



P.O. Box 8738  
Dayton, OH 45401-8738

**2025**

**CareSource Dual Advantage™ (HMO D-SNP)**  
**Formulary**  
*(List of Covered Drugs)*

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

This formulary was updated on 12/01/2025.

For more recent information or other questions, please contact CareSource Dual Advantage Member Services at **1-833-230-2020** or TTY **1-833-711-4711 or 711**, 8 a.m. to 8 p.m. Monday through Friday, and from October 1 through March 31, the same hours seven days a week, or visit **CareSource.com/DSNP**.

Formulary ID: 00025340, Version #: 21

CareSource is an HMO D-SNP with a Medicare and state Medicaid contract. Enrollment in CareSource depends on contract renewal.

**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 CareSource. When it refers to “plan” or “our plan,” it means CareSource Dual Advantage™ (HMO D-SNP).

This document includes a Drug List (formulary) for our plan which is current as of 12/01/2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

## **What is the CareSource Dual Advantage 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 CareSource Dual Advantage 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. CareSource Dual Advantage will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a CareSource Dual Advantage network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

For a complete listing of all prescription drugs covered by CareSource Dual Advantage, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

## **Can the formulary change?**

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: [CareSource.com/plans/dsnp/pharmacy/drug-formulary/](https://www.caresource.com/plans/dsnp/pharmacy/drug-formulary/).

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

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

*This formulary was updated on 12/01/2025.*

biological product on our formulary, but immediately add new restrictions.

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

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the CareSource Dual Advantage’s 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 to 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 prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day 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 for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find

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information in the section below entitled “How do I request an exception to the CareSource Dual Advantage’s Formulary?”

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

The enclosed formulary is current as of 12/01/2025. To get updated information about the drugs covered by CareSource Dual Advantage please contact us. Our contact information appears on the front and back cover pages. Mid-year non-maintenance formulary changes occurring after the date the formulary was last updated will be distributed to you as notification by mail. We will update our formulary with the new information. The updated formulary will be posted on our website or can be obtained by calling us.

## **How do I use the Formulary?**

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

### **Medical Condition**

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

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 87. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## **What are generic drugs?**

CareSource Dual Advantage 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.

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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 5, 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:** CareSource Dual Advantage requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from CareSource Dual Advantage before you fill your prescriptions. If you don't get approval, CareSource Dual Advantage may not cover the drug.
- **Quantity Limits:** For certain drugs, CareSource Dual Advantage limits the amount of the drug that our plan will cover. For example, CareSource Dual Advantage provides 1 tablet per day per prescription for atorvastatin 40 mg tablets. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, CareSource Dual Advantage 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, CareSource Dual Advantage may not cover Drug B unless you try Drug A first. If Drug A does not work for you, CareSource Dual Advantage will then cover Drug B.

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

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You can ask CareSource Dual Advantage 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 CareSource Dual Advantage’s formulary?” on below for information about how to request an exception.

## **What if my drug is not on the Formulary?**

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

If you learn that CareSource Dual Advantage does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by CareSource Dual Advantage. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by CareSource Dual Advantage.
- You can ask CareSource Dual Advantage 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 CareSource Dual Advantage’s Formulary?**

You can ask CareSource Dual Advantage 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, CareSource Dual Advantage limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, CareSource Dual Advantage will only approve your request for an exception if the alternative drugs 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 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.

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## **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 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 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 your treatment setting or the place where you receive and take your medicine changes, we may cover a one-time temporary supply of your drugs up to a 31-day supply. These changes may include:

- Being discharged from a hospital to your home.
- Ending a skilled-nursing facility Medicare Part A stay where payments included all pharmacy charges and now you need to use your Part D plan.
- Changing from hospice status to go back to standard Medicare Part A and Part B coverage.
- Being discharged from chronic psychiatric hospitals with highly individualized drug regimens.
- Ending a long-term care (LTC) facility stay and returning to the community.

### **For more information**

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

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

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

## **Mail-Order Pharmacy**

You can get your eligible Medicare Part D drugs shipped to you through our mail-order pharmacy. We work with Express Scripts® to offer these services to you. You have the option to fill your drugs up to a 102-day supply. It normally takes up to 10 days from the time you place your order to receive your order. If your mail order is delayed, please call Express Scripts at 1-877-887-2891 to check on it. They are open 8 a.m. to 8 p.m. Eastern Standard Time (EST), Monday – Friday. You can also check online at [Express-Scripts.com](http://Express-Scripts.com). Just sign in and provide an order number, Rx number or member information. You can also sign up for automated mail-order delivery.

## **CareSource Dual Advantage Formulary**

The formulary below provides coverage information about the drugs covered by CareSource Dual Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 87.

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

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

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

## List of Abbreviations

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

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

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

**NDS:** NDS indicates that the drug is limited to 30 days' supply at retail or mail-order.

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

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

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

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

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Drug Name	Drug Tier	Requirements /Limits
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
<i>amphotericin b</i>	1	B/D PA; MO
<i>casprofungin</i>	1	
<i>clotrimazole mucous membrane</i>	1	MO
CRESEMBA ORAL	1	PA; NDS
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	1	PA; MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	1	PA
<i>fluconazole oral suspension for reconstitution</i>	1	MO
<i>fluconazole oral tablet</i>	1	MO
<i>flucytosine</i>	1	MO; NDS
<i>griseofulvin microsize</i>	1	MO
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	MO
<i>itraconazole oral capsule</i>	1	MO; QL (120 per 30 days)
<i>itraconazole oral solution</i>	1	MO
<i>ketoconazole oral</i>	1	MO
<i>micafungin</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>nystatin oral</i>	1	MO
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	1	PA; MO; QL (96 per 30 days); NDS
<i>terbinafine hcl oral</i>	1	MO
<i>voriconazole intravenous</i>	1	PA; MO; NDS
<i>voriconazole oral suspension for reconstitution</i>	1	PA; MO; NDS
<i>voriconazole oral tablet</i>	1	PA; MO
<i>voriconazole-hpbc</i>	1	PA; NDS
<b>ANTIVIRALS</b>		
<i>abacavir</i>	1	MO
<i>abacavir-lamivudine</i>	1	MO
<i>acyclovir oral capsule</i>	1	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	MO
<i>acyclovir oral suspension 200 mg/5 ml (5 ml)</i>	1	
<i>acyclovir oral tablet</i>	1	MO
<i>acyclovir sodium intravenous solution</i>	1	B/D PA; MO
<i>adefovir</i>	1	MO
<i>amantadine hcl oral capsule</i>	1	MO
<i>amantadine hcl oral solution</i>	1	MO
APTIVUS	1	MO; NDS
<i>atazanavir</i>	1	MO

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

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Drug Name	Drug Tier	Requirements /Limits
BARACLUDE ORAL SOLUTION	1	MO; NDS
BIKTARVY	1	MO; NDS
CABENUVA	1	MO; NDS
<i>cidofovir</i>	1	B/D PA; MO; NDS
CIMDUO	1	MO; NDS
COMPLERA	1	MO; NDS
<i>darunavir</i>	1	MO; NDS
DELSTRIGO	1	MO; NDS
DESCOVY	1	MO; NDS
DOVATO	1	MO; NDS
EDURANT	1	MO; NDS
EDURANT PED	1	MO; NDS
<i>efavirenz oral tablet</i>	1	MO
<i>efavirenz-emtricitabin-tenofov</i>	1	MO; NDS
<i>efavirenz-lamivu-tenofov disop</i>	1	MO; NDS
<i>emtricitabine</i>	1	MO
<i>emtricitabine-tenofov (tdf) oral tablet 100-150 mg</i>	1	MO; NDS
<i>emtricitabine-tenofov (tdf) oral tablet 133-200 mg, 167-250 mg, 200-300 mg</i>	1	MO
<i>emtricitabine-rilpivirine-tenofov</i>	1	MO; NDS
EMTRIVA ORAL SOLUTION	1	MO
<i>entecavir</i>	1	MO
<i>etravirine</i>	1	MO; NDS

Drug Name	Drug Tier	Requirements /Limits
EVOTAZ	1	MO; NDS
<i>famciclovir</i>	1	MO
<i>fosamprenavir</i>	1	MO
<i>ganciclovir sodium intravenous recon soln</i>	1	B/D PA; MO
<i>ganciclovir sodium intravenous solution</i>	1	B/D PA
GENVOYA	1	MO; NDS
INTELENCE ORAL TABLET 25 MG	1	MO
ISENTRESS HD	1	MO; NDS
ISENTRESS ORAL POWDER IN PACKET	1	MO; NDS
ISENTRESS ORAL TABLET	1	MO; NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	1	MO; NDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	1	MO
JULUCA	1	MO; NDS
KALETRA ORAL SOLUTION	1	MO
<i>lamivudine</i>	1	MO
<i>lamivudine-zidovudine</i>	1	MO
LEDIPASVIR-SOFOSBUVIR	1	PA; MO; QL (28 per 28 days); NDS
LIVTENCITY	1	PA; LA; QL (120 per 30 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
<i>lopinavir-ritonavir oral tablet</i>	1	MO
<i>maraviroc</i>	1	MO; NDS
MAVYRET ORAL PELLETS IN PACKET	1	PA; MO; QL (168 per 28 days); NDS
MAVYRET ORAL TABLET	1	PA; MO; QL (84 per 28 days); NDS
<i>nevirapine oral suspension</i>	1	
<i>nevirapine oral tablet</i>	1	MO
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	1	MO
NORVIR ORAL POWDER IN PACKET	1	MO
ODEFSEY	1	MO; NDS
<i>oseltamivir</i>	1	MO
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	1	QL (20 per 30 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	1	QL (11 per 30 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	QL (30 per 30 days)
PIFELTRO	1	MO; NDS
PREVYMIS INTRAVENOUS	1	PA; NDS

Drug Name	Drug Tier	Requirements /Limits
PREVYMIS ORAL TABLET	1	PA; MO; QL (30 per 30 days); NDS
PREZCOBIX ORAL TABLET 675-150 MG	1	NDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	1	MO; NDS
PREZISTA ORAL SUSPENSION	1	MO; NDS
PREZISTA ORAL TABLET 150 MG, 75 MG	1	MO
RELENZA DISKHALER	1	MO
RETROVIR INTRAVENOUS	1	MO
REYATAZ ORAL POWDER IN PACKET	1	MO; NDS
<i>ribavirin oral capsule</i>	1	MO
<i>ribavirin oral tablet 200 mg</i>	1	MO
<i>rimantadine</i>	1	MO
<i>ritonavir</i>	1	MO
RUKOBIA	1	MO; NDS
SELZENTRY ORAL SOLUTION	1	MO
SOFOSBUVIR-VELPATASVIR	1	PA; MO; QL (28 per 28 days); NDS
STRIBILD	1	MO; NDS
SUNLENCA	1	NDS
SYMITUZA	1	MO; NDS

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Drug Name	Drug Tier	Requirements /Limits
SYNAGIS	1	MO; LA; NDS
<i>tenofovir disoproxil fumarate</i>	1	MO
TIVICAY ORAL TABLET 50 MG	1	MO; NDS
TIVICAY PD	1	MO; NDS
TRIUMEQ	1	MO; NDS
TRIUMEQ PD	1	MO
TROGARZO	1	MO; LA; NDS
<i>valacyclovir oral tablet 1 gram</i>	1	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	1	MO; QL (60 per 30 days)
<i>valganciclovir oral recon soln</i>	1	MO; NDS
<i>valganciclovir oral tablet</i>	1	MO
VEMLIDY	1	MO; NDS
VIRACEPT ORAL TABLET	1	MO; NDS
VIREAD ORAL POWDER	1	MO; NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	MO
VOSEVI	1	PA; MO; QL (28 per 28 days); NDS
<i>zidovudine oral capsule</i>	1	MO
<i>zidovudine oral syrup</i>	1	MO
<i>zidovudine oral tablet</i>	1	MO
<b>CEPHALOSPORINS</b>		

Drug Name	Drug Tier	Requirements /Limits
<i>cefaclor oral capsule</i>	1	MO
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i>	1	
<i>cefadroxil oral capsule</i>	1	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	1	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 300 gram</i>	1	
<i>cefazolin intravenous recon soln 1 gram</i>	1	
<i>cefdinir oral capsule</i>	1	MO
<i>cefdinir oral suspension for reconstitution</i>	1	MO
<i>cefepime in dextrose, iso-osm</i>	1	
<i>cefepime injection</i>	1	MO
<i>cefixime</i>	1	MO
<i>cefoxitin in dextrose, iso-osm</i>	1	PA
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	1	PA; MO

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

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

Drug Name	Drug Tier	Requirements /Limits
<i>tazicef intravenous</i>	1	PA
TEFLARO	1	PA; MO; NDS
<b>ERYTHROMYCINS / OTHER MACROLIDES</b>		
<i>azithromycin intravenous</i>	1	PA; MO
<i>azithromycin oral packet</i>	1	MO
<i>azithromycin oral suspension for reconstitution</i>	1	MO
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	MO
<i>clarithromycin oral suspension for reconstitution</i>	1	MO
<i>clarithromycin oral tablet</i>	1	MO
<i>clarithromycin oral tablet extended release 24 hr</i>	1	MO
DIFICID ORAL TABLET	1	MO; QL (20 per 10 days); NDS
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin oral</i>	1	MO
<i>fidaxomicin</i>	1	QL (20 per 10 days); NDS
<b>MISCELLANEOUS ANTIINFECTIVES</b>		
<i>albendazole</i>	1	MO; NDS
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	PA; MO
ARIKAYCE	1	PA; LA; NDS
<i>atovaquone</i>	1	MO
<i>atovaquone-proguanil</i>	1	MO
<i>aztreonam</i>	1	PA; MO
CAYSTON	1	PA; MO; LA; QL (84 per 56 days); NDS
<i>chloramphenicol sod succinate</i>	1	
<i>chloroquine phosphate</i>	1	MO
<i>clindamycin hcl</i>	1	MO
<i>clindamycin in 5 % dextrose</i>	1	PA; MO
<i>clindamycin phosphate injection</i>	1	PA; MO
COARTEM	1	MO
<i>colistin (colistimethate na)</i>	1	PA; MO; QL (30 per 10 days); NDS
<i>dapsone oral</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	1	MO; NDS
<i>daptomycin intravenous recon soln 500 mg</i>	1	MO; NDS
EMVERM	1	MO; NDS
<i>ertapenem</i>	1	PA; MO; QL (14 per 14 days)
<i>ethambutol</i>	1	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	1	PA; MO
<i>gentamicin injection</i>	1	PA; MO
<i>gentamicin sulfate (ped) (pf)</i>	1	PA; MO
<i>hydroxychloroquine oral tablet 200 mg</i>	1	MO
<i>imipenem-cilastatin</i>	1	PA; MO
<i>isoniazid injection</i>	1	
<i>isoniazid oral solution</i>	1	MO
<i>isoniazid oral tablet</i>	1	MO
<i>ivermectin oral tablet 3 mg</i>	1	PA; MO; QL (20 per 30 days)
<i>ivermectin oral tablet 6 mg</i>	1	PA; QL (8 per 30 days)
<i>lincomycin</i>	1	PA
<i>linezolid in dextrose 5%</i>	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>linezolid oral suspension for reconstitution</i>	1	MO; NDS
<i>linezolid oral tablet</i>	1	MO
<i>linezolid-0.9% sodium chloride</i>	1	PA
<i>mefloquine</i>	1	MO
<i>meropenem intravenous recon soln 1 gram, 2 gram</i>	1	PA; QL (30 per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	1	PA; QL (10 per 10 days)
<i>metro i.v.</i>	1	PA; MO
<i>metronidazole in nacl (iso-os)</i>	1	PA; MO
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	MO
<i>neomycin</i>	1	MO
<i>nitazoxanide</i>	1	MO; QL (12 per 30 days); NDS
<i>pentamidine inhalation</i>	1	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine injection</i>	1	MO
<i>praziquantel</i>	1	MO
PRIFTIN	1	MO
PRIMAQUINE	1	MO
<i>pyrazinamide</i>	1	MO
<i>pyrimethamine</i>	1	PA; MO; NDS
<i>quinine sulfate</i>	1	MO
<i>rifabutin</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>rifampin intravenous</i>	1	MO
<i>rifampin oral</i>	1	MO
SIRTURO	1	PA; LA; NDS
STREPTOMYCIN	1	PA; MO; QL (60 per 30 days); NDS
<i>tigecycline</i>	1	PA; MO; NDS
<i>tinidazole</i>	1	MO
<i>tobramycin in 0.225 % nacl</i>	1	PA; MO; QL (280 per 28 days); NDS
<i>tobramycin inhalation</i>	1	PA; MO; QL (224 per 28 days); NDS
<i>tobramycin sulfate injection recon soln</i>	1	PA; QL (9 per 14 days)
<i>tobramycin sulfate injection solution</i>	1	PA; MO
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	1	PA; QL (4000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	1	PA; QL (1000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	1	PA; QL (4050 per 10 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>vancomycin intravenous recon soln 1,000 mg</i>	1	PA; MO; QL (20 per 10 days)
<i>vancomycin intravenous recon soln 10 gram</i>	1	PA; QL (2 per 10 days)
<i>vancomycin intravenous recon soln 5 gram</i>	1	PA; QL (4 per 10 days)
<i>vancomycin intravenous recon soln 500 mg</i>	1	PA; MO; QL (10 per 10 days)
<i>vancomycin intravenous recon soln 750 mg</i>	1	PA; MO; QL (27 per 10 days)
<i>vancomycin oral capsule 125 mg</i>	1	PA; MO; QL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	1	PA; MO; QL (80 per 10 days)
XIFAXAN ORAL TABLET 200 MG	1	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	1	PA; MO; QL (90 per 30 days); NDS
<b>PENICILLINS</b>		
<i>amoxicillin oral capsule</i>	1	MO
<i>amoxicillin oral suspension for reconstitution</i>	1	MO
<i>amoxicillin oral tablet</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	MO
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	1	PA; MO
<i>ampicillin sodium intravenous</i>	1	PA
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	1	PA; MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	1	PA
<i>ampicillin-sulbactam intravenous</i>	1	PA
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	1	MO
BICILLIN L-A	1	PA

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Drug Name	Drug Tier	Requirements /Limits
<i>dicloxacillin</i>	1	MO
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	1	PA
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	1	PA; MO
<i>nafcillin injection recon soln 10 gram</i>	1	PA; NDS
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	1	PA
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	1	PA
<i>oxacillin injection recon soln 2 gram</i>	1	PA; MO
<i>penicillin g potassium</i>	1	PA; MO
<i>penicillin g sodium</i>	1	PA; MO
<i>penicillin v potassium</i>	1	MO
<i>pfizerpen-g</i>	1	PA
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 40.5 gram</i>	1	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	1	MO

## QUINOLONES

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This drug list was last updated on 11/13/2025.

