; 8MCG; 1MG; 29MG; 100MG; 20MG; 150MCG; 3MG; 3MG; 3MG; 30UNIT; 15MG	2	MO
TRI-VI-FLOR SUSPENSION 200MCG/ML; 0.25MG/ML; 337.5MCG/ML; 7.5MCG/ML	3	MO
TRI-VITAMIN DROPS WITH FLUORIDE SUSPENSION 200MCG/ML; 0.25MG/ML; 337.5MCG/ML; 7.5MCG/ML	3	MO
<i>tri-vite/fluoride solution 35mg/ml; 0.25mg/ml; 1500unit/ml; 400unit/ml, 35mg/ml; 0.5mg/ml; 1500unit/ml; 400unit/ml</i>	1	MO
TRINATAL RX 1 TABLET 80MG; 400UNIT; 30MCG; 200MG; 400UNIT; 3MG; 2.5MCG; 60MG; 1MG; 100MG; 17MG; 7MG; 4MG; 3600UNIT; 1.6MG; 1.5MG; 15UNIT; 25MG	2	MO

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Drug Name	Drug Tier	Requirements/Limits
TRISTART DHA CAPSULE 55MG; 1000UNIT; 14MCG; 200MG; 15MG; 400MCG; 31MG; 30MG; 600MCG; 5MG; 200MCG; 35MG; 1.8MG; 1.3MG; 15UNIT	2	MO
VITAFOL GUMMIES TABLET CHEWABLE 10MG; 333.333UNIT; 3.333MG; 2.667MG; 25MG; 5.1MG; 3.33MG; 0.333MG; 5MG; 34.8MG; 50MCG; 0.833MG; 366.667MG; 5UNIT	2	MO
VITAFOL ULTRA CAPSULE 415MG; 30MG; 1100UNIT; 1000UNIT; 2MG; 12MCG; 200MG; 0.4MG; 0.6MG; 20MG; 15MG; 29MG; 150MCG; 2.5MG; 1.8MG; 1.6MG; 20UNIT; 25MG	2	MO
VITAFOL-OB TABLET 70MG; 2700UNIT; 100MG; 400UNIT; 2MG; 12MCG; 65MG; 1MG; 25MG; 18MG; 2.5MG; 1.8MG; 1.6MG; 30UNIT; 25MG	2	MO
VITAFOL-ONE CAPSULE 30MG; 1100UNIT; 1000UNIT; 2MG; 12MCG; 200MG; 1MG; 20MG; 15MG; 29MG; 150MCG; 2.5MG; 1.8MG; 1.6MG; 20UNIT; 25MG	2	MO
WESCAP-PN DHA CAPSULE 85MG; 140MG; 12MCG; 300MG; 0.6MG; 0.4MG; 27MG; 45MG; 25MG; 5MCG; 6.7MG	2	MO
WESNATE DHA CAPSULE 100MG; 15MCG; 1MG; 1MG; 28MG; 30MG; 200MG; 20MG; 3MG; 3MG; 10MCG; 20.1MG; 20MG	2	MO
WESTAB PLUS TABLET 120MG; 200MG; 10MCG; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 9.9MG; 1200MCG; 25MG	2	MO
WESTGEL DHA CAPSULE 55MG; 25MCG; 14MCG; 200MG; 15MG; 400MCG; 31MG; 30MG; 600MCG; 5MG; 200MCG; 35MG; 1.8MG; 1.3MG; 10MG	2	MO
IV NUTRITION		
AMINOSYN II INJECTION 10%, 15%	3	B/D
AMINOSYN-PF INJECTION 7%	3	B/D
AMINOSYN-PF INJECTION 10%	3	B/D
CLINIMIX 4.25%/DEXTROSE 10% INJECTION	3	B/D
CLINIMIX 4.25%/DEXTROSE 5% INJECTION	3	B/D
CLINIMIX 5%/DEXTROSE 15% INJECTION	3	B/D
CLINIMIX 5%/DEXTROSE 20% INJECTION	3	B/D
CLINIMIX 6/5 INJECTION 1242MG/100ML; 690MG/100ML; 5GM/100ML; 618MG/100ML; 288MG/100ML; 360MG/100ML; 438MG/100ML; 348MG/100ML; 240MG/100ML; 336MG/100ML; 408MG/100ML; 300MG/100ML; 252MG/100ML; 108MG/100ML; 24MG/100ML; 348MG/100ML	3	B/D

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 8/10 INJECTION 1656MG/100ML; 920MG/100ML; 10GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 320MG/100ML; 448MG/100ML; 544MG/100ML; 400MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	3	B/D
CLINIMIX 8/14 INJECTION 1656MG/100ML; 920MG/100ML; 14GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 320MG/100ML; 448MG/100ML; 544MG/100ML; 400MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	3	B/D
CLINIMIX E 2.75%/DEXTROSE 5% INJECTION	3	B/D
CLINIMIX E 4.25%/DEXTROSE 10% INJECTION	3	B/D
CLINIMIX E 4.25%/DEXTROSE 5% INJECTION	3	B/D
CLINIMIX E 5%/DEXTROSE 15% INJECTION	3	B/D
CLINIMIX E 5%/DEXTROSE 20% INJECTION	3	B/D
CLINIMIX E 8/10 INJECTION	3	B/D
CLINIMIX E 8/14 INJECTION	3	B/D
<i>clinisol sf injection 15%</i>	1	B/D MO
CLINOLIPID INJECTION 1.2GM/100ML; 2.25GM/100ML; 2 16GM/100ML; 4GM/100ML	2	B/D
<i>dextrose 10% injection 10%</i>	1	
DEXTROSE 25% INJECTION 250MG/ML	3	B/D
DEXTROSE 30% INJECTION 30%	2	B/D
<i>dextrose 5% injection 5%</i>	1	MO
DEXTROSE 50% INJECTION 50%	2	B/D
DEXTROSE 70% INJECTION 70%	2	B/D
DEXTROSE INJECTION 20%, 40%	2	B/D
GLUCOSE (DEXTROSE) 50% INJECTION 50%	2	B/D
INTRALIPID INJECTION 20GM/100ML, 30GM/100ML	3	B/D
KABIVEN INJECTION 3.31%; 9.8%	3	B/D
NUTRILIPID INJECTION 20GM/100ML	2	B/D
OMEGAVEN INJECTION 10GM/100ML, 5GM/50ML	3	B/D
PERIKABIVEN INJECTION 2.36%; 6.8%	3	B/D
<i>plenamine injection 15%</i>	1	B/D
PREMASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	B/D
PROSOL INJECTION 20%	3	B/D
SMOFLIPID INJECTION 3%; 6%; 5%; 6%	3	B/D

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Drug Name	Drug Tier	Requirements/Limits
TRAVASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	B/D
TROPHAMINE INJECTION 10%	3	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>loteprednol etabonate/tobramycin suspension 0.5%; 0.3%</i>	1	MO
MAXITROL SUSPENSION 0.1%; 3.5MG/ML; 10000UNIT/ML	3	MO
<i>neomycin/polymyxin/bacitracin/hydrocortisone ointment 400unit/gm; 1%; 0.5%; 10000unit/gm</i>	1	MO
<i>neomycin/polymyxin/dexamethasone ointment 0.1%; 3.5mg/gm; 10000unit/gm</i>	1	MO
<i>neomycin/polymyxin/dexamethasone suspension 0.1%; 3.5mg/ml; 10000unit/ml</i>	1	MO
<i>neomycin/polymyxin/hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	1	MO
<i>sulfacetamide sodium/prednisolone sodium phosphate solution</i>	1	MO
0.23%; 10%		
TOBRADEX ST SUSPENSION 0.05%; 0.3%	2	MO
TOBRADEX OINTMENT 0.1%; 0.3%	2	MO
<i>tobramycin/dexamethasone suspension 0.1%; 0.3%</i>	1	MO
ZYLET SUSPENSION 0.5%; 0.3%	3	MO
ANTI-INFECTIVES		
AZASITE SOLUTION 1%	3	MO
<i>bacitracin/polymyxin b ointment 500unit/gm; 10000unit/gm</i>	1	MO
<i>bacitracin ointment 500unit/gm</i>	1	MO
BESIFLOXACIN HYDROCHLORIDE SUSPENSION 0.6%	2	MO
BESIVANCE SUSPENSION 0.6%	2	MO
BETADINE OPHTHALMIC PREP SOLUTION 5%	3	MO
CILOXAN OINTMENT 0.3%	2	QL (42 GM per 30 days) MO
<i>ciprofloxacin hydrochloride ophthalmic solution 0.3%</i>	1	QL (30 ML per 30 days) MO
<i>erythromycin ointment 5mg/gm</i>	1	QL (42 GM per 30 days) MO
<i>gatifloxacin solution 0.5%</i>	1	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>	1	QL (20 ML per 30 days) MO
<i>levofloxacin ophthalmic solution 0.5%</i>	1	QL (30 ML per 30 days)
<i>moxifloxacin hydrochloride ophthalmic solution 0.5%</i>	1	QL (12 ML per 30 days) MO
NATACYN SUSPENSION 5%	3	MO
<i>neomycin/polymyxin/bacitracin ointment 400unit/gm; 5mg/gm; 10000unit/gm</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>neomycin/polymyxin/gramicidin solution 0.025mg/ml; 1.75mg/ml; 10000unit/ml</i>	1	MO
OCUFLOX SOLUTION 0.3%	3	QL (60 ML per 30 days) MO
<i>ofloxacin ophthalmic solution 0.3%</i>	1	QL (60 ML per 30 days) MO
<i>polymyxin b sulfate/trimethoprim sulfate solution 10000unit/ml; 0.1%</i>	1	MO
<i>sulfacetamide sodium solution 10%</i>	1	QL (90 ML per 30 days) MO
<i>tobramycin solution 0.3%</i>	1	QL (30 ML per 30 days) MO
TOBREX OINTMENT 0.3%	3	MO
<i>trifluridine solution 1%</i>	1	MO
VIGAMOX SOLUTION 0.5%	3	QL (12 ML per 30 days) MO
XDEMVIY SOLUTION 0.25%	2	QL (10 ML per 42 days) PA; ACS LD
ZIRGAN GEL 0.15%	3	MO
ANTI-INFLAMMATORIES		
ACULAR LS SOLUTION 0.4%	3	MO
ACULAR SOLUTION 0.5%	3	MO
ACUVAIL SOLUTION 0.45%	3	MO
ALREX SUSPENSION 0.2%	3	MO
<i>bromfenac sodium solution 0.07%, 0.075%</i>	1	MO
<i>bromfenac solution 0.09%</i>	1	MO
BROMSITE SOLUTION 0.075%	3	MO
BYQLOVI SUSPENSION 0.05%	3	PA
<i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>	1	MO
DEXYCU INJECTION 9%	3	
<i>diclofenac sodium ophthalmic solution 0.1%</i>	1	QL (10 ML per 30 days) MO
<i>difluprednate emulsion 0.05%</i>	1	MO
DUREZOL EMULSION 0.05%	3	MO
FLAREX SUSPENSION 0.1%	3	MO
<i>fluorometholone suspension 0.1%</i>	1	MO
<i>flurbiprofen sodium solution 0.03%</i>	1	MO
FML FORTE SUSPENSION 0.25%	3	MO
FML LIQUIFILM SUSPENSION 0.1%	3	MO
ILEVRO SUSPENSION 0.3%	3	MO
ILUVIEN IMPLANT 0.19MG	3	ACS LD
<i>ketorolac tromethamine ophthalmic solution 0.4%, 0.5%</i>	1	MO
LOTEMAX SM GEL 0.38%	2	MO
LOTEMAX GEL 0.5%	3	MO
LOTEMAX OINTMENT 0.5%	2	MO
LOTEMAX SUSPENSION 0.5%	3	MO
<i>loteprednol etabonate gel 0.5%</i>	1	MO
<i>loteprednol etabonate suspension 0.2%, 0.5%</i>	1	MO
MAXIDEX SUSPENSION 0.1%	3	MO
NEVANAC SUSPENSION 0.1%	3	MO

