EXPRESS SCRIPTS®
Medicare (PDP)

Express Scripts Medicare (PDP)
2023 Formulary (List of Covered Drugs)

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

Formulary ID Number: 23034, v8

This formulary was updated on 08/23/2022. For more recent information or to price a medication, you can visit us on the Web at **express-scripts.com**. Or you can contact **Express Scripts Medicare®** (PDP) Customer Service at the numbers located on the back of your member ID card. Customer Service is available 24 hours a day, 7 days a week.

Important Message About What You Pay for Vaccines – Our plan covers most Part D vaccines at no cost to you. If your plan has a deductible, there is no deductible for covered vaccines. Call Customer Service for more information.

Important Message About What You Pay for Insulin – You won't pay more than $35 for a one-month supply for each insulin product covered by our plan, no matter its cost-sharing tier. If your plan covers insulin at a lower cost-sharing amount, you will pay the lower amount. If your plan has a deductible, there is no deductible for covered insulins.

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

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

This document includes the list of the covered drugs (formulary) for our plan, which is current as of August 23, 2022. For more recent information, please contact us. Our contact information, along with the date we last updated the formulary, appears above and on the back cover.

You must use network pharmacies to fill your prescriptions to get the most from your benefit. Benefits, premium and/or copayments/coinsurance may change on January 1, 2024. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

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

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

What is the Express Scripts Medicare formulary?

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

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

Can my drug coverage change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the drug list during the year, move them to different cost-sharing tiers, or add new restrictions.

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

- **New generic drugs.** We may immediately remove a brand-name drug on our formulary if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
    - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the formulary?"

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, if applicable, we must notify affected members of the change at least 30 days before the change becomes effective or at the time the member requests a refill of the drug, at which time the member will receive a one-month supply of the drug.

This drug list was updated in August 2022.

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

To get current information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back covers.

How do I use the formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 138. 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 "Drug Name" column of the list.

What are generic drugs?

Both brand-name drugs and generic drugs are covered under this plan. A generic drug is approved by the FDA as having the same active ingredient(s) as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

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

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

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

This drug list was updated in August 2022.

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

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

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

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

What if my drug is not listed on this formulary?

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

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

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

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

How do I request an exception to the formulary?

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

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

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

This drug list was updated in August 2022.

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

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

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

How do I request an appeal?

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

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

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

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

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

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

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

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

This drug list was updated in August 2022.

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

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

Other coverage that your plan may provide

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

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

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

Formulary

The formulary that begins on page 1 provides coverage information about some of the drugs covered by this plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 138.

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

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

Your Costs

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

This drug list was updated in August 2022.

- **Your coverage stage.** Your plan has different stages of coverage. In each stage, the amount you pay for a drug may change. Please refer to your other plan documents for more information about your specific prescription drug benefit.
- **The drug tier for your drug.** Each covered drug is in one of three drug tiers. Each tier may have a different cost-sharing amount. The "Drug Tiers" chart below explains what types of drugs are included in each tier and shows how costs may change with each tier.

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

Drug Tiers

Tier	Includes	Helpful tips
Tier 1: **Generic Drugs**	This tier includes many commonly prescribed generic drugs and may include other low-cost drugs.	Use Tier 1 drugs for the lowest cost-sharing amount.
Tier 2: **Preferred Brand Drugs**	This tier includes preferred brand-name drugs as well as some generic drugs.	Drugs in this tier will generally have lower cost-sharing amounts than non-preferred drugs.
Tier 3: **Non-Preferred Drugs**	This tier includes non-preferred brand-name drugs as well as some generic drugs.	Many non-preferred drugs have lower-cost alternatives in Tiers 1 and 2. Ask your doctor if switching to a lower-cost generic or preferred brand-name drug may be right for you.

If you qualify for Extra Help

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

For more information

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

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

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

This drug list was updated in August 2022.

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

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

List of abbreviations

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

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

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

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

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

This drug list was updated in August 2022.

Drug Name	Drug Tier	Requirements/Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	3	PA; MO
AMBISOME	3	PA
amphotericin b	1	PA; MO
ANCOBON	3	MO
CANCIDAS	3	
caspofungin	1	
clotrimazole mucous membrane	1	MO
CRESEMBA ORAL	3	PA
DIFLUCAN	3	MO
ERAXIS(WATER DILUENT)	3	MO
fluconazole	1	MO
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml	1	PA; MO
fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml	1	PA
flucytosine	1	MO
griseofulvin microsize	1	MO
griseofulvin ultramicrosize	1	MO
itraconazole oral capsule	1	MO; QL (120 per 30 days)
itraconazole oral solution	1	MO
ketoconazole oral	1	MO
micafungin	1	MO
NOXAFIL ORAL SUSPENSION	3	PA; MO; QL (630 per 30 days)
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC)	3	PA; MO; QL (96 per 30 days)
nystatin oral	1	MO
posaconazole oral tablet,delayed release (dr/ec)	1	PA; MO; QL (96 per 30 days)
SPORANOX ORAL CAPSULE	3	MO; QL (120 per 30 days)
SPORANOX ORAL SOLUTION	3	MO
terbinafine hcl oral	1	MO
TOLSURA	3	PA; MO; QL (120 per 30 days)
VFEND	3	PA; MO
VFEND IV	3	PA; MO
voriconazole	1	PA; MO
ANTIVIRALS		
abacavir	1	MO
abacavir-lamivudine	1	MO

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

This drug list was updated in August 2022.

Drug Name	Drug Tier	Requirements/Limits
acyclovir oral capsule	1	MO
acyclovir oral suspension 200 mg/5 ml	1	MO
acyclovir oral tablet	1	MO
acyclovir sodium intravenous solution	1	PA; MO
adefovir	1	MO
amantadine hcl	1	MO
APTIVUS	2	MO
atazanavir	1	MO
BARACLUDE	3	MO
BIKTARVY	3	MO
CIMDUO	3	MO
COMBIVIR	3	MO
COMPLERA	3	MO
DELSTRIGO	3	MO
DESCOVY ORAL TABLET 200-25 MG	3	MO
DOVATO	3	MO
EDURANT	2	MO
efavirenz	1	MO
efavirenz-emtricitabin-tenofov	1	MO
efavirenz-lamivu-tenofov disop	1	MO
emtricitabine	1	MO
emtricitabine-tenofovir (tdf)	1	MO
EMTRIVA ORAL CAPSULE	3	MO
EMTRIVA ORAL SOLUTION	2	MO
entecavir	1	MO
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	2	PA; MO; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	2	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	2	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	2	PA; MO; QL (28 per 28 days)
EPIVIR	3	MO
EPIVIR HBV	3	MO
EPZICOM	3	MO
etravirine	1	MO
EVOTAZ	3	MO
famciclovir	1	MO
fosamprenavir	1	MO
FUZEON SUBCUTANEOUS RECON SOLN	2	MO
GENVOYA	3	MO
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	2	PA; MO; QL (28 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
HARVONI ORAL PELLETS IN PACKET 45-200 MG	2	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	2	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 90-400 MG	2	PA; MO; QL (28 per 28 days)
HEPSERA	3	MO
INTELENCE	3	MO
ISENTRESS	2	MO
ISENTRESS HD	3	MO
JULUCA	3	MO
KALETRA	3	MO
lamivudine	1	MO
lamivudine-zidovudine	1	MO
LEDIPASVIR-SOFOSBUVIR	3	PA; MO; QL (28 per 28 days)
LEXIVA	3	MO
LIVTENCITY	3	PA; LA; QL (120 per 30 days)
lopinavir-ritonavir	1	MO
maraviroc	1	MO
MAVYRET ORAL PELLETS IN PACKET	3	PA; MO; QL (168 per 28 days)
MAVYRET ORAL TABLET	3	PA; MO; QL (84 per 28 days)
nevirapine oral suspension	1	
nevirapine oral tablet	1	MO
nevirapine oral tablet extended release 24 hr	1	MO
NORVIR ORAL POWDER IN PACKET	3	MO
NORVIR ORAL SOLUTION	3	MO
NORVIR ORAL TABLET	3	MO
ODEFSEY	3	MO
oseltamivir	1	MO
PIFELTRO	3	MO
PREVYMIS ORAL	2	MO; QL (30 per 30 days)
PREZCOBIX	3	MO
PREZISTA ORAL SUSPENSION	3	MO
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	3	MO
RELENZA DISKHALER	3	MO
RETROVIR ORAL CAPSULE	3	MO
RETROVIR ORAL SYRUP	3	MO

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

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

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Drug Name	Drug Tier	Requirements/Limits
VALTREX ORAL TABLET 500 MG	3	MO; QL (60 per 30 days)
VEMLIDY	2	MO
VIRACEPT ORAL TABLET	2	MO
VIREAD	3	MO
VOSEVI	2	PA; MO; QL (28 per 28 days)
XOFLUZA ORAL TABLET 40 MG, 80 MG	2	MO
ZEPATIER	3	PA; MO; QL (28 per 28 days)
ZIAGEN	3	MO
zidovudine	1	MO
ZOVIRAX ORAL SUSPENSION	3	MO
CEPHALOSPORINS		
AVYCAZ	3	PA; MO
cefaclor oral capsule	1	MO
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	MO
cefaclor oral suspension for reconstitution 375 mg/5 ml	1	
cefaclor oral tablet extended release 12 hr	1	MO
cefadroxil oral capsule	1	MO
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	MO
cefadroxil oral tablet	1	MO
cefazolin injection recon soln 1 gram, 500 mg	1	MO
cefazolin injection recon soln 10 gram	1	
cefdinir	1	MO
cefepime injection	1	MO
cefixime	1	MO
cefotetan injection	1	PA
cefoxitin intravenous recon soln 1 gram, 2 gram	1	PA; MO
cefoxitin intravenous recon soln 10 gram	1	PA
cefpodoxime	1	MO
cefprozil	1	MO
ceftazidime injection recon soln 1 gram, 2 gram	1	PA; MO
ceftazidime injection recon soln 6 gram	1	PA

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Drug Name	Drug Tier	Requirements/Limits
ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg	1	MO
ceftriaxone injection recon soln 10 gram	1	
cefuroxime axetil oral tablet	1	MO
cefuroxime sodium injection recon soln 750 mg	1	PA; MO
cefuroxime sodium intravenous recon soln 1.5 gram	1	PA; MO
cephalexin	1	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	3	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	3	
SUPRAX ORAL TABLET,CHEWABLE	3	MO
tazicef injection	1	PA; MO
TEFLARO	3	PA; MO
ZERBAXA	3	PA
ERYTHROMYCINS / OTHER MACROLIDES		
azithromycin intravenous	1	PA; MO
azithromycin oral packet	1	MO
azithromycin oral suspension for reconstitution	1	MO
azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)	1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	MO
clarithromycin	1	MO
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	3	QL (136 per 10 days)
DIFICID ORAL TABLET	3	MO; QL (20 per 10 days)
e.e.s. 400 oral tablet	1	MO
E.E.S. GRANULES	3	MO
ERYPED 200	3	MO
ERYPED 400	3	MO
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	1	MO
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	MO

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Drug Name	Drug Tier	Requirements/Limits
erythrocin (as stearate) oral tablet 250 mg	1	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	PA; MO
erythromycin ethylsuccinate oral suspension for reconstitution	1	MO
erythromycin ethylsuccinate oral tablet	1	
erythromycin oral	1	MO
ZITHROMAX INTRAVENOUS	3	PA; MO
ZITHROMAX ORAL PACKET	3	MO
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	3	MO
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	MO
ZITHROMAX TRI-PAK	3	MO
ZITHROMAX Z-PAK	3	MO

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO	3	MO; QL (12 per 30 days)
albendazole	1	MO
amikacin injection solution 500 mg/2 ml	1	PA; MO
ARIKAYCE	3	PA; LA
atovaquone	1	MO
atovaquone-proguanil	1	MO
AZACTAM	3	PA; MO
aztreonam	1	PA; MO
BENZNIDAZOLE	3	MO
BETHKIS	3	PA; MO; QL (224 per 28 days)
BILTRICIDE	3	MO
CAYSTON	2	PA; MO; LA; QL (84 per 56 days)
chloroquine phosphate	1	MO
CLEOCIN HCL	3	MO
CLEOCIN PEDIATRIC	3	MO
clindamycin hcl	1	MO
clindamycin in 5 % dextrose	1	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
clindamycin pediatric	1	MO
clindamycin phosphate injection	1	PA; MO
clindamycin phosphate intravenous solution 600 mg/4 ml	1	PA; MO
COARTEM	3	MO
colistin (colistimethate na)	1	PA; MO; QL (30 per 10 days)
CUBICIN RF	3	
DALVANCE	3	PA; MO
dapsone oral	1	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	2	MO
daptomycin intravenous recon soln 500 mg	1	MO
DARAPRIM	3	PA
EMVERM	2	MO
ertapenem	1	PA; MO; QL (14 per 14 days)
ethambutol	1	MO
FIRVANQ	3	QL (450 per 10 days)
FLAGYL ORAL CAPSULE	3	MO
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml	1	PA; MO
gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml	1	PA
gentamicin injection solution 40 mg/ml	1	PA; MO
HUMATIN	3	MO
HYDROXYCHLOROQUINE ORAL TABLET 100 MG, 300 MG, 400 MG	3	PA; MO
hydroxychloroquine oral tablet 200 mg	1	PA; MO
imipenem-cilastatin	1	PA; MO
IMPAVIDO	3	PA; MO
INVANZ INJECTION	3	PA; MO; QL (14 per 14 days)
isoniazid oral	1	MO
ivermectin oral	1	PA; MO; QL (20 per 30 days)
KITABIS PAK	3	PA; MO; QL (280 per 28 days)
KRINTAFEL	3	MO
LAMPIT	3	
linezolid	1	MO

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Drug Name	Drug Tier	Requirements/Limits
linezolid in dextrose 5%	1	PA
MALARONE	3	MO
MALARONE PEDIATRIC	3	MO
mefloquine	1	MO
MEPRON	3	MO
meropenem intravenous recon soln 1 gram	1	PA; MO; QL (30 per 10 days)
meropenem intravenous recon soln 500 mg	1	PA; MO; QL (10 per 10 days)
metronidazole in nacl (iso-os)	1	PA; MO
metronidazole oral	1	MO
MYAMBUTOL ORAL TABLET 400 MG	3	MO
MYCOBUTIN	3	MO
NEBUPENT	3	PA; MO; QL (1 per 28 days)
neomycin	1	MO
nitazoxanide	1	MO
paromomycin	1	MO
PASER	2	MO
PENTAM	3	MO
pentamidine inhalation	1	PA; MO; QL (1 per 28 days)
pentamidine injection	1	MO
PLAQUENIL	3	PA; MO
polymyxin b sulfate	1	PA; MO
praziquantel	1	MO
PRETOMANID	3	PA
PRIFTIN	2	MO
PRIMAQUINE	2	MO
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	3	PA; MO
pyrazinamide	1	MO
pyrimethamine	1	PA; MO
QUALAQUIN	3	MO
quinine sulfate	1	MO
rifabutin	1	MO
rifampin	1	MO
SIRTURO	3	PA; LA
SIVEXTRO INTRAVENOUS	3	PA
SIVEXTRO ORAL	3	MO
SOLOSEC	3	MO
STREPTOMYCIN	3	PA; MO; QL (60 per 30 days)
STROMECTOL	3	PA; MO; QL (20 per 30 days)
tigecycline	1	PA; MO
tinidazole	1	MO
TOBI	3	PA; MO; QL (280 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	2	MO; QL (224 per 56 days)
tobramycin in 0.225 % nacl	1	PA; MO; QL (280 per 28 days)
tobramycin inhalation	1	PA; MO; QL (224 per 28 days)
tobramycin sulfate injection solution	1	PA; MO
TRECATOR	3	MO
TYGACIL	3	PA; MO
VABOMERE	3	PA
VANCOCIN ORAL CAPSULE 125 MG	3	PA; MO; QL (40 per 10 days)
VANCOCIN ORAL CAPSULE 250 MG	3	PA; MO; QL (80 per 10 days)
vancomycin intravenous recon soln 1,000 mg	1	PA; MO; QL (20 per 10 days)
vancomycin intravenous recon soln 10 gram	1	PA; QL (2 per 10 days)
vancomycin intravenous recon soln 500 mg	1	PA; MO; QL (10 per 10 days)
vancomycin intravenous recon soln 750 mg	1	PA; MO; QL (27 per 10 days)
vancomycin oral capsule 125 mg	1	PA; MO; QL (40 per 10 days)
vancomycin oral capsule 250 mg	1	PA; MO; QL (80 per 10 days)
vancomycin oral recon soln	1	MO; QL (450 per 10 days)
XENLETA INTRAVENOUS	3	
XENLETA ORAL	3	MO
XIFAXAN ORAL TABLET 200 MG	2	MO; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	2	MO; QL (90 per 30 days)
ZEMDRI	3	PA
ZYVOX INTRAVENOUS PIGGYBACK 600 MG/300 ML	3	PA; MO
ZYVOX ORAL	3	MO
PENICILLINS		
amoxicillin oral capsule	1	MO
amoxicillin oral suspension for reconstitution	1	MO
amoxicillin oral tablet	1	MO
amoxicillin oral tablet,chewable 125 mg, 250 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
amoxicillin-pot clavulanate	1	MO
ampicillin oral capsule 500 mg	1	MO
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg	1	PA; MO
ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram	1	PA; MO
ampicillin-sulbactam injection recon soln 15 gram	1	PA
BICILLIN C-R	2	PA; MO
BICILLIN L-A	3	PA; MO
dicloxacillin	1	MO
nafcillin injection recon soln 1 gram, 2 gram	1	PA; MO
nafcillin injection recon soln 10 gram	1	PA
oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml	1	PA
oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml	1	PA; MO
oxacillin injection recon soln 1 gram, 10 gram	1	PA
oxacillin injection recon soln 2 gram	1	PA; MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	3	PA
penicillin g potassium injection recon soln 20 million unit	1	PA; MO
penicillin g procaine intramuscular syringe 1.2 million unit/2 ml	1	PA; MO
penicillin g sodium	1	PA; MO
penicillin v potassium	1	MO
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram	1	MO
piperacillin-tazobactam intravenous recon soln 40.5 gram	1	
UNASYN INJECTION RECON SOLN 15 GRAM	3	PA

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Drug Name	Drug Tier	Requirements/Limits
UNASYN INJECTION RECON SOLN 3 GRAM	3	PA; MO
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML	3	
QUINOLONES		
BAXDELA INTRAVENOUS	3	PA
BAXDELA ORAL	3	MO
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	MO
ciprofloxacin hcl oral	1	MO
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml	1	PA; MO
levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml	1	PA; MO
levofloxacin intravenous	1	PA; MO
levofloxacin oral	1	MO
moxifloxacin oral	1	MO
moxifloxacin-sod.chloride(iso)	1	PA; MO
ofloxacin oral tablet 300 mg, 400 mg	1	MO
SULFA'S / RELATED AGENTS		
BACTRIM	3	MO
BACTRIM DS	3	MO
sulfadiazine	1	MO
sulfamethoxazole-trimethoprim oral	1	MO
TETRACYCLINES		
ACTICLATE	3	ST; MO
demeclocycline	1	MO
DORYX MPC	3	ST; MO
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG, 50 MG	3	ST; MO
doxy-100	1	PA; MO
doxycycline hyclate oral capsule	1	MO
doxycycline hyclate oral tablet	1	MO
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
DOXYCYCLINE HYCLATE ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG	3	ST; MO
doxycycline monohydrate oral capsule	1	MO
doxycycline monohydrate oral suspension for reconstitution	1	MO
doxycycline monohydrate oral tablet	1	MO
minocycline oral capsule	1	MO
minocycline oral tablet	1	MO
minocycline oral tablet extended release 24 hr	1	MO
MINOLIRA ER	3	ST; MO
NUZYRA INTRAVENOUS	3	PA
NUZYRA ORAL	3	
ORACEA	3	ST; MO
SEYSARA	3	ST; MO
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	ST; MO
TARGADOX	3	ST; MO
tetracycline	1	MO
VIBRAMYCIN (CALCIUM)	3	MO
VIBRAMYCIN (MONO)	3	MO
VIBRAMYCIN ORAL CAPSULE 100 MG	3	ST; MO
URINARY TRACT AGENTS		
fosfomycin tromethamine	1	MO
HIPREX	3	MO
MACROBID	3	MO
MACRODANTIN	3	MO
methenamine hippurate	1	MO
MONUROL	3	MO
nitrofurantoin	1	MO
nitrofurantoin macrocrystal	1	MO
nitrofurantoin monohydlm-cryst	1	MO
trimethoprim	1	MO

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Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
leucovorin calcium oral	1	MO
MESNEX ORAL	2	MO
XGEVA	2	PA; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
abiraterone oral tablet 250 mg	1	PA; MO; QL (120 per 30 days)
abiraterone oral tablet 500 mg	1	PA; MO; QL (60 per 30 days)
AFINITOR	3	PA; MO; QL (30 per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG	3	PA; MO; QL (330 per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG	3	PA; MO; QL (240 per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 5 MG	3	PA; MO; QL (180 per 30 days)
ALECENSA	3	PA; MO; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	3	PA; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	3	PA; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	3	PA; QL (30 per 180 days)
anastrozole	1	MO
ARIMIDEX	3	MO
AROMASIN	3	MO
ASTAGRAF XL	3	PA; MO
AYVAKIT	3	PA; LA; QL (30 per 30 days)
AZASAN	3	PA; MO
azathioprine	1	PA; MO
BALVERSA	2	PA; LA
bexarotene	1	PA; MO
bicalutamide	1	MO