Drug Name	Drug Tier	Requirements /Limits
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	MO
<i>ciprofloxacin in 5 % dextrose</i>	1	PA; MO
<i>ciprofloxacin oral suspension, microcapsule recon 500 mg/5 ml</i>	1	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	1	PA
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	1	PA; MO
<i>levofloxacin intravenous</i>	1	PA
<i>levofloxacin oral solution</i>	1	MO
<i>levofloxacin oral tablet</i>	1	MO
<i>moxifloxacin oral</i>	1	MO
<i>moxifloxacin-sod.chloride(iso)</i>	1	PA; MO
<b>SULFA'S / RELATED AGENTS</b>		
<i>sulfadiazine</i>	1	MO
<i>sulfamethoxazole-trimethoprim intravenous</i>	1	PA; MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO
<b>TETRACYCLINES</b>		
<i>doxy-100</i>	1	PA; MO
<i>doxycycline hyclate intravenous</i>	1	PA
<i>doxycycline hyclate oral capsule</i>	1	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	1	MO
<i>minocycline oral capsule</i>	1	MO
<i>minocycline oral tablet</i>	1	MO
<i>mondoxyne nl oral capsule 100 mg</i>	1	
<i>tetracycline oral capsule</i>	1	MO
<b>URINARY TRACT AGENTS</b>		
<i>methenamine hippurate</i>	1	MO
<i>methenamine mandelate</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	MO
<i>nitrofurantoin monohyd/m-cryst</i>	1	MO
<i>trimethoprim</i>	1	MO
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<b>ADJUNCTIVE AGENTS</b>		
BOMYNTRA	1	B/D PA; MO; NDS
<i>dexrazoxane hcl</i>	1	B/D PA; MO; NDS
ELITEK	1	MO; NDS
KHAPZORY INTRAVENOUS RECON SOLN 175 MG	1	B/D PA; NDS
<i>leucovorin calcium oral</i>	1	MO
<i>levoleucovorin calcium intravenous recon soln</i>	1	B/D PA; MO; NDS
<i>levoleucovorin calcium intravenous solution</i>	1	B/D PA; NDS
<i>mesna intravenous</i>	1	B/D PA; MO
<i>mesna oral</i>	1	MO; NDS
MESNEX ORAL	1	MO; NDS
WYOST	1	B/D PA; MO; NDS
XGEVA	1	B/D PA; MO; NDS

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Drug Name	Drug Tier	Requirements /Limits
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<i>abiraterone oral tablet 250 mg</i>	1	PA; MO; QL (120 per 30 days); NDS
<i>abiraterone oral tablet 500 mg</i>	1	PA; MO; QL (60 per 30 days); NDS
<i>abirtega</i>	1	PA; QL (120 per 30 days)
ABRAXANE	1	B/D PA; MO; NDS
ADCETRIS	1	B/D PA; MO; NDS
ADSTILADRIN	1	PA; NDS
AKEEGA	1	PA; LA; QL (60 per 30 days); NDS
ALECENSA	1	PA; MO; QL (240 per 30 days); NDS
ALIQOPA	1	B/D PA; LA; NDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	1	PA; QL (30 per 30 days); NDS
ALUNBRIG ORAL TABLET 30 MG	1	PA; QL (60 per 30 days); NDS
ALUNBRIG ORAL TABLETS,DOSE PACK	1	PA; QL (30 per 180 days); NDS
<i>anastrozole</i>	1	MO
ANKTIVA	1	PA; MO; NDS
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	1	B/D PA; NDS

Drug Name	Drug Tier	Requirements /Limits
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	1	B/D PA; MO; NDS
ASPARLAS	1	PA; NDS
AUGTYRO ORAL CAPSULE 160 MG	1	PA; QL (60 per 30 days); NDS
AUGTYRO ORAL CAPSULE 40 MG	1	PA; QL (240 per 30 days); NDS
AVMAPKI-FAKZYNJA	1	PA; QL (66 per 28 days); NDS
AYVAKIT	1	PA; LA; QL (30 per 30 days); NDS
<i>azacitidine</i>	1	B/D PA; MO; NDS
<i>azathioprine oral tablet 50 mg</i>	1	B/D PA; MO
<i>azathioprine sodium</i>	1	B/D PA; MO
BALVERSA	1	PA; LA; NDS
BAVENCIO	1	B/D PA; LA; NDS
BELEODAQ	1	B/D PA; NDS
<i>bendamustine intravenous recon soln</i>	1	B/D PA; MO; NDS
BENDEKA	1	B/D PA; MO; NDS
BESPONSА	1	B/D PA; MO; LA; NDS
<i>bexarotene</i>	1	PA; MO; NDS
<i>bicalutamide</i>	1	MO
BIZENGRI	1	PA; NDS

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Drug Name	Drug Tier	Requirements /Limits
BLNREP INTRAVENOUS RECON SOLN 70 MG	1	PA; NDS
<i>bleomycin</i>	1	B/D PA; MO
BLINCYTO INTRAVENOUS KIT	1	B/D PA; NDS
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	1	B/D PA; NDS
<i>bortezomib injection recon soln 3.5 mg</i>	1	B/D PA; MO; NDS
BOSULIF ORAL CAPSULE 100 MG	1	PA; MO; QL (180 per 30 days); NDS
BOSULIF ORAL CAPSULE 50 MG	1	PA; MO; QL (330 per 30 days); NDS
BOSULIF ORAL TABLET 100 MG	1	PA; MO; QL (90 per 30 days); NDS
BOSULIF ORAL TABLET 400 MG, 500 MG	1	PA; MO; QL (30 per 30 days); NDS
BRAFTOVI	1	PA; MO; LA; QL (180 per 30 days); NDS
BRUKINSA ORAL CAPSULE	1	PA; LA; QL (120 per 30 days); NDS
BRUKINSA ORAL TABLET	1	PA; LA; QL (60 per 30 days); NDS
<i>busulfan</i>	1	B/D PA; NDS

Drug Name	Drug Tier	Requirements /Limits
CABOMETYX	1	PA; MO; LA; QL (30 per 30 days); NDS
CALQUENCE (ACALABRUTINIB MAL)	1	PA; LA; QL (60 per 30 days); NDS
CAPRELSA ORAL TABLET 100 MG	1	PA; LA; QL (60 per 30 days); NDS
CAPRELSA ORAL TABLET 300 MG	1	PA; LA; QL (30 per 30 days); NDS
<i>carboplatin intravenous solution</i>	1	B/D PA; MO
<i>carmustine intravenous recon soln 100 mg</i>	1	B/D PA; MO; NDS
<i>cisplatin intravenous solution</i>	1	B/D PA; MO
<i>cladribine</i>	1	B/D PA; MO; NDS
<i>clofarabine</i>	1	B/D PA; NDS
COLUMVI	1	PA; MO; NDS
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	1	PA; MO; QL (56 per 28 days); NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	1	PA; MO; QL (112 per 28 days); NDS
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	1	PA; MO; QL (84 per 28 days); NDS
COPIKTRA	1	PA; LA; QL (60 per 30 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
COTELLIC	1	PA; MO; LA; QL (63 per 28 days); NDS
<i>cyclophosphamide intravenous recon soln</i>	1	B/D PA; MO
<i>cyclophosphamide oral capsule</i>	1	B/D PA; MO
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG	1	B/D PA
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	1	B/D PA; MO
<i>cyclosporine modified oral capsule</i>	1	B/D PA; MO
<i>cyclosporine modified oral solution</i>	1	B/D PA
<i>cyclosporine oral capsule</i>	1	B/D PA; MO
CYRAMZA	1	B/D PA; MO; NDS
<i>cytarabine</i>	1	B/D PA; MO
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	1	B/D PA; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	1	B/D PA
<i>dacarbazine</i>	1	B/D PA; MO
<i>dactinomycin</i>	1	B/D PA; MO
DANYELZA	1	B/D PA; NDS

Drug Name	Drug Tier	Requirements /Limits
DANZITEN	1	PA; QL (112 per 28 days); NDS
DARZALEX	1	B/D PA; MO; LA; NDS
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg</i>	1	PA; MO; QL (30 per 30 days); NDS
<i>dasatinib oral tablet 20 mg</i>	1	PA; MO; QL (90 per 30 days); NDS
<i>dasatinib oral tablet 70 mg</i>	1	PA; MO; QL (60 per 30 days); NDS
DATROWAY	1	PA; MO; NDS
<i>daunorubicin</i>	1	B/D PA
DAURISMO ORAL TABLET 100 MG	1	PA; MO; QL (30 per 30 days); NDS
DAURISMO ORAL TABLET 25 MG	1	PA; MO; QL (60 per 30 days); NDS
<i>decitabine</i>	1	B/D PA; MO; NDS
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/8 ml (10 mg/ml)</i>	1	B/D PA; NDS
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/4 ml (20 mg/ml)</i>	1	B/D PA; MO; NDS

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Drug Name	Drug Tier	Requirements /Limits
<i>doxorubicin intravenous recon soln</i>	1	B/D PA; MO
<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	1	B/D PA; MO
<i>doxorubicin intravenous solution 2 mg/ml</i>	1	B/D PA
<i>doxorubicin, peg-liposomal</i>	1	B/D PA; MO; NDS
DROXIA	1	MO
ELAHERE	1	PA; LA; NDS
ELIGARD	1	PA; MO
ELIGARD (3 MONTH)	1	PA; MO
ELIGARD (4 MONTH)	1	PA; MO
ELIGARD (6 MONTH)	1	PA; MO
ELREXFIO	1	PA; NDS
ELZONRIS	1	B/D PA; LA; NDS
EMPLICITI	1	B/D PA; MO; NDS
EMRELIS	1	PA; NDS
ENVARUSUS XR	1	B/D PA; MO
<i>epirubicin intravenous solution 200 mg/100 ml</i>	1	B/D PA
EPKINLY	1	PA; NDS
ERBITUX	1	B/D PA; MO; NDS
<i>eribulin</i>	1	B/D PA; NDS

Drug Name	Drug Tier	Requirements /Limits
ERIVEDGE	1	PA; MO; QL (30 per 30 days); NDS
ERLEADA ORAL TABLET 240 MG	1	PA; MO; QL (30 per 30 days); NDS
ERLEADA ORAL TABLET 60 MG	1	PA; MO; QL (120 per 30 days); NDS
<i>erlotinib oral tablet 100 mg, 150 mg</i>	1	PA; MO; QL (30 per 30 days); NDS
<i>erlotinib oral tablet 25 mg</i>	1	PA; MO; QL (60 per 30 days); NDS
ERWINASE	1	B/D PA; NDS
ETOPOPHOS	1	B/D PA; MO
<i>etoposide intravenous</i>	1	B/D PA; MO
EULEXIN	1	NDS
<i>everolimus (antineoplastic) oral tablet</i>	1	PA; MO; QL (30 per 30 days); NDS
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	1	PA; MO; QL (330 per 30 days); NDS
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	1	PA; MO; QL (240 per 30 days); NDS
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	1	PA; MO; QL (180 per 30 days); NDS
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>everolimus</i> ( <i>immunosuppressive</i> ) oral tablet 0.5 mg, 0.75 mg, 1 mg	1	B/D PA; MO; NDS
<i>exemestane</i>	1	MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	1	PA; MO; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	1	PA; MO
<i>floxuridine</i>	1	B/D PA
<i>fludarabine intravenous recon soln</i>	1	B/D PA; MO
<i>fludarabine intravenous solution</i>	1	B/D PA
<i>fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml</i>	1	B/D PA; MO
<i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i>	1	B/D PA
FOTIVDA	1	PA; LA; QL (21 per 28 days); NDS
FRUZAQLA ORAL CAPSULE 1 MG	1	PA; QL (84 per 28 days); NDS

Drug Name	Drug Tier	Requirements /Limits
FRUZAQLA ORAL CAPSULE 5 MG	1	PA; QL (21 per 28 days); NDS
<i>fulvestrant</i>	1	B/D PA; MO; NDS
FYARRO	1	PA; NDS
GAVRETO	1	PA; LA; QL (120 per 30 days); NDS
GAZYVA	1	B/D PA; MO; NDS
<i>gefitinib</i>	1	PA; MO; QL (30 per 30 days); NDS
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	1	B/D PA; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	1	B/D PA
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	1	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	1	B/D PA
<i>gengraf</i>	1	B/D PA; MO
GILOTRIF	1	PA; MO; QL (30 per 30 days); NDS
GLEOSTINE ORAL CAPSULE 10 MG	1	MO

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This drug list was last updated on 11/13/2025.

Drug Name	Drug Tier	Requirements /Limits
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG	1	MO; NDS
GOMEKLI ORAL CAPSULE 1 MG	1	PA; QL (126 per 28 days); NDS
GOMEKLI ORAL CAPSULE 2 MG	1	PA; QL (84 per 28 days); NDS
GOMEKLI ORAL TABLET FOR SUSPENSION	1	PA; QL (168 per 28 days); NDS
GRAFAPEX	1	B/D PA; NDS
HERNEXEOS	1	PA; MO; QL (90 per 30 days); NDS
<i>hydroxyurea</i>	1	MO
IBRANCE	1	PA; MO; QL (21 per 28 days); NDS
IBTROZI	1	PA; QL (90 per 30 days); NDS
ICLUSIG	1	PA; QL (30 per 30 days); NDS
<i>idarubicin</i>	1	B/D PA; MO
IDHIFA	1	PA; MO; LA; QL (30 per 30 days); NDS
<i>ifosfamide intravenous recon soln</i>	1	B/D PA; MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	1	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	1	B/D PA
<i>imatinib oral tablet 100 mg</i>	1	PA; MO; QL (180 per 30 days); NDS
<i>imatinib oral tablet 400 mg</i>	1	PA; MO; QL (60 per 30 days); NDS
IMBRUVICA ORAL CAPSULE 140 MG	1	PA; QL (120 per 30 days); NDS
IMBRUVICA ORAL CAPSULE 70 MG	1	PA; QL (30 per 30 days); NDS
IMBRUVICA ORAL SUSPENSION	1	PA; QL (324 per 30 days); NDS
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	1	PA; QL (30 per 30 days); NDS
IMDELLTRA	1	PA; MO; NDS
IMFINZI	1	B/D PA; MO; LA; NDS
IMJUDO	1	PA; MO; NDS
IMKELDI	1	PA; MO; QL (280 per 28 days); NDS
INLYTA ORAL TABLET 1 MG	1	PA; MO; QL (180 per 30 days); NDS
INLYTA ORAL TABLET 5 MG	1	PA; MO; QL (120 per 30 days); NDS
INQOVI	1	PA; MO; QL (5 per 28 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
INREBIC	1	PA; MO; LA; QL (120 per 30 days); NDS
<i>irinotecan intravenous solution 100 mg/5 ml</i>	1	B/D PA; MO
<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	1	B/D PA; NDS
<i>irinotecan intravenous solution 40 mg/2 ml</i>	1	B/D PA; MO; NDS
ISTODAX	1	B/D PA; MO; NDS
ITOVEBI ORAL TABLET 3 MG	1	PA; MO; QL (60 per 30 days); NDS
ITOVEBI ORAL TABLET 9 MG	1	PA; MO; QL (30 per 30 days); NDS
IWILFIN	1	PA; LA; QL (240 per 30 days); NDS
IXEMPRA	1	B/D PA; MO; NDS
JAKAFI	1	PA; MO; QL (60 per 30 days); NDS
JAYPIRCA ORAL TABLET 100 MG	1	PA; MO; QL (60 per 30 days); NDS
JAYPIRCA ORAL TABLET 50 MG	1	PA; MO; QL (30 per 30 days); NDS
JEMPERLI	1	PA; MO; NDS
JEVTANA	1	B/D PA; MO; NDS

Drug Name	Drug Tier	Requirements /Limits
JYLAMVO	1	B/D PA; MO
KADCYLA	1	PA; MO; NDS
KEYTRUDA	1	PA; MO; NDS
KIMMTRAK	1	B/D PA; NDS
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	1	PA; QL (70 per 28 days); NDS
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	1	PA; QL (91 per 28 days); NDS
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA; MO; QL (21 per 28 days); NDS
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	1	PA; MO; QL (42 per 28 days); NDS
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	1	PA; MO; QL (63 per 28 days); NDS
KOSELUGO ORAL CAPSULE	1	PA; NDS
KRAZATI	1	PA; QL (180 per 30 days); NDS
KYPROLIS	1	B/D PA; NDS
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	1	PA; MO; NDS

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Drug Name	Drug Tier	Requirements /Limits
<i>lapatinib</i>	1	PA; MO; QL (180 per 30 days); NDS
LAZCLUZE ORAL TABLET 240 MG	1	PA; LA; QL (30 per 30 days); NDS
LAZCLUZE ORAL TABLET 80 MG	1	PA; LA; QL (60 per 30 days); NDS
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	1	PA; MO; QL (28 per 28 days); NDS
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	1	PA; QL (28 per 28 days); NDS
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	1	PA; MO; QL (30 per 30 days); NDS
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	1	PA; MO; QL (90 per 30 days); NDS
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	1	PA; MO; QL (60 per 30 days); NDS
<i>letrozole</i>	1	MO
LEUKERAN	1	MO; NDS
<i>leuprolide subcutaneous kit</i>	1	PA; MO
LIBTAYO	1	PA; LA; NDS