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Drug Name	Drug Tier	Requirements/Limits
OZURDEX IMPLANT 0.7MG	3	ACS LD
PRED MILD SUSPENSION 0.12%	3	MO
<i>prednisolone acetate suspension 1%</i>	1	MO
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1%	2	MO
PROLENSA SOLUTION 0.07%	3	MO
RETISERT IMPLANT 0.59MG	3	ACS LD
TRIESENCE INJECTION 40MG/ML	3	PA MO
XIPERE INJECTION 40MG/ML	3	PA; LD
YUTIQ IMPLANT 0.18MG	3	ACS LD
ANTIALLERGICS		
ALOCRIAL SOLUTION 2%	3	
<i>azelastine hcl solution 0.05%</i>	1	MO
<i>bepotastine besilate solution 1.5%</i>	1	MO
BEPREVE SOLUTION 1.5%	3	MO
<i>cromolyn sodium solution 4%</i>	1	MO
<i>epinastine hcl solution 0.05%</i>	1	MO
<i>olopatadine hydrochloride solution 0.2%</i>	1	MO
ZERVATE SOLUTION 0.24%	3	
ANTIGLAUCOMA		
ALPHAGAN P SOLUTION 0.1%, 0.15%	3	MO
<i>apraclonidine solution 0.5%</i>	1	MO
AZOPT SUSPENSION 1%	3	MO
<i>betaxolol hcl solution 0.5%</i>	1	MO
BETIMOL SOLUTION 0.5%	3	MO
<i>bimatoprost solution 0.01%</i>	1	
<i>bimatoprost solution 0.03%</i>	1	MO
<i>brimonidine tartrate/timolol maleate solution 0.2%; 0.5%</i>	1	MO
<i>brimonidine tartrate solution 0.1%, 0.15%, 0.2%</i>	1	MO
<i>brinzolamide suspension 1%</i>	1	MO
<i>carteolol hcl solution 1%</i>	1	MO
COMBIGAN SOLUTION 0.2%; 0.5%	3	MO
COSOPT PF SOLUTION 2%; 0.5%	3	MO
COSOPT SOLUTION 22.3MG/ML; 6.8MG/ML	3	MO
<i>dorzolamide hcl/timolol maleate solution 22.3mg/ml; 6.8mg/ml</i>	1	MO
<i>dorzolamide hydrochloride/timolol maleate pf solution 2%; 0.5%</i>	1	MO
<i>dorzolamide hydrochloride solution 2%</i>	1	MO
DURYSTA INJECTION 10MCG	3	PA; ACS LD
IOPIDINE SOLUTION 1%	3	MO
ISTALOL SOLUTION 0.5%	3	MO
IYUZEH SOLUTION 0.005%	3	ST MO
<i>latanoprost solution 0.005%</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>levobunolol hcl solution 0.5%</i>	1	MO
LUMIGAN SOLUTION 0.01%	2	MO
PHOSPHOLINE IODIDE SOLUTION RECONSTITUTED 0.125%	3	ACS LD
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	1	MO
<i>pilocarpine hydrochloride solution 1%, 2%, 4%</i>	1	MO
RHOPRESSA SOLUTION 0.02%	3	MO
ROCKLATAN SOLUTION 0.005%; 0.02%	3	MO
SIMBRINZA SUSPENSION 0.2%; 1%	3	MO
<i>tafluprost solution 0.015mg/ml</i>	1	ST MO
<i>timolol hemihydrate solution 0.5%</i>	1	MO
<i>timolol maleate ophthalmic gel forming gel forming solution 0.25%, 0.5%</i>	1	MO
<i>timolol maleate solution 0.25%, 0.5%</i>	1	MO
TIMOPTIC OCUDOSE SOLUTION 0.25%, 0.5%	3	MO
TRAVATAN Z SOLUTION 0.004%	3	MO
<i>travoprost solution 0.004%</i>	1	MO
VYZULTA SOLUTION 0.024%	3	MO
XALATAN SOLUTION 0.005%	3	ST MO
XELPROS EMULSION 0.005%	3	ST
ZIOPTAN SOLUTION 0.015MG/ML	3	ST MO
ZOLYMBUS GEL 0.01%	3	QL (30 EA per 30 days) ST MO
MISCELLANEOUS		
ALCAINE SOLUTION 0.5%	3	MO
<i>atropine sulfate ophthalmic solution 1%</i>	1	MO
BEOVU SOLUTION PREFILLED SYRINGE 6MG/0.05ML	3	PA; ACS LD
BYOOVIZ SOLUTION 0.5MG/0.05ML	3	PA; LD
CEQUA SOLUTION 0.09%	3	QL (60 EA per 30 days) PA MO
CIMERLI SOLUTION 0.3MG/0.05ML, 0.5MG/0.05ML	3	PA; ACS LD
CYCLOGYL SOLUTION 0.5%, 1%, 2%	3	MO
<i>cyclopentolate hydrochloride solution 1%</i>	1	MO
<i>cyclosporine emulsion 0.05%</i>	1	QL (60 EA per 30 days) MO
CYSTADROPS SOLUTION 0.37%	3	PA; LD
CYSTARAN SOLUTION 0.44%	3	PA; LD
EYLEA HD SOLUTION 8MG/0.07ML	3	PA; ACS LD
EYLEA SOLUTION PREFILLED SYRINGE 2MG/0.05ML	3	PA; ACS LD
EYLEA SOLUTION 2MG/0.05ML	3	PA; ACS LD
EYSUVIS SUSPENSION 0.25%	3	MO
IZERVAY SOLUTION 2MG/0.1ML	3	PA; LD
LUCENTIS SOLUTION PREFILLED SYRINGE 0.3MG/0.05ML, 0.5MG/0.05ML	3	PA; ACS LD
MIEBO SOLUTION 1.338GM/ML	2	QL (12 ML per 30 days) MO
OXERVATE SOLUTION 0.002%	3	QL (28 ML per 28 days) PA; LD

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Drug Name	Drug Tier	Requirements/Limits
PAVBLU SOLUTION PREFILLED SYRINGE 2MG/0.05ML	3	PA; ACS
PAVBLU SOLUTION 2MG/0.05ML	3	PA; ACS
<i>phenylephrine hydrochloride solution 2.5%</i>	1	
<i>phenylephrine hydrochloride solution 10%</i>	1	MO
<i>pilocarpine hydrochloride solution 1.25%</i>	1	PA MO
<i>proparacaine hcl solution 0.5%</i>	1	MO
RESTASIS MULTIDOSE EMULSION 0.05%	2	QL (5.5 ML per 30 days) MO
RESTASIS EMULSION 0.05%	2	QL (60 EA per 30 days) MO
SUSVIMO SOLUTION 10MG/0.1ML	3	PA; ACS LD
SYFOVRE SOLUTION 15MG/0.1ML	3	PA; LD
TETRACAINE HYDROCHLORIDE SOLUTION 0.5%	3	MO
TRYPTYR SOLUTION 0.003%	3	QL (60 EA per 30 days) PA MO
TYRVAYA SOLUTION 0.03MG/ACT	3	QL (8.4 ML per 30 days) MO
VABYSMO SOLUTION PREFILLED SYRINGE 6MG/0.05ML	3	PA; ACS LD
VABYSMO SOLUTION 6MG/0.05ML	3	PA; ACS LD
VERKAZIA EMULSION 0.1%	3	QL (120 EA per 30 days) PA MO
VEVYE SOLUTION 0.1%	3	QL (2 ML per 30 days) PA MO
VUITY SOLUTION 1.25%	3	PA MO
XIIDRA SOLUTION 5%	2	QL (60 EA per 30 days) MO
OTIC		
OTIC AGENTS		
<i>acetic acid solution 2%</i>	1	MO
CIPRO HC SUSPENSION 0.2%; 1%	3	MO
<i>ciprofloxacin hydrochloride/hydrocortisone suspension 0.2%; 1%</i>	1	MO
<i>ciprofloxacin hydrochloride otic solution 0.2%</i>	1	MO
<i>ciprofloxacin/dexamethasone suspension 0.3%; 0.1%</i>	1	MO
CORTISPORIN-TC SUSPENSION 3MG/ML; 10MG/ML; 3.3MG/ML; 0.5MG/ML	3	MO
DERMOTIC OIL 0.01%	3	MO
<i>fluocinolone acetonide oil 0.01%</i>	1	MO
<i>hydrocortisone/acetic acid solution 2%; 1%</i>	1	MO
<i>neomycin/polymyxin/hc solution 1%; 3.5mg/ml; 10000unit/ml</i>	1	MO
<i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	1	MO
<i>ofloxacin otic solution 0.3%</i>	1	MO
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/ACT; 25MCG/ACT	2	QL (60 EA per 30 days) MO
BEVESPI AEROSPHERE AEROSOL 4.8MCG/ACT; 9MCG/ACT	2	QL (10.7 GM per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 18MCG/ACT	2	QL (10.7 GM per 30 days)
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	2	QL (10.7 GM per 30 days) MO
COMBIVENT RESPIMAT AEROSOL SOLUTION 100MCG/ACT; 20MCG/ACT	3	QL (8 GM per 30 days) MO
DUAKLIR PRESSAIR AEROSOL POWDER BREATH ACTIVATED 400MCG/ACT; 12MCG/ACT	3	QL (1 EA per 30 days) ST MO
<i>ipratropium bromide/albuterol sulfate solution 2.5mg/3ml; 0.5mg/3ml</i>	1	B/D MO
STIOLTO RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT; 2.5MCG/ACT	3	QL (4 GM per 30 days) MO
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT, 200MCG/INH; 62.5MCG/INH; 25MCG/INH	2	QL (60 EA per 30 days) MO
UMECLIDINIUM/VILANTEROL ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/ACT; 25MCG/ACT	3	QL (60 EA per 30 days) PA MO
ANTICHOLINERGICS		
ATROVENT HFA AEROSOL SOLUTION 17MCG/ACT	3	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/INH	2	QL (30 EA per 30 days) MO
<i>ipratropium bromide hfa aerosol solution 17mcg/act</i>	1	QL (25.8 GM per 30 days)
<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
SPIRIVA HANDIHALER CAPSULE 18MCG	3	QL (30 EA per 30 days) MO
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT, 2.5MCG/ACT	3	QL (4 GM per 30 days) MO
<i>tiotropium bromide capsule 18mcg</i>	1	QL (30 EA per 30 days) MO
TUDORZA PRESSAIR AEROSOL POWDER BREATH ACTIVATED 400MCG/ACT	3	QL (1 EA per 30 days) ST MO
UMECLIDINIUM ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/INH	3	QL (30 EA per 30 days) ST MO
YUPELRI NEBULIZATION SOLUTION 175MCG/3ML	2	QL (90 ML per 30 days) PA MO
ANTI-HISTAMINE COMBINATIONS		
<i>azelastine hydrochloride/fluticasone propionate suspension 137mcg/act; 50mcg/act</i>	1	QL (23 GM per 30 days) MO
CLARINEX-D 12 HOUR TABLET EXTENDED RELEASE 12 HOUR 2.5MG; 120MG	3	MO
DYMISTA SUSPENSION 137MCG/ACT; 50MCG/ACT	3	QL (23 GM per 30 days) MO
<i>promethazine hydrochloride/phenylephrine hydrochloride syrup 5mg/5ml; 6.25mg/5ml</i>	1	PA; HRM
RYALTRIS SUSPENSION 25MCG/ACT; 665MCG/ACT	3	MO