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Drug Name	Drug Tier	Requirements/Limits
BOSULIF ORAL TABLET 100 MG	3	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	3	PA; MO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	2	PA; MO; LA; QL (180 per 30 days)
BRUKINSA	3	PA; LA
CABOMETYX	2	PA; MO; LA; QL (30 per 30 days)
CALQUENCE	3	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	2	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	2	PA; LA; QL (30 per 30 days)
CASODEX	3	MO
CELLCEPT	3	PA; MO
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	2	PA; MO; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	2	PA; MO; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	2	PA; MO; QL (84 per 28 days)
COPIKTRA	3	PA; LA; QL (60 per 30 days)
COTELLIC	2	PA; MO; LA; QL (63 per 28 days)
cyclophosphamide oral capsule	1	PA; MO
CYCLOPHOSPHAMIDE ORAL TABLET	2	PA; MO
cyclosporine modified oral capsule	1	PA; MO
cyclosporine modified oral solution	1	PA
cyclosporine oral capsule	1	PA; MO
DAURISMO ORAL TABLET 100 MG	3	PA; MO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	3	PA; MO; QL (60 per 30 days)
DROXIA	2	MO
ELIGARD	3	PA; MO
ELIGARD (3 MONTH)	3	PA; MO
ELIGARD (4 MONTH)	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
ELIGARD (6 MONTH)	3	PA; MO
EMCYT	3	MO
ENSPRYNG	3	PA; MO
ENVARSUS XR	3	PA; MO
ERIVEDGE	2	PA; MO; QL (30 per 30 days)
ERLEADA	2	PA; MO; QL (120 per 30 days)
erlotinib oral tablet 100 mg, 150 mg	1	PA; MO; QL (30 per 30 days)
erlotinib oral tablet 25 mg	1	PA; MO; QL (60 per 30 days)
everolimus (antineoplastic) oral tablet	1	PA; MO; QL (30 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 2 mg	1	PA; MO; QL (330 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 3 mg	1	PA; MO; QL (240 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 5 mg	1	PA; MO; QL (180 per 30 days)
everolimus (immunosuppressive)	1	PA; MO
exemestane	1	MO
EXKIVITY	3	PA; LA; QL (120 per 30 days)
FARESTON	3	MO
FEMARA	3	MO
FIRMAGON KIT W DILUENT SYRINGE	3	PA; MO
FOTIVDA	3	PA; LA; QL (21 per 28 days)
GAVRETO	3	PA; MO; LA; QL (120 per 30 days)
gengraf	1	PA; MO
GILOTRIF	3	PA; MO; QL (30 per 30 days)
GLEEVEC ORAL TABLET 100 MG	3	PA; MO; QL (180 per 30 days)
GLEEVEC ORAL TABLET 400 MG	3	PA; MO; QL (60 per 30 days)
HYDREA	3	MO
hydroxyurea	1	MO
IBRANCE	2	PA; MO; QL (21 per 28 days)
ICLUSIG	3	PA; QL (30 per 30 days)
IDHIFA	2	PA; MO; LA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
imatinib oral tablet 100 mg	1	PA; MO; QL (180 per 30 days)
imatinib oral tablet 400 mg	1	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	3	PA; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	3	PA; QL (30 per 30 days)
IMBRUVICA ORAL TABLET	3	PA; QL (30 per 30 days)
IMURAN	3	PA; MO
INLYTA ORAL TABLET 1 MG	2	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	2	PA; MO; QL (120 per 30 days)
INQOVI	3	PA; MO; QL (5 per 28 days)
INREBIC	3	PA; MO; LA; QL (120 per 30 days)
IRESSA	3	PA; MO; QL (30 per 30 days)
JAKAFI	2	PA; MO; QL (60 per 30 days)
KANJINTI	3	PA; MO
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	3	PA; MO; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	3	PA; MO; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	3	PA; MO; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	3	PA; MO; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	3	PA; MO; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	3	PA; MO; QL (63 per 28 days)
KLISYRI	3	MO
KOSELUGO	3	PA
lapatinib	1	PA; MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
lenalidomide	1	PA; MO; LA; QL (28 per 28 days)
LENVIMA	2	PA; MO
letrozole	1	MO
LEUKERAN	2	MO
leuprolide subcutaneous kit	1	PA; MO
LONSURF	2	PA; MO
LORBRENA ORAL TABLET 100 MG	3	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	3	PA; MO; QL (90 per 30 days)
LUMAKRAS	3	PA; MO
LUPKYNIS	3	PA; LA; QL (180 per 30 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	2	PA; MO
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	3	PA; MO
LUPRON DEPOT (4 MONTH)	3	PA; MO
LUPRON DEPOT (6 MONTH)	3	PA; MO
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	2	PA; MO
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	3	PA; MO
LYNPARZA	3	PA; MO; QL (120 per 30 days)
LYSODREN	3	
MATULANE	2	
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	1	PA; MO
megestrol oral tablet	1	PA; MO
MEKINIST ORAL TABLET 0.5 MG	2	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	2	PA; MO; QL (30 per 30 days)
MEKTOVI	2	PA; MO; LA; QL (180 per 30 days)
mercaptopurine	1	MO
methotrexate sodium	1	PA; MO
methotrexate sodium (pf) injection solution	1	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
MYCAPSSA	3	PA; LA
mycophenolate mofetil	1	PA; MO
mycophenolate sodium	1	PA; MO
MYFORTIC	3	PA; MO
NEORAL	3	PA; MO
NERLYNX	2	PA; MO; LA
NEXAVAR	3	PA; MO; LA; QL (120 per 30 days)
NILANDRON	3	PA; MO
nilutamide	1	PA; MO
NINLARO	3	PA; MO; QL (3 per 28 days)
NUBEQA	2	PA; MO; LA; QL (120 per 30 days)
octreotide acetate injection solution	1	PA; MO
ODOMZO	3	PA; MO; LA; QL (30 per 30 days)
ONTRUZANT	3	PA
ONUREG	3	PA; MO; QL (14 per 28 days)
ORGOVYX	3	PA; LA; QL (30 per 28 days)
PEMAZYRE	3	PA; LA; QL (14 per 21 days)
PIQRAY	2	PA; MO
POMALYST	3	PA; MO; LA
PROGRAF ORAL	3	PA; MO
PURIXAN	3	
QINLOCK	3	PA; LA; QL (90 per 30 days)
RAPAMUNE	3	PA; MO
RETEVMO ORAL CAPSULE 40 MG	3	PA; MO; LA; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	3	PA; MO; LA; QL (120 per 30 days)
REVLIMID	2	PA; MO; LA; QL (28 per 28 days)
REZUROCK	3	PA; LA; QL (30 per 30 days)
RIABNI	3	PA; MO
ROZLYTREK ORAL CAPSULE 100 MG	3	PA; MO; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	3	PA; MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RUBRACA	3	PA; MO; LA; QL (120 per 30 days)
RUXIENCE	2	PA; MO
RYDAPT	2	PA; MO
SANDIMMUNE ORAL	3	PA; MO
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	PA; MO
SCEMBLIX ORAL TABLET 20 MG	3	PA; MO; QL (600 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	3	PA; MO; QL (300 per 30 days)
SIGNIFOR	2	PA
SIKLOS	3	MO
sirolimus	1	PA; MO
SOLTAMOX	3	MO
SOMATULINE DEPOT	2	PA; MO
sorafenib	1	PA; MO; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	2	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	2	PA; MO; QL (60 per 30 days)
STIVARGA	2	PA; MO; QL (84 per 28 days)
sunitinib	1	PA; MO; QL (30 per 30 days)
SUTENT	3	PA; MO; QL (30 per 30 days)
SYNRIBO	2	PA
TABLOID	3	MO
TABRECTA	3	PA; MO
tacrolimus oral	1	PA; MO
TAFINLAR	2	PA; MO; QL (120 per 30 days)
TAGRISSO	3	PA; MO; LA; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	3	PA; MO; QL (90 per 30 days)
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG, 1 MG	3	PA; MO; QL (30 per 30 days)
tamoxifen	1	MO
TARCEVA ORAL TABLET 100 MG, 150 MG	3	PA; MO; QL (30 per 30 days)
TARCEVA ORAL TABLET 25 MG	3	PA; MO; QL (60 per 30 days)
TARGRETIN	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
TASIGNA ORAL CAPSULE 150 MG, 200 MG	3	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	3	PA; MO; QL (120 per 30 days)
TAZVERIK	3	PA; LA
TEPMETKO	3	PA; LA
THALOMID ORAL CAPSULE 100 MG, 50 MG	3	PA; MO; QL (28 per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	3	PA; MO; QL (56 per 28 days)
TIBSOVO	2	PA
toremifene	1	MO
TRAZIMERA	2	PA; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	PA; MO
tretinoin (antineoplastic)	1	MO
TREXALL	3	PA; MO
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1)	3	PA; LA; QL (21 per 28 days)
TRUSELTIQ ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2)	3	PA; LA; QL (42 per 28 days)
TRUSELTIQ ORAL CAPSULE 75 MG/DAY (25 MG X 3)	3	PA; LA; QL (63 per 28 days)
TUKYSA ORAL TABLET 150 MG	3	PA; LA; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	3	PA; LA; QL (300 per 30 days)
TURALIO	3	PA; LA; QL (120 per 30 days)
TYKERB	3	PA; MO; LA; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 10 MG	3	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	3	PA; LA; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	3	PA; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK	3	PA; LA; QL (42 per 180 days)
VERZENIO	2	PA; MO; LA; QL (60 per 30 days)
VIJOICE	3	PA
VITRAKVI ORAL CAPSULE 100 MG	3	PA; MO; LA; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VITRAKVI ORAL CAPSULE 25 MG	3	PA; MO; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	3	PA; MO; LA; QL (300 per 30 days)
VIZIMPRO	3	PA; MO; QL (30 per 30 days)
VONJO	3	PA; QL (120 per 30 days)
VOTRIENT	2	PA; MO; QL (120 per 30 days)
WELIREG	3	PA; LA
XALKORI	3	PA; MO; QL (60 per 30 days)
XATMEP	3	PA; MO
XERMELO	2	PA; LA; QL (90 per 30 days)
XOSPATA	2	PA; LA
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	3	PA; LA
XTANDI ORAL CAPSULE	2	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	2	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	2	PA; MO; QL (60 per 30 days)
YONSA	2	PA; MO; QL (120 per 30 days)
ZEJULA	2	PA; MO; LA; QL (90 per 30 days)
ZELBORAF	2	PA; MO; QL (240 per 30 days)
ZIRABEV	2	PA; MO
ZOLINZA	2	PA; MO
ZORTRESS	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
ZYDELIG	3	PA; MO; QL (60 per 30 days)
ZYKADIA ORAL TABLET	3	PA; MO; QL (90 per 30 days)
ZYTIGA ORAL TABLET 250 MG	3	PA; MO; QL (120 per 30 days)
ZYTIGA ORAL TABLET 500 MG	3	PA; MO; QL (60 per 30 days)
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG	3	MO; QL (180 per 30 days)
APTIOM ORAL TABLET 400 MG	3	MO; QL (90 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	3	MO; QL (60 per 30 days)
BANZEL	3	PA; MO
BRIVIACT INTRAVENOUS	3	QL (600 per 30 days)
BRIVIACT ORAL SOLUTION	3	MO; QL (600 per 30 days)
BRIVIACT ORAL TABLET	3	MO; QL (60 per 30 days)
carbamazepine oral capsule, er multiphase 12 hr	1	MO
carbamazepine oral suspension 100 mg/5 ml	1	MO
carbamazepine oral tablet	1	MO
carbamazepine oral tablet extended release 12 hr	1	MO
carbamazepine oral tablet,chewable	1	MO
CARBATROL	3	MO
CELONTIN ORAL CAPSULE 300 MG	3	MO
clobazam oral suspension	1	PA; MO; QL (480 per 30 days)
clobazam oral tablet	1	PA; MO; QL (60 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	1	MO; QL (90 per 30 days)
clonazepam oral tablet 2 mg	1	MO; QL (300 per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	1	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
clonazepam oral tablet,disintegrating 2 mg	1	MO; QL (300 per 30 days)
DEPAKOTE	3	MO
DEPAKOTE ER	3	MO
DEPAKOTE SPRINKLES	3	MO
DIACOMIT	3	PA; LA
DIASTAT	3	MO
DIASTAT ACUDIAL	3	MO
diazepam rectal	1	MO
DILANTIN 30 MG	2	MO
DILANTIN EXTENDED 100 MG	3	MO
DILANTIN INFATABS 50 MG	3	MO
DILANTIN-125 125 MG/5 ML	3	MO
divalproex oral capsule, delayed rel sprinkle	1	
divalproex oral tablet extended release 24 hr	1	MO
divalproex oral tablet,delayed release (dr/ec)	1	MO
EPIDIOLEX	3	PA; MO; LA
epitol	1	MO
EPRONTIA	3	PA; MO
EQUETRO	3	MO
ethosuximide	1	MO
felbamate	1	MO
FELBATOL	3	MO
FINTEPLA	3	PA; LA; QL (360 per 30 days)
FYCOMPA ORAL SUSPENSION	3	MO; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	3	MO; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG, 4 MG, 6 MG	3	MO; QL (60 per 30 days)
gabapentin oral capsule 100 mg, 400 mg	1	MO; QL (270 per 30 days)
gabapentin oral capsule 300 mg	1	MO; QL (360 per 30 days)
gabapentin oral solution 250 mg/5 ml	1	MO; QL (2160 per 30 days)
gabapentin oral tablet 600 mg	1	MO; QL (180 per 30 days)
gabapentin oral tablet 800 mg	1	MO; QL (120 per 30 days)
GABITRIL	3	MO

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Drug Name	Drug Tier	Requirements/Limits
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	2	PA; MO; QL (30 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	2	PA; MO; QL (90 per 30 days)
KEPPRA ORAL	3	MO
KEPPRA XR	3	MO
KLONOPIN ORAL TABLET 0.5 MG, 1 MG	3	MO; QL (90 per 30 days)
KLONOPIN ORAL TABLET 2 MG	3	MO; QL (300 per 30 days)
lacosamide oral solution	1	MO; QL (1200 per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg	1	MO; QL (60 per 30 days)
lacosamide oral tablet 50 mg	1	MO; QL (120 per 30 days)
LAMICTAL ODT	3	MO
LAMICTAL ORAL TABLET	3	MO
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	MO
LAMICTAL STARTER (BLUE) KIT	3	MO
LAMICTAL STARTER (GREEN) KIT	3	MO
LAMICTAL STARTER (ORANGE) KIT	3	MO
LAMICTAL XR	3	MO
LAMICTAL XR STARTER (BLUE)	3	MO
LAMICTAL XR STARTER (GREEN)	3	MO
LAMICTAL XR STARTER (ORANGE)	3	MO
lamotrigine oral tablet	1	MO
lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)	1	MO
lamotrigine oral tablet extended release 24hr	1	MO
lamotrigine oral tablet, chewable dispersible	1	MO
lamotrigine oral tablet,disintegrating	1	MO

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

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Drug Name	Drug Tier	Requirements/Limits
phenytoin sodium extended	1	MO
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	1	MO; QL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg	1	MO; QL (60 per 30 days)
pregabalin oral solution	1	MO; QL (900 per 30 days)
pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg	1	PA; MO; QL (30 per 30 days)
pregabalin oral tablet extended release 24 hr 330 mg	1	PA; MO; QL (60 per 30 days)
primidone	1	MO
QUDEXY XR	3	PA; MO
roweepra oral tablet 500 mg	1	MO
rufinamide	1	PA; MO
SABRIL	3	MO; LA
SPRITAM	3	MO
SYMPAZAN	3	PA; MO; QL (60 per 30 days)
TEGRETOL ORAL SUSPENSION	3	MO
TEGRETOL ORAL TABLET	3	MO
TEGRETOL XR	3	MO
tiagabine	1	MO
TOPAMAX	3	PA; MO
topiramate	1	PA; MO
TRILEPTAL	3	MO
TROKENDI XR	3	PA; MO
valproic acid	1	MO
valproic acid (as sodium salt) oral solution 250 mg/5 ml	1	MO
VALTOCO	2	PA; MO; QL (10 per 30 days)
vigabatrin	1	MO; LA
vigadrone	1	LA
VIMPAT ORAL SOLUTION	3	MO; QL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	3	MO; QL (60 per 30 days)
VIMPAT ORAL TABLET 50 MG	3	MO; QL (120 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	3	MO; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG	3	MO; QL (120 per 30 days)

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XCOPRI ORAL TABLET 150 MG, 200 MG	3	MO; QL (60 per 30 days)
XCOPRI ORAL TABLET 50 MG	3	MO; QL (240 per 30 days)
XCOPRI TITRATION PACK	3	MO; QL (28 per 180 days)
ZARONTIN	3	MO
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	PA; MO
zonisamide	1	PA; MO
ANTIPARKINSONISM AGENTS		
APOKYN	3	PA; MO; LA; QL (90 per 30 days)
apomorphine	1	PA; QL (90 per 30 days)
AZILECT	3	MO
benztropine oral	1	PA; MO
bromocriptine	1	MO
carbidopa	1	MO
carbidopa-levodopa	1	MO
carbidopa-levodopa-entacapone	1	MO
COMTAN	3	MO
DHIVY	3	MO
DUOPA	3	PA; MO
entacapone	1	MO
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG	3	PA; QL (60 per 30 days)
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 68.5 MG	3	PA; QL (30 per 30 days)
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	3	PA; QL (300 per 30 days)
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	2	PA; MO; QL (150 per 30 days)
LODOSYN	3	MO
MIRAPEX ER	3	MO
NEUPRO	3	MO
NOURIANZ	3	PA; MO; LA; QL (30 per 30 days)
ONGENTYS	3	PA; MO; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 193 MG	3	PA; QL (30 per 30 days)
PARLODEL	3	MO
pramipexole	1	MO
rasagiline	1	MO
ropinirole	1	MO

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Drug Name	Drug Tier	Requirements/Limits
RYTARY	3	MO
selegiline hcl	1	MO
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	MO
STALEVO 100	3	MO
STALEVO 125	3	MO
STALEVO 150	3	MO
STALEVO 200	3	MO
STALEVO 75	3	MO
TASMAR ORAL TABLET 100 MG	3	PA; MO
tolcapone	1	PA
ZELAPAR	3	PA; MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	2	PA; MO; QL (1 per 30 days)
AJOVY AUTOINJECTOR	3	PA; MO; QL (1.5 per 30 days)
AJOVY SYRINGE	3	PA; MO; QL (1.5 per 30 days)
almotriptan malate oral tablet 12.5 mg	1	MO; QL (24 per 28 days)
almotriptan malate oral tablet 6.25 mg	1	MO; QL (18 per 28 days)
AMERGE	3	MO; QL (18 per 28 days)
dihydroergotamine nasal	1	QL (8 per 28 days)
eletriptan	1	MO; QL (18 per 28 days)
ELYXYB	3	PA; MO; QL (28.8 per 28 days)
EMGALITY PEN	2	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	3	PA; MO; QL (3 per 30 days)
ergotamine-caffeine	1	MO
FROVA	3	MO; QL (27 per 28 days)
frovatriptan	1	MO; QL (27 per 28 days)
IMITREX NASAL SPRAY,NON-AEROSOL 20 MG/ACTUATION	3	MO; QL (18 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
IMITREX NASAL SPRAY,NON-AEROSOL 5 MG/ACTUATION	3	MO; QL (36 per 28 days)
IMITREX ORAL	3	MO; QL (18 per 28 days)
IMITREX STATDOSE SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML	3	MO; QL (8 per 28 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 6 MG/0.5 ML	3	MO; QL (8 per 28 days)
MAXALT ORAL TABLET 10 MG	3	MO; QL (36 per 28 days)
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG	3	MO; QL (36 per 28 days)
migergot	1	MO
MIGRANAL	3	QL (8 per 28 days)
naratriptan	1	MO; QL (18 per 28 days)
NURTEC ODT	2	PA; QL (16 per 30 days)
ONZETRA XSAIL	3	MO; QL (32 per 28 days)
QULIPTA	3	PA; MO; QL (30 per 30 days)
RELPAX	3	MO; QL (18 per 28 days)
REYVOW ORAL TABLET 100 MG	3	PA; QL (16 per 30 days)
REYVOW ORAL TABLET 50 MG	3	PA; QL (8 per 30 days)
rizatriptan	1	MO; QL (36 per 28 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation	1	MO; QL (18 per 28 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	1	MO; QL (36 per 28 days)
sumatriptan succinate oral	1	MO; QL (18 per 28 days)
sumatriptan succinate subcutaneous cartridge	1	MO; QL (8 per 28 days)
sumatriptan succinate subcutaneous pen injector	1	MO; QL (8 per 28 days)
sumatriptan succinate subcutaneous solution	1	MO; QL (8 per 28 days)
sumatriptan-naproxen	1	MO; QL (18 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
TOSYMRA	3	MO; QL (24 per 28 days)
TREXIMET	3	MO; QL (18 per 28 days)
TRUDHESA	3	ST; QL (8 per 28 days)
UBRELVY	2	PA; QL (20 per 30 days)
ZEMBRACE SYMTOUCH	3	MO; QL (8 per 28 days)
zolmitriptan nasal spray,non-aerosol 5 mg	1	MO; QL (18 per 28 days)
zolmitriptan oral	1	MO; QL (18 per 28 days)
ZOMIG	3	MO; QL (18 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AMPYRA	3	PA; MO; LA; QL (60 per 30 days)
ARICEPT	3	MO
AUBAGIO	3	PA; MO; QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	3	PA; MO; LA; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	3	PA; MO; LA; QL (60 per 30 days)
BAFIERTAM	3	PA; MO; QL (120 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	3	PA; MO; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	3	PA; MO; QL (12 per 28 days)
dalfampridine	1	PA; MO; QL (60 per 30 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg	1	PA; MO; QL (14 per 30 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	1	PA; MO; QL (120 per 180 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg	1	PA; MO; QL (60 per 30 days)
donepezil	1	MO
EVRYSDI	3	PA; MO; LA; QL (240 per 30 days)
EXELON PATCH	3	MO
FIRDAPSE	2	PA; LA