Drug Name	Drug Tier	Requirements /Limits
LONSURF	1	PA; MO; NDS
LOQTORZI	1	PA; MO; NDS
LORBRENA ORAL TABLET 100 MG	1	PA; MO; QL (30 per 30 days); NDS
LORBRENA ORAL TABLET 25 MG	1	PA; MO; QL (90 per 30 days); NDS
LUMAKRAS ORAL TABLET 120 MG	1	PA; MO; QL (240 per 30 days); NDS
LUMAKRAS ORAL TABLET 240 MG	1	PA; MO; QL (120 per 30 days); NDS
LUMAKRAS ORAL TABLET 320 MG	1	PA; MO; QL (90 per 30 days); NDS
LUNSUMIO	1	PA; MO; NDS
LUPRON DEPOT	1	PA; MO; NDS
LYNOZYFIC	1	PA; NDS
LYNPARZA	1	PA; MO; QL (120 per 30 days); NDS
LYSODREN	1	NDS
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	1	PA; LA; QL (84 per 28 days); NDS
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	1	PA; LA; QL (112 per 28 days); NDS
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	1	PA; LA; QL (140 per 28 days); NDS
MATULANE	1	NDS

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Drug Name	Drug Tier	Requirements /Limits
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	1	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	1	PA; MO
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	1	PA; MO
<i>megestrol oral tablet</i>	1	PA; MO
MEKINIST ORAL RECON SOLN	1	PA; MO; QL (1260 per 30 days); NDS
MEKINIST ORAL TABLET 0.5 MG	1	PA; MO; QL (90 per 30 days); NDS
MEKINIST ORAL TABLET 2 MG	1	PA; MO; QL (30 per 30 days); NDS
MEKTOVI	1	PA; MO; LA; QL (180 per 30 days); NDS
<i>melphalan hcl</i>	1	B/D PA; NDS
<i>mercaptopurine oral suspension</i>	1	MO; NDS
<i>mercaptopurine oral tablet</i>	1	MO
<i>methotrexate sodium</i>	1	B/D PA; MO
<i>methotrexate sodium (pf) injection recon soln</i>	1	B/D PA
<i>methotrexate sodium (pf) injection solution</i>	1	B/D PA; MO
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	1	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>mitomycin intravenous recon soln 40 mg</i>	1	B/D PA; MO; NDS
<i>mitoxantrone</i>	1	B/D PA; MO
MODEYSO	1	PA; QL (20 per 28 days); NDS
MONJUVI	1	PA; LA; NDS
<i>mycophenolate mofetil (hcl)</i>	1	B/D PA; MO
<i>mycophenolate mofetil oral capsule</i>	1	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	1	B/D PA; MO; NDS
<i>mycophenolate mofetil oral tablet</i>	1	B/D PA; MO
<i>mycophenolate sodium</i>	1	B/D PA; MO
MYHIBBIN	1	B/D PA; MO; NDS
MYLOTARG	1	B/D PA; MO; LA; NDS
<i>nelarabine</i>	1	B/D PA; MO; NDS
NERLYNX	1	PA; MO; LA; NDS
<i>nilotinib hcl oral capsule 150 mg, 200 mg</i>	1	PA; MO; QL (112 per 28 days); NDS
<i>nilotinib hcl oral capsule 50 mg</i>	1	PA; MO; QL (120 per 30 days); NDS
<i>nilutamide</i>	1	PA; MO; NDS

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Drug Name	Drug Tier	Requirements /Limits
NINLARO	1	PA; MO; QL (3 per 28 days); NDS
NUBEQA	1	PA; MO; LA; QL (120 per 30 days); NDS
NULOJIX	1	B/D PA; MO; NDS
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	1	PA; MO; NDS
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	1	PA; MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	1	PA; MO
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	1	PA; MO; NDS
<i>octreotide, microspheres</i>	1	PA; NDS
ODOMZO	1	PA; MO; LA; QL (30 per 30 days); NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	1	PA; QL (56 per 28 days); NDS
OGSIVEO ORAL TABLET 50 MG	1	PA; QL (180 per 30 days); NDS
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	1	PA; QL (96 per 28 days); NDS

Drug Name	Drug Tier	Requirements /Limits
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	1	PA; QL (16 per 28 days); NDS
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	1	PA; QL (20 per 28 days); NDS
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	1	PA; QL (24 per 28 days); NDS
OJJAARA	1	PA; QL (30 per 30 days); NDS
ONCASPAR	1	B/D PA; NDS
ONIVYDE	1	B/D PA; NDS
ONUREG	1	PA; MO; QL (14 per 28 days); NDS
OPDIVO	1	PA; MO; NDS
OPDIVO QVANTIG	1	PA; MO; NDS
OPDUALAG	1	PA; MO; NDS
ORGOVYX	1	PA; LA; QL (30 per 28 days); NDS
ORSERDU ORAL TABLET 345 MG	1	PA; QL (30 per 30 days); NDS
ORSERDU ORAL TABLET 86 MG	1	PA; QL (90 per 30 days); NDS
<i>oxaliplatin intravenous reconstruction solution 100 mg</i>	1	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
<i>oxaliplatin intravenous recon soln 50 mg</i>	1	B/D PA; MO
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	1	B/D PA; MO
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	1	B/D PA
<i>paclitaxel</i>	1	B/D PA; MO
<i>paclitaxel protein-bound</i>	1	B/D PA; MO; NDS
PADCEV	1	PA; MO; NDS
<i>pazopanib oral tablet 200 mg</i>	1	PA; MO; QL (120 per 30 days); NDS
PEMAZYRE	1	PA; LA; QL (28 per 28 days); NDS
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg</i>	1	B/D PA; MO; NDS
<i>pemetrexed disodium intravenous recon soln 100 mg</i>	1	B/D PA; MO
<i>pemetrexed disodium intravenous recon soln 750 mg</i>	1	B/D PA; NDS
PERJETA	1	B/D PA; MO; NDS

Drug Name	Drug Tier	Requirements /Limits
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA; QL (28 per 28 days); NDS
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	1	PA; QL (56 per 28 days); NDS
POLIVY	1	PA; MO; NDS
POMALYST	1	PA; MO; LA; QL (21 per 28 days); NDS
POTELIGEO	1	PA; NDS
PRALATREXATE	1	B/D PA; MO; NDS
PROGRAF INTRAVENOUS	1	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET	1	B/D PA; MO
PURIXAN	1	NDS
QINLOCK	1	PA; LA; QL (90 per 30 days); NDS
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	1	PA; MO; LA; QL (60 per 30 days); NDS
RETEVMO ORAL TABLET 40 MG	1	PA; MO; LA; QL (90 per 30 days); NDS
REVLIMID	1	PA; MO; LA; QL (28 per 28 days); NDS
REVUFORJ ORAL TABLET 110 MG	1	PA; QL (120 per 30 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
REVUFORJ ORAL TABLET 160 MG	1	PA; QL (60 per 30 days); NDS
REVUFORJ ORAL TABLET 25 MG	1	PA; QL (240 per 30 days); NDS
REZLIDHIA	1	PA; QL (60 per 30 days); NDS
REZUROCK	1	PA; LA; QL (30 per 30 days); NDS
<i>romidepsin intravenous recon soln</i>	1	B/D PA; NDS
ROMVIMZA	1	PA; LA; QL (8 per 28 days); NDS
ROZLYTREK ORAL CAPSULE 100 MG	1	PA; MO; QL (150 per 30 days); NDS
ROZLYTREK ORAL CAPSULE 200 MG	1	PA; MO; QL (90 per 30 days); NDS
ROZLYTREK ORAL PELLETS IN PACKET	1	PA; MO; QL (336 per 28 days); NDS
RUBRACA	1	PA; MO; LA; QL (120 per 30 days); NDS
RUXIENCE	1	PA; MO; NDS
RYBREVANT	1	PA; MO; NDS
RYDAPT	1	PA; MO; QL (224 per 28 days); NDS
RYLAZE	1	B/D PA; NDS
RYTELO	1	PA; NDS

Drug Name	Drug Tier	Requirements /Limits
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON	1	PA; MO; NDS
SARCLISA	1	PA; LA; NDS
SCEMBLIX ORAL TABLET 100 MG	1	PA; QL (120 per 30 days); NDS
SCEMBLIX ORAL TABLET 20 MG	1	PA; QL (600 per 30 days); NDS
SCEMBLIX ORAL TABLET 40 MG	1	PA; QL (300 per 30 days); NDS
SIGNIFOR	1	PA; NDS
SIMULECT	1	B/D PA; MO
<i>sirolimus oral solution</i>	1	B/D PA; MO; NDS
<i>sirolimus oral tablet</i>	1	B/D PA; MO
SOLTAMOX	1	MO; NDS
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML	1	PA; MO; NDS
<i>sorafenib</i>	1	PA; MO; QL (120 per 30 days); NDS
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	1	PA; MO; QL (30 per 30 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
SPRYCEL ORAL TABLET 20 MG	1	PA; MO; QL (90 per 30 days); NDS
SPRYCEL ORAL TABLET 70 MG	1	PA; MO; QL (60 per 30 days); NDS
STIVARGA	1	PA; MO; QL (84 per 28 days); NDS
<i>sunitinib malate</i>	1	PA; MO; QL (30 per 30 days); NDS
SYLVANT	1	B/D PA; MO; NDS
TABLOID	1	MO
TABRECTA	1	PA; MO; NDS
<i>tacrolimus oral capsule</i>	1	B/D PA; MO
TAFINLAR ORAL CAPSULE	1	PA; MO; QL (120 per 30 days); NDS
TAFINLAR ORAL TABLET FOR SUSPENSION	1	PA; MO; QL (840 per 28 days); NDS
TAGRISSO	1	PA; MO; LA; QL (30 per 30 days); NDS
TALVEY	1	PA; NDS
TALZENNA	1	PA; MO; QL (30 per 30 days); NDS
<i>tamoxifen</i>	1	MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	1	PA; MO; QL (112 per 28 days); NDS

Drug Name	Drug Tier	Requirements /Limits
TASIGNA ORAL CAPSULE 50 MG	1	PA; MO; QL (120 per 30 days); NDS
TAZVERIK	1	PA; LA; NDS
TECENTRIQ	1	B/D PA; MO; LA; NDS
TECENTRIQ HYBREZA	1	B/D PA; MO; LA; NDS
TECVAYLI	1	PA; NDS
TEMODAR INTRAVENOUS	1	B/D PA; MO; NDS
<i>temsirolimus</i>	1	B/D PA; MO; NDS
TEPMETKO	1	PA; LA; NDS
TEVIMBRA	1	PA; NDS
THALOMID ORAL CAPSULE 100 MG	1	PA; MO; QL (112 per 28 days); NDS
THALOMID ORAL CAPSULE 50 MG	1	PA; MO; QL (28 per 28 days); NDS
<i>thiotepa injection recon soln 100 mg</i>	1	B/D PA; NDS
<i>thiotepa injection recon soln 15 mg</i>	1	B/D PA; MO; NDS
TIBSOVO	1	PA; NDS
TIVDAK	1	PA; MO; NDS
<i>topotecan</i>	1	B/D PA; MO; NDS
<i>toremifene</i>	1	MO; NDS
<i>torpenz</i>	1	PA; QL (30 per 30 days); NDS
TRAZIMERA	1	B/D PA; MO; NDS

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Drug Name	Drug Tier	Requirements /Limits
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	1	PA; MO
<i>tretinoin (antineoplastic)</i>	1	MO; NDS
TRODELVY	1	PA; LA; NDS
TRUQAP	1	PA; QL (64 per 28 days); NDS
TUKYSA ORAL TABLET 150 MG	1	PA; LA; QL (120 per 30 days); NDS
TUKYSA ORAL TABLET 50 MG	1	PA; LA; QL (300 per 30 days); NDS
TURALIO ORAL CAPSULE 125 MG	1	PA; LA; QL (120 per 30 days); NDS
UNITUXIN	1	B/D PA; NDS
<i>valrubicin</i>	1	B/D PA; MO; NDS
VANFLYTA	1	PA; QL (56 per 28 days); NDS
VECTIBIX	1	B/D PA; MO; NDS
VENCLEXTA ORAL TABLET 10 MG	1	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	1	PA; LA; QL (180 per 30 days); NDS
VENCLEXTA ORAL TABLET 50 MG	1	PA; LA; QL (30 per 30 days); NDS

Drug Name	Drug Tier	Requirements /Limits
VENCLEXTA STARTING PACK	1	PA; LA; QL (42 per 180 days); NDS
VERZENIO	1	PA; MO; LA; QL (60 per 30 days); NDS
<i>vinblastine</i>	1	B/D PA; MO
<i>vincristine</i>	1	B/D PA; MO
<i>vinorelbine</i>	1	B/D PA; MO
VITRAKVI ORAL CAPSULE 100 MG	1	PA; MO; LA; QL (60 per 30 days); NDS
VITRAKVI ORAL CAPSULE 25 MG	1	PA; MO; LA; QL (180 per 30 days); NDS
VITRAKVI ORAL SOLUTION	1	PA; MO; LA; QL (300 per 30 days); NDS
VIZIMPRO	1	PA; MO; QL (30 per 30 days); NDS
VONJO	1	PA; QL (120 per 30 days); NDS
VORANIGO ORAL TABLET 10 MG	1	PA; QL (60 per 30 days); NDS
VORANIGO ORAL TABLET 40 MG	1	PA; QL (30 per 30 days); NDS
VYLOY INTRAVENOUS RECON SOLN 100 MG	1	PA; LA; NDS
VYLOY INTRAVENOUS RECON SOLN 300 MG	1	PA; NDS

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Drug Name	Drug Tier	Requirements /Limits
VYXEOS	1	B/D PA; NDS
WELIREG	1	PA; LA; NDS
XALKORI ORAL CAPSULE	1	PA; MO; QL (60 per 30 days); NDS
XALKORI ORAL PELLETT 150 MG	1	PA; MO; QL (180 per 30 days); NDS
XALKORI ORAL PELLETT 20 MG, 50 MG	1	PA; MO; QL (120 per 30 days); NDS
XERMELO	1	PA; LA; QL (84 per 28 days); NDS
XOSPATA	1	PA; LA; QL (90 per 30 days); NDS
XPOVIO	1	PA; LA; NDS
XTANDI ORAL CAPSULE	1	PA; MO; QL (120 per 30 days); NDS
XTANDI ORAL TABLET 40 MG	1	PA; MO; QL (120 per 30 days); NDS
XTANDI ORAL TABLET 80 MG	1	PA; MO; QL (60 per 30 days); NDS
YERVOY	1	B/D PA; MO; NDS
YONDELIS	1	B/D PA; NDS
ZALTRAP	1	B/D PA; MO; NDS
ZANOSAR	1	B/D PA; MO
ZEJULA ORAL TABLET	1	PA; MO; LA; QL (30 per 30 days); NDS

Drug Name	Drug Tier	Requirements /Limits
ZELBORAF	1	PA; MO; QL (224 per 28 days); NDS
ZEPZELCA	1	PA; NDS
ZIIHERA	1	PA; NDS
ZIRABEV	1	B/D PA; MO; NDS
ZOLADEX	1	PA; MO
ZOLINZA	1	PA; MO; QL (120 per 30 days); NDS
ZYDELIG	1	PA; MO; QL (60 per 30 days); NDS
ZYKADIA	1	PA; MO; QL (90 per 30 days); NDS
ZYNLONTA	1	PA; LA; NDS
ZYNYZ	1	PA; MO; NDS

## AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

### ANTICONVULSANTS

APTIOM ORAL TABLET 200 MG	1	MO; QL (180 per 30 days); NDS
APTIOM ORAL TABLET 400 MG	1	MO; QL (90 per 30 days); NDS
APTIOM ORAL TABLET 600 MG, 800 MG	1	MO; QL (60 per 30 days); NDS
BRIVIACT INTRAVENOUS	1	MO; QL (600 per 30 days)
BRIVIACT ORAL SOLUTION	1	MO; QL (600 per 30 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
BRIVIACT ORAL TABLET	1	MO; QL (60 per 30 days); NDS
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	MO
<i>carbamazepine oral suspension 100 mg/5 ml (5 ml), 200 mg/10 ml</i>	1	
<i>carbamazepine oral tablet</i>	1	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	1	MO
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	MO
<i>clobazam oral suspension</i>	1	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet</i>	1	PA; MO; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	MO; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	1	MO; QL (300 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
DIACOMIT	1	PA; LA; NDS
<i>diazepam rectal</i>	1	MO
DILANTIN 30 MG	1	MO
<i>divalproex</i>	1	MO
EPIDIOLEX	1	PA; MO; LA; NDS
EPRONTIA	1	PA; MO
<i>eslicarbazepine oral tablet 200 mg</i>	1	MO; QL (180 per 30 days); NDS
<i>eslicarbazepine oral tablet 400 mg</i>	1	MO; QL (90 per 30 days); NDS
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i>	1	MO; QL (60 per 30 days); NDS
<i>ethosuximide</i>	1	MO
<i>felbamate</i>	1	MO
FINTEPLA	1	PA; LA; QL (360 per 30 days); NDS
<i>fosphenytoin</i>	1	MO
FYCOMPA ORAL SUSPENSION	1	MO; QL (720 per 30 days); NDS
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	1	MO; QL (30 per 30 days); NDS
FYCOMPA ORAL TABLET 2 MG	1	MO; QL (60 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	1	MO; QL (60 per 30 days); NDS
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	MO; QL (270 per 30 days)

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This drug list was last updated on 11/13/2025.