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Drug Name	Drug Tier	Requirements/Limits
ANTI-HISTAMINES		
<i>azelastine hydrochloride solution 0.1%</i>	1	QL (30 ML per 25 days) MO
CARBINOXAMINE MALEATE ER SUSPENSION EXTENDED RELEASE 4MG/5ML	3	PA MO
<i>carbinoxamine maleate solution 4mg/5ml</i>	1	PA MO
<i>carbinoxamine maleate tablet 4mg, 6mg</i>	1	PA MO
<i>carbzah solution 4mg/5ml</i>	1	PA
<i>cetirizine hydrochloride solution 5mg/5ml</i>	1	QL (300 ML per 30 days) MO
CLARINEX TABLET 5MG	3	QL (30 EA per 30 days) MO
<i>clemastine fumarate syrup 0.67mg/5ml</i>	1	QL (1800 ML per 30 days) PA
<i>clemastine fumarate tablet 2.68mg</i>	1	PA MO
CLEMSZA TABLET 2.68MG	3	QL (90 EA per 30 days) PA
<i>corphena solution 2mg/5ml</i>	1	PA
<i>cyproheptadine hcl syrup 2mg/5ml</i>	1	PA MO; HRM
<i>cyproheptadine hydrochloride tablet 4mg</i>	1	PA MO; HRM
<i>desloratadine odt tablet disintegrating 2.5mg, 5mg</i>	1	QL (30 EA per 30 days) MO
DESLORATADINE SOLUTION 0.5MG/ML	3	QL (300 ML per 30 days) PA
<i>desloratadine tablet 5mg</i>	1	QL (30 EA per 30 days) MO
<i>diphenhydramine hcl elixir 12.5mg/5ml</i>	1	PA; HRM
<i>diphenhydramine hydrochloride injection 50mg/ml</i>	1	MO; HRM
<i>hydroxyzine hcl tablet 50mg</i>	1	PA MO; HRM
<i>hydroxyzine hydrochloride injection 25mg/ml, 50mg/ml</i>	1	PA MO; HRM
<i>hydroxyzine hydrochloride syrup 10mg/5ml</i>	1	PA MO; HRM
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	1	PA MO; HRM
<i>hydroxyzine pamoate capsule 100mg, 25mg, 50mg</i>	1	PA MO; HRM
KARBINAL ER SUSPENSION EXTENDED RELEASE 4MG/5ML	3	PA MO
<i>levocetirizine dihydrochloride solution 2.5mg/5ml</i>	1	MO
<i>levocetirizine dihydrochloride tablet 5mg</i>	1	QL (30 EA per 30 days) MO
<i>olopatadine hcl solution 0.6%</i>	1	QL (30.5 GM per 30 days) MO
QUZYTIR INJECTION 10MG/ML	3	PA MO
<i>ryclora solution 2mg/5ml</i>	1	PA MO; HRM
<i>ryvent tablet 6mg</i>	1	PA
BETA AGONISTS		
<i>albuterol sulfate hfa (generic Proventil HFA) aerosol solution 108mcg/act</i>	1	QL (13.4 GM per 30 days) MO
<i>albuterol sulfate hfa (generic ProAir HFA) aerosol solution 108mcg/act</i>	1	QL (17 GM per 30 days) MO
<i>albuterol sulfate hfa (generic Ventolin HFA) aerosol solution 108mcg/act</i>	1	QL (36 GM per 30 days) MO
<i>albuterol sulfate nebulization solution 0.083%, 0.63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	1	B/D MO
<i>albuterol sulfate syrup 2mg/5ml</i>	1	MO
<i>albuterol sulfate tablet 2mg, 4mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>arformoterol tartrate nebulization solution 15mcg/2ml</i>	1	QL (120 ML per 30 days) PA MO
<i>formoterol fumarate nebulization solution 20mcg/2ml</i>	1	QL (120 ML per 30 days) PA MO
<i>levalbuterol hcl nebulization solution 0.31mg/3ml, 0.63mg/3ml, 1.25mg/3ml</i>	1	B/D MO
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	1	B/D MO
LEVALBUTEROL TARTRATE HFA AEROSOL 45MCG/ACT	2	QL (30 GM per 30 days) MO
<i>levalbuterol nebulization solution 1.25mg/0.5ml</i>	1	B/D MO
PERFOROMIST NEBULIZATION SOLUTION 20MCG/2ML	3	QL (120 ML per 30 days) PA MO
PROAIR RESPICLICK AEROSOL POWDER BREATH ACTIVATED 108MCG/ACT	3	QL (2 EA per 30 days) MO
SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/DOSE	2	QL (60 EA per 30 days) MO
STRIVERDI RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	3	QL (4 GM per 30 days) MO
<i>terbutaline sulfate injection 1mg/ml</i>	1	MO
<i>terbutaline sulfate tablet 2.5mg, 5mg</i>	1	MO
VENTOLIN HFA AEROSOL SOLUTION 108MCG/ACT	3	QL (36 GM per 30 days) MO
XOPENEX HFA AEROSOL 45MCG/ACT	3	QL (30 GM per 30 days) MO
LEUKOTRIENE MODULATORS		
ACCOLATE TABLET 10MG, 20MG	3	QL (60 EA per 30 days) MO
<i>montelukast sodium packet 4mg</i>	1	QL (30 EA per 30 days) MO
<i>montelukast sodium tablet chewable 4mg, 5mg</i>	1	QL (30 EA per 30 days) MO
<i>montelukast sodium tablet 10mg</i>	1	QL (30 EA per 30 days) MO
SINGULAIR PACKET 4MG	3	QL (30 EA per 30 days) ST MO
SINGULAIR TABLET CHEWABLE 4MG, 5MG	3	QL (30 EA per 30 days) ST MO
SINGULAIR TABLET 10MG	3	QL (30 EA per 30 days) ST MO
<i>zafirlukast tablet 10mg, 20mg</i>	1	QL (60 EA per 30 days) MO
<i>zileuton er tablet extended release 12 hour 600mg</i>	1	QL (120 EA per 30 days) MO
MISCELLANEOUS		
<i>acetylcysteine inhalation solution 10%, 20%</i>	1	B/D MO
ALYFTREK TABLET 125MG; 50MG; 10MG	3	QL (56 EA per 28 days) PA; ACS LD
ALYFTREK TABLET 50MG; 20MG; 4MG	3	QL (84 EA per 28 days) PA; ACS LD
<i>aminophylline injection 25mg/ml</i>	1	
ARALAST NP INJECTION 1000MG	2	PA; ACS LD
ARALAST NP INJECTION 500MG	3	PA; ACS LD
AUVI-Q INJECTION 0.1MG/0.1ML	3	QL (2 EA per 30 days) MO
AUVI-Q INJECTION 0.15MG/0.15ML, 0.3MG/0.3ML	3	QL (2 EA per 30 days) ST MO
BRINSUPRI TABLET 10MG, 25MG	3	QL (30 EA per 30 days) PA; ACS LD
CINQAIR INJECTION 100MG/10ML	3	PA; ACS LD