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Drug Name	Drug Tier	Requirements/Limits
galantamine	1	MO
GILENYA ORAL CAPSULE 0.5 MG	2	PA; MO; QL (30 per 30 days)
glatiramer subcutaneous syringe 20 mg/ml	1	PA; QL (30 per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	1	PA; QL (12 per 28 days)
glatopa subcutaneous syringe 20 mg/ml	1	PA; MO; QL (30 per 30 days)
glatopa subcutaneous syringe 40 mg/ml	1	PA; MO; QL (12 per 28 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	3	PA; MO; QL (30 per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	3	PA; MO; QL (60 per 30 days)
INGREZZA	3	PA; LA; QL (30 per 30 days)
INGREZZA INITIATION PACK	3	PA; LA; QL (28 per 180 days)
KESIMPTA PEN	3	PA; MO; QL (1.6 per 28 days)
KEVEYIS	3	PA
MAVENCLAD (10 TABLET PACK)	3	PA; MO; LA; QL (40 per 720 days)
MAVENCLAD (4 TABLET PACK)	3	PA; MO; LA; QL (16 per 720 days)
MAVENCLAD (5 TABLET PACK)	3	PA; MO; LA; QL (20 per 720 days)
MAVENCLAD (6 TABLET PACK)	3	PA; MO; LA; QL (24 per 720 days)
MAVENCLAD (7 TABLET PACK)	3	PA; MO; LA; QL (28 per 720 days)
MAVENCLAD (8 TABLET PACK)	3	PA; MO; LA; QL (32 per 720 days)
MAVENCLAD (9 TABLET PACK)	3	PA; MO; LA; QL (36 per 720 days)
MAYZENT ORAL TABLET 0.25 MG	3	PA; MO; QL (120 per 30 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	3	PA; MO; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT)	3	PA; MO; QL (7 per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
MAYZENT STARTER(FOR 2MG MAINT)	3	PA; MO; QL (12 per 180 days)
memantine oral capsule,sprinkle,er 24hr	1	PA; MO
memantine oral solution	1	PA; MO
memantine oral tablet	1	PA; MO
MEMANTINE ORAL TABLETS,DOSE PACK	3	PA; MO
NAMENDA ORAL TABLET	3	PA; MO
NAMENDA TITRATION PAK	3	PA; MO
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR	3	PA; MO
NAMZARIC	2	PA; MO
NUEDEXTA	2	PA; MO
PONVORY	3	PA; MO; QL (30 per 30 days)
PONVORY 14-DAY STARTER PACK	3	PA; MO; QL (14 per 180 days)
RADICAVA ORS	3	MO
RADICAVA ORS STARTER KIT SUSP	3	MO
RAZADYNE ER	3	MO
rivastigmine	1	MO
rivastigmine tartrate	1	MO
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG	3	PA; MO; LA; QL (14 per 30 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	3	PA; MO; LA; QL (120 per 180 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 240 MG	3	PA; MO; LA; QL (60 per 30 days)
TEGSEDI	3	PA; MO; LA
tetrabenazine oral tablet 12.5 mg	1	PA; MO; QL (240 per 30 days)
tetrabenazine oral tablet 25 mg	1	PA; MO; QL (120 per 30 days)
VUMERITY	2	PA; MO; QL (120 per 30 days)
XENAZINE ORAL TABLET 12.5 MG	3	PA; MO; LA; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
XENAZINE ORAL TABLET 25 MG	3	PA; MO; LA; QL (120 per 30 days)
ZEPOSIA	2	PA; MO; QL (30 per 30 days)
ZEPOSIA STARTER KIT	2	PA; MO; QL (37 per 180 days)
ZEPOSIA STARTER PACK	2	PA; MO; QL (7 per 180 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
baclofen oral tablet	1	MO
cyclobenzaprine oral tablet	1	PA; MO
DANTRIUM ORAL CAPSULE 25 MG	3	MO
dantrolene oral	1	MO
FEXMID	3	PA; MO
FLEQSUVY	3	MO
MESTINON ORAL	3	MO
MESTINON TIMESPAN	3	MO
pyridostigmine bromide oral syrup	1	MO
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	MO
pyridostigmine bromide oral tablet 60 mg	1	MO
pyridostigmine bromide oral tablet extended release	1	MO
tizanidine	1	MO
ZANAFLEX	3	MO
NARCOTIC ANALGESICS		
acetaminophen-caff-dihydrocod oral capsule	1	MO; QL (300 per 30 days)
acetaminophen-codeine oral solution 120-12 mg/5 ml	1	MO; QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	1	MO; QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	1	MO; QL (180 per 30 days)
ACTIQ	3	PA; MO; QL (120 per 30 days)
BELBUCA	2	PA; MO; QL (60 per 30 days)
buprenorphine hcl sublingual	1	MO

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Drug Name	Drug Tier	Requirements/Limits
buprenorphine transdermal patch	1	PA; MO; QL (4 per 28 days)
BUTRANS	3	PA; MO; QL (4 per 28 days)
codeine sulfate	1	MO; QL (180 per 30 days)
DILAUDID ORAL LIQUID	3	MO; QL (2400 per 30 days)
DILAUDID ORAL TABLET	3	MO; QL (180 per 30 days)
endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	MO; QL (360 per 30 days)
fentanyl	1	PA; MO; QL (10 per 30 days)
fentanyl citrate buccal lozenge on a handle	1	PA; MO; QL (120 per 30 days)
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 100 MCG, 400 MCG, 600 MCG, 800 MCG	3	PA; QL (120 per 30 days)
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 200 MCG	3	PA; MO; QL (120 per 30 days)
FENTORA	3	PA; MO; QL (120 per 30 days)
hydrocodone bitartrate, oral only, er 12hr	1	PA; MO; QL (90 per 30 days)
hydrocodone bitartrate, oral only,ext.rel.24 hr	1	PA; MO; QL (60 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	1	MO; QL (5550 per 30 days)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	1	MO; QL (390 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	MO; QL (360 per 30 days)
hydrocodone-ibuprofen	1	MO; QL (50 per 30 days)
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml	1	QL (240 per 30 days)
hydromorphone oral liquid	1	MO; QL (2400 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
hydromorphone oral tablet	1	MO; QL (180 per 30 days)
hydromorphone oral tablet extended release 24 hr	1	PA; MO; QL (60 per 30 days)
HYSINGLA ER	3	PA; MO; QL (60 per 30 days)
LAZANDA NASAL SPRAY,NON-AEROSOL 100 MCG/SPRAY	3	PA; MO; QL (45 per 30 days)
LAZANDA NASAL SPRAY,NON-AEROSOL 400 MCG/SPRAY	3	PA; MO; QL (30 per 30 days)
levorphanol tartrate	1	MO; QL (120 per 30 days)
methadone oral solution 10 mg/5 ml	1	PA; MO; QL (600 per 30 days)
methadone oral solution 5 mg/5 ml	1	PA; MO; QL (1200 per 30 days)
methadone oral tablet 10 mg	1	PA; MO; QL (120 per 30 days)
methadone oral tablet 5 mg	1	PA; MO; QL (240 per 30 days)
morphine concentrate oral solution	1	MO; QL (900 per 30 days)
morphine oral capsule, er multiphase 24 hr	1	PA; MO; QL (60 per 30 days)
morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	1	PA; MO; QL (90 per 30 days)
morphine oral solution	1	MO; QL (900 per 30 days)
morphine oral tablet	1	MO; QL (180 per 30 days)
morphine oral tablet extended release	1	PA; MO; QL (120 per 30 days)
MS CONTIN	3	PA; MO; QL (120 per 30 days)
oxycodone oral capsule	1	MO; QL (360 per 30 days)
oxycodone oral concentrate	1	MO; QL (180 per 30 days)
oxycodone oral solution	1	MO; QL (1200 per 30 days)
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	MO; QL (180 per 30 days)
oxycodone oral tablet 5 mg	1	MO; QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL. 12 HR 10 MG, 20 MG, 40 MG	3	PA; QL (90 per 30 days)
OXYCODONE, ORAL ONLY, EXT.REL.12 HR 80 MG	3	PA; QL (60 per 30 days)
oxycodone-acetaminophen oral solution 5-325 mg/5 ml	1	QL (1860 per 30 days)
oxycodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	1	QL (390 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	MO; QL (360 per 30 days)
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	2	PA; MO; QL (90 per 30 days)
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 80 MG	2	PA; MO; QL (60 per 30 days)
oxymorphone oral tablet 10 mg	1	MO; QL (360 per 30 days)
oxymorphone oral tablet 5 mg	1	MO; QL (180 per 30 days)
oxymorphone oral tablet extended release 12 hr	1	PA; MO; QL (90 per 30 days)
PERCOCET	3	MO; QL (360 per 30 days)
prolate oral tablet	1	MO; QL (390 per 30 days)
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	MO; QL (180 per 30 days)
ROXICODONE ORAL TABLET 5 MG	3	QL (360 per 30 days)
SEGLENTIS	3	ST; MO; QL (120 per 30 days)
SUBSYS	3	PA; MO; QL (120 per 30 days)
TREZIX	3	MO; QL (300 per 30 days)
XTAMPZA ER	3	PA; MO; QL (90 per 30 days)
NON-NARCOTIC ANALGESICS		
ARTHROTEC 50	3	ST; MO
ARTHROTEC 75	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
buprenorphine-naloxone sublingual film 12-3 mg	1	MO; QL (60 per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg	1	MO; QL (360 per 30 days)
buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg	1	MO; QL (90 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg	1	MO; QL (360 per 30 days)
buprenorphine-naloxone sublingual tablet 8-2 mg	1	MO; QL (90 per 30 days)
butorphanol nasal	1	MO; QL (10 per 28 days)
CAMBIA	3	ST; MO; QL (9 per 30 days)
CELEBREX	3	MO
celecoxib	1	MO
CONZIP	3	PA; MO; QL (30 per 30 days)
DAYPRO	3	ST; MO
DICLOFENAC EPOLAMINE	3	PA; QL (60 per 30 days)
diclofenac potassium oral capsule	1	MO
DICLOFENAC POTASSIUM ORAL TABLET 25 MG	3	ST; MO
diclofenac potassium oral tablet 50 mg	1	MO
diclofenac sodium oral	1	MO
diclofenac sodium topical drops	1	MO; QL (300 per 28 days)
diclofenac sodium topical gel 1 %	1	MO; QL (1000 per 28 days)
diclofenac sodium topical solution in metered-dose pump	1	MO; QL (224 per 28 days)
diclofenac-misoprostol	1	MO
diflunisal	1	MO
DUEXIS	3	ST; MO
etodolac	1	MO
FELDENE	3	ST; MO
fenoprofen oral capsule 400 mg	1	ST; MO
fenoprofen oral tablet	1	MO
FLECTOR	3	PA; MO; QL (60 per 30 days)
flurbiprofen oral tablet 100 mg	1	MO
ibu oral tablet 600 mg, 800 mg	1	MO
ibuprofen oral suspension	1	MO

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Drug Name	Drug Tier	Requirements/Limits
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	MO
ibuprofen-famotidine	1	
INDOCIN RECTAL	3	MO
ketoprofen oral capsule 25 mg	1	MO
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	1	MO
KETOROLAC NASAL	3	ST
KLOXXADO	3	MO
LICART	3	PA; MO; QL (30 per 30 days)
LODINE ORAL TABLET	3	ST
lofena	1	MO
LUCEMYRA	3	PA; MO
meclofenamate	1	MO
mefenamic acid	1	MO
meloxicam oral tablet 15 mg	1	MO
meloxicam oral tablet 7.5 mg	1	MO; QL (30 per 30 days)
meloxicam submicronized oral capsule 10 mg	1	MO
meloxicam submicronized oral capsule 5 mg	1	MO; QL (30 per 30 days)
nabumetone	1	MO
NALFON ORAL CAPSULE 400 MG	3	ST; MO
NALFON ORAL TABLET	3	ST; MO
naloxone injection solution	1	MO
naloxone injection syringe	1	MO
naloxone nasal	1	MO
naltrexone	1	MO
NAPRELAN CR	3	ST; MO
naproxen oral suspension	1	MO
naproxen oral tablet	1	MO
naproxen oral tablet,delayed release (dr/ec) 375 mg	1	MO
naproxen oral tablet,delayed release (dr/ec) 500 mg	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	MO
naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg	1	MO
naproxen-esomeprazole	1	MO
NARCAN	3	MO

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Drug Name	Drug Tier	Requirements/Limits
NUCYNTA ER	3	PA; MO; QL (60 per 30 days)
NUCYNTA ORAL TABLET 100 MG	3	MO; QL (181 per 30 days)
NUCYNTA ORAL TABLET 50 MG	3	MO; QL (362 per 30 days)
NUCYNTA ORAL TABLET 75 MG	3	MO; QL (242 per 30 days)
oxaprozin	1	MO
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	3	ST; MO; QL (224 per 28 days)
piroxicam	1	MO
RELAFEN DS	3	ST; MO
SPRIX	3	ST
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	MO; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	3	MO; QL (360 per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	3	MO; QL (90 per 30 days)
sulindac	1	MO
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	3	PA; MO; QL (30 per 30 days)
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	PA; MO; QL (30 per 30 days)
TRAMADOL ORAL TABLET 100 MG	3	MO; QL (120 per 30 days)
tramadol oral tablet 50 mg	1	MO; QL (240 per 30 days)
tramadol oral tablet extended release 24 hr	1	PA; MO; QL (30 per 30 days)
tramadol oral tablet, er multiphase 24 hr	1	PA; MO; QL (30 per 30 days)
tramadol-acetaminophen	1	MO; QL (240 per 30 days)
ULTRACET	3	MO; QL (240 per 30 days)
ULTRAM	3	MO; QL (240 per 30 days)
VIMOVO	3	ST; MO
VIVITROL	2	MO
ZIMHI	3	
ZIPSOR	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
ZORVOLEX	3	ST; MO
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	2	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	2	MO; QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	2	MO; QL (1 per 28 days)
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP 15 MG, 2 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
ABILIFY MYCITE ORAL TABLET WITH SENSOR AND PATCH 30 MG	3	QL (30 per 30 days)
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 10 MG	3	QL (30 per 180 days)
ABILIFY ORAL TABLET	3	MO; QL (30 per 30 days)
ADDERALL ORAL TABLET 20 MG, 5 MG, 7.5 MG	3	MO
ADDERALL XR	3	ST; MO
ADZENYS XR-ODT	3	ST; MO
AMBIEN	3	MO; QL (30 per 30 days)
AMBIEN CR	3	MO; QL (30 per 30 days)
amitriptyline	1	MO
amoxapine	1	MO
amphetamine sulfate	1	PA; MO
ANAFRANIL	3	MO
APLENZIN	3	MO; QL (30 per 30 days)
APTENSIO XR	3	ST; MO
aripiprazole oral solution	1	MO
aripiprazole oral tablet	1	MO; QL (30 per 30 days)
aripiprazole oral tablet,disintegrating	1	MO; QL (60 per 30 days)
ARISTADA INITIO	2	MO; QL (4.8 per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	2	MO; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	2	MO; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	2	MO; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	2	MO; QL (3.2 per 28 days)
armodafinil	1	PA; MO; QL (30 per 30 days)
asenapine maleate	1	MO; QL (60 per 30 days)
ATIVAN ORAL TABLET 0.5 MG, 1 MG	3	PA; MO; QL (90 per 30 days)
ATIVAN ORAL TABLET 2 MG	3	PA; MO; QL (150 per 30 days)
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	1	MO; QL (60 per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	1	MO; QL (30 per 30 days)
AZSTARYS	3	ST; MO
BELSOMRA	3	PA; MO; QL (30 per 30 days)
bupropion hcl oral tablet	1	MO
bupropion hcl oral tablet extended release 24 hr 150 mg	1	MO; QL (90 per 30 days)
bupropion hcl oral tablet extended release 24 hr 300 mg	1	MO; QL (30 per 30 days)
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	MO; QL (30 per 30 days)
bupropion hcl oral tablet sustained-release 12 hr	1	MO; QL (60 per 30 days)
buspirone	1	MO
CAPLYTA ORAL CAPSULE 42 MG	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
CELEXA ORAL TABLET	3	MO; QL (30 per 30 days)
chlorpromazine oral	1	MO
CITALOPRAM ORAL CAPSULE	3	MO; QL (30 per 30 days)
citalopram oral solution	1	MO
citalopram oral tablet	1	MO; QL (30 per 30 days)
clomipramine	1	MO
clonidine hcl oral tablet extended release 12 hr	1	MO
clorazepate dipotassium oral tablet 15 mg	1	PA; MO; QL (180 per 30 days)
clorazepate dipotassium oral tablet 3.75 mg	1	PA; MO; QL (90 per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	1	PA; MO; QL (360 per 30 days)
clozapine	1	
CLOZARIL	3	
CONCERTA	3	ST; MO
COTEMPLA XR-ODT	3	ST; MO
CYMBALTA	3	MO; QL (60 per 30 days)
DAYTRANA	3	ST; MO
DAYVIGO	3	PA; MO; QL (30 per 30 days)
desipramine	1	MO
DESOXYN	3	PA; MO
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	MO; QL (120 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	MO; QL (30 per 30 days)
desvenlafaxine succinate	1	MO; QL (30 per 30 days)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG	3	ST; MO
dexmethylphenidate	1	MO
dextroamphetamine sulfate	1	MO
dextroamphetamine-amphetamine	1	MO
diazepam intensol	1	PA; MO; QL (240 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1	PA; MO; QL (1200 per 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	2	MO; QL (30 per 30 days)
fluoxetine (pmdd) oral tablet 10 mg	1	QL (240 per 30 days)
fluoxetine (pmdd) oral tablet 20 mg	1	QL (120 per 30 days)
fluoxetine oral capsule 10 mg	1	MO; QL (30 per 30 days)
fluoxetine oral capsule 20 mg	1	MO; QL (90 per 30 days)
fluoxetine oral capsule 40 mg	1	MO; QL (60 per 30 days)
fluoxetine oral capsule,delayed release(dr/ec)	1	MO; QL (4 per 28 days)
fluoxetine oral solution	1	MO
fluoxetine oral tablet 10 mg	1	MO; QL (240 per 30 days)
fluoxetine oral tablet 20 mg	1	MO; QL (120 per 30 days)
fluoxetine oral tablet 60 mg	1	MO; QL (30 per 30 days)
fluphenazine decanoate	1	MO
fluphenazine hcl	1	MO
fluvoxamine oral capsule,extended release 24hr	1	MO; QL (60 per 30 days)
fluvoxamine oral tablet 100 mg	1	MO; QL (90 per 30 days)
fluvoxamine oral tablet 25 mg	1	MO; QL (30 per 30 days)
fluvoxamine oral tablet 50 mg	1	MO; QL (60 per 30 days)
FOCALIN	3	MO
FOCALIN XR	3	ST; MO
FORFIVO XL	3	MO; QL (30 per 30 days)
GEODON INTRAMUSCULAR	3	MO
GEODON ORAL	3	MO; QL (60 per 30 days)
HALDOL DECANOATE	3	MO
haloperidol	1	MO
haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)	1	

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Drug Name	Drug Tier	Requirements/Limits
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml, 50 mg/ml(1ml)	1	MO
haloperidol lactate injection	1	MO
haloperidol lactate oral	1	MO
HETLIOZ	3	PA; MO; QL (30 per 30 days)
HETLIOZ LQ	3	PA; MO; QL (158 per 30 days)
imipramine hcl	1	MO
imipramine pamoate	1	MO
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	2	MO; QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	2	MO; QL (5 per 180 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG, 3 MG, 9 MG	3	MO; QL (30 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	3	MO; QL (60 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	2	MO; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	2	MO; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	2	MO; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	2	MO; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	2	MO; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	2	MO; QL (0.88 per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	2	MO; QL (1.32 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	2	MO; QL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	2	MO; QL (2.63 per 90 days)
JORNAY PM	3	ST; MO
KAPVAY	3	ST; MO
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	3	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	3	MO; QL (60 per 30 days)
LEXAPRO ORAL TABLET	3	MO; QL (30 per 30 days)
lithium carbonate	1	MO
LITHOBID	3	MO
lorazepam intensol	1	PA; QL (150 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	1	PA; MO; QL (90 per 30 days)
lorazepam oral tablet 2 mg	1	PA; MO; QL (150 per 30 days)
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 1 MG, 1.5 MG	3	PA; MO; QL (30 per 30 days)
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 2 MG	3	PA; MO; QL (150 per 30 days)
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 3 MG	3	PA; MO; QL (90 per 30 days)
loxapine succinate	1	MO
LUNESTA	3	MO; QL (30 per 30 days)
LYBALVI	3	ST; MO; QL (30 per 30 days)
MARPLAN	3	MO
methamphetamine	1	PA; MO
METHYLIN ORAL SOLUTION	3	MO
methylphenidate hcl oral cap,er sprinkle,biphasic 40-60	1	MO

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Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl oral capsule, er biphasic 30-70	1	MO
methylphenidate hcl oral capsule,er biphasic 50-50	1	MO
methylphenidate hcl oral solution	1	MO
methylphenidate hcl oral tablet	1	MO
methylphenidate hcl oral tablet extended release	1	MO
methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 36 mg (bx rating), 54 mg (bx rating)	1	
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg	1	MO
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	3	ST; MO
methylphenidate hcl oral tablet,chewable	1	MO
mirtazapine	1	MO
modafinil oral tablet 100 mg	1	PA; MO; QL (30 per 30 days)
modafinil oral tablet 200 mg	1	PA; MO; QL (60 per 30 days)
molindone	1	MO
MYDAYIS	3	ST; MO
NARDIL	3	MO
nefazodone	1	MO
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	MO
nortriptyline	1	MO
NUPLAZID	3	PA; MO; QL (30 per 30 days)
NUVIGIL	3	PA; MO; QL (30 per 30 days)
olanzapine intramuscular	1	MO
olanzapine oral	1	MO; QL (30 per 30 days)
olanzapine-fluoxetine	1	MO
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	1	MO; QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	1	MO; QL (60 per 30 days)
PAMELOR	3	MO
PARNATE	3	MO
paroxetine hcl oral suspension	1	MO