Drug Name	Drug Tier	Requirements /Limits
<i>gabapentin oral capsule 300 mg</i>	1	MO; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	1	MO; QL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	1	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	MO; QL (120 per 30 days)
<i>lacosamide intravenous</i>	1	MO; QL (1200 per 30 days)
<i>lacosamide oral solution</i>	1	MO; QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	1	MO; QL (60 per 30 days)
<i>lacosamide oral tablet 50 mg</i>	1	MO; QL (120 per 30 days)
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	1	MO
<i>lamotrigine oral tablet, disintegrating</i>	1	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	1	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>levetiracetam intravenous</i>	1	MO
<i>levetiracetam oral solution 100 mg/ml</i>	1	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet</i>	1	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	1	MO
<i>methsuximide</i>	1	MO
NAYZILAM	1	PA; MO; QL (10 per 30 days)
<i>oxcarbazepine oral suspension</i>	1	MO
<i>oxcarbazepine oral tablet</i>	1	MO
<i>perampanel oral tablet 10 mg, 12 mg, 8 mg</i>	1	MO; QL (30 per 30 days); NDS
<i>perampanel oral tablet 2 mg</i>	1	MO; QL (60 per 30 days)
<i>perampanel oral tablet 4 mg, 6 mg</i>	1	MO; QL (60 per 30 days); NDS
<i>phenobarbital oral elixir</i>	1	PA; MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	1	PA
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>phenobarbital sodium injection solution 130 mg/ml</i>	1	MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	MO
<i>phenytoin oral tablet, chewable</i>	1	MO
<i>phenytoin sodium extended oral capsule 100 mg</i>	1	MO
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	1	
<i>phenytoin sodium intravenous solution</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	1	MO; QL (900 per 30 days)
PRIMIDONE ORAL TABLET 125 MG	1	MO
<i>primidone oral tablet 250 mg, 50 mg</i>	1	MO
<i>roweepira oral tablet 500 mg</i>	1	MO
<i>rufinamide oral suspension</i>	1	PA; MO; NDS

Drug Name	Drug Tier	Requirements /Limits
<i>rufinamide oral tablet 200 mg</i>	1	PA; MO
<i>rufinamide oral tablet 400 mg</i>	1	PA; MO; NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 500 MG, 750 MG	1	
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG	1	MO
<i>subvenite</i>	1	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	1	PA; MO; QL (60 per 30 days); NDS
SYMPAZAN ORAL FILM 5 MG	1	PA; MO; QL (60 per 30 days)
<i>tiagabine</i>	1	MO
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	PA; MO
<i>topiramate oral solution</i>	1	PA; MO
<i>topiramate oral tablet</i>	1	PA; MO
<i>valproate sodium</i>	1	MO
<i>valproic acid</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
VALTOCO	1	PA; MO; QL (10 per 30 days)
<i>vigabatrin</i>	1	PA; MO; LA; NDS
<i>vigadrone</i>	1	PA; LA; NDS
<i>vigpoder</i>	1	PA; LA; NDS
XCOPRI MAINTENANCE PACK	1	MO; QL (56 per 28 days); NDS
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	1	MO; QL (30 per 30 days); NDS
XCOPRI ORAL TABLET 150 MG, 200 MG	1	MO; QL (60 per 30 days); NDS
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	1	MO; QL (28 per 180 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	1	MO; QL (28 per 180 days); NDS
ZONISADE	1	PA; MO; NDS
<i>zonisamide</i>	1	PA; MO
ZTALMY	1	PA; LA; QL (1100 per 30 days); NDS
<b>ANTIPARKINSONISM AGENTS</b>		
<i>benztropine injection</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>benztropine oral</i>	1	PA; MO
<i>bromocriptine oral capsule</i>	1	
<i>bromocriptine oral tablet</i>	1	MO
<i>carbidopa</i>	1	MO
<i>carbidopa-levodopa oral tablet</i>	1	MO
<i>carbidopa-levodopa oral tablet extended release</i>	1	MO
<i>carbidopa-levodopa oral tablet,disintegrating</i>	1	MO
<i>carbidopa-levodopa-entacapone</i>	1	MO
<i>entacapone</i>	1	MO
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	1	PA; QL (300 per 30 days); NDS
NEUPRO	1	MO
<i>pramipexole oral tablet</i>	1	MO
<i>rasagiline</i>	1	MO
<i>ropinirole oral tablet</i>	1	MO
<i>selegiline hcl</i>	1	MO
<i>trihexyphenidyl oral tablet</i>	1	MO
<b>MIGRAINE / CLUSTER HEADACHE THERAPY</b>		
<i>dihydroergotamine injection</i>	1	NDS
<i>dihydroergotamine nasal</i>	1	QL (8 per 28 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
EMGALITY PEN	1	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	1	PA; MO; QL (2 per 30 days)
<i>ergotamine-caffeine</i>	1	MO
<i>naratriptan</i>	1	MO; QL (18 per 28 days)
NURTEC ODT	1	PA; QL (16 per 30 days)
<i>rizatriptan oral tablet</i>	1	MO; QL (24 per 28 days)
<i>rizatriptan oral tablet, disintegrating</i>	1	MO; QL (24 per 28 days)
<i>sumatriptan nasal</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan succinate oral</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	1	QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i>	1	QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	1	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	1	MO; QL (8 per 28 days)

**MISCELLANEOUS NEUROLOGICAL THERAPY**

Drug Name	Drug Tier	Requirements /Limits
AUSTEDO ORAL TABLET 12 MG, 9 MG	1	PA; MO; QL (120 per 30 days); NDS
AUSTEDO ORAL TABLET 6 MG	1	PA; MO; QL (60 per 30 days); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	1	PA; MO; QL (90 per 30 days); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	1	PA; MO; QL (30 per 30 days); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	1	PA; MO; QL (60 per 30 days); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	1	PA; MO; QL (210 per 30 days); NDS
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	1	PA; MO; QL (28 per 180 days); NDS
BRIUMVI	1	PA; MO; QL (24 per 180 days); NDS
<i>dalfampridine</i>	1	PA; MO; QL (60 per 30 days)

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This drug list was last updated on 11/13/2025.

Drug Name	Drug Tier	Requirements /Limits
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	1	PA; MO; QL (56 per 28 days); NDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	1	PA; MO; QL (120 per 180 days); NDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	1	PA; MO; QL (60 per 30 days); NDS
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO
<i>donepezil oral tablet, disintegrating</i>	1	MO
<i>fingolimod</i>	1	PA; MO; QL (30 per 30 days); NDS
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	1	MO
<i>galantamine oral solution</i>	1	MO
<i>galantamine oral tablet</i>	1	MO
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	1	PA; QL (30 per 30 days); NDS
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	1	PA; QL (12 per 28 days); NDS
<i>glatopa subcutaneous syringe 20 mg/ml</i>	1	PA; MO; QL (30 per 30 days); NDS

Drug Name	Drug Tier	Requirements /Limits
<i>glatopa subcutaneous syringe 40 mg/ml</i>	1	PA; MO; QL (12 per 28 days); NDS
KESIMPTA PEN	1	PA; MO; QL (1.6 per 28 days); NDS
<i>memantine oral capsule, sprinkle, er 24hr</i>	1	PA; MO
<i>memantine oral solution</i>	1	PA; MO
<i>memantine oral tablet</i>	1	PA; MO
<i>memantine-donepezil</i>	1	PA; MO
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR	1	PA; MO
NUEDEXTA	1	PA; MO; NDS
RADICAVA ORS	1	PA; MO; NDS
RADICAVA ORS STARTER KIT SUSP	1	PA; MO; NDS
<i>rivastigmine</i>	1	MO
<i>rivastigmine tartrate</i>	1	MO
<i>teriflunomide</i>	1	PA; MO; QL (30 per 30 days); NDS
<i>tetrabenazine oral tablet 12.5 mg</i>	1	PA; MO; QL (240 per 30 days); NDS
<i>tetrabenazine oral tablet 25 mg</i>	1	PA; MO; QL (120 per 30 days); NDS

**MUSCLE RELAXANTS / ANTISPASMODIC THERAPY**

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Drug Name	Drug Tier	Requirements /Limits
<i>baclofen oral tablet</i>	1	MO
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	PA; MO
<i>dantrolene intravenous</i>	1	
<i>dantrolene oral</i>	1	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	MO
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1	MO
<i>revonto</i>	1	
<i>tizanidine oral tablet</i>	1	MO
VYVGART	1	PA; MO; LA; NDS
VYVGART HYTRULO	1	PA; MO; LA; NDS
<b>NARCOTIC ANALGESICS</b>		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml</i>	1	QL (4500 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	MO; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	MO; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	MO; QL (180 per 30 days)
<i>buprenorphine hcl injection syringe</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>buprenorphine hcl sublingual</i>	1	MO
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	1	QL (360 per 30 days)
<i>endocet oral tablet 5-325 mg</i>	1	MO; QL (360 per 30 days)
<i>fentanyl citrate (pf) injection solution</i>	1	
<i>fentanyl citrate (pf) injection syringe 100 mcg/2 ml (50 mcg/ml)</i>	1	
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	1	PA; MO; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA; MO; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml</i>	1	QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	MO; QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	1	QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	MO; QL (50 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml, 2 mg/ml</i>	1	
<i>hydromorphone injection solution 2 mg/ml</i>	1	MO
<i>hydromorphone injection syringe 1 mg/ml, 4 mg/ml</i>	1	MO
<i>hydromorphone injection syringe 2 mg/ml</i>	1	
<i>hydromorphone oral liquid</i>	1	MO; QL (2400 per 30 days)
<i>hydromorphone oral tablet</i>	1	MO; QL (180 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr</i>	1	PA; MO; QL (60 per 30 days)
<i>methadone injection solution</i>	1	
<i>methadone intensol</i>	1	PA; MO; QL (90 per 30 days)
<i>methadone oral concentrate</i>	1	PA; QL (90 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	1	PA; MO; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	1	PA; MO; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	1	PA; MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>methadone oral tablet 5 mg</i>	1	PA; MO; QL (240 per 30 days)
<i>methadose oral concentrate</i>	1	PA; MO; QL (90 per 30 days)
<i>morphine (pf) injection solution 0.5 mg/ml</i>	1	
<i>morphine (pf) injection solution 1 mg/ml</i>	1	MO
<i>morphine concentrate oral solution</i>	1	MO; QL (900 per 30 days)
<i>morphine injection syringe 4 mg/ml</i>	1	MO
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml</i>	1	MO
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	
<i>morphine oral solution</i>	1	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	1	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release</i>	1	PA; MO; QL (120 per 30 days)
<i>oxycodone oral capsule</i>	1	MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	1	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	1	MO; QL (1200 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	1	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	1	MO; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)
SUBLOCADE	1	MO; NDS
<b>NON-NARCOTIC ANALGESICS</b>		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	MO; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	1	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	1	MO; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	MO; QL (90 per 30 days)
<i>butorphanol injection</i>	1	MO
<i>butorphanol nasal</i>	1	MO; QL (10 per 28 days)
<i>celecoxib</i>	1	MO
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	1	
<i>diclofenac potassium oral tablet 50 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>diclofenac sodium oral</i>	1	MO
<i>diclofenac sodium topical gel 1 %</i>	1	MO; QL (1000 per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump</i>	1	MO; QL (224 per 28 days); NDS
<i>diflunisal</i>	1	MO
<i>etodolac oral capsule</i>	1	MO
<i>etodolac oral tablet</i>	1	MO
<i>flurbiprofen oral tablet 100 mg</i>	1	MO
<i>ibu</i>	1	MO
<i>ibuprofen oral suspension</i>	1	MO
<i>ibuprofen oral tablet 400 mg, 800 mg</i>	1	MO
<i>ibuprofen oral tablet 600 mg</i>	1	
<i>lurbiro</i>	1	
<i>meloxicam oral tablet</i>	1	MO; QL (30 per 30 days)
<i>nabumetone</i>	1	MO
<i>nalbuphine</i>	1	
<i>naloxone injection solution</i>	1	MO
<i>naloxone injection syringe 0.4 mg/ml (prefilled syringe)</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	MO
<i>naloxone nasal</i>	1	MO
<i>naltrexone</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	MO
<i>oxaprozin oral tablet</i>	1	MO
<i>piroxicam</i>	1	MO
<i>salsalate</i>	1	MO
<i>sulindac</i>	1	MO
<i>tramadol oral tablet 50 mg</i>	1	MO; QL (240 per 30 days)
<i>tramadol-acetaminophen</i>	1	MO; QL (240 per 30 days)
VIVITROL	1	MO; NDS
<b>PSYCHOTHERAPEUTIC DRUGS</b>		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML	1	MO; QL (2.4 per 56 days); NDS
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 960 MG/3.2 ML	1	MO; QL (3.2 per 56 days); NDS
ABILIFY MAINTENA	1	MO; QL (1 per 28 days); NDS
<i>amitriptyline</i>	1	MO
<i>amoxapine</i>	1	MO
<i>aripiprazole oral solution</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>aripiprazole oral tablet</i>	1	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet, disintegrating</i>	1	MO; QL (60 per 30 days)
ARISTADA INITIO	1	MO; QL (4.8 per 365 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	1	MO; QL (3.9 per 56 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	1	MO; QL (1.6 per 28 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	1	MO; QL (2.4 per 28 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	1	MO; QL (3.2 per 28 days); NDS
<i>armodafinil</i>	1	PA; MO; QL (30 per 30 days)
<i>asenapine maleate</i>	1	MO; QL (60 per 30 days)

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This drug list was last updated on 11/13/2025.

Drug Name	Drug Tier	Requirements /Limits
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	MO; QL (30 per 30 days)
AUVELITY	1	ST; QL (60 per 30 days); NDS
BELSOMRA	1	PA; QL (30 per 30 days)
<i>bupropion hcl oral tablet</i>	1	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	MO; QL (60 per 30 days)
<i>bupirone</i>	1	MO
CAPLYTA	1	MO; QL (30 per 30 days)
<i>chlorpromazine injection</i>	1	MO
<i>chlorpromazine oral</i>	1	MO
<i>citalopram oral solution</i>	1	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clomipramine</i>	1	MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	1	PA; MO; QL (360 per 30 days)
<i>clozapine oral tablet</i>	1	
<i>clozapine oral tablet, disintegrating</i>	1	
COBENFY	1	MO; QL (60 per 30 days)
COBENFY STARTER PACK	1	MO; QL (56 per 180 days)
<i>desipramine</i>	1	MO
<i>desvenlafaxine succinate</i>	1	MO; QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	1	MO
<i>dextroamphetamine-amphetamine oral tablet</i>	1	MO
<i>diazepam injection</i>	1	PA
<i>diazepam intensol</i>	1	PA; MO; QL (240 per 30 days)
<i>diazepam oral concentrate</i>	1	PA; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	PA; MO; QL (1200 per 30 days)

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This drug list was last updated on 11/13/2025.

Drug Name	Drug Tier	Requirements /Limits
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	1	PA; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	1	PA; MO; QL (120 per 30 days)
<i>doxepin oral capsule</i>	1	MO
<i>doxepin oral concentrate</i>	1	MO
<i>doxepin oral tablet</i>	1	MO; QL (30 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	1	MO; QL (60 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	1	MO; QL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	MO; QL (60 per 30 days)
EMSAM	1	MO; NDS
<i>escitalopram oxalate oral solution</i>	1	MO
<i>escitalopram oxalate oral tablet</i>	1	MO; QL (30 per 30 days)
FANAPT	1	ST; MO; QL (60 per 30 days)
FANAPT TITRATION PACK A	1	ST; MO; QL (8 per 180 days)
FANAPT TITRATION PACK B	1	ST; QL (12 per 180 days)

Drug Name	Drug Tier	Requirements /Limits
FANAPT TITRATION PACK C	1	ST; QL (8 per 180 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	1	QL (28 per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	1	QL (30 per 30 days)
<i>flumazenil</i>	1	
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO; QL (120 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral solution</i>	1	MO
<i>fluphenazine decanoate</i>	1	MO
<i>fluphenazine hcl</i>	1	MO
<i>fluvoxamine oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	1	MO; QL (60 per 30 days)
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	MO
<i>haloperidol lactate injection</i>	1	MO
<i>haloperidol lactate intramuscular</i>	1	
<i>haloperidol lactate oral</i>	1	MO
<i>imipramine hcl</i>	1	MO
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	1	MO; QL (3.5 per 180 days); NDS
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	1	MO; QL (5 per 180 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	1	MO; QL (0.75 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	1	MO; QL (1 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	1	MO; QL (1.5 per 28 days); NDS

Drug Name	Drug Tier	Requirements /Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	1	MO; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	1	MO; QL (0.5 per 28 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	1	MO; QL (0.88 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	1	MO; QL (1.32 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	1	MO; QL (1.75 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	1	MO; QL (2.63 per 90 days); NDS
<i>lithium carbonate</i>	1	MO
<i>lithium citrate</i>	1	
<i>lorazepam injection</i>	1	PA; MO
<i>lorazepam intensol</i>	1	PA; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	1	PA; MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	PA; MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>lorazepam oral tablet 2 mg</i>	1	PA; MO; QL (150 per 30 days)
<i>loxapine succinate</i>	1	MO
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	1	MO; QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i>	1	MO; QL (60 per 30 days)
MARPLAN	1	MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	1	MO
<i>methylphenidate hcl oral solution</i>	1	MO
<i>methylphenidate hcl oral tablet</i>	1	MO
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	1	MO
<i>methylphenidate hcl oral tablet,chewable</i>	1	MO
<i>mirtazapine oral tablet</i>	1	MO
<i>mirtazapine oral tablet,disintegrating</i>	1	MO
<i>modafinil oral tablet 100 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	1	PA; QL (60 per 30 days)
<i>molindone oral tablet 10 mg, 25 mg</i>	1	
<i>molindone oral tablet 5 mg</i>	1	MO
<i>nefazodone</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>nortriptyline oral capsule</i>	1	MO
<i>nortriptyline oral solution</i>	1	MO
NUPLAZID	1	PA; MO; QL (30 per 30 days)
<i>olanzapine intramuscular</i>	1	MO
<i>olanzapine oral tablet</i>	1	MO; QL (30 per 30 days)
<i>olanzapine oral tablet,disintegrating</i>	1	MO; QL (30 per 30 days)
OPIPZA ORAL FILM 10 MG	1	ST; MO; QL (90 per 30 days); NDS
OPIPZA ORAL FILM 2 MG	1	ST; MO; QL (30 per 30 days); NDS
OPIPZA ORAL FILM 5 MG	1	ST; MO; QL (180 per 30 days); NDS
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	1	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral suspension</i>	1	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>pentobarbital sodium injection solution</i>	1	
<i>perphenazine</i>	1	MO
<i>phenelzine</i>	1	MO
<i>pimozide</i>	1	MO
<i>protriptyline</i>	1	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
RALDESY	1	MO; NDS
<i>ramelteon</i>	1	MO; QL (30 per 30 days)
REXULTI ORAL TABLET	1	MO; QL (30 per 30 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i>	1	MO; QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i>	1	MO; QL (2 per 28 days); NDS