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Drug Name	Drug Tier	Requirements/Limits
COCAINE HYDROCHLORIDE SOLUTION 40MG/ML	3	PA
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	1	B/D MO
DALIRESP TABLET 250MCG, 500MCG	3	MO
<i>elixophyllin elixir 80mg/15ml</i>	1	
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	1	QL (2 EA per 30 days) MO
EPIPEN 2-PAK INJECTION 0.3MG/0.3ML	3	QL (2 EA per 30 days) MO
EPIPEN-JR 2-PAK INJECTION 0.15MG/0.3ML	3	QL (2 EA per 30 days) MO
ESBRIET TABLET 267MG	3	QL (270 EA per 30 days) PA; ACS LD
ESBRIET TABLET 801MG	3	QL (90 EA per 30 days) PA; ACS LD
EXDENSUR INJECTION 100MG/ML	3	QL (1 ML per 180 days) PA; ACS LD
FASENRA PEN INJECTION 30MG/ML	2	QL (1 ML per 28 days) PA; ACS LD
FASENRA INJECTION 10MG/0.5ML	2	QL (0.5 ML per 28 days) PA; ACS LD
FASENRA INJECTION 30MG/ML	2	QL (1 ML per 28 days) PA; ACS LD
GLASSIA INJECTION 1000MG/50ML, 4GM/200ML, 5GM/250ML	2	PA; ACS LD
JASCAYD TABLET 18MG, 9MG	2	QL (60 EA per 30 days) PA; ACS LD
KALYDECO PACKET 13.4MG, 25MG, 5.8MG, 50MG, 75MG	3	QL (56 EA per 28 days) PA; ACS LD
KALYDECO TABLET 150MG	3	QL (56 EA per 28 days) PA; ACS LD
NEFFY SOLUTION 1MG/0.1ML, 2MG/0.1ML	3	QL (2 EA per 28 days) MO
<i>nintedanib esylate capsule 100mg, 150mg</i>	1	QL (60 EA per 30 days) PA; ACS
NUCALA INJECTION 40MG/0.4ML	2	QL (0.4 ML per 28 days) PA; ACS LD
NUCALA INJECTION 100MG	2	QL (3 EA per 28 days) PA; ACS LD
NUCALA INJECTION 100MG/ML	2	QL (3 ML per 28 days) PA; ACS LD
NUMBRINO SOLUTION 40MG/ML	3	PA
OFEV CAPSULE 100MG, 150MG	3	QL (60 EA per 30 days) PA; ACS LD
OHTUVAYRE SUSPENSION 3MG/2.5ML	3	QL (150 ML per 30 days) PA; ACS LD
ORKAMBI PACKET 125MG; 100MG, 188MG; 150MG, 94MG; 75MG	3	QL (56 EA per 28 days) PA; ACS LD
ORKAMBI TABLET 125MG; 100MG, 125MG; 200MG	3	QL (112 EA per 28 days) PA; ACS LD
<i>pirfenidone capsule 267mg</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

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Drug Name	Drug Tier	Requirements/Limits
PROLASTIN-C INJECTION 1000MG/20ML	2	PA; LD
PULMOZYME SOLUTION 2.5MG/2.5ML	3	PA; ACS LD
<i>roflumilast tablet 250mcg, 500mcg</i>	1	MO
SYMDEKO TABLET THERAPY PACK 150MG; 100MG, 75MG; 50MG	3	QL (56 EA per 28 days) PA; ACS LD
TEZSPIRE PREFILLED SYRINGE INJECTION 210MG/1.91ML	2	QL (1.91 ML per 28 days) PA; ACS LD
TEZSPIRE AUTO INJECTOR INJECTION 210MG/1.91ML	3	QL (1.91 ML per 28 days) PA; ACS LD
THEO-24 CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 200MG, 300MG, 400MG	3	MO
<i>theophylline er tablet extended release 12 hour 100mg, 200mg</i>	1	
<i>theophylline er tablet extended release 12 hour 300mg, 450mg</i>	1	MO
<i>theophylline er tablet extended release 24 hour 400mg, 600mg</i>	1	MO
<i>theophylline elixir 80mg/15ml</i>	1	MO
<i>theophylline solution 80mg/15ml</i>	1	MO
TRIKAFTA TABLET THERAPY PACK 100MG; 75MG; 50MG, 50MG; 37.5MG; 25MG	3	QL (84 EA per 28 days) PA; ACS LD
TRIKAFTA THERAPY PACK 100MG; 75MG; 50MG, 80MG; 60MG; 40MG	3	QL (56 EA per 28 days) PA; ACS LD
XOLAIR INJECTION 150MG/ML, 150MG, 300MG/2ML, 75MG/0.5ML	2	PA; ACS LD
ZEMAIRA INJECTION 1000MG, 4000MG, 5000MG	3	PA; ACS LD
NASAL STEROIDS		
<i>flunisolide solution 0.025%</i>	1	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>	1	QL (34 GM per 30 days) MO
OMNARIS SUSPENSION 50MCG/ACT	3	QL (12.5 GM per 30 days) MO
QNASL CHILDRENS AEROSOL SOLUTION 40MCG/ACT	3	QL (6.8 GM per 30 days) MO
QNASL AEROSOL SOLUTION 80MCG/ACT	3	QL (10.6 GM per 30 days) MO
XHANCE EXHALER SUSPENSION 93MCG/ACT	3	QL (32 ML per 30 days) PA MO
STERIOD INHALANTS		
ALVESCO AEROSOL SOLUTION 160MCG/ACT, 80MCG/ACT	3	QL (12.2 GM per 30 days) MO
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	2	QL (30 EA per 30 days) MO
ASMANEX HFA AEROSOL 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	3	QL (13 GM per 30 days) ST MO
ASMANEX TWISTHALER 120 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	3	QL (1 EA per 30 days) ST MO
ASMANEX TWISTHALER 14 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	3	QL (2 EA per 28 days) ST MO

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Drug Name	Drug Tier	Requirements/Limits
ASMANEX TWISTHALER 30 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 110MCG/INH, 220MCG/INH	3	QL (1 EA per 30 days) ST MO
ASMANEX TWISTHALER 60 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	3	QL (1 EA per 30 days) ST MO
<i>beclomethasone dipropionate hfa aerosol solution 40mcg/act, 80mcg/act</i>	1	QL (17.4 GM per 30 days)
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	1	B/D MO
FLUTICASONE FUROATE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	3	QL (30 EA per 30 days) PA MO
FLUTICASONE PROPIONATE DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 50MCG/ACT	3	QL (120 EA per 30 days) PA MO
FLUTICASONE PROPIONATE DISKUS AEROSOL POWDER BREATH ACTIVATED 250MCG/ACT	3	QL (240 EA per 30 days) PA MO
FLUTICASONE PROPIONATE HFA AEROSOL 44MCG/ACT	3	QL (21.2 GM per 30 days) PA MO
FLUTICASONE PROPIONATE HFA AEROSOL 110MCG/ACT, 220MCG/ACT	3	QL (24 GM per 30 days) PA MO
PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 180MCG/ACT, 90MCG/ACT	3	QL (2 EA per 30 days) ST MO
PULMICORT SUSPENSION 0.25MG/2ML, 0.5MG/2ML, 1MG/2ML	3	B/D MO
QVAR REDIHALER AEROSOL BREATH ACTIVATED 40MCG/ACT, 80MCG/ACT	3	QL (21.2 GM per 30 days) ST MO
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 50MCG/ACT, 250MCG/ACT; 50MCG/ACT, 500MCG/ACT; 50MCG/ACT	3	QL (60 EA per 30 days) ST MO
ADVAIR HFA AEROSOL 115MCG/ACT; 21MCG/ACT, 230MCG/ACT; 21MCG/ACT, 45MCG/ACT; 21MCG/ACT	3	QL (12 GM per 30 days) MO
AIRSUPRA AEROSOL 90MCG/ACT; 80MCG/ACT	2	QL (32.1 GM per 30 days) MO
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 25MCG/ACT, 200MCG/INH; 25MCG/INH, 50MCG/INH; 25MCG/INH	2	QL (60 EA per 30 days) MO
<i>breylna aerosol 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act</i>	1	QL (10.3 GM per 30 days) ST MO
<i>budesonide/formoterol fumarate dihydrate aerosol 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act</i>	1	QL (10.2 GM per 30 days) MO
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT, 5MCG/ACT; 50MCG/ACT	3	QL (13 GM per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
FLUTICASONE FUROATE/VILANTEROL ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/INH; 25MCG/INH, 200MCG/INH; 25MCG/INH	2	QL (60 EA per 30 days) MO
<i>fluticasone propionate/salmeterol diskus (generic Advair Diskus) aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO
FLUTICASONE PROPIONATE/SALMETEROL HFA (GENERIC ADVAIR HFA) AEROSOL 115MCG/ACT; 21MCG/ACT, 230MCG/ACT; 21MCG/ACT, 45MCG/ACT; 21MCG/ACT	3	QL (12 GM per 30 days) MO
FLUTICASONE PROPIONATE/SALMETEROL AEROSOL POWDER BREATH ACTIVATED 113MCG/ACT; 14MCG/ACT, 232MCG/ACT; 14MCG/ACT, 55MCG/ACT; 14MCG/ACT	3	QL (1 EA per 30 days) ST MO
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO
SYMBICORT AEROSOL 160MCG/ACT; 4.5MCG/ACT, 80MCG/ACT; 4.5MCG/ACT	3	QL (10.2 GM per 30 days) ST MO
<i>wixela inhub aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO

TOPICAL**DERMATOLOGY, ACNE**

ABSORICA LD CAPSULE 16MG, 24MG, 32MG, 8MG	3	
ABSORICA CAPSULE 10MG, 20MG, 25MG, 30MG, 35MG, 40MG	3	PA
ACANYA GEL 2.5%; 1.2%	3	MO
<i>accutane capsule 10mg, 20mg, 30mg, 40mg</i>	1	PA
ACZONE GEL 7.5%	3	QL (90 GM per 30 days) MO
<i>adapalene pump gel 0.3%</i>	1	QL (45 GM per 30 days) PA MO
<i>adapalene/benzoyl peroxide gel 0.1%; 2.5%</i>	1	QL (45 GM per 30 days) PA MO
<i>adapalene/benzoyl peroxide gel 0.3%; 2.5%</i>	1	QL (70 GM per 30 days) PA MO
ADAPALENE/BENZOYL PEROXIDE PAD 0.1%; 2.5%	3	QL (28 EA per 28 days) PA
<i>adapalene cream 0.1%</i>	1	QL (45 GM per 30 days) PA MO
<i>adapalene gel 0.1%, 0.3%</i>	1	QL (45 GM per 30 days) PA MO
<i>adapalene pad 0.1%</i>	1	QL (28 EA per 28 days) PA
ADAPALENE SOLUTION 0.1%	3	QL (120 ML per 30 days) PA
AKLIEF CREAM 0.005%	3	QL (45 GM per 30 days) PA MO
ALTRENO LOTION 0.05%	3	QL (45 GM per 30 days) PA MO
<i>amnestem capsule 10mg, 20mg, 30mg, 40mg</i>	1	PA
AMZEEQ FOAM 4%	3	QL (30 GM per 30 days) MO
ARAZLO LOTION 0.045%	3	MO
ATRALIN GEL 0.05%	3	QL (45 GM per 30 days) PA MO
AZELEX CREAM 20%	3	QL (50 GM per 30 days) MO
BENZAMYCIN GEL 5%; 3%	3	MO