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Drug Name	Drug Tier	Requirements/Limits
paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg	1	MO; QL (30 per 30 days)
paroxetine hcl oral tablet 30 mg	1	MO; QL (60 per 30 days)
paroxetine hcl oral tablet extended release 24 hr	1	MO; QL (60 per 30 days)
paroxetine mesylate(menop.sym)	1	MO; QL (30 per 30 days)
PAXIL CR	3	MO; QL (60 per 30 days)
PAXIL ORAL SUSPENSION	3	MO
PAXIL ORAL TABLET 10 MG, 20 MG, 40 MG	3	MO; QL (30 per 30 days)
PAXIL ORAL TABLET 30 MG	3	MO; QL (60 per 30 days)
perphenazine	1	MO
PERSERIS	2	MO; QL (1 per 30 days)
PEXEVA ORAL TABLET 10 MG, 20 MG, 40 MG	3	MO; QL (30 per 30 days)
PEXEVA ORAL TABLET 30 MG	3	MO; QL (60 per 30 days)
phenelzine	1	MO
pimozide	1	MO
PRISTIQ	3	MO; QL (30 per 30 days)
procentra	1	MO
protriptyline	1	MO
PROVIGIL ORAL TABLET 100 MG	3	PA; MO; QL (30 per 30 days)
PROVIGIL ORAL TABLET 200 MG	3	PA; MO; QL (60 per 30 days)
PROZAC ORAL CAPSULE 10 MG	3	MO; QL (30 per 30 days)
PROZAC ORAL CAPSULE 20 MG	3	MO; QL (90 per 30 days)
PROZAC ORAL CAPSULE 40 MG	3	MO; QL (60 per 30 days)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG	3	ST; MO; QL (30 per 30 days)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	3	ST; MO; QL (60 per 30 days)
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	MO; QL (90 per 30 days)
quetiapine oral tablet 300 mg, 400 mg	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	1	MO; QL (30 per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	1	MO; QL (60 per 30 days)
QUILLICHEW ER	3	ST; MO
QUILLIVANT XR	3	ST; MO
QUVIVIQ	3	PA; MO; QL (30 per 30 days)
ramelteon	1	MO; QL (30 per 30 days)
RELEXXII	3	ST; MO
REMERON ORAL TABLET 15 MG, 30 MG	3	MO
REMERON SOLTAB	3	MO
REXULTI	3	MO; QL (30 per 30 days)
RISPERDAL CONSTA	2	MO; QL (2 per 28 days)
RISPERDAL ORAL SOLUTION	3	MO
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG	3	MO; QL (60 per 30 days)
RISPERDAL ORAL TABLET 4 MG	3	MO; QL (120 per 30 days)
risperidone oral solution	1	MO
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	1	MO; QL (60 per 30 days)
risperidone oral tablet 4 mg	1	MO; QL (120 per 30 days)
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	1	MO; QL (60 per 30 days)
risperidone oral tablet,disintegrating 4 mg	1	MO; QL (120 per 30 days)
RITALIN	3	MO
RITALIN LA	3	ST; MO
ROZEREM	3	MO; QL (30 per 30 days)
SAPHRIS	3	MO; QL (60 per 30 days)
SECUADO	3	MO; QL (30 per 30 days)
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	3	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SEROQUEL ORAL TABLET 300 MG, 400 MG	3	MO; QL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG	3	MO; QL (30 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 400 MG, 50 MG	3	MO; QL (60 per 30 days)
SERTRALINE ORAL CAPSULE	3	MO; QL (30 per 30 days)
sertraline oral concentrate	1	MO
sertraline oral tablet 100 mg, 50 mg	1	MO; QL (60 per 30 days)
sertraline oral tablet 25 mg	1	MO; QL (30 per 30 days)
SILENOR	3	MO; QL (30 per 30 days)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	3	ST; MO; QL (60 per 30 days)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	3	ST; MO; QL (30 per 30 days)
SUNOSI	3	PA; MO; QL (30 per 30 days)
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	MO
thioridazine	1	MO
thiothixene	1	MO
TRANXENE T-TAB	3	PA; MO; QL (360 per 30 days)
tranylcypromine	1	MO
trazodone	1	MO
trifluoperazine	1	MO
trimipramine	1	MO
TRINTELLIX	2	MO; QL (30 per 30 days)
VALIUM	3	PA; MO; QL (120 per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg	1	MO; QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 75 mg	1	MO; QL (90 per 30 days)
venlafaxine oral tablet	1	MO; QL (90 per 30 days)
venlafaxine oral tablet extended release 24hr	1	MO; QL (30 per 30 days)
VERSACLOZ	2	

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Drug Name	Drug Tier	Requirements/Limits
VIIBRYD ORAL TABLET	3	MO; QL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	2	MO; QL (30 per 180 days)
vilazodone	1	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	3	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	3	MO; QL (7 per 180 days)
VYVANSE	3	ST; MO
WAKIX	3	PA; MO; LA; QL (60 per 30 days)
WELLBUTRIN SR	3	MO; QL (60 per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	MO; QL (90 per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	MO; QL (30 per 30 days)
XYREM	3	PA; LA; QL (540 per 30 days)
XYWAV	3	PA; LA; QL (540 per 30 days)
zaleplon oral capsule 10 mg	1	MO; QL (60 per 30 days)
zaleplon oral capsule 5 mg	1	MO; QL (30 per 30 days)
zenzedi oral tablet 10 mg, 5 mg	1	MO
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	MO
ziprasidone hcl	1	MO; QL (60 per 30 days)
ziprasidone mesylate	1	MO
ZOLOFT ORAL CONCENTRATE	3	MO
ZOLOFT ORAL TABLET 100 MG, 50 MG	3	MO; QL (60 per 30 days)
ZOLOFT ORAL TABLET 25 MG	3	MO; QL (30 per 30 days)
zolpidem oral	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZOLPIMIST	3	MO; QL (7.7 per 30 days)
ZYPREXA INTRAMUSCULAR	3	MO
ZYPREXA ORAL	3	MO; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	2	MO; QL (2 per 28 days)
ZYPREXA ZYDIS	3	MO; QL (30 per 30 days)
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
amiodarone oral tablet 100 mg, 400 mg	1	
amiodarone oral tablet 200 mg	1	MO
BETAPACE AF	3	MO
dofetilide	1	MO
flecainide	1	MO
mexiletine	1	MO
MULTAQ	3	MO
pacerone oral tablet 100 mg, 200 mg, 400 mg	1	MO
propafenone	1	MO
quinidine gluconate oral	1	MO
quinidine sulfate oral tablet	1	MO
RYTHMOL SR	3	MO
sorine oral tablet 120 mg, 160 mg, 80 mg	1	MO
sorine oral tablet 240 mg	1	
sotalol af	1	
sotalol oral	1	MO
SOTYLIZE	3	MO
TIKOSYN	3	MO
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL	3	MO
ACCURETIC	3	MO
acebutolol	1	MO
ALDACTAZIDE	3	MO
ALDACTONE	3	MO
aliskiren	1	MO
ALTACE	3	MO
amiloride	1	MO
amiloride-hydrochlorothiazide	1	MO
amlodipine	1	MO

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Drug Name	Drug Tier	Requirements/Limits
amlodipine-benazepril	1	MO
amlodipine-olmesartan	1	MO
amlodipine-valsartan	1	MO
ATACAND	3	ST; MO
ATACAND HCT	3	ST; MO
atenolol	1	MO
atenolol-chlorthalidone	1	MO
AVALIDE	3	ST; MO
AVAPRO	3	ST; MO
AZOR	3	ST; MO
benazepril	1	MO
benazepril-hydrochlorothiazide	1	MO
BENICAR	3	ST; MO
BENICAR HCT	3	ST; MO
betaxolol oral	1	MO
BIDIL	3	MO; QL (180 per 30 days)
bisoprolol fumarate	1	MO
bisoprolol-hydrochlorothiazide	1	MO
bumetanide	1	MO
BYSTOLIC	3	MO
CALAN SR	3	MO
candesartan	1	MO
candesartan-hydrochlorothiazid	1	MO
captopril	1	MO
CARDIZEM CD	3	MO
CARDIZEM LA	3	MO
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	MO
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG	3	ST; MO; QL (30 per 30 days)
CARDURA ORAL TABLET 8 MG	3	ST; MO; QL (60 per 30 days)
CARDURA XL	3	ST; MO; QL (30 per 30 days)
CAROSPIR	3	MO
cartia xt	1	MO
carvedilol	1	MO
carvedilol phosphate	1	MO
CATAPRES-TTS-1	3	MO
CATAPRES-TTS-2	3	MO; QL (4 per 28 days)
CATAPRES-TTS-3	3	MO; QL (4 per 28 days)
chlorthalidone oral tablet 25 mg, 50 mg	1	MO
clonidine	1	MO; QL (4 per 28 days)
clonidine hcl oral tablet	1	MO
CONJUPRI ORAL TABLET 2.5 MG	3	MO
COREG	3	MO

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Drug Name	Drug Tier	Requirements/Limits
COREG CR	3	MO
CORGARD	3	MO
COZAAR	3	ST; MO
DEMSER	3	PA; MO
DIBENZYLINE	3	PA; MO
diltiazem hcl oral capsule,extended release 12 hr	1	MO
diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg	1	MO
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	1	MO
diltiazem hcl oral tablet	1	MO
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg	1	
dilt-xr	1	MO
DIOVAN	3	ST; MO
DIOVAN HCT	3	ST; MO
DIURIL	3	MO
doxazosin oral tablet 1 mg, 2 mg, 4 mg	1	MO; QL (30 per 30 days)
doxazosin oral tablet 8 mg	1	MO; QL (60 per 30 days)
DYRENIUM	3	MO
EDARBI	2	MO
EDARBYCLOR	2	MO
EDECRIN	3	MO
enalapril maleate	1	MO
enalapril-hydrochlorothiazide	1	MO
eplerenone	1	MO
ethacrynic acid	1	MO
EXFORGE	3	ST; MO
EXFORGE HCT	3	ST; MO
felodipine	1	MO
fosinopril	1	MO
fosinopril-hydrochlorothiazide	1	MO
furosemide injection	1	MO
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	MO
furosemide oral tablet	1	MO
hydralazine oral	1	MO
hydrochlorothiazide	1	MO
HYZAAR	3	ST; MO
indapamide	1	MO
INDERAL LA	3	MO
INNOPRAN XL	3	MO
INSPRA	3	MO
irbesartan	1	MO
irbesartan-hydrochlorothiazide	1	MO

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Drug Name	Drug Tier	Requirements/Limits
isosorbide-hydralazine	1	MO; QL (180 per 30 days)
isradipine	1	MO
KAPSPARGO SPRINKLE	3	MO
KATERZIA	3	MO
KERENDIA	2	PA; QL (30 per 30 days)
labetalol oral	1	MO
LASIX	3	MO
lisinopril	1	MO
lisinopril-hydrochlorothiazide	1	MO
LOPRESSOR ORAL	3	MO
losartan	1	MO
losartan-hydrochlorothiazide	1	MO
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	MO
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	MO
matzim la	1	MO
MAXZIDE	3	MO
MAXZIDE-25MG	3	MO
metolazone	1	MO
metoprolol succinate	1	MO
metoprolol ta-hydrochlorothiaz	1	MO
metoprolol tartrate oral	1	MO
metyrosine	1	PA; MO
MICARDIS	3	ST; MO
MICARDIS HCT	3	ST; MO
MINIPRESS	3	MO
minoxidil oral	1	MO
moexipril	1	MO
nadolol	1	MO
nebivolol	1	
nicardipine oral	1	MO
nifedipine oral tablet extended release	1	MO
nifedipine oral tablet extended release 24hr	1	MO
nimodipine	1	MO
nisoldipine	1	MO
NORLIQVA	3	
NORVASC	3	MO
NYMALIZE ORAL SYRINGE 60 MG/10 ML	3	
olmesartan	1	MO
olmesartan-amlodipin-hcthiazid	1	MO
olmesartan-hydrochlorothiazide	1	MO
ORENITRAM	3	PA; MO
perindopril erbumine	1	MO
phenoxybenzamine	1	PA; MO
pindolol	1	MO

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Drug Name	Drug Tier	Requirements/Limits
prazosin	1	MO
PROCARDIA XL	3	MO
propranolol oral	1	MO
QBRELIS	3	MO
quinapril	1	MO
quinapril-hydrochlorothiazide	1	MO
ramipril	1	MO
SOAANZ	3	ST; MO
spironolactone	1	MO
spironolacton-hydrochlorothiaz	1	MO
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	MO
taztia xt	1	MO
TEKTURNA	3	MO
TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG	2	MO
telmisartan	1	MO
telmisartan-amlodipine	1	MO
telmisartan-hydrochlorothiazid	1	MO
TENORETIC 100	3	MO
TENORETIC 50	3	MO
TENORMIN	3	MO
terazosin oral capsule 1 mg, 2 mg, 5 mg	1	MO; QL (30 per 30 days)
terazosin oral capsule 10 mg	1	MO; QL (60 per 30 days)
THALITONE	3	MO
tiadylt er	1	MO
TIAZAC	3	MO
timolol maleate oral	1	MO
TOPROL XL	3	MO
torsemide oral	1	MO
trandolapril	1	MO
trandolapril-verapamil	1	MO
treprostinil sodium	1	PA; MO; LA
triamterene	1	MO
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	MO
triamterene-hydrochlorothiazid oral tablet	1	MO
TRIBENZOR	3	ST; MO
UPTRAVI ORAL	2	PA; MO; LA
VALSARTAN ORAL SOLUTION	3	ST; MO
valsartan oral tablet	1	MO
valsartan-hydrochlorothiazide	1	MO
VASERETIC	3	MO

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Drug Name	Drug Tier	Requirements/Limits
VASOTEC	3	MO
verapamil oral	1	MO
VERELAN	3	MO
VERELAN PM	3	MO
ZESTORETIC	3	MO
ZESTRIL	3	MO
ZIAC	3	MO
COAGULATION THERAPY		
ARIXTRA	3	MO
aspirin-dipyridamole	1	MO
BRILINTA	2	MO
CABLIVI INJECTION KIT	2	PA; LA
cilostazol	1	MO
clopidogrel oral tablet 75 mg	1	MO; QL (30 per 30 days)
dipyridamole oral	1	MO
DOPTELET (10 TAB PACK)	2	PA; MO; LA
DOPTELET (15 TAB PACK)	2	PA; MO; LA
DOPTELET (30 TAB PACK)	2	PA; MO; LA
EFFIENT	3	MO
ELIQUIS	2	MO
ELIQUIS DVT-PE TREAT 30D START	2	MO
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	1	MO; QL (28 per 28 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	1	MO; QL (22.4 per 28 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml	1	MO; QL (16.8 per 28 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	1	MO; QL (11.2 per 28 days)
fondaparinux	1	MO
FRAGMIN SUBCUTANEOUS SOLUTION	3	MO
FRAGMIN SUBCUTANEOUS SYRINGE	3	MO
heparin (porcine) injection solution	1	MO
jantoven	1	MO
LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 150 MG/ML	3	MO; QL (28 per 28 days)
LOVENOX SUBCUTANEOUS SYRINGE 120 MG/0.8 ML, 80 MG/0.8 ML	3	MO; QL (22.4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
LOVENOX SUBCUTANEOUS SYRINGE 30 MG/0.3 ML, 60 MG/0.6 ML	3	MO; QL (16.8 per 28 days)
LOVENOX SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	3	MO; QL (11.2 per 28 days)
MULPLETA	3	PA; MO
pentoxifylline	1	MO
PLAVIX ORAL TABLET 75 MG	3	MO; QL (30 per 30 days)
PRADAXA	3	PA; MO
prasugrel	1	MO
PROMACTA	3	PA; MO; LA
SAVAYSA	3	PA; MO
TAVALISSE	3	PA; LA; QL (60 per 30 days)
warfarin	1	MO
XARELTO	2	MO
XARELTO DVT-PE TREAT 30D START	2	MO
ZONTIVITY	3	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
ALTOPREV	3	ST; MO; QL (30 per 30 days)
amlodipine-atorvastatin	1	MO; QL (30 per 30 days)
ANTARA ORAL CAPSULE 30 MG, 90 MG	3	MO
atorvastatin	1	MO; QL (30 per 30 days)
CADUET	3	ST; MO; QL (30 per 30 days)
cholestyramine (with sugar) oral powder in packet	1	MO
cholestyramine light oral powder in packet	1	MO
colesevelam	1	MO
COLESTID ORAL PACKET	3	MO
COLESTID ORAL TABLET	3	MO
colestipol oral packet	1	MO
colestipol oral tablet	1	MO
CRESTOR	3	ST; MO; QL (30 per 30 days)
EZALLOR SPRINKLE	3	ST; MO; QL (30 per 30 days)
ezetimibe	1	MO
EZETIMIBE-ROSUVASTATIN	3	ST; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ezetimibe-simvastatin	1	MO; QL (30 per 30 days)
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	MO
FENOFIBRATE MICRONIZED ORAL CAPSULE 30 MG, 90 MG	3	MO
fenofibrate nanocrystallized	1	MO
FENOFIBRATE ORAL CAPSULE	3	MO
fenofibrate oral tablet	1	MO
fenofibric acid (choline)	1	MO
FENOGLIDE	3	MO
FLOLIPID	3	ST; MO; QL (300 per 30 days)
fluvastatin oral capsule 20 mg	1	MO; QL (30 per 30 days)
fluvastatin oral capsule 40 mg	1	MO; QL (60 per 30 days)
fluvastatin oral tablet extended release 24 hr	1	MO; QL (30 per 30 days)
gemfibrozil	1	MO
icosapent ethyl	1	MO
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	2	PA; MO; LA
LESCOL XL	3	ST; MO; QL (30 per 30 days)
LIPITOR	3	ST; MO; QL (30 per 30 days)
LIPOFEN	3	MO
LIVALO	2	ST; MO; QL (30 per 30 days)
LOPID	3	MO
lovastatin oral tablet 10 mg	1	MO; QL (30 per 30 days)
lovastatin oral tablet 20 mg, 40 mg	1	MO; QL (60 per 30 days)
LOVAZA	3	ST; MO
NEXLETOL	2	PA; MO
NEXLIZET	2	PA; MO
niacin oral tablet 500 mg	1	MO
niacin oral tablet extended release 24 hr	1	MO
NIACOR	3	MO
omega-3 acid ethyl esters	1	MO
PRALUENT PEN	3	PA; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
pravastatin	1	MO; QL (30 per 30 days)
prevalite oral powder in packet	1	MO
QUESTRAN LIGHT	3	MO
QUESTRAN ORAL POWDER	3	MO
REPATHA	2	PA; QL (3 per 28 days)
REPATHA PUSHTRONEX	2	PA; QL (3.5 per 28 days)
REPATHA SURECLICK	2	PA; QL (3 per 28 days)
rosuvastatin	1	MO; QL (30 per 30 days)
ROSZET	3	ST; MO; QL (30 per 30 days)
simvastatin oral tablet	1	MO; QL (30 per 30 days)
TRICOR	3	MO
TRILIPIX	3	MO
VASCEPA ORAL CAPSULE 0.5 GRAM	2	MO
VASCEPA ORAL CAPSULE 1 GRAM	3	ST; MO
VYTORIN 10-10	3	ST; MO; QL (30 per 30 days)
VYTORIN 10-20	3	ST; MO; QL (30 per 30 days)
VYTORIN 10-40	3	ST; MO; QL (30 per 30 days)
VYTORIN 10-80	3	ST; MO; QL (30 per 30 days)
WELCHOL	3	MO
ZETIA	3	MO
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	ST; MO; QL (30 per 30 days)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	ST; MO; QL (30 per 30 days)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS	3	PA; MO; QL (30 per 30 days)
CORLANOR ORAL SOLUTION	2	QL (450 per 30 days)
CORLANOR ORAL TABLET	2	MO; QL (60 per 30 days)
digitek	1	MO
digox	1	MO
digoxin oral	1	MO

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Drug Name	Drug Tier	Requirements/Limits
ENTRESTO	2	MO; QL (60 per 30 days)
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	3	MO
RANEXA	3	MO
ranolazine	1	MO
VECAMYL	3	
VERQUVO	2	MO; QL (30 per 30 days)
VYNDAMAX	3	PA; MO
VYNDAQEL	3	PA; MO
NITRATES		
ISORDIL	3	MO
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	MO
isosorbide dinitrate oral tablet	1	MO
isosorbide mononitrate	1	MO
nitro-bid	1	MO
NITRO-DUR	3	MO
nitroglycerin sublingual	1	MO
nitroglycerin transdermal patch 24 hour	1	MO
nitroglycerin translingual	1	MO
NITROLINGUAL	3	MO
NITROSTAT	3	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin	1	MO
calcipotriene scalp	1	MO; QL (120 per 30 days)
calcipotriene topical cream	1	MO; QL (120 per 30 days)
CALCIPOTRIENE TOPICAL FOAM	3	QL (120 per 30 days)
calcipotriene topical ointment	1	MO; QL (120 per 30 days)
calcipotriene-betamethasone	1	MO; QL (400 per 30 days)
calcitriol topical	1	
COSENTYX (2 SYRINGES)	3	PA; MO; QL (10 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
COSENTYX PEN (2 PENS)	3	PA; MO; QL (10 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	3	PA; MO; QL (2.5 per 28 days)
DOVONEX TOPICAL	3	MO; QL (120 per 30 days)
ENSTILAR	3	MO; QL (400 per 30 days)
ILUMYA	3	PA; MO; QL (2 per 28 days)
selenium sulfide topical lotion	1	MO
SILIQ	3	PA; MO; QL (6 per 28 days)
SKYRIZI SUBCUTANEOUS PEN INJECTOR	2	PA; MO; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA; MO; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE KIT	2	PA; MO; QL (2 per 28 days)
SORILUX	3	MO; QL (120 per 30 days)
STELARA INTRAVENOUS	2	PA; MO; QL (104 per 180 days)
STELARA SUBCUTANEOUS SOLUTION	2	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	2	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	2	PA; MO; QL (1 per 28 days)
TACLONEX	3	MO; QL (400 per 30 days)
TALTZ AUTOINJECTOR	2	PA; MO; QL (1 per 28 days)
TALTZ SYRINGE	2	PA; MO; QL (1 per 28 days)
TREMFYA	3	PA; MO; QL (2 per 28 days)
VECTICAL	3	
MISCELLANEOUS DERMATOLOGICALS		
ADBRY	2	PA; MO; QL (6 per 28 days)
ammonium lactate	1	MO
CARAC	3	MO
CIBINQO	2	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
CONDYLOX TOPICAL GEL	3	MO
diclofenac sodium topical gel 3 %	1	PA; MO; QL (100 per 28 days)
doxepin topical	1	MO; QL (45 per 30 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	2	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	2	PA; MO; QL (8 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	2	PA; MO; QL (1.34 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	2	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	2	PA; MO; QL (8 per 28 days)
EFUDEX TOPICAL CREAM	3	MO
ELIDEL	3	PA; MO; QL (100 per 30 days)
EUCRISA	3	PA; MO; QL (120 per 30 days)
FLUOROURACIL TOPICAL CREAM 0.5 %	3	MO
fluorouracil topical cream 5 %	1	MO
fluorouracil topical solution	1	MO
imiquimod topical cream in metered-dose pump	1	MO
imiquimod topical cream in packet 5 %	1	MO
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	1	MO
lidocaine topical adhesive patch,medicated 5 %	1	PA; MO; QL (90 per 30 days)
lidocaine topical ointment	1	MO; QL (36 per 30 days)
lidocaine viscous	1	MO
lidocaine-prilocaine topical cream	1	MO; QL (30 per 30 days)
LIDODERM	3	PA; MO; QL (90 per 30 days)
methoxsalen	1	MO
OPZELURA	3	PA; MO; QL (240 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
PANRETIN	2	PA; MO
pimecrolimus	1	PA; MO; QL (100 per 30 days)
PLIAGLIS	3	PA; QL (30 per 30 days)
podofilox	1	MO
PROTOPIC	3	PA; MO; QL (100 per 30 days)
prudoxin	1	MO; QL (45 per 30 days)
REGRANEX	2	MO
SANTYL	2	MO; QL (180 per 30 days)
SILVADENE	3	MO
silver sulfadiazine	1	MO
ssd	1	MO
tacrolimus topical	1	PA; MO; QL (100 per 30 days)
VALCHLOR	2	PA; MO
ZONALON	3	MO; QL (45 per 30 days)
ZTLIDO	3	PA; MO; QL (90 per 30 days)
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP	3	MO