Drug Name	Drug Tier	Requirements /Limits
<i>risperidone oral solution</i>	1	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	1	MO; QL (120 per 30 days)
SECUADO	1	MO; QL (30 per 30 days); NDS
<i>sertraline oral concentrate</i>	1	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
SODIUM OXYBATE (PREFERRED NDCS STARTING WITH 00054)	1	PA; LA; QL (540 per 30 days); NDS
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	1	PA; MO; NDS
<i>thioridazine</i>	1	MO
<i>thiothixene</i>	1	MO
<i>tranylcypromine</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>trazodone</i>	1	MO
<i>trifluoperazine</i>	1	MO
<i>trimipramine</i>	1	MO
TRINTELLIX	1	QL (30 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 100 MG/0.28 ML	1	MO; QL (0.28 per 28 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 125 MG/0.35 ML	1	MO; QL (0.35 per 28 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 150 MG/0.42 ML	1	MO; QL (0.42 per 56 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 200 MG/0.56 ML	1	MO; QL (0.56 per 56 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 250 MG/0.7 ML	1	MO; QL (0.7 per 56 days); NDS

Drug Name	Drug Tier	Requirements /Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 50 MG/0.14 ML	1	MO; QL (0.14 per 28 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 75 MG/0.21 ML	1	MO; QL (0.21 per 28 days); NDS
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	1	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	1	MO; QL (90 per 30 days)
VERSACLOZ	1	NDS
<i>vilazodone</i>	1	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	1	MO; QL (30 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	1	MO; QL (30 per 30 days)
<i>ziprasidone hcl</i>	1	MO; QL (60 per 30 days)
<i>ziprasidone mesylate</i>	1	MO
<i>zolpidem oral tablet</i>	1	MO; QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	1	PA; MO; QL (28 per 365 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
ZURZUVAE ORAL CAPSULE 30 MG	1	PA; MO; QL (14 per 365 days); NDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	1	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	1	QL (2 per 28 days); NDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	1	QL (1 per 28 days); NDS

## CARDIOVASCULAR, HYPERTENSION / LIPIDS

### ANTIARRHYTHMIC AGENTS

<i>adenosine</i>	1	
<i>amiodarone intravenous solution</i>	1	B/D PA; MO
<i>amiodarone oral tablet 100 mg, 400 mg</i>	1	MO
<i>amiodarone oral tablet 200 mg</i>	1	MO
<i>dofetilide</i>	1	MO
<i>flecainide</i>	1	MO
<i>ibutilide fumarate</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>lidocaine (pf) intravenous</i>	1	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	1	
<i>mexiletine</i>	1	MO
<i>pacerone oral tablet 100 mg, 400 mg</i>	1	MO
<i>pacerone oral tablet 200 mg</i>	1	MO
<i>procainamide injection</i>	1	
<i>propafenone oral capsule, extended release 12 hr</i>	1	MO
<i>propafenone oral tablet</i>	1	MO
<i>quinidine sulfate oral tablet</i>	1	MO
<i>sotalol af</i>	1	
<i>sotalol oral</i>	1	MO

### ANTIHYPERTENSIVE THERAPY

<i>acebutolol</i>	1	MO
<i>aliskiren</i>	1	MO
<i>amiloride</i>	1	MO
<i>amiloride-hydrochlorothiazide</i>	1	MO
<i>amlodipine</i>	1	MO
<i>amlodipine-benazepril</i>	1	MO
<i>amlodipine-olmesartan</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>amlodipine-valsartan</i>	1	MO
<i>amlodipine-valsartan-hcthiazyd</i>	1	MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	MO
<i>betaxolol oral</i>	1	MO
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide injection</i>	1	MO
<i>bumetanide oral</i>	1	MO
<i>candesartan</i>	1	MO
<i>candesartan-hydrochlorothiazid</i>	1	MO
<i>captopril</i>	1	MO
<i>captopril-hydrochlorothiazide</i>	1	
<i>cartia xt</i>	1	MO
<i>carvedilol</i>	1	MO
<i>chlorothiazide sodium</i>	1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>clonidine transdermal patch</i>	1	MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	1	
<i>clonidine hcl oral tablet</i>	1	MO
<i>diltiazem hcl intravenous</i>	1	
<i>diltiazem hcl oral capsule, ext. rel 24h degradable</i>	1	
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	1	MO
<i>diltiazem hcl oral capsule, extended release 24 hr</i>	1	MO
<i>diltiazem hcl oral capsule, extended release 24hr</i>	1	MO
<i>diltiazem hcl oral tablet</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 240 mg, 300 mg</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 360 mg, 420 mg</i>	1	
<i>dilt-xr</i>	1	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	MO; QL (60 per 30 days)
<i>enalapril maleate oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>enalaprilat intravenous solution</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	MO
<i>eplerenone</i>	1	MO
<i>esmolol intravenous solution</i>	1	
<i>ethacrynate sodium</i>	1	NDS
<i>felodipine</i>	1	MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	1	MO
<i>furosemide injection solution</i>	1	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine</i>	1	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
<i>irbesartan</i>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO
KERENDIA	1	PA; QL (30 per 30 days)
<i>labetalol intravenous solution</i>	1	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	MO
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
<i>losartan</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO
<i>mannitol 20 %</i>	1	
<i>mannitol 25 % intravenous solution</i>	1	MO
<i>matzim la</i>	1	MO
<i>metolazone</i>	1	MO
<i>metoprolol succinate</i>	1	MO
<i>metoprolol ta-hydrochlorothiaz</i>	1	MO
<i>metoprolol tartrate intravenous</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>metyrosine</i>	1	PA; MO; NDS
<i>minoxidil oral</i>	1	MO
<i>moexipril</i>	1	MO
<i>nadolol</i>	1	MO
<i>nebivolol</i>	1	MO
<i>nicardipine intravenous solution</i>	1	
<i>nicardipine oral</i>	1	MO
<i>nifedipine oral tablet extended release</i>	1	MO
<i>nifedipine oral tablet extended release 24hr</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>nimodipine oral capsule</i>	1	MO
<i>olmesartan</i>	1	MO
<i>olmesartan-amlodipin-hcthiazid</i>	1	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO
<i>osmitrol 20 %</i>	1	
<i>perindopril erbumine</i>	1	MO
<i>phentolamine</i>	1	
<i>pindolol</i>	1	MO
<i>prazosin</i>	1	MO
<i>propranolol intravenous</i>	1	
<i>propranolol oral capsule,extended release 24 hr</i>	1	MO
<i>propranolol oral solution</i>	1	MO
<i>propranolol oral tablet</i>	1	MO
<i>quinapril</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	1	MO
<i>ramipril</i>	1	MO
<i>spironolactone oral tablet</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	1	MO
<i>telmisartan</i>	1	MO
<i>telmisartan-amlodipine</i>	1	MO
<i>telmisartan-hydrochlorothiazid</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>tiadylt er</i>	1	MO
<i>timolol maleate oral</i>	1	MO
<i>torseamide oral</i>	1	MO
<i>trandolapril</i>	1	MO
<i>treprostinil sodium</i>	1	PA; MO; LA; NDS
<i>triamterene-hydrochlorothiazid</i>	1	MO
UPTRAVI ORAL TABLET	1	PA; MO; LA; QL (60 per 30 days); NDS
UPTRAVI ORAL TABLETS,DOSE PACK	1	PA; MO; LA; QL (200 per 180 days); NDS
<i>valsartan oral tablet</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
<i>veletri</i>	1	B/D PA; MO
<i>verapamil intravenous</i>	1	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	1	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	1	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	1	MO

## COAGULATION THERAPY

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This drug list was last updated on 11/13/2025.

Drug Name	Drug Tier	Requirements /Limits
<i>aminocaproic acid intravenous</i>	1	MO
<i>aminocaproic acid oral</i>	1	MO; NDS
<i>aspirin-dipyridamole</i>	1	MO
BRILINTA	1	MO
CABLIVI INJECTION KIT	1	PA; LA; NDS
CEPROTIN (BLUE BAR)	1	PA; MO
CEPROTIN (GREEN BAR)	1	PA; MO
<i>cilostazol</i>	1	MO
<i>clopidogrel oral tablet 300 mg</i>	1	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>dabigatran etexilate</i>	1	MO; QL (60 per 30 days)
<i>dipyridamole intravenous</i>	1	
<i>dipyridamole oral</i>	1	MO
DOPTELET (10 TAB PACK)	1	PA; MO; LA; NDS
DOPTELET (15 TAB PACK)	1	PA; MO; LA; NDS
DOPTELET (30 TAB PACK)	1	PA; MO; LA; NDS
ELIQUIS DVT-PE TREAT 30D START	1	MO; QL (74 per 180 days)
ELIQUIS ORAL TABLET	1	MO; QL (60 per 30 days)
<i>eltrombopag olamine</i>	1	PA; MO; NDS

Drug Name	Drug Tier	Requirements /Limits
<i>enoxaparin subcutaneous solution</i>	1	MO; QL (30 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	1	MO; QL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	1	MO; QL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	1	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	1	MO; QL (11.2 per 28 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	1	MO; NDS
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	1	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	1	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	1	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml</i>	1	
<i>heparin (porcine) injection cartridge</i>	1	
<i>heparin (porcine) injection solution</i>	1	MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	1	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	MO
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	1	
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	1	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE	1	MO
<i>jantoven</i>	1	MO
<i>pentoxifylline</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>prasugrel hcl</i>	1	MO
PROMACTA	1	PA; MO; LA; NDS
<i>protamine</i>	1	
<i>rivaroxaban oral suspension for reconstitution</i>	1	MO; QL (775 per 28 days)
<i>rivaroxaban oral tablet</i>	1	MO; QL (60 per 30 days)
<i>ticagrelor</i>	1	MO
<i>warfarin</i>	1	MO
XARELTO DVT-PE TREAT 30D START	1	MO; QL (51 per 180 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	1	MO; QL (775 per 28 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	1	MO; QL (30 per 30 days)
XARELTO ORAL TABLET 2.5 MG	1	MO; QL (60 per 30 days)
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>		
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
<i>cholestyramine (with sugar)</i>	1	MO
<i>cholestyramine light</i>	1	MO
<i>colesevelam</i>	1	MO
<i>colestipol oral granules</i>	1	MO
<i>colestipol oral packet</i>	1	
<i>colestipol oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>ezetimibe</i>	1	MO
<i>ezetimibe-simvastatin</i>	1	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	MO
<i>fenofibrate nanocrystallized</i>	1	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	MO
<i>fenofibric acid</i>	1	
<i>fenofibric acid (choline)</i>	1	MO
<i>fluvastatin oral capsule 20 mg</i>	1	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>gemfibrozil</i>	1	MO
<i>icosapent ethyl</i>	1	MO
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
<i>niacin oral tablet 500 mg</i>	1	MO
<i>niacin oral tablet extended release 24 hr</i>	1	MO
<i>omega-3 acid ethyl esters</i>	1	MO
<i>pitavastatin calcium</i>	1	MO; QL (30 per 30 days)
<i>pravastatin</i>	1	MO; QL (30 per 30 days)
<i>prevalite</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
REPATHA	1	PA; QL (6 per 28 days)
REPATHA PUSHTRONEX	1	PA; QL (7 per 28 days)
REPATHA SURECLICK	1	PA; QL (6 per 28 days)
<i>rosuvastatin</i>	1	MO; QL (30 per 30 days)
<i>simvastatin</i>	1	MO; QL (30 per 30 days)

### MISCELLANEOUS CARDIOVASCULAR AGENTS

CAMZYOS	1	PA; MO; QL (30 per 30 days); NDS
<i>digoxin oral solution</i>	1	MO
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	MO
<i>dobutamine</i>	1	B/D PA
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>	1	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	1	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	1	B/D PA; MO
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	1	B/D PA
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	1	B/D PA; MO
ENTRESTO	1	QL (60 per 30 days)
ENTRESTO SPRINKLE	1	QL (240 per 30 days)
<i>ivabradine</i>	1	MO; QL (60 per 30 days)
<i>milrinone</i>	1	B/D PA
<i>milrinone in 5 % dextrose</i>	1	B/D PA
<i>norepinephrine bitartrate</i>	1	
<i>ranolazine</i>	1	MO
<i>sacubitril-valsartan</i>	1	MO; QL (60 per 30 days)
<i>sodium nitroprusside</i>	1	B/D PA
VERQUVO	1	MO; QL (30 per 30 days)
VYNDAMAX	1	PA; MO; NDS
VYND AQEL	1	PA; MO
<b>NITRATES</b>		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>isosorbide mononitrate</i>	1	MO
<i>nitro-bid</i>	1	MO
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	1	B/D PA
<i>nitroglycerin intravenous</i>	1	B/D PA
<i>nitroglycerin sublingual</i>	1	MO
<i>nitroglycerin transdermal patch 24 hour</i>	1	MO
<i>nitroglycerin translingual</i>	1	MO
<b>DERMATOLOGICALS/TOPICAL THERAPY</b>		
<b>ANTIPSORIATIC / ANTISEBORRHEIC</b>		
<i>acitretin</i>	1	MO
<i>calcipotriene scalp</i>	1	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	1	MO; QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	1	MO; QL (120 per 30 days)
COSENTYX (2 SYRINGES)	1	PA; MO; QL (10 per 28 days); NDS
COSENTYX INTRAVENOUS	1	PA; QL (20 per 28 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
COSENTYX PEN	1	PA; MO; QL (5 per 28 days); NDS
COSENTYX PEN (2 PENS)	1	PA; MO; QL (10 per 28 days); NDS
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; QL (5 per 28 days); NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; MO; QL (2.5 per 28 days); NDS
COSENTYX UNOREADY PEN	1	PA; MO; QL (10 per 28 days); NDS
SELARSDI INTRAVENOUS	1	PA; MO; QL (104 per 180 days); NDS
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; MO; QL (1 per 28 days); NDS
<i>selenium sulfide topical lotion</i>	1	MO
SKYRIZI SUBCUTANEOUS PEN INJECTOR	1	PA; MO; QL (2 per 28 days); NDS
SKYRIZI SUBCUTANEOUS SYRINGE	1	PA; MO; QL (2 per 28 days); NDS
SOTYKTU	1	PA; MO; QL (30 per 30 days); NDS

Drug Name	Drug Tier	Requirements /Limits
STELARA INTRAVENOUS	1	PA; MO; QL (104 per 180 days); NDS
STELARA SUBCUTANEOUS SOLUTION	1	PA; MO; QL (0.5 per 28 days); NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days); NDS
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; MO; QL (1 per 28 days); NDS
TREMFYA INTRAVENOUS	1	PA; MO; QL (20 per 28 days); NDS
TREMFYA ONE-PRESS	1	PA; MO; QL (2 per 28 days); NDS
TREMFYA PEN	1	PA; MO; QL (2 per 28 days); NDS
TREMFYA PEN INDUCTION PK(2PEN)	1	PA; MO; QL (12 per 180 days); NDS
TREMFYA SUBCUTANEOUS SYRINGE	1	PA; MO; QL (2 per 28 days); NDS
YESINTEK INTRAVENOUS	1	PA; MO; QL (104 per 180 days); NDS
YESINTEK SUBCUTANEOUS SOLUTION	1	PA; MO; QL (0.5 per 28 days)
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; QL (1 per 28 days); NDS
<b>MISCELLANEOUS DERMATOLOGICALS</b>		
<i>ammonium lactate</i>	1	MO
<i>chloroprocaine (pf)</i>	1	
<i>dermacinrx lidocan</i>	1	PA; QL (90 per 30 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	1	PA; MO; QL (4.56 per 28 days); NDS
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	1	PA; MO; QL (8 per 28 days); NDS
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	1	PA; MO; QL (4.56 per 28 days); NDS
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	1	PA; MO; QL (8 per 28 days); NDS
<i>fluorouracil topical cream 5 %</i>	1	MO
<i>fluorouracil topical solution</i>	1	MO
<i>glydo</i>	1	MO; QL (60 per 30 days)
<i>imiquimod topical cream in packet 5 %</i>	1	MO
<i>lidocaine (pf) injection solution</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>lidocaine hcl injection solution</i>	1	
<i>lidocaine hcl laryngotracheal</i>	1	
<i>lidocaine hcl mucous membrane jelly</i>	1	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane solution 2 %</i>	1	MO
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	MO
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	1	MO; QL (36 per 30 days)
<i>lidocaine viscous</i>	1	
<i>lidocaine- epinephrine</i>	1	
<i>lidocaine- epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %- 1:200,000</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	MO; QL (30 per 30 days)
<i>lidocan iii</i>	1	PA; QL (90 per 30 days)
<i>lidocan iv</i>	1	PA; QL (90 per 30 days)
<i>lidocan v</i>	1	PA; QL (90 per 30 days)
<i>methoxsalen</i>	1	MO; NDS