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Drug Name	Drug Tier	Requirements/Limits
CABTREO GEL 0.15%; 3.1%; 1.2%	3	QL (50 GM per 30 days) PA MO
<i>claravis capsule 10mg, 20mg, 30mg, 40mg</i>	1	PA
CLEOCIN-T LOTION 1%	3	QL (60 ML per 30 days) MO
<i>clindacin etz pledgets swab 1%</i>	1	
<i>clindacin-p swab 1%</i>	1	MO
<i>clindacin foam 1%</i>	1	QL (100 GM per 30 days)
CLINDAGEL GEL 1%	3	QL (75 ML per 30 days) MO
<i>clindamycin phosphate (once-daily) gel bottle 1%</i>	1	QL (75 ML per 30 days) MO
<i>clindamycin phosphate (twice-daily) gel tube 1%</i>	1	QL (60 GM per 30 days) MO
<i>clindamycin phosphate/benzoyl peroxide gel 2.5%; 1.2%, 3.75%; 1.2%, 5%; 1.2%</i>	1	MO
<i>clindamycin phosphate/tretinoin gel 1.2%; 0.025%</i>	1	QL (60 GM per 30 days) PA MO
<i>clindamycin phosphate foam 1%</i>	1	QL (100 GM per 30 days) MO
<i>clindamycin phosphate lotion 1%</i>	1	QL (60 ML per 30 days) MO
<i>clindamycin phosphate topical solution 1%</i>	1	QL (60 ML per 30 days) MO
<i>clindamycin phosphate swab 1%</i>	1	MO
<i>clindamycin/benzoyl peroxide gel 5%; 1%</i>	1	MO
<i>dapsone gel 5%, 7.5%</i>	1	QL (90 GM per 30 days) MO
EPIDUO FORTE GEL 0.3%; 2.5%	3	QL (70 GM per 30 days) PA MO
<i>ery pad 2%</i>	1	MO
<i>erythromycin/benzoyl peroxide gel 5%; 3%</i>	1	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 capsule 10mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	1	PA
KLARON LOTION 10%	3	MO
<i>neuac gel 5%; 1.2%</i>	1	
ONEXTON GEL 3.75%; 1.2%	3	MO
RETIN-A MICRO PUMP GEL 0.08%	3	QL (50 GM per 30 days) PA MO
RETIN-A MICRO GEL 0.06%	3	QL (50 GM per 30 days) PA MO
RETIN-A CREAM 0.025%, 0.05%, 0.1%	3	QL (45 GM per 30 days) PA MO
RETIN-A GEL 0.01%, 0.025%	3	QL (45 GM per 30 days) PA MO
<i>sodium sulfacetamide/sulfur suspension 8%; 4%</i>	1	QL (473 ML per 30 days) MO
<i>sulfacetamide sodium lotion 10%</i>	1	MO
<i>sulfacleanse 8/4 suspension 8%; 4%</i>	1	QL (473 ML per 30 days)
TAZAROTENE FOAM 0.1%	3	QL (100 GM per 30 days) MO
TRETINOIN MICROSPHERE PUMP GEL 0.04%, 0.1%	3	QL (50 GM per 30 days) PA MO
TRETINOIN MICROSPHERE GEL 0.04%, 0.1%	3	QL (50 GM per 30 days) PA MO
<i>tretinoin microsphere gel 0.08%</i>	1	QL (50 GM per 30 days) PA MO
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	1	QL (45 GM per 30 days) PA MO
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	1	QL (45 GM per 30 days) PA MO
TWYNEO CREAM 3%; 0.1%	3	QL (30 GM per 30 days) PA MO
WINLEVI CREAM 1%	3	QL (60 GM per 30 days) PA MO
<i>zenatane capsule 10mg, 20mg, 30mg, 40mg</i>	1	PA
ZIANA GEL 1.2%; 0.025%	3	QL (60 GM per 30 days) PA MO