Drug Name	Drug Tier	Requirements/Limits
THERAPY FOR ACNE		
ABSORICA	3	
ABSORICA LD	3	
ACANYA TOPICAL GEL WITH PUMP	3	MO
accutane	1	
ACZONE	3	MO
adapalene topical cream	1	PA; MO
adapalene topical gel 0.3 %	1	PA; MO
adapalene topical swab	1	PA
adapalene-benzoyl peroxide	1	PA; MO
AKLIEF	3	PA; MO
ALTRENO	3	PA; MO
amnesteem	1	
AMZEEQ	3	MO
ARAZLO	3	PA; MO
ATRALIN	3	PA; MO
avita topical cream	1	PA; MO
AVITA TOPICAL GEL	3	PA; MO
azelaic acid	1	MO
AZELEX	3	MO
BENZAMYCIN	3	MO
claravis	1	
CLEOCIN T TOPICAL LOTION	3	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
clindacin etz topical swab	1	MO; QL (69 per 30 days)
CLINDAGEL	3	MO; QL (150 per 30 days)
clindamycin phosphate topical foam	1	QL (100 per 30 days)
clindamycin phosphate topical gel	1	MO; QL (120 per 30 days)
clindamycin phosphate topical lotion	1	MO; QL (120 per 30 days)
clindamycin phosphate topical solution	1	MO; QL (120 per 30 days)
clindamycin phosphate topical swab	1	MO; QL (60 per 30 days)
clindamycin-benzoyl peroxide topical gel	1	MO
clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %	1	MO
clindamycin-tretinoin	1	PA; MO
dapsone topical	1	MO
DIFFERIN TOPICAL CREAM	3	PA; MO
DIFFERIN TOPICAL GEL WITH PUMP	3	PA; MO
DIFFERIN TOPICAL LOTION	3	PA; MO
EPIDUO FORTE	3	PA; MO
EPIDUO TOPICAL GEL WITH PUMP	3	PA
EPSOLAY	3	ST; MO
ery pads	1	MO
erygel	1	MO
erythromycin with ethanol topical gel	1	MO
erythromycin with ethanol topical solution	1	MO
erythromycin-benzoyl peroxide	1	MO
EVOCLIN	3	QL (100 per 30 days)
FABIOR	3	PA; MO
FINACEA	3	ST; MO
isotretinoin	1	
ivermectin topical cream	1	MO; QL (60 per 30 days)
METROCREAM	3	ST; MO
METROGEL TOPICAL GEL 1 %	3	ST; MO
METROLOTION	3	ST
metronidazole topical cream	1	MO
metronidazole topical gel	1	MO

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Drug Name	Drug Tier	Requirements/Limits
metronidazole topical lotion	1	MO
MIRVASO TOPICAL GEL WITH PUMP	3	PA; MO
myorisan	1	
neuac	1	MO
NORITATE	3	ST; MO
ONEXTON TOPICAL GEL WITH PUMP	3	MO
RETIN-A	3	PA; MO
RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 %	3	PA; MO
RETIN-A MICRO TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	3	PA; MO
RHOFADE	3	PA; MO
SOOLANTRA	3	ST; MO; QL (60 per 30 days)
tazarotene topical cream	1	PA; MO
TAZAROTENE TOPICAL FOAM	3	PA
TAZORAC	3	PA; MO
tretinoin microspheres topical gel	1	PA; MO
tretinoin topical	1	PA; MO
TWYNEO	3	PA; MO
VELTIN	3	PA
WINLEVI	3	PA; MO
zenatane	1	
ZIANA	3	PA
ZILXI	3	ST; MO
TOPICAL ANTIBACTERIALS		
ALTABAX	3	MO; QL (30 per 30 days)
CENTANY	3	MO; QL (30 per 30 days)
gentamicin topical	1	MO; QL (60 per 30 days)
KLARON	3	MO
mafenide acetate	1	MO
mupirocin	1	MO; QL (44 per 30 days)
mupirocin calcium	1	MO; QL (30 per 30 days)
NEO-SYNALAR	3	MO
sulfacetamide sodium (acne)	1	MO
SULFAMYLON TOPICAL CREAM	3	MO
TOPICAL ANTIFUNGALS		
ciclopirox topical cream	1	MO; QL (90 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ciclopirox topical gel	1	MO; QL (45 per 28 days)
ciclopirox topical shampoo	1	MO; QL (120 per 28 days)
ciclopirox topical solution	1	MO; QL (6.6 per 28 days)
ciclopirox topical suspension	1	MO; QL (60 per 28 days)
clotrimazole topical cream	1	MO; QL (45 per 28 days)
clotrimazole topical solution	1	MO; QL (30 per 28 days)
clotrimazole-betamethasone topical cream	1	MO; QL (45 per 28 days)
clotrimazole-betamethasone topical lotion	1	MO; QL (60 per 28 days)
econazole	1	MO; QL (85 per 28 days)
ERTACZO	3	MO; QL (60 per 28 days)
EXTINA	3	MO; QL (100 per 28 days)
JUBLIA	3	MO
KERYDIN	3	MO
ketoconazole topical cream	1	MO; QL (60 per 28 days)
ketoconazole topical foam	1	MO; QL (100 per 28 days)
ketoconazole topical shampoo	1	MO; QL (120 per 28 days)
ketodan	1	MO; QL (100 per 28 days)
LOPROX (AS OLAMINE) TOPICAL CREAM	3	MO; QL (90 per 28 days)
LOPROX TOPICAL SHAMPOO	3	MO; QL (120 per 28 days)
LULICONAZOLE	3	MO; QL (60 per 28 days)
LUZU	3	MO; QL (60 per 28 days)
MENTAX	3	MO; QL (30 per 28 days)
naftifine topical cream	1	MO; QL (60 per 28 days)
NAFTIN TOPICAL GEL	3	MO; QL (60 per 28 days)
nyamyc	1	MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
nystatin topical cream	1	MO; QL (30 per 28 days)
nystatin topical ointment	1	MO; QL (30 per 28 days)
nystatin topical powder	1	QL (180 per 30 days)
nystatin-triamcinolone	1	MO; QL (60 per 28 days)
nystop	1	MO; QL (180 per 30 days)
oxiconazole	1	MO; QL (60 per 28 days)
OXISTAT	3	MO; QL (60 per 28 days)
tavaborole	1	MO
XOLEGEL	3	MO; QL (45 per 28 days)
TOPICAL ANTIVIRALS		
acyclovir topical cream	1	PA; MO; QL (5 per 30 days)
acyclovir topical ointment	1	PA; MO; QL (30 per 30 days)
DENAVIR	3	MO; QL (5 per 30 days)
XERESE	3	MO
ZOVIRAX TOPICAL CREAM	3	PA; MO; QL (5 per 30 days)
ZOVIRAX TOPICAL OINTMENT	3	PA; MO; QL (30 per 30 days)
TOPICAL CORTICOSTEROIDS		
ala-cort topical cream 1 %	1	MO
ala-cort topical cream 2.5 %	1	
ALA-SCALP	3	MO
alclometasone	1	MO
amcinonide topical cream	1	MO
amcinonide topical lotion	1	MO
apexicon e	1	QL (120 per 30 days)
betamethasone dipropionate	1	MO
betamethasone valerate	1	MO
betamethasone, augmented	1	MO
BRYHALI	3	MO
CAPEX	3	MO
clobetasol scalp	1	MO; QL (100 per 28 days)
clobetasol topical cream	1	MO; QL (120 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
clobetasol topical foam	1	MO; QL (100 per 28 days)
clobetasol topical gel	1	MO; QL (120 per 28 days)
clobetasol topical lotion	1	MO; QL (118 per 28 days)
clobetasol topical ointment	1	MO; QL (120 per 28 days)
clobetasol topical shampoo	1	MO; QL (236 per 28 days)
clobetasol topical spray,non-aerosol	1	MO; QL (125 per 28 days)
clobetasol-emollient topical cream	1	MO; QL (120 per 28 days)
clobetasol-emollient topical foam	1	MO; QL (100 per 28 days)
CLOBEX TOPICAL LOTION	3	QL (118 per 28 days)
CLOBEX TOPICAL SHAMPOO	3	MO; QL (236 per 28 days)
CLOBEX TOPICAL SPRAY,NON-AEROSOL	3	MO; QL (125 per 28 days)
clocortolone pivalate	1	MO
clodan	1	MO; QL (236 per 28 days)
CLODERM	3	MO
CORDRAN TAPE LARGE ROLL	3	MO
CORDRAN TOPICAL CREAM	3	MO; QL (120 per 30 days)
CORDRAN TOPICAL LOTION	3	MO; QL (120 per 30 days)
CORDRAN TOPICAL OINTMENT	3	MO; QL (120 per 30 days)
DERMA-SMOOTHE/FS SCALP OIL	3	MO
desonide	1	MO
DESOWEN TOPICAL CREAM	3	
desoximetasone	1	MO
desrx	1	MO
diflorasone	1	MO; QL (120 per 30 days)
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	3	MO
DUOBRII	3	MO; QL (200 per 30 days)
fluocinolone and shower cap	1	MO

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Drug Name	Drug Tier	Requirements/Limits
fluocinolone topical cream	1	MO
fluocinolone topical ointment	1	MO
fluocinolone topical solution	1	MO
fluocinonide	1	MO; QL (120 per 30 days)
fluocinonide-emollient	1	MO; QL (120 per 30 days)
flurandrenolide	1	MO; QL (120 per 30 days)
fluticasone propionate topical	1	MO
halcinonide	1	MO
halobetasol propionate topical cream	1	MO
HALOBETASOL PROPIONATE TOPICAL FOAM	3	MO
halobetasol propionate topical ointment	1	MO
HALOG	3	MO
hydrocortisone butyrate topical cream	1	MO; QL (120 per 30 days)
hydrocortisone butyrate topical lotion	1	MO; QL (118 per 30 days)
hydrocortisone butyrate topical ointment	1	MO; QL (120 per 30 days)
hydrocortisone butyrate topical solution	1	MO; QL (120 per 30 days)
hydrocortisone topical cream 1 %	1	MO
hydrocortisone topical lotion 2.5 %	1	MO
hydrocortisone topical ointment 1 %, 2.5 %	1	MO
hydrocortisone valerate	1	MO
IMPEKLO	3	MO; QL (136 per 28 days)
KENALOG TOPICAL	3	MO; QL (126 per 28 days)
LEXETTE	3	MO
LOCOID LIPOCREAM	3	MO; QL (120 per 30 days)
LOCOID TOPICAL LOTION	3	MO; QL (118 per 30 days)
LUXIQ	3	MO
mometasone topical	1	MO
OLUX	3	MO; QL (100 per 28 days)
OLUX-E	3	MO; QL (100 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
PANDEL	3	MO
prednicarbate topical ointment	1	MO
PSORCON	3	QL (120 per 30 days)
SYNALAR TOPICAL CREAM	3	MO
SYNALAR TOPICAL SOLUTION	3	MO
TEXACORT	3	MO
TOPICORT TOPICAL CREAM	3	MO
TOPICORT TOPICAL GEL	3	MO
TOPICORT TOPICAL OINTMENT 0.05 %	3	MO
TOPICORT TOPICAL SPRAY,NON-AEROSOL	3	MO
tovet emollient	1	MO; QL (100 per 28 days)
triamcinolone acetonide topical aerosol	1	MO; QL (126 per 28 days)
triamcinolone acetonide topical cream	1	MO
triamcinolone acetonide topical lotion	1	MO
triamcinolone acetonide topical ointment	1	MO
trianex	1	MO
triderm topical cream	1	MO
tritocin	1	
ULTRAVATE TOPICAL LOTION	3	MO
VANOS	3	MO; QL (120 per 30 days)
VERDESO	3	MO
TOPICAL SCABICIDES / PEDICULICIDES		
crotan	1	MO
lindane topical shampoo	1	MO
malathion	1	MO
NATROBA	3	MO
OVIDE	3	MO
permethrin	1	MO
spinosad	1	MO

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Drug Name	Drug Tier	Requirements/Limits
DIAGNOSTICS / MISCELLANEOUS AGENTS		
MISCELLANEOUS AGENTS		
acamprosate	1	MO
AGRYLIN	3	MO
anagrelide	1	MO
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	3	PA; MO; LA
AURYXIA	3	PA; MO
BUPHENYL	3	PA
CARBAGLU	3	PA; MO; LA
carglumic acid	1	PA
CARNITOR ORAL	3	MO
cevimeline	1	MO
CHEMET	2	PA
CLINIMIX 4.25%/D5W SULFIT FREE	3	PA
CLINIMIX E 2.75%/D5W SULF FREE	3	PA
d10 %-0.45 % sodium chloride	1	MO
d2.5 %-0.45 % sodium chloride	1	
d5 % and 0.9 % sodium chloride	1	MO
d5 %-0.45 % sodium chloride	1	MO
deferasirox	1	PA; MO
deferiprone	1	PA; MO
dextrose 10 % and 0.2 % nacl	1	
dextrose 10 % in water (d10w)	1	
dextrose 5 % in water (d5w) intravenous piggyback	1	MO
dextrose 5%-0.2 % sod chloride	1	
disulfiram oral tablet 250 mg	1	MO
disulfiram oral tablet 500 mg	1	
droxidopa	1	PA; MO
ENDARI	3	PA; MO
EVOXAC	3	MO
EXJADE	3	PA; MO; LA
EXSERVAN	3	PA
FERRIPROX (2 TIMES A DAY)	3	PA
FERRIPROX ORAL SOLUTION	2	PA
FERRIPROX ORAL TABLET 500 MG	3	PA

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Drug Name	Drug Tier	Requirements/Limits
FOSRENOL ORAL POWDER IN PACKET 1,000 MG	3	MO; QL (135 per 30 days)
FOSRENOL ORAL POWDER IN PACKET 750 MG	3	MO; QL (180 per 30 days)
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG	3	MO; QL (135 per 30 days)
FOSRENOL ORAL TABLET,CHEWABLE 500 MG	3	MO; QL (270 per 30 days)
FOSRENOL ORAL TABLET,CHEWABLE 750 MG	3	MO; QL (180 per 30 days)
GLASSIA	3	PA; MO; LA
INCRELEX	2	MO; LA
JADENU	3	PA; MO
JADENU SPRINKLE	3	PA; MO
lanthanum oral tablet,chewable 1,000 mg	1	MO; QL (135 per 30 days)
lanthanum oral tablet,chewable 500 mg	1	MO; QL (270 per 30 days)
lanthanum oral tablet,chewable 750 mg	1	MO; QL (180 per 30 days)
levocarnitine (with sugar)	1	MO
levocarnitine oral tablet	1	MO
LITHOSTAT	3	
LOKELMA	2	MO
midodrine	1	MO
nitisinone	1	PA; MO
NITYR	3	PA; MO; LA
NORTHERA	3	PA; MO
ORFADIN	3	PA; LA
OXBRYTA ORAL TABLET	3	PA; MO; LA; QL (90 per 30 days)
OXBRYTA ORAL TABLET FOR SUSPENSION	3	PA; MO; LA; QL (150 per 30 days)
pilocarpine hcl oral	1	MO
PROLASTIN-C	2	PA; LA
PYRUKYND ORAL TABLET 20 MG, 5 MG (4-WEEK PACK), 50 MG	3	PA; LA; QL (56 per 28 days)
PYRUKYND ORAL TABLET 5 MG	3	PA; LA; QL (7 per 180 days)
PYRUKYND ORAL TABLETS,DOSE PACK	3	PA; LA; QL (14 per 180 days)
RAVICTI	2	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
RENAGEL ORAL TABLET 800 MG	3	MO
RENVELA ORAL POWDER IN PACKET 0.8 GRAM	3	MO; QL (180 per 30 days)
RENVELA ORAL POWDER IN PACKET 2.4 GRAM	3	MO; QL (90 per 30 days)
RENVELA ORAL TABLET	3	MO; QL (270 per 30 days)
REVCOVI	2	PA; LA
RILUTEK	3	PA; MO
riluzole	1	PA; MO
risedronate oral tablet 30 mg	1	MO; QL (30 per 30 days)
SALAGEN (PILOCARPINE)	3	MO
sevelamer carbonate oral powder in packet 0.8 gram	1	MO; QL (180 per 30 days)
sevelamer carbonate oral powder in packet 2.4 gram	1	MO; QL (90 per 30 days)
sevelamer carbonate oral tablet	1	MO; QL (270 per 30 days)
sevelamer hcl	1	MO
sodium chloride 0.9 % intravenous piggyback	1	MO
sodium chloride irrigation	1	MO
sodium phenylbutyrate oral powder	1	PA; MO
sodium phenylbutyrate oral tablet	1	PA
sodium polystyrene sulfonate oral powder	1	MO
sps (with sorbitol) oral	1	MO
SYPRINE	3	PA; MO
TAVNEOS	3	PA; LA; QL (180 per 30 days)
THIOLA	3	
THIOLA EC	3	
TIGLUTIK	3	PA
tiopronin	1	MO
trientine	1	PA; MO
VELPHORO	3	MO; QL (180 per 30 days)
VELTASSA	2	MO
XURIDEN	3	PA
ZEMAIRA	3	PA; MO; LA
SMOKING DETERRENTS		
bupropion hcl (smoking deter)	1	MO
CHANTIX CONTINUING MONTH BOX	3	MO

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Drug Name	Drug Tier	Requirements/Limits
CHANTIX ORAL TABLET 1 MG	3	MO
CHANTIX STARTING MONTH BOX	3	MO
NICOTROL	3	MO
NICOTROL NS	3	MO
varenicline	1	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal	1	MO; QL (60 per 30 days)
chlorhexidine gluconate mucous membrane	1	MO
ipratropium bromide nasal	1	MO; QL (30 per 30 days)
olopatadine nasal	1	MO; QL (30.5 per 30 days)
PATANASE	3	MO; QL (30.5 per 30 days)
periogard	1	MO
triamcinolone acetonide dental	1	MO

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear)	1	MO
ciprofloxacin hcl otic (ear)	1	MO
DERMOTIC OIL	3	MO
flac otic oil	1	
fluocinolone acetonide oil	1	MO
hydrocortisone-acetic acid	1	MO
ofloxacin otic (ear)	1	MO
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	3	MO
CIPRODEX	3	MO
ciprofloxacin-dexamethasone	1	MO
CIPROFLOXACIN-FLUOCINOLONE	3	MO
neomycin-polymyxin-hc otic (ear)	1	MO
OTOVEL	3	MO

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Drug Name	Drug Tier	Requirements/Limits
ENDOCRINE/ DIABETES		
ADRENAL HORMONES		
ACTHAR	3	PA; MO
ALKINDI SPRINKLE	3	
CORTEF	3	MO
CORTROPHIN GEL	3	PA; MO
dexabliss	1	
dexamethasone oral solution	1	MO
dexamethasone oral tablet	1	MO
dexamethasone oral tablets,dose pack	1	MO
EMFLAZA	3	PA; MO; LA
fludrocortisone	1	MO
HEMADY	3	MO
hydrocortisone oral	1	MO
MEDROL	3	PA; MO
MEDROL (PAK)	3	MO
methylprednisolone oral tablet	1	PA; MO
methylprednisolone oral tablets,dose pack	1	MO
millipred oral tablet	1	PA; MO
ORAPRED ODT	3	PA; MO
prednisolone oral solution	1	MO
prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	1	MO
prednisolone sodium phosphate oral tablet,disintegrating	1	PA; MO
prednisone	1	MO
prednisone intensol	1	MO
RAYOS	3	MO
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS), 1.5 MG (49 TABS)	3	MO
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (27 TABS)	3	
TARPEYO	3	PA; QL (120 per 30 days)
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	1	MO
propylthiouracil	1	MO