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Drug Name	Drug Tier	Requirements /Limits
PANRETIN	1	PA; MO; NDS
<i>pimecrolimus</i>	1	PA; MO; QL (100 per 30 days)
<i>podofilox topical solution</i>	1	MO
<i>polocaine injection solution 1 % (10 mg/ml)</i>	1	
<i>polocaine-mpf</i>	1	
SANTYL	1	MO; QL (180 per 30 days)
<i>silver sulfadiazine</i>	1	MO
<i>ssd</i>	1	MO
<i>tacrolimus topical</i>	1	PA; MO; QL (100 per 30 days)
<i>tridacaine ii</i>	1	PA; QL (90 per 30 days)
VALCHLOR	1	PA; MO; NDS
<b>THERAPY FOR ACNE</b>		
<i>accutane</i>	1	
<i>amnesteem</i>	1	
<i>claravis</i>	1	
<i>clindamycin phosphate topical gel</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical gel, once daily</i>	1	MO; QL (150 per 30 days)
<i>clindamycin phosphate topical lotion</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	1	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>ery pads</i>	1	MO
<i>erythromycin with ethanol topical solution</i>	1	MO
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>metronidazole topical</i>	1	MO
<i>tazarotene topical cream</i>	1	PA; MO
<i>tazarotene topical gel</i>	1	PA; MO
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	1	PA; MO
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	1	PA; MO
<i>zenatane</i>	1	
<b>TOPICAL ANTIBACTERIALS</b>		
<i>gentamicin topical cream</i>	1	MO; QL (60 per 30 days)
<i>gentamicin topical ointment</i>	1	MO; QL (60 per 30 days)
<i>mupirocin</i>	1	MO; QL (44 per 30 days)
<i>sulfacetamide sodium (acne)</i>	1	MO
<b>TOPICAL ANTIFUNGALS</b>		
<i>ciclodan topical solution</i>	1	QL (6.6 per 28 days)
<i>ciclopirox topical cream</i>	1	MO; QL (90 per 28 days)
<i>ciclopirox topical gel</i>	1	MO; QL (100 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>ciclopirox topical shampoo</i>	1	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	1	MO; QL (6.6 per 28 days)
<i>ciclopirox topical suspension</i>	1	MO; QL (60 per 28 days)
<i>clotrimazole topical cream</i>	1	MO; QL (45 per 28 days)
<i>clotrimazole topical solution</i>	1	MO; QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	1	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	1	MO; QL (60 per 28 days)
<i>econazole nitrate topical cream</i>	1	MO; QL (85 per 28 days)
<i>ketconazole topical cream</i>	1	MO; QL (60 per 28 days)
<i>ketconazole topical shampoo</i>	1	MO; QL (120 per 28 days)
<i>klayesta</i>	1	MO; QL (180 per 30 days)
<i>naftifine topical gel</i>	1	MO; QL (60 per 28 days)
<i>nyamyc</i>	1	MO; QL (180 per 30 days)
<i>nystatin topical cream</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	1	MO; QL (180 per 30 days)
<i>nystatin-triamcinolone</i>	1	MO; QL (60 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>nystop</i>	1	MO; QL (180 per 30 days)
<b>TOPICAL ANTIVIRALS</b>		
<i>acyclovir topical ointment</i>	1	PA; MO; QL (30 per 30 days)
<i>peniclovir</i>	1	MO; QL (5 per 30 days)
<b>TOPICAL CORTICOSTEROIDS</b>		
<i>ala-cort topical cream 1 %</i>	1	MO
<i>alclometasone</i>	1	MO
<i>betamethasone dipropionate</i>	1	MO
<i>betamethasone valerate topical cream</i>	1	MO
<i>betamethasone valerate topical lotion</i>	1	MO
<i>betamethasone valerate topical ointment</i>	1	MO
<i>betamethasone, augmented topical cream</i>	1	MO
<i>betamethasone, augmented topical gel</i>	1	MO
<i>betamethasone, augmented topical lotion</i>	1	MO
<i>betamethasone, augmented topical ointment</i>	1	MO
<i>clobetasol scalp</i>	1	MO; QL (100 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>clobetasol topical cream 0.05 %</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical foam</i>	1	MO; QL (100 per 28 days)
<i>clobetasol topical gel</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical lotion</i>	1	MO; QL (118 per 28 days)
<i>clobetasol topical ointment</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	1	MO; QL (236 per 28 days)
<i>clobetasol-emollient topical cream</i>	1	MO; QL (120 per 28 days)
<i>desonide topical cream</i>	1	MO
<i>desonide topical ointment</i>	1	MO
<i>fluocinolone</i>	1	MO
<i>fluocinolone and shower cap</i>	1	MO
<i>fluocinonide topical cream 0.05 %</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical gel</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide-emollient</i>	1	MO; QL (120 per 30 days)
<i>halobetasol propionate topical cream</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>halobetasol propionate topical ointment</i>	1	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone topical lotion 2.5 %</i>	1	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	MO
<i>mometasone topical</i>	1	MO
<i>triamcinolone acetonide topical cream</i>	1	MO
<i>triamcinolone acetonide topical lotion</i>	1	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	MO
<i>triderm topical cream 0.5 %</i>	1	

### TOPICAL SCABICIDES / PEDICULICIDES

<i>malathion</i>	1	MO
<i>permethrin</i>	1	MO; QL (60 per 30 days)

### DIAGNOSTICS / MISCELLANEOUS AGENTS

#### ANTIDOTES

<i>acetylcysteine intravenous</i>	1	
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#### IRRIGATING SOLUTIONS

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Drug Name	Drug Tier	Requirements /Limits
<i>lactated ringers irrigation</i>	1	
<i>neomycin-polymyxin b gu</i>	1	
<i>ringer's irrigation</i>	1	MO
<b>MISCELLANEOUS AGENTS</b>		
<i>acamprosate</i>	1	MO
<i>acetic acid irrigation</i>	1	MO
<i>anagrelide</i>	1	MO
<i>caffeine citrate intravenous</i>	1	
<i>caffeine citrate oral</i>	1	MO
<i>carglumic acid</i>	1	PA; MO; NDS
CHEMET	1	PA
CLINIMIX 4.25%/D5W SULFIT FREE	1	B/D PA
<i>d10 %-0.45 % sodium chloride</i>	1	
<i>d2.5 %-0.45 % sodium chloride</i>	1	
<i>d5 % and 0.9 % sodium chloride</i>	1	MO
<i>d5 %-0.45 % sodium chloride</i>	1	MO
<i>deferasirox oral tablet</i>	1	PA; MO
<i>deferiprone</i>	1	PA; MO; NDS
<i>deferoxamine</i>	1	B/D PA; MO
<i>dextrose 10 % and 0.2 % nacl</i>	1	
<i>dextrose 10 % in water (d10w)</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>dextrose 25 % in water (d25w)</i>	1	
<i>dextrose 5 % in water (d5w)</i>	1	MO
<i>dextrose 5 %-lactated ringers</i>	1	MO
<i>dextrose 5%-0.2 % sod chloride</i>	1	
<i>dextrose 5%-0.3 % sod.chloride</i>	1	
<i>dextrose 50 % in water (d50w)</i>	1	
<i>dextrose 70 % in water (d70w)</i>	1	
<i>disulfiram oral tablet 250 mg</i>	1	MO
<i>disulfiram oral tablet 500 mg</i>	1	
<i>droxidopa</i>	1	PA; MO; NDS
<i>glutamine (sickle cell)</i>	1	PA; MO; NDS
INCRELEX	1	LA; NDS
<i>kionex (with sorbitol)</i>	1	
<i>levocarnitine (with sugar)</i>	1	MO
<i>levocarnitine oral solution 100 mg/ml</i>	1	MO
<i>levocarnitine oral tablet</i>	1	MO
LOKELMA	1	MO
<i>midodrine</i>	1	MO
<i>nitisinone</i>	1	PA; MO; NDS
<i>pilocarpine hcl oral</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
PROLASTIN-C INTRAVENOUS SOLUTION	1	PA; MO; LA; NDS
REZDIFFRA	1	PA; MO; QL (30 per 30 days); NDS
<i>riluzole</i>	1	PA; MO
<i>sevelamer carbonate oral tablet</i>	1	PA; MO
<i>sodium benzoate-sodium phenylacet</i>	1	NDS
<i>sodium chloride 0.9 % intravenous</i>	1	MO
<i>sodium chloride irrigation</i>	1	MO
<i>sodium phenylbutyrate</i>	1	PA; MO; NDS
<i>sodium polystyrene sulfonate oral powder</i>	1	MO
<i>sps (with sorbitol) oral</i>	1	MO
<i>sps (with sorbitol) rectal</i>	1	
<i>trientine oral capsule 250 mg</i>	1	PA; MO; NDS
<i>water for irrigation, sterile</i>	1	MO
XIAFLEX	1	PA; NDS
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	1	PA; MO
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl (smoking deter)</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
NICOTROL NS	1	MO
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	1	MO
<i>varenicline tartrate oral tablet 1 mg (56 pack)</i>	1	
<i>varenicline tartrate oral tablets,dose pack</i>	1	MO
<b>EAR, NOSE / THROAT MEDICATIONS</b>		
<b>MISCELLANEOUS AGENTS</b>		
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	1	MO; QL (60 per 30 days)
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	1	QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane</i>	1	MO
<i>denta 5000 plus</i>	1	MO
<i>dentagel</i>	1	MO
<i>fluoride (sodium) dental cream</i>	1	
<i>fluoride (sodium) dental gel</i>	1	
<i>fluoride (sodium) dental paste</i>	1	MO
<i>fraiche 5000</i>	1	
<i>ipratropium bromide nasal</i>	1	MO; QL (30 per 30 days)
<i>kourzeq</i>	1	MO
<i>oralone</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>periogard</i>	1	MO
<i>sf</i>	1	MO
<i>sf 5000 plus</i>	1	MO
<i>sodium fluoride 5000 dry mouth</i>	1	MO
<i>sodium fluoride 5000 plus</i>	1	
<i>sodium fluoride-pot nitrate</i>	1	MO
<i>triamcinolone acetonide dental</i>	1	MO
<b>MISCELLANEOUS OTIC PREPARATIONS</b>		
<i>acetic acid otic (ear)</i>	1	MO
<i>ciprofloxacin hcl otic (ear)</i>	1	MO
<i>flac otic oil</i>	1	
<i>fluocinolone acetonide oil</i>	1	MO
<i>hydrocortisone-acetic acid</i>	1	MO
<i>ofloxacin otic (ear)</i>	1	MO
<b>OTIC STEROID / ANTIBIOTIC</b>		
<i>ciprofloxacin-dexamethasone</i>	1	MO; QL (7.5 per 7 days)
<i>neomycin-polymyxin-hc otic (ear)</i>	1	MO
<b>ENDOCRINE/DIABETES</b>		
<b>ADRENAL HORMONES</b>		
<i>cortisone</i>	1	
<i>dexamethasone intensol</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>dexamethasone oral elixir</i>	1	MO
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	MO
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	MO
<i>dexamethasone sodium phosphate injection solution</i>	1	MO
<i>dexamethasone sodium phosphate injection syringe</i>	1	
<i>fludrocortisone</i>	1	MO
<i>hydrocortisone oral</i>	1	MO
<i>methylprednisolone acetate</i>	1	MO
<i>methylprednisolone oral tablet</i>	1	B/D PA; MO
<i>methylprednisolone oral tablets,dose pack</i>	1	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	1	MO
<i>methylprednisolone sodium succ intravenous</i>	1	MO
<i>prednisolone oral solution</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>	1	
<i>prednisone intensol</i>	1	MO
<i>prednisone oral solution</i>	1	MO
<i>prednisone oral tablet</i>	1	MO
<i>prednisone oral tablets,dose pack 10 mg (48 pack), 5 mg (48 pack)</i>	1	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	1	MO
<i>triamcinolone acetonide injection suspension 10 mg/ml</i>	1	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	MO
<b>ANTITHYROID AGENTS</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil</i>	1	MO
<b>DIABETES THERAPY</b>		
<i>acarbose oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>acarbose oral tablet 25 mg</i>	1	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	1	MO; QL (180 per 30 days)
<i>alcohol pads</i>	1	PA; MO
<i>diazoxide</i>	1	MO; NDS
<b>DROPSAFE ALCOHOL PREP PADS</b>	1	PA
<i>exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml</i>	1	PA; QL (2.4 per 30 days)
<i>exenatide subcutaneous pen injector 5 mcg/dose (250 mcg/ml) 1.2 ml</i>	1	PA; QL (1.2 per 30 days)
<b>FARXIGA ORAL TABLET 10 MG</b>	1	MO; QL (30 per 30 days)
<b>FARXIGA ORAL TABLET 5 MG</b>	1	MO; QL (60 per 30 days)
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 per 30 days)
GVOKE	1	MO
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	1	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	1	MO
GVOKE HYPOPEN 2-PACK	1	MO
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	1	MO
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	1	MO
HUMALOG JUNIOR KWIKPEN U-100	1	MO

Drug Name	Drug Tier	Requirements /Limits
HUMALOG KWIKPEN INSULIN	1	MO
HUMALOG MIX 50-50 KWIKPEN	1	MO
HUMALOG MIX 75-25 KWIKPEN	1	MO
HUMALOG MIX 75-25(U-100)INSULN	1	MO
HUMALOG U-100 INSULIN	1	MO
HUMULIN 70/30 U-100 INSULIN	1	MO
HUMULIN 70/30 U-100 KWIKPEN	1	MO
HUMULIN N NPH INSULIN KWIKPEN	1	MO
HUMULIN N NPH U-100 INSULIN	1	MO
HUMULIN R REGULAR U-100 INSULN	1	MO
HUMULIN R U-500 (CONC) INSULIN	1	
HUMULIN R U-500 (CONC) KWIKPEN	1	MO
INSULIN LISPRO SUBCUTANEOUS SOLUTION	1	MO
JANUMET	1	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	1	MO; QL (60 per 30 days)
JANUVIA	1	MO; QL (30 per 30 days)
JARDIANCE	1	MO; QL (30 per 30 days)
JENTADUETO	1	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	1	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	1	MO; QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	1	MO
LANTUS U-100 INSULIN	1	MO
LYUMJEV KWIKPEN U-100 INSULIN	1	MO
LYUMJEV KWIKPEN U-200 INSULIN	1	MO
LYUMJEV U-100 INSULIN	1	MO
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (60 per 30 days)
MOUNJARO	1	PA; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg</i>	1	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	1	MO; QL (180 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	1	PA; QL (3 per 28 days)
<i>pioglitazone</i>	1	MO; QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)
RYBELSUS	1	PA; MO; QL (30 per 30 days)
<i>saxagliptin</i>	1	MO; QL (30 per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	1	MO; QL (30 per 30 days)
SOLQUA 100/33	1	QL (90 per 30 days)
SYNJARDY	1	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	1	MO; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	1	MO; QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	1	MO
TOUJEO SOLOSTAR U-300 INSULIN	1	MO
TRADJENTA	1	MO; QL (30 per 30 days)
TRULICITY	1	PA; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	1	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	1	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<b>MISCELLANEOUS HORMONES</b>		
ALDURAZYME	1	PA; MO; NDS
<i>cabergoline</i>	1	MO
<i>calcitonin (salmon) injection</i>	1	MO; NDS
<i>calcitonin (salmon) nasal</i>	1	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	
<i>calcitriol oral capsule</i>	1	MO
<i>calcitriol oral solution</i>	1	
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	1	PA; MO
<i>cinacalcet oral tablet 90 mg</i>	1	PA; MO; NDS
<i>clomid</i>	1	PA; MO
<i>clomiphene citrate</i>	1	PA; MO
CRYSVITA	1	PA; MO; LA; NDS
<i>danazol</i>	1	MO
<i>desmopressin injection</i>	1	MO
<i>desmopressin nasal spray with pump</i>	1	MO
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin oral</i>	1	MO
<i>doxercalciferol intravenous</i>	1	MO
<i>doxercalciferol oral</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
ELAPRASE	1	PA; MO; NDS
FABRAZYME	1	PA; MO; NDS
KANUMA	1	PA; MO; NDS
LUMIZYME	1	PA; MO; NDS
MEPSEVII	1	PA; MO; NDS
<i>mifepristone oral tablet 300 mg</i>	1	PA; MO; NDS
<i>milophene</i>	1	PA
NAGLAZYME	1	PA; MO; LA; NDS
<i>pamidronate intravenous solution</i>	1	MO
<i>paricalcitol intravenous</i>	1	
<i>paricalcitol oral</i>	1	MO
<i>sapropterin</i>	1	PA; MO; NDS
SOMAVERT	1	PA; MO; NDS
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	PA; MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	1	PA
<i>testosterone enanthate</i>	1	PA; MO
<i>testosterone transdermal gel</i>	1	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	1	PA; MO; QL (300 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	1	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	1	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	1	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	1	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	1	PA; MO; QL (180 per 30 days)
<i>tolvaptan</i>	1	PA; MO; NDS
<i>tolvaptan (polycystic kidney dis) oral tablet</i>	1	PA; NDS
VIMIZIM	1	PA; MO; LA; NDS
<i>zoledronic acid intravenous solution</i>	1	B/D PA; MO
<b>THYROID HORMONES</b>		
<i>levo-t</i>	1	
<i>levothyroxine intravenous recon soln</i>	1	
<i>levothyroxine oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>levoxyl oral tablet</i> 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	MO
<i>liothyronine</i>	1	MO
<i>unithroid</i>	1	MO

## GASTROENTEROLOGY

### ANTIDIARRHEALS / ANTISPASMODICS

<i>atropine injection</i> solution 0.4 mg/ml	1	
<i>atropine injection</i> syringe 0.1 mg/ml	1	
<i>atropine intravenous</i> solution 0.4 mg/ml	1	
<i>atropine intravenous</i> syringe 0.25 mg/5 ml (0.05 mg/ml)	1	
<i>dicyclomine</i> intramuscular	1	MO
<i>dicyclomine oral</i> capsule	1	MO
<i>dicyclomine oral</i> solution	1	MO
<i>dicyclomine oral</i> tablet 20 mg	1	MO
<i>diphenoxylate-</i> <i>atropine oral liquid</i>	1	MO
<i>diphenoxylate-</i> <i>atropine oral tablet</i>	1	MO
<i>glycopyrrolate (pf)</i> <i>in water intravenous</i> <i>syringe 0.4 mg/2 ml</i> <i>(0.2 mg/ml)</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>glycopyrrolate (pf)</i> <i>injection syringe 0.4</i> <i>mg/2 ml (0.2 mg/ml)</i>	1	MO
<i>glycopyrrolate</i> <i>injection</i>	1	MO
<i>glycopyrrolate oral</i> <i>tablet 1 mg, 2 mg</i>	1	MO
<i>loperamide oral</i> <i>capsule</i>	1	MO
<i>opium tincture</i>	1	MO