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Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate cream 0.1%</i>	1	QL (30 GM per 30 days) MO
<i>gentamicin sulfate ointment 0.1%</i>	1	QL (30 GM per 30 days) MO
<i>mupirocin cream 2%</i>	1	QL (30 GM per 30 days) MO
<i>mupirocin ointment 2%</i>	1	QL (22 GM per 30 days) MO
NEO-SYNALAR CREAM 0.025%; 0.5%	3	QL (60 GM per 30 days) MO
SILVADENE CREAM 1%	3	MO
<i>silver sulfadiazine cream 1%</i>	1	MO
SSD CREAM 1%	2	
SULFAMYLON CREAM 85MG/GM	3	MO
DERMATOLOGY, ANTIFUNGALS		
<i>ciclodan solution 8%</i>	1	QL (6.6 ML per 30 days)
<i>ciclopirox nail lacquer solution 8%</i>	1	QL (6.6 ML per 30 days) MO
<i>ciclopirox olamine cream 0.77%</i>	1	QL (90 GM per 30 days) MO
<i>ciclopirox gel 0.77%</i>	1	QL (100 GM per 30 days) MO
<i>ciclopirox shampoo 1%</i>	1	QL (120 ML per 30 days) MO
<i>ciclopirox suspension 0.77%</i>	1	QL (60 ML per 30 days) MO
<i>clotrimazole/betamethasone dipropionate cream 0.05%; 1%</i>	1	QL (45 GM per 30 days) MO
<i>clotrimazole/betamethasone dipropionate lotion 0.05%; 1%</i>	1	QL (30 ML per 30 days) MO
<i>clotrimazole cream 1%</i>	1	QL (45 GM per 30 days) MO
<i>clotrimazole solution 1%</i>	1	QL (30 ML per 30 days) MO
<i>econazole nitrate cream 1%</i>	1	QL (85 GM per 30 days) MO
ECONAZOLE NITRATE FOAM 1%	3	QL (70 GM per 28 days) PA MO
ERTACZO CREAM 2%	3	QL (60 GM per 30 days) MO
EXELDERM CREAM 1%	3	QL (60 GM per 30 days) MO
EXELDERM SOLUTION 1%	3	QL (30 ML per 30 days) MO
JUBLIA SOLUTION 10%	3	QL (8 ML per 30 days) PA MO
<i>ketoconazole cream 2%</i>	1	QL (60 GM per 30 days) MO
<i>ketoconazole foam 2%</i>	1	QL (100 GM per 30 days) MO
<i>ketoconazole shampoo 2%</i>	1	QL (120 ML per 30 days) MO
<i>ketodan foam 2%</i>	1	QL (100 GM per 30 days)
<i>klayesta powder 100000unit/gm</i>	1	QL (60 GM per 30 days)
LULICONAZOLE CREAM 1%	3	QL (60 GM per 30 days) ST MO
LUZU CREAM 1%	3	QL (60 GM per 30 days) ST MO
MYCOZYL HC GEL 0.667%; 1%	3	QL (28 GM per 30 days) PA
MYCOZYL HC LIQUID 0.667%; 1%	3	QL (30 ML per 30 days) PA
<i>naftifine hydrochloride cream 2%</i>	1	QL (60 GM per 30 days) MO
<i>naftifine hydrochloride cream 1%</i>	1	QL (90 GM per 30 days) MO
<i>naftifine hydrochloride gel 2%</i>	1	QL (60 GM per 30 days) MO
NAFTIN GEL 2%	3	QL (60 GM per 30 days) MO
<i>nyamyc powder 100000unit/gm</i>	1	QL (60 GM per 30 days)
<i>nystatin/triamcinolone acetonide cream 100000unit/gm; 1mg/gm</i>	1	QL (60 GM per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
<i>nystatin/triamcinolone acetonide ointment 100000unit/gm; 0.1%</i>	1	QL (60 GM per 30 days) MO
<i>nystatin/triamcinolone ointment 100000unit/gm; 0.1%</i>	1	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>	1	QL (30 GM per 30 days) MO
<i>nystatin powder 100000unit/gm</i>	1	QL (60 GM per 30 days) MO
<i>nystop powder 100000unit/gm</i>	1	QL (60 GM per 30 days)
<i>oxiconazole nitrate cream 1%</i>	1	QL (90 GM per 30 days) MO
OXISTAT LOTION 1%	3	QL (60 ML per 30 days) MO
<i>selenium sulfide lotion 2.5%</i>	1	MO
<i>selenium sulfide shampoo 2.25%</i>	1	QL (180 ML per 30 days) MO
<i>tavaborole solution 5%</i>	1	QL (10 ML per 30 days) PA MO
VUSION OINTMENT 0.25%; 81.35%; 15%	3	QL (50 GM per 30 days) PA MO
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin capsule 10mg, 17.5mg, 25mg</i>	1	PA MO
<i>calcipotriene/betamethasone dipropionate ointment 0.064%; 0.005%</i>	1	QL (400 GM per 28 days) PA MO
<i>calcipotriene/betamethasone dipropionate suspension 0.064%; 0.005%</i>	1	QL (120 GM per 30 days) PA MO
<i>calcipotriene cream 0.005%</i>	1	QL (120 GM per 30 days) PA MO
CALCIPOTRIENE FOAM 0.005%	3	QL (120 GM per 30 days) PA
<i>calcipotriene ointment 0.005%</i>	1	QL (120 GM per 30 days) PA MO
<i>calcipotriene solution 0.005%</i>	1	QL (60 ML per 30 days) PA MO
<i>calcitrene ointment 0.005%</i>	1	QL (120 GM per 30 days) PA MO
CALCITRIOL OINTMENT 3MCG/GM	3	QL (800 GM per 28 days) PA MO
ENSTILAR FOAM 0.064%; 0.005%	2	QL (120 GM per 30 days) PA MO
<i>methoxsalen capsule 10mg</i>	1	MO
SORILUX FOAM 0.005%	3	QL (120 GM per 30 days) PA MO
TACLONEX SUSPENSION 0.064%; 0.005%	3	QL (120 GM per 30 days) PA MO
<i>tazarotene cream 0.05%, 0.1%</i>	1	QL (60 GM per 30 days) PA MO
<i>tazarotene gel 0.05%, 0.1%</i>	1	QL (100 GM per 30 days) PA MO
TAZORAC CREAM 0.05%, 0.1%	3	QL (60 GM per 30 days) PA MO
TAZORAC GEL 0.05%, 0.1%	3	QL (100 GM per 30 days) PA MO
VECTICAL OINTMENT 3MCG/GM	3	QL (800 GM per 28 days) PA MO
VTAMA CREAM 1%	2	QL (60 GM per 30 days) PA MO
ZORYVE CREAM 0.3%	3	QL (60 GM per 30 days) PA MO
DERMATOLOGY, ANTISEBORRHEICS		
ZORYVE FOAM 0.3%	3	QL (60 GM per 30 days) PA MO
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort cream 1%</i>	1	
<i>ala-scalp lotion 2%</i>	1	QL (60 ML per 30 days) MO
<i>alclometasone dipropionate cream 0.05%</i>	1	QL (60 GM per 30 days) MO
<i>alclometasone dipropionate ointment 0.05%</i>	1	QL (60 GM per 30 days) MO
<i>amcinonide cream 0.1%</i>	1	QL (60 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>amcinonide ointment 0.1%</i>	1	QL (60 GM per 30 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	QL (120 GM per 30 days) MO
<i>betamethasone dipropionate augmented gel 0.05%</i>	1	QL (120 GM per 30 days) MO
<i>betamethasone dipropionate augmented lotion 0.05%</i>	1	QL (120 ML per 30 days) MO
<i>betamethasone dipropionate augmented ointment 0.05%</i>	1	QL (120 GM per 30 days) MO
<i>betamethasone dipropionate cream 0.05%</i>	1	QL (120 GM per 30 days) MO
<i>betamethasone dipropionate lotion 0.05%</i>	1	QL (120 ML per 30 days) MO
<i>betamethasone dipropionate ointment 0.05%</i>	1	QL (120 GM per 30 days) MO
<i>betamethasone valerate cream 0.1%</i>	1	QL (120 GM per 30 days) MO
<i>betamethasone valerate foam 0.12%</i>	1	QL (120 GM per 30 days) MO
<i>betamethasone valerate lotion 0.1%</i>	1	QL (120 ML per 30 days) MO
<i>betamethasone valerate ointment 0.1%</i>	1	QL (120 GM per 30 days) MO
BRYHALI LOTION 0.01%	3	QL (100 GM per 30 days) MO
<i>clobetasol propionate e cream 0.05%</i>	1	QL (60 GM per 30 days) MO
<i>clobetasol propionate emollient foam 0.05%</i>	1	QL (100 GM per 30 days) MO
CLOBETASOL PROPIONATE CREAM 0.025%	3	QL (100 GM per 30 days) PA
<i>clobetasol propionate cream 0.05%</i>	1	QL (60 GM per 30 days) MO
<i>clobetasol propionate foam 0.05%</i>	1	QL (100 GM per 30 days) MO
<i>clobetasol propionate gel 0.05%</i>	1	QL (60 GM per 30 days) MO
<i>clobetasol propionate liquid 0.05%</i>	1	QL (125 ML per 30 days) MO
<i>clobetasol propionate lotion 0.05%</i>	1	QL (118 ML per 30 days) MO
<i>clobetasol propionate ointment 0.05%</i>	1	QL (60 GM per 30 days) MO
<i>clobetasol propionate shampoo 0.05%</i>	1	QL (118 ML per 30 days) MO
<i>clobetasol propionate solution 0.05%</i>	1	QL (50 ML per 30 days) MO
<i>clocortolone pivalate cream 0.1%</i>	1	QL (90 GM per 30 days) MO
<i>clodan shampoo 0.05%</i>	1	QL (118 ML per 30 days)
CORDRAN TAPE 4MCG/SQCM	3	QL (1 EA per 30 days) MO
DERMA-SMOOTH/FS BODY OIL 0.01%	3	QL (118.28 ML per 30 days) MO
DERMA-SMOOTH/FS SCALP OIL 0.01%	3	QL (118.28 ML per 30 days) MO
<i>desonide cream 0.05%</i>	1	QL (60 GM per 30 days) MO
<i>desonide gel 0.05%</i>	1	QL (60 GM per 30 days) MO
<i>desonide lotion 0.05%</i>	1	QL (118 ML per 30 days) MO
<i>desonide ointment 0.05%</i>	1	QL (60 GM per 30 days) MO
<i>desoximetasone cream 0.05%, 0.25%</i>	1	QL (100 GM per 30 days) MO
<i>desoximetasone gel 0.05%</i>	1	QL (60 GM per 30 days) MO
<i>desoximetasone liquid 0.25%</i>	1	QL (100 ML per 30 days) MO
<i>desoximetasone ointment 0.05%, 0.25%</i>	1	QL (100 GM per 30 days) MO
<i>diflorasone diacetate cream 0.05%</i>	1	QL (60 GM per 30 days) MO
<i>diflorasone diacetate ointment 0.05%</i>	1	QL (60 GM per 30 days) MO
DIPROLENE OINTMENT 0.05%	3	QL (120 GM per 30 days) MO
DUOBRII LOTION 0.01%; 0.045%	3	QL (200 GM per 28 days) PA MO
EPIFOAM FOAM 1%; 1%	3	QL (10 GM per 30 days) MO
<i>evesse lotion 0.1%</i>	1	QL (118 ML per 30 days)
<i>fluocinolone acetone body oil 0.01%</i>	1	QL (118.28 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>fluocinolone acetonide scalp oil 0.01%</i>	1	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide cream 0.025%</i>	1	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide cream 0.01%</i>	1	QL (60 GM per 30 days) MO
<i>fluocinolone acetonide ointment 0.025%</i>	1	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide solution 0.01%</i>	1	QL (60 ML per 30 days) MO
<i>fluocinonide emulsified base cream 0.05%</i>	1	QL (120 GM per 30 days) MO
<i>fluocinonide cream 0.05%, 0.1%</i>	1	QL (120 GM per 30 days) MO
<i>fluocinonide gel 0.05%</i>	1	QL (60 GM per 30 days) MO
<i>fluocinonide ointment 0.05%</i>	1	QL (60 GM per 30 days) MO
<i>fluocinonide solution 0.05%</i>	1	QL (60 ML per 30 days) MO
<i>flurandrenolide lotion 0.05%</i>	1	QL (120 ML per 30 days) MO
<i>fluticasone propionate cream 0.05%</i>	1	QL (60 GM per 30 days) MO
<i>fluticasone propionate lotion 0.05%</i>	1	QL (120 ML per 30 days) MO
<i>fluticasone propionate ointment 0.005%</i>	1	QL (60 GM per 30 days) MO
<i>halcinonide cream 0.1%</i>	1	QL (60 GM per 30 days) MO
<i>halcinonide solution 0.1%</i>	1	QL (120 ML per 30 days) PA
<i>halobetasol propionate cream 0.05%</i>	1	QL (50 GM per 30 days) MO
<i>halobetasol propionate foam 0.05%</i>	1	QL (100 GM per 30 days)
HALOBETASOL PROPIONATE LOTION 0.05%	3	QL (60 ML per 30 days)
<i>halobetasol propionate ointment 0.05%</i>	1	QL (50 GM per 30 days) MO
HALOG CREAM 0.1%	3	QL (60 GM per 30 days) MO
HALOG SOLUTION 0.1%	3	QL (120 ML per 30 days) PA MO
<i>hydrocortisone acetate cream 2.5%</i>	1	QL (28.4 GM per 30 days) PA
<i>hydrocortisone butyrate cream 0.1%</i>	1	QL (45 GM per 30 days) MO
<i>hydrocortisone butyrate lotion 0.1%</i>	1	QL (118 ML per 30 days) MO
<i>hydrocortisone butyrate ointment 0.1%</i>	1	QL (45 GM per 30 days) MO
<i>hydrocortisone butyrate solution 0.1%</i>	1	QL (60 ML per 30 days) MO
<i>hydrocortisone valerate cream 0.2%</i>	1	QL (60 GM per 30 days) MO
<i>hydrocortisone valerate ointment 0.2%</i>	1	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
<i>hydrocortisone lotion 2.5%</i>	1	QL (118 ML per 30 days) MO
<i>hydrocortisone lotion 2%</i>	1	QL (60 ML per 30 days) MO
<i>hydrocortisone ointment 2.5%</i>	1	MO
<i>hydrocortisone ointment 1%</i>	1	QL (30 GM per 30 days) MO
<i>hydrocortisone solution 2.5%</i>	1	MO
LEXETTE FOAM 0.05%	3	QL (100 GM per 30 days) MO
<i>micort hc cream 2.5%</i>	1	QL (28.4 GM per 30 days) PA
<i>mometasone furoate cream 0.1%</i>	1	QL (45 GM per 30 days) MO
<i>mometasone furoate ointment 0.1%</i>	1	QL (45 GM per 30 days) MO
<i>mometasone furoate solution 0.1%</i>	1	QL (60 ML per 30 days) MO
PRAMOSONE CREAM 1%; 1%	3	QL (57 GM per 30 days) PA
PRAMOSONE LOTION 1%; 1%, 2.5%; 1%	3	QL (118 ML per 30 days) PA MO
SYNALAR CREAM 0.025%	3	QL (120 GM per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
SYNALAR OINTMENT 0.025%	3	QL (120 GM per 30 days) MO
<i>texacort solution 2.5%</i>	1	QL (30 ML per 30 days) MO
TOPICORT LIQUID 0.25%	3	QL (100 ML per 30 days) MO
TOPICORT OINTMENT 0.05%, 0.25%	3	QL (100 GM per 30 days) MO
<i>tovet foam 0.05%</i>	1	QL (100 GM per 30 days)
<i>triamcinolone acetonide aerosol solution 0.147mg/gm</i>	1	QL (100 GM per 30 days) 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>	1	QL (60 ML per 30 days) MO
<i>triamcinolone acetonide ointment 0.025%, 0.1%</i>	1	MO
<i>triamcinolone acetonide ointment 0.5%</i>	1	QL (15 GM per 30 days) MO
<i>triamcinolone acetonide ointment 0.05%</i>	1	QL (430 GM per 30 days) MO
<i>triderm cream 0.5%</i>	1	
ULTRAVATE LOTION 0.05%	3	QL (60 ML per 30 days) MO
DERMATOLOGY, LOCAL ANESTHETICS		
DYCLOPRO SOLUTION 0.5%	3	QL (30 ML per 30 days) PA
<i>glydo prefilled syringe 2%</i>	1	QL (60 ML per 30 days) PA MO
<i>lidocaine hcl prefilled syringe 2%</i>	1	QL (60 ML per 30 days) PA MO
<i>lidocaine hydrochloride jelly gel 2%</i>	1	QL (30 ML per 30 days) PA MO
<i>lidocaine hydrochloride topical solution 4%</i>	1	QL (50 ML per 30 days) PA MO
<i>lidocaine/prilocaine cream 2.5%; 2.5%</i>	1	QL (30 GM per 30 days) MO
<i>lidocaine ointment 5%</i>	1	QL (35.44 GM per 30 days) PA MO
<i>lidocaine patch 5%</i>	1	QL (90 EA per 30 days) PA MO
<i>lidocan patch 5%</i>	1	QL (90 EA per 30 days) PA
QUTENZA KIT 8% (2 TOPICAL SYSTEMS)	3	QL (2 EA per 90 days) PA; ACS LD
QUTENZA KIT 8% (4 TOPICAL SYSTEMS)	3	QL (1 EA per 90 days) PA; ACS LD
QUTENZA KIT 8% (1 TOPICAL SYSTEM)	3	QL (4 EA per 90 days) PA; ACS LD
ZTLIDO PATCH 1.8%	3	QL (90 EA per 30 days) PA MO
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir cream 5%</i>	1	QL (5 GM per 30 days) MO
<i>acyclovir ointment 5%</i>	1	QL (30 GM per 30 days) MO
<i>ammonium lactate cream 12%</i>	1	MO
<i>ammonium lactate lotion 12%</i>	1	MO
ANALPRAM HC CREAM 1%; 1%, 2.5%; 1%	3	QL (30 GM per 30 days) PA MO
ANALPRAM HC LOTION 2.5%; 1%	3	QL (59 ML per 30 days) PA MO
ANUSOL-HC CREAM 2.5%	3	QL (30 GM per 30 days) MO
ANZUPGO CREAM 20MG/GM	3	QL (60 GM per 30 days) PA; ACS LD
<i>azelaic acid gel 15%</i>	1	QL (50 GM per 30 days) MO
<i>bexarotene gel 1%</i>	1	QL (60 GM per 30 days) PA; ACS
<i>brimonidine tartrate gel 0.33%</i>	1	MO
CORTIFOAM FOAM 10%	3	QL (15 GM per 30 days) MO
DENAVIR CREAM 1%	3	QL (5 GM per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
DICLOFENAC EPOLAMINE PATCH 1.3%	3	QL (60 EA per 30 days) PA MO
<i>diclofenac sodium gel 3%</i>	1	QL (100 GM per 30 days) PA MO
<i>diclofenac sodium topical solution 2%</i>	1	QL (224 GM per 28 days) PA MO
<i>diclofenac sodium topical solution 1.5%</i>	1	QL (300 ML per 28 days) MO
<i>doxepin hydrochloride cream 5%</i>	1	QL (45 GM per 30 days) PA MO
<i>doxycycline capsule delayed release 40mg</i>	1	QL (30 EA per 30 days) PA MO
EMROSI CAPSULE EXTENDED RELEASE 24 HOUR 40MG	3	QL (30 EA per 30 days) PA
EPSOLAY CREAM 5%	3	QL (30 GM per 30 days) PA MO
EUCRISA OINTMENT 2%	3	QL (120 GM per 30 days) PA MO
FINACEA FOAM 15%	3	QL (50 GM per 30 days) MO
FLECTOR PATCH 1.3%	3	QL (60 EA per 30 days) PA MO
FLUOROURACIL CREAM 0.5%	3	QL (30 GM per 30 days) PA MO
<i>fluorouracil cream 5%</i>	1	QL (40 GM per 30 days) MO
<i>fluorouracil topical solution 2%, 5%</i>	1	QL (10 ML per 30 days) MO
<i>hydrocortisone acetate/pramoxine cream 1%; 1%</i>	1	QL (30 GM per 30 days) MO
<i>hydrocortisone perianal cream 1%</i>	1	MO
<i>hydrocortisone perianal cream 2.5%</i>	1	QL (30 GM per 30 days) MO
HYFTOR GEL 0.2%	3	QL (20 GM per 25 days) PA; ACS LD
<i>imiquimod pump cream 3.75%</i>	1	QL (15 GM per 28 days) MO
<i>imiquimod cream 5%</i>	1	QL (24 EA per 30 days) MO
<i>imiquimod cream 3.75%</i>	1	QL (28 EA per 28 days) MO
<i>ivermectin cream 1%</i>	1	QL (45 GM per 30 days) MO
KLISYRI OINTMENT 1%	2	QL (5 EA per 30 days) PA MO
LEVULAN KERASTICK SOLUTION RECONSTITUTED 20%	3	QL (6 EA per 30 days)
LICART PATCH 24 HOUR 1.3%	3	PA MO
<i>metronidazole cream 0.75%</i>	1	MO
<i>metronidazole gel 0.75%, 1%</i>	1	MO
<i>metronidazole lotion 0.75%</i>	1	MO
MIRVASO GEL 0.33%	3	MO
<i>nitroglycerin rectal ointment 0.4%</i>	1	QL (30 GM per 30 days) MO
NORITATE CREAM 1%	3	QL (60 GM per 30 days) MO
OPZELURA CREAM 1.5%	3	QL (60 GM per 28 days) PA MO
ORACEA CAPSULE DELAYED RELEASE 40MG	3	QL (30 EA per 30 days) PA MO
PANRETIN GEL 0.1%	3	QL (60 GM per 30 days) PA
<i>penciclovir cream 1%</i>	1	QL (5 GM per 30 days) MO
<i>pimecrolimus cream 1%</i>	1	QL (100 GM per 30 days) MO
PODOCON-25 SOLUTION 25%	3	QL (15 ML per 30 days)
<i>podofilox gel 0.5%</i>	1	QL (7 GM per 28 days) MO
<i>podofilox solution 0.5%</i>	1	MO
<i>procto-med hc cream 2.5%</i>	1	QL (30 GM per 30 days)
<i>proctocort cream 1%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
PROCTOFOAM HC FOAM 1%; 1%	3	QL (10 GM per 30 days) MO
<i>proctosol hc cream 2.5%</i>	1	QL (30 GM per 30 days)
<i>proctozone-hc cream 2.5%</i>	1	QL (30 GM per 30 days)
PRUDOXIN CREAM 5%	3	QL (45 GM per 30 days) PA MO
QBREXZA PAD 2.4%	3	QL (30 EA per 30 days) PA MO
RECTIV OINTMENT 0.4%	3	QL (30 GM per 30 days) MO
RHOFADE CREAM 1%	3	QL (30 GM per 30 days) PA MO
<i>salicylic acid wart remover liquid 27.5%</i>	1	QL (10 ML per 30 days) MO
<i>salicylic acid shampoo 6%</i>	1	QL (177 ML per 30 days) MO
<i>salicylic acid solution 26%</i>	1	QL (10 ML per 30 days) MO
SOFDRA GEL 12.45%	3	QL (50 ML per 30 days) PA; ACS LD
SOOLANTRA CREAM 1%	3	QL (45 GM per 30 days) MO
<i>tacrolimus ointment 0.03%, 0.1%</i>	1	QL (60 GM per 30 days) MO
TARGRETIN GEL 1%	3	QL (60 GM per 30 days) PA; ACS
VALCHLOR GEL 0.016%	3	QL (60 GM per 30 days) PA; LD
VEREGEN OINTMENT 15%	3	QL (30 GM per 28 days) MO
VIRASAL LIQUID 27.5%	3	QL (10 ML per 30 days) MO
XERESE CREAM 5%; 1%	3	QL (5 GM per 30 days) MO
YCANTH SOLUTION 0.7%	3	PA; ACS LD
ZELSUVMI GEL 10.3%	3	QL (31 GM per 28 days) PA MO
ZILXI FOAM 1.5%	3	QL (30 GM per 30 days) PA MO
ZONALON CREAM 5%	3	QL (45 GM per 30 days) PA MO
ZORYVE CREAM 0.05%, 0.15%	3	QL (60 GM per 30 days) PA MO
ZOVIRAX CREAM 5%	3	QL (5 GM per 30 days) MO
ZOVIRAX OINTMENT 5%	3	QL (30 GM per 30 days) MO
ZYCLARA PUMP CREAM 3.75%	3	QL (15 GM per 28 days) MO
ZYCLARA CREAM 3.75%	3	QL (28 EA per 28 days) MO
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>crotan lotion 10%</i>	1	QL (237 GM per 30 days)
ELIMITE CREAM 5%	3	MO
EURAX CREAM 10%	3	QL (60 GM per 30 days)
<i>malathion lotion 0.5%</i>	1	MO
NATROBA SUSPENSION 0.9%	3	QL (120 ML per 30 days) MO
OVIDE LOTION 0.5%	3	
<i>permethrin cream 5%</i>	1	MO
<i>pruradik lotion 10%</i>	1	QL (237 GM per 30 days)
SPINOSAD SUSPENSION 0.9%	3	QL (120 ML per 30 days) MO
DERMATOLOGY, WOUND CARE AGENTS		
FILSUEVZ GEL 10%	3	QL (702 GM per 30 days) PA; LD
<i>lactated ringers irrigation solution 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</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
PHYSIOLYTE SOLUTION 27MEQ/1000ML; 98MEQ/1000ML; 23MEQ/1000ML; 3MEQ/1000ML; 5MEQ/1000ML; 140MEQ/1000ML	3	
RINGERS IRRIGATION SOLUTION 4.5MEQ/L; 156MEQ/L; 4MEQ/L; 147.5MEQ/L	3	
SANTYL OINTMENT 250UNIT/GM	3	QL (180 GM per 30 days) PA MO
<i>sodium chloride 0.9% solution 0.9%</i>	1	MO
<i>sterile water for irrigation solution</i>	1	MO
TIS-U-SOL SOLUTION 4.5MEQ/L; 156MEQ/L; 4MEQ/L; 147MEQ/L	3	
VYJUVEK GEL	3	QL (10 ML per 28 days) PA; ACS LD
MOUTH/THROAT/DENTAL AGENTS		
ARESTIN MISCELLANEOUS 1MG	3	PA; ACS LD
<i>cevimeline hydrochloride capsule 30mg</i>	1	MO
<i>chlorhexidine gluconate solution 0.12%</i>	1	MO
<i>clinpro 5000 paste 1.1%</i>	1	MO
<i>clotrimazole troche 10mg</i>	1	MO
DENTA 5000 PLUS SENSITIVE GEL 5%; 1.1%	3	MO
<i>denta 5000 plus cream 1.1%</i>	1	QL (51 GM per 30 days) MO
<i>dentagel gel 1.1%</i>	1	MO
EVOXAC CAPSULE 30MG	3	MO
<i>fluoridex daily defense paste 1.1%</i>	1	
FLUORIDEX SENSITIVITY RELIEF/SLS FREE GEL 5%; 1.1%	3	
FLUORIMAX 5000 SENSITIVE GEL 5%; 1.1%	3	
<i>fluorimax 5000 paste 1.1%</i>	1	
<i>just right 5000 paste 1.1%</i>	1	
<i>kourzeq paste 0.1%</i>	1	
<i>lidocaine hcl mouth/throat solution 4%</i>	1	
<i>lidocaine hydrochloride viscous solution 2%</i>	1	MO
<i>lidocaine viscous solution 2%</i>	1	MO
<i>nystatin suspension 100000unit/ml</i>	1	MO
<i>oralone dental paste paste 0.1%</i>	1	
<i>periogard solution 0.12%</i>	1	
<i>pilocarpine hydrochloride tablet 5mg, 7.5mg</i>	1	MO
PREVIDENT 5000 BOOSTER PLUS PASTE 1.1%	3	MO
PREVIDENT 5000 DRY MOUTH GEL 1.1%	3	MO
PREVIDENT 5000 ENAMEL PROTECT GEL 5%; 1.1%	3	MO
PREVIDENT 5000 ORTHO DEFENSE PASTE 1.1%	3	MO
PREVIDENT 5000 PLUS CREAM 1.1%	3	QL (51 GM per 30 days) MO
PREVIDENT FLUORIDE GEL 1.1%	3	MO
PREVIDENT RINSE SOLUTION 0.2%	3	MO
SALAGEN TABLET 5MG, 7.5MG	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>sf 5000 plus cream 1.1%</i>	1	QL (51 GM per 30 days) MO
<i>sf gel 1.1%</i>	1	MO
<i>sodium fluoride 5000 plus cream 1.1%</i>	1	QL (51 GM per 30 days) MO
<i>sodium fluoride 5000 ppm dry mouth gel 1.1%</i>	1	MO
SODIUM FLUORIDE 5000 PPM SENSITIVE GEL 5%; 1.1%	3	MO
<i>sodium fluoride 5000 ppm paste 1.1%</i>	1	MO
SODIUM FLUORIDE/POTASSIUM NITRATE/SENSITIVE 3 GEL 5%; 1.1%		
<i>sodium fluoride cream 1.1%</i>	1	QL (51 GM per 30 days) MO
<i>sodium fluoride gel 1.1%</i>	1	MO
<i>sodium fluoride mouth/throat solution 0.2%</i>	1	MO
<i>triamcinolone acetonide dental paste paste 0.1%</i>	1	MO