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Drug Name	Drug Tier	Requirements/Limits
DIABETES THERAPY		
acarbose oral tablet 100 mg	1	MO; QL (90 per 30 days)
acarbose oral tablet 25 mg	1	MO; QL (360 per 30 days)
acarbose oral tablet 50 mg	1	MO; QL (180 per 30 days)
ACTOPLUS MET ORAL TABLET 15-850 MG	3	MO; QL (90 per 30 days)
ACTOS	3	MO; QL (30 per 30 days)
ADLYXIN SUBCUTANEOUS PEN INJECTOR 10 MCG/0.2 ML-20 MCG/0.2 ML	3	PA; MO; QL (6 per 180 days)
ADLYXIN SUBCUTANEOUS PEN INJECTOR 20 MCG/0.2 ML	3	PA; MO; QL (6 per 30 days)
ADMELOG SOLOSTAR U-100 INSULIN	3	ST; MO
ADMELOG U-100 INSULIN LISPRO	3	ST; MO
AFREZZA	3	MO
alcohol pads	1	
ALOGLIPTIN	3	ST; MO; QL (30 per 30 days)
ALOGLIPTIN-METFORMIN	3	ST; MO; QL (60 per 30 days)
ALOGLIPTIN-PIOGLITAZONE	3	MO; QL (30 per 30 days)
AMARYL ORAL TABLET 1 MG	3	MO; QL (240 per 30 days)
AMARYL ORAL TABLET 2 MG	3	MO; QL (120 per 30 days)
AMARYL ORAL TABLET 4 MG	3	MO; QL (60 per 30 days)
APIDRA SOLOSTAR U-100 INSULIN	3	ST; MO
APIDRA U-100 INSULIN	3	ST; MO
BAQSIMI	2	MO
BASAGLAR KWIKPEN U-100 INSULIN	3	ST; MO
BYDUREON BCISE	2	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	2	PA; MO; QL (2.4 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	PA; MO; QL (1.2 per 30 days)
CYCLOSET	3	MO; QL (180 per 30 days)
diazoxide	1	MO
DROPSAFE ALCOHOL PREP PADS	2	
DUETACT	3	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 10 MG	2	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	2	MO; QL (60 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN	3	ST; MO
FIASP PENFILL U-100 INSULIN	3	ST; MO
FIASP U-100 INSULIN	3	ST; MO
glimepiride oral tablet 1 mg	1	MO; QL (240 per 30 days)
glimepiride oral tablet 2 mg	1	MO; QL (120 per 30 days)
glimepiride oral tablet 4 mg	1	MO; QL (60 per 30 days)
glipizide oral tablet 10 mg	1	MO; QL (120 per 30 days)
glipizide oral tablet 5 mg	1	MO; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 10 mg	1	MO; QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg	1	MO; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 5 mg	1	MO; QL (120 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	1	MO; QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	MO; QL (120 per 30 days)
GLUCAGEN HYPOKIT	3	ST; MO
GLUCAGON EMERGENCY KIT (HUMAN)	3	ST; MO
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG	3	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 2.5 MG	3	MO; QL (240 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	3	MO; QL (120 per 30 days)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG	3	ST; MO; QL (60 per 30 days)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG	3	ST; MO; QL (120 per 30 days)
GLYXAMBI	2	MO; QL (30 per 30 days)
GVOKE	2	
GVOKE HYPOPEN 2-PACK	2	MO
GVOKE PFS 1-PACK SYRINGE	2	MO
HUMALOG JUNIOR KWIKPEN U-100	2	MO
HUMALOG KWIKPEN INSULIN	2	MO
HUMALOG MIX 50-50 INSULN U-100	2	MO
HUMALOG MIX 50-50 KWIKPEN	2	MO
HUMALOG MIX 75-25 KWIKPEN	2	MO
HUMALOG MIX 75-25(U-100)INSULN	2	MO
HUMALOG U-100 INSULIN	2	MO
HUMULIN 70/30 U-100 INSULIN	2	MO
HUMULIN 70/30 U-100 KWIKPEN	2	MO
HUMULIN N NPH INSULIN KWIKPEN	2	MO
HUMULIN N NPH U-100 INSULIN	2	MO
HUMULIN R REGULAR U-100 INSULN	2	MO
HUMULIN R U-500 (CONC) INSULIN	2	MO
HUMULIN R U-500 (CONC) KWIKPEN	2	MO
INSULIN ASP PRT-INSULIN ASPART	3	ST; MO
INSULIN ASPART U-100	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
INSULIN GLARGINE	3	ST
INSULIN GLARGINE-YFGN	3	ST; MO
INSULIN LISPRO	3	ST; MO
INSULIN LISPRO PROTAMIN-LISPRO	3	ST; MO
INVOKAMET	3	ST; MO; QL (60 per 30 days)
INVOKAMET XR	3	ST; MO; QL (60 per 30 days)
INVOKANA	3	ST; MO; QL (30 per 30 days)
JANUMET	2	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	MO; QL (60 per 30 days)
JANUVIA	2	MO; QL (30 per 30 days)
JARDIANCE	2	MO; QL (30 per 30 days)
JENTADUETO	3	ST; MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	ST; MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	ST; MO; QL (30 per 30 days)
KAZANO	3	ST; MO; QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	2	MO; QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	2	MO; QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	2	MO
LANTUS U-100 INSULIN	2	MO

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

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Drug Name	Drug Tier	Requirements/Limits
NOVOLIN 70/30 U-100 INSULIN	3	ST; MO
NOVOLIN 70-30 FLEXPEN U-100	3	ST; MO
NOVOLIN N FLEXPEN	3	ST; MO
NOVOLIN N NPH U-100 INSULIN	3	ST; MO
NOVOLIN R FLEXPEN	3	ST; MO
NOVOLIN R REGULAR U-100 INSULN	3	ST; MO
NOVOLOG FLEXPEN U-100 INSULIN	3	ST; MO
NOVOLOG MIX 70-30 U-100 INSULN	3	ST; MO
NOVOLOG MIX 70-30FLEXPEN U-100	3	ST; MO
NOVOLOG PENFILL U-100 INSULIN	3	ST; MO
NOVOLOG U-100 INSULIN ASPART	3	ST; MO
ONGLYZA	2	MO; QL (30 per 30 days)
OSENI	3	MO; QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	2	PA; MO; QL (1.5 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML)	2	PA; MO; QL (3 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 2 MG/DOSE (8 MG/3 ML)	2	PA; QL (3 per 28 days)
pioglitazone	1	MO; QL (30 per 30 days)
pioglitazone-glimepiride	1	MO; QL (30 per 30 days)
pioglitazone-metformin	1	MO; QL (90 per 30 days)
PROGLYCEM	3	MO
QTERN	2	MO; QL (30 per 30 days)
repaglinide oral tablet 0.5 mg	1	MO; QL (960 per 30 days)
repaglinide oral tablet 1 mg	1	MO; QL (480 per 30 days)
repaglinide oral tablet 2 mg	1	MO; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RIOMET	3	MO; QL (765 per 30 days)
RYBELSUS	2	PA; MO; QL (30 per 30 days)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	2	MO; QL (60 per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	2	MO; QL (120 per 30 days)
SEMGLEE(INSULIN GLARGINE-YFGN)	3	ST; MO
SEMGLEE(INSULIN GLARG-YFGN)PEN	3	ST; MO
SOLIQUA 100/33	2	MO; QL (90 per 30 days)
STEGLATRO	2	MO; QL (30 per 30 days)
STEGLUJAN	3	ST; MO; QL (30 per 30 days)
SYMLINPEN 120	2	PA; MO; QL (10.8 per 30 days)
SYMLINPEN 60	2	PA; MO; QL (6 per 30 days)
SYNJARDY	2	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	2	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	2	MO; QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	2	MO
TOUJEO SOLOSTAR U-300 INSULIN	2	MO
TRADJENTA	3	ST; MO; QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100	3	ST; MO
TRESIBA FLEXTOUCH U-200	3	ST; MO
TRESIBA U-100 INSULIN	3	ST; MO
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	2	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	2	MO; QL (60 per 30 days)
TRULICITY	2	PA; MO; QL (2 per 28 days)
VICTOZA 3-PAK	2	PA; MO; QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	2	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	2	MO; QL (60 per 30 days)
XULTOPHY 100/3.6	3	ST; MO; QL (15 per 30 days)
ZEGALOGUE AUTOINJECTOR	2	MO
ZEGALOGUE SYRINGE	2	MO
MISCELLANEOUS HORMONES		
ANDRODERM	2	PA; MO; QL (30 per 30 days)
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; MO; QL (150 per 30 days)
AVEED	3	PA; LA
cabergoline	1	MO
calcitonin (salmon) nasal	1	MO
calcitriol oral capsule	1	MO
calcitriol oral solution	1	
CERDELGA	3	PA; MO
cinacalcet	1	PA; MO
danazol	1	MO
DDAVP ORAL	3	MO
DEPO-TESTOSTERONE	3	PA; MO
desmopressin nasal spray with pump	1	MO
desmopressin oral	1	MO
doxercalciferol oral	1	MO
FORTESTA	3	PA; MO; QL (120 per 30 days)
GALAFOLD	3	PA; MO; LA; QL (15 per 30 days)
ISTURISA ORAL TABLET 1 MG	3	PA; LA; QL (240 per 30 days)
ISTURISA ORAL TABLET 10 MG	3	PA; LA; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ISTURISA ORAL TABLET 5 MG	3	PA; LA; QL (60 per 30 days)
JATENZO ORAL CAPSULE 158 MG, 198 MG	3	PA; MO; QL (120 per 30 days)
JATENZO ORAL CAPSULE 237 MG	3	PA; MO; QL (60 per 30 days)
JYNARQUE	3	PA; LA
KORLYM	3	PA
KUVAN	3	PA; MO
METHITEST	3	MO
methyltestosterone oral capsule	1	MO
miglustat	1	PA; MO; LA
MYALEPT	2	PA; MO; LA
NATESTO	3	PA; MO; QL (21.96 per 30 days)
NATPARA	2	PA; MO; LA
NOCDURNA (MEN)	3	PA; MO; QL (30 per 30 days)
NOCDURNA (WOMEN)	3	PA; MO; QL (30 per 30 days)
ORILISSA	3	MO
oxandrolone	1	PA; MO
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	3	PA; MO; LA; QL (15 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	3	PA; MO; LA; QL (4 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	3	PA; MO; LA; QL (60 per 30 days)
paricalcitol oral	1	MO
RAYALDEE	3	MO
RECORLEV	3	PA
ROCALTROL ORAL CAPSULE	3	MO
ROCALTROL ORAL SOLUTION	3	
SAMSCA	3	PA; MO
sapropterin	1	PA; MO
SENSIPAR	3	PA; MO
SOMAVERT	2	PA; MO
SYNAREL	2	PA; MO
TESTIM	3	PA; MO; QL (300 per 30 days)
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	1	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
testosterone cypionate intramuscular oil 200 mg/ml (1 ml)	1	PA
testosterone enanthate	1	PA; MO
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	1	PA; MO; QL (120 per 30 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	1	PA; MO; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	1	PA; MO; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	1	PA; MO; QL (300 per 30 days)
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)	1	PA; MO; QL (37.5 per 30 days)
testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)	1	PA; MO; QL (150 per 30 days)
testosterone transdermal solution in metered pump w/app	1	PA; MO; QL (180 per 30 days)
TLANDO	3	PA; MO; QL (120 per 30 days)
tolvaptan	1	PA; MO
VOGELXO TRANSDERMAL GEL	3	PA; MO; QL (300 per 30 days)
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; MO; QL (300 per 30 days)
VOXZOGO	3	PA; MO
XYOSTED	3	PA; MO; QL (2 per 28 days)
ZAVESCA	3	PA; MO; LA
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	MO
THYROID HORMONES		
CYTOMEL	3	MO
euthyrox	1	MO
levo-t	1	
LEVOTHYROXINE ORAL CAPSULE	3	MO
levothyroxine oral tablet	1	MO

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Drug Name	Drug Tier	Requirements/Limits
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	MO
liothyronine oral	1	MO
SYNTHROID	3	ST; MO
THYQUIDITY	3	MO
TIROSINT	3	MO
TIROSINT-SOL	3	MO
unithroid	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
CUVPOSA	3	MO
DARTISLA	3	
dicyclomine oral capsule	1	MO
dicyclomine oral solution	1	MO
dicyclomine oral tablet	1	MO
diphenoxylate-atropine	1	MO
glycopyrrolate oral solution	1	MO
glycopyrrolate oral tablet 1 mg, 2 mg	1	MO
glycopyrrolate oral tablet 1.5 mg	1	
LOMOTIL	3	MO
loperamide oral capsule	1	MO
methscopolamine	1	MO
MOTOFEN	3	MO
MYTESI	3	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
alosetron	1	PA; MO
AMITIZA	3	ST; MO; QL (60 per 30 days)
ANTIVERT ORAL TABLET 50 MG	3	
ANTIVERT ORAL TABLET,CHEWABLE	3	MO
ANUSOL-HC TOPICAL	3	MO
ANZEMET ORAL TABLET 50 MG	3	PA; MO
aprepitant	1	PA; MO
APRISO	3	MO
AZULFIDINE	3	MO
AZULFIDINE EN-TABS	3	MO
balsalazide	1	MO
betaine	1	MO

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Drug Name	Drug Tier	Requirements/Limits
BONJESTA	3	MO
budesonide oral capsule,delayed,extend.release	1	MO
budesonide oral tablet,delayed and ext.release	1	
BYLVAY ORAL CAPSULE	3	PA; MO; LA
BYLVAY ORAL PELLET 200 MCG	3	PA; MO; LA
CANASA	3	MO
CHENODAL	2	PA; LA
CHOLBAM ORAL CAPSULE 250 MG	2	PA
CHOLBAM ORAL CAPSULE 50 MG	2	PA; QL (120 per 30 days)
CIMZIA	3	PA; MO; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST	3	PA; MO; QL (2 per 28 days)
CLENPIQ	3	ST; MO
COLAZAL	3	MO
compro	1	MO
constulose	1	MO
CORTIFOAM	2	MO
CREON	2	MO
cromolyn oral	1	MO
CYSTADANE	3	
DELZICOL	3	MO
DICLEGIS	3	MO
DIPENTUM	3	MO
doxylamine-pyridoxine (vit b6)	1	MO
dronabinol	1	PA; MO
EMEND ORAL CAPSULE 80 MG	3	PA; MO
EMEND ORAL CAPSULE,DOSE PACK	3	PA; MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	PA
enulose	1	MO
GASTROCROM	3	MO
GATTEX 30-VIAL	3	PA; MO
gavilyte-c	1	MO
gavilyte-g	1	MO
generlac	1	MO
GIMOTI	3	
GOLYTELY ORAL RECON SOLN	3	ST; MO
granisetron hcl oral	1	PA; MO
hydrocortisone rectal	1	MO
hydrocortisone topical cream with perineal applicator 2.5 %	1	MO
hydrocortisone-pramoxine rectal cream 1-1 %	1	MO

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Drug Name	Drug Tier	Requirements/Limits
IBSRELA	3	ST; MO; QL (60 per 30 days)
INFLECTRA	3	PA; MO; QL (20 per 28 days)
KRISTALOSE	3	MO
lactulose oral packet	1	MO
lactulose oral solution 10 gram/15 ml	1	MO
LIALDA	3	MO
LINZESS	2	MO; QL (30 per 30 days)
LIVMARLI	3	PA; LA
LOTRONEX	3	PA; MO
LUBIPROSTONE	3	ST; MO; QL (60 per 30 days)
MARINOL	3	PA; MO
meclizine oral tablet 12.5 mg, 25 mg	1	MO
mesalamine oral capsule (with del rel tablets)	1	MO
mesalamine oral capsule,extended release 24hr	1	MO
mesalamine oral tablet,delayed release (dr/ec)	1	MO
mesalamine rectal	1	MO
metoclopramide hcl oral	1	MO
MOTEGRITY	3	ST; MO; QL (30 per 30 days)
MOVANTIK	2	MO; QL (30 per 30 days)
MOVIPREP	3	ST; MO
OCALIVA	3	PA; MO; LA; QL (30 per 30 days)
ondansetron	1	PA; MO
ondansetron hcl oral solution	1	PA; MO
ondansetron hcl oral tablet 4 mg, 8 mg	1	PA; MO
ORTIKOS	3	MO
OSMOPREP	3	ST; MO
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800-98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	1	MO
peg3350-sod sul-nacl-kcl-asb-c	1	MO
peg-electrolyte	1	MO
PENTASA	3	MO
PERTZYE	3	ST; MO
PLENVU	3	ST; MO
prochlorperazine	1	MO
prochlorperazine maleate oral	1	MO
procto-med hc	1	MO
procto-pak	1	MO
proctosol hc topical	1	MO
proctozone-hc	1	MO
RECTIV	2	MO
REGLAN ORAL	3	MO
RELISTOR ORAL	3	MO; QL (90 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION	3	MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	3	MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	3	MO; QL (12 per 30 days)
RELTONE	3	

Drug Name	Drug Tier	Requirements/Limits
REMICADE	2	PA; MO; QL (20 per 28 days)
RENFLEXIS	3	PA; MO; QL (20 per 28 days)
ROWASA RECTAL ENEMA KIT	3	MO
SANCUSO	2	MO
scopolamine base	1	MO
SUCRAID	2	PA
sulfasalazine	1	MO
SUPREP BOWEL PREP KIT	3	ST; MO
SUTAB	3	ST; MO
SYMPROIC	3	MO; QL (30 per 30 days)
SYNDROS	3	PA; MO
TRANSDERM-SCOP	3	MO
TRULANCE	2	MO
UCERIS	3	MO
URSO 250	3	MO
URSO FORTE	3	MO
ursodiol oral capsule 200 mg, 400 mg	1	
ursodiol oral capsule 300 mg	1	MO
ursodiol oral tablet	1	MO
VARUBI	2	PA

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Drug Name	Drug Tier	Requirements/Limits
VIBERZI	2	MO; QL (60 per 30 days)
VIOKACE	2	MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT	2	MO
ULCER THERAPY		
ACIPHEX	3	MO
amoxicil-clarithromy-lansopraz	1	MO; QL (112 per 180 days)
CARAFATE	3	MO
cimetidine	1	MO
cimetidine hcl oral	1	
CYTOTEC	3	MO

Drug Name	Drug Tier	Requirements/Limits
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG	3	MO; QL (30 per 30 days)
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 60 MG	3	MO
DEXLANSOPRAZOLE ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG	3	MO; QL (30 per 30 days)
DEXLANSOPRAZOLE ORAL CAPSULE,BIPHASE DELAYED RELEAS 60 MG	3	MO
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	1	MO; QL (30 per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	1	MO
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
esomeprazole magnesium oral granules dr for susp in packet 40 mg	1	MO
famotidine oral suspension	1	MO
famotidine oral tablet 20 mg, 40 mg	1	MO
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	1	MO; QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	1	MO
lansoprazole oral tablet,disintegrat, delay rel 15 mg	1	MO; QL (30 per 30 days)
lansoprazole oral tablet,disintegrat, delay rel 30 mg	1	MO
misoprostol	1	MO
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	3	MO; QL (30 per 30 days)
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG	3	MO
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	3	MO; QL (30 per 30 days)
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	3	MO
nizatidine oral capsule 150 mg	1	MO
nizatidine oral capsule 300 mg	1	
OMECLAMOX-PAK	3	MO; QL (80 per 180 days)
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg	1	MO; QL (30 per 30 days)
omeprazole oral capsule,delayed release(dr/ec) 40 mg	1	MO
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram	1	MO; QL (30 per 30 days)
omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram	1	MO
omeprazole-sodium bicarbonate oral packet 20-1,680 mg	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
omeprazole-sodium bicarbonate oral packet 40-1,680 mg	1	MO
pantoprazole oral granules dr for susp in packet	1	MO
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1	MO; QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1	MO
PEPCID ORAL TABLET	3	MO
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG	3	MO
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 15 MG	3	MO; QL (30 per 30 days)
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 30 MG	3	MO
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG	3	MO; QL (120 per 30 days)
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 2.5 MG	3	MO; QL (480 per 30 days)
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	3	MO
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG	3	MO; QL (30 per 30 days)
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 40 MG	3	MO
PYLERA	3	MO; QL (120 per 180 days)
rabeprazole oral tablet,delayed release (dr/ec)	1	MO
sucralfate	1	MO
TALICIA	3	MO; QL (168 per 180 days)
ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM	3	MO; QL (30 per 30 days)
ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM	3	MO

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Drug Name	Drug Tier	Requirements/Limits
ZEGERID ORAL PACKET 20-1,680 MG	3	MO; QL (30 per 30 days)
ZEGERID ORAL PACKET 40-1,680 MG	3	MO
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	2	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	3	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	3	PA; MO
ARCALYST	2	PA; MO
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	2	PA; MO; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	2	PA; MO; QL (1 per 28 days)
BESREMI	3	PA; LA
BETASERON SUBCUTANEOUS KIT	2	PA; MO; QL (14 per 28 days)
EGRIFTA SV	3	PA; MO
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
EXTAVIA SUBCUTANEOUS KIT	3	PA; MO; QL (15 per 28 days)
FULPHILA	3	PA; MO
GENOTROPIN	3	PA; MO
GENOTROPIN MINIQUICK	3	PA; MO
GRANIX	3	PA; MO
HUMATROPE INJECTION CARTRIDGE	3	PA; MO
INTRON A INJECTION RECON SOLN	2	PA; MO
LEUKINE INJECTION RECON SOLN	2	PA; MO
NEULASTA	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
NEULASTA ONPRO	3	PA; MO
NEUPOGEN	3	PA; MO
NIVESTYM	2	PA; MO
NORDITROPIN FLEXPRO	3	PA; MO
NUTROPIN AQ NUSPIN	3	PA; MO
NYVEPRIA	2	PA; MO
OMNITROPE	2	PA; MO
PEGASYS SUBCUTANEOUS SOLUTION	2	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	2	MO; QL (2 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	2	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML-94 MCG/0.5 ML	2	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	2	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; MO; QL (1 per 180 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	2	PA; MO
REBIF (WITH ALBUMIN)	3	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	3	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	3	PA; MO; QL (4.2 per 180 days)
REBIF TITRATION PACK	3	PA; MO; QL (4.2 per 180 days)
RETACRIT	2	PA; MO
SAIZEN	3	PA; MO
SAIZEN SAIZENPREP	3	PA; MO
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	3	PA; MO
SKYTROFA	3	PA; MO
UDENYCA	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
ZARXIO	2	PA; MO
ZIEXTENZO	2	PA; MO
ZOMACTON	3	PA; MO
ZORBTIVE	3	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	2	MO
ADACEL(TDAP ADOLESN/ADULT)(PF)	2	MO
BCG VACCINE, LIVE (PF)	2	MO
BEXSERO	2	MO
BIVIGAM	3	PA; MO
BOOSTRIX TDAP	2	MO
DAPTACEL (DTAP PEDIATRIC) (PF)	2	MO
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	2	PA; MO
ENGERIX-B PEDIATRIC (PF)	2	PA; MO
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	3	PA
GAMMAGARD LIQUID	3	PA; MO
GAMMAGARD S-D (IGA < 1 MCG/ML)	3	PA; MO
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	3	PA; MO
GAMMAPLEX	3	PA; MO
GAMMAPLEX (WITH SORBITOL)	3	PA; MO
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	3	PA; MO
GARDASIL 9 (PF)	2	MO
GRASTEK	3	PA; MO
HAVRIX (PF)	2	MO
HIBERIX (PF)	2	MO
IMOVAX RABIES VACCINE (PF)	2	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	2	MO
IPOL	2	
IXIARO (PF)	2	
KINRIX (PF) INTRAMUSCULAR SYRINGE	2	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	2	MO
MENQUADFI (PF)	2	MO
MENVEO A-C-Y-W-135-DIP (PF)	2	MO