### MISCELLANEOUS GASTROINTESTINAL AGENTS

<i>alosetron oral tablet</i> 0.5 mg	1	PA; MO
<i>alosetron oral tablet</i> 1 mg	1	PA; MO; NDS
<i>aprepitant</i>	1	B/D PA; MO
<i>balsalazide</i>	1	MO
<i>betaine</i>	1	MO; NDS
<i>budesonide oral</i> <i>capsule, delayed, exte</i> <i>nd.release</i>	1	MO
<i>budesonide oral</i> <i>tablet, delayed and</i> <i>ext.release</i>	1	MO; NDS
CINVANTI	1	MO
<i>compro</i>	1	MO
<i>constulose</i>	1	MO
CORTIFOAM	1	MO
CREON	1	MO
<i>cromolyn oral</i>	1	MO
<i>dimenhydrinate</i> <i>injection solution</i>	1	MO
<i>dronabinol</i>	1	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
<i>droperidol injection solution</i>	1	MO
ENTYVIO	1	PA; MO; QL (2 per 28 days); NDS
<i>enulose</i>	1	MO
<i>fosaprepitant</i>	1	MO
GATTEX 30-VIAL	1	PA; MO; NDS
GATTEX ONE-VIAL	1	PA; MO; NDS
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-n</i>	1	
<i>generlac</i>	1	MO
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	1	MO
<i>granisetron hcl intravenous solution 1 mg/ml</i>	1	MO
<i>granisetron hcl intravenous solution 1 mg/ml (1 ml)</i>	1	
<i>granisetron hcl oral</i>	1	B/D PA; MO
<i>hydrocortisone rectal</i>	1	MO
<i>hydrocortisone topical cream with perineal applicator 1 %</i>	1	MO
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	1	

Drug Name	Drug Tier	Requirements /Limits
INFLECTRA	1	PA; MO; QL (20 per 28 days); NDS
<i>lactulose oral solution</i>	1	MO
LINZESS	1	ST; MO; QL (30 per 30 days)
<i>lubiprostone</i>	1	MO; QL (60 per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>mesalamine oral capsule (with del rel tablets)</i>	1	MO
<i>mesalamine oral capsule, extended release</i>	1	
<i>mesalamine oral capsule, extended release 24hr</i>	1	MO
<i>mesalamine oral tablet, delayed release (dr/ec)</i>	1	MO
<i>mesalamine rectal</i>	1	MO
<i>mesalamine with cleansing wipe</i>	1	MO
<i>metoclopramide hcl injection solution</i>	1	MO
<i>metoclopramide hcl injection syringe</i>	1	
<i>metoclopramide hcl oral solution</i>	1	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
<i>nitroglycerin rectal</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>ondansetron hcl (pf) injection solution</i>	1	MO
<i>ondansetron hcl (pf) injection syringe</i>	1	
<i>ondansetron hcl intravenous</i>	1	MO
<i>ondansetron hcl oral solution</i>	1	B/D PA; MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D PA; MO
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	B/D PA; MO
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	1	MO
<i>palonosetron intravenous syringe</i>	1	
<i>peg 3350-electrolytes</i>	1	
<i>peg-electrolyte</i>	1	MO
<i>prochlorperazine</i>	1	MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	1	MO
<i>prochlorperazine maleate oral</i>	1	MO
<i>procto-med hc</i>	1	MO
<i>proctosol hc topical</i>	1	MO
<i>proctozone-hc</i>	1	
RELISTOR SUBCUTANEOUS SOLUTION	1	ST; MO; QL (18 per 30 days); NDS

Drug Name	Drug Tier	Requirements /Limits
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	1	ST; MO; QL (18 per 30 days); NDS
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	1	ST; MO; QL (12 per 30 days); NDS
<i>scopolamine base</i>	1	MO
SKYRIZI INTRAVENOUS	1	PA; MO; QL (30 per 180 days); NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	1	PA; MO; QL (1.2 per 56 days); NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	1	PA; MO; QL (2.4 per 56 days); NDS
<i>sodium,potassium,m ag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	1	MO
<i>sodium,potassium,m ag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)</i>	1	
SUCRAID	1	PA; NDS
<i>sulfasalazine</i>	1	MO
SYMPROIC	1	MO; QL (30 per 30 days)
TRULANCE	1	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>ursodiol oral capsule 300 mg</i>	1	MO
<i>ursodiol oral tablet</i>	1	MO
VARUBI	1	B/D PA
VOWST	1	PA; LA; NDS
ZYMFENTRA	1	PA; MO; QL (2 per 28 days); NDS

ULCER THERAPY		
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)
<i>esomeprazole sodium</i>	1	MO
<i>famotidine (pf)</i>	1	MO
<i>famotidine (pf)-nacl (iso-os)</i>	1	MO
<i>famotidine intravenous</i>	1	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	1	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1	MO; QL (60 per 30 days)
<i>misoprostol</i>	1	MO
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)
<i>pantoprazole intravenous</i>	1	MO
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)
<i>sucralfate oral suspension</i>	1	MO
<i>sucralfate oral tablet</i>	1	MO

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	1	PA; MO; NDS
ARCALYST	1	PA; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	1	PA; MO; QL (1 per 28 days); NDS
AVONEX INTRAMUSCULAR SYRINGE KIT	1	PA; MO; QL (1 per 28 days); NDS
BESREMI	1	PA; LA; NDS
BETASERON SUBCUTANEOUS KIT	1	PA; MO; QL (14 per 28 days); NDS
ILARIS (PF)	1	PA; MO; LA; QL (2 per 28 days); NDS
NIVESTYM	1	PA; MO; NDS

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Drug Name	Drug Tier	Requirements /Limits
NYVEPRIA	1	PA; MO; NDS
OMNITROPE	1	PA; MO; NDS
PEGASYS SUBCUTANEOUS SOLUTION	1	MO; QL (4 per 28 days); NDS
PEGASYS SUBCUTANEOUS SYRINGE	1	MO; QL (2 per 28 days); NDS
<i>plerixafor</i>	1	B/D PA; MO; NDS
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	1	PA; MO; NDS
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	1	PA; MO; NDS
<b>VACCINES / MISCELLANEOUS IMMUNOLOGICALS</b>		
ABRYSVO (PF)	1	V

Drug Name	Drug Tier	Requirements /Limits
ACTHIB (PF)	1	
ADACEL(TDAP ADOLESN/ADULT )(PF)	1	V
AREXVY (PF)	1	V
BCG VACCINE, LIVE (PF)	1	V
BEXSERO	1	V
BOOSTRIX TDAP	1	V
DAPTACEL (DTAP PEDIATRIC) (PF)	1	
DENGVAXIA (PF)	1	
ENGERIX-B (PF)	1	B/D PA; V
ENGERIX-B PEDIATRIC (PF)	1	B/D PA; V
<i>fomepizole</i>	1	
GAMASTAN	1	MO
GARDASIL 9 (PF)	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	1	
HEPLISAV-B (PF)	1	B/D PA; V
HIBERIX (PF)	1	
HIZENTRA	1	B/D PA; MO; NDS
HYPERHEP B	1	
HYPERHEP B NEONATAL	1	

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Drug Name	Drug Tier	Requirements /Limits
IMOVAX RABIES VACCINE (PF)	1	V
INFANRIX (DTAP) (PF)	1	
IPOLE	1	V
IXIARO (PF)	1	V
JYNNEOS (PF)	1	B/D PA; V
KINRIX (PF)	1	
MENQUADFI (PF)	1	V
MENVEO A-C-Y-W-135-DIP (PF)	1	V
M-M-R II (PF)	1	V
MRESVIA (PF)	1	V
PEDIARIX (PF)	1	
PEDVAX HIB (PF)	1	
PENBRAYA (PF)	1	V
PENMENVY MEN A-B-C-W-Y (PF)	1	V
PENTACEL (PF)	1	
PRIORIX (PF)	1	V
PRIVIGEN	1	PA; MO; NDS
PROQUAD (PF)	1	
QUADRACEL (PF)	1	
RABAVERT (PF)	1	V
RECOMBIVAX HB (PF)	1	B/D PA; V
ROTARIX ORAL SUSPENSION	1	
ROTATEQ VACCINE	1	
SHINGRIX (PF)	1	V; QL (2 per 720 days)
TENIVAC (PF)	1	V

Drug Name	Drug Tier	Requirements /Limits
TICE BCG	1	B/D PA
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	1	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	1	V
TRUMENBA	1	V
TWINRIX (PF)	1	V
TYPHIM VI	1	V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	1	V
VARIVAX (PF)	1	V
VARIZIG	1	
VAXCHORA VACCINE	1	V
VIMKUNYA	1	V
VIVOTIF	1	MO; V
YF-VAX (PF)	1	V

## MISCELLANEOUS SUPPLIES

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Drug Name	Drug Tier	Requirements /Limits
<b>MISCELLANEOUS SUPPLIES</b>		
NOVO PEN NEEDLE	1	PA; MO
CEQR SIMPLICITY	1	MO
CEQR SIMPLICITY INSERTER	1	MO
GAUZE PADS 2 X 2	1	PA; MO
EMBECTA INSULIN SYRINGE	1	PA; MO
BD PEN NEEDLE	1	PA; MO
OMNIPOD 5 (G6/LIBRE 2 PLUS)	1	MO
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	1	MO; QL (1 per 720 days)
OMNIPOD 5 G6-G7 PODS (GEN 5)	1	MO
OMNIPOD 5 INTRO(G6/LIBRE2 PLUS)	1	MO; QL (1 per 720 days)
OMNIPOD DASH INTRO KIT (GEN 4)	1	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4)	1	MO
EMBECTA PEN NEEDLE	1	PA; MO
BD INSULIN SYRINGE	1	PA; MO
<b>MUSCULOSKELETAL / RHEUMATOLOGY</b>		
<b>GOUT THERAPY</b>		

Drug Name	Drug Tier	Requirements /Limits
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<i>allopurinol sodium</i>	1	
<i>aloprim</i>	1	
<i>colchicine oral tablet</i>	1	MO
<i>febuxostat</i>	1	MO
<i>probenecid</i>	1	MO
<i>probenecid-colchicine</i>	1	MO
<b>OSTEOPOROSIS THERAPY</b>		
<i>alendronate oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
BONSITY	1	PA; MO; QL (2.48 per 28 days); NDS
CONEXXENCE	1	PA; MO; QL (1 per 180 days)
<i>ibandronate intravenous solution</i>	1	PA
<i>ibandronate intravenous syringe</i>	1	PA; MO
<i>ibandronate oral</i>	1	MO; QL (1 per 30 days)
JUBBONTI	1	PA; MO; QL (1 per 180 days)
PROLIA	1	PA; MO; QL (1 per 180 days)
<i>raloxifene</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>teriparatide (only ndcs starting with 47781)</i>	1	PA; MO; QL (2.48 per 28 days); NDS
<b>OTHER RHEUMATOLOGICALS</b>		
ACTEMRA ACTPEN	1	PA; MO; QL (3.6 per 28 days); NDS
ACTEMRA INTRAVENOUS	1	PA; MO; QL (160 per 28 days); NDS
ACTEMRA SUBCUTANEOUS	1	PA; MO; QL (3.6 per 28 days); NDS
BENLYSTA	1	PA; MO; NDS
CYLTEZO(CF) PEN	1	PA; MO; QL (4 per 28 days); NDS
CYLTEZO(CF) PEN CROHN'S-UC- HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; QL (6 per 180 days); NDS
CYLTEZO(CF) PEN PSORIASIS- UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; QL (4 per 180 days); NDS
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	1	PA; MO; QL (2 per 28 days); NDS
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML	1	PA; MO; QL (4 per 28 days); NDS

Drug Name	Drug Tier	Requirements /Limits
ENBREL MINI	1	PA; MO; QL (8 per 28 days); NDS
ENBREL SUBCUTANEOUS SOLUTION	1	PA; MO; QL (8 per 28 days); NDS
ENBREL SUBCUTANEOUS SYRINGE	1	PA; MO; QL (8 per 28 days); NDS
ENBREL SURECLICK	1	PA; MO; QL (8 per 28 days); NDS
HUMIRA (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; MO; QL (4 per 28 days); NDS
HUMIRA PEN (PREFERRED NDCS STARTING WITH 00074)	1	PA; MO; QL (4 per 28 days); NDS
HUMIRA(CF) (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	1	PA; MO; QL (2 per 28 days); NDS
HUMIRA(CF) (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; MO; QL (4 per 28 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
HUMIRA(CF) PEN (PREFERRED NDCS NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	1	PA; MO; QL (4 per 28 days); NDS
HUMIRA(CF) PEN (PREFERRED NDCS NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA; MO; QL (2 per 28 days); NDS
HUMIRA(CF) PEN CROHNS-UC-HS (PREFERRED NDCS NDCS STARTING WITH 00074)	1	PA; MO; QL (3 per 180 days); NDS
HUMIRA(CF) PEN PSOR-UV-ADOL HS (PREFERRED NDCS NDCS STARTING WITH 00074)	1	PA; QL (3 per 180 days); NDS
<i>leflunomide</i>	1	MO; QL (30 per 30 days)
ORENCIA (WITH MALTOSE)	1	PA; MO; QL (12 per 28 days); NDS
ORENCIA CLICKJECT	1	PA; MO; QL (4 per 28 days); NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	1	PA; MO; QL (4 per 28 days); NDS

Drug Name	Drug Tier	Requirements /Limits
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	1	PA; MO; QL (1.6 per 28 days); NDS
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	1	PA; MO; QL (2.8 per 28 days); NDS
OTEZLA	1	PA; MO; QL (60 per 30 days); NDS
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	1	PA; MO; QL (55 per 180 days); NDS
OTEZLA XR	1	PA; MO; QL (30 per 30 days); NDS
OTEZLA XR INITIATION	1	PA; MO; QL (41 per 180 days); NDS
<i>penicillamine oral tablet</i>	1	PA; MO; NDS
RIDAURA	1	MO; NDS
RINVOQ LQ	1	PA; MO; QL (360 per 30 days); NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	1	PA; MO; QL (30 per 30 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	1	PA; MO; QL (84 per 180 days); NDS
TYENNE AUTOINJECTOR	1	PA; MO; QL (3.6 per 28 days); NDS
TYENNE INTRAVENOUS	1	PA; MO; QL (160 per 28 days); NDS
TYENNE SUBCUTANEOUS	1	PA; MO; QL (3.6 per 28 days); NDS
XELJANZ ORAL SOLUTION	1	PA; MO; QL (480 per 24 days); NDS
XELJANZ ORAL TABLET	1	PA; MO; QL (60 per 30 days); NDS
XELJANZ XR	1	PA; MO; QL (30 per 30 days); NDS
YUFLYMA(CF) AI CROHN'S-UC-HS	1	PA; MO; QL (3 per 180 days); NDS
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	1	PA; MO; QL (4 per 28 days); NDS
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	1	PA; MO; QL (2 per 28 days); NDS

Drug Name	Drug Tier	Requirements /Limits
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	1	PA; MO; QL (2 per 28 days); NDS
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; MO; QL (4 per 28 days); NDS