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DEPEN TITRATABS	90	DEXTROSE 5%/SODIUM CHLORIDE 0.2%	132
DEPO-ESTRADIOL	96	<i>dextrose 5%/sodium chloride 0.3%</i>	132
DEPO-MEDROL	97	DEXTROSE 5%/SODIUM CHLORIDE 0.33%	132
DEPO-PROVERA CONTRACEPTIVE	92	DEXTROSE 5%/SODIUM CHLORIDE 0.45%	132
DEPO-SUBQ PROVERA	92	DEXTROSE 5%/SODIUM CHLORIDE 0.9%	132
<i>depo-testosterone</i>	82	DEXTROSE 50%	140
DERMA-SMOOTH/FS BODY	156	DEXTROSE 70%	140
DERMA-SMOOTH/FS SCALP	156	<i>dextrose/sodium chloride</i>	132
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<i>desloratadine odt</i>	147	<i>dichlorphenamide</i>	46
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<i>desmopressin acetate</i>	100	<i>diclofenac</i>	159
<i>desogestrel/ethinyl estradiol</i>	92	DICLOFENAC EPOLAMINE	159
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<i>desvenlafaxine er</i>	53	<i>diclofenac sodium er</i>	3
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<i>dexamethasone</i>	98	<i>dicloxacin sodium</i>	21
<i>dexamethasone 10-day dose pack</i>	97	<i>dicyclomine hcl</i>	108
<i>dexamethasone 13-day dose pack</i>	97	<i>dicyclomine hydrochloride</i>	108
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<i>dexlansoprazole</i>	112	<i>digox</i>	47
DEXLYT	98	<i>digoxin</i>	47
<i>dexmethylphenidate hcl</i>	69	<i>dihydroergotamine mesylate</i>	73
<i>dexmethylphenidate hydrochloride</i>	70	DILANTIN	64
<i>dexmethylphenidate hydrochloride er</i>	69	DILANTIN INFATABS	64
<i>dextrazoxane</i>	26	DILANTIN-125	64
<i>dextroamphetamine sulfate</i>	70	DILAUDID	6
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<i>diphenhydramine hydrochloride</i>	147	<i>dronabinol</i>	106
<i>diphenoxylate hydrochloride/atropine sulfate</i>	110	<i>droperidol</i>	51
<i>diphenoxylate/atropine</i>	110	<i>drospirenone</i>	92
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<i>wixela inhub</i>	152	XPOVIO TABLET THERAPY PACK.....	36
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WYOST.....	90	XTAMPZA ER.....	6
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XACIATO.....	115	<i>xulane</i>	96
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XALKORI.....	36	XYLOCAINE/EPINEPHRINE	2
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P.O. Box 30006, Pittsburgh, PA 15222-0330