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Drug Name	Drug Tier	Requirements/Limits
M-M-R II (PF)	2	MO
OCTAGAM	3	PA; MO
ODACTRA	3	PA; MO
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	3	PA
PANZYGA	3	PA; MO
PEDIARIX (PF)	2	MO
PEDVAX HIB (PF)	2	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	2	
PREHEVBRIO (PF)	2	PA; MO
PRIVIGEN	2	PA; MO
PROQUAD (PF)	2	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	2	
RABAVERT (PF)	2	MO
RAGWITEK	3	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	2	PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	2	PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	2	PA
ROTARIX	2	
ROTATEQ VACCINE	2	MO
SHINGRIX (PF)	2	MO
TDVAX	2	MO
TENIVAC (PF) INTRAMUSCULAR SYRINGE	2	MO
TETANUS,DIPHTHERIA TOX PED(PF)	2	MO
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	2	MO
TRUMENBA	2	MO
TWINRIX (PF)	2	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	2	
TYPHIM VI INTRAMUSCULAR SYRINGE	2	MO
VAQTA (PF)	2	MO
VARIVAX (PF)	2	
YF-VAX (PF)	2	

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Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		
1ST TIER UNIFINE PENTIPS	3	ST
1ST TIER UNIFINE PENTIPS PLUS	3	ST
ABOUTTIME PEN NEEDLE	3	ST
ADVOCATE PEN NEEDLE	3	ST; MO
ADVOCATE SYRINGES	3	ST; MO
ASSURE ID PEN NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16"	3	ST; MO
ASSURE ID PEN NEEDLE 31 GAUGE X 3/16"	3	ST
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2"	2	MO
BD NANO 2ND GEN PEN NEEDLE	2	MO
BD SAFETYGLIDE INSULIN SYRINGE	2	MO
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8"	2	MO
BD ULTRA-FINE MICRO PEN NEEDLE	2	MO
BD ULTRA-FINE MINI PEN NEEDLE	2	MO
BD ULTRA-FINE NANO PEN NEEDLE	2	MO
BD ULTRA-FINE ORIG PEN NEEDLE	2	MO
BD ULTRA-FINE SHORT PEN NEEDLE	2	MO
BD VEO INSULIN SYR (HALF UNIT)	2	MO
BD VEO INSULIN SYRINGE UF	2	MO
CAREFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	3	ST

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Drug Name	Drug Tier	Requirements/Limits
CAREFINE PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	3	ST; MO
CARETOUCH INSULIN SYRINGE	3	ST
CARETOUCH PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	3	ST
CARETOUCH PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	3	ST; MO
CEQUR SIMPLICITY	3	
CLICKFINE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	3	ST
CLICKFINE PEN NEEDLE 32 GAUGE X 5/32"	3	ST; MO
COMFORT EZ INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	3	ST
COMFORT EZ INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	3	ST; MO
COMFORT EZ PEN NEEDLES	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
COMFORT TOUCH PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 31 GAUGE X 5/32", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	3	ST
COMFORT TOUCH PEN NEEDLE NEEDLE 32 GAUGE X 1/4"	3	ST; MO
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5ML 30 GAUGE X 15/64"	3	ST
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 31 GAUGE X 5/16"	3	ST; MO
DROPLET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64"	3	ST
DROPLET INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16	3	ST; MO
DROPLET MICRON PEN NEEDLE	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	3	ST; MO
DROPLET PEN NEEDLE 30 GAUGE X 5/16"	3	ST
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	3	ST; MO
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	3	ST
EASY COMFORT INSULIN SYRINGE	3	ST
EASY COMFORT PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	3	ST; MO
EASY COMFORT PEN NEEDLE 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	3	ST
EASY GLIDE INSULIN SYRINGE	3	ST
EASY GLIDE PEN NEEDLE	3	ST
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	3	ST
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16"	3	ST; MO
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2"	3	ST

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Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2"	3	ST; MO
EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1/2 ML 27 GAUGE X 1/2"	3	ST
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	3	ST; MO
EASY TOUCH LUER LOCK INSULIN	3	ST
EASY TOUCH NEEDLE	3	ST; MO
EASY TOUCH PEN NEEDLE	3	ST; MO
EASY TOUCH SAFETY PEN NEEDLE 29 GAUGE X 3/16"	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH SAFETY PEN NEEDLE 29 GAUGE X 5/16", 30 GAUGE X 1/4", 30 GAUGE X 3/16", 30 GAUGE X 5/16"	3	ST
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	3	ST
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"	3	ST; MO
EASY TOUCH UNI-SLIP SYRINGE 1 ML	3	ST
FREESTYLE PRECISION SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	3	ST; MO
FREESTYLE PRECISION SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	3	ST
GAUZE PADS 2 X 2	2	
HEALTHWISE INSULIN SYRINGE	3	ST
HEALTHWISE PEN NEEDLE	3	ST
HEALTHY ACCENTS UNIFINE PENTIP	3	ST
INCONTROL PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	3	ST; MO
INCONTROL PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16"	3	ST
INPEN (FOR HUMALOG) BLUE	3	
INPEN (FOR HUMALOG) GREY	3	
INPEN (FOR HUMALOG) PINK	3	
INPEN (NOVOLOG OR FIASP) BLUE	3	
INPEN (NOVOLOG OR FIASP) GREY	3	

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Drug Name	Drug Tier	Requirements/Limits
INPEN (NOVOLOG OR FIASP) PINK	3	
INSULIN PEN NEEDLE	2	MO
INSULIN PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	3	ST
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1/2 ML	2	
INSULIN SYRINGE (DISP) U-100 1 ML	2	MO
INSUPEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16"	3	ST
INSUPEN NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	3	ST; MO
LITE TOUCH INSULIN PEN NEEDLES	3	ST; MO
LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1/2 ML 28 GAUGE X 1/2"	3	ST

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Drug Name	Drug Tier	Requirements/Limits
LITE TOUCH INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE	3	ST; MO
MAGELLAN INSULIN SAFETY SYRNG	3	ST; MO
MAGELLAN SYRINGE 0.3 ML 30 X 5/16"	3	ST; MO
MAGELLAN SYRINGE 0.5 ML 30 GAUGE X 5/16"	3	ST
MAXICOMFORT II PEN NEEDLE	3	ST
MAXICOMFORT INSULIN SYRINGE	3	ST
MAXI-COMFORT INSULIN SYRINGE	3	ST; MO
MAXICOMFORT SAFETY PEN NEEDLE	3	ST
MICRODOT INSULIN PEN NEEDLE	3	ST
MINI ULTRA-THIN II	3	ST; MO
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 29 GAUGE X 1/2"	3	ST; MO
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 30 GAUGE X 5/16"	3	ST
MONOJECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 25 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
MONOJECT INSULIN SYRINGE SYRINGE 1 ML , 1 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	3	ST
MONOJECT SYRINGE 1/2 ML 28 GAUGE	3	ST
MONOJECT ULTRA COMFORT INSULIN	3	ST; MO
NEEDLES, INSULIN DISP.,SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	3	ST
NEEDLES, INSULIN DISP.,SAFETY	2	MO
NOVOFINE 32	2	MO
NOVOFINE AUTOCOVER	2	MO
NOVOFINE PLUS	2	MO
OMNIPOD 5 G6 INTRO KIT (GEN 5)	2	MO; QL (1 per 720 days)
OMNIPOD 5 G6 PODS (GEN 5)	2	MO
OMNIPOD CLASSIC PDM KIT(GEN 3)	2	MO
OMNIPOD CLASSIC PODS (GEN 3)	2	MO
OMNIPOD DASH INTRO KIT (GEN 4)	2	MO; QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4)	2	MO
PEN NEEDLE, DIABETIC, SAFETY	3	ST
PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	3	ST
PENTIPS NEEDLE 32 GAUGE X 5/32"	3	ST; MO
PREVENT DROPSAFE PEN NEEDLE	3	ST
PRO COMFORT INSULIN SYRINGE	3	ST
PRO COMFORT PEN NEEDLE	3	ST
PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	3	ST

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Drug Name	Drug Tier	Requirements/Limits
PRODIGY INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2"	3	ST; MO
PURE COMFORT PEN NEEDLE	3	ST
SAFESNAP INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	3	ST; MO
SAFESNAP INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"	3	ST
SAFETY PEN NEEDLE	3	ST
SECURESAFE PEN NEEDLE	3	ST
SURE COMFORT INS. SYR. U-100	3	ST; MO
SURE COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	3	ST; MO
SURE COMFORT INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4"	3	ST
SURE COMFORT PEN NEEDLE	3	ST; MO
SURE-FINE PEN NEEDLES	3	ST; MO

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

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Drug Name	Drug Tier	Requirements/Limits
TERUMO INSULIN SYRINGE 0.3 ML 30 X 3/8", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	3	ST
TERUMO INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	3	ST; MO
thinpro insulin syringe 0.3 ml 29 gauge x 1/2", 0.5 ml 29 gauge x 1/2", 1 ml 29 gauge x 1/2"	1	ST
THINPRO INSULIN SYRINGE 0.3 ML 30 X 3/8", 1 ML 30 GAUGE X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	3	ST
THINPRO INSULIN SYRINGE 0.3 ML 31 X 3/8", 0.5 ML 31 X 3/8", 1 ML 28 GAUGE X 1/2", 1 ML 31 X 3/8"	3	ST; MO
TOPCARE CLICKFINE	3	ST
TOPCARE ULTRA COMFORT	3	ST
TRUE COMFORT INSULIN SYRINGE	3	ST
TRUE COMFORT PEN NEEDLE	3	ST
TRUE COMFORT PRO INS SYRINGE	3	ST
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	3	ST

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Drug Name	Drug Tier	Requirements/Limits
TRUEPLUS INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	3	ST; MO
TRUEPLUS PEN NEEDLE	3	ST; MO
ULTICARE INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4"	3	ST; MO
ULTICARE INSULIN SYRINGE 1/2 ML 31 GAUGE X 1/4"	3	ST
ULTICARE INSULN SYR(HALF UNIT)	3	ST; MO
ULTICARE PEN NEEDLE	3	ST; MO
ULTICARE SAFETY PEN NEEDLE	3	ST
ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	3	ST; MO
ULTICARE SYRINGE 0.3 ML 31 GAUGE X 5/16"	3	ST
ULTIGUARD SAFEPACK-INSULIN SYR	3	ST
ULTIGUARD SAFEPACK-PEN NEEDLE	3	ST

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Drug Name	Drug Tier	Requirements/Limits
ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	3	ST
ULTILET PEN NEEDLE 29 GAUGE	3	ST
ULTILET PEN NEEDLE 32 GAUGE X 5/32"	3	ST; MO
ULTRA CMFT INS SYR (HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16"	3	ST
ULTRA COMFORT INSULIN SYRINGE	3	ST
ULTRA FLO INSUL SYR(HALF UNIT)	3	ST
ULTRA FLO INSULIN SYRINGE	3	ST
ULTRA FLO PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	3	ST
ULTRA FLO PEN NEEDLE 31 GAUGE X 3/16"	3	ST; MO
ULTRA THIN PEN NEEDLE	3	ST
ULTRACARE INSULIN SYRINGE	3	ST
ULTRACARE PEN NEEDLE	3	ST; MO
ULTRA-THIN II (SHORT) INS SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
ULTRA-THIN II (SHORT) INS SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	3	ST
ULTRA-THIN II (SHORT) PEN NDL	3	ST; MO
ULTRA-THIN II INS PEN NEEDLES	3	ST; MO
ULTRA-THIN II INSULIN SYRINGE	3	ST; MO
UNIFINE PEN NEEDLE	3	ST
UNIFINE PENTIPS MAXFLOW	3	ST
UNIFINE PENTIPS NEEDLE 29 GAUGE	3	ST
UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	3	ST; MO
UNIFINE PENTIPS PLUS	3	ST; MO
UNIFINE PENTIPS PLUS MAXFLOW	3	ST
UNIFINE SAFECONTROL	3	ST
UNIFINE ULTRA PEN NEEDLE	3	ST
VANISHPOINT INSULIN SYRINGE	3	ST
VANISHPOINT SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	3	ST; MO
V-GO 20	2	MO
V-GO 30	2	MO
V-GO 40	2	MO
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
allopurinol	1	MO
COLCHICINE ORAL CAPSULE	3	ST; MO
colchicine oral tablet	1	MO
COLCRYS	3	ST; MO
febuxostat	1	MO
GLOPERBA	3	ST; MO
MITIGARE	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
probenecid	1	MO
probenecid-colchicine	1	MO
ULORIC	3	MO
ZYLOPRIM	3	MO
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG	3	ST; MO; QL (1 per 30 days)
ACTONEL ORAL TABLET 35 MG	3	ST; MO; QL (4 per 28 days)
alendronate oral solution	1	MO; QL (300 per 28 days)
alendronate oral tablet 10 mg	1	MO; QL (30 per 30 days)
alendronate oral tablet 35 mg, 70 mg	1	MO; QL (4 per 28 days)
ATELVIA	3	ST; MO; QL (4 per 28 days)
BINOSTO	3	ST; MO; QL (4 per 28 days)
EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML (105MG/1.17MLX2)	3	PA; MO; QL (2.34 per 30 days)
EVISTA	3	MO
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	3	PA; MO; QL (2.4 per 28 days)
FOSAMAX ORAL TABLET 70 MG	3	ST; MO; QL (4 per 28 days)
FOSAMAX PLUS D	3	ST; MO; QL (4 per 28 days)
ibandronate oral	1	MO; QL (1 per 30 days)
PROLIA	2	PA; MO; QL (1 per 180 days)
raloxifene	1	MO
risedronate oral tablet 150 mg	1	MO; QL (1 per 30 days)
risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	1	MO; QL (4 per 28 days)
risedronate oral tablet 5 mg	1	MO; QL (30 per 30 days)
risedronate oral tablet,delayed release (dr/ec)	1	MO; QL (4 per 28 days)
TERIPARATIDE	2	PA; MO; QL (2.48 per 28 days)
TYMLOS	3	PA; MO; QL (1.56 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN	3	PA; MO; QL (3.6 per 28 days)
ACTEMRA SUBCUTANEOUS	3	PA; MO; QL (3.6 per 28 days)
ARAVA	3	MO; QL (30 per 30 days)
BENLYSTA SUBCUTANEOUS	2	PA; MO
CUPRIMINE	3	PA; MO
DEPEN TITRATABS	3	PA; MO
ENBREL MINI	2	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	2	PA; MO; QL (16 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	2	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	2	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK	2	PA; MO; QL (8 per 28 days)
HUMIRA PEN	2	PA; MO; QL (4 per 28 days)
HUMIRA PEN CROHNS-UC-HS START	2	PA; MO; QL (6 per 180 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS	2	PA; MO; QL (4 per 180 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	2	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	2	PA; MO; QL (2 per 180 days)
HUMIRA(CF) PEN CROHNS-UC-HS	2	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEN PEDIATRIC UC	2	PA; MO; QL (4 per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	2	PA; MO; QL (3 per 180 days)
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	PA; MO; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	PA; MO; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	2	PA; MO; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	2	PA; MO; QL (4 per 28 days)
KEVZARA	3	PA; MO; QL (2.28 per 28 days)
KINERET	3	PA; QL (20.1 per 30 days)
leflunomide	1	MO; QL (30 per 30 days)
OLUMIANT ORAL TABLET 1 MG, 2 MG	3	PA; MO; QL (30 per 30 days)
ORENCIA CLICKJECT	2	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	2	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	2	PA; MO; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	2	PA; MO; QL (2.8 per 28 days)
OTEZLA	2	PA; MO; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	2	PA; MO; QL (55 per 180 days)
OTREXUP (PF)	3	MO
penicillamine	1	PA; MO
RASUVO (PF)	3	MO
REDITREX (PF)	3	MO
RIDAURA	3	MO
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	2	PA; MO; QL (30 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	2	PA; MO; QL (56 per 180 days)
SAVELLA ORAL TABLET	2	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	2	MO; QL (55 per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	3	PA; MO; QL (3 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	3	PA; MO; QL (0.5 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	3	PA; MO; QL (3 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	3	PA; MO; QL (0.5 per 28 days)
XELJANZ ORAL SOLUTION	2	PA; MO; QL (300 per 30 days)
XELJANZ ORAL TABLET	2	PA; MO; QL (60 per 30 days)
XELJANZ XR	2	PA; MO; QL (30 per 30 days)
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
ACTIVELLA ORAL TABLET 1-0.5 MG	3	PA; MO
amabelz	1	PA; MO
ANGELIQ	3	PA; MO
AYGESTIN	3	MO
BIJUVA	3	PA; MO
camila	1	MO
CLIMARA	3	PA; MO; QL (4 per 28 days)
CLIMARA PRO	3	PA; MO
COMBIPATCH	3	PA; MO
CRINONE VAGINAL GEL 4 %	3	MO
CRINONE VAGINAL GEL 8 %	3	PA; MO
deblitane	1	MO
DELESTROGEN	3	MO
DEPO-ESTRADIOL	3	MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	MO
DEPO-SUBQ PROVERA 104	3	MO
DIVIGEL TRANSDERMAL GEL IN PACKET 1 MG/GRAM (0.1 %)	3	PA; MO; QL (30 per 30 days)
dotti	1	PA; MO; QL (8 per 28 days)
DUAVEE	2	MO

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Drug Name	Drug Tier	Requirements/Limits
ELESTRIN	3	PA; MO; QL (52 per 30 days)
errin	1	MO
ESTRACE ORAL	3	PA; MO
ESTRACE VAGINAL	3	ST; MO
estradiol oral	1	PA; MO
estradiol transdermal patch semiweekly	1	PA; MO; QL (8 per 28 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	PA; QL (4 per 28 days)
estradiol transdermal patch weekly 0.0375 mg/24 hr	1	PA; MO; QL (4 per 28 days)
estradiol vaginal	1	MO
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	1	MO
estradiol-norethindrone acet	1	PA; MO
ESTRING	2	MO
ESTROGEL	3	MO; QL (50 per 30 days)
EVAMIST	3	PA; MO; QL (16.2 per 30 days)
FEMRING	3	ST; MO
fyavolv	1	PA; MO
IMVEXXY MAINTENANCE PACK	3	ST; MO
IMVEXXY STARTER PACK	3	ST; MO
incassia	1	MO
jinteli	1	PA; MO
lyleq	1	MO
lyllana	1	PA; MO; QL (8 per 28 days)
lyza	1	
medroxyprogesterone	1	MO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	2	PA; MO
MENOSTAR	3	PA; MO; QL (4 per 28 days)
mimvey	1	PA; MO
MINIVELLE	3	PA; MO; QL (8 per 28 days)
nora-be	1	MO
norethindrone (contraceptive)	1	
norethindrone acetate	1	MO
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg	1	PA

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Drug Name	Drug Tier	Requirements/Limits
norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg	1	PA; MO
PREFEST	3	PA; MO
PREMARIN ORAL	2	MO
PREMARIN VAGINAL	2	MO
PREMPHASE	2	MO
PREMPRO	2	MO
progesterone micronized	1	MO
PROMETRIUM	3	MO
PROVERA	3	MO
sharobel	1	MO
VAGIFEM	3	ST; MO
VIVELLE-DOT	3	PA; MO; QL (8 per 28 days)
yuvafem	1	MO
MISCELLANEOUS OB/GYN		
ANNOVERA	3	MO
CLEOCIN VAGINAL	3	MO
clindamycin phosphate vaginal	1	MO
CLINDESSE	3	MO
eluryng	1	MO
etonogestrel-ethinyl estradiol	1	
GYNAZOLE-1	3	MO
INTRAROSA	3	MO
metronidazole vaginal	1	MO
miconazole-3 vaginal suppository	1	MO
MYFEMBREE	3	PA; MO
NUVARING	3	MO
ORIAHNN	3	PA; MO
OSPHENA	3	MO
PHEXXI	3	MO
terconazole	1	MO
tranexamic acid oral	1	MO
vandazole	1	MO
xulane	1	MO
zafemy	1	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
altavera (28)	1	MO
alyacen 1/35 (28)	1	MO
amethia	1	MO
apri	1	MO
aranelle (28)	1	MO
ashlyna	1	MO
aubra eq	1	MO
aviane	1	MO
BALCOLTRA	3	MO
balziva (28)	1	MO
BEYAZ	3	MO
blisovi 24 fe	1	MO