## OBSTETRICS / GYNECOLOGY

### ESTROGENS / PROGESTINS

<i>abigale</i>	1	PA; MO
<i>abigale lo</i>	1	PA; MO
<i>camila</i>	1	MO
<i>deblitane</i>	1	MO
DEPO-SUBQ PROVERA 104	1	MO
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.05 mg/24 hr</i>	1	PA; QL (8 per 28 days)
<i>dotti transdermal patch semiweekly 0.0375 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	PA; MO; QL (8 per 28 days)
<i>emzahh</i>	1	MO
<i>errin</i>	1	MO
<i>estradiol oral</i>	1	PA; MO
<i>estradiol transdermal patch semiweekly</i>	1	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	1	PA; MO; QL (4 per 28 days)
<i>estradiol vaginal cream</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>estradiol vaginal tablet</i>	1	MO
<i>estradiol valerate</i>	1	MO
<i>estradiol-norethindrone acet</i>	1	PA; MO
<i>fyavolv</i>	1	PA; MO
<i>gallifrey</i>	1	MO
<i>heather</i>	1	MO
<i>incassia</i>	1	MO
<i>jencycla</i>	1	MO
<i>jinteli</i>	1	PA; MO
<i>lyleq</i>	1	MO
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	PA; MO; QL (8 per 28 days)
<i>lyllana transdermal patch semiweekly 0.05 mg/24 hr</i>	1	PA; QL (8 per 28 days)
<i>lyza</i>	1	
<i>medroxyprogesterone</i>	1	MO
<i>meleya</i>	1	MO
<i>mimvey</i>	1	PA; MO
<i>nora-be</i>	1	MO
<i>norethindrone (contraceptive)</i>	1	
<i>norethindrone acetate</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>orquidea</i>	1	MO
<i>progesterone</i>	1	MO
<i>progesterone micronized oral</i>	1	MO
<i>sharobel</i>	1	MO
<i>yuvafem</i>	1	
<b>MISCELLANEOUS OB/GYN</b>		
<i>clindamycin phosphate vaginal</i>	1	MO
<i>eluryng</i>	1	MO
<i>etonogestrel-ethinyl estradiol</i>	1	
LILETTA	1	MO
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	MO
<i>mifepristone oral tablet 200 mg</i>	1	LA
MYFEMBREE	1	PA; MO; NDS
NEXPLANON	1	
<i>norelgestromin-ethin.estradiol</i>	1	
<i>terconazole</i>	1	MO
<i>tranexamic acid oral</i>	1	MO
<i>xulane</i>	1	
<i>zafemy</i>	1	MO
<b>ORAL CONTRACEPTIVES / RELATED AGENTS</b>		
<i>altavera (28)</i>	1	MO
<i>alyacen 1/35 (28)</i>	1	MO
<i>alyacen 7/7/7 (28)</i>	1	MO
<i>apri</i>	1	MO
<i>aranelle (28)</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>aubra eq</i>	1	MO
<i>aviane</i>	1	MO
<i>azurette (28)</i>	1	MO
<i>cryselle (28)</i>	1	MO
<i>cyred eq</i>	1	MO
<i>dasetta 1/35 (28)</i>	1	MO
<i>dasetta 7/7/7 (28)</i>	1	MO
<i>desog-e.estradiol/e.estradiol</i>	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	1	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	1	
<i>elinest</i>	1	MO
<i>enpresse</i>	1	
<i>enskyce</i>	1	MO
<i>estarylla</i>	1	MO
<i>ethynodiol diac-eth estradiol</i>	1	
<i>falmina (28)</i>	1	MO
<i>introvale</i>	1	MO
<i>isibloom</i>	1	MO
<i>jasmiel (28)</i>	1	MO
<i>jolessa</i>	1	MO
<i>juleber</i>	1	MO
<i>kalliga</i>	1	
<i>kariva (28)</i>	1	
<i>kelnor 1/35 (28)</i>	1	MO
<i>kurvelo (28)</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	
<i>larin 1.5/30 (21)</i>	1	MO
<i>larin 1/20 (21)</i>	1	MO
<i>larin fe 1.5/30 (28)</i>	1	MO
<i>larin fe 1/20 (28)</i>	1	MO
<i>lessina</i>	1	MO
<i>levonest (28)</i>	1	MO
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	1	
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month</i>	1	
<i>levonorg-eth estradiol triphasic</i>	1	MO
<i>levora-28</i>	1	
<i>loryna (28)</i>	1	MO
<i>low-ogestrel (28)</i>	1	
<i>lo-zumandimine (28)</i>	1	MO
<i>lutra (28)</i>	1	
<i>marlissa (28)</i>	1	MO
<i>microgestin 1.5/30 (21)</i>	1	MO
<i>microgestin 1/20 (21)</i>	1	MO
<i>microgestin fe 1.5/30 (28)</i>	1	MO
<i>microgestin fe 1/20 (28)</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>mili</i>	1	MO
<i>mono-linyah</i>	1	MO
<i>nikki (28)</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	1	MO
<i>norgestimate-ethinyl estradiol</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	MO
<i>nortrel 1/35 (21)</i>	1	MO
<i>nortrel 1/35 (28)</i>	1	MO
<i>nortrel 7/7/7 (28)</i>	1	MO
<i>pimtree (28)</i>	1	MO
<i>portia 28</i>	1	MO
<i>reclipsen (28)</i>	1	MO
<i>setlakin</i>	1	MO
<i>sprintec (28)</i>	1	MO
<i>sronyx</i>	1	
<i>syeda</i>	1	MO
<i>tarina fe 1-20 eq (28)</i>	1	MO
<i>tilia fe</i>	1	MO
<i>tri-estarylla</i>	1	MO
<i>tri-legest fe</i>	1	MO
<i>tri-linyah</i>	1	MO
<i>tri-lo-estarylla</i>	1	MO
<i>tri-lo-marzia</i>	1	MO
<i>tri-lo-sprintec</i>	1	
<i>tri-sprintec (28)</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>turqoz (28)</i>	1	MO
<i>velivet triphasic regimen (28)</i>	1	MO
<i>vestura (28)</i>	1	MO
<i>vienva</i>	1	MO
<i>viorele (28)</i>	1	MO
<i>wera (28)</i>	1	MO
<i>zovia 1-35 (28)</i>	1	MO
<i>zumandimine (28)</i>	1	MO

### OXYTOCICS

<i>methylergonovine oral</i>	1	PA
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## OPHTHALMOLOGY

### ANTIBIOTICS

<i>bacitracin ophthalmic (eye)</i>	1	
<i>bacitracin-polymyxin b</i>	1	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	MO
<i>erythromycin ophthalmic (eye)</i>	1	MO; QL (3.5 per 14 days)
<i>gentamicin ophthalmic (eye) drops</i>	1	MO; QL (70 per 30 days)
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops</i>	1	MO

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This drug list was last updated on 11/13/2025.

Drug Name	Drug Tier	Requirements /Limits
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	1	
NATACYN	1	
<i>neomycin-bacitracin-polymyxin</i>	1	MO
<i>neomycin-polymyxin-gramicidin</i>	1	MO
<i>neo-polycin</i>	1	
<i>ofloxacin ophthalmic (eye)</i>	1	MO
<i>polycin</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	MO
<i>tobramycin ophthalmic (eye)</i>	1	MO; QL (10 per 14 days)
<b>ANTIVIRALS</b>		
<i>trifluridine</i>	1	MO
ZIRGAN	1	MO
<b>BETA-BLOCKERS</b>		
<i>betaxolol ophthalmic (eye)</i>	1	MO
<i>carteolol</i>	1	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops (not single use)</i>	1	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>		
<i>atropine ophthalmic (eye) drops 1 %</i>	1	MO
<i>azelastine ophthalmic (eye)</i>	1	MO
<i>bss</i>	1	
BYOOVIZ	1	PA; MO; NDS
CIMERLI	1	PA; MO; NDS
<i>cromolyn ophthalmic (eye)</i>	1	MO
<i>cyclosporine ophthalmic (eye)</i>	1	MO; QL (60 per 30 days)
CYSTARAN	1	PA; NDS
<i>epinastine</i>	1	MO
EYLEA	1	PA; MO; NDS
OXERVATE	1	PA; MO; NDS
PAVBLU	1	PA; MO; NDS
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	MO
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1	MO
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	1	
<i>sulfacetamide-prednisolone</i>	1	MO
XDEMVY	1	PA; QL (10 per 42 days); NDS
XIIDRA	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
<i>diclofenac sodium ophthalmic (eye)</i>	1	MO
<i>flurbiprofen sodium</i>	1	MO
<i>ketorolac ophthalmic (eye)</i>	1	MO
<b>ORAL DRUGS FOR GLAUCOMA</b>		
<i>acetazolamide</i>	1	MO
<i>acetazolamide sodium</i>	1	MO
<i>methazolamide</i>	1	MO
<b>OTHER GLAUCOMA DRUGS</b>		
<i>dorzolamide</i>	1	MO
<i>dorzolamide-timolol</i>	1	MO
<i>latanoprost</i>	1	MO
<i>miostat</i>	1	
<i>travoprost</i>	1	MO
<b>STEROID-ANTIBIOTIC COMBINATIONS</b>		
<i>neomycin-bacitracin-poly-hc</i>	1	MO
<i>neomycin-polymyxin b-dexameth</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	1	MO
<i>neo-polycin hc</i>	1	
<i>tobramycin-dexamethasone</i>	1	MO; QL (10 per 14 days)
<b>STERIODS</b>		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>fluorometholone</i>	1	MO
<i>loteprednol etabonate</i>	1	MO
OZURDEX	1	MO; NDS
<i>prednisolone acetate</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	MO
<b>SYMPATHOMIMETICS</b>		
<i>apraclonidine</i>	1	MO
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i>	1	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	MO
<b>RESPIRATORY AND ALLERGY</b>		
<b>ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS</b>		
<i>adrenalin injection solution 1 mg/ml</i>	1	
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	1	MO
<i>cetirizine oral solution 1 mg/ml</i>	1	MO
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	MO
<i>diphenhydramine hcl injection syringe</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	1	MO; QL (4 per 30 days)
<i>epinephrine injection solution</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	PA; MO
<i>levocetirizine oral solution</i>	1	MO
<i>levocetirizine oral tablet</i>	1	MO; QL (30 per 30 days)
<i>promethazine injection solution</i>	1	MO
<i>promethazine oral</i>	1	PA; MO
<b>PULMONARY AGENTS</b>		
<i>acetylcysteine</i>	1	B/D PA; MO
ADEMPAS	1	PA; MO; LA; QL (90 per 30 days); NDS
<i>albuterol sulfate (only ndcs starting with 00054, 00093, 00781, 17270, 45802, 60687, 68180, 69097, 76282) inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	MO; QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm</i>	1	QL (13.4 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	1	B/D PA; MO
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	1	B/D PA
<i>albuterol sulfate oral syrup</i>	1	MO
<i>albuterol sulfate oral tablet</i>	1	MO
<i>alyq</i>	1	PA; MO; QL (60 per 30 days); NDS
<i>ambrisentan</i>	1	PA; MO; LA; QL (30 per 30 days); NDS
<i>arformoterol</i>	1	B/D PA; MO; QL (120 per 30 days)
ASMANEX HFA	1	MO; QL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ACTUATION (30), 220 MCG/ACTUATION (30), 220 MCG/ACTUATION (60)	1	MO; QL (1 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ACTUATION (120)	1	MO; QL (2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ACTUATION (14)	1	QL (2 per 28 days)
ATROVENT HFA	1	MO; QL (25.8 per 30 days)
<i>bosentan oral tablet</i>	1	PA; MO; LA; QL (60 per 30 days); NDS
<i>breyna</i>	1	MO; QL (10.3 per 30 days)
BREZTRI AEROSPHERE	1	MO; QL (10.7 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	1	B/D PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	B/D PA; MO; QL (60 per 30 days)
<i>budesonide-formoterol</i>	1	QL (10.2 per 30 days)
CINRYZE	1	PA; MO; NDS

Drug Name	Drug Tier	Requirements /Limits
COMBIVENT RESPIMAT	1	QL (8 per 30 days)
<i>cromolyn inhalation</i>	1	B/D PA; MO
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION	1	QL (13 per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION , 50-5 MCG/ACTUATION	1	MO; QL (13 per 30 days)
<i>flunisolide</i>	1	MO; QL (50 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	1	ST; MO; QL (12 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	1	ST; MO; QL (24 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	1	ST; MO; QL (10.6 per 30 days)
<i>fluticasone propionate nasal</i>	1	MO; QL (16 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	MO; QL (60 per 30 days)
<i>formoterol fumarate</i>	1	B/D PA; MO; QL (120 per 30 days)
<i>icatibant</i>	1	PA; MO; NDS
<i>ipratropium bromide inhalation</i>	1	B/D PA; MO
<i>ipratropium-albuterol</i>	1	B/D PA; MO
KALYDECO	1	PA; MO; QL (56 per 28 days); NDS
<i>montelukast oral granules in packet</i>	1	MO
<i>montelukast oral tablet</i>	1	MO
<i>montelukast oral tablet, chewable</i>	1	MO
OFEV	1	PA; MO; QL (60 per 30 days); NDS
OPSUMIT	1	PA; MO; LA; QL (30 per 30 days); NDS
OPSYNVI	1	PA; MO; QL (30 per 30 days); NDS
ORKAMBI ORAL GRANULES IN PACKET	1	PA; MO; QL (56 per 28 days); NDS
ORKAMBI ORAL TABLET	1	PA; MO; QL (112 per 28 days); NDS

Drug Name	Drug Tier	Requirements /Limits
<i>pirfenidone oral capsule</i>	1	PA; MO; QL (270 per 30 days); NDS
<i>pirfenidone oral tablet 267 mg</i>	1	PA; MO; QL (270 per 30 days); NDS
<i>pirfenidone oral tablet 801 mg</i>	1	PA; MO; QL (90 per 30 days); NDS
PULMOZYME	1	B/D PA; MO; NDS
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	1	QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	1	QL (21.2 per 30 days)
<i>roflumilast</i>	1	PA; MO; QL (30 per 30 days)
<i>sajazir</i>	1	PA; MO; NDS
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	1	NDS
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA; MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
SPIRIVA RESPIMAT	1	MO; QL (4 per 30 days)
STIOLTO RESPIMAT	1	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	1	MO; QL (4 per 30 days)
SYMDEKO	1	PA; MO; QL (56 per 28 days); NDS
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA; QL (60 per 30 days); NDS
<i>terbutaline oral</i>	1	MO
<i>terbutaline subcutaneous</i>	1	MO
<i>theophylline oral elixir</i>	1	MO
<i>theophylline oral solution</i>	1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	MO
<i>theophylline oral tablet extended release 24 hr</i>	1	
<i>tiotropium bromide</i>	1	QL (90 per 90 days)
TRELEGY ELLIPTA	1	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	1	PA; MO; QL (56 per 28 days); NDS
TRIKAFTA ORAL TABLETS, SEQUENTIAL	1	PA; MO; QL (84 per 28 days); NDS
TYVASO	1	B/D PA; MO; QL (81.2 per 28 days); NDS
TYVASO INSTITUTIONAL START KIT	1	B/D PA; QL (11.6 per 180 days); NDS
TYVASO REFILL KIT	1	B/D PA; MO; QL (81.2 per 28 days); NDS
TYVASO STARTER KIT	1	B/D PA; MO; QL (81.2 per 180 days); NDS
<i>wixela inhub</i>	1	QL (60 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	1	PA; MO; LA; QL (8 per 28 days); NDS
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	1	PA; MO; LA; QL (1 per 28 days); NDS
XOLAIR SUBCUTANEOUS RECON SOLN	1	PA; MO; LA; QL (8 per 28 days); NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	1	PA; MO; LA; QL (8 per 28 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; MO; LA; QL (1 per 28 days); NDS
<i>zafirlukast</i>	1	MO

## UROLOGICALS

### ANTICHOLINERGICS / ANTISPASMODICS

<i>mirabegron</i>	1	MO
MYRBETRIQ ORAL SUSPENSION,EXT ENDED REL RECON	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	1	MO
<i>oxybutynin chloride oral syrup</i>	1	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	1	MO
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	MO
<i>tolterodine</i>	1	MO
<i>tropium oral tablet</i>	1	MO

### BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

<i>alfuzosin</i>	1	MO
<i>dutasteride</i>	1	MO
<i>finasteride oral tablet 5 mg</i>	1	MO
<i>tamsulosin</i>	1	MO

### MISCELLANEOUS UROLOGICALS

Drug Name	Drug Tier	Requirements /Limits
<i>alprostadil</i>	1	
<i>bethanechol chloride</i>	1	MO
CYSTAGON	1	PA; LA
ELMIRON	1	MO
<i>glycine urologic</i>	1	
<i>glycine urologic solution</i>	1	
K-PHOS NO 2	1	MO
K-PHOS ORIGINAL	1	MO
<i>potassium citrate oral tablet extended release</i>	1	MO
RENACIDIN	1	MO
<i>tadalafil oral tablet 2.5 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>tadalafil oral tablet 5 mg</i>	1	PA; MO; QL (30 per 30 days)

## VITAMINS, HEMATINICS / ELECTROLYTES

### BLOOD DERIVATIVES

<i>albumin, human 25 %</i>	1	
<i>alburx (human) 25 %</i>	1	
<i>alburx (human) 5 %</i>	1	
<i>albutein 25 %</i>	1	
<i>albutein 5 %</i>	1	

### ELECTROLYTES

<i>calcium acetate(phosphat bind)</i>	1	PA; MO
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Drug Name	Drug Tier	Requirements /Limits
<i>calcium chloride</i>	1	
<i>calcium gluconate intravenous</i>	1	
<i>effer-k oral tablet, effervescent 25 meq</i>	1	MO
<i>klor-con 10</i>	1	MO
<i>klor-con 8</i>	1	MO
<i>klor-con m10</i>	1	MO
<i>klor-con m15</i>	1	MO
<i>klor-con m20</i>	1	MO
<i>klor-con oral packet 20</i>	1	MO
<i>klor-con/ef</i>	1	
<i>lactated ringers intravenous</i>	1	MO
<i>magnesium chloride injection</i>	1	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	1	
<i>magnesium sulfate in water</i>	1	
<i>magnesium sulfate injection solution</i>	1	MO
<i>magnesium sulfate injection syringe</i>	1	
<i>potassium acetate</i>	1	
<i>potassium chlorid-d5-0.45%nacl</i>	1	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i>	1	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	1	
<i>potassium chloride intravenous</i>	1	
<i>potassium chloride oral capsule, extended release</i>	1	MO
<i>potassium chloride oral liquid</i>	1	MO
<i>potassium chloride oral packet</i>	1	MO
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	1	MO
<i>potassium chloride oral tablet extended release 20 meq</i>	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride oral tablet,er particles/crystals 15 meq</i>	1	
<i>potassium chloride-0.45 % nacl</i>	1	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.9%nacl</i>	1	
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	1	
<i>ringer's intravenous</i>	1	
<i>sodium acetate</i>	1	
<i>sodium bicarbonate intravenous solution</i>	1	
<i>sodium bicarbonate intravenous syringe 50 meq/50 ml (8.4 %)</i>	1	
<i>sodium chloride 0.45 % intravenous</i>	1	MO
<i>sodium chloride 3 % hypertonic</i>	1	
<i>sodium chloride 5 % hypertonic</i>	1	MO
<i>sodium chloride intravenous</i>	1	
<i>sodium phosphate</i>	1	MO
<b>MISCELLANEOUS NUTRITION PRODUCTS</b>		

Drug Name	Drug Tier	Requirements /Limits
CLINIMIX 5%/D15W SULFITE FREE	1	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	1	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	1	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE)	1	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE)	1	B/D PA
CLINIMIX 8%-D14W(SULFITE-FREE)	1	B/D PA
<i>electrolyte-148</i>	1	
<i>electrolyte-48 in d5w</i>	1	
<i>electrolyte-a</i>	1	
<i>intralipid intravenous emulsion 20 %</i>	1	B/D PA
ISOLYTE S PH 7.4	1	
ISOLYTE-P IN 5 % DEXTROSE	1	
ISOLYTE-S	1	
PLENAMINE	1	B/D PA
<i>premasol 10 %</i>	1	B/D PA
<i>travasol 10 %</i>	1	B/D PA
TROPHAMINE 10 %	1	B/D PA
<b>VITAMINS / HEMATINICS</b>		
<i>fluoride (sodium) oral tablet</i>	1	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>prenatal vitamin oral tablet</i>	1	MO
<i>wescap-pn dha</i>	1	MO

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