Participating health care providers are independent contractors and are neither agents nor employees of SilverScript. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10 days. If you do not receive your mail-order drugs within this timeframe, you can call Customer Care at the number on your ID card, (TTY users should call 711). Hours are 24 hours a day, 7 days a week. Members may have the option to sign-up for automated mail-order delivery. Specialty pharmacies fill high-cost specialty drugs that require special handling. Although specialty pharmacies may deliver covered medicines through the mail, they are not considered "mail-order pharmacies." Therefore, most specialty drugs are not available at the mail-order cost share.

See *Evidence of Coverage* for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

This formulary was updated on 08/30/2026. For more recent information or other questions, please contact Customer Care at the number on your ID card, 24 hours a day, 7 days a week. TTY users should call 711.

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary. Other Pharmacies are available in our network.

Aetna Medicare Rx offered by SilverScript is a group standalone Medicare Prescription Drug Plan (PDP). This Plan is offered by SilverScript Insurance Company, which has a Medicare contract. SilverScript Insurance Company and Aetna are affiliated companies. Enrollment in the Plan depends on Medicare contract renewal.

08/30/2026

P.O. BOX 9185 • QUINCY, MA 02169
1-888-888-HPHC(4742)

I UNDERSTAND THAT MEMBERSHIP WILL BECOME EFFECTIVE UPON ACCEPTANCE BY THE PLAN AND THAT BENEFITS UNDER THE PLAN WILL BE EXPLAINED IN A SEPARATE DOCUMENT. DURING MY MEMBERSHIP, I AUTHORIZE ANY HEALTH CARE PROVIDER OR OTHER HEALTH PLAN TO PROVIDE MEDICAL INFORMATION AND RECORDS TO THE PLAN, THE PLAN ADMINISTRATOR, OR PLAN AFFILIATED HEALTH CARE PROVIDERS. I ALSO AUTHORIZE THE PLAN, THE PLAN ADMINISTRATION, AND ANY PLAN HEALTH CARE PROVIDERS RENDERING SERVICES TO ME TO RECEIVE COPIES OF MY MEDICAL RECORDS. I AUTHORIZE THE USE BY THE PLAN, AND ITS AGENTS, OF ANY INFORMATION OBTAINED HEREUNDER FOR THE DELIVERY OF HEALTH SERVICE, TO DETERMINE ELIGIBILITY AND ENTITLEMENT TO BENEFITS (INCLUDING REIMBURSEMENT BY THIRD PARTIES), FOR EDUCATION AND RESEARCH IN ACCORDANCE WITH GOVERNMENT REGULATIONS, AND FOR THE OTHER PLAN PROFESSIONAL ACTIVITIES SUCH AS UTILIZATION REVIEW, QUALITY ASSURANCE, CASE MANAGEMENT, REFERRAL AND AUTHORIZATION, DISEASE MANAGEMENT, FRAUD DETECTION AND CERTAIN OVERSIGHT ACTIVITIES, SUCH AS ACCREDITATION AND REGULATORY AUDITS. I UNDERSTAND THAT A COPY OF THIS FORM WILL BE GIVEN TO ME, OR TO MY AUTHORIZED REPRESENTATIVE, UPON REQUEST.

9/02 001-11ME

EMPLOYEE SIGNATURE	DATE	EMPLOYER SIGNATURE	DATE

Medicare Part D Enrollment

The following is **ONLY** applicable to members whose employers offer a Prescription Drug Plan (PDP) from Aetna Medicare Rx offered by SilverScript

If you enroll in Medicare Enhance from HPHC Insurance Company, Inc., you will automatically be enrolled in Aetna Medicare Rx offered by SilverScript Employer PDP, (or the “Plan”), for your prescription drug coverage. Aetna Medicare Rx offered by SilverScript is a standard Medicare Part D plan with coverage provided by your Employer. Please **read and check the box** to acknowledge that you will be enrolled in Aetna Medicare Rx offered by SilverScript.

☐ I choose to receive prescription drug benefits from Aetna Medicare Rx offered by SilverScript, along with my enrollment in HPHC Medicare Enhance for medical coverage. My Employer will automatically enroll me in Aetna Medicare Rx offered by SilverScript prescription drug plan. I understand that I must enroll in Medicare Part A and/or Medicare Part B in order to be enrolled in Medicare Part D.

I understand that if I am later disenrolled from Aetna Medicare Rx offered by SilverScript, I will lose both my HPHC Medicare Enhance medical coverage and my Aetna Medicare Rx offered by SilverScript coverage. If I am the retiree, I also understand that my covered spouse/dependent(s) will also lose their medical and prescription drug coverage.

By agreeing to be enrolled in a Medicare Part D plan, I acknowledge that Aetna Medicare Rx offered by SilverScript will release my information to Medicare as necessary for treatment, payment and health care operations. I also acknowledge that the Plan will release my information, including my prescription drug data, to Medicare, who may release it for research and other purposes which follow all applicable federal statutes and regulations. My personal health information will be protected as required by federal and state laws.

Aetna Medicare Rx offered by SilverScript is a Medicare drug plan and is separate from and in addition to your coverage under Medicare Part A or Part B. Your enrollment in Aetna Medicare Rx offered by SilverScript doesn’t affect your coverage under Medicare Part A or Part B. You can be enrolled in only one Medicare prescription drug plan at a time. If you are currently in a Medicare prescription drug plan, your enrollment in Aetna Medicare Rx offered by SilverScript will end that enrollment. It is your responsibility to inform Aetna Medicare Rx offered by SilverScript of any prescription drug coverage that you have or may get in the future.

Once you are a member of Aetna Medicare Rx offered by SilverScript, you have the right to appeal Plan decisions about payment or services if you disagree. Read the *Evidence of Coverage* document from Aetna Medicare Rx offered by SilverScript when you receive it to know which rules you must follow to receive coverage with this Medicare prescription drug plan.

Keep in mind that if you leave the Aetna Medicare Rx offered by SilverScript plan and don’t have or get other Medicare prescription drug coverage or creditable coverage (as good as Medicare’s), you may have to pay a Part D late enrollment penalty in addition to your premium for Medicare prescription drug coverage in the future.

If you have any questions regarding enrollment in Aetna Medicare Rx offered by SilverScript, please feel free to contact Aetna Medicare Rx offered by SilverScript at 1-855-334-5057, 24 hours a day, 7 days a week. TTY users should call 711.