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Drug Name	Drug Tier	Requirements/Limits
blisovi fe 1.5/30 (28)	1	MO
briellyn	1	MO
camrese lo	1	MO
caziant (28)	1	MO
cryselle (28)	1	MO
cyred eq	1	MO
desog-e.estradiol/e.estradiol	1	
desogestrel-ethinyl estradiol	1	
dolishale	1	MO
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)	1	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	1	MO
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	1	
emoquette	1	MO
enpresse	1	MO
enskyce	1	MO
estarylla	1	MO
ethynodiol diac-eth estradiol	1	
falmina (28)	1	MO
femynor	1	MO
gemmily	1	MO
GENERESS FE	3	MO
hailey 24 fe	1	MO
iclevia	1	
introvale	1	MO
isibloom	1	MO
jasmiel (28)	1	MO
juleber	1	MO
junel 1.5/30 (21)	1	MO
junel 1/20 (21)	1	MO
junel fe 1.5/30 (28)	1	MO
junel fe 1/20 (28)	1	MO
junel fe 24	1	MO
kaitlib fe	1	MO
kariva (28)	1	MO
kelnor 1/35 (28)	1	MO
kelnor 1-50 (28)	1	MO
kurvelo (28)	1	MO
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)	1	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	1	MO
larin 1.5/30 (21)	1	MO
larin 1/20 (21)	1	MO
larin fe 1.5/30 (28)	1	MO
larin fe 1/20 (28)	1	MO
larissia	1	MO

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Drug Name	Drug Tier	Requirements/Limits
layolis fe	1	MO
leena 28	1	MO
lessina	1	MO
levonest (28)	1	MO
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	1	MO
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg, 90-20 mcg (28)	1	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month	1	MO
levonorg-eth estrad triphasic	1	
levora-28	1	MO
LO LOESTRIN FE	3	MO
LOESTRIN 1.5/30 (21)	3	MO
LOESTRIN 1/20 (21)	3	MO
LOESTRIN FE 1.5/30 (28-DAY)	3	MO
LOESTRIN FE 1/20 (28-DAY)	3	MO
loryna (28)	1	MO
LOSEASONIQUE	3	MO
low-ogestrel (28)	1	MO
lutera (28)	1	MO
marlissa (28)	1	MO
merzee	1	MO
microgestin 1.5/30 (21)	1	MO
microgestin 1/20 (21)	1	MO
MICROGESTIN 24 FE	3	MO
microgestin fe 1.5/30 (28)	1	MO
microgestin fe 1/20 (28)	1	MO
mili	1	MO
MINASTRIN 24 FE	3	MO
NATAZIA	3	MO
necon 0.5/35 (28)	1	MO
NEXTSTELLIS	3	MO
nikki (28)	1	MO
noreth-ethinyl estradiol-iron	1	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	1	MO
norethindrone-e.estradiol-iron oral capsule	1	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	
norethindrone-e.estradiol-iron oral tablet,chewable	1	

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Drug Name	Drug Tier	Requirements/Limits
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg	1	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1	MO
nortrel 0.5/35 (28)	1	MO
nortrel 1/35 (21)	1	MO
nortrel 1/35 (28)	1	MO
nortrel 7/7/7 (28)	1	MO
nylia 1/35 (28)	1	MO
nylia 7/7/7 (28)	1	MO
nymyo	1	MO
ocella	1	MO
pimtrea (28)	1	MO
pirmella oral tablet 1-35 mg-mcg	1	MO
portia 28	1	MO
QUARTETTE	3	MO
reclipsen (28)	1	MO
rivelsa	1	MO
SAFYRAL	3	MO
SEASONIQUE	3	MO
setlakin	1	MO
SLYND	3	MO
sprintec (28)	1	MO
sronyx	1	MO
syeda	1	MO
tarina 24 fe	1	MO
tarina fe 1-20 eq (28)	1	MO
taysofy	1	MO
tilia fe	1	MO
tri-estarylla	1	MO
tri-legest fe	1	MO
tri-lo-estarylla	1	MO
tri-lo-sprintec	1	MO
tri-mili	1	MO
tri-nymyo	1	MO
tri-sprintec (28)	1	MO
trivora (28)	1	MO
tri-vylibra	1	MO
tri-vylibra lo	1	MO
tydemy	1	MO
velivet triphasic regimen (28)	1	MO
vestura (28)	1	MO
vienva	1	MO
vyfemla (28)	1	MO
vylibra	1	MO
wymzya fe	1	MO
YASMIN (28)	3	MO
YAZ (28)	3	MO
zovia 1-35 (28)	1	MO
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE	2	MO
bacitracin ophthalmic (eye)	1	MO

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Drug Name	Drug Tier	Requirements/Limits
bacitracin-polymyxin b	1	MO
BESIVANCE	2	MO
CILOXAN	3	MO
ciprofloxacin hcl ophthalmic (eye)	1	MO
erythromycin ophthalmic (eye)	1	MO; QL (3.5 per 14 days)
gatifloxacin	1	MO
gentak ophthalmic (eye) ointment	1	MO; QL (3.5 per 30 days)
gentamicin ophthalmic (eye) drops	1	MO; QL (70 per 30 days)
levofloxacin ophthalmic (eye) drops 0.5 %	1	MO
moxifloxacin ophthalmic (eye) drops	1	MO
NATACYN	3	
neomycin-bacitracin-polymyxin	1	MO
neomycin-polymyxin-gramicidin	1	MO
OCUFLOX	3	MO
ofloxacin ophthalmic (eye)	1	MO
polymyxin b sulf-trimethoprim	1	MO
POLYTRIM	3	MO
tobramycin ophthalmic (eye)	1	MO; QL (10 per 14 days)
TOBREX OPHTHALMIC (EYE) OINTMENT	3	MO; QL (3.5 per 14 days)
VIGAMOX	3	MO
ZYMAXID	3	MO
ANTIVIRALS		
trifluridine	1	MO
ZIRGAN	3	MO
BETA-BLOCKERS		
betaxolol ophthalmic (eye)	1	MO
BETIMOL	3	MO
BETOPTIC S	3	MO
carteolol	1	MO
ISTALOL	3	MO
levobunolol ophthalmic (eye) drops 0.5 %	1	MO
timolol maleate (pf)	1	MO
timolol maleate ophthalmic (eye)	1	MO
TIMOPTIC OCUDOSE (PF)	3	MO
TIMOPTIC-XE	3	MO

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Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS OPHTHALMOLOGICS		
ALOCRIL	3	MO
ALOMIDE	3	MO
atropine ophthalmic (eye) drops	1	MO
azelastine ophthalmic (eye)	1	MO
bepotastine besilate	1	MO
BEPREVE	3	MO
BLEPHAMIDE S.O.P.	3	MO
CEQUA	3	MO; QL (60 per 30 days)
cromolyn ophthalmic (eye)	1	MO
cyclosporine ophthalmic (eye)	1	QL (60 per 30 days)
CYSTADROPS	3	PA
CYSTARAN	2	PA
epinastine	1	MO
LACRISERT	3	PA; MO
olopatadine ophthalmic (eye)	1	MO
OXERVATE	3	PA; MO
pilocarpine hcl ophthalmic (eye) drops 1%, 2%, 4%	1	MO
RESTASIS	3	MO; QL (60 per 30 days)
RESTASIS MULTIDOSE	3	MO; QL (5.5 per 30 days)
sulfacetamide sodium ophthalmic (eye)	1	MO
sulfacetamide-prednisolone	1	MO
TYRVAYA	3	MO; QL (8.4 per 30 days)
VERKAZIA	3	PA; MO; QL (120 per 30 days)
VUITY	3	PA; MO
XIIDRA	2	MO; QL (60 per 30 days)
ZERVIATE	3	MO
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR	3	ST; MO
ACULAR LS	3	ST; MO
ACUVAIL (PF)	3	ST; MO
bromfenac	1	MO
BROMSITE	2	MO
diclofenac sodium ophthalmic (eye)	1	MO
flurbiprofen sodium	1	MO
ILEVRO	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
ketorolac ophthalmic (eye)	1	MO
NEVANAC	3	ST; MO
PROLENSA	2	MO
ORAL DRUGS FOR GLAUCOMA		
acetazolamide	1	MO
methazolamide	1	MO
OTHER GLAUCOMA DRUGS		
AZOPT	3	MO
bimatoprost ophthalmic (eye)	1	MO
brimonidine-timolol	1	
brinzolamide	1	MO
COMBIGAN	3	MO
COSOPT	3	MO
COSOPT (PF)	3	MO
dorzolamide	1	MO
dorzolamide-timolol	1	MO
dorzolamide-timolol (pf) ophthalmic (eye) dropperette	1	MO
latanoprost	1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	MO
RHOPRESSA	2	MO
ROCKLATAN	2	MO
SIMBRINZA	3	MO
TRAVATAN Z	3	ST; MO
travoprost	1	MO
VYZULTA	3	ST; MO
XALATAN	3	ST; MO
XELPROS	3	ST
ZIOPTAN (PF)	3	ST; MO
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL	3	MO
neomycin-bacitracin-poly-hc	1	MO
neomycin-polymyxin b-dexameth	1	MO
neomycin-polymyxin-hc ophthalmic (eye)	1	MO
PRED-G S.O.P.	3	MO
TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO; QL (10 per 14 days)
TOBRADEX OPHTHALMIC (EYE) OINTMENT	2	MO; QL (3.5 per 14 days)
TOBRADEX ST	3	MO; QL (10 per 14 days)
tobramycin-dexamethasone	1	MO; QL (10 per 14 days)

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Drug Name	Drug Tier	Requirements/Limits
ZYLET	3	MO; QL (10 per 14 days)
STEROIDS		
ALREX	2	MO
dexamethasone sodium phosphate ophthalmic (eye)	1	MO
difluprednate	1	MO
DUREZOL	3	MO
EYSUVIS	3	PA; MO; QL (8.3 per 14 days)
FLAREX	3	MO
fluorometholone	1	MO
FML FORTE	3	MO
FML LIQUIFILM	3	MO
FML S.O.P.	3	MO
INVELTYS	2	MO
LOTEMAX	3	MO
LOTEMAX SM	3	MO
loteprednol etabonate	1	MO
MAXIDEX	3	MO
PRED FORTE	3	MO
PRED MILD	3	MO
prednisolone acetate	1	MO
prednisolone sodium phosphate ophthalmic (eye)	1	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2	MO
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	3	MO
apraclonidine	1	MO
brimonidine ophthalmic (eye) drops 0.15 %	1	
brimonidine ophthalmic (eye) drops 0.2 %	1	MO
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	3	MO
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
AUVI-Q	3	QL (2 per 30 days)
cetirizine oral solution 1 mg/ml	1	MO
CLARINEX ORAL TABLET	3	MO; QL (30 per 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020983)	3	ST; QL (36 per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml	1	PA; MO
albuterol sulfate oral syrup	1	MO
albuterol sulfate oral tablet	1	MO
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	2	MO; QL (12.2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	2	MO; QL (6.1 per 30 days)
alyq	1	PA; QL (60 per 30 days)
ambrisentan	1	PA; MO; LA
ANORO ELLIPTA	3	ST; MO; QL (60 per 30 days)
arformoterol	1	PA; MO
ARMONAIR DIGIHALER	3	ST; MO; QL (1 per 30 days)
ARNUITY ELLIPTA	3	ST; MO; QL (30 per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION	2	MO; QL (13 per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 50 MCG/ACTUATION	2	QL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	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)	2	MO; QL (2 per 30 days)
ATROVENT HFA	3	MO; QL (25.8 per 30 days)
azelastine-fluticasone	1	MO; QL (23 per 30 days)
BECONASE AQ	3	ST; MO; QL (50 per 30 days)
BERINERT INTRAVENOUS KIT	3	PA; MO
BEVESPI AEROSPHERE	2	MO; QL (10.7 per 30 days)
bosentan	1	PA; MO; LA
BREO ELLIPTA	2	MO; QL (60 per 30 days)
BREZTRI AEROSPHERE	2	MO; QL (10.7 per 30 days)
BRONCHITOL	3	PA; MO
BROVANA	3	PA; MO
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	1	PA; MO; QL (120 per 30 days)
budesonide inhalation suspension for nebulization 1 mg/2 ml	1	PA; MO; QL (60 per 30 days)
BUDESONIDE-FORMOTEROL	3	ST; MO; QL (10.2 per 30 days)
CINRYZE	2	PA; MO
COMBIVENT RESPIMAT	2	MO; QL (8 per 30 days)
cromolyn inhalation	1	PA; MO
DALIRESP	3	PA; MO; QL (30 per 30 days)
DULERA	2	MO; QL (13 per 30 days)
DYMISTA	3	MO; QL (23 per 30 days)
ESBRIET ORAL CAPSULE	2	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	3	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	3	PA; MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
FASENRA	2	PA; MO; QL (1 per 28 days)
FASENRA PEN	2	PA; MO; QL (1 per 28 days)
FIRAZYR	3	PA; MO
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	2	MO; QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	2	MO; QL (240 per 30 days)
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION	2	MO; QL (12 per 30 days)
FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION	2	MO; QL (24 per 30 days)
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	2	MO; QL (10.6 per 30 days)
flunisolide	1	MO; QL (50 per 30 days)
FLUTICASONE FUROATE-VILANTEROL	3	ST; QL (60 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	3	ST; QL (12 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	ST; QL (24 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	ST; QL (10.6 per 30 days)
fluticasone propionate nasal	1	MO; QL (16 per 30 days)
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	3	ST; MO; QL (1 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
fluticasone propion-salmeterol inhalation blister with device	1	QL (60 per 30 days)
formoterol fumarate	1	PA; MO
HAEGARDA	3	PA; MO; LA
icatibant	1	PA; MO
INCRUSE ELLIPTA	3	ST; MO; QL (30 per 30 days)
ipratropium bromide inhalation	1	PA; MO
ipratropium-albuterol	1	PA; MO
KALBITOR	3	PA; MO
KALYDECO ORAL GRANULES IN PACKET	3	PA; MO; QL (56 per 28 days)
KALYDECO ORAL TABLET	3	PA; MO; QL (60 per 30 days)
LETAIRIS	3	PA; MO; LA
levalbuterol hcl	1	PA; MO
LEVALBUTEROL TARTRATE	3	ST; MO; QL (30 per 30 days)
LONHALA MAGNAIR REFILL	3	MO; QL (60 per 30 days)
LONHALA MAGNAIR STARTER	3	MO; QL (60 per 30 days)
mometasone nasal	1	MO; QL (34 per 30 days)
montelukast	1	MO
NUCALA SUBCUTANEOUS AUTO-INJECTOR	2	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN	2	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; MO; LA; QL (3 per 28 days)
OFEV	2	PA; MO; QL (60 per 30 days)
OMNARIS	3	ST; MO; QL (12.5 per 30 days)
OPSUMIT	2	PA; MO; LA
ORKAMBI ORAL GRANULES IN PACKET	3	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	3	PA; MO; QL (112 per 28 days)
ORLADEYO	3	PA; LA
PERFOROMIST	3	PA; MO
pirfenidone oral tablet 267 mg	1	PA; MO; QL (270 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
pirfenidone oral tablet 801 mg	1	PA; MO; QL (90 per 30 days)
PROAIR DIGIHALER	3	ST; MO; QL (2 per 30 days)
PROAIR HFA	3	ST; MO; QL (17 per 30 days)
PROAIR RESPICLICK	3	ST; MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	2	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	MO; QL (1 per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML	3	PA; MO; QL (120 per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	3	PA; MO; QL (60 per 30 days)
PULMOZYME	2	PA; MO
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	3	ST; MO; QL (4.9 per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	3	ST; MO; QL (8.7 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	2	MO; QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	2	MO; QL (21.2 per 30 days)
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	3	PA; MO; QL (224 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
REVATIO ORAL TABLET	3	PA; MO; QL (90 per 30 days)
RUCONEST	3	PA; MO
sajazir	1	PA
SEREVENT DISKUS	3	ST; MO; QL (60 per 30 days)
sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml	1	PA; MO; QL (224 per 30 days)
sildenafil (pulmonary arterial hypertension) oral tablet 20 mg	1	PA; MO; QL (90 per 30 days)
SINGULAIR	3	MO
SPIRIVA RESPIMAT	2	MO; QL (4 per 30 days)
SPIRIVA WITH HANDIHALER	2	MO; QL (90 per 90 days)
STIOLTO RESPIMAT	2	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	2	MO; QL (4 per 30 days)
SYMBICORT	2	MO; QL (10.2 per 30 days)
SYMDEKO	3	PA; MO; QL (56 per 28 days)
tadalafil (pulmonary arterial hypertension) oral tablet 20 mg	1	PA; QL (60 per 30 days)
TAKHZYRO	3	PA; MO; LA
terbutaline oral	1	MO
THEO-24	2	MO
theophylline oral solution	1	
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	1	MO
theophylline oral tablet extended release 24 hr	1	MO
TRACLEER	3	PA; MO; LA
TRELEGY ELLIPTA	2	MO; QL (60 per 30 days)
TRIKAFTA	3	PA; MO; QL (84 per 28 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	3	ST; MO; QL (1 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION (30 ACTUAT)	3	ST; QL (1 per 30 days)
VENTAVIS	3	PA; MO
VENTOLIN HFA	3	ST; MO; QL (36 per 30 days)
wixela inhub	1	QL (60 per 30 days)
XHANCE	3	ST; MO; QL (32 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN	3	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	3	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	3	PA; MO; LA; QL (1 per 28 days)
XOPENEX	3	PA; MO
XOPENEX CONCENTRATE	3	PA; MO
XOPENEX HFA	3	ST; MO; QL (30 per 30 days)
YUPELRI	3	PA; MO; QL (90 per 30 days)
zafirlukast	1	MO
ZETONNA	3	ST; MO; QL (6.1 per 30 days)
zileuton	1	MO
ZYFLO	3	MO
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
darifenacin	1	MO
DETROL	3	MO
DETROL LA	3	MO
fesoterodine	1	MO
flavoxate	1	MO
GELNIQUE TRANSDERMAL GEL IN PACKET	3	MO; QL (30 per 30 days)
GEMTESA	3	ST; MO
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	2	MO
oxybutynin chloride	1	MO

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OXYTROL	3	MO; QL (8 per 28 days)
solifenacin	1	MO
tolterodine	1	MO
TOVIAZ	3	MO
trospium	1	MO
VESICARE	3	MO
VESICARE LS	3	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
alfuzosin	1	MO
dutasteride	1	MO
dutasteride-tamsulosin	1	MO
finasteride oral tablet 5 mg	1	MO
FLOMAX	3	ST; MO
JALYN	3	MO
PROSCAR	3	MO
RAPAFLO	3	ST; MO
silodosin	1	MO
tamsulosin	1	MO
UROXATRAL	3	ST; MO
MISCELLANEOUS UROLOGICALS		
bethanechol chloride	1	MO
CIALIS ORAL TABLET 2.5 MG	3	PA; MO; QL (60 per 30 days)
CIALIS ORAL TABLET 5 MG	3	PA; MO; QL (30 per 30 days)
CYSTAGON	3	PA; LA
ELMIRON	2	MO
potassium citrate oral tablet extended release	1	MO
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET	3	PA; MO
tadalafil oral tablet 2.5 mg	1	PA; MO; QL (60 per 30 days)
tadalafil oral tablet 5 mg	1	PA; MO; QL (30 per 30 days)
UROCIT-K 10	3	MO
UROCIT-K 15	3	MO
UROCIT-K 5	3	MO
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
calcium acetate(phosphat bind)	1	MO; QL (360 per 30 days)
klor-con 10	1	MO
klor-con 8	1	MO
klor-con m10	1	MO

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Drug Name	Drug Tier	Requirements/Limits
klor-con m15	1	MO
klor-con m20	1	MO
klor-con oral packet 20	1	MO
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	MO
magnesium sulfate injection solution	1	MO
magnesium sulfate injection syringe	1	
PHOSLYRA	3	MO; QL (1800 per 30 days)
potassium chlorid-d5-0.45%nacl	1	
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	1	
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l	1	
potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l	1	
potassium chloride in water intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml	1	
potassium chloride intravenous	1	
potassium chloride oral capsule, extended release	1	MO
potassium chloride oral liquid	1	MO
potassium chloride oral packet	1	MO
potassium chloride oral tablet extended release 10 meq, 8 meq	1	MO
potassium chloride oral tablet extended release 20 meq	1	
potassium chloride oral tablet,er particles/crystals 10 meq	1	MO
potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq	1	
potassium chloride-0.45 % nacl	1	
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l	1	

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potassium chloride-d5-0.9%nacl	1	
sodium chloride 0.45 % intravenous parenteral solution	1	MO
sodium chloride 3 % hypertonic	1	
sodium chloride 5 % hypertonic	1	MO
TPN ELECTROLYTES	3	
MISCELLANEOUS NUTRITION PRODUCTS		
CLINIMIX 5%/D15W SULFITE FREE	3	PA
CLINIMIX 4.25%/D10W SULF FREE	3	PA
CLINIMIX 5%-D20W(SULFITE-FREE)	3	PA
CLINIMIX E 4.25%/D10W SUL FREE	3	PA
CLINIMIX E 4.25%/D5W SULF FREE	3	PA
CLINIMIX E 5%/D15W SULFIT FREE	3	PA
CLINIMIX E 5%/D20W SULFIT FREE	3	PA
CLINISOL SF 15 %	3	PA
DOJOLVI	3	PA; MO; LA
intralipid intravenous emulsion 20 %	1	PA
INTRALIPID INTRAVENOUS EMULSION 30 %	3	PA
ISOLYTE S PH 7.4	3	
ISOLYTE-P IN 5 % DEXTROSE	3	
NUTRILIPID	3	PA
PLASMA-LYTE 148	2	
PLASMA-LYTE A	2	
PLENAMINE	3	PA
premasol 10 %	1	PA
PROCALAMINE 3%	3	PA
PROSOL 20 %	3	PA
travasol 10 %	1	PA
TROPHAMINE 10 %	3	PA
VITAMINS / HEMATINICS		
fluoride (sodium) oral tablet	1	
prenatal vitamin oral tablet	1	

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

This formulary was updated on 08/23/2022. For more recent information or to price a medication, you can visit us on the Web at **express-scripts.com**. Or you can contact **Express Scripts Medicare®** (PDP) Customer Service at the numbers located on the back of your member ID card. Customer Service is available 24 hours a day, 7 days a week.